

Knowledge Activism : Rising to the challenge

Occ-COVID-Science, Solutions & Success Stories Presentation

Paul Sylvestre -CUPE National

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Knowledge Activism

"Knowledge activism is best understood as a worker adaptation structured by the constraints and the opportunities embedded in the current legislative and political economic context."

A Hall, A Forrest, A Sears and N Carlan, "Making a Difference: Knowledge Activism and Worker Representation in Joint OHS Committees." *Industrial Relations*, Summer 2006, Vol. 61 Issue 3, pp. 408-436

Stumbling Blocks - Constraints on Worker Representatives

- [Walters and Haines (1988)] found that worker representatives and joint committees were often ineffective because workers had not been adequately informed about their legal rights, which they linked to the failure of the Ontario law to ensure worker education.

WALTERS, V. and T. HAINES. 1988. "Workers' Use and Knowledge of the 'Internal Responsibility System': Limits to Participation in Occupational Health and Safety."

Stumbling Blocks - Constraints on worker representatives

- [Storey and Lewchuk (2000)] in the Bendix asbestos case in Windsor, Ontario, documented the capacity of management to delay action on identified hazards in the face of weak government enforcement. The inspectorate recommended action rather than giving direction (orders).
- The closure of the plant, with minimal legal and no statutory sanctions, demonstrated the power of corporate capital and the conflicting and constrained nature and extent of workers' choices between employment and worker health and safety

STOREY, R. and W. LEWCHUK. 2000. "From Dust to Dust: Asbestos and the Struggle for Worker Health and Safety at Bendix Automotive."

Stumbling Block – Constraints on worker representatives

- [Glasbeek and Tucker (1999)] in examining the Westray Mining Disaster demonstrated the enormous impact of labour market pressures and internal management manipulations of those pressures on worker acceptance of hazardous work

Background: Knowledge Activism

- Research conducted by Alan Hall to better understand effective health and safety representation within the current Ontario legal regime of internal responsibility
- Data collected through interviews with unionized worker health and safety representatives from 27 small to medium-sized (50-500 employees) workplaces in the auto sector

Background: Styles of H&S representation

- “... two broad forms of health and safety representation:
- **technical-legal** representation
 - **politically-active** representation

These were distinguishable by the former group's reliance on established rules and procedures for identifying and correcting hazards and the latter group's willingness to challenge the claims and constraints imposed by management.” (p. 415)

Background: Styles of H&S representation

"... **politically-active** representatives understood to varying degrees, explicitly or through their behaviour, that their capacity to achieve improved health and safety conditions was a function of power and political influence, ..."

"... **technical-legal** representatives talked about their inspections and committee activities in very technical and legalistic terms."
(p. 415)

Background: Knowledge Activism

“However, within this latter group of politically active representatives, we also identified **a more effective subgroup** whose political engagement involved the **strategic collection, use and deployment of knowledge**.

These **knowledge activists** were characterized by their persistent self-training and wide-ranging sources of information, their active efforts to legitimate and act on workers' indigenous knowledge about unsafe or unhealthy conditions, the scale and importance of the issues they addressed, their focus on underlying causes, and their willingness to present managers with solutions. They were also more effective implementers of change than either the technical-legal or the politically active representatives who **did not grasp or mobilize the strategic power of knowledge**.” (p. 415)

A Hall, A Forrest, A Sears and N Carlan, “Making a Difference: Knowledge Activism and Worker Representation in Joint OHS Committees.” Industrial Relations, Summer 2006, Vol. 61 Issue 3, pp. 408-436

Knowledge Activism - COVID-19 Pandemic

Moving beyond the legal constraints, the limiting technical data and the political forces (internal and external)

- ✓ Gathering information
- ✓ Building Relationships
- ✓ Making the Change

What Is Happening? Then and Now

- Sick people, sick workers
- Novel virus
- Disagreement on the routes of transmission
- Shifting and confusing list of signs and symptoms
- Unknow long-term impact


Toronto

Canada's 1st 'presumptive' case of coronavirus found in Toronto

[f](#) [t](#) [e](#) [r](#) [in](#)

Man in his 50s travelled from China to Toronto on Jan. 22 and became 'quite ill' within a day of arriving

Shanifa Nasser, Benjamin Blum - CBC News - Posted: Jan 25, 2020 5:18 PM ET | Last Updated: January 26



First case of coronavirus confirmed in Toronto
10 months ago | 2:24

Public health officials confirm the first "presumptive" case of the coronavirus in Toronto, but say the risk to Ontarians is still low. 2:24

What Is Happening? Then and Now

- Workers are confused
- Workers are scared
- Fear of contracting the illness at work
- Fear of contracting the illness in the community or at home
- Fear of infecting someone else or someone close

WINDSOR STAR

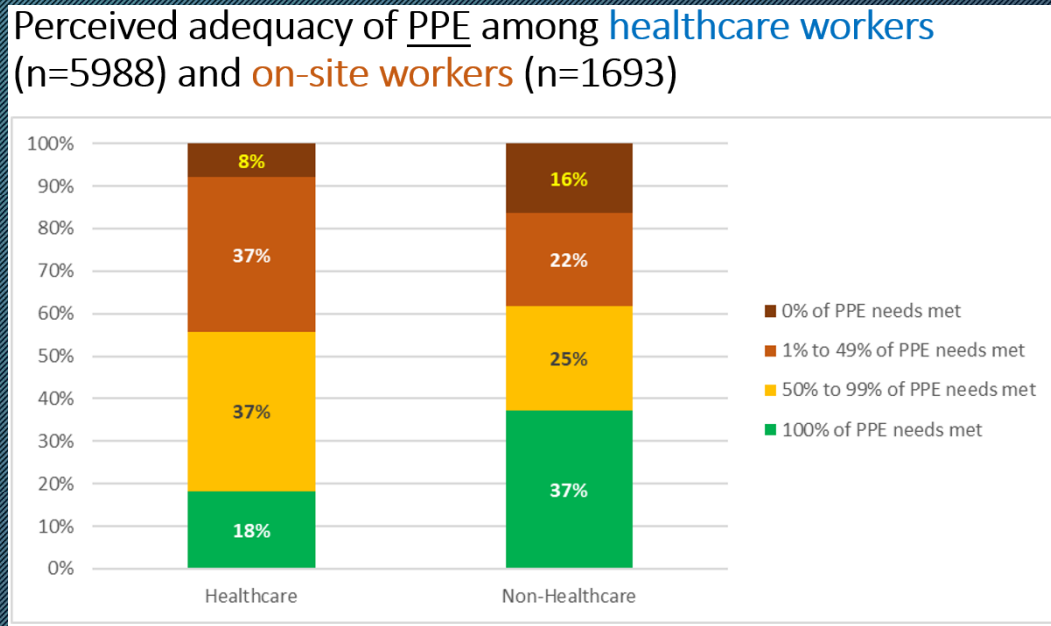
Windsor's Begley Public School has largest school outbreak of COVID-19 in Ontario

The recent COVID-19 outbreak at Frank W. Begley Public School in Windsor is now believed to involve at least 39 cases — the largest outbreak of the novel coronavirus at any school in Ontario since the start of the pandemic.

Dalson Chen • Windsor Star
Nov 24, 2020 • Last Updated 17 hours ago • 5 minute read

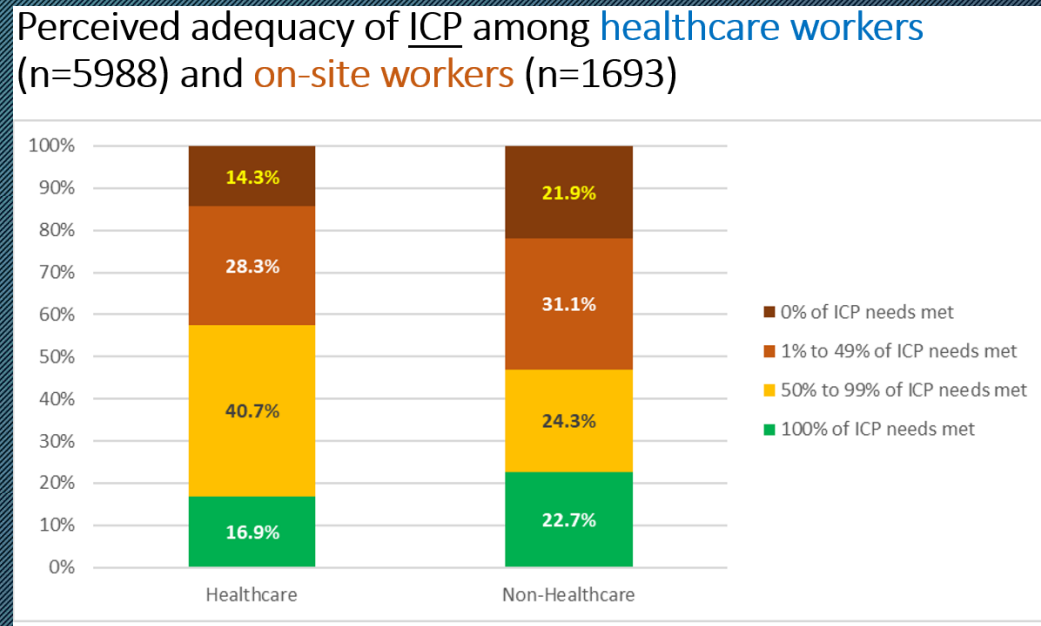


Survey - PPE



Source: Smith PM, Oudyk J, Potter G, Mustard C. The Association between the Perceived Adequacy of Workplace Infection Control Procedures and Personal Protective Equipment with Mental Health Symptoms: A Cross-sectional Survey of Canadian Health-care Workers during the COVID-19 Pandemic

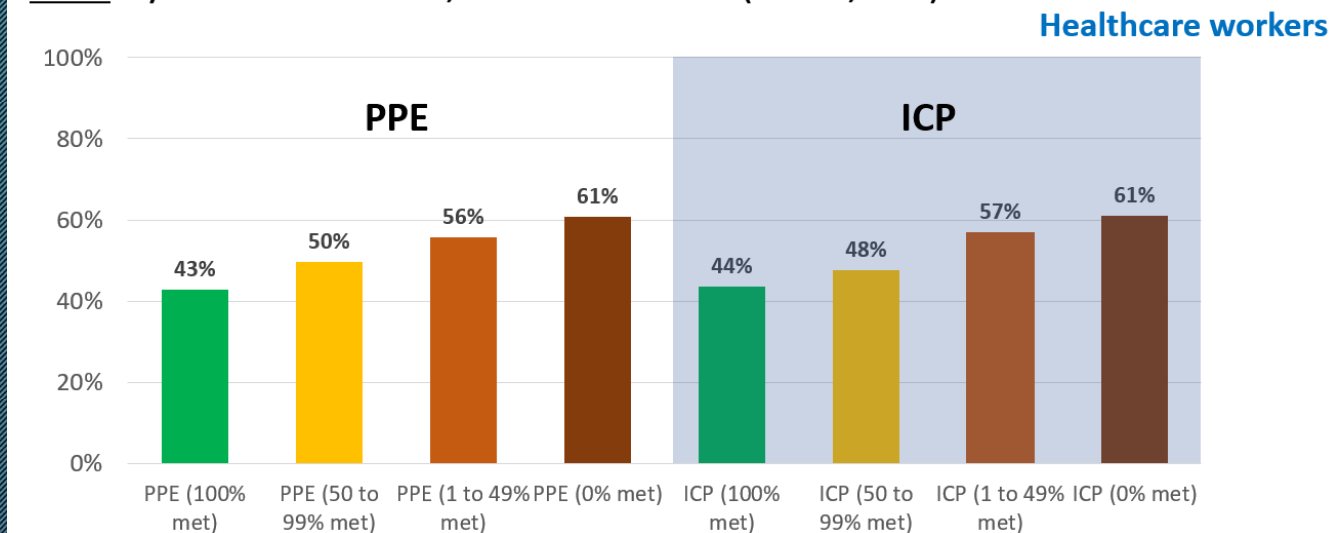
Survey - ICP



Source: Smith PM, Oudyk J, Potter G, Mustard C. The Association between the Perceived Adequacy of Workplace Infection Control Procedures and Personal Protective Equipment with Mental Health Symptoms: A Cross-sectional Survey of Canadian Health-care Workers during the COVID-19 Pandemic

Survey PPE and ICP - Anxiety

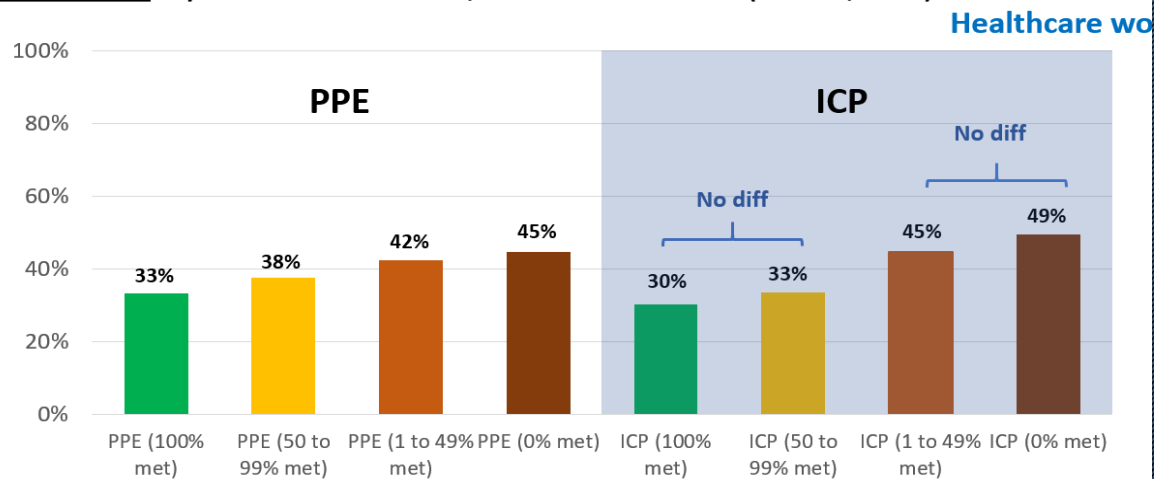
Adjusted* proportion of sample with anxiety (GAD-2) scores 3 and over by PPE needs met, ICP needs met (N = 5,988)



Source: Smith PM, Oudyk J, Potter G, Mustard C. The Association between the Perceived Adequacy of Workplace Infection Control Procedures and Personal Protective Equipment with Mental Health Symptoms: A Cross-sectional Survey of Canadian Health-care Workers during the COVID-19 Pandemic

Survey PPE and ICP - Depression

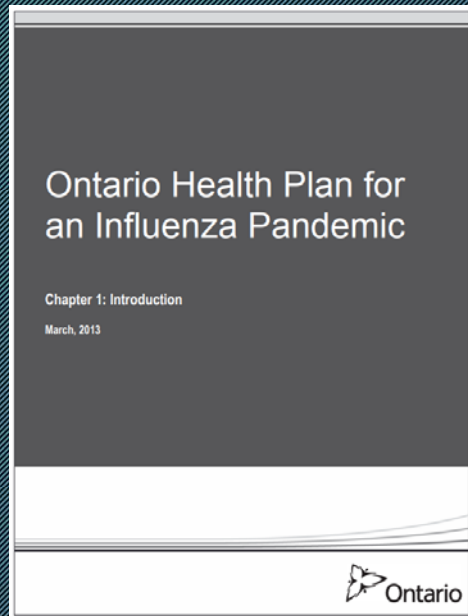
Adjusted* proportion of sample with depression (PHQ-2) scores 3 and over by PPE needs met, ICP needs met (N = 5,988)



* Adjusted for age, sex, visible minority status, province, population density, type of healthcare facility, job tenure, current work hours, interactions with COVID-19 patients, patients at workplace with COVID-19, co-workers at workplace with COVID-19, experiencing COVID-19 symptoms, training related to COVID-19 and training in donning and doffing PPE.

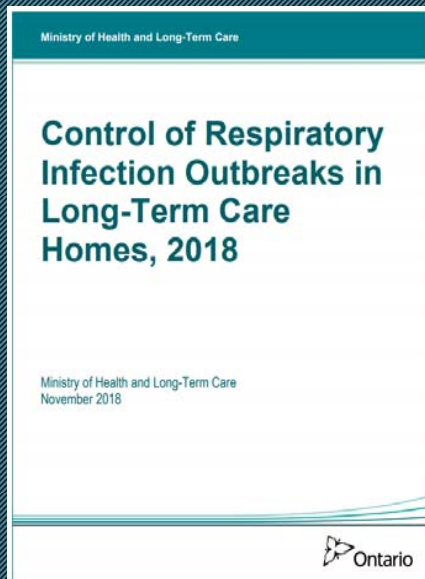
Source: Smith PM, Oudyk J, Potter G, Mustard C. The Association between the Perceived Adequacy of Workplace Infection Control Procedures and Personal Protective Equipment with Mental Health Symptoms: A Cross-sectional Survey of Canadian Health-care Workers during the COVID-19 Pandemic

Provincial Pandemic Response



- ❑ Guided by the precautionary principle
- ❑ Health equity - vulnerable populations
- ❑ Adequate provincial stockpiles of PPE
- ❑ Health Care setting - 4-week supply of PPE
- ❑ Twice as much in group homes and facilities

Outbreaks are nothing new in LTC



- Management of suspected or confirmed cases during an outbreak
- Not waiting for lab results to take precautions where there is a high index of suspicion
- Cohort residents and staff
- Masking (PPE) both staff and residents (if tolerated)
- PPE when performing surveillance
- Cancelling non-essential activities

The Numbers – Mid June 2020

- 33,853 total cases in Ontario
 - 5,815 confirmed cases were among health care workers
 - 81.0% female, 18.7% male.
 - Nurses comprise the largest proportion of occupations in HC (22%)
- Outbreak-associated cases- 69.1% occurred in a long-term care
- 13 deaths reported among health care workers

Source: iPHIS (June 22, 2020)

Challenges outside of health care

- Workplaces without IPAC programs
- Early confusion around universal masking
- Lack of tools, resources, risk assessments for IPAC for reopening non-health care workplaces

CORONAVIRUS | News

74 people test positive for COVID-19 after outbreak at fitness studio

Denio Lourenco Digital Content Editor
@iamdenio | Contact

Published Monday, October 19, 2020 10:34PM EDT



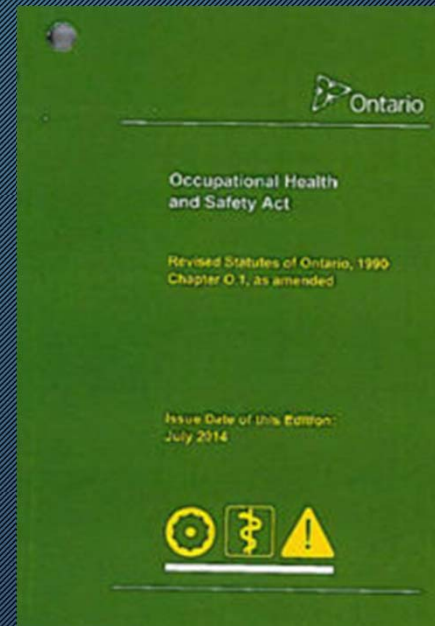
A SPINCO location in Hamilton is seen in this photograph taken in 2019. (Carly Conway/CTV News Toronto)

Working from Home

- New workplaces were established overnight
- No existing policies or programs
- No risk assessments – ergonomics, violence, harassment
- Incentive on workers to provide their own equipment
- Adapting to new technology

It's Not Easy Being Green

- Do the minimum standards in the Act and the Regulations meet the challenges faced by the pandemic?



Legislative gaps during a pandemic

- JHSC meet every 3 months
- HSR do not have meetings and do not require training (certification)
- Inspections focus on the physical condition of the workplace
- Information provided to the JHSC/HSR about hazards and dangers are on a need to know basis
- Occupational Health and Safety reports are disclosed by consent
- No strict obligation to report to the JHSC/HSR a worker's high-risk exposures
- Delay in reporting notices of occupational illness (4 days)

Public Health Guidance vs. OHS

“Don't worry, we are following advice from Public Health”



Public Health Guidance vs. OHS

- Public health agencies focus on the health of the general public
- Keep track of different types of illnesses in the region
- Set expectations and recommend practices for general public safety within the framework of acceptable risks
- Public Health agencies have no mandate to protect workers while they are working

Public Health Guidance vs. OHS

- Contrary to the public health strategies which are based on "acceptable risk", employers have a legal obligation to take all reasonable precautions for the protection of the health and safety of each of their workers
- Employers must focus on preventing infection and preventing exposure to the virus
- It's not acceptable for workplace parties to say "We are take our guidance from public health"

The Precautionary Principle

- Worker safety relies on the precautionary principle that reasonable action to reduce risk should not await scientific certainty.
- Justice Archie Campbell - SARS Commission

Change is Needed

Ontario could hit 6,500 new COVID-19 cases daily by mid-December without further action, modelling shows



Province previously forecast 1,200 new daily cases by mid-November, a number surpassed this week

CBC News - Posted: Nov 12, 2020 1:39 PM ET | Last Updated: November 12



Dr. David Williams, Ontario's chief medical officer of health, attends a COVID-19 news conference in Toronto on Jan. 27. On Thursday, Williams emphasized the importance of individual behaviour to curb the spread of the novel coronavirus in the province. (Chris Young/The Canadian Press)

- Operational needs are present
- Workers need to work
- A new set of hazards has been identified
- Information about the transmission risks and the illness evolve rapidly
- Work must be safe

COVID-19 - Redefining Uncertainty

- Although the pandemic has brought unprecedented challenges
 - Occupational Health and Safety has not changed
 - COVID-19 is a biological hazard
 - Occupational hazards can be Identified, Assessed, Controlled, Evaluated
 - Move the discussion beyond personal protective equipment
- Has that been the reality since January?

Certainty lies within

- The work tasks are known
- The workplace is known
- The community context is known
- The workers are trained



Joint Health and Safety Committee or Health and Safety Representative

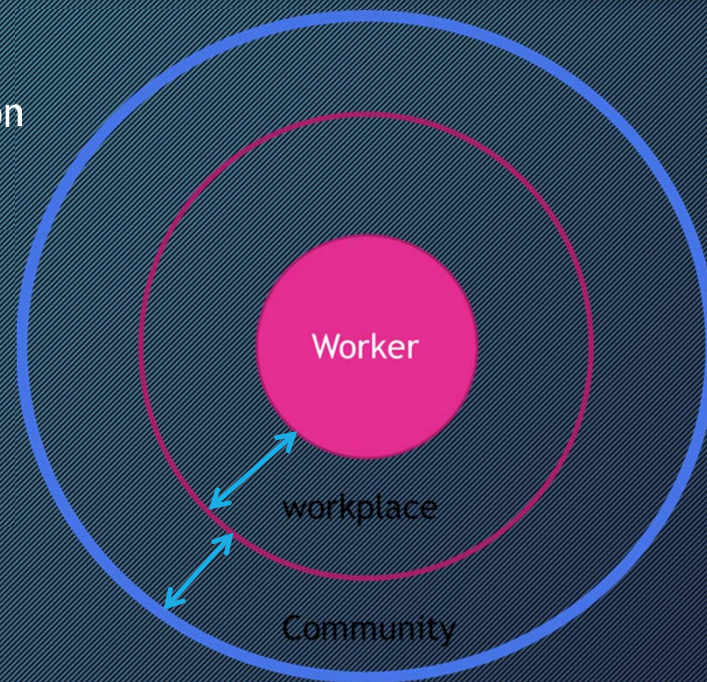
- Trained OHS resources in the workplace with all the important perspectives
 - They know the work
 - They know the workplace
 - They know the hazards
 - They work together to find control solutions that work
 - They ensure that the control solutions continue to work when things change
- When new information is presented, it needs to be discussed with the JHSC or HSR
- They are a vehicle for change
- They are a vehicle to communicate that change

Identifying and Assessing the Hazard and the Risk

- Workplace inspections provide invaluable knowledge about workplaces
- Hazard and Risk Assessment
 - Tools to inform the controls required to protect workers
- The hierarchy of controls guides the implementation of effective solutions (elimination, engineering controls, administrative controls and personal protective equipment).
- In the absence of scientific certainty, err on the side of caution.

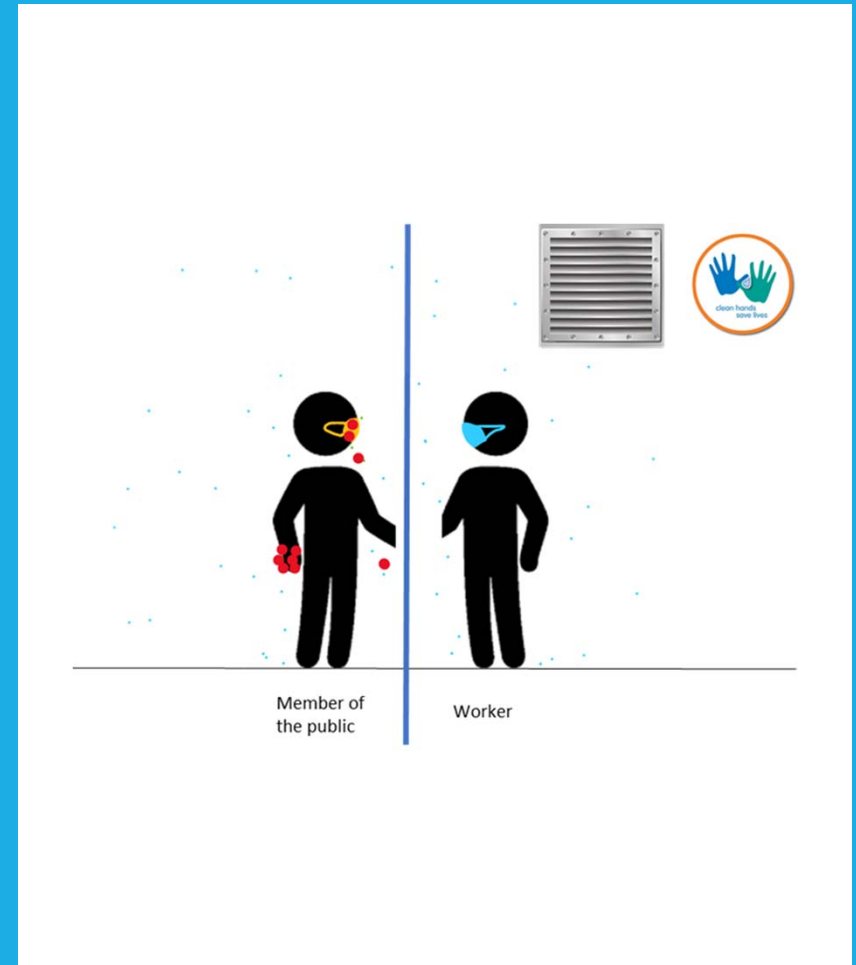
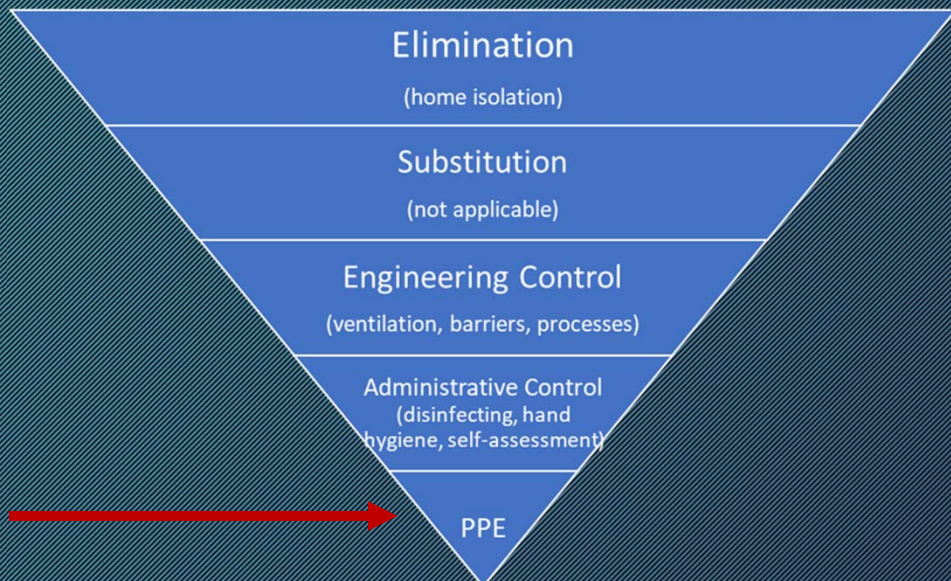
Exposure Assessments - A 2-way Street

- Community-to-workplace risks:
 - How much transmission is going on in the community?
 - Is it necessary that interactions occur?
 - Are workplace practices preventing release to the community?
- Where are workers?
- What tasks do they perform?
- Where, when and how do they interact with others?



New hazard, same controls

- Layering controls using the hierarchy of controls
- Move the conversation beyond PPE



Preventing Occ Illness – Effective training & Multifaceted Interventions

- Findings: "...legislation and regulations can be an effective means of primary prevention, but **their impact depends on both the nature of the regulations and the degree of enforcement**
- **measures across the hierarchy of controls** can reduce the risk of some of these diseases and reduce exposures;
- monitoring, surveillance, and screening are effective prevention tools and for evaluating the impact of legislative/policy change;
- the effect of **education and training is context-dependent and influenced by the manner of delivery**
- **multifaceted interventions** are often more effective than ones consisting of a single activity."

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REVIEW ARTICLE

WILEY

A scoping review to identify strategies that work to prevent four important occupational diseases

Anya R. Keefe MSc¹ | Paul A. Demers PhD² | Barbara Neis PhD¹ | Victoria H. Arrandale PhD² | Hugh W. Davies PhD³ | Zhiwei Gao MD, PhD⁴ | Kevin Hedges PhD⁵ | D. Linn Holness MD, MHS⁶ | Mieke Koehoorn PhD⁷ | Susan R. Stock MSc, MD^{7,8} | Stephen Bornstein PhD¹

¹SafetyNet Centre for Occupational Health and Safety Research, Memorial University, St. John's, Newfoundland, Canada
²Occupational Cancer Research Centre, Cancer Care Ontario, Toronto, Ontario, Canada
³Occupational and Environmental Health, School of Population and Public Health, University of British Columbia, Vancouver, British Columbia, Canada
⁴Department of Clinical Epidemiology, Faculty of Medicine, Memorial University, St. John's, Newfoundland, Canada
⁵Occupational Health Clinics for Ontario Workers, Ottawa, Ontario, Canada
⁶Department of Medicine and Public Health Sciences, St. Michael's Hospital/University of Toronto, Toronto, Ontario, Canada
⁷Division of Biological Risks and Occupational Health, Institut national de santé publique du Québec (Québec Institute of Public Health), Montreal, Quebec, Canada
⁸Department of Social and Preventive Medicine, School of Public Health, Université de Montréal, Montreal, Quebec, Canada

Correspondence
Barbara Neis, PhD, SafetyNet Centre for Occupational Health & Safety Research, Bruceau Centre for Research and Innovation, Room 3046, Memorial University, P.O. Box 4200, St. John's, NL A1C 5S7, Canada.
Email: bneis@mun.ca

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WorkSafeBC, Grant/Award Number: RS2014.

Abstract
Background: Despite being largely preventable, many occupational diseases continue to be highly prevalent and extremely costly. Effective strategies are required to reduce their human, economic, and social impacts.
Methods: To better understand which approaches are most likely to lead to progress in preventing noise-related hearing loss, occupational contact dermatitis, occupational cancers, and occupational asthma, we undertook a scoping review and consulted with a number of key informants.
Results: We examined a total of 404 articles and found that various types of interventions are reported to contribute to occupational disease prevention but each has its limitations and each is often insufficient on its own. Our principal findings included: legislation and regulations can be an effective means of primary prevention, but their impact depends on both the nature of the regulations and the degree of enforcement; measures across the hierarchy of controls can reduce the risk of some of these diseases and reduce exposures; monitoring, surveillance, and screening are effective prevention tools and for evaluating the impact of legislative/policy change; the effect of education and training is context-dependent and influenced by the manner of delivery; and, multifaceted interventions are often more effective than ones consisting of a single activity.
Conclusions: This scoping review identifies occupational disease prevention strategies worthy of further exploration by decisionmakers and stakeholders and of future systematic evaluation by researchers. It also identified important gaps, including a lack of studies of precarious workers and the need for more studies that rigorously evaluate the effectiveness of interventions.

Knowledge Activism : Gathering Information

Knowledge Activists in Action - Success beyond Committee Activities

- More time and effort on independent research in order to make the best possible arguments
 - Ex. emerging science on the routes of transmission
- Distribute more of their time outside of the committee context organizing, educating and interacting with workers around health and safety issues
 - Ex. educating workers on OHS rights, online platforms, supplemental information (community→workplace→worker)

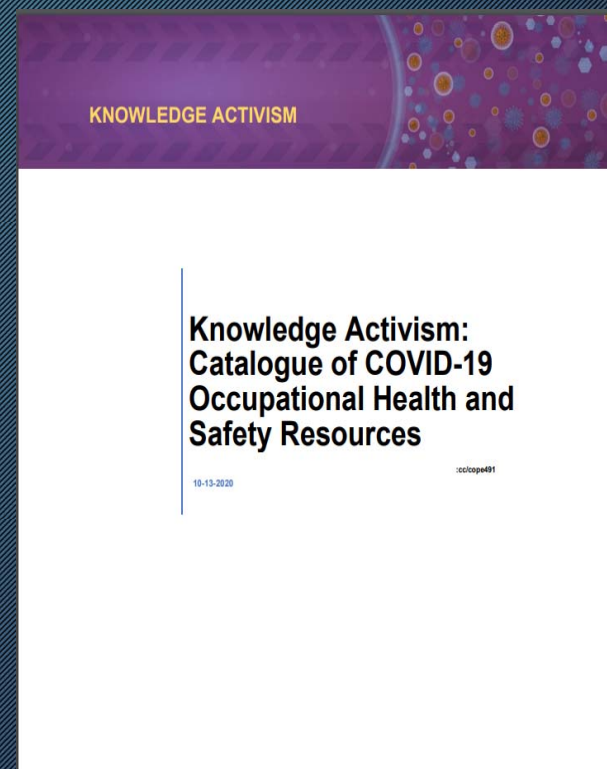
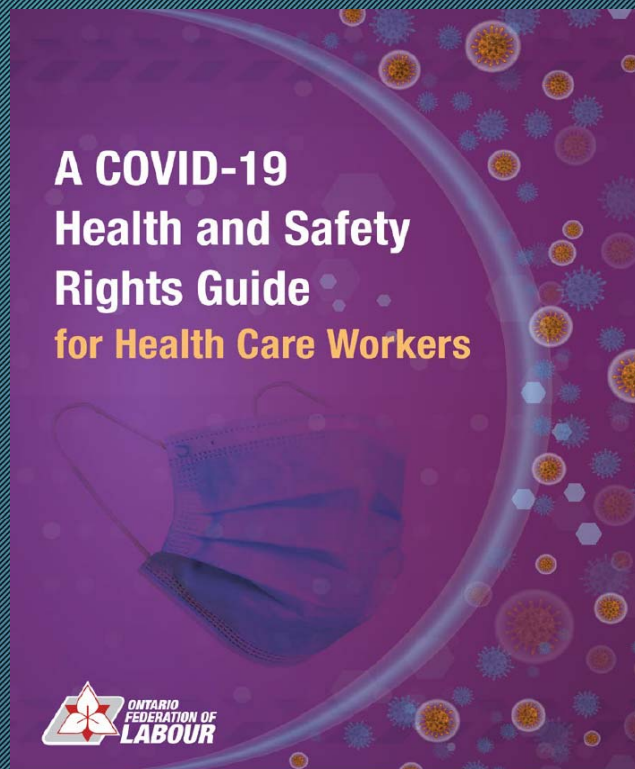
Knowledge Activism - Building Relationships

- Allies in the workplace and beyond
 - In similar sectors
 - In other sectors
 - in the political realm
 - with the inspectorate

Knowledge Activism - Making The Change

- Ad-hoc COVID-19 Labour Coalition for Health Care
 - Ontario Federation of Labour
 - Unions on the section 21 Health Care Committee
 - Unions in health care
 - Injured Worker Advocates
 - Occupational hygienists
 - Researcher and legal advisors
 - Former Ontario Public Service employees

Resources of the Ad-Hoc Committee



Knowledge Activism - Webinar

- Two day event in October
- Multi-sector input
- Multi-union input (ONA, SEIU, USW, UNIFOR, CUPE, OPSEU)
- Success stories
- How has knowledge activism supported change during the pandemic?
- How we achieve meaningful change facing new challenges?

Strategies for change

- Courts and the OLRB
 - ONA - interlocutory injunction relief and arbitration award
 - SEIU - application under s. 46 of the Act led to consent orders (MLTSD to inspect the workplace weekly for a two month period)
 - CUPE/OCHU, Unifor & SEIU - Judicial review of Directive #5
- Gaining Allies
 - Unifor/USW—early collaboration with employers to develop “Be Safe, Feel Safe” re-opening plans and ramping up playbooks (protocols)
- Tools and Resources
 - CUPE - Sectors Specific Guidelines, Checklists,

Resources

- Making a Difference :Knowledge Activism and Worker Representation in Joint OHS Committees
 - <https://www.erudit.org/fr/revues/ri/2006-v61-n3-ri1448/014184ar/>
- LOARC Participant's Report: Health and Safety Representative Study
 - <https://socialsciences.mcmaster.ca/labour-ohcow-academic-research-collaboration-loarc/documents/loarc-worker-representive-study-participant-report-october-2013.pdf>
- CUPE : Incorporating Public Health Advice into Workplace Protections
 - <https://cupe.ca/incorporating-public-health-advice-workplace-protections>
- OFL : A COVID-19 Health and Safety Rights Guide for Health Care Workers
 - <http://ofl.ca/wp-content/uploads/2020-10-08-OFL-Section21-Guide.pdf>
- OFL Knowledge Activism: Catalogue of COVID-19 Occupational Health and Safety Resources
 - https://ofl.ca/wp-content/uploads/Knowledge_Activism_OHS_Catalogue_COVID19_EN-1.pdf

Thank you!

**To bathe a cat takes brute force, perseverance,
courage of conviction - and a cat. The last
ingredient is usually hardest to come by.
- Stephen Baker**

