### **Sample Recommendation – Complex Issue**

The following example shows a Committee Recommendation for a complex issue. Since a number of major steps were involved, this Joint Health and Safety Committee completed one recommendation form for each step.

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| To: | *I. N. Charge, CEO* |  | | | Date: January 7, 2018 | | | |
| From: | **Joint Health & Safety Committee** | | | |  |  | | |
|  | *O. Back* | | | |  | *W. Hurt* | | |
|  | *(Co-Chair Signature – Employer Representative)* | | | | | *(Co-Chair Signature – Worker Representative)* | | |
| Please respond by: *January 28, 2018* | | | *(Within 21 calendar days.)* | | | | | |
|  |  | | |  | | | |  |
| **OH&S Issue:** *(Give a short, clear and complete description of the issue. Describe what, why, who, where and when.)*  *The Joint Health and Safety Committee has reviewed the last 12 months of injury reports. Over half were related to workstation layout problems. New software requiring more computer mouse work was also a problem.* | | | | | | | | |
| **Committee Recommendation: (attach a separate sheet if necessary) (***Make sure the recommendation deals with workplace health and safety. Include reasons for your recommendation. For complex issues, list options, steps involved and suggested time frame for implementation/completion.)*     1. **1. *Conduct an Ergonomic (MSI) Risk Assessment in conjunction with the Joint Health and Safety Committee. Note OH&S Regulation sections 4.47 – 4.53. There are 17 employees who use a computer at their workstation.*** | | | | | | | | |
| **cc:** *Mr. B. Safer (Safety Coordinator); Ms. Buy Right (Purchasing)***.** | | | | | | | | |
| **Employer Response: (attach a separate sheet if necessary)** | | | | | | | | |
| *(Note to employer: In your response, if you accept this recommendation please include a time frame for completion. If you reject the recommendation please include your reasons.)* | | | | | | | | |
| *We agree. Per regulation we will conduct a risk assessment. The safety coordinator will follow-up with the Committee to conduct the risk assessment as soon as possible.* | | | | | | | | |
| **Signature:** | | | | | | | | *I. N. Charge* |
| (Department Head or Designate) | | | | | | | | |
|  | | **Date Returned:** | | | | | *January 21, 2018* | |
| **Committee Comments*:*** *(Note any follow-up or additional action required by the Committee.)* | | | | | | | | |
| *W. Hurt and N. Stretch (worker representative) will work with the safety coordinator on the risk assessment.* | | | | | | | | |

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| To: | *Ms. Buy Right (Purchasing)* | | Date: January 7, 2018 | | | |
| From: | **Joint Health & Safety Committee** | | |  |  | |
|  | *O. Back* | | |  | *W. Hurt* | |
|  | *(Co-Chair Signature – Employer Representative)* | | | | *(Co-Chair Signature – Worker Representative)* | |
| Please respond by: *January 28, 2018* | | *(Within 21 calendar days.)* | | | | |
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| **OH&S Issue:** *(Give a short, clear and complete description of the issue. Describe what, why, who, where and when.)*    *The Joint Health and Safety Committee has reviewed the last 12 months of injury reports. Over half were related to workstation layout problems. New software requiring more computer mouse work was also a problem.* | | | | | | |
| **Committee Recommendation: (attach a separate sheet if necessary) (***Make sure the recommendation deals with workplace health and safety. Include reasons for your recommendation. For complex issues, list options, steps involved and suggested time frame for implementation/completion.)*     1. **2. *Purchasing department needs to develop a policy that ergonomic issues need to be given first consideration when selecting equipment and software.*** | | | | | | |
| **cc:** *I. N. Charge (CEO); B. Safer (Safety Coordinator)* | | | | | | |
| **Employer Response: (attach a separate sheet if necessary)** | | | | | | |
| *(Note to employer: In your response, if you accept this recommendation please include a time frame for completion. If you reject the recommendation please include your reasons.)* | | | | | | |
| *This is potentially a high budget issue. Purchasing will wait until the risk assessment is complete before determining the need to develop a new policy or change Purchasing practices.* | | | | | | |
| **Signature:** | | | | | | *Ms. Buy Right* |
| (Department Head or Designate) | | | | | | |
|  | | | **Date Returned:** *January 24, 2018* | | | |
| **Committee Comments*:*** *(Note any follow-up or additional action required by the Committee.)* | | | | | | |
| *Wait until risk assessment is complete to review this recommendation.* | | | | | | |

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| To: | *I. N. Charge, CEO* |  | Date: January 7, 2018 | | | | |
| From: | **Joint Health & Safety Committee** | | | | | | |
|  | *O. Back*  *W. Hurt* | | | | | | |
|  | *(Co-Chair Signature – Employer Representative)* | | | *(Co-Chair Signature – Worker Representative)* | | | |
| Please respond by: *January 28, 2018 (Within 21 calendar days.)* | | | | | | | |
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| **OH&S Issue:** *(Give a short, clear and complete description of the issue. Describe what, why, who, where and when.)*  *The Joint Health and Safety Committee has reviewed the last 12 months of injury reports. Over half were related to workstation layout problems. New software requiring more computer mouse work was also a problem.* | | | | | | | |
| **Committee Recommendation: (attach a separate sheet if necessary) (***Make sure the recommendation deals with workplace health and safety. Include reasons for your recommendation. For complex issues, list options, steps involved and suggested time frame for implementation/completion.)*     1. **3. *To eliminate MSI injuries, all employees (17) who use a computer need an Ergo Workstation complete with fully adjustable keyboard tray with coffee holder and heated wrist rest with dual massage capability. (Approximate cost per unit = $2000). To be ordered asap.*** | | | | | | | |
| **cc:** *B. Safer (Safety Coordinator); Ms. Buy Right (Purchasing)* | | | | | | | |
| **Employer Response: (attach a separate sheet if necessary)** | | | | | | | |
| *(Note to employer: In your response, if you accept this recommendation please include a time frame for completion. If you reject the recommendation please include your reasons.)* | | | | | | | |
| *There is no money in the budget for this. We feel there are more cost effective ways of reducing MSI risk at computer workstations. As an alternative, B. Safer will:*   * *Obtain* *and distribute WorkSafeBC book ‘How to Make Your Computer Workstation Fit You” for employees who use a computer. (complete by: Feb. 7)* * *Train workers using a computer on how to adjust their workstation (e.g. chair height) and work processes (e.g. appropriate rest breaks) to reduce MSI risk. (complete by: Feb. 25)* * *Assess workstations for affected workers (based on risk assessment) and make appropriate adjustments (e.g. adjust height of monitor, order new keyboard tray if required, move mouse off desktop to same level as keyboard, etc.) (complete by: Mar 17)*   *Assess workstations for other workers (complete on ongoing basis - as required* | | | | | | | |
| **Signature:** | | | | | | | *I. N. Charge* |
| (Department Head or Designate) | | | | | | | |
|  | | **Date Returned:** | | | | *January 24, 2018* | |
| **Committee Comments*:*** *(Note any follow-up or additional action required by the Committee.)* | | | | | | | |
| *O. Back and W. Hurt to monitor progress and follow-up with B. Safer as required.* | | | | | | | |

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