

***Residence Joint Health and Safety Committee Minutes***  
**December 9, 25**

**Attendance:** A Laranjeira (Co-chair), S Smith (Co-chair), S Desveaux, K Murphy, D Wilson

**Regrets:** C Furusawa, K Newstead

**Guest:** Jennifer McKenzie

**1. Approval of Previous Minutes**

- The minutes of October 6, 2025, were approved.
- 

**2. General Updates (Dec.9, 25)**

- **Review and comments regarding the draft “First Aid Kit Use and Monitoring” procedure.**  
**First Aid Kits:**

**Background**

- First aid kits have historically been kept in various break rooms.
  - These kits were unsealed and informally monitored.
  - A new procedure has been informally implemented but not officially rolled out.
- 

**Current First Aid Kit Process**

- Kits remain in place and are now sealed with a zip tie.
    - If the seal is broken, it prompts a review of the kit contents and follow-up regarding the related injury.
  - Review frequency is expected to be quarterly, and a contents list is posted on the second page of the documentation provided.
  - Loose bandages/band-aids are available outside the kits for minor scrapes so the sealed kits are not unnecessarily opened.
- 

**Review Against Regulation 1101**

- It is unclear whether the current kit contents fully meet the requirements of Regulation 1101.
  - Steven will be asked to confirm compliance.
  - Preliminary recollection suggests the kits may not fully align, so a review is required.
- 

**Quantity of Supplies & Staffing Considerations**

- Regulation requirements depend on the number of workers in the building, not overall building use by students or other groups.
  - Estimated custodial staffing:
    - Largest building: approximately 4–5 custodial staff.
    - Most other buildings: 1–2 staff.
  - Other units (e.g., Residence Life, Events) are responsible for their own first aid kits and supplies.
  - The current procedure applies specifically to Facilities and the first aid kits located in 18 break rooms across 18 buildings.
  - Facilities' kits meet the required supply levels based on staff numbers per building.
- 

### Next Steps

- Simon will revisit the kit contents list and verify compliance with Regulation 1101.
- Expiry dates will be checked, particularly for any items that may require removal (e.g., ointments).
- The updated procedure will be brought back for review in January.
  - **Implementation of “SOP-Safety-15 (Ladder Safety) - Version 3.0”. Discuss section 11 “Departments must have a method for ensuring pre-use inspections are being completed.” H&A Implementation planned for December during Assistant Manager staff meetings.**

### Rollout Timeline

- Central Facilities implemented Version 3 of the Ladder Safety SOP in September.
  - We will roll out the new version at the December staff meetings.
  - The core procedure remains unchanged; the only major addition is the requirement for a pre-use inspection confirmation.
- 

### Pre-Use Inspection Requirements

- The procedure states that departments must have a method to ensure pre-use inspections are completed.
  - Facilities will not be using hang tags.
  - Instead, they will use a long, narrow sticker placed directly on the ladder for staff to initial after completing the checklist.
  - Stickers are preferred as hang tags wear out easily and require replacement.
- 

### Documentation & Retention

- There is no retention policy for these inspection stickers.

- The stickers simply serve as written confirmation that staff performed the required pre-use checks.
- 

### Resources and Next Steps

- Simon will share the specific ladder inspection stickers purchased from Amazon.
- Other teams may choose a different option if preferred, as long as it fulfills the SOP requirements.
  - Request to review the Terms of Reference in 2026 to permit an increase of the H&A JHSC to 10 members.

### Background and Context

- The current Terms of Reference for Joint Health and Safety Committees specify 8 members.
  - Due to organizational changes within H&A, increased workload, and the representation of USW and Cupe, there is a desire to consider increasing membership to 10.
  - Simon noted that the amount of work handled by the committee would benefit from expanding to 10 members.
  - The proposal is to review and revise the Terms of Reference in the new year with that change in mind.
- 

### University-Wide Review of Terms of Reference

- Jennifer confirmed that a full Terms of Reference review is being planned for *all* committees, not just this one as multiple committees are experiencing challenges with composition.
  - The Terms of Reference document will be sent out prior to the February meeting for committee members to review.
  - Committee members are to submit comments or suggested updates.
  - All committee feedback will be compiled and discussed at a Co-Chairs Meeting in March.
  - The goal is to achieve alignment across committees and finalize an updated Terms of Reference for approval in March.
- 

- Tool for garbage bin lids. SOP should be developed in collaboration with staff prior to deployment.

### Bin Challenges

- Staff have noted that lids can be difficult to open, especially on higher bins, requiring them to reach up and over the top.
- Staff currently use improvised tools such as broom handles to lift lids safely.

---

### Proposed Access Tool

- A tool/gadget was mentioned that would allow staff to open the lid without reaching fully overhead.
- The tool allows the lid to be popped open quickly, enabling easy disposal of garbage bags.

---

### Next Steps

- Begin drafting an SOP for proper use of a new lid-opening device.
- Collaborate with Health & Safety Committee members for review.
- Formal rollout occurs only after SOP approval.

---

### Inspections *(Dec. 9, 25)*

- **10 buildings confirmed completed. 3 additional that have not had their date added to the inspection schedule, and 2 scheduled in the next week.**
- **Status update pls for the remaining 6 buildings**
- **No progress on OrangeQC as an inspection tool. EH&S may be looking at a centralized inspection tool for 2026?**

### Stairwell / Inspection Notes

- Amelia asked whether stairwell-related issues needed discussion.
- Decided not to include additional detail in inspection notes at this time.

---

### Light Bulb Disposal – Storage and Container Stability

- Staff noted challenges with storing used fluorescent tubes when dedicated containers become full.
- When overflow bulbs are placed in original packaging boxes, the boxes often lean or tip, creating a safety concern.
- A suggestion was made to consider using:
  - Metal bands/retaining straps (similar to those used for compressed gas cylinders)
  - Purpose: to secure the smaller boxes and keep them upright.
- Discussion:
  - The main storage containers themselves are stable.
  - Problems arise only with overflow when bulbs are placed back in regular cardboard boxes.
  - Team agreed the concern is valid and warrants reviewing storage options for used bulbs.

---

### **Fire Safety Plan Boxes – Missing in Some Buildings**

- Concerns raised that a number of buildings do not have fire safety plan boxes installed.
- Update provided:
  - All university Fire Safety Plans are undergoing a complete review and update.
  - Some plans were outdated; some buildings lacked plans altogether.
  - A temporary staff member and third-party consultant are working to:
    - Standardize format and appearance
    - Update plans to reflect renovations and current layouts
  - Once finalized, new fire safety plan boxes will be installed in all applicable buildings.
  - No installation date yet; progress is approaching completion.
  - Committee will be notified when installation is ready to proceed.

---

### **Near Miss Reports – Data Entry and System Transition**

- Current issue:
  - Near miss reports have been sent in but not fully entered into the existing system due to workload.
- Plans:
  - All outstanding data will be entered and updated.
  - A student worker is being brought in to help address the backlog.
  - Once updated, a summary report (“highlights” or “CliffsNotes”) of near misses can be provided.
- Looking forward:
  - If the new reporting program is approved:
    - All incident and near-miss reporting will be centralized in the new system.
    - Committees will be able to access reports directly at any time.
- Currently, only medical aid reports are being distributed regularly.
- Full incident visibility will improve once transition and data entry are complete.

---

### **3. Incident/Accident Reports**

- There were no incident/accident reports.

---

**Meeting adjourned.**