

Re: Quarterly AFSCME DC 47-Risk Management Health & Safety Committee Meeting Minutes

Meeting Date: October 20, 2010

Attendees: Kathy Black, Jerry Roseman , Barry Scott, Mike Rudman, Tim Lutz, Roderick Washington, Linwood Murray, Jamilla Abdur-Rahman, Prudence Rembert,

A. Old Business

(1.a.) Agenda Item: Mental-Mental

Mental/mental and mental/physical claims – Despite our discussion at the last meeting and all the assurances provided that the Water Dept. case was an exception, we have continued to note problems with making the psych referral and treatment process work. The Water Department employee NEVER got any treatment. Dr. DiSilverio thought he was providing an evaluation, not treatment, and the employee never got another referral, despite my repeated calls. He finally got sleep medication from his own doctor, which helped him a lot, and is basically what he needed all along. Three DHS employees caught in a cross fire were denied counseling. Employees at the Olney Library who witnessed a police shooting of a suspect were not offered referrals. Another DHS employee caught in another crossfire waited more than two weeks for his first appointment with Dr. Hayes for evaluation. We would like to talk about how to keep working to make this process more timely and effective for our members.

(1.b.) Discussion on 10/20 related to the above Agenda Item:

* The lack of appropriate response and coverage from the City re: Mental-Mental (and Physical-Mental) claims for evaluation, referral and treatment, is resulting in an unfair and difficult situation for employees and the Union and Health & Welfare Fund;

* The Union & H&W Fund is having to bear costs for “Mental-Mental”

treatment that should be borne by the City and those in need of treatment, counseling, etc., are not getting it or are having to wait much too long;

- The union consistently provides EAP services in situations like this, and does so much more rapidly than the City responds. While we are happy to do this, especially in group settings, we intend to push harder for the City to pick up the costs of individual counseling. The Union has not gotten an increase in H&W contributions from the City for more than 3 years, and we cannot afford, nor should we be asked to pay for services that should be borne by the City.

* Kathy B. brought up several recent cases – (1) A.H., an employee caught in a violent gun battle situation; and (2) the case of 3 social workers who were also caught in violent cross fires. In both instances, employees suffered from traumatic stress and psychological issues and needed to be seen, evaluated and treated – however obtaining approval for the evaluations takes much too long and/or treatment is refused;

* Prudence described 2 separate but related approaches to psychological cases:

(1) Physical-Mental – in these cases, the patient (i.e. employee's) treating physician is supposed to refer the worker for additional evaluation and treatment re: the stress/psychological component following physical evaluation;

(2) Mental – Mental – In such cases, the individual should be referred to and sent to Dr. Hayes who should conduct an evaluation and coordinate quick treatment.

Prudence acknowledged a problem with the system in that Dr. Hayes, even after he sees someone, “sends them to his person” – Dr. Prout –

but then they often fail to get back in touch with Risk – this results in a failure to institute proper care, coverage and follow-up;

- * Kathy pointed out – and Prudence agreed – that timeliness in referral and treatment for stress-related conditions is critical;

- * Kathy also stated that even when there are physical injuries in addition to stress-related problems requiring psych evaluation and treatment, the treating physicians seem unfamiliar with their role and obligation to refer to counseling (sometimes telling patients, “we have no psychologists in the system” or “it is not part of the coverage” or “it’s not my job to refer”);

- * Treating physicians have also frequently indicated that re: the need for counseling and referrals for city employees, that such coverage is not part of the network, or that’s it’s not part of the law, and that it is not their (i.e. the treating physician’s) responsibility to refer them for psych services;

- * The notification to patients that there is coverage often comes only from Kathy and by then several weeks have passed until they finally get to see Dr. Hayes – this is unacceptable treatment;

- * Kathy stated that the system needs to be (1) streamlined; and (2) that improved communication and coordination between Doctors, Risk (Prudence and Diana Rivera), etc. is needed, to ensure that all medical providers understand the need for referral, and their obligations and responsibilities;

- * Prudence agreed with Kathy on all relevant points as reported above

- * Kathy asked about the 3 social workers caught in the street during a shooting – they were in a crossfire and couldn’t escape – they put in a claim for stress and they just received a denial; AH– in a very similar situation – did eventually (after a couple of weeks) get approval but it

took too long before he received any help, evaluation, etc.;

* Prudence explained that the Worker's Comp carrier, as a matter of routine procedure, denies every Mental-Mental claim out of hand.

* Kathy stated that it is unworkable to have automatic denials and no follow-up. Kathy made the point that after filling out an incident and/or accident report there should NOT be an automatic refusal;

**** Prudence agreed that the system has to be streamlined and that Dr. Hayes must be informed whenever a mental-mental claim is made [ACTION ITEM #1]***

* Re: the specific situation with the 3 social workers caught in the cross fire Prudence suggested that, if there is no more concern expressed by the affected individuals, then, Prudence stated, the matter should be dropped

**** Barry S. also agreed and said that he would reach out to CSI and MEU to address the issue [ACTION ITEM #2];***

* Kathy mentioned the Children's Reading Room at the Greater Olney Library where there was a shooting by the police of a suspect in a robbery down the street. (The suspect eventually died in the hospital.) There was no individual counseling offered, no accident report. Both the Union and the City arranged for group counseling, through the Union's EAP and the Dept. of Public Health. It was suggested that in such cases there should be "automatic" counseling provided to individuals;

**** Again, Prudence is in agreement and said she would reach out to CSI and get them to be more responsive. Prudence stated that perhaps the forms and approaches could be modified so that whenever incidents of the type discussed above (i.e., those where***

there is no physical injury) a psych referral and evaluation would be made. Prudence expressed some concern that this might, however, promote spurious claims. Nonetheless, Prudence agreed that new procedures will be started to address issues of the type discussed re: the Library shooting [ACTION ITEM #3];

**** Prudence stated that when there is an incident an injury report should be filled out and the person should be sent to Dr. Hayes before the injury report is “accepted” or “denied” (the procedure currently in place is for injury reports to go directly to CSI – not to Risk Mgmt.) [ACTION ITEM #4];***

**** Risk will attempt to set up some type of procedure with CSI to review the reports before a denial is provided (there is a 21 day window before a claim has to be accepted or denied) or, as according to Barry S., CSI still makes an “automatic denial” Risk will then need to make sure that those cases are “flagged” for Risk so they can still be sent to Dr. Hayes to ensure that care is still provided to those in need [ACTION ITEM #5];***

**** Kathy asked how can that be done? – She asked if Risk was prepared to deny the claim and still provide care. Will Risk Management pay for it? How can it work? Why aren’t mental related illnesses considered legitimate claims?;***

**** Barry S. answered that in a vast majority of these cases the “abnormal working condition” standard required for a “mental-mental” injury will not be met and therefore, within the definitions currently in place, the claim should be denied. Barry stated that these situations have to be looked at individually on a case by case basis;***

**** It is true, Barry stated, that CSI reviews the cases and almost always denies them – still the City is trying to do something more than just say no. Risk wants to provide some kind of care without necessarily conferring formal approval. The major reason for this, according to***

Barry S., would be the problems for Risk (and the City) associated with a possible change to the Mental-Mental standard, which would lead to a dramatic increase in Mental-Mental claims, resulting in excessively high costs for which funds are unavailable;

* Safety Officers and supervisors also need to be better informed and encouraged to understand and provide help to injured employees whether or not those injuries are physical or mental. The supervisors and safety officers should be familiar with the treatment, evaluation and referral options related to mental and psychological issues and they too should be following up on these issues;

**** Prudence agreed to speak with Diana Rivera on 10/21 to discuss how to present the issue to CSI at the Wednesday meeting and Prudence and/or Diana will get back to Kathy in about a week [ACTION ITEM #6].***

Next Safety Officer meeting is not until January

B. New Business

(2.a.) Agenda Item: Written Guide to the P&P & SCDP

(2.b.) Discussion on 10/20 related to the above:

**** Barry stated that Hilary was working on it and Barry will follow-up with her and report back to Kathy [ACTION ITEM #7];***

(3.a.) Agenda Item: Who fills out COPA 2 forms?

We have discussed this before, but it came up, surrounded by confusion, at a recent Department H&S meeting. We would like consistent messages to supervisors and employees, and a method for employees to ensure that all their concerns are recorded

(3.b.) Discussion on 10/20 related to the above Agenda Item

* Kathy reported that it was her recollection that it is preferred that Supervisors fill out the forms but it is not a “hard and fast” rule.

* Prudence says she thought both supervisors and employees fill it out. Barry said it varies from department to department and with specific circumstances.

* Kathy said that perhaps supervisors should always fill out the injury forms but, whoever does so, it is critical that the injured person be encouraged to describe all injuries, hurts, etc. – by interviewing and probing immediately upon injury. It would help to make sure all injuries are listed. If you leave something out, Risk will deny treatment. According to Barry, the physician does participate in filling out an evaluation (they sometimes do not have the COPA-2 but only have a referral). Prudence said that sometimes the treating physician will tell the person to go back to the supervisor and add any “new” problems “discovered” and raised during the medical evaluation, to the referral form (since only what is formally reported can be treated);

* Barry explained that there are different cultures in different departments, reflecting differing perspectives which plays a role in the way in which forms will be filled out and by whom;

******* This issue was brought up by Kathy as we were discussing the COPA 2 Form issue*******

EW – Bonnie was supposed to speak with Prudence. Dr. Korevaar, Risk Mgmt Medical Director, reportedly said she could have an IME (as per Prudence). Ms Williams fell down a flight of stairs backwards and was paralyzed for 2 weeks and then in rehab for another several weeks. Since she was paralyzed she did not have any feeling in her knee and so didn’t know her knee was hurt. She later recognized that

she had injuries that she had not previously reported (including to her knee and shoulder) but was refused treatment because she did not report it on her accident/injury form at the time of her fall.

**** Prudence promised to call Dr. Korevaar and Dr. Hayess on 10/20 to discuss this issue [ACTION ITEM #8]. Ms. W said her knee and shoulder has gotten worse since coming back to work. City/CSI is offering too limited help. Prudence stated that Dr. Korevaar would meet with Kathy to discuss this employee's medical conditions and to help her understand what injuries and conditions might be related to her fall at work and what might be otherwise caused.***

Prudence agreed to ensure a orthopedic consult/eval and Diana (according to Kathy & confirmed by Prudence) will "fast track" an IME and she will be seen by Dr. Hayes [ACTION ITEM #9]

(4.a.) Agenda Item: Ergonomic Training Update for FJD Employees

(4.b.) Discussion on 10/20 related to the above Agenda Item

* Some safety training has been provided by "Deb" – Safety Officer for the Courts (with Tim providing some support – some info and DVD) as part of the annual departmental safety training. This training is provided to everybody in Courts and Tim understood that a brief ergonomics piece had been included as part of the basic "safety" training;

* Linwood Murray reported that Risk is doing a Full Compliance Audit to assess safety systems, issues, etc, at the Court. Risk is working with the Courts and is looking at 3 specific sites. Linwood and Deb Vetraino, the Safety Officer, spoke about the ergonomic training – according to Linwood, Deb acknowledged that she was willing to work more closely with Risk Management, and with Tim, in the future, acknowledging some historical problems with cooperation;

* Safety Committee – There is still an ongoing effort to set up a working safety committee that operates effectively and regularly – this item has not yet been successfully achieved

(5.a.) Agenda Item: Roof Repairs – 34 S. 11th

(5.b.) Discussion on 10/20 related to the above Agenda Item

As per Roderick following conversations with building owners/managers at 34 S. 11th St.:

** The initial phases of roof repair – i.e. Phases 1 & 2 – were reportedly completed on 7/13/10;

** Surface coating was applied on the existing roof structure but additional work is still needed to prevent water intrusion and leaks – this work should be completed by spring 2011;

** Presently there are still some leaks present that are being worked on by the building owner – they wanted to observe conditions during different periods of the year;

** Structural concerns – according to building management, they contracted with a structural engineering firm who performed an assessment and concluded that the roof system is structurally sound to permit parking and current use;

(6.a.) Agenda Item: Addendum to Emergency Action Plan & Possible “Punch List” for Distribution to Employees

Evacuations. This too is an old topic, with a new wrinkle. During the recent gas leak emergency at MSB, people were stopped from coming in the building, but no one notified those who were at work early and already in the building. Perhaps your Emergency Action Plan

Addendum will address this? If not, let's talk about it.

(6.b.) Discussion on 10/20 related to the above Agenda Item

* Linwood reported that there have been no specific actions taken and that there is no update as of now. It was stated that Erin was dealing with this. ***Linwood will follow-up and report back at the next meeting [ACTION ITEM #10];***

* Mike Rudman discussed the gasoline spill that occurred in the parking lot below MSB. Gasoline vapor and odor affected the first 3 floors of the building (the upper floors were supposedly unaffected). The Revenue Dept. was most affected. Fire/police responders were quickly on the scene and took control of the response;

* Major issues, from the union/H&W Fund perspective included: (1) incomplete notification of workers already in the building on upper floors. As per Kathy, occupant concern was related to the decision to keep workers out of the building while at the same time not telling the people who were already in the building anything at all. People in the building, on the 11th floor, were unaware of what was going on. Kathy stated that there was too little communication to people in the building, especially above the 3rd floor. In particular, the Safety Officer was not notified and she was one of the people in the building at the time of the spill who was not provided with any information;

* According to Linwood, there is currently no system in place to ensure that all building occupants are notified about conditions when a situation like the one at MSB arises (i.e., where a decision is made by responders to an incident to restrict people from entering a building and going to floors that may actually be unaffected from a health and safety standpoint but where occupants are already working);

* Kathy suggested using loudspeakers and/or other means to notify and communicate to all occupants – this will help manage fear, and

uncontrolled evacuation when, for instance, a worker already in the building and at his/her desk on floor 6 or 11 (supposedly unaffected floors) finds out that his/her coworkers are being kept out of the building and are being restricted from entering the same work space occupied by others;

* Kathy B. asked, "What is Risk telling Safety Officers at the Safety Officer meetings?;

* Jerry R. suggested that since someone – Fire Dept or other responder – had to have evaluated each floor re: the incident to determine what, if any areas, were affected, why not just tell people at that time on each floor as you move through the building about what the procedures will be;

* Linwood indicated that the plan in place for other kinds of emergency situations would have worked fine here, if implemented;

* Kathy reiterated that is critical that we continue to notify, educate and communicate with occupants. We must inform Safety Officers, and use a simple posted notification as previously discussed;

*** Barry agreed that the "You're ok" message is sometimes not communicated clearly or comprehensively to all building occupants and that Risk would work with Building management, supervisors and safety officers on a system and approach about how to improve communications [ACTION ITEM #11];**

* Barry discussed what he referred to as "non-standard communication" which has several characteristics: (1) they are often part of developing situations; (2) because of their changing/developing nature it is very important to ensure correct info is available and that incomplete or otherwise partial info is not too quickly provided, and; (3) that the Bldg Mngrs, who may be very competent at managing their buildings, may not be always be the best communicators;

**** A laminated sheet including a listing of basic response actions and procedures to be followed in the event of an emergency was supposed be developed and provided by Risk as a communication aid for workers, supervisors, etc. The language and form of the notification was to be developed with the input of the union. Linwood stated that nothing had been yet done – it will be worked on [ACTION ITEM #12].***

(7.a.) Agenda Item: L&I Clean & Seal Teams

Employees get very fundamental training on identifying potential asbestos in houses and other buildings they are sent to work on, and are instructed to leave and call for assistance if they suspect there is asbestos. This seems like a backward process to us. We discussed it at L&I and workers are concerned that they are being exposed without knowing it. We'd like to hear your ideas about how these workers can be better protected.

(7.b.) Discussion on 10/20 related to the above Agenda Item

* Kathy expressed the concerns that workers who enter buildings as part of the Clean & Seal team have about the possibility of asbestos contamination and exposures when they enter buildings to clear them out prior to sealing them. Kathy asked about what should/does happen if L&I employees are in the buildings for several hours before encountering asbestos (or other contaminant).

* Barry responded by stating that Risk is set up to make sure employees are aware of on the job hazards but that he wasn't sure what the specific L&I approaches were/are;

* Jerry R. stated that there must be some approach currently in place for hazard evaluation including for structural and life safety issues. It

was suggested that related health issues be included in any such evaluation;

* Roderick responded by stating that he is the liaison with L&I and he will obtain information and be prepared to respond when we meet next. Kathy suggested perhaps addressing it at the next H&S mtg. with L&I. I asked, is there any type of health and safety hazard assessment conducted prior to entering the building – we should ask these questions and get answers. Roderick responded that he would do so. [ACTION ITEM #13]

(8.a.) Agenda Item: Updates

(8.b.) Questions on 10/20 related to the above Agenda Item

Barry shared a “Directive for Departmental Health and Safety Programs” that has just been developed.

* The directive sets minimum standards for dept. safety programs. Risk has developed a safety directive describing minimum standards for departmental health and safety programs including requirements. This is one of the elements that Risk audits “to” when they conduct an audit/evaluation;

*The safety and health program policy was recently updated and Barry handed out a copy of the directive at this meeting; and

* Two (2) training sessions for Supervisors about how to investigate/collect info re: accidents and incidents and how to complete forms and documentation have been completed.

Next Meeting Date – Wednesday, January 27, 2011 10 A.M.

Submitted by Jerry Roseman, IH; environmental health and safety consultant to AFSCME DC47