



Professional Responsibility Concern (PRC)

Versus

Occupational Health and Safety (OH&S) Concern

Historical Background

In Ontario on February 17, 1976, at Mount Sinai Hospital, 3 nurses decided not to admit another patient into ICU where they were working, due to their Professional Responsibility to provide care to the patients they were looking after. The basis of their argument was that if another patient were to be admitted to their unit it would be unsafe for the patients already under their care.

The discipline was for insubordination and whether professional responsibility over-ruled following direction from a manager.

The nurses grieved the 3-day suspensions and the grievances went to arbitration. The arbitrator decided that the management rights were defined under the Collective Agreement and therefore fell under the “work now grieve later” rule and therefore the discipline stood. One member of the arbitration panel dissented in the award.

Of note in the arbitration the nurses contended they were responsible for the safety of the patient. What was written in the arbitration was that *safety exception* couldn't be extended to *protect persons who are not parties to the collective agreement from personal danger*.

Out of this case Nursing Unions then went to the bargaining tables and bargained to have PRC instilled in Collective Agreements. Mount Sinai bargained this clause into their Collective Agreement in 1977.

Differences

To help clarify for yourself, remember that a PRC applies to the patient and OH&S applies to you as the worker.

Another way to think of the difference is that as OH&S Adviser I care about you so you as a Nurse can care about your Patients/residents/clients

Examples—PRC Concerns

Short Staffing

To many patients on one floor

Not enough security to monitor mental health patients

Patient/resident/client care

Placement in areas not trained or oriented

Unsafe for patient

Any situation that places patients/clients/residents in jeopardy

Any situation that places a Nurse going against CARNA's, CRPN's or CLPNA's licensing requirements

Examples—OH&S Concerns

Broken Equipment

Working Alone

Security unavailable
Injuries
Sharps
Lifts
Biological Hazards
Violence

Different But Not Separate

There are times when PRC and OH&S issues overlap.

Example 1: The Unit is short staffed, security is called but security is unavailable, the patient becomes violent and hits the Nurse.

PRC: the short staffing

OH&S: the violence and if there is an injury to the Nurse

Example 2: There are too many patients on the Unit. Three patients are being placed in a room that can only accommodate 2 patients. There is not enough medical equipment in the room. The beds are so close together that a Nurse cannot move between the beds and there are not enough call bells.

PRC: too many patients in one room, not enough medical equipment, no call bells

OH&S: No call bells, unsafe for Nurse with regards to ergonomics such as lifting patients

Distinctively Separate

OH&S concerns are Legislated requirements

PRC is embedded in the Collective Agreement and that is where the process to resolve PRC's is provided