IHSA SAFETY Podcast

transcription

Episode 128: Managing Construction Risks: COR®-Driven Health and Safety Excellence at SickKids Hospital

Host: Ken Rayner

Guest: Justin Da Silva

Ken Rayner:

Construction safety usually means hard hats, guardrails, and checklists. Now, change the setting. You're building inside a children's hospital. Every hallway is active. Patients are nearby. Families are under stress. One mistake does not just stop work. It affects and impacts care. That's the reality at SickKids Hospital, where a major redevelopment is underway in the middle of one of the most complex health-care environments in the country, and I think we can say, even the world. This project will shape downtown Toronto health care for decades. In a setting like this, health and safety is not about meeting minimum requirements. It's about protecting lives in real-time.

Announcer:

It's time for the *IHSA Safety Podcast.*

Justin Da Silva:

Welcome to the *IHSA Safety Podcast.* I'm your host, Ken Rayner. On today's episode, we're joined by Justin Da Silva, construction safety program manager at SickKids. To explore why the hospital is raising the bar on construction health and safety, including the move towards requiring certified occupational health and safety management systems like COR®, and what this means for contractors, workers, and the broader industry. Welcome to the podcast, Justin. Great to have you here.

Justin Da Silva:

Oh, it's great to be here, Ken. Honestly, super excited about this. Excited to talk about SickKids and our future plans. So yeah, thank you for having me here today.

Ken Rayner:

Oh, it's a pleasure. And we've known each other for a little while now, and…

Justin Da Silva:

We have.

Ken Rayner:

...I've always enjoyed our interactions and I know this is going to make for a great episode. So…

Ken Rayner:

...Why don't we get into it? And partly, of some of the things that you've shared with me, Justin, which, to me, created great interest, and said, "Boy, this would make an amazing episode." Because SickKids has some real significant long-term development plans expected over the next 10 to 15 years in downtown Toronto. So maybe you could start by giving us an overview of the long-term development plans, as well as the scale of the construction that's expected over the next 10, 15, 20 years in downtown Toronto.

Justin Da Silva:

Project Horizon, it's going to be massive project. It's our long-term campus redevelopment plan. It's going to unfold over the next 10 to 20 years. The goal is not... We're not just building a new building, but fundamentally a new SickKids. It's going to be designed around Precision Child Health and future patient needs. So for those who may not be aware of Precision Child Health, we have a great website. You can always visit sickkids.ca, it talks about Precision Child Health there. And then also it mentions Project Horizon. So Project Horizon has been kind of revamped over time. We needed some funds from the Ministry of Health, so it has changed over time. But on the website, even if you go to Google and you type in Project Horizon SickKids, you can find a lot of details about that project, and kind of the newer scope, what's aligned present time, present day.

And Precision Child Health really represents a shift away from a one size fits all approach to medicine. So we know that treatments that work well for most patients, it doesn't necessarily work the same for every child. So Precision Child Health focuses on understanding each child as an individual by integrating everything from their genetic makeup to their lived environment. So to deliver care that is tailored to their unique needs, that's kind of really the specialty of this Precision Child Health. And it's important to note that Precision Child Health isn't a single... It's not a department or a clinic. It's a SickKids-wide approach that brings together clinicians, researchers, data, technology, and care teams across the entire campus to improve both patient experience and then also health outcomes. To truly deliver this kind of individual care, the hospital, the physical environment of the hospital, it matters.

It matters a lot. So many of our existing spaces were designed decades ago, long before today's data-driven medicine, advanced diagnostics, and integrated care teams existed. So a renovated and newly built hospital allows us to design spaces that support collaboration, real-time data use, AI integration, specialized equipment, safety designs, infection prevention, and flexible care models, all which are essential to that Precision Child Health.

In other words, transforming how we deliver care requires transforming the buildings, the systems, the infrastructure that supports us. And that's Project Horizon. That's the best way to explain it. The vision is a two-site hospital of the future. We have been approved by the Ministry of Health. Previously, our first submittal, I'll call it, was rejected, in a nice way to put it.

So we had to go back to the drawing board, but we have a great team, very creative, very talented throughout different departments. Our team is incredible. And when you talk about collaboration here at SickKids, it just really shows that need for it. And everyone in their roles come together. They took upon the challenge. When it was rejected, they took upon the challenge to say, "Okay, let's go back and let's figure out how we can make this still happen, still give the hospital what we need, the hospital of

the future, but obviously with those adjustments that are going to get approval from the Ministry of Health."

So as of September 2025, our leadership has announced that it has been approved by the Ministry of Health. So that's why earlier I was talking about the SickKids website. If you visit the Project Horizon page, you'll see all the updated information. A few months back, it was the older mock-ups, but now the digital renderings and things like that, they're all up to date, and that's all aligned with what we're hoping for in the future.

So to kind of put it another way, the scale of this redevelopment, I would compare it to building a small city within a live operational hospital. It's pretty massive. We are going to be demolishing Black and Hill Wing. We're going to be erecting a new tower there. So that is going to be on University Ave. It's going to be the critical care tower. It's funded by Peter Gilgin, his family, these great philanthropists, does a lot of great work just in the community, especially with hospitals. So this is going to be our patient care tower. So University, Elm, Elizabeth, Gerard, right in the middle there is our atrium. That's our main hospital. And then we have wings around the atrium. And so essentially Black and Hill are coming down, and that's going to make room for the new tower.

And then I want to say second phase, but truly that's the second phase. The first phase of this project is really the ambulatory care tower, which is going to be off site. So the ambulatory care tower, which is outpatient care. So this is for patients who don't need to stay overnight. So this is like day surgery, diagnostic imaging, blood work. That focus on those services are going to be an offsite tower, or campus, or whatever you want to call it, but it's going to be the ACT, so the Ambulatory Care Tower.

And that's going to, as I mentioned, house the majority of outpatient services. And really why we like this idea, because it's very... The original plan, and the reason I would... I don't know all of the different reasons, but one of the reasons I would assume the Ministry rejected the original proposal is because everything was supposed to be where the atrium is. And then you can imagine how difficult it would be to have a hospital run at its full capacity and demolish x-amount of wings to make room for these two massive new towers.

So the new proposal that we submitted had this off-site location. And I think that's really what helped us get accepted. And the goal would be to decant staff in any of the different clinics that can go into the Ambulatory Care Tower to make room for the demolition of the Black and Hill. But this is our phased approach. So stage one is really where we're in now, where we're like planning for the relocation of services to the ACT, and then also how we're going to demolish the wings Black and Hill.

And it's crazy, because this is a large organization. And I say it's crazy because this is the best-kept secret. You would think this would slip up somewhere, but I'm not lying to you, Ken. I have no idea where this Ambulatory Care Tower's going to be. All leadership says is that it's a 10-minute walk from our university campus.

So I have no idea how it hasn't been released, at least internally here, but not lying to you, have no idea where it's going to be. So if you were going to ask a follow-up question about that, I have no idea. And it's interesting, because me and my coworkers, we go on Google Maps. We're like, "Man, where could this possibly be? It's downtown Toronto. What land is really available for this?" So it's funny. So I would assume a lot of people at SickKids are doing the same thing like, "Hey, where's this going to be? "

Ken Rayner:

So people are going out at lunch for a 10-minute walk and heading north, east, south?

Justin Da Silva:

All different directions.

Ken Rayner:

All different directions trying to figure out…

Justin Da Silva:

"If we cover north, you'll cover south, we'll come back, we'll report." We're all trying to figure it out, but it's a best kept secret, but there's a lot of legal aspects to why it's being kept kind of under the table for now. But one of our code of conducts, it talks about transparency. Our leadership is great when it comes to just the honesty, integrity, and transparency of different subjects and different initiatives. So when we're able to release the information, I'm sure we're all going to find out at the same time, but that's the whole idea.

So it's big. It's not just about replacing old buildings, it's about building the physical foundation for that next generation of pediatric care. So the scale, as you can probably tell from the different points that I hit or mentioned, it's significant, right? The environment is complex, the responsibility is enormous, but it's exactly what's required to support the future of children's health here in our province, but then also beyond. We're highly respected as a pediatric hospital and internationally. So it's something that definitely is needed. A lot of our complaints from our staff, it tends to be related to the facilities that they're working in. It's something that we need to continue doing what we're doing.

Ken Rayner:

Wow, amazing. And for those of us in Ontario, to have a facility like this nearby to be able to take care of our kids, it's, what a blessing that is.

And I take it, Justin, I mean, you really mentioned about the redesign and the customization, of addressing each patient differently. I take it, though, also, that this is going to expand capacity. The capacity to be able to handle more children is going to be something that this development will be able to take on as well.

Justin Da Silva:

And I think that's another reason for this decision to do this redevelopment on SickKids. Again, I'm just going to kind of refer to that website a lot. It's a great website, has a lot of great resources, but there's stats there. They talk about what our kind of ceiling is, what's our capacity, right? And the whole goal is, unfortunately, current state, sometimes we can't. We can't accept everyone that we want to have overnight treatments. It's sad to say, but there is this scale that they have to kind of go by. And this new development is hopefully going to increase, or not hopefully, it will, it will increase the capacity on what we can handle as a hospital, and who we could see, and we can take on the children that need the help

at the end of the day. And as you mentioned, in this province, we are very lucky to have something like SickKids.

I'm a new parent, myself. I know you have kids, and the idea here is that you don't ever want to have to go to SickKids. That's not something a parent ever wants to think about, but if you do, if you do need something like SickKids, you'll be so grateful for that it exists.

Ken Rayner:

Absolutely.

Justin Da Silva:

And we're very lucky to have this in our province, so close to home. And we treat a lot of different children with a lot of different complex cases, and there's a lot of very successful and happy endings. And it's because of the hardworking people that work inside this organization.

Ken Rayner:

Yep, absolutely. And Justin, you covered just such a wide spread of information answering that first question. I'd love to dive in a little deeper to some of the topics you discussed. So let's talk about the first one, because you mentioned SickKids being a world-renowned hospital. And I was, in preparing for this podcast, really excited to see that Newsweek magazine had recently named the Hospital for Sick Children in Toronto, SickKids Hospital, the world's best children's hospital. That's amazing.

Justin Da Silva:

We're very proud. Very proud of that. It's something that, as I meant, on an international scale, you know what I mean? This is not just on a local newspaper or magazine, this is something that's internationally known. And I'm not too sure if you kind of understand how this all kind of works like this, I would say it's a friendly competition first. It's something obviously that we're very proud to hold, number one, but it's something that pushes other pediatric hospitals across the globe to do better, and kind of regain that number one spot, because we actually battle with another pediatric hospital, and again, friendly battle, but almost on a yearly basis, and it's Boston, right? So we kind of bounce back between two and one, but we're so proud to hold one this year. And it's something that we recognize, every part of this organization, we recognize it, we see it in our leadership meetings, they talk about it.

And it's something that just, it gives us that just overwhelming feeling like, yes, we're doing things right here. You know what I mean? And it doesn't matter who you are in this organization, what your role is. Everyone, you can see a smile on their face when they hear something like that. It's something we're all a part of, and we're all contributing to this achievement, right? So very, very happy to have that.

And unlike most infrastructure projects, construction at SickKids, when you think about, the only way it can really be successful is kind of, if we're considered number one, we're looking also for those external contractors who see themselves as number one, or how we view as number one. And that's what we want to bring to the table. And I'm sure we're going to get into some topics about what makes a contractor potentially number one in our eyes. But in that case, it's not really like only one person can hold that spot. I think you can have multiple number ones, especially in construction, and that's kind of

who we're trying to work with, because we have very high aspirations for the future. Our ambitions are high.

Ken Rayner:

Yep. And it's great, Justin, it's great when a organization or an industry sets a standard or sets a bar of excellence, and how that gets everybody else to raise their game. And so obviously SickKids is doing this. I'm interested knowing that working at ... construction taking place at one of...at the, sorry, at the world's best children's hospital.

Justin Da Silva:

I wasn't going to correct you. I knew you were going to... You're good.

Ken Rayner:

So at the, the world's best children's hospital, the uniqueness compared to sort of other complex construction projects that you've been around must be significant. So how is that different? How have you seen that as different?

Justin Da Silva:

Yeah. As I mentioned, this is a very unique situation that we're in too, right? We're not just building infrastructure, we're building while delivering lifesaving care, you know what I mean? So every decision must be, balance progress with like protection, ensuring that children, families, staff remain safe, all while the hospital of this future is being built around them. So for us, we kind of look at things like, if construction at SickKids is going to occur while these things are happening internally in our organization, then we have to make sure these high risk, high consequence environments are being controlled.

I think that's like such a big and important part of this puzzle. And incidents don't just affect workers. They impact, in this situation, they could impact patients, they could impact families and visitors, they could impact clinical operations and emergency procedures, right? To give you an example, if someone sets off a fire alarm because they didn't put a fire bypass in, you would think such a simple request like, "Hey, you should be doing this. This is our internal procedure." But that alarm that was set off, not necessarily because of smoke or heat, but maybe because of dust, maybe because they were using a Sawzall next, trying to cut some drywall, and the dust got in the area that smoke alarm or the fire protection system detects it, thinks it's something else, and then boom, it sets it off. And now we potentially have to like, is this a real situation, right?

But now you got alarms going off, maybe things are happening in a clinic space that they need to be, maybe they're having a very important conversation. Maybe they're doing some kind of treatment, right? But now you have these alarms being set off and disrupting it. And again, it's a situation that you could completely avoid, but I think it's really ... The hardest part, I think, is balancing, like how do you really mitigate these things from happening, especially because it's a live hospital, right? I think that's the key there.

Ken Rayner:

Absolutely. Yeah. I can appreciate... That was a great example you gave. And again, complexity-wise too, you're not doing this on a hundred-acre complex out in the countryside…

Justin Da Silva:

No, no.

Ken Rayner:

...you're doing this right in the heart of downtown Toronto.

Justin Da Silva:

And it makes things that much more complicated, because it's so public-facing and it's such a high-traffic area. So that's why we really appreciate ... The ministry, in one way, rejecting our original plans was a blessing in disguise. And that's how I see it personally, because it made us go back to the drawing board and say, "Hey, what if we move at least a bigger portion of this offsite? Is this a possibility?"

So that's how really this came to be, this idea of having an off site, and then still doing the renovations that we need at the main hospital. But now that we have it off site, you can contain it, I would say, a lot better, because it's hopefully it's, again, don't know where it is, but if it's an empty lot, very easy to set up and follow the construction project regulations, because your projects has to be separated from the public, you have to have a 1.8 metre fence or barrier, right?

So this is where things become a little bit easier when it comes to public protection. Doing it on a busy road, busy hospital, where patients are trying to come in and out, you're going to have to do wayfinding a little bit differently, you're going to have to redirect. It sounds like chaos, right?

So it's like, what do we do to calm the waters here? What can we do? So thinking about different controls. But when we're doing the demolition, it's going to be hard. It's not going to be an easy mountain to climb. So yeah, it's kind of a great point that you brought up. It's right in the busiest, I'll say busiest place in the world. It could be the busiest place in the world.

Ken Rayner:

With all of this, SickKids is moving towards requiring firms bidding on upcoming construction projects, like these massive development projects, you are going to mandate that they have a certified occupational health and safety management system, such as COR® and others. And I take it, everything we've just discussed here must have gone into that decision in terms of all of the factors that you're looking to manage the patient care, the complexity, what happens if something goes wrong within the hospital while the renovation's going on, and everything you just discussed. I take it all those things were part of what drove that decision.

Justin Da Silva:

Oh, 100 per cent. And I think everything that we've discussed, the scale, complexities, the risk, all that, that all drove this initiative of requiring an OHSMS such as COR® when they're going to be bidding on future projects. We'll kind of eventually talk about what the plan is and the implementation plan for

that. But at the end of the day, the margin for error here at our hospital, it is much smaller than on a traditional construction site, right?

So we need contractors who can really demonstrate a systematic risk management, not just task-level compliance, but a systematic approach to how they're going to handle different situations. And a big part of what we require just on the hospital side, it's not just occ health, but you got IPAC. IPAC is a big critical component, so that's infection protection and control, right? So there's been many case studies of construction-related activities producing dust that contains fungus, fungi that can complicate treatments.

A good example of that is aspergillus, so that's been directly linked. We had a situation back in 2001, I believe, Montreal, Royal Victoria Hospital is, and one of the patients died from aspergillus, and it was directly linked to renovations that was happening in the hospital. This COR® is, the idea behind it is we're moving beyond compliance to demonstrated capability. We need you to show us that this is in full force. When you have COR®, COR® is great, because yes, it's a lot of policies and procedures, and it's paperwork, but it goes beyond paperwork, especially when you start getting into the internal and external inspections, you have auditors coming in, and they're not just looking at paperwork, but they're going out in the field and they're saying, "Hey," they're asking questions.

I'm lucky enough, and one of the reasons I even brought this to my leadership's attention is because one, it's something that I feel like has been gaining so much momentum, and rightfully so, but I hold my NCSO®. I have been a COR® auditor for the other organizations that I was part of prior to coming to SickKids. I also have my ISO 45001 auditor certification. I've been through that process.

So I understand the importance of a good OHSMS, and I understand also the importance of having a reputable governing body also kind of being involved in that process. And the one thing I personally like about COR® is that IHSA as a designated entity, you guys are here to help our community, any of our stakeholders that are associated with the organization IHSA in our province, you guys are, you're there for them and you care. And so when you're auditing, it's not like, "Oh, you're my friend. We're just going to pass you." No, we're going to be hard on you, because we care. You know what I mean? And we know you, as an organization, I have had the pleasure of meeting multiple individuals at IHSA, from high leadership all the way down to your different reps, and all of them have been fantastic.

So I personally, I respect and understand what IHSA is trying to do. I love the fact that they brought COR® to our province. I'm not just saying that we're only accepting COR®, but I do appreciate the COR® process. And as an OHSMS system, regardless of what route you decide when it comes to getting your occupational health and safety management system approved, as long as you're getting it from a reputable provider, I would say that's really key.

Ken Rayner:

Absolutely.

Justin Da Silva:

But this is very important, because it demonstrates that a firm, like a contractor, they have formal hazard identification and risk assessment process. Actually, I remember when you guys came in to do a

presentation for my leadership that I was trying to have conversations in the background and said, "Hey, this is a really good idea. We need to go forward with this." So I brought you guys in.

And I was like, "Oh, I'm so glad I brought you guys in, because man, you guys know this stuff inside and out." And it was amazing to hear you guys talk. There's so many things that I learned, too. I think you brought up stats, and the reason I bring this story up, because you brought up stats about COR® and you were like, "Out of all the elements, what do you think are the most important elements?" I forget exactly how the question was worded, but do you remember that question that you guys asked to our group?

Ken Rayner:

We took a look in terms of what doing some work, I think it was with the University of British Columbia, and maybe information that we're able to extract now out of AuditSoft, but really what are the most critically important elements of COR®? They're all important, but some are a little bit more than others, right?

And so starting for sure with hazard awareness and control. That, if you get that right, your whole system can work. If you get it wrong, irrespective of your other elements, you're going to miss the boat. Because if you've missed on the hazards, if you've missed on casting a wide net and utilizing competent people within your organization to help ensure that all the hazards have been identified, potentially those that have the propensity to injure, kill, or make someone ill, and you've got controls on those hazards that everybody agrees to, and that everybody is confident will ensure that those risks have been mitigated, that's huge.

Justin Da Silva:

100 per cent.

Ken Rayner:

That's, for me, I think, and I speak for everybody at IHSA who's involved with systems, hazard assessment and control is by far the most important one. And I think coupled with that, management review is equally important, because it's about continually improving the system. And if senior management in particular doesn't have their eye on that and doesn't have their focus on it, it's really hard to continually improve that system.

And there's no system out there that's perfect. No system out there is perfect. There's a lot of misnomers about, "Oh no, they scored a hundred. It's a perfect system." It's not a perfect system. It's never a perfect system. There's always an opportunity to improve. And that opportunity really presents itself when management takes a look at it, a very concise, very holistic look on the entire system, on how well it's performed, and then taking a look at where they need to shift those areas of focus in the year, the upcoming year, to be able to improve upon it.

So yeah, those things are huge. And you know what, I really appreciate that you've seen the benefits of systems as well, Justin, and you've educated yourself, right? You've gone through the process of auditing for COR®, and then you've gone out and you've taken something, I think you took it from BSI, if I'm not mistaken.

Justin Da Silva:

Yeah, that's exactly, yep.

Ken Rayner:

Yep, yep. So an organization I used to be a part of, so good on you. So anyways, taken that lead auditor ISO 45000 course, which really gives you a bit of a different perspective, but very, very similar. COR® and ISO particularly, I mean, I'm speaking specifically about IAF-accredited ISO 45000 certificates.

Justin Da Silva:

Very important.

Ken Rayner:

Really, we see those as very, very close. It's just the organization needs to decide which one's best for them. And I'm glad you brought up both, because again, we administer COR®, but certainly when someone decides to go and gives us reasons in terms of, "Look, these are the reasons I think I need to move towards an ISO certification," great, we support that. If the outcome is safe and healthy workplaces free of incidents, ensuring that all workers are protected, then it's a good outcome.

Justin Da Silva:

Absolutely. And the whole point, and the reason I love having conversations, especially with you, Ken, is because you've lived through it, you've seen the evolution of these things, and you can talk to these points like the back of your hand, and it's always a learning moment even for myself, maybe for the audience.

And the reason I brought up that question and wanted you to kind of talk about your experience sitting at that table in front of my leadership, I'm sure you guys have been in that situation hundreds of times. But I just want to advocate for you, and your partners, and colleagues that you work with, and kind of just make it known to the public. If you need your help, you guys are there. You're not like, "Oh, well this date's busy, this date's" ... You're like, "No, let's make this happen. We're excited to come and talk." So I'm so happy you did-

Ken Rayner:

Yeah, thanks, Justin.

Justin Da Silva:

...and yeah, man, that element, the controls and assessments, so important. Because we always talk about this in safety, but it's prevention, not reaction. And that's what the hazards and controls and the assessment is really about.

Ken Rayner:

Absolutely.

Justin Da Silva:

So this decision is fundamentally about preventing serious incidents before they occur.

Ken Rayner:

That's right.

Justin Da Silva:

And coming, tying it back to, in a pediatric hospital, even a minor incident, like I said, even cutting next to something like fire protections could have an outsized consequence.

Ken Rayner:

Absolutely.

Justin Da Silva:

These are the things. And ultimately, requiring certified OHS management systems like COR®, it's also about confidence, right? We need confidence as an owner. It's very interesting, because my role's very unique. Because in a lot of safeties like this, where at the end of the day, you're trying to influence decisions. As an OHS manager, advisor, coordinator, you don't really have power.

And what I mean by that, you're not the site super. You know what I mean? You're not the one really ... In some organizations, depending on their policy, procedure, depending on the situation, you may be able to direct work as an OHS advisor, manager, coordinator, but most of the time you're trying to influence. That's majority of the time.

As an owner, that's escalated to the highest degree, because we cannot direct work. If I step on a site and I say, "Hey, you have a floor opening, you need to cover that with adequate material, can support all loads, you identify, you make sure it covers the entire opening, it hits the regulation spot on, all those different points." I technically shouldn't be directing them. I should make the observation, and this is how I approach my audits, but I make the observation.

Now, if it's imminent danger, I might say, "Hey, you need to correct this." But-

Ken Rayner:

Knowing you, I think you would say that. Even if it puts you in the position of the constructor, it still would be one where you're like, "Hey, we can't have this."

Justin Da Silva:

Yeah, no. And so let me back up for a sec, because that was kind of a bad example, because I would be imminent danger.

Ken Rayner:

A hundred percent you would.

Justin Da Silva:

Yes, but what I'm trying to show is that as an owner, there is this line in the sand, and that's why it gets so hard. It's like, when do I really step in? Imminent danger? Yeah. Without a question in my mind, I would immediately stop work, 100 per cent.

Now, again, maybe for things that aren't... If a ladder isn't secured, maybe that's a better example. Ladder isn't secured, right? I make the observation, but at the end of the day, I can't force them to do anything. But this is why COR® is so important, because I know if I make the observation, chances are if you're COR® certified, or ISO, or you really believe in that occupational health and safety management system, you will make that control. I don't have to tell you to make that control. I made an observation, it's just a second pair of eyes on that job on that day, and we have a good relationship.

This is the partners, the external partners we want. I make the observation, you do something about it, right? I'm here to help you. I don't want anyone to get hurt. Also, I don't want the ministry to come in and start laying all these infractions on you either, right? So I'm that kind of second level to your own internal occ health department.

So it's really just about managing risk. And with that confidence, we have confidence in these firms working in our hospital. We can manage the risk systematically. We can protect their workers. And then in return... The way I always say it, if internally that project, that construction project is safe internally, chances are externally it's going to be safe as well. But again, as an owner, you're constricted a lot of times. You know what I mean? Even as PMs, we have a lot of conversations with our project managers, and again, you can't direct work.

Ken Rayner:

Procurement is so critically important on…

Justin Da Silva:

Oh, exactly.

Ken Rayner:

...Your infrastructure projects, right? You have to get it right at the procurement stage, because you don't want to have to try and fix it halfway through the project.

Justin Da Silva:

No.

Ken Rayner:

And realize that, "Hey, as the owner of this project," as the one that procured the project and selected the contractor to do it, and ultimately for them to be the constructor, we don't want to be jumping in and having to direct the work halfway through.

So what about the timelines? So we've talked a lot about the requirements that SickKids is going to implement in the future. For those contractors that do this type of work, that bid on public works such as Ontario hospitals, what are your timelines for requiring contractors to be certified on this major development project?

Justin Da Silva:

So timeline for us, and we think, again, we're consistently sending out communications to remind all our external partners, and anyone who's trying to become a partner of ours. It's 2028. So January 1st, 2028, that is our target. That date's set in stone as of now. It's not going to change. I want to put that out there. But 2028, January 1st, that is when you would be required to have a certified occupational health and safety management system.

So again, timeline is intentional, and it's also realistic, because it actually aligns directly with our renewal of the request for supplier qualifications. So our procurement cycle comes up during 2028. It's a five-year cycle generally, sometimes there's extensions, but we're not planning on doing an extension. So 2028 is that final date, and this way kind of aligns with everything internally. But we've sent out multiple communications to all of our vendors, current vendors.

And then in that RFSQ in the future, there will be an attachment of that requirement in that package. So just to give you an idea, and maybe to the audience, most of our vendors currently though are COR®. So a lot of them already achieved this. And then for those who don't have it, we're 2026 now, but we made the amount announcement early 2025. We're giving them ample amount of time to kind of lock this in place, right?

Ken Rayner:

Absolutely.

Justin Da Silva:

You also need to have COR®, and maybe you can speak to this point even further, I'm sure, but you need to have COR® working for a year, right?

Ken Rayner:

You do. You do. Yeah. Yeah, absolutely. And you know what? I would think most of the firms that are bidding on this work, if they're not certified to an occupational health and safety management system like IAF accredited, ISO 45001, or COR®, then the gaps that they'd have to close would be minimal. So it's achievable. You just need to start working on it today.

Start to close those gaps, because irrespective of whatever system that you're being certified to, there has to be tangible evidence that the system is living and breathing. The ink on the policy can't still be drying. It can't still be wet, because you just printed it off and said, "Here's our policy." And there's no opportunity for an auditor to verify that that policy has been implemented and it's working, right? So if someone just ... If there's an organization that has over 20 workers, so by law in Ontario, they're required to have a joint health and safety committee, and they just completely missed on that. They just went, "Oh, you know what? We forgot about that completely. You know what? We'll find the right

number of people and we'll ensure, if we're a unionized environment, the workers will select theirs, and we'll get everybody certified and we'll get it going. And come back in a month and we'll have it done."

It's like, well, no, it can't work that way, because we need to be able to see evidence that the joint health and safety committee is living and breathing. You're required to meet quarterly. So we need to see four meetings, we need to see agenda items, we need to see what was discussed. We need to see that action items are being addressed, that if you have any notices to the employer, that that circle's being closed and what's coming from it. So there has to be that evidence.

Otherwise, what are you auditing? So for those companies out there that are going down this journey and going, "Hey, we need to be certified," make sure that you leave enough time to have your system up and running for a year." That's a must that has to happen, because otherwise we won't be able to come in and audit you. So the timelines to me are very achievable, particularly since those contractors that are bidding on this major work are going to be contractors that are used to dealing with very complex, very large projects.

And for the most part, if, again, they're not certified today, they most likely have a robust system that they just need to compare against the standard, whether it be COR® or ISO, and address those gaps and get it done. And it's certainly achievable. It is.

Justin Da Silva:

Yeah. And the idea is like, setting 2028 as the requirement date, one, internally, it raises our bar, but it also raises it in a fair, transparent way, while giving that industry, as you mentioned, the time needed to prepare.

So as I mentioned, aligns with our procurement cycle, it supports the long-term safety expectations, and this multi-year redevelopment program needs to have confidence. We can't be doubting ourselves, and we can't, as you mentioned earlier, you're midway through and you're like, "Yeah, we need some change here." So these are the things we really got to consider before this stuff gets up and running, and it starts from the ground up. So yeah.

Ken Rayner:

Absolutely. And Justin, at this point, I'd love to give a shout-out to our good friends at LiUNA 183, terrific partners. Sandra Pinto is a member of our…

Justin Da Silva:

Great guy.

Ken Rayner:

...Board of directors. So we love our relationship with LiUNA, and that's really where your career in construction started as well. So I love just to hear, and you have such a passion for health and safety, which one of the many reasons I was looking forward to this conversation.

Justin Da Silva:

Oh, likewise.

Ken Rayner:

So as starting your career at LiUNA, how has that influenced and shaped the perspectives you have today on workplace health and safety?

Justin Da Silva:

Yeah. So that's a great question. It's funny, because I try to give back to LiUNA where I can. And I think it was two years ago, or maybe last year, but I did a speech at their scholarship fund. So 183 does a scholarship fund on an annual basis, and I was actually a recipient of that scholarship fund. That was one of the reasons I was able even to go back to school, you know what I mean? And a lot of who I am today, it's rooted deeply in LiUNA and just labour movement in general. So for me, one, it taught me so many different things, taught me a good work ethic, right? Taught me how to get up early.

I had a foreman one time, and it was funny because I'll never forget this. He said, "Justin," he's like, "Look, if you're early, you're on time. If you're on time, you're late and if you're late, you're fired." So it made me quickly snap in and say, "Hey, man." And so it just taught me so many things of who I am as a worker today, and then also how I see my fellow workers, right? I was able, and I think something that helps me in my profession today is empathy. I know what it's like to be that worker, working those long hours, working in some kind of very tough, especially today, look, minus 27, you know what I mean? Working in those conditions, I was there. And so with that, I have this perspective from the ground up, you know what I mean? I didn't start in that boardroom or anything like that by any means, right?

I started boots on the ground, and I think it gives me a different value when I am in that boardroom, and I am presenting, and I am talking, because there's a lot of times in the field, there could have been other decisions that could have been made from leadership that could have really helped the ground-level staff.

And I think it's so important. So yeah, I experience safety not as a policy or a procedure, but as a day-to-day reality, right? For me, the difference between rules and real protection is having a strong supervisor. I think there needs to be so much more emphasis, because that's the funnel. That's where all that information is going through, that site super. And if you don't have a site super that's going to stick up for the crew, or really be there to protect them, it's going to fall apart safety, right?

So I think, yeah, it starts from the C-suite, as people say, or like the higher ups, but I think all that information gets to that supervisor. And if they can't disseminate that information properly, the whole system crumbles. So I know, I don't know, maybe you're more aware of this, but I heard through the grapevine that they're really trying to have a better training or mandated training for supervisors. And I was so happy to hear some kind of conversation around that. I don't know if you heard about that.

Ken Rayner:

Oh, we've been advocating that for that for about 10 years, Justin.

Justin Da Silva:

Good for you guys. Good for you guys.

Ken Rayner:

We put about 5,000 either supervisors or potential supervisors through our Basics of Supervising two-day training, which is, as you know, free to members each year. And so what people say when they're coming out of that course in terms of what they've learned, how much more confidence they have, much better understanding of their rules and responsibilities, it's critically important.

And I think for those supervisors out there that work within a system, work within an occupational health and safety management system, it takes a little bit of a load off them, in that it's not them that are making the decision always in terms of, "We're doing it this way, we're doing it that way." The system has determined what is the best method to do to perform a task, and you're doing that then consistently.

And back in the day, you might have had a super on one site that is just phenomenal, and really ensures compliance to everything, and is very aware of what's going on and the hazards. And then you might have somebody on another site that just isn't doing any of those things, and you have such a disparity between the two, such a difference between the two.

But a system helps to bring that more into play. But I'm interested, Justin, if I can transition for a second, just talk about leadership. Because I can imagine, but I'm not sure what you had to go through, as someone with extensive construction knowledge and experience, in advocating for greater health and safety on these upcoming projects to leadership at SickKids Hospital that aren't experts in construction. So maybe you could just talk about the importance of leadership from the senior management at SickKids in achieving health and safety excellence with this whole project?

Justin Da Silva:

Yeah. I'm going to do some shout-outs now. This is what I want to do. Well, yeah, we have great leadership here, man. Kyle Robinson, anytime I bring up, and he's our... I'm going to mess up his title probably, but he's a chief of something. So sustainability, I think, officer is what he is, and redevelopment. That's what he is. And he's fantastic. Anytime I bring up safety, he's all ears and he's very supportive.

It's such a large organization. So some of these initiatives are very hard to see come to life, but we have such strong leadership. Randy Wiken, who's our fire marshal, but he also manages so many other things. I don't know how he does it, but he's in charge of protection services. He's the manager of the plant operation staff, and the same thing. I try to ... Very busy man, but try to get ahold of him, and talk to him about safety, and kind of what we need to kind of push us as an organization to the next level.

And he's all ears. Gary Wong, another fantastic director of FPMO, which is facility planning and management office. I just did an orientation with them, and we... I don't think if you went to the last IHSA event, but I met Ryan Conlin there, and so I invited him to do a little bit of a speech at our orientation for our facilities planning management office. So all our PMs and PCs, so project managers and project coordinators that we house, that manage these construction projects. We did a whole orientation on health and safety and the importance. But having people like Gary Wong, having people

like Sonia Narula, my boss, who are so supportive, Laura Alexander, who's our director, who are so supportive and so understanding, because we were talking about my start of my career, right? But as a labourer, it really taught me that safety is ultimately about people.

You know what I mean? That's really what it is. And no one wants to see anyone get hurt. And so when you have these initiatives that make sense, and fundamentally they're trying to protect those people that we care about, it's just so nice to get ... There's no resistance. It's just, "Okay, how do we do this? What do we need?"

The problem is, as a publicly-funded organization, money's always an issue. But that being said, very creative people in this organization, we try to make things work, but leadership is so important. And the only reason I feel like I'm successful in my role, knock on wood, continue that track record and keep doing better and trying to mould this program, this construction safety program into something that is almost bulletproof, I want to say. But again, nothing's perfect, but something that really fundamentally hits the key points and end result, protects the people in the field, in the hospital, outside of the hospital.

I think that's really what we're trying to do here, and without those individuals, their support, I wouldn't even be able to have this conversation with you, you know what I mean? The reason that I'm even here is because I understand the value of relationships. I have strong relationships with the people in my organization that can make a difference and are the decision-makers. And because of what I was able to bring together, and my ability to kind of simplify things, because like you said, sometimes they might not know, depending on who I'm talking to. If I'm talking to my director, very knowledgeable in health and safety, but if I'm talking to someone who's not, they don't specialize in that area, it might sound foreign. So my ability to kind of simplify things and really kind of bring it into their language and understand why it may impact them or kind of the importance for them.

But I think with safety in general, especially nowadays, people just get it. There's less convincing you have to do, but I still think having that strong leadership who support these initiatives is crucial. And here, I don't know if you ever ... So there's a book out there, it's called The Fifth Discipline, and it's by a gentleman, Peter Senge, but he was like an MIT professor. And essentially this book just talks about learning organizations, and it really talks about leadership and how important it is.

And I just can't stress the importance of having buy-in from leadership. A lot of the things that we're able to do to this date is because of the people that are steering the ship in this organization. And I honestly can't, I can't say nothing but nice things about our leadership. I kind of forget about the question that you asked originally, because I'm just so enamoured by the people I'm around.

Ken Rayner:

You answered it for sure. And you know what? That's amazing. And I'm glad you have that type of environment. And I'm hopeful, being that SickKids is so respected, so world-renowned, like the world's best children's hospital, that you are essentially a pioneer, and you are setting a standard for occupational health and safety for other public institutions.

So I'm expecting, Justin, I mean, I'm expecting that more public institutions are going to require certification programs in the future for contractors who perform work on them. If you guys are doing it, I'm going to expect others will follow suit. Would you agree?

Justin Da Silva:

I think so. I think we're definitely setting the bar. I don't have the stats. I don't know how many hospitals currently ask for an occupational health and safety management system, but…

Ken Rayner:

I'm going to say, to our knowledge, one, which is you. That's why I said, you're a pioneer. You guys are starting this off. And again, the complexity of the work and everything else that you mentioned, and even if that hospital is not situated in downtown Toronto, there's still all kinds of other elements that you've talked about, from patient disruption, to how impactful just a fire alarm going off could mean within a hospital setting.

Justin Da Silva:

100 per cent.

Ken Rayner:

All of those types of things. So I can't imagine other hospitals not taking a look at what you've done and saying, "Hey, we need to follow suit."

Justin Da Silva:

No, and you know what? At the end of the day, you can see, I feel like, okay, so let's say if we are the first ones, and people see that it's successful and that's why I'm really excited about the implementation in 2028, because if it... Again, I don't even want to say if, because I know it will be successful, and other hospitals generally, just in society, you see someone successful because of a certain activity or a thing that they've done in that journey, you're going to try to want to replicate it, because you want the same outcome, right?

So I feel like there's a big part of that, but then just the landscape of construction and liability, right? We have that whole city of Sudbury case, where you have an owner who potentially crosses the line into employer, right? And so depending on who, I don't know who your audience is who watches this, but depending on who's... I would assume you know the city of Sudbury case, but if you don't…

Ken Rayner:

Very well, yep.

Justin Da Silva:

Yeah. Okay. So the audience out there who don't know, 2015, there was an incident, the city of Sudbury hired a road-grading contracting company to do some road work in kind of the heart of the city there in

Sudbury. And unfortunately, a pedestrian was killed by a backing up vehicle. So the idea here is that the employer was charged, which makes sense, but then the Crown, like the ministry went actually after the city and said, "You are potentially, by definition of, yeah, you are also the employer, so we are going to charge you as an employer."

And went all the way up to the Supreme Court of Canada, there was a split decision there. So went down to the appeals court level in our province, and that means at that level, it was decided that yes, an owner can be an employer. So I think something like that, setting that kind of benchmark for construction across our province, it's frightening, right?

So how as an owner, again, can you be confident? Well, maybe looking at this OHSMS stuff, right? Maybe making sure they have some kind of accreditation, right? I think that's so important. And then in return, that stuff will just kind of have a ripple effect. If you have strong relationship with a contractor who has a robust health and safety management system, you're going to have public protection, you're going to have your internal staff being protected. And then again, going back to the hospital environment, and then you got your patients and your families, right? So this complexity drives the need for a formal system. And I can't stress enough, and I'm drinking the Kool-Aid, man.

Ken Rayner:

Oh, you are. You've had a healthy glass, at least.

Justin Da Silva:

Yeah, that's it. But it's not Kool-Aid, man. This is just vitamins I'm drinking at this point. I feel great. So that's what it is.

Ken Rayner:

What's interesting about that, the city of Sudbury case, I think, for me, at least, the most interesting thing was, if you go to the phrase or the phrase in the *Occupational Health and Safety Act* that talks about doing everything reasonable in the circumstances, right? And I know that wasn't applied to this case succinctly, but when you take a look at that as a mantra, or as something that you want to aspire to and you want to be able to achieve, I think anybody in the province of Ontario now, particularly public buyers who are still using an archaic system of low bid and looking at past trends like LTIs, or whatever else they're looking at that are lagging indicators, I think you're doing a disservice and you're opening yourself up for risk.

And irrespective of the decision of the City of Sudbury and the Ministry of Labour, I think what they need to do is just evaluate their own risk, because there are over 800 certified companies to COR® in Ontario. And that's as of the beginning of 2026.

Justin Da Silva:

Huge accomplishment.

Ken Rayner:

Over 800.

Justin Da Silva:

That's amazing.

Ken Rayner:

And it's growing and we have thousands that are working towards it. So this is not like 10 years ago where if you put out a bid, particularly a major bid with lots of complexity, that you might get one or two contractors that are COR®, and everybody else isn't, and it becomes an issue during bidding.

That's not the case anymore, particularly in southern Ontario. Most of the contractors that are working for you today on large projects, Justin, without you asking for COR® certification, are already COR®-certified.

So what is the drawback? I know change sometimes can be difficult, but at this point in time, in 2026, every public institution that has a major project of any type of construction work in 2026, '27, '28 has to be looking and strongly considering incorporating the requirements for a certified, accredited occupational and safety management system for the province of Ontario. Must be done.

Justin Da Silva:

100 per cent.

Ken Rayner:

It's a must, right?

Justin Da Silva:

And I believe, I strongly believe in what you're saying. I think public institutions, I feel like, the more kind of trend-setters or the people that are kind of paving the way, and as you mentioned, it's not even like the road's built. It's not even being paved anymore. There's so many people that have joined this movement and it's a great movement. And the idea is, though, you embrace a certified safety management system, and you embrace it because they provide a transparent, consistent way to ensure contractor readiness. That's it. And in return, you're going to have a safe site.

Ken Rayner:

Absolutely. And you know what?

Justin Da Silva:

That is the key.

Ken Rayner:

Key. And we have definitive, empirical, peer-reviewed study proof that, from the University of British Columbia, that says in Ontario, when you compare a COR®-certified firm to one that is not COR®-certified and they are like for companies, meaning they're in the same industry, they've been in business about the same time, they have the same number of employees, that contractor that is COR®-certified is 28 per cent safer. They have 28 per cent less lost-time injuries, and they have 20 per cent less major injuries year over year over year.

And that is significant. It's significant. So we know this by our own experiences, but now for a couple years now we've had the backing from UBC study as well. So we know this is the right thing to support. It's the right thing to advocate for, and it's the right thing to move forward on.

Justin Da Silva:

That's amazing.

Ken Rayner:

And Justin, you talked about success. Let me serve this up as our last question here. It's been a great discussion. I appreciate it very much.

Justin Da Silva:

No, I appreciate this. I'm having fun. Let's keep going. Let's keep rolling.

Ken Rayner:

Justin, okay. So for you guys, for you and for your leadership team at SickKids, what does success look like to you at the end of this massive project? And imagine this, 20 years from now, your kids will be almost empty-nesters and out of the home. When you think about how far in the future that is, and you're talking about you and your young family, it's a ways away, but it'll go by quickly. So what does success look like for you at the end of this point?

Justin Da Silva:

Yeah. I think for us, it's really just about getting to this point where we build this hospital, this new hospital that's going to serve our communities that are in need, whether it's provincially, across Canada, or around international stage, but we get to this place where we build this hospital, and then at the same time, through that journey, there isn't any issues when it comes to health and safety of any of the parties, whether it's external contractor, staff, or if it's any of our patients, our staff, our families that are visiting the hospital, the public.

I think that's what success is. If we get to that end goal, everything that I talked about in the very beginning, what we're trying to build, and the reasons why we're trying to build it, but if we get to that point and along that journey, there isn't any catastrophe, I think that's really success for us.

And I think we have such a good basis of what we're looking for, and who we're trying to do business with, that I think it's very achievable. Sure, things are going to happen, but at the end of the day, as long as it's contained and it's nothing ... Again, we're a hospital. We're here to treat people. We're here to

help people. We're here to make people get better. We're not here to hurt people, right? And so that's the key to success for us. We want to keep doing what we're doing. We want to keep giving these services, providing these services to help those who are in need, and we don't want to complicate any internal process during that time, or external process. And just, again, making sure whoever's going to be joining us in this very ambitious, very critical expansion, that we're all going through this journey together, and we end up better on the other end. That's really success for us.

Ken Rayner:

Absolutely. And that's a great way to wrap this up, and I appreciate that. That's an achievable goal. If we went back in time 50 years, it would have been different. But with all the tools we have in 2026, and the fact that all the resources we have in Ontario, I believe that, and have confidence that you will achieve the success you're looking for with this project, Justin, particularly having someone like yourself, with so much passion, being a part of it, making sure steering the ship in the right direction. So congratulations.

Justin Da Silva:

No, no. And I appreciate this conversation. It was a great outlet to kind of talk about all these things, and very, very proud of the organization I'm part of, and very excited to share a lot of this information. And I hope it helps anyone that's listening, maybe with their upcoming projects. And I'm looking forward to continue to listening to your podcast, because Ken, you guys do a great job.

Ken Rayner:

Thanks.

Justin Da Silva:

I've listened to already quite a few, and it's amazing. So I'm so happy and grateful to be a guest on it. I have nothing but respect for what you guys do, and I'm glad I can join you today. So thank you so much for inviting me, Ken.

Ken Rayner:

Oh, you're more than welcome. It's been a great conversation.

Justin Da Silva:

I think so. Yeah.

Ken Rayner:

Thank you. And thank you to the listeners, for listening to this episode of the *IHSA Safety Podcast*. If you have a question about our podcast or suggestions for topics that you'd like to see us cover in the future, please reach out to us at podcast@ihsa.ca. And as always, be sure to subscribe and “like” us on your podcast channel, and visit us at ihsa.ca for a wealth of health and safety resources and information.

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