Public Services Health & Safety Association™

Your Health. Your Safety. Our Commitment.

Health and Safety for Managers and Supervisors Blended Training Program

Participant Workbook

Health and Safety for Managers and Supervisors

Product Code: LHSPWAEN0217

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Structure and Duration

Recommended duration for each topic is as follows:

SECTION	LOCATION	APPROXIMATED TIME
Introduction	Slides 1 - 8	**20 minutes**
Group Exercise - Introductions	Slide 8	**up to 10 minutes**
Occupational Health and Safety	Slides 9 - 31	**30 minutes**
Discussion – Importance of OHS	Slide 9 / Pg 5	**up to 5 minutes**
Discussion – Legal Consequences	Slide 24 / Pg 24	**up to 5 minutes**
Group Exercise – MOL Court Bulletins (optional)	Slide 25 / Pgs 25 -29	**up to 15 minutes**
Individual Exercise - Due Diligence Checklist (optional)	Slide 31 / Pgs 34 – 35	**5 minutes**
Hazard Management	Slides 32 – 35	**42 minutes**
Individual Exercise – Top 3 Hazards	Slide 33 / Pg 40	**5 minutes**
Group Exercise – Applying Competencies	Slide 35 / Pgs 47 – 53	**up to 30 minutes**
Work Refusal	Slides 36 - 37	**35 minutes**
Group Exercise – Work Refusal Scenarios	Slide 37 / Pages 59 - 62	**up to 30 minutes**
Emergency Preparedness	Slides 38 - 39	**8 minutes**
Critical Injury and Incident Investigation	Slides 40 - 42	**45 minutes**
Discussion – Critical Injury Definition	Slide 40 / Pg 73	**10 minutes**
Group Exercise – Case Study: Critical Injury Analysis	Slide 42 / Pgs 76 - 81	**up to 30 minutes**
Lunch Break		**60 minutes**

SECTION	LOCATION	APPROXIMATED TIME
OHS Program Components	Slide 43 / Pg 83	**10 minutes**
Safety Excellence Continuum	Slides 44 – 52	**60 minutes**
Discussion – Leadership vs. Management	Slide 51 / Pgs 88 – 89	**up to 15 minutes**
Group Exercise –Being a Health and Safety Leader (optional)	Slide 52 / Pg 91	**up to 20 minutes**
Health and Safety Performance	Slides 53 – 60	**55 minutes**
Discussion – Culture vs. Climate	Slide 59 / Pgs 94 – 95	**5 minutes**
Group Exercise –Design an OHS Program	Slide 60 / Pgs 96 – 97	**up to 20 minutes**
Priority Hazards and Leading Practices	Slides 61 - 68	**20 minutes**
OHS Updates and Resources	Slides 69 - 73	**25 minutes**
Group Exercise –Communicating Changes or Updates to Health and Safety	Slide 69 / Pg 112	**15 minutes**
Discussion – Keep Up to Date/Stay Current	Slide 70 / Pg 114	**4 minutes**
Group Exercise –Best Practices in Your Workplace/Bragging Rights	Slide 74 / Pg 117	**30 minutes**
Conclusion	Slides 75 – 76	**10 minutes**

Table of Contents

Introduction

PSHSA's Health and Safety for Managers and Supervisors is a blended training program, comprised of 2 parts. The first part is an eLearning module that must be successfully completed before participating in the second part, this one-day classroom course. Day 2 builds on the competencies of being a supervisor.

This training will provide you with the skills and knowledge related to your responsibilities as a supervisor in the promotion of health and safety. The role of the supervisor requires fluid communication involving both management and workers, with you being a leader and health and safety role model. The group discussions, activities and problem solving in the training will lead to a stronger understanding of the importance of being compliant with the OHSA to meet expectations of being an effective leader and help in moving beyond compliance.

Figure 1: Training to be more effective supervisors.

Classroom training builds on the eLearning and provides more information and resources to aid in the development of your practical skills. It offers you a stronger understanding of your supervisory role under the OHSA and what it means to be "competent" in your day to day activities.

You will find out if you are fulfilling the minimum of the OHSA requirements. It is an opportunity to move beyond compliance and fulfill your potential to become an engaging, leader, sharing values and driving change while performing your role as stated in OHS legislation and best practices.

Course Objectives

By the end of this course, participants will be able to:

- Recognize OHS legislation with recall of key concepts covered in the eLearning module
- Improve knowledge of supervisory roles and responsibilities and how this links to your workers, your employer and the workplace
- Explore emergency preparedness the key steps of an emergency response plan
- Apply RACE/PEMEP to real life workplace examples (case studies)
- Explore how to prevent and to respond to workplace incidents
- Understand the importance of health and safety culture
- Identify leadership traits and practices that can contribute to making the workplace healthy and safe
- Learn about practices and resources to assist you in moving beyond compliance

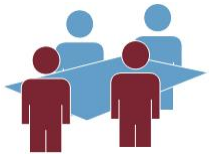
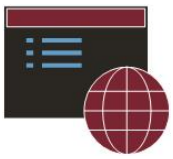
Acronyms

The following are a list of acronyms and their terminology. For definitions, refer to the Glossary in the back of this workbook.

CSA	Canadian Standards Association
EVD	Ebola Virus Disease
HS	Health and Safety
HSR	Health and Safety Representative
IRS	Internal Responsibility System
JHSC	Joint Health and Safety Committee
LTI	Lost Time Injuries
MOL	Ministry of Labour
MSD	Musculoskeletal Disorder
NPO	Non Profit Organization
OHS	Occupational Health and Safety
OHSA	Occupational Health and Safety Act
PEMEP	People, Equipment, Material, Environment and Process
PSHSA	Public Services Health and Safety Association
PTSD	Post Traumatic Stress Disorder
RACE	Recognize, Assess, Control and Evaluate
WHMIS 2015	Workplace Hazardous Materials Information System 2015
WSIB	Workplace Safety and Insurance Board

Icons Used in this Training

In the book you will see the following icons. The table below explains what these icons mean and how they are used.

Icon	What it Means	Icon	What it Means
	OHSA Reference/ Regulations		Review or Recall Content already Covered in your eLearning Module
	Group Exercise		Individual Exercise
	Knowledge/Skill Assessment		Tip or Important Information for you to Remember
	Website Reference		Real life Story or Preventable Accident

Health and Safety

Importance of Occupational Health and Safety in Ontario

While the first industrial safety legislation, the Factory Act, was passed in 1884, it was not until 1979 that the Occupational Health and Safety Act (OHSA) was established. Much of our safety legislation is a result of disastrous accidents that resulted in multiple worker deaths, or public pressure.

By looking to the past in terms of health and safety in the workplace, (refer to the selection of vintage photos showing a nurse not wearing gloves handling a patient, firefighters not wearing respirators, lead based chalk used in classrooms and a miner using a canary in a cage to test air quality in the mine) highlights how much health and safety practices and prevention have improved..

We have come a long way with OHS...but we've still got a great ways to go at reducing occupational injury/illness and achieving excellence in safety, quality and productivity. What would you consider to be emerging hazards in occupational health and safety?

Figure 2: Collection of vintage images that show workers performing work tasks following best practices and using protective equipment of the time.

Why is Health and Safety Important?

- It's the law
- It's good business
- It improves productivity
- It reduces costs related to WSIB, lost-time and or illness/injury

AND it's the right thing to do!

Every year there are thousands of lost time injuries (LTIs) in Ontario.

Fatalities occur each year as:

- Occupational fatalities
- Traumatic and other immediate causes
- Occupational diseases

Current Provincial Priorities

Additional initiatives to be planned/developed to address the following priority areas:

- Musculoskeletal disorders (MSD)
- Motor vehicle incidents (MVI)
- Falls from heights
- Workplace violence

According to wsibstatistics.ca (2015), the most common causes of workplace accident fatalities: are

- Motor vehicle incidents (36.5%)
- Falls from heights (17.4%)
- Struck by or caught in objects (13.1%)
    - Work done in excavations, confined spaces
- Workplace violence

In terms of areas of greatest need, there will be a focus on the following 3 areas:

1. Vulnerability in the Workplace

- Young Workers
- Migrant workers and newcomers
    - Focus on both new workers, workers who have changed occupations or have re-entered the workplace, new Canadians and young workers entering the workforce for the first time. Programs will focus on worker rights and responsibilities and occupational health and safety awareness

- Mental health and post-traumatic stress disorder
    - System wide scope/definition of workplace mental health, enhance internal system partner capacity/competencies; increase awareness and use of existing resources (e.g. identification and dissemination of relevant and appropriate resources);
- Workplace violence & harassment

2. Small Business
    - The development of a Health and Safety Representative training standard, learning objectives, program and provider requirements; and a Health and Safety Representative training program(s)
3. Highest Hazards

- Falls from Heights
    - Research and data analysis to identify where specifically falls are happening (e.g. which sectors and sub-sectors), why and how falls occur, effectiveness of training and how lessons learnt from falls initiatives in construction (e.g. residential roofing awareness campaign) can be applied to other sectors
- Motor Vehicles
- Mobile Equipment
- Occupational Disease (exposures)
    - Communications and marketing plan and implementation focusing on raising awareness of harm and prevention with respect to exposure to noise, allergens and irritants and diesel hazards in the workplace, with an underlying theme of general occupational disease prevention
- Ergonomics

Lost Time Injuries and Fatalities – Ontario 2015

Burden of injury is more than you think about and more than you hear on the news. Let's look at "by the numbers":

- 51,570 LTIs
- 273 Occupational fatalities;
    - Overall one workplace fatality every 1.3 days or 22.75 lives lost every month
- 61 traumatic and other immediate causes
    - Traumatic: one every 6 days, 5 lives lost every month
- 212 occupational diseases;
    - Occupational disease related fatalities: 63% were cancers, particularly Mesothelioma and other lung cancers

Consider the emotional/physical and financial impact injuries have on an injured worker, their co-workers and the supervisor, their family and the community during, after an incident and then with return to work.

(WSIB / By the Numbers 2015 Statistical Report)

Ontario Health and Safety Legislation

The Occupational Health and Safety Act (OHSA) is the primary legislation that governs workplace health and safety in Ontario. The purpose of the Occupational Health & Safety Act (OHSA) is to:

- Protect workers from health and safety hazards on the job
- Assign roles and responsibility
- Promote active participation in health and safety in the workplace

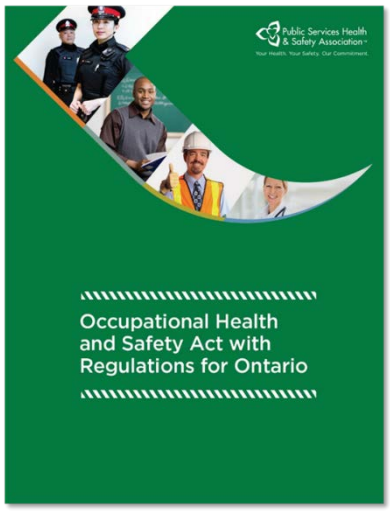


Figure 3: The OHSA or the "Green Book"

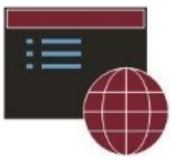
The OHSA is the law and sets the minimum legal requirement for safety. The Occupational Health and Safety Act (OHSA) is often referred to as the "Act". The Act is general and it assigns duties and responsibilities for all the different workplace parties (worker, supervisor, employer, etc.). These duties and rights help everyone participate in workplace health and safety. This is critical to the successful functioning of the OHSA. The Act contains many provisions including:

- Support of Internal Responsibility System (IRS) listing duties of employers, supervisors and workers and other workplace parties
- Workers' right to know
- Workers' right to participate in health and safety programs
- Workers' right to refuse unsafe work
- Control of toxic substances
- Delivery of information to workers on hazardous materials and hazardous physical agents in the workplace

Extending the Act

There are various regulations, standards, codes and guidelines that support the Occupational Health and Safety Act. It is important to understand how the Act and these documents all work together. Here is how that works:

- OHSA is general and applies to all Ontario workplaces.
- Regulations are guiding laws specific to the work or workplace and hazards. They detail how to apply the Act.
- Standards give specific technical information and are often developed by industry professionals. These may or may not be legal requirements. For example, CSA Standards.
- Codes help outline and support regulations and are developed by experts. For example, the Ontario Building Code would be applicable when considering fall protection.
- Guidelines are detailed rules or policies by experts and/or government, but are not enforceable on their own.
- Workplace policies and procedures guide decisions about health and safety in the workplace including steps and practices to take on the job.
- Collective agreeements which provide specific health and safety provisions on behalf of the worker.



The Occupational Health and Safety Act is Available Online

You can find the Occupational Health and Safety Act and Regulations online through the Ontario Government e-Laws Ontario website at:www.ontario.ca/laws. This site provides official electronic copies of Ontarios statutes and regulations. New laws are published on the site within 2 business days.

Other Legislation

In addition to the Occupational Health and Safety Act (OHSA), there are many other Acts, Regulations and Codes that must be followed. The MOL may enforce other codes of practice and guidelines.

Those who supervise different departments must know the relevant legislation. Some of this legislation is listed below (although this list is not exhaustive and there might be other applicable legislation).

Regulations under the OHSA include:

- Construction Projects Ontario Regulation 213/91 -
- Control of Exposure to Biological or Chemical Agents Regulation 833

- Critical Injury Defined Regulation 834
- Firefighters Protective Equipment Regulation 714/94
- First Aid Requirements Regulation 1101/90 made under the Workplace Safety and Insurance Act
- Health Care & Residential Facilities Regulation 67/93
- Industrial Establishments Regulation 851
- Needle Safety Regulation 474/07
- Occupational Health & Safety Awareness and Training Regulation 297/13
- Teachers Regulation 857
- University Academics & Teaching Assistants Regulation 858
- Workplace Hazardous Materials Information System (WHMIS) – Regulation 860
- X-Ray Regulation 861

Training Requirements in Regulations

If any regulation has prescribed training requirements, workplaces are required to meet that training if it is applicable to the workplace. Under the Act, workers must receive proper information, instruction and training on hazards and how to work safely.

Regulation 297/13 - Occupational Health and Safety Training requires:

- Basic occupational health and safety awareness for workers
- Basic occupational health and safety awareness for supervisors
- Certification training for certified members of a Joint Health and Safety Committee
- Mandatory working at heights training for construction project workers

Some Standards, Codes and Guidelines and Other Important Information include:

- CSA Standards
- Building Codes
- Electrical Codes
- Fire Codes
- City By Laws
- Professional guidelines
- Workplace specific policies, procedures and guidelines
- Section 21 Guidance Notes

The Internal Responsibility System

The principle underlying the Occupational Health and Safety Act is the Internal Responsibility System (IRS). The IRS means that everyone is working together to resolve workplace hazards, issues, and health and safety concerns. The OHSA creates an interlocking set of duties and rights. This means that:

- Everyone has responsibilities for health and safety in the workplace
- The Joint Health and Safety Committee (JHSC) or health and safety representative enhance the IRS by bring together the collective voices of workers and management to discuss and address workplace health and safety. It acts as an internal auditor of the employer's health and safety program and monitors and supports the IRS
- The MOL will intervene to determine if duties and obligations are fulfilled and will enforce health and safety laws

The Internal Responsibility System (IRS) places the responsibility of working safely on all workplace parties. This includes employers, supervisors and workers as well as those who may be contracted to complete specific jobs.

While health and safety is a shared responsibility for all workplace parties. The degree of responsibility and accountability increases as an individual's level within an organization increases, with employer having the ultimate responsibility. While it is possible for individuals to delegate certain responsibilities through the organization, it is not possible to delegate accountability.

A successful IRS is contingent on having a complete, unbroken chain of responsibility and accountability. Each person shares the responsibility to ensure the health and safety of each other and to report dangers or concerns.

After a wildcat strike at a uranium mine in Elliot Lake in 1974, the Ontario government appointed a Royal Commission on occupational health and safety chaired by Dr Ham. In 1976, Ham introduced the concept of the Internal Responsibility System (IRS). The IRS was developed to ensure cooperation of all workplace parties (employers and workers) and the government including the creation of the JHSC to help ensure improved health and safety on the job.

[Report of the Royal Commission on the Health and Safety of Workers in Mines]

This diagram illustrates the Internal Responsibility System (IRS) and relates those external to the workplace (outside circle, right side of triangle) such as the MOL, health and safety associations, WSIB and unions that contribute to health and safety with those internally in the organization (outside circle, left side of triangle) who monitor and support the IRS. While those in the triangle are directly responsible for the health and safety in the workplace.

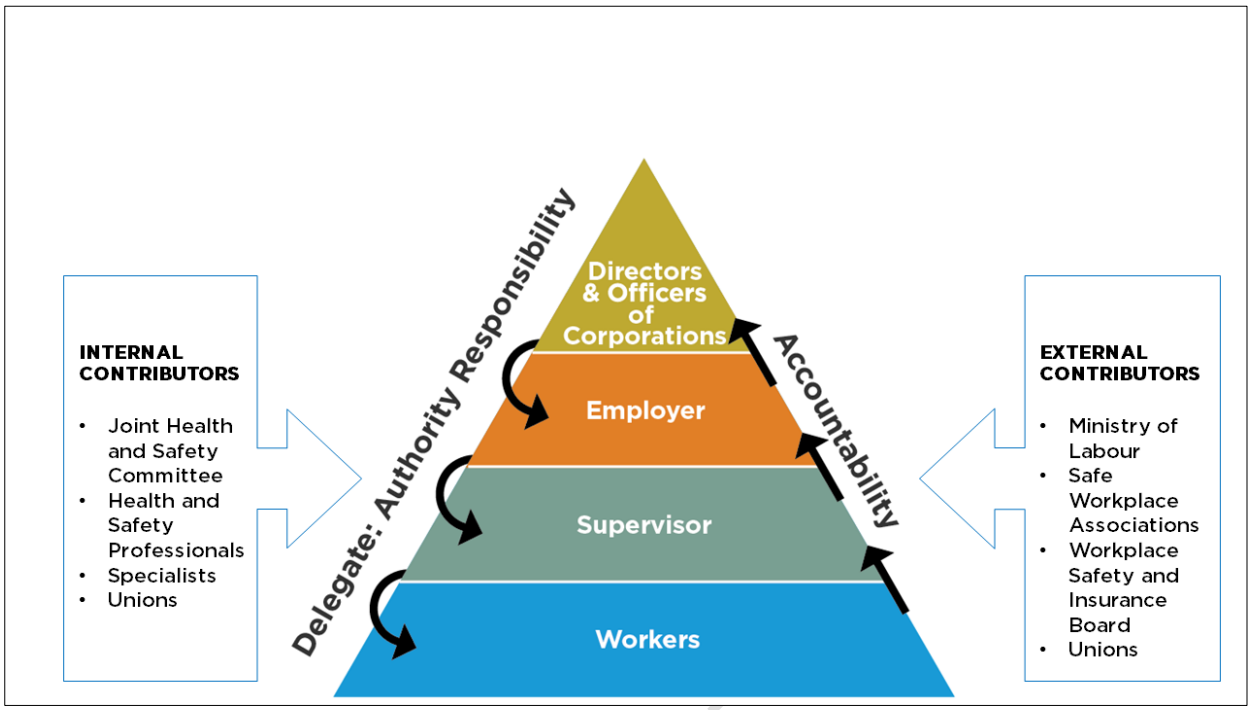


Figure 4: Internal Responsibility System with External Support from MOL, WSIB and PSHSA

It is important to recognize that the JHSC or the health and safety representative act as the internal auditor of the effectiveness of the IRS. It is the Ministry of Labour who enforces the OHS legislation.

External OHS Contributors

External responsibility (and action) occurs when the IRS is not functioning effectively. This may result in MOL inspections, orders and fines. There are external contributors who support the implementation of the Occupational Health and Safety Act in Ontario.

The Ministry of Labour (MOL) is responsible for the prevention of occupational injury or illness and regulates, communicates and enforces health and safety requirements and standards in the workplace. Contact the MOL for help dealing with health and safety concerns not being addressed, reprisals and for reporting unsafe work practices, incidents, critical injuries or fatalities. To access specific health and safety information and support go to the MOL website: www.labour.gov.on.ca or by calling the MOL Health and Safety Contact Centre at 1-877-202-0008.

The Workplace Safety and Insurance Board (WSIB) is Ontario's workplace injury and illness insurance provider. For more information or resources from the WSIB, visit: www.wsib.on.ca

Public Services Health and Safety Association (PSHSA) is an Ontario health and safety association which represents the Ontario Public Sector including Health and Community Care, Education and Culture, Government, First Nations and Emergency Services sectors.

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www.pshsa.ca

What it Means to be a Supervisor

Definition of Supervisor

As defined by the OHSA, "supervisor" means a person who has charge of a workplace or has authority over a worker. A supervisor is the person who has care and control of the workplace, which includes all the people and all the work, including the equipment, materials and environment.

Figure 5: A supervisor addressing workers' concerns

Supervisor Titles

Other terms used to describe supervisory positions can include:

- Chair
- Charge Nurse
- Controller
- Director
- Foreman
- Informal Boss
- Lead Hand
- Manager
- Superintendant
- Team Lead

An effective and involved supervisor may be referred to as being a leader, a coach, trainer or mentor

What it Means to be a Competent Person

Definition of a Competent Person

The OHSA defines this as a person who,

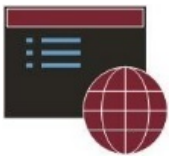
(a) is qualified because of knowledge, training and experience to organize the work and its performance;

(b) is familiar with this Act and the regulations that apply to the work, and

(c) has knowledge of any potential or actual danger to health or safety in the workplace.

Who is a Supervisor Under the Occupational Health and Safety Act?

While the definition of supervisor under the Act has not changed, the Ministry of Labour has published a recent guideline to provide further clarification on the roles and responsibilities of supervisors to guide employers, supervisors, workers and the MOL in determining who is a supervisor in the workplace. It guides employers, supervisors and workers in determining who is a supervisor in the workplace under the OHSA. A position may be classified as a supervisor under the Act, but does not have "supervisor" in the title, i.e. charge nurse, lead hand, etc.



Who is a Supervisor under the Occupational Health and Safety Act?

Refer to the MOL website at www.labour.on.gov.ca for more information about "Who is a Supervisor under the Occupational Health and Safety Act".

Duties and Responsibilities of Workplace Parties

Figure 6: Sharing the responsibility for health and safety

Section 25

Duties of the Employer

In Ontario, employers covered by the OHSA have certain duties including obligations to:

- Ensure that the equipment, materials and protective devices as prescribed are provided – s. 25(1)(a);
- Ensure that the equipment, materials and protective devices provided by the employer are maintained in good condition – s. 25(1)(b);
- Ensure that the measures and procedures prescribed are carried out in the workplace – s. 25(1)(c);
- Ensure that the equipment, materials and protective devices provided by the employer are used as prescribed – s. 25(1)(d);
- Ensure that a floor, roof, wall, pillar, support or other part of a workplace is capable of supporting all loads to which it may be subjected without

causing the materials therein to be stressed beyond the allowable unit stresses established under the Building Code Act. – s. 25(1)(e);

- Provide information, instruction and supervision to a worker to protect the health or safety of the worker – s. 25(2)(a);
- Provide in a medical emergency for the purpose of diagnosis or treatment, upon request, information in the possession of the employer, including confidential business information, to a legally qualified medical practitioner and to such other persons as may be prescribed – s. 25(2)(b);
- Appoint a competent person when appointing a supervisor – s. 25(2)(c);
- Acquaint a worker or a person in authority over a worker with any hazard in the work and in the handling, storage, use, disposal and transport of any article, device, equipment or a biological, chemical or physical agent – s. 25(2)(d);
- Afford assistance and co-operation to a committee in the carrying out by the committee any of their functions – s. 25(2)(e);
- Only employ in or about a workplace a person over such age as may be prescribed– s. 25(2)(f);
- Not knowingly permit a person who is under such age as may be prescribed to be in or about a workplace – s. 25(2)(g);
- Take every precaution reasonable in the circumstances for the protection of a worker – s. 25(2)(h);
- Post, in the workplace, a copy of this Act and any explanatory material prepared by the Ministry, both in English and the majority language of the workplace, outlining the rights, responsibilities and duties of workers – s. 25(2)(i);
- Prepare and review at least annually a written occupational health and safety policy and develop and maintain a program to implement that policy – s. 25(2)(j);
- Post at a conspicuous location in the workplace a copy of the occupational health and safety policy – s. 25(2)(k);
- Provide to the committee or to a health and safety representative the results of a report respecting occupational health and safety that is in the employer's possession and, if that report is in writing, a copy of the portions of the report that concern occupational health and safety – s. 25(2)(l);
- Advise workers of the results of a report referred to in clause 25(2)(l) and, if the report is in writing, make available to them on request copies of the portions of the report that concern occupational health and safety – s. 25(2)(m).

Section 26

Other Duties of the Employer

- Establish an occupational health service for workers and maintain this service according to standards prescribed - s. 26(1)(a-b);
- Keep accurate records of handling, storage, use and disposal of biological, chemical or physical agents, and keep, maintain and make available to workers such records of the exposure to biological , chemical or physical agents - s. 26(1)(c-d);
- Notify a Director of the use or introduction into a workplace of such biological, chemical or physical agents as may be prescribed- s. 26(1)(e);
- Monitor at such time or times or at such interval or intervals the levels of biological, chemical or physical agents in a workplace and keep and post accurate records thereof as prescribed; and comply with a standard limiting the exposure of a worker to biological, chemical or physical agents as prescribed- s. 26(1)(f-g);
- Establish a medical surveillance program for the benefit of workers as prescribed; provide for safety-related medical examinations and tests for workers as prescribed; and where so prescribed; and pay for the costs of medical examinations, tests, travel costs and time that the worker spends to undergo examinations, tests, etc. s 26(1)(h-i) and s. 26(3)(a-c);
- Only permit a worker to work or be in a workplace who has undergone such medical examinations, tests or x-rays as prescribed and who is found to be physically fit to do the work in the workplace; - s. 26(1)(j);
- Where so prescribed, provide a worker with written instructions as to the measures and procedures to be taken for the protection of a worker; and carry out such training programs for workers, supervisors and committee members as may be prescribed. – s. 26(1)(k-l);
- Prepare written workplace violence and harassment prevention policies as often as is necessary and at least once a year– s. 32.0.1(1);
- Develop and maintain a workplace violence prevention program – s. 32.0.2(1);
- Assess the risks of workplace violence that may arise from the nature of the workplace, the type of work or the conditions of work – s. 32.0.3(1);
- Advise the JHSC of the results of the workplace violence assessment – s. 32.0.3(3);
- Establish a joint health and safety committee (JHSC) – s. 9(4);
- Identify hazardous materials – s. 37(1)(a);
- Provide MSDS to workers and the JHSC – s. 38(1);

- Develop education and training programs for hazardous materials in consultation with the JHSC – s. 42(2);
- Provide instruction and training to workers who may be exposed to a hazardous material – s. 42(1).

Competent Person

The employer must appoint a competent person when appointing a supervisor. A competent person:

- Is qualified because of knowledge, training and experience to organize the work and its performance,
- Is familiar with the Occupational Health and Safety Act and Regulations that apply to the work, and
- Has knowledge of any potential or actual health and safety hazards in the workplace.

Section 27

Duties of the Supervisor

Under the Occupational Health and Safety Act, a supervisor must ensure that a worker complies with the Act and regulations. A supervisor shall ensure that a worker:

- Works in the manner and with the protective devices, measures and procedures required by this Act and the regulations – s. 27(1)(a);
- Uses or wears the equipment, protective devices or clothing that the worker's employer requires to be used or worn – s. 27(1)(b).

A supervisor shall:

- Advise a worker of the existence of any potential or actual danger to the health or safety of the worker of which the supervisor is aware – s. 27(2)(a);
- Where so prescribed, provide a worker with written instructions as to the measures and procedures to be taken for protection of the worker – s. 27(2)(b);
- Take every precaution reasonable in the circumstances for the protection of a worker – s. 27(2)(c).

Section 28

Duties of the Workers

In Ontario, workers covered by OHSA section 28, have certain duties. A worker shall:

- Work in compliance with the provisions of this Act and the regulations – s. 28(1)(a);
- Use or wear the equipment, protective devices or clothing that the worker's employer requires to be used or worn – s. 28(1)(b);
- Report to his or her employer or supervisor the absence of or defect in any equipment or protective device of which the worker is aware and which may endanger himself, herself or another worker – s. 28(1)(c);
- Report to his or her employer or supervisor any contravention of this Act or the regulations or the existence of any hazard of which he or she knows – s. 28(1)(d).

Also under the Act, no worker shall:

- Remove or make ineffective any protective device required by the regulations or by his or her employer, without providing an adequate temporary protective device and when the need for removing or making ineffective the protective device has ceased, the protective device shall be replaced immediately – s. 28(2)(a);
- Use or operate any equipment, machine, device or thing or work in a manner that may endanger himself, herself or any other worker – s. 28(2)(b);
- Engage in any prank, contest, feat of strength, unnecessary running or rough and boisterous conduct – s. 28(2)(c)

Duty to Report

Workers must tell the supervisor or employer about hazards they see in the workplace, or defective equipment that could hurt themselves or other workers on site.

Section 23

Duties of Constructor

A constructor is defined by the Act as a person who undertakes a project for an owner and includes an owner who undertakes all or part of a project by himself or by more than one employer.

As per Section 23(1) of the Act, a constructor shall:

- Ensure every employer and worker on project comply with Act and Regulations and that the health and safety of workers on project be protected
- Ensure MOL is notified of projects as required
- Take every precaution reasonable in the circumstances to protect the worker

Constructor vs. Contractor

The constructor is an individual or company that has complete charge of and takes on full health and safety liability of a project with specific duties under the Act. Whereas the contractor is an individual or company that provides goods, materials, equipment, personnel and/or services to a contractee or project owner.

For every project there is always one owner and one constructor. They may be the same or different and there may be many contractors at the project. With any disagreement between 2 workplace parties, there will always be 3 hats to wear – owner's hat, contractor's hat and the constructor's hat

Unless specified, the owner wears the constructor's hat as well as their own hat. The constructor has all liability on any project or construction site.

Contractor Safety Programs

Goal: To create an effective program to manage contractor's safety while under the direction of the employer.

Employer	Management :	Workers
▪ Ensure a program is in place for hiring safe contractors – to determine safety qualifications ▪ Hiring qualifications should be based on criteria, not price ▪ Provide orientation for contractors ▪ Establish performance expectations	▪ Ensure that the Contractor Safety Program is being followed ▪ Monitor contractors on the job ▪ Record and communicate any non-compliance ▪ Determine future employment opportunities with contractor, based on safety effectiveness – not price	▪ Do not interfere with contractors work ▪ Report any non-compliance to supervisor

Legal Consequences
Non Profit Organization Fined in Death of a Maintenance Worker

A maintenance worker was assigned to replace a safety cage on a ceiling light in an auditorium. The worker who was working alone had been provided with a van, a trailer with a ramp and a portable aerial device.

Upon arrival, the worker shoveled snow out of the way, opened the trailer and lowered the ramp, which was attached to the end of the trailer. Rolling it down the ramp, the device tipped over and struck the worker, fatally injuring him

The MOL determined the angle of the ramp was at a greater incline than the specified limit; the ramp and the ground surface were wet from the snow and that there should have been another worker present to assist with moving the device. The Non Profit Organization (NPO) pleaded guilty to the OHSA charge of failing to take every precaution reasonable in the circumstances for the protection of a worker. The fine was $250,000 (one of the largest fines in Ontario under the OHSA against a not-for-profit or charitable organization).

*[https://news.ontario.ca/mol/en/2016/03/ottawa-catholic-school-board-fined-250000-in-death-of-maintenance-worker.html]

Which section in the OHSA was the NPO convicted by the MOL for failing to ensure? Write the section in the Act in the space below.

Conviction:

Occupational Health and Safety Act

Section _____

General Duty Clause

"....take every precaution reasonable in the circumstances for the protection of the worker."

Section 25(2)(h) Duties for the Employer

Section 27(2)(c) Duties for the Supervisor

Group Exercise: MOL Court Bulletins
Legal Consequences

In your group, review, discuss and answer questions about the MOL court bulletins. Use the Act to help answer questions about the specific legislation found to be in contravention of.

Example A

Roofing Company Fined $40,000 for Obstruction of a Ministry of Labour Inspector

A roofing company operating in the GTA was fined for health and safety violations including obstruction of a Ministry of Labour (MOL) Inspector during an investigation and failing to ensure its workers had a mandatory fall protection and safety equipment.

The MOL responded to a complaint and attended the site of a residential re-roofing project. There an inspector observed several workers on the roof without fall protection, hardhats or safety boots. The workers fled the worksite during the investigation and the person in charge was uncooperative and demanded the MOL Inspector get off the worksite. The roofing company also failed to respond to correspondence and the direction of the Inspector.

The roofing company was not only charged but convicted for offences under the OHSA.

Case Review:

1. Can the MOL apply the OHSA on residential settings?
(Hint – *What definition(s) in the Act is/are important to consider?*)

_____

_____

2. Obstructing, hindering or interfering with an inspector in the performance of the inspectors duties is an offence under what section of the Occupational Health and Safety Act?

Occupational Health and Safety Act

Section _____

3. What regulation and section(s) requires the use of PPE during construction?

Regulation _____ Section(s) _____

Example B (Healthcare)
Organization Fined $80,000 After Workplace Violence

A mental health facility was fined $80,000 following a workplace violence incident where staff members were physically assaulted by a patient.

A registered practical nurse was working night shift and conducting rounds when she was attacked from behind by a patient. The patient had a history of violence and had not been following their prescribed medication plan. A co-worker intervened in the assault and was also injured. Both staff suffered physical and psychological injuries.

Case Review:

1. What section of the OHSA and applicable regulations specify requirements that an employer must take to prevent violence.

Occupational Health and Safety Act

Section(s) _____

Regulation(s) _____ **Section(s)** _____

2. Using the RACE model, what program elements must be addressed?

Recognize_____

_____

_____

Assess_____

_____

_____

Control_____

_____

_____

Evaluate _____

_____

_____

3. Can a patient be charged by Police and convicted of assault?

_____

_____

Example C

Company Fined $70,000 for Failure to Meet Workplace Harassment and Violence Prevention Training Requirements

A Ministry of Labour inspector conducted an inspection of an injury suffered by an employee working in a company that provided services to potentially volatile clients. Following the workplace investigation, several shortcomings were noted concerning the employers Workplace Violence Prevention Program.

The Inspector issued 10 orders for the employer to comply. The orders became past due and the MOL followed up with 3 phone calls. The Inspector revisited the workplace to verify the status of the orders, and issued a notice of non-compliance as 7 of the 10 orders had not been complied with.

Case Review:

1. If you were acting as the MOL Inspector, what 5 key orders would you issue? Also, reference the specific part and/or sections of the OHSA and regulations that pertains to the conviction?

The 5 key orders would require the employer to:

1 _____

2 _____

3 _____

4 _____

5 _____

Occupational Health and Safety Act

Part _____

Section(s) _____

Example D (Municipal)
Death of a Worker Results in $75,000 Fine

A company was engaged in the installation of water and sewer lines at a residential construction site. A backhoe operator excavated from each of two residences, joining into a single "Y" configuration leading to the municipal water and sewer main lines. The depth of the excavation at one of the residences was about 3 meters (10 feet).

The sides of the excavation were not sloped, and excavated material had been piled about 1 meter (3 feet) from the edge of the trench. A 2.5 meter deep (8 feet) by 3 meter long (10 feet) shoring box was available, sitting on a flatbed trailer a short distance from the excavation. The dimensions of that trench box were not sufficient to shore a 3 meter (10 feet) deep excavation.

One of the workers entered the unshored and unsloped trench to clear dirt away which had fallen onto the pipe, despite other workers' urging to the contrary. At that point the supervisor was sitting in a truck completing paperwork, and did not see or instruct the worker about entering the trench.

The side of the excavation collapsed, burying the worker up to the chest. A worker, the supervisor and two responding police officers jumped into the excavated area in an attempt to free the trapped worker; however, the commander of the responding fire department ordered everyone out of the excavation. Moments later a second cave-in completely buried the worker and the worker died as a result of that collapse.

Case Review:

1. Review the definitions of a 'trench' and 'excavation' in the OHSA. In your opinion, would this case more likely involve a trench or an excavation? Please explain.

_____

_____

Occupational Health and Safety Act

Section(s) _____
Regulation(s) _____ Section(s) _____

2. As a competent supervisor performing a routine inspection of this operation, there are 6 key requirements from the Act that need to be in place in order to prevent such a fatality. List in the spaces below the requirements and cite the sections and/or regulations that must be in compliance:

1 _____

Regulation _____ **Section** _____

2 _____

Regulation _____ **Section** _____

3 _____

OHSA Section _____

4 _____

Regulation _____ **Section(s)** _____

5 _____

OHSA Section _____

6 _____

Regulation _____ **Section(s)** _____

Due Diligence

An organization and its management, including supervisors, have an obligation to prevent injuries and incidents in the workplace. They must do everything reasonable to protect the health and safety of everyone in the workplace. Everyone in the workplace are required to act with due diligence. As a supervisor, you have authority on a day to day basis of your workers and are responsible for their health and safety. You play a significant role in preventing workplace injuries, illness and fatalities through the coaching, leadership and support of your workers.

What are reasonable efforts to take?

Demonstrate all reasonable efforts were made to protect workers' health and safety and to comply with OHS legislation (meet all levels of due diligence).

Some ways to establish due diligence include:

- Know workplace hazards and the appropriate control measures to use
- Follow and enforce rules and procedures
- Encourage hazard reporting
- Document training and procedures
- Communicate about health and safety in the workplace
- Provide information, education and training to workers
- Inspect your workplace and document findings
- Take steps to correct hazardous situations (i.e. doing it yourself or reporting it to someone who can take corrective action)
- Investigate incidents

Due diligence is the level of judgment, care, prudence, determination and activity that a person would reasonably be expected to do under particular circumstances - specific action taken at the level of the individual with the duty.

Due Diligence Can't be "Made Up" After the Fact!

To exercise due diligence, an employer must implement a plan to identify possible workplace hazards and carry out the appropriate corrective action to prevent injuries or incidents arising from these hazards.

Having a good understanding of the applicable legislation that applies to your workplace is essential when exercising due diligence. By taking all reasonable care to protect the well-being of all the workers on the job, the employer is upholding the standard of due diligence. The IRS is a framework for due diligence as everyone shares a responsibility for health and safety in the workplace.

Due Diligence Defense

When an offence has been committed, due diligence may be used as a legal defense. The defendant must prove that they took reasonable precautions in the circumstances to keep the workers and workplace protected, that the incident or injury was not their fault.

Due diligence refers to the evidence that all **reasonable precautions**, under the particular circumstances, were taken to protect the health and safety of one's workers. It must be demonstrated using objective evidence that is both factual and documented. It presumes compliance with all legislated requirements.

Supervisor Due Diligence

A supervisor incorporates the recognition, assessment, control and evaluation of hazards when planning and organizing work by conducting inspections.

Test of Due Diligence

Documentation of an effective OHS program that includes:

- A written OHS program that has been implemented
- An employer who takes steps to control of eliminate specific hazards
- Written policy, program and procedures that are understood and followed by workers
- Workers who are provided with adequate training, instruction and consistent enforcement, supervision to ensure safe work
- Maintenance of accurate documentation, records and reports (e.g. training records, workplace inspections, incident reports, statistics/trend reports, supervisor notes, equipment log books and maintenance records)

Reasonable Care

A legal definition states this as the degree of caution and concern for the safety of oneself and others that an ordinarily careful or rational person would use in the circumstances. This is a subjective test of determining if a person is negligent, meaning he/she did not exercise reasonable care.

Even with compliance, it may still be required to demonstrate that every precaution reasonable was taken.

Figure 7: A Lead reviewing a written policy with their team

Documentation

Documentation is "evidence" of a compliance "history". Remember - "if it's not written down, it didn't happen". Types of health and safety documentation that should be retained and maintain include:

- Policies and Procedures
- Training outlines
- Pre-operational inspection documents
- Equipment maintenance records
- Workplace inspection records along with changes or improvements to eliminate/control hazards
- Job Hazard Analyses
- Incident investigation records
- Safety Meeting records
- Log books
- JHSC meeting records
- Traffic Protection Plans
- Tailboard meetings, attendees list
- Contractor documentation

When establishing a due diligence defense, consider the following factors:

Foreseeability — could a reasonable person have foreseen that something could go wrong, or have anticipated how severe the potential harm to workers might be? It is key to anticipate if something might go wrong.

Preventability — was there an opportunity to prevent the injury or incident?

It is key to anticipate how to protect the workers if something does go wrong.

Control — who was the responsible person present who could have prevented the injury or incident? Do you have control over the hazards?

Levels of Due Diligence

The various levels of due diligence include:

Compliance with legislation

This level ensures each workplace party complies with the OHSA and regulations. The supervisor will provide training, coaching, observing, evaluating and enforcing legislated requirements to promote compliance.

An effective health and safety management system

To achieve this level of due diligence, the supervisor will ensure that all health and safety policies and workplace and job-specific programs and procedures are developed, implemented and audited for compliance.

An effective Internal Responsibility System (IRS)

With this level of due diligence, the supervisor will be proactive when identifying workplace and job hazards and creative when finding ways to control them and responding promptly to workers' reports of hazards

Figure 8: Problem-solving

Benefits to Due Diligence

In addition to ensuring protection from injuries or illnesses is provided, due diligence when exercised, offers many benefits such as increased productivity/performance and safety culture in the workplace with the additional benefit of a positive word of mouth/reputation.

Compare your workplace against the due diligence standard by answering the sample checklist on the following pages. It will indicate whether or not a successful due diligence defense can be made or not, by the nature of the answers. Any negative answer will make the defense questionable.

Individual Exercise

Due Diligence Checklist*

Answer the questions below. Review the answers. Any NO answers will indicate need for improving due diligence.

Indicate if the following questions are YES or NO. Any NO responses indicates due diligence requires improvement. Note, this checklist is only a guideline.	YES	NO
Do you know and understand your health and safety responsibilities?		
Do you have definite procedures in place to identify and control hazards?		
Have you integrated safety into all aspects of your work?		
Do you set objectives for safety and health just as you do for quality, production and results/returns?		
Have you committed appropriate resources to safety and health?		
Have you implemented appropriate control measures for identified hazards?		
Are you clear about whom you are responsible for as a supervisor (contractors, employees, and people moving through your area)?		
Have your workers been trained to work safely and use proper protective equipment?		
Is there a hazard reporting procedure in place that encourages employees to report all unsafe conditions and unsafe practices to their supervisors?		

Indicate if the following questions are YES or NO. Any NO responses indicates due diligence requires improvement. Note, this checklist is only a guideline.	**YES**	**NO**
Are managers, supervisors, and workers held accountable for safety and health just as they are held accountable for quality?		
Is safety a factor when acquiring new equipment or changing a process?		
Are contractors, volunteers and others in the workplace held to the same safety standards?		
Do you keep records of your program activities and improvements?		
Do you address concerns and recommendations made by workers, the JHSC members (or health and safety representative), and others?		
Do you take health and safety problems that are outside your jurisdiction, or beyond your ability to solve, to senior people in your organization?		
Have items from reports such as inspections or incident reports been reviewed and corrective actions taken?		
Have steps for implementing corrective actions been documented?		
Do you keep records of the education and training each employee has received?		
Do you check to confirm that all policies and procedures are being followed regularly?		
Do your records show that you take disciplinary action when a worker violates safety procedures?		
Do you review your OHS program at least once a year and make improvements as needed?		
*Source: Canadian Centre for Occupational Health and Safety: ***http://www.ccohs.ca/oshanswers/legisl/diligence.html#_1_5***		

What is a Hazard?

A hazard is a source, situation or act with a potential to cause injury or illness. Some definitions of hazard also consider harm done to equipment, materials, the environment or processes.

Whereas risk is the chance of injury or loss as defined as a measure of probability and severity of an adverse effect to health, property, the environment or other things of value.

Take for example a staff member working alone at night. A puddle of water on the floor is an example of a hazard while the risk is not seeing and slipping resulting in breaking one's leg. It is essential for the supervisor to know the hazards associated with the workplace and what control measures to use to reduce the risk.

Figure 9: Three examples of workplace with hazard categorization; top to bottom – a dentist examining a patient (hazards include biological agents, MSD, and psychosocial), a worker using the ladder to get to the roof (a safety hazard) and first responders at the emergency site treating a victim (hazards include MSD, psychosocial, safety and biological agents)

Hazard Identification

As a supervisor you are required to tell the workers about health and safety hazards. The workers need to let you know about any hazards they know of as soon as possible so immediate corrective actions can be taken. This is an example of the IRS and how collaboration of all the workplace parties – the employer, the supervisor and the workers, makes the workplace safer.

Hazard categories can be categorized using the *360° Approach* to hazard recognition to support an effective IRS.

OHS hazards are grouped into six categories which you should be aware of in your workplace or in the community when you are doing inspections. These hazard categories rarely exist in isolation. They appear in endless combinations in any workplace environment.

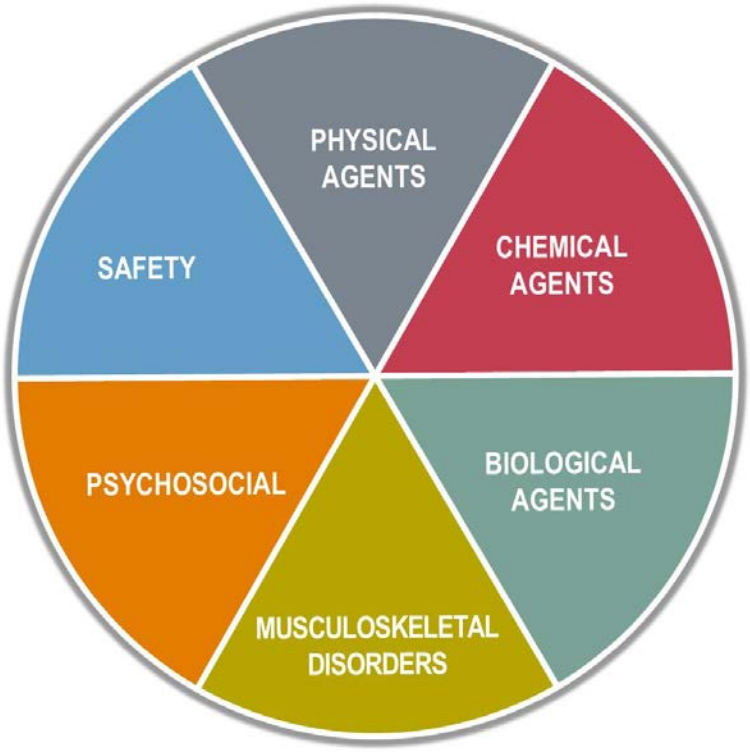


Figure 10: Hazard Wheel

Physical Agents

Physical agents are forms of energy that can harm the body.

Physical agents include:

- Noise
- Vibration
- Temperature extremes
- Radiation

Chemical Agents

Chemical agents are common health hazards found in almost every workplace. Workers may be exposed to many chemicals during the course of their jobs. Some are the raw materials used to make a product; sometimes the product itself is a chemical. Other chemicals are fuels used to provide energy. Still others are by-products of a process or are used for other purposes, such as lubricating and cleaning. Chemicals that cause adverse health effects are called toxic. Chemicals can be classified by their state:

- Solids (e.g. Powder detergent)
- Liquids (e.g. Paint thinner, cleaning products)
- Gases (e.g. Carbon monoxide, ammonia)
- Vapours (e.g. Gasoline, solvents)

Biological Agents

Biological agents are organisms or toxic substances produced by living things that can cause illness or disease in humans. Biological agents include insects, wild animals, bacteria, viruses, fungi, and parasites.

These biological agents can be transmitted by direct or indirect contact. Once inside the body biological agents can multiply and be passed from one person to another. Some biological agents survive outside the body for a long period of time or breed in water and food. Workers who have open cuts or wounds should be aware that these can become readily infected with bacteria or fungi and cause problems. Inhalation of some biological agents can cause health effects.

Musculoskeletal Disorders (MSD)

Almost anywhere you look, you will see people trying to adjust to difficult or awkward situations – car seats that are too far away from the steering wheel; boxes that are too heavy for easy lifting; doors that are too narrow; shelves that are too high; or tools that are hard to hold.

In the workplace, these ‘discomforts’ can cause health problems. The individual effects might be small, like the strain of having to reach too far or move too fast, but these small effects can add up to acute or chronic health problems.

MSDs are injuries and disorders of the musculoskeletal system. They may be caused or aggravated by various hazards or risk factors in the workplace such as awkward postures, force, and repetitive use. When work or equipment is

not designed correctly, it can cause stress on parts of the musculoskeletal system.

Psychosocial

Psychosocial hazards include the non-physical hazards that can influence the health of workers. These include work organizational factors or workplace stressors such as:

- Work overload
- Boredom
- Violence
- Harassment
- Lack of control on the job

There is evidence to demonstrate that psychosocial hazards can result in:

- Two to three times greater risk of injuries through workplace conflict and violence
- Back pain
- Mental health problems – specifically depression and anxiety disorders

Safety

There are many potential safety hazards within the workplace that can cause occupational injuries. Safety hazards to be aware of workplace include:

- Working at heights
- Uneven or slippery walking or working surfaces
- Vehicle and driving hazards
- Electrical hazards
- Confined spaces
- Mechanical hazards
- Moving parts of machinery, equipment or processes
- Flying particles/materials

Remember, a hazard is a condition, practice or substance with the potential to cause injury or illness. Some definitions of hazard also consider harm done to equipment, materials, the environment or processes.

Individual Exercise
Top 3 Hazards

What are the top 3 hazards you have had to deal with as a supervisor?

How did you address these hazards?

Dealing with Hazards in the Workplace

An effective way to deal with hazards is to implement the R-A-C-E model. R-A-C-E stands for Recognize, Assess, Control and Evaluate.

In order to ensure that injuries and incidents are mitigated, we must learn to recognize, assess and recommend controls through an effective health and safety program and compliance of standards, legislation and operating procedures.

The following pages provides details on the RACE model which was covered in the eLearning module and is available as a tip sheet outlining the steps in the back of this workbook.

RACE Tip Sheet – Appendix A

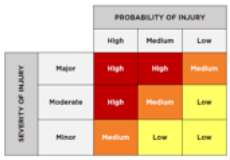
This reference tool is called Overview of the Four Steps to a Healthy and Safe Workplace and can be found in Appendix A.

Overview of the Four Steps to a Health and Safe Workplace

Step 1: Recognize the Hazard

Method	Hazard Categories 360 Approach	Contributing Factors
▪ inspect workplaces ▪ analyze each step in a job ▪ observe work practices, processes & equipment ▪ discuss concerns with supervisor ▪ consider with all 5 senses		▪ People ▪ Equipment ▪ Materials ▪ Environment ▪ Process 

Step 2: Assess the Hazard

Measure against Legislation and Standards:	Effective tools for measuring:	Use risk assessment to determine the priority:
▪ laws (OHSA and Regulations) ▪ government standards (MOL) ▪ professional standards (CSA) ▪ guidelines (CCOHS) ▪ workplace policies and procedures ▪ manufacturer/supplier guidelines	▪ workplace inspections ▪ risk assessment ▪ accident investigations ▪ hygiene monitoring ▪ job hazard analyses ▪ interviews ▪ observations	Hazard Management Tool Risk Priority = Severity of Injury x Likelihood of Injury 

Step 3: Control the Hazard

Locations	Types of Controls
▪ at the source ▪ along the path ▪ at the worker	▪ elimination or substitution ▪ engineering ▪ work practices ▪ administrative ▪ personal protective equipment

Step 4: Evaluate the Hazard

Evaluation is ongoing:	Verify that:
▪ check on the control during workplace inspections ▪ discuss controls with workers ▪ verify that the controls were in use when conducting an accident investigation	▪ the control is working as expected ▪ the control has been communicated to affected employees ▪ employees are using the control properly ▪ the control has not introduced a different hazard ▪ information on the control is included in necessary training programs

Figure 11: Overview of the Four Steps to a Healthy and Safe Workplace (see Appendix A)

Four Steps to Health and Safety - RACE

The RACE model is a four step approach for managing hazards.

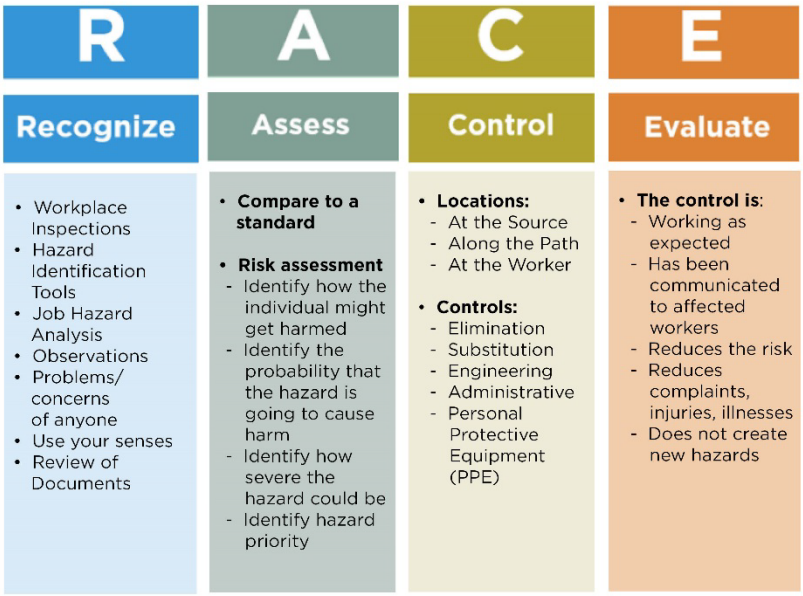


Figure 12: The RACE model

Recognition means having the knowledge and skill to identify workplace conditions that have the potential to cause injury, illness or harm.

The assessment compares the hazardous condition against standards.

Where the law sets out a standard, it must be followed (i.e. an Act, Regulation or Code). If no standard is legislated, then other guidelines should be considered (i.e. CSA or professional association best practice guideline). Always check compliance to your company's standards/policies/procedures and your equipment manufacturer's operation manual.

C
Control

Controls can be placed at the source of the hazard, along the path between the source and the worker, or at the worker.

E
Evaluate

The purpose of the evaluation is to:

- Confirm the control has been implemented,
- Assess it is effective,
- Verify it addresses initial concern, and
- Check that no new hazard has been created. Effective controls reduce risk.

Hazard Recognition

Whenever you are identifying hazards you must consider five (5) contributing factors. These factors are:

- People
- Equipment
- Material
- Environment
- Process

These factors may contribute to or are affected by hazards in the workplace. In any workplace people, equipment, materials, environment and process must fit together properly – like the pieces of a jigsaw puzzle. When that happens, the workplace will be safe and efficient.

Figure 13: PEMEP Circle

The following factors contribute to creating hazards:

- People – Actions people take, the things they do or don't do. This includes all people in the workplace (staff, visitors, contractors, members of the public)
- Equipment – Includes all the tools, and machines that people work with or near. This includes machines, vehicles, material handling
- Materials – Handling of materials including raw materials, chemical and other substances in the workplace

- Environment – Refers to every part of the workplace including the condition of all surfaces on which people walk or where things are placed, if work is done inside or outside, time of day, weather conditions or the hazards caused by physical agents, housekeeping and maintenance, storage and debris and blocked exits
- Process – Combines the other four contributing factors, everything it the workplace design, the organization of the work being done from the communication, training, procedures and policies to the overall safety climate

Hazard Assessment

Once an actual or potential safety hazard has been identified, the next step is to assess the hazard. This section of the participant workbook and the PowerPoint presentation refers to quantifying risk based on injury or illness because there are likely many hazards in the workplace. Some hazards are high priority for control while others may present an acceptable level of risk. The Risk Evaluation Chart below is one tool available to prioritize concerns for intervention.

Probability of Injury + Severity of Injury = Risk

Using the Risk Evaluation Chart, plot the probability and the severity rating for the hazard. This helps determine the level of risk for the hazard and will also help prioritize the hazards. Prioritize so that the hazards with the highest risk are controlled first.

		PROBABILITY OF INJURY		
		High	Medium	Low
SEVERITY OF INJURY	Major	High	High	Medium
	Moderate	High	Medium	Low
	Minor	Medium	Low	Low

Hazard Controls

Controlling hazards in the workplace is where you decide what to do about the hazard – either eliminate it or reduce its risk to an acceptable level. Ideally controls should be designed to eliminate the worker's exposure to the hazard. If a hazard cannot be eliminated, then a combination of control methods may be required to reduce risk to an acceptable level. Ensure that the potential controls that are being identified will not create a new hazard.

Use the Hierarchy of Controls to identify controls for the hazard. The methods for controlling hazards, in order of effectiveness are:

- Elimination (i.e. get rid of the hazard completely)
- Substitution (i.e. put in place a different product, piece of equipment or process)
- Engineering controls (i.e. eliminate or reduce the hazard by modifying the equipment)
- Work procedures and practices/administrative controls (i.e. eliminate or reduce exposure through training, procedures, awareness and ensuring appropriate selection, use and maintenance of equipment)
- Personal Protective Equipment (i.e. ear plugs, hard hat and steel toed boots)

Hierarchy of Controls

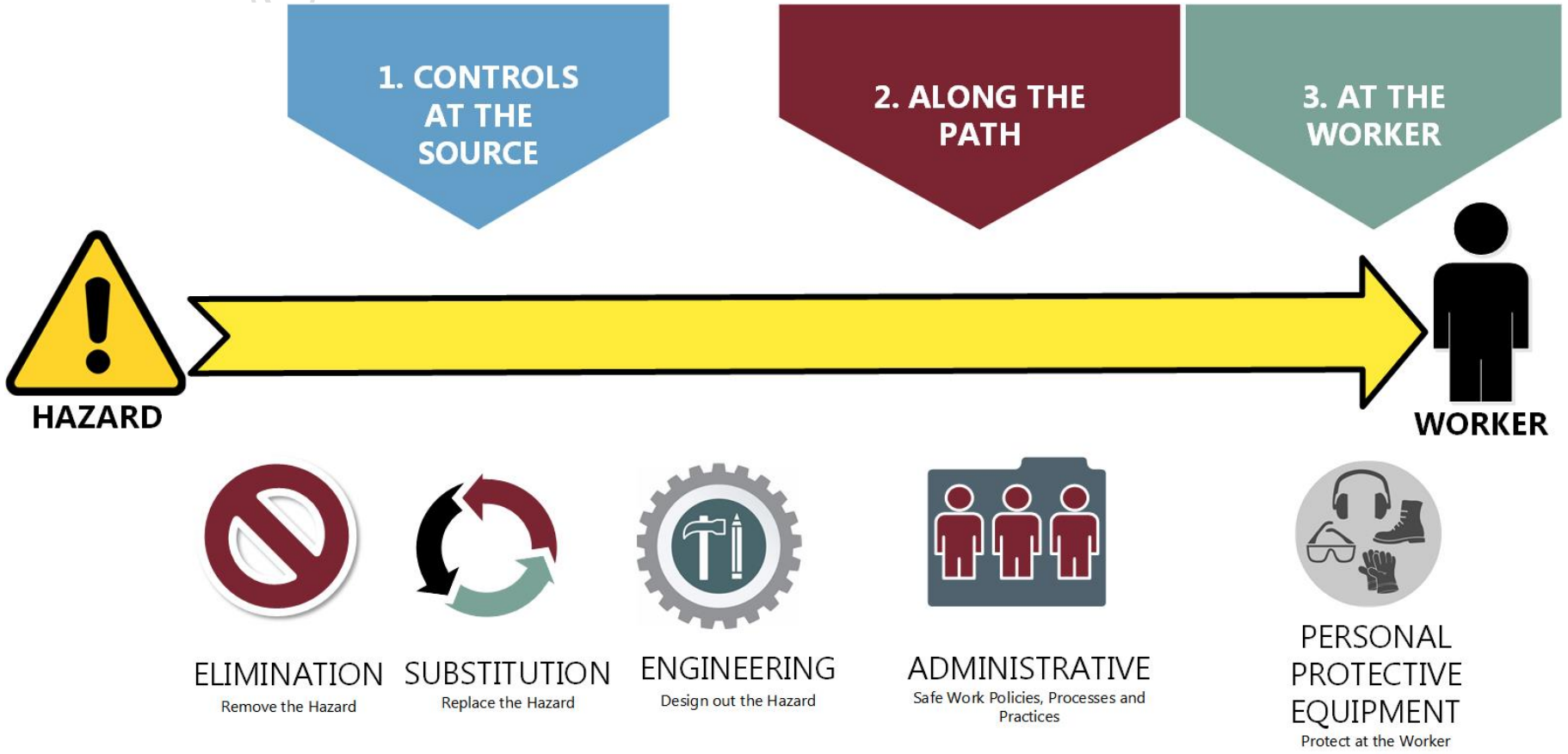
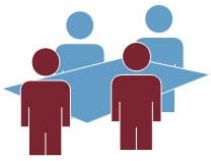


Figure 15: Hierarchy of Controls



Group Exercise: Case Study Activity
Applying Competencies

In your group, review the case study below that is specific to your sector and answer the questions. Use the tip sheet – Appendix A: Overview of the Four Steps to a Healthy and Safe Workplace as a guide to help you answer the questions.

Education Sector Case Study

An Educational Assistant (EA) was walking by a student in the classroom when the student grabbed the worker on the left side of her chest. Subsequently, the student pulled the EA in to try to grab her face, and in the process was pulled into a shelving unit. As a result the worker ended up with injuries and 5 days off of work. This special needs high school student had had previous incidents throughout their 3 years at that high school.

Emergency Services Sector Case Study

Regional police services obtained a search warrant on a property thought to have an illegal marijuana grow operation in it. Ilona, a police constable was one of the professionals responding with a team of other professionals including Hydro and Fire representatives. As they made their way into the building they noticed evidence of structural alterations including holes in the walls, floors and ceilings. After the initial search was complete, Hydro made their way into the building to cut off electrical services and Fire went to determine the presence of any combustible or volatile chemicals or liquids. As they walked towards the room where the electrical panel was, there was a carpet on the floor. The Hydro worker walked on the carpet, it triggered the release of a trap door and the worker fell 6 feet down into an old cellar. The worker broke both legs and sustained a minor head injury. The firefighter fell back narrowly missing the hole in the floor and twisted his ankle.

Emergency Services Sector – Police Case Study

During a shift briefing a police supervisor advises his platoon that given the proximity of the date to the holiday season he would like them to get together and conduct a couple of RIDE spot-checks during the evening hours and around closing time for the local bars. At approximately 9:05 p.m. the supervisor is dispatched to the scene of a RIDE spot-check in which an officer has been struck by a car driven by an elderly woman. The woman stated that the location of the spot check "surprised" her and when she saw all the police cars she thought it

was an accident. She said it was difficult to see anything because there was a vehicle stopped facing towards her with their headlights shining in her eyes. When she pulled off the roadway onto the shoulder behind another vehicle stopped there, to be out of the way, she didn't see the officer standing behind that vehicle talking to the driver. The officer was taken to hospital by ambulance with non-life threatening injuries, but remains in hospital with a broken femur.

Government Sector Case Study 1

Joe, a Peace Officer and Paula, a Bylaw Enforcement Officer, went together to respond to an ongoing noise complaint. The resident was known in the community to be volatile at times. As they approached the residents' house and they were greeted by the agitated, intoxicated resident who was holding back two pitbulls and yelling "get off my property now". Joe tried to defuse the situation however the resident released the dogs who came running toward both of the workers. The girlfriend of the resident was heard yelling "get them" to the dogs. As they ran to the protection of their vehicle, Paula fell down an embankment injuring her leg and Joe was bit on his left arm as he reached for the vehicle door.

Government Sector Case Study 2

Susan, an Ontario Works employee, was performing a site visit. She walked into the home of the client and became quickly uneasy. Some unexpected people were present at the home which she was not anticipating. She noticed a collection of weapons such as old swords and guns and as well various drug paraphernalia. The client started to demand that she hurry up and just show him where to sign the paperwork so he can get his money. Susan made the excuse that she forgot something in her car and promptly left and then notified her supervisor of the situation.

Government Sector Case Study 3

Tim was a summer student working at Parks and Recreation. Since this was his third summer, he was put in charge of running the concession stand at a park during Rib Feast which was a summer event sponsored by the municipality in which he worked and other community partners. There was a large volume of cash that he had to handle and as well had to deal with multiple people who were intoxicated. As Tim was closing down for the evening, he went to count the money. He had his head down when someone jumped the counter, punched him in the throat knocking him to the ground and ran off with the money.

Healthcare Sector – Hospital Case Study

Jane is a nurse employed at a large hospital on the medicine unit. The acuity of patients can be quite high due to the level of care required. Co-workers of Jane have reported to her that when they had worked nights they felt their safety was threatened. There are security cameras in the hallways of the unit and security guards who conduct rounds each shift. Workers do not carry panic alarms and instead have been told to call out for "help" in any crisis situations. Recently, a patient was admitted to the unit with a history of violence. So far things have been going well and the patient has shown no signs of aggression.

One night, however, the patient was seen leaving the unit and disturbing another department in the hospital. The patient was directed back to the unit without incident. Jane knew that all hazards needed to be reported so she decided to send an email to her boss outlining her concerns and added some recommendations on how to ensure the incident did not happen again. Her boss was covering multiple floors so did not have a chance to respond to the recommendation for days. During one shift without warning the patient punched and repeatedly kicked Jane before help from her co-workers arrived. She was badly injured.

Healthcare Sector - Long-Term Care Case Study

Florence, a personal support worker, is responsible for the care of Mrs. Smith, a 55 year old resident with a history of responsive behaviours. While assisting the resident to transfer into her electric wheelchair, the resident's left leg starts to hang off of the wheelchair. Florence tries to reposition the leg by crouching down and moving it but while doing so Mrs. Smith gets angry and kicks Florence in the upper arm. The incident results in a bruise to Florence's arm.

Healthcare Sector - Community Care Case Study

Mary Ellen is a home care provider in a downtown urban area. She is 3 months pregnant and has not told her employer. Today Mary Ellen is visiting Mrs. Monteith who lives alone in a wealthy neighbourhood. Mrs. Monteith is described as the "grouchy old lady" as she does not like to depend on others for assistance with bathing and personal care. Mary Ellen does not like looking after Mrs. Monteith because she's been assaulted in the past.

Today Mrs. Monteith is particularly grouchy. She swears at Mary Ellen as she enters her room. When Mary Ellen tries to assist her to take off her clothes, Mrs. Monteith swats at Mary Ellen's hand. Mrs. Monteith continues to swear and swat at Mary Ellen throughout the bathing and personal care. Suddenly, Mrs. Monteith shoves Mary Ellen to the floor and tells her she is the worst care provider she has ever had and she doesn't ever want her to come back. She was yelling racial slurs at Mary Ellen and proceeded to kick her in the stomach.

Mary Ellen leaves and calls her manager to report Mrs. Monteith's behaviour. She informs her supervisor that she will not be working with Mrs Monteith anymore.

Figure 16: Home Care Provider working with a client

What does the legislation require you as the supervisor, your employer and the JHSC/HSR to do?

_____

_____

_____

How would you assess and control the hazard and evaluate the effectiveness of the controls?

_____

_____

_____

_____

_____

What measures/corrective actions should be taken that would be deemed "reasonable"? (Give 2 reasons)

_____

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Notes:

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Contractor Case Study

Afford Property Inc. own and lease a large office building to Public Programs Inc. (PPI). PPI employees complain regularly of improper air quality and mould in the workplace. The workplace is designated as a historical building with older infrastructure in it. Following a complaint to the Ministry of Labour, the heating ventilation and air conditioning (HVAC) equipment was deemed to be inadequate and required replacement. PPI could not afford to accommodate staff to other offices, nor could they temporarily stop services provided to their clients. PPI decided to take the lead and coordinate replacement of new HVAC equipment which Afford Property Inc. agreed to. PPI assigned a Project Manager from their Facilities department to arrange for a new HVAC. The HVAC was purchased and installed by PPI Facilities department staff.

Is this considered construction or maintenance? What if the HVAC only needed repairs?

_____

_____

_____

_____

In this situation, who is the owner and who is the constructor? Explain.

_____

_____

_____

_____

Had PPI hired a general contractor to oversee the project and hire specialists to install a new HVAC, who would be the owner and who would be the constructor?

_____

_____

_____

_____

What due diligence measures should the PPI consider as part of a Contractor Health and Safety Program:

_____

_____

_____

_____

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_____

_____

Three Rights of Workers

OHSA gives three fundamental rights to workers. As their supervisor, it is important you help them to understand them. Supervisors are impacted by these rights as they are also workers. Workers' rights are:

- The right to participate
- The right to know
- The right to refuse unsafe work

The Right to Participate

Workers have the right to be part of the process of identifying and resolving workplace health and safety concerns. This right is expressed through worker membership on JHSCs.

The Right to Know

The workers have the right to know about any potential hazards to which they may be exposed. This means the right to be trained and to have information on machinery, equipment, working conditions, processes and hazardous substances.

The Right to Refuse Unsafe Work – Section 43(3)

Workers have the right to refuse work that they believe is dangerous to either their own health and safety or that of another worker. The OHSA describes the exact process for refusing dangerous work and the responsibilities of the employer/supervisor in responding to such a refusal.

OHSA s. 43(3) Refusal to Work – A worker may refuse to work or do particular work where he or she has reason to believe that,

- Any equipment, machine, device or thing the worker is to use or operate is likely to endanger himself, herself or another worker;
- The physical condition of the workplace or the part thereof in which he or she works continues to be likely to endanger himself or herself;
- Workplace violence is likely to endanger himself or herself; or
- Any equipment, machine, device or thing he or she is to use or operate, or the physical condition of the workplace or the part thereof in which he or she works or is to work, is in contravention of this Act or the Regulations and such contravention is likely to endanger himself, herself or another worker

Supervisor's Role in Work Refusals

When the worker notifies their supervisor about refusing to do unsafe work and their reasons for the refusal, the supervisor must ensure they honour their rights. The supervisor must effectively follow appropriate work refusal procedures. As per the OHS law, the supervisor must:

- Take action to investigate – work refusals are indicators of unsafe conditions or work
- Ensure the worker remains in a safe place during the investigation (may be reassigned with modified duties during the investigation)
- Avoid reassigning the work if it provides a risk to anyone else
- Address the hazard with corrective actions

Reprisals – Section 50(1)

It is against the law for an employer or supervisor to dismiss, threaten, penalize or fire a worker if they have followed the law. If they bring up safety concerns or refuse to do unsafe work, they are exercising their rights. Reprisals are against the law.

Real Life Story – MOL Charges City and Police Board

A joint training exercise involving explosives to empty a home resulted in three paramedics and two police officers getting injured. The MOL charged both the municipality and the police board under the OHSA for not taking every precaution reasonable to protect its workers in the exercise and for putting them in a hazardous workplace scenario.

- Ensure the worker remains in a safe place during the investigation (may be reassigned with modified duties during the investigation)
- Avoid reassigning the work if it provides a risk to anyone else
- Address the hazard with corrective actions

Work Refusal Process Chart

It is important the worker has identified the hazards first and notifies the supervisor about it prior to refusing to work.

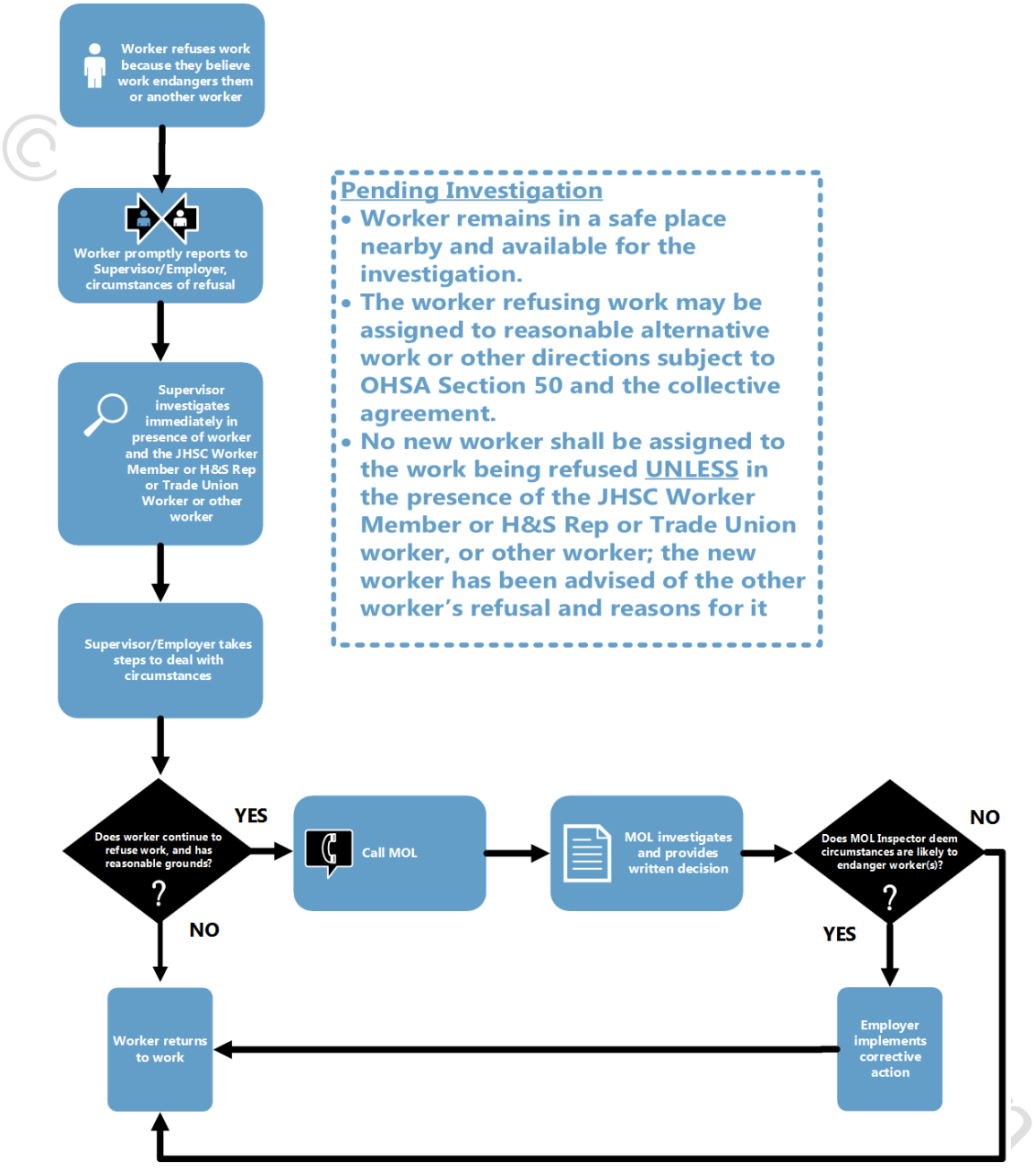


Figure 17: Steps an Ontario worker can take to refuse unsafe work

Restricted Rights of Refusal

In specified circumstances, the right to refuse unsafe work is limited for certain workers. Section 43(1) of the OHSA outlines two circumstances in which workers have limited rights to refuse work based on the circumstances described above.

- When a circumstance … is inherent in the worker's work or is a normal condition of the worker's employment; or
- When the worker's refusal to work would directly endanger the life, health or safety of another person.

Section 43(2) lists the workers with limited rights to refuse:

- A person employed in, or a member of, a police force to which the Police Services Act applies;
- A firefighter as defined in subsection 1(1) of the Fire Protection and Prevention Act, 1997;
- A person employed in the operation of:
    - A correctional institution or facility,
    - A place of secure custody designated under section 24.1 of the Young Offenders Act (Canada), whether in accordance with section 88 of the Youth Criminal Justice Act (Canada) or otherwise,
    - A place of temporary detention under the Youth Criminal Justice Act (Canada), or
    - A similar institution, facility or place;
- A person employed in the operation of :
    - A hospital, sanatorium, long-term care home, psychiatric institution, mental health centre or rehabilitation facility,
    - A residential group home or other facility for persons with behavioural or emotional problems or a physical, mental or developmental disability,
    - An ambulance service or a first aid clinic or station,
    - A laboratory operated by the Crown or licensed under the Laboratory and Specimen Collection Centre Licensing Act, or
    - A laundry, food service, power plant or technical service or facility used in conjunction with an institution, facility or service described in sub-clause (i) to (iv).

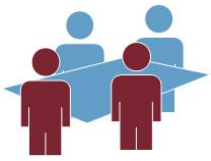
Teachers Regulation 857: Section 3(3)

Section 3(3) of the Teachers' Regulation 857, which applies to principals, vice-principals and teachers, states that "Part V of OHSA does not apply to a teacher where the circumstances are such that the life, health or safety of a pupil is in imminent jeopardy." Therefore, principals, vice principals and teachers have a limited right to refuse. Any unsafe conditions of work should be corrected immediately. If the worker's concern cannot be corrected immediately using existing resources, they should exercise your legal right to refuse unsafe work.

Other school board staff, such as custodians, office workers and educational assistants, still have the full right to refuse work.

Even though a worker may have a limited right to refuse, the employer still must take all precautions reasonable under the circumstances to protect the worker from inherent hazards in the work. No work should endanger anyone's health or safety.

Figure 18: School hallway during lockdown



Group Exercise: Case Study Activity
Work Refusal Scenarios

Choose the work refusal scenario below that is specific to your sector. With your group, discuss and come up with answers. Use the work refusal process as a guide to help you answer the questions.

Education Sector – Work Refusal Scenario 1

Taylor is a new Caretaker in a public school who has been asked to strip and polish the hall floors. He has not received any WHMIS training nor any information related to the floor stripping chemical he is required to use. Although he is familiar with the equipment required to perform the task he is concerned with the hazards of the chemicals he must use. He requested training and additional information on the product, but his supervisor told him it was "no big deal"; "no real hazard" and instructed him to "get on with it". Taylor responded by indicating he was refusing to work with the chemical until he received training and information on how to work with it safely.

Education Sector – Work Refusal Scenario 2

A substitute education resource worker is assigned to work with a child that is known to spit and bite and behave aggressively. She has not yet been provided with training on how to deal with aggressive behavior. She is provided with Kevlar arm guards and a chest protector for protection against kicking or punching.

Education Sector – Work Refusal Scenario 3

During a stormy winter day, a school closure and bus cancellation was issued and Mary was very concerned with the drive to her workplace. She had tried to raise the concern in the past and asked if on stormy days she could work from home. Since Mary worked in a museum, her manager did not feel employees could work from home. She subsequently notified her boss of the work refusal citing that she was nervous driving 45 mins in a snow storm and was concerned since the landscaping contractor always plowed the museum parking lot last.

Emergency Services Sector –Police Work Refusal Scenario 1

A patrol constable has been dispatched to an address that is familiar to him and the nature of the dispatch is simply a "dispute". The officer contacts his supervisor and advises he has been to this address several times before and the complainant has always been intoxicated and becomes violent when the police attend. The officer cites section 43(3)(b.1) of the OHSA and advises the supervisor he refuses to attend because he fears violence will endanger him.

Emergency Services Sector –Police Work Refusal Scenario 2

A patrol constable has been dispatched to an address to assist other officers and it is described as simply a "domestic dispute". The officer arrives and is advised the domestic situation has escalated and the husband is now holding his wife hostage and has barricaded himself in the house. The supervisor has a plan to distract the hostage taker at the front door while the patrol constable sneaks in the back and rescues the spouse. The officer refuses, advising the supervisor he fears for his own safety and the safety of the hostage given his limited experience and training.

Government Sector – Work Refusal Scenario 1

A maintenance worker needs to use a ladder to change some light bulbs and the ladder was recently inspected during their quarterly inspection and found to be safe. Upon pre-use inspection, the worker discovers that one of the rubber pads on the foot of the ladder is missing. He tells his supervisor that he is refusing to use this ladder. The supervisor replies that he should use another ladder. There is no other ladder. The worker tells the supervisor he refuses the do the task.

Government Sector – Work Refusal Scenario 2

A worker in housekeeping is required to wash counters using a chemical solution. This has been part of her daily routine since she joined the department three months ago. She reported to her supervisor that she is refusing to wash the beds because after doing that task she has experienced nausea and headache, which disappear when she goes home. She thinks this is a result of the odour from the solution.

This solution has been used for many years without any complaints from other staff. The supervisor determines that the worker does not want to that job that day, or it may have been a case of flu. The worker continued to use the solution and the next day had a more severe attack. She goes back to her supervisor and says again that she is refusing to work because the chemical is making her sick. The supervisor tells her to take a few days off on sick leave. She refuses to take sick days and is disciplined.

Government Sector – Work Refusal Scenario 3

Judy, worked in a municipal library and overheard a conversation involving a client who indicated he had a problem with bedbugs in his home. The client was a regular user of the library. The employee was concerned with brining bedbugs home and addressed it with her manager who indicated bedbugs can be anywhere, not just the workplace and impossible to prevent this. The manager also indicated she did not believe this was a health and safety issue. Judy did not like the response she received from her supervisor and the next time the client came onsite the employee approached her manager and indicated she was refusing to work.

Government Sector – Work Refusal Scenario 4

A municipality leased a workplace that was a historical building and had a boiler and radiators for the heating system. Pam, a worker who suffered from asthma was complaining of ongoing respiratory problems that tended to subside during weekends. People in the general work area also complained of headaches and general stuffiness of the air. Pam wondered if preventative maintenance was done on the old style radiators and if mould could grow in the drip pans of the radiators. She had asked if Facilities would look into it, but her manager communicated that the landlord of the leased facility was responsible for the heating system and not the employer. One day Pam was feeling particularly unwell and had trouble breathing. She became very anxious and went into respiratory distress and was off work for a week. She returned to work and her

symptoms started to bother her again. She did not know what to do and felt unsupported.

Healthcare Sector – Work Refusal Scenario 1

A laundry worker is sorting through laundry and notices soiled bed sheets. She has heard rumors that one of the clients is HIV positive. Although she has attended infection control training annually since beginning work, she tells her supervisor that she refuses to touch the linen.

Does the worker have the right to refuse the work?

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_____

Identify the steps taken following the worker's refusal to work.

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As a competent supervisor, how would you determine if there was a breakdown in the IRS?

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Notes:

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Emergency Preparedness

Emergencies can cause harmful effects including injuries such as burns, concussions, slips and falls, and musculoskeletal disorders. Illnesses can occur from exposure to infectious agents, plants or substances, and can result in poisoning and infections.

Disasters are classified as naturally induced, human or technology caused.

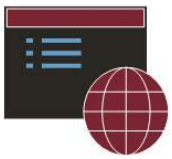
Natural emergencies include tornadoes, ice storms, windstorms, floods, hurricanes, landslides, epidemics, pandemics, forest fires and other extreme weather conditions.

Man-made or human caused emergencies include chemical, biological, radiological and nuclear disasters, power failures, explosions, bomb threats, fires, and major transportation events. Disasters to prepare for that are caused by technology typically involve blackouts.

As a manager/supervisor you need to know if there is overlap of services lined up/you need to plan ahead. Ask the question – "are you and your people appropriately trained for an emergency?" You must train your people, prepare, plan and practice.

Evacuation is an integral part of most response plans. Start with floor plans when developing your response plan. Avoid stationing exit routes that are close to major hazards. Also, make a list of potential emergencies that could happen in your workplace and community.

Think about recent disasters workers in Ontario had to deal with such as the ice storm, mall collapse, computer/system failure and blackouts.



Ontario Warnings

This twitter account provides real time emergency warnings through social media. The twitter account shows a surprising amount of Tornado warnings across Ontario. Emergencies can occur anywhere. Don't get stuck thinking it won't happen to you; be prepared! @OntarioWarnings – Ontario Warnings is a service provided by the Office of the Fire Marshal and Emergency Management to issue emergency messages. https://twitter.com/OntarioWarnings

Emergency Preparedness is an approach requiring continual change to adapt to a new normal state. It involves a focus on preparation, response, recovery and mitigation to minimize the effects of workplace disasters.

An emergency is a situation or impending situation that presents a danger of major proportions. It can result in serious harm to people or substantial damage to property. Forces of nature, a disease or health risk, an accident, or an act, intentional or otherwise, can cause an emergency. The effectiveness of your workplace response during an emergency depends on the amount of planning and training that your workplace has undertaken.

Emergency management takes a cyclical approach that involves preparation, response, recovery and mitigation to minimize the effects of workplace disasters. Continuously improving the process is an important aspect of Emergency Preparedness. It is important to conduct regular drills and exercises to determine actual response and deficiencies. Any identified deficiencies in the plan should be updated to ensure that your staff and workplace are safe.

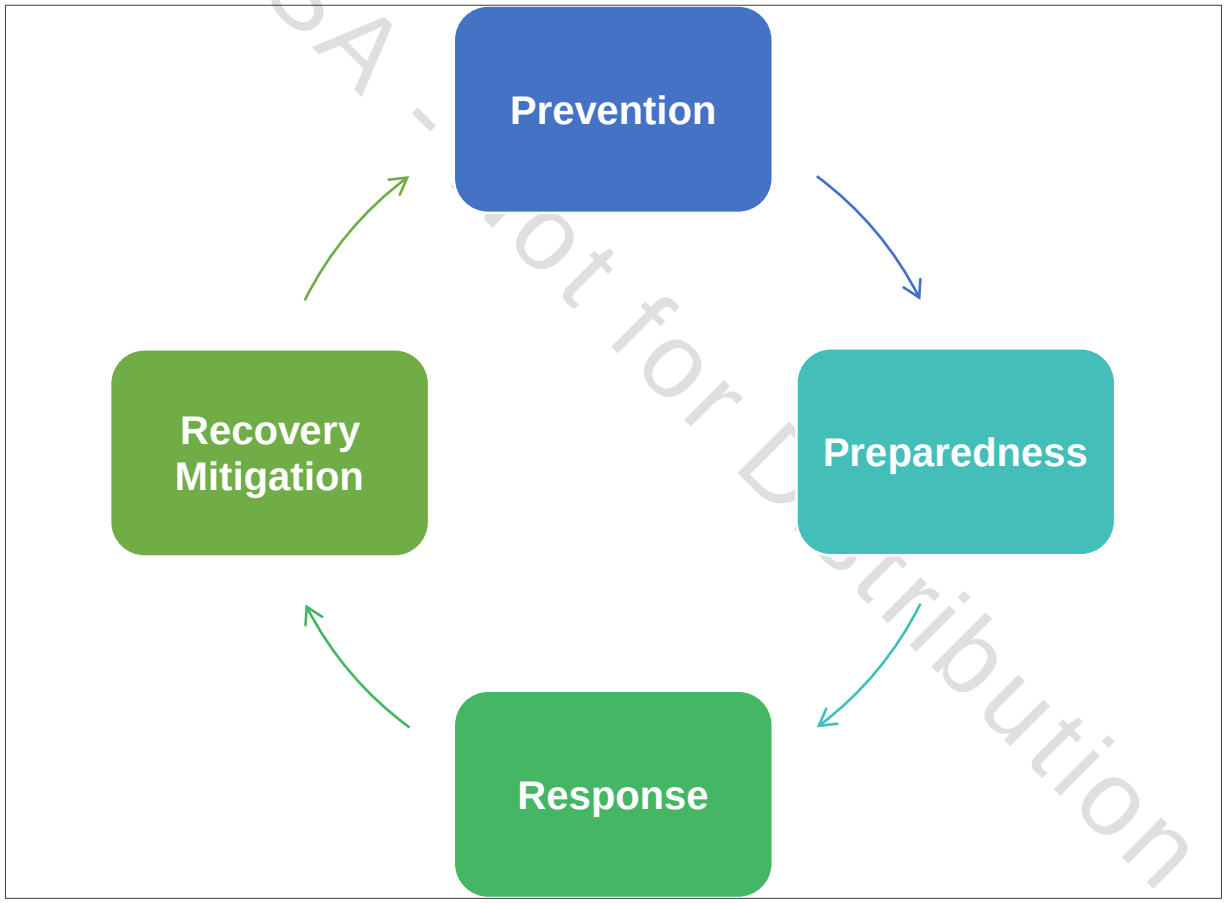


Figure 19: Emergency Management Cycle

Emergency Response Plan

Emergency plans are procedures for dealing with such sudden unexpected situations as fires, explosions, major releases of hazardous materials, violent occurrences or natural hazards. The objective of the plans is to prevent or minimize fatalities, injuries and damage.

The plans should be in writing, readily accessible to all workers, and include specific responsibilities. The extent of the response will vary depending on the nature of the business and the types of emergencies that may exist. For most businesses, an emergency response program would cover the following:

- Fire prevention
- Toxic gas leak or chemical spill
- Violent encounter
- Evacuation
- First aid

Emergency contact numbers for fire, police, ambulance, etc. should be posted and readily available, including specific numbers, not only 911.

It is recommended to prepare a contact list of all workers and their home/cell phone numbers, with permission, to be used in the event of an emergency when this information must be quickly communicated.

The key steps to an emergency response plan include:

- Overview of emergency response
- Establishment of a response team
- Assessment of risk and capability
- Development of plan
- Implementation of plan
- Evaluation of the effectiveness of the plan (continuous improvement)
- Measurement against standards and resources
    - i.e. Emergency Management and Civil Protection Act, Emergency Management Ontario Branch

Possible challenges faced when creating an emergency response plan may include:

- Coordinating/involving all the stakeholders
- Complacency with drills
- Covering all potential hazards (i.e. violence, tornados)
- Limitations due to one person developing the plan rather than a team
- Rapid development
- Lack of or inadequate practice/drills
- Lack of training
- Limitations of available resources
- Poor communication due to inadequate training or “fight-or- flight” adrenaline charged responsiveness)
- Limitations with equipment, physical environment

Critical Injury Definition

Regulation 834/90 of the Occupational Health & Safety Act defines a critical injury as an injury of a serious nature that:

- Places life in jeopardy;
- Produces unconsciousness;
- Results in substantial loss of blood;
- Involves the fracture of a leg or arm but not a finger or toe;
- Involves the amputation of a leg, arm, hand or foot but not a finger or toe;
- Consists of burns to a major part of the body; or
- Causes the loss of sight in an eye.

Explanation of the Critical Injury Regulation 834:

Clause 1(d) stipulates that an injury of a serious nature is a "critical injury" if it involves the fracture of a leg or arm but not a finger or toe. The MOL interprets this provision as including the fracture of a wrist, hand, ankle or foot –i.e. any such fracture would constitute a critical injury if it is of a serious nature. While the fracture of a single finger or single toe does not constitute a critical injury, the MOL takes the position that the fracture of more than one finger or more than one toe does constitute a critical injury if it is an injury of a serious nature.

Clause 1(e) states that an injury of a serious nature is a "critical injury" if it involves the amputation of a leg, arm, hand or foot but not a finger or toe. While the amputation of a single finger or single toe does not constitute a critical injury, the MOL takes the position that the amputation of more than one finger or more than one toe does constitute a critical injury if it is an injury of a serious nature.

A critical injury must be reported under section 51 if there is a connection between the hazard that gave rise to the injury and worker health and safety.

This notice is intended to provide clarity around the application of clauses (d) and (e) of the critical injury definition. The legal definition of a critical injury set out in Reg. 834 has not changed.

[Source: https://www.labour.gov.on.ca/english/hs/critical_injury.php]

Figure 20: Gathering the facts

The Four Steps to an Incident Investigation

1. Scene management
2. Asking the questions – what, how and why it happened
3. Notifying and reporting
4. Continuous Quality Improvement

Step 1 – Scene Management

The investigation should begin only after the injured worker(s) has received medical attention and the accident scene is safe. The scene must be secured to ensure no evidence is removed or disturbed. A management representative, trained in how to conduct an accident investigation, should take charge of the scene and preserve the evidence.

Securing the Scene: OHSA Section 51(2)

According to the Act, s. 51(2): Where a person is killed or is critically injured at a workplace, no person shall, except for the purpose of,

- Saving life or relieving human suffering;
- Maintaining an essential public utility service or a public transportation system; or
- Preventing unnecessary damage to equipment or other property, interfere with, disturb, destroy, alter or carry away any wreckage, article or thing at the scene of or connected with the occurrence until permission to do so has been given by an inspector.

"Person" not Worker

It is important to note that this section in the legislation refers to a "person", this includes anyone in the workplace such as volunteers, customers, or visitors.

Figure 21: Allowing the witness to share their story

Step 2 – Asking the Questions

When investigating, questions need to be asked to find out what happened, how did it happen, why did it happen and how to prevent recurrence. This can be done by:

- Collecting the information (determine who will be involved in conducting the investigation, take photographs, obtain physical evidence, consult organizational policies and procedures, conduct interviews with injured party and any witnesses, pull the facts together in a timeline)
- Analyzing the evidence and determining the root causes (take the systems approach i.e. don't rush to blame the worker; analyze the 5 contributing factors, PEMEP; determine the root cause through asking the Five Whys, or using the fishbone or loss causation model tools); and
- Developing corrective actions/control. Consider the hierarchy of controls (i.e. locations of controls - at the source, along the path, at the worker) and best/leading practices.

Real Life Story – A Fatal Fall through an Open Hole

A visitor (who was not an employee) came to a storage unit to examine a truck. The rear wheels of the truck came close to an unguarded opening in the floor and the box of the truck partially extended over the opening.

As they bent down to examine the rear wheels, the visitor fell into the hole, 6 feet to the floor. The visitor died as a result of their critical injuries.

The storage facility was fined as an employer for failing to take every precaution reasonable in the circumstance for the protection of the worker – by not ensuring that a hole in a floor of a storage unit was protected by a guardrail or floor covering.

Step 3 – Notifying and Reporting

The employer must immediately notify the MOL, the JHSC, and the union, if any, of a critical injury or death in the workplace.

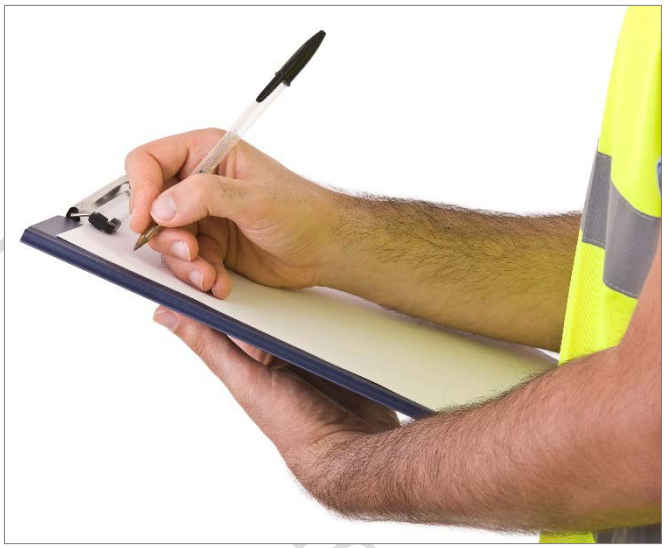


Figure 22: Writing an investigation report. Sample form found in Appendix B

If the incident is a critical injury/fatality or an incident that causes a disabling injury or occupational illness there are internal and external reporting requirements from Part VII of the OHSA. Within 48 hours of a critical injury/fatality, the employer is to provide a written report to the MOL with the necessary information and particulars as the Regulations prescribe. Refer to section 5 of Industrial Establishments Regulation or sections 5-7 of the Health Care and Residential Facilities Regulation.

An internal investigation report should include information related to the timeline of events, immediate and root causes, corrective actions/controls, accountabilities and timelines for completion.

Findings should be distributed to senior management/leadership, where applicable, to prevent recurrence in the entire organization.

MOL and the Police

The MOL will respond to an employer or police call to the scene. The MOL will investigate a fatality/critical injury in the workplace to determine if charges will be laid under the Occupational Health and Safety Act.

The police will respond to a 911 phone call. The Police will investigate to determine if charges will be laid under the Criminal Code (i.e. charges of criminal negligence). If they determine that charges will not be laid, their investigation will end, and only the MOL will continue.

Notice of Death and Critical Injury

According to the Act, section 51(1): "Where a person is killed or critically injured from any cause at a workplace, the constructor, if any, and the employer shall notify an inspector, and the committee, health and safety representative and trade union, if any, immediately of the occurrence by telephone, telegram or other direct means."

Notice of Accident, Fire, Explosion Causing a Disabling Injury

According to the Act, section 52(1): "Where an accident, explosion, fire or incident of workplace violence causes injury to a person at a workplace whereby the person is disabled from performing his or her usual work or requires medical attention, and such occurrence does not cause death or critical injury to any person the employer shall give notice in writing."

Health Care Section 21 Committee, Guidance Note for Workplace Parties #6: Occupational Injury and Illness Notification/Reporting Requirements

This Guidance Note has been prepared to assist the workplace parties in understanding reporting requirements for workplace fatalities, critical injuries, non-critical injuries (including workplace violence) occupational disease or illness under the Occupational Health and Safety Act (OHSA) and the regulations. It is not intended to replace the OHSA or the regulations and reference should always be made to the official version of the legislation.

Incident Reporting and Notification Requirements in Ontario

Critical Injury or Fatality

Legal Reference:	Requirement:	Reporting Requirement:
Critical Injury – Defined ▪ Regulation 834 Preservation of a Wreckage ▪ Occupational Health and Safety Act, s. 51(2) Notice of Death or Injury (to MOL and JHSC) ▪ Occupational Health and Safety Act, s. 51(1) Committee Right (investigate, inspect, report) ▪ Occupational Health and Safety Act, s. 9(31) Report Details ▪ Industrial Establishments Regulation, s. 5-6 ▪ Health Care & Residential Facilities Regulation, s. 5-7	Secure site and preserve wreckage. Immediate notification to MOL inspector, JHSC, and trade union if any. JHSC may designate worker member(s) to inspect and shall report findings to MOL and JHSC.	Written report containing information as prescribed within 48 hours to MOL. JHSC findings report to MOL. *Note: WSIB Form 7 reporting requirements.*

Disabling Injury or Medical Attention

Legal Reference:	Requirement:	Reporting Requirement:
Notice of Accident, Explosion, Fire or Incident of Workplace Violence Causing Injury ▪ Occupational Health and Safety Act, s. 52(1) Report Details ▪ Industrial Establishments Regulation, s. 5-6		Written report within 4 days to the JHSC/HSR or trade union, if any. Provide written report to Ministry of Labour if the inspector requires notification. *Note: WSIB Form 7 reporting requirements.*

Occupational Illness

Legal Reference:	Requirement:	Reporting Requirement:
Notice of Occupational Illness ▪ Occupational Health and Safety Act, s. 52(2) and 52(3)		Written report within 4 days of being advised of an occupational illness or that a claim in respect of an occupational illness has been filed with the WSIB, to the MOL, JHSC/HSR and trade union, if any.

First Aid

Legal Reference:	Requirement:	Reporting Requirement:
▪ First Aid Regulation, s. 5		Employer to keep a record of all circumstances respecting an incident

A Real Life Story – Poor Health and Safety Fitness

A fitness club in a busy mall faced heavy fines from the MOL after a supervisor was found guilty of obstructing an inspector from conducting an investigation. The club had received several stop work orders over a short period resulting in investigation. The supervisor refused to answer any of the investigator's questions and even contacted mall security to have the MOL inspector removed. This is a violation of section 62(1). The supervisor was fined $25,000 while the club received a fine double that amount.

Workplace Safety and Insurance Board Form 7

Notice of workplace accident requirements also exist under the Workplace Safety and Insurance Act. The employer must submit a Form 7 within 3 days* to the WSIB if the following conditions exist for the worker:

- Absent from regular work (lost time)
- Earning less than a regular day's pay
- Requiring health care treatment

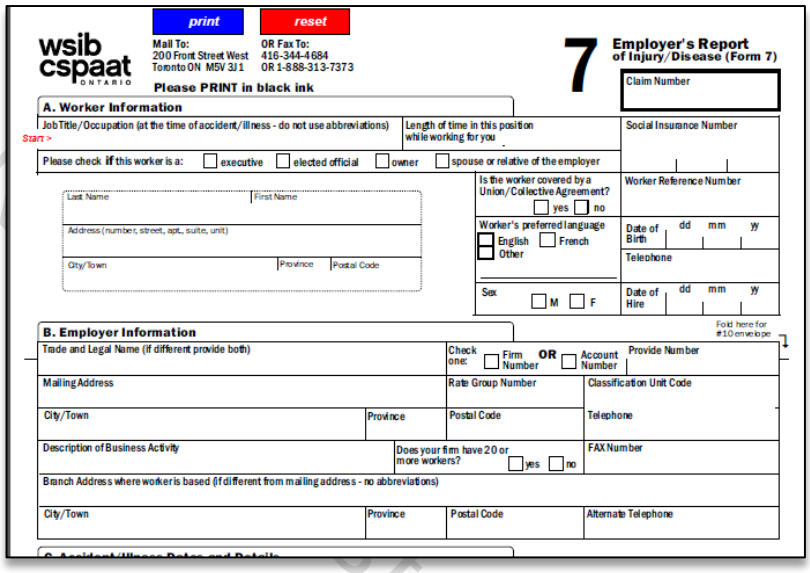

print
reset
wsib cspaat ONTARIO
Mail To: 200 Front Street West Toronto ON M5V 3J1
OR Fax To: 416-344-4684 OR 1-888-313-7373
Please PRINT in black ink
7 Employer's Report of Injury/Disease (Form 7)
Claim Number
A. Worker Information
Job Title/Occupation (at the time of accident/illness - do not use abbreviations)
Length of time in this position while working for you
Social Insurance Number
Start >
Please check if this worker is a: executive elected official owner spouse or relative of the employer
Last Name First Name
Address (number, street, apt., suite, unit)
City/Town Province Postal Code
Is the worker covered by a Union/Collective Agreement? yes no
Worker Reference Number
Worker's preferred language English French Other
Date of Birth dd mm yy
Telephone
Sex M F
Date of Hire dd mm yy
B. Employer Information
Fold here for #10 envelope
Trade and Legal Name (if different provide both)
Check one: Firm Number OR Account Number
Provide Number
Mailing Address
Rate Group Number
Classification Unit Code
City/Town
Province
Postal Code
Telephone
Description of Business Activity
Does your firm have 20 or more workers? yes no
FAX Number
Branch Address where worker is based (if different from mailing address - no abbreviations)
City/Town
Province
Postal Code
Alternate Telephone

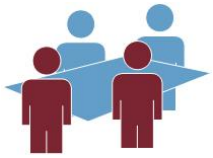
Figure 23: WSIB Form 7

Notification can be extended up to 7 days for reporting under certain conditions (e.g. modified work at regular pay while recovering as long as the worker does not need more than first aid). After several calendar days of modified work at regular pay, the employer must submit a Form 7. [WSIA section 21(1)].

Step 4 – Continuous Quality Improvement

A process needs to be developed and applied that ensures the controls implemented are effective. Consider the following questions to evaluate the controls' quality:

- Has the corrective action been implemented and workers notified?
- Has the corrective action eliminated or controlled the hazard?
- Have any new hazards been created?
- Have orientation, training and the health and safety system in the workplace been modified as a result of the change?
- Are there further measures to consider?



Group Exercise: Case Study Activity
Critical Injury Analysis

In groups, review the sector specific case study. Work together to answer the questions that follow the case studies below.

Education Sector – Critical Injury Case Study 1

Tom is a high school shop teacher. As a special project for his students he decided to teach them how to make a barbecue out of a large metal barrel. Tom purchased a number of used barrels and brought them to the school for the students to use. This project was not part of the approved school curriculum. The barrels were cleaned earlier in the week with engine cleaner before any work was to be done on them. The lids were left off the barrels for them to dry out, but someone put the lids back on before they were completely dry. While the teacher was outside working with other students on a car project two students inside the shop began to cut one of the barrels. Sparks from the cutting operation ignited the chemical vapours still inside the barrel and the barrel lid was blown off, striking one of the students in the head. The student was knocked unconscious, taken to hospital and later died of his injuries.

Education Sector – Critical Injury Case Study 2

Gerry is a high school maintenance worker. His work order for the day requested that he repair a roll-up door in the automotive shop that had come off its track. Gerry was working from on a ladder trying to repair the door mechanism while another worker was assisting by opening and closing the door at the control panel. Gerry's arm became entangled in the rolling mechanism as the door was rolling up. He was able to extricate his entangled arm from the mechanism, however his arm was broken.

Note: in this case the defendant pleaded guilty to failing to ensure section 76 requirements were followed re: locking out equipment that could endanger a worker. The fine was $50,000

Emergency Services Sector – Police – Critical Injury Case Study 1

An officer attempts a vehicle stop for a traffic violation. Rather than stop for the police officer, the vehicle accelerates in an effort to escape. The officer pursues and before a supervisor can advise the officer to discontinue, both vehicles become involved in a catastrophe as they collide with a city bus full of commuters which pulled out from a side road on a corner with limited visibility. The officer, the driver of the pursued vehicle and several passengers on the bus receive serious injuries and one of the bus passengers later dies in hospital.

Emergency Services Sector – Police – Critical Injury Case Study 2

A patrol officer was dispatched to a local rest stop on the highway for a suspicious vehicle call. On arrival at the scene, there was a vehicle at the far corner of the rest stop where no other vehicles were parked. As the officers drove toward the vehicle a security guard approached the police car and said, "I was on routine patrol and I noticed this car by itself way over here. As I approached, a pungent, rotten egg smell hit me, and that's when I noticed a person slumped over. I backed away and called 911".

As the officer was examining the scene, she noticed pieces of paper taped to various windows of the car, but the windows were covered with significant condensation and no writing could be seen on the paper. The officer observed what appeared to be a person slumped over the steering wheel and detected that all the vehicle doors were locked. The officer, fearing for the well-being of the occupant, smashed the driver's side window to unlock the door. Once the window was breached, a large cloud of pungent smelling gas escaped and

overwhelmed the officer causing her to become unconscious. The security guard had called 911 again, this time asking for EMS and rescue personnel. The officer had to be removed from the scene and remained in a coma as a result of Hydrogen Sulfide poisoning from the chemical suicide of the person in the vehicle in the parking lot.

Government Sector – Critical Injury Case Study 1

A facilities maintenance worker was working on a sprinkler system from a ladder that was on a platform roughly 5 metres (16 feet) high. A supervisor was holding the ladder while the worker was on it. The blast of water that shot out of the sprinkler caused the maintenance worker to lose his balance. He then fell to the concrete floor, suffering fatal injuries.

Government Sector – Critical Injury Case Study 2

Figure 24: Photos used in the investigation

A 20 year-old newly hired municipal worker was being orientated to his job and was assisting in unloading garbage at a county landfill. The truck operator and the new worker had just finished unloading the garbage truck, had lowered the tailgate to the 3/4 closed position to clean the tailgate latching screws. It was cloudy out, the landfill was busy with public vehicles and other activity. The victim was wearing jeans and a dark shirt. Before the tailgate was fully lowered, the operator alerted the worker, by saying "stand clear" and the worker responded accordingly. The tailgate was then lowered by the operator using controls that were located on the driver's side of the truck. He was out of sight from the worker who was standing on the opposite side of the truck. When the operator walked to the passenger side for a final check, he found the worker lying on the ground unresponsive. The worker had been crushed between the frame of the truck and the tailgate as it was closing. The operator called 911 for assistance. EMS arrived at the scene within minutes.

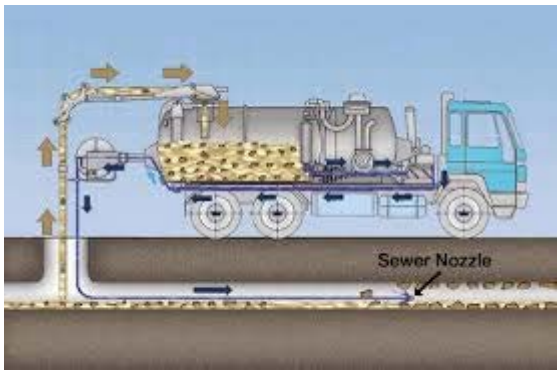
The MOL was notified, responded, and the coroner pronounced the man dead at the scene. The truck was found to be in normal operating order. A discarded fishing pole was found inside the garbage compartment of the truck and it was assumed the worker went to grab it last minute resulting in becoming crushed.

Government Sector – Critical Injury Case Study 3

A worker was part of a crew of municipal employees sent to a site located to correct a sewer backup. The crew determined that the sewer/access cover had a blocked lateral pipe and attempted to clear the blockage using a Vactor truck equipped with a rodding system, a process where a vacuum hose sucks waste materials out of the sewer/pipes and into a storage tank and a pressure hose loosens the blockage to facilitate suction.

The crew could only empty approximately six feet of waste and the workers could not actually see the pipe or blockage. The crew then attempted to use the pressure hose to loosen the blockage in the pipe. The pressure hose was attached to a rodder nozzle and lowered into the sewer/access cover towards the unseen lateral pipe; the pressure hose was not equipped with a guide fin. The pressure hose was activated with the rodder nozzle outside the blocked lateral pipe, at which point the hose and nozzle unexpectedly returned, deflected off a crew member and struck the worker. The struck worker received multiple deep puncture wounds to the abdomen and suffered some blood loss.

An ambulance was called and the worker transported to hospital. Upon arrival the worker was diagnosed with an infection stemming from the incident. The supervisor had heard from family that the worker was hospitalized in the intensive care unit and being prescribed antibiotic treatment.



Healthcare Sector – Critical Injury Case Study 1
Hospital

Katie, a nurse, works in a large hospital. During her shift, Katie is required to administer medication to one of her patients. Katie administers the medication but while leaving the patient's bedside her foot gets entangled in a cable that is part of the call bell system on the patient's bed. This had been something the Joint Health and Safety Committee noted as a hazard on their previous workplace inspection reports. Katie falls and fractures her arm.

NB: in this case, the hospital pleaded guilty for failing to protect the health or safety of the worker, under section 25(2)(a) – an employer shall provide information, instruction and supervision to a worker to protect the health or safety of the worker. The fine was $50,000

Healthcare Sector – Critical Injury Case Study 2
Long Term Care

Margaret is a nurse and was in charge working the night shift at a long-term care home.

Margaret was very busy and did not notice the housekeeper, Molly, washing the floor in the medication room. Margaret ran into the medication room as she was late for the 10pm medication rounds and slipped and fell on the wet floor. Margaret banged her head on the corner of the counter and was unconscious. Molly rushed into the medication room to help Margaret.

Healthcare Sector – Critical Injury Case Study 3
Community Care

Natasha works in the community, assisting clients with light housekeeping and personal care. It is a snowy day and Natasha is upset when she arrives at Mrs. Smith's home to find that the walkway and steps have not been shoveled. Natasha carefully walks up the steps, thankful that she wore her boots this morning, because in places on the walkway she can feel ice under the snow. Natasha completes a number of her tasks and then notices that the garbage under the sink is full and needs to be changed. She gathers up the bag and heads to the small deck just outside the side door in her indoor shoes. While returning from the back of the deck, she slips and lands hard on her side. She feels pain in her wrist and thinks it is broken.

Critical Injury Analysis Questions

What are the immediate steps that need to be taken?

_____

_____

_____

What information would the MOL ask the supervisor or employer for?

_____

_____

_____

As part of your investigation, what factors contributed to the root cause?

_____

_____

_____

As a competent supervisor, how would you determine if there was a breakdown in the IRS?

_____

_____

_____

Recommend ways to eliminate the potential for such an incident from occurring again.

_____

_____

Occupational Health and Safety Program

OHS Program

Health and safety impacts workplaces, employers, workers and the community in many ways. Developing an effective occupational health and safety program, or OHS program, sets out policies and rules for how to work safely and stay healthy while at work. It ensures the workplace meets legal requirements and includes best practices to keep workers safe. It is an expression of the IRS.

An effective health and safety program should include:

- Clearly defined roles and responsibilities, at the individual level, for health and safety
- Joint Health and Safety Committee requirements
- Health and safety rules
- Hazard assessments
- Safe work procedures, or practices
- Employee orientation
- Training on how to do the job, use equipment, work safely, workplace hazards
- Regular workplace inspections requirements
- Reporting and investigation of accidents and incidents or "near-misses"
- Emergency procedures
- Medical and first aid procedures
- Promotion and recognition of health and safety practices
- Records and stats on leading and lagging indicators
- Annual evaluation of program to ensure performance

An effective OHS program ensures those in the workplace know of and understand their responsibilities following safe work procedures. Additionally, workers will be trained in how to protect their own health and safety as well as others at or near the workplace. Having workers care about their duties demonstrates that the employer is serious about preventing injury and illness in the workplace.

An OHS program should be reviewed periodically to make sure it remains effective and suitable for the organization. Some audit tools used to review the OHS programs include *CSA Z1000* and *the Workwell Core Health and Safety Audits*.

OHS Program Components

Figure 26: Diagram of Health and Safety Program

Safety Management includes:

- Policies and Procedures
- Safe Work Plans
- Emergency Plan
- Medical and First Aid Procedures
- Recognition Program
- JHSC

Risk Assessment provides the capability to:

- Collect information
- Analyze risk
- Implement controls
- Evaluate to understand hazards and risks in the workplace

Inspection and Reporting consists of:

- Inspections
- Checklists
- Reporting hazards
- Maintenance and repairs of equipment

Incident Investigation is the procedure for conducting investigations

Internal and External Auditing audits the health and safety program to assess management of risk and to provide continuous improvement or corrective action recommendations

Training and Education provides:

- Establishment and implementation of training for workers on how to work in a healthy and safe way
- Management training on how to supervise workers, to be competent managers

Figure 27: Open communication between manager and workers

Does This Resemble Your Workplace?

Are there elements of the OHS program in your organization? Make a wish list of components that would contribute to health and safety at your work:

Safety Excellence

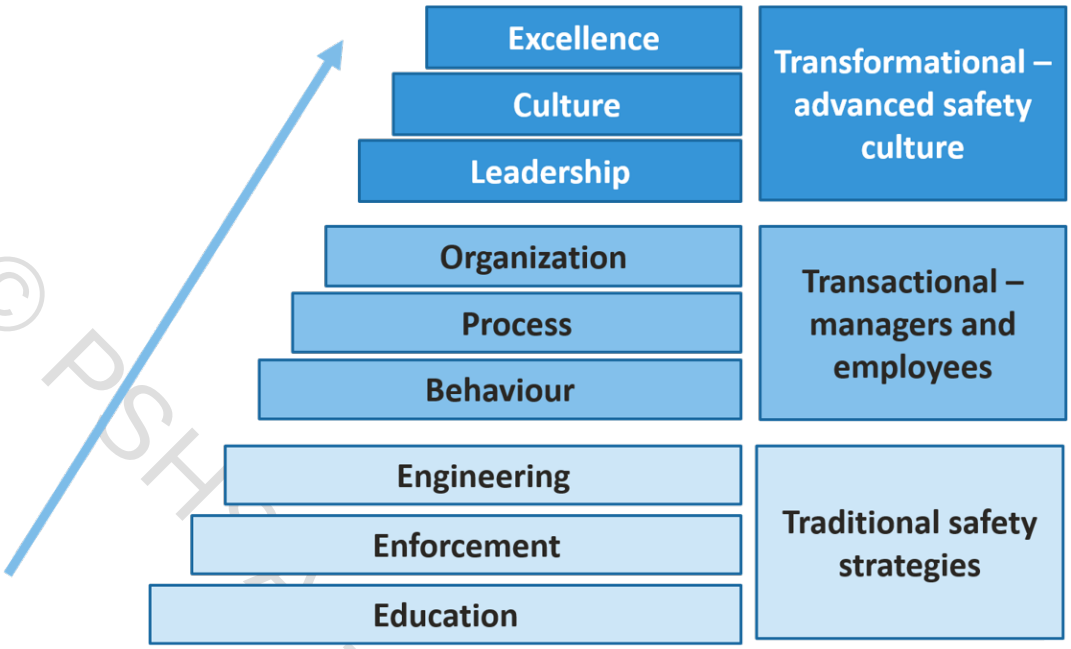


Figure 28: Safety Excellence Continuum

Leader in Health and Safety

Being an effective leader will prove to have a substantial and positive impact on the workplace and the well-being of your workers. Your contribution to health and safety as a leader and a role model will help to establish, encourage and maintain health and safety of your workforce.

Think about your workplace and visualize where it would be on the safety excellence continuum above.

To reach safety excellence, increase the *value of safety* by:

- Demonstrating leadership
- Aligning the organization
- Communicating expectation
- Motivating desired behaviour
- Measuring performance
- Rewarding positive safety results

Being More than Compliant, Being World Class

As with the safety excellence continuum, there are levels for a supervisor to aspire to – going from being a compliant supervisor, to an effective supervisor to a transformational, transactional leader and health and safety role model. This requires a supervisor to go beyond essential leadership practices and to promote health and safety culture.

Think about where you would fit on the safety excellence continuum. You can strive for safety excellence when there is overall workplace wellness, safety gets integrated into core business functions and is based on values set by effective leaders. Other ways to drive organizational change towards health and safety is to follow leading indicators.

Leadership

Health and safety is not an option. It is fundamental to the work one does every day and everyone at work is accountable. Supervisors have a responsibility to be good leaders to their workers and the workplace, driving the commitment and involvement from the workers to act and think safely in the workplace.

Traditional Leadership Style

As a traditional leader, you will strive to reach organizational goals and successfully introduce change in an organization by:

- Raising awareness of health and safety issues
- Building an environment of trust and mutual respect
- Leading the change process
- Promoting effective team building
- Establishing a learning culture

An effective leader is both transactional and transformational, switching between leadership styles depending on the situation and the desired results. There are advantages and disadvantages to both.

Transactional Leadership Style

A transactional leader is often regarded as being focused on the process rather than the results. They are found to be structured, honest and fair and base leadership on established standards, reinforcement and reward.

Supervisors who are transactional leaders tend to be resistant to change. The transactional leader requires proof to make changes. [1]

There are limitations to this type of leader's ability to anticipate and effectively intervene when problems arise. Examples of typical transactional activities include:

- Developing health and safety policies and procedures
- Measuring performance
- Empowering workers to choose the safe path
- Aligning the organization
- Rewarding positive safety results

Transformational Leadership Style

A transformational leader is often referred to as an "agent of change" and can anyone in the organization – it is not limited to those with a title. As a transformational leader, you are known for being:

- Innovative
- Motivating and encouraging to creativity
- Open to new ideas and to change
- Team oriented
- Collaborative, consultative, and consensus seeking
- Driven by high standards

This type of leader is sometimes seen as one that believes the end is more important than the means. Examples of typical transformational activities include:

- Encouraging creative solutions
- Promoting team work
- Communicating expectations
- Demonstrating leadership

In general, management receives training and is quite comfortable in the transactional components. Anyone in the organization can be a transformational leader. Senior management should look for these natural leaders and work with them to achieve desired results, to move beyond compliance, to achieve safety excellence.

[1] Identifying current managers with transformational leadership qualities (*The Applicability of Bass's Model of Transformational, Transactional and Laissez-Faire Leadership in the Hospital Administrative Environment*; Spinelli 2006)

Senior level management can assist managers to adopt transformational leadership styles by:

- Modifying policies to foster a transformational leadership style
- Providing training in transformational leadership style
- Considering transformational leadership qualities when recruiting managers

Today's dynamic workplace needs leaders that challenge, inspire and empower others while contributing to a smoothly functioning workplace – "a dual role of supervisor responsibilities and functional task responsibilities" (Keeping the Right People; hrcouncil.ca)

There are many ways to accelerate organizational change and to motivate workers to stay safe. By acknowledging good work, you will have helped to foster and reinforce safe behaviour. Everyone wants recognition for doing a good job, and part of a good job is following the expectations of your OHS program.

Leadership vs. Management

There are differences between being a manager vs. a leader. For example, a manager is focused more on individuals and tasks. They direct the work, set expectations, evaluate performance, coach and help develop workers. While a leader is focused on purpose, culture and change and inspires, motivates workers and is able to explain why work is important.

Figure 29: Supervisors Moving Beyond Compliance to Being World Class Leaders in Health and Safety

Here is a chart with some other examples of the differences between leadership and management.

Category	Leadership	Management
Thinking Process	▪ Focus on people ▪ Looks outward	▪ Focus on things ▪ Looks inward
Goal Setting	▪ Articulates a vision ▪ Creates the future ▪ Sees the forest	▪ Executes plan ▪ Improves the present ▪ Sees the trees
Employee Relations	▪ Empowers ▪ Colleagues ▪ Trusts and develops	▪ Controls ▪ Subordinates ▪ Directs and coordinates
Operations	▪ Creates change ▪ Does the right thing	▪ Manages change ▪ Does things right
Governance	▪ Uses influence ▪ Uses conflict ▪ Acts decisively	▪ Uses authority ▪ Avoids conflict ▪ Acts responsibly

Fred C. Lunenberg 2011 – Leadership vs. Management: A Key Distinction – At Least in Theory;

A Leading Role in Health and Safety

Being a supervisor means that your workers look up to you to see how they should behave on the job. Not only are you communicating to them how to work in a healthy and safe manner but you are demonstrating it to them by the actions you take.

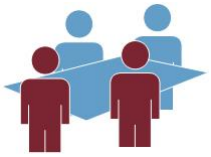
It is about how you work every day. As supervisor you get what you give; meaning you must show that you care about the workers and the job if you want the workers to care about their work. If you want your workers to be honest and sensible than you have to treat them with honesty.

It is important to be a role model and leader of health and safety in the workplace. Your behaviour, example or success is or can be modelled by others around you. By demonstrating good safety leadership, to protect workers, mitigate risk you will enhance the workplace culture.

Figure 30: Good safety culture exists when everyone shares in the responsibility for health and safety

Safety culture is a good indicator that there is good health and safety leadership as everyone in the workplace is participating, are empowered, responsible and committed to working together safely.

An effective leader is both transactional and transformational, switching between leadership styles depending on the situation and the desired results. There are advantages and disadvantages to both styles



Group Exercise
Being a Health and Safety Leader

Think about someone you have worked with who you would consider to be a good health and safety model. Write some of the good qualities or stand out characteristics that come to mind. Include the key actions that the person took and ways that they helped others in the workplace. Put this in the GOOD column. Then think of a person you may have worked with who had poor qualities or traits and unsafe behavior. Put examples in the POOR column.

GOOD Health and Safety	POOR Health and Safety
Ensure tools and training necessary to work in a health and safe way were provided and used	Provided equipment without any instruction, training or procedures to follow

Reflect on your workplace and your performance as a supervisor. Think about ways to improve the health and safety in the workplace by being a role model and a leader

What steps can you take back in your workplace to go beyond compliance to become a leader in health and safety?

_____

_____

_____

Leading Indicators Assessment and Benchmarks

It is important to measure health and safety performance in the workplace. The most commonly used health and safety metric is injuries and illnesses. These rates identify risks after the fact and are lagging indicators. Lagging indicators include incident reports, LTIs claims, damaged property and absenteeism. Whereas lagging indicators are used to identify risks before the incident occurs. Leading indicators measure good health and safety (i.e. health and safety training, audits, worker feedback and surveys, OHS meetings)

Figure 31: Assessing workplace safety culture

Ontario's health and safety associations (HSAs) had worked with researchers from the Institute for Work and Health (IWH) to develop leading indicators of occupational health and safety (OHS) performance. This is known as OLIP or Organizational Leading Indicators Project. Its aim is to identify organizational and management measures that can be used by workplaces and system partners to improve health and safety performance before injuries and illnesses occur.

OLIP has resulted in two tools that are available to workplace to assess their health and safety program and understand how their health and safety program benchmarks against other organizations in their same industry sector. The leading indicators framework covers:

- Safety culture
- Safety climate
- JHSC
- Organizational policies/procedures
- Occupational Health and Safety Management Systems
- OPM Benchmarking

OLIP enables organizations to pinpoint health and safety areas in which they are performing well or needing to improve on – from training to engagement to policies/procedures.

CAN/CSA-Z1000-14 – Occupational Health and Safety Management

CSA Standard Z1000 provides a tool to help organizations improve their occupational health and safety performance

Provides motivation for Canadian organizations to implement an OHS management system that meets the requirements of a recognized standard

It calls for periodic review of the OHS system to determine how effective, appropriate the program is and how it can be improved

Information assessed includes:

- Audits
- Input from workers, worker representatives and the JHSC
- Incident reports
- Evaluation of corrective and preventative measures

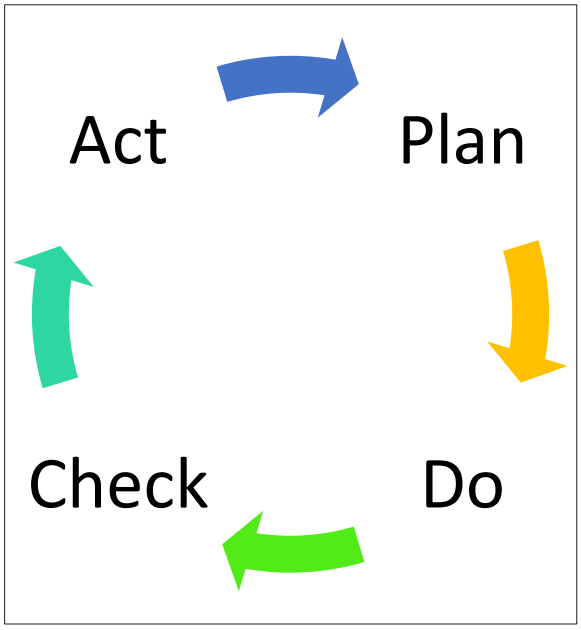


Figure 32: Plan-Do-Check-Act; a Systematic Approach

Health and Safety Culture in the Workplace

A health and safety culture requires all workplace parties to pay constant, appropriate attention to workplace health and safety.

It has been described by the United Kingdom Health and Safety Commission as the product of individual and group values, attitudes and beliefs, competencies and patterns of behaviour that determine the commitment to, and the style and proficiency of, an organization's health and safety.

Safety culture is a good indicator that there is good health and safety leadership as everyone in the workplace is participating, are empowered, responsible and committed to working together safely.

How do you go from traditional safety strategies (i.e. training, compliance, and technical controls) to safety excellence where safety is the norm and decisions are made based on safety value? As a supervisor, you need to listen to your workers, encourage them to report hazards and concerns (e.g. report a MSD before it gets to a serious Stage/Level 3) and empower your workforce. It is the people in the workplace who are responsible for culture.

Figure 33: Three examples of different workplaces – from top to bottom; Engineer directing team, EMS driver with partner, school teacher in the classroom

"A healthy IRS, he added, is 90 per cent of what people call a 'safety culture'."

Professor Peter Strahlendorf; Ryerson University's School of Occupational and Public Health

Safety Climate

It provides a way to measure what workers think about safety culture in their company at a given point in time. Safety climate refers to workers' shared perceptions of their organization's and their leaders' approach to safety. It provides a focus point to make changes to improve safety. [*Institute for Work and Health definition; https://www.iwh.on.ca/at-work/49/safety-climate*]

Culture vs. Climate

Safety compliance is driven by the JHSC/HSR while safety culture is driven by the people, by the leadership. Effective leaders will take safety in the organization beyond basic compliance. Review the chart below to learn more about culture and climate. Think about some of the ways to measure safety climate.

Safety Culture	Safety Climate
Reflects employee values, attitudes, & behaviours with respect to workplace safety	Provides a way to evaluate what workers think about the safety culture of their organization at any point in time
Hard to measure and difficult to change	Determined by employee surveys; acts like a barometer for safety
	Related to safety performance and can influence injury prevention if organizations measure safety climate and take steps to improve it

Group Exercise
Design an OHS Program

In your table groups, think of the elements or components that will help to make an effective OHS program. Write the components in the spaces below, or on the following page.

Defining Best, Leading and Emerging Practices

A best practice is defined as a procedure that has been shown by research and experience to produce optimal results and that is established or proposed as a standard suitable for widespread adoption (Merriam-Webster, 2015). A best practice has gone through a rigorous peer review and evaluation process, is replicable and produces desired results and clearly links positive outcomes to the procedure being evaluated.

A leading or promising practice is a procedure or process that the market is applying as a standard, it may not yet be validated by research. It is a "practice that presents, based upon preliminary information, potential for becoming a research-based or consensus-based practice." (University of Washington, Evidence Based Practice Institute). In some cases it has been accepted as a practice, or standard, that appears to provide a competitive edge or appears effective. It is actively being evaluated and has started to show strong evidence to be considered a best practice.

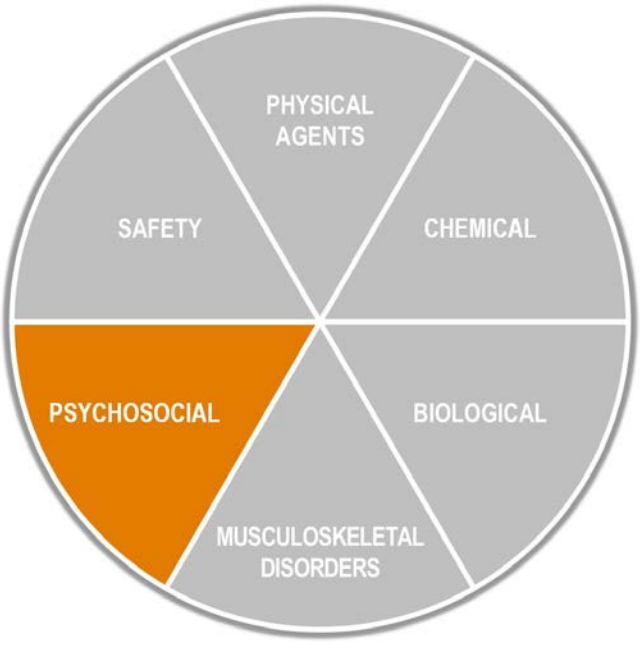
An emerging practice incorporates characteristics of other effective procedures and is based on guidelines and protocols or standards that, according to anecdotal evidence and professional wisdom lead to effective outcomes. The practice is not based on research or theory and it usually is still being reviewed to see how it works, or doesn't work in different situations. Often there is an associated process of gathering feedback and evaluation of program measures.

The following sections highlight both hazards and new practices such as:

- Psychosocial Hazards - Psychological Health and Safety (mental health)
- Safety Hazards – Fatigue in the Workplace
- Biological Agents – Ebola Virus Disease (EVD)

Psychological Health and Safety

Psychological health is a state of well-being in which you realize your abilities, can cope with the normal stresses of life, work productively and fruitfully, and are able to make a contribution to your community.



A psychologically safe workplace allows no significant harm to employee mental health in negligent, reckless or intentional ways. (Mental Health Commission of Canada) Improving the psychological safety of a work setting involves taking precautions to avoid injury or danger to worker psychological health (mental injury).

Mental health issues, including occupational stress injuries and depression, are a growing concern among Ontario workers. In high stress professions such as fire, police and emergency medical services, psychological health can be as much at risk as physical health. For Ontario's emergency service workers, awareness and prevention of mental health issues has become a priority.

Psychological hazards include those non-physical hazards that can influence your health. Some examples of typical forms of mental injury include depression, anxiety, burnout, post-traumatic stress disorder (PTSD), and compassion fatigue. Conduct that can lead to mental injury include family stresses, violence, work/life balance, bullying, harassment and discrimination.

These might be called work organizational factors or workplace stressors. There is evidence to show that many of these hazards create:

- Two to three times greater risk of injuries
- Workplace conflict and violence
- Back pain
- Mental health problems – specifically depression and anxiety disorders

A psychologically healthy workplace is a workplace that promotes workers' psychological well-being and actively works to prevent harm to worker psychological health including in negligent, reckless, or intentional ways.

Hazard – Mental Health, PTSD

According to the Mental Health Commission of Canada's report *Making the Case for Investing in Mental Health*, mental health challenges impact 6.7 million people in Canada and costs at least $50 billion per year. It is estimated that 21.4% of the working population in Canada experiences a mental health problem which can impact their productivity. Mental health problems and illnesses account for approximately 30% of short and long term disability claims and is rated as one of the top three reasons someone is away from work in 80% of Canadian workplaces.

The First Responder community is continually challenged with Traumatic Mental Stress, particularly PTSD. In 2014, 27 First responders died by suicide, in 2015 40 first responders have committed suicide and as of July 2016 another 30 first responders have committed suicide. (www.tema.ca)

Areas of great concern with regards to psychological health and safety within the Public Services sector are:

Post-Traumatic Stress Disorder (PSTD) - Poor mental health as a result of exposure to a traumatic event. For example, you experience or observe an emotionally disturbing or distressing incident.

Compassion Fatigue - A gradual lessening of compassion over time as a result of the frequency of exposure to individuals in need. For example, you become less sensitive to respond to the needs of people in distress.

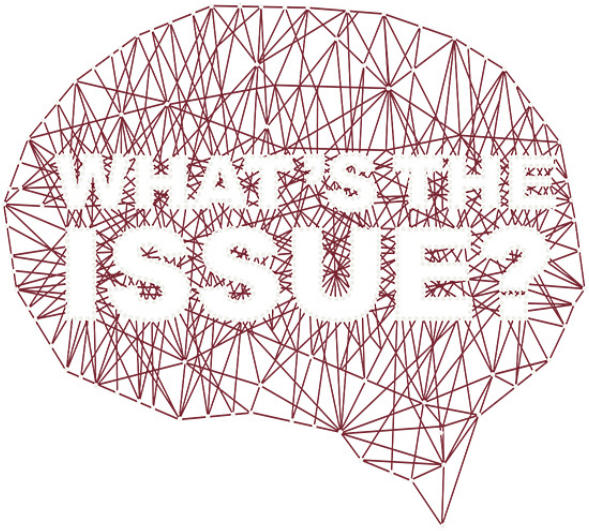
Conduct that may lead to mental injury if sustained over time includes:

- Expecting too much
- Refusing to acknowledge contributions
- Demonstrating bias in distribution of work or rewards
- Chronic failure to provide timely and relevant information
- Not allowing sufficient participation in decisions
- Not providing psychological support or material resources to get the job done
- Not paying attention to legitimate interests of workers
- Failing to identify and correct abusive situations
- Failing to accommodate the needs of mentally ill employees

Recognizing Psychological Hazards

Psychological hazards can cause injury/illness to anyone that visits or works in the workplace or in the community. The cause of a psychological hazard can be described as multi-factorial, meaning various risk factors contribute to a psychological hazards. It is important that workplace parties understand the types of psychological hazards related to workplace. Some examples of recognizing psychological hazards in the workplace are:

- High Turnover
- Litigation
- Employee Satisfaction
- Employee Commitment
- Employee Behaviour
- Health Insurance Claims
- Absenteeism
- Presentism
- Short & Long Term Disability
- Depression
- Accident



Mental Health Web Resources

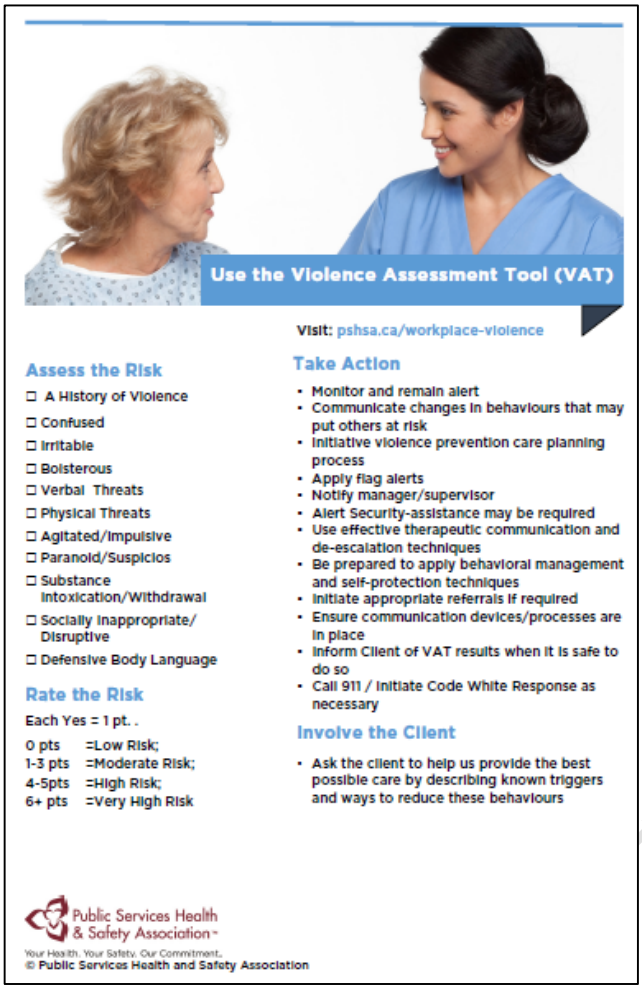
PSHSA has a dedicated website that provides access to important Ministry of Labour information about mental health as well as access to information, assistance and tools that support psychologically safe workplaces.

You can access this information through the following link: https://www.pshsa.ca/mentalhealth/

PTSD Web Resources

PSHSA has a dedicated website that provides access to important information and research about PTSD as well as access to information, assistance and tools that support psychologically safe workplaces.

You can access this information through the following link: https://www.firstrespondersfirst.ca

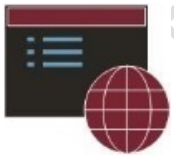


Violence, Aggression and Responsive Behaviour (VARB) in Healthcare Resource

PSHSA is leading a two-year initiative that engages key stakeholders at various levels to address workplace violence.

Specific focus on top five occupations reporting 86% of violence related injuries in healthcare: nurses' aids and orderlies, community and social service workers, registered nurses, registered practical nurses, visiting homemakers, housekeepers, and related occupations. Five priority areas for development of customized toolkits:

1. Organizational Risk Assessment
2. Individual Client Risk Assessment
3. Flagging
4. Security
5. Personal Safety Response System (PSRS)



You can access this information through the following link:

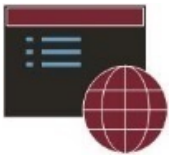
https://www.pshsa.ca/workplace-violence/

Workplace Practice for Addressing Psychological Health and Safety

A national Standard, released in 2013, CSA Z1003, to assist workplaces in identifying and controlling psychological hazards. It is the first of its kind in the world and is available at no cost to workplaces.

The standard is voluntary and includes the following information:

- Provides a framework for addressing mental injury and harm prevention
- Systematic approach to address workplace factors that affect psychological health and safety
- Focuses on workplace practices and processes not individual health issues
- Tailored to the needs & existing resources of each workplace
- Developed by employer/worker/regulator and subject matter stakeholders



Standard Available Online at CSA

You can download a copy of the Psychological Health and Safety in the Workplace – Prevention, promotion and guidance to staged implementation from the CSA at:

http://shop.csa.ca/en/canada/occupational-health-and-safety-management/cancsa-z1003-13bnq-9700-8032013/invt/z10032013#Download

The research shows that the cost of workplace mental health issues can be significant. According to the Mental Health Commission of Canada (MHCC):

- Mental illness is one of the leading causes of disability in the Canadian workplace and costs the economy billions of dollars per year in lost productivity,
- Ontario has passed the Supporting Ontario's First Responders Act, which legally presumes that post-traumatic stress disorder (PTSD) diagnosed in first responders is work-related and allows for faster access to WSIB benefits, resources and timely treatment.

Mental Health Implementation Guide

The Mental Health Commission of Canada worked with CSA to develop an implementation guide for the psychological standard. PSHSA consultants can provide guidance and expertise to implement the standard using this free guide, which can be accessed from the CSA website at:

http://shop.csa.ca/en/canada/occupational-health-and-safety-management/cancsa-z1003-13bnq-9700-8032013/invt/27037012014

Psychological Health and Safety Management System (PHSMS)

Evidence based research shows that there are 13 workplace factors that usually in combination can contribute to either the promotion of or detriment of psychological health and safety of workers. Psychological workplace hazards can influence health and safety of workers (e.g. trauma, chronic stress, emotional abuse, bullying, and harassment). You may not always think of these psychological workplace hazards, as other hazards that need to be assessed and controlled. But, risk mitigation techniques can still apply, specifically such controls as: training, incident reporting, processes, and policy development.

There is an evidence based strategy of which the Psychological Health and Safety Management System (PHSMS) helps organizations to identify hazards that contribute to psychological harm to the worker. Also, PHSMS provides a framework for assessing workplace practices, identifying areas of concern and preventing potential psychological harm arising out of work conditions

The key benefits of using PHSMS are:

- Reduction of undue absence, disability, health costs, productivity loss, conflict (e.g. grievances) and legal liability, and
- Enhanced organizational effectiveness, improved retention, recruitment, engagement, profit and performance.

The 13 Workplace Factors for Psychological Health and Safety

1. Psychological Support is an environment supportive of employees' psychological and mental health concerns, and responds appropriately.
2. Organizational Culture is a work environment characterized by trust, honesty, and fairness.
3. Clear Leadership & Expectations is effective leadership and support that helps employees know what they need to do, how their work contributes to the organization, and whether there are impending changes.
4. Civility & Respect is where interactions are respectful and considerate.
5. Psychological Competencies & Requirements is a good fit between employees' interpersonal and emotional competencies and the requirements of the position.
6. Growth & Development is encouragement and support for the development of employee interpersonal, emotional and job skills.
7. Recognition & Reward includes appropriate acknowledgement and appreciation of employees' efforts in a fair and timely manner.
8. Involvement & Influence is where employees are included in discussions about how their work is done and how important decisions are made.
9. Workload Management is where tasks and responsibilities can be accomplished successfully within the time available.
10. Engagement is where workers feel connected to their work and are motivated to do their job well.
11. Balance is where there is recognition of the need for balance between the demands of work, family and personal life.
12. Psychological Protection is where psychological safety is ensured, workers feel able to ask questions, seek feedback, report mistakes and problems, or propose a new idea without fearing negative consequences.
13. Protection of Physical Safety is where appropriate action to protect the physical safety of employees.

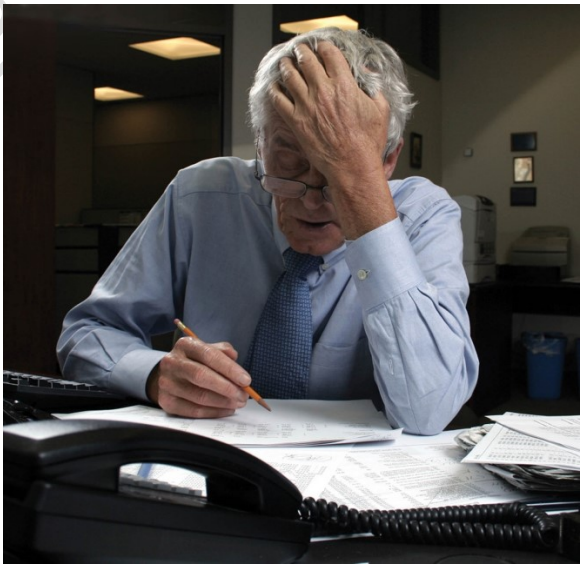
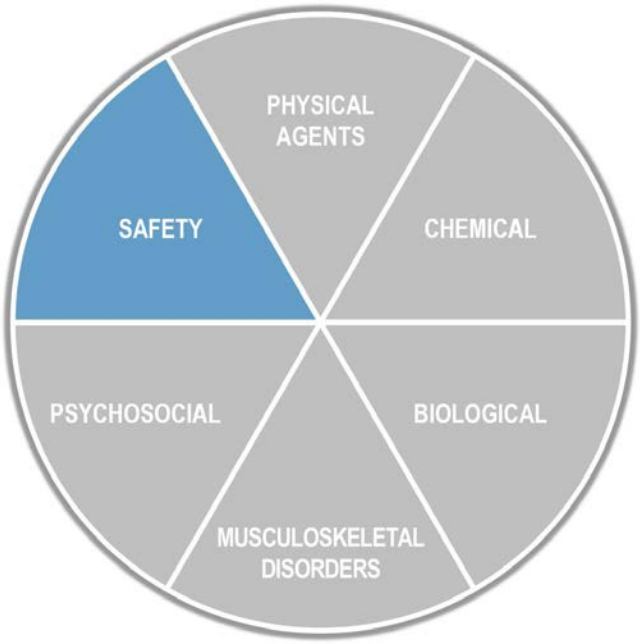


Figure 36: Organizational Performance Assessment

Fatigue in the Workplace

Fatigue is state of tiredness, sleepiness or weariness resulting from insufficient sleep, prolonged mental or physical work, extended periods of stress or anxiety. A fatigued workers risk of accident is 70% greater than other non-fatigued workers.



This risk of accident is even more likely for snorers with sleepiness on the job and those with chronic insomnia. [2] But that is only part of the problem, researchers are also finding that fatigue greatly impacts the health and wellness of the workforce. In fact, several studies have found that fatigue places people at increased risk of becoming obese, developing diabetes, developing breast cancer and even hypertension.

Risk factors include:

- General poor health
- Shift work
- Circadian variability (shift work)
- Environmental issues (light and noise)
- Workload
- Lack of good quality sleep

In order to recognize fatigue risks within your workplace, review your injury demographics, absenteeism records, observe the level of fatigue/alertness in yourself and your co-workers and conduct an organizational fatigue risk assessment.

Some of the organizational factors that should be considered when conducting an assessment include:

- Mental and physical demands of the job (long hours, physically demanding work)
- Work scheduling and planning (travel, time off, roster/scheduling)
- Amount of work time
- Work environment (extreme temperatures, loud noise, vibrating machinery, etc.)

[2] *Fatigue Risk Management in the Workplace*, American College of Occupational and Environmental Medicine, 2012

Hazard – Fatigue

A fatigued worker's risk of accident is 70% greater than other non-fatigued workers.

General poor health, shift work, circadian variability (shift work), environmental issues (light and noise), workload and lack of good, quality sleep all contribute to fatigue. The safety-related consequences include slowed reaction time, reduced vigilance, reduced decision making ability, poor judgement, distraction during complex task completion and loss of awareness in critical situations.

In fact, studies have found that the number of hours awake mimics performance impairment of alcohol consumption (see chart below).3

Hours Awake	Blood Alcohol Content
7	0.05
21	0.08 Legal Limit in Canada
24-25	0.10

Fatigue, alcohol and performance impairment; Dawson, D., and Reid K. Nature 388, 235, 1997

Figure 37: Fatigue makes everything difficult

Workplace Practice for Addressing Fatigue

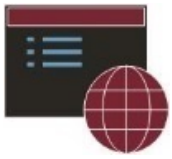
Fatigue management policies and safe operating procedures benefit everyone in the workplace. For instance, these policies and procedures helps the organization comply with legal requirements, also, informs workers of hazards related to fatigue and manages risk associated with fatigue.

A fatigue management policy and safe operating procedure should include:

- Analysis and assessment of risk as well as recommended control actions
- Reporting to assist with the assessment of fatigue as a contributing factor to incidents within the workplace
- Incident Investigation
- Training and education to support improved awareness among the workforce and strategies to help mitigate risk individually and organizational
- Ongoing audit and evaluation of the organizations fatigue management program

PSHSA has worked with experts in the field of fatigue and peak performance to develop a Fatigue Management Program that is easily implemented in existing business and health and safety management practices. It helps organizations meet their legal responsibilities to inform workers of potential hazards and take measures to control those hazards in the workplace. With a multitude of contributing factors the Fatigue Management Program considers your employees and the organization holistically.

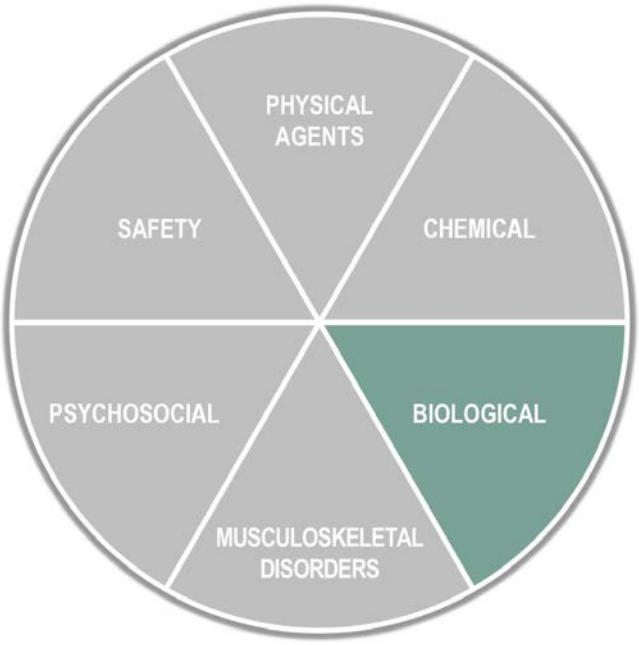
The program includes state-of-the-art wearable technology that when used in conjunction with bio-mathematical model, can predict fatigue risk for organizations. This technology has been developed in conjunction with the US Department of Defense and has been validated in numerous sectors including mining, healthcare, transportation and elite athletes.



Fatigue Prevention Tools

PHSA has developed resources and prevention strategies to manage fatigue. The fatigue resources are applicable for workers, supervisors and organizations of any sector who are looking for solutions dealing with this pervasive hazard. For more information email fatigue@pshsa.ca or visit PSHSA's website: http://www.pshsa.ca/fatigue/

Biological Agents: Ebola Virus Disease



Biological hazards are *infectious agents or substances* produced by infectious agents or substances that can cause illness or disease in humans. An example of an infectious disease is the outbreak of the Ebola Virus Disease (EVD).

Ebola Virus Disease is an acute life-threatening illness caused by subtypes of the Ebola virus that are known to affect humans and primates such as monkeys, chimpanzees, and gorillas.

The symptoms include:

- Fever
- Headache
- Muscle pain
- Intense weakness
- Cough
- Stomach pain
- Vomiting
- Diarrhea

As the virus multiplies, more severe symptoms such as profound bleeding and multi-organ failure manifest. The time between exposure to the virus and the appearance of symptoms ranges from 2 to 21 days. After the onset of symptoms, a person with Ebola is contagious and can spread the virus to others.

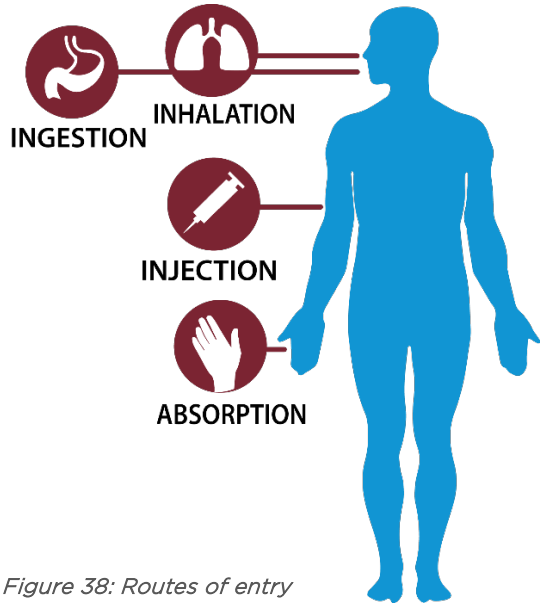


Figure 38: Routes of entry

Modes of Transmission

In order to recognize the potential for infectious disease exposure, look for the following: work involving people or animals with known or suspected infectious diseases; workers exposed to blood or other bodily fluids, secretions, or excretions; poor hand hygiene; inadequate personal protective equipment; lack of spill kits; improper handling of sharps; improper cleaning, disinfection or sterilization processes; insufficient/lack of negative pressure rooms; and workers eating, drinking, smoking or applying cosmetics in service/care areas.

Hazard - Infectious Diseases

Over the past ten years, the health care delivery system has undergone enormous change. Often, service delivery has shifted to settings such as ambulatory clinics, work sites and clients' homes. The historic separation between the activities of hospitals, nursing homes, physicians and other care providers have become increasingly blurred. Infection control practices must now encompass infections that clients may acquire as a result of their care or treatment — both in and outside of an acute care setting.

Thousands of workers in Ontario contract infectious diseases every year that result in absences from work and interrupted daily living activities (WSIB, 2011). The majority of reported incidents originate from the public service sector. For example: influenza, tuberculosis, hepatitis, and gastroenteritis are some infectious diseases.

The 2014 EVD epidemic affected countries in West Africa with four cases in the U.S.A. and none in Canada.

There are several types of infectious agents: bacteria, viruses, parasites and fungi, which have different modes or ways of transmission and routes of entry

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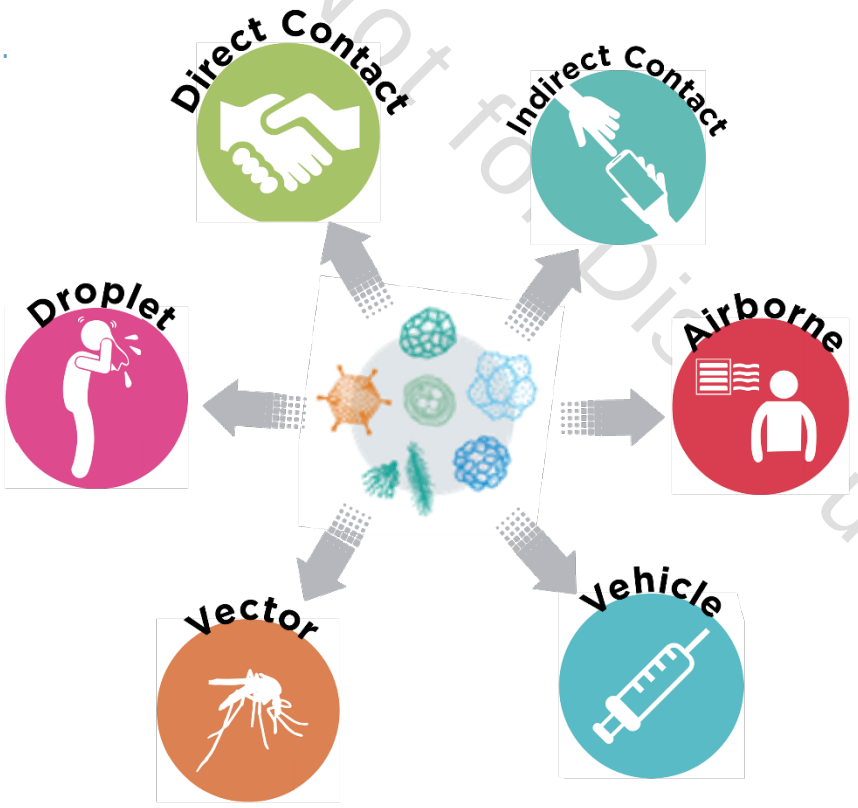


Figure 39: How infection spreads t

Workplace Practice for Infectious Disease - PPE/Checklists for Ebola Virus Disease

Public Services Health & Safety Association (PSHSA) in collaboration with Ministry of Health and Long Term Care (MOHLTC) and Ministry of Labour have designed several resources to assist health care workers (HCWs), paramedics and first responders who may be required to provide care to suspect/confirmed cases of Ebola Virus Disease (EVD) and their care environments.

This collaboration resulted in a comprehensive set of resources designed to protect workers (see below). Ongoing work continues to ensure that Ontario is ready with advanced infection protection and control procedures for new or emerging infectious diseases.

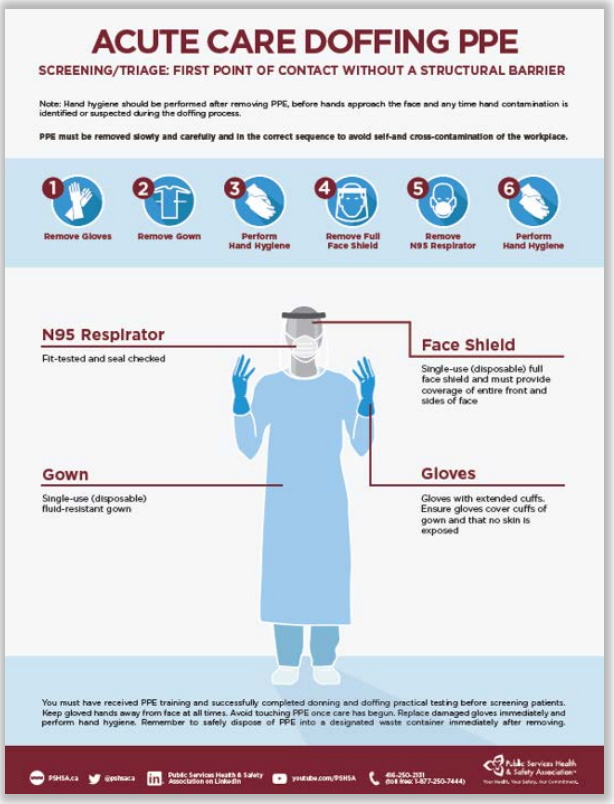
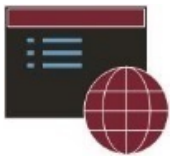


Figure 40: Poster for Doffing PPE



Resources Available to Protect Workers

Public Services Health & Safety Association (PSHSA) in collaboration with Ministry of Health and Long Term Care (MOHLTC) and Ministry of Labour have designed several resources to assist health care workers (HCWs), paramedics and first responders who may be required to provide care to suspect/confirmed cases of EVD and their care environments. These resources include:

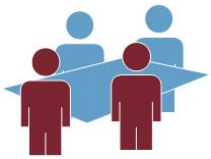
- Posters to assist with donning and doffing procedures
- Personal protective equipment (PPE) checklists
- Training and observer checklists for acute care and emergency medical services
- Customizable checklists to support workplaces
- Web tutorials
- Hand hygiene steps
- Cleaning and disinfecting environemental servcies
- Information and fact sheets

These resources can be accessed from PSHSA's website at: www.pshsa.ca/ebola-resources/

Staying Current on New and Emerging Occupational Health and Safety Best Practices

Ontario has health and safety focused research organizations that are continually researching and developing new and emerging best practices in the field of occupational health and safety. These organizations include:

- Centre for Research Expertise for the Prevention of Musculoskeletal Disorders - uwaterloo.ca/centre-of-research-expertise-for-the-prevention-of-musculoskeletal-disorders/
- Centre for Research in Occupational Disease (CREOD) – www.creod.on.ca
- Centre for Research in Occupation Safety and Health (CROSH) - www.crosh.ca/
- Institute for Work and Health (IWH) – www.iwh.on.ca/
- Occupational Cancer Research Centre - www.occupationalcancer.ca/



Group Exercise
Communicating Changes or Updates to Health and Safety

Together in your group, discuss the following questions:

As a competent supervisor, how do you stay aware with updates to legislation, emerging hazards and leading practices in health and safety?

_____

_____

_____

How do you communicate or create change with this new information?

_____

_____

_____

_____

Figure 41: Sharing information with staff so everyone is informed

What are some of the ways a supervisor can fulfill on a daily basis, the legislated duties of:

- Communicating safety information
- Monitoring and holding staff accountable
- Identifying and addressing hazardous situations
- Recognizing and reinforcing safe work behaviours

Finding the Necessary Information

Employers are required to hire competent persons as supervisors. Competent on the job is someone who is qualified because of their knowledge, training and experience to organize work and its performance; is familiar with the relevant legislation and regulations and how they apply to the work along with having a knowledge potential or actual hazards. As a supervisor you are required to know where to find the information needed to fulfill this responsibility.

Getting Help with Health and Safety in the Workplace

There are many sources of important health and safety information to be found in your workplace. Consider the following activities to improve your health and safety knowledge:

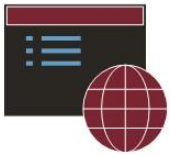
- Review your health and safety policy and be able to speak to the content
- Review the organization's health and safety program and procedures
- Review the inspections, investigation and/or other reports to understand the current state of health and safety in your workplace
- Always ask your employer or JHSC/HSR questions if you need help or more information
- Speak with health and safety board or union, if needed

Keeping Up to Date/Staying Current

It is critical to keep current with changes and updates to OHS legislation: The following are online links that will help you to be current and aware:

- MOL updates and alerts for Health and Safety - www.labour.gov.on.ca
- Government of Ontario website of online legislation - www.ontario.ca/laws
- Institute for Work and Health - www.iwh.on.ca
- Workplace Safety and Insurance Board - www.wsib.on.ca
- Public Services Health and Safety Association - www.pshsa.ca
- PSHSA Newsletter - www.pshsa.ca/category/newsletter/#

It is important changes and updates get communicated to all those in the workplace involved in health and safety. Does your organization/members in your JHSC send a bulletin, host a safety talk, or provide one on one discussions when there is new information to be shared?



Staying Current on New Legislation

PSHSA offers a legislation tracking service to help you stay current on changes to OHS legislation.

www.pshsa.ca/legislationtracking/

Resources - Health and Safety Climate Assessment Tool

While PSHSA's validation of the tool was focused on the healthcare sector the *Health and Safety Climate Assessment Tool* can be used within any organization and has been used in other

By assessing an organization's climate, insight is provided into their health and safety culture by identifying current perceptions of the workforce for action planning and measuring improvements. The tool assesses an organization in 17 dimensions:

1. Management Commitment
2. Communication
3. Priority of Safety
4. Safety Rules
5. Work Environment
6. Management Style
7. Managing Change
8. Systems Compliance
9. Supportive Environment
10. Involvement
11. Co-operation
12. Accidents and Incidents
13. Appreciation of Risk
14. Personal Priorities
15. Shared Values
16. Competence
17. Safe Behaviours

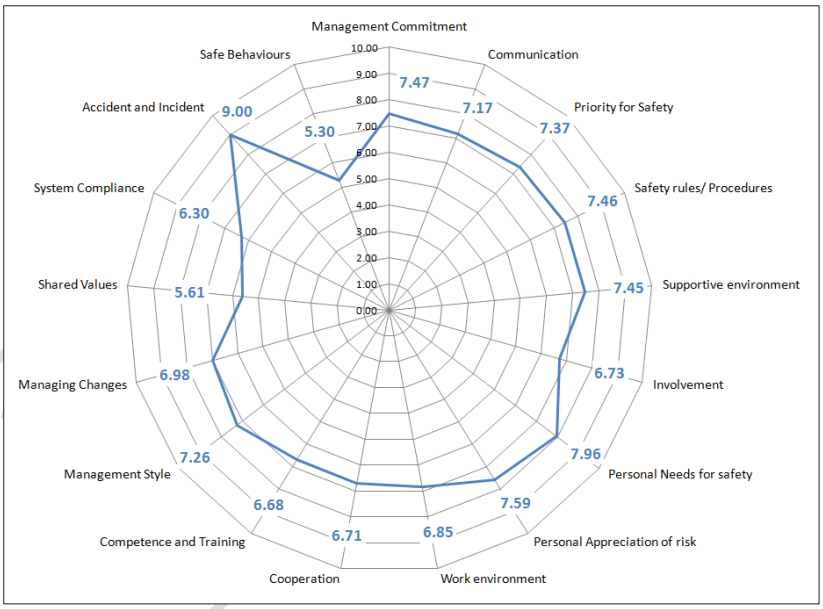


Figure 42: Sample Results from HSCAT

For more information on the Health and Safety Climate Tool, visit: https://www.pshsa.ca/wp-content/uploads/2015/10/Health-and-Safety-Climate-Tool-Introduction.pdf

The benefit will be the important connection between organizational climate and culture, health and safety outcomes, and organizational performance. Research shows that a positive organizational health and safety culture is associated with lower workplace injury and illness rates, as well as other positive organizational outcomes.

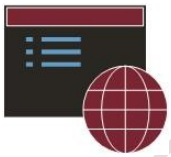
Figure 43: Sharing solutions

Resources – OHS Performance Self-Assessment Tool

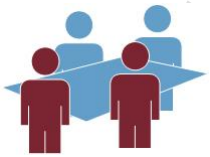
Organizational Performance Metric (OPM)

The Institute for Work and Health (IWH) has developed a self-assessment tool using leading indicators of occupational health and safety (OHS) performance. This tool identifies organizational and management measures that can be used by workplaces and system partners to improve health and safety performance before injuries and illnesses occur. The OPM online assessment tool is designed to help gauge your health and safety performance by benchmarking score against peers. You can translate results into an action plan to help reduce the risk of injury or illness in your own workplace. This evidence-based tool was developed in collaboration with Ontario's 4 HSAs and hundreds of member firms.

Free, fast to complete 8 item questionnaire called the Institute for Work & Health Organizational Performance Metric (OPM). Provides insight into health and safety performance and is predictive of future claims – those with higher OPM scores tended to have fewer claims.



To start your self-assessment and get a personal OPM score visit:
https://www.youtube.com/watch?v=pSDPU28oTWM



Group Exercise
Best Practices in Your Workplace
Bragging Rights

Think about your own OHS program. In your groups, share examples of best or promising practices being used within your organization. This is an opportunity to take back important and emerging practices to your organization.

Identify what you feel represents best in class or world class initiatives or programs?

_____

_____

_____

Discuss which OHS components you would like to see used to improve your organization's health and safety performance?

_____

_____

_____

_____

A Final Note

Reflect upon PSHSA's Health and Safety for Managers and Supervisors training: You will have:

- Identified if there Is something that can be improved in your workplace related to OHS
- Gained new skills that will make you a more effective leader
- Recognize tools or resources that can assist on the job
- Developed an action plan to help move beyond compliance

This module outlined various methods to improve corporate safety culture in an attempt to move beyond compliance. Leadership styles were reviewed and various leadership activities were suggested. Organizations may find that the management is not currently equipped with the skills needed to achieve these suggested activities.

Prudent organizations will invest in leadership development, including the areas of interpersonal skills, communication, and motivation. The time and energy invested will result in a workforce that is motivated to choose the safe path with every task they undertake.

My Action Plan

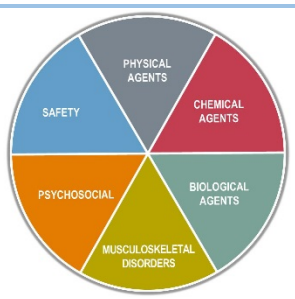
Workplace Specific Hazard		**Date Prepared**	
Relevant Legislation		**Prepared By**	

What is the Specific Hazard?	What are the Steps that Need to be Taken?	Who is Responsible for Doing this Work?	What Resources (time, money, and people) are Needed?	By When?	How will we know it is done?

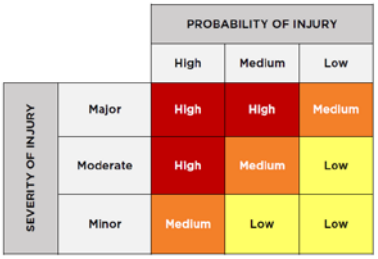
Appendix A

Overview of the Four Steps to a Health and Safe Workplace

Step 1: Recognize the Hazard

Method	Hazard Categories 360 Approach	Contributing Factors
▪ Inspect workplaces ▪ analyze each step in a job ▪ observe work practices, processes & equipment ▪ discuss concerns with supervisor ▪ consider with all 5 senses		▪ People ▪ Equipment ▪ Materials ▪ Environment ▪ Process 

Step 2: Assess the Hazard

Measure against Legislation and Standards:	Effective tools for measuring:	Use risk assessment to determine the priority:
▪ laws (OHSA and Regulations) ▪ government standards (MOL) ▪ professional standards (CSA) ▪ guidelines (CCOHS) ▪ workplace policies and procedures ▪ manufacturer/supplier guidelines	▪ workplace inspections ▪ risk assessment ▪ accident investigations ▪ hygiene monitoring ▪ job hazard analyses ▪ interviews ▪ observations	Hazard Management Tool Risk Priority = Severity of Injury x Likelihood of Injury 

Step 3: Control the Hazard

Locations	Types of Controls
▪ at the source ▪ along the path ▪ at the worker	▪ elimination or substitution ▪ engineering ▪ work practices ▪ administrative ▪ personal protective equipment

Step 4: Evaluate the Hazard

Evaluation is ongoing:	Verify that:
▪ check on the control during workplace inspections ▪ discuss controls with workers ▪ verify that the controls were in use when conducting an accident investigation	▪ the control is working as expected ▪ the control has been communicated to affected employees ▪ employees are using the control properly ▪ the control has not introduced a different hazard ▪ information on the control is included in necessary training programs

Appendix B

Accident investigation Report

ACCIDENT INVESTIGATION REPORT

IDENTIFYING INFORMATION

1. COMPANY	2. DEPARTMENT	3. DATE OF REPORT
4. LOCATION OF INCIDENT	5. DATE OF INCIDENT	6. TIME O AM O PM

INJURY OR ILLNESS		PROPERTY DAMAGE	OTHER INCIDENTS
7. INJURED'S NAME		13. PROPERTY DAMAGED	16. NATURE OF INJURY
8. PART OF BODY	9. DAYS LOST	14. NATURE OF DAMAGE	17. INCIDENT COSTS, IF APPLICABLE
10. NATURE OF INJURY OR ILLNESS		15. COSTS O ESTIMATED O ACTUAL	18. PERSON REPORTING INCIDENT
11. OCCUPATION			19. OBJECT, EQUIPMENT, SUBSTANCE INFLICTING HARM
12. TIME ON TASK			20. PERSON IN MOST CONTROL OF ITEM 19

21. TYPE OF CONTACT

			CONTACT WITH	
O Struck against	O Caught on	O Fall - same level	O Electricity	O Caustics
O Struck by	O Caught between	O Fall - to lower level	O Heat	O Noise
O Caught in	O Slip	O Overexertion	O Cold	O Toxic or noxious substances
			O Radiation	

RISK

EVALUATION OF LOSS POTENTIAL IF NOT CORRECTED	21. LOSS SEVERITY POTENTIAL	22. PROBABILITY OF REOCCURRENCY
	O Severe O Serious O Minimal	O High O Medium O Low

DESCRIPTION

24. DESCRIBE HOW THE EVENT OCCURED

CAUSE ANALYSIS

25. IMMEDIATE CAUSES WHAT SUBSTANDARD ACTIONS AND CONDITIONS CAUSED OR COULD CAUSE THE EVENT? CHECK ON BACK (25A), EXPLAIN HERE.	26. BASIC CAUSES WHAT SPECIFIC PERSONAL OR JOB FACTORS CAUSED OR COULD CAUSE THIS EVENT. CHECK ON BACK (26A), EXPLAIN HERE

INCIDENT NEEDS

25A. IMMEDIATE CAUSES (Check all that apply)

SUBSTANDARD ACTIONS

O Operating equipment without authority
O Failure to warn
O Failure to secure
O Operating at improper speed
O Making safety devices inoperable
O removing safety devices
O Using defective equipment
O Using equipment improperly
O Failure to use PPE properly
O Improper loading
O Improper placement
O Improper lifting
O Improper position for task
O Servicing equipment in operation
O Horseplay
O Under the influence of alchol or other drugs

SUBSTANDARD CONDITIONS

O Operating equipment without authority
O Inadequate or improper protective equipment
O Defective tools, equipment or materials
O Congestion or restricted action
O Inadequate warning systems
O Fire and explosion hazards
O Poor housekeeping
O Hazardous environmental conditions: gases, dust, smoke, fumes, vapours
O Noise exposures
O Radiation exposure
O High or low temperature exposures
O Inadequate or excess illumination
O Inadequate ventilation

26B. BASIC CAUSES (Check all that apply)

PERSONAL FACTORS

O Inadequate capability
O Lack of knowledge
O Lack of skill
O Stress
O Improper motivation

JOB FACTORS

O Inadequate leadership/ supervision
O Inadequate engineering
O Inadequate purchasing
O Inadequate maintenance
O Inadequate tools, equipment, materials
O Inadequate work standards
O Wear and tear
O Abuse and misuse

CONTROLS

27. MANAGEMENT CONTROL (Check all that apply)

Legend: P - Program element implementation need S - Standard(s) inadequate C - Compliance with standard(s) inadequate

PROGRAM ELEMENTS	P, S or C (write letter below)		P, S or C (write letter
1. Leadership and administration		11. Personal protective equipment	
2. Leadership training		12. Health and hygiene control	
3. Planned inspection and maintenance		13. System evaluation	
4. Critical task analysis and procedures		14. Engineering and change management	
5. Accident/incident investigation		15. Personal communications	
6. Task observation		16. Group communications	
7. Emergency preparedness		17. General promotion	
8. Rules and work permins		18. Hiring and placement	
9. Accident/incident alaysis		19. Materials and services management	
10. Knowledge and skill training		20. Off-the-job safety	

ACTION PLAN

28. REMEDIAL ACTIONS, WHAT HAS AND/OR SHOULD BE DONE TO CONTOL THE CAUSES LISTED	**DEADLINE**	**BY WHOM**	**COMPLETE**

29. SIGNATURE OF INVESTIGATOR	DATE
30. SIGNATURE OF REVIEWER	DATE

RESPONSE

31. REVIEWER'S REACTION TO THE INVESTIGATORS ANALYSIS OF THE BASIC CAUSES AND REMEDIAL ACTIONS

SIGNATURE	TITLE	DATE

Sources in Occupational Health and Safety

Canadian Centre for Occupational Health and Safety
135 Hunter Street East
Hamilton, ON L8N 1M5
(P): 905-527-2981 or 800-668-4284
www.ccohs.ca

Canadian Standards Association (CSA)
5060 Spectrum Way, Suite 100.
Mississauga, ON L4W 5N6
(P): 416-747-4000 or 1-800-463-6727
www.csa.ca

Institute for Work & Health
481 University Avenue, Suite 800
Toronto, ON M5G 2E9
(P): 416-927-2027
www.iwh.on.ca

Ontario Ministry of Labour
400 University Avenue, 14th Floor
Toronto, ON M7A 1T7
(P): 1-877-202-0008
www.labour.gov.on.ca

Public Services Health and Safety Association
4950 Yonge Street, Suite 1800
Toronto, ON M2A 6K1
(P): 416-250-2131
www.pshsa.ca

The Workplace Safety and Insurance Board
200 Front Street West
Toronto, ON M5V 3J1
(P): 416-344-1000 or 1-800-387-0750
www.wsib.on.ca

Resources

Hazard Management Tool. Retrieved from http://www.wsib.on.ca/cs/groups/public/documents/staticfile/c2li/mdey/~edisp/wsib012544.pdf

Creating and Maintaining a Practical Based Safety Culture by Alan D. Quilley – Retrieved from https://safetyresults.wordpress.com

IWH Organizational Performance Metric (IWH-OPM) Project. Retrieved from Institute for Work & Health from https://www.oiwh.on.ca/opm

Keeping the Right People – Retrieved from Leadership vs. Management: A Key Distinction-At Least in Theory by Fred C. Lunenberg (2011) Retrieved from https://www.researchgate.net/publication/267779444_Leadership_versus_Management_A_Key_Distinction-At_Least_in_Theory

Ministry of Community Safety & Correctional Services– Emergency Management. Retrieved from https://www.emergencymanagementontario.ca/english/home.html

Ministry of Labour – Court Bulletins. Retrieved from https://www.labour.gov.on.ca/english/news/courtbulletins.php

Occupational Health and Safety Act, R.S.O. (1990) c. O.1. Retrieved from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90o01_e.htm

Ontario Leading Indicators Project (OLIP). Retrieved from Institute for Work & Health. Retrieved from https://www.oiwh.on.ca/olip

Public Services Health and Safety Climate Assessment Tool. Retrieved from https://www.pshsa.ca/wp-content/uploads/2015/10/Health-and-Safety-Climate-Tool-Introduction.pdf

Workplace Safety Insurance Board (WSIB) Facts and Figures 2015. Retrieved from www.wsib.on.ca/

Glossary

Accident: An undesirable event which results in either harm to people, damage to property or loss to process. Referred to in OHS as incident.

Administrative Controls: A category of hazard control that uses administrative/managerial involvement to help reduce exposures to hazards. Examples include job rotation, enrichment, work/rest scheduling or training.

Biological Agents: A biological agent is any living organism (for example, virus or bacteria) that affects the body, a part of the body or any of its functions. The effects may be beneficial or harmful. When dealing with occupational hygiene, harmful biological agents are referred to as biological hazards.

Chemical Agent: Dust, gas, vapour or fume that acts or reacts with the human physiological system. A chemical substance that may affect any part of the body or its functions. The effects may be beneficial or harmful.

Chemical Hazard: A chemical agent that is a hazardous substance that, with exposure, will have harmful effects on the body, part of the body or any of its functions.

Competent Person: Often referred to as an agent of the employer. It is a person who,
(a) is qualified because of knowledge, training and experience to organize the work and its performance,
(b) is familiar with this Act and the regulations that apply to the work, and
(c) has knowledge of any potential or actual danger to health or safety in the workplace.

Constructor: A person who undertakes a project for an owner and includes an owner who undertakes all or part of a project by himself or by more than one employee.

Contractee: The project owner who is a client of the contractor, to whom he ordered a service or product.

Contractor: A person a person or company that undertakes a contract provide material or labour to perform a service or to do a job.

Controls: Designed to eliminate or reduce hazards or hazardous exposures. The categories of controls are: engineering, administrative and personal protective equipment (PPE).

Critical Injury: An injury of a serious nature that, (a) places life in jeopardy, (b) produces unconsciousness, (c) results in substantial loss of blood, (d) involves the fracture of a leg or arm but not a finger or toe, (e) involves the amputation

of a leg, arm, hand or foot but not a finger or toe, (f) consists of burns to a major portion of the body, or (g) causes the loss of sight in an eye.

Disaster: A serious disruption to an affected area, involving widespread human, property, environmental and / or economic impacts, that exceed the ability of one or more affected communities to cope using their own resources.

Due Diligence: The taking of every reasonable precaution in the circumstances for the protection of health and safety of all in the workplace.

Employer: A person who employs or contracts for the services of one or more workers.

Emergency: A situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, a disease or other health risk, an accident or an act whether intentional or otherwise. [The Emergency Management and Civil Protection Act definition].

Emergency Preparedness: Actions taken prior to an emergency or disaster to ensure an effective response. These actions include the formulation of emergency response plans, business continuity/continuity of operations plans, training, exercises, and public awareness and education.

Engineering Controls: A category of hazard control that uses physical or engineering means to help eliminate or reduce a hazard. Examples include elimination, substitution, isolation, ventilation and design of the workplace/equipment.

Ergonomics: The scientific discipline concerned with the interactions between humans and other elements of a system (environment, people and objects) with the goal of optimizing human well-being and overall system performance. [International Ergonomics Association (IEA) definition: https://www.ace-ergocanada.ca/about/about_ergonomics/ergonomics.html]

First Aid: The immediate care given to a person who is injured or who suddenly becomes ill. It can range from disinfecting a cut and applying a bandage to helping someone who is choking or having a heart attack.

Hazard: The potential of a machine, equipment, process, material or physical factor in the environment to cause harm to people, or damage to property or the environment.

Hazard Assessment: A written process to recognize hazards at work before they cause harm to people or property.

Hazardous Material: Material that has the potential to cause harm by reason of it being a compressed gas, or a flammable, oxidizing, poisonous, corrosive or reactive material.

Health and Safety Policy: A statement of intent or a commitment from management to coordinate action. The policy clearly states the organization's health and safety objectives. The Health and Safety Policy in turn provides direction for the Health and Safety Program.

Health and Safety Program: A systematic combination of activities, procedures and facilities designed to ensure and maintain a healthy and safe workplace.

Health and Safety Representative (HSR): A representative selected by fellow workers under provisions of the Act to help identify potential health and safety issues and to bring them to the employer's attention. An HSR is required in workplaces with more than five but fewer than 20 employees. Generally speaking, an HSR has the same responsibilities and powers as a JHSC (except not the authority to participate in work stoppages).

Housekeeping: A way to control hazards along the path between the source and the worker. Good housekeeping practices ensures no items in the workplace are out of place and that there is management of wastes, dust and there is proper clean-up of all materials, walking and working surfaces and work areas.

Immediate Causes: The substandard acts or substandard conditions that have potential for harm in terms of injury, illness or damage. These are the observable, detected causes that have contributed to the accident. These causes can be traced back to at least one root cause.

Incident: An unwanted event which, in different circumstances, could have resulted in harm to people, damage to property or loss to a process.

Industrial Establishment: An office building, factory, arena, shop or office, and any land, buildings and structures appertaining thereto. The Industrial Establishments Regulation 851 are specific rules that address requirements for work in factories, industrial settings where safeguarding. PPE, confined spaces, fire prevention are amongst the common hazards.

Joint Health and Safety Committee (JHSC): A forum or group consisting of worker and management members who meet together on a regular basis to deal with health and safety issues. Together they should be mutually committed to improving health and safety conditions in the workplace. Committees identify potential health and safety issues and bring them to the employer`s attention. The JHSC is to be kept informed of health and safety developments by the employer. As well, a designated worker member of the JHSC inspects the workplace at least once a month.

Material Handling: The movement of workplace materials by manual or mechanical means. There are two types of material handling: manual (e.g.,

lifting, pushing, or pulling by hand); and mechanical (e.g., using a forklift to move material).

MOL: An acronym for the *Ontario Ministry of Labour*. Government entity that sets, communicates and enforces workplace standards and occupational health and safety law.

MSD: A commonly referred to acronym for Musculoskeletal Disorders. These are injuries or disorders that affect the soft tissue of the body - muscles, ligaments, tendons, joints, bones, cartilage, spinal discs and related elements. Sprains, strains and inflammation are MSD.

Musculoskeletal System: The body system composed of muscles, ligaments, tendons, joints, bones, and related elements.

Near-Miss: An unwanted event, which in different circumstances could have resulted in harm to people, damage to property or loss to a process.

Occupational Health and Safety Act (OHSA): The Occupational Health and Safety Act (OHSA), often referred to as the Act, is the legislation for health and safety in Ontario workplaces. The main purpose of the Act is to protect workers from health and safety hazards on the job. The Act sets out duties for all workplace parties and rights for workers. It establishes procedures for dealing with workplace hazards and provides enforcement of the law when there is non-compliance.

OLRB: Acronym for the Ontario Labour Relations Board. Sometimes referred to as the Board. Workplace parties may appeal MOL orders to the OLRB.

Owner: This workplace party includes a trustee, receiver, mortgagee in possession, tenant, lessee, or occupier of any lands or premises used or to be used as a workplace, and a person who acts for or on behalf of an owner as an agent or delegate.

PEMEP Model: The 5 contributing factors to hazards - people, equipment, materials, environment and process.

Personal Protective Equipment (PPE): Any device worn or used by a worker to protect against hazards. Some examples are dust masks, gloves, ear plugs, hard hats and safety goggles.

Physical Conditions: Physical conditions refers to general workplace conditions, facilities, materials, equipment, hazard controls, emergency systems, personal protective equipment, compliance, etc., that need to be examined to prepare for and conduct good general inspections and physical conditions audits of workplaces.

Practice: A set of guidelines that are helpful in providing direction for carrying out work.

Prescribed: Means specified by a regulation made under OHSA. When the word "prescribed" appears in OHSA, applicable regulations must be examined to determine what (if any) "prescribed" requirements exist.

Procedure: A step-by-step description of how to do a task, job, or activity.

Project: This means a construction project, whether public or private, including:

> (a) construction of a building, bridge, structure, industrial establishment, mining plant, shaft, tunnel, caisson, trench, excavation, highway, railway, street, runway, parking lot, cofferdam, conduit, sewer, watermain, service connection, telegraph, telephone or electrical cable, pipeline, duct or well, or any combination thereof,
>
> (b) moving a building or structure, and
>
> (c) any work or undertaking, or any lands or equipment used in connection with construction.

RACE: Four steps of hazard management: 1.) recognition, 2.) assessment, 3.) control and 4.) evaluation of hazard controls.

Reasonable Precaution: The care or effort taken that is appropriate for a particular situation.

Regulation: A regulation is a specific rule. It states how the law will be applied to uphold the Act. A regulation is enforceable under the Act.

Risk: Probability times Severity equals Risk. The probability of a worker suffering an injury or health problem, or of damage occurring to property or the environment as a result of exposure to or contact with a hazard.

Root Cause: The underlying cause(s) of an event. Distinguished from immediate or apparent and obvious cause(s).

Safety Climate: It provides a way to measure what workers think about culture in their organization at a given point of time. It refers to what the workforce perceive of their organization and management's approach to safety. It can provide a focus point to where to make changes to improve safety. A positive workplace climate is free from violence, harassment, verbal, physical or sexual abuse, bullying, threatening, intimidation, and discrimination.

Safety Culture: A health and safety culture requires all workplace parties to pay constant, appropriate attention to workplace health and safety. It is a part of organizational culture – "it is the way we do things here".

Safe Work Practices: Safe work practices are procedures for carrying-out specific tasks which, when followed, will ensure the safety of a worker. This

includes consideration of a worker's exposure to hazardous situations, substances or physical agents.

Standard: A guideline, rule, principle, or model that is used as a means to compare, or judge performance, quality, quantity, etc.

Substitution: The replacement of toxic or hazardous materials, equipment or processes with those that are less harmful.

Supervisor: A person who has charge of a workplace or authority over a worker.

Supplier: A person who manufactures, supplies, sells, leases, distributes or installs any tool, equipment, machine or device or any physical, biological or chemical agent to be used at or near a workplace.

The Act: See *Occupational Health and Safety Act (OHSA).*

Transformational Leadership: This is a leadership style where the leader collaborates with other workers and identifies needed change.

Transactional Leadership: This term is also known as managerial leadership, focuses on supervision, organization, and performance; transactional leadership is a style of leadership in which leaders promote compliance by followers through both rewards and punishments.

Worker: A person who is defined as any of the following:

- A person who performs work or supplies services for monetary compensation;
- A secondary school student who performs work or supplies services for no monetary compensation under a work experience program authorized by the school board that operates the school in which the student is enrolled;
- A person who performs work or supplies services for no monetary compensation under a program approved by a college of applied arts and technology, university or other post-secondary institution;
- A person who receives training from an employer, but who, under the *Employment Standards Act, 2000,* is not an employee for the purposes of that Act because the conditions set out in subsection 1(2) of that Act have been met;
- Such other persons as may be prescribed who perform work or supply services to an employer for no monetary compensation;

This definition does not include an inmate of a correctional institution or like institution or facility who participates inside the institution or facility in a work project or rehabilitation program.

Workplace: Any land, premises, location or thing at, upon, in or near which a worker works.

Work Refusal: The right of a worker to refuse work when the worker has reason to believe that he or she would be endangered by performing that work. OHSA Section 43(3).

Workplace Harassment: Engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome.

Workplace Hazardous Materials Information System (WHMIS 2015): An information system implemented under the Federal Hazardous Products Act and provincial occupational health and safety laws to ensure communication of information on hazardous materials. The information delivery system requires labels; Safety Data Sheets (SDS); and worker education programs.

Workplace Inspection: A regular and careful check of a workplace or a part of a workplace in order to identify health and safety hazards and to recommend corrective action. Workplace factors that have the potential to cause injury, illness or death to employees, or property damage include: people, equipment, materials, environment as well as processes.

Workplace Sexual Harassment: Engaging in a course of vexatious comment or conduct against a worker in a workplace because of sex, sexual orientation, gender identity or gender expression that is known or ought reasonably to be known to be unwelcome; or a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the worker and the person knows or ought reasonably to know that the solicitation or advance is unwelcome.

Workplace Violence means,

a) the exercise of physical force against a worker– in a workplace, that could cause physical injury to the worker,
b) an attempt to exercise physical force against a worker – in a workplace, which could cause physical injury to the worker,
c) a statement or behavior that is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker

Public Services Health & Safety Association™

Your Health. Your Safety. Our Commitment.

Health and Safety for Managers and Supervisors

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