



**Ontario Health Care Health and Safety Committee Under
Section 21 of the Occupational Health and Safety Act**

**Guidance Notes for Workplace Parties #9
Slips, Trips and Falls**

March 2018



About This Guidance Note

This Guidance Note has been prepared to assist the workplace parties in understanding some of their obligations 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.

It is the responsibility of the workplace parties to ensure compliance with the legislation. This Guidance Note does not constitute legal advice. If you require assistance with respect to the interpretation of the legislation and its potential application in specific circumstances, please contact your legal counsel.

While this Guidance Note will also be available to Ministry of Labour inspectors, they will apply and enforce the OHSA and its regulations based on the facts as they may find them in the workplace. This Guidance Note does not affect their enforcement discretion in any way.



1. Process

This document has been reviewed by the management and labour representatives of the Ontario Health Care Health and Safety Committee appointed under Section 21 of the *Occupational Health and Safety Act* (OHSA) to ensure that appropriate, consistent information is made available to healthcare workplaces, to support them in assessing practice against legislative requirements and recommended best practices.

1.1. Purpose of this Guidance Note

- a) To assist the workplace parties to develop and implement an effective Slips, Trips and Falls (STF) prevention program (policies, measures and procedures) which describe effective means to identify and report hazards, and measures and procedures to eliminate, control and/or reduce STF workplace hazards and risks. Elimination, control and/or reduction of STF hazards and risks is the responsibility of all workplace parties, including, employers, managers, supervisors, the joint health and safety committee (JHSC), the health and safety representatives (HSRs), and workers.
- b) To assist the workplace parties to develop appropriate Occupational Health and Safety processes that include every precaution reasonable in the circumstances for the protection of the worker.
- c) To assist the workplace parties to develop Occupational Health and Safety processes that encourage consultation with, and feedback from JHSCs, HSRs, managers, supervisors, and workers.

1.2. Introduction

Health Care Guidance Notes are intended for all healthcare organizations, to provide advice to workplace parties related to legislative requirements and recommend good practices applicable to the prevention of illness and injury to health care workers. Health Care Guidance Notes are applicable to all organizations that provide healthcare, treatment, diagnostic services, personal care and/or supportive services in either healthcare organizations, community service agencies and emergency medical services.

According to the US Centers for Disease Control and Prevention (CDC), healthcare workers sustain almost twice as many STF injuries as workers from all other sectors combined¹. In Ontario, the Public Services Health and Safety Association (PSHSA) reports that musculoskeletal disorders (MSDs) and STF injuries result in more than 55% of all injuries in healthcare workplaces in 2015². In 2015, within the health care sector,

¹ CDC – NIOSH, 2010. *Slip, Trip and Fall Prevention for Healthcare Workers*.

² Data source: WSIB EIW Claim Cost Analysis Schema, June 2016 data snapshot



there were approximately 1,086 injuries as a result of Slips, Trips and Falls, with 86% of those being the result of falls from the “same level” (not falls from heights)².

There were seven deaths in Ontario workplaces attributed to Slips, Trips and Falls². WSIB reports that 80 workers are injured every day because of STF, roughly one worker every 20 minutes. The average WSIB claim is \$11,771 not including other costs such as loss of productivity and staffing replacements.

Healthcare workplaces are varied and the types of STF hazards that may be encountered in those workplaces will change with the nature of the work or care. In addition to the injuries that may be sustained as a result of STF hazards, the added risk of exposure to infectious agents or hazardous chemical or biological substances needs to be considered.

For example, in an acute hospital setting, a tripping hazard encountered may be the multitude of tubes attached to a patient that is being transferred for imaging tests. In contrast, in the long-term care setting, a resident’s room may be overly full of personal belongings, while in the community setting, the worker providing care in the home may be tripping on toys belonging to a client’s child. In any of these settings, contact with body fluids, medication or infectious disease could occur at the same time as the STF.

STF hazards existing in healthcare workplaces may be constantly changing, requiring a robust STF prevention and control program capable of responding to change.

The top 10 STF hazards in the healthcare industry according to the US CDC Centers for Disease Control and Prevention are as follows³.

- a) Contaminants on the floors.
- b) Poor drainage from pipes or drains.
- c) Irregularities in the indoor walking surfaces.
- d) Irregularities in outdoor walking surfaces.
- e) Weather conditions, such as ice, snow and rain.
- f) Poor lighting.
- g) Stairs and handrails.
- h) Step stools and ladders.
- i) Tripping hazards like clutter, loose cords, hoses, wires and medical tubing.
- j) Floor mats and runners.

³ CDC – NIOSH, 2010. *Slip, Trip and Fall Prevention for Healthcare Workers*.



2. Guidance for Workplace Parties

This Guidance Note addresses the roles and responsibilities of workplace parties to reduce the possibility of STF incidents. It is understood that the most effective way of dealing with potential STF hazards is to control them at the source.

At minimum, a workplace's STF Prevention Program should:

1. establish measures and procedures for the protection of workers from STF (e.g. Footwear policy)
2. increase awareness of STF hazards
3. identify/provide equipment, (which may include Personal Protective Equipment), resources, effective training for staff, and maintenance of records.

It is best practice to add the following elements:

1. encourage effective use of the internal responsibility system by:
 - promoting safety culture
 - promoting best practices
 - ensuring compliance
2. promote and support the occupational health and safety of all employees
3. decrease injuries related to STF and associated costs (such as WSIB surcharges, sick leave, short and/or long term disability, replacement of staff and improve quality of work-life, and quality of care and services
4. meet or exceed all applicable provincial legislation, regulations, and guidelines.

2.1 Legislated Requirements and Best Practices

2.1.1 Employers

Under Section 25 of the OHSA, employers are required to provide information, instruction and supervision to workers and to take every precaution reasonable in the circumstances to protect their health and safety. In workplaces covered by the Health Care and Residential Facilities Regulation (O. Reg. 67/93), employers are required in consultation with the JHSC or HSR, and upon consideration of recommendation from the JHSC or HSR, to develop, establish and put into effect measures and procedures and related education and training in the health and safety measures and procedures for the health and safety of workers; and to reduce the measures and procedures established to writing.

Additional requirements of the Health Care and Residential Facilities Regulations, place an obligation on employers in health care workplaces, where that regulation applies, to ensure that STF preventive and corrective measures are put in place and followed.

2.1.2 Work Surfaces

- A work surface shall be kept free of:



- (a) obstructions and hazards;
- (b) cracks, holes and bumps that may endanger a worker; and
- (c) accumulations of refuse, snow and ice (O. Reg. 67/93, sections 33-35).

- A work surface shall not have any finish or protective material used on it that is likely to make the surface slippery.
- If there is a spill of a liquid or material on a work surface that is likely to cause a worker to slip or fall, it shall be cleaned up forthwith and, until cleaned up, it shall be identified by a conspicuous warning sign.
- If a work surface is slippery when it is being cleaned or polished, a conspicuous sign warning that the surface is slippery shall be posted during cleaning or polishing.
- If wet processes are used, or wet conditions are present, on a work surface and they cause it to be slippery, steps necessary to remedy the situation shall be taken including:
 - (a) the use of non-slip work surfaces;
 - (b) the provision of dry-standing places or non-slip mats;
 - (c) the provision of drainage adequate in the circumstances; or
 - (d) the use of water resistant, non-slip footwear by workers who may use the work surface.

2.1.3 Protective Clothing and Equipment

Workers exposed to the hazard of foot injury must wear foot protection appropriate in the circumstances. A worker exposed to the hazard of slipping on a work surface is to wear slip-resistant footwear (O. Reg. 67/93, sections 33-35, additional information on protective footwear can be found in the CSA standard for protective footwear: Z195-02 (R2007)).

- Workers exposed to the hazard of falling from heights greater than 3 metres (excluding work from a ladder) must be provided with and wear a fall-arrest system (O. Reg. 67/93, section 13 (sub-sections 1 - 3)).
- A scaffold is to be provided when work cannot be completed from a ladder without being a hazard to the worker. Only a competent person shall supervise the erection, alteration and dismantling of a scaffold (O. Reg. 67/93, sections 85-90).
- Requirements for guardrails are outlined in the Health Care and Residential Facilities Regulation (O. Reg. 67/93, sections 36 to 38).



- A workplace must be provided with illumination in accordance with the minimum lighting requirements set out in Part 3 of the Ontario Building Code (O. Reg. 67/93, sub-section 22(1)).
- Personal protective equipment that is to be provided, worn or used must be properly used and maintained; be a proper fit, be inspected for damage and deterioration, and stored in a convenient, clean and sanitary location when not in use.
- A worker who is required by his or her employer or the regulation to wear or use any protective clothing, equipment or device shall be instructed and trained in its care, use and limitations before wearing or using it for the first time and at regular intervals thereafter and the worker shall participate in such instruction and training.
- Proper maintenance of equipment must be performed regularly.

2.1.4 Policies and Procedures

O. Reg. 67/93 requires that employers, in consultation with the JHSC or HSR, and upon consideration of recommendation from the JHSC or HSR, develop, establish and put into effect measures and procedures for the health and safety of workers; and reduce the measures and procedures established to writing. The employer shall also, in consultation with and in consideration of the recommendation of the JHSC or HSR develop, establish and provide training and education programs these health and safety measures and procedures. Additionally, these measures and procedures must be reviewed and revised in light of current knowledge and practice at least annually.

As a best practice, where slips trips and falls are a hazard, these measures and procedures should include:

- Policies and procedures for reporting STF hazards, following up to hazard reports, housekeeping, lighting, work surfaces and inspections.
- A systematic hazard identification procedure which includes processes for primary prevention efforts once a hazard has been identified.
- A footwear policy and associated safe work practices that are established and in place.
- Processes and procedures to be followed when reporting and mitigating STF hazards within a client's private home in the home care environment.

2.1.5 Training

The OHSA requires that an employer provide information, instruction, and supervision to a worker on the hazards in their work or workplace. Where applicable, there are



additional requirements under the O. Reg. 67/93 for the employer to provide training and education to workers on any health and safety measure or procedure, and this training and education must be developed in consultation with the JHSC or HSR.

As a best practice, training and education programs to address STF should include the following:

- All new and existing workers receive STF prevention training which includes how to recognize and report a STF hazard.
- Supervisors/managers receive STF prevention training which includes training on their roles and responsibilities such as the process to follow when an STF hazard is identified or a worker raises a concern.
- Joint Health and Safety Committee members or Health and Safety Representatives (in workplaces with 6-19 workers) are trained how to recognize, assess and make recommendations to the employer to eliminate or control STF hazards.

2.1.6 Monitoring

The OHSA requires that a health and safety policy and program be established and implemented and that the policy must be reviewed at least annually. Where applicable, O. Reg. 67/93 requires that measures and procedures also be reviewed at least annually.

As a best practice, STF policies and programs should be reviewed whenever an incident occurs to ensure that both policy and program continue to protect the health and safety of workers. Some strategies to implement could include verifying the following:

- STF prevention policies and procedures are enforced through regular monitoring strategies such as workplace inspections, auditing of near miss reports and incident/accident notifications and performance management by competent managers/supervisors.
- Regular checks are performed to ensure that policies, measures and procedures, the Occupational Health and Safety Act and the Health Care and Residential Facilities Regulation are being followed, and to identify improvements when necessary.
- Monitoring is done to ensure that the systematic hazard identification procedure is effective and is preventing injuries.

2.1.7 Investigation and Reporting

Statutory requirements:



If a person, has been critically injured or killed from any cause at the workplace, the employer shall immediately notify a Ministry of Labour inspector, the joint health and safety committee (or health and safety representative) and the trade union, if there is one, by telephone or direct means. Furthermore, within 48 hours, the employer must also send a written report of the circumstances of the occurrence, to a Director of the Ministry, containing such information and particulars as the regulations prescribe.

Where a workplace incident results in a person being unable to perform his/her usual work or requires medical attention because of an accident, explosion, fire or incident of workplace violence at a workplace, but no person dies or is critically injured because of the occurrence the OHSA requires employers to provide written notice of the occurrence, within four days of the occurrence, to the JHSC or HSR, and trade union (if any) and to the Director, if an inspector requires notification of the Director, containing such information and particulars as the regulations prescribe.

If an employer is informed by, or on behalf of a worker, that a worker has an occupational illness or that a claim for an occupational illness has been filed with the Workplace Safety and Insurance Board, the employer must notify a director of the Ministry of Labour, the joint health and safety committee (or health and safety representative) and the union, if any, in writing within four days, containing such information and particulars as the regulations prescribe.

Best practices would include the following:

- A system for reporting incidents and near misses is in place.
- A system is in place to quickly respond to emergency spills.
- Incident/accident investigation that is performed after any STF incident, whether or not an injury has occurred, to identify root causes and eliminate the hazard. Investigations review the adequacy of the STF prevention system, and should include a review of the STF prevention program, controls/measures/procedures. Revisions to the program may be recommended following this review (e.g. amending the workplace inspection forms) (see http://www.pshsa.ca/wp-content/uploads/2013/02/How_To_Investigate.pdf for more info)⁴.

2.1.8 Evaluation and Improvement

The effectiveness of the STF prevention program (measures, procedures, controls) should be evaluated by reviewing the following factors:

⁴ PSHSA (2006) [How to investigate an incident](http://www.pshsa.ca/wp-content/uploads/2013/02/How_To_Investigate.pdf) (online) Fast Facts
http://www.pshsa.ca/wp-content/uploads/2013/02/How_To_Investigate.pdf



- STF risk reduction through the application of engineering and administrative controls.
- Root cause analysis is conducted regularly and corrective action is taken which may include engineering and administrative controls and additional training, as needed.
- An STF measuring system should be implemented, which should include monitoring, analysis of information such as new experimental experience rating (NEERs), lost-time injuries (LTIs), non-lost-time injuries (NLTs), near miss reports, hazard reports, and annual reports of STF incidents.
- Continuous quality improvement process is implemented that includes employee and management participation is implemented (e.g. employee satisfaction surveys).

2.2 Supervisors

Section 25 of the OHSA places an obligation on employers to appoint competent supervisors, and under section 27 of the OHSA, supervisors are required to advise workers of the existence of any known potential or actual danger to their health and safety. Where prescribed in regulation, supervisors must also provide workers with written instructions about the procedures to be taken for their protection.

Supervisors in health care workplaces are usually the first point of contact by which workers will be provided information, instruction and supervision required by the OHSA. In order to ensure competency, supervisors should be familiar with the work, the Act and the regulations that apply, have knowledge of any potential or actual danger to health and safety in the workplace, be qualified because of training, experience or knowledge, be adequately trained in the STF prevention program and be able to implement the required controls.

Supervisors should consider the following STF responsibilities:

2.2.1 Prevention

It is understood that the one of the most effective ways of dealing with potential STF hazards is to address them at the source to mitigate risks and prevent accidents (for example):

- **Physical Condition of the Workplace**
 - Slippery area rugs and runners.
 - Lamp, extension and telephone cords placed in the flow of traffic.



- Areas that require non-slip mats.
 - Obstructions and trip hazards in work areas, hallways and walkways.
 - Inadequate lighting in hallways or stair wells.
 - Provide good visual cues and signs for all sudden changes in level, particularly at damaged steps and at the tops and bottoms of ramps.
 - Install ladders or stairs where workers frequently need to access areas or equipment located above or below floor level, i.e. roofs, generators.
 - Ensure that platforms are in good condition and inspected before each use.
 - Install handrails and guardrails, where necessary.
- **General Maintenance and Equipment**
 - Floors that are dirty, wet and/or slippery contain loose or broken tiles.
 - Use of cleaning products that make the floor surfaces slippery.
 - Lack of/or inappropriate handrails on interior stairways (i.e. not secure, not long enough); poor condition of stairs (i.e., broken, steep, narrow); worn or torn coverings on the steps; steps that do not allow secure footing (i.e. uneven and not of same size or height, cannot see edges of steps clearly); clutter on stairways/hallways.
 - Areas where there are issues with proper drainage.
 - Materials stored in inappropriate areas.
 - Develop a written floor maintenance program to ensure floors are kept clean, free of debris, free of standing water/oil/other liquid, and free of other potential tripping hazards. Train workers in the application of the program, and supervise and document adherence to it.
 - Choose a suitable flooring material.
 - Adopt the practice of using products that have been rated as high traction. Factors affecting traction between the shoe and the floor include: (1) floor material and finish, (2) shoe bottom material and condition, (3) the presence of environmental contaminant and (4) gait.
 - Regularly assess floors to improve slip resistance, as warranted, i.e. install adequate and secure doormats or abrasion strips to prevent slipping.



- Repair uneven or damaged surfaces, as soon as possible.

- **Policies and Training**

- Communicate potential risks of STF, solutions and controls to workers and other affected workplace parties, in a timely manner.
- Ensure that all new and existing workers receive STF prevention training, and that training records are maintained.
- Encourage worker participation in hazard identification, equipment trials and brainstorming control solutions.
- Develop a robust process for recording near-miss incidents and hazard identification in order to provide a more detailed picture of the scale of the problem.
- Ensure that ladders are used in accordance with manufacturer guidelines and are inspected before use.
- Ensure that step stools and/or ladders are used as needed, and that workers are not permitted to stand on chairs or boxes.
- Ensure appropriate footwear is worn for the type of work process.

If a report of a potential hazard is made to a supervisor, he or she shall ensure that the steps necessary to remedy the situation are taken immediately, and until remedied, the hazard should be identified by a conspicuous warning sign.

2.2.2 Corrective Actions

- Ensure that burned-out light bulbs and tubes are promptly replaced, and lighting equipment is serviced and maintained at regular intervals so that the workplace has adequate illumination for safe work performance (O. Reg. 67/93, sections 26-27). For workplaces covered by the Health Care and Residential Facilities Regulation (O.Reg.67/93) the workplace shall have adequate lighting to ensure that workers have adequate lighting to perform the work safely. (O.Reg.67/93 sections 22, 25, 26 and 27).
- Ensure that work surfaces likely to cause a worker to slip or fall (i.e. liquid spills) are immediately cleaned up and identified by a conspicuous warning sign (O. Reg. 67/93, sections 33-35).
- Inspect the workplace, including parking lots, to identify any STF hazards. One of the main purposes of the JHSC is to identify workplace hazards, such as working conditions, procedures or anything else that can endanger the health and safety of



workers (OHSA clause 9(18)(a)). To a large extent, this purpose is met by carrying out inspections of the workplace. The JHSC may obtain and review specified types of information (e.g. information identifying potential or existing hazards) from the employer so that corrective action can be recommended per the document "[Guide to the OHSA - Part II: Administration](#)"⁵.

- Implement corrective actions arising from incident investigations, and use incident investigations as an educational tool to prevent re-occurrence in the entire workplace.
- Provide copies of completed hazard assessments and recommendations to senior management for review and further action.

2.3 Workers

Under section 28(1)(d) of the OHSA, workers are required to report to their employer or supervisor any contravention of the OHSA or the regulations or the existence of any known hazard.

Workers are also required to:

- Use or wear required equipment, protective devices or clothing in accordance with the OHSA clause 28(1)(b). For health care workplaces covered by O.Reg.67/93, section 10 applies. This section requires workers to participate in instruction and training in the care and limitations of any protective clothing, equipment or device before wearing /using it for the first time and at regular intervals thereafter applies.
- Participate in STF training, as established by the organization. As per clause 25(2)(a) of the OHSA, an employer shall provide information, instruction and supervision to workers to protect their health and safety. For workplaces covered by O.Reg.67/93, an employer must, in consultation with and upon consideration of the recommendation of the JHSC or HSR, develop, establish and provide training and education programs on hazards inherent in the worker's job.
- Report to the supervisor the absence of or defect in any equipment or protective device of which the worker is aware and which may endanger the worker or another worker.
- In accordance with OHSA clause 28(1)(d), report any hazard or contravention of the Act or regulations to the employer or supervisor. For workplaces where O.Reg.67/93 applies, workers must report hazardous work surfaces to a supervisor (O.Reg.67/93 sub-section 33(3)).

⁵ http://www.labour.gov.on.ca/english/hs/pubs/ohsa/ohsag_part2.php



- No worker shall, use or operate any equipment, machine, device or thing or work in a manner that may endanger himself, herself or any other worker (OHSA clause 28 2 (b)). For workplaces where O.Reg.67/93 applies, machinery or equipment shall be inspected immediately before its use and at regular intervals as recommended by the manufacturer (O.Reg.67/93 clause 44(e)) Ensure that ladders are inspected before use, and used in accordance with the manufacturer's guidelines.
- No worker shall engage in any prank, contest, feat of strength, unnecessary running or rough and boisterous conduct (OHSA clause 28(2)(c)).

Good practice to:

- Walk, not run unnecessarily in a work area.
- Cooperate with JHSC/HSR workplace inspections and accident and incident investigations.
- Use step stools and/or ladders, as needed, rather than chairs or boxes.
- Comply with footwear policy and practices.

In a community care setting, the worker must report all STF hazards to their supervisor/employer according to their workplace STF policy, even if the workplace is a private residence.

2.4 Joint Health & Safety Committees and Health & Safety Representatives

Under Section 9 of the OHSA, JHSCs where required, have the power to identify situations that may be a source of danger or hazard to workers, make recommendations to improve the health and safety of workers and recommend the establishment, maintenance and monitoring of health and safety programs. Additionally, where O. Reg. 67/93 applies, it requires that measures or procedures addressing health and safety programs must be developed in consultation with and in consideration of the recommendation of the JHSC or HSR and have to be reduced to writing. The employers, in consultation with and in consideration of the JHSC or HSR (if any), have to develop, establish and provide, training and education programs in the above health and safety measures and procedures.

As part of their power to inspect the physical condition of the workplace, JHSC/HSRs should include inspection of STF risks and should make recommendations if required for STF controls and measures

The JHSC should consider adopting the following best practices related to the STF prevention program:



- Review effectiveness of STF prevention program if any (i.e. training, guidelines, policy, measures and procedures) and make recommendations, if required.
- Measure and document STF investigation and mitigation activities.
- Review non-compliance, accidents, near misses and inspection reports to identify STF occurrences and locations.
- Provide copies of completed STF hazard assessment/inspection reports to the employer.



Appendix A – Additional Resources

Ministry of Labour

Legislation

The following list provides links to some of the key legislative requirements that may apply. For workplaces where the Health Care and Residential Facilities Regulation does not apply, consideration should be given to other appropriate sections of the OHSA.

Occupational Health and Safety Act, <https://www.ontario.ca/laws/statute/90o01>

Health care and Residential Facilities Regulation (O.Reg.67/93)

[Health care and Residential Facilities Regulation \(O.Reg.67/93\)](http://www.e-laws.gov.on.ca/html/regis/english/elaws_regs_930067_e.htm), http://www.e-laws.gov.on.ca/html/regis/english/elaws_regs_930067_e.htm

Other non-legislative resources include

MOL (2011) *Prevent Slip, Trips, and Fall in all workplaces, Fact Sheet #6*, Ministry of Labour, Queens Printer for Ontario, Toronto, ON available from http://www.labour.gov.on.ca/english/hs/sawo/pubs/fs_falls.php

Public Services Health & Safety Association

PSHSA (2010) *Ergonomic Program Implementation Continuum (EPIC) Fast Facts* [Online] Public Services Health and Safety Association, Toronto, ON available from [Employees Participating in Change \(EPIC\) Program](http://www.pshsa.ca/wp-content/uploads/2013/05/EPIC-Fast-Fact.pdf)
<http://www.pshsa.ca/wp-content/uploads/2013/05/EPIC-Fast-Fact.pdf>

PSHSA (2006) *How to investigate an incident* (online) Fast Facts
http://www.pshsa.ca/wp-content/uploads/2013/02/How_To_Investigate.pdf

PSHSA Basics of Fall Prevention (1/2 day)
A Participatory Approach to Slip, Trip and Fall Prevention (Health) 1 day
<https://www.pshsa.ca/product/a-participatory-approach-to-prevention-slips-trips-and-falls-for-employees-public-safety/>

Canadian Standards Association

CSA (2011) Web site [Online] CSA Toronto, ON available from <http://shop.csa.ca/> The CSA offers several standards addressing the prevention of falls as well as standards for a health and safety management system.



Centers for Disease Control and Prevention – National Institute for Occupational Safety and Health

Bell J, Collins JW, Dalsey E, Sublet V, Centers for Disease Control and Prevention, CDC (2010) *Slip, Trip and Fall Prevention for Healthcare Workers*.

<http://www.cdc.gov/niosh/docs/2011-123/pdfs/2011-123.pdf>

Workers Health and Safety Centre

Walking and Working Surfaces (1/2 day training)

<http://www.whsc.on.ca/>



Health Care Section 21 Committee

Process and Purpose of Guidance Notes

Appendix B

The Ontario Health Care Health and Safety Committee under Section 21 of the *Occupational Health and Safety Act* (the “Health Care Section 21 Committee”) was announced by the Minister of Labour on September 18, 2006. The July 11, 2006 Terms of Reference set out the mandate of the Health Care Section 21 Committee. The Objective of the Health Care Section 21 Committee is to advise and make recommendations to the Minister of Labour on matters relating to occupational health and safety of all health care workers in Ontario. The Scope of the Health Care Section 21 Committee is to review occupational health and safety issues related to health care workers that have provincial impact

Process

This document has been reviewed by the management and labour representatives of the Ontario Health Care Health and Safety Committee appointed under Section 21 of the [Occupational Health and Safety Act \(OHSA\)](#) to ensure that appropriate, consistent information is made available to health care workplaces, to support them in assessing practice against legislative requirements and recommended good practices.

The Committee membership includes:

Members for Organized Labour:

- Canadian Union of Public Employees (CUPE) <http://cupe.ca>
- Ontario Federation of Labour (OFL) <http://www.ofl.ca>
- Ontario Nurses' Association (ONA) <http://www.ona.org>
- Ontario Public Service Employees Union (OPSEU) <http://www.opseu.org>
- Service Employees International Union (SEIU) <http://www.seiu.org>
- Unifor <http://www.unifor.org/>

Members for Employers:

- Ontario Local Health Integration Networks: <http://www.lhins.on.ca/>
- AdvantAge Ontario <http://www.advantageontario.ca/>
- Ontario Community Support Association (OCSA) <http://www.ocsa.on.ca>



- Ontario Home Care Association (OHCA) <http://www.homecareontario.ca>
- Ontario Hospital Association (OHA) <http://www.oha.com>
- Ontario Long Term Care Association (OLTCA) <http://www.oltca.com>

Observers:

The Ministry of Health and Long-Term Care (MOHLTC),
The Ministry of Community and Social Services (MCSS), and
The Public Services Health and Safety Association (PSHSA)

Facilitator:

- The Ministry of Labour