



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

**Guidance Note for Workplace Parties #3  
Occupational Health and Safety (OHS) Education and Training**

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**September 2010**



## About This Guidance Note

This Guidance Note has been prepared to assist the workplace parties in understanding 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 and has no legal effect. 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.



## Health Care Section 21 Committee<sup>1</sup>

### Guidance Note for Workplace Parties # 3 Issue: Occupational Health and Safety Education and Training

#### Process

This document has been reviewed by the management and labour representatives of the Ontario Health Care Health and Safety Committee 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 good practices.

#### 1. Purpose of this Guidance Note

Health Care *Guidance Notes* are intended for all health care organizations, to provide advice to workplace parties related to legislative requirements and 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 health care, treatment, diagnostic services, personal care and/or supportive services in either health care organizations, community service agencies and emergency medical services.

The OHSA requires **all** workplace parties to work together to identify and control health and safety hazards. Workplace health and safety is promoted through partnerships, education and enforcement of the OHSA. The goal of occupational health and safety education is to ensure people have appropriate knowledge at all levels of the workplace so that healthcare workplaces and workers are safe.

Although the actual intent of *Guidance Notes*<sup>2</sup> is to assist the workplace parties in achieving compliance and sharing good practices, Ministry of Labour inspectors may use *Guidance Notes* as an additional resource when conducting inspections and investigations. See Appendix B for information on the process and purpose of Guidance Notes.

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<sup>1</sup> 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 Objectives 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.

## 2. Introduction

This *Guidance Note* addresses the specific recommendations related to worker health and safety training. Education and training referred to in this *Guidance Note* include, but are not limited to worker health and safety training, roles and responsibilities for training regarding worker safety laws and regulations, and education for joint health and safety committees (JHSC)/health and safety representatives.

Training requirements related to other worker health and safety issues may be addressed in *Guidance Notes* developed in the future.

## 3. Relevant Legislative and Regulatory Provisions

### Key Training Requirements under the *OHSA and Relevant Regulations*

#### The Occupational Health and Safety Act (OHSA)

- Under clause 25(2) (a), the employer is responsible to provide information, instruction and supervision to a worker to protect the health or safety of the worker.
- Under clause 25(2)(c), when appointing a supervisor, the employer is responsible to appoint a competent person. As defined in section 1, a competent person is a person who:  
(i) is qualified because of knowledge, training and experience to organize the work and its performance; (ii) is familiar with the Act and regulations that apply to the work; and (iii) has knowledge of any potential or actual danger to health and safety in the workplace.
- Conviction for failure to appoint a competent person as a supervisors under the OHSA could result in fines of up to \$500,000 for a corporation and fines of up to \$25,000 and/or up to one year imprisonment for persons.
- Under clause 26 (1) (k) and (l), the employer is required to provide written instructions as to the measures and procedures to be taken for the protection of workers and to carry out such training programs for workers, supervisors and committee members as may be prescribed in the regulations.
- Under section 32.05 of the OHSA, the employer is required to provide training on workplace violence and harassment policy and programs.
- Under subsection 9 (12), the employer is required to ensure that at least one worker member and one employer member of the JHSC are certified. In accordance with the section 1 of the Act, “certified member” means a committee member who is certified by the Workplace Safety and Insurance Board under the *Workplace Safety and Insurance Act, 1997*, by completing an approved training program.
- Under clause 27 (2) (a) and (b), supervisors are required to advise workers of any potential or actual dangers to worker health and safety of which the supervisor is aware and to provide written instructions, where so prescribed, regarding the measures and procedures to be taken for the protection of workers.
- Under clause 54(1)(p), a Ministry of Labour inspector may require an employer to produce for his or her examination any materials regarding the content, frequency and manner of instruction of any training program for workers. The Ministry of Labour inspector may also attend any training session.

- The OHSA imposes a strict duty on employers to appoint competent supervisors. Supervisors may include those in non-management roles.

### Regulations under the OHSA

Under the requirements of the Health Care and Residential Facilities Regulation (O. Reg 67/93) Section 9 (4), the employer is required to develop, establish and provide training and educational programs in health and safety measures and procedures for workers that are relevant to the workers' work and in doing so to consult the Joint Health and Safety Committee (JHSC) or health and safety representatives and consider their recommendations. The regulation expands on this general worker training requirement by also requiring worker training in specific health and safety areas e.g. personal protective equipment (section 10), confined spaces (sections 43.3, 43.6 and 43.7), and antineoplastic agents (section 97) and as prescribed by the Needle Safety Regulation (O. Reg. 474/07).

The above references do not constitute an exhaustive list. A complete reference to applicable sections of the statutes related to training is listed in *Appendix A*.

## **4. Suggested Good Practices for Workplace Parties on Occupational Health and Safety Training**

### **(a) Supervisory Training**

- In advance of any person commencing a supervisory role(s), he/she should receive training that incorporates and addresses occupational health and safety topics including but not limited to hazard identification and control (e.g. protective measures, PPE) that are within the supervisor's area(s) of responsibility and relevant occupational health and safety legislation and regulations.
- Supervisory training is key to establishing a culture of safety. Supervisory competency training should include at a minimum: health and safety legislation; rights and responsibilities of workplace parties; internal responsibility system (including roles and responsibilities of JHSCs or health and safety representatives); right to refuse unsafe work; workplace safety culture; recognizing, assessing, controlling and eliminating hazards; accident investigation; root cause analysis; and, training for hazards specific to each workplace (including but not limited to musculoskeletal disorders, infection prevention and control, preventing violence in the workplace, needle safety)
- Another important focus of training should be supervisors of workers who perform high risk job functions. Indicators of high risk job functions include: high injury and illness statistics; high number of health and safety concerns raised by workers and/or the JHSC or health and safety representatives; areas where there are numerous health and safety policies and procedures.
- Employers should consider including and/or reviewing for occupational health and safety competency when conducting performance evaluations for supervisors.
- Employers should establish a mechanism to ensure that the health and safety knowledge of supervisors remains current.

### **(b) Orientation**

- Occupational health and safety training should be included in the orientation program for all new and/or transferred workers (including directors, officers, managers, supervisory staff, physicians and regulated healthcare professionals, full-time, seasonal, temporary, casual and part-time employees, regardless of position).

- Orientation should include information on a comprehensive health and safety program including where to reference written occupational health and safety policies and procedures.
- Occupational health and safety training should be included in the orientation program for all new temporary agency staff utilized in the healthcare organization, applicable to their role.
- Initial occupational health and safety training should be provided prior to the worker(s) facing potential or actual hazard(s) and should be relevant to the work assigned to the worker(s).
- Employers should ensure every new worker knows his or her rights and responsibilities, including:
  - The right to participate in health and safety training and safety programs in the workplace;
  - The right to know about hazards they may be exposed to on the job;
  - The responsibility to follow safety procedures and wear any personal protective equipment (PPE) that may be required; and
  - Right to refuse unsafe work section 43.
- New members of Joint Health and Safety Committees (JHSCs) and/or health and safety representatives should be provided with orientation related to their roles and responsibilities.
- Monitoring of the effectiveness of the orientation program should include measurement of the number of injuries/accidents or incidents in the first 4 weeks of employment.

**(c) Training:**

- Training should be provided for all officers, directors, managers, supervisors and workers related to their roles and responsibilities for worker health and safety education.
- Employers should develop, implement and annually review a health and safety training plan for the workplace, in consultation with and considering the recommendations of the JHSC or health and safety representatives.
- Workplace job-specific hazard health and safety training should be provided for all workers.
- Training should be provided to support the introduction of any new or revised health and safety legislation or regulation and/or changes in the workplace's overall health and safety program.
- Training should be provided prior to introducing new equipment, measures or procedures into the workplace. The training should be sufficient for workers to be comfortable, knowledgeable and skilled in the safe use of the equipment, measures or procedures and reviewed regularly.
- Training programs and evaluations should be designed in a way that measures employee knowledge, understanding and application.
- Training should be provided when new patients/residents/clients are admitted or transferred to the workplace and relevant safety/equipment training related to their needs has not already been provided to the workers. Ideally, health care partners should work together to ensure that the training is provided prior to the new admission(s) and/or transition of care.
- Employees re-assigned, transferred or promoted to a new department or position should receive health and safety training, if the re-assignment, transfer or promotion results in exposure to health and safety hazards not present in the previous position.
- Employees returning from long absences (e.g. WSIB, LTD, parental leave) should receive health and safety training if changes have been made during their absence that may impact their health and safety.
- Training should be provided for JHSCs/health and safety representatives, workers and Infection Prevention and Control Committees/Practitioners for the prevention and control of infections as they relate to worker health and safety.

- Training should be provided for JHSCs/health and safety representatives, workers and IPAC Committees/Practitioners in pandemic planning as it relates to worker health and safety.
- Employers should be encouraged have more certified members on the JHSC than is required under the OHSA<sup>3</sup>. When there are larger numbers of certified members, there is a higher probability of achieving a safety culture and well-informed workers. In twenty-four (24) operations, workplace parties should strive to ensure that certified workers are available for all shifts.
- All employers covered by the Health Care and Residential Facilities Regulation (O.Reg 67/93) must ensure that health and safety training is developed in consultation with the JHSC/health and safety representative. Where a training program which has relevance to workers' health and safety, is developed by an external body, such as the MOHLTC IPAC training, the employer should consult on the program and its delivery with the JHSC/health and safety representative prior to delivering the program.

#### (d) Joint Health and Safety Committee (JHSC)

##### Certification Training

Certification is based on a 2-part training process. Both parts must be completed in order to become certified. The JHSC requires at least two members, one representing the employer and one representing workers to be certified [Section (9)12].

WSIB certification training and education involves two mandatory parts: Part One, Basic Certification that provides an overall knowledge of health and safety that applies to all workplaces; and, Part Two, Workplace-Specific Hazard Training that focuses on significant hazards in the workplace. The current training requirements of WSIB are that JHSC members are certified only when they complete both parts (See *WSIB Certification Standards and WSIB Guidelines for Workplace-Specific Hazard Training of Certified Members*).

Although not required under the OHSA, employers should be encouraged to ensure that health and safety representatives receive certification training.

##### JHSC Member Training

All JHSC members (whether certified or not) should be provided with training to assist them to function as effective committee members. For workplaces with health and safety representatives (HSR), this training becomes even more important, due to the fact that HSRs often do not have ready access to health and safety advisors and are faced with independent decision-making.

In workplaces with HSRs, consider establishing linkages for HSRs to consult with colleagues for knowledge exchange and leading practice learning.

Note: Although it is beneficial for all JHSC members and HSRs to have adequate training on their roles, it is not a requirement under the *Act*.

Desirable educational content for all JHSC members and HSRs includes:

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##### <sup>3</sup> Certification requirement

Unless otherwise prescribed, a constructor or employer shall ensure that at least one member of the committee representing the constructor or employer and at least one member representing workers are certified members. RSO. 1990, c.O.1, s. 9(12).

- JHSC [HSR] duties, responsibilities and obligations under the OHSA;
- WSIB and MOL roles, responsibilities and rights;
- Accident investigation and investigative skills;
- Workplace inspection;
- Identifying and controlling health and safety hazards;
- Ergonomics;
- Prevention of violence in the workplace; and
- Health and safety resources.

Enhanced training is available through safe workplace associations, workplace organizations and outside agencies.

**(e) Health and Safety Training – Contractors, Sub-Contractors and Contracted Services on Workplace Premises**

- Although contractors, sub-contractors and workers from contracted agencies are not direct employees of the workplace, employers have a responsibility under the Act to protect their health and safety while in the workplace.
- Employers should consider including a clause related to the health and safety requirements in all contracts and service agreements.
- Employers should ensure that all workers in their workplace have appropriate training with respect to hazards and controls that exist in the workplace

**(f) Unpaid Students and Volunteers**

- Although unpaid students and volunteers are not covered under the Act (they are not defined as “workers” by the Act), employers should take responsibility to protect their health and safety while in the workplace, including the provision of supervision, education and training.
- Although not required under the Act, employers should take all reasonable precautions to ensure that unpaid students and volunteers are not exposed to hazards that could affect their health and safety and others.
- For all unpaid students and volunteers, health and safety orientation should include the following: (i) workplace specific emergency procedures, including first aid, fire safety and security; (ii) an overview of hazards to which they may be exposed and protocols to be used in addressing and reporting hazards; (iii) an overview of the workplace’s procedures for reporting accidents, illnesses, and incidents.

**(g) Job/Task Specific Health and Safety Training**

- The need for job/task specific health and safety training programs should be determined by a training needs assessment that includes a review of the following:
  - (i) Hazard assessment and risk analysis;
  - (ii) Job task analysis;
  - (iii) Review of health and safety inspections and/or audits;
  - (iv) Review of applicable legislation, standards, codes and guidelines;
  - (v) Review of accident statistics and investigations;
  - (vi) Review of minutes, recommendations of and responses to the JHSC and/or health and safety representatives;
  - (vii) Review of past Ministry of Labour orders/reports;
  - (viii) Benchmarking with other organizations;
  - (ix) Consulting with staff, JHSC and/or health and safety representatives.

#### (h) Training Records:

- The Act provides Ministry of Labour inspectors the power to: (i) require employers to produce materials concerning the content, frequency and manner of instruction of any training program; (ii) inspect, examine and copy the materials; (iii) attend any health and safety training program; and (iv) make inquiries of any person in the workplace. Therefore, training records must be accurate, current and readily accessible.
- Training records should clearly indicate the date and length of the training, the learning objectives, the specific content of the session(s) and the names of attendees. The length of the training should be sufficient to cover the required content and allow learning.
- Training records should be promptly completed after training is conducted.
- Where e-records are used and maintained, back-up copies of data should be stored in a separate location.
- The length of time that training records are kept should be in accordance with the workplace's policies and legal requirements.
- Employers should track the status of completion of worker training throughout the year and take action as necessary.
- JHSCs and health and safety representatives should talk with workers while doing their workplace inspections to assess workers' health and safety knowledge and share their expertise in workplace health and safety.

#### (i) Safety Culture:

- Employers should promote a safety culture in the workplace and in workplace training.
- Health and Safety should be an agenda item for every meeting of the governing body and (Board of Directors) and senior management.
- Safety culture is a key focus in the Ministry of Labour's *Safe at Work Ontario* strategy.
- A safety culture refers to the commitment to health and safety and how information is shared, reported and used for health and safety improvement in the workplace.
- Safety culture refers to full commitment by employers and workers to the Internal Responsibility System (IRS). The IRS is based on the principle that the workplace parties are in the best position to identify and evaluate workplace hazards and to develop health and safety measures.
- Key to an effective IRS is top down commitment, responsibility and accountability starting with the Board of Directors and chief executive officer/administrator to managers, supervisors and the workers. While not explicit in Ontario's Occupational Health and Safety Act, this law provides a framework for the establishment of the IRS by defining rights and duties for all workplace parties.
- Organizations with a positive workplace safety culture have communications founded on mutual trust and shared perceptions of the importance of safety and confidence in the efficacy of prevention measures.  
(*Health and Safety Commission in the U.K., page 1171 of the SARS Commission Final Report*)
- Various studies suggest that the following factors are characteristic of organizations with positive safety culture:
  - (i) Leadership and commitment from the chief executive;
  - (ii) Executive safety role in line management;
  - (iii) Involvement of all employees;
  - (iv) Effective communications and commonly understood and agreed upon goals;
  - (v) Good organizational learning and responsiveness to change; and
  - (vi) A questioning attitude and rigorous and prudent approach by all.(*The Institute of Engineering and Technology, page 1172 of the Independent SARS Commission Final Report*)
- Achievement of a safety culture includes achievement and sustainability of supervisory competency.
- A positive workplace safety culture is an important contributing factor in good safety performance and has an important influence on the transfer of training knowledge.

## Education and Training Evaluation

- Health and safety training should be evaluated by participants and by the employer.
- Participant evaluation should include ongoing evaluation of learning and final evaluation of course content.
- Employer evaluation should include evaluation of program design, effectiveness of training methodologies and outcomes of training.
- JHSC members may also be involved in evaluating health and safety training. The JHSC could audit training and assess the following:
  - Is appropriate training provided for employees newly assigned to a job?
  - Is training provided on the use of personal protective equipment?
  - Are all employees properly trained in equipment use, including emergency equipment as applicable to potential job hazards?
  - Do all employees demonstrate their responsibility to follow safety procedures and wear PPE as required?



## Appendix A

### Legislation, Codes, Standards and Guidelines

#### Statutes and Regulations

1. Occupational Health and Safety Act, R.S.O., 1990 c.0.1
2. Health Care and Residential Facilities Regulation, O.Reg. 67/93
3. WHMIS Regulation, O. Reg. 860/90
4. Needle Safety Regulation, O.Reg.474/07

#### Ministry of Labour Publications

For more information about the Safe at Work Ontario strategy, see:  
<http://www.labour.gov.on.ca/english/hs/sawo/index.html>

#### Standards and Guidelines

The workplace parties, when following this guidance note should consider existing codes, standards and good practices such as the following:

#### Other Information

Web sites of the various healthcare unions, employers, associations and SWAs also have additional information, including documents that outline a step-by-step process to help joint health and safety committees and health and safety representatives ensure workplace compliance, and sample written recommendations that can be tailored to the needs of individual workplaces.

[Public Services Health & Safety Association](http://www.healthandsafetyontario.ca) - Community and Healthcare Team  
[www.healthandsafetyontario.ca](http://www.healthandsafetyontario.ca) or <http://www.osach.ca>



## Health Care Section 21 Committee<sup>1</sup>

### Process and Purpose of Guidance Notes Appendix B

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#### 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* (OHS) 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.

#### Purpose

Health Care *Guidance Notes* are intended for all healthcare organizations, to provide advice to workplace parties related to legislative requirements and 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.

The intent of *Guidance Notes* is to assist the workplace parties in achieving compliance with the *Occupational Health and Safety Act* as well as sharing good practices. *Guidance Notes* are also intended to assist other parties who play decision-making roles that may impact occupational health and safety (OHS) in the health care sector.

Although the actual intent of *Guidance Notes* is to assist the workplace parties in achieving compliance with the *Occupational Health and Safety Act* and sharing good practices, Ministry of Labour inspectors may use *Guidance Notes* as an additional resource when conducting inspections and investigations.

Health Care *Guidance Notes* have been prepared and approved by the Members of the Health Care Section 21 Committee.

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<sup>1</sup> 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

The Committee membership includes:

Members for Organized Labour:

- Canadian Auto Workers Union (CAW) <http://www.caw.ca>
- Canadian Union of Public Employees (CUPE) <http://www.cupe.on.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>

Members for Employers:

- Ontario Association of Community Care Access Centres (OACCAC) <http://www.ccac-ont.ca>
- Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS) <http://www.oanhss.org>
- 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>

Additional resources include:

Observers:

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

Facilitator:

- The Ministry of Labour