



Health Care Section 21 Committee¹

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, and community service agencies.

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* is to assist the workplace parties in achieving compliance and sharing good practices, Ministry of Labour, Training and Skills Development inspectors may use *Guidance Notes* as an additional resource when conducting inspections and investigations.

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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 (Now the Minister of Labour, Training and Skills Development) 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, Training and Skills Development 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.

Guidance Notes are presented to the Ministry of Labour, Training and Skills Development prior to publication. The recommendations made in Guidance Notes are not endorsed by the Ministry of Labour, Training and Skills Development but are intended to clarify legislation and cite good practices.

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.

Workplaces requiring assistance with respect to the interpretation of the legislation and its potential application in specific circumstances are advised to contact their legal counsel.

While this Guidance Note will also be available to Ministry of Labour, Training and Skills Development (MLTSD) 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.

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*

(a) 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 subsection 1(1) of the OHSA, a competent person is a person who:
 - (a) is qualified because of knowledge, training and experience to organize the work and its performance; (b) is familiar with the Act and regulations that apply to the work; and (c) has knowledge of any potential or actual danger to health or safety in the workplace. The OHSA imposes a strict duty on employers to appoint competent supervisors. Supervisors may include those in non-management roles.
- Convictions for health and safety contraventions, such as failure of the employer to appoint a competent person as a supervisor under the OHSA (clause 25(2)(c)) could result in fines of up to \$1,500,000 for a corporation and fines of up to \$100,000 and/or up to one year imprisonment for persons.
- Under clause 26 (1) (k) and (l), the employer is required to provide a worker with written instructions as to the measures and procedures to be taken for the protection of workers where prescribed in the regulations and to carry out such training programs for workers, supervisors and committee members as may be prescribed in the regulations.
- Under clause 32.0.5 (2)(a) and section 32.0.8 of the OHSA, the employer is required to provide a worker with information and instruction that is appropriate for the worker on the contents of the policy and program with respect to workplace violence and workplace harassment.
- 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 members. In accordance with subsection 1(1) of the Act, “certified member” means a committee member who is certified under section 7.6 of the OHSA as having completed an approved training program approved by the Chief Prevention Officer.

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 members [Subsection 9(12)].

For more information on JHSCs, please see:

<https://www.labour.gov.on.ca/english/hs/topics/certification.php>

Certification training (established by the Chief Prevention Officer (CPO) of the Ministry of Labour, Training and Skills Development 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 MOL are that JHSC members are certified only when they complete both parts (See *WSIB website on certification training: <https://www.wsib.ca/en/businesses/health-and-safety/training/certification>*. See also Regulation 297/13 Occupational Health and Safety Awareness and Training).

- Under clause 27 (2) (a) and (b), supervisors are required to advise workers of any potential or actual danger 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, Training and Skills Development (MLTSD) 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. The Ministry inspector may also attend any training session.

(b) Regulations under the OHSA

For those workplaces regulated under the Health Care and Residential Facilities Regulation (O. Reg 67/93, employers must, in consultation with and consideration of the recommendation of the JHSC or Health and Safety Representative (HSR) develop, establish and provide training on health and safety measures and procedures that are relevant to the workers' work.

Where applicable, 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).

In addition to the above training, Regulation 297/13 Occupational Health and Safety Awareness and Training also requires employers to ensure that their workers (including supervisors have completed basic occupational health and safety awareness training as set out in this regulation. O. Reg 297/13 requires employers to ensure that workers complete a basic occupational health and safety awareness training as soon as reasonably possible.

The training program for workers must include instruction on:

1. duties and rights of workers under OHSA
2. duties of employers and supervisors under OHSA
3. roles of health and safety representatives and Joint Health and Safety Committees (JHSCs) under OHSA
4. roles of the MLTSD, Workplace Safety and Insurance Board and entities under OHSA Section 22.5
5. common workplace hazards
6. requirements in [Regulation 860](#) [Workplace Hazardous Materials Information System (WHMIS)] regarding information and instruction on controlled products and
7. occupational illness, including latency. [O. Reg. 297/13, Subsection 1(3)]

O. Reg 297/13 also requires employers to ensure that worker who is also a supervisor completes additional basic occupational health and safety awareness training that meets additional requirements in section 2 of that regulation within a week of performing supervisory duties.

One way to comply with O. Reg. 297/13 is to complete the MOL awareness training. Employers should know that completing this training does not ensure that the supervisor they assign is competent (see definition at page 4). Further qualifications, experience, knowledge and training, including familiarity with the site-specific hazards may be necessary to ensure competency.

Section 2 of the O. Reg 297/13 requires employers to ensure that Supervisors complete basic occupational health and safety awareness training that meets the requirements set out in subsection 2(3) of this regulation within one week of performing work as a supervisor:

A basic occupational health and safety awareness training program for supervisors must include instruction on the following:

1. The duties and rights of workers under the Act.
2. The duties of employers and supervisors under the Act.
3. The roles of health and safety representatives and joint health and safety committees under the Act.
4. The roles of the Ministry, the Workplace Safety and Insurance Board and entities designated under section 22.5 of the Act with respect to occupational health and safety.
5. How to recognize, assess and control workplace hazards, and evaluate those controls.
6. Sources of information on occupational health and safety.

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. Safety Culture:

- Employers should promote a safety culture in the workplace and in workplace training.
- Occupational 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 MLTSD'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 fully demonstrated 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 also contribute to the development of health and safety measures and procedures for implementation. The employer has the most responsibility to ensure that the measures and procedures prescribed are carried out in the workplace.
- 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 workers;
 - (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.

5. 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, along with the content that is required in the Awareness training (see section 3(b) on regulations)), additional content such as: 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; risk assessments 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). It is also highly recommended that supervisors are taught about all employer safety related policies, measures, procedures and training and multiple case scenarios that can help them in their role as a supervisor.
- Another important focus should be training supervisors of workers who perform duties within their role that are high risk. 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 and for example in the community care sector, motor vehicle safety has been identified as one of the top 3 risk factors². Therefore, greater emphasis should be given to reduce the risk through the above - mentioned training.
- Employers should consider performance measures for Supervisor competency as it relates to occupational health and safety appraisals.
- Employers should establish a mechanism to ensure that the health and safety knowledge of supervisors remains current.

² PSHSA: Community Care: A Tool to Reduce Workplace Hazards:
<https://na01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.pshsa.ca%2Fproducts%2Fcommunity-care-a-tool-to-reduce-workplace-hazards-2%2F&data=02%7C01%7CJennifer.Stanley%40ontario.ca%7Cda5655a4cd094467082508d62de37b0c%7Ccddc1229ac2a4b97b78a0e5cacb5865c%7C0%7C0%7C636746852856697161&sdata=2qmamSCSyPIid8VLWIRGpCFIB6ez2iyglV96EmmRlaA%3D&reserved=0>

(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 workers, regardless of position, as well as students who are defined as workers under the Occupational Health and Safety Act. It is also best practice to train volunteers.
Re-orientation training of health and safety policies and practices should also be considered when a worker is returning to the workplace after a prolonged absence from work.
- The requirements of basic occupational health and safety awareness training under O Reg. 297/13 must be met. Orientation is a good opportunity to complete these requirements.
- Orientation should include information on a comprehensive health and safety program including where to find written occupational health and safety policies, the programs to implement the policies, and measures 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.
- It is recommended that occupational health and safety training should also include topics related to workplace violence such as, but not limited to triggers, cycle of aggression, de-escalation techniques, and protective factors such as break free, blocks and self-protection/defense, safe take downs, restraints etc. and safe work measures, procedures and controls for identified risks where necessary.
- 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).
- 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. (E.g. crisis intervention training, training on Flagging, alarms etc.)
- Occupational health and safety training should also include topics related to workplace violence such as, but not limited to triggers, cycle of aggression, de-escalation techniques, and protective factors such as break free, blocks and self-protection/defense, safe take downs, restraints etc. and safe work measures, procedures and controls for identified risks where necessary.
- 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, personal protective 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 worker 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.
- Workers 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.
- Workers 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 to have more certified members on the JHSC than is required under the OHS³(all members if possible). 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, , 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

Note: It would be a best practice to provide certification to all members of the JHSC and HSRs.

Desirable educational content for all JHSC members and HSRs includes:

- JHSC [HSR] duties, responsibilities and obligations under the OHS³;
- WSIB and MOL roles, responsibilities and rights;
- Accident investigation and investigative skills;
- Workplace inspection;
- Risk assessments
- Identifying and controlling health and safety hazards;
- Ergonomics;
- Prevention of violence in the workplace; and
- Health and safety resources.
- Effective JHSC training

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

³ 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 Member Training

All JHSC members (whether certified or not) should be provided with training to assist them to function as effective committee members.

Health and Safety Representatives

Although voluntary and not required under the OHSA, employers are encouraged to provide certification training to health and safety representatives.

For workplaces with health and safety representatives (HSRs), 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.

The prevention system has developed a program for HSRs that employers can provide to their representatives: <https://www.pshsa.ca/product/hsr-basic-training/>.

For more information on training, please see:

- Information on the Health and Safety Representatives, including HSR Basic training and guidelines:
https://www.labour.gov.on.ca/english/hs/pubs/hs_representatives.php#training
- The voluntary [basic training program guideline](#) and an accompanying [basic training provider guideline](#).

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

(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 workers of the workplace, employers have a responsibility under the Act to also 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) Volunteers

- Although 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 volunteers are not exposed to hazards that could affect their health and safety.
- For all 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 occupational accident/illness statistics and investigations;
- (vi) Review of minutes, recommendations of and responses to the JHSC and/or health and safety representatives;
- (vii) Review of past MLTSD orders/reports;
- (viii) Benchmarking with other organizations;
- (ix) Consulting with staff, JHSC and/or health and safety representatives.

- (h)** The Health Care Leadership Table on workplace violence developed a training matrix that should be completed to determine other training needs of workers:
https://www.pshsa.ca/wp-content/uploads/2017/03/P9_VPRTLAEN0317-Training-Matrix.pdf

The training matrix is intended to be used to assess risk and the associated training and education required for each unit based on their own unique setting, environment, patient population and established training. It is recommended that this tool be filled out by a multi-stakeholder assessment team”.

(i) Training Records:

- The Act provides MLTSD 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 and make recommendations when training gaps are identified

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6. 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, any gaps in training, competency and final evaluation of course content.
- Employer evaluation should include evaluation of program design, effectiveness of training methodologies, gaps in program content and outcomes of training to ensure competency and consistent application.
- JHSC members may also be involved in evaluating health and safety training and with respect to hazards that the JHSC has identified gaps in the training program. The JHSC could audit training during workplace inspections, accident investigations and through other information provided to the JHSC and assess the following:
 - Is appropriate training provided for workers newly assigned to a job and all existing workers?
 - Is training provided on the use of personal protective equipment?
 - Are all workers properly trained in equipment use, including emergency equipment as applicable to potential job hazards?
 - Do all workers 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
5. Regulation 297/13 Occupational Health and Safety Awareness and Training

Ministry of Labour, Training and Skills Development Publications

For more information about the Safe at Work Ontario strategy, see:

<https://www.labour.gov.on.ca/english/hs/sawo/>

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

Training Matrix – workplace-violence.ca

https://www.pshsa.ca/wp-content/uploads/2017/03/P9_VPRTLAEN0317-Training-Matrix.pdf

The Committee membership includes:

Members for Organized Labour:

- Unifor <http://www.unifor.org/en> 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's Local Health Integration Networks (LHINs) <http://www.lhins.on.ca/>
- AdvantAge Ontario <https://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 (MOH)/Ministry of Long-Term Care (MLTC)
The Ministry of Children, Community and Social Services
Public Services Health and Safety Association (PSHSA)

Facilitator:

The Ministry of Labour, Training and Skills Development