



Guidance Note # 10

Guidance for Workplace Parties Regarding the Internal Responsibility System (IRS)

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* ("the Act") and the regulations. It is not intended to replace the Act or the regulations made under the Act 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, Training and Skills Development (MLTSD) inspectors, they will apply and enforce the Act 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.

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)¹ 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.

¹The 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 objective of the Health Care Section 21 Committee is to advise and make recommendations to the Ministry of Labour, Training and Skills Development on matters relating to OHS of all health care workers in Ontario. The scope of the Health Care Section 21 Committee is to review OHS 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.

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 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.

This guidance note is intended to assist Boards of Directors, CEOs, employers, health care administrators, others with decision-making roles, supervisors, health care workers, joint health and safety committees (JHSCs), health and safety representatives (HSRs) and trade union representatives in all health care workplaces to recognize their rights and duties in law and to strive to achieve an effective internal responsibility system (IRS) within the workplace. It is of particular importance for the workplace parties to understand the IRS and the role that all workplace parties play in creating a comprehensive, robust IRS and safety culture.

For more information on the membership of the Section 21 Committee refer to Appendix D.

1. Introduction - Description of 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 solutions, measures and procedures that protect all workplace parties from injury and illness. (Additional information on the historical background for this principle is provided in Appendix A). To help with the IRS, it is important to have support from the top, where there is responsibility and accountability, starting with the Board of Directors and chief executive officer/administrator, to the managers, supervisors and finally to the workers.

While not explicit in OHSA, the law provides a framework for the establishment of the IRS by defining rights and duties for workplace parties. Workplace parties are expected to work towards a joint partnership in matters of health and safety, but an IRS does not develop overnight. It has been suggested that as an IRS improves, the level of compliance with the OHSA and its Regulations will move from enforced compliance, through self-compliance to exceeding legal requirements and doing the right thing. Every workplace should utilize the information contained in this guidance note and build a comprehensive and robust IRS that moves to ethical compliance and in which everyone is committed to occupational health and safety in the workplace.

2. Relevant Statutory and Regulatory Provisions

Several provisions of the OHSA are designed to foster the IRS, including the rights and duties of employers, supervisors, workers and trade unions (where they exist in workplaces). For more information see Appendix B. Sections 8 and 9 of the OHSA respectively, set out the rights and duties of HSRs and JHSCs.

Employers have the ultimate responsibility for occupational health and safety in their workplaces. Their core responsibilities are outlined in sections 25 and 26 of the OHSA. Employers have other obligations – such as specific duties around violence and harassment in sections 32.0.1 through to 32.0.8. Employers are required to ensure that all workers and supervisors complete a mandatory occupational health and safety awareness training per the Occupational Health and Safety Awareness and Training regulation.

In addition, directors and officers of a corporation have specific duties in section 32 of the OHSA.

Supervisors have duties specific to them under Sections 27 and 32.0.5(1), (3) and (4) of the OHSA. Workers can find their legal duties in sections 28 and 32.0.5(1) of the OHSA.

Owners have duties under section 29 of the OHSA.

Legislated rights and duties are outlined in the MLTSD Guide to the OHSA and the OHSA; see <https://www.ontario.ca/document/guide-occupational-health-and-safety-act>. For an accurate reference, consult the appropriate legislation. The OHSA and its regulations can be found on the Ontario government's online data base of statutes and regulations at: <http://www.e-laws.gov.on.ca/index.html>

3. Guidance for Workplace Parties and Key Decision Makers

Employers, supervisors and other decision makers in the health care sector should understand that when they are reviewing issues, assessing hazards, preparing policies, measures, procedures, education and training and generally making decisions within the scope of their authority under the OHSA, that these decisions may impact the occupational health and safety of workers in the health care sector. It is considered good practice during the decision making process to apply the precautionary principle as described on page 24 of the final [SARS Commission Report](#) ["we cannot wait for scientific certainty before we take reasonable steps to reduce risk"].

(1) Employers (including Directors and Officers of the corporation)

It is mandatory under the legislation for employers to ensure that:

- Reporting requirements under sections 51 and 52 of the OHSA and under O. Reg. 420/21 are being met. These sections require the employer to provide information to the Ministry of Labour, Training and Skills Development (MLTSD), JHSC or HSR, and the trade union(s) where one exists.
- Individuals appointed as supervisors are “competent” under the OHSA.
- Management consults with the JHSC or the HSR, where required, and the JHSC or HSR monitors the state of occupational health and safety and makes recommendations for improvement.

- The development and implementation of OHS education and training programs is carried out in consultation with the JHSC or HSR². See [Guidance Note #3](#) for more details on workplace education and training.
- An effective means of communicating OHS information for both routine and emergency situations has been developed and implemented and is maintained. See [Guidance Note #1](#) on Effective Communications Processes for Occupational Health and Safety (OHS).

It is good practice for employers to implement the following:

- (a) The CEO/Health Administrator is personally committed to continuous improvement in Occupational Health and Safety (OHS) and to creating an effective IRS. The CEO/Health Administrator can show his/her ongoing commitment by ensuring that:
 - The employer/supervisors understand that day-to-day health and safety functions and corrective actions are the responsibility of the employer and the supervisor and health and safety is an integral component of all workplace planning and operations.
 - Relevant purchasing decisions should take into account occupational health and safety concerns and be made in consultation with the JHSC or HSR. Examples of purchasing decisions with health and safety impacts are the purchase of new equipment, and the introduction of new substances including chemicals such as laboratory reagents and cleaning solutions.
 - When technologies (e.g. lasers, MRIs) are introduced, occupational health and safety is considered to protect workers from new hazards and the introduction is carried out in consultation with the JHSC or HSR.
- (b) Senior management receives training on the employer's OHS obligations.
- (c) Senior management has a process in place to keep them informed of critical OHS developments and any failures of the occupational health and safety system.
- (d) Senior management has a process to issue directives on remedial action for any failures of the occupational health and safety system.
- (e) OHS is put on the agenda for every Board of Directors' meeting.

An employer can facilitate the functioning of an effective JHSC by ensuring that:

- JHSC meetings are held regularly;
- Senior management meets regularly with the JHSC Co-Chairs;
- The JHSC reviews health and safety policies and programs and requests information from and makes recommendations to the employer;
- All reports having impact on occupational health and safety are presented to the JHSC;
- A worker member of the JHSC conducts monthly workplace inspections;
- A worker member of the JHSC participates in critical injury, fatality, and work refusal investigations;

² This point is a legal requirement for workplaces covered under O. Reg. 67/93 and a good practice for others in the health care sector.

- The JHSC analyzes reports of accidents, and injuries/illnesses and fatalities to ensure that steps have been taken to prevent a recurrence;
- All JHSC members receive certification training;
- Timely written responses are provided to recommendations made by the JHSC; and
- In addition to posting health and safety materials required under the legislation, the minutes of the JHSC are posted or made readily available for review by the workers.

(2) Supervisors

Employers are required to ensure that supervisors (e.g. a Charge Nurse in a long-term care home) complete a mandatory occupational health and safety awareness training program. In addition, supervisors are required to be “competent” as defined in the OHS. A worker assigned the responsibility to act in the capacity of supervisor must be [competent under the OHS](#). This requires a combination of knowledge, training, and experience so that supervisors can understand and apply the knowledge to the work. See [Guidance Note #3](#) for more details on workplace education and training and the definition of a competent supervisor under Subsection 1(1) of the *OHS*.

It is mandatory for supervisors to:

- Be trained on and understand the OHS and the regulations that apply to the workplace.
- Be trained on and understand their OHS obligations, including the work refusal procedure.
- Be trained on the duties of employers, supervisors, workers and the where they exist.
- Be knowledgeable of the safe operating procedures and emergency contingency plans.
- Be trained on and understand the actual and potential hazards of the workplace.
- Take immediate corrective action on OHS hazards because they have the skills, knowledge, and authority to correct and report to the employer on the corrective actions taken.
- Report to the employer any existing potential hazards.

It is a good practice for supervisors to:

- (a) Keep senior management informed of critical OHS developments and any failures of the OHS system.
- (b) Understand that day-to-day OHS functions and that corrective actions are the responsibility of the employer and supervisor.
- (c) Be accountable to senior management for OHS and the development of an effective IRS.

(3) Joint Health and Safety Committee and Health and Safety Representatives

JHSCs are required in any workplace at which twenty or more workers are regularly employed. In smaller workplaces (between 6 and 19 workers), the OHSA requires that there be a health and safety representative (HSR). The HSR plays a role similar to the JHSC. Where they exist, JHSCs and HSRs are a critical part of an effective and functional IRS. The JHSC and HSR both have a number of principal functions, including the following:

- To monitor the employer's health and safety system;
- To identify and evaluate potential hazards and recommend corrective action;
- To make recommendations to improve workers' health and safety³;
- To follow up/monitor implemented recommendations;
- A designated worker member of the JHSC or the HSR is required to perform monthly inspections of the workplace (or where not practical to inspect the entire workplace once per month, at least once per year, and inspecting part of the workplace each month);
- To obtain information related to occupational health and safety in the workplace; and
- To be consulted about the development of measures, procedures and training for the health and safety of workers. This is a legal requirement for the JHSC workplaces covered under O. Reg. 67/93 and is a good practice for others in the health care sector.

While the OHSA requires the JHSC to have at least one management and one worker representative who are "certified", ideally all members of the JHSC should receive [certification training](#) to be able to effectively carry out their obligations and participate in meaningful consultations with the employer if the workplace parties are to develop an effective IRS that moves the workplace from compliance to exceeding the legal requirements (doing the right thing).

There is voluntary [training available](#) to a HSR to be able to effectively carry out their obligations. If the workplace parties are to develop an effective IRS that moves the workplace to from compliance to exceeding the legal requirements (doing the right thing), the HSR should be trained to be able to participate in meaningful consultations with the employer. Ideally HSRs would receive the same certification training required of certified members of JHSCs.

It is mandatory for the JHSC members or the HSR to/that:

- Be consulted by the employer on the development and implementation of policies, measures, procedures, education, and training programs. This includes training for the JHSC/HSR, workers and supervisors.
- Be consulted by the employer in the development and implementation of hazard specific training programs. This includes training for the JHSC/HSR, workers and supervisors.
- Worker members of the JHSC must be provided with time to prepare prior to each JHSC meeting ⁴

³ Where a JHSC has not been able to reach agreement on a recommendation following good faith attempts to do so, a single co-chair may submit a written recommendation to the employer

⁴ *It is a legal requirement for JHSC members to be provided with a minimum of one hour to prepare for JHSC meetings. It is good practice to provide preparation time for HSR.*

It would be considered good practice for all JHSC members or the HSR to:

- (a) Receive augmented training (to that received as a worker) on and understand the OHSA and the regulations that apply to the workplace that would help them in the roles.
- (b) Receive training on and understand their occupational health and safety rights and obligations, including the work refusal procedure and functions of a JHSC or HSR as applicable to the workplace.
- (c) Receive training on the rights and duties under the OHSA of employers, supervisors, suppliers, workers, and the trade union(s) where they exist.
- (d) Be consulted by the employer to ensure that purchasing decisions reflect OHS principles including the precautionary principle.
- (e) Be consulted by the employer prior to the introduction of new technologies.
- (f) Be provided with accurate sources of technical information.
- (g) Be provided the time necessary to research issues and concerns. Be provided with the necessary support services. This may include a filing cabinet and access to a computer with internet.
- (h) Be trained to identify hazards specific to the workplace.
- (i) Be trained to conduct risk assessments of the workplace.
- (j) Be trained to assess the quality of OHS measures and procedures.
- (k) Be trained to conduct training needs assessments of the workplace.

Some legal requirements relating to JHSC include ensuring that:

- JHSC meetings are held regularly and at least once every 3 months.
- The JHSC is consulted about measures and procedures for worker health and safety, and the training related to these for workplaces covered under O. Reg. 67/93.
- The JHSC may make written recommendations to the employer related to health and safety concerns at the workplace.
- The worker members conduct regularly scheduled workplace inspections.
- The worker members of the JHSC investigate the scene of a critical injury or fatality and participate in work refusals.
- As required under sections 51 (notice) and 52 (report) of the OHSA, the JHSC receives reports of fatalities, critical injuries and accidents resulting in lost-time or medical aid within the legislated time frames.
- Certified members have been selected and trained.

The JHSC can function more effective when:

- The Co-Chairs have regular meetings with senior management;
- All reports having an impact on OHS are presented to the JHSC;
- The committee can analyze fatality, critical injury and accident reports received to ensure that the employer has taken steps to prevent a recurrence and can make recommendations it feels appropriate to improve workers' health and safety;
- In addition to reports required under sections 51 and 52, 53 (OHSA) of the OHSA, the JHSC receives reports on accidents resulting in first aid which it can analyze for injury trends; and
- JHSC members are trained.

The HSR can function more effectively by requesting and/or recommending:

- regular meetings with senior management.
- that all reports having an impact on OHS including reports on accidents resulting in first aid are presented to him/her.
- that the HSR can analyze the reports to ensure the employer has taken steps to prevent a recurrence and can make recommendations he/she feels appropriate.

(4) Workers

Workers have a general duty to take responsibility for personal health and safety, which means they should not behave or operate equipment in a way that would endanger themselves or others. Section 28 of OHSA lists additional specific duties:

- Work in compliance with the Act and regulations;
- Use any equipment, protective devices or clothing required by the employer;
- Tell the employer or supervisor about any known missing or defective equipment or protective device that may be dangerous;
- Report any known workplace hazard or violation of the Act to the employer or supervisor;
- Not remove or make ineffective any protective device required by the employer or by the regulations.

The OHSA provides workers with statutory rights. These include the right to know about hazards to which they may be exposed in the workplace, the right to participate in a process with the employer to address those hazards and the [right to refuse unsafe work](#). Many health care workers have a limited⁵ right to refuse under subsection 43(1) and subclause 43(2)(d)(i) of the Act but the right still exists. Workers also have the right to receive mandatory [occupational health and safety awareness training](#) in addition to hazard specific training and other training required under the OHSA and regulations. See [Guidance Note #3](#) for more details on workplace education and training.

⁵ Health care workers working in the community care field may not have these restrictions. For details, see: [Guide to the Occupational Health and Safety Act: Part V: Right to refuse or to stop work where health and safety in danger | Ontario.ca](#)

For more information refer to the Ministry of Labour, Training and Skills Development Guide to OHSA and to the *Occupational Health and Safety Act*. Refer to Appendix C for e-links.

If workers are to participate in building an effective IRS that moves from compliance to exceeding the legal requirements (doing the right thing), they will need training to become knowledgeable about their rights and duties under the OHSA and be given some authority to take action to correct health and safety hazards.

The Occupational health and safety awareness training provides a basic understanding of the Occupational Health and Safety Act (OHSA), and does not replace any sector specific, hazard specific, or competency specific training.

The Occupational Health and Safety Awareness and Training regulation requires health and safety awareness training for every worker and supervisor under the Occupational Health and Safety Act (OHSA). In addition, it is a good practice for workers to:

- (a) Attend other training on and be able to demonstrate an understanding of the OHSA and the regulations that apply to the workplace;
- (b) Attend other training on and be able to demonstrate an understanding of their OHS rights and obligations, including the work refusal procedure, function of the JHSC or HSR as applicable to the workplace;
- (c) Attend other training on the rights and duties under the OHSA of employers, supervisors, suppliers, workers, and the trade union(s) where they exist and be able to demonstrate an understanding of the legislation;
- (d) Attend training and be able to demonstrate an understanding of the hazards specific to the workplace and the work they perform;
- (e) Attend education or training and be able to demonstrate an understanding of the measures and procedures established to protect their health and safety; and
- (f) Take immediate corrective action on OHS hazards that they have the skills, knowledge, and authority to correct and report to the employer or supervisor on the corrective actions taken.

(5) Trade unions

In addition to their rights under the OHSA, many unions have technical expertise regarding OHS issues. Unions often have knowledge of the OHS experience, work practices and standards in similar or other industries in Ontario and often across Canada and internationally. Where a trade union exists in a workplace, this knowledge and expertise can be used to assist the work of the JHSC or HSR.

It would be considered good practice for trade unions to provide:

- (a) support, advice, assistance, and resources as appropriate to the circumstances to worker members of the JHSC or HSR;
- (b) opportunities for their members to discuss OHS issues at union meetings; and
- (c) health and safety education for their members.

For additional information on trade union rights and duties under OHSA, see Appendix B.

For additional information, contact the Ministry of Labour, Training and Skills Development office nearest you. Please visit the Ministry of Labour, Training and Skills Development web site at: www.labour.gov.on.ca



Appendix A

Historical Background

In the 1960's and 70's workers became increasingly dissatisfied with the state of health and safety in their workplaces. An important event in Canadian occupational health and safety history occurred in 1974 when Elliot Lake miners, alarmed about the high incidence of lung cancer and silicosis among them, engaged in a strike over health and safety conditions. The Ontario government responded by appointing Dr. James Ham to chair a Royal Commission into health and safety in mines. His 1976 report, known as the Ham Commission Report, is considered a seminal work which led the way to the establishment of the IRS as the implicit framework around which all modern Canadian occupational health and safety legislation is built.

Ham referred to the JHSC as the cornerstone of the IRS. Ontario health and safety legislation that came into effect in 1978 was based on the Commission's vision of an IRS.

The Commission considers the essential role of the joint committee to be that of providing a consultative forum for constructive and critical review of the status of the health and safety of workers as reflected in the performance of the responsibility system, both internal and external to local operations. It is a forum of consultation between those with the ability to contribute and those accountable for deciding what is to be done.

– Ham Commission Report (1976)

Not only do JHSCs and HSRs perform advisory roles in workplace health and safety, they provide expression for the collective voice of workers in occupational health and safety. According to Dr. James Ham,

The worker as an individual, and workers collectively, have been denied effective participation in tackling these problems; thus the essential principles of openness and natural justice have not received adequate expression

–Ham Commission Report (1976), p. 6.

In the 1980's the Ontario government commissioned an independent review of the Ministry of Labour (now the Ministry of Labour, Training and Skills Development) health and safety division. The Mackenzie Laskin study looked at the IRS and found:

“For the system to be effective, the complete line of command, from the Board of Directors through the chief executive, managers, supervisors and workers, must be accountable for health and safety in the workplace....Support from the top is vital; the chief executive who sets health and safety as an equal and integral part of the management process, along with productivity and cost control, will achieve direct benefits in the form of a better health and safety record, and indirect benefits through improved morale, employee pride in their company and public recognition.”

The investigators further commented that a successful IRS needs:

- *“commitment by senior management to provide for meaningful worker participation in health and safety matters;*
- *access by workers to relevant information on health and safety matters;*
- *education and training on health and safety for workers and management personnel; and*
- *consistent enforcement of the Act and meaningful penalties for those who violate the rules”*

Recent history has shown that a strong and effective joint health and safety committee is an integral part of the internal responsibility system to protect the health, safety and lives of workers. The final report of Justice Archie Campbell’s SARS Commission, released in January 2007, made several recommendations pertaining to joint health and safety committees:

That in any future infectious disease outbreak the emergency response ensure the involvement of Joint Health and Safety Committees in a manner consistent with their statutory role in keeping workplaces safe.

That worker safety programs at health care institutions include training for senior management on their roles and responsibilities with regard to Joint Health and Safety Committees.

That management and worker representatives on Joint Health and Safety Committees be provided with appropriate training and sufficient time from their duties to fulfill their JHSC obligations in a meaningful way, especially during public health crises.

– SARS Commission Spring of Fear Recommendations (2007)

The SARS Commission also recommended effective communication systems to ensure all workplace parties including the joint health and safety committee be informed of infectious disease outbreaks in a timely manner and that the role of the Ministry of Health and Ministry of Labour, Training, Skills and Development be fully communicated to the joint health and safety committee. It further recommended a review of how the internal responsibility system can be better implemented in the health care system.



Appendix B

Role of Trade Unions in Occupational Health and Safety

Some workplaces are unionized, and in those workplaces, the trade union has an important role in occupational health and safety.

Unions' roles are described in the *Occupational Health and Safety Act*. Also, unions may be a party to Collective Agreement signed with the Employer that may contain occupational health and safety commitments.

The purpose of this reference document is to assist various parties in the health care sector clarify the role and rights of a “trade union” in workplace health and safety.

Introduction

All workplace parties have rights and duties under the OHSA. Trade unions have a role in occupational health and safety where they have secured exclusive bargaining rights for employees in a bargaining unit or units in the workplace.

Referring to the definition of a “trade union” under the OHSA, there is reference to “in the workplace”. This demonstrates that a “trade union” “in the workplace” has a role to contribute to occupational health and safety. For clarity, the definitions of a trade union under both the OHSA and the *Labour Relations Act, 1995* are provided below:

Definitions

Occupational Health and Safety Act:

“trade union” means a trade union as defined in the *Labour Relations Act, 1995* that has the status of exclusive bargaining agent under the Act in respect of any bargaining unit or units in a workplace and includes an organization representing workers or persons to whom this Act applies where such organization has exclusive bargaining rights under any other Act in respect of such workers or persons.

Labour Relations Act, 1995:

“trade union” means an organization of employees formed for purposes that include the regulation of relations between employees and employers and includes a provincial, national or international trade union, a certified council of trade unions and a designated or certified employee bargaining agency.

Occupational Health and Safety Act

Including the definition there are approximately 23 provisions in the Act referencing trade unions. Many of the relevant provisions are listed here:

Section 8 – subsections (5) and (10); Section 9 - subsections (5), (8), (14), (15) and (39); Subsection 10(3); Subsection 12(1); Section 33 Subsections (3) and (4); Subsection 40(4); Section 43 subsections (4) and (12); 49(1); 51(1); 52(1) (20); 53; 54(3); 61(1) (2); 62(5); 65(1).

In these sections, trade unions:

- select JHSC worker members and health and safety representatives,
- select who shall become certified and act as the certified member,
- receive information such as injury, critical injury/fatality and occupational disease notices, , toxic substance orders, , etc.
- request and receive WSIB summary data
- select persons to attend work refusals, workplace testing, and MLTSD visits if no worker JHSC member (or health and safety representative is available)

Ontario Labour Relations Board

In addition to the above points, where the trade union has exercised its right to appeal an inspector's decision, the OLRB has consistently referred to the union as a workplace party in its decisions.

Notices to the Union

It is worth emphasizing that for the purposes of the OHSA, the union is the body that has exclusive bargaining rights under the *Labour Relations Act, 1995* or similar Act. In some cases, this is the local union; in others, it will be the regional or perhaps head office.

Notices to the JHSC does not qualify as providing a notice to the trade union unless this has been agreed to by the trade union.

Conclusion

Trade unions have important rights and play a critical role in in the IRS. Preventing injuries and occupational disease is more effective when unions and employers collaborate in occupational health and safety. They help and contribute to health and safety in the workplace.



Appendix C

Legislation, Codes, Standards and Guidelines

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

Occupational Health and Safety Act – <http://www.e-laws.gov.on.ca/>
 Health Care and Residential Facilities Regulation – <http://www.e-laws.gov.on.ca/>
 Regulation for Industrial Establishments – <http://www.e-laws.gov.on.ca/>
 Notices and Reports under Sections 51 to 53.1 of the Act – Fatalities, Critical Injuries, Occupational Illnesses and Other Incidents - <https://www.ontario.ca/laws/regulation/r21420>
 PSHSA training: <https://www.pshsa.ca/training>

Ministry of Labour, Training and Skills Development Publications

A Guide for the Occupational Health and Safety Act
<http://www.labour.gov.on.ca/english/hs/pubs/ohsa/index.php>

A Guide for Joint Health and Safety Committees (JHSCs) and Representatives in the Workplace
<http://www.labour.gov.on.ca/english/hs/pubs/jhsc/index.php>

These and other guides and fact sheets and advisories can be found online at:
<http://www.labour.gov.on.ca/english/hs/>

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

SARS Commission Final Report – Spring of Fear
http://www.archives.gov.on.ca/en/e_records/sars/report/v1.html

Guidance Notes

The Section 21 Committee Guidance Notes can be found here: <https://www.pshsa.ca/sectors-priorities/health-community-service>

Other Information

Web sites of the various health care unions, employers, associations and Health and Safety Associations 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.

1. Public Services Health and Safety Association – <http://www.pshsa.ca>
2. Occupational Health Clinics for Ontario Workers (OHCOW) – <http://www.ohcow.on.ca>
3. Workers Health & Safety Centre (WHSC) – <http://www.whsc.on.ca>



Appendix D

Health Care Section 21 Committee

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

The Committee membership includes:

Members for Organized Labour:

- 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>
- SEIU Healthcare <http://www.seiuhealthcare.ca/>
- Unifor <http://www.unifor.org/en>

Members for Employers:

- 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) <https://www.oha.com>
- Home and Community Support Services <http://www.lhins.on.ca/>
- Ontario Long Term Care Association (OLTCA) <http://www.oltca.com>

Observers:

- Ministry of Children, Community and Social Services (MCCSS)
- Ministry of Health (MOH)/Ministry of Long-Term Care (MLTC)
- Public Services Health and Safety Association (PSHSA)

Facilitator:

- Ministry of Labour, Training and Skills Development (MLTSD)