



Health Care Section 21 Committee¹

Guidance Note for Workplace Parties #1 Issue: Guidance for Workplace Parties Regarding Effective Communication Processes for Occupational Health and Safety (OHS)

Process

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

1. Purpose of this Guidance Note

- 1.1. To assist the workplace parties develop and implement effective means of communicating information about workplace hazards and risks, and the relevant policies, procedures and measures that are in place to eliminate, control and/or reduce those hazards and risks.
- 1.2. To assist the workplace parties develop and implement effective OHS communication processes to use during normal operations, short-term emergencies and prolonged emergencies.
- 1.3. To assist the workplace parties understand the importance of developing effective means of communicating OHS information between the workplace parties, including managers, supervisors, Joint Health and Safety Committees (JHSCs), Health and Safety Representatives (H&S Representatives), unions and workers.
- 1.4. To assist the workplace parties develop OHS communication processes that reflect a precautionary approach. For example, when suspicious clusters or cases of illness have been identified, even when the disease entity is unknown, health care workers who may have contacted sick staff, residents, clients or patients should be advised.

¹ 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

- 1.5. To assist the workplace parties develop OHS communication processes that encourage consultation with, and feedback from JHSCs, H&S Representatives, managers, supervisors, unions and workers.²

2. Objectives of Effective Communication as it Affects Workplace Health and Safety

- 2.1. To provide consistent, coordinated, timely, and effective OHS communications between the workplace parties;
- 2.2. To ensure that health care workers have access to readily accessible, accurate, real time information that will help them respond to health and safety/infection prevention and control challenges;
- 2.3. To ensure that all workplace parties (including managers, supervisors, workers, JHSCs, H&S Representatives, and unions) effectively communicate challenges, concerns and lessons learned about health and safety/infection prevention and control matters, both on a regular basis and during emergency situations.

3. Introduction

Several provisions of the *Occupational Health and Safety Act* describe the legal requirement for the workplace parties to communicate with each other about health and safety matters. Section 25 requires employers to provide information, instruction and supervision to protect the health and safety of workers. The duties of the employer to prepare and review at least annually a written occupational health and safety policy and program to support the policy, the posting of the policy, the sharing of occupational health and safety results with the Joint Health and Safety Committee/ Health and Safety representative all have an impact on the effective flow of information within a workplace.

Employers also have a duty to respond to the written recommendations from a committee in writing within twenty-one days. Supervisors are required under Section 27 to advise workers of hazards and to provide instructions to protect workers. Workers, under Section 28 of OHSA, are obliged to report hazards to their supervisor or employer who is expected to investigate and take action where appropriate to correct the situation.

Although there may not be express provisions addressing communication requirements during a health crisis or other emergency, the requirements in the Act and its regulations apply to normal and emergency situations in the workplace. Workplace parties are reminded that they must comply with the requirements in the Act and its regulations.

Refer to Appendix A for relevant legislation, standards and guidelines.

²For those workplaces that fall under the application of the Health Care and Residential Facilities Regulation, in accordance with sections 8 and 9, employers shall consult with the Joint Health and Safety Committee/H&S representative on OHS measures, procedures and training.

4. Guidance for Workplace Parties

This guidance note focuses on OHS communications between the workplace parties within the workplace in both emergencies and during normal operations. Enhancing communications can help to foster a strong internal responsibility system (IRS) in the workplace.

This guidance note does not address communication between employers and Ministry of Health and Long Term Care (MOHLTC).³

4.1 Employers

Employers in all health care workplaces should ensure that:

- Useful and critical sources of health and safety and infection prevention and control information are identified, are communicated to staff and are readily accessible by all staff as may be required. This includes in-house resources such as Health and Safety policies and procedures and Infection Prevention and Control policies and procedures.
- Effective, timely and accessible processes have been developed to communicate with all staff, including but not limited to those responsible for Infection Prevention and Control (IPC), OHS, and JHSC members or H&S representatives, during normal operations and during an emergency.
- All emergency and normal operations communications plans clearly identify processes for health care workers to provide feedback, raise questions and seek clarification. These processes should be piloted and tested regularly to ensure they are effective.
- Identify and provide direction regarding how to access resources from organizations such as the World Health Organization (WHO), Public Health Agency of Canada (PHAC), Ontario Agency for Health Protection and Promotion, the MOHLTC and the Ministry of Labour (MOL) in the case of emergencies such as an influenza pandemic.
- All communications regarding health and safety issues and infection prevention and control issues are accessible to all workplace parties. If appropriate to the workplace, communication materials should be available in multiple languages.
- Emergency communications plans are developed based on existing communication plans. An effective process which clearly defines communication responsibilities, such as through an emergency communication team or communication leaders, should be in place. The emergency communications

³ The guidance provided in this document assumes that employers have implemented communications processes to ensure the effective two-way flow of information between the Ministry of Health and Long-Term Care (MOHLTC) and health care employers during the various stages of an influenza pandemic as described by Chapter 12/12A of the Ontario Health Plan for Influenza Pandemic (OHPIP).

http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/ohpip2/ch_12.pdf and
http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/ohpip2/ch_12a.pdf

plan should ensure backup staff are available as necessary. All workplace parties should be aware of who is responsible for communications in an emergency and how communication processes and timing may differ during an emergency.

- Emergency communications plans include participation by at least one worker representative from the JHSC or the H&S representative, although emergency communications processes/plans may differ according to workplace resources.
- Emergency communications plans establish who is responsible for reviewing and implementing incoming information from the MOL and other stakeholders, including the MOHLTC and public health officials, in an accurate, accessible and timely manner. The plan should describe processes by which workers, IPC and OHS professionals can provide feedback and raise concerns with the employers and workplace parties through the Internal Responsibility System (IRS), and when necessary consult with the MOL if there is an unresolved health and safety concern.
- Employers must report all occupational illnesses, critical injuries and fatalities to the MOL, where required by the Occupational Health and Safety Act and its regulations.
- Emergency communications plans are piloted within the workplace to ensure that they are effective. Those responsible for emergency communications should review the plan annually in consultation with the JHSC or H&S Representative and implement a test of the plan (exercise drill) to ensure that the plan continues to be effective. The exercise drill should ensure that feedback processes from workers, JHSC, IPC and OHS professionals work effectively. The test of the plan may take the form of an exercise drill or table top exercise and should address different emergency scenarios such as infectious disease outbreaks, power failures, and natural disasters, to ensure communications plans are flexible and responsive.
- Emergency communications plans regarding an influenza pandemic should be consistent with the MOHLTC Daily Information Cycle (<http://health.gov.on.ca/emergency>) and the release of Important Health Notices (<http://www.health.gov.on.ca/english/providers/program/emu/ihn.html>).
- Emergency communications plans include processes whereby employers can communicate with workers who are outside the workplace (eg. phone trees, email lists, fax lists) and processes for workers to access workplace information from outside the workplace (eg. web sites, pre-recorded messages, telephone access to information, email). These processes should also be part of any test of the plan.
- Communication equipment and back-up systems are obtained and in good working order.
- Staff are educated in communication strategies and trained in the use of communications equipment.

4.2 Supervisors

Supervisors are required under Section 27 of the OHS Act to advise workers of hazards and to provide instructions to protect workers.

Supervisors in all health care workplaces should:

- Ensure that workers who report to them understand and know how to access and use communication processes.
- Assist with the development and implementation of communications processes for both normal operations and emergency situations. These processes may include development of phone, email and fax trees to facilitate communication with workers who are outside their workplaces.

4.3 Workers

Workers are required under Section 28 of the OHS Act to report to their supervisor or employer the existence of any hazard that they are aware of.

Under section 28 of the OHS Act workers are also required to report the absence or defect in any equipment or protective devices that the worker is aware of, this could include for example, communication equipment, personal protective equipment etc.

Workers in all health care workplaces:

- Should assist in the implementation of the communication plans, pilots and exercises, where appropriate.

4.4 Joint Health & Safety Committees and Health & Safety Representatives

Several of the JHSC functions under OHS Act section 9 relate to and depend on information transfer between the JHSC/H&S representative and the employer.

Members of JHSCs and H&S Representatives should be consulted in the development and implementation of OHS communications plans to address regular and emergency communications. This may include:

- Reviewing and providing feedback on OHS communications plans, pilots and exercises for regular and emergency situations.
- Participating in the implementation of plans, pilots and exercises for OHS communications.
- Ensuring that they understand their role as the JHSC member or H&S Representative to assist with effective communications regarding health and safety issues.

Appendix A

References and Resources

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. Industrial Establishments Regulation, O.Reg. 851/90
4. WHMIS Regulation, O. Reg. 860/90
5. Control of Exposure to Biological or Chemical Agents, Reg. 833/90

Standards and Guidelines

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

Ontario Health Plan for an Influenza Pandemic

http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html.

SARS Commission Final Report Recommendations

http://www.health.gov.on.ca/english/public/pub/ministry_reports/campbell06/campbell06.html

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



Health Care Section 21 Committee¹

Appendix B Process and Purpose of Guidance Notes

Process

This document has been reviewed by the management and labour representatives of the Ontario Health Care Health and Safety Committee appointed under Section 21 of the Occupational Health and Safety Act (OHSA) to ensure that appropriate, consistent information is made available to healthcare workplaces, to support them in assessing practice against legislative requirements and recommended 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 and sharing good practices. *Guidance Notes* are also intended to assist other parties who play decision-making roles that ultimately impact occupational health and safety (OHS) in the health care sector.

Although the actual intent of *Guidance Notes*² 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.

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

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² Guidance Notes are presented to the Minister of Labour prior to publication. The recommendations made in Guidance Notes are not endorsed by the Ministry of Labour, but are intended to clarify legislation and cite good practices.

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.seiulocal1.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>

Appendix C

Background

Workplaces will be better equipped to meet health and safety demands during an emergency if a comprehensive and effective communications strategy is in place to address regular health and safety issues.

The SARS Commission final report made a number of recommendations to address various communication issues in health care workplaces.

Specifically, the SARS Commission recommended that in preparation for another public health crisis like SARS:

- That in preparation for the possibility of a public health crisis like SARS or a pandemic, health institutions develop and implement effective means to communicate to their workers information regarding the outbreak, the health risk, the containment strategy, and measures to protect workers, patients and visitors;
- That risk communication to staff reflect the precautionary approach
- That effective processes and systems be established to provide a path for communication and consultation with front-line staff; and,
- That where suspicious clusters of illnesses are identified, this be communicated to health workers.

This guidance note is intended to assist the workplace parties develop and implement effective means of communicating information about workplace hazards and risks, and the relevant policies, procedures and measures that are in place to eliminate, control and/or reduce those hazards and risk.

This guidance note also provides some good practice guidelines to assist workplace parties respond to the recommendations in the SARS Commission final report in order to be better equipped to communicate effectively within workplaces in the event of an emergency.