



**OCCUPATIONAL
HEALTH
AND
SAFETY
GUIDEBOOK**

Founded in 1976, the Nova Scotia Nurses' Union (NSNU) is a professional union representing Licensed Practical Nurses, Registered Nurses and Nurse Practitioners in Nova Scotia hospitals, long term care facilities, adult residential centres and community nursing practices.

As a member organization of the Canadian Federation of Nurses Unions, we join with nurses and student nurses across Canada, advocating for improved patient care, safe and fair working conditions, and the protection of the Canadian healthcare system. The NSNU collaborates with other provincial unions and is also affiliated with the Canadian Labour Congress. Uniquely, the NSNU is the only union in Nova Scotia that exclusively represents nurses.

The Nurses' Union negotiates Collective Agreements with employers and represents members for labour relations issues. The NSNU strives to ensure that the voice of nurses is represented on health and safety issues in the workplace.

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* Relevant information for this guide was adapted from the Canadian Centre for Occupational Health and Safety, the Nova Scotia Health Authority and the Nova Scotia Workers' Compensation Board. A special thank-you to the Ontario Nurses' Association whose own guide inspired this work.

* Note that this document is intended as a guide. Please refer to the *Occupational Health and Safety Act* and relevant regulations and employer policies.

If you have feedback on any aspect of this guide, please contact the NSNU at nsnuoffice@nsnu.ca or 1-800-469-1474.

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Purpose

This guide has been prepared to assist NSNU health and safety representatives and other members in the promotion of safe working conditions.

The NSNU is committed to providing the resources and education necessary to help members achieve safe and healthy workplaces.

NSNU Vision, Mission, Values, Objectives

Our Vision

As a Union, we have the courage to lead, confidence to challenge, commitment to care.

Our Mission

The Nova Scotia Nurses' Union advances the social, economic and work lives of nurses.

Our Values

Integrity and Professionalism - We believe that fair representation must be guided at all times by the highest standards of integrity which in turn compels us to maintain a professional approach in all that we do.

Accountability and Transparency - We believe we are ultimately accountable to our members and this is demonstrated through transparent decision-making processes and results reporting.

Compassion and Caring - We believe we must consistently demonstrate compassion and caring for our nurses.

Democracy - We believe democratic practices advance society, our members' well-being, and our internal and external work as a union.

Solidarity - We believe in the power of solidarity by harnessing collective power and common goals, ideals and values.

Political Action - We believe maintaining a non-partisan stance enables us to be more effective in our political activity in advocating for positive public policy.

Quality Health Care - As a union, we consistently reassert our fundamental support for the principles of the *Canada Health Act* that laid the foundation for a publicly funded health care system for Canadians.

Advocacy and Representation - We believe we must be guided by the principle of equity in our advocacy and representation activities.

Our Objectives

- The advancement of the social, economic and general welfare of nurses
- The regulation of relations between nurses and other allied personnel and their employers and the negotiation of written contracts with employers implementing progressively better conditions of employment
- The promotion of effective communication
- The promotion of the knowledge of nurses and other allied personnel in all things related to their social and economic welfare through education and research
- The promotion of unity within the nursing profession and other allied fields through cooperation with and support of other organizations
- The promotion of political awareness amongst the membership
- The promotion of the highest standards of health care
- The promotion of the nursing profession

2018 Safety Snapshot (NS)

- Around 450,000 people go to work each day
- There were 5,819 time-loss claims over the year
- 64.4% of time-loss claims result from musculoskeletal injuries (sprains, strains and other soft-tissue injuries)
- It took an average of 127 days for an injured worker to return to work
- The total number of working days lost to injury was 851,292
- Every 9 days, someone died in Nova Scotia as a result of a workplace injury or illness (14 acute and 26 chronic deaths over the year) (baseline 2018)

I. Occupational Health and Safety Law and Regulations

A. History

Until the early twentieth century, the dominant legal doctrine of assumption of risk governed workplace hazards. This meant that when a worker accepted employment, they also accepted the risks associated with the work.

In 1887, the Royal Commission on the Relations of Capital and Labour in Canada recommended the creation of a system for compensating victims of industrial accidents regardless of fault. In 1913, Justice Meredith's Report outlined the 'historic compromise' whereby workers relinquish their right to sue in exchange for compensation for workplace injuries. By the early twentieth century, every province in Canada had created workers' compensation boards and every jurisdiction in Canada had passed laws to regulate various aspects of workplace safety.

In 1974, the Ham Commission examined working conditions in the mining sector and articulated the three fundamental workers' rights:

- a. The **right to know** about hazards in the workplace
- b. The **right to participate** in identifying and correcting health and safety problems
- c. The **right to refuse** dangerous work without penalty

These rights help form the foundation of occupational and safety law across the country.

B. Nova Scotia Legislation

The modern *Nova Scotia Occupational Health and Safety Act* was proclaimed in 1996 and has had several revisions since then. The *Act* is divided into over 20 sections, including Duties & Precautions, JOHS Committees, Workplace Monitoring, Measurements and Tests, Right to Refuse Work, Accidents, Regulations and Enforcement.

Section 82 of the *Act* is entitled Regulations. It enables the Governor in Council (the Premier and Ministers who form Cabinet) to establish regulations under the *Act* which thereby gain the force of law. In the following section we will review some of the most relevant regulations.

C. Regulations

Occupational Safety General Regulations

The General Regulations cover a range of topics, including: Personal Protective Equipment; Ventilation, Lighting, Sanitation and Accommodation; Handling and Storage of Material; Lock-out; Hoists and Mobile Equipment; Mechanical Safety; Tools; Welding, Cutting, Burning and Soldering; Electrical Safety; Confined Space Entry; Premises and Building Safety, Construction and Demolition; Excavations and Trenches; Surface Mine Workings; Equipment for Firefighters.

Occupational Health and Safety First Aid Regulations

The First Aid Regulations outline requirements around equipment and supplies for dealing with first aid incidents as well as the training required by employees at various worksites.

Workplace Violence

The Workplace Violence Regulations require employers to conduct risk assessments in the health sector at least every 5 years. In the health and other at-risk sectors, employers must implement workplace violence prevention plans and provide employees with information on the risk of violence, including information on a patient who has a history of violence and is likely to be encountered.

Employers must document and investigate instances of violence to determine causes and actions needed to prevent reoccurrence. Notice of actions taken to prevent reoccurrence must be given to affected employees and to the Joint Occupational Health and Safety Committee.

Furthermore, employers must provide employees exposed to violence with an appropriate debriefing and advise them to consult a professional for counseling.

Disclosure of Information Regulations

The Disclosure Regulations deal with revealing the composition of chemical materials (that might otherwise be protected as trade secrets) in order to protect the safety of workers.

Workplace Hazardous Materials Information System (WHMIS) Regulations

The WHMIS Regulations deal with the use, storage and handling of controlled products at the workplace. This includes appropriate labeling and the provision of material safety data sheets.

Workplace Health and Safety Regulations

The Workplace Health and Safety Regulations aim to consolidate other OH&S regulations and will eventually replace many previously mentioned. Many pieces of these regulations currently remain undeveloped.

Other Regulations

- Occupational Diving
- General Blasting
- Underground Mining
- *Smoke-free Places Act* and Regulations

D. Other Relevant Legislation

Federal

- Canadian Charter of Rights and Freedoms, Part I of the Constitution Act 1982
- Canada Labour Code, Part IV
- Canadian Environmental Protection Act, R.S.C. 1985
- Hazardous Products Act, R.S.C. 1985
- Pest Control Products Act, R.S.C. 1985
- Transportation of Dangerous Goods Act, 1992, S.C. as amended
- Radiation Emitting Devices Act, R.S.C. 1985

Provincial

- *Safer Needles In Healthcare Workplaces Act*
- *The Workers' Compensation Act*

II. The Internal Responsibility System

A. Introduction to the IRS

The Internal Responsibility System (IRS) forms the basis of occupational health and safety legislation and practice, both in Nova Scotia and across Canada. The IRS means that everyone in the workplace – both employees and employers – is jointly responsible for health and safety. The IRS functions to ensure that safety concerns are addressed by the appropriate parties – employees, employers, the OHS committee, and department inspectors.

A well-functioning Internal Responsibility System:

- Establishes responsibility sharing systems
- Promotes safety culture
- Promotes best practices
- Helps develop self-reliance

- Ensures compliance

An independent review of the IRS in Ontario in the 1980s, known as the Mackenzie Laskin Study, claimed:

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
- Consistent enforcement of the *OHS Act* and meaningful penalties for those who violate rules

B. Strict Liability and Due Diligence

Occupational health and safety offences are known as ‘strict liability offences.’ If an employee or employer is charged with an OH&S offence, the prosecutor only needs to prove that it was the result of a prohibited act, or the result of an omission. They do not have to prove that the party knowingly committed the offence or was criminally negligent.

The defense against a charge under ‘strict liability’ is a matter of establishing ‘due diligence’. This involves showing that all reasonable precautions were taken to prevent the incident from occurring. Due to their authority and control over the workplace, employers are the parties most likely to face liability charges. To defend against them they must show that they have met their obligations under the *OHS Act*. In particular, they must:

- Implement a plan to identify and address all possible workplace hazards
- Establish occupational health and safety policies, practices and procedures
- Implement a program for the monitoring of the workplace to ensure compliance with health and safety policies
- Establish a procedure for accident reporting and investigation
- Ensure appropriate training for employees

C. Roles and Responsibilities

The *Occupational Health and Safety Act* contains sections that outline the respective duties of employers, employees and other types of workers and managers, like contractors and self-employed persons.

i. Employers

The Employer is charged with a broad range of responsibilities as outlined in Section 13 of the Nova Scotia *OHS Act*:

(1) Every employer shall take every precaution that is reasonable in the circumstances to:

- (a) ensure the health and safety of persons at or near the workplace;*
- (b) provide and maintain equipment, machines, materials or things that are properly equipped with safety devices;*
- (c) provide such information, instruction, training, supervision and facilities as are necessary to the health or safety of the employees;*
- (d) ensure that the employees, and particularly the supervisors and foremen, are made familiar with any health or safety hazards that may be met by them at the workplace;*
- (e) ensure that the employees are made familiar with the proper use of all devices, equipment and clothing required for their protection; and*
- (f) conduct the employer's undertaking so that employees are not exposed to health or safety hazards as a result of the undertaking.*

(2) Every employer shall

- (a) consult and co-operate with the joint occupational health and safety committee, where such a committee has been established at the workplace;*
- (b) co-operate with any person performing a duty imposed or exercising a power conferred by this Act or the regulations;*
- (c) provide such additional training of committee members or the representative as may be prescribed by the regulations;*
- (d) comply with this Act and the regulations and ensure that employees at the workplace comply with this Act and the regulations; and*
- (e) where an occupational health and safety policy or occupational health and safety program is required pursuant to this Act or the regulations, establish the policy or program.*

Other Employer duties are enumerated in other sections of the *Act*, including:

- Policy and Program: Section 27 and 28 outline employers' responsibility to create an Occupational Health and Safety Policy and/or Program, in consultation with the Occupational Health and Safety Committee. The program includes information on training and supervision, work procedures, the establishment and operation of a health and safety committee.
- Requirement for committees: Section 29 of the *Act* requires employers to establish a joint occupational health and safety committee for workplaces with more than 20 employees. For workplaces with fewer than 20 employees, see Section 33.

ii. Employees

According to the philosophy of the Internal Responsibility System, health and safety is a joint responsibility of employers and employees. In Section 17 of the *OHS Act*, specific employee duties are enumerated.

- (1) *Every employee, while at work, shall*
- (a) take every reasonable precaution in the circumstances to protect the employee's own health and safety and that of other persons at or near the workplace;*
 - (b) co-operate with the employer and with the employee's fellow employees to protect the employee's own health and safety and that of other persons at or near the workplace;*
 - (c) take every reasonable precaution in the circumstances to ensure that protective devices, equipment or clothing required by the employer, this Act or the regulations are used or worn;*
 - (d) consult and co-operate with the joint occupational health and safety committee;*
 - (e) co-operate with any person performing a duty or exercising a power conferred by this Act or the regulations; and*
 - (f) comply with this Act and the regulations.*

(2) Where an employee believes that any condition, device, equipment, machine, material or thing or any aspect of the workplace is or may be dangerous to the employee's health or safety or that of any other person at the workplace, the employee shall

- (a) immediately report it to a supervisor;*
- (b) where the matter is not remedied to the employee's satisfaction, report it to the committee or the representative, if any; and*

(c) where the matter is not remedied to the employee's satisfaction after the employee reports in accordance with clauses (a) and (b), report it to the Division [Nova Scotia Department of Labour].

For the rights of employees during monitoring, testing and inspections, see Sections 42 and 50 of the Act.

iii. Division (Department of Labour and Advanced Education)

The *Occupational Health and Safety Act* recognizes that employers and employees alike may at times require assistance, including education, training, and enforcement, in order to fulfill their obligations under the Act. The government department responsible for this is known as the Division.

According to Section 9, the Division is charged with the maintenance of reasonable health and safety standards, the maintenance of statistics, assistance around health and safety matters, research and studies, education, and reporting.

Sections 47 to 57 of the *OHS Act* outline powers of the Division's Officers.

At reasonable hours, officers can (Section 47):

- Enter and inspect a workplace, conduct tests, require the production of records or other documents related to workplace health and safety
- Require the production of documents or records relevant to a complaint investigation
- Conduct an investigation or inquiry concerning compliance with this Act and regulations
- Execute a summons to give evidence and administer an oath or affirmation to a person
- Exercise other powers to carry out their functions

Officers can also:

- Issue Stop Work Orders where safety violations have been determined (Section 51)
- Require reports, assessments and tests (Section 52)
- Require workplace details (Section 52A)
- Write Orders (Section 55)
- Require compliance notices based on orders (Section 56)

III. Fundamental Rights of Workers

The 1974 Ham Commission articulated three fundamental workers' rights which help form the foundation of occupational health and safety law across the country: the right to know, the right to participate and the right to refuse. In Nova Scotia's legislation, only the right to refuse receives explicit treatment. However, the right to know and participate are supported by various sections of the *OHS Act*.

A. The Right to Know

Workers have a basic right under the *OHS Act* to know what hazards they are being exposed to at work. In general, employers must provide workers and health and safety committees with information and instructions around health and safety issues.

The “Right to Know” provisions of the *OHS Act* include parts of the general precautions and duties for employers covered previously, namely that employers are required to:

- Provide such information, instruction, training, supervision and facilities as are necessary to the health or safety of the employees
- Ensure employees are familiar with any health or safety hazards that may be met by them at the workplace
- Ensure employees are made familiar with the proper use of all devices, equipment and clothing required for their protection

Section 35 requires employers to notify and make available to health and safety committees any reports, inspections, and the results of monitoring or tests undertaken at the workplace.

Section 38 requires employers to make available a copy of the regulations and other information that relates to the workplace to enable employees to become acquainted with their rights and responsibilities pursuant to the *OHS Act* and the regulations. Employers must also post and make easily accessible in the workplace:

- A current copy of the *OHS Act*
- A code of practice required pursuant to this *OHS Act* or the regulations
- The telephone number for reporting occupational health or safety concerns to the Department of Labour (found at the back of this manual)
- The occupational health and safety policy

Other materials that require posting pursuant to the *OHS Act* must be posted in a prominent and easily accessible place or places in the workplace for at least seven days, or longer if additional time is necessary to enable employees at the workplace to become familiar with the content. Alternatively, each employee can be informed in writing.

According to Section 39, any compliance notices issued by the Division must be posted and copied to the joint occupational health and safety committee.

B. Right to Participate

According to the Internal Responsibility System, the authority over occupational health and safety in the workplace is assigned to management, but all workplace parties (employers, employees, contractors, etc.) should be involved in the protection of their health and safety. All parties have the right to identify hazards,

to be consulted and reported back to if they are involved in an incident, and to confer with the joint health and safety committee.

Workers selected to sit on the joint occupational health and safety committee (JOHSC) have an additional opportunity to shape the health and safety environment in their workplace. The JOHSC is the driving force of the IRS in the workplace and the *OHS Act* confers several powers to facilitate worker participation in workplace health and safety, including, but not limited to:

- The selection of a co-chair and at least half of the JOHSC members by workers
- Paid time for JOHSC meetings, training and duties performed
- Ability to observe, and be paid for, workplace monitoring and testing

Further information on joint occupational health and safety committees is covered in Section IV of this guide.

C. Right to Refuse

Section 43 of the *OHS Act* specifies an employee's right to refuse unsafe work. An employee may refuse to do any act where they have reasonable grounds for believing that it is likely to endanger their health or safety or the health or safety of any other person until

(a) the employer has taken remedial action to the satisfaction of the employee,

(b) the committee, if any, has investigated the matter and unanimously advised the employee to return to work, or

(c) an officer has investigated the matter and has advised the employee to return to work

When exercising the right to refuse, an employee shall (a) immediately report it to a supervisor; (b) where the matter is not remedied to the employee's satisfaction, report it to the committee or the representative, if any; and (c) where the matter is not remedied to the employee's satisfaction after the employee has reported pursuant to clauses (a) and (b), report it to the Department of Labour.

The employee who refused work has the right to accompany an officer assigned to inspect the work and investigate the refusal. Otherwise, while the work is being refused, the employee may be reassigned to other work at the same rate of pay. Until the matter is resolved, no other employee shall be assigned the work unless they agree to it after they are first informed of the previous refusal and the reasons for it.

For a flow-chart on the right to refuse, see Appendix A.

D. No Discrimination

Nova Scotia OH&S legislation (Section 43) prohibits employers workplace parties (employers, unions, etc.) from discriminating against employees who appropriately exercise their rights under OH&S law and regulation. 'Discriminatory action' means an action that adversely affects an employee with respect to terms or conditions of employment or any opportunity for employment or promotion and includes dismissal, layoff, suspension, demotion, transfer of job or location, change in hours of work, coercion, intimidation, imposition of any discipline, reprimand or other penalty including reduction in wages, salary or other benefits, or the discontinuation or elimination of the job of the employee.

The prohibition protects employees for their participation in JOHS committees, for exercising a work refusal, for requesting information or providing testimony in an inquiry, and other matters related to promoting safe workplaces as envisioned by the Occupational Health and Safety Act.

IV. Joint Occupational Health and Safety Committees

A. Introduction to JOHSCs

As per the *OHS Act* (Section 29), every workplace with twenty or more persons employed requires at least one joint occupational health and safety committee. Smaller workplaces (under 20 employees) can have a representative instead of a committee. However, they may still choose to have a committee, and some smaller workplaces are required to have a committee by the Department of Labour.

The size of committees varies, but at least half of the members of a committee must be employees at the workplace who are not connected with management and the employer may choose the other half if they wish. The employees on the committee are to be determined by the employees they represent or designated by the union that represents the employees. Typically, two of the members of the committee co-chair the committee, one selected by the members who represent employees and the other co-chair is selected by the other members (usually the employer appointed members).

The JOHSC typically meets once each month. Committee members are entitled to paid time from work to attend meetings of the committee, to take any training prescribed by the regulations and to carry out the functions of the committee.

Committees involve employers and employees working together on occupational health and safety in the workplace. As per Section 31, in addition to the general concept of committee cooperation, this includes

- a) the co-operative identification of hazards to health and safety and effective systems to respond to hazards;

- b) the co-operative auditing of compliance with health and safety requirements;
- c) receipt, investigation and prompt disposition of health and safety matters and complaints;
- d) participation in inspections, inquiries and investigations concerning the occupational health and safety of the employees and, in particular, participation in an inspection by the Department of Labour (Section 50);
- e) advising on individual protective devices, equipment and clothing;
- f) advising the employer regarding a policy or program required pursuant to this *Act* or the regulations and making recommendations for the improvement of the health and safety;
- g) maintaining records and minutes of committee meetings in an approved manner and providing an officer a copy on request;
- h) performing any other duties assigned to it (i) by the Department of Labour, (ii) by agreement between the employer and the employees or the union, or (iii) as are established by the regulations.

Without a competent and effective JOHSC, the health and safety of the workers in the workplace may be severely compromised.

Section 37 requires employers to (a) post and maintain the current names and contact info of committee; (b) post promptly the minutes of the most recent committee meeting until superseded by minutes of the next committee meeting.

Section 42 of the *OHS Act* states that employers must allow an employee from the JOHSC to participate in health and safety monitoring and testing at the workplace in most circumstances, and time spent in such activities is paid. Similarly, according to Section 50, if an Officer from the Department of Labour conducts an inspection, an employee member from the JOHSC has the right to participate, along with an employer representative.

B. Effective Joint Occupational Health and Safety Committees

In effective JOHSCs, members have taken appropriate training on their roles and responsibilities. Committee members are aware of their duties and attend meetings which are held regularly (e.g. monthly). Furthermore, committee members are confident and able to speak freely and collaboratively about OH&S concerns at the workplace.

Common duties include:

- Attending committee meetings
- Promoting the health and safety policy and program
- Assisting the employer in resolving worker health and safety complaints
- Providing feedback on workers' suggestions
- Promoting and monitoring compliance with health and safety regulations
- Attempting to raise health and safety standards above legal requirements
- Accompanying a worker during the resolution of a work refusal
- Assisting in the training of new workers
- Participating in or making recommendations about the identification and control of workplace hazards
- Participating in assessments or making recommendations towards the development of control programs for hazardous substances
- Participating in accident investigations, where required or appropriate
- Studying safety programs of other companies
- Conducting health and safety education programs
- Making health and safety recommendations
- Carrying out workplace inspections
- Making recommendations about personal protective equipment
- Making recommendations regarding monitoring the effectiveness of a health and safety program
- Assisting in the development of organizational health and safety rules
- Assisting in the development of safe work procedures

Specific co-chairperson's duties may include:

- Scheduling meetings, notifying members
- Preparing an agenda
- Inviting specialists or resource persons as required
- Presiding over meetings
- Assigning projects to members

Anything that hinders the committee's effectiveness, such as conflicts of interest, personality, or the pressure of external priorities, should be resolved as soon as they become evident to enable the committee to concentrate on promoting a safe workplace.

Since committee chairpersons (co-chairs) assume extra responsibilities, a decision should be made whether these responsibilities are shared all the time or taken in turn.

V. Hazards, Risk and Controls

A. Hazards

In the field of OH&S, hazards are any source of potential damage, harm or adverse health effects on someone or something. Workplace hazards can come from a wide range of sources as shown in Table 1.

Workplace Hazard	Example of Hazard	Example of Harm Caused
Thing	Knife	Cut
Substance	Benzene	Leukemia
Material	Mycobacterium tuberculosis	Tuberculosis
Source of Energy	Electricity	Shock, electrocution
Condition	Wet floor	Slips, falls
Process	Welding	Metal fume fever
Practice	Hard rock mining	Silicosis
Behaviour	Bullying	Anxiety, fear, depression

Hazards are commonly classified by the following categories:

Biological - *bacteria, viruses, insects, plants, birds, animals, and humans, etc.*

Chemical - *depends on the physical, chemical and toxic properties of the chemical*

Ergonomic - *repetitive movements, improper set up of workstation, etc.*

Physical - *radiation, magnetic fields, pressure extremes (high pressure or vacuum), noise, etc.*

Psychosocial - *stress, violence, etc.*

Safety - *slipping/tripping hazards, inappropriate machine guarding, equipment malfunctions or breakdowns*

Risk is the chance or probability (often referred to as the 'likelihood') that a person will be harmed or experience an adverse health effect if exposed to a hazard. It may also apply to situations with property or equipment loss, or harmful effects on the environment. For example, the risk of developing cancer from smoking cigarettes could be expressed as: "cigarette smokers are 12 times more likely to die of lung cancer than non-smokers".

Factors that influence the degree or likelihood of risk are:

- The nature of the exposure: how much a person is exposed to a hazardous thing or condition (e.g., several times a day or once a year)
- How the person is exposed (e.g., breathing in a vapour, skin contact)
- The severity of the effect (e.g., one substance may cause skin cancer, while another may cause skin irritation. Cancer is a much more serious effect than irritation.)

B. Hazard Identification and Risk Assessments

Assessing risks begins with identifying hazards present at the workplace. Parties involved in hazard identification should have good knowledge about the hazard being assessed, of situations that might likely occur, and protective measures appropriate to the hazard.

To be sure that all hazards are found:

- Look at all aspects of the work
- Include non-routine activities such as maintenance, repair, or cleaning
- Look at records (accidents, incident, near-misses)
- Include people who work off site, if any
- Look at the way the work is organized or done (include experience of people doing the work, systems being used, etc.)
- Look at foreseeable unusual conditions (for example: possible impact on hazard control procedures that may be unavailable in an emergency, power outage, etc.)
- Determine whether a product, machine or equipment can be intentionally or unintentionally changed (e.g., a safety guard that could be removed)
- Examine risks to visitors or the public
- Consider how the level of risk can vary depending on the nature of a group (young or inexperienced workers, persons with disabilities, or new or expectant mothers)

Each hazard should be studied to determine its level of risk. To research the hazard, you can look at:

- Product information and manufacturer documentation
- Experience (knowledge from workers, etc.)
- Legislated requirements and/or applicable standards
- Industry codes of practice and best practices
- Health and safety material about the hazard such as safety data sheets (SDSs), research studies, or other manufacturer information
- Information from reputable organizations
- Results of testing (atmospheric or air sampling of workplace, biological swabs, etc.)
- The expertise of an occupational health and safety professional
- Information about previous injuries, illnesses, near misses, incident reports, etc.

- Observation of the process or task

A risk assessment is a thorough look at your workplace to identify things, situations, processes, etc. that may cause harm (i.e. the hazards). After hazard identification is made, analyze and evaluate how likely and severe the risk is. When this determination is made, decide what measures should be in place to effectively eliminate or control the harm from happening.

Risk assessments form an integral part of an occupational health and safety management plan. They help to:

- Create awareness of hazards and risk
- Identify who may be at risk (e.g., employees, cleaners, visitors, contractors, the public, etc.)
- Determine whether a control program is required for a particular hazard
- Determine if existing control measures are adequate or if more should be done
- Prevent injuries or illnesses, especially when done at the design or planning stage
- Prioritize hazard control measures
- Meet legal requirements where applicable

The aim of the risk assessment process is to evaluate hazards, then remove that hazard or minimize the level of its risk by adding control measures, as necessary. By doing so, you have created a safer and healthier workplace.

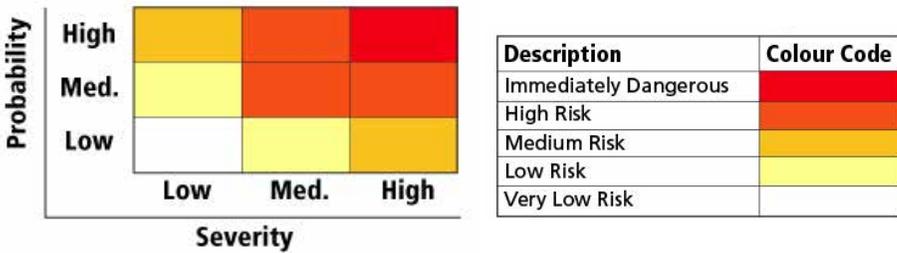
There may be many reasons a risk assessment is needed, including:

- Before new processes or activities are introduced
- Before changes are introduced to existing processes or activities, including when products, machinery, tools, equipment change or new information concerning harm becomes available
- When hazards are identified

Ranking hazards is one way to determine which risk should be controlled first. Priority is usually established by taking into account the employee exposure and the potential for incident, injury or illness. By assigning a priority to the risks, you are creating a ranking or an action list.

There is no one simple or single way to determine the level of risk. Nor will a single technique apply in all situations. Each workplace must determine which technique will work best for each situation. Ranking hazards requires knowledge of workplace activities, understanding the urgency of situations, and objective judgement.

As an example, consider this simple risk matrix on the left which shows the relationship between probability and severity.



Severity ratings in this example represent:

- High: major fracture, poisoning, significant loss of blood, serious head injury, or fatal disease
- Medium: sprain, strain, localized burn, dermatitis, asthma, injury requiring days off work
- Low: an injury that requires first aid only; short-term pain, irritation, or dizziness

Probability ratings in this example represent:

- High: likely to be experienced once or twice a year by an individual
- Medium: may be experienced once every five years by an individual
- Low: may occur once during a worker’s lifetime

The cells in risk matrix correspond to a risk level, as shown on the right.

These risk ratings correspond to recommended actions such as:

- Immediately dangerous: stop the process and implement controls
- High risk: investigate the process and implement controls immediately
- Medium risk: keep the process going; however, a plan to control the risk must be developed and should be implemented as soon as possible
- Low risk: keep the process going but monitor regularly. A plan to control the risk should also be investigated
- Very low risk: keep monitoring the process

Keeping records of your assessment and any control actions taken is very important. Your records should show that you:

- Conducted a good hazard assessment
- Determined the risks of those hazards
- Implemented control measures suitable for the risk
- Reviewed and monitored all hazards in the workplace

Assessments should be done by a competent person or team of individuals who have a good working knowledge of the situation being studied. The supervisors and workers who work with the process under review should be included.

During an assessment, also consider:

- The methods and procedures to use, handle and store a substance
- The actual and the potential exposure of workers (e.g., number, frequency)
- The measures and procedures necessary to control such exposure by means of engineering controls, work practices, and hygiene practices and facilities
- The duration and frequency of the task
- The location where the task is done
- The machinery, tools, materials, etc. that are used
- Any possible interactions with other activities or people in the area
- The lifecycle of the product, process or service
- The education and training the workers have received
- How a person would commonly react in a particular situation

It is important to remember that the assessment must consider not only the current state of the workplace but any potential situations as well.

By determining the level of risk associated with the hazard, the employer, and the health and safety committee, can decide whether a control program is required and to what level. For a sample risk assessment form, see Appendix B.

C. Hazard Control

A hazard control program consists of all steps necessary to protect workers from exposure to a substance or system, and the training and procedures required to monitor worker exposure to hazards. Employers have a duty of due diligence for taking all reasonable precautions, under given circumstances, to prevent injuries or accidents in the workplace. A written workplace hazard control program should outline which methods are being used to control the exposure and how these controls will be monitored for effectiveness.

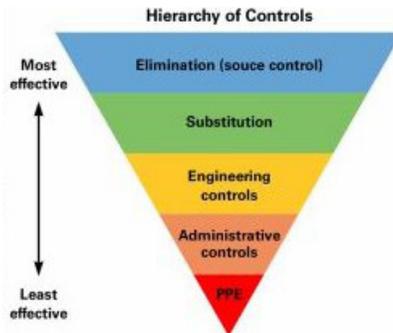
Selecting an appropriate control is not always easy. It starts with a risk assessment to evaluate and prioritize the hazards and risks. Each program should be specially designed to suit the needs of the individual workplace. Hence, no two programs will be exactly alike. The union can help you find an appropriate expert.

Choosing a control measure may involve evaluating and selecting temporary and permanent controls. For example, if there is a risk of violence, temporary measures might require two-person care. Long term controls might involve introducing security personnel to the work setting or moving a patient to a more appropriate care environment.

In situations where there is no clear way to control a hazard, or if legislation does not impose a limit or guideline, seek guidance from occupational health professionals such as an occupational hygienist or safety professional about what is the ‘best practice’ or ‘standard practice’ when working in that situation. The NSNU can help recommend where to find these professionals.

Controls are usually placed at the source (where the hazard “comes from”), along the path (where the hazard “travels”) and with the worker.

The main ways to control a hazard include:



These methods are also known as the “hierarchy of control”. The hierarchy should be considered in the order presented (it is always best to try to eliminate the hazard first, etc).

Elimination is the process of removing the hazard from the workplace. It is the most effective way to control a risk because the hazard is no longer present. It is the preferred way to control a hazard and should be used whenever possible.

Substitution occurs when a new chemical or substance that is less hazardous is used instead of another chemical. It is sometimes grouped with elimination because, in effect, you are removing the first substance or hazard from the workplace.

Another type of substitution includes using the same chemical but to use it in a different form. For example, a dry, dusty powder may be a significant inhalation hazard but if this material can be purchased and used as pellets or crystals, there may be less dust in the air and therefore less exposure.

Engineering controls are methods that are built into the design of a plant, equipment or process to minimize the hazard. Monitoring should be done before and after the change is implemented to make sure it did control the hazard. For example, a manual lift process could be changed to introduce mechanical lifts that reduce the risk of back strain and slips, trips and falls.

Administrative controls limit workers’ exposures by scheduling shorter work times in contaminant areas or by implementing other rules. These control measures have many limitations because the hazard itself is not actually removed

or reduced. Administrative controls are not generally favoured because they can be difficult to implement, maintain and are not a reliable way to reduce exposure. For example, a workplace that is experiencing climate control issues and risks staff overheating might, as in interim measure, increase the frequency of breaks in a cool room.

Work practices are also a form of administrative controls. In most workplaces, even if there are well designed and well-maintained engineering controls present, safe work practices are very important. Some elements of safe work practices include:

- Developing and implementing safe work procedures or standard operating procedures (e.g. process for dealing with potentially contagious diseases)
- Training and education of employees about the operating procedures as well as other necessary workplace training (including WHMIS, non-violence crisis intervention etc.)
- Establishing and maintaining good housekeeping programs
- Keeping equipment well maintained
- Preparing and training for emergency response for incidents such as spills, fire or employee injury

Personal hygiene practices are another effective way to reduce the amount of a hazardous material absorbed, ingested or inhaled by a worker. They are particularly effective if the contaminant(s) can accumulate on the skin, clothing or hair.

Examples of personal hygiene practices include:

- Washing hands after dealing with patients, handling material, and before eating and drinking
- Avoiding touching lips, nose and eyes with contaminated hands
- No smoking, drinking, chewing gum or eating in the work areas - these activities should be permitted only in a 'clean' area
- Not storing hazardous materials in the same refrigerator as food items

Personal protective equipment (PPE) includes items such as respirators, protective clothing such as gloves, face shields, eye protection, and footwear that serve to provide a barrier between the wearer and the chemical or material.

It is the final item on the list for a very good reason. Personal protective equipment should never be the only method used to reduce exposure except under very specific circumstances because PPE may stop protecting the worker with little or no warning. For example, protective gloves or clothing can tear. No matter which type of PPE is used, it is essential to have a complete PPE program in place.

Chemical Safety

Due to the potential danger presented by chemicals in the workplace, controls and processes around handling, storage and use form part of occupational health

and safety legislation and regulation. As per Section 59, employers must prepare a list of all chemical substances regularly used, handled, produced or otherwise present at the workplace that may be a hazard to the health or safety of the employees. It should include the trade name and the address of the supplier and manufacturer, the chemical composition, and the common/generic name.

VI. Incident Investigations

A. Introduction to Incident Investigations

The term 'incident' can be defined as an occurrence, condition, or situation arising in the course of work that resulted in or could have resulted in injury, illness, damage to health, or fatality.

When incidents are investigated, the emphasis should be concentrated on finding the root cause of the incident in order to prevent the event from happening again. The purpose is to find facts that can lead to corrective actions, not to find fault. An investigation which concludes that an incident was due to worker carelessness, and goes no further, fails to answer several important questions such as:

- Was the worker distracted? If yes, why was the worker distracted?
- Was a safe work procedure being followed? If not, why not?
- Were safety devices in order? If not, why not?
- Was the worker trained? If not, why not?

Reasons to investigate a workplace incident include:

- To find out the cause of incidents and to prevent similar incidents in the future
- Fulfill any legal requirements
- Determine compliance with applicable regulations (e.g., occupational health and safety, criminal, etc.)
- Process workers' compensation claims

Ideally, an investigation would be conducted by someone or a group of people who are:

- Experienced in incident causation models
- Experienced in investigative techniques
- Knowledgeable of any legal or organizational requirements
- Knowledgeable in occupational health and safety fundamentals
- Knowledgeable in the work processes, procedures, persons, and industrial relations environment for the situation
- Able to use interview and other person-to-person techniques effectively (such as mediation or conflict resolution)
- Knowledgeable of requirements for documentation and data collection

- Able to analyze the data gathered to determine findings and reach recommendations

Some jurisdictions provide guidance such as requiring that the incident must be conducted jointly, with both management and labour represented, or that the investigators must be knowledgeable about the work processes involved. Nova Scotia legislation does not specify that investigations be conducted jointly, although that is considered best practice.

B. Incident Investigation Steps

The first step for any incident investigation is to provide first aid and medical care to any injured person(s) and prevent further injuries or damage. Then, report the incident occurrence to a designated person within the organization.

The incident investigation team would perform the following general steps:

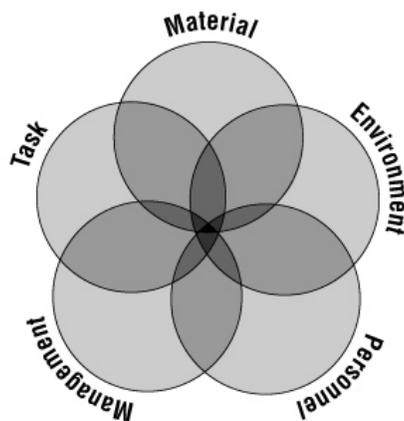
- Scene management and scene assessment (secure the scene, make sure it is safe for investigators to do their job)
- Witness management (provide support, interview)
- Collect data
- Analyze the data, identify the root causes
- Report the findings and recommendations

The organization would then:

- Develop a plan for corrective action
- Implement the plan
- Evaluate the effectiveness of the corrective action
- Make changes for continual improvement

As little time as possible should be lost between the moment of an incident and the beginning of the investigation. In this way, one is most likely to observe the conditions as they were at the time, prevent disturbance of evidence, and identify witnesses.

The simple model shown here attempts to illustrate that the causes of any incident can be grouped into five categories - task, material, environment, personnel, and management. When this model is used, possible causes in each category should be investigated. Each category is examined more closely in what follows. These are sample questions only and not considered a comprehensive checklist.



Task

Questions in this category relate to the actual work procedure being used at the time of the incident. Members of the investigation team will look for answers to questions such as:

- Was a safe work procedure used?
- Have conditions changed to make the normal procedure unsafe?
- Were the appropriate tools and materials available?
- Were they used?
- Were safety devices working properly?

Material

To seek out possible causes resulting from the equipment and materials used, investigators might ask:

- Was there an equipment failure? What caused it to fail?
- Was the machinery poorly designed?
- Were hazardous products involved? Were they clearly identified?
- Was a less hazardous alternative product possible and available?
- Should personal protective equipment (PPE) have been used? Was the appropriate level used (e.g. N95 respirator versus medical mask)? Were users of PPE properly educated and trained (e.g. were they trained on proper donning and doffing)?

Work Environment

The physical work environment, and especially sudden changes to that environment, are factors that need to be identified. The situation at the time of the incident is what is important, not what the usual conditions were. For example, investigators may want to know:

- What were the weather conditions?
- Was tidiness a problem?
- Was it too hot or too cold?
- Was noise a problem?
- Was there adequate light?
- Were toxic or hazardous gases, dusts, or fumes present?

Personnel

The physical and mental condition of those individuals directly involved in the event must be explored, as well as the psychosocial environment they were working within. The purpose for investigating the incident is not to establish blame against someone but the inquiry will not be complete unless personal characteristics or psychosocial factors are considered. Some factors will remain essentially constant while others may vary from day to day:

- Did the worker follow the safe operating procedures?
- Were workers experienced in the work being done?
- Were they adequately educated and trained?
- What was the status of their health?
- Was fatigue or shiftwork an issue?
- Are nurses dealing with excessive workloads?
- Were they under stress (work or personal)?
- Was there pressure to complete tasks under a deadline, or to by-pass safety procedures?

Management

Management holds the legal responsibility for the safety of the workplace and therefore the role of supervisors and higher management and the role or presence of management systems must always be considered in an incident investigation. These factors may also be called organizational factors. Failures of management systems are often found to be direct or indirect causes. Ask questions such as:

- Were safety rules or safe work procedures communicated to and understood by all employees?
- Were written procedures and orientation available?
- Were the safe work procedures being enforced?
- Was there adequate supervision?
- Were workers educated and trained to do the work?
- Were hazards and risks previously identified and assessed?
- Were procedures developed to eliminate the hazards or control the risks?
- Were unsafe conditions corrected?
- Was regular maintenance of equipment carried out?

- Were regular safety inspections carried out?
- Was the condition or concern reported beforehand? Was action taken?

Members who are involved in incident investigation should take part in formal training specific to this function.

VII. Incident Reporting

All incidents affecting health and safety, including no-harm and near-miss situations, must be reported. Reporting is required by provincial legislation, Accreditation Canada standards, and employer policies. Reporting is necessary so that the causes of workplace hazards can be better understood and prevented.

All employees are responsible to:

- Seek first aid/medical attention or go to an Emergency Department, if necessary
- Report a serious incident immediately to the manager/delegate or manager on call. For other immediate injuries, report the incident to the manager/delegate as soon as reasonably possible
- Complete an incident report using the appropriate employer process (e.g. NSH zone process - report to SafeLine or complete a Safety Improvement and Management System (SIMS) Workplace Injury and Illness report)
- If appropriate, also report a patient safety incident using the appropriate process (e.g. SIMS)
- If applicable, notify Occupational Health/Employee Health Services, as soon as reasonably possible, if medical care beyond first aid is needed and/or time off work is required due to the injury

External Reporting of Serious Incidents

Serious Incidents must be reported by the manager/delegate (or, after business hours, the manager on call) to the OHS Division of NS Labour and Advanced Education (LAE) as soon as possible, but in no case later than twenty-four hours after the incident occurs. Reports to LAE can be made by phoning 1-800-9LABOUR.

Except as otherwise directed by an LAE officer, no person shall disturb the scene of a serious incident except as is necessary to:

- Attend to persons injured or killed
- Prevent further injuries
- Protect property that is endangered as a result of the incident

Reporting to the Union

The Internal Responsibility System is designed to encourage all parties at the workplace to collaborate on occupational health and safety concerns. Where true collaboration exists, all parties at the workplace are at their safest. However, at times it is necessary for union members to call on support from the NSNU to deal with local issues.

Union members who are dealing with an OH&S concern at the workplace can receive support in several ways:

- Discuss the issue with their labour relations representative (at times it is possible to file a grievance regarding health and safety issues)
- Fill out a clinical capacity report (CCR, available on the Members Only section of the NSNU website) if the OH&S concern impacts workload or the ability to provide safe patient care. This keeps the NSNU informed of the incident as the union does not receive copies of other incident reports
- Report safety concerns to the NSNU via the online NSNU Safety Form on the Members Only section of the website (nsnu.ca)
- Your labour relations representative may put you in contact with the NSNU OH&S representative if further support is required
- For serious incidents (e.g. lockdown, assault, weapons, etc.), please make sure that the NSNU provincial office is aware. You can speak with the NSNU OH&S representative, your labour relations representative or the Provincial President

VIII. Return to Work

A. Benefits of Return to Work

The longer an injured worker stays off the job, the more complex the situation becomes and the less likely they are to recover and return to work in a timely manner. Work is the single biggest contributing factor to injury recovery. It gives people a sense of self-worth and provides income they rely on to support their families. When injury occurs, staying connected to the workplace and continuing to work is the most important factor in recovery.

An effective return-to-work program allows for a safe transition back to the workplace and provides the following benefits for workers and employers:

What it means for workers:

- Reduces or eliminates lost earnings
- Helps the worker maintain a given activity level
- Minimizes the impact on the worker's family
- Shifts the focus from what a worker 'can't do' to what they 'can do'
- Maintains their sense of confidence and value

- Allows the worker to stay in contact with co-workers and the workplace
- Keeps worker involved in employee benefits programs

What it means for workplaces:

- Allows a skilled and experienced worker to continue as a valuable resource to the company
- Keeps loss of productivity to a minimum
- Reduces the costs of finding and retaining new workers
- Ensures communication between employer and the worker
- Maintains the morale of the workforce
- Reduces claims cost which can reduce workers' compensation premiums

Despite the importance of early RTW, it is also important not to push workers to return before they are physically or mentally able.

B. Transitional and Modified Duties (Accommodations)

When an injury occurs, the goal for both the workplace and the worker is to get things back to the way they were before the injury, if possible. Union members are encouraged to speak to their NSNU labour relations representative to help ensure a safe and fair return to work.

Transitional duties (also known as accommodations) are any temporary changes to the worker's job tasks that align with their functional abilities – what the worker is able to do. If the worker is unable to immediately return to their original job, providing transitional duties will help them recover, contribute to valuable work and reduce or eliminate the claims costs associated with lost time from work.

Planning transitional duties is the process of determining work tasks that can be provided to an injured worker during their recovery. The physical demands of the job tasks must be known and must not exceed the physical ability of the worker.

Transitional duties must be meaningful, productive and within the injured worker's skills and abilities. When a worker returns to transitional duties, other parties work with them to progressively increase duties as their ability improves. Remember – the transitional assignment is intended to be temporary.

Transitional duties should be as closely related to the original job as possible given the worker's restrictions. A date to return to regular duties should be clearly determined at the outset based on when the worker is physically able to return to their original job.

C. Duty to Accommodate

Employers and service providers have an obligation to adjust rules, policies or practices to enable you to participate fully. This is called the duty to accommodate.

The duty to accommodate means that sometimes it is necessary to treat someone differently in order to prevent or reduce discrimination. For example, asking all job applicants to pass a written test may not be fair to a person with a visual disability. In such cases, the duty to accommodate may require that alternative arrangements be made to ensure that a person or group can fully participate.

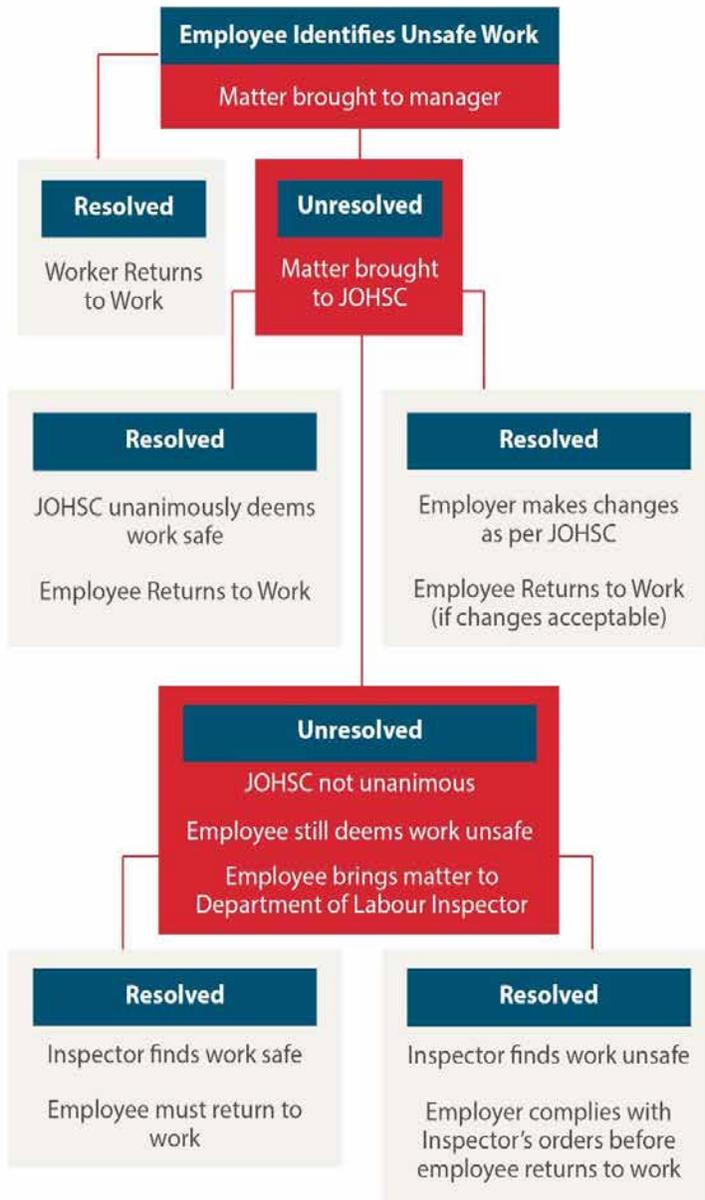
Examples of Duty to Accommodate

- Providing a special screen and software for someone with a visual impairment
- Allowing an employee to take time off to attend a medical appointment
- Making workplaces wheelchair accessible
- Assigning a nurse to a different unit or shift

There is a reasonable limit to how far employers must go to accommodate an employee's needs. Sometimes accommodation is not possible because it would cost too much or create health or safety risks. This is known as 'undue hardship'. An employer may claim undue hardship as the reason why certain policies or practices need to stay in place, even though they may have a negative effect on you. Employers need to provide sufficient evidence to support this claim.

For example, a pilot for a small airline develops a neck injury that limits their peripheral vision. Because of the condition, they are no longer allowed to fly planes. The airline has very few employees, and there are no other jobs to offer. The employer could argue that keeping the pilot on their payroll would cause undue hardship, and that letting them go is their only option.

Appendix A – Work Refusal Procedure



Appendix B – Sample Risk Assessment Form

The following sample can be customized for your workplace if such a form does not already exist. The goal is to answer all questions. How you assess the hazards and risks can vary from situation to situation, and may include the technique of brainstorming, or using a checklist or an assessment matrix. Document the process used, and how decisions were reached.

Name of person doing assessment:
Date:
Activity/Procedure being assessed:
Known or expected hazards and risks associated with the activity:
Possible consequences: What are the possible consequences? How likely are these consequences to occur? What is the possible severity of the harm?
Who is at risk?
Measure(s) to be taken to eliminate the hazard or lower the risk level:
Is there a risk of the control measures failing? What would the consequences be?
Training requirements:
Level of risk remaining:
Action to be taken in an emergency:
Reference(s), of any (e.g. safety regulations):
Signature of assessor:

Appendix C – Sample JOHSC Rep Report to Union Local

Date of last JOHS Meeting:	Did employer post JOHSC minutes? (Y/N)	
Update on any incident investigations(s)		
Update on any risk assessment(s)		
Other issues from JOHSC meeting		
Status of policies and risk assessments (e.g. when was the Workplace Violence Prevention Policy last reviewed? Has there been a violence risk assessment of the facility/unit?)		
Follow-up on issues previously identified by union		
New hazards identified/issues to take to the next JOHSC meeting		
Date of next meeting:	Reported by:	

Appendix D – Sample JOHSC Terms of Reference

Note – this is a sample of terms of reference developed by AWARE-NS and should be adapted for different employers.

Purpose

[Organization Name] is committed to excellence, innovation, wellness and safety for all employees, residents, contractors, visitors, volunteers and the general public. Our Joint Occupational Health & Safety Committee is recognized as an essential part of [Organization Name]'s commitment to creating and supporting a healthy and safe work environment/culture for [Organization Name] employees. In support of [Organization Name]'s Occupational Health and Safety Program, the Joint Occupational Health and Safety Committee will play an intricate role in helping to identify, resolve, control and prevent all Health and Safety matters related to [Organization Name].

Committee/Member Functions and Responsibilities:

1. Provides leadership, direction and advice to employees and management related to occupational health and safety issues in the workplace, i.e., protective equipment, restraints, education, policy & procedures, work refusals, OH&S program, unsafe work practices, safe work practices, violence in the workplace, etc.
2. The OHS Committee continually monitors [Organization Name]'s OHS Program in a formal manner and where appropriate makes recommendations to the Senior Management and Executive Directors regarding any and all aspects of the OHS Program including: the development, implementation and evaluation of workplace health and safety policies and procedures and safe work practices. Senior management as stated in the OHS Act NS will respond to the recommendations within 21 days. The OHS committee will follow up on the status of recommendations made to the Senior Management.
3. Acts as a role model and promotes health, safety and safe work practices; also intervenes in poor and/or unsafe work practices in the workplace.
4. Attends committee meetings and monitors the elements of [Organization Name]'s OHS Program in the workplace.
5. Promotes and practices respect and open communication in the workplace to encourage employees to voice their occupational health and safety issues reflective of the internal responsibility system (Section 2, Nova Scotia Occupational Health and Safety Act). This will also provide an opportunity for committee members to better support employees by guiding them to the most appropriate avenue to address their concerns.
6. Reviews monthly employee incident reports at the OHS Committee meetings and shares this review with all departments and neighbourhoods. Conducts

employee incident investigations when deemed necessary and follows up with a report and recommendations for corrective actions (if needed).

7. Develops a plan for and conducts [Agreed upon Number] workplace inspections, as per workplace inspection policy and procedure and identifies risks/hazards, provides a report with recommendations (if necessary) to OHS Committee to eliminate and/or decrease risks; submits same to the appropriate neighbourhood/department/person. If the matter is of an urgent nature, the issue will be immediately reported to the senior management and/or designate.
8. Reviews Violence in the Workplace Report [Agreed upon Number]. Actively participates in violence risk assessments and/or recommendations related to violence risks & hazards to improve safety in the workplace, i.e. security, policies & procedures, safe work practices, equipment and technology, approach to unknown person, education, admission planning, etc.
9. OHS committee will document its involvement in all work refusals as outlined in the OHS Committee rules of procedure document.
10. Communicates committee decisions and/or actions through minutes, intranet, reports, memos, newsletters and/or other documentation and seeks feedback as needed, (i.e. quarterly incident reports, OH&S minutes, violence reports and workplace inspections).
11. Is knowledgeable of and adheres to the OHS Committee rules of procedure.
12. Provides for the storage of OHS documentation including storing documents in effect prior to program changes.
13. Cooperates and liaises with the OH&S Officers, Department of Labour; provides access to information such as minutes, assessments, reports regarding health and safety issues/concerns in the workplace.
14. Keeps a record of OHS Committee member's education completed and develops a yearly education needs assessment for OHS Committee members reflecting OHS regulations. The OHS committee members will work with the education and training coordinator to schedule the education.
15. Works with management in the identification of OHS education needs for the organization and makes recommendations to education and training coordinator.
16. Actively participates and supports education and lifelong learning related to OH&S, i.e., keeps abreast of new and revised legislation, standards, policies & procedures, safe work practices and education.
17. Plans and participates in activities and events for occupational health and safety week.

18. Evaluates the performance and function of the OHS committee yearly and makes recommendations for improvement where indicated.

Standards:

OH&S legislation / regulations

WCB legislation

Violence in the Workplace Legislation

[Organization Name] standards, policies, procedures, standard safety procedures and safe work practices

Departmental standards, policies & procedures

Professional Associations / Affiliations

Accountability: Management

Meetings: Minimum of 10 yearly and/or as needed

Membership:

[Agreed upon Number] Union Representatives (if possible one from each local)

[Agreed upon Number] Management

[Agreed upon Number] alternates (minimum) ([Agreed upon Number] union/employee & [Agreed upon Number] management)

This Terms of Reference will be reviewed and/or revised and signed every [Agreed upon Number] years or as needed.

Signature: _____

Employer Co-Chair: _____

Employer Co-Chair: _____

Senior Management/Executive Director: _____

Appendix E – NSNU Safety Form

Please note: this form is used to keep the NSNU aware of safety issues at the workplace and is available on the Members Only section of the NSNU website. It does not replace the need to report safety incidents through your employer’s systems (e.g. SIMS report, ERS report, WCB report). This form will go to the NSNU provincial office, with copies to your local president and local NSNU JOHS representative.

Nurse Information:

This information will automatically populate based on the nurse who is logged in.

Employer Information:

This information will automatically populate based on the nurse who is logged in.

Describe the Nature of Incident (Do not use names of patients, clients, residents, staff or doctors):

What kind of hazard is it?

slips, Trips, falls

Other Ergonomic - repetitive movements, improper workstation set up, etc.,

Workplace Violence (including threats)

Heat stress, Extreme Humidity

Psychosocial - stress, bullying, harassment, fatigue

Biological - bacteria, viruses, fungi, mold, etc

Working alone (where not by design)

Chemical - physical, chemical and toxic properties of chemicals used, fumes

Driving conditions

Second-hand smoke (tobacco, marijuana, etc)

Musculoskeletal (e.g. back strain)

Physical - radiation, magnetic fields, pressure extremes (high pressure or vacuum), noise, etc.,

Equipment malfunctions or breakdowns.

Other

If other, please explain:

Was the incident reported to your Supervisor?: yes/no

Did you report the incident with any workplace forms (e.g. SIMS report, WCB form)?: yes/no

Name of Manager/Supervisor: _____

Email of Manager/Supervisor: _____

Date of Discussion: _____

Supervisor's Response/Action Taken:

Has the incident already been reviewed by your workplace joint occupational health and safety committee? yes/no

If yes, what was the response?

What are your ongoing concerns?

Would you like to hear from an NSNU representative regarding this matter? yes/no

Appendix F – Resources

NSNU Provincial Office

Phone: 902-468-1474 / 1-800-468-1474

Email: nsnu.office@nsnu.ca

Nova Scotia Department of Labour – OHS Division

Toll-free reporting line: 1-800-952-2687 (1-800-9-LABOUR)

Email: ohsdivision@novascotia.ca

Website: <https://novascotia.ca/lae/healthandsafety/>

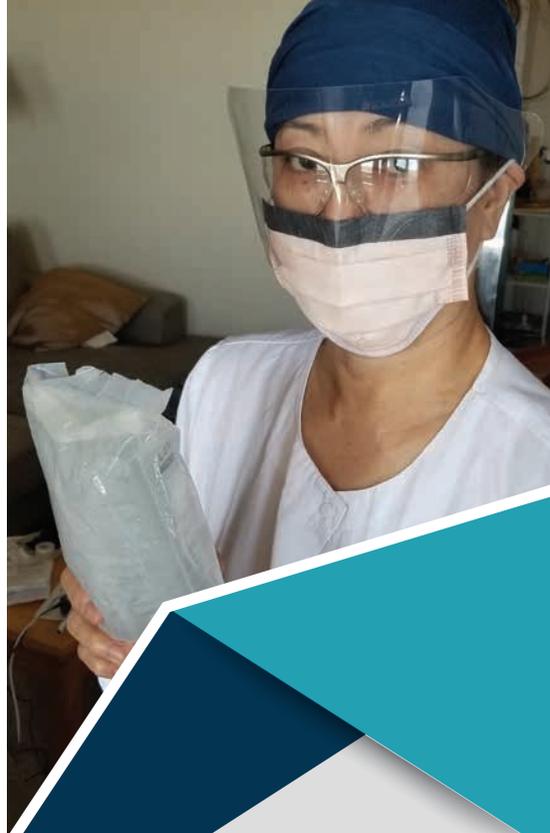
Canadian Centre for Occupational Health and Safety

Website: <https://www.ccohs.ca/>

Workers' Compensation Board of Nova Scotia

Phone: 1-800-870-3331

Email: info@wcb.ns.ca



Nova Scotia
**Nurses
Union** 