
Prévention en Santé et Sécurité du Travail: Comment Faire Mieux?
JASP, Montréal, December 8, 2015

OHS System Review

Purpose

To make recommendations to Ontario’s Minister of Labour by the Fall of 2010 that will make structural, operational, and policy improvements to better integrate the work of the occupational health and safety (OHS) system partners – the Ministry of Labour (MOL), the Workplace Safety and Insurance Board (WSIB) and the Health and Safety Associations (HSAs).
Driving Factors for Review

• Between 1998-2010, the WSIB was responsible for OH&S prevention, while MOL was responsible for enforcement; stakeholders frequently pointed to accountability and other gaps, duplication and overlap in responsibility.

• Stakeholders expressed concern that WSIB’s focus on insurance and, more recently, on unfunded liability financial pressures distract from a focus on prevention.

• Recent amalgamation of 14 HSAs down to 6 had not completely improved stakeholder understanding of roles, or resolved issues in consistency of programs and services, duplication and gaps.

• Swing stage collapse on Christmas Eve 2009 resulting in death of 4 construction workers accelerated transformation activities and caused labour stakeholders to call for review.

Process of Review

• Led by Tony Dean, former Ontario Secretary of Cabinet and Deputy Minister of Labour

• 9 panel members; 3 labour, 3 employer and 3 academic representatives

• Supported by a Secretariat of staff from MOL, WSIB and HSAs

• Consultation paper on issues of review as well as 7 regional stakeholder meetings throughout province

• Review initiated April 2010 and report delivered December 2010
Stakeholder Views

• The 46 recommendations received consensus support from labour, employer and academic members of the appointed panel; http://www.labour.gov.on.ca/french/his/prevention/report/index.php
• Want closer alignment between prevention and enforcement activities.
• Labour and employers want significant “voice” in the direction and nature of programs, services and priorities.
• Compliance needs to be better supported by greater availability of guidance materials and Codes of Practice in multiple languages and formats.
• Employers want “compliance assistance” approach by inspectors rather than strictly enforcement; particularly for small business.
• Labour expects and employers accept the need for strict enforcement and significant penalties for wilful non compliance, particularly for high risk work.

Key Areas of Recommendations

Training
• Mandatory OH&S training for all workers and supervisors.
• Mandatory training for construction workers.
• Improved quality of training programs and providers for high risk work – begin with working at heights.

Protection for Vulnerable Workers
• Enforcement targeted to sectors and employers where vulnerable workers exist.
• OHS information and materials in multiple languages and formats.
• Improved protections from reprisals.
Key Areas of Recommendations (cont’d)

Support for Small Business
• Enforcement staff provide support to small business.
• OHS prevention and enforcement staff dedicated to small business.
• Greater use of guidance materials relevant to small business.

Other
• Greater incorporation of OHS topics into all levels of the educational system.
• Wider array of enforcement tools such as “tickets” and Administrative Monetary Penalties where workers are placed at great risk of injury.
• Develop monetary and non-monetary incentives including an accreditation program to motivate superior OH&S performance.
• Target employers that operate in the underground economy.

Ontario’s OHS System - Then
• Responsibilities for prevention, regulation, enforcement and training were divided amongst a number of public sector organizations.
• WSIB had a statutory mandate for prevention since January 1, 1998 as well as responsibility for the compensation system.
• MOL was responsible for overarching policy, legislation, regulation development and enforcement.
• Six HSAs provided training, technical health and safety consulting and clinical services.
Ontario’s OH&S System - Then … 2

• Stakeholders expressed a number of concerns during the consultation:
  – employers and workers are uncertain of the respective roles of these organizations
  – need to have greater consistency and integration of programs and services
  – need for alignment of priorities
  – eliminate unnecessary duplication and overlap
  – identify and fill gaps in services.

Ontario’s OH&S System - Now

• Responsibilities for ensuring better integration of prevention, regulation, enforcement and training more closely aligned within the Ministry of Labour.

• Workplace Safety and Insurance Board’s H&S prevention responsibilities transferred to MOL.

• The Chief Prevention Officer (CPO) with statutory powers and authority reporting to Minister of Labour is accountable for an integrated OHS system and prevention program delivery.

• A “Prevention Council” of Employer, Labour and other members meets regularly to provide advice to the Minister and the CPO.
Ontario’s OH&S System - Now …2

- Chief Prevention Officer is responsible for:
  - Leadership of the prevention organization within MOL and accountable for integration and performance of prevention activity.
  - Oversees funding and service delivery of HSAs.
  - Development, delivery and performance measurement of an integrated OH&S strategy in collaboration with Deputy Minister of Labour.
  - Develops training standards and accredits organizations that meet those standards.
  - Submits annual report to Minister detailing OH&S system performance and progress against targets.

6 Health and Safety Associations (HSAs)

- Workplace Safety and Prevention Services
  - manufacturing, retail and farming sectors
- Infrastructure Health and Safety Assoc.
  - construction, utilities and transportation sectors
- Public Sector Health and Safety Assoc.
  - municipal, health care and education sectors
- Workplace Safety North
  - mining, forestry and pulp and paper sectors
- Workers Health and Safety Centre
  - Training Centre
- Occupational Health Clinic for Ontario Workers
  - Medical, clinical services
MOL - Funded Research Centres and Institutes

- Institute for Work and Health (IWH)
  - Broad health and safety research activity capacity

- Centre for Research Expertise – Occupational Disease (CRE-OD).

- Centre for Research Expertise – Musculoskeletal Disorders (CRE-MSD)

- Occupational Cancer Research Centre (OCRC)

Progress on Expert Panel Recommendations


- Priority activities within strategy
  - Assist the most Vulnerable Workers
  - Support OH&S improvements in Small Business
  - Address the Highest Hazards
  - Build Collaborative Partnerships
  - Integrate Service Delivery and System-wide Planning
  - Promote a Culture of Health and Safety
Progress on Expert Panel Recommendations (cont’d)

• Funding of Health and Safety Associations, Health and Safety Research and Prevention Grants aligned with priorities in strategy

• Improved alignment of policy development, enforcement and prevention within MOL as well as HSA participation and support activities.

• First annual health and safety report released Oct. 2014:

Progress on Expert Panel Recommendations (cont’d)

• Mandatory health and safety training for all workers and supervisors came into effect July 1, 2014;
  http://www.labour.gov.on.ca/french/hs/training/index.php

• Mandatory training program and provider standards for construction workers required to wear fall protection equipment came into effect April 1, 2015;
  http://www.labour.gov.on.ca/french/hs/topics/heights.php

• New Standards for Joint Health and Safety Committee Certified Member Training released Oct. 1, 2015 for come into effect March 1, 2016;
Moving Forward

• Developing standards for mandatory training for construction workers and Health and Safety Reps.
• Developing an “Accreditation Program” for employers.
• System Partners operating and planning more as a team rather than individual members.
• Working on ways to reach non-traditional clients and customers.
• Creating partnerships with stakeholders and private sector providers to increase health and safety delivery capacity.