



Town of Tecumseh

Health and Safety Manual

Section 5 – Terms of Reference

Joint Health & Safety Committee Policy Terms of Reference – Appendix A

**Issue Date:**

**Approval:**

**Revisions:**

**Subject:        Joint Health and Safety Committee Policy Terms of Reference**

**1.     Purpose:**

1.1.    To ensure that the Joint Health and Safety Committee (JHSC) and worker representatives comply with the requirements of the *Occupational Health & Safety Act*, and effectively assist workers to maintain a healthy and safe environment on an ongoing basis.

**2.     Scope:**

2.1.    According to the *Occupational Health & Safety Act [OHSA]*, Sections 8(1), a health and safety representative is required at a project or workplace where the number of workers regularly exceeds five (5) and is less than twenty (20). According to Section 9(2), a Health and Safety Committee is required at a workplace at which twenty (20) or more workers are regularly employed. The Committee should consist of at least two (2) members for a workplace where at least fifty (50) workers are employed, and at least four (4) members [or any number greater than four (4)] for a workplace where fifty (50) or more members are employed.

2.2.    The Town of Tecumseh is comprised of several workplaces of different sizes. There is a JHSC that represents all of the different workplaces. Each workplace is represented by a management member and a worker member:

- a)     Town Hall – 917 Lesperance Road
- b)     Public Works Division – 1189 Lacasse Blvd
- c)     Water Division – 1189 Lacasse Blvd
- d)     Parks Building – 300 Manning Road
- e)     Tecumseh Arena – McNorton Road
- f)     Fire Station #1 – 985 Lesperance Road
- g)     Fire Station #2 – 5585 Walker Road

**3.     Selection Process / Procedures:**

**3.1.   Definition**

3.1.1. **Certified Member:** means a committee member who is certified under section 7.6;

7.6 (1) Certification of members – The Chief Prevention Officer may,

(a) establish training and other requirements that a committee member shall fulfill in order to become a certified member; and

(b) certify a committee member who fulfills the requirements described in clause (a)

3.1.2. **Bilateral Work Stoppage** – a certified member who has reason to believe that dangerous circumstances exist at a workplace may request that a supervisor investigate the matter and the supervisor shall promptly do so in the presence of the certified member. Section 45(1)

3.1.3. **Work Refusal** – a worker has the right to refuse work that he or she believes is unsafe to himself/herself or another worker. A worker who believes that he or she is endangered by workplace violence may also refuse work.

### 3.2. **Selection Process for the Joint Health and Safety Committee(s):**

**Senior Management Team:** Chief Administrative Officer and Directors

**Management Members:** Selected by Senior Management Team

**Management Certified Members:** The Management Members on the JHSC will decide who becomes the certified management member(s).

**Management Co-Chair:** The Management Members on the JHSC will decide who becomes the Management Co-Chair.

**Recording Secretary:** The recording secretary is not a member of the JHSC and will not participate in the regular business of the meeting. The Senior Management Team will decide who becomes the Recording Secretary. If the secretary is absent, another member or non-member can serve as secretary.

**Worker Members:** Selected by the workers they are to represent.

**Worker Certified Members:** The Worker Members on the JHSC will decide who becomes the certified worker member.

**Worker Co-Chair:** The Worker Members on the JHSC will decide who becomes the Worker Co-Chair.

If the workers are having difficulty selecting a JHSC member(s), the Senior Management Team will:

- Make additional efforts to promote the benefits of becoming a JHSC member,

- Educate and train the workers in health and safety,
- Provide information to workers on the roles and responsibilities of the JHSC.

### **3.3. Posting of Members Names and Work Locations:**

3.4. A list of the JHSC member's names along with work locations is to be posted on respective Health and Safety Boards and the Town's intranet.

## **4. Duration:**

### **4.1. Duration of Term**

4.2. Each management & worker member shall serve a term for the duration of the CUPE 702.1, 702.2 & 702.5 collective agreement. Both management & worker members may serve subsequent terms provided they are selected back onto the committee.

## **5. Roles and Responsibilities:**

### **5.1. Responsibilities of Joint Health & Safety Committee Members**

5.1.1. Committee members are expected to:

- Inspect the workplace at least once a month according to a schedule Section 9(26), or where it is not practical, inspect a portion of the workplace at least once a month so entire workplace is inspected yearly. Section 9(27);
  - Make written recommendations for improvement in health and safety of workers to the employer as needed. Section 9(18)(b);
  - Identify workplace hazards. Section 9(18)(a);
  - Being present at the beginning of workplace testing. Section 9(18)(f);
  - Be present at investigations of work refusals and have a right to investigate critical injuries or fatalities. Section 43(4) and 9(31);
  - Participate in information gathering. Section 9(18)(d)(i-ii);
  - Accompany a Ministry of Labour inspector during a physical inspection of the workplace. Section 54(3);
  - Recommend continuing education and training programs in order that all employees are knowledgeable in their rights, responsibilities and duties under OHS and the Town of Tecumseh policies;
  - Report matters as they relate to hazardous materials, where applicable;
  - Provide input into existing and proposed health and safety programs;
  - Work in compliance with the guidelines of the JHSC, Section 9 of OHS.;
- 
- Certified members may investigate work refusal or bilateral work stoppages;
  - A function of the JHSC is to make recommendations by resolution as recorded in the minutes, to the Senior Management Team for improvement of the health and safety of the workers.

### **5.2. Workplace Inspections**

- 5.2.1. The members of the JHSC who represent workers shall designate a member of the committee to inspect the physical condition of agreed upon areas of the workplace at least once per month. The designated member should be a certified member, if possible.
- 5.2.2. All health and safety concerns noted during the inspection will be recorded on the standard workplace inspection form (checklist and comments) and forwarded to the committee for consideration as soon as possible. The workplace inspection form will also be forwarded to the Human Resources Department for distribution to Directors/Manager and filing for legislative purpose.
- 5.2.3. Human Resources Department will inform the JHSC of the status of outstanding items. Unresolved items will be actioned by the committee at each meeting and forwarded in recommendation form to the Senior Management Team.

### 5.3. Responsibilities of Co-chairs

5.3.1. The Co-chairs have the following responsibilities:

- Alternate chairing meetings. Should the designated chair not be available to attend a meeting, the other Co-chair will organize and preside over the meeting;
- With the consent of his/her counterpart, a Co-chair may invite any resource person(s) to attend the meeting to provide additional information and comment. These invited guests may not participate in the regular business of the meeting;
- Review the minutes, edit where necessary, sign and return to Human Resources for circulation.

### 6. Communication:

6.1. Communications emanating from a committee shall be shared on the Health & Safety Boards and the intranet. Unresolved items will be actioned by the committee at each meeting and forwarded in recommendation form to the Senior Management Team. Recommendations made by the JHSC will be signed by the co-chairs and forwarded to the Senior Management Team for response. Within twenty-one (21) days the Senior Management Team will communicate in writing directly to the JHSC or co-chair in compliance with response to recommendations Section 9(20) and timetable for implementing the recommendations 9(21) of OHSA. In the event a consensus cannot be reached, recommendations can be forwarded by either co-chair on behalf of the JHSC as per powers of co-chairs Section 9(19.1).

### 7. Standards / Procedures:

#### 7.1. Conduct

- 7.1.1. The certified representative from the management and worker groups is required in order for the Joint Health & Safety Committee (JHSC) to conduct business; if they are not present, the meeting must be rescheduled. Quorum of at least one half ( $\frac{1}{2}$ ) of the attendees must be workers, is required to conduct regular business.
- 7.1.2. The JHSC recommends corrective action to those in the most responsible position to correct the hazard. The Management Members initiates actual work assignments.

- 7.1.3. Outstanding items of three (3) months or more, resolutions that may require capital expenditures, or other issues that may be beyond the scope of the JHSC are presented to the Senior Management Team by way of a written recommendation.
- 7.2. Meetings and Minutes:**
- 7.2.1. Committee members shall meet at least once every three months on a regularly established schedule (unless otherwise stated).
- 7.2.2. The Management co-chair will prepare an agenda, at least one week (5 working days) prior to the meeting and forward a copy to the secretary for typing and distribution to all Committee members.
- 7.2.3. The JHSC may accept any item related to health and safety for discussion and resolution. Any member; who, either on their own accord or by way of an employees' concern, may present for discussion a topic as 'new business' to the meeting.
- 7.2.4. The Recording Secretary will take minutes and be responsible for having the minutes typed within five (5) working days of the meeting.
- 7.2.5. Written minutes of meetings are to be taken outlining:
- a) Date, time, and location of meetings held;
  - b) Names of all members and other persons present; and
  - c) Records of all items discussed.
- 7.2.6. The Recording Secretary shall take minutes and be responsible for distributing and filing the minutes within two (2) calendar weeks of the meeting, where practical. The co-chairs will review the draft minutes, edit where necessary, sign and return to the secretary for circulation.
- 7.2.7. All resolved and unresolved items shall be reported in the minutes. Unresolved items shall be kept on the agenda until they have been resolved.
- 7.2.8. Approved minutes are to be circulated to the JHSC members, and copies shall be posted in all workplace locations, forwarded to the Senior Management Team, Managers, and Supervisors. The minutes shall be kept on file for a minimum of three (3) years.
- 7.3. Copies of all Hazard Reports and Internal Accident Incident Reports must be forwarded to the JHSC. It is the JHSC's responsibility to ensure that proper corrective action is taken, and to submit recommendations to the Senior Management Team. The JHSC can submit any health and safety recommendation to rectify a situation that may be a source of danger or hazard to a worker(s). Workers shall not submit recommendations; they must report to the JHSC who will discuss the item and submit a recommendation on their behalf.
- 7.4. Recommendations shall be submitted immediately if the danger or hazard cannot be solved by corrective actions/response of the supervisor.
- 7.5. Recommendations must be in writing, using the **JHSC Recommendations to Senior Management Team Form**.

7.6. Senior Management Team who has received a written recommendation from the JHSC must respond in writing within twenty-one (21) days, using the **Senior Management Team Response to JHSC Recommendations** Form.

**8. General**

8.1. All employees are encouraged to discuss their Health and Safety concern with their immediate Supervisor/Manager/Director before bringing it to the attention of the JHSC.

8.2. Committee members will thoroughly investigate all concerns to obtain all of the facts for use in developing solutions.

**9. Confidentiality**

9.1. Personal / Medical information will be kept confidential by all JHSC members.

**10. Amendments**

10.1. Any amendments, deletions or additions to these Terms of Reference must first have the consensus by vote of the Committee and shall be set in writing, signed by the co-chairs and attached as an Appendix to the Terms of Reference Document, and forwarded to all Committee members as well as the Recording Secretary. The Senior Management Team will have final approval of the Terms of Reference and amendments.

**11. Forms:**

- Hazard Report Form – Appendix A
- Internal Accident / Incident Report – Appendix B
- JHSC Recommendations to Senior Management Team Form – Appendix C
- Senior Management Team Response to JHSC Recommendations Form – Appendix D



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**Appendix A - Hazard Report Form**

Date of Report:	
Reported by:	
Department	
Supervisor	
Report of Hazard	
Please Describe Hazard Concern:	
Please describe safety issue:	
<b>Rate Hazard using criteria below (circle the appropriate one):</b>	
<b>Note: Immediate response is required for Level 3 (Major) hazards.</b>	
<b>Hazard Class</b>	
3 (Major) - High Risk (immediately dangerous to life and health).	
2 (Moderate) - Medium Risk (medium term potential for non-life threatening injury).	
1 Low Risk (long term potential for slight injury or illness).	
Action taken/response given (Supervisor to fill out):	
Supervisor Signature	Date
Worker Signature	Date

- Give the original to your Supervisor.
- Supervisor must complete form and give a copy to the Department Head and/or Manager, and the JHSC. When follow up has been completed, the worker is to sign that this has been communicated to him/her.





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### Appendix B - Internal Accident / Incident Report

Accident  Incident  Property Damage  Tracking # \_\_\_\_\_

Injured/Affected Party's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employee  Contractor  Visitor/Customer

Date of Accident/Incident: \_\_\_\_\_ Time: \_\_\_\_\_ Shift: \_\_\_\_\_

Department: \_\_\_\_\_

Date Reported: \_\_\_\_\_ Time: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Date of Investigation: \_\_\_\_\_ Time: \_\_\_\_\_

Medical attention provided: First Aid  Medical Care  None

Position: \_\_\_\_\_ Length of time at area of accident: \_\_\_\_\_

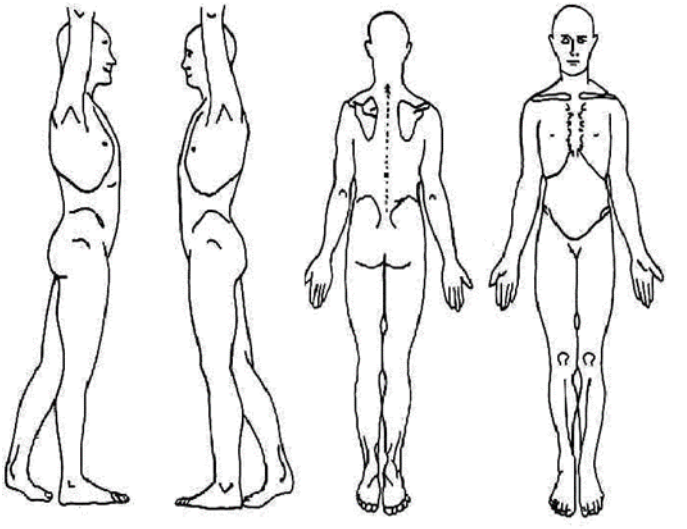
Length of time in position: \_\_\_\_\_ Was this their regular job? Yes  No

Overtime: Yes  No

Where did the accident/incident occur? (Work centre, specific work station, parking lot, etc.)

**Description/Comments:**

**Area of Injury: (Please check all that apply)**

Area of Injury	Please indicate the injury area(2) with an X or arrow
<input type="checkbox"/> Head <input type="checkbox"/> Upper back <input type="checkbox"/> Lower back <input type="checkbox"/> Face <input type="checkbox"/> Teeth <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder      R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Wrist            R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Hip                R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Ankle            R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Eye(s)           R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Arm                R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Hand              R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Thigh             R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Foot               R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Ear(s)            R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Pelvis <input type="checkbox"/> Elbow             R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Finger(s)        R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Knee              R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Toe(s) <input type="checkbox"/> Other _____	 <p style="text-align: center;">Right                  Left                  Back                  Front</p> <p>Please indicate the injury area(s) with an X or arrow</p>

**Identify the size, weight and type of equipment or material involved:**

**Explain what the worker was doing and the effort involved:**

**What happened to cause the Injury or near miss:**

**Provide the names and contact details of any eye witnesses:**

**Provide the names and contact details of any third parties who may have contributed to the accident/incident:**

Cause of Injury (Check in each column)	Yes	No	Type of Injury (Check all that apply)		Cause of Accident (Check all that apply)	
Struck/Caught	<input type="checkbox"/>	<input type="checkbox"/>	Fatality	<input type="checkbox"/>	Operating without authority	<input type="checkbox"/>
Overexertion	<input type="checkbox"/>	<input type="checkbox"/>	Critical Injury	<input type="checkbox"/>	Failure to secure or loose	<input type="checkbox"/>
Repetition	<input type="checkbox"/>	<input type="checkbox"/>	Non-Critical Injury	<input type="checkbox"/>	Working at unsafe speed	<input type="checkbox"/>
Slip/Trip	<input type="checkbox"/>	<input type="checkbox"/>	Sudden Specific Event /Occurrence	<input type="checkbox"/>	Unsafe Equipment	<input type="checkbox"/>
Fall	<input type="checkbox"/>	<input type="checkbox"/>	Gradually Occurring over Time	<input type="checkbox"/>	Unsafe loading, placing, mixing, etc.	<input type="checkbox"/>
Fire/Explosion	<input type="checkbox"/>	<input type="checkbox"/>	Occupational Disease	<input type="checkbox"/>	Unsafe position or posture	<input type="checkbox"/>
Harmful Substance / Environmental Exposure	<input type="checkbox"/>	<input type="checkbox"/>	Cut	<input type="checkbox"/>	Failure to use personal protective equipment	<input type="checkbox"/>
Assault	<input type="checkbox"/>	<input type="checkbox"/>	Bruise	<input type="checkbox"/>	Hazardous method or procedure	<input type="checkbox"/>
Motor Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	Burn	<input type="checkbox"/>	Working on moving equipment	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	Puncture	<input type="checkbox"/>	Wheeled equipment operation	<input type="checkbox"/>
			Amputation	<input type="checkbox"/>	Not guarded or improperly guarded	<input type="checkbox"/>
			Fracture	<input type="checkbox"/>	Inadequate training	<input type="checkbox"/>
			Pinch/Squeeze	<input type="checkbox"/>	lack of supervision/leadership	<input type="checkbox"/>
			Foreign object	<input type="checkbox"/>	Horseplay, distracting, teasing	<input type="checkbox"/>
			Other	<input type="checkbox"/>	Willful misconduct	<input type="checkbox"/>
					Hazardous personal attire	<input type="checkbox"/>
					Inadequate lighting	<input type="checkbox"/>

Cause of Injury (Check in each column)	Yes	No	Type of Injury (Check all that apply)	Cause of Accident (Check all that apply)	
				Workplace hazards uncorrected	<input type="checkbox"/>
				Outside hazardous condition	<input type="checkbox"/>
				Housekeeping	<input type="checkbox"/>
				Other( explain):	<input type="checkbox"/>

Medical Status (Check in each column)	Yes	No	Employee Status (Check in each column)	Yes	No
On-site First Aid	<input type="checkbox"/>	<input type="checkbox"/>	Return to Regular Job	<input type="checkbox"/>	<input type="checkbox"/>
Ambulance	<input type="checkbox"/>	<input type="checkbox"/>	Return to modified work	<input type="checkbox"/>	<input type="checkbox"/>
Emergency department	<input type="checkbox"/>	<input type="checkbox"/>	Lost Time	<input type="checkbox"/>	<input type="checkbox"/>
Admitted to hospital	<input type="checkbox"/>	<input type="checkbox"/>	Return to Regular Job	<input type="checkbox"/>	<input type="checkbox"/>
Health Professional	<input type="checkbox"/>	<input type="checkbox"/>			
Clinic	<input type="checkbox"/>	<input type="checkbox"/>			
On-site First Aid	<input type="checkbox"/>	<input type="checkbox"/>			

**Action(s) to Prevent Recurrence**

No.	Recommendation	Action	Assigned to	Expected Completion Date	Status
1.					
2.					
3.					

**Immediate Action:**

_____ Supervisor`s Printed Name	_____ Supervisor`s Signature	_____ Date
_____ Safety Rep Printed Name	_____ Safety Rep Signature	_____ Date
_____ Departmental Manager Printed Name	_____ Departmental Manager Signature	_____ Date

Not Applicable:

Employee Statement

Tracking # \_\_\_\_\_

Name: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Reported to: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Medical attention received? No  Yes  First Aid only  Other  \_\_\_\_\_

Witnesses: Yes  No

**Names of Witnesses:**

**Description of Incident (How):**

**Location at time of incident (Where):**

**Parts of Body Involved:**

**Conditions contributing to Incident (Why):**

Any previous similar problems? Yes  No  If Yes, give details:

Suggestions on how to prevent this from happening again? (Guarding, PPE, equipment modification, etc.)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Not Applicable:

Witness Statement

Tracking # \_\_\_\_\_

Re: Name: \_\_\_\_\_

Your Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Are you an eye witness? Yes  No

Were you first on the scene? Yes  No

Are you aware of any other witnesses? Yes  No

If yes, please list names below:

**Details of Knowledge**

Where:

When:

Describe what you witnessed:

**Part(s) of body affected:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Appendix C - Joint Health and Safety Committee Recommendations to Senior Management Team**

Date:
Department:
Re:
Reasons for Recommendations:
Requirements For Implementation (supporting documentation may be attached:
Date Presented To Senior Management Team:
Submitted By:

Date:

Recommendation Presented To:

Expected Date of Response:

**Note:** The *Occupational Health and Safety Act* (OSHA) states that the employer who received the recommendation from the Joint Health and Safety Committee, shall respond in writing within twenty-one (21) days.



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**Appendix D - Senior Management Team Response to Joint Health and Safety Committee Recommendations**

Date:
Department:
Re: Response to recommendation(s) received on:
Date recommendation received by Senior Management Team:
Senior Management Team Agrees with the Recommendation(s): (Circle) Yes No
<b>Note:</b> If Senior Management Team agrees with the recommendation, complete the next section of this form. However, if there is a disagreement with or an alternative to the recommendation(s), please provide reasons or explanation.
Implementation For Recommendation(s) (Timetable, Actions To Be Taken, etc.)
Disagreement With, Or Alternative To Recommendation(s):

Date:

Date Returned to Joint Health & Safety Committee:

Responding Senior Management Team Signature:

Response received by Joint Health & Safety Committee on:

**Note:** *The Occupational Health & Safety Act (OSHA)* states that the employer who receive the recommendation from the JHSC shall respond in writing within twenty-one (21) days.