# Health and Safety Management System

## Table of Contents

1. Introduction .................................................................................................................. 1
2. Background .................................................................................................................. 2
   2.1 Legislation .............................................................................................................. 2
   2.2 Internal Responsibility System ............................................................................. 2
   2.3 Management of Health and Safety ....................................................................... 3
3. General Principles ........................................................................................................ 3
   3.1 Responsibilities of the University ....................................................................... 3
   3.2 Health and Safety Policy ..................................................................................... 3
   3.3 Organizational Structure ....................................................................................... 4
4. Leadership and Accountability ..................................................................................... 4
   4.1 Board of Regents (BOR) .................................................................................... 4
   4.2 President ............................................................................................................... 4
   4.3 Vice-Presidents Council (VPC) ........................................................................... 5
   4.4 Vice-Presidents .................................................................................................... 5
   4.5 Enterprise Risk Management (ERM) Committee ................................................ 5
   4.6 University Health and Safety Committee (UHSC) ............................................... 5
   4.7 Senior Executives, Deans and Directors ............................................................... 6
   4.8 Designated Authority (DA) ................................................................................ 7
   4.9 Managers and Supervisors .................................................................................. 7
   4.10 Workplace Health and Safety Committees (WHSC) ......................................... 8
   4.11 Individuals (Staff, Students, Contractors, Visitors) ............................................. 8
   4.12 Environmental Health and Safety (EHS) ........................................................... 9
5. Education and Training ............................................................................................... 9
6. Communications ......................................................................................................... 9
7. Inspection .................................................................................................................... 10
   7.1 Inspection ............................................................................................................. 10
8. Incident Management .................................................................................................. 11
9. Emergency Preparedness ............................................................................................ 12
10. Disability Management .............................................................................................. 12

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Health & Safety Management System, HSMS v2

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11 Management Review ........................................................................................................... 12
  11.1 Annual Review of Memorial’s Health and Safety Policy ................................................. 12
  11.2 Monitoring and Auditing .............................................................................................. 12
  11.3 HSMS Annual Report .................................................................................................. 13
1 Introduction

Memorial University of Newfoundland’s (University) Health and Safety Management System (HSMS) provides a framework to enable compliance with occupational health and safety legislation and University policies/procedures. Specifically, it apprises members of the University community of their duties and responsibilities to applicable legislation, relevant policies/procedures and reporting requirements.

The HSMS consists of the following:

- Health and Safety Policy;
- Health and Safety Elements;
  - Communication
  - Document & records development and control
  - Hazard identification, evaluation and control
  - Incident management
  - Competency and training
  - Nonconformity, corrective and preventive action
  - Assurance
- Health and Safety Programs and Safe Work Procedures; and
- Workplace Health and Safety Committees (WHSC).

The University has adopted the Plan Do Check Act (PDCA) technique that serves as a practical tool to ensure continuous improvement in the workplace. The four steps: plan, do, check and act should be reviewed and repeated over time to ensure continuous learning and improvement.
2 Background

2.1 Legislation

The health and safety standards at the University must, at a minimum, meet the requirements of all applicable legislation as set by the various regulatory agencies.

The Newfoundland and Labrador Occupational Health and Safety Act and Occupational Health and Safety Regulations are the principle legislation governing workplace health and safety within the University. Other applicable legislation include the Workplace Health Safety and Compensation Act, Human Rights Act, Criminal Code of Canada, Nuclear Safety and Control Act and General Nuclear Safety and Control Regulations.

The Occupational Health and Safety Act as well as the Workplace Health Safety and Compensation Act are based on the concept that every individual in the organization is responsible for health and safety. This concept is known as the Internal Responsibility System (IRS).

The Criminal Code of Canada establishes a positive duty on individuals and organizations to take “reasonable steps to prevent bodily harm” to workers, the public and others involved in workplace activity. The HSMS provides a strategy to comply with this legislation.

2.2 Internal Responsibility System

Under Provincial Occupational Health and Safety legislation the onus for compliance is placed on senior administrators within an organization. As such, the legislation spells out key, defined responsibilities for each of these individuals, forming the IRS.

This IRS provides the building blocks for an effective HSMS. The workplace parties in the IRS at the University are:
2.3 Management of Health and Safety

Health and safety is managed effectively by ensuring that:

- the University’s health and safety policy is implemented and a framework to identify and control hazards is established;
- individuals within the University community understand their role in health and safety;
- health and safety is integrated into the management of all workplace activities and the individual who directs the actions of others manages the risks of that activity and its associated health and safety requirements; and
- the University community is provided guidance in meeting their obligations under legislation.

3 General Principles

3.1 Responsibilities of the University

It is ultimately the responsibility of the University’s Board of Regents (BOR), through the University’s senior administration, to ensure that all regulatory requirements are met and appropriate standards are applied.

The responsibility to ensure adherence to University policies and procedures rests with all members of the University community. It is imperative that those that direct the actions of others understand and assume responsibilities in conformance with the provincial Occupational Health and Safety Act and Regulations. In addition, education, training, facilities and resources necessary to ensure compliance with applicable health and safety legislation must be provided by the University.

Any person who works, teaches, studies, conducts research, acts on behalf of or at the request of the University and/or visitors to the University found to be working in a manner that conflicts with University policy or in contravention of the applicable legislation, a system must be in place to take corrective action.

Dangerous working conditions must be addressed in conformance provincial Occupational Health and Safety Act and Regulations or other applicable legislation.

Memorial’s Incident Management System (MIMS) or MUNSafe application must be used to report all incidents within the University including accidents, near miss events and health, safety and security concerns. These system offer a more streamlined, timely and effective method of reporting and investigating incidents and hazards.

An auditing system is necessary to monitor and review overall performance and commitment to health and safety. The results of these audits must be reviewed by the appropriate committee(s), senior administration of the University and by the Board of Regents.

3.2 Health and Safety Policy

Memorial’s Health and Safety Policy was developed in accordance with section 36.2 of the Occupational Health and Safety Act. Under provincial legislation, this policy must be reviewed annually and endorsed by the University’s Health and Safety Committee (UHSC). This policy
provides direction to the university community on the respective responsibilities of the various stakeholders. In order for this policy to be effective, it must be implemented in all units on all campuses and supported by a robust HSMS.

3.3 Organizational Structure

In developing the organizational structure to support a HSMS, the University has taken into account:

- the formal delegation of responsibility and authority for health and safety to specific individuals, as low in the organizational hierarchy as possible;
- the formal consultation processes that are in place, including those of all trade unions, staff associations and Workplace Health and Safety Committees (WHSC);
- the need to provide all staff with the facilities, materials, equipment, hazard information and resources needed to control risk of harm to an individual; and
- the provision of technical resources through EHS.

4 Leadership and Accountability

4.1 Board of Regents (BOR)

The management, administration and control of the property, revenue, business and affairs of the University are vested in a BOR. As part of due diligence, they are responsible to:

- ensure that all OHS regulatory requirements are met, including annual approval of the Health and Safety policy, and appropriate standards are applied;
- remain aware of significant EHS issues;
- review HSMS Annual Report prepared by the Office of the Chief Risk Officer (OCRO); and
- ensure the overall effectiveness of the University's HSMS.

4.2 President

The President is the designated legal authority, and is accountable for health and safety matters at the University. The President may choose to delegate responsibility for specific matters and is responsible to:

- provide the leadership and direction necessary to ensure the thorough and consistent implementation of the HSMS;
- ensure that the Board of Regents are appropriately aware of health and safety matters;
- lead the development of policies and procedures; and
- ensure the health and safety of the University community.
4.3 Vice-Presidents Council (VPC)

VPC is the senior administrative committee of the University. It is a decision-making body with responsibility for pan-university operations and affairs, for matters that cross over vice-presidential portfolios, and for making recommendations to the President on matters within their sole authority.

4.4 Vice-Presidents

The Vice Presidents are responsible for ensuring:

- Deans and Directors are aware of the health and safety programs that need to be implemented;
- Deans and Directors take appropriate steps to implement the programs; and
- the University's HSMS is implemented in all units within their respective jurisdictions.

4.5 Enterprise Risk Management (ERM) Committee

The ERM Committee is pan-University, and serves as a strategic oversight Committee to VPC on matters pertaining to health and safety, security, risk and insurance program of the organization, including the HSMS and the Emergency Management Program. The role of the ERM Committee, as it relates to health and safety specifically is to:

- review for approval, additions to the University’s HSMS.

4.6 University Health and Safety Committee (UHSC)

The UHSC serves as an advisory group which provides oversight and development of the University wide HSMS. Specifically this committee will:

- inform and advise the President on matters relating to health and safety;
- inform and advise the President on matters relating to the performance of the HSMS of the University based on input from WHSC representatives and subcommittees;
- recommend to the Vice-President (Administration and Finance) policies and programs which are designed to promote the health, safety and well-being of students, faculty and staff;
- review occupational health, safety and security matters that may, from time to time, come to its attention or be directed to it and formulate recommendations for action to the appropriate unit;
- endorse the University’s Health and Safety policy;
- promote health and safety awareness to the university community;
- establish and promote health and safety educational programs for members of the university community and identify resources and make recommendations for improvement in health and safety training; and
• review and make recommendations concerning any health and safety reports, quarterly summaries of the University’s incident reports and other reports as may be submitted.

4.7 Senior Executives, Deans and Directors

Senior Executives, Deans and Directors (defined as Deans and Associate Deans) as well as Unit Heads are responsible for managing EHS in areas under their control to ensure a healthy and safe environment for staff, students, visitors and contractors. They must demonstrate active and visible leadership through effective consultation and coordination to achieve strategic objectives and ensure:

• EHS obligations are carried out in academic and/or administrative units under their authority;
• adequate resources are available for EHS programs and initiatives;
• EHS is included on the agenda of divisional and senior leadership meetings at regular intervals;
• EHS performance is monitored and periodically reviewed;
• competent supervisors are appointed;
• hazards in the workplace are identified, risks managed and information communicated within units and the University;
• reporting of injuries, incidents, near misses and hazards is timely and that appropriate investigations are conducted and controls implemented;
• local standards and practices comply with legislative requirements and university procedures and guidelines; and
• corrective actions are taken where a member of the campus community is found or reported to be in an unsafe condition.
4.8 Designated Authority (DA)

DA is a member of the senior administration (President, Vice President, Associate Vice President, Dean, University Librarian or Director) assigned to each workplace. DAs have the power to delegate authority and the ability to ensure the availability of resources that are necessary to provide a safe, healthy, and secure environment. A DA has the authority to make decisions based on recommendations from the WHS committees and the OCRO, and the means to provide resources necessary to carry out appropriate follow-up action. Under the Occupational Health and Safety Act specific duties and legal obligations are delegated to persons who have direct authority over staff. The obligations of a DA include:

- demonstrate leadership and personal accountability for the health, safety and security of those in a designated workplace;
- ensure the availability of education, training, facilities and resources that are necessary to provide a safe, healthy, and secure environment;
- ensure that those at or near the workplace are not exposed to undue risk as a result of workplace activities;
- ensure that all individuals under their authority are informed of their responsibilities, with regard to health, safety, security and risk;
- participate in their assigned workplace WHSC as management co-chair;
- appoint a deputy designated authority (DDA) to assume DA responsibilities in their absence;
- create, implement and maintain policies, systems and procedures that are necessary to efficiently identify, monitor and control risk;
- seek the advice and commission the services of relevant professional and corporate services;
- act as a point of contact for communications regarding health, safety, security and risk;
- establish clear goals and objectives for health, safety, security and risk performance;
- evaluate performance at least annually; and
- Maintain records in accordance with the University’s Information Management policy and applicable legislation.

4.9 Managers and Supervisors

Both managers and supervisory staff shall conduct their activities in a safe manner that is in accordance with the applicable policies, procedures, codes of practice and applicable legislation. They must ensure:

- every reasonable precaution to protect and promote the health and safety of those reporting directly and indirectly to them;
that those under their supervision (including staff, students, contractors and visitors) have received EHS orientation and hazard-specific training and that it is documented;

risk assessments are conducted and appropriate risk control measures are implemented, in accordance with the Enterprise Risk Management policy;

that those under their supervision work in accordance with applicable instructions, procedures and guidelines, protective devices and in compliance with legislative requirements;

self-assessment inspections are performed regularly to ensure appropriate health and safety records are that records are retained and that deficiencies identified in any inspection (self-assessment, WHSC or EHS) are addressed;

prompt reporting of EHS incidents / concerns; and

incidents are investigated in an effort to identify the contributing factors and corrective actions required in order to prevent recurrence.

4.10 Workplace Health and Safety Committees (WHSC)

WHSC are advisory bodies made up of representatives from management and workers. The committee provides a forum for communication between the employer and the worker to address health and safety concerns in the workplace. In an effort to reduce workplace accidents and injuries. Committees:

- make recommendations for the establishment and enforcement of health and safety policies and practices;
- participate in the identification of dangers to health and safety and recommend means of controlling hazards;
- advise on and promote environmental health and safety programs for the education and information of all workplace occupants;
- receive, consider, and, where necessary, investigate complaints respecting health and safety in the workplace, and, make recommendations to the workplace DA, as required;
- maintain records in accordance with the University’s Information Management policy and applicable legislation;
- review the information resulting from monitoring and measuring procedures, and, where necessary make recommendations to the workplace DA; and
- conduct workplace inspections.

4.11 Individuals (Staff, Students, Contractors, Visitors)

Each staff member, student, contractor or visitor at the University is responsible for ensuring that their own work or study environment and practices reflect high Occupational Health and Safety standards in order to protect their own health and safety as well as the health and safety of others. The responsibilities include:
• complying with the University’s Health and Safety policy, procedures and instructions;
• consulting and co-operating with WHSC, the worker health and safety representative or the workplace health and safety designate at the workplace;
• being familiar with Emergency Management procedures and complying with the instructions given by emergency response personnel such as emergency wardens and first aiders;
• participating in meetings, training and other health and safety activities, as required;
• reporting hazards, near misses, injuries and incidents by utilizing the University’s official health and safety reporting mechanisms - MIMS or MUNSafe;
• using a documented risk management process to eliminate or minimize EHS risks, in accordance with the Enterprise Risk Management policy, where appropriate;
• using all controls including maintaining safety devices and personal protective equipment correctly; and
• not willfully or recklessly endangering the health and safety of any person at the workplace.

4.12 Environmental Health and Safety (EHS)

EHS is a unit that serves as a resource to the University to assist all members meet their obligations to provide a safe and healthy work, teaching and learning environment. EHS takes a lead role in advising the University community on a wide range of health and safety issues and undertakes a central coordinating role for the development and implementation of health and safety programs. EHS is responsible for developing, maintaining and auditing the University's HSMS.

5 Education and Training

An integral part of the University’s HSMS is health and safety training related to the hazards associated with the workplace.

The University provides faculty, staff and students with training directly related to the immediate workplace conditions. This training must be viewed as an integral part of the HSMS.

The responsibility to ensure that individuals receive appropriate University-based training, as prescribed by legislation rests with the individuals direct supervisor within a given unit.

Supervisors must assess their workplace to determine training requirements, coordinate training and maintain documentation for the training provided. New employees must complete both general and job-specific health and safety orientation. Employees and supervisors (or designate) are required to sign-off on completed orientation.

6 Communications

Efficient communication is imperative to ensure that individuals are aware of their roles and responsibilities as they relate to health and safety. At the University, primary information dissemination of the HSMS is communicated through the EHS website.
(www.Memorial.ca/health_safety/). In addition to stakeholder engagement, Newsline and The Gazette, when necessary.

Unit specific communications are the responsibility of the individual groups’ organizational needs. Types of communications include, but are not limited to: safety talks, WHSC minutes, safety alerts and may be made available on workplace bulletin boards, intranet, MUNSafe app, staff meetings, emails, and safety signage.

7 Inspection
In order to verify and document the functioning and effectiveness of the HSMS, a system of proactive and reactive monitoring is required.

7.1 Inspection
The principle behind conducting an inspection is to conduct a physical tour of work areas in a unit to identify the presence of hazards or non-compliant practices requiring control measures or other remedies, and to provide an opportunity to correct any problem(s) so that an injury and/or loss does not occur.

The University has adopted a three tier inspection framework:

<table>
<thead>
<tr>
<th>Inspection Type</th>
<th>Group Conducting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class A – Inspections involving high hazard areas/activities.</td>
<td>EHS and University subject matter experts.</td>
</tr>
<tr>
<td>Class B – Supervisory level inspections focused on their specific workplace.</td>
<td>Supervisors.</td>
</tr>
<tr>
<td>Class C – General workplace inspections.</td>
<td>WHSC.</td>
</tr>
</tbody>
</table>

EHS conducts inspections on high hazard areas on a regular basis. These inspections include, but are not limited to the various types of laboratories on campus, life safety equipment, construction projects and boating and diving activities.

Inspections at the unit level enable a supervisor to determine whether the standards required by the University and legislation are being complied with and fully implemented. Supervisors are responsible for developing a site-specific inspection schedule and checklist. Inspections are required to be completed monthly and the the checklist is used to document each completed inspection. Supervisors must regularly review and update the checklist, as required. Supervisors must communicate the findings of inspections to employees that may encounter the hazards identified. Supervisors must also ensure that corrective action is taken so that hazards are eliminated or controlled. If compliance issues exist, the DA for the workplace must ensure that the necessary steps are taken to correct deficiencies.

WHSCs develop inspection schedules so that each entire workplace is inspected annually.

Many external regulatory agencies also conduct compliance inspections and/or audits, as detailed by respective legislation. These agencies include:
Completed inspection reports shall be forwarded to the unit head and WHSC on a quarterly basis for review. Inspection reports must be readily available for review by EHS and third party agencies.

EHS may be contacted for advice, direction and training in this area.

### 8 Incident Management

All incidents must be investigated in order to identify the root cause, which allows for the identification of hazards as well as the development and implementation of appropriate controls. Similar to the inspection, monitoring and auditing process, the University has adopted a three tier framework for investigations as follows:

<table>
<thead>
<tr>
<th>Investigation Type</th>
<th>Group(s) Conducting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class A – Incident resulting in a serious injury.</td>
<td>EHS and University subject matter experts (with the assistance of supervisors and WHSC).</td>
</tr>
<tr>
<td>Class B – Incident resulting in a non-serious injury.</td>
<td>Supervisors and WHSC (EHS may also be involved).</td>
</tr>
<tr>
<td>Class C – Incident resulting in a near miss.</td>
<td>WHSC (supervisor may also be involved)</td>
</tr>
</tbody>
</table>

A **serious injury** is defined as an injury that:

- places life in jeopardy,
- produces unconsciousness,
- results in substantial loss of blood,
- involves the fracture of a leg or arm but not a finger or toe,
- involves the amputation of a leg, arm, hand, foot, finger or toe,
- consists of burns to a major portion of the body, or
- causes the loss of sight in an eye.
A **non-serious injury** is defined as an injury that does not fall within the definition of a serious injury.

A **near miss** is defined as an accident/incident that does not result in injury.

In the event of a serious injury that results from an accident or incident, Service NL, OHS Division must be informed, as per provincial *Occupational Health and Safety Act* and Regulations. Depending on the seriousness of the injury, an NL OHS officer may be required to attend the accident scene as a part of the investigation. EHS may be contacted for guidance and assistance.

### 9 Emergency Preparedness

The Office of the Chief Risk Officer (OCRO) is responsible for facilitating the development, implementation and maintenance of an Emergency Management Program (EMP), which includes all-hazard emergency management plans. The Emergency Management plans are campus-wide, site specific and encompass the four pillars (preparedness, prevention/mitigation, response and recovery) of Emergency Management as recommended by Public Safety Canada.

### 10 Disability Management

Disability management is a process of communication between the employer and the injured or ill worker during the initial stages of recovery and during the subsequent return to productive employment. It aims to assist workers to return to work at a pace and in a position which is appropriate to their level of recovery. The Department of Human Resources (HR) facilitates the disability management process on behalf of the University.

### 11 Management Review

Management review is a vital part of the continuous improvement process of any system. A review of the HSMS shall be completed every three years by senior management and EHS. The review must include reviewing the suitability, adequacy and effectiveness of the system. It should also include assessing opportunities for improvement and the necessity to change the OH&S policy and the OH&S objectives.

#### 11.1 Annual Review of Memorial’s Health and Safety Policy

The Associate Director of EHS initiates an annual review process of the policy in consultation with all stakeholders. The UHSC reviews the Health and Safety Policy annually and recommends approval by the Board of Regents. The annual policy review and re-approval is a legislated requirement under the OH&S Act.

#### 11.2 Monitoring and Auditing

The principal monitoring function is a unit responsibility that ascends the management chain to the senior administrators of the University.

EHS holds the central monitoring and auditing function for the HSMS. EHS at a minimum will:

- review the H&S Policy;
- review the hazard control programs;
- review the administration of the WHSC;
• review the execution of workplace inspections by unit management, particularly in high risk operations;

• follow-up on serious or potentially serious accidents; and

• conduct compliance audits (by unit and hazard category).

The main objectives of the audit review process are:

1. identify opportunities for operational and process improvements that add value to the unit and contribute to better health and safety management of a workplace;

2. provide a formal opportunity for senior administrators and unit heads to identify areas of concern which directly impact on their health and safety responsibilities; and

3. provide senior administrators and the Board of Regents with an overview of each area’s level of compliance with the required legislation and policies of the University.

EHS may be contacted for guidance and assistance.

11.3 HSMS Annual Report

EHS provides an annual report on the level of University compliance with the requirements of the applicable health and safety and environmental legislation. This report is produced by request of the Board of Regents.