



UNITED STEELWORKERS LOCAL 4120

Health & Safety as a Postdoc Scholar



UNITED STEELWORKERS LOCAL 4120

Health & Safety as a Postdoc Scholar

****Start Recording****



UNITED STEELWORKERS LOCAL 4120

<https://www.uoguelph.ca/facultyrelations/system/files/USW-PDS-CA-2023-2026-FinalWeb.pdf>

❧ JOINT PROCLAMATION ❧

APRIL 28 - DAY OF MOURNING

The Day of Mourning offers us the opportunity to stand together with the country's workers to remember those who have lost their lives or been injured on the job, and to reflect on what needs to be done to prevent further workplace deaths and injuries.

On April 28th:

- **We** remember all workers who have been stricken with workplace illness, suffered workplace injury, or have lost their lives on the job.
- **We** remember children left without a parent, and families facing hardship.
- **We** remember young workers who die and are injured at a higher rate than mature workers.
- **We** remember women workers whose risks are sometimes ignored or which are slow to be recognized by health studies.
- **We** remember those, including family and friends, who nurse or care for ill and injured workers.

The Day of Mourning was initiated by the union movement. It was created by workers as a result of their efforts to achieve safe working conditions. Recognizing the ongoing efforts by Unions that help establish laws and protections to make workplaces safe:

- **We** acknowledge that an "injury to one is an injury to all".
- **We** support the continued enforcement of health and safety laws.
- **We** applaud those who place workers' health and safety before profits and denounce those who place profits before workers' health.
- **We** proclaim our right to safe workplaces.
- **We** reassert the right to a safe and healthy workplace, and will engage in the cooperation required to ensure a continuing safe and healthy workplace.

On April 28th, we mourn for those who have been injured and who have lost their lives, and we reaffirm our commitment to workplace health and safety, and our commitment to continued improvement of healthy working conditions and safe workplaces.

Article 20 – Health and Safety

The Parties recognize the right of Employees to work in a healthy and safe environment. Both Parties also acknowledge that the Employer and Employees have duties and responsibilities with regard to health and safety in accordance with the provisions of the Occupational Health and Safety Act (OHSA).



Article 20 – Health and Safety

Central Joint Health and Safety Committee (CJHSC)

- Formally approved by the Ministry of Labour.
- Oversees health and safety for the entire University of Guelph community.
- Focuses on enhancing workplace inspections and increasing awareness about health and safety resources.
- Offers resources, policies and programs to support employee well-being.

Local Joint Health and Safety Committees (LJHSC)

- Operates at the Guelph campus under the oversight of the CJHSC.
- Membership and Terms of Reference are accessible through Courselink.
- Minutes and inspection records are available for review

More info: <https://www.uoguelph.ca/hr/about-hr/environmental-health-safety-ehs/joint-health-and-safety-committees>



Article 20 – Health and Safety



The Ministry of Labour has designated several entities, to provide assistance for safety within Ontario.

Health and Safety Ontario

Several associations exist within Ontario to provide consulting and training. They are:

- Public Services Health and Safety Association (PSHSA) for education and culture (museums), municipalities, hospitals and health care.
- Workplace Safety and Prevention Services (WSPS) for industrial clients, farms and the service sector (fast food/ hospitality).
- Infrastructure Health and Safety (IHSA) for transportation, trucking, and construction safety.
- Workplace Safety North (WSN) for mining and forestry.

In addition, the Worker Health and Safety Centre provides training for workers.

The Occupational Health Clinics for Ontario Workers (OHCOW) are medical clinics in Ontario providing specialized care for occupational injuries and disease.

For more information on the topics discussed within this course, please refer to the [University of Guelph's New Employee Handbook](#)

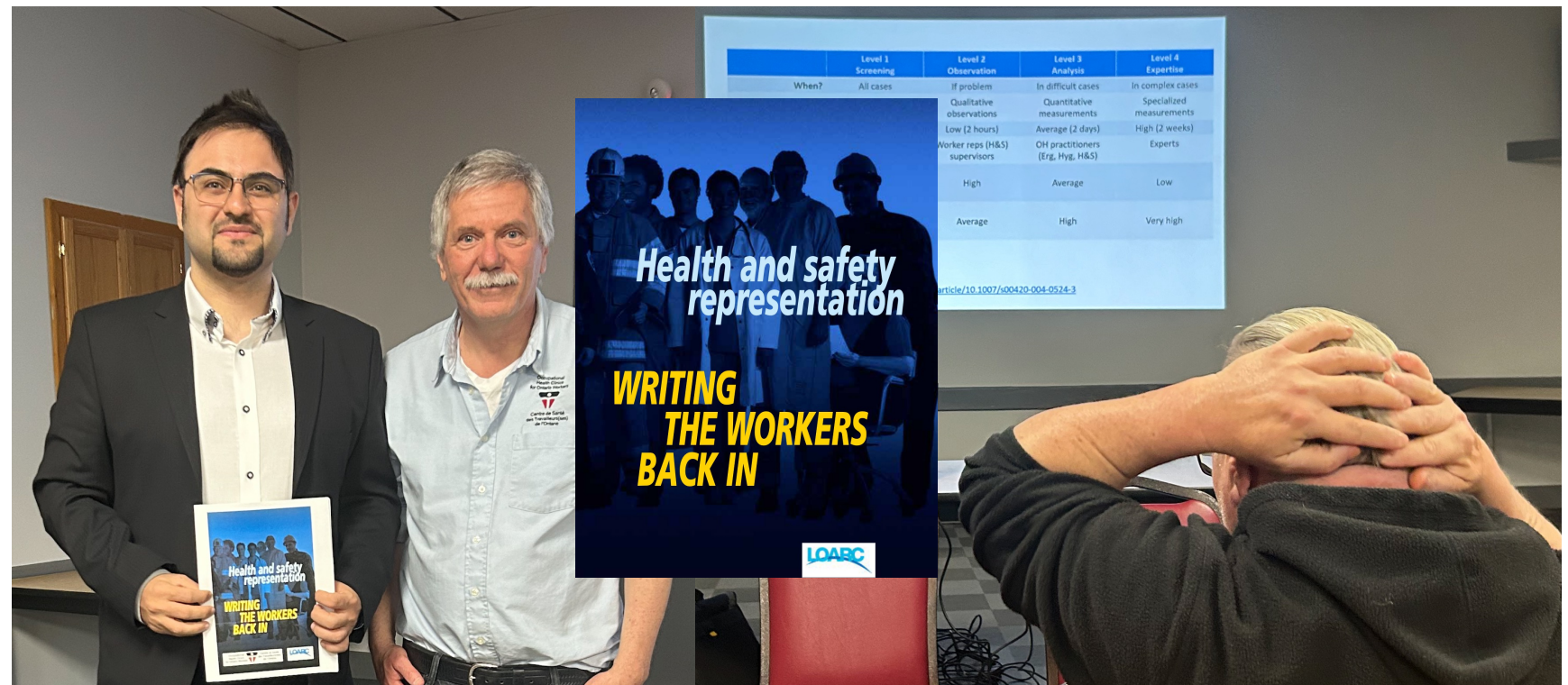


Article 20 – Health and Safety

Internal Responsibility System (IRS) Workshop

The Internal Responsibility System (IRS) is a key concept in workplace health and safety:

- **Shared Responsibility:** Everyone in the workplace is responsible for health and safety.
- **Proactive Approach:** Focuses on preventing hazards before they cause harm.
- **Open Communication:** Encourages reporting and discussing safety issues.
- **Beyond Compliance:** Aims to exceed basic legal safety standards.
- **Continuous Improvement:** Constantly seeks better safety practices.




Link: https://www.whsc.on.ca/Files/What-s-New/2016-LOARC-Workers-Guide_generic_col_LR.aspx

UNITED STEELWORKERS
USW
Local 4120


Article 20 – Health and Safety


Hazard Assess




START

Assess the presence and severity
of hazards in your workplace





















 About this app

 Occupational Health Clinics
for Ontario
Workers Inc.

 CCOHS.ca

Hazard Assess

Back Next



-  Biological 
-  Chemical 
-  Ergonomics 
-  Noise 
-  Lighting 
-  Thermal Comfort 
-  Air Quality 
-  Safety 
-  Working Alone 
-  Psychosocial 

NEXT >

Home Hazards Results History More

Hazard Assess

Back Next

 How well are workstation(s)
ergonomics
designed/managed? 


1 2 3 4 5

3) exposures cause concern

Exposure details

The desks does not provide sufficient
space for arm rest and keeping distance
from the monitors. Besides, lack of foot rest
may escalate the fatigue and in long term

Eye strain, excessive pressure on arms and
wrists, increasing concerns about carpal
tunnel syndrome, elevated pressure in back



Providing foot rests as a fast and cost
efficient solution in short term, improving
the desks size and chairs
referring to the ergonomic considerations,


<BACK CLEAR

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Article 20 – Health and Safety


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Hazard Assess





Assess the presence and severity of hazards in your workplace

 About this app

 Occupational Health Clinics for Ontario Workers Inc. 

< Back Hazard Assess Next >

 How well are workstation(s) ergonomics designed/managed? 


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The desks does not provide sufficient space for arm rest and keeping distance from the monitors. Besides, lack of foot rest may escalate the fatigue and in long term




Eye strain, excessive pressure on arms and wrists, increasing concerns about carpal tunnel syndrome, elevated pressure in back









Providing foot rests as a fast and cost efficient solution in short term, improving the desks size and chairs referring to the ergonomic considerations.




<BACK  CLEAR

< Back Hazard Assess Next >

 Radiation  Driving  Biological

 Chemical  Ergonomics  Noise

 Lighting  Thermal Comfort  Air Quality

 Safety  Working Alone  Psychosocial

LEGEND

SHARE RESULTS

Article 20 – Health and Safety

Incident and Injury Reporting

To report an injury, incident or accident including emergencies and critical injuries, please follow the University [Injury Reporting Process](#) and complete the [Incident Reporting Form](#).

Report a Near-Miss Incident (an unplanned event that did NOT result in injury, illness or property loss but had the potential to do so) to your immediate Supervisor and complete the [Incident Reporting Form](#).

Report Hazardous Conditions (an existing or potential condition in the workplace that can result in injury, illness or property loss) to your Supervisor and to EHS if further assistance is required so that they may be dealt with as quickly as possible. Hazardous conditions that are easily addressed should be corrected immediately. Those that require a work order to address or for emergency repairs should be submitted to Physical Resources, this includes the reporting of winter hazardous conditions that may require snow removal, salting or sanding.

Please ensure that a copies of the Incident reports are sent to the [bargaining group](#) and local JHSC, as applicable.

For reporting workplace harassment or workplace violence please use the [Workplace Harassment Reporting Form](#) or the [Workplace Violence Reporting Form](#) respectively.

Link: <https://www.uoguelph.ca/hr/about-hr/environmental-health-safety-ehs/incident-and-injury-reporting-0>



Article 20 – Health and Safety



ILLNESS or INJURY INCIDENT REPORT

This form must be initiated and faxed/ emailed **within 24 hours** of the Supervisor learning of the incident. Fax to 519-780-1796 or email to ohw@uoguelph.ca. Submit additional information as available.

<input type="checkbox"/> Injury	<input type="checkbox"/> NO Injury (hazardous situation)
<input type="checkbox"/> First Aid	
<input type="checkbox"/> No First Aid	
<input type="checkbox"/> Health Care (Medical Aid)	<input type="checkbox"/> Possible Exposure
	<input type="checkbox"/> Near Miss

THIS SECTION TO BE COMPLETED BY OR FOR THE AFFECTED PARTY

Who was the affected person? <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> STUDENT <input type="checkbox"/> VISITOR <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> CONTRACTOR	Last Name:	First Name:	Initial:	Phone or Extension:
	Occupation, if applicable:	Department:		Union/Bargaining Group:
	Name of Supervisor:	Phone or Extension:		Name of Dept. Head:
	Date & Time of Incident (ex. 6/14/22 9:46 am):	Date & Time Reported to Supervisor (ex. 6/14/22 10:19 am):		Date & Time Submitted (ex. 6/14/22 11:01 am):

- | | | |
|--|--|--|
| <input type="checkbox"/> Slip, Trip or Fall | <input type="checkbox"/> Struck by/against Object | <input type="checkbox"/> Muscle Strain |
| <input type="checkbox"/> Electrical Shock/Burn | <input type="checkbox"/> Exposure to possible hazardous /
infectious material | <input type="checkbox"/> Repetitive Strain |
| <input type="checkbox"/> Needle/Sharp/Puncture/Cut | <input type="checkbox"/> Animal Bite/Sting/Scratch | <input type="checkbox"/> Other |
| <input type="checkbox"/> Loss of Consciousness | | |

If Slip or Fall describe footwear:

Complete [Workplace Harassment Reporting Form](#) for reporting harassment in the workplace or [Workplace Violence Reporting Form](#), for reporting workplace violence



Link: <https://www.uoguelph.ca/hr/system/files/2024.03.18%20-Incident%20Report%20Form%20-%20CURRENT.pdf>

Article 20 – Health and Safety

Description of Incident: Please limit description to two sentences and use second page if needed

Witnesses (Name/Phone Number):

Where did the incident occur?

- Guelph Campus
 Ridgetown Campus
 Research Station:
 Other:

Building Name & Room Number:

- Cafeteria Classroom Hallway Kitchen Lab Stairwell Office Washroom In Vehicle
 Stairs Loading Dock Parking Lot Walkway Other:

Area of Injury (Body Part) - (Please check all that apply)

- | | | | | | | | | | | |
|---------------------------------|--------------------------------|-------------------------------------|-----------------------------------|--------------------------|----------------------------------|--------------------------|------------------------------------|--------------------------|---------------------------------|--------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Teeth | <input type="checkbox"/> Upper Back | Left | Right | Left | Right | Left | Right | Left | Right |
| <input type="checkbox"/> Face | <input type="checkbox"/> Neck | <input type="checkbox"/> Lower Back | <input type="checkbox"/> Shoulder | <input type="checkbox"/> | <input type="checkbox"/> Wrist | <input type="checkbox"/> | <input type="checkbox"/> Hip | <input type="checkbox"/> | <input type="checkbox"/> Ankle | <input type="checkbox"/> |
| <input type="checkbox"/> Eye(s) | <input type="checkbox"/> Chest | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Arm | <input type="checkbox"/> | <input type="checkbox"/> Hand | <input type="checkbox"/> | <input type="checkbox"/> Thigh | <input type="checkbox"/> | <input type="checkbox"/> Foot | <input type="checkbox"/> |
| <input type="checkbox"/> Ear(s) | | <input type="checkbox"/> Pelvis | <input type="checkbox"/> Elbow | <input type="checkbox"/> | <input type="checkbox"/> Fingers | <input type="checkbox"/> | <input type="checkbox"/> Knee | <input type="checkbox"/> | <input type="checkbox"/> Toe(s) | <input type="checkbox"/> |
| Other: | | | <input type="checkbox"/> Forearm | <input type="checkbox"/> | | | <input type="checkbox"/> Lower Leg | <input type="checkbox"/> | | |



Link: <https://www.uoguelph.ca/hr/system/files/2024.03.18%20-Incident%20Report%20Form%20-%20CURRENT.pdf>

Article 20 – Health and Safety

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Building Name & Room Number:																			
<input type="checkbox"/> Cafeteria <input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Kitchen <input type="checkbox"/> Lab <input type="checkbox"/> Stairwell <input type="checkbox"/> Office <input type="checkbox"/> Washroom <input type="checkbox"/> In Vehicle <input type="checkbox"/> Stairs <input type="checkbox"/> Loading Dock <input type="checkbox"/> Parking Lot <input type="checkbox"/> Walkway <input type="checkbox"/> Other:																			
Area of Injury (Body Part) - (Please check all that apply)																			
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<input type="checkbox"/> Ankle <input type="checkbox"/> <input type="checkbox"/> Foot <input type="checkbox"/> <input type="checkbox"/> Toe(s) <input type="checkbox"/>	Other:																		
Did you see a medical professional? <input type="checkbox"/> No <input type="checkbox"/> Yes *If yes, Date of Visit (m/d/yy): *If yes, Name, Address and Phone Number of Medical Professional:	Treatment of Injury: <input type="checkbox"/> First Aid <input type="checkbox"/> Emergency Room <input type="checkbox"/> Physician Office /Clinic <input type="checkbox"/> No First Aid Req'd <input type="checkbox"/> Student Health Services <input type="checkbox"/> Other																		



Link: <https://www.uoguelph.ca/hr/system/files/2024.03.18%20-Incident%20Report%20Form%20-%20CURRENT.pdf>

Article 20 – Health and Safety



THIS SECTION TO BE COMPLETED WITH OR BY THE SUPERVISOR		
Contributing Factors: What conditions contributed to the incident?		
<input type="checkbox"/> Operating Without Authority	<input type="checkbox"/> Inadequate Housekeeping	<input type="checkbox"/> Not or Improperly Guarded
<input type="checkbox"/> Inadequate Work Procedure	<input type="checkbox"/> Improper Position/Posture	<input type="checkbox"/> Hazardous Environmental Condition
<input type="checkbox"/> Failure to Lockout	<input type="checkbox"/> Inadequate Illumination	<input type="checkbox"/> Inclement Weather
<input type="checkbox"/> Insufficient Training	<input type="checkbox"/> Infraction OR Unsafe Practice	<input type="checkbox"/> Other
<input type="checkbox"/> Unsafe Equipment	<input type="checkbox"/> Failure of Personal Protective Equipment	
Explanation of Contributing Factors:		
Details of Property Damage (if any):		
To your knowledge, has the employee reported a previous similar injury or similar hazardous situation before? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Corrective Measures: Actions taken to prevent a reoccurrence Check all that apply :		
<input type="checkbox"/> Control Operation / Access	<input type="checkbox"/> Perform Housekeeping	<input type="checkbox"/> Review Personal Protective Equipment
<input type="checkbox"/> Improve Work Procedure	<input type="checkbox"/> Ergonomic Assessment	<input type="checkbox"/> Install Safety Guard / Device
<input type="checkbox"/> Apply Lockout / Tag-out	<input type="checkbox"/> Job Safety Analysis	<input type="checkbox"/> Inform Dept. Supervision
<input type="checkbox"/> Provide Training	<input type="checkbox"/> Request Lighting Review	<input type="checkbox"/> Inform all Staff
<input type="checkbox"/> Repair / Replace Equipment	<input type="checkbox"/> Re-instruction of Persons Involved	<input type="checkbox"/> Other
Explanation of Corrective Measures:		
Deadline to complete Corrective Measure (m/d/yy):		
By Whom:		
Date Completed (m/d/yy):		

Link: <https://www.uoguelph.ca/hr/system/files/2024.03.18%20-Incident%20Report%20Form%20-%20CURRENT.pdf>

Article 20 – Health and Safety

Signature of Person Reporting Incident

Printed Name of Reporting Person:

Supervisor Signature

Printed Supervisor Name:

Dept. Head Signature

Printed Dept. Head Name:

Reminder: For Health Care (Medical-Aid) Injuries the Injury Package must be given to the employee.

By checking this box you have confirmed this [Injury Package](#) is given to the employee (if applicable)

Indicate / confirm copies are distributed as appropriate to: Dept. Head [Union / Bargaining Group](#) [Local JHSC](#)

Description of Incident continued:

Revised March 2024 AODA Compliant

Continued on Attachment

Incident Report Page 2



Link: <https://www.uoguelph.ca/hr/system/files/2024.03.18%20-Incident%20Report%20Form%20-%20CURRENT.pdf>

Article 20 – Health and Safety

20.2 - The Employer shall make all necessary and reasonable provisions for the occupational health and safety of its employees and shall comply with the Ontario Occupational Health and Safety Act.

a. The Union will appoint or elect its representative(s) to the **Central Joint Health and Safety Committee (CJHSC)**;

<https://www.uoguelph.ca/hr/about-hr/environmental-health-safety-ehs/joint-health-and-safety-committees/central-joint-health>

b. The Union will select its representatives to the **Local Joint Health and Safety Committees**;

<https://www.uoguelph.ca/hr/about-hr/environmental-health-safety-ehs/joint-health-and-safety-committees/joint-health-and-safety>



Article 20 – Health and Safety

20.2 - The Employer shall make all necessary and reasonable provisions for the occupational health and safety of its employees and shall comply with the Ontario Occupational Health and Safety Act.

e. The Employer recognizes and acknowledges the right of employees to be **informed about hazards in the workplace**, to be **provided with appropriate training and personal protective equipment**, and the **right to refuse unsafe work** consistent with the Ontario Occupational Health and Safety Act R.S.O as amended 1 June 2011;

f. **The Employer will provide (at no cost to the Employee), and Employees will wear, appropriate protective clothing and/or other devices**, which the Employer deems necessary, to protect Employees from workplace injury or hazard;



Article 20 – Health and Safety

20.2 - The Employer shall make all necessary and reasonable provisions for the occupational health and safety of its employees and shall comply with the Ontario Occupational Health and Safety Act.

h. Upon submission of a receipt of purchase of **Canadian Standards Association (CSA) approved safety footwear**, Employees, whose jobs require the wearing of safety footwear, **will be issued a safety shoe subsidy in accordance with the University's Safety Footwear Subsidy Program.**

i. Employees whose job, as determined by the Employer, requires the wearing of **prescription safety glasses, will be entitled, once every two (2) years, to CSA approved prescription safety glasses** in accordance with the University's Protective Eyewear Program. Cost of such CSA approved glasses shall be paid by the Employer. Authorization forms for purchase are provided through the Environmental Health and Safety office.



Article 20 – Health and Safety

20.7 Education and Training

a. Academic departments and administrative units are responsible for providing **workplace-specific safety orientation and training**. Faculty Supervisors shall provide, or arrange for, this training at the onset for all new Employees or Employees new to the work, and provide refresher workplace-specific training at an appropriate frequency. **Workplace-specific training may include but is not limited to training for the safe use of hazardous materials, use of specialized equipment, departmental procedures, and use of required personal protective equipment. All such training must be documented and the records kept in the Department.**

b. Safety training requirements must be met prior to the commencement of work by the Employee. The time spent completing the required training by the Employee shall be considered time worked.

<https://www.uoguelph.ca/hr/ehs-training>



Article 20 – Health and Safety

20.9 The Employer will continue to provide access to **First Aid/CPR and (re)certification training at no cost to Employees** that require it as part of their work tasks/job.

20.10 Where immunizations are required as part of an Employee's employment duties, **the cost of such immunizations shall be borne by the Employer.**

20.15 No Employee will be discharged, penalized or disciplined for acting in compliance with this Article or with the OSHA and/or its regulations.

20.16 The Employer will provide First Aid kits in the workplace.



USW District 6 Injured Workers Assistance Program

USW District 6 Injured Workers Assistance Program

Filing a compensation claim can be a daunting, complex process.

Too often, injured workers fall victim to an adversarial system that thwarts their rights to fair compensation. Many have faced poverty and hardship as a result.

The USW District 6 Injured Workers Assistance Program defends the rights of injured Steelworkers by providing mentoring, consulting, training and expert representation for all compensation claims.

Our program has a proven track record of success – since 2009, more than 4,000 District 6 members have benefited from our services!

Protect the rights of your members – enrol your local today!

Application forms are available from your staff representative, the District 6 office, online at usw.ca/iwap, or from Program Co-ordinator **Jim Pasel** at Tel: 905-658-0252, Toll-free: 1-877-836-9291, Fax: 289-836-8426

injuredsteelworkers@live.ca.





UNITED STEELWORKERS LOCAL 4120

Additional resources

USW4120 website:

<https://uswlocals.org/usw-local-4120>

Environmental Health and Safety

<https://www.uoguelph.ca/hr/hr-services/welcome-environmental-health-safety>