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**AUDIT OF THE OCCUPATIONAL
SAFETY AND HEALTH PROGRAM**

Internal Audit Branch 378-1-194

Final version – August, 2006

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EXECUTIVE SUMMARY

The audit of the Occupational Safety and Health (OSH) Program was conducted as part of the Correctional Service of Canada's (CSC) Internal Audit calendar for 2005/06. The verification phase of this audit was performed during the months of January and February 2006, at which time the audit team visited fifteen sites, (8 institutions including two institutions housing women offenders, 4 parole offices and 3 regional headquarters).

The objectives established for the audit were as follows:

- To assess the extent to which the appropriate management framework is in place to support legislative and central agency requirements for managing the Occupational Safety and Health Program.
- To examine whether required components of the OSH Program are in place consistent with legislation and policies and followed as required.
- To assess the degree to which CSC is fulfilling its training and information sharing responsibilities for a healthy and safe work environment.
- To assess the overall monitoring of the OSH Program and its results.

In order to assess the above objectives, the audit team examined the controls in place to meet the expectations of the Commissioner's Directive 254 on Occupational Safety and Health and its related Guidelines 254-1 which incorporate some of the requirements established in:

- Canada Labour Code Part II;
- The Canada Occupational Safety and Health Regulations; and
- Treasury Board Policy on Occupational Safety and Health.

CONCLUSION

Based on the audit results many good practices were identified, and some facilities have relatively strong OSH Programs such as Bowden, Grand Valley Institution for Women and Ferndale, there are however, a number of opportunities to improve CSC's OSH Program.

Management Framework

While some of the management framework is in place the audit team concludes that some important aspects still need to be developed and implemented. We found Commissioner's Directive 254 and 254-1 to be a comprehensive policy which satisfies the legislative and central agency policy requirements. There are areas that require clarification. The roles and responsibilities for the OSH program at the national and regional level are well defined, although there is a need to establish a process for the reporting of OSH program performance to EXCOM.

We found that the range of duties for the OSH Program at the institutions and parole offices are not sufficiently defined in local policy or documentation to ensure all tasks are assigned and understood. Gaps in the performance of OSH-related duties as a result of non-assignment could result in serious staff injury.

Without a specific allocation of funds used by the sites to implement the requirements of the OSH Program and monitor the expenditures, and without the development of a set of performance indicators, it is not possible to effectively measure the performance of the OSH Program.

Required OSH Program Components

We conclude that while the various components of the OSH program are operational in CSC, documentation is lacking to verify that all the requirements of the legislation and policies are being met. With the exception of the Workplace Hazardous Material Information System, there was no consistent element missing from the OSH program across the sites, rather we found a series of different compliance issues most of which were minor in nature. Taken together however, they make it difficult to demonstrate CSC is exercising due diligence.

Giving additional recognition to the joint employer/employee nature of the OSH responsibilities is vital for CSC to be able to demonstrate it is following the intent of the Canada Labour Code Part II. We are concerned that in a number of sites, the joint employer/employee responsibility element of the OSH program does not appear to be respected.

OSH Training

Generally, CSC is meeting its training requirements. The work currently underway to standardize OSH training is an important step to ensuring all managers understand their obligations for due care and diligence and the JOSH Committee members fully understand their duties and powers.

At the local level the audit team concluded that promotion of Safety and Health matters will likely not happen without dedicated OSH resources.

Monitoring

The Regional Deputy Commissioners must enforce their responsibility and accountability for monitoring the sites' compliance to all OSH activities, especially in potentially higher risk areas such as respiratory protection equipment. As well, closer attention to the results of Management Control Framework process would ensure areas previously noted as non-compliant such as the Workplace Hazardous Material Information System would be acted on and corrected.

As well, raising the level of involvement of the Warden/District Director in the Joint Occupational Safety and Health Committee meetings to the Management Co-Chair, or at a minimum signing off the minutes as read, would assist in ensuring follow-up items are completed.

The importance of managers' meeting their obligations to ensure all elements of the OSH program are implemented, in accordance with the legislation/policy, needs to be reinforced and the managers held accountable for them. The audit team believes that increased monitoring and follow-up of OSH activities at the national and regional level will assist in achieving this objective.

Recommendations have been made in the report to address the issues identified. Overall management agrees with the findings and recommendations. A Management Action Plan has been prepared and is included at Section 4 of the report.

1. INTRODUCTION

An audit of the Occupational Safety and Health (OSH) Program in the Correctional Service of Canada (CSC) was conducted as part of its internal audit calendar for 2005/2006. As part of its OSH Program, CSC has promulgated the Commissioner's Directive 254, Occupational Safety and Health and Return to Work Program, and Guidelines 254-1, which reflect:

- Canada Labour Code Part II;
- The Canada Occupational Safety and Health Regulations; and
- Treasury Board Policy on Occupational Safety and Health.

The objective of OSH as stated in Commissioner's Directive 254 is, *to promote the establishment and the maintenance of safe and healthy work conditions for employees in order to prevent or reduce the incidence of occupational injuries or illness.*

1.1 Background

Extensive revisions to Canada Labour Code Part II came into force September 2000 and have fundamentally changed the way in which Safety and Health is managed in the Public Service. The focus of the revisions is on joint internal responsibility. Employees and their unions now have a legislated role in identifying Safety and Health risks and in developing, implementing and monitoring policies, programs and education initiatives to eliminate or mitigate these risks. Departments and individual managers can now be held responsible for unsafe working conditions. Consequences specified by Canada Labour Code Part II for individuals who contravene it include the possibility of either a substantial fine or imprisonment.

The OSH Program is comprised of several components in CSC: workplace committees; safety materials and equipment; handling of hazardous material; workplace inspections; investigations of accidents and other hazardous occurrences; first aid treatment and supplies; and training. These various components taken together are referred to as the OSH Program throughout the report.

The proposal to undertake the audit of OSH was based in part on non compliance areas identified during the Management Control Framework process for this activity in April 2005 and in April 2004. Some of the deficiencies identified at that time included:

- Site inspections not conducted as per legislation;
- Incomplete OSH and Workplace Hazardous Management Information System (WHMIS) training;
- Non availability of, and supplies in, first aid kits; and
- Problems with workplace hazardous materials.

**Responsibilities for the OSH Program
(as outlined in Commissioner's Directive 254 and 254-1)**

<p>NHQ (Human Resource Management Sector)</p>	<ul style="list-style-type: none"> • Develops guidelines for OSH issues and develops national OSH training standards • Monitors and provides direction to Regional Coordinators of OSH, managers and OSH Committees
<p>Regional Deputy Commissioners (RDCs)</p>	<ul style="list-style-type: none"> • ensure appropriate regional and local policies are in place to enable RDCs to meet their responsibilities • ensure Regional Coordinators are in place with delegated responsibility for the OSH Program within the region • ensure all work sites adhere to the reporting procedures, and • that all staff at each work site are trained as per requirements
<p>Managers/Supervisors</p>	<ul style="list-style-type: none"> • ensure all activities are safely performed including; • instructing employees on potential hazards • providing first aid to injured or ill; • inspecting equipment and records • investigating accidents and incidents and reporting findings to appropriate authorities • observing employees practices and workplace conditions; and, • correcting unsafe practices, and enforcing departmental rules and procedures
<p>Regional Deputy Commissioners, Institutional Heads, District Directors and Sector Heads</p>	<ul style="list-style-type: none"> • ensure development and continuance of full compliance with legislation and policy • establish and support JOSH committees • ensure staff receive and use appropriate safety and health equipment, clothing, information, instruction, training and supervision, ensure proper emergency procedures for facilities in place • ensure OSH Coordinators are appointed at the institution, district, regional and national levels of the organization.

For context purposes, the charts below summarize the hazardous occurrences in CSC.

Hazardous Occurrences Report

	Disabling Injury (1)			Deaths			Minor Injuries			Other Hazardous Occurrences		
	2003	2004	2005	2003	2004	2005	2003	2004	2005	2003	2004	2005
Total	572	569	500	0	1	0	1406	1365	1442	578	402	583

(1) Disabling Injury prevents an employee from reporting for work or from performing all the duties connected with regular work.

Based on information reported by the Regions

Injury on Duty Leave

	Days taken off as a result of a workplace accident/injury once the worker's compensation authority approved the claim. Based on 7.5 hours/day	
	2005-04-01 to 2006-03-31	2004-04-01 to 2005-03-31
Total	16,310	18,751

Information taken from the HRMS

1.2 Audit Objectives and Scope

The specific objectives established for the audit were as follows:

1. To assess the extent to which the appropriate management framework is in place to support legislative and central agency requirements for managing the OSH Program.
2. To examine whether required components of the OSH Program are in place consistent with legislation and policies and followed as required.
3. To assess the degree to which CSC is fulfilling it's training and information sharing responsibilities for a healthy and safe work environment.
4. To assess the overall monitoring of the OSH Program and its results.

The specific criteria associated with each of these objectives are listed in Appendix A.

The audit was national in scope and included fifteen (15) site visits in the five regions. The locations visited were a mix of maximum, medium and minimum security institutions (including two women's facilities); parole offices and Regional Headquarters (see Appendix B for a list of the regions/sites visited). The verification phase of the audit was performed during the months of January and February 2006.

Site selection was based on a number of factors including: ensuring there was an appropriate combination of security levels; an equal number of sites per region; and, a

consideration of which sites were being visited as part of other audits being conducted at the same time as the OSH audit.

The scope of the audit excluded a review of community practices which have been initiated, through a series of Case Management Bulletins beginning in October 2004, following the murder of a community parole officer that year.

1.3 Audit Methodology and Approach

The audit consisted of file reviews, interviews and direct observation through walk-arounds during operational site visits. Documents reviewed on site included:

- Accident and Hazardous Occurrence Reports
- Standing Orders relating to OSH
- Contingency Plans
- Minutes of OSH meetings for 2005
- Training records
- First aid records
- Inspection records of equipment for the previous year
- Position descriptions
- Performance reviews
- Safety orientation records for staff and inmates.

Each audit team consisted of members from the Audit Branch as well as CSC staff with extensive knowledge in the OSH subject matter. The selection of the OSH specialists was done so that they would not be participating in full examination within their own region.

Following completion of the audit at each site, preliminary findings were discussed with senior management. Briefings were also held with either Regional Deputy Commissioners or designate. As well, preliminary findings were discussed with senior management from Human Resource Management Sector at NHQ.

Further meetings took place with the National Joint Occupational Safety and Health Committee with representatives from management and unions in attendance.

2. AUDIT FINDINGS AND RECOMMENDATIONS

2.1 Management Framework

Objective 1: To assess the extent to which the appropriate management framework is in place to support legislative and central agency requirements for managing the OSH Program.

The audit team expected to find in place and functioning as required a management framework that included: CSC policy to guide staff at national, regional and local levels in the implementation of OSH; roles and responsibilities for managing OSH clearly defined and understood; and resources devoted to the OSH Program.

2.1.1 Policies

Finding: While CSC has a comprehensive national policy in place outlining requirements for the OSH Program, there are areas where improvement could be made.

i. Commissioner's Directives

CSC promulgated a policy on Occupational Safety and Health, Commissioner's Directive 254, and its related Guidelines 254-1 in June of 2002. A review of the documents, and comments from the sites visited, indicate that CSC's policy adequately reflects the requirements of legislation. During our audit, we identified some potential additions and revisions to the Commissioner's Directive which are discussed throughout this report, including:

- Identification of which staff require WHMIS training;
- The required frequency of workplace inspections;
- CSC specific requirements for Health Evaluations;
- The requirement for written OSH Programs (e.g. Confined Space, Fall Protection) which indicate that the Josh Committee was involved in its development;
- Naming the Warden/District Director or designate as the Management Co-Chair of the Joint Occupational Safety and Health Committees or alternatively a requirement that the minutes are signed-off as read.

We were informed that OSH policy is in the process of being revised. This revision could provide an opportunity to clarify the areas noted above.

ii. Standing Orders

CSC's OSH policy requires that: *Regional Deputy Commissioners shall ensure that appropriate Regional Instructions and Standing Orders enable them to meet their responsibilities as described in this policy and any corresponding guidelines or standards.* Standing Orders are local level policies specific to an institution and approved by the Warden.

The Standing Orders in place at the institutions we reviewed were inconsistent in content and did not reflect the full OSH program and its requirements. Three of the four community offices visited had no document outlining the various responsibilities for the OSH Program at their site.

Following site visits, the audit team was given a copy of the draft revised Commissioner's Directive 254-1. The requirement for the Standing Order has been removed and replaced with the phrase indicating *direction* must be in place to meet responsibilities. This proposed wording is broad enough so that it will require both institutions and parole offices to have a document in place outlining specific responsibilities of the OSH Program.

2.1.2 Roles and Responsibilities

Finding: Roles and responsibilities are well defined and understood at the national level, however, there is no process to report to EXCOM on the performance of the OSH Program.

i. National Level

The Office of Primary Interest (OPI) for OSH is the Director of Workforce Wellbeing who is part of the Labour Relations Branch in the Human Resource Management Sector at NHQ.

There is a distinct split between the "people" side of OSH (i.e. OSH Committees, hazardous occurrence reports, Refusals to Work (sections 128s), first aid, workplace inspections, etc) and the equipment side. The two sides fall under different sectors at NHQ. The Chief of Operational Fire Safety, a member of the Corporate Services Sector at NHQ, is the subject expert for safety equipment. Views expressed at the regional offices and the local facilities indicated staff have a high level of satisfaction with the service and advice provided by the two individuals who look after the two areas. There is a clear understanding in the field as to which individual is the subject expert for the different elements of OSH.

The Commissioner's Directive requires CSC's Executive Committee to ensure full compliance with Part II of the Canada Labour Code as well as OSH regulations and policies. However, the audit found that there was no process in place to report on the performance of the OSH program to EXCOM.

ii. Regional Level

Finding: The OSH Program at the regional level is managed differently across the regions.

The Commissioner's Directive on OSH places the bulk of responsibility for implementing the OSH Program on the Regional Deputy Commissioners.

The Commissioner's Directive does not define which specific Branch or Department at the regional headquarters shall be responsible for the OSH Program. We found all regions have a Regional OSH Coordinator although the amount of time spent on the function and subject-matter knowledge vary from region to region.

iii. Local Level (Institutions and Parole Offices)

Finding: The range of OSH responsibilities in the institutions and parole offices is not always fully comprehended.

As previously indicated, responsibilities of the Wardens, District Directors and managers for the OSH Program are defined within Commissioner's Directive on OSH. However, at many of the local sites the wide range of responsibilities for the OSH Program did not appear to be fully assigned or even understood. Emphasis at many sites was on ensuring monthly Joint Occupational Safety and Health meetings took place.

According to position descriptions we reviewed, overall responsibility for the OSH program in the institutions falls under the Assistant Warden, Management Services. The OSH duties contained in this position description are general using words such as *responsible for the overall management of the OSH program*.

We did not find any documents which assign responsibilities for the varied and specific components of OSH such as:

- respiratory equipment co-ordinator;
- confined space program;
- fall protection program;
- Material Safety Data Sheets (MSDS);
- overseeing the replenishing of the first-aid kits;
- collecting and reviewing the Hazardous Occurrence Investigation Reports (1070s);
- inputting the information from the 1070s into PeopleSoft Occupational Safety and Health Module;
- overseeing the completion and documentation of new-to-the site staff OSH orientation
- overseeing the completion of work to eliminate hazards identified during the workplace inspections;

- monitoring completion of the health evaluations; and,
- ensuring all OSH-related training is up to date.

Organizational changes within CSC have meant that staff responsible for Personnel functions are no longer located at each site. This has resulted in some OSH-related responsibilities, formerly exercised by Personnel, have not been reassigned. Responsibility for overseeing staff training rests with a Staff Training Officer who often works in a different institution or office. The audit team noted that at one institution a full-time OSH Coordinator devoted exclusively to OSH was uncertain who at the site had responsibility for respiratory protection and inspection of other protective equipment.

In Ontario in particular, we were informed many tasks were not undertaken, delegated or monitored. We were told that continuous staff turnover in the position of Assistant Warden, Management Services was the cause. Responsibility for the OSH Program in the community offices was not assigned to a specific position. The audit team found that it was managed variously by a Manager, Corporate Services, a Senior Parole Office, or a District Director.

Consequences for neglecting some duties associated with OSH, particularly with respect to safety equipment and programs, could result in staff injury and possible death.

iv. JOSH Committee Structure

Finding: The Management Co-Chair of the Institutional JOSH Committees does not have line authority over all departments of the institution.

CSC's OSH policy contains comprehensive terms of reference for the National Joint Occupational Safety and Health Committee, the Regional Joint Occupational Safety and Health Committees and the local Joint Occupational Safety and Health Committees.

We noted that according to the policy for both the national and regional levels, the Management Co-Chair is the jurisdictional head or designate.

At the institution or community level, Commissioner's Directive 254-1 suggests appointing the Assistant Warden, Management Services or those in an equivalent position, to act as Management Co-Chair. Naming instead the Warden/ District Director or designate as Management Co-chair would be consistent with the committee structure at the national and regional levels and would raise the accountability to a position which has line authority over all branches within a facility.

2.1.3 Resources

CD 254 states that Regional Deputy Commissioners shall ensure resources are in place to manage the OSH Program.

Finding: CSC does not have a budget specifically allocated for OSH at the national, regional or local level, and there is no way of tracking OSH expenditures.

i. Full Time Equivalent (FTE)

Two of the eight institutions visited, (Atlantic and Archambault), have a full-time position devoted exclusively to OSH. In other institutions, many of the OSH responsibilities fall under the Environment and Safety Officer who is responsible for environmental issues, fire safety as well as OSH. In Ontario, the Environment and Safety Officers often have two institutions to look after, so that only about 25 % of their time can be devoted to OSH functions. In institutions with neither an OSH Co-ordinator or Environment and Safety Officer, OSH duties fall directly to the Assistant Warden, Management Services.

In the community offices, no FTEs are devoted to an OSH related position. OSH responsibilities are an add-on to other duties. It is hard for management to demonstrate due diligence without a portion of an FTE assigned to OSH duties.

ii. OSH O&M

The audit team was informed that CSC does not have a budget specifically allocated for OSH at the national, regional or local level. It is difficult to fully measure accountability and results based on this situation. Generally, it appears that funds required for OSH related items are taken from O&M. Resources to cover ongoing OSH training, which falls under CSC's National Training Standards, are part of Staff Training budgets. Funds to cover ergonomic equipment are taken from individual managers' budgets.

2.1.4 OSH Information for Managing the Program

Finding: CSC does not have a set of performance indicators for the OSH Program.

We noted that CSC does not have a set of performance indicators to assist in reporting and determining whether or not it is meeting its OSH Program objective.

Information on the number of deaths, disabling injuries, minor injuries, and other hazardous occurrences related to workplace accidents is forwarded from the regions to NHQ on an annual basis. Information on time off relating to injuries on the job is taken from the Human Resource Management System. Both of these systems provide raw numbers. The audit team notes that the information would be more useful if it could be presented as indicators and for managerial purposes, bench-marked against expected standards or levels of performance to determine if the levels CSC is experiencing are acceptable or not.

Conclusion

While some of the management framework is in place we conclude that some important aspects still need to be developed and implemented. We found Commissioner's Directive 254 and 254-1 to be a comprehensive policy which satisfies the requirements of Canada Labour Code Part II, the Regulations and the Treasury Board Policy on Occupational Safety and Health. There are areas of ambiguity which should be clarified during the revision to the policy currently underway. The roles and responsibilities for the OSH program at the national and regional level are well defined, although there is a need to establish a process for the reporting on the performance of the OSH Program to EXCOM.

The audit found that the range of duties for the OSH Program at the institutions and parole offices are not sufficiently defined in local policy or documentation to ensure all tasks are assigned and understood. Gaps in the performance of OSH-related duties as a result of non-assignment could result in serious staff injury.

Without a specific allocation of funds used by the sites to implement the requirements of the OSH Program, and to monitor the expenditures, and without the development of a set of performance indicators, it is not possible to effectively measure the performance of the OSH Program.

Recommendation # 1 The Assistant Commissioner, Human Resource Management should:

- i. revise Commissioner's Directive 254 to include the issues discussed in this report and listed in section 2.1.1;
- ii. establish a process for the reporting of OSH program performance to EXCOM.

Recommendation # 2 Regional Deputy Commissioners should:

- i. ensure in the institutions and parole offices that steps are taken to include all OSH tasks and responsibilities in local policy/direction documents and work descriptions, and all are assigned;
- ii. as per Commissioner's Directive 254, ensure necessary funding is allocated to the OSH Program and a process is in place to account for its OSH activities and results.

Recommendation # 3 The Assistant Commissioner, Human Resource Management with the assistance of the Assistant Commissioner, Performance Assurance should develop indicators for assessing OSH performance which could be included as part of the accountability reporting to NHQ.

2.2 Required OSH Components

Objective 2: To examine whether required components of the OSH Program are in place consistent with legislation and policies and followed as required.

Canada Labour Code Part II, Regulations and Treasury Board Policy lay out specific requirements for the wide range of activities which make up the OSH Program including: safety materials; equipment; OSH Committees; documentation; inspections and reporting.

2.2.1 Safety Materials and Equipment

The audit team expected that safety materials, and equipment would be available and used in accordance with policy. It expected to find safety programs in operation such as confined space and fall protection and to find that they had been appropriately documented outlining their various elements and had been developed in conjunction with the Joint Occupational Safety and Health Committees (JOSH). According to Canada Labour Code Part II the JOSH Committee *“shall participate in the development, implementation and monitoring of a program for the provision of personal protective equipment, clothing, devices or materials and ... shall participate in the development of the program.”*

Finding: Not all elements of Respiratory Protection, Confined Space and Fall Protection programs are in place at the institutions.

i. Respiratory Protection

Respiratory equipment includes Self-Contained Breathing Apparatus used by the Correctional Officers and designated nurses in the institutions when responding to emergencies such as fires or the use of chemical agents. The OSH Regulations require respiratory protection devices to be selected, fitted and maintained as established in the CSA standards.

The Respiratory Protection Program is not operating as per requirements in more than half of the institutions visited.

ii. Confined Space

Minimum requirements for a Confined Space system, to ensure staff safety, are set out in the Regulations and in Treasury Board Policy. The system consists of a series of elements including: a hazard assessment; procedures for entering, occupying and exiting; protective equipment and tools; rescue equipment; signage warning of confined spaces; up to date training; and record keeping. In addition, the sites should have a written description of the program which indicates that the JOSH Committee has been involved in its development.

An indication that the Joint Occupational Safety and Health Committee had participated in the program development was missing at many of the sites. Training is required at three sites where CSC staff are required to enter confined space. Since the audit, a "train the trainer" initiative has been put in place in Ontario to ensure that the training for confined space is offered at each institution in the region. Bowden Institution in the Prairie region had all elements of the Confined Space program in place.

iii. Fall Protection

A Fall Protection system is a requirement to protect employees who must work on roofs, scaffolding or ladders under certain conditions from injuries due to falling. A Fall Protection system includes: safety restraining devices; training; and record-keeping.

At two sites, fall protection training needed to be completed or updated, in others the program description was in draft form either awaiting Human Resources and Social Development approval or review by the Regional Deputy Commissioners, or required an indication that the Joint Occupational Safety and Health Committee was involved in its development. Record keeping was an issue in only one site reviewed. Equipment was available for use at all sites visited.

iv. Tagout/Lockout

A tagout/lockout system ensures the safe control of electricity through locking and tagging of equipment and machinery at times of servicing or maintenance. That is, a system or machine is rendered inoperative and is so tagged until the person performing the work has finished. This practice is strictly regulated by Canada Labour Code Part II.

The auditors found the tagout/lockout program was operating in compliance with requirements in all sites reviewed.

2.2.2 OSH Committees

The audit team expected that OSH Committees would be in place as required under Canada Labour Code Part II. It is mandatory where twenty or more employees are working, to establish a workplace Safety and Health committee. Canada Labour Code Part II has specific requirements for the Committees in terms of composition, number of chairpersons, frequency of meetings, and responsibilities.

Finding: OSH Committees are functioning at the three levels and almost all sites visited, though not always fulfilling the requirements as per Code/policy.

Except for a satellite office at the regional headquarters in Atlantic, all fifteen sites visited had an OSH Committee, and all were composed of the appropriate management/employee mix.

In the community offices where nine meetings a year are required, half of the four sites visited were non compliant. In terms of the Regional Joint Occupational Safety and Health Committee meetings, the Commissioner's Directive on OSH requires quarterly meetings. Only two of the five regions met that requirement.

2.2.3 Required Documents

The audit team expected that the Canada Labour Code Part II, and OSH policy would be accessible for all employees.

Finding: The required OSH documents are available for staff.

The audit team found that Canada Labour Code Part II and CSC's CD 254 were either posted on a bulletin board or available for staff through CSC's Intranet. In the latter case a note was posted on a bulletin board directing staff to the location of the documents on the Intranet.

2.2.4 First Aid, Hazardous Materials and Inspections

The auditors expected to find that policy requirements relating to first aid, hazardous materials and inspections are being met.

i. First Aid

Finding: Responsibility for restocking of first aid kits needs to be assigned and recording of first aid treatment needs improvement.

The Regulations specify the type of first aid kits required depending on the number of employees and provide a list of what the various kits must contain. The auditors found that the first aid kits were available as required however not all the required supplies were being maintained and there were instances where the contents of some of the supplies had expired. The question of responsibility for restocking of the first aid kits in the institutions is a point of contention at many of the sites.

The Regulations also require that if first aid is rendered using supplies from the kits, information must be recorded using a log book kept in the kit including: date and a brief description of what was done. The person using the supplies is required to sign the entry. Documentation as to the administration of first aid using supplies from the kits was lacking at nine of the fifteen sites. Should any liability action be taken in the future, it is essential that there be a means of tracking the incident.

ii. Workplace Hazardous Material Information System (WHMIS)

Finding: WHMIS continues to be an area of non-compliance.

Suppliers of hazardous materials are required to provide information on the contents of the materials using standard criteria, through the provision of Material Safety Data Sheets. The sheets must be readily available to employees and must contain up-to-date (no more than 3 years old).

Maintenance of the sheets was an area of non-compliance in CSC highlighted previously through the Management Control Framework process in 2004 and 2005. The audit team noted that it continues to be an area of non-compliance. Half of the institutions are not keeping the Material Safety Data Sheets in the required manner; that is, out of date product information remains in the binders, and in several sites the binders were not being kept close to the products being used. This is a necessary condition so that information on the nature of the product is readily available to provide to medical staff in case of an emergency.

Three of the eight institutions did not have adequate signage posted, warning of the presence of a hazardous substance as required by Canada Labour Code Part II. As well, the auditors observed at many sites that hazardous materials, which had been transferred into smaller receptacles for ease of use, did not have the required labels. In most cases the name of the product was identified on the bottle, but the contents and hazard information were not indicated.

More positively, the auditors noted that bulk containers of hazardous material were stored in containers which carry the required markings in six of the eight institutions visited.

iii. Inspections

Finding: Inspections are taking place: however, there is some confusion at the sites due to ambiguity in the CD as to how often the workplace inspections should take place.

i. Equipment Inspections

Equipment such as boilers, pressure vessels and elevating devices in the institutions is inspected by qualified personnel according to the frequency set out in the Regulations.

ii. Workplace Inspections

Workplace inspections identify potential hazards such as boxes piled too high, shelving units not attached to walls, missing railings on stairwells, aisles blocked, unsanitary equipment (i.e. sinks, washrooms), fire exits blocked, obstructed vents, etc. According to Canada Labour Code Part II, "*A workplace committee shall inspect each month all or part of the workplace, so that every part of the work place is inspected at least once each year*". The auditors noted that this section of Canada Labour Code Part II is subject to various interpretations.

All sites visited were doing some workplace inspections, but in approximately half of them, either they were not being done on a monthly basis or, not all parts of the office/institution were covered during the year. At some sites, inspections were being clustered together so that there was a blitz of inspections a couple of times a year. Part of the uncertainty/confusion is due to the wording in the CD 254-1: “*JOSH Committees shall conduct a formal inspection of all work sites on an annual basis. Monthly inspections of different areas are recommended to divide up the workplace*”. The revisions to CD 254 as discussed in section 2.1.1 should provide an opportunity to clarify the discrepancy.

At Atlantic Institution the workplace inspection sheets show previous deficiencies. This provides an opportunity to check that the required follow-up work had been completed.

Workplace inspections at the institutions should include the CORCAN area as well. At one site this was not being done.

2.2.5 Reporting of Hazardous Occurrences

The auditors expected to find that accidents are investigated, recorded and tracked as required by Regulation and policy.

Finding: The appropriate form is being used to record hazardous occurrences, however sections of the form are incomplete.

As per Canada Labour Code Part II requirements, in all cases, when an accident occurred involving staff, the Human Resources and Social Development report (1070s) was used by the sites. The reports reviewed at five of the fifteen sites however, indicated that information provided was incomplete. The type of missing information included: no incident date; no corrective action to be taken; and at three sites, the audit team found there was no indication the report had been sent to the Joint Occupational Safety and Health Committee for comments as required. Without this latter section being completed, it is not possible to determine if the appropriate process of including a Joint Occupational Safety and Health Committee member during the investigation was followed. As discussed earlier, recording information from 1070s into the Human Resource Management System is generally being done but there are gaps where the task has not been assigned to a specific position.

Collins Bay Institution had information packages available in the keepers' offices containing all the forms and instructions required for completion of Accident and other Hazardous Occurrence Reports.

Conclusion

We conclude that while the various components of the OSH program are operational in CSC, not all requirements are being met or documentation is lacking to demonstrate compliance. With the exception of WHMIS, there was no consistent element missing from the OSH program across the sites, rather we found a series of different compliance

issues most of which were minor in nature. Taken together however, they make it difficult to demonstrate CSC is exercising due diligence.

Giving additional recognition to the joint employer/employee nature of the OSH responsibilities is vital for CSC to be able to demonstrate it is following the intent of the Canada Labour Code Part II. The audit team is concerned that in a number of sites, the joint employer/employee responsibility element of the OSH program does not appear to be respected. For example we found instances where:

- Hazardous Occurrence reports were not always forwarded to the Joint Occupational Safety and Health Committee for comments;
- Investigation reports were not always shared with the Committees;
- Committee members (in addition to the Management Co-Chair) were not always involved in the development of OSH Programs.

Recommendation #4: Regional Deputy Commissioners, with the assistance of the Assistant Commissioner, Corporate Services should ensure that the programs for respiratory protection, confined space and fall protection systems are outlined, approved and operating as per requirements.

Recommendation # 5: Regional Deputy Commissioners should ensure that the Employee Co-Chairs and members of the Joint Occupational Safety and Health Committees in the institutions and parole offices are fully involved in the OSH activities.

2.3 OSH Training

Objective 3: To assess the degree to which CSC is fulfilling its training information sharing responsibilities for a healthy and safe work environment.

2.3.1 Training

Finding: CSC's OSH training is taking place as required at most sites.

i. Managers and JOSH Committee Members

According to the CSC's National Training Standards, all supervisors and managers are required to complete a one day training course on OHS within six months of appointment. The course is designed to allow managers to understand their responsibilities, and the procedures associated with Safety and Health of staff. For eleven of the fifteen sites, this training is up to date. Several managers reported that they had taken the training many years ago and would be interested in a refresher.

In addition, anyone who sits as a member of a Joint Occupational Safety and Health Committee is required to attend a three day course which is also part of the National Training Standards. Twelve of the fifteen sites had either met these requirements or had plans to do so by the end of the fiscal year.

Finding: There is no standardized content for national training for the Joint Occupational Safety and Health Committee members and managers/supervisors.

We noted that although the training for the managers and members of the JOSH Committees is a set duration, the actual course content is not standardized. The OPI informed the audit team that this situation is currently being addressed. Standardized training packages are being developed for both the three-day Committee member and the one-day manager training. The training packages are being designed to allow for flexibility so that, if required, certain components can get additional emphasis.

ii. WHMIS Training

Finding: There is a difference of opinion/interpretation among the sites as to the need for WHMIS training.

Due to different interpretations of the wording in Canada Labour Code Part II and CSC's policy, it was difficult to determine whether CSC is meeting the requirement for WHMIS training.

There are inconsistencies across the regions as to who requires WHMIS training. The Commissioner's Directive on OSH states that, "*every facility shall ... develop and implement an employee's education program with respect to hazard prevention and control at the workplace.*" Sites were uncertain as to whether the need for WHMIS training is limited to the institutions, and who within an institution should be the training target. Canada Labour Code Part II is also unclear as it defines those who need WHMIS training as, "*staff who handle or are likely to be exposed to hazardous substances...*". This is an area which could be resolved when the Commissioner's Directive is revised.

iii. First Aid Training

The Regulations stipulate that at every workplace where more than 6 employees are working, there must be a first aid attendant to cover all shifts. This condition was met in all but one site visited. The Regulations require first aid attendants to hold a valid St. John Ambulance First-aid certificate (or an equivalent certificate acceptable to Health Canada). Certification must be kept up-to-date as required by the issuing organization. The training was up to date in thirteen of the fifteen sites.

2.3.2 Promotion of a Healthy Workplace

Finding: Promotion of a healthy workplace is limited in most sites to information posted on bulletin boards or on a local web site.

Most sites have some sort of web site available where employees can go to find minutes of the JOSH Committees, and copies of the relevant CDs and legislation. Some also post memos or other information items concerning health issues on a bulletin board.

In terms of specific events taking place to promote a healthy workplace, it was rare for sites to be able to do anything over and above legislated requirements. The audit teams were told repeatedly by the sites that if they had an OSH budget more action could be taken on a proactive basis to promote a healthy workplace.

The Regional OSH Coordinator, Pacific has developed a comprehensive Intranet site for OSH which he updates on a regular basis. It contains links to all OSH related legislation, compliance checklists for the various components of the OSH Program, detailed subject index of OSH topics, and links to other intergovernmental OSH sites.

i. Ergonomics

Finding: Ergonomic assessments are being conducted at the sites.

Trained ergonomic assessors were either available on site or Health Canada assessors were brought in as required. Purchasing of the equipment required as a result of assessments can take a long time however, due to a lack of specific resources set aside in managers' budgets to cover this type of need. The audit team was told that expenses related to ergonomics that are in excess of \$500 could be sent to NHQ for payment, although many sites were not aware of this funding.

ii. Health Evaluations

Finding: Implementation of Health Evaluations for designated staff is progressing at different rates across the regions.

Under Treasury Board's Occupational Health Evaluation Standard, (December 2003), government departments must ensure that certain occupational groups undergo varying levels of health evaluations at frequencies set out in the Standard. For designated categories of employees, the Health Evaluation Standard calls for a physical examination to be performed by a physician. In CSC, this level of health evaluation, referred to as a Category 3, is required for staff who must wear Self-Contained Breathing Apparatus, members of regional or institutional emergency response teams, dog handlers and those involved with meat packing.

The expectation is that Health Canada doctors will perform the medicals at the various institutions. Frequency of the required medicals is dependant on the employee's age. Each CSC region must work with the regional offices of Health Canada to organize the administration of the medicals. The results of our audit indicated that the implementation of the Standard varies across the regions:

- Atlantic Institution - most of the required medicals have been completed;
- Quebec - a shortage of Health Canada medical personnel has resulted in health evaluations not being up to date;
- Ontario – problems with the completion of the health evaluations are due more with issues raised by union members, rather than the availability of Health Canada physicians. Ontario has recently assigned a person to work on the health evaluations with the Regional Safety Officer. The intent is to establish a regional protocol for the conducting of the medicals. At the time of the site visits the protocol was not in place;
- Prairies - ongoing problems in terms of completing the medicals exist in Alberta as Health Canada is unable to deal with the demand for doctors;
- Pacific Region - the sites are working toward a deadline of fall 2006 to have all medicals completed.

2.3.3 Safety Orientations

Ensuring staff and inmates are aware of potential dangers in the workplace is an important part of managers' demonstration of due diligence in the prevention of accidents. The audit team expected to find safety orientations taking place for staff beginning at a new site, and inmates prior to commencing work assignments.

Finding: There is a lack of documentation to verify that safety orientation is taking place.

We were told that safety orientation for inmates, prior to beginning a work assignment is taking place at most institutions, although documentation was not always available to verify this practice. On the staff side, only eight of the fifteen sites visited provided written documentation that they had given a safety orientation session to employees new to the site. This is a relatively simple procedure to put in place but does not appear to be getting the attention it requires.

Conclusion

We conclude that, generally, CSC is meeting its training requirements. The work currently underway to standardize OSH training is an important step to ensuring all managers understand their obligations for due care and diligence and the JOSH Committee members fully understand their duties and powers. Once the training has been developed, all managers would benefit from attending the one-day of training. This would serve to reinforce their understanding of their personal accountability and liability for unsafe working conditions.

The audit team is concerned with the lack of documentation available at the sites to verify that certain training/orientation is actually taking place. [REDACTED]

[REDACTED]

At the local level the audit team concluded that promotion of Safety and Health matters will likely not happen without dedicated OSH resources.

2.4 Monitoring of the OSH Program

Objective 4: To assess the overall monitoring of the OSH Program and its results.

With the extensive revisions to Canada Labour Code Part II coming into effect in 2000, managers' obligations for staff Safety and Health increased significantly.

2.4.1 Report Follow-up

Finding: Trend analysis is not being done by the institutions and parole offices.

There is a Commissioner's Directive requirement for facilities to prepare a trend analysis of accidents and other hazard occurrences on a semi annual basis. This trend analysis is meant to provide sites with information to determine if there are recurring: types of injuries, accident locations within the facility, or involvement of particular occupational groups, with a view to taking proactive action to prevent further incidents. Trend analyses were being completed in only three of the institutions and parole offices visited. This is surprising given the high number of days taken off (18,751 for one year across CSC) as a result of a workplace injury or accident (see the Table in the Background section 1.1). The auditors did find, however, that in the Atlantic region trend analysis was being done by the Regional OSH Coordinator for use at the Regional Joint Occupational Safety and Health meetings.

Finding: At institutions and parole offices, follow-up to workplace inspections reports needs improvement.

Workplace inspections are critical for a safe, hazard-free environment and the sites need to ensure that these inspections are being conducted and deficiencies dealt with. Early detection and timely correction greatly reduces the risk to the safety of staff and inmates. The inspections are carried out, and results monitored by, the Joint Occupational Safety and Health Committees.

In reviewing samples of Joint Occupational Safety and Health Committee minutes, it was common to see the same items, which had been identified as real or potential hazards during the monthly inspections, carried over from meeting to meeting. In most of these situations, a date for completion of the corrective work was not provided and in some

At Bowden Institution detailed checklists are used for the workplace inspections including a note that those responsible for correcting deficiencies have 30 days to complete the work and most notify an OSH Committee member in writing when it is done.

At Grand Valley Institution for Women items which require follow-up are reviewed at Management meetings, e-mails are sent to responsible managers and are discussed at post operational meetings.

instances the person responsible for carrying out the work was not indicated. There were a few exceptions. However, the audit team was told at some institutions corrective action would only be taken by the responsible manager if the Warden became involved. Three of the four community sites visited had no documentation to verify that monitoring of OSH-related follow-up was taking place.

2.4.2 Overall Monitoring

We expected to find processes in place to ensure overall monitoring of the OSH Program.

National Level

Staff at NHQ responsible for the OSH Program have only functional authority over the local and regional offices. On an annual basis, NHQ requests a roll-up of information on a form referred to as LAB 1058. The form, based on information from the Joint Occupational Safety and Health Committees, shows information on OSH-related activities over the year including: the number of Committee meetings; the number of complaints; the number of inquiries and investigations, injuries and lost time and hazards identified. NHQ accepts the information from the regions with minimal challenge of the information provided.

The Director of Workforce Wellbeing keeps in touch through regular conference calls with the Regional OSH Coordinators. He also gets frequent E-Mails and telephone calls from the sites seeking his advice on all OSH-related issues. Similarly, the National Fire Chief provides advice to the local sites and regions on the equipment side of OSH. Overall however, with no line authority for regional/local activities, no information system addressing program performance and a lack of information on resource expenditure, it is not possible for the OPI to monitor the program against the program's performance.

Regional Level

Finding: Monitoring by the Regional OSH Coordinators of the OSH activities at the institutions and parole offices needs strengthening.

There is significant variation between the regions as to the level of monitoring being performed. For example, the Regional OSH Coordinator, Pacific maintains a schedule to review, on a rotating basis, the sites' compliance with each of the many components of the OSH Program. Best practices resulting from this exercise are shared between the sites. However, the Regional OSH Coordinator, Ontario does not review, nor receive, either the hazardous occurrence reports or work refusals (s. 128s). Minutes from the sites' JOSH Committees are collected but not reviewed by him on a regular basis. This situation in Ontario has been recognized as problematic and steps to correct it are underway. Further, in other regions as well, based on the results of the

audit, there are a series of non-compliance issues which should have been identified and addressed at the regional headquarters level but were not.

The type and amount of regional level review of the Management Control Framework results for OSH varies as well. In some regions the OSH Coordinator is the point of contact for responding to questions, and ensures the Management Control Frameworks and the required follow-up are completed on time. In at least one region, the Regional OSH Coordinator does not review any of the management attestations (the Management Control Framework form which indicates compliance/non compliance on a variety of criteria) for OSH, rather they are tracked by staff from Performance Measurement to ensure they are all in on time, not for consistency of results or interpretation of responses. No region is reviewing the Management Control Frameworks for accuracy of responses.

Local Level

In addition to ensuring inspection deficiencies are corrected, monitoring of the OSH program involves overseeing many more tasks including: ensuring programs such as Fall Protection, and Confined Space are in place and running according to legislated requirements; first aid stations/kits are appropriately placed and restocked on an ongoing basis; ensuring hazardous occurrence reports are completed as required and the results entered into the Human Resource Management System; and ensuring all the OSH related training is up to date. These various functions are performed by more than one division at a site, and in some cases are performed by staff working off site. Overall monitoring of the total Program is not taking place at five of the twelve institutions and parole offices visited.

Discrepancies between the reported Management Control Framework results and the audit results were found. In some cases this could be accounted for by a difference of interpretation. In other cases, however, it was evident to the audit team that monitoring was not being done. The Management Control Framework attestations did not represent reality. The results of the audit indicate that the areas of non-compliance highlighted in the Management Control Framework process remain deficient.

Conclusion

We conclude that the Regional Deputy Commissioners must enforce their responsibility and accountability for monitoring the sites' compliance to all OSH activities, especially in potentially higher risk areas such as respiratory protection equipment. As well, closer attention to the results of Management Control Framework process would ensure areas noted as non-compliant such as the Workplace Hazardous Material Information System would be acted on and corrected.

As well, raising the level of involvement of the Warden/District Director in the Joint Occupational Safety and Health Committee meetings to the Management Co-Chair, or

at a minimum signing off the minutes as read, would assist in ensuring follow-up items are completed.

The importance of managers' meeting their obligations to ensure all elements of the OSH program are implemented, in accordance with the legislation/policy, needs to be reinforced and the managers held accountable for them. The audit team believes that increased monitoring and follow-up of OSH activities at the national and regional level will assist in achieving this objective.

Recommendation # 6: Given the importance of demonstrating due diligence for ensuring staff safety and health in the workplace, the Regional Deputy Commissioners should require monitoring and follow-up of OSH related activities at the sites be increased.

3. CONCLUSION

Our audit results have indicated the need for improvements in some key aspects of the OSH Program.

The policy framework at the national level needs some revisions, but overall is a strong, comprehensive document. At the institutions and parole offices, documentation is needed which clearly identifies the full range of OSH tasks and indicates which specific positions are responsible for them. Even a full time OSH Coordinator at the local level does not guarantee better results if the full range of activities (people side and equipment side) are not recognized and become part of the position.

In terms of implementation of the OSH components, there are varying pockets of non-compliance at the sites visited. Many of the deficiencies are relatively minor in nature and involve a lack of attention to documentation, many are already being addressed. Taken as a whole however, they detract from CSC's commitment to reducing the incidence of workplace injuries.

Some of the areas are relatively easy to fix, for example:

- written programs, with an indication that the JOSH Committee had been involved in their development, for activities such as Fall Protection and Confined Space;
- documented evidence that staff and offenders have received their safety orientation;
- written confirmation indicating hazards identified during site inspections have been eliminated, and
- Management Control Frameworks follow-ups are completed.

Increased monitoring by the Regional OSH Coordinators of OSH activities at the institutions and parole offices needs considerable strengthening to ensure all components of the OSH program are in place, being reported on and followed up.

At the local level, the audit team concludes that further work is required to demonstrate that managers are serious in their efforts of due diligence. Elimination or control of risks associated with safety and health at the workplace is a central responsibility of the CSC managers and one for which they should be held accountable. The Warden or District Director should play a more significant role in the local OSH Committees including ensuring Employee Co-Chairs and members are provided with the opportunity of equal participation in its functions.

4. MANAGEMENT ACTION PLAN

Recommendation	Responsibility	Action Plan	Target completion date
<p>1. The ACHRM should:</p> <p>i. revise CD 254 to include the issues discussed in this report and listed in section 2.1.1, and</p> <p>ii. establish a process for the reporting of OSH program performance to EXCOM .</p>	<p>ACHRM</p>	<p>Issues raised in the Audit report have been addressed in the form of new or updated documents and have been incorporated as part of CD 254-1 OSH Program Guidelines. These issues included:</p> <ul style="list-style-type: none"> • Exposure to Second Hand Smoke; completed Jan. 31, 06 • Respiratory Protection in CSC; completed April 11, 06 • Protective Footwear for Staff; completed May 23, 06 <p>An annual report on the OSH program performance will be prepared and provided to the National Human Resource Management Committee (NHRMC), EXCOM, and the NJOSH Committee. The MCF will be revised to reflect OHS legislative and policy responsibilities, and will follow the following process:</p> <ol style="list-style-type: none"> 1. The MCF will be completed by local Safety and Health committees/representatives and the results will be provided to the Institutional Head/District Director for review and sign-off; 2. A copy of the MCF signed by the Institutional Head/District Director will be forwarded to Regional Headquarters for review and preparation of a regional summary of those MCF areas in compliance and non-compliance; 3. A copy of each MCF and the RHQ summary report will be provided to NHQ Labour Relations Branch for roll-up; 4. The results of the OHS national summary report will be reported to NHRMC, EXCOM, and NJOSH through the annual report 	<p>Feb. 28/07</p> <p>Mar. 15/07</p> <p>Apr. 30/07</p> <p>June 30/07</p>

		<p>included as Annex 'G' under OSH Guidelines 254-1. As part of CSC's Pandemic Response Planning, provision should be made to supply N-95 respirators to all employees in the event of a pandemic.</p> <ul style="list-style-type: none"> • Monitor and report on CSC Confined Space Safety Program at all worksites involving locations classified as confined spaces. National and regional Technical Services will ensure that it is operating as per the requirement defined in the TB Hazardous Confined Space Directive and Part XI of the Canada OSH Regulations. • Monitor and report on the Fall Protection System within CSC. This is mandatory according to the Elevated Work Structures Directive (Chapter 2-16 of the TB Manual) and Part XII of the Canada OSH Regulations. National and regional Technical Services will ensure that it is operating as per the requirements defined above. • Update CSC website with all referenced legislative OSH standards to institutions/parole offices (CCOHS website: Canadian Centre for OSH) • Conduct a risk assessment for the Respiratory Protection Program, the Confined Space Safety Program and the Fall Protection Program in accordance with Part XIX of the Canada OHS regulations and share with the local workplace committee. • Share the results of risk assessments with the local workplace committee and take corrective action. • Train the employees affected prior to them entering a confined space or using a fall protection system. • Report on training. • Monitor and report on status of programs. 	<p>Mar. 31/07</p> <p>Mar. 31/07</p> <p>Dec. 31/06</p> <p>Mar. 31/07</p> <p>Mar. 31/07</p> <p>Mar. 31/07</p> <p>Mar. 31/07</p> <p>Mar. 31/07</p>
<p>5. RDCs should ensure that the Employer Co-Chair and employer members of the JOSH committees in the institutions and parole offices are fully involved in the OSH activities.</p>	<p>RDCs</p>	<p>Define the roles and responsibilities of wardens and district directors through the OHS MCF as follows:</p> <p>Monitor and report through the OHS Management Control Framework, that wardens and district directors manage the following activities:</p> <ul style="list-style-type: none"> • that hazardous occurrences reports are always forwarded to an employee member of the OHS workplace committee or the workplace OHS representative for comment and signature. • that OHS investigation reports including those resulting for the internal complaint resolution process and/or refusal to work process are shared with the OHS workplace committee/representative. 	<p>Mar. 31/07</p> <p>Mar. 31/07</p> <p>Mar. 31/07</p>

	ACHRM ACPA	<ul style="list-style-type: none"> • that the scheduling of committee meetings are planned as per the CLC requirements in such a way as to ensure the full participation of all management and identified employee members for each union. • that all or part of the workplace be inspected every month by the workplace safety and health committee or representative, so that the entire workplace is fully inspected in the course of each year (Canada Labour Code requirement subsections 135 (7)(k) and 136(5)(j)). • that hazardous occurrences are recorded in accordance with the First Aid Regulations in the First Aid Treatment Record Book included in the kit. <p>Monitor performance and report on results.</p>	<p>Mar. 31/07</p> <p>Mar. 31/07</p> <p>Mar. 31/07</p> <p>Mar. 31/07</p>
6. Given the importance of demonstrating due diligence for ensuring staff safety and health in the workplace the RDCs should require monitoring and follow-up of OSH related activities at the sites be increased	RDCs	<ul style="list-style-type: none"> • Amend terms of reference for local OSH committees to include wardens/district directors as co-signers of minutes. • Monitor the issues identified in the OSH Committee minutes and ensure that follow up occurs in a timely fashion. 	<p>Sept 1/06</p> <p>Sept 1/06</p>

Appendix A

<p>Objective 1:</p> <p>To assess the extent to which the appropriate management framework is in place to support legislative and central agency requirements for managing the occupational safety and health program.</p>	<p>Criteria:</p> <p>1.1 CSCs policies (national and local) adequately reflect the requirements of legislation.</p> <p>1.2 Roles and responsibilities are clearly defined, communicated and understood.</p> <p>1.3 Resources are in place at the regional and local levels to manage the OSH Program.</p>
<p>Objective 2:</p> <p>To examine whether required components of the OSH Program are in place consistent with legislation and policies and followed as required.</p>	<p>Criteria:</p> <p>2.1 Safety materials and equipment are available and used in accordance with policy.</p> <p>2.2 OSH Committees are in place as required.</p> <p>2.3 Required documents (OSH policy, Canada Labour Code Part II and its regulations) are posted/available for staff.</p> <p>2.4 Policy requirements relating to first aid, hazardous materials, and inspections are being met.</p> <p>2.5 Accidents are investigated, recorded and tracked as required.</p>
<p>Objective 3:</p> <p>To assess the degree to which CSC is fulfilling its training and information sharing responsibilities for a healthy and safe work environment.</p>	<p>Criteria:</p> <p>3.1 Required training needs have been identified and provided.</p> <p>3.2 Promotion of a healthy workplace is taking place.</p> <p>3.3 Employees and offenders are provided safety briefings/training prior to commencing work assignments.</p>
<p>Objective 4:</p> <p>To assess the overall monitoring of the OSH program and its results.</p>	<p>Criteria:</p> <p>4.1 Reports are prepared as required and all relevant issues are being addressed.</p> <p>4.2 Processes are in place at NHQ and RHQs to ensure overall monitoring of the OSH program at the operational level.</p>

List of Regions/Sites Visited

Atlantic Region

Atlantic Institution (Maximum)
NB/PEI District Office
Regional Headquarters

Quebec Region

Archambault Institution (Medium)
Regional Reception Centre (Maximum)
Regional Headquarters

Ontario Region

Collins Bay Institution (Medium)
Downtown Toronto Area Office
Grand Valley Institution for Women (Multi-Level)

Prairie Region

Edmonton Institution for Women (Multi Level)
Northern Alberta District Office
Bowden Institution (Medium)

Pacific Region

Ferndale Institution (Minimum)
Vancouver Parole
Regional Headquarters