

1.06.010 | Health and Safety | Occupational Health and Safety

Board: Health and Safety

Approved by: Board of Health

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PURPOSE

To outline the roles and responsibilities for Health and Safety at Huron Perth Public Health (HPPH).

The Health Unit prioritizes the health and safety of its employees. Every reasonable precaution will be taken to protect workers from injury or occupational disease. A Manager must know the *Occupational Health and Safety Act* requirements, the duties performed by their staff, and the hazards associated with those duties. Employees, visitors and contractors at each office are responsible for understanding and adhering to health and safety policies.

RESOURCES

Annual Recurring Responsibilities Summary: Joint Health and Safety Committee

Home/Site Visit Safety Recommendations

The Right to Refuse Work

Responsibility and Enforcement

1. Everyone doing work for HPPH, without exception, is responsible for ensuring that:
 - Hazards are reported, identified and evaluated;
 - Appropriate control measures are implemented;
 - Appropriate training is provided and participated in; and
 - Every worker understands their role and responsibilities under health and safety policies and procedures.
2. All employees of HPPH will be held responsible for acts of neglect or failures to act to uphold the requirements of this policy.
3. You may also be liable for fines or imprisonment as handed down by the Ministry of Labour and/or enforcement under the Criminal Code of Canada.
4. Specifically, it is the duty of Directors and Managers to:
 - instruct, inform and supervise employees to protect their health and safety
 - inform employees about any hazard involved in their work and train them in the handling, storage or use of any equipment, materials and protective devices

- provide equipment, materials and protective devices and ensure they are maintained in good condition
 - ensure that a worker complies with the *Occupational Health and Safety Act* and regulations, and that any equipment, protective devices or clothing required is used or worn by the employee
 - ensure that staff receive an annual review on health and safety matters as outlined in the attached Appendix “Summary of Annual Recurring Responsibilities”. Ensure that training is tracked using by our internal Read and Confirm software.
 - ensure compliance with our health and safety policies by staff who routinely work away from our offices, not including meetings and professional development events. “Home/Site Visit Safety Recommendations” may be used to assist in this task.
5. It is the duty of each employee to:
- work safely in compliance with the provisions of the *Occupational Health and Safety Act* and the regulations, and report to their Manager any hazards or contravention of the Act
 - use or wear the equipment, protective devices or clothing as required by their Manager, and report to their manager any defects in their equipment or protective devices that could endanger anyone.
 - be familiar with health and safety-related policies and procedures, and in particular, if required to do home / site visits, see appendix *Home / Site Visit Safety Recommendations*.
 - be familiar with the right to refuse or stop work as described by the *Occupational Health and Safety Act*. See appendix: The Right to Refuse Work.

WHMIS Requirements

1. The Director of Corporate Services (DOCS) acts as overall coordinator of the WHMIS program. The DOCS is responsible for ensuring that all employees have received general WHMIS training annually, but each Director is responsible for occupational health and safety and WHMIS requirements within his or her department. A master listing of all Health Unit Safety Data Sheets (SDS) is available on FileHold or from the DOCS.
2. Safety Data Sheets are to be collected for all harmful products regardless of whether they are classified as hazardous under WHMIS.
3. Directors must ensure that workers are trained in the following areas **before** they are exposed to any specific hazardous products:
 - the nature of the hazard
 - how to protect themselves
 - what to do if exposed.
4. Labelling is now a requirement of manufacturers. Normally we only need to label hazardous products when we pour the contents of a WHMIS product into other

containers. If a label becomes unreadable or missing, a workplace label is to be placed on the container.

5. Reference charts showing WHMIS symbols are to be posted on the Health & Safety section of the bulletin board in all Health Unit offices by the Co-Chairs/Health and Safety Representatives.
6. Full WHMIS requirements are spelled out in RRO 1990 Reg 860 (Workplace Hazardous Materials Information System) made under the *Occupational Health and Safety Act*.

< original signed by >

Bernie Maclellan, Chair
HPPH Board of Health

1.02.080 | Organization | Conflict of Interest

Board: Organization

Approved by: Board of Health

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Purpose

The purpose of this policy is to ensure that:

- employees work in a manner that is honest and ethical
- employees understand and adhere to their duty to avoid a conflict of interest in their work with HPPH
- public confidence and trust in the integrity, objectivity, and impartiality of HPPH is maintained
- clients, staff, and the Health Unit are safeguarded from a conflict of interest and/or boundary violation that could interfere with the objective provision of best services.

Policy

1. While it is not possible to cover every possible conflict of interest situation that might arise, this Policy outlines HPPH's expectations regarding real and apparent conflicts of interest between employee personal interests and the best interests of HPPH. If employees have questions or are unclear whether they have a conflict of interest, they are encouraged to discuss the situation with their Manager; the Director of Corporate Services may also be consulted by the Manager and/or employee. Should employees become aware of a conflict of interest or a perceived conflict of interest, they are to immediately notify their Manager in writing.
2. A conflict of interest is a situation in which an employee is in a position to exploit their employment with HPPH in some way to obtain a direct or indirect benefit for themselves or others. A perceived conflict of interest is a situation in which a reasonable member of the public might believe that a conflict of interest exists where one does not.
3. All employees are expected to safeguard confidential information (including personal health information and personal information and confidential health unit information) and not release such information to anyone other than the persons who are authorized to receive such information. Refer to 1.04.010 *Privacy Framework* for more information.

4. Employees are prohibited from accessing, using, or transmitting confidential information available only to HPPH staff to obtain personal or financial gain, or for the personal or financial gain of any other individual, partnership or company, whether directly or indirectly, or for any other purpose.
5. If employees have any outside business or financial activity, they may not work on them during work hours or use the HPPH's facilities or property including but not limited to, equipment, tools, photocopiers, stationery, telephones or cell phones, computers, etc., for the benefit or purpose of such business or activity.
6. Employees may not sell, transfer, or in any way authorize the use of any intellectual property, including copyrighted property such as literary or artistic works, patented inventions or processes, technological innovations, computer programs, data bases, and trademarks, belonging to the HPPH, without express authority from the HPPH.
7. Employees may not make any decision or participate in the process to hire, transfer, promote, demote, discipline, or terminate any family member, friends, or business associates.
 - HPPH may allow the employment of immediate relatives/family, friends and business associates of present Health Unit employees, provided that they:
 - Have applied and been considered through the usual selection and evaluation process and
 - Possess the necessary qualifications fundamental to the fulfillment of the job responsibilities; and
 - Are deemed to be the superior candidate.

** (Relatives/family members may include – spouse, parents, children, siblings or in laws, or anyone who lives permanently at the same residence).
8. Employees may not interfere with the employment process or influence any other staff member to hire, transfer, promote, demote, discipline, or terminate any family member, friends or business associates.
9. Employees may not directly supervise family members, or business associates. A supervisory relationship is a relationship where the supervisory employee has the responsibility of evaluating the performance of, and assigning work to, an employee.
10. HPPH will not unfairly restrict the promotional opportunities of an employee, however if the promotion, transfer or movement of related staff members conflicts with this policy, it will be reviewed by the respective Director and Medical Officer of Health. Appropriate arrangements may be made to accommodate the change within the spirit of this policy.

Where two employees become related (spousal relationship/significant social relationship) while employed at HPPH, they may be allowed to remain in their respective positions at the discretion of the responsible Director and the Medical

Officer of Health. If there is a direct supervisory relationship, HPPH will attempt to find a suitable transfer for one of the employees involved.

11. Employees may not directly or indirectly purchase or lease real property from or to the HPPH, nor have any direct or indirect interest in a company which purchases or leases real property from or to the HPPH, unless this interest has been fully disclosed to your Manager, and unless the purchase or lease of the real property is done through a public process.
12. Employees may not attempt to influence any proceedings carried out by duly authorized HPPH employees under the *Health Protection and Promotion Act*.
13. No employee, team or department of the Health Unit shall solicit personal gifts or honoraria for services provided within the mandate of the Health Unit.
14. Honoraria: "A payment given to a professional person for services for which fees are not legally or traditionally required."

When employees accept speaking or other engagements as a representative of the Health Unit, they should make it clear that an honorarium is not expected. Unsolicited non-cash honoraria from organizations of low monetary value such as plants, food, or books, may be kept for personal use, or may be returned or donated to the Health Unit for other use. All other honoraria are to be returned or placed in the Donations Fund. Gift cards are viewed as cash by Revenue Canada and must be returned or forwarded to the Manager to use for program expenses or the Donations Fund. The Director of Corporate Services is to be notified of the details as soon as possible.

15. Gifts: "Something given voluntarily without payment in return, as to show favour toward someone, honour an occasion, or make a gesture of assistance".

Staff should never accept gifts from formula companies or tobacco companies or personal gifts from pharmaceutical companies. Staff may accept gifts from industry that advance disease/treatment education (for example, patient teaching kits or drug samples). Such gifts must benefit clients within the practice setting and staff are responsible to ensure any teaching items are accurate, balanced, and complete. Staff may accept drug samples for the purpose of treating clients only. At no time should staff accept a gift of any value when the relationship to the giver is regulatory in nature (for example, Public Health Inspector and a Small Drinking Water System owner). If the situation does not allow immediate return of the gift, notify your Manager as soon as possible to discuss an appropriate plan of action.

In general, staff are to abstain from accepting gifts from clients and contractors, providing a sensitive explanation, unless the refusal will harm the staff-client/contractor relationship, taking into consideration the following:

- Was the gift solicited?
- Is the client mentally competent?

- What is the intent of the gift? Will this gift result in client expectations? Will this gift result in feelings of obligations for staff?
- Is the gift appropriate with regard to timing and monetary value?
- Will the acceptance of the gift result in harm to other clients who do not offer a gift?

Staff should consult their Manager and document the consultation. This should occur prior to accepting the gift whenever possible.

Unsolicited non-cash gifts of low monetary nature that cannot be returned as determined above may be kept for personal use or donated to the Health Unit. For example, upon moving away a client may wish to appropriately express appreciation and congratulations with a small non-monetary gift.

More expensive unsolicited gifts or cash (including gift cards) that cannot be returned, are to be turned over to the Health Unit; Gift cards are viewed as cash by Revenue Canada and must be returned or forwarded to the Manager to use for program expenses or the Donations Fund. The Director of Corporate Services is to be notified of the details as soon as possible.

16. HPPH recognizes the merits of corporate sponsorship for both the sponsor and the Health Unit. Staff must be familiar with and adhere to policy on corporate sponsorship in order to avoid conflict of interest.

When accepting corporate support for an HPPH event, staff must ensure that:

- final decisions regarding the content, faculty, educational methods, and materials are made without influence from industry sponsors;
- continuing education activities are scientifically valid, objective, and contain balanced information relevant to the topic or focus of the event;
- all funds from industry are in the form of an independent educational grant payable to HPPH;
- educational materials and presentations refer to generic names in addition to trade names where a generic name exists;
- presenters are paid an amount that is at fair market value and commensurate with the services provided;
- presenters are paid by HPPH and not the industry sponsor;
- negotiations for space or for types of promotional displays at HPPH functions are not influenced by industry sponsorship;
- promotional displays from industry are not in the same room as the educational event;
- presenters, attendees, and their personal guests pay for the full cost of any pre or post meeting social events;
- there is a mechanism to manage all identified conflicts of interest; and
- industry sponsorship of the event is fully disclosed (this includes making the disclosure publicly accessible prior to the meeting).

HPPH will only participate in industry-sponsored research that is ethically defensible, scientifically valid, and that complies with relevant national guidelines,

including the Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans (TCPS-2).

17. Employees, who accept an appointment to a board of a community agency that deals with matters related to HPPH, should always be aware for the potential conflict of interest that may need to be declared.
18. Current employees may not be members of the Board of Health or vice versa.
19. Opportunities to volunteer for HPPH by an employee or board member will be evaluated on a case-by-case basis by the Senior Leadership Team.
20. Upon termination, employees must promptly deliver to HPPH any and all property, technology, data, manuals, notes, records, plans, or other documents, including any such documents stored on any video or software related medium, held by the employee concerning the HPPH services and programs, know-how, developments, and equipment. This includes property the employee made or prepared and relating in any way to the affairs of HPPH. With permission, employees may retain samples of their work if such work is in the public domain. However, this paragraph shall not apply to any original research or to any articles or papers for which the employee is an author or co-author, for which the employee retains all intellectual property rights.

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