3.0 Hazard Assessments What Are They?

Best Practice Guidelines:
Effective Worker Participation in Hazard Assessments
Alberta Workers' Health Centre, December 2015

About the Alberta Workers' Health Centre:
The Alberta Workers' Health Centre is a registered charitable, non-profit organization that supports all workers, unionized and non-unionized, who need assistance to help make their workplaces healthier and safer. Since 1983 it has done this through programs of education and training; research and information; assessment and support for workers across Alberta.

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Hazard assessments are organized ways to look for all types of hazards in a workplace, in a job or at a worksite. They are done to prevent workers from getting sick, hurt, or killed at work.

Assessments may be called inspections; when they are done after something happens (e.g., an injury, death, illness), they often are called investigations. (The names do matter sometimes.)

Whatever the name, they really are about workers' experiences, detective work and strategic thinking. As a result, they often are about different ways of seeing and understanding job-related hazards.

Employers (and those who represent them) often make them a technical activity. Those with this approach may bring in "experts" -- health and safety specialists -- to tell them what the hazards are, and what to do about them. They often exclude workers from assessments, downplaying employees' experiences and knowledge. Studies show that paperwork for programmes like the Certificate of Recognition (COR) can become more important than the hazards that assessments are supposed to find and fix. An Alberta government study found that employers with a certificate did not have lower injury rates than those without a certificate.

Workers have different "eyes" and experiences when it comes to hazards. Different workers bring different "eyes" to the process, depending on gender, experience with the work, discrimination or harassment at work, etc. That's an important reason why hazard assessments are supposed to include workers.

For good assessments, everyone involved needs to try to see the visible and invisible aspects of jobs and workplaces, including the physical, social and organizational connections. (If they can't, they need to respect those who do.) They have to pay attention to all hazards and how they relate to one another. It does not matter if the health effects are covered by workers' compensation or are found at air levels below the magic number called an **occupational exposure limit**.

Lots of employers and their sectoral organizations now talk about the need to stop looking at "lagging indicators" -- things that have happened, like injuries, deaths and diseases, which sometimes show up as workers' compensation claims. Instead they want to look at "leading indicators" -- the systems an organization has to identify and fix hazards and how well they work. Leading indicators -- checked by asking workers, not just managers -- include:

- real and meaningful worker involvement in all aspects of health and safety, beyond an effective health and safety committee
- good housekeeping, especially when there's a crunch on
- near-misses (of injuries, illnesses)
- number of hazards identified and fixed, especially beyond safety ones
- the time it takes to fix hazards after they are identified
- how responsibilities for health and safety are integrated into the jobs of all levels of management, including those at the top
- comprehensive health and safety programs that are used and evaluated regularly
- the number of on-going health and safety training sessions (for new workers, refreshers, etc.)

The result of this approach provide a big picture of what's going on, who's involved, and where there are or could be problems. They show what needs to be fixed and provide inspiration about how to do that with a real focus on prevention.

Done well, this approach leads to what are effectively strategic negotiations between employers/managers/supervisors and workers (and their representatives/unions, where they exist). Effective solutions account for workers' experiences of hazards and how hazards are connected. The whole process will reduce the overall toll of workplace hazards inside and outside the workplace.

> **(This) forward planning approach (is) essential for systematic, planned preventive action. It is the opposite of an insurance-based approach which measures the likely costs of a situation purely on the basis of past experience.**
>
> **The European Trade Union Institute**

Alberta Law and How to do a Hazard Assessment

Hazard assessments have a special legal meaning in Alberta. The law that requires them -- the Code -- says employers must do more than just look for hazards. They must:

- do the assessments regularly and when work changes in some way,
- fix the hazards found (get rid of them or reduce their harm),
- involve workers in all parts of the assessment, and
- write it all up in reports.

It's important to remember that the health and safety law sets out the minimum required. Best or good practices go beyond the rules in the Code and whatever relates to assessments and the purpose of the health and safety law in other legal documents.

The following official legal definitions of the terms “hazard assessment,” “hazard” and “harmful substance” with a clear language translation to explain them, are important to know for doing hazard assessments in the province.

They also are important because every time these words appear in the Act, Regulation or Code, they have these meanings. You can return to these definitions to remind people about what the assessment is supposed to cover, and what hazard or harmful substance means when you’re doing an assessment.

The term	The official definition (from the Code)	Clear language version

Hazard assessment (Part 1, section 1, p. 1-12 of the Code)	**an assessment made in accordance with sections 7 or 21 (of the Code)**	**Section 7: Before work starts, or a new construction work site is set up, the employer must:**
		• look for job-related existing and potential hazards
		• figure out which ones need to be dealt with
		• eliminate the hazard or reduce the harm it can cause (control it)
		• involve workers in the process
		• write a report about the hazards found and the ways they will be fixed
		• A prime contractor must tell employers on a site about the hazards that may affect their employees.
		Section 21: The employer must:
		• decide if a worker might be exposed to a harmful substance (see below)
		• if so, identify the substance’s health hazards (the harm it could cause now or in the future)
		• assess the exposure (e.g., measure, ask the worker, survey)
		• tell each worker who may be exposed:
		  • about the health effects of the substance
		  • about any air measurements being done for the substance, and the results
		• train each worker about procedures to make the exposure as little as possible
		• make sure the workers understand the procedures

The term	The official definition (from the Code)	Clear language version
Hazard	a situation, condition or thing that may be danger-ous to the safety or health of workers	Anything that could harm a worker -- including their health -- right away or in the future. It does not have to be a chemical or obvious safety hazard. It can be a situation that causes stress, like being bullied or disrespected,t or a condition like bonus pay that leads to people taking chances that could lead to harm.
Harmful substance	.. that, because of its properties, application or presence, creates or could create a danger, including a chemical or biological hazard, to the health and safety of a worker exposed to it	Something that could or will harm workers. It does not have to create danger right away. The harm "includes" chemical and biological hazards. This means other categories matter (e.g., there is an ergonomic hazard as someone works in an awk-ward way to avoid breathing vapours or fumes or skin contact with a product). The harm is from the built-in (inherent) properties of the substance (e.g., it causes allergies), how it's used, or just by being at a workplace or work site.

How to recognize a hazard

The definition of hazard is useful because it is recognizes that hazards come in many forms. The categories in this document are consistent with this definition, and are used in most occupational health and safety work.

"Harmful substance" starts with chemical or biological hazards. But it could be something that fits in another category. Note that, again, it is about the potential to create a danger. You can argue about the harm that "could" be caused without having to positively prove it is currently happening.

Both definitions allow you to be creative in discussions about what can harm workers, and why the hazards must be fixed. They are helpful in assessments.

As the government's explanation says, it does NOT matter if the Code mentions the hazard. All hazards matter, whatever category they fall into and no matter how invisible or obvious they are.

All hazards matter

Hazards specific to a particular job or work site that are not explicitly addressed by the OHS Code should also be assessed by the employer if the hazards are relevant to the employer's operations. Examples include working at extreme temperatures and work-related fatigue.

OHS Code Explanation Guide

Nor does it matter if the hazard is having an effect right now or if you know about what it could do. The Code says the assessment must look for "potential hazards". This is important, especially for the long-term effects of hazards that often are ignored. Most of the 80,000 chemicals out there have not been tested for long-term effects and most products have not been studied for the combinations of chemicals in them. Unlike the government's explanation, "potential" is NOT about the odds of something happening ("foreseeable and reasonably likely to occur"). Potential means possible, capable of happening or developing. It is about the latent or hidden possibilities that may develop, according to a variety of dictionaries.

This is a good example of why it's important to check the definition of words in a dictionary or a law/regulation/code. Just because someone decides to define a word one way in a government publication that interprets or "explains" the legal rules, does not make it correct.

Five criteria for effective health and safety processes

1. Hazard assessments are about getting rid of hazards, whenever it is possible technically. They are not about deciding which ones are acceptable. Nor are they a substitute for clear rules set by governments (e.g., banning asbestos, maximum and minimum working hours).
2. Assessments are not intended to be certificates that say the employer is obeying the law. Existing regulations are the minimum standards to meet. They do not cover all hazards or situations. Assessments must make sure that there are solutions for all identified hazards.
3. Assessments are not a one-time picture that is frozen in time. They must lead to plans for preventive actions. The assessments and plans must be reviewed regularly and when things change. Fancy detailed reports are useless if they don't lead to real preventive actions and better working conditions.
4. Realistically, all parts of hazard assessments are a topic of debate between employers and employees. The debates help those involved confront their different ways of seeing the workplace and its hazards, the health effects that go with the hazards, and the related priorities for fixes. Effective assessments do not deny problems, especially those brought up by workers. They do not make the knowledge of health and safety specialists a reason to ignore workers' experiences, concerns, knowledge and solutions. Instead, they involve those affected, especially for priorities for fixes.
5. Some outcomes of hazard assessments can contribute to public debates and policy activities. For example, many assessments will make clear the poor working conditions for temporary workers (including those from other countries), and others who are employed by agencies or on contract. Getting a bigger picture from a number of workplaces or work sites can lead to a better understanding of social issues like this. After all, the solutions often have to come from outside the workplace, as general policies, regulations, etc.

Source: European Trade Union Institute

The other important point here is that workers, supervisors and high-level managers may have very different ideas about potential hazards. As workers, and worker representatives, the best approach is to start with workers' experiences. If people don't know the hazards, the potential could be great; no one can assume anything without information. If there is a history of people getting sick or hurt doing certain kinds of work, or using particular chemicals, products, tools or equipment, there is a potential hazard with similar items or work practices. Workers don't have to know all the fine details.

When to do a hazard assessment?

Assessments are not a one-time thing. They must be repeated when work changes.

Some changes are obvious, while others -- like hours of work, shifts, bonus schemes, quotas, contracting out, use of temporary workers -- usually are invisible. All count when it comes to the law in Alberta.

Here are the rules about when hazard assessments must be done followed by a quick discussion of practical ways to deal with each one. They are organised in a slightly different way than the Code to help you think about when assessments need to be done.

When does a hazard assessment have to be done?

Section in the Code	The official definition (from the Code)	Clear language version
7(1)	An employer must assess a work site and identify existing and potential hazards before work begins at the work site or prior to the construction of a new work site.	Employers must investigate the workplace, job site, etc. for hazards that are there now, or could be. This must be done before work starts or before a new work site is built; a new work site includes construction sites.
7(4)(c)	when a work process or operation changes	If the work process changes in any way -- that is, any part of it changes -- a new assessment must be done. One also must be done if the overall operation -- a combination of processes -- changes. (See below for examples.)

Section in the Code	The official definition (from the Code)	Clear language version
7(4)(a)	at reasonably practicable intervals to prevent the development of unsafe and unhealthy working conditions	Regular assessments must be done often enough to keep tabs on what's happening. The point is to catch things before they become a hazard. It's also a way to make sure the solutions are working properly. Decisions about how often -- the intervals -- must consider the costs in time, effort and money of doing the assessments. This is compared to costs (in time, effort and money) of not doing them and having hazards. (See the explanation of "reasonably practicable".)
7(4)(b)	when a new work process is introduced	A work process is the method used to get work done. It includes how a task or job is done, the chemicals, materials, tools, equipment and people involved, and the time involved. If it changes, it is "new". (See below for changes.)
7(4)(d)	before the construction of significant additions or alterations to a work site	The work site is a workplace or the place where work is done. Plans for "significant" additions or other changes at any work site -- including construction sites -- must have a hazard assessment. "Significant" means the new addition or change will affect how work is done, the size of a building or work site, or otherwise makes a difference. The design of these changes should prevent hazards, not create them.

How often do I do a hazard assessment?

When things don't seem to change

Even at sites where work doesn't seem to change (e.g. an office, school, park, or even areas of a health care facility) regular assessments should be done often enough to catch hazards in the "process" or "operation". They also should find new hazards that may have appeared or been missed.

The differences may be the result of trying to fix hazards or new training procedures. They also could be the result of looking at different times of day, on different shifts, or in a different season.

Differences also come with different "eyes"; who does the assessment matters. It's yet another reason to include workers and their representatives.

Once a week is a good place to start in many workplaces, especially when you're starting out. If you're not finding new hazards very often, and if hazards are being fixed, it may not be necessary to do assessments that often. On the other hand, just because there is a schedule doesn't mean it's the right one.

WHEN IS SOMETHING DIFFERENT?

Anytime something new is brought into the workplace, whether it be a piece of equipment, different materials, a new process, or an entirely new building, new hazards may unintentionally be introduced.

An organization or process is like a web of interconnections; a change in one area throws a different part off balance. Managing these ripple effects is what makes managing change a dynamic proposition with unexpected challenges. Having a team of operators, engineers, and safety and health professionals jointly analyze potential changes or new equipment, etc., before they are put online, can identify safety and production concerns up front, hopefully heading off problems before they develop. Fixing potential problems before they occur usually is less expensive than attempting to fix a problem after the fact.

US Department of Labor

After each assessment, decide when the next one needs to be done. And always look for what is supposed to have been fixed; have they been done? What difference(s) do they make? Are there new hazards as a result of the fixes? If something changes about the work, the people doing it, or the surroundings, it's time to do a new assessment.

If you have a **joint health and safety committee**, be sure the assessments are done before the meetings. Union reps need enough time to discuss recommendations, so they are prepared for the meeting. (So too do the employer representatives.)

When something changes

"Change" means different things to different people. It depends on whether you're affected or involved, if you're observing from afar, or if there's a set of "new eyes" around. You also may find that your ideas about changes are different once you start doing assessments.

The Code doesn't define the word when it says new assessments must be done when something changes in the work process or operation, when a new process comes in, or before significant things are changed or added to a work site. The government's explanation document isn't really helpful either.

The health care best practices guide does say that things are changing constantly in the sector, while the Calgary School Board reminds us that "(m)ost changes are gradual and their cumulative effects go unnoticed until they cause major problems."

So what is a "change" in terms of work-related hazards and preventing injuries, illnesses, diseases and deaths? In general, they include:

- new or different ways of doing things, however small the change
- new tools, machines and equipment
- new or updated information about health hazards

New information about health hazards can come from sources such as:

- inside the workplace, including:
  - workers' questions and concerns
  - the employer (e.g., plans for new processes, tools, equipment, work methods, renovations)
  - consultants to the employer (e.g., reports about the workplace or jobs within it)
  - the health and safety committee (union or joint)
  - the union, and
  - individual workers, supervisors, engineers, health and safety specialists, and other employees
- outside the workplace, including:
  - new information about health hazards or technologies
  - corporate annual reports
  - new or revised government policies, regulations, other laws
  - studies and reports from academics, government organizations, think tanks, etc.
  - unions and environmental organizations
  - traditional and social media

Workers' questions and concerns require two forms of listening:

- conversations: informal (e.g., over lunch, at the water cooler) and formal (e.g., at union meetings, staff discussions, health and safety trainings, tailgate talks)
- organized questioning (e.g., surveys, questionnaires, interviews, focus groups, mapping sessions)

For example, more and more studies are showing that the plastic bisphenol A (BPA) is in our bodies and can have serious health effects, especially at very low levels. With this much "new" information out there, there is good reason to do a hazard assessment about the presence and use of BPA in any workplace.

Visible and Invisible Change

A helpful way to think of change is what's obvious or visible, and what's not. In this case, "visible" means something you can see, hear or smell if you look for it. "Invisible" means something that is not obvious, or what you have to dig to get.

Examples of Different Kinds of Changes

Here are some examples of different kinds of changes. They are organised by the categories of hazards used in this document. (Add your own examples or ones that others in your workplace suggest.)

Safety and mechanical hazards

Examples of visible changes

- Missing machine guards
- People not wearing personal protective equipment (PPE)
- Poorly maintained equipment
- New tools, equipment or additions to them
- Additions, renovations or other big changes to buildings

Examples of invisible changes

- Worn bearings inside equipment that don't make a noise
- Changes in PPE policies, so people are not given PPE when they need it, or the equipment is locked up
- New procedures that are needed when something changes about how the work is done, the space in which it is done, etc.

Physical hazards (from energy sources)

Examples of visible changes

- Lights that are out, or flickering
- Broken wires or worn wire coverings
- People wearing radiation badges, or not
- Loud work areas
- Temperature and humidity (in general)

Examples of invisible changes

- Maintenance problems, reduced budgets
- Electrical shorts, until they occur
- Radiation levels that have gone up or down, lack of radiation badges or training about their use
- New procedures that are needed when something changes about how the work is done, the space in which it is done, etc.

Chemical and mineral hazards

Examples of visible changes

- Dusty surfaces
- A new smell
- New products (especially if there's an inventory list)
- New insulation on pipes
- Ammonia tanks outside a building

Examples of invisible changes

- Dust in the air (unless it's reflected by the sun in the Tyndal Beam effect)
- Vapours or fumes in the air from toxic chemicals, especially if they don't smell or can't be seen
- The hazards of new products

Biological and communicable hazards

Examples of visible changes

- Use of needles without engineered changes to prevent injuries
- People wearing N-95 masks

Examples of invisible changes

- How easy it is to get engineered needles and training about their use
- Why are the masks needed?
- Hand washing/cleaning decreased (and why)

Ergonomic hazards

Examples of visible changes

- Repetitive movements
- Awkward posture
- Poor lighting, glare
- New chairs or lack of them (e.g., working in cells)

Examples of invisible changes

- Speed-up or pace of work “rules”
- Using someone else’s work station, no time to make, or knowledge about, adjustments
- Maintenance schedule, number of people doing maintenance, processes for getting maintenance done

Work organisation or psychological hazards (stressors)

Examples of visible changes

- New office for security personnel

Examples of invisible changes

- Violence (in the full spectrum from verbal abuse to physical force)
- Turnover
- Worker dissatisfaction
- New work schedules or hours of work
- Bonus schemes, quotas, commissions, and other payment methods that depend on goals being met
- Contracting out, use of temporary workers or those from an agency

VISIBLE AND INVISIBLE CHANGE

BPA is not good for us -- information about the hazard grows

BPA is a synthetic estrogen. It affects our hormone (endocrine) systems that control how many of our other systems work. That makes it an endocrine disruptor. The chemical has been linked to cancers, development and behavioural difficulties in children, miscarriages, and heart disease.

This is a work-related hazard, especially those handling cash register receipts (it gets in through their skin easily) and in the plants where BPA products are made (especially when plastics are heated and get into the air). For example, a recent Canadian study found that young women in food canning plants were five times more likely to have breast cancer than women not in those jobs.

A study published in 2010 found it in the blood of 91 percent of almost 5,500 Canadians; levels were higher in children ages six to 11. Another that came out in 2013 found it in 95 percent of Canadians between three and 79. Again, kids -- especially those between three and five years of age -- had the highest levels.

Why is it so common? The chemical is produced in huge amounts around the world. It is used to make polycarbonate/hard plastics (recycling triangle with the number 7) and epoxy resins. Those plastics or resins go on to line food tins and drink cans; make bottles, storage containers and impact-resistant safety equipment; they are in about half of all cash register receipts (especially thermal ones). (The substitute in receipts -- BPS -- is very much like BPA.)

Two effective methods for a good hazard assessment

There are two parts to any hazard assessment: the content -- what's covered, what prep work is done, etc. -- and the process -- who's involved, how often, follow-up, etc.

For workers and their representatives/unions, the most important content is information about how the work is organised. This ensures they have the big picture context to understand the hazards and how they are connected to one another. They also can better understand the organizational issues that are key to know about when it comes time to find and fix the hazards.

Content should include:

- training about hazard categories, what to look for, how do to do assessments, their purpose, the process of reporting what's found, follow-up expected/required
- looking for all hazard types or categories
- using documents that go beyond checklists to action
- report forms -- what's in them and how they're used
- regular meetings/conversations with union/worker reps and management/supervisors about the results and the fixes

Process is key. The most important part is worker participation. Steps include:

- preparation
- doing the assessment
- debrief

- report
- negotiate “fixes”
- talk with the workers affected about specific hazards and fixes
- evaluate and follow-up

Alternate Method 1: Screening, Observation, Analysis, Expertise (SOBANE)

A very useful method to assess hazards is focused on fixing what’s found quickly. It avoids measurements and the arguments that go with them about what the numbers mean and how they compare with which criteria.

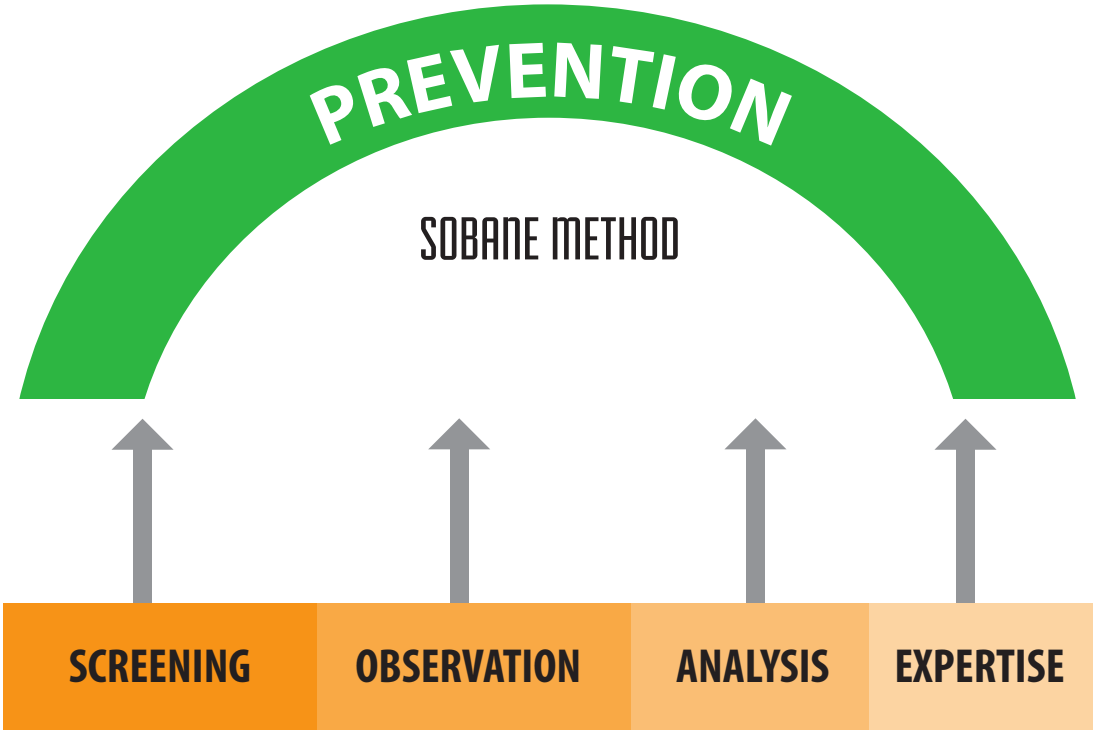
SOBANE was developed in Belgium, with financing from the Belgian Ministry of Labour and the European Social Fund. Its author is Jacques Malchaire from the Unité Hygiène et Physiologie du travail at Université catholique de Louvain (UCL).

The name is a short version of the four steps that are possible: screening, observation, analysis and expertise. It starts with workers and their supervisors looking at things, and figuring out what can be fixed right away and what else needs to be investigated. Only when they have gone through the first two steps are outsiders brought in.

ALTERNATIVE METHOD 1 SOBANE

“Quantification is essential to determine whether there is a 'risk' and thus whether or not an action is necessary”.
This assertion rests on the belief, often not formulated but real, that a risk exists above a certain threshold (25 kg, 80 dB(A), 100 ppm on average.), and that below these values, the situation is safe. This position is the legalist: position one wants to comply with the law.
To this, it is necessary to oppose the preventive approach, which does not make any difference between 83 and 87 dB(A) because the risk of hearing impairment is practically the same and which seeks to improve the work situation as much as possible.
This distinction between the preventive and legalist approaches appears fundamental in the context of a long-lasting prevention.
A legalist approach requires the quantification of the risk by trained people in order to determine when the legal threshold is reached: the worker, little or not trained in these quantitative methods, is possibly consulted, but is not the main actor.
The preventive approach seeks the optimal state of health and wellbeing for the workers, of technical and economic health for the company: the work collective can then not be circumvented and becomes the main actor.
The legalist approach simply seeks to put the things in compliance with the regulations in force. The preventive approach on the other hand seeks to found and maintain the state optimal, beyond the laws.
The goal of the preventive approach is to reduce the problems as fast as possible. Consequently it asks to minimize the preliminary analysis and to integrate any problem in the broader concerns of effectiveness, productivity and human and industrial quality of life, so that the recommendations are pragmatic, practical, adequate and saleable.

The SOBANE Risk Management Strategy and the Déparis Method for the Participatory Screening of the Risks



The Belgian government expects employers to use the method in their hazard assessments. It says the approach is a good way to "implement a structured and comprehensive prevention policy which relies on the participation of all the players inside and outside the company, in particular by making available good practice guides, increasing company's awareness and promoting changes in behaviour regarding prevention."

As its use spreads, SOBANE has been integrated into some European Union materials and across a variety of sectors. There are more than 30 guides (in French and Dutch mostly) for a variety of sectors (e.g., health care) and hazards (e.g., psychological hazards), as well as the general approach.

Alternate Method 2

Preparation

Get training about how to do hazard assessments.

Hazard assessments require skills that do not fall from the sky.

It requires learning to talk to and listen to co-workers, especially those who are afraid of saying anything. It takes negotiating with managers about what a hazard is, how to do an assessment, and fixing the hazards to really prevent people from being harmed. It takes knowing your rights, and helping others use them. It takes being able to take notes and write reports, and much more.

Worker/union reps doing any kind of health and safety work need "new eyes" to see the invisible hazards that are behind the most visible hazards and people's behaviour. They need to understand how social inequalities show up on the job, and how that affects who has to deal with what hazards.

And it takes persistence to push for doing "the right thing" to take hazards seriously and fix them.

In short, it takes all the qualities of a good union or worker representative who deals with a job-related issue and whose aim is justice at work.

ALTERNATE METHOD 2

Even the Alberta government expects workers to be involved in fixing hazards. The health care best practices guide asks in its checklist about an effective hazard assessment system:
Are workers actively involved in the hazard identification and control process?
It says later that:
Worker involvement ensures relevance and worker participation (in a health and safety management system).

Those representing workers also need a general union and worker perspective on health and safety -- a public health perspective really. It's difficult to sort out the differences between your own experiences and what the employer says. It can be hard to see management's control of the topic and how their perspective frames how health and safety is discussed and dealt with. Worker/union reps need to trust their own experiences, ask about what's really going on, and not blame workers for being "stupid" or "not caring".

Diagnose the situation from the workers' and union's perspective

Work with union reps and individual worker reps to figure out:

- what you know about the health and safety program and hazards in the workplace or in the jobs being done at a site
- how the assessment(s) will be done -- work with the employer to sort out the "ground rules"t including how the union and individual workers will participate
- how you'll get information from workers
- what you need to know (e.g., make a list based on the input document)

List the problems (that you know of so far)

- do a rapid assessment to get information from workers about their questions, concerns and ideas for fixes (e.g., do body maps, have quick "focus groups" at breaks)
- ensure the workers consulted represent all shifts, as many departments as possible, and are representative in other ways (e.g., gender, age, heritage, language)
- observe what you can and take notes about the hazards you see and questions you have

- gather the documents that you already have that may be useful (e.g., from the employer, joint health and safety committee)
- develop a list from the results, setting priorities if some are obvious quick fixes or serious issues

Start negotiating about the assessment

- compare your list with the employer's in the joint health and safety committee (if possible)
- agree on a preliminary list of what can be fixed right away, what is serious and what needs more investigation
- agree on the details of the formal assessment (content -- including criteria for what's serious or can be fixed quickly, who's responsible for fixing what, documents to use -- and process -- timing, time allotted, who's involved, who writes reports, who gets them and okays them, and more)

Collect information for the hazards you know about

- collect information about the hazards you know about or expect to find, including how they might be fixed
- be sure to include your questions about the hazards (e.g., always ask about the long-term effects, cancer, reproductive effects for women and men, if it can cause allergies or make them worse)
- get information about complaints, first aid visits, workers' compensation claims and other documents
- find out about chemicals used:
  - review safety data sheets (SDSs) -- formerly called material safety data sheets (MSDSs) -- and inventories of chemicals
  - use the information to make lists of chemicals by the categories of "super nasties" in terms of effects: **cancer**, **reproductive effects** (teratogen, endocrine disruptor, embryotoxin) for women and men, **sensitisers** (things that can cause any kind of allergy or asthma, or make allergies or asthma worse), **mutagenic** (can change body cells in harmful ways, often related to cancer or reproductive effects)
  - if they have an occupational exposure limit in Alberta or elsewhere
- get information about each department or work area such as:
  - types of work done
  - shifts/hours of work
  - number of permanent/regular and temporary/contract/agency workers by shift/time of day and in each job
  - names of supervisors and other managers, and their titles and tasks
  - names and shifts for union stewards and joint health and safety committee members

Assessment

- make sure that all hazard categories are checked out and that possible hazards are included (not just the obvious and existing ones)
- look around: get in the habit of keeping to a system by starting from the left or right
- look down: check the floor, pits, etc.
- look up: check the ceiling, upper storage racks and cupboards, overhead fixtures, etc.
- look inside: storage cabinets, cupboards, storage rooms, etc.
- talk to people!
- write down what you find, questions you and others have, etc.
- take pictures and/or video, with date and time stamps

It's important to:

- look at all aspects of the work, including what is done on different shifts or days of the week
- include non-routine activities (e.g., maintenance, repairs, cleaning)
- review incident/near-miss, first aid and compensation records
- include people who work "off site" -- at home, at other job sites, with clients, etc.
- examine how the work is organised or "done" (hours of work, length of shifts, experience and age of people doing the work, systems being used, etc.)
- consider foreseeable unusual conditions (e.g., how will a power outage or emergency affect hazard controls)
- include visitors or the public, if appropriate

Hazards also depend on people's size, shape, height, experience, abilities and existing health issues (e.g., allergies). What works for the "average" white male can be a hazard for anyone else, male or female.

Debrief

Those representing workers in the assessment need to caucus or meet after the inspection to:

- list what can be fixed right away and how (even if it's a short-term solution)
- decide what needs to be investigated in more detail (this is the SOBANE approach)
- when you can, decide what your longer-term solutions would be for each hazard found, or how to get more information about solutions (e.g., less toxic or non-toxic chemicals, ergonomic chairs and keyboards, effective anti-fatigue mats, engineered "safe" needles)

- figure out what other information is needed (e.g., about hazards found, how big a deal the hazard is, its priority for the workers involved, possible solutions)
- set your priorities and time lines for fixing the hazards found
- figure out how you will follow up with the workers involved, the employer and the union

Employer representatives should be doing the same thing -- figuring out what needs to be done, who's responsible, time lines, etc.

Negotiate the "fixes"

Employers have to involve workers in figuring out the fixes for hazards. That's one way to interpret section 8(1) in the Code, where it says an employer *must involve affected workers ... in the control or elimination of the hazards identified.*

Unions representing those affected workers need to be involved in decisions about how to fix the hazards found in an assessment. (After all, unions negotiate solutions to issues about working conditions, including health and safety.) This can be done through the joint health and safety committee, smaller department or site committees, or another arrangements that allow workers' voices to be heard in a collective way.

In the end, management reps should not determine the fixes on their own. Unions and worker reps need to negotiate what will be done, so the perspective and knowledge of affected workers is used.

The negotiated results will show up in the report employers must prepare. That report has to cover the hazards found and what to do about them. Government guidelines suggest that this can be done on forms.

If the employer has some, give them a try -- with a critical eye. Whatever the report form, it needs to:

- explain what was found
- describe specific prevention measures to take, remembering that the most effective -- and first priority legally -- is to get rid of hazards
- include short-, medium- and long-term solutions
- name the person/people responsible for making sure the fixes are done and evaluated
- have deadlines for getting things done
- be dated and signed by those involved

Union/worker reps should be able to sign off when they agree with the report. If they don't agree with any part of it, there should be space for their comments.

Talk with the workers affected about specific hazards and fixes

The employer must tell all workers affected by the hazards about:

- the hazards found
- their health effects
- the fixes planned
- how the final version of the solutions are supposed to work

As union/worker reps, you also have a responsibility to make sure union members and co-workers know about these things and get good, accurate information and a bigger picture view. You should use this opportunity to:

- find out what was missed
- collect questions about the hazards and process for fixing them
- answer whatever you can
- get more information to feed into the process
- figure out if you need to hold a meeting/conversation with the workers involved and/or others
- make sure the employer is telling workers everything the law requires, and the truth about the hazards

Evaluate and follow-up

Hazard assessments need follow-up. This includes:

- asking the workers involved what's happening and what their take is on progress, the fixes, their involvement, etc.
- making sure things are fixed in the way that's supposed to happen (e.g., workers should not be given respirators as a permanent solution when the real fix is repairing the ventilation system)
- checking that the fixes are working (ask the workers involved)
- reminding managers about deadlines and asking about progress
- going back with those who did the assessment to see what's happened
- negotiating new timetables as needed

For tools and resources, see the Resources Module of these Guidelines.

The Alberta government has produced best practices guides about health and safety programmes, on-line training about hazard assessment, and other documents that cover the topic. So have other provincial organisations in the private and public sectors. Here are some that may be useful, at least to know what employers are being told (always remember to keep a critical eye on explanations of what's required and what words mean):

Sector	Organisation	Document(s)	Notes
Public - education	University of Calgary	Quick guide to completing the hazard assessment and control form (2012)	
Health care	Human Services Alberta (with advice from stakeholders)	Best Practices Guidelines for Occupational Health and Safety in the Health-care Industry (Overview, biological hazards, chemical hazards, physical hazards, psychological hazards)	Physical hazards is used to include: safety/mechanical hazards and ergonomic design hazards
Health care	Human Services Alberta, 2011	Occupational Health and Safety Hazards and Controls for Community Clinics and Doctors' Offices	Summarises the best practices guidelines for healthcare
Health care	Human Services Alberta, 2011	Handbook of Occupational Hazards and Controls for Healthcare Administrative Workers	Summarises the best practices guidelines for healthcare