

Workplace Safety and Health Committee Guideline 2022-2023

PURPOSE AND RESPONSIBILITY

The purpose of site-based workplace safety and health committees is to enable employees and management to work together to provide and maintain a safe and healthy learning and working environment for students and staff of the St. James-Assiniboia school division.

OBJECTIVES

To provide opportunities for all employees to raise concerns related to workplace safety and health and to resolve identified workplace safety and health concerns.

COMMITTEE STRUCTURE

Each facility is required to have a workplace safety and health committee with a minimum membership of four representatives.

The committee membership shall include:

- Principal or vice-Principal (management representative)

- CUPE member (employee representative)

- MANTE member (employee representative)

- MTS member (employee representative)

The committee shall have two co-chairs, one representing management and one representing employees.

Employee members shall be chosen according to their worker group's constitution.

Employer members shall be appointed by administration.

COMMITTEE MEMBER RESPONSIBILITIES

Management Representative (Principal or Vice-Principal)

- Co-chair committee meetings

- Schedule site inspections

- Arrange for the preparation and distribution of meeting minutes

- Facilitate resolution of safety concerns and hazards

- Provide a workplace safety and health bulletin board

Employee Representatives

- Co-chair committee meetings

- Participate in site inspections

- Receive and process local concerns and complaints

COMMITTEE MEETINGS

Committee meetings shall be held not less than every 90 days. It is highly recommended to hold a meeting during the months of September, December, March, and June.

Co-chairs shall alternate chairing meetings.

FACILITY INSPECTIONS

The facility must be inspected prior to each committee meeting. The SJASD School Inspection Handbook must be used to complete the inspection. Record all concerns that cannot be resolved during the inspection on the workplace safety & health inspection summary

Following the inspection, the committee shall reconvene to determine the course of action to follow for each concern.

COMMITTEE MEETING MINUTES

Minutes shall be electronically recorded on the Provincial Workplace Safety and Health form

Minutes of each meeting shall be:

- Posted on the site WSH bulletin board

- Distributed to all Committee members

- Sent as an e-mail attachment to Paul Deacon at paul.deacon@sjasd.ca

DEALING WITH CONCERNS

All workers should be encouraged to report any workplace safety and health concerns to their immediate supervisor. The supervisor shall investigate all concerns and implement appropriate remedies whenever possible.

In the event that the supervisor cannot remedy a concern, the concerned staff member shall complete a WSH Concern form and forward a copy to a safety committee co-chair for consideration by the WSH committee.

Note: Supervisors must respond to employee in writing within ten (10) working days.

EDUCATION AND TRAINING

Each member of the committee is entitled to two days of professional development relating to workplace safety and health.

The division provides a full day of committee training once a year.

Time for a second day of training shall be provided at the expense of the facility.

Manitoba Workplace Safety & Health Committee Meeting Minutes Report

This form is used to record all health and safety (only) concerns noted during the inspection. The determination of which concerns are health and safety related shall be made and agreed upon by the committee. This form shall be prepared in electronic format for distribution as an email attachment if requested.

The following information shall be recorded on each page of this form:

Name and Address of Workplace – the first line shall read “St. James-Assiniboia School Division”, followed by the name, street address and postal code of the school.

Meeting Date – the actual date of the committee meeting

Date of Next Meeting – the date of the next committee meeting as determined by the committee at the current meeting.

Number of employees at the workplace – the number of persons working at the school, including part time and casual employees.

Employer Members/Occupation – the names of the management members of the committee and their job title.

Worker Members/Occupation – the names of the employee members of the committee and the group they represent (MANTE, CUPE, MTS)

Guests/Occupation – the names of any person(s) who attended the meeting and who is/are not members of the safety committee.

Date of Origin – the date that the concern was brought to the attention of the committee (not necessarily the date of the meeting).

Concern or Problem – a brief description of the concern (worded as agreed upon by the committee).

Recommendation or Action To Be Taken – a brief description of the plan to deal with the concern (worded as agreed upon by the committee).

Action By – the name of the person(s) who will be responsible for addressing the concern as agreed upon by the committee. If a date for resolution has been determined, this should be recorded. If a work order has been issued, record the number of the work order.

The employer co-chair and the employee co-chair must sign all pages of this form. Indicate which co-chair chaired this meeting.

COMMITTEE MINUTE FORM

See instructions
 Complete all sections - type or print clearly
 Phone (204) 945-3446
 FAX (204) 948-2209

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Complete Name and Address of Workplace St. James-Assiniboia School Division Your school name And address Phone: Your school phone # Fax: Your school fax # Which Committee (if more than one): Meeting date: Sept 12, 2022 Date of next meeting: Dec 12, 2023 Number of employees at the workplace: 50	Employer Members (list all) Administration reps name	Occupation Principal	Present	Absent
	Worker Members (list all) John teacher Jill secretary Joe cleaner or caretaker	Teacher (MTS) Secretary (MANTE) Caretaker (CUPE)		
	Guests (list any)			

Date of Origin	Concern or Problem (See reverse for completion instructions)	Recommendation or Action To Be Taken	Action By (who & when)
Dec 12, 2022	Review any injuries since last meeting	NOTE: Co-chairs must investigate any serious incident or dangerous occurrence resulting in medical treatment or had the potential to cause a serious incident	Co-chairs or designates

Other Business:

Co-Chairpersons' Signatures Please indicate by (X) in the brackets below who chaired this meeting.

BOTH management and worker co-chairs must sign each page of the minutes when they agree that the minutes are complete and accurate.

If one, or both co-chairs do not agree with the minute record, please attach concerns on a separate page.

In my opinion, the above is an accurate record of this meeting.

() Print name of Employer Co-Chair _____

() Print Name of Worker Co-Chair _____

Signature _____ Signature _____

**Within 7 days sent copies copy to all committee members, Paul Deacon (at paul.deacon@sjasd.ca)
 Post on WSH Bulletin Board**