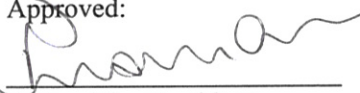
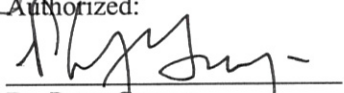
	McMaster University Risk Management Manual	RMM #101 Title: Risk Management System	Date: Nov 2009 Page: 1 of 23
Submitted: Risk Management Support Group	Approved:  Acting Vice President, Administration	Authorized:  Dr. Peter George President and Vice-Chancellor	

Risk Management System Index

<u>Section</u>	<u>Page</u>
1. Introduction	3
2. General Principles	6
3. Risk Management Policy and Procedures	7
4. Responsibilities	10
5. Central Administrative Structures and Responsibilities	13
6. Departmental Responsibilities	15
7. Health and Safety Committees	18
8. Loss Mitigation Programs	23



Acronyms

ACEB	Atomic Canada Energy Board
PBAC	Presidential Biosafety Advisory Committee
CJHSC	Central Joint Health and Safety Committee
CNSC	Canadian Nuclear Safety Commission
CURIE	Canadian Universities Insurance Reciprocal Exchange
EHS	Employee Health Services
EOHSS	Environmental and Occupational Health Support Services
EPA	Environmental Protection Act
FHSc	Faculty of Health Sciences Safety Office
HPAC	Health Physics Advisory Committee
IRS	Internal Responsibility System
JHSC	Joint Health and Safety Committee
OHSA	Occupational Health and Safety Act
MNR	McMaster Nuclear Reactor
NSCA	Nuclear Safety and Control Act
RMS	Risk Management System
RMSG	Risk Management Support Group



ROC	Reactor Operating Committee
SMG	Senior Management Group
SMEG	Subject Matter Expert Group
WSIB	Workplace Safety and Insurance Board

1.0 Introduction

The coordinated Risk Management System (RMS) is based on the establishment of policies and programs directed at managing the risks related to environmental and occupational health and safety, public safety, fire safety and the protection of the University's physical and financial assets.

McMaster University, and in particular its supervisors and managers, face one of the most challenging environments imaginable in which to achieve its mission safely. Virtually every identified risk to health, safety and the environment is found on the campus and in our facilities to some degree. The hazards range from traditional occupational and public safety issues to use of biohazardous agents to the operation of a nuclear reactor. Stemming from these hazards is a risk to the financial health of the University. These risks are collectively managed through a broad range of programs that are fundamental to the University's risk management system.

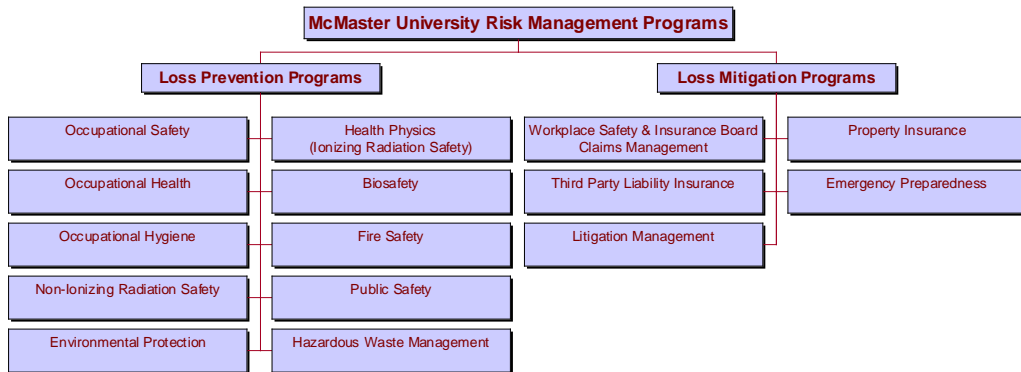


Figure 1 - McMaster University Risk Management Programs

In the conduct of its work, McMaster University is faced with a myriad of requirements that must be satisfied to achieve compliance with the law and to ensure that the University is diligent in protecting the Health and Safety of staff, students, members of the public and the environment. Some of the regulatory requirements are found in the following:

- Occupational Health and Safety Act (OHSA) RRO. 1990
- The Ontario Industrial O. Reg 851, Construction Regulations O. Reg. 213/191
- The Canadian Nuclear Safety and Control Act and Regulations
- Environmental Protection Act
- Transportation of Dangerous Goods Regulations
- Ontario Fire Code
- Workplace Safety and Insurance Act 1997

Simple compliance with the law is not sufficient. The Occupational Health and Safety Act (OHSA) in particular requires that the employer “take every precaution reasonable” for the protection of a worker. This invokes a need for studied consideration of the risks associated with all research, teaching and service related activities and any codes, policies and / or best practices, which should apply to them.

An essential component of the RMS is implementation of an Internal Responsibility System (IRS) with respect to the Ontario Occupational Health and Safety Act (OHSA). This system

assigns the responsibility for compliance with the legislation to the various parties involved in the workplace, with particular emphasis on the need to create an environment conducive to joint elimination of occupational health and safety risks. The OHSA is implicit in that it requires the employer to put in place a system to prevent violations of the requirements of the Act and to ensure the effectiveness of the system. The IRS principles are applied consistently to all areas of risk identified within the Risk Management System indicated in Figure 2.

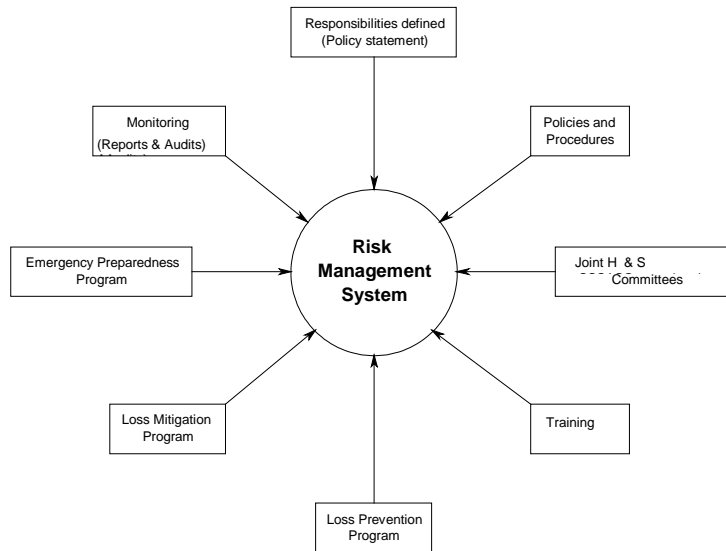


Figure 2- IRS Based Risk Management System

This document outlines the Risk Management System at McMaster University. It applies to all faculty, staff, students, visitors, and the physical and financial assets of the University. The document is intended to serve the following objectives:

- To outline and facilitate implementation of the University Risk Management Manual policy and programs;
- To identify the process by which the University complies with its obligations under the Occupational Health and Safety Act (OHSA) 25(2)(j) to “prepare and review at least annually a written occupational health and safety policy and develop and maintain a program to implement that policy”;
- To describe the framework under which University Board Members, Senior Officers, Faculty, Supervisors and Employees may comply with their personal legal obligations to take all reasonable care to ensure that the University complies with the OHSA and regulations, the Environmental Protection Act (EPA), Nuclear Safety and Control Act (NSCA) and other statutes and their regulations;
- To define individual responsibilities and provide guidance for Deans, Directors, Chairs, Department Heads and Supervisors in the management of the risks associated with their environment;



- To define the administrative role of the Risk Management Services Group (RMSG) which may include EOHSS, Faculty of Health Sciences Safety Office, Employee Health Services, Senior Health Physicist, Director, Workplace Health and Benefits, and Parking and Security Services in implementing and supporting the RMS and related programs and services, in consultation with all of the stakeholders.
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 McMaster University Risk Management Manual	RMM#101 Title: Risk Management System	Date: Nov 2009 Page: 7 of 23
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2.0 General Principles

The McMaster University Risk Management System (RMS) is based on the following principles.

- Risk management is an integral and essential component of all management activities. An effective RMS is one, which integrates Risk Management and the Internal Responsibility System (IRS) practices with all University activities and decision-making processes.
 - Risk Management practices will be applied to all identifiable areas of potential risk e.g. occupational and environmental health and safety, public safety, fire prevention, physical and financial assets.
 - Safety and loss prevention standards and practices at the University will be based on proven best practices with government legislation being considered as minimum standards.
 - Faculty, staff and students have a right to a healthy, safe and secure environment.
 - Faculty, staff and students are expected to be actively involved in maintaining a healthy, safe and secure environment.
 - Loss mitigation programs in the form of appropriate emergency response systems and liability and property insurance programs are integral components of the RMS.
 - The Risk Management System will be audited through evaluation of the constituent programs of the RMS and through evaluation of the performance of the individuals who have been assigned specific responsibilities within the system.
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	McMaster University Risk Management Manual	RMM#101 Title: Risk Management System	Date: Nov 2009 Page: 8 of 23
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3.0 Risk Management Policy and Procedures

3.1 The McMaster University Environmental Health and Safety Policy:

- defines the McMaster University commitment to eliminating where possible risk and the administrative authority and responsibility for its implementation. The policy sets the framework for the Risk Management System and satisfies the OHSA requirement that “employers prepare and review at least annually a written occupational health and safety policy and develop and maintain a program to implement that policy”;
- specifies management expectations that a safe and healthy environment will be provided and maintained for all employees, students and visitors and that supervisors are accountable for health and safety in their area of responsibility;
- is a crucial element in promoting and maintaining a positive health and safety culture and establishing the required commitment to the Internal Responsibility System (IRS) at all levels of the organization;
- is a corporate policy, approved by the Board of Governors and signed by the President;
- The Manager, EOHSS is responsible for the scheduled review of this policy in consultation with the Central Joint Health and Safety Committee and shall if necessary recommend policy changes to the Vice President Administration for Review by the Senior Management Group. The updated policy will be submitted to the Board of Governors for approval.

3.2 Risk Management Policy and Programs Manual - Drafting, Review and Implementation Process:

- The Risk Management Policy and Programs drafting, review and implementation process is designed to be of high intrinsic value in that it drives a focussed review of legislation, guides and standards, best practices, and current practices. Conscious decisions are made as to what will work in the University environment.
- Each new or revised policy and / or procedure is accompanied by an implementation plan that defines the schedule and resources required for its implementation. The implementation plans will map the process of transition from current practice to the practice prescribed in the new or revised policy and / or procedures.
- The drafting, review and implementation process is shown in Figure 3.

The process involves the following key players:

- **Subject Matter Experts (SME Group)**
 These are the faculty and staff most familiar with a given activity or area of risk under examination. They may be an ad-hoc group or an existing committee with established authority such as the Health Physics Advisory Committee or the Presidential Biosafety Advisory Committee. This group will contribute and / or

 McMaster University Risk Management Manual	RMM#101 Title: Risk Management System	Date: Nov 2009 Page: 9 of 23
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validate the technical aspects of the new or revised policy / procedure as well as its applicability to McMaster University.

- **Central Joint Health and Safety Committee (CJHSC)**
The Central JHSC membership is comprised of 50% of the members selected by workers with all bargaining groups being represented and 50% of the members representing management appointed by the Vice President Administration. In this process, the CJHSC fosters campus wide employee input in the creation of new and revised safety policies and procedures. CJHSC reviews the RMM documents and when in agreement forwards them to the Vice President Administration.
 - **The Vice President Administration**
The Vice President Administration approves the initial scope, the new or revised policy/procedures and the SME Group recommended for its creation and review.
 - **Senior Management Group (SMG)**
The SMG has final approval of each new or revised policy or procedure.
 - **The President**
Following approval by the SMG final authorization to implement the new or revised policy / procedure rests with the President. In signing off on each entry, the President will demonstrate commitment of the University to enforce and abide by the requirements it contains and provide the services it commits to.
 - **EOHSS**
EOHSS manages the creation, maintenance and distribution of new and revised policy and procedures.
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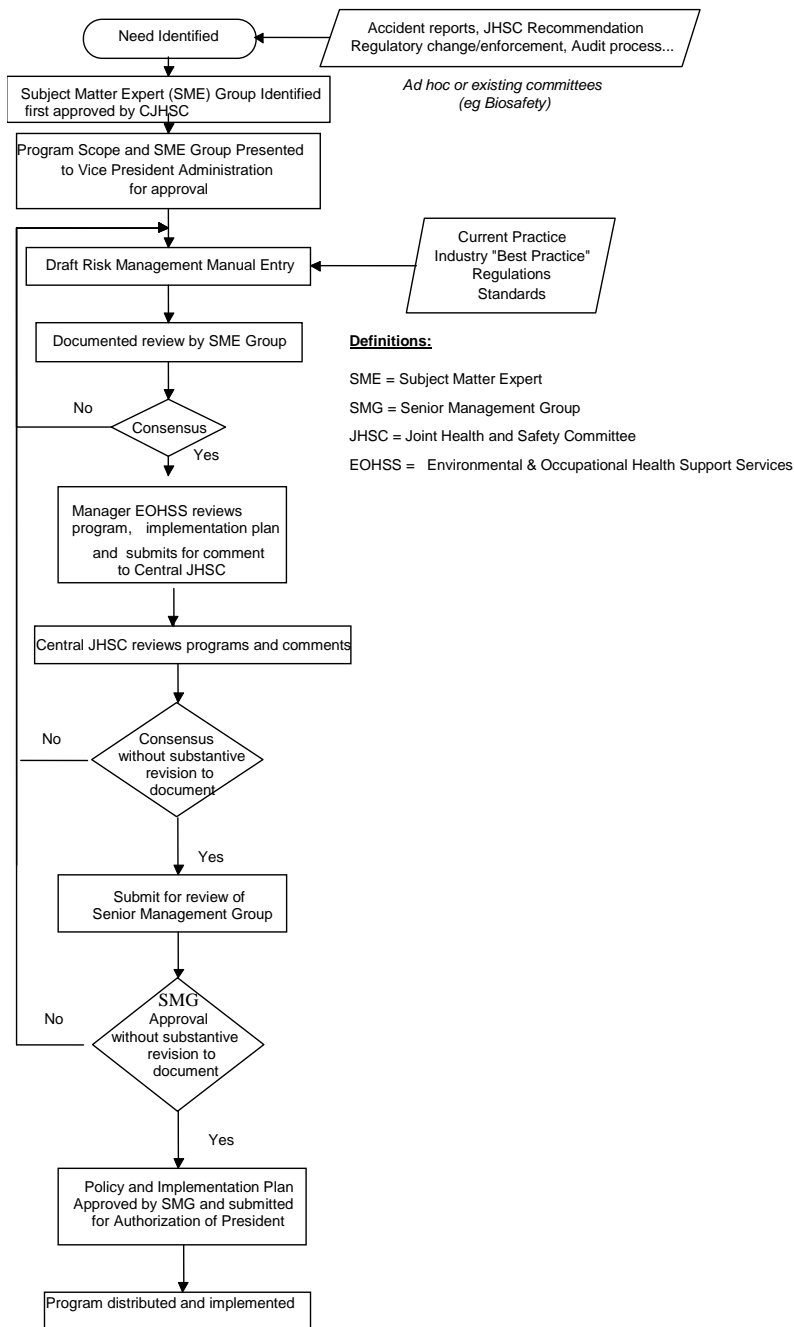


Figure 3:
Risk Management System – Drafting / Review / Implementation Process

	McMaster University Risk Management Manual	RMM#101 Title: Risk Management System	Date: Nov 2009 Page: 11 of 23
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4.0 Responsibilities

In assigning responsibilities for risk management a major consideration is the Occupational Health and Safety Act (OHSA) of Ontario, which requires that the University, as an employer, and individual supervisors to “take every precaution reasonable under the circumstances for the protection of the worker”. The courts have interpreted this as placing a minimum duty on the employer to put a system in place to prevent the occurrences of offences under the Act and to ensure the effectiveness of that system. McMaster’s Health and Safety Policy states we will meet or exceed these requirements.

The responsibilities for risk management at the University have been assigned in the context of the Internal Responsibility System (IRS), with the legal obligations of the OHSA and other legislation e.g. Environmental Protection Act, Nuclear Safety and Control Act and other statutes being met by the University ensuring that:

- A policy on health and safety is promulgated and reviewed annually;
- A Risk Management System based on internal responsibility principles is in place;
- Individual responsibilities are identified and assigned;
- A central support system and adequate resources are in place to support the Risk Management System;
- Centralized safety and loss prevention programs, policies and procedures and support services are in place;
- Regular reports of safety and loss prevention activities and performance are submitted to the Board of Governors.

Because of the diverse nature and size of the University, responsibilities for health, safety and loss prevention are delegated to the various faculties and departments within the University. This document specifies the responsibilities for such risks within the University organization and the corporate standards and programs with which all faculties and departments must comply.

4.1 Definitions - Responsible Parties Defined:

The criteria used under OHSA to assign specific duties and responsibilities in the workplace is determined to be the basis for assigning responsibility for the management and elimination, if possible, of all identifiable risks on campus. The following terms referred to in the OHSA are placed in the context of the University organization:

- **Officer:** The officers of the University are:
 - i. President
 - ii. Vice Presidents
 - iii. Chair, Vice Chair and Secretary to the Board of Governors
 - **Employer:**
An employer under OHSA is a “person who employs one or more workers or contracts for the services of one or more workers”. The University is therefor the
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	McMaster University Risk Management Manual	RMM#101 Title: Risk Management System	Date: Nov 2009 Page: 12 of 23
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employer for both its own and any independent contractors engaged by the University who are present in the University workplace.

Many of the duties of the employer which are specified under OHSA are exercised by the heads of administrative and academic units within the University, included but not limited to the following:

- i. Deans
- ii. Directors
- iii. Department Chairs
- iv. Department Heads and Managers

- **Management:**

The OHSA refers to “managerial functions” in determining the selection of members of joint health and safety committees. Managerial functions include the right to discipline, measure the efficiency of workers, hire, promote, fire, suspend, transfer and assign workers, assign work and determine the procedures in work. Managerial Functions may also include the authority to make “effective recommendations” relating to the above conditions of employment, “an effective recommendation” being one that is a serious recommendation that the evidence demonstrates is usually acted upon and therefore one that materially affects the lives of employees. Faculty are considered Management if they have managerial functions.

- **Supervisor:**

A supervisor is any “person who has charge of a workplace or authority over a worker”

Individual faculty members who have charge of a workplace (e.g. laboratory) or who have some degree of authority over individuals such as teaching assistants, technicians or other University employees are supervisors. Union members may also be considered supervisors if they meet one of the two criteria in the OHSA definition.

- **Worker:**

A worker is a “person who performs work or supplies services for monetary compensation”

All University employees are workers, as are external contractors employed by the University.

Graduate student teaching assistants are employees when performing their duties as paid teaching assistants. Students employed during the summer are workers during the term of their employment.

Individuals who may perform unpaid work within the University workplaces are not workers under OHSA. Such individuals include undergraduate and graduate students, post-doctoral fellows, visiting scholars, and volunteers. However, under its Health and Safety Policy, the University is also committed to fulfilling its responsibilities for the health and safety of such persons in its workplaces by applying best risk management practices to all University related activities.

	McMaster University Risk Management Manual	RMM#101 Title: Risk Management System	Date: Nov 2009 Page: 13 of 23
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5.0 Central Administrative Structures and Responsibilities

The University as a corporate entity, and its directors and officers have legal obligations with respect to occupational and environmental legislation. They also have a fiduciary duty with regard to the financial and property assets of the University. Some of these duties are exercised through central administrative structures and processes and others are delegated to the various departments of the University. The central administrative structures and processes described in this section are integral components of the Risk Management System that has been designed to meet the University's statutory and fiduciary obligations.

5.1 Board of Governors:

At each meeting of the Board, the Vice President Administration and Finance tables a comprehensive report covering all risk management activities, loss related incidents and statistics and regulatory activities or orders. Outstanding issues are monitored until completion.

5.2 Senior Management Group (SMG):

The SMG provides oversight, direction and approval of all risk management policies, procedures and programs and monitors loss related incidents and regulatory activities or orders.

5.3 Board of Governors Finance Committee:

The BOG Finance Committee provides oversight and review of the University's insurance programs and loss experience. The committee receives an annual report from EOHSS concerning loss experience, recommendations for new and annual renewal insurance coverage and loss prevention initiatives. On approval the report and final recommendations are submitted to the Board of Governors.

5.4 The Risk Management Support Group (RMSG):

The University, through RMSG provides a range of coordinated administrative, technical, consulting, emergency and audit services in support of the Risk Management System. These services are directed at but not limited to the following areas:

(A) Loss Prevention:

- Occupational Health and Safety Services
 - Public Safety
 - Health Physics / Ionizing Radiation Safety
 - Biosafety
 - Environmental Protection
 - Coordination and Support for JHSC and Technical Safety Committees,
 - General Health and Safety Training
 - Hazardous Materials/Waste Management
 - Occupational Hygiene
 - Non-Ionizing Radiation Safety
 - Fire Safety
 - Incident Investigation
 - Security Services
 - Law Enforcement
 - Loss Prevention Audits
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 McMaster University Risk Management Manual	RMM#101 Title: Risk Management System	Date: Nov 2009 Page: 14 of 23
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- Government Liaison
- Information Transfer

(B) Loss Mitigation:

- Workers Safety and Insurance Board Claims Management
- Property and Third Party Liability Insurance Administration
- Insurance Claims Management
- Litigation Management
- Emergency Preparedness
- Emergency Response (Fire, Medical, Crime etc.)

5.5 Risk Management System Audits:

EOHSS conducts period performance based risk management audits at the faculty and departmental level as requested by faculty. The office of Internal Audit conducts periodic audits of the loss prevention and insurance components of the overall risk management program.

Ongoing health and safety audits are conducted by the CJHSC and JHSCs.

Periodic Fire Safety facilities and systems audits are conducted by independent loss prevention organizations on behalf of the University's property insurance underwriter.

Periodic enforcement based safety audits are conducted by a variety of government agencies e.g. Ministry of Labour, Ministry of the Environment, Canadian Nuclear Safety Commission.

	McMaster University Risk Management Manual	RMM#101 Title: Risk Management System	Date: Nov 2009 Page: 15 of 23
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6.0 Departmental Responsibilities

The overall framework of responsibility and the required administrative support under the Risk Management System has been described in the previous sections. The duties assigned to Deans, Department Chairs, Department Heads and Managers **i.e. Senior Managers**, to implement and support the system are as follows:

6.1 Establish a Health, Safety and Loss Prevention Culture:

Senior managers will provide leadership in creating a culture that gives health and safety and loss prevention the level of priority described in the University's Workplace and Environmental Health and Safety Policy.

6.2 Assign Responsibilities:

Senior Managers may delegate health and safety and loss prevention duties to trained and competent staff, but in so doing they must establish management systems that provide the assurance that such duties are being performed at a satisfactory level.

Senior Managers must communicate responsibilities for health, safety and loss prevention to all subordinate managers, supervisors, staff, students and visitors within their jurisdiction.

Senior Managers must identify responsibilities for shared facilities such as workshops or common laboratory equipment areas. One qualified individual having overall responsibility for such an area should be identified.

6.3 Appoint Competent Persons:

The Ontario Occupational Health and Safety Act (OHSA) requires that employers appoint a competent supervisor. Competent is defined as being qualified to organize the work and its performance, being familiar with OHSA and regulations which apply to the workplace and having knowledge of potential or actual danger to health and safety in the workplace. Senior Managers must ensure that all supervisors and subordinate managers are qualified through appropriate training and experience to meet the definition of a "competent person" in the OHSA.

Because of the unique hazards associate with research laboratories specialized knowledge and or training may be required.

EOHSS and FHSc safety offices are the resource for such knowledge and general health and safety training.

6.4 Assess and Manage Risks:

Senior Managers must ensure that risk assessments are conducted within their organizational units that the risk assessments are maintained up to date, that appropriate controls are instituted as a result of the risk assessment and that appropriate records are maintained.

The purpose of the risk assessment is to determine the measures that must be taken to enable work to be carried out safely. A hazard is an attribute of an activity, substance or thing that confers on it the potential to cause injury, damage or loss. Risk is the probability of this injury, damage, or loss occurring and includes the severity.

	McMaster University Risk Management Manual	RMM#101 Title: Risk Management System	Date: Nov 2009 Page: 16 of 23
---	--	--	----------------------------------

The key element in conducting a risk assessment is to decide whether a particular hazard is significant and whether sufficient precautions have been taken so that the risk has been eliminated or reduced to an acceptable level. One should therefore first concentrate on those hazards that could result in serious harm or affect a large number of people.

Guidance in conducting a risk assessment and in implementing appropriate controls can be obtained from EOHSS and FHSc safety office.

Senior Managers must be able to provide evidence that the hazards were assessed and that the precautions taken were reasonable.

6.5 Implement Risk Management Policy and Programs:

Senior Managers must review and where applicable implement policies and procedures directed at eliminating and managing risk in their area of responsibility. The responsibility for implementing such policy may be delegated, however, in so doing the Senior Manger must implement a system that provides assurance that the policy and/or procedures have been implemented and monitored on a scheduled basis.

6.6 Provide Written Procedures:

Senior Managers must ensure that written procedures are in place that establish and communicate the management system for control of identifiable risks within their organization.

6.7 Provide Information, Instruction, Training and Supervision:

Senior Managers have a legal obligation to ensure that supervisors, faculty, staff and students receive the information, instruction, training and supervision required to safely manage all identifiable risks that they may be exposed to in compliance with RMM#300 training matrices. In many cases this requires specialized training. Work with hazardous chemicals requires Workplace Hazardous Materials Information System (WHMIS) training, work with radioactive materials requires training and instruction as prescribed in the Health Physics project approval documents, work involving the transportation of dangerous goods requires training and certification as prescribed by the Transportation of Dangerous Goods Act. Working with biohazards requires prior approval from the PBAC.

Supervision of students is a management responsibility and should not be delegated to non-employees or to other students.

EOHSS provides training programs on a regular basis and will facilitate required risk management training as required.

6.8 Consult and Communicate:

The Internal Responsibility System as defined under the OHSA, identifies the joint health and safety committees as the primary vehicle for senior managers to consult and communicate with employee representatives. Such committees are advisory and in the context of the McMaster University Risk Management System are consulted on all risk management programs and issues, which may affect employees.

Senior Managers will also consult and communicate directly with EOHSS and administrative committees such as the Health Physics Advisory and the PBAC on administrative issues and approvals related to the management of risk on campus.

	McMaster University Risk Management Manual	RMM#101 Title: Risk Management System	Date: Nov 2009 Page: 17 of 23
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6.9 Monitor Performance:

Proactive monitoring of health, safety, and loss prevention practices and programs is achieved through assessments and reports from subordinate managers and through the OHS A mandated inspections conducted by members of the JHSC's. **NB. Such committees do not assume any responsibility and/or liability for health, safety or loss prevention. This responsibility lies with management, who must institute independent systems for monitoring overall risk management performance.**

Supervisor inspection as required by RMM#302 Safety Audits and Inspection Program, all proactive monitoring as long as the deficiencies found are corrected to prevent injury and/or illness.

Reactive monitoring is also essential to the risk management program. When incidents occur which result in actual or potential injury or property damage or loss, senior managers will ensure that they are thoroughly investigated with a view to determining root causes and implementing corrective changes to prevent a recurrence.

6.10 Maintain Records:

Senior Managers must ensure that records of actions taken to manage risk are maintained. Such records include policy statements, assignment of responsibilities, risk assessments, JHSC's, training (including identification of who and when trained and that the training was understood), JHSC minutes, injury/ incident investigations and action taken, disciplinary actions, inspections and audits.

6.11 Audit Departmental Health, Safety and Loss Prevention Performance:

To verify that the departmental risk management systems are adequate, the Senior Manager shall arrange for annual audits to be conducted on the systems implemented to meet the requirements of this section.

EOHSS will, at the request of the Senior Manager, assist in the departmental risk management systems audits.

	McMaster University Risk Management Manual	RMM#101 Title: Risk Management System	Date: Nov 2009 Page: 18 of 23
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7.0 Health and Safety Committees – Functions and Reporting Relationships

McMaster University has established joint health and safety committees as mandated by the OHSA. These committees together with the Health Physics Advisory Committee and the PBAC constitute an integral part of the risk management system. The committees and their relationships are shown in Figure 4.

7.1 Senior Management Group (SMG):

The SMG provides oversight in the implementation and maintenance of the University's Risk Management System. The SMG reviews all new and revised risk management systems, policy programs and procedures and the minutes of the Central Joint Health and Safety Committee

The membership for the SMG is as follows:

- President and Vice Chancellor (Chair)
- Provost and Vice President Academic
- Vice President Administration
- Dean and Vice President Health Sciences
- Vice President University Advancement
- Vice President Research and International Affairs
- Associate Vice President Academic
- Associate Vice President Student Affairs
- Assistant Vice President Information Services and Technology
- Assistant Vice President Human Resources
- Dean, Faculty of Business
- Dean, Faculty of Engineering
- Dean, Faculty of Science
- Dean, Faculty of Humanities
- Dean, Faculty of Social Science
- Dean School of Graduate Studies
- Director, Public Relations

7.2 Central Joint Health and Safety Committee (CJHSC):

The University is responsible under OHSA for establishing and maintaining a joint health and safety committee consisting of representatives of staff and management. Because of its size and diversity of its operations the University has established a number of joint health and safety committees and a Central Joint Health and Safety Committee. The Central Joint Health and Safety Committee has the following terms of reference;

- the CJHSC reports to the Vice President Administration;
- the CJHSC will meet at least quarterly;
- the CJHSC membership will be comprised of 50% of the members selected by employees with all bargaining groups being represented and 50% of the members representing management appointed by the Vice President Administration;
- the CJHSC will review and comment on proposed occupational health, safety and loss prevention policy programs and procedures;
- the CJHSC will appoint from its members one staff representative and one representative of management to serve as co-chairs for a designated period;

	McMaster University Risk Management Manual	RMM#101 Title: Risk Management System	Date: Nov 2009 Page: 19 of 23
---	--	--	----------------------------------

- the CJHSC will review and comment on proposals for health, safety and loss prevention programs and training initiatives;
- the CJHSC will conduct periodic health, safety and loss prevention audits at the JHSC level;
- the CJHSC will review and comment on injury, occupational disease and fire loss reports and statistics;

The CJHSC will provide assistance, as required, to the JHSC's by participating in regulatory inspections, safety related work refusals and investigations of critical or fatal injuries.

7.3 **Joint Health and Safety Committees:**

Safety Committee shall;

- report to the Senior Manager responsible for the involved department(s);
- have at least one certified representative from both the staff and management members of the committee;
- appoint one staff and one management member as co-chairs of the committee;
- have a written terms of reference;
- inspect the workplace as specified in the OHSA;
- review and comment on injury, occupational disease and fire loss reports related to the department(s);
- meet at least quarterly and send copies of the minutes to the Central Joint Health and Safety Committee and the Manager, EOHSS;

7.4 **Presidential Biosafety Advisory Committee (PBAC):**

(is not regulated under the OHSA but by Health Canada)

- The PBAC receives its authority from the President of McMaster University;
 - has a mandate to ensure that the University meets all legal, moral and ethical responsibilities with respect to biological hazards as defined in the Human Pathogens and Toxins Act and Health Canada Laboratory Biosafety Guidelines, the Ontario Occupational Health and Safety Act, and any subsequent legislation pertaining to biosafety;
 - responsibilities of the PBAC include, oversight of control measures for work involving biohazards, approval of research projects and facilities, safety training and safety audits and the transfer of information pertaining to biohazards;
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	McMaster University Risk Management Manual	RMM#101 Title: Risk Management System	Date: Nov 2009 Page: 20 of 23
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7.5 Health Physics Advisory Committee (HPAC):

- The HPAC receives its authority from the President of McMaster University;
- has the authority to:
 - a) Grant authorization and to restrict the use on campus of radioactive material, within the limits of the relevant Atomic Energy Control Board (AECB) licenses;
 - b) to suspend the use at McMaster University of radioactive material or equipment that emits ionizing radiation, regardless of the source of authorization;
 - c) to provide radiation protection services on a contractual basis at McMaster University to non-McMaster University organizations. Such organizations must obtain a separate AECB license specifying that the handling procedures shall be in accordance with the radiation safety policies of the HPAC.
 - d) to inform the President of the hazards of equipment emitting radiation and to regulate its use as requested by the President
 - e) to produce and continually review radiation protection manuals which incorporate the policies of the HPAC;

7.6 Reactor Operating Committee (ROC):

(ROC): The McMaster Nuclear Reactor shall be operated in a manner that is consistent with public safety and within the terms of the Research Reactor Operating Licence. The Reactor Operational Control Committee (ROC) shall determine if this objective is being achieved through review and audit of reactor operations. The Committee, through its Chair, reports to the Vice-President (Research and International Affairs).

- **The ROC shall:**
 - a) Serve as McMaster University's internal regulatory body concerning all issues of operational safety in the MNR;
 - b) review MNR operating practices and management decisions against the requirements of the Research Reactor Operating License granted to McMaster University by the AECB and against industry standards of good operating practices;
 - c) consider for approval all changes sought on behalf of McMaster University in the license agreement;
 - d) monitor the operational procedures within the reactor facility by periodic audits of the reactor log books, and by periodic visits to the reactor;
 - e) consider for approval all experiments relating to the instructional; research, and commercial use of the MNR.;
 - f) monitor scheduling of individual experiments, and thereby assure "users" that individual experiments are not infringing upon neighbouring ones;
 - g) advise the Reactor Manager on all matters brought to ROC's attention.

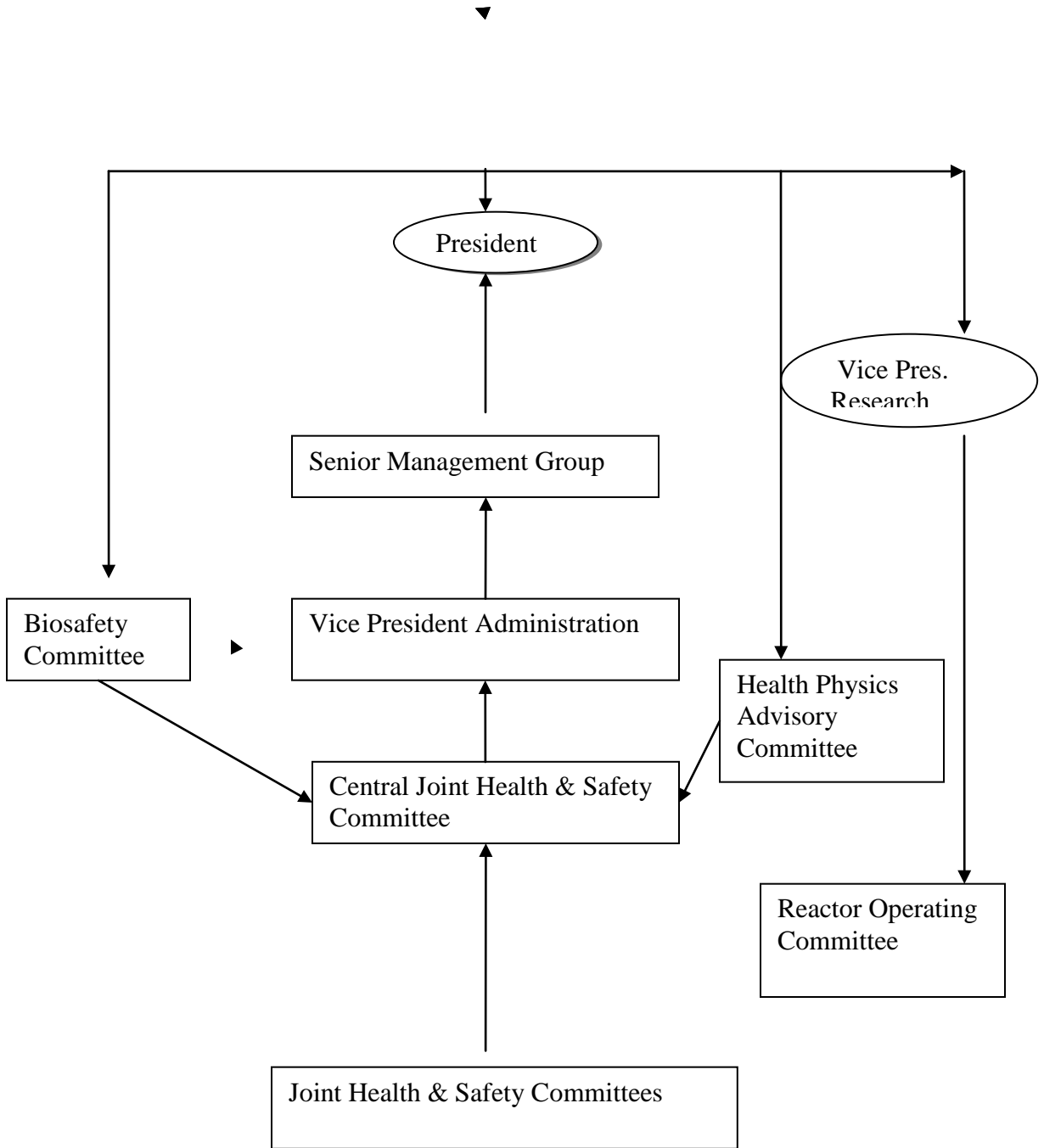


Figure 4 – Risk Management Committees/Reporting Relationship

	McMaster University Risk Management Manual	RMM#101 Title: Risk Management System	Date: Nov 2009 Page: 22 of 23
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8.0 Loss Mitigation Programs

Workplace Safety & Insurance Board (WSIB) Claims Management:

The WSIB, which is mandated by legislation, provides salary compensation, medical aid and disability pension benefits for employees injured in the course of their employment. The program is experienced rated on the basis of performance within employer groups, with significant penalties and rebates being assessed on an annual basis. EHS is responsible for the overall management of the program, including the identification of internal performance based problems within individual departments and the implementation of appropriate remedial action.

EHS provides summaries of WSIB injury and cost statistics together with loss prevention initiatives resulting from investigation of such incidents, at each meeting of the CJHSC and University Board of Governors.

Insurance:

EOHSS are charged with managing the overall insurance program. An annual report outlining claims experience and costs together with renewal recommendations is submitted to the Board of Governors Finance Committee.

- **Property:** A comprehensive property insurance program is in place for University owned property. The primary coverage is provided through the Canadian Universities Reciprocal Insurance Exchange (CURIE), with the following additional coverage being provided through private sector underwriters:
 - i) Museum Fine Arts Policy;
 - ii) University Fine Arts Policy;
 - iii) Boiler and Machinery
 - iv) Crime

- **Liability:** A comprehensive liability insurance program covering general liability and errors and omissions is provided under the CURIE policy, with the following additional coverage being provided through private sector underwriters:
 - i) Umbrella coverage over the liability, errors, omissions and auto policies;
 - ii) Fleet Auto;
 - iii) Non Owned Auto (North America)
 - iv) Nuclear Operators / Nuclear Facilities / Nuclear Transporters

- **Contingent Event:** The following policies are in place to address losses associated with contingent events:
 - i) Catastrophic Accident and travel accident

Litigation and Claims Management: EOHSS provides the following claims and litigation management services:

	McMaster University Risk Management Manual	RMM#101 Title: Risk Management System	Date: Nov 2009 Page: 23 of 23
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- **Claims Management:**

- i) Recording and reporting all actual and potential liability and property loss claims;
- ii) Investigating liability and property loss claims;
- iii) Interacting with insurance adjusters and injured parties;
- iv) Negotiating settlements on minor claims.

- **Litigation Management:** EOHSS provides the following litigation management services:

- i) Liaising with CURIE and private sector lawyers in the preparation of defenses against third party actions;
- ii) Acting as the primary University contact with Government Regulatory agencies on all matters pertaining to alleged breaches of statutes;
- iii) Maintaining and securing files related to third party claims and alleged breaches of regulations;
- iv) Providing reports to senior management and the Board of Governors on all matters involving civil or statutory litigation.

Emergency Preparedness: The following emergency response programs have been established within the Coordinated Risk Management:

- Bomb Threats
 - Biohazardous Materials Spills
 - Crisis Response Plan
 - Chemical Spills
 - Fire Emergencies
 - First Aid Emergency Response / First Aid Stations // First Aid Training
 - Radioisotope Spills
 - Medical Emergencies
 - Reactor Emergencies
 - Active Shooter
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