



UNIVERSITY
OF ALBERTA

A CULTURE OF CARE

University of Alberta's
Safety Action Plan

2023-25





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The University of Alberta, its buildings, labs and research stations are primarily located on the traditional territory of Cree, Blackfoot, Métis, Nakota Sioux, Iroquois, Dene and Ojibway/Saulteaux/Anishinaabe nations; lands that are now known as part of Treaties 6, 7 and 8 and homeland of the Métis. The University of Alberta respects the sovereignty, lands, histories, languages, knowledge systems and cultures of First Nations, Métis and Inuit nations.



EXECUTIVE SUMMARY

Safety is a fundamental workplace requirement. Traditionally, physical injuries have been the measure of workplace safety. Additionally, we are living and working in unprecedented times resulting in a high degree of change and today's workplaces present hazards to employees' psychological and cultural safety as well.



At the University of Alberta, creating a safe workplace across our One University is a multi-faceted issue that requires specific attention to several factors. Safety involves not only the physical environment, but also psychological and cultural well-being, which are equally critical aspects of feeling safe in the workplace.

A Culture of Care is a three-year comprehensive safety action plan. Keeping the workplace physically safe is a fundamental responsibility of any organization, including the university. The focus of this document is on physical safety. However, creating a culture of care must acknowledge that a psychologically and culturally safe workplace is also our responsibility.

A Culture of Care encompasses three components: physical safety, psychological safety and cultural safety.

Physical safety means an environment where physical hazards are identified, assessed and controlled through a combination of elimination/substitution, engineering, administrative and personal protective equipment measures to prevent bodily injury or illness to a person or damage to property or the environment.

Psychological safety means “a workplace that promotes workers’ psychological well-being and actively works to prevent harm to worker psychological health including in negligent, reckless, or intentional ways” (CSA National Standard, 2013). It is “the belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes, and that the team is safe for interpersonal risk taking.” (Edmondson, 1999).

Cultural safety means an environment where employees can be their authentic selves. Employees should feel safe no matter how they identify as a human. University employees (and students) are diverse in their identities, including, but not limited to: gender, faith, mobility, linguistically and culturally. No employee should have to mask their authentic selves. Every employee should feel accepted and respected for who they are, in all of their complex identities and for the gifts that they uniquely contribute to the workplace.

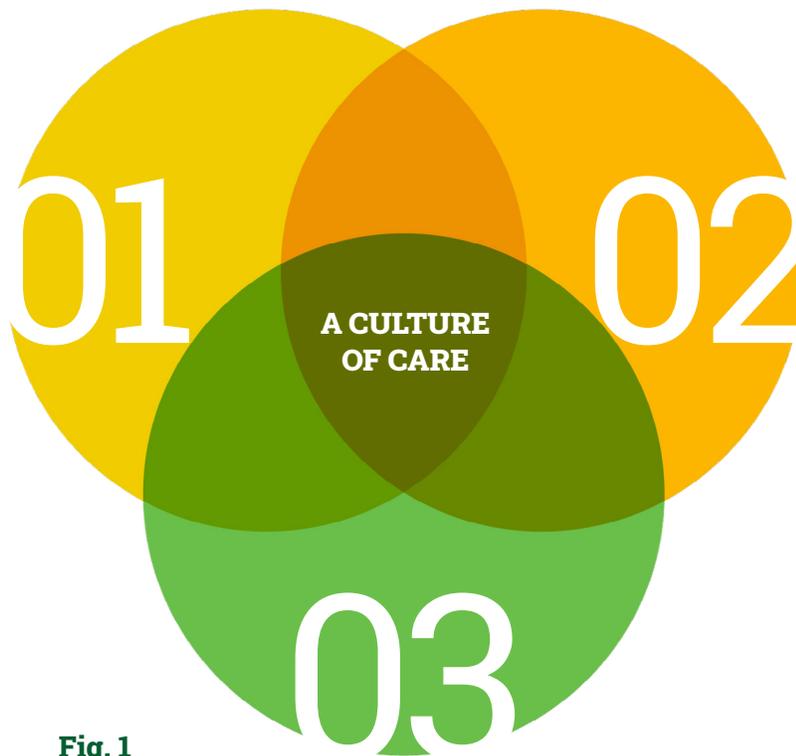


Fig. 1

To acknowledge the university's gaps in its safety culture, university administration established a Safety Strategy Advisory Committee (advisory committee) and supporting working group. The advisory committee's mandate was to develop a three-year comprehensive action plan that will uplift health and safety to a core value within the university.

This plan builds upon the foundation of the university's Health, Safety and Environment Management System (HSEMS), the university's Discrimination, Harassment and Duty to Accommodate policy, and President Flanagan's commitment that safe behaviour is the shared responsibility of all U of A faculty, staff, students, contractors and visitors. As part of this plan's development, the advisory committee adopted the Hudson Model to assess the current safety culture and track progress through five stages of safety culture maturity towards an end state where **everyone owns their safety performance and that of others**.

The advisory committee and working group used a four pillar framework to identify current gaps in safety culture and proposed a series of initiatives to close the gaps with appropriate measures to track progress. Finally, this report outlines how these recommended initiatives will transition into action.

1. PHYSICAL

- A Culture of Care - Safety Action Plan
- [Mandatory Training](#)
- [Integrated Asset Management Strategy](#)
- [Safety Stand Downs](#)

2. PSYCHOLOGICAL

- [Sexual and Gender-Based Violence Prevention and Response](#)
- [Okanagan Charter](#)
- [Scarborough Charter](#)
- [Suicide Prevention Framework](#)
- [Healthy University Strategic Plan](#)
- [Discrimination, Harassment and Duty to Accommodate](#)
- [Health and well-being resources](#)

3. CULTURAL

- [Indigenous Strategic Plan](#)
- [Strategic Plan for Equity, Diversity and Inclusivity](#)

The successful implementation of the action plan will be a coordinated effort, with shared responsibilities across the university, leading to a robust and integrated safety culture. This plan upholds the university's promise to lead with purpose and recognizes that people are the foundation of this institution's success in our core mission of research, teaching and community engagement. Safety, as a core organizational value with a truly embedded safety culture, strengthens this foundation by ensuring that our people's safety (physical, psychological and cultural) is central to everything we do.

Introduction

Any organization that wants to develop a culture of care must address all aspects of safety – physical, cultural and psychological well-being.



The University of Alberta has a comprehensive **Health, Safety and Environment Management System (HSEMS)** with the purpose of promoting and maintaining the safety of the university community. The importance of this system is upheld by our President's commitment to One University and a safe university that is the shared responsibility of all faculty, staff, students, contractors and visitors. It is both a legal and ethical obligation and, as members of one university community, we must work together.

In response to an increase in reportable, preventable and serious near-miss incidents in 2021-22 and to acknowledge the gaps in safety culture, the university established a Safety Strategy Advisory Committee (the "advisory committee"). The advisory committee, a supporting working group and other stakeholders represented a broad cross section of the university community, engaging students, staff and faculty (see Acknowledgements section, page 29).

The advisory committee recognizes the strength of the university's systems and processes to manage physical safety, but gaps in physical safety practices remain. The initial focus of the action plan is employee physical safety, while ensuring the initiatives identified in this report are coordinated with, integrated with, and do not duplicate, the plans currently underway to build cultural and psychological well-being across the university.

Currently, there are several university initiatives underway that address cultural and psychological well-being:

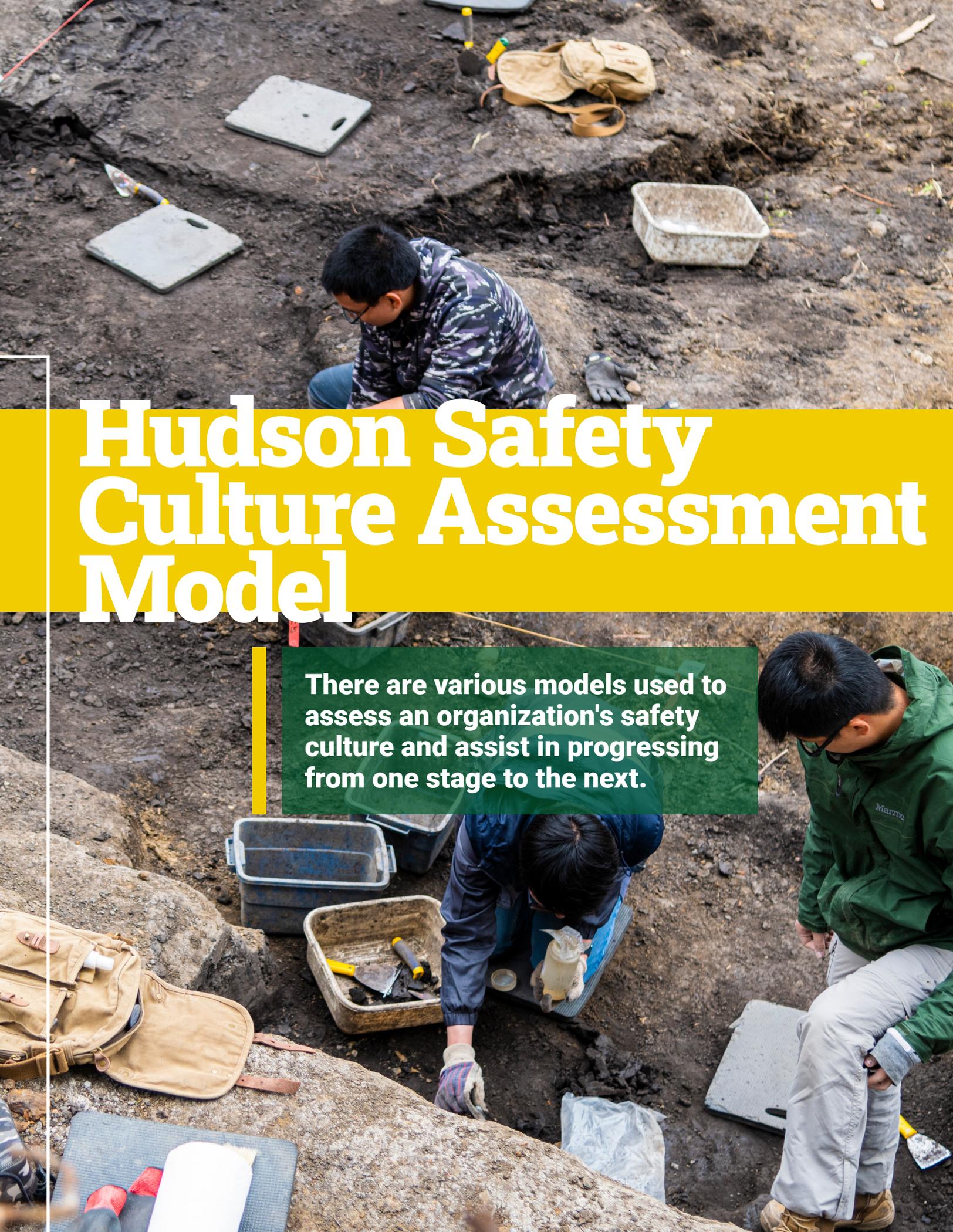
- Since the release of the Truth and Reconciliation Commission's Report in 2015, many people have been working to address the Calls to Action and build capacity for learning these truths and engaging in reconciliation. We recognize that Indigenous people continue to face entrenched hurdles, including bias and discrimination that impact their safety, health, well-being and ability to progress. As such, A Culture of Care supports the [*Braiding Past, Present and Future: University of Alberta Indigenous Strategic Plan*](#). The five-year plan guides measures to ensure Indigenous identities, languages, cultures and worldviews are reflected in everything the university does. The plan includes concrete measures to reclaim Indigenous identity, languages, cultures and worldviews. Foregrounding the right to self-determination, the plan also makes clear that its goals — along with all Indigenous initiatives at the U of A — must be Indigenous led.
- Our culture of care also includes Equity, Diversity and Inclusivity and fully supports the university's [*Strategic Plan for Equity, Diversity and Inclusivity \(EDI\) plan*](#). This strategic plan aims to embed equity, diversity and inclusivity into the culture of the University of Alberta community, from the grassroots to the senior-most levels. It sets out strategic directions and senior-level accountabilities that are intended to empower faculties, departments and administrative units across the university to develop and implement their own EDI plans and initiatives. It includes a set of proposed structures and approaches with explicit desired outcomes that will support efforts across our community as we seek to become more diverse, equitable and inclusive. However, this is not a top-down plan: to achieve our goals, every member of the university has a role to play.
- We are committed to strengthening our efforts to ensure robust mental well-being for all employees by providing comprehensive, preventative programs and services:

- The university is a signatory to the [Okanagan Charter: An International Charter for Health Promoting Universities and Colleges](#) which calls on post-secondary schools to embed health into all aspects of campus culture and to lead health promotion action and collaboration locally and globally.
 - An updated [Healthy University Strategic Plan](#) is in development to foster healthy working, learning and living environments for students, faculty and staff.
 - Human Resources, Health, Safety and Environment (HRHSE) is currently leading the development of a Workplace Mental Wellness Plan. The plan will adopt a holistic, action-centric approach to workplace mental well-being.
 - HRHSE continues to build on its extensive range of employee [health and well-being programming](#) and services.
- The Office of the Dean of Students offers [extensive programs and services](#) for students, including student employees, related to health and overall wellness.
 - The university's policy and processes to respond to sexual and gender-based violence (SGBV) will be undergoing significant changes (pending governance approval). The university has made and continues to make progress toward better support for a culture of consent and a community of support.
 - In alignment with upcoming changes to the SGBV policies, the Student Code of Conduct will be shifting its focus toward academic conduct and integrity, leaning into new processes that will support academic success in a vibrant teaching and learning environment.

It is also acknowledged that safety is linked to the university's infrastructure and its [Integrated Asset Management Strategy \(IAMS\)](#). The integration of initiatives such as the Indigenous Strategic Plan, the IAMS and this action plan will be achieved through the implementation planning process which will occur as the next stage of this project. Implementation of this plan will effectively bridge this gap from physical employee safety to the whole safety of the individual.

This report identifies the model used to assess the university's physical safety culture, the current gaps in safety culture, the proposed initiatives to close the gaps and how the contents of this report will transition from recommendations to actions.



An archaeological excavation site with workers and equipment. A man in a purple camouflage jacket is kneeling in the center, working on the ground. To his right, a man in a green jacket is sitting on the ground. In the foreground, a woman in a blue jacket is kneeling and working on a large rock. Various pieces of equipment, including shovels, buckets, and bags, are scattered around the site.

Hudson Safety Culture Assessment Model

There are various models used to assess an organization's safety culture and assist in progressing from one stage to the next.

One of these models, the Hudson Safety Culture Assessment Model (the “Hudson Model”), has been adopted by the advisory committee to enable the development of this action plan.

The Hudson Model identifies five stages of an organization’s safety culture ranging from a very poor safety culture to a robust and consistent safety culture. It is built on four pillars to advance safety culture:

- Buy-in and organizational alignment
- Employee empowerment
- Recognition and rewards
- Reporting systems

The Hudson Model emphasizes that if an organization is to fundamentally enhance its safety culture, it must not only have systems in place to manage all hazards¹ and external/internal requirements (i.e. a Health, Safety and Environment Management System), but these systems must be used consistently as a foundation across the entire organization (i.e. by all portfolios, faculties, departments, units and labs).

Table 1 outlines the five stages of an organization’s safety culture as defined by the Hudson Model. The majority of an organization needs to progress to stage three to initiate a successful safety culture shift to stages four and five.

Table 1 : Five stages of the Hudson Safety Culture Model

| | | | |
|---|--------------|--|--|
| 1 | Pathological | Who cares as long as we don’t get caught? | End State Everyone owns their safety performance and that of others. |
| 2 | Reactive | Safety is important, we do a lot every time we have an incident. | |
| 3 | Calculative | We have systems in place to manage all hazards. | |
| 4 | Proactive | Safety leadership and values drive continuous improvement. | |
| 5 | Generative | Safety is how we do business around here. | |



¹ Hazards in the workplace can include biological, chemical, radiation, physical, psychological (e.g. inappropriate behaviours) and cultural/social hazards (e.g. shared understanding of cultural differences).

Four Pillars

The ability to enhance a safety culture is built upon the following pillars (Table 2), which are used as an organizing framework throughout this plan. It is important to note the pillars are not sequential and are often inter-related, meaning the university needs to consider and act upon all four pillars for successful cultural change to occur.



Table 2 : Four Pillars of the Hudson Safety Culture Model

| | | |
|---|---|--|
| <p>Buy-In and Organizational Alignment</p> | <p>Commitment from the highest levels of institutional leadership to supervisors and frontline employees, supported by health, safety and environment structures and processes.</p> | A woman with blonde hair tied back is climbing a grey rock wall. She is wearing a dark tank top and leggings. The wall is covered with various colored climbing holds (red, blue, yellow). A safety rope is visible on the right side of the wall. |
| <p>Employee Empowerment</p> | <p>Every level of the organization is committed and has the skills to enhance health and safety practices and feels safe to speak to or stop unsafe practices (physical, cultural, psychological).</p> | |
| <p>Recognition and Rewards</p> | <p>Systems that encourage and celebrate safety behaviours and practices.</p> | |
| <p>Reporting Systems</p> | <p>Systems that allow the organization to track its safety culture progress, identify any gaps in its safety practices and continually improve over time.</p> | |



Current State

The Board, through the Board Audit and Risk Committee, and senior leaders have expressed a desire to transform the university's safety culture.

This action plan is built upon existing foundations and was developed with the current context of the university in mind.

Some key foundational pieces underway include:

In 2022, the university launched a strategic plan to respond to the calls to action in the Truth and Reconciliation Commission of Canada's final report. Titled *Braiding Past, Present and Future: University of Alberta Indigenous Strategic Plan*, the plan aims to dismantle colonial structures in the university that have long "disenfranchised Indigenous Peoples of their legal, social, cultural, religious and ethnic rights."

In 2021, the university created a project team to develop a process for faculty and staff discrimination, harassment and sexual and gender-based violence (SGBV) disclosures and complaints.

In 2021, the university's HSEMS was updated to accommodate changes to the Alberta Occupational Health & Safety (OHS) Act. The HSEMS was integrated into other guidance documents, training and education, incident investigations and in Health, Safety and Environment (HSE) Committee planning processes.

In 2019, the university approved its EDI strategic plan with a mission to achieve an accessible, equitable and inclusive community of students, faculty and staff that supports a learning environment shaped by curiosity, rigorous inquiry and evidence-based decision-making, respect and a culture of human rights.

In 2015, the university became a signatory to the Okanagan Charter with a vision of having "health and well-being promoting post-secondary campuses transform the health and sustainability of our current and future societies, strengthen communities and contribute to the well-being of people, places and the planet".

The university community is increasing their incident reporting through the ARISE Incident Portal, which has led to an increase in hazard awareness and control, serious and potentially serious incident reports to various safety and environmental regulatory agencies, and near miss incident reporting.

The community of health, safety and environmental practice continues through various governance HSE committees in each faculty/portfolio and three regulatory safety committees (Radiation, Biosafety, Joint Health and Safety Committee).

It should be noted the culture change journey does not exist in a vacuum and the institution has undergone leadership, organizational, structural, resource and people transformation, all of which transpired during a global pandemic that affected every individual. The negative impact on the whole health (physical, psychological and cultural) of the university community cannot be underestimated. As such, all of the initiatives above must be effectively integrated with the action plan.

Other organizational factors will impact this plan and its implementation, including:

- Units across the university are starting their safety culture journey from different stages of the Hudson Model, ranging from stage one (pathological) through to stage five (generative), with the majority of the university at stage two (reactive).
- Through the University of Alberta for Tomorrow initiative, there has been a transfer of activities from faculties to the partner network and centers of expertise.
- Safety hazard and risk profiles vary by the nature of work in research, teaching, central administration and support functions.
- Leaders, supervisors and employees regularly receive a high volume of communications and information on major change initiatives and operational items.
- The university has high turnover of some employee types. Graduate students, for example, may only be employees at the university for two to five years and the health and safety training and awareness initiatives need to be developed recognizing these shorter-term employees.





END STATE

When *everyone owns their safety performance and that of others*, behaviours and activities throughout the university community will demonstrate and reinforce our culture and commitment to ensure each and every member of our community goes home safely each day.

The university recognizes that words, actions and behaviours impact the safety of others. The university understands the foundational assumption that every employee deserves to be respected as a human being in their workplace.

These behaviours and activities can be viewed through the four pillars upon which this plan is built (Table 3).

Table 3: Safety Culture End State

| <i>Everyone owns their safety performance and that of others.</i> | |
|---|---|
| PILLAR | BEHAVIOURS AND ACTIVITIES |
| Buy-In and Organizational Alignment | <ul style="list-style-type: none"> • Leaders are active safety champions who “walk the talk.” • Leaders, faculty, staff and our associations have a clear understanding of safety roles, responsibilities and accountabilities at all levels. • “Safety is not someone else’s job.” • Leaders, faculty and staff participate in safety initiatives and practices. |
| Employee Empowerment | <ul style="list-style-type: none"> • Leaders encourage faculty and staff to share concerns and make safe decisions. • Faculty and staff feel confident and comfortable raising safety concerns to others (supervisors, peers, contractors, volunteers, students). • Faculty and staff proactively stop unsafe behaviours and unsafe work and raise concerns with their supervisor. • Faculty and staff seek out diverse perspectives and opinions. • Faculty and staff welcome feedback about safety from others. • Faculty and staff are part of collaborative teams focused on identifying safety challenges and opportunities. |
| Recognition and Rewards | <ul style="list-style-type: none"> • Leaders, faculty and staff are regularly recognized for safe behaviour. • The U of A celebrates good safety performance. • Systems are in place to reward leaders, faculty and staff for positive safety culture during their day to day work. |
| Reporting Systems | <ul style="list-style-type: none"> • The university has a robust safety reporting system to help us understand, evaluate and improve on safety and well-being across the institution. • Leaders are actively promoting and using the reporting systems to understand, evaluate and improve safety and well-being. • Appropriate information is reaching faculty and staff. They understand where the university is at and what is being done related to safety. |





Gaps

Members of the advisory committee and working group identified gaps in the university's current state versus the desired end state.

The gaps identified as “preventing us from reaching our end state” are summarized below by the safety culture pillars (Appendix A lists the full content of the gap analysis).

The role of leadership is key to creating the framework upon which this action plan is built. They will need a shared understanding and coordinated approach to initiate actions in Pillar 1: Buy-In and Organizational Alignment. Addressing leadership gaps should occur early in this journey.

OVERARCHING GAPS

- There are people and financial resource challenges for new initiatives.
- Psychological and cultural health and safety risk factors and hazard control measures are still relatively new.
- There is inconsistent application of a blame-free culture (open, firm, fair and accountable) supportive of safety improvement.



PILLAR 1 BUY-IN AND ORGANIZATIONAL ALIGNMENT

- Safety is not fully positioned as an organizational and individual value.
- Awareness and clear understanding of roles, responsibilities, authorities and accountabilities for safety varies across a continuum of leadership, supervision, employees and units.
- There are inconsistent safety engagement, change management and related competencies of leaders and supervisors.
- Safety is not well integrated into key performance measures institutionally, at the unit and at the individual level.
- There is a narrative of safety “done to people” versus “with people.”



PILLAR 2 EMPLOYEE EMPOWERMENT

- Power dynamics exist between leadership, supervision and employee groups and are not always conducive to free and safe sharing of concerns and improvement opportunities.
- Decision-making for safety has been traditionally concentrated at the leadership versus supervisory level creating safety skill gaps at the interface with front line employees.
- Employees are not fully aware of their place in the university's HSEMS and their role, rights, responsibilities and authorities for safety.





PILLAR 3 RECOGNITION AND REWARDS

- There are limited systems, resources and organizational/ individual experience in place to detect and reward positive safety behaviours and actions.
- Individual safety performance is not embedded as a metric in leader, supervisor and employee performance reviews.



PILLAR 4 REPORTING SYSTEMS

- Safety performance reporting measures are new, limited in their ability to illustrate trends and are not widely available and understood by leaders, supervisors and employees.
- Linkages between safety performance measures and decision-making for improvement is not clear.



Initiatives and Measures

To move towards the end state, a series of initiatives has been identified. Each initiative:

- has been grouped according to the Hudson Model pillars;
- includes measurable outcomes; and,
- identifies who is responsible for acting on the initiative and in what year(s) the initiative will be acted on.

The initiatives under the pillar of Buy-In and Organizational Alignment have been further grouped according to the elements of the university's HSEMS. It is important to note the initiatives within the pillars are not sequential, meaning the organization does not have to implement all the initiatives within the pillar of Buy-In and Organizational Alignment before progressing to the Employee Empowerment pillar.

When reviewing the accountability column, keep in mind that changing an organization's safety culture is a shared responsibility. Although an individual unit may be identified as being accountable, it is understood the entire university must act on and assume their shared responsibility for the initiative.

OVERARCHING MEASURES

To determine whether initiatives have been effective in enhancing the university's safety culture, a set of higher level institutional measures have been identified (Table 4) along with specific measures for each initiative (Tables 5, 6, 7 and 8).

Table 4: Overarching Measures for the University's Safety Culture

| MEASUREMENT TOOL | DESCRIPTION | MEASURABLE OUTCOME |
|---|--|---|
| HSE Quarterly Dashboard | The HSE Quarterly Dashboard will include seven measures and will be provided to the Board Audit and Risk Committee (BARC), senior leaders, associations and the faculty/portfolio HSE committees. | • Improvement in each quarterly dashboard metric. |
| Health and Safety Climate Survey | The safety climate survey will measure the community's attitude and behaviours toward safety. The goal is to measure how well safety is ingrained in the organization, employees' attitudes toward safety and that the university's mission is not pursued at the expense of safety. | • Improvement in year-over-year health and safety climate. |
| Safety Stand Downs | Initiate a verification process to confirm that safety stand down corrective actions have been implemented. Initiate new safety stand downs on an as-needed basis. | • Increased participation. • Confirmation stand down gaps are addressed. |

Initiatives

Within the tables:

- the initiatives are both short and longer term;
- the years represent the calendar year beginning with January 1, 2023; and,
- the initiatives underway are marked with an asterisk (*).

The following acronyms are used in tables 5, 6, 7 and 8:

- | | | |
|---|--|---|
| CESO - Chief Environment Health and Safety Officer | HSE Comm - HSE Committees | TM - Talent Management |
| Chair - Department Chairs | HSE - Health, Safety and Environment | TR - Total Rewards |
| Dir - Unit Directors | HRHSE - Human Resources, Health, Safety and Environment | VPs - Vice Presidents |
| ELR - Employee & Labour Relations | IA - Internal Audit | VP (US&F) - Office of the Vice-President (University Services & Finance) |
| ER - External Relations | ODev - Organizational Development | |
| FR - Faculty Relations | Pres - Office of the President | |
| FGSR - Faculty of Graduate Studies and Research | | |

Table 5: Buy-in and Organizational Alignment Initiatives

| INITIATIVE | MEASURABLE OUTCOME | ACCOUNTABILITY | TIMEFRAME | | |
|---|--|----------------|-----------|------|------|
| | | | 2023 | 2024 | 2025 |
| HSEMS Element - Program Management and Leadership | | | | | |
| Coordinate with the university's Indigenous strategic plan. | Achieved | HRHSE | ● | ● | ● |
| Coordinate with the university's Strategic Plan for Equity, Diversity and Inclusivity. | Achieved | HRHSE | ● | ● | ● |
| Utilize provisions within university policy and collective agreements to enhance individual accountability and promote safe behaviour.* | Actions taken through university policy and collective agreements. | CESO | ● | ● | ● |
| Extraordinary direct and indirect costs incurred in mitigating safety non-compliance matters are borne by the unit.* | Costs recovered from the unit. | HSE | ● | ● | ● |

Table 5: Buy-in and Organizational Alignment Initiatives

| INITIATIVE | MEASURABLE OUTCOME | ACCOUNTABILITY | TIMEFRAME | | |
|--|---|----------------|-----------|------|------|
| | | | 2023 | 2024 | 2025 |
| Onboard new senior leaders (Deans and VPs) to their responsibilities, the university's safety action plan and encourage safety culture buy-in. | 100% senior leader participation in meetings. | CESO | ● | ● | ● |
| Develop and implement a safety commitment charter with all senior leaders to make safety a personal value. | 100% signed. | HSE | ● | ● | ● |
| Define and communicate what constitutes a safety champion. | Definition developed and communicated. | HSE | ● | | |
| Create and publish a list of safety definitions. | List published. | HSE | ● | | |
| Embed safety as a value in the university's strategic plan. | Achieved. | Pres | ● | ● | ● |
| Embed specific safety goals in the next university strategic plan. | Achieved. | Pres | ● | ● | ● |
| Current and new supervisors sign the safety commitment form. | % Signed. | ODev | | ● | ● |
| Tie safety performance into annual review (merit) which provides individual recognition and rewards. | % Achieved. | ELR, FR | | | ● |
| Embed safety in all job descriptions. | % Achieved. | TR | | | ● |

Table 5: Buy-in and Organizational Alignment Initiatives

| INITIATIVE | MEASURABLE OUTCOME | ACCOUNTABILITY | TIMEFRAME | | |
|--|--|----------------|-----------|------|------|
| | | | 2023 | 2024 | 2025 |
| HSEMS Element - Hazard Management | | | | | |
| Implement proactive in addition to reactive worksite shutdowns. | <ul style="list-style-type: none"> Criteria for proactive shutdowns developed. Proactive worksite shutdowns implemented. | HSE, HSE Comm | ● | ● | ● |
| Identify a designated day and supporting process where units verify that supervisory training, hazard assessments and controls, training and emergency preparedness plans are current. | 100% of units confirm plans are current. | HSE, HSE Comm | ● | ● | ● |
| Build on existing programs to enhance mental health supports (Workplace Mental Wellness Plan). | Measures to be determined within the development of the plan. | HRHSE | ● | ● | ● |
| HSEMS Element - Training and Competency | | | | | |
| Complete phase 2 of the Discrimination, Harassment and Duty to Accommodate Policy suite review.* | Measures to be determined within the development stage of the initiative. | TM | ● | | |
| Incorporate health and safety into the new institutional Onboarding Program, with flexibility to accommodate the needs of long-term permanent and short-term temporary employees.* | 100% compliance. | ODev | ● | ● | ● |
| Develop and implement resources and workshops for leaders that drive safety culture change, safety best practices, blame free approach and responsibilities of supervisors in supporting safety. | <ul style="list-style-type: none"> 100% senior leader participation in workshops. # downloads of online resources. | HSE | ● | ● | ● |

Table 5: Buy-in and Organizational Alignment Initiatives

| INITIATIVE | MEASURABLE OUTCOME | ACCOUNTABILITY | TIMEFRAME | | |
|---|---|------------------------|-----------|------|------|
| | | | 2023 | 2024 | 2025 |
| HSEMS Element - Inspection and Maintenance | | | | | |
| Senior leaders (VPs and Deans) tour units to recognize health and safety best practices. | Each senior leader to tour sites quarterly. | VPs, Deans, HSE | ● | ● | ● |
| Implement senior leader tours of units impacted by proactive or reactive worksite shutdowns. | Senior leaders attend tours. | VPs, Deans, HSE | ● | ● | ● |
| HSEMS Element - Incident Management | | | | | |
| Develop and implement violence, discrimination and harassment incident triage process and reporting. | 100% of reported incidents are triaged. | HRHSE | ● | ● | ● |
| Senior leader to appear before PEC-S and BARC when serious/significant incidents occur to report on corrective actions and lessons learned.* | Achieved. | VPs, Deans, Chair, Dir | ● | ● | ● |
| HSEMS Element - Program Promotion | | | | | |
| Develop and implement a HSE Moments program to be held at the start of targeted team and governance meetings. | <ul style="list-style-type: none"> • # of moments held. • % compliance. | HSE | ● | ● | ● |
| Develop and implement <i>A Culture of Care</i> social marketing campaign and supporting promotional material (e.g. safety culture video) to instill safety behaviours as norms. | Measures to be determined within the development stage of the initiative. | ER | | ● | ● |

Table 5: Buy-in and Organizational Alignment Initiatives

| INITIATIVE | MEASURABLE OUTCOME | ACCOUNTABILITY | TIMEFRAME | | |
|--|---|----------------|-----------|------|------|
| | | | 2023 | 2024 | 2025 |
| Develop and implement an outreach initiative for low risk work environments to ensure hazards are identified and controlled. | % outreach uptake in low risk work environments. | HRHSE | | ● | ● |
| Develop and implement a graduate student culture of care peer-to-peer ambassador program. | Measures to be determined within the development stage of the initiative. | HSE, FGSR | | ● | ● |
| Identify specific seasonal days to highlight safety best practices (e.g. spring worksite clean up, fall safe return to campus, winter safe travel tips). | Days identified. | HRHSE | | ● | ● |

Table 6: Employee Empowerment Initiatives

| INITIATIVE | MEASURABLE OUTCOME | ACCOUNTABILITY | TIMEFRAME | | |
|---|---|----------------|-----------|------|------|
| | | | 2023 | 2024 | 2025 |
| Engage HSE committees to actively support the implementation of A Culture of Care initiatives. | % of HSE Committee Annual Plans including A Culture of Care activities. | HSE, HSE Comm | ● | ● | ● |
| Develop and implement a See Something, Say Something, Do Something program to promote timely employee conversations with supervisors about daily observed hazards and permission/expectation to correct them. | % program participation. | HSE | ● | ● | ● |

Table 6: Employee Empowerment Initiatives

| INITIATIVE | MEASURABLE OUTCOME | ACCOUNTABILITY | TIMEFRAME | | |
|--|---|----------------|-----------|------|------|
| | | | 2023 | 2024 | 2025 |
| Secure resources to bring in speakers in support of the HSE symposium. | Funding secured for one keynote speaker for each symposium. | HSE | ● | ● | ● |
| Enhance employee understanding of rights, roles, responsibilities and blame free approach through updated Working Safely e-learning, combined with monthly in person sessions. | % training participation. | HSE, ODev | ● | ● | ● |
| Develop and implement an employee outreach plan to identify quick health and safety wins. | # of quick wins implemented. | HSE | ● | | |
| Review health and safety training materials to ensure their effective delivery. | Positive participant evaluation of training material. | HSE,ODev | | ● | |
| Develop and implement a formal self-inspection program for units. | % program participation. | HSE | | ● | ● |
| Develop and implement a safety event tool kit to enable units to hold dedicated safety days. | # of health and safety events held. | HSE | | ● | ● |
| Develop and implement the Workplace Violence and Harassment Prevention training module 2.* | Measures to be determined within the development stage of the initiative. | ODev, HSE, TM | | ● | ● |

Table 7: Recognition and Rewards Initiatives

| INITIATIVE | MEASURABLE OUTCOME | ACCOUNTABILITY | TIMEFRAME | | |
|--|---|----------------|-----------|------|------|
| | | | 2023 | 2024 | 2025 |
| Develop a comprehensive safety recognition and rewards program. | <ul style="list-style-type: none"> • Program developed. • Measures to be determined within the development stage of the initiative. | HSE | | ● | ● |
| Build a reward system connected to the See Something, Say Something, Do Something program. | <ul style="list-style-type: none"> • System developed. • Measures to be determined within the development stage of the initiative. | HSE | | ● | ● |

Table 8: Reporting Systems Initiatives

| INITIATIVE | MEASURABLE OUTCOME | ACCOUNTABILITY | TIMEFRAME | | |
|--|---|--------------------|-----------|------|------|
| | | | 2023 | 2024 | 2025 |
| Launch Quarterly Dashboard with leading and lagging indicators.* | <ul style="list-style-type: none"> • Dashboard rolled out Q3 FY23. • Dashboard shared quarterly. • Improvement in each quarterly dashboard metric. | HSE, VP (US&F), ER | ● | ● | ● |
| Complete Safety Standdown verification process.* | <ul style="list-style-type: none"> • Verification process implemented in FY 24. • 80% + verification that corrective actions have been implemented. | HSE | ● | ● | ● |
| Publish highlights of effective, thorough incident reports that lead to learning and action. | 12 highlights published per year. | HSE, VP (US&F), ER | ● | ● | ● |

Next Steps

The advisory committee and the working group will have fulfilled their mandate upon finalization of this report, its approval by PEC-S and its presentation to BARC in November 2022. The advisory committee co-chairs will officially launch A Culture of Care at the HSE Symposium on December 1, 2022.

At that time, the Associate Vice-President (HRHSE) will assume responsibility for the development of a detailed plan that will support the implementation of each initiative. As the initiatives are being implemented, and based on the outcomes as reflected in the institutional measures, the AVP (HRHSE) may need to revise, update and re-prioritize planned initiatives accordingly to ensure they are achieving the desired outcomes.

The implementation plan will include the following:

- Consideration and alignment to other institutional initiatives and strategies.
- Prioritization of the initiatives to be implemented.
- Assignment of a specific lead for each initiative.
- Annual reporting to the President's Executive Committee - Strategy (PEC-S) and BARC on the progress of the plan.
- Tools, support and training to senior leaders and HSE committees to assist them in the effective implementation of the initiatives.
- A detailed change management plan including stakeholder engagement, communications strategies in support of the plan, progress on implementation and the impact on the university's safety culture.
- A Culture of Care communications strategy.
- The identification of any new resources that will be required in support of specific initiatives.

It is recommended the implementation plan be finalized by March 2023.

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Appendix A:

Gap Analysis Commentary - Current State to Future End State

GAPS IN SAFETY CULTURE

WHAT IS PREVENTING US FROM REACHING OUR END STATE?

OVERARCHING GAPS

- Downloading work to faculties, department chairs and others is a concern as to the impact on shifting the safety culture and ability to complete the work.
- It's hard to materialize the impact of psychological, cultural and social safety as it is not visual.
- Lack of resources (mainly budget and people) for initiatives.
- Organizational transformation, changes in leadership, strategic direction, workforce, financial situation, workload and pandemic stresses have had a negative impact on the physical safety of employees.

BUY-IN AND ORGANIZATIONAL ALIGNMENT

- Leaders are not consistently held accountable for safety performance.
- Not all leaders across the university will embrace the role of safety champion.
- Safety has not yet been fully and formally incorporated into university culture as a value.
- New accountability measures are in development and have not been fully implemented to influence leadership buy-in.
- Responsibilities, authorities and accountabilities for safety are not fully understood by all supervisors.
- There are differences in accountability practices and structures between faculties, partner networks and centres of expertise.
- Hazards vary in risk level in different settings. Low risk units may not see themselves in the safety culture if they feel low risk is no risk.
- Safety is not fully integrated into work planning and execution; some units may believe this is the job of their safety people.
- Safety is not incorporated into all job fact sheets or job cards.
- Few HSE faculty/portfolio committees effectively engage their senior leaders in health and safety issues.
- KRI (Key Risk Identifiers) and Safety KPIs (Key Performance Indicators) are not commonly discussed in meetings outside of the HRHSE and Faculty Safety structures.
- We do not have a true "no blame" culture, with appropriate self awareness of accountability.

- Narrative is “safety is being done to me” instead of “safety is my responsibility”.
- Employees don’t understand the full scope of safety to include physical, psychological and cultural.
- Safety is not just a box to check. Employees (including grad students) need to be engaged in the worksite to make safety real and an ongoing commitment. There needs to be ownership and empowerment for safety.
- The culture outside the university toward safety is inconsistent. People joining the university community often have variable safety awareness and understanding of the preventability of injuries.
- Physical safety is often viewed as something that happens in the lab, not at a desk.
- Support (and budget) for things such as ergonomic equipment and consultations is inconsistent across units/faculties. This may create delays.
- Some leaders require additional professional development and organizational alignment in order to develop the appropriate skills to manage and lead.

EMPLOYEE EMPOWERMENT

- The university must understand the foundational assumption that every human that works at the U of A needs to be respected as a human being.
- Many employees are not comfortable raising their safety concerns.
- Power dynamics between leaders and employees (including grad students) make it difficult for employees to feel their concerns are heard.
- Front line supervisors depend on higher level leaders to make decisions and may not have the skills/experience to act in their own context.
- Employees may not feel comfortable making decisions to stop tasks that are unsafe. They will need direction, permission and continuous coaching.
- A safe place to speak is not well established.
- Currently, research units have a hierarchy structure where senior members are considered to be right and are not questioned so not all employees feel comfortable stopping work to address safety.
- Current environment does not enable old work habits and practices to be questioned to understand if it’s really a good habit or just been done because this is “how we do things here”.
- The university’s health, safety and environment management system is not universally well understood.
- Costs of incidents are not transparent.
- Lack of mentorship of employees.
- Empowerment often aligns with authority, and some employees feel they do not have authority or their efforts are ignored.
- Lead researchers do not consistently recognize and empower employees who work for them in the safety aspects of a lab.

REWARDS

- Safety not currently part of the employee review, performance or salary processes.
- Inconsistent reporting / sharing of safety information and good safety behaviours (i.e. hard to determine who/what to reward).
- Resources to support rewards (\$\$) are not allocated.
- Not all leaders and supervisors have the necessary skills to offer positive feedback.
- A reward system for safety performance has not been designed and implemented.
- Celebrating good safety performance is not something that is familiar to all units.

REPORTING SYSTEMS

- Current systems are limited in their trending/reporting capabilities.
- Many leaders and employees don't know where to find, or don't have access to, safety information.
- There is a high quantity of information and communications bombarding leaders and employees. Bandwidth and prioritization may be issues.
- Use of dashboards is new to some leadership groups and will require training/education.
- Using mainly central reporting systems may reduce the benefits from leaders using internal reporting/tracking.
- Employees will still not report even with information, education and enforcement.

Leading with Purpose.



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