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du Québec

CAN/BNQ 9700-800/2020 (R 2024)

Healthy Enterprise — Prevention, Promotion, and Organizational Practices Contributing to Health and Wellness in the Workplace

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STANDARD

CAN/BNQ 9700-800/2020
(R 2024)

Healthy Enterprise — Prevention, Promotion, and Organizational Practices Contributing to Health and Wellness in the Workplace

Entreprise en santé — Prévention, promotion et pratiques organisationnelles favorables à la santé et au mieux-être en milieu de travail

Bureau de normalisation du Québec

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This standard was developed in compliance with the Standards Council of Canada (SCC)'s Requirements and Guidance for standards development organizations and approved as a reaffirmed National Standard of Canada by the SCC. Its reaffirmation was approved by a Standards Development Committee, whose members were:

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CONTENTS

INTRODUCTION

The most important resource of an enterprise is its employees. As part of a well-trained and motivated workforce, employees who are healthy, productive, and innovative enable an enterprise to grow and prosper in a competitive environment.

A significant proportion of employee productivity and expertise is underutilized in the workplace due to organizational issues, psychological distress, and physical, psychological, and social problems that contribute to absenteeism and presenteeism.

The purpose of this standard is to create workplace conditions that promote the adoption and maintenance of healthy lifestyle habits for an enterprise's employees, and the sustainable improvement of the health and wellness of these individuals in the workplace. To achieve this, it is essential to mobilize both the enterprises and their employees. Prevention is therefore a priority and it entails implementing, promoting, maintaining, and improving favourable organizational practices. Therefore, this standard recommends:

- the integration of the value of individual health into enterprise management processes;
- the creation or improvement of workplace conditions contributing to the prevention of work-related diseases or injuries;
- the creation of workplace conditions that promote the health and wellness of employees;
- the implementation of initiatives that consider both the needs of employees, gathered through the periodic data collection, and the challenges facing the enterprise.

The standard enables enterprises, employees, unions, service providers, and other workplace stakeholders to collaborate to create a healthier workplace.

The standard is based on three guiding principles:

- the shared responsibility for health between employees and workplace stakeholders;
- the firm, practical, and visible commitment by management;
- the close partnership between management, employees, and all stakeholders involved.

The standard allows to:

- adapt to the specific characteristics of each workplace environment;
- support the development of a comprehensive workplace health policy;
- consider the needs, preferences, and attitudes of different groups of participants regardless of their state of health;
- realize that an individual's lifestyle consists of a range of interdependent health habits.

It is recognized that the physical and psychological balance of the employees of an enterprise influences work productivity. Therefore, the implementation of an effective health and wellness initiative supporting this balance may have a strong, positive effect on the health of employees and that of the enterprise. When well structured, such an initiative can improve the climate and culture of the enterprise, namely through employee satisfaction and experience, thereby fostering commitment and retention as well as the recruitment of new employees. It can also contribute to reducing employee turnover rates, salary and group insurance costs, contribution costs to work accident commissions, absenteeism, and all the direct and indirect costs associated with poor health. It is important to emphasize that direct costs generally represent only a fraction of all costs associated with poor health.

This standard is based on a model in which the interventions to be implemented are selected according to the needs identified by the enterprise as being of the highest priority among all the needs revealed through a data collection. This data collection concerns four key spheres of activity that are known to have a significant impact on health and wellness in the workplace. Three levels of commitment are offered to enterprises to enable them to harmonize the implementation of the standard to their objectives while remaining aligned with best practices. Moving from one level of commitment to the next ensures greater benefits. It involves enhancing the initiative through a broader collection of data, more precisely targeted needs, and an increased number of interventions with a deeper involvement from managers.

The impact on the health of individuals and on the enterprise can be measured a few years after the implementation of this initiative. This standard can also help an enterprise to increase the level of trust and confidence from the parties it deals with, whether employees, shareholders, financial partners, business partners, or consumers of its products or services.

This standard is available to enterprises to guide them in their interventions toward prevention, promotion, and organizational practices that promote better health and wellness of their employees. It therefore serves as a frame of reference for a voluntary initiative that integrates the efforts of enterprises and their employees to promote a healthier work environment.

1 PURPOSE

This standard specifies significant requirements for prevention, promotion, and organizational practices that contribute to health and wellness in the workplace, including the psychological and social aspects.

These requirements form a frame of reference for interventions concerning people, organizational practices, and the workplace environment. The requirements aim to maintain and sustainably improve the state of health of employees and enterprises. This standard does not contain performance criteria.

NOTES —

1 For informational purposes, the definition of *health* used in this standard, originating from the World Health Organization (WHO), includes the concept of "wellness" due to the reference it makes to the psychological and social dimensions of health. Although there appears to be some redundancy, the expression *health and wellness* in the title of the standard highlights the fact that it is as much about the psychological and social dimensions of health as it is about its physical dimension.

2 This standard is rooted in the context of sustainable development and corporate social responsibility.

2 SCOPE

This standard applies to any enterprise or organization (regardless of size, status, or activities) wishing to implement and maintain an initiative for prevention, promotion, and organizational practices contributing to the better health and wellness of its employees, and to obtain recognition of the enterprise's efforts to this effect.

NOTE — In this standard, the term *enterprise* refers to both a company and an organization.

This standard has been developed as a reference document, particularly in the context of conformity assessment activities of the established initiative.

3 DEFINITIONS

3.1 GENERAL TERMS

absenteeism, n. A situation characterized by casual, repetitive or extended absences from work by one or several employees, excluding normal periods of leave and those provided by the law (reference: Office québécois de la langue française, *Le grand dictionnaire terminologique* [adapted wording]). French: ***absentéisme***.

action plan, n. A document defining the planning of interventions to be implemented in order to reach the objectives set by the enterprise in terms of health and wellness and to meet the needs of its employees. French: ***plan d'action***.

NOTE — It may be decided to produce a comprehensive action plan that includes all planned interventions or to produce an action plan for each planned intervention.

depersonalized, adj. (syn.: anonymized, adj.) Refers to information that has had all personal references removed and has been altered so that it cannot be associated with a specified person, nor allow that person to be identified. French: ***dépersonnalisé***.

employees, n. (syn.: staff, n.) People who work within an enterprise. French: ***personnel***.

NOTE — At the discretion of the employer, the people covered by this definition may include trainees, contract employees, unpaid workers, etc.

enterprise, n. An organized economic activity carried out by a person or persons, regardless of whether it is commercial in nature or not, resulting in the production, administration or disposal of goods, or the provision of services (reference: Inspecteur général des institutions financières, *Les principales formes juridiques de l'entreprise au Québec* [adapted wording]). French: ***entreprise***.

health, n. A state of complete physical, social, and mental wellness, and not merely the absence of disease or disability (reference: World Health Organization, *Frequently Asked Questions*). French: ***santé***.

NOTES —

1 This definition is repeated in the *Canadian Health Policy*, revised on December 4, 2002.

2 This definition has not been modified since 1946. However, in its *Glossary on Health Promotion*, the WHO adds the following clarifications:

> "Within the context of health promotion, health has been considered less as an abstract state and more as a means to an end which can be expressed in functional terms as a resource which permits people to lead an individually, socially and economically productive life.
>
> Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities."

3 The exact bibliographic reference of this definition is as follows:

Preamble to the *Constitution of the World Health Organization*, as adopted by the International Health Conference, New York, June 19-22, 1946; signed on July 22, 1946, by the representatives of 61 States (*Official Records of the World Health Organization*, No. 2, p. 100), and entered into force on April 7, 1948.

health promotion, n. A process offering employees the means to ensure greater control over their health and to be able to improve it (World Health Organization, *Health Promotion Glossary* [adapted wording]). French: ***promotion de la santé***.

NOTE — The *Ottawa Charter for Health Promotion*, published by the World Health Organization (WHO), defines three fundamental strategies for health promotion that can be summarized as follows:

- to make people aware of the importance of health to create the essential conditions for its development;
- to offer everyone the means to achieve their full health potential;
- to assist in the mediation between the different interests present in society to promote health.

organizational practices, n. A set of management practices and work organization methods. French: ***pratiques organisationnelles***.

presenteeism, n. A situation where one or more employees are physically present at their place of work when their state of physical or psychological health does not allow them to be as productive as usual (reference: Office québécois de la langue française, *Le grand dictionnaire terminologique* [adapted wording]). French: ***présentéisme***.

prevention, n. A series of measures that aim not only to prevent or reduce illness and injury, but also to promote physical, physiological, and social wellness (World Health Organization, *Health Promotion Glossary* [adapted wording]). French: ***prévention***.

psychological health, n. (syn.: mental health, n.) The state of wellness which enables a person to realize their full potential, to cope with the normal difficulties of life, to work successfully and productively, and to be able to contribute to society (reference: CAN/CSA-Z1003-13/BNQ 9700-803/2013 (R 2018) and the World Health Organization, *Mental Health* [adapted wording]). French: ***santé psychologique***; ***santé mentale***.

NOTES —

1 "In this positive sense mental health is the foundation for well-being and effective functioning for an individual and for a community." (reference: World Health Organization, *Mental Health: Reinforce Our Action*).

2 Although the WHO defines this as *mental health*, the term *psychological health* is recommended in this standard to reflect the widespread use of the term in the healthcare environment.

training, n. Learning activities that aim to improve employee skills (reference: Office québécois de la langue française, *Le grand dictionnaire terminologique* [adapted wording]). French: ***formation***.

NOTES —

1 Training addresses specific needs related to employment: transmission of knowledge or know-how, adaptation to new techniques, changing working conditions, etc.

2 Training can take different forms such as conventional training sessions, information or awareness sessions, conferences, coaching sessions, etc.

wellness, n. A feeling or sensation of greater fulfilment, greater comfort, or greater overall satisfaction (reference: Office québécois de la langue française, *Le grand dictionnaire terminologique* [adapted wording]). French: ***mieux-être***.

NOTE — The concept of wellness generally refers to social and psychological aspects favourable to the health of individuals. The sense of *wellness* overlaps with that of the term *well-being* used by the WHO in its definition of health.

3.2 SPHERES OF ACTIVITY

lifestyle habits, n. A person's individual behaviours and routine activities that have an influence on physical and psychological health. French: ***habitudes de vie***.

NOTES —

1 Lifestyle habits most often considered in this regard are smoking, nutrition, and physical activity. Occasionally, sleep; the consumption of alcohol, drugs and medication; and safe behaviours such as wearing a helmet when cycling, are added.

2 This standard also includes individual behaviours related to stress management such as relaxation, time management, financial management, priority management, the practice of mindfulness, etc.

management practices, n. A set of practices related to work organization and social relations that, when implemented, can benefit the physical and psychological health of the people it targets, and disadvantage them when deficient or absent. French: ***pratiques de gestion***.

NOTE — Over the last few decades, many in-depth studies have enabled the main organizational factors affecting physical and psychological health to be identified: workload, recognition, information sharing, decision-making autonomy, use and development of skills, support from colleagues and supervisors, organizational justice and fairness, harassment, politeness, and the work climate.

work-life balance, n. The search for balance between the demands and responsibilities of professional life and those related to personal life. French: ***conciliation travail-vie personnelle***.

NOTE — Work-life balance actions include any benefit, policy, or program contributing to a better balance between the demands of work and the demands of personal life, thereby promoting health and wellness.

work environment, n. The physical environment (including workspace ergonomics) in which a worker performs his or her job, profession or trade. French: ***environnement de travail***.

NOTE — Interventions included in this sphere of activity target the physical environment in which work is performed including workspace layout, lighting, noise, cleanliness, ergonomics, and access to the required tools to perform the work, and this, beyond the laws and regulations that govern occupational health and safety. They also include the elimination of risks when possible, the control of residual risks, and access to protective equipment. Also included in this sphere of activity are interventions involving physical locations that promote healthy lifestyles such as equipment encouraging physical activity, availability of food, etc.

3.3 RECOGNIZED MANAGEMENT PRACTICES RELATED TO PHYSICAL AND PSYCHOLOGICAL HEALTH

The terms defined in this clause are used notably in the definition of the term *management practices* in Clause 3.2 and in point d) of Clause 7.4.2.

decision-making autonomy, n. The possibility for employees to have some control over their work, to have enough influence at work, and to participate in decisions that concern them as well as to use their skills and competencies. French: ***autonomie décisionnelle***.

harassment, n. Vexatious behaviour in the form of repeated and hostile or unwanted conduct, verbal comments, actions or gestures, which affect the dignity or the physical or psychological integrity of a person, resulting in a harmful work environment for the individual (reference: Québec, *Act Respecting Labour Standards* [adapted wording]). French: ***harcèlement***.

NOTE — The Act specifies that a single serious incident may constitute harassment if it causes harm and produces a lasting harmful effect on the person. Psychological harassment covered in the Act includes such behaviour in the form of such verbal comments, actions or gestures of a sexual nature.

information sharing, n. Actions taken by management to inform and consult employees about the situation of the enterprise and management's vision for the enterprise. French: ***partage de l'information***.

organizational justice and fairness, n. Workplace decision-making methods free from discrimination or favouritism, and the respectful and dignified treatment of employees by their superiors. French: ***justice et équité organisationnelles***.

NOTE — Organizational justice and fairness include a procedural component (decision-making) and a relational component (treatment of employees) [reference: M. Elovainio et al., *Organizational Justice: Evidence of a New Psychosocial Predictor of Health*].

recognition, n. A constructive, sincere, and personalized response expressed in the short term by a person or an enterprise to an employee or a group of employees as a result of an action or a behaviour that is worth noting, or for the value of their work (reference: Office québécois de la

langue française, *Le grand dictionnaire terminologique* [adapted wording]). French: ***reconnaissance***.

NOTE — From a scientific point of view, the negative health impacts of low recognition have been demonstrated using a three-fold definition of recognition: monetary recognition (salary), organizational recognition (possibility of promotions and job security), and social recognition (esteem and respect), given an individual's efforts and accomplishments (reference: J. Siegrist, *Adverse Health Effects of High-Effort/Low-Reward Conditions*).

skills development, n. The acquisition, retention, and development of knowledge, skills, attitudes, and behaviours of employees in accordance with the objectives of the enterprise (reference: *Ordre des conseillers en ressources humaines agréés* [adapted wording]). French: ***développement des compétences***.

support from colleagues and the supervisor, n. Assistance and collaboration offered at work by both the employee's colleagues and supervisor (reference: R. Karasek and T. Theorell, *Healthy Work: Stress, Productivity, and the Reconstruction of Working Life* [adapted wording]). French: ***soutien des collègues et du supérieur***.

workload, n. The quantity and complexity of the work to be accomplished according to requirements, time constraints, and the emotional burden related to this work (reference: R. Karasek and T. Theorell, *Healthy Work: Stress, Productivity, and the Reconstruction of Working Life* and J. Siegrist, *Adverse Health Effects of High-Effort/Low-Reward Conditions* [adapted wording]). French: ***charge de travail***.

4 LEVELS OF COMMITMENT

In order to implement this standard, the enterprise may choose from among the three levels presented below. The progression from one level to the next implies a greater commitment from the enterprise toward the health and wellness of its employees.

Level "Healthy Enterprise"
The enterprise clearly demonstrates its commitment to the health and wellness of its employees and all stakeholders.

It collects data to understand the health and wellness needs of its employees and determines the priorities of the enterprise. The enterprise establishes a structured action plan in collaboration with its Health and Wellness Committee, and plans and organizes several interventions related to at least one of the identified priority needs. Participation and satisfaction are evaluated for each intervention.

Level "Healthy Enterprise — Elite"
The enterprise goes one step further to integrate health into its organization by including prevention, promotion, and organizational practices contributing to health in its strategic planning.

It defines the responsibility of managers in relation to health and trains them on prevention. The Health and Wellness Committee collects more data for the identification of needs, targets two priority needs, and organizes more interventions, including at least one in the sphere of management practices. Furthermore, the committee evaluates another measurable objective in addition to those at the "Healthy Enterprise" level for each intervention. Health and wellness are better integrated into management processes, which further enhances wellness and the balance between the individual and his or her work environment.

Level "Healthy Enterprise — Elite plus"
At this level, the enterprise seeks an in-depth understanding of its situation and of the expected long-term benefits, targets more specific interventions, and aims to develop a sustainable health and wellness culture.

Managers become more involved in the approach as the enterprise establishes a development plan for prevention, promotion, and organizational practices contributing to better health and wellness, and evaluates the plan according to an established objective and employee satisfaction with the visible commitment of their managers. Data collection is more important, segmenting the employee population and measuring changes in health and wellness indicators over time to better target priority needs. The number of required interventions is higher than for the previous levels, particularly in the sphere of management practices. The approach is more personalized for employees and integrated both at an organizational and a personal level, thus contributing more closely to the development of a sustainable health and wellness culture.

Levels of commitment and criteria

Level of commitment	Criteria
Healthy Enterprise [HE]	Compliance with all the requirements of the "Healthy Enterprise" level. NOTE — The requirements of this level are preceded by [HE] in the text of the standard. Example — "[HE] / The enterprise shall have a written policy […]"
Healthy Enterprise — Elite [HEE]	Compliance with all the requirements of the "Healthy Enterprise" and "Healthy Enterprise — Elite" levels. NOTE — The requirements of this level are preceded by [HEE] in the text of the standard. Example — "[HEE] / The committee shall include representatives from different categories of employment and from management […]"
Healthy Enterprise — Elite plus [HEE+]	Compliance with all the requirements of "Healthy Enterprise", "Healthy Enterprise — Elite", and "Healthy Enterprise — Elite Plus" levels. NOTE — The requirements of this level are preceded by [HEE+] in the text of the standard. Example — "[HEE+] / The enterprise shall establish a development plan for managers for prevention […]"

One of the objectives of this standard is to encourage a large number of enterprises to implement an effective program for prevention, promotion, and organizational practices contributing to health based on principles recognized at home as well as elsewhere in the world. The progression from one level to the next implies a greater commitment from the enterprise toward the health and wellness of its employees. Enterprises can go further by adhering to the “Elite” and “Elite Plus” levels of the standard, which have higher requirements. At each of the three levels, there are minimum requirements to be met for the health and wellness program to be effective and to produce results.

It is important to remember that the impact of the program on employee health and organizational indicators (absenteeism, turnover rates, etc.) ultimately depends on employee participation and organizational integration. Results depend to a large extent on the quality and relevance of the interventions. Furthermore, the scale of the investments in human and financial resources, as well as the fact that the interventions continue over the long term, are both factors that will influence the impact of the initiative.

5 MANAGEMENT COMMITMENT

5.1 COMMUNICATION OF INTENTION

[HE] / Management shall communicate its commitment to implement the initiative proposed in this standard to all stakeholders (board of directors, managers, union, employee representatives) and shall invite them to participate.

5.2 POLICY

[HE] / The enterprise shall have a written policy approved by the board of directors or its management that includes at least the following:

- the commitment and the values of the enterprise regarding prevention, promotion, and organizational practices contributing to health and wellness in the workplace, and the groups of individuals targeted;
- its commitment to respecting the laws and regulations applicable to its environment relating to the health, safety and security, and wellness of its employees;
- its commitment to prevent and put a stop to any form of harassment, discrimination, and violence in the workplace.

This policy shall:

a) [HE] / be communicated to the employees;

b) [HEE] / be displayed and promoted in the workplace.

NOTE — The information can be displayed in several ways. For example, it may be in paper or electronic format, or on the enterprise's website. It is suggested that the commitment and values indicated in the policy be displayed in view of clients.

[HE] / The policy shall be revised at least once every three years and shall be re-approved by the board of directors or the management.

NOTE — The policy may be amended or revised at any time, as required.

5.3 HEALTH AND SAFETY

5.3.1 Risk determination and control

[HE] / The enterprise shall develop and apply a method for identifying and controlling risks to the physical and psychological health of its employees.

[HEE] / The enterprise shall use information contained in the report prepared in accordance with the requirements of Clause 7.5.1 to determine the psychological health risks to which its employees may be exposed.

NOTE — Additional sources of information such as group insurance or Employee Assistance Program (EAP) data, incident reports, complaints from workers, return-to-work data and data pertaining to the accommodations offered to employees, and information obtained from the union may be used to target physical and psychological health risks present in the workplace.

5.3.2 Communications

[HE] / The enterprise shall:

- inform employees of the physical and psychological health risks to which they may be exposed;
- inform employees of the methods to control these risks;
- provide employees with the necessary training and supervision to be able to carry out their work safely;
- inform its subcontractors of the risks to which its employees may be exposed and shall require that these subcontractors inform their employees.

NOTE — Employees from staffing agencies are considered as subcontractors.

5.4 STAY-AT-WORK AND RETURN-TO-WORK

The enterprise shall specify in writing the measures put in place to promote:

a) [HE] / the reintegration of employees upon their return to work following a disability or a prolonged absence;

NOTE — For example, following maternity leave.

b) [HEE+] / the retention of employees who are experiencing health problems.

[HE] / These measures shall be communicated to managers and employees.

[HEE] / These measures shall include the roles and responsibilities of the parties involved. The parties involved shall include at least the managers and the employees affected by the measures in question. The parties involved may also include the human resources department, healthcare professionals within the organization, work colleagues, worker representatives, external stakeholders (insurers, EAP, etc.), or any other relevant party.

[HEE+] / The enterprise shall specify the responsibility of managers for stay-at-work and return-to-work measures in their job descriptions.

[HEE+] / Managers shall receive training on stay-at-work and return-to-work measures.

5.5 MANAGEMENT REPRESENTATIVES

5.5.1 Nominations

[HE] / Management representative: The enterprise shall appoint a member of the management team to act as the person responsible for the implementation and maintenance of this standard.

Initiative leader: The enterprise may entrust the coordination of the health and wellness initiative to someone other than the management representative.

The choice of the management representative and, if applicable, the initiative leader, should take into account their interest in this matter, their credibility, and their skills.

5.5.2 Training

[HE] / The enterprise shall establish the training needs related to the roles and responsibilities of the management representative and the initiative leader as defined in Clause 5.5.3. If necessary, appropriate training activities shall be designed and implemented.

5.5.3 Roles and responsibilities

[HE] / Management representative: the enterprise shall specify the roles and responsibilities of the management representative in writing, which shall include at least the following:

- to promote the health and wellness initiative to management, managers, and employees;
- to mobilize managers to facilitate the achievement of the health and wellness initiative;
- to ensure the availability of the necessary human, material, and financial resources;
- to establish the Health and Wellness Committee;
- to define the mandate and objectives of the Health and Wellness Committee in accordance with the requirements of Clause 6.2 in collaboration with the members of the committee;
- to have management approve the action plan presented by the Health and Wellness Committee;
- to inform management of the progress and maintenance of the initiative;
- to participate in Health and Wellness Committee meetings.

[HE] / Initiative leader: the enterprise shall specify the roles and responsibilities of the initiative leader in writing, which shall include at least the following:

- to lead and facilitate the Health and Wellness Committee meetings; administrative tasks may be delegated;
- to identify the training needs of the Health and Wellness Committee members;
- to coordinate the Health and Wellness Committee activities and ensure follow-up.

[HE] / If the enterprise chooses not to appoint an initiative leader, the management representative shall assume the responsibilities of the initiative leader in addition to his or her own responsibilities.

5.6 STRATEGIC PLANNING

[HEE] / The enterprise's management shall include prevention, promotion, and organizational practices contributing to health and wellness within its strategic planning.

NOTE — The term *strategic planning* is used here in a broad sense; some organizations may use this same term with different meanings.

5.7 MANAGEMENT AND MANAGERS

[HEE] / The responsibility of managers for employee health shall be defined in either the policy for prevention, promotion, and organizational practices contributing to health and wellness in the workplace, or in their job description.

[HEE] / The management team and the managers shall have received training in prevention, promotion, and organizational practices contributing to health and wellness in the workplace.

[HEE+] / Within the framework of manager evaluation activities, at least two objectives for prevention, promotion, and organizational practices contributing to health and wellness in the workplace shall have been established. At least one of these objectives shall include the manager's participation in stay-at-work and return-to-work measures.

[HEE+] / The enterprise shall establish a skills development plan for managers for prevention, promotion, and organizational practices contributing to health and wellness in the workplace.

5.8 TIME ALLOCATED TO EMPLOYEES

[HEE] / The enterprise shall allocate time during working hours to enable employees to participate in prevention and health promotion activities.

6 HEALTH AND WELLNESS COMMITTEE

6.1 ORGANIZATION AND COMPOSITION

[HE] / A committee for health and wellness in the workplace shall be established by the management representative in accordance with the roles and responsibilities defined in Clause 5.5.3.

NOTE — The Health and Wellness Committee may be integrated into an existing committee, for example, an occupational health and safety committee.

The selection of committee members should take into account their interest in this matter, their credibility, their skills, and their representativeness of the different categories of employment and management.

[HEE] / The committee shall include representatives from different categories of employment and from management.

The committee may engage competent external resources as expert advisors if required.

[HE] / The list of the committee members shall be communicated to employees.

6.2 MANDATE AND OBJECTIVES

[HE] / The committee shall have a mandate and objectives that are linked to the enterprise's health and wellness initiative. The mandate and objectives shall be closely associated to the organizational issues and concerns of the enterprise. They shall be revised at least once every three years.

[HE] / The committee shall hold at least four meetings per year. The committee shall keep a report of these meetings.

The committee should establish collaborative links with the occupational health and safety committee, particularly concerning aspects related to the work environment.

6.3 ROLES AND RESPONSIBILITIES OF THE COMMITTEE

[HE] / The committee shall assume the following roles and responsibilities:

a) to analyze the information relevant to the health and wellness of employees, particularly the depersonalized results of the data collection required in Chapter 7 depending on the level of commitment targeted by the enterprise;

b) to establish and prioritize the needs highlighted by the data collection;

c) to target interventions considered to be priorities;

d) to develop an action plan in accordance with the requirements outlined in Chapter 8;

e) to collaborate in the promotion and implementation of the action plan;

f) to assess the interventions carried out under the action plan in accordance with the requirements of Chapter 9 depending on the level of commitment targeted.

6.4 TRAINING

[HEE] / The management representative or initiative leader shall establish the training needs of the Health and Wellness Committee members based on the four spheres of activity described in Clauses 3.2 and 7.4.1.

If training is offered, it should cover roles and responsibilities; general knowledge about prevention, promotion, and organizational practices contributing to health and wellness in the workplace; priority management; and problem analysis.

7 DATA COLLECTION

7.1 GENERAL INFORMATION

The objective of the data collection is to establish a representative portrait of both the needs of employees (including an effort to reach absent employees) and the enterprise with respect to health and wellness, and to identify opportunities for improvement.

These data, obtained confidentially and on a voluntary basis, provide the foundation for establishing the objectives of the action plan, as well as to assess the level of achievement of these objectives.

7.2 CONFIDENTIALITY

The confidentiality of personal data is essential.

[HE] / The enterprise shall establish in writing the measures it intends to take to ensure the confidentiality of the collected data and demonstrate its compliance with these measures. The enterprise shall inform employees of such measures.

> NOTE — For informational purposes, Annex B presents principles and guidelines that may be used to guide the choice of measures to ensure the confidentiality of the data collected within the context of applying this standard.

7.3 SCHEDULE AND FREQUENCY

[HE] / The enterprise shall collect the data required in Clause 7.4 before proceeding with a choice of interventions according to the requirements of Clause 8.3.

[HE] / The enterprise shall update the data required in Clause 7.4 at least once every two years or after a longer interval of up to three years.

[HE] / In the event that data collection is carried out at an interval of more than two years, the enterprise shall document the reasons for this choice and the means implemented to remain aligned with the needs and concerns of employees.

> NOTE — For example, the means implemented to remain aligned with the needs and concerns of employees may include suggestion boxes, focus groups, suggestions from other committees or bodies of the organization, etc.

[HEE+] / The enterprise shall update the administrative data required in Clause 7.4.5 at least once per year.

7.4 PURPOSE OF THE DATA COLLECTION

7.4.1 Spheres of activity

The following four spheres of activity are known to have a significant impact on the health of employees:

a) lifestyle habits;

b) work-life balance;

c) work environment;

d) management practices.

NOTE — A definition of each of the four spheres of activity is given in Clause 3.2.

7.4.2 Employee satisfaction and needs

Data collection on the elements specified in this clause may be carried out through activities such as a survey, a focus group or other activities to achieve the intended objectives.

The enterprise shall collect data on the satisfaction and needs of employees in connection with the items listed in points a) to d) below, which correspond to the four spheres of activity listed in Clause 7.4.1.

a) Lifestyle habits:

- [HE] / lifestyle habits of employees influencing their health, including at least nutrition, physical activity, and smoking;

NOTE — The enterprise may also collect data about other lifestyle habits or factors affecting health, for example, personal skills related to stress management; sleep; the consumption of alcohol, drugs or medication; gaming or screen addiction; or personal stress factors (for example, financial problems, and family or marital problems).

The intention of respondents to make changes in relation to their lifestyle habits should be checked.

b) Work-life balance:

- [HE] / Work-life balance practices;

NOTE — These practices may include, for example, a flexible schedule, the exchange of hours with a colleague, a reduced work week, time banks, unpaid leave, a self-funded leave program, leave of absence for other reasons, teleworking, or other practices that meet specific work-life balance needs.

c) Work environment:

- [HE] / an environment favourable to healthy lifestyle habits and stress management;
- [HE] / the physical workplace environment, including workstation layout, lighting, noise, cleanliness, ergonomics, and access to the tools necessary to do the work;
- [HE] / health and safety risk factors.

d) Management practices:

- [HE] / at least three elements from among the eight listed below;
- [HEE] / at least six elements from among the eight listed below;
- [HEE+] / the eight elements listed below:

1. harassment and violence;
2. recognition;
3. decision-making autonomy;
4. workload;
5. support from colleagues and supervisor;
6. organizational justice and fairness;
7. use and development of skills;
8. information sharing.

NOTES —

1 The above-mentioned management practices are recognized as having an impact on physical and psychological health. Definitions of the terms used above are to be found in Clause 3.3.

2 In addition to the required elements above, other elements may be considered, including the thirteen “Factors in the workplace that affect psychological health and safety” presented in Annex A of the standard CAN/CSA-Z1003-13/BNQ 9700-803/2013 (R 2018).

7.4.3 State of health

The enterprise should collect data from employees about the following items related to their state of health:

- self-perceived general health;
- psychological health (e.g., perceived stress and psychological distress);
- musculoskeletal problems (e.g., discomfort, pain);

- frequency of presenteeism periods for health reasons;
- the main causes of absences and presenteeism.

NOTE — Psychological health, musculoskeletal disorders (MSDs), cardiovascular problems, and infectious diseases are among the main causes of absence from work.

[HE] / Given the particularly sensitive nature of employee health data, in the event that the above data collection is carried out, any reports and other documents prepared from the collected data as part of this data collection, as well as their communication, shall be given particular attention with respect to compliance with the confidentiality requirements specified in Clause 7.2.

The principles and guidelines presented in Annex B should also be applied.

7.4.4 Appreciation and suggestions from employees

[HEE+] / The enterprise shall collect data on employee satisfaction and needs concerning the commitment demonstrated by their manager regarding health and wellness in the workplace.

NOTE — Data collected on the elements specified in this clause should include an assessment of these elements, at least in summary form, through activities such as a survey, a focus group, or other similar activities.

The enterprise should also collect data on:

a) employee appreciation concerning existing activities and interventions related to the four spheres of activity listed in Clause 7.4.1;

b) employee suggestions concerning the problems which should be targeted by the action plan.

7.4.5 Administrative data

[HE] / The enterprise shall collect and compile administrative data covering a period of one year preceding the moment when the data collection is carried out.

[HEE+] / The enterprise shall collect administrative data for each of the three years prior to the moment this data collection is performed and compile them in twelve-month intervals.

Administrative data shall include at least the following information:

a) [HE] / contributions paid to the Workers' Compensation Board with jurisdiction in the province where the enterprise is located;

NOTE — A list of provincial workers' compensation boards in Canada can be found on the web page of the Canadian Centre for Occupational Health and Safety (CCOHS). The Association of Workers' Compensation Boards of Canada (AWCBC) is another useful source of information.

b) [HE] / the overall cost of group insurance and the cost of salary continuance, if applicable;

NOTE — *Salary continuance* refers to a non-insured income replacement program in the event of disability, for which the employer is responsible for determining the parameters and conditions, its management, and the payment of benefits.

c) [HEE+] / the cost of group insurance for coverage of each of the following:

- prescription drugs;
- paramedical care;
- short-term disability insurance and salary continuance, if applicable;
- long-term disability insurance;

d) [HEE+] / the number, cost, and percentage of benefit claims attributable to the main diagnostic categories for each of the four types of benefit claim listed below if the data are accessible:

- prescription drugs, by therapeutic class;
- paramedical care;
- short-term disability insurance and salary continuance;
- long-term disability insurance;

NOTES —

1 Diagnostic categories may be problems such as psychological health, musculoskeletal disorders (MSDs), cardiovascular diseases, etc.

2 For informational purposes, and in order to preserve data confidentiality, Annex B presents principles and guidelines that may be used to choose the minimum number of benefit claims that a diagnostic category should include to appear as a distinct entity in the compilation of requested information.

EXAMPLE — The following table shows an example of the information that may be requested for a “Short-term Disability” claim. The same exercise will be repeated for the other three types of benefit claims listed above.

Short-term disability insurance

Claims	Diagnostic categories			Total
	MSD	Psychological health	Other	
Number	39	43	56	138
% of total number	28%	31%	41%	100%
Cost	$13 725	$19 215	$12 810	$45 750
% of total cost	30%	42%	28%	100%

e) [HEE] / the rate of absenteeism and an estimate of its cost;

NOTES —

1 The rate of absenteeism may correspond to the total number of days of absence divided by the total number of days worked; other definitions for the rate of absenteeism may be used.

2 The cost of absenteeism may be estimated by multiplying the number of days of absence by the average daily wage paid; other methods of estimating the cost of absenteeism may be used.

f) [HEE] / turnover rate;

EXAMPLE — The turnover rate may correspond to the number of departures divided by the average number of employees during a given period; other definitions for the turnover rate may be used.

NOTE — The reasons for departures should be compiled.

g) [HEE] / when an Employee Assistance Program (EAP) is offered:

- the rate of use of the EAP;
- the main reasons for using the EAP;
- which of the main reasons for using the EAP are work-related in whole or in part, when these data exist;

h) [HEE+] / occupational health and safety statistics such as the frequency, type, severity, and incidence rate of accidents and occupational diseases.

NOTE — Most of this information may be obtained on request from insurers.

Data on complaints from employees, grievances, and violations of the laws and regulations in connection with this standard should be collected and compiled.

7.4.6 Retention of information

[HE] / The enterprise shall retain the description of the indicators and the evaluation methods used.

[HE] / The data gathered during the data collection shall be kept for at least five years.

7.5 REPORTS

7.5.1 Content

[HE] / Depersonalized data obtained from the data collection carried out in accordance with the requirements of Clause 7.4 shall be presented in a report.

Administrative data obtained according to the requirements of Clause 7.4.5 may be compiled in a separate report from the report on the data obtained according to the Clauses 7.4.2 to 7.4.4.

[HE] / All reports and documents prepared from data collected in the application of Clause 7.4, as well as communication activities conveying this information, shall comply with the confidentiality requirements specified in Clause 7.2.

[HE] / The report shall highlight good practices and the successes of the enterprise, the main health issues identified in the enterprise, the health needs expressed by employees, and the problems and concerns related to the work environment, work-life balance, and management practices.

[HEE+] / Subject to compliance with the data confidentiality requirements specified in Clause 7.2, the enterprise shall segment the results of its data collection according to different employee sub-groups (for example: by institution, by province, by business unit, by age group).

NOTE — Segmentation of the data collection results enables the action plan to be adapted.

[HEE+] / As of the second data collection, the report shall highlight the evolution of the needs of the employees.

7.5.2 Communication of the data collection results

7.5.2.1 Data on employee satisfaction and needs

[HE] / The part of the report concerning the results of the data collection regarding the satisfaction and needs of employees (see Clause 7.4.2) shall be presented and forwarded to management and to the Health and Wellness Committee by the management representative or the initiative leader.

[HE] / The presentation of this part of the report may be made by an external third party to the enterprise such as a third party who performed the data collection. In this case, the management representative and the initiative leader shall be present at the time of the presentation of the report by the third party.

[HE] / The management representative or the initiative leader shall communicate the results of the data collection specified in Clause 7.4.2 to employees within a maximum period of six months following the start of the data collection. In the case where certain results or information collected is not communicated to the employees, the reasons for this shall be communicated to the employees.

[HEE+] / Management shall present the results obtained from the data collection specified in Clause 7.4.2 to the employees and shall allow for discussion between management and employees.

7.5.2.2 Administrative data

[HE] / The part of the report concerning the results of the administrative data collection (see Clause 7.4.5) shall be presented and forwarded to management and to the Health and Wellness Committee by the management representative.

[HE] / In the event that the report is presented to management and to the Health and Wellness Committee by a third-party external to the enterprise, such as a third party who collected the data, the management representative and the initiative leader shall be present at the time of the presentation of the report by the third party.

> NOTE — The sharing of this information is intended to enable the Health and Wellness Committee to adapt the interventions proposed in the action plan.

Management should present the results obtained from the data collection specified in Clause 7.4.5 to the employees, especially at the [HEE+] level, and allow for discussion to take place with them.

7.5.3 Retention of the report

[HE] / The report shall be retained for a period of at least five years.

8 ACTION PLAN

8.1 STATEMENT OF PRINCIPLES

The action plan establishes the planning and implementation of interventions taking into account the values of management and its commitment to the health and wellness of its employees as stated in the enterprise's policy (see Clause 5.2).

[HE] / The action plan shall reflect the reality of the enterprise, the main health problems of the employees and the concerns, needs, and interests expressed by the employees.

8.2 GENERAL REQUIREMENTS

[HE] / The action plan shall:

a) be developed by the Health and Wellness Committee in accordance with its roles and responsibilities as defined in Clause 6.3;

b) indicate the general objective(s) relating to the health and wellness of employees;

c) indicate the general objective(s) relating to organizational priorities;

d) indicate the targeted priority needs in accordance with the requirements of Clause 8.3.1;

e) indicate the interventions selected to respond to the priority needs as indicated in Clause 8.3.2;

f) take into account the resources of the enterprise;

g) be approved by management;

h) be communicated to the employees;

i) be reviewed at least once per year by the Health and Wellness Committee, be approved again by management, and communicated, at least in broad terms, to the employees.

8.3 CHOICE OF INTERVENTIONS

8.3.1 Priority needs

[HE] / The Health and Wellness Committee shall draw up a list of needs, targeted as priority needs, from among those revealed by the data collection specified in Chapter 7.

The choice of priority needs should be made based on criteria such as:

- the expected effect on the health and wellness of employees and the number of people affected by this need;
- the expected effect on some of the elements addressed in Clause 7.4.5 on the administrative data that may be used as indicators of non-health in the enterprise;
- the level of interest shown by employees.

The action plan shall include at least:

a) [HE] / one priority need;

b) [HEE] / two priority needs;

c) [HEE+] / three priority needs.

8.3.2 Number and scope of interventions according to needs

[HE] / The interventions in the action plan shall cover all the priority needs identified in Clause 8.3.1.

NOTE — The intention is to ensure that the combined effect of all the interventions covers all the priority needs targeted in Clause 8.3.1. Some of the actions may affect several priority needs at the same time.

The action plan shall include at least the number of interventions indicated below:

a) [HE] / two interventions;

b) [HEE] / four interventions, including at least one in the sphere of activity “Management practices”;

c) [HEE+] / six interventions, including at least two in the sphere of activity “Management practices”.

Each intervention should be selected based on criteria such as:

- its effectiveness in exercising a positive influence on employee health and wellness;
- the estimated cost for its achievement;
- the priorities of the enterprise.

NOTES —

1 The term *intervention* is used to designate an activity, project, policy, etc.

2 Interventions already implemented at the moment of the data collection may be valid if they meet the requirements of this clause.

3 All health and wellness Interventions carried out by the enterprise in addition to the Interventions required in this clause may be included in the action plan. These additional interventions are not subject to the requirements of Clause 8.4 and therefore do not need to be documented or evaluated. However, it remains advantageous to do so.

The following table presents a summary of the minimum number of priority needs and interventions to be indicated in the action plan based on the implementation levels and for the “Management practices” sphere of activity.

Minimum number of priority needs and interventions

Level	Minimum number of priority needs	Interventions	
		Minimum number	MP sphere
HE	1	2	N/A
HEE	2	4	1
HEE+	3	6	2

NOTE — "MP sphere" refers to the "Management practices" sphere of activity.

8.4 INFORMATION ON EACH INTERVENTION

8.4.1 Required information

[HE] / For each intervention required in accordance with Clause 8.3.2, the Health and Wellness Committee shall indicate the information required in Clauses 8.4.2 to 8.4.7 in its action plan.

8.4.2 Objectives

For each intervention, the action plan shall include at least:

a) [HE] / the identification of the groups of people targeted by the intervention;

b) [HE] / a measurable participation objective, expressed as a percentage of the people targeted by the intervention;

c) [HEE] / a second measurable objective.

8.4.3 Person in charge

[HE] / For each intervention, the action plan shall include the name of a person in charge. This person shall follow up with the Health and Wellness Committee.

8.4.4 Timeframe

[HE] / For each intervention, the action plan shall include a deadline for completion.

8.4.5 Estimate of resources

[HEE] / For each intervention, the action plan shall include an estimate of the human, financial, and material resources required to achieve it.

8.4.6 Communication

[HE] / For each intervention, the action plan shall indicate the means of communication to be used to promote it to the groups of people targeted.

8.4.7 Evaluation of interventions

[HE] / The action plan shall provide for an evaluation phase for each intervention. It shall specify at least:

a) a deadline to carry out the evaluation;

b) the means that will be used to evaluate the achievement of the objectives established for each intervention (see Clause 8.4.2);

c) the means that will be used to evaluate the satisfaction rate of the participants.

9 EVALUATION

9.1 STATEMENT OF PRINCIPLES

The evaluation aims to obtain both qualitative and quantitative measures of the interventions carried out as part of the action plan and the enterprise's health and wellness initiative.

9.2 EVALUATION OF THE INTERVENTIONS AND ACHIEVEMENT OF THE OBJECTIVES OF THE ACTION PLAN

9.2.1 Evaluation of the interventions

[HE] / An evaluation that complies with the terms and conditions established in the action plan (see Clause 8.4.7) shall be carried out for each intervention required in accordance with Clause 8.3.2.

The evaluation of the interventions shall cover at least the following elements:

a) [HE] / the measurable participation objective [see point b) of Clause 8.4.2];

b) [HE] / the satisfaction rate of the participants measured according to the means chosen in point c) of Clause 8.4.7;

c) [HEE] / the second measurable objective chosen [see point c) of Clause 8.4.2].

9.2.2 Evaluation of the achievement of the general objectives of the action plan

[HEE+] / An evaluation of the level of achievement of the general objectives of the action plan specified in points b) and c) of Clause 8.2 shall be carried out at least once per year by the Health and Wellness Committee.

9.3 REPORTS AND INTERPRETATION OF THE RESULTS

9.3.1 Intervention reports

For each intervention, the person in charge of the intervention shall present a written report to the Health and Wellness Committee that includes at least the following elements:

a) [HE] / the results of the evaluation of the interventions (see Clause 9.2.1), presented in a depersonalized format;

b) [HEE] / a qualitative analysis including an interpretation of the results.

9.3.2 Synthesis report

The Health and Wellness Committee shall prepare a synthesis report at least once per year that includes at least the following elements:

a) [HE] / a synthesis of the interventions reports required in Clause 9.3.1;

b) [HEE+] / the evaluation of the achievement of the general objectives of the action plan (see Clause 9.2.2).

[HE] / One or more members of the Health and Wellness Committee shall present the synthesis report to management at least once per year.

9.4 ANNUAL REVIEW OF THE HEALTH AND WELLNESS INITIATIVE

The annual review of the health and wellness initiative allows management to take stock of the initiative by analyzing what has taken place during the previous year, reaffirming its commitment, and allocating the necessary resources for the following year.

[HE] / The management representative shall plan and carry out an annual review of the health and wellness initiative with management.

This annual review of the initiative shall cover at least the following elements:

a) [HE] / the synthesis report required in Clause 9.3.2;

b) [HEE] / a qualitative evaluation covering the steps of the initiative as described in Chapters 5 to 9 of this standard.

[HEE] / A written summary of the annual review of the initiative shall be produced.

9.5 COMMUNICATION

Management shall communicate the following to employees at least once per year:

a) [HE] / the synthesis report required in Clause 9.3.2;

b) [HEE] / the written summary of the annual review of the initiative required in Clause 9.4.

[HEE+] / The synthesis report required in Clause 9.3.2 shall be presented by management to the employees allowing for discussion to take place between them.

9.6 RETENTION OF RESULTS

[HE] / The results of evaluations, reports, and summaries required in this chapter shall be retained for at least five years.

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ANNEX A

(informative)
[non-mandatory]

Summary of the requirements specific to each commitment level

The table below presents (for each requirement of Chapters 5 to 9) the requirements specific to each level of commitment (HE, HEE, and HEE+). It clearly shows which requirements are added for the HEE and HEE+ levels.

NOTE — The figures that appear in the HE, HEE and HEE+ columns indicate the number of elements required for each of these levels of commitment.

Chapter or clause	Title or subject	Level of commitment		
		HE	HEE	HEE+
5	Management commitment			
5.1	Communication of intention			
	Communication to parties involved	✓		
5.2	Policy			
1st para.	*Minimum content and approval*	✓		
2nd para.	*Communication to employees*	✓		
2nd para.	*Display*		✓	
3rd para.	*Review every three years and approval*	✓		
5.3	Health and safety			
5.3.1	Risk determination and control			
1st para.	*Method*	✓		
2nd para.	*Data*		✓	
2nd para.	*Sources of additional information*	NOTE		
5.3.2	Communications			
	Information and training of employees	✓		
	Information to sub-contractors	✓		
5.4	Stay-at-work and return-to-work			
1st para.	*Measures for returning to work*	✓		
1st para.	*Measures for staying at work*			✓
2nd para.	*Communication to managers and employees*	✓		
3rd para.	*Roles and responsibilities of stakeholders*		✓	
4th para.	*Responsibilities of managers*			✓
5th para.	*Training of managers*			✓

Chapter or clause	Title or subject	Level of commitment		
		HE	HEE	HEE+
5.5	Management representatives			
5.5.1	Nominations			
1st para.	*Management representative*	✓		
2nd para.	*Initiative leader*	Option		
3rd para.	*Choice of management representative*	Recommendation		
5.5.2	Training			
	Training needs	✓		
5.5.3	Roles and responsibilities			
1st para.	*Management representative*	✓		
2nd para.	*Initiative leader*	✓		
3rd para.	*Management representative*	✓		
5.6	Strategic planning			
	Minimum content		✓	
5.7	Management and managers			
1st para.	*Responsibility of managers*		✓	
2nd para.	*Training of management and managers*		✓	
3rd para.	*Evaluation of managers*			✓
4th para.	*Skills development plan for managers*			✓
5.8	Time allocated to employees			
	Allocation of time during working hours		✓	
6	Health and Wellness Committee			
6.1	Organization and composition			
1st para.	*Implementation*	✓		
2nd para.	*Selection of members*	Recommendation		
3rd para.	*Representativeness*		✓	
4th para.	*External resources*	Option		
5th para.	*List of members provided to employees*	✓		
6.2	Mandate and objectives			
1st para.	*Purpose; revision every three years*	✓		
2nd para.	*Four meetings per year*	✓		
3rd para.	*Links with the Occupational Health and Safety Committee*	Recommendation		
6.3	Roles and responsibilities of the committee			
	Purpose and scope	✓		
6.4	Training			
1st para.	*Needs of the members of the Health and Wellness Committee*		✓	
2nd para.	*Minimum content of the training*	Recommendation		
7	Data collection			
7.1	General information	Informative		

Chapter or clause	Title or subject	Level of commitment		
		HE	HEE	HEE+
7.2	Confidentiality			
1st para.	*Importance*	Informative		
2nd para.	*Written measures*	✓		
2nd para.	*Confidentiality — Principles and Guidelines; Annex B (Informative)*	NOTE		
7.3	Schedule and frequency			
1st para.	*Data collection before the choice of interventions*	✓		
2nd para.	*Update at least once every two years*	✓		
3rd para.	*If more than 2 years (maximum 3 years), documentation of reasons*	✓		
4th para.	*Administrative data update every year*			✓
7.4	Purpose of the data collection			
7.4.1	Spheres of activity	Informative		
7.4.2	Employee satisfaction and needs			
1st para.	*Means*	Option		
2nd para.	*Elements related to the four spheres of activity*	6	1	1
7.4.3	State of health			
1st para.	*Minimum elements*	Recommendation		
2nd para.	*Confidentiality*	✓		
7.4.4	Appreciation and suggestions from employees			
1st para.	*Regarding the commitment of their manager*			✓
2nd para.	*Regarding existing activities and interventions and the problems to be targeted*	Recommendation		
7.4.5	Administrative data			
1st para.	*Period covered: one year*	✓		
2nd para.	*Period covered: three years*			✓
3rd para.	*Minimum elements*	2	3	3
4th para.	*Data on complaints, grievances, and violations*	Recommendation		
7.4.6	Retention of information			
1st para.	*Retention of indicators and evaluation methods*	✓		
2nd para.	*Retention of data for at least five years*	✓		
7.5	Reports			
7.5.1	Content			
1st para.	*Depersonalized data*	✓		
2nd para.	*Separate compilation of administrative data*	Option		
3rd para.	*Confidentiality*	✓		
4th para.	*Elements to be highlighted*	✓		
5th para.	*Segmentation of results*			✓
6th para.	*Evolution of employee needs*			✓

Chapter or clause	Title or subject	Level of commitment		
		HE	HEE	HEE+
7.5.2	Communication of the data collection results			
7.5.2.1	Data on employee satisfaction and needs			
1st para.	*Presented and forwarded to management and the Health and Wellness Committee*	✓		
2nd para.	*Presentation by an external third party to the enterprise*	✓		
3rd para.	*Communicated to employees by the management representative*	✓		
4th para.	*Presentation to employees by management with opportunity for discussion*			✓
7.5.2.2	Administrative data			
1st para.	*Presented and forwarded to management and the Health and Wellness Committee*	✓		
2nd para.	*Presentation by an external third party to the enterprise*	✓		
3rd para.	*Presentation to employees by management with opportunity for discussion*	Recommendation		
7.5.3	Retention of the report			
	Retention of the report for five years	✓		
8	Action plan			
8.1	Statement of principles			
1st para.	*General objective*	Informative		
2nd para.	*Purpose*	✓		
8.2	General requirements			
	Content and procedures	✓		
8.3	Choice of interventions			
8.3.1	Priority needs			
1st para.	*Targeted needs*	✓		
2nd para.	*Criteria*	Recommendation		
3rd para.	*Minimum number*	1	2	3
8.3.2	Number and scope of interventions according to needs			
1st para.	*Scope*	✓		
2nd para.	*Minimum number*	2	4	6
3rd para.	*Criteria*	Recommendation		
4th para.	*Synthesis report*	Informative		
8.4	Information on each intervention			
8.4.1	Required information			
	Content to be indicated in the action plan	✓		
8.4.2	Objectives			
	Nature of the objectives	2	1	
8.4.3	Person in charge			
	Name and follow-up with the Health and Wellness Committee	✓		

Chapter or clause	Title or subject	Level of commitment		
		HE	HEE	HEE+
8.4.4	Timeframe *Deadline*	✓		
8.4.5	Estimate of resources *Human, financial, and material resources*		✓	
8.4.6	Communication *Means of promotion*	✓		
8.4.7	Evaluation of intervention *Deadline, means*	✓		
9	Evaluation			
9.1	Statement of principles	Informative		
9.2	Evaluation of the interventions and achievement of the objectives of the action plan			
9.2.1 *1st para.* *2nd para.*	Evaluation of the interventions *One evaluation per intervention* *Content*	 ✓ 2	 1	
9.2.2	Evaluation of the achievement of the general objectives of the action plan *At least once per year*			✓
9.3	Report and interpretation of the results			
9.3.1	Intervention report *Minimum elements*	 1	 1	
9.3.2 *1st para.* *2nd para.*	Synthesis report *At least once per year; minimum elements* *Presented by the Health and Wellness Committee to management*	 1 ✓		 1
9.4 *1st para.* *2nd para.* *3rd para.* *4th para.*	Annual review of the health and wellness initiative *General objective* *Carried out by the management representative, with management* *Minimum elements* *Written summary*	 Informative ✓ 1	 1 ✓	
9.5 *1st para.* *2nd para.*	Communication *Elements communicated by management to employees* *Presentation by management to employees with opportunity for discussion*	 1	 1	 ✓
9.6	Retention of results *Evaluations, reports and summaries: at least five years*	 ✓		

ANNEX B
(informative)
[non-mandatory]

Confidentiality — Principles and guidelines
(Clauses 7.2, 7.4.3, and 7.4.5)

B.1 INTRODUCTION

The confidentiality of the data collected in the context of this standard constitutes a major concern. Confidentiality is a sensitive and delicate subject.

This annex presents, for informational purposes, principles and guidelines that may guide the choice of measures to be put in place by the enterprise in order to ensure the confidentiality of the data collected.

B.2 WHY CONFIDENTIALITY IS SO IMPORTANT

Without the presence of a real sense of trust in the confidentiality of the data collected as well as the methods of compiling, processing, and communicating them, respondents may be unwilling to answer, give false information (that does not correspond to their situation), or even give answers according to what they believe would be desired or valued by the enterprise.

This sense of trust is even more important when it comes to collecting information on very personal issues such as physical or psychosocial health, lifestyle habits, interpersonal relationships at work, etc.

B.3 PRINCIPLES TO BE RESPECTED

Great care should be taken to ensure that data resulting from activities carried out with employees are collected, compiled, and analyzed only by persons bound by professional secrecy or confidentiality obligations governed by a code of ethics, or by an external organization formally committed to respecting confidentiality at all times. Subsequently, only depersonalized data and results may be presented to the Health and Wellness Committee, management, and employees.

It is essential to reassure respondents that the information they provide will remain strictly confidential and that no identifying information (e.g., personal sociodemographic data) will be disclosed. The extent of the measures to be put in place to ensure confidentiality with respect to the treatment and communication of the data may vary according to the sensitive nature or the more or less personal nature of the data collected, the context of the enterprise, or the profiles of the employees.

All necessary measures should be taken to ensure the confidentiality of the data even if the enterprise may sometimes insist on having access to certain sensitive data or information. For example, data on psychological distress often arouse the interest of some leaders who want this issue to be analyzed in greater depth in order to be able to offer personalized support services to those who need it most. Although the intent is commendable, the data collection is not to be used for this purpose. It is important to inform all stakeholders of this from the outset, to remind them of it, and to ensure sustained vigilance throughout the process.

B.4 SUGGESTED GUIDELINES

Here are a few examples of practices that may contribute to ensuring the confidentiality of the data collected and to raise the level of trust among the people who are the subject of the data collection:

- communicate to employees the names of anyone in the enterprise or any external organization that will be authorized to access the data collected;
- have a confidentiality commitment form signed by any person (internal or external) who will be authorized to access the data collected;
- never disclose information which would allow a person or a small group of people to be recognized;
- never present, in reports, tables or any other documents, a depersonalized compilation of demographic data consolidated by categories of characteristics or obtained from groups with fewer than a pre-established number of respondents;

  NOTE — In order to ensure the confidentiality of results compiled in a depersonalized manner, some agencies such as Statistics Canada and the Institut de la statistique du Québec (ISQ) advocate a minimum number of respondents ranging from 15 to 30 per sample or per group of respondents, depending on the nature and the sensitivity of the data collected. The size of an enterprise may have an influence on the minimum number of respondents to ensure the confidentiality of the information collected.

- pay attention when statements or textual comments from respondents are integrated into reports, tables or other documents prepared from the data collected. Ensure that these depersonalized documents do not contain any element, including content, vocabulary or a writing style, which may reveal the identity of a respondent or a restricted group of respondents.

  NOTE — Some of the above elements are taken from *Standards for the Conduct of Government of Canada Public Opinion Research — Online Surveys* published by Public Works and Government Services Canada (PWGSC).

ANNEX C
(informative)
[non-mandatory]

Informative references

C.1 GENERAL

The references below are cited for information purposes in this standard.

It should be noted that a dated reference refers to that specific edition of the reference, while a non-dated reference refers to the latest edition of the reference in question.

C.2 DOCUMENT FROM STANDARDS BODIES

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CAN/CSA-Z1003-13/
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C.3 LAW, REGULATION OR SIMILAR DOCUMENT

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ANNEX D
(informative)
[non-mandatory]

Bibliography

D.1 GENERAL

The references below can be consulted for more information on the topics covered in this standard.

D.2 DOCUMENT FROM A STANDARDS BODY

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