



Health
Canada

Santé
Canada

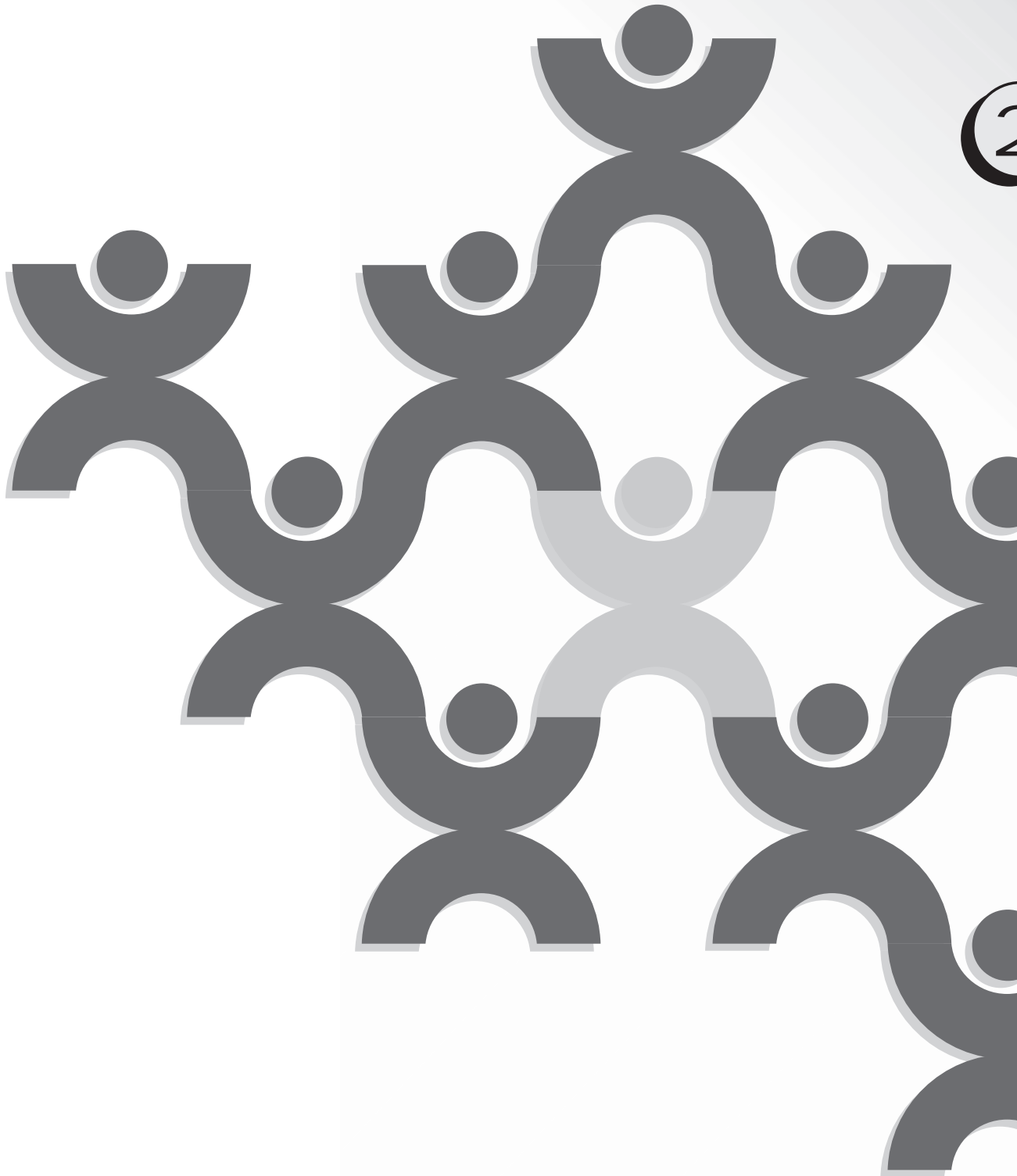
Best Advice

on Stress Risk
Management in
the Workplace

This document has been divided into a series of files for easier downloading from our web site.

Part 2 of 2

Canada



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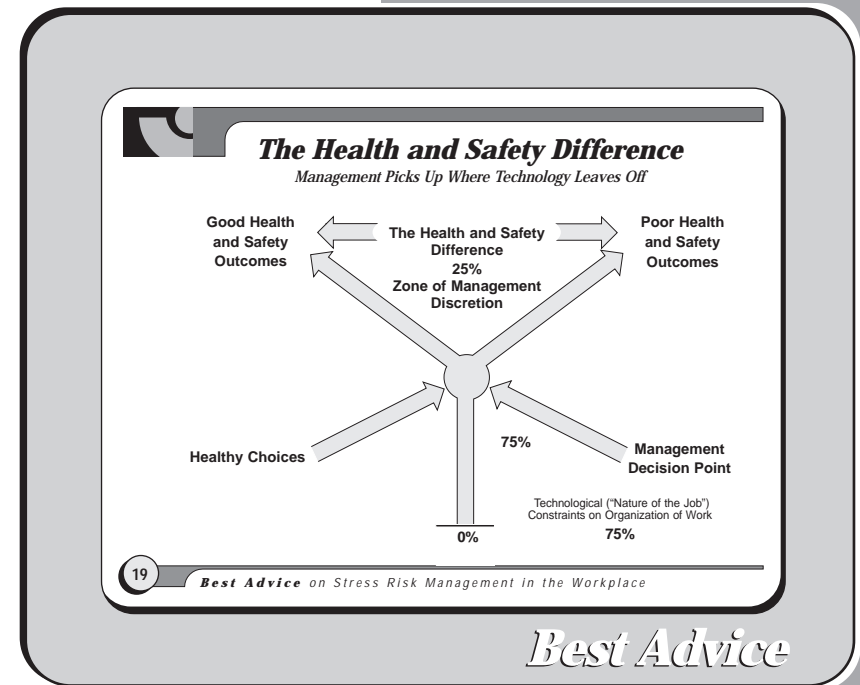
**What Are the
Implications of
This Knowledge?**

Production of Stress and Management Choices

We now know enough about stress at work to realize that it is a quantifiable and measurable risk. The risk to health and safety presented by excessive stress can be *managed* to a large extent. This means that stress-related risk can be prevented, abated or shut down to a trickle **at source** *when managers choose to make different kinds of decisions about how they govern the workplace.*

Although the nature of the job to be done often pre-determines or severely constrains managerial decisions about the way in which the work can be organized, there are always *some* choices remaining. Overhead 19 shows that even when 75 percent of your options for organizing the work are foregone because of the technological constraints of the job, the remaining choices make all the difference with regard to health and safety outcomes.

The most crucial choices are those to do with how the demand/control and effort/reward aspects of work are organized.



The “Diligent Alternative” for Managing Stress Risk

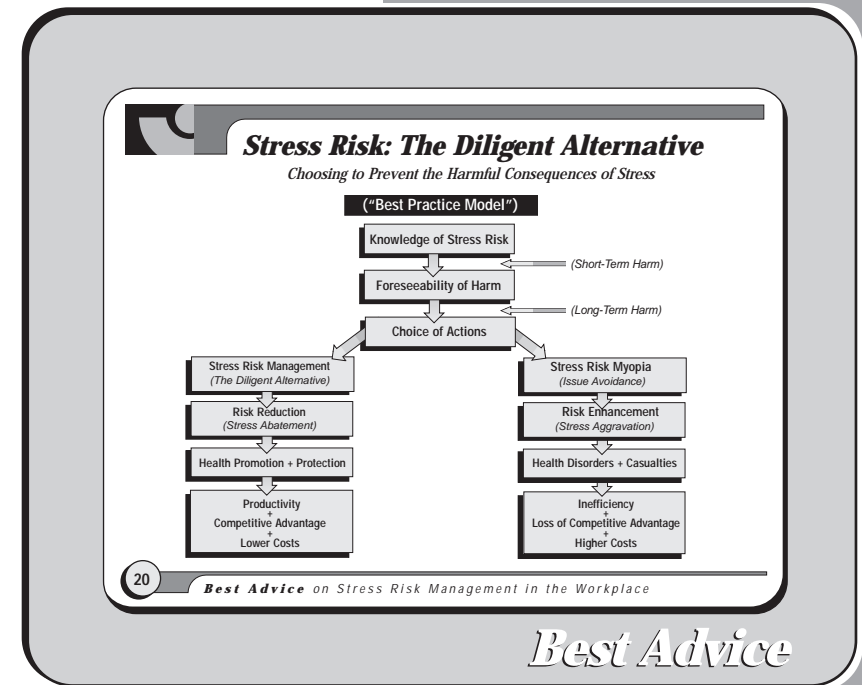
With the *knowledge* that excessive stress can and does lead to harms of various kinds comes an ethical dilemma: to act or not to act. It is arguable that with knowledge comes responsibility and that the diligent choice is active, upstream, “at source” *stress risk management*. We might describe the alternative course of inaction as “stress risk myopia” or as a “head in the sand” attitude. Here the issue is avoided or denied.

The *diligent alternative* means:

- taking the trouble to learn about the stress risks of your particular workplace
- doing what is reasonably within your power to manage and prevent these risks

There is clearly a strong business case for pursuing the *diligent alternative* because, as we have seen, the health and safety related costs of ignoring stress risks are high, reflecting themselves in:

- higher benefit payouts
- higher absenteeism
- lower efficiency
- lower productivity
- less creativity
- less competitiveness
- less client/consumer satisfaction
- higher injury rates
- higher property damage rates





Is There a Legal Duty to Abate Excessive Stress at Source Under Occupational Health and Safety Rules Concerning Due Diligence?

Employers must take every precaution reasonable under the circumstances to protect their workers' health and safety. This duty of due diligence has a clear basis in both statute and common law. See, for example, Ontario's *Occupational Health and Safety Act*, R.S.O. 1990, c. O.1, sections 25(2)(h) and 66(3), and the leading Supreme Court of Canada cases of *Marshment v. Borgstrom*, [1942] S.C.R. 374, and *Ainslie Mining and Railway Company v. McDougall* (1909), 42 S.C.R. 420.

Historically, this general duty has been applied to the *physical* aspects of workers' health and safety, but, as the judge said in the English case of *Walker v. Northumberland County Council*, [1995] 1 All E.R. 737 at 749: "there is no logical reason why risk of psychiatric damage should be excluded from the scope of an employer's duty of care"

Saskatchewan has consciously adopted a broader view of health and safety in its governing statute, the *Occupational Health and Safety Act*, S.S. 1993, c. 0-1.1, section 2(1)(p), where "occupational health and safety" is defined as:

- "(i) the promotion and maintenance of the highest degree of physical, mental and social well-being of workers;
- "(ii) the prevention among workers of ill health caused by their working conditions;
- "(iii) the protection of workers in their employment from factors adverse to their health;

"(iv) the placing and maintenance of workers in working environments that are adapted to their individual physiological and psychological conditions; and

"(v) the promotion and maintenance of a working environment that is free of harassment"

The duty to provide a safe system of work has existed for over 90 years in Canadian law and this duty is now incorporated for most purposes under the general due diligence provisions of the various provincial statutes, as noted above.

Most conspicuously, due diligence and safe system of work arguments have been successfully applied in situations where excessive hours of work and/or short staffing have created stress for employees that has led to illness. See, for example, *St. Thomas Psychiatric Hospital and Ministry of Labour* (unreported, April 26, 1993, Ont. Of. Adj. Docket no. AP01/93-A). In other words, "*high demand*" conditions have already been acknowledged as potential and actual occupational health and safety hazards in Canada.

There appears to be nothing in the way of making a legal case for the recognition of "*low control*" as a similar hazard, even though such cases "will often give rise to extremely difficult evidentiary problems of foreseeability and causation" (*Walker v. Northumberland County Council*, cited above).

The *Walker* case is important because it illustrates vividly that sufficient evidence *can* be brought forward in stress claims to meet the legal standards for foreseeability and causation of harm. In that case it was held that “where it was reasonably foreseeable to an employer that an employee might suffer a nervous breakdown because of the stress and pressures of his workload, the employer was under a duty of care, as part of the duty to provide a safe system of work, not to cause the employee psychiatric damage by reason of the volume or character of the work which the employee was required to perform” (*Walker* at p. 737).

In *Walker*, the court noted that, in spite of his “very considerable reserves of character and resilience” what broke the plaintiff was, among other things, “the mounting but quite uncontrollable workload” and “a feeling of frustrated helplessness because he found himself in a deteriorating situation which he was powerless to control” (*Walker* at p. 754). Note the unmistakable references to “*low control*” conditions as stressors.

The *Walker* case stands ready to be imported into Canadian law as a natural development of the rules that already implicate excessive job demands as occupational hazards when the risk to health and/or safety is reasonably foreseeable.

The standard of care in such cases is likely to be the same as in physical risks. That is, only those risks that are reasonably foreseeable by “normal” employers invite the duty of care.¹ The risks must not be simply those that are intrinsic to the job and the employee who falls victim to them must not be exceptionally vulnerable by virtue of some personality or character trait. Even here, however, an employer who knows or ought reasonably to know that an employee is particularly vulnerable in a psychological sense should not expose him or her to risks from the eventuation of which they may be predictably harmed.

In short, there is a solid legal basis to support claims that certain types of stress at certain levels are hazards under health and safety rules and that employers have a duty to abate such hazards at source under the general requirements of due diligence. Due diligence is more than just a defence against claimants who believe the employer has not done enough to protect them: it is also a proactive duty to provide a system of work that is not only safe physically but also mentally.

1. “Normal” in this context refers to behaviour that would be commonly accepted within a specific occupation, business or trade.

The Stewardship Case for Managing Stress Risk

There is also a *stewardship* case for pursuing the *diligent alternative* because the harms created by excessive stress are not contained in the workplace: many harms *escape* into the community through excessive health care, law enforcement and welfare costs borne by families and taxpayers at large.

Some workplaces produce *little* harm and transfer even less of it to the community, but others produce a *great deal* of harm (as we saw) and transfer much of it to the community. For example, within a single economic sector such as mining, we can see workplaces that generate *little* harm and *great* harm. The most harm-producing companies produce *four times* the harm produced by the least harm-producing companies. That's *four times* the *cost to society* in *health care* costs, *social service* costs and even *policing* costs.

(See Reference 36.)

The idea of *stewardship*, in the sense just described, is at the heart of the emerging “social” or “civic” model of workplace wellness.



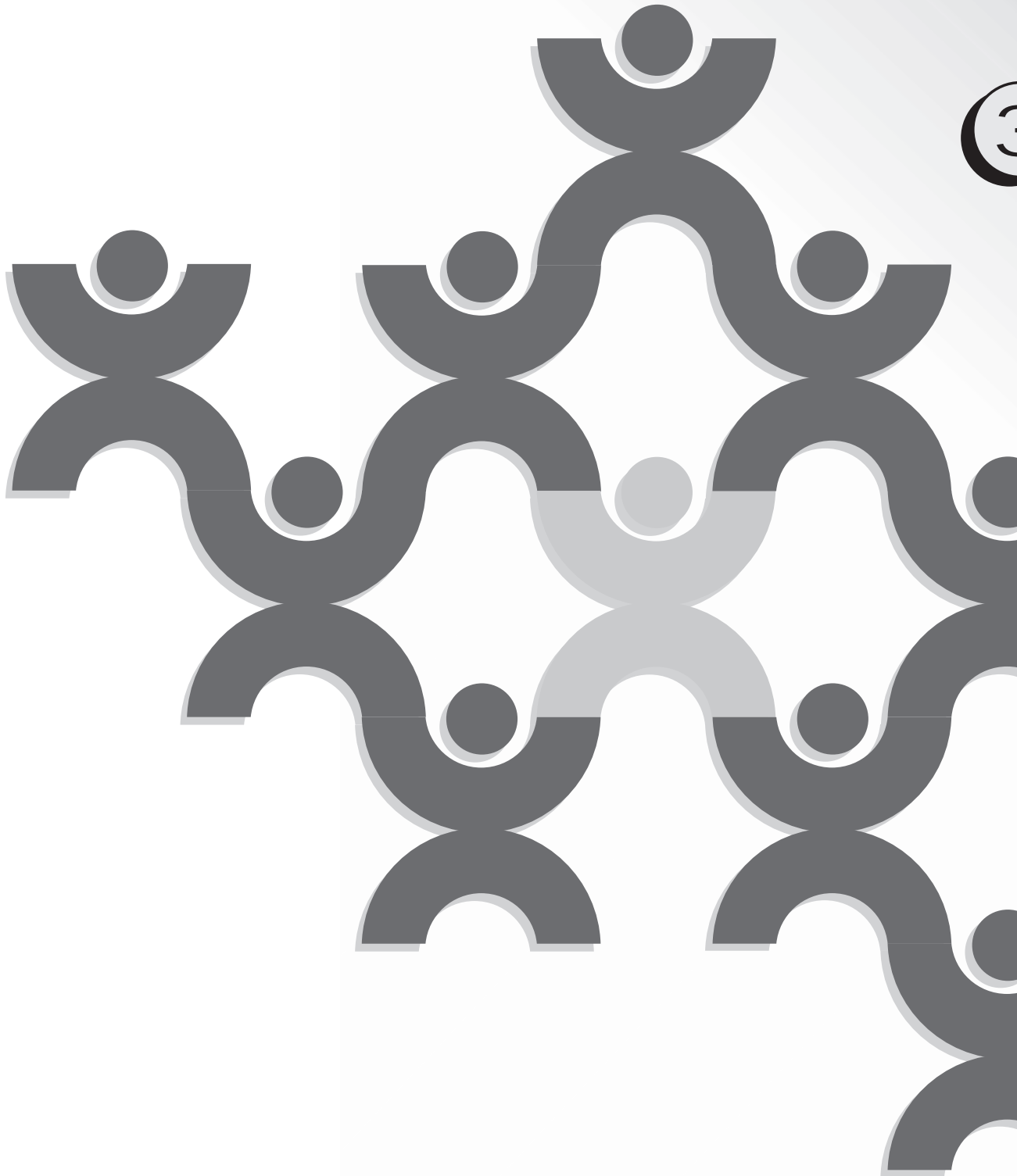
Stress and Ethics: A Summary

- ✘ Stress is often the product of choices that people make about how they will treat one another.
- ✘ Employers know, or ought to know, that when they impose excessive and unnecessary stress on employees they place them in harm's way.
- ✘ Employers have a responsibility to avoid the imposition of excessive and unnecessary stress.
- ✘ It is the foreseeability and avoidability of harm that attracts responsibility for it.
- ✘ This ethical responsibility extends outside the walls of the workplace to embrace the community at large as well.
- ✘ This responsibility is fundamentally *to do no harm*. It is a “floor” standard for workplace health and safety.

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Best Advice on Stress Risk Management in the Workplace

Best Advice



3

What Can We Do to Abate Stress (Manage Stress Risk) in the Workplace?












What Managers Can Do

Managers can choose the *diligent alternative* and adopt the “Best Practice Model” of stress abatement. If the major organizational drivers of workplace stress and its consequent health and safety problems are *high demand/low control* coupled with *high effort/low reward* conditions, the *diligent alternative* requires that we tackle these hazards if we seriously want to make a change.

Many studies concerning the effectiveness of health and safety promotion initiatives point to a common success factor that addresses the *low control, low reward* part of the problem which appears to be the most threatening part. In a word, this factor is *participation*. It means getting more employees more involved in the organization and design of their own work. The chart shows areas in which payoffs for improved mental health can be anticipated. Because of its close connection with mental health, gains in physical health can also be expected, as can reductions in injury and property damage rates. All these gains are associated with lower costs, higher productivity and greater competitiveness.

The road to fuller participation is not without its bumps and byways. Many who have gone through the process successfully describe it as “messy.” However, the gains are potentially enormous.

Areas in Which Employee Participation Can Be Increased to Produce Mental and Physical Health Gains and to Reduce Costs

Problems Related To	Making Decisions About
 space allocation	 what new technology to introduce
 heating/cooling/ventilation	 how to introduce new technology
 lighting	 shift/time scheduling
 design of workstations	 re-organization
 safety of operations	 organization and design of day-to-day work
 efficiency of operations	

22 **Best Advice** on Stress Risk Management in the Workplace

Best Advice

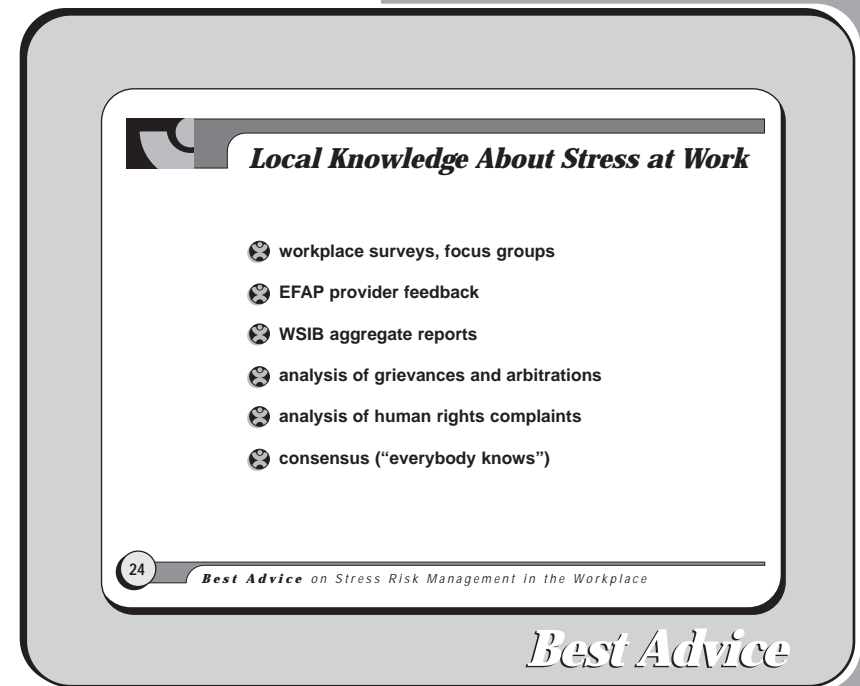
What Partners Can Do

With the full endorsement, commitment and support of management and unions workplace committees whose members deal with stress-related issues in the course of their work can *form partnerships*, for example, Occupational Health and Safety Committees and Employee/Family Assistance Program Committees. These are usually committees that contain a fairly wide representation of the work force at various levels. Together they bring to the table a wealth of knowledge concerning the sources and effects of stress at work. In active collaboration with senior management, the partners can further *develop a local knowledge base* about the sources and effects of stress through the various means shown on Overhead 23.

This information feeds into the Best Practice Model for Stress Abatement at the “Knowledge” end. It provides the basis for developing a *diligent alternative* strategy for stress abatement.

N.B.: Committee members frequently point to a need for ongoing education and training with regard to workplace stress — its origins and management.

Once equipped with the necessary knowledge, committee members can recommend or facilitate further educational and training events or processes for the work force at large, with an emphasis on reaching supervisors and managers at all levels.





Conclusion

The *Best Advice on Stress Risk Management in the Workplace* paves the way to health and safety promotion in the workplace. Stress risk management or stress abatement — dealing with organizational stress at its source — is a prerequisite to meaningful health and safety promotion.

Other initiatives, such as the introduction of health promotion programs, can support the effectiveness of stress risk management. But stress risk management is important in its own right because it serves the basic health and safety principle of “do no harm.”

Bibliography

1. Bosma, H., R. Peter, J. Siegrist and M. Marmot (1998). "Two Alternative Job Stress Models and the Risk of Coronary Heart Disease." *American Journal of Public Health*, 88(1): 68-74.
2. Cohen, S., D.A.J. Tyrrell and A.P. Smith (1991). "Psychological stress and susceptibility to the common cold." *New England Journal of Medicine*, 325(9): 606-12.
3. Courtney, J.G., M.T. Longnecker, T. Theorell et al. (1993). "Stressful Life Events and the Risk of Colorectal Cancer." *Epidemiology*, 4(5): 407-14.
4. Elden, M. (1986). "Socio-technical Systems Ideas as Public Policy in Norway: Empowering Participation Through Worker-Managed Change." *Journal of Applied Behavioural Science*, 22(3): 239-55.
5. Frone, M.R., M. Russell and G.M. Barnes (1996). "Work-family conflict, gender, and health-related outcomes: a study of employed parents in two community samples." *Journal of Occupational Health, Psychology*, 1(1): 57-69.
6. Gardell, Bertil (1982). "Scandinavian Research on Stress in the Workplace." *International Journal of Health Services*, 12(1): 31-41.
7. Green, K.L., and J.V. Johnson (1990). "The effects of psychosocial work organization on patterns of cigarette smoking among male chemical plant employees." *American Journal of Public Health*, 80(11): 1368-871.
8. Greenberg, E.S. (1986). *Workplace Democracy: The political effects of participation*. Ithaca, New York: Cornell University Press.
9. Greenberg, E.S., and L. Grunberg (1995). "Work alienation and problem alcohol behavior." *Journal of Health and Social Behavior*, 36 (March 1995): 83-102.
10. Harris, M., and M.L. Fennell (1988). "A multivariate model of job stress and alcohol consumption." *Sociological Quarterly*, 29: 391-406.

11. Hendrix, W.H., B.A. Spencer and G.S. Gibson (1994). "Organizational and extraorganizational factors affecting stress, employee well-being, and absenteeism for males and females." *Journal of Business and Psychology*, 9(2): 103-28.
12. Hlatky, M.A., et al. (1995). "Job strain and the prevalence and outcome of coronary artery disease." *Circulation*, 92(3): 327-33.
13. Israel, B.A., J.S. House, S.J. Schurman, C.A. Heaney and R.P. Mero (1989). "The relation of personal resources, participation, influence, interpersonal relationships and coping strategies to occupational stress, job strains and health: a multivariate analysis." *Work and Stress*, 3(2): 163-94.
14. Israel, B.A., et al. (1996). "Occupational stress, safety, and health: conceptual framework and principles for effective prevention interventions." *Journal of Occupational Health Psychology*, 1(3): 261-86.
15. Jemmott, J.B., and S.E. Locke (1984). "Psychosocial factors, immunologic mediation and human susceptibility to infectious diseases: How much do we know?" *Psychological Bulletin*, 95(1): 78-108.
16. Johnson, J.V., and G. Johansson (eds.) (1991). *The Psychosocial Work Environment: Work Organization, Democratization and Health*. Amityville, New York: Baywood Publishing Company.
17. Johnson, J.V., W. Stewart et al. (1996). "Long-term psychosocial work environment and cardiovascular mortality among Swedish men." *American Journal of Public Health*, 86(3): 324-31.
18. Kaplan, M., and T. Rankin (May 1993). *Quantitative measures from organizations undergoing major change in the way work is performed: A survey of 18 Canadian workplaces*. Toronto, Ontario: Government of Ontario.
19. Karasek, R., and T. Theorell (1990). *Healthy Work: Stress, Productivity and the Reconstruction of Working Life*. New York, New York: Basic Books Inc.
20. Kiecolt-Glaser, J.K., and R. Glaser (1995). "Psychoneuroimmunology and Health Consequences: Data and Shared Mechanisms." *Psychosomatic Medicine*, 57: 269-74.
21. Kohn, M.L., and C. Schooler (1978). "The reciprocal effects of substantive complexity of work and intellectual flexibility: A longitudinal assessment." *American Journal of Sociology*, 84: 24-52.
22. Kolodny, H., and T. Stjernberg (1986). "The Change Process of Innovative Work Designs: New Design and Redesign in Sweden, Canada and the U.S." *Journal of Applied Behavioural Science*, 22(3): 287-301.
23. Macy, B.A., and H. Izumi (1993). "Organizational change, design and work organization: a meta-analysis." In Woodman and W. Pasmore (eds.). *Research in Organizational Change and Development*, Vol. 7. J.A.I. Press Inc.
24. Markowitz, M. (1984). "Alcohol misuse as a response to perceived powerlessness in the organization." *Journal of Studies on Alcohol*, 45(3): 225-7.
25. Martin, J.K., T.C. Blum and P.M. Roman (1992). "Drinking to cope and self-medication: Characteristics of jobs in relation to worker's drinking behavior." *Journal of Organizational Behavior*, 13: 55-71.
26. Matthews, K.A., et al. (1987). "Stressful work conditions and diastolic blood pressure among blue collar factory workers." *American Journal of Epidemiology*, 126(2): 280-291.
27. Melamed, S., et al. (1989). "Ergonomic stress levels, personal characteristics, accident occurrence and sickness absence among factory workers." *Ergonomics*, 32(9): 1101-10.
28. Muntaner, C., and P.J. O'Campo (1993). "A critical appraisal of the demand/control model of the psychosocial work environment: Epistemological, social, behavioral and class considerations." *Social Science and Medicine*, 36(11): 1509-17.
29. Painter, B., and T.J. Smith (1986). "Benefits of a participatory safety and hazard management program in the British Columbia Forestry and Logging Organization." In O. Brown Jr. and H.W. Hendrick (eds.). *Human Factors in Organizational Design and Management II*. North-Holland: Elsevier Science Publishers B.V.

30. Polanyi, M.F.D., D.C. Cole, D.E. Beaton et al. (1997). "Upper Limb Work-Related Musculoskeletal Disorders Among Newspaper Employees: Cross-Sectional Survey Results." *American Journal of Industrial Medicine*, 32: 620-8.
31. Roman, P.M., and H.M. Trice (1970). "The development of deviant drinking behavior: Occupational risk factors." *Archives of Environmental Health*, 20: 424-35.
32. Seeman, M., and C.S. Anderson (1983). "Alienation and alcohol: The role of work, mastery and community in drinking behavior." *American Sociological Review*, 48(1): 60-77.
33. Seeman, M., A.Z. Seeman and A. Budros (1988). "Powerlessness, work and community: A longitudinal study of alienation and alcohol use." *Journal of Health and Social Behavior*, 29(3): 185-98.
34. Shannon, H.S., et al. (1996). "Workplace organizational correlates of lost-time accident rates in manufacturing." *American Journal of Industrial Medicine*, 29: 258-68.
35. Shannon, H.S., J. Mayr and T. Haines (1997). "Overview of the Relationship between Organizational and Workplace Factors and Injury Rates." *Safety Science*, 26(3): 201-17.
36. Shain M. (1997). "The role of the workplace in the production and containment of health costs: the case of stress-related disorders." *Leadership in Health Services*, 12(2): i-vii.
37. Shehadeh, V., and M. Shain (1990). *Influences on Wellness in the Workplace: Technical Report*. Ottawa: Health and Welfare Canada.
38. Siegrist, J. (1996). "Adverse health effects of high-effort/low-reward conditions." *Journal of Occupational Health Psychology*, 1(1): 27-41.
39. Smith, M.J. (1997). "Psychosocial aspects of working with video display terminals (VDTs) and employee physical and mental health." *Ergonomics*, 40(10): 1002-15.
40. Steptoe, A., O. Evans and G. Fieldman (1997). "Perceptions of control over work: psychophysiological responses to self-paced and externally-paced tasks in an adult population sample." *International Journal of Psychophysiology*, 25(3): 211-20.
41. Tyler, T.R., R.J. Boeckmann, H.J. Smith and Y.J. Huo (1997). *Social Justice in a Diverse Society*. Boulder, Colorado: Westview Press/Harper Collins.
42. Theorell, T., A. Tsutsumi, J. Hallquist et al. (1997). "Decision Latitude, Job Strain and Myocardial Infarction: A Study of Working Men in Stockholm." *American Journal of Public Health*, 88(3): 382-8.
43. Trice, H.M. (1992). "Work-related risk factors associated with alcohol abuse." *Alcohol Health and Research World*, 16(2): 106-11.
44. Warr, P.B. (1990). "Decision latitude, job demands, and employee well-being." *Work and Stress*, 4(4): 285-94.
45. Webb, G.R., et al. (1994). "The relationship between high risk and problem drinking and the occurrence of work injuries and related absences." *Journal of Studies on Alcohol* (July 1994): 434-46.



Overheads



Basic Mental Health Needs in the Workplace

 **respect and appreciation**


 **feeling heard or listened to**


 **freedom to speak up**

 **sense of confidence and
self worth**

 **freedom from chronic feelings
of hostility and anger**

 **a sense of belonging to a
meaningful and supportive
work group**

 **freedom from chronic
symptoms of distress,
anxiety and depression**

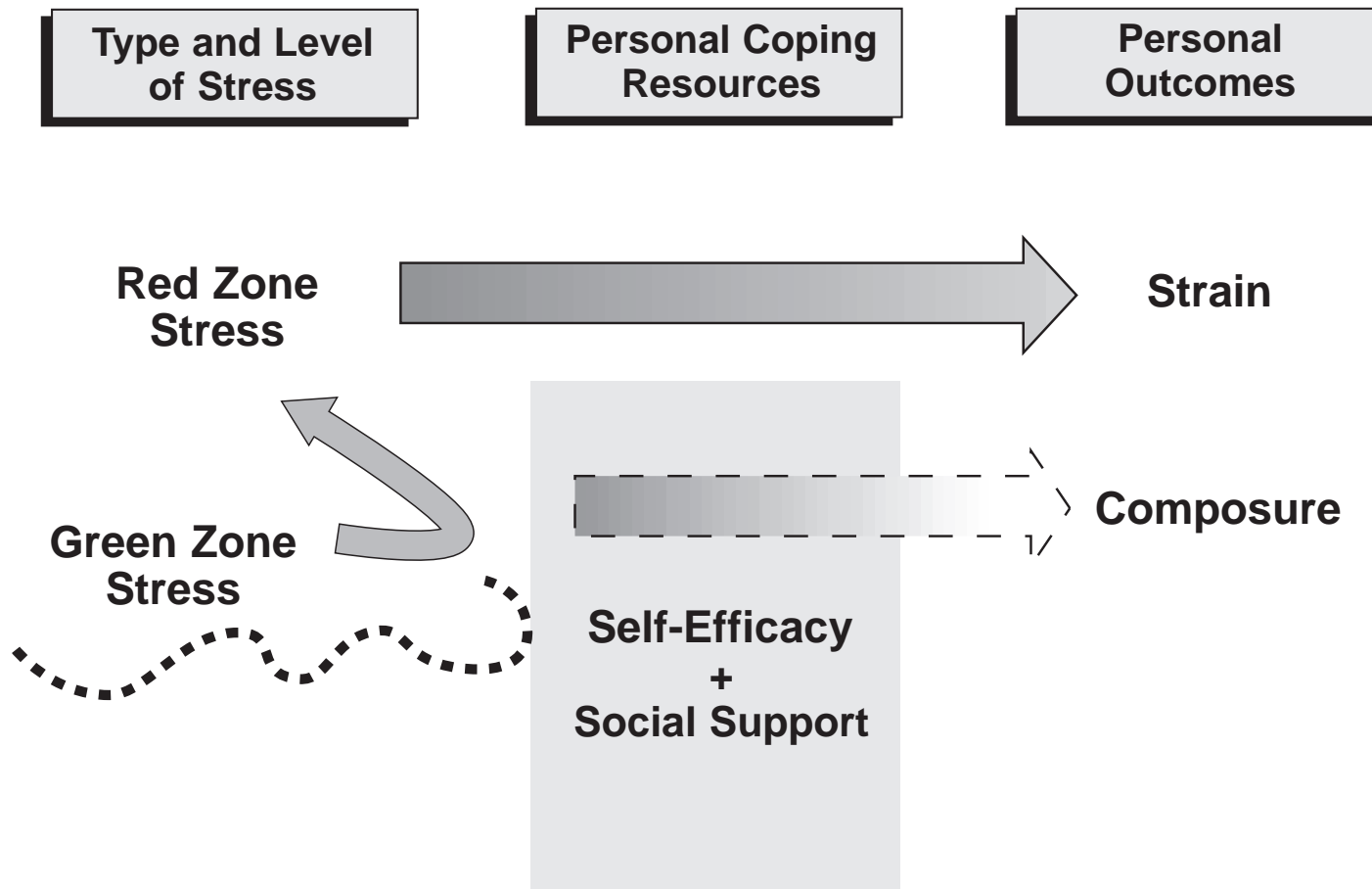
 **periods of relative calm and
peace of mind**

Work Factors Threatening Mental Health and Physical Safety

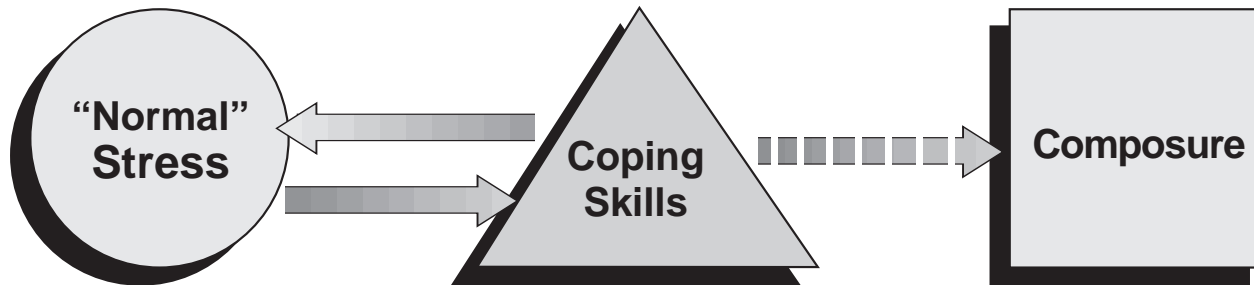
(Examples of “Stressors” or “Psychosocial Hazards”)

-  work overload and time pressure
-  lack of influence over day-to-day work
-  lack of training and/or preparation (technical and social)
-  too little or too much responsibility
-  ambiguity in job responsibility (too many masters)
-  lack of status rewards (appreciation)
-  discrimination
-  harassment
-  poor communication
-  neglect of legal and safety obligations

Stress is the Sea: Efficacy and Social Support are the Sea Wall

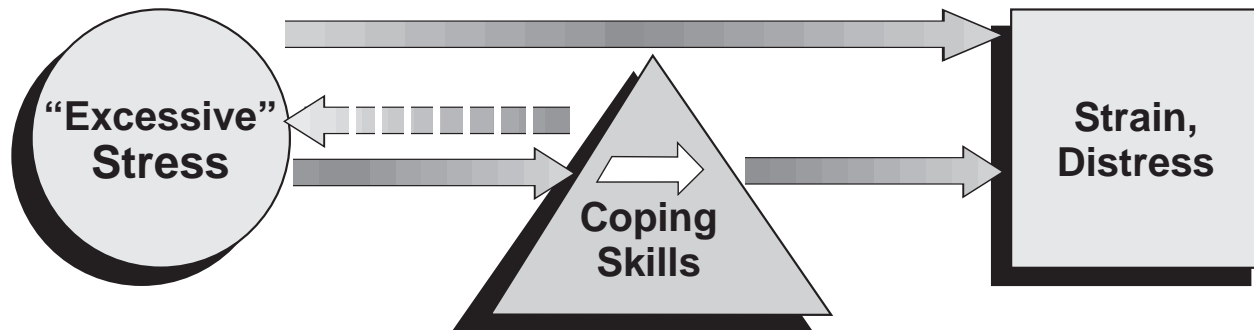


Normal and Excessive Stress



Normal levels of stress are "turned back" or otherwise dealt with when people have adequate coping skills.

**Result:
composure**

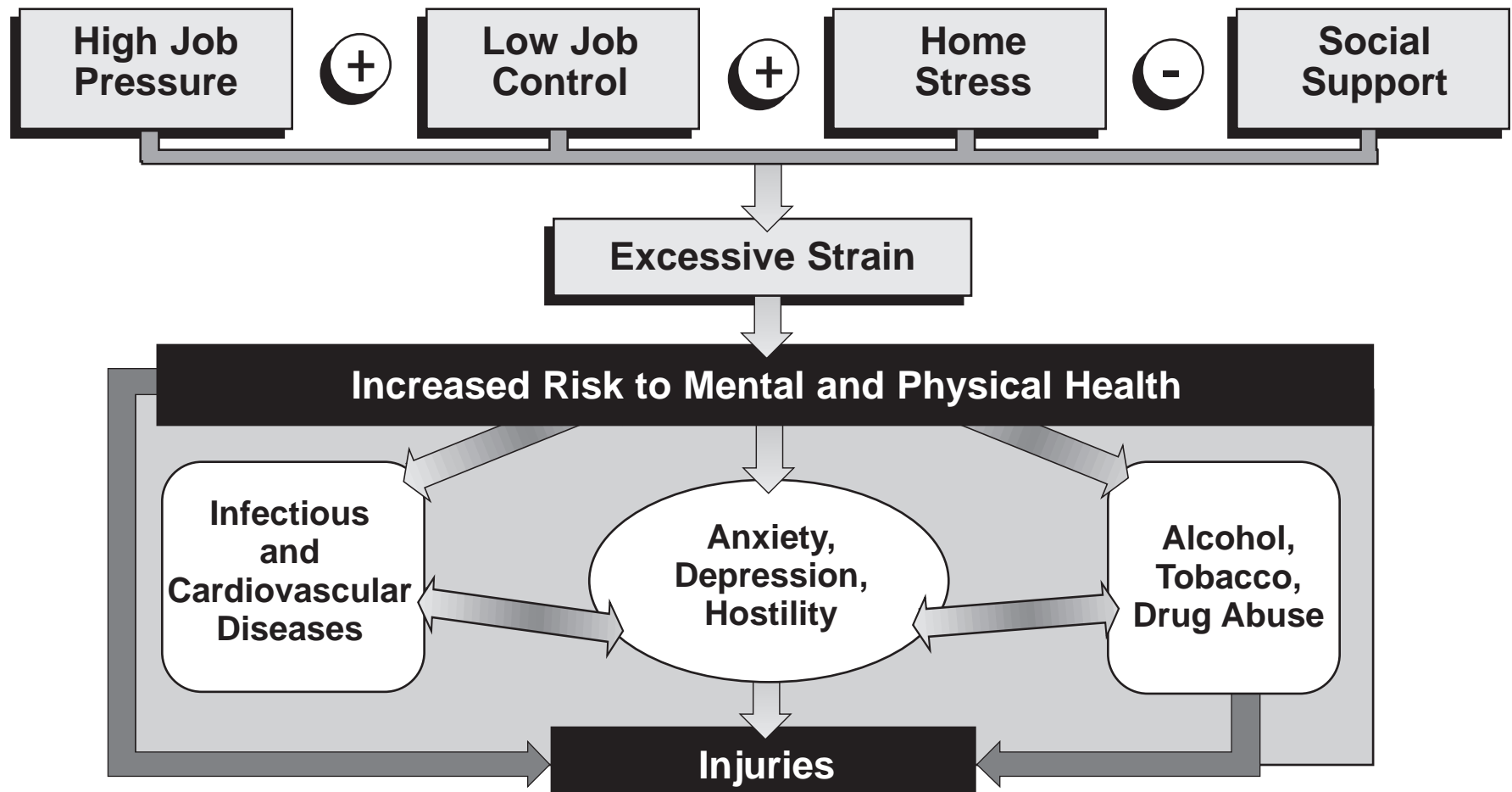


Even normally adequate coping skills are not enough in the face of sustained excessive stress which can overwhelm or destroy them.

**Result:
strain, distress**

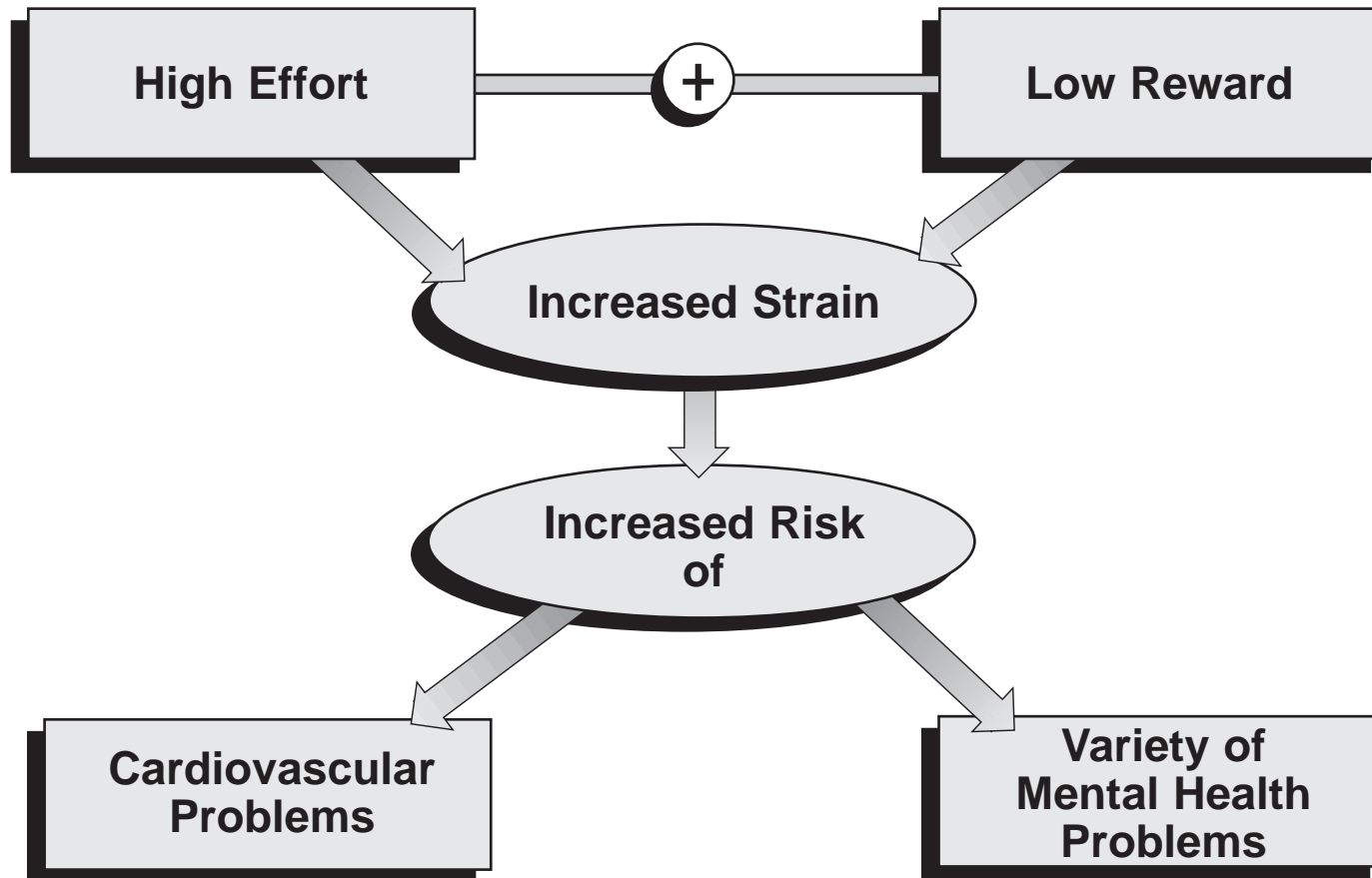
Demand/Control Model

(adapted from Karasek and Theorell)



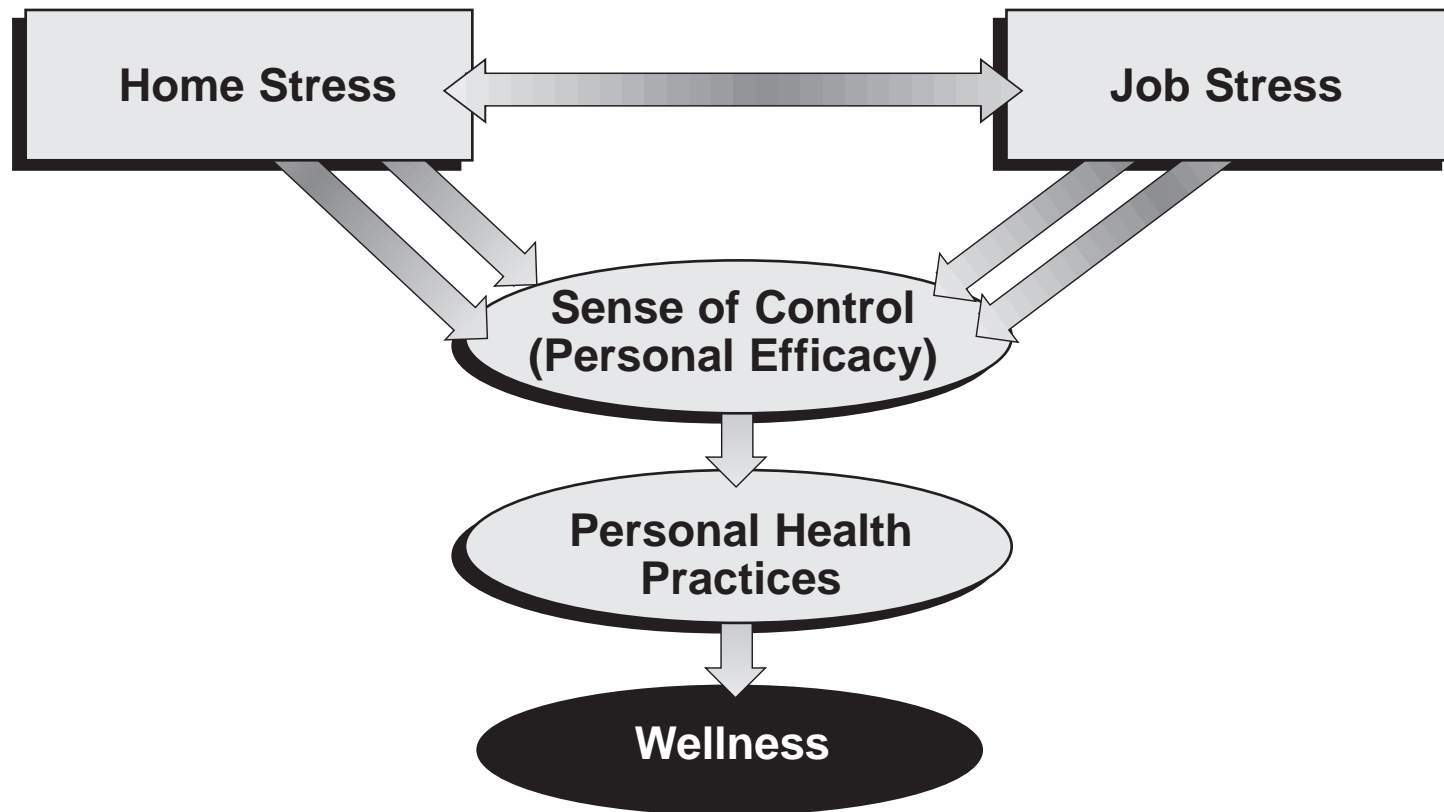
Effort/Reward Imbalance Model

(Siegrist)



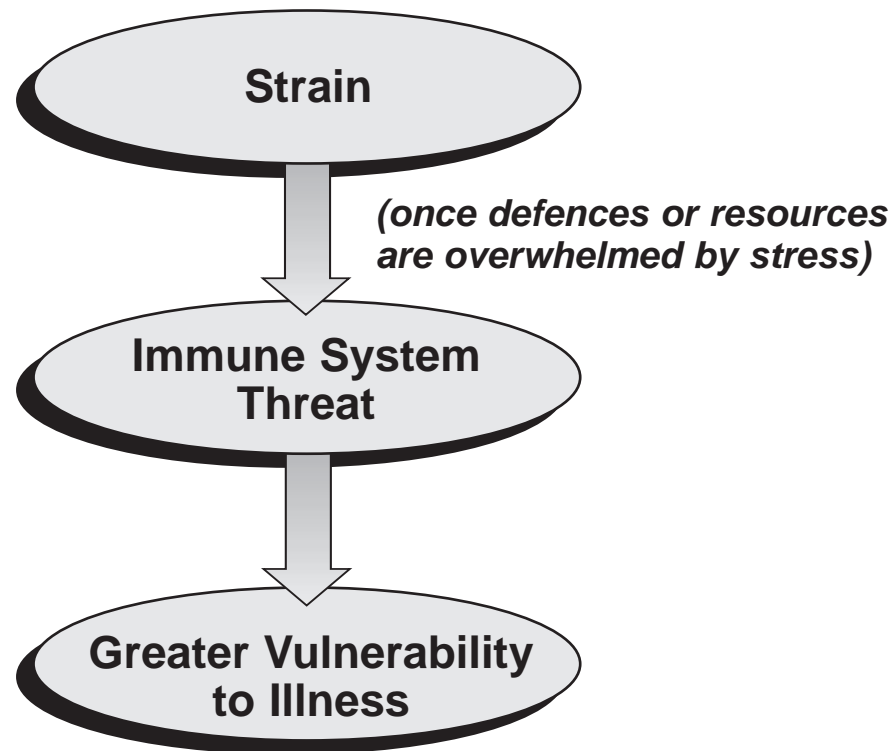
General Model of Influences on Wellness in the Workplace

(Shehadeh and Shain)



The Strain-Illness Connection: Close-Up

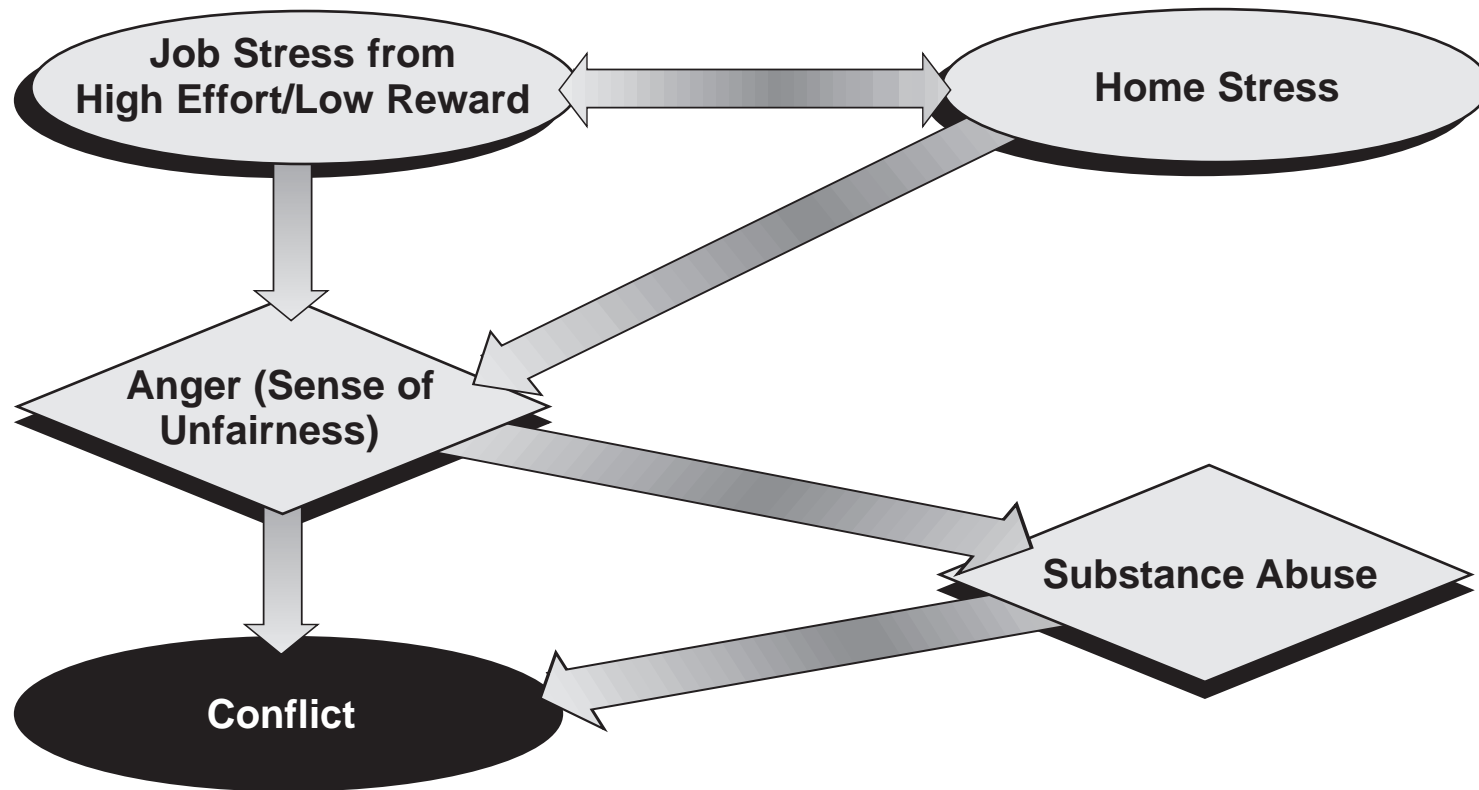
(Kiecolt-Glaser and Glaser)



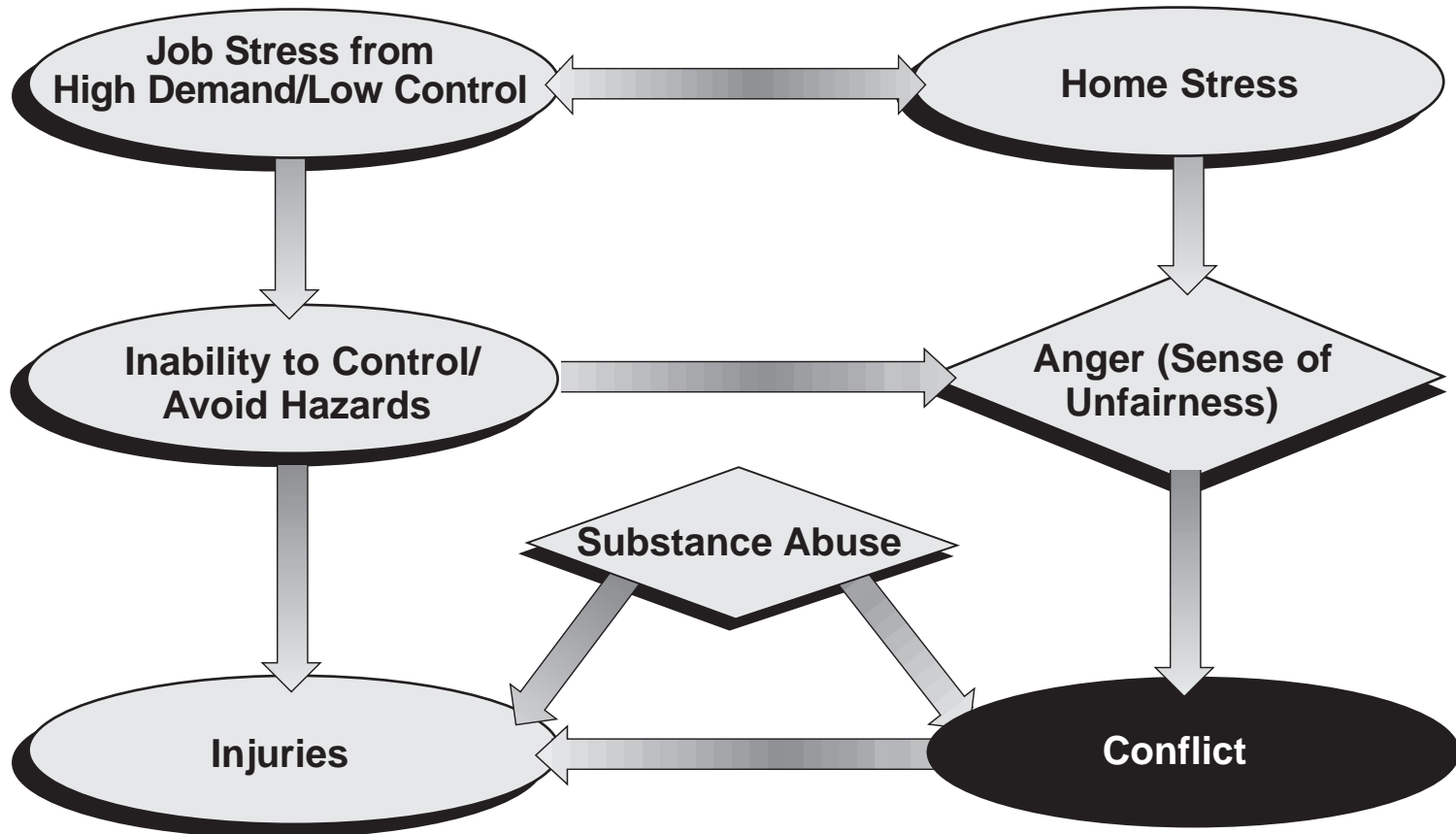
Demand/Control, Effort/Reward, Fairness, Purpose and Trust



The Production of Conflict, No. 1










The Production of Conflict, No. 2







Expressions of Conflict

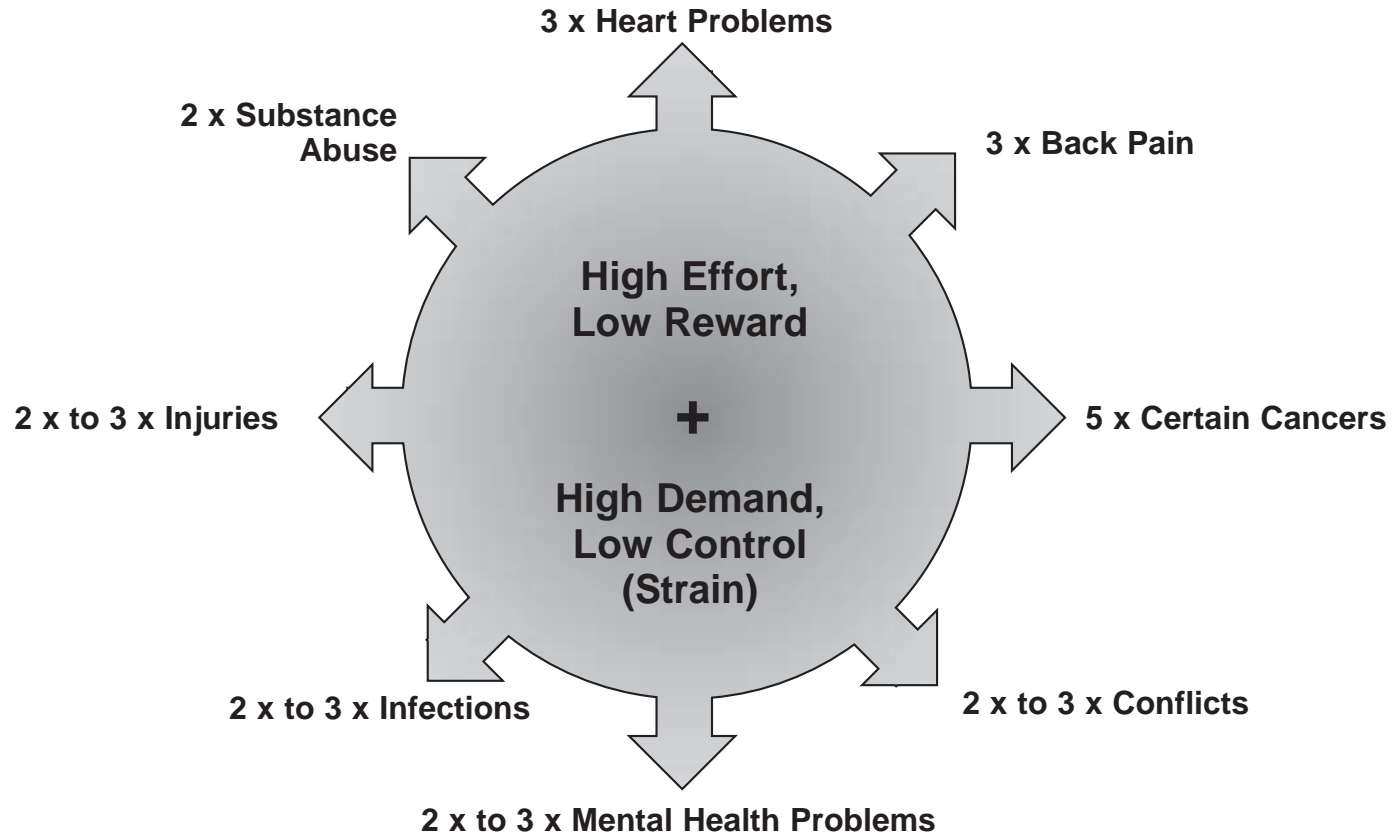
Outer-directed

-  threatening behaviour
-  emotional and/or verbal abuse
-  bullying
-  harassment
-  assault
-  domestic violence
-  road rage

Inner-directed

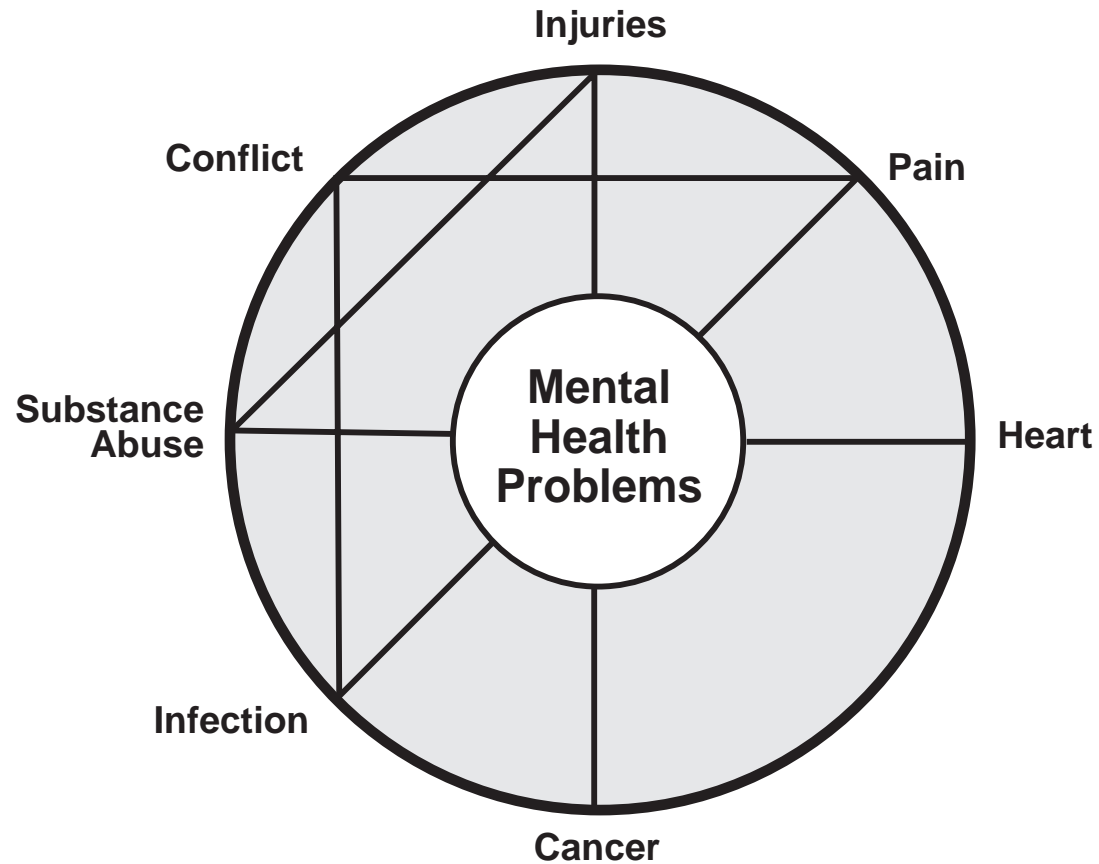
-  suicidal behaviour
-  recklessness
-  agitated depression
-  abuse of alcohol, drugs
(can lead to externalization
of conflict also)

The Costs of an Unhealthy Workplace



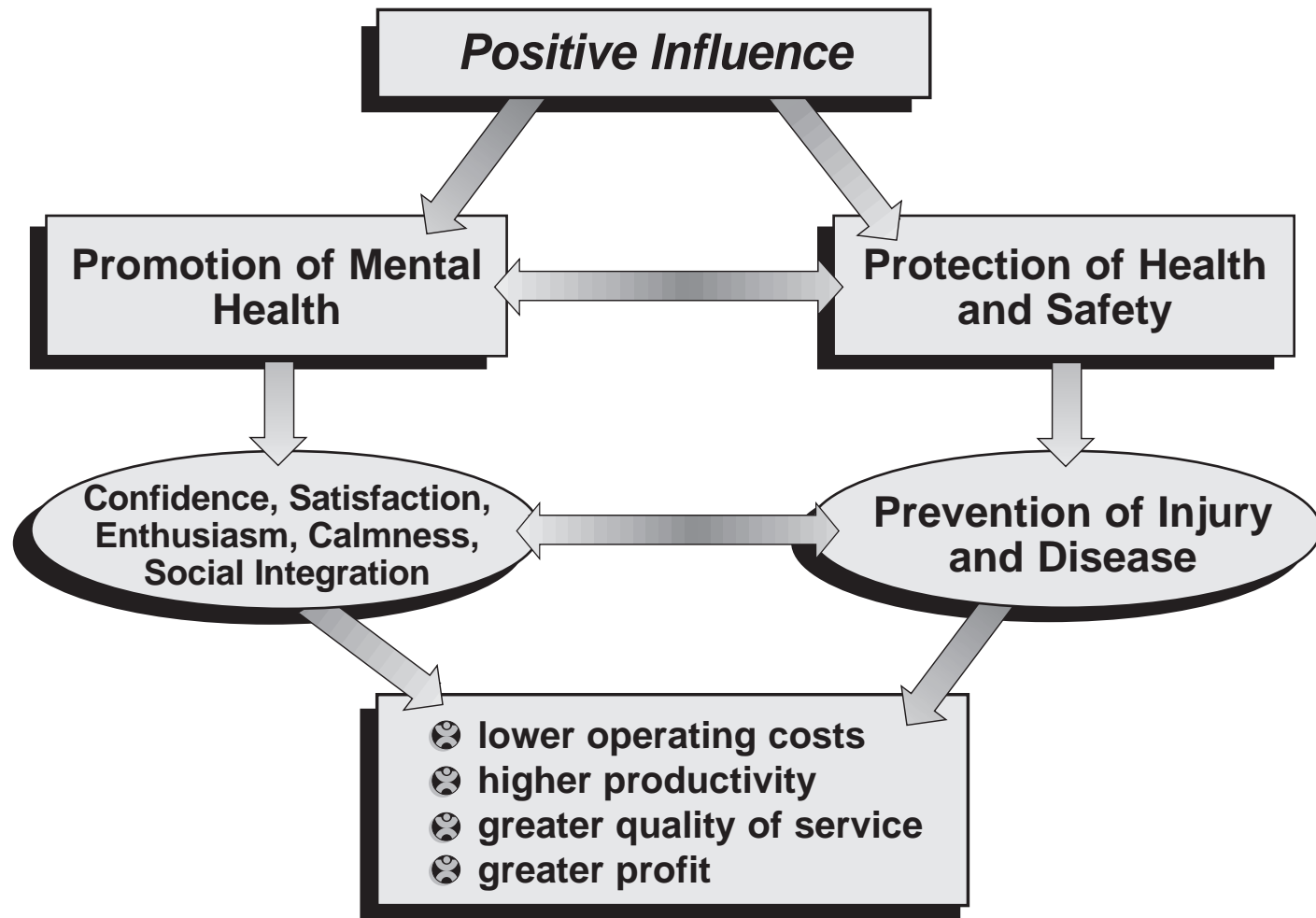
How to read the chart: For example, employees under sustained conditions of high effort/low reward and high pressure/low control are two to three times (2 x to 3 x) more likely to contract infections than other employees.

The Wheel of Harm

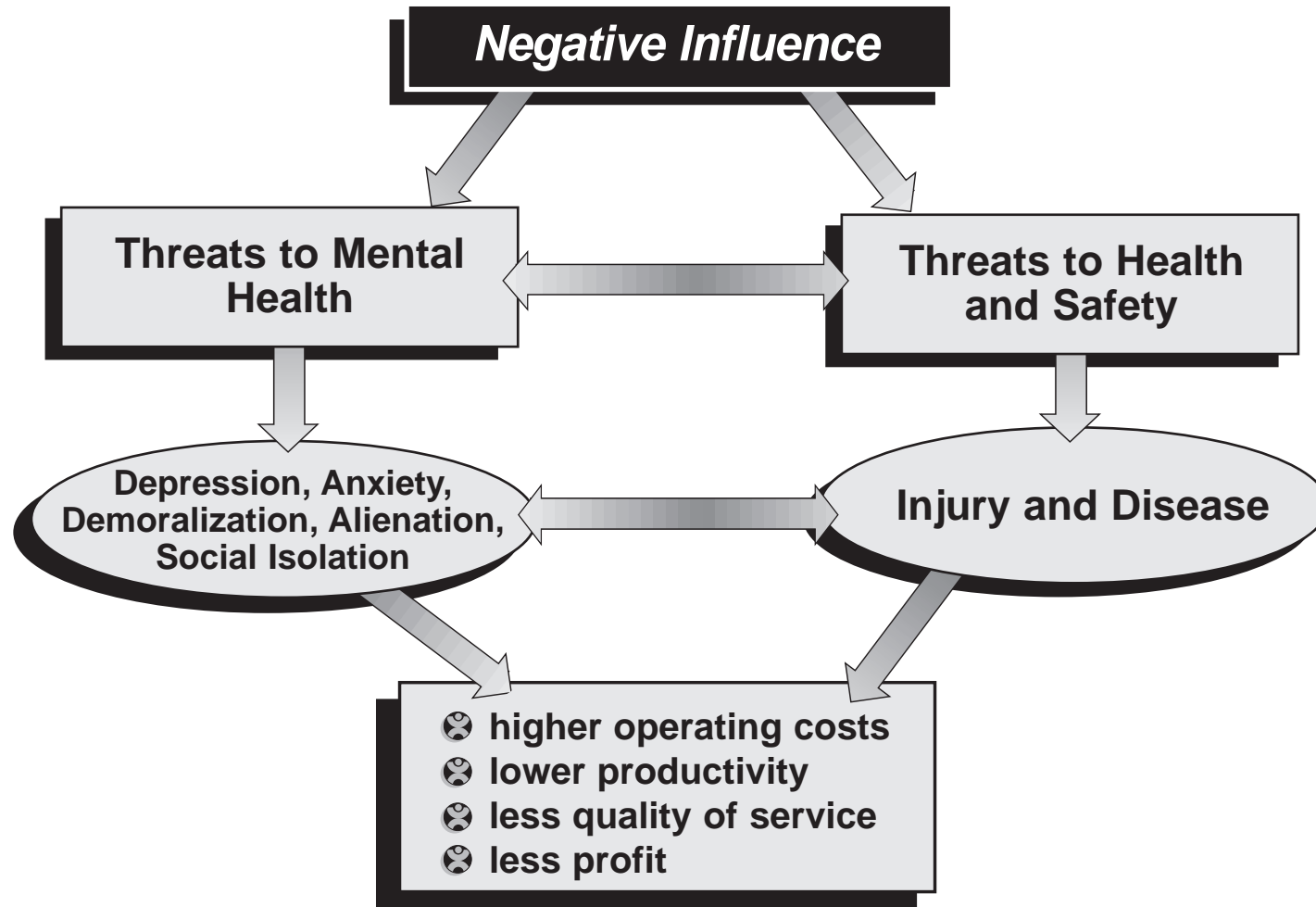


Mental health is at the heart of the matter: once it has been adversely affected, mental health influences the likelihood that future physical health and safety problems will emerge. Trace the routes of the different harms and costs by going through "Mental Health Problems" in the middle circle to get an idea of how one outcome is affected by the previous one and directly influences the next.

Organization and Design of Work











Organization and Design of Work (cont'd)











Consequences of Excessive Stress

Mental Consequences




-  rushed, stressed and helpless
-  abused
-  nervous
-  depressed
-  angry and upset
-  careless and reckless
-  lack of concentration
-  easily distracted

Physical Consequences

-  eat poorly
-  drink excessively
-  use too many medications
-  no time for exercise
-  sleep poorly
-  prone to infections
-  more likely to get injured
-  higher cardiovascular risk

Consequences of Excessive Stress (cont'd)

Social Consequences

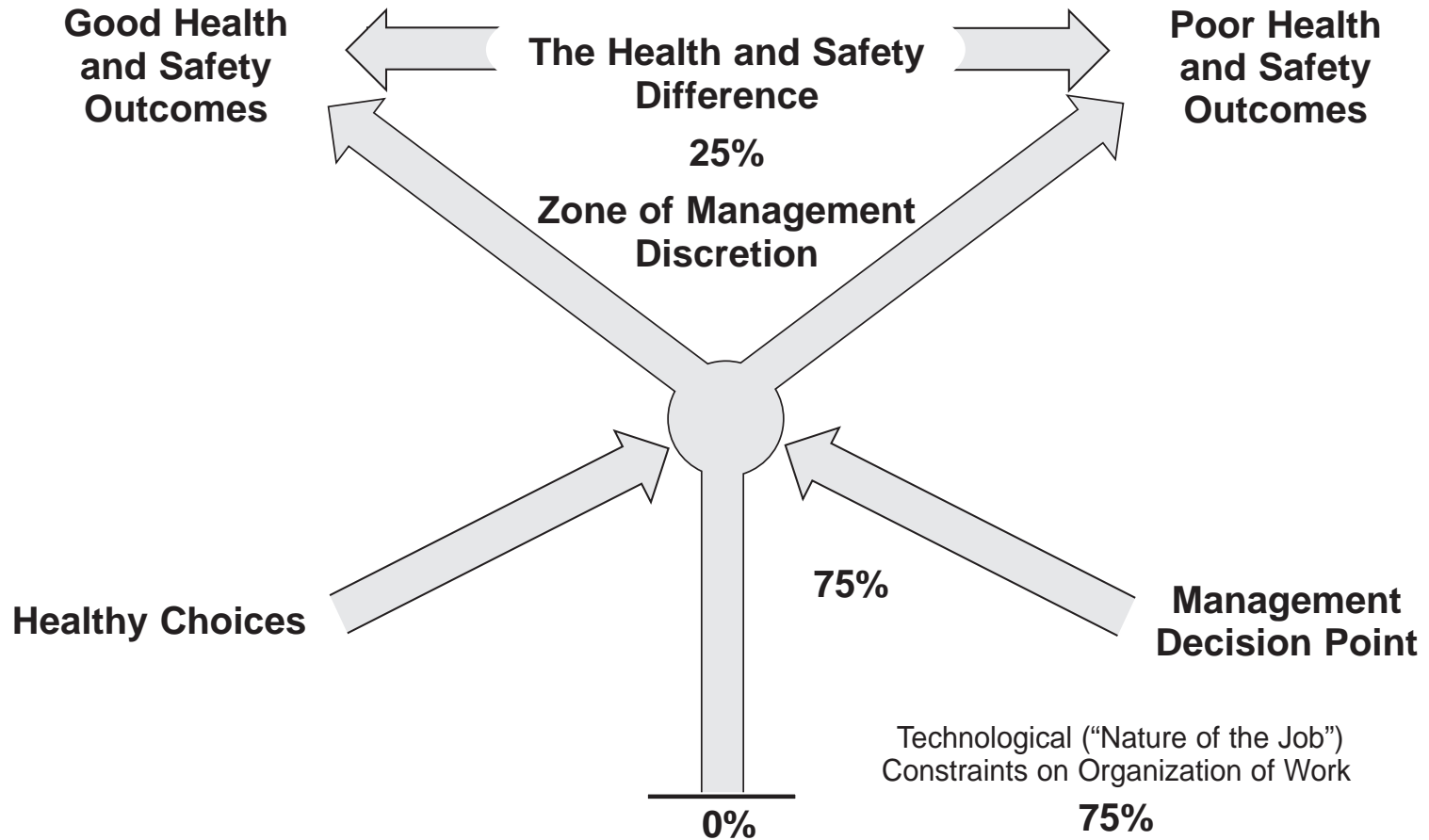
-  ability to form and maintain relationships is threatened
-  more socially isolated
-  more quarrelsome and argumentative

Economic Consequences

-  waste time
-  likely to damage things
-  high absenteeism
-  less creative
-  less productive
-  less efficient
-  less courteous with customers
-  high medical and drug claim costs

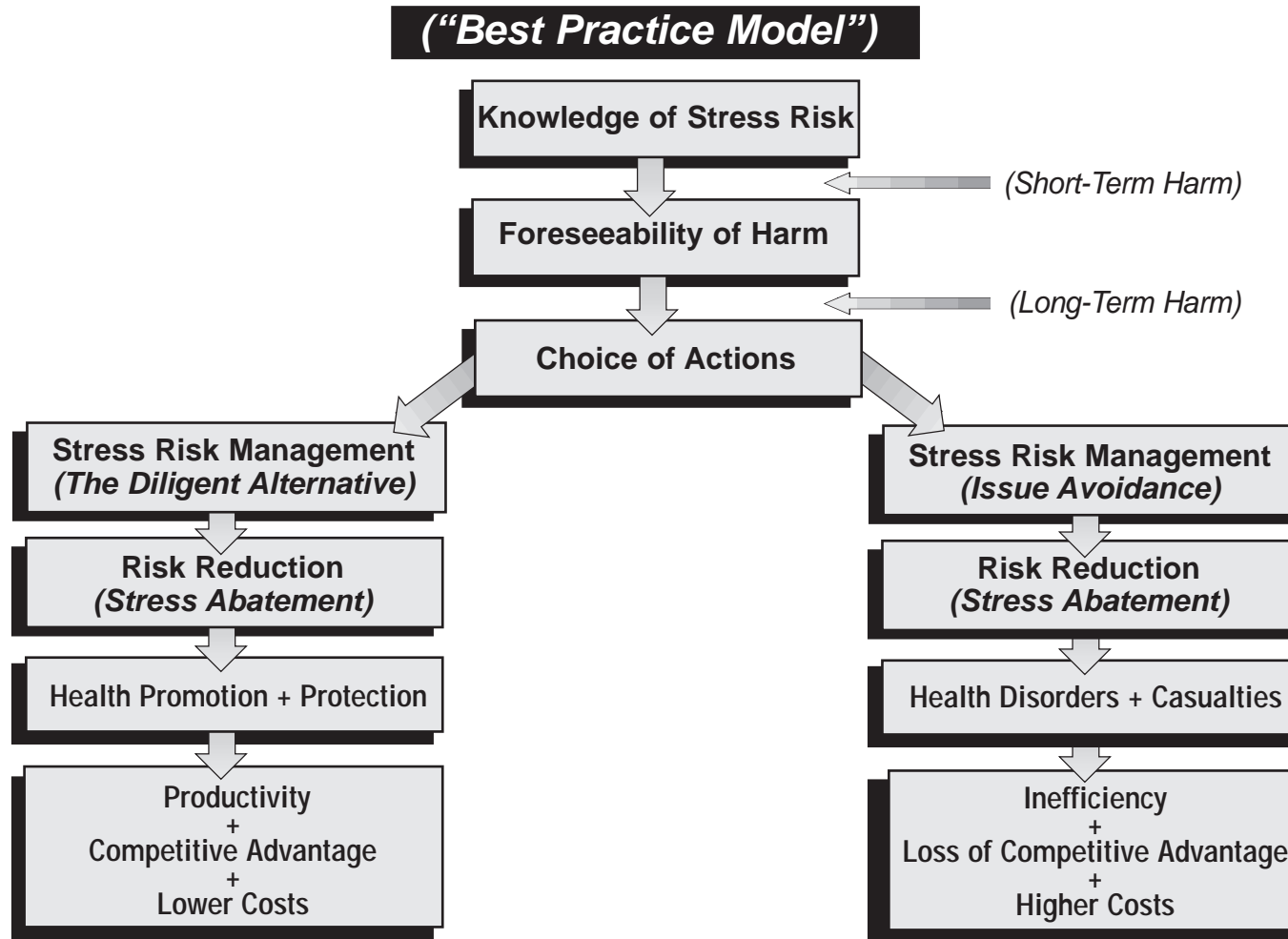
The Health and Safety Difference

Management Picks Up Where Technology Leaves Off









Stress Risk: The Diligent Alternative

Choosing to Prevent the Harmful Consequences of Stress



Stress and Ethics: A Summary






-  **Stress is often the product of choices that people make about how they will treat one another.**
-  **Employers know, or ought to know, that when they impose excessive and unnecessary stress on employees they place them in harm's way.**
-  **Employers have a responsibility to avoid the imposition of excessive and unnecessary stress.**
-  **It is the foreseeability and avoidability of harm that attracts responsibility for it.**
-  **This ethical responsibility extends outside the walls of the workplace to embrace the community at large as well.**
-  **This responsibility is fundamentally *to do no harm*. It is a “floor” standard for workplace health and safety.**

Areas in Which Employee Participation Can Be Increased to Produce Mental and Physical Health Gains and to Reduce Costs

Problems Related To

-  space allocation
-  heating/cooling/ventilation
-  lighting
-  design of workstations
-  safety of operations
-  efficiency of operations

Making Decisions About

-  *what* new technology to introduce
-  *how* to introduce new technology
-  shift/time scheduling
-  re-organization
-  organization and design of day-to-day work

Partners in Stress Risk Management

A Combined Forces Approach to Stress Abatement



Local Knowledge About Stress at Work

- ⊗ workplace surveys, focus groups
- ⊗ EFAP provider feedback
- ⊗ WSIB aggregate reports
- ⊗ analysis of grievances and arbitrations
- ⊗ analysis of human rights complaints
- ⊗ consensus (“everybody knows”)

Best Advice on Stress Risk Management in the Workplace

Tell Us What You Think

Yes No

We would like to receive your feedback on this resource. Please assist us by answering the questions below and return your response to:

Workplace Health/Social Environment Unit
Healthy Environments and Consumer Safety Branch
Health Canada
123 Slater Street
Ottawa, Ontario
K1P 5H2

1. How relevant is this resource to your organization?

Not relevant					Extremely relevant
1	2	3	4	5	

2. How would you rate this resource?

Useful					Not useful
1	2	3	4	5	

3. Did you find the resource easy or difficult to use?

Easy					Difficult
1	2	3	4	5	

4. Would you recommend this resource?

5. Comments

Thank you for providing your comments. Your input is valuable to us in helping to make this a useful resource for owners/managers of businesses and other interested individuals promoting workplace health.



