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### Informed Consent for Participants

Is the Health and Safety Excellence program associated with improved workplace health and safety in Ontario?

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**Principal Investigator:**

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**Co-Investigators:**

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**Study Purpose:** The purpose of this project is to collect information that will help us to better understand how organizations respond to participation in the Health and Safety Excellence Program. In particular, we are interested in specific investments and behavioural changes that organizations have made, as well as barriers and facilitators to successful program participation. Findings from these interviews will contribute to knowledge on the context and/or circumstances under which occupational health and safety programs are effective; and may lead to improved firm participation in the Health and Safety Excellence Program and overall program effectiveness.

**Study Funder:** This project is funded by a research grant from The Workplace Safety and Insurance Board (WSIB is an independent agency of the Ministry of Labour in Ontario, Canada responsible for providing workers' compensation to Ontario workers and no-fault insurance for Ontario's employers).

**Data Collection:** The key informant interview will be completed by phone and may take approximately forty-five minutes. Interviews will be digitally recorded, transcribed and analyzed in Nvivo software to abstract the key themes. You will be identified in the interview by a subject ID and your name will not be recorded. Your participation is entirely voluntary. The decision to participate is up to you. You may choose at any time not to answer a question, change your responses, withdraw an answer, or stop the interview.

**Study Results:** Information provided for this project will not be used for any other purpose than to inform the research report and related publications. Information collected by this interview will **not** be subject to funding open data policies.

**Confidentiality:** Your identity will be kept strictly confidential. The UBC team will not release your name, your organization's name, or any other information that could affect your privacy to the WSIB or any other parties. No names or other unique organization identifiers will be included in any published report. The following people will have access to the interviewee's name and subject IDs: (1) Dr. Chris McLeod and (2) his UBC research team.

Your confidentiality will be respected at all times. Your rights to privacy are also protected by the Freedom of Information and Protection of Privacy Act of the Legislative Assembly of Ontario and the Freedom of Information and Protection of Privacy Act [RSBC 1996] CHAPTER 165. Collectively, these acts state rules for the collection, protection, and retention of your personal information by public bodies, such as the University of British Columbia and its affiliated teaching hospitals. Further details about these acts are available upon request.

**Risk and Benefits:** We do not think there are any risks to participating in an interview. Findings from this project may guide Health and Safety Excellence Program improvements and enhance our understanding of occupational health and safety program effectiveness in general.

**Contacts for questions or concerns:** If you have any questions about this study at any time, please contact Suhail Marino, the Project Manager and Privacy Officer of the research team at 604-822-0200.

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics at 604-822-8598 or if long distance e-mail [RSIL@ors.ubc.ca](mailto:RSIL@ors.ubc.ca) or call toll free 1-877-822-8598. UBC Ethics ID: H20-03330

**Participant Consent:** Taking part in this study is entirely up to you. You have the right to refuse to participate in this project. If you decide to take part, you may choose to pull out of the project at any time without giving a reason and without any negative impact on your employment.

- Your signature below indicates that you have received a copy of this consent form for your own records.
- Your signature indicates that you consent to participate in a key informant interview and consent to have the interview digitally recorded.

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Participant Signature

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Date

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Participant Name (Print)