Occupational health and safety: Understanding employers' new obligations

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The reform of the occupational health and safety system that was initiated in 2021 has reached one of its final steps as new obligations for employers come into force. As of October 6, 2025, employers must comply with several provisions of the *Act to modernize the occupational health and safety regime* ("the AMOHSR"), as well as the *Regulation respecting prevention and participation mechanisms in an establishment* ("the Regulation"), in effect since October 1, 2025.

As concerns about psychosocial risks are growing in our society and, in particular, in the workplace, the need, or even the obligation, for employers to take reasonable measures to protect the health, safety and physical and psychological integrity of workers has become very important.

In fact, according to a study conducted by the Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST), statistics on psychosocial risks (violence, stress, harassment) show that there has been a 71.4% increase in injuries attributable to this type of risk since 2020.[1] Thus, recent legislative and regulatory changes aim to strengthen the protection of workers' physical and psychological health. They require employers to take a proactive approach in order to adapt to societal changes. It goes without saying that this approach also promises to reduce the costs arising from legal action, complaints, and claims for employment injuries made to the CNESST.

Psychosocial risks in the workplace

The recent amendments made by the AMOHSR explicitly recognize the importance of employers identifying, correcting and controlling psychosocial risks in the workplace, on the same footing as all other risks that may affect the health and safety of workers.

The main new features of the permanent regime

The permanent regime establishing prevention and participation mechanisms in an establishment is enacted by the Regulation, under the *Act respecting occupational health and safety* (AMOHSR). It replaces the "interim mechanisms" that initially applied when the AMOHSR came into force. The

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main changes concern the obligations to prepare a prevention program or action plan, to implement it and to update it.

The obligations of establishments with 19 or fewer workers

a) To prepare and implement an action plan.

The action plan is a prevention tool intended to eliminate, at the source, dangers to the health, safety, and physical and mental well-being of workers.[2] The AMOHSR stipulates that the action plan must, at a minimum, include the following elements:[3]

> "the identification of the risks that may affect the health of the establishment's workers, including the chemical, biological, physical, ergonomic and psychosocial risks related to the work, as well as the risks that may affect the workers' safety;
> the measures and priorities for action to eliminate or, failing that, to control the identified risks, giving precedence to the hierarchy of preventive measures established by regulation as well as the scheduling to accomplish the measures and priorities;
> the supervision and maintenance measures to ensure that the identified risks are eliminated or controlled;
> the identification of the individual protective means and equipment that, in addition to being in compliance with the regulations, are those best adapted to meet the needs of the establishment's workers; and
> the occupational health and safety training and information."

b) To designate a health and safety liaison officer.

The liaison officer plays a key role in the establishment's worker participation mechanism. In particular, this person collaborates on the preparation and implementation of the action plan.

The liaison officer issues written recommendations to the employer and participates in the identification and analysis of risks, including psychosocial risks, that may affect the health and safety of workers.[4]

Obligations of establishments with 20 or more workers

a) To prepare and implement a prevention program.

The prevention program includes all the elements of the action plan, but is more complex and offers a long-term overview of how prevention is organized in the workplace.[5]

The AMOHSR specifies the minimum elements that the prevention program must include.[6] In short, this program includes the following in addition to what is provided for in the action plan:

> Pre-employment medical checkups and medical examinations during employment
> Establishing and updating a list of dangerous substances and contaminants
> Maintaining an adequate first aid service to respond to emergencies

The AMOHSR amended this program, which was initially provided for under the AROH, to explicitly include the protection of workers' mental health by adding the analysis of psychosocial risks.

b) To establish a health and safety committee.

The health and safety committee ("HSC") plays an important role, particularly in developing the prevention program, identifying risks, including psychosocial risks, and analyzing the workplace; it proposes measures to correct and control these risks.[7]

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In the absence of an agreement between the employer and the workers, the Regulation provides for the makeup of the HSC, the procedures and methods for appointing the workers' representatives, and the rules of operation of the HSC.

c) To designate a health and safety representative.

The health and safety representative is a member of the HSC and assists it in its mandates, including workplace inspections, receiving and analyzing accident reports, and identifying hazards, including psychosocial risks, for workers.[8] In the absence of an agreement between the members of the HSC, the Regulation stipulates the minimum time required for the performance of the health and safety representative's duties (which depends on the number of workers and the level of the establishment).[9]

The training obligation

The health and safety liaison officer must participate in a theoretical training course developed by the CNESST within one year of their appointment as liaison officer.[10] The health and safety representative and the members of the HSC must also complete a theoretical training course of a minimum duration of one day, delivered by the CNESST or by a person or organization recognized by it, within 120 days of their appointment.[11]

Note that the CNESST offers employers an information tool through its occupational health program which focuses on three increasingly prevalent psychosocial risks: violence, harassment and exposure to a potentially traumatic event.

This program provides an overview of the identification of these risks and offers, as an example, a table of preventive measures that can be taken depending on the risk and the psychosocial factor concerned. [12]

Conclusion

By putting an emphasis on psychosocial risks and adapting the prevention mechanisms, these additions to the health and safety regime aim to guarantee a healthy and safe working environment.

The legislation gives employers a transition period to comply with the new obligations. As of October 6, 2025, employers have one year to implement either the prevention program or the action plan.[13] Both must be updated annually.[14]

These new obligations are part of a trend among legislators to enhance workplace prevention measures, focusing in particular on worker participation, training, and information sharing. To that end, the *Regulation respecting the measures to prevent or put a stop to sexual violence* was published in draft form on October 29, 2025.[15] Employers will have new obligations regarding the information they must provide to workers, particularly concerning workplace risks that have been identified or analyzed in relation to situations of sexual violence.[16] Furthermore, under this draft regulation, a procedure for handling complaints or reports will need to be established, as well as specific training on situations of sexual violence.[17]

Companies must assess and adjust their practices in order to meet these new obligations.

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1. Commission des normes, de l'équité, de la santé et de la sécurité du travail, Statistiques sur les risques psychosociaux liés au travail (statistics on work-related psychosocial risks), October 2025.
2. S. 147 AMOHSR inserting s. 61.2 of the *Act respecting occupational health and safety* ("the AROH").
3. *Ibid*; CNESST, Contenu du plan d'action (content of an action plan).

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4. S. 167 AMOHSR inserting s. 97.2-97.3 of the AROH.
5. CNESST Comment se préparer à nos nouvelles obligations en santé et en sécurité au travail? (how to prepare for the new occupational health and safety obligations) October 2025, p. 7.
6. S. 144 AMOHSR amending s. 59 of the AROH; CNESST. Contenu du programme de prévention.
7. S. 150 AMOHSR replacing s. 68 of the AROH; s. 154 AMOHSR amending s. 78 of the AROH.
8. S. 161 AMOHSR replacing s. 87 of the AROH; s. 163 AMOHSR amending s. 90 of the AROH.
9. Section 7 of the Regulation.
10. S. 167 AMOHSR inserting s. 97.5 of the AROH.
11. Sections 34-36 of the Regulation.
12. CNESST. Programme de santé au travail(occupational health program), October 2025.
13. Section 4 of the Regulation.
14. Section 5 of the Regulation.
15. GAZETTE OFFICIELLE DU QUÉBEC, October 29, 2025, Vol. 157, No. 44
16. Section 3 of the draft *Regulation respecting the measures to prevent or put a stop to sexual violence* (“Draft Regulation”).
17. Sections 4-6 of the Draft Regulation.

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