



# **Health and Safety Policy Manual**

## **October 2021**



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## Introduction

Welcome to the Guelph Independent Living (GIL) Health and Safety Policy Manual. The goal of GIL's health and safety program is to protect employees from hazards which could lead to workplace injuries or illness. The policies and programs in the Health and Safety Policy Manual outline the roles, responsibilities and procedures for all workplace parties to follow to ensure we achieve this goal. The primary legislation we use in development of policies and programs is the Occupational Health and Safety Act (OHSA). Additional legislation and regulations referenced includes:

- Workplace Safety & Insurance Act, (WSIB)
- Industrial Establishments (Reg. 851)
- Workplace Hazardous Materials Information System 2015 (WHMIS 2015)
- First Aid Regulations (Reg. 101)
- Needle Safety (Reg. 474/07)
- Health Care & Residential Facilities (Reg. 67/93)

Other sources of information used to develop our policies and programs include resources from Public Health Ontario's Infection Prevention and Control Provincial Infectious Disease Advisory Committee (PIDAC) documents, Workplace Safety and Insurance Board (WSIB), Ministry of Labour, Health and Safety Association Groups, Human Rights Code, and other best practices.

The Ministry of Labour (MOL) enforces the above legislation and regulations to ensure GIL policies and programs are in compliance with the law.

Everyone in our workplace – the Employer, supervisors, employees, Joint Health and Safety Committee (JHSC), clients, visitors, etc., have roles and responsibilities to follow to keep our workplace safe and healthy; this is called the Internal Responsibility System (IRS). The JHSC is a key element of a successful IRS. The committee consists of both worker and management representatives, who are mutually committed to improving the health and safety conditions in our workplace. They work cooperatively to perform their roles and responsibilities, including conducting monthly workplace inspections, attending regular meetings to keep informed about health and safety developments in the workplace and making recommendations to the Employer for continued health and safety improvements.

The policies and programs in this manual are considered 'living' documents, meaning they are reviewed on an annual basis by the Employer and JHSC and revised regularly based on changes to legislation, regulations and organizational need.

Please join us in making Guelph Independent Living a safer workplace.

GIL's Joint Health and Safety Committee

## Notes on Health and Safety Policy Manual Structure

The majority of the policies and programs have a consistent layout including these headings:

1. **Purpose** – the intention or objective of the policy
2. **Scope** – who it applies to
3. **Definitions**, if applicable
4. **Roles and Responsibilities** of applicable workplace parties
5. **Procedures** specific to the policy/program for workplace parties to follow
6. **Relevant Forms**
7. **References**

The headings below apply to **all** policies/programs in the Health and Safety Policy Manual; only additional Communication, Training and Evaluation of Success items will be included in specific policies/programs as required.

### **Communication: (Communication Policy)**

These policies may be communicated to employees using the following methods:

- Health and Safety Orientation Program
- Agency/Program/1:1 Meetings
- Health and Safety Policy Manual
- On-line Learning
- Electronic Newsletter
- Minutes of JHSC meetings
- Any other communication methods deemed necessary

### **Training:**

Training of these policies may be provided and repeated through any of the following methods:

- Health and Safety Orientation Program
- Agency/Program/1:1 Meetings
- Ongoing Refresher Training
- On-line Learning
- Any other training methods deemed necessary

### **Evaluation of Success:**

- Annual Health and Safety Testing
- Probationary Health and Safety Test
- Probationary Performance Reviews/1:1 Meetings
- JHSC/Agency/Program Meetings

**Note:** where supervisor/manager/ED is not available (vacation, sick, attending work-related business away from office etc.) a designate will be identified to assume their roles and responsibilities.

The Employer and JHSC will review all policies/programs in this manual annually.

## Glossary

ABHR:	Alcohol Based Hand Rub
AGMP:	Aerosol-Generating Medical Procedure
AODA :	Accessibility for Ontarians with Disabilities Act
BOD:	Board of Directors
CAA	Canadian Automobile Association
CCOHS:	Canadian Centre for Occupational Health and Safety
CIAP	Continual Improvement Action Plan
CSA:	Canadian Standards Association
EERC:	Employer-Employee Relations Committee
EMS:	Emergency Medical Service
FAF:	Functional Abilities Form
FD:	Frequent drivers
GIL:	Guelph Independent Living
H & S:	Health and Safety
HR:	Human Resources
ICR:	Individual Client Record
ILI:	Influenza like Illness
IRS:	Internal Responsibility System
ISP:	Individual Service Plan
JHSC:	Joint Health and Safety Committee
MOE:	Ministry of the Environment
MOHLTC:	Ministry of Health and Long Term Care
MOL:	Ministry of Labour
MRSA:	Methicillin Resistant Staphylococcus aureus
MSD:	Musculoskeletal Disorder
MTO	Ministry of Transportation Office
MVA:	Motor Vehicle Accident
NEER:	New Experimental Experience Rating
OHSA:	Occupational Health and Safety Act
OT:	Occupational Therapist
PDA:	Physical Demands Analysis
PEMEP	People, Equipment, Materials, Environment and Processes
PHO	Public Health Ontario
PPE:	Personal Protective Equipment
PSHSA:	Public Services Health and Safety Association
PT:	Physical Therapist
RHCP:	Regulated Health Care Professional
SAW/RTW:	Stay at Work/Return to Work
SDS:	Safety Data Sheets
SLT:	Senior Leadership Team
SO:	Suitable Occupation
TLC:	Transfers, Lifts and Carries
WHMIS:	Workplace Hazardous Materials Information System
WHO:	World Health Organization
WR:	Work Reintegration
WSIA:	Workplace Safety and Insurance Act
WSIB:	Workplace Safety and Insurance Board
WT:	Work Transition
WV&H:	Workplace Violence and Harassment

WVHPP: Workplace Violence and Harassment Prevention Plan

## Definitions

Antibiotic-Resistant Organism (ARO): a microorganism that has developed a resistance to the action of several antimicrobial agents. In other words, a particular drug is no longer able to kill or control a specific bacteria or organism. Examples of ARO's: Methicillin-resistant Staphylococcus aureus (MRSA), Vancomycin-resistant Staphylococcus aureus (VRSA).

Client: refers to anyone receiving the Employer's programs and services.

Designate: refers to an employee assuming a supervisor's responsibilities during their absence from work.

Direct Personal Care Activities List: hands-on personal care activities including: bathing/showering/washing, bowel/bladder care (toileting), urinary catheter care, colostomy care, dressing/undressing, changing clothes, repositioning/turning, care of open wounds and lesions.

Doff: to take off.

Don: to put on.

Employee: refers to all GIL employees.

Frequent Driver: an employee driving a personal vehicle as a requirement of employment or drives an average of at least two hours per week for paid work.

Home Environment: inside the four walls of a client's house or apartment.

Internal Responsibility System (IRS): is part of the OHS and refers to the shared responsibility of everyone within the Employer's workplace (SLT, supervisors, JHSC and employees), to ensure the workplace is healthy and safe for all employees.

JHSC: the Employer is responsible for establishing a JHSC under the OHS. A JHSC is composed of worker and employer representatives. Together, they are committed to improving health and safety conditions in the workplace. The JHSC identifies potential health and safety problems and brings them to the Employer's attention. As well, members must be kept informed of health and safety developments in the workplace. The JHSC holds regular meetings and conducts regular workplace inspections. (JHSC Terms of Reference)

Ministry of Labour (MOL): provincial ministry that enforces the OHS.

Occasional Driver: all other employees who may be required to use a personal vehicle during the course of employment.

Occupational Health and Safety Act (OHS): the province of Ontario's workplace health and safety legislation (1979). It outlines the rights, duties and accountability of all workplace parties who have a role in workplace health and safety. It establishes procedures for dealing with workplace hazards and it provides for enforcement of the law where compliance has not been voluntarily achieved. The OHS continue to evolve and improve workplace health and safety regulations. (Occupational Health and Safety Roles and Responsibilities of Workplace Parties Policy)

Paid Employment: scheduled shift, shift pick up, team meeting, meeting with supervisor/administration employee(s), training, car travel, leisure activities and volunteer capacity representing the Employer.

Personal Protective Equipment (PPE): any device worn by a worker to protect against hazards in the workplace, such as gloves, gowns/aprons and face protection. (PPE Policy)

Public Service Health and Safety Association (PSHSA): serves Ontario's public sectors, including universities, colleges, school boards, municipalities, health and community care organizations, emergency services and First Nations. PSHSA assists organizations to identify and reduce workplace risks and hazards to achieve safer and healthier workplace environments.

Regulated Health Care Professional (RHCP): may refer to a regulated physician, physiotherapist, chiropractor, nurse practitioner, registered nurse, occupational therapist.

Worker: refers to GIL front-line workers (could include Assisted Living, Senior Assisted Living, Outreach, Superintendent, Key Tenant).

Senior Leadership Team (SLT): GIL management employees, (ED, Manager, Human Resources, Manager, Finance & Administration and supervisors, as required) responsible for coordinating the agency's emergency response measures and the provision of essential services necessary to minimize the effects of an emergency. (GIL Emergency Plan)

Stat at Work/Return to Work (SAW/RTW): a collaborative process involving the Employer and an employee that provides a planned approach for an employee to remain or return to work, following an injury or illness, whether occupational or non-occupational. A personalized SAW/RTW plan is developed by the Employer in consultation with the employee, their RHCP, WSIB, and the union president, as required, to facilitate a safe and early return to work due to injury, in accordance with the OHSA and Ontario Human Rights Code. An employee's SAW/RTW plan may involve temporary or permanent modifications or adjustments in job duties or workplace arrangements in order to accommodate the employee's restrictions, as outlined by their RHCP. (SAW/RTW Policy/Program)

Supervisor: refers to an employee with a supervisory role over another employee, e.g., Executive Director (ED), Manager, Human Resources, Manager, Finance & Administration, Assisted Living Coordinator, Outreach Coordinator, Seniors' Community Coordinator.

The Employer: refers to Guelph Independent Living (GIL).

Workplace Safety and Insurance Board (WSIB): administers Ontario's no-fault workplace insurance for employers and their employees. WSIB provides disability benefits, monitors the quality of health care and assists both employers and employees in safe return to work for employees injured on the job or who contract an occupational disease. WSIB is entirely funded by employer premiums. WSIB provides no-fault collective liability insurance and access to industry-specific health and safety information for employers. For employees, WSIB may provide loss of earning benefits and health care coverage.

## A. General:

### A-1.1 Occupational Health and Safety Policy

Effective date: April 11, 2007. Revised date: May 9, 2018.

#### **Purpose:**

To demonstrate and communicate the Employer's proactive commitment to employee health and safety to ensure and sustain a culture where safety is a prime value that cannot be compromised.

#### **Policy:**

1. The Employer is committed to preventing and eliminating occupational illnesses and injuries in the workplace; all employees must be dedicated to taking the steps necessary to ensure this is accomplished
2. All applicable government guidelines, standards, regulations and acts are deemed minimal requirements and the Employer strives to meet or exceed these requirements
3. The Employer is dedicated to incorporating and implementing industry health and safety principles and practices into its daily operations
4. Supervisors are responsible for providing safe and healthy work conditions
5. All employees have a responsibility to work in accordance with legislation and Employer policies/programs and procedures
6. Employees are provided with products, services, training and any necessary information to allow them to maintain optimum workplace health and safety practices during their daily activities
7. Employees will be made aware of the health and safety hazards and safety practices for their job and will be required to demonstrate a standard level of knowledge
8. Employees must wear protective clothing and equipment as required to fulfil job requirements; the Employer will provide safety clothing and equipment
9. Many employees conduct their work in private homes or in other locations and must drive to get to these destinations; the external locations and the vehicles used to get there are considered part of the workplace
10. A workplace JHSC has authority to conduct monthly workplace inspections to identify safety-related matters affecting staff, visitors, and the working environment. The committee will be comprised of at least three (3) representatives from the union and three (3) representatives from the Employer
11. If an on-the-job injury or illness occurs, or an unsafe condition exists, immediately report to the supervisor for appropriate corrective action, within a specific timeframe
12. All incidents and accidents will be investigated by the supervisor and reviewed by the JHSC, as necessary
13. The Employer provides and promotes a SAW/RTW program as an effective method of keeping injured employees in the workplace, or returning them to work, as soon, as possible
14. The Employer is committed to continual improvement of the health and safety program

Executive Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*See signed copy on Health and Safety Bulletin Boards\*



## **A-1.2 Occupational Health and Safety Roles and Responsibilities of Workplace Parties Policy**

Effective date: March 16, 2006. Revised date: October 25, 2017.

### **Purpose:**

The goal of the OHS Act (OHS Act) is to make Ontario's workplaces safe and healthy. The Employer shares in this goal by adhering to the legislative responsibilities for primary workplace parties, as outlined in the Act. The following policy outlines the responsibilities for these parties.

### **Scope:**

Applies to Board of Directors, the Employer, managers, supervisors, employees, JHSC, Contractors, Subcontractors and Suppliers

### **Definitions:**

Competent person [OHS Act S.1(1)]: means a person who,

- a) Is qualified because of knowledge, training and experience to organize the work and its performance,
- b) Is familiar with this Act and the regulations that apply to the work, and
- c) Has knowledge of any potential or actual danger to health or safety in the workplace.

### **Roles and Responsibilities:**

#### Board of Directors:

Where corporate officers or directors are not employers or owners of an organization, they are required to take all reasonable care to ensure the corporation complies with:

- OHS Act
- Industrial Establishments Regulation
- Any other applicable regulations (Note: It is up to the workplace parties to be knowledgeable about all relevant regulations)
- Orders and/or requirements of MOL inspectors and directors

#### Employer:

The duties of employers fall under five main areas: Occupational Health and Safety Policy and PEMP processes.

- Post a copy of the OHS Act in the workplace, and explanatory material prepared by the MOL that outlines the rights, responsibilities and duties of employees. This material must be in English and the majority language of the workplace
- Prepare and review, at least annually, a written Occupational Health and Safety Policy
- Post a copy of the Occupational Health and Safety Policy in a place where employees are most likely to see it
- Ensure supervisors and employees complete the MOL Health and Safety Awareness Training and "Proof of Completion" certificate is received within required deadlines
- Ensure supervisory staff is appropriately trained in health and safety and are competent
- Ensure all the necessary equipment, materials and protective devices are provided and used as intended
- Ensure all equipment, materials and protective devices are regularly inspected to verify that they are free from defects and maintained in good condition
- Ensure every part of the physical structure of the workplace can support all loads to which it may be subjected, in accordance with the Building Code Act and any standards prescribed by the MOL
- Follow prescribed standards that limit the exposure of an employee to biological, chemical or physical agents

- Provide information, instruction and supervision to employees to protect their health and safety. This must include written instructions on measures and procedures to be followed for an employee's protection
- Do everything reasonable to ensure all information that is provided is understood and that the training takes place at intervals determined by the organization
- Ensure employees and supervisors are aware of the hazards that may be present in the workplace
- Ensure managers and supervisors receive training in how to perform health and safety observations effectively
- Ensure JHSC members are trained in their roles, responsibilities and functions
- Ensure employees in a new job receive training on hazard controls and procedures for their assigned activities
- Post the following:
  - Industrial Establishments Regulation
  - Workplace Violence & Harassment Policy
  - The names and work locations of the JHSC members
  - Minutes of all JHSC meetings
  - Form 82 – In All Cases of Injury/Disease poster
  - Health and Safety at Work: Prevention Starts Here, poster
  - Employment Standards in Ontario poster
  - First Aid responder certificates, as per Regulation 1101 (First Aid Regulation)
  - Emergency service locations and telephone numbers
  - Upon request, any reports pertaining to health and safety reports or the parts of reports that concern occupational health and safety
  - Orders issued by the MOL
- Ensure a JHSC is formed with half of the JHSC members being worker representatives who do not exercise managerial functions
- Worker members must be selected by the union. Management members and administration office worker representative must be selected by the Employer
- Ensure at least one management member and one worker member is certified. This includes both basic certification and workplace sector-specific training
- Provide to the JHSC results of any reports concerning occupational health and safety in their possession and advise employees of the results of such reports
- Consult the JHSC about proposed testing strategies for investigating industrial hygiene and allow the worker representative to be present at the beginning of testing
- Respond in writing within 21 days to written recommendations from the JHSC. These responses must contain a timetable for implementation if the Employer agrees with them, or reasons if the Employer disagrees with the recommendations
- Assist the JHSC to carry out their duties
- If workplace medical emergency/illness/incident/injury occurs in the workplace that results in a first aid event, lost-time injury, critical injury or fatality of employee(s), follow the Employer's duties as outlined in the First Aid, SAW/RTW, Incident/Injury Investigation and Workplace Violence and Harassment policies/programs

Manager/Senior Leadership Team (SLT):

- Complete MOL supervisory Health and Safety Awareness Training in 5 Steps with "Proof of Completion" certificate submitted within the first week of hire
- Ensure all required employee training has been conducted
- Ensure all workplace inspections are performed by supervisors and JHSC
- Perform regular workplace inspections
- Perform regularly scheduled employee health and safety observations

- At the beginning of the calendar year, review health and safety statistics and trends from the previous year
- Ensure employees receive training on hazard controls and procedures for their assigned activities
- Commend employees who demonstrate good health and safety performance in the workplace
- Strive to integrate health and safety into all aspects of the organization

#### Supervisor:

- Complete MOL supervisory Health and Safety Awareness Training in 5 Steps with "Proof of Completion" certificate submitted within the first week of hire
- Ensure employees have submitted the MOL worker Health and Safety Awareness Training in 4 Steps with "Proof of Completion" before the start the first shift with the Employer
- Ensure employees work in the manner and with the protective devices, measures and procedures required by the OSHA and the regulations
- Ensure employees wear the equipment and use the protective devices or clothing that the Employer requires
- Ensure employees in a new job receive training on hazard controls and procedures for their assigned activities
- Ensure safe and healthy work conditions are provided for employees
- Conduct inspections of the workplace
- Perform Health and Safety observations when visiting work sites
- Advise employees of any potential or actual Health or Safety dangers known by the supervisor
- Provide employees with written instructions about the measures and procedures to be taken for the employees' protection
- Take every reasonable precaution for the protection of employees
- Contact JHSC Co-Chairs to review hazard control measures/safety plans and make recommendations anytime feedback is required
- Rectify situations where supervisor is aware of employees who are not working as they should. This may entail the provision of remedial help, sending employees for additional training/retraining or taking disciplinary action (Health and Safety Accountability Policy)
- Commend employees who demonstrate good health and safety performance in the workplace
- If workplace medical emergency/illness/incident/injury occurs in the workplace that results in a first aid event/lost-time injury/critical injury/fatality/ of employee(s), follow the supervisor's duties as outlined in the First Aid, SAW/RTW, Incident/Injury Investigation, Workplace Violence and Harassment policies/programs
- Maintain a log book which includes health and safety observations, both good and bad
- Set a standard that will promote a health and safety culture within the workplace, including health and safety standing agenda items discussed at each team meeting, performance evaluations and 1:1 meetings

#### Employee:

- Complete MOL worker Health and Safety Awareness Training in 4 Steps with "Proof of Completion" and submit before the start of the first shift with the Employer
- Responsible to work in compliance with the OSHA and regulations, and all other relevant legislation
- Responsible to work in compliance with the Employer's health and safety policies and programs
- Use or wear any equipment, protective devices or clothing required by the Employer

- Report to supervisor any known missing or defective equipment or protective device that may be dangerous to herself or another employee
- Not remove or make ineffective any protective device required by the regulations or her Employer
- Not use or operate any equipment or work in any way that may endanger any employee
- Not engage in any prank, contest, feat of strength, unnecessary running or rough and boisterous conduct
- Report to supervisor any contravention of the OHSA or the regulations or the existence of any hazard
- Not interfere with any monitoring equipment set up in the workplace
- Not knowingly hinder or interfere with a JHSC member performing a duty under the OHSA
- Assist MOL inspector in carrying out duties under the OHSA
- Not provide false or misleading information to MOL inspector

In addition to specific duties of employees, the OHSA also stipulates the following basic "rights" of employees:

1. The right to participate by identifying and resolving workplace health and safety concerns through membership on the JHSC and to report hazards or violations of the OHSA to their supervisors
2. The right to know about potential hazards
3. The limited right to refuse work that she feels is dangerous to either her own health and safety or that of another employee. Workers cannot refuse to work, "when the worker's refusal to work would directly endanger the life, health or safety of another person." OHSA Part V Section 44 (1). (Work Refusal & Work Stoppage Policy)
4. The right not to be dismissed, disciplined, suspended, threatened, intimidated, coerced or penalized by the Employer if the employee has acted in compliance with the OHSA. This includes those situations where an employee has exercised the right to refuse unsafe work
5. The right to ensure their medical information and files remain confidential. For more information, refer to the Employer's Privacy Policy in the Human Resources Manual

#### JHSC:

- Receive training in planned workplace inspections
- Receive training in the roles, responsibilities and functions of JHSC participation
- Identify situations that may be a source of actual or potential danger and/or hazard to employees
- Review Incident, Injury, Hazard/Near Miss, Violence and Harassment and Incident/Injury Investigation Reports
- Make written recommendations to the Employer for the improvement of the health and safety of employees
- Recommend to the Employer the establishment, maintenance and monitoring of programs and procedures ensuring the health and safety of employees
- Obtain information from the Employer relating to potential or existing hazards and health and safety experiences and work practices within the workplace, and standards of similar industries
- Obtain information from the Employer about tests related to the safety of any equipment or chemical or physical agent related to the workplace for the purpose of occupational health and safety
- Be consulted about and be present at the beginning of any health and safety-related testing in the workplace, if he/she believes their presence is required to ensure valid testing procedures or results
- Have co-chairs (one management and one worker)

- Hold meetings at least every three months and have the minutes of the meetings kept on file and made available for review by an inspector
- Inspect workplace locations at least monthly
- Have a certified worker member present for the investigation of a work refusal and work stoppage, as possible
- Designate one or more members who represent workers to investigate cases where a worker is killed or critically injured at a workplace from any cause. One of those members will inspect the place where the accident occurred and any machine or equipment and report his or her findings to the JHSC and to an MOL inspector
- As soon, as possible, meet to review Employer's actions/control measures/protocols/safety plans implemented to control hazards/risks in a workplace violence and harassment and make further recommendations
- Discuss the annual summary about compensation claims relating to the Employer's workplace from the WSIB
- Participate in the committee evaluation and review process annually

#### JHSC Co-chair(s):

- Arrange the date, time and location of meetings
- Prepare and distribute an agenda
- Preside over all JHSC meetings
- Invite external consultants
- Review, sign-off and ensure the minutes of each meeting are posted on health and safety board in all staff offices
- Present recommendations to the Employer
- Ensure an efficient meeting process with sufficient time for discussion
- Ensure issues are dealt with and resolved
- Make the final decision when JHSC members cannot come to consensus
- Review Employer's actions/control measures/protocols/safety plans implemented to control hazard/risks in an incident involving workplace violence and harassment and notify (via email) all committee members for feedback/further recommendations, with 'next business day' timeline
- Make decisions on behalf of committee members between scheduled JHSC meetings, if further revisions are needed to Employer's actions/control measures/protocols/safety plans implemented to control hazard/risks in an incident involving workplace violence and harassment
- Meet to sign-off the Employer's control measures/protocols/safety plans implemented to control hazard/risks have been implemented and are effective

#### Contractors:

Refer to Contractor, Subcontractor and Supplier and Lockout/Tag out Policies

#### **References:**

- OHSA R.S.O. 1990, Chapter 0.1
- A Guide to the OHSA, Rev. 05/11 [www.serviceontario.ca/publications](http://www.serviceontario.ca/publications)



## **A-1.3 Supervisor Responsibilities Policy**

Effective date: September 8, 2010. Revised date: October 25, 2017.

### **Purpose:**

The Employer is committed to ensuring that all supervisors will, as a minimum, meet the definition of "competent person" as defined in the OHSA.

### **Scope:**

Applies to all employees that have a responsibility for a workplace or authority over another employee

### Applicable Policies/Programs:

- Occupational Health and Safety Roles and Responsibilities for Workplace Parties

### **Definitions:**

Competent person [OHSA S.1(1)]: means a person who,

- a) is qualified because of knowledge, training and experience to organize the work and its performance
- b) is familiar with this Act and the regulations that apply to the work, and
- c) has knowledge of any potential or actual danger to health or safety in the workplace

### **Roles and Responsibilities:**

Supervisors will show competency by:

- Completing the MOL supervisory Health and Safety Awareness Training in 5 Steps with "Proof of Completion" certificate, submitted within the first week of hire
- Following supervisor's roles and responsibilities as outlined in all health and safety policies/programs contained in the Employer's Health and Safety Policy Manual
- Being qualified based on knowledge, training and experience to organize the work and its performance
- Being familiar with the OHSA and the regulations that apply to the work
- Ensuring that employees in a new job receive training on hazard controls and procedures for their assigned activities
- Providing safe and healthy work conditions for employees
- Conducting workplace inspections
- Performing health and safety observations when visiting the Employer's work sites
- Having awareness of all actual or potential health and safety hazards in their area of responsibility
- Advising employees of the existence of any actual or potential workplace hazards
- Advising employees of their roles and responsibilities as outlined in the OHSA
- Having knowledge of written instructions as to the measures and procedures to be taken for the protection of an employee and ensuring employees are knowledgeable about their Health and Safety related roles and responsibilities
- Setting a standard that will promote a health and safety culture within the workplace, including health and safety standing agenda items discussed at each team meeting, performance evaluation and 1:1 meeting
- Maintaining a log book which includes health and safety observations, both good and bad
- Commending employees who demonstrate good health and safety performance in the workplace

**Procedure:**

- Applicants being considered for a supervisory role with the Employer will be assessed on their knowledge, training and experience in the area of health and safety, during the interview process
- Newly hired/promoted supervisors will be required to:
  - Complete MOL supervisory Health and Safety Awareness Training in 5 Steps with "Proof of Completion" certificate and submit within the first week of hire
  - Complete the Employer's Health and Safety Orientation Program
  - Participate in external supervisory competency training provided by the Employer or qualified JHSC Management Representative of the Employer
- Supervisors will be required to participate in any occupational health and safety related training deemed mandatory by the Employer
- A manager will sign all supervisor sign-in sheets at the completion of any health and safety training
- All records of health and safety training will be kept in personnel files and/or electronic records

**References:**

- OHSA – Definition of a Competent Person, Sec. 1 (1)
- Duties of a Supervisor, Sec. 27
- Industrial Establishments, Ontario Regulation 851

## **A-1.4 Health and Safety Accountability Policy**

Effective date: May 18, 2011. Revised date: October 25, 2017.

### **Purpose:**

The Employer is committed to promoting, strengthening and improving the health and safety culture within the workplace by providing employees opportunities to continuously develop their health and safety knowledge and skills through upgrading, coaching, and instruction.

The intention of this policy is to promote, strengthen and improve the Employer's health and safety policies and programs, to reduce incidents that lead to workplace injuries and create a safer and healthier workplace for employees and the clients served. If repeated contraventions of health and safety policies, programs and legislation persist, disciplinary actions will result. Disciplinary actions are outlined below, and are consistent with Human Resources Policies C-4.1 and C-4.2.

### **Scope:**

Applies to all employees

#### Applicable Policies/Programs:

- All of the Employer's health and safety policies/programs

### **Roles and Responsibilities:**

#### Board of Directors:

- Follow duties, as outlined in the Occupational Health and Safety Roles and Responsibilities policy
- Take appropriate action when ED contravenes health and safety policies/programs. This may entail the provision of a corrective plan, training/retraining or taking disciplinary action and additional meetings to ensure compliance with corrective plan, as required
- Ensure ED has rectified and improved their performance
- Provide ED with follow-up health and safety disciplinary meeting(s), as required, to ensure compliance with corrective plan

#### Employer:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Take appropriate action when a manager or supervisor contravenes health and safety policies/programs. This may entail the provision of a corrective plan, training/retraining or taking disciplinary action and additional meetings to ensure compliance with corrective plan, as required
- Ensure manager or supervisor has rectified and improved their performance
- Provide follow-up Health and Safety Disciplinary Meeting(s) with manager or supervisor, as required, to ensure compliance with corrective plan

#### Manager and Supervisor:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Take appropriate action when an employee contravenes health and safety policies/programs. This may entail the provision of a corrective plan, training/retraining or taking disciplinary action and additional meetings to ensure compliance with corrective plan, as required
- Ensure an employee has rectified and improved their performance
- Provide follow-up meeting(s) with an employee, as required, to ensure compliance with corrective plan

- Commend employees for demonstrating good health and safety performance

Employee:

- Follow duties as outlined in the policies/programs listed in 'Scope'
- Attend a disciplinary meeting with supervisor and/or manager, as required, when a contravention of any health and safety policy or programs has occurred. A union steward may accompany a worker to the meeting
- Follow any required corrective plan and/or training/retraining assigned by supervisor and/or manager
- Attend follow-up health and safety disciplinary meetings, as required; a union steward may accompany a worker to the meeting

JHSC:

- Follow duties as outlined in the policies/programs listed in 'Scope'
- Review incidents regarding contraventions of health and safety policy/programs and make recommendations, as required

**Relevant Forms:**

- Incident Report
- Injury Report
- Hazard/Near Miss Report
- Workplace Violence and Harassment Report
- Incident/Injury Investigation Report

## **A-1.5 Health and Safety Orientation Policy**

Effective date: June 28, 2016. Revised date: October, 2017.

### **Purpose:**

The Employer is committed to ensuring that employees are knowledgeable about health and safety and the orientation process will be the first step in relaying that knowledge.

### **Scope:**

Health and Safety Orientation will be provided to the following employees:

- All new hires, within the probationary period or as soon as possible thereafter
- Existing or previous employees, returning after an absence of 6 months or more
- New supervisors, with or without prior experience (hired internally or externally)
- Employees requiring training in new or revised health and safety policies and programs

The Employer's Health and Safety Orientation will include the policies, programs and procedures outlined in this manual.

### **Roles and Responsibilities:**

#### Employer:

- Provide employees with health and safety information/orientation/training pertaining to the OSHA, the Employer's health and safety policies and programs and the employee's specific job functions
- Ensure employees' understanding of the OSHA and the Employer's health and safety policies and programs by conducting module testing, probationary and annual agency health and safety testing, and establishing an achievement standard applicable to all employees
- Provide employees opportunities to upgrade their health and safety test scores to meet achievement standards and/or requiring employees to repeat training modules and sessions to upgrade their health and safety knowledge

#### Supervisor:

- Attend Health and Safety Orientation Program for Managers and Supervisors, as required
- Affirm participation and understanding of the Health and Safety Orientation materials by signing the job description, employment contract, and meeting the Employer's achievement standard on annual health and safety test
- Ensure required employees have completed the Health and Safety Orientation Program within required time periods
- Provide Health and Safety Orientation review and upgrading for employees who have failed to meet the Employer's achievement standards on the probationary and annual Health and Safety testing

#### Employee:

- Newly hired employees, participate in Health and Safety Orientation Program during probationary period
- Successfully complete all probationary and annual health and safety testing within required time periods, meeting the Employer's achievement standards
- Meet with supervisor to review and /or repeat the Health and Safety Orientation Program or tests
- Be familiar with Occupational Health and Safety legislation and the Employer's policies and programs

JHSC:

- Review the annual health and safety test and make recommendations for improvement

**Relevant Forms:**

- Program Orientation Duo Tang

## **A-1.6 Workplace Wellness Policy**

Effective date: July 16, 2011. Revised date: October 25, 2017.

### **Purpose:**

The Employer values the health and well-being of its employees and recognizes that the ability to achieve our objectives is dependent on the well-being of employees. As such, in addition to providing policies and programs that promote employee health and safety in the workplace, the Employer will take steps to discover what wellness issues are of importance to employees and provide resources and initiatives that support and promote these where possible.

### **Scope:**

Applies to all employees

#### Applicable Policies/Programs:

- Occupational Health and Safety Roles and Responsibilities of Workplace Parties

### **Roles and Responsibilities:**

#### Employer:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Provide annual workplace wellness initiatives and resources for employees

#### Supervisor:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Participate in determining what workplace wellness initiatives will be the focal point for employees
- Ensure information about workplace wellness initiatives are posted in the workplace and communicated to employees

#### Manager, Human Resources:

- Participate in determining what workplace wellness initiatives will be the focal point for employees
- Submit workplace wellness initiative proposals to SLT for funding availability

#### Employees:

- Participate in questionnaires and provide feedback regarding workplace wellness initiatives that would be beneficial in the workplace
- Participate in workplace wellness initiatives of interest to you
- Provide feedback to supervisor about the effectiveness of workplace wellness initiatives

#### JHSC:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Make recommendations to the Employer for the development, maintenance and monitoring of the Employer's programs, procedures and policies, to ensure the health, safety and well-being of employees

**Employer's Policies and Programs Promoting Workplace Wellness Include:**

- All Health and Safety Policies/Programs included in this manual
- N95 fit testing for all workers
- Complimentary CPR/First Aid and Client Handling Training for employees
- Client Handling Mentor program
- Smoke Free Building Policy at the Employer's building
- Blue tooth headset for workers alone on night shift
- Security guards hired for the Employer's building, as required

**Additional Workplace Wellness Programs offered by Employer include:**

- Group Registered Retirement Savings Plan (RRSP)
- Group Health and Safety Benefits and Insurance
- Employment Assistance Program (EAP)
- Education and training allowance opportunities
- Night shift premiums
- Bi-annual Agency Team Meeting
- EERC
- Social Committee
- Service awards for each five-year milestone reached
- Interest free computer loans available, for qualified employees
- GIL annual picnic, Christmas party and Christmas gift for employees
- Car safety kits for frequent drivers
- Monthly employee thank you draws
- Special occasion draws for employees
- Celebration of Attendant Services Day
- Security lockers installed in staff offices
- Team building events for employees
- Reduced corporate membership rate at all Movati Athletic fitness club locations, including Stone Rd, Guelph
- Provide immunization information and local health advisories from Wellington-Dufferin-Guelph Public Health
- Complimentary coffee, tea, hot chocolate and water provided in staff offices

## **A-1.7 Workplace Hazardous Materials Information System 2015 (WHMIS 2015) Policy**

Effective date: September 21, 2007. Revised date: March 14, 2018.

WHMIS is a national hazard communication system that provides information on the safe use of hazardous products in Canadian workplaces. In 2015, WHMIS was updated to include elements laid out in the Global Harmonized System (GHS), a world-wide system of standardized criteria for classifying hazardous materials. In keeping with the updates, Health Canada amended the *Hazardous Products Act* and developed the new *Hazardous Product Regulations* legislation.

### **Purpose:**

The Employer will implement WHMIS 2015 in accordance with requirements of the legislation and in a manner that aims to educate and train employees about the safe use, handling, storage and disposal of hazardous products to prevent incidents and/or injuries relating to hazardous products in the workplace.

### **Scope:**

Applies to all employees in the workplace

#### Applicable Policies/Programs:

- Occupational Health and Safety Roles and Responsibilities of Workplace Parties
- Hazard Reporting
- Hazardous Waste
- Housekeeping
- Health and Safety Orientation
- Workplace Inspections
- Contractor, Subcontractor and Supplier

### **Definitions:**

Workplace Hazardous Materials Information System 2015: WHMIS 2015 is Canada's national hazard communication standard. The key elements of the system are classification criteria, labelling of hazardous products, the provision of safety data sheets (SDS) and worker education and training programs. WHMIS 2015 is law under the Canadian Labour Code and is applied in Ontario as a regulation under the OHS Act. Health Canada, [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)

Hazardous Product: any product, mixture, material or substance that is classified in accordance with the regulations for WHMIS 2015 Safety Data Sheets (SDS). Canadian Centre for Occupational Health and Safety (CCOHS), WHMIS 2015 Safety Data Sheet (SDS) Fact Sheet

Significant New Data: new data regarding the hazard that change its classification or the ways to protect against the hazard presented by the product. The SDS must be updated when there is new information about classification, or when there are changes to the way an employee will handle or store or protect herself from the hazards of the product. Canadian Centre for Occupational Health and Safety (CCOHS), WHMIS 2015 Safety Data Sheet (SDS) Fact Sheet

## **Roles and Responsibilities:**

### Employer:

- Follow duties, as outlined in the policies listed in 'Scope'
- Develop, implement and maintain a WHMIS 2015 education and training program on hazardous products employees work with or may be exposed to in the workplace
- Ensure employees receive education and training on WHMIS 2015
- Identify the hazardous products used in the workplace, develop an inventory for these products, and ensure employees receive training on safe handling procedures (Inventory of Hazardous Materials in the Employer's Workplace)
- Ensure hazardous products in the workplace have supplier labels and SDSs
- Ensure a workplace label is prepared and applied to hazardous products, when appropriate
- Provide and manage SDSs for hazardous products in the workplace
- Ensure SDS are accessible to all employees
- Ensure control measures are provided to protect employees when handling hazardous products
- Review education and training practices for employees in consultation with the JHSC when conditions or hazardous information in the workplace change or new products are introduced

### Supervisor:

- Follow duties, as outlined in the policies listed in 'Scope'
- Ensure employees have completed WHMIS 2015 on-line training platform during their probationary period and ongoing
- Ensure gloves are available and donned when employees handle printer toner
- Ensure SDS are updated, as required and accessible to employees
- Ensure employees do not use products with missing/damaged/unreadable labels and submit Hazard/Near Miss report
- Follow up with client upon receipt of Hazard/Near Miss report indicating product labels in the home are missing/damaged/unreadable
- Ensure employees receive additional education and training when conditions or hazardous information in the workplace change or new products are introduced

### Employee:

- Follow duties, as outlined in policies listed in 'Scope'
- Complete WHMIS 2015 in on-line training platform during probationary period and on-going as required
- Always check to see if there is a label on a product before use
- Read, understand and follow the instructions on the label and SDS. Follow any additional education, instructions, and training provided by the Employer
- Wear gloves when handling printer toner
- Report to the supervisor if unsure about how to use or store a product
- Report to the supervisor any missing SDS
- Do not use a product if the label is missing/damaged/unreadable
- Report the missing/damaged/unreadable product label to the client, document on a Hazard/Near Miss Report and Hazard Board and submit to supervisor

### Suppliers:

- Provide supplier labels which clearly identify the contents of the hazardous product to customers
- Provide SDS in English and French which give detailed explanation of hazards, is accurate at the time of sale and ensure SDSs and labels are accurate and compliant
- Ensure SDS provided to customer is updated when significant new data becomes known about hazardous products
- Provide updated SDS within 90 days of being aware of the new information

### JHSC:

- Follow duties, as outlined in the policies listed in 'Scope'
- Check that SDS are available in SDS binder during monthly inspection at Dublin and Grange programs
- Replace SDS in binders at Dublin and Grange programs when significant new data changes with hazardous products

### Contractor, Subcontractor, Supplier:

- Follow duties as outlined in Contractor, Subcontractor and Supplier policy

## **WHMIS 2015 Key Requirements:**

WHMIS 2015 applies to two major groups of hazards: **physical** and **health**. Each hazard group includes hazard classes that have specific hazardous properties.

- **Physical hazards group:** based on the physical or chemical properties of the product – such as flammability, reactivity, or corrosivity to metals.
- **Health hazards group:** based on the ability of the product to cause a health effect – such as eye irritation, respiratory sensitization (may cause allergy or asthma symptoms or breathing difficulties if inhaled), or carcinogenicity (may cause cancer).

Under each hazard there are different **classes**. Hazard classes are a way of grouping together products that have similar properties. **Categories** are sub-sections of classes

## **List of Hazard Classes:**

### Physical Hazards:

- Flammable gases
- Flammable aerosols
- Oxidizing gases
- Gases under pressure
- Flammable liquids
- Flammable solids
- Self-reactive substances and mixtures
- Pyrophoric liquids
- Pyrophoric solids
- Self-heating substances and mixtures
- Substances and mixtures which, in contact with water, emit flammable gases
- Oxidizing liquids
- Oxidizing solids
- Organic peroxides
- Corrosive to metals
- Combustible dusts
- Simple asphyxiants

- Pyrophoric gases
- Physical hazards not otherwise classified

#### Health Hazards:

- Acute toxicity
- Skin corrosion/irritation
- Serious eye damage/eye irritation
- Respiratory or skin sensitization
- Germ cell mutagenicity
- Carcinogenicity
- Reproductive toxicity
- Specific target organ toxicity – single exposure
- Specific target organ toxicity – repeated exposure
- Aspiration hazard
- Biohazardous infectious materials
- Health hazards not otherwise classified

#### **Labels:**

In Canada, WHMIS legislation requires that products used in the workplace that meet the criteria to be classified as hazardous products must be labelled.

Labels are the first alert to the user about the major hazards associated with the product and outline the basic precautions or safety steps to be taken.

In most cases, suppliers are responsible for labelling the hazardous products provided to customers. Note: Labels should be affixed to, printed or written on, or attached to the hazardous product or container and remain legible. Providing a WHMIS 2015 label along with the shipping papers would not be considered to be in compliance.

There are two main types of WHMIS labels: **supplier labels** and **workplace labels**.

Supplier labels must be in English and French and contain the following information:

1. **Product identifier** – the brand name, chemical name, common name, generic name or trade name of the hazardous product
2. **Initial supplier identifier** – the name, address and telephone number of either the Canadian manufacturer or the Canadian importer
3. **Pictogram(s)** – hazard symbol within a red "square set on one of its points" (WHMIS 2015 Pictograms)
4. **Signal word** – a word used to alert the reader to a potential hazard and to indicate the severity of the hazard
5. **Hazard statement(s)** – standardized phrases which describe the nature of the hazard posed by a hazardous product
6. **Precautionary statement(s)** – standardized phrases which describe measures to be taken to minimize or prevent adverse effects resulting from exposure to a hazardous product or resulting from improper handling or storage of a hazardous product
7. **Supplemental label information** – information required based on the product classification

#### **Workplace Labels:**

Workplace labels are required in WHMIS 2015 when supplier labels are damaged to the point that information cannot be read or the product is put into a different container.

**Note: The Employer (GIL) prohibits the use of unlabelled products by employees in this workplace**

**Safety Data Sheets (SDS):** SDSs are summary documents that provide information about the product hazards and advice about safety precautions. SDSs are usually written by the product manufacturer or supplier.

- Provides information on hazards associated with the product, safe handling information, what to expect if the recommendations are not followed, how to recognize symptoms of exposure, and what to do if emergencies occur
- Have 16 sections with information presented in the same order every time
- Must be sent by the supplier along with the hazardous product when purchased and accurate at the time of sale
- Must be updated when significant new data becomes available

**SDS Sections:**

1. Identification
2. Hazard Identification: look for signal words (“Danger/Warning”) and check pictograms
3. Composition information on ingredients
4. First Aid Measures
5. Fire Fighting Measures
6. Accidental Release Measures
7. Handling and Storage Information
8. Exposure Controls and Personal Protection
9. Physical and Chemical Properties
10. Stability and Reactivity
11. Toxicology Information
12. Ecological Information
13. Disposal Considerations
14. Transport Information
15. Regulatory Information
16. Other Information

Some products are exempt from SDS’s and WHMIS 2015 requirements for labels, including consumer products, cosmetics and drugs

**Relevant Forms:**

- Incident Report
- Hazard/Near Miss Report
- Monthly Workplace Inspection Checklist
- Workplace Inspection Record

**References:**

- WHMIS 2015 Fact Sheet; [www.wsib.on.ca](http://www.wsib.on.ca)
- Canadian Centre for Occupational Health and Safety (CCOHS), WHMIS 2015 Safety Data Sheet (SDS) Fact Sheet
- SDS 841849, 841850, 841851, 841852

## **Appendix 1: Inventory of Hazardous Materials in the Employer's Workplace**

1. Product Name: Print Cartridge Black MP C6003(Black toner)  
Supplier Identification: Ricoh, USA Inc.  
SDS#: 841849
2. Product Name: Print Cartridge Yellow MP C6003(Yellow toner)  
Supplier Identification: Ricoh, USA Inc.  
SDS#: 841850
3. Product Name: Print Cartridge Magenta MP C6003(Magenta toner)  
Supplier Identification: Ricoh, USA Inc.  
SDS#: 841851
4. Product Name: Print Cartridge Cyan MP C6003(Cyan toner)  
Supplier Identification: Ricoh, USA Inc.  
SDS#: 841852

### **Hazardous Materials Accidental Release (Spills) Measures:**

Follow "Instructions for Changing Printer Toner Cartridges" posted in bottom left cupboard of photocopier room. If toner spills while changing, follow procedure below:

#### Personal Precautions:

- Don surgical mask and gloves, located in administration office first aid station

#### Clean Up Procedure:

- Fine powder may form explosive dust-air mixture. Confirm there is no source of fire, if there is a source, remove it
- Sweep up spilled powder slowly and clean remainder with wet cloth
- If vacuum is used, a dust explosion-proof type must be chosen

Refer to SDS posted on Health and Safety Board in administration office.

# WHMIS 2015 Pictograms

WHMIS 2015 Pictograms			
	This pictogram is used for indicating flammable gases, aerosols, liquids and solids; pyrophoric liquids, gases and solids; self-heating substances and mixtures; substances and mixtures that produce flammable gases when in contact with water; organic peroxides; and self-reactive substances and mixtures.		For hazardous products that can cause death or acute toxicity after exposure to small amounts of the products, this Pictogram is used to warn users of the potential dangers. It is placed on labels of materials with acute oral, dermal and inhalation toxicity. For instance, the pictogram can be used on containers for cleaning chemicals
	The pictogram is flame over a circle plus a distinctive red "diamond" shaped border. It is used to indicate oxidizing gases, liquids and solids.		This Pictogram is used to indicate a product that causes or is suspected of causing serious health effects. It forms part of labels of products that cause respiratory sensitivity, skin toxicity, germ cell mutagenicity, carcinogenicity, reproductive toxicity, aspiration hazard, specific target organ toxicity after single exposure, and specific target organ toxicity after repeated exposure.
	This pictogram is used to indicate the hazard of gases under pressure such as dissolved gas, liquefied gas, compressed gas and refrigerated liquefied gas.		Used for hazardous products that cause less serious health effects, the Exclamation Mark Pictogram indicates acute toxicity (oral, dermal or inhalation), skin corrosion (irritation), eye irritation, skin sensitivity, respiratory damage, and specific target organ toxicity on single exposure.
	The corrosive pictogram indicates a substance that can irritate the skin and eyes, and damage metals. It is used for hazardous products that are corrosive to metals, cause skin irritation (corrosion), and cause serious eye irritation or damage.		Indicates the presence of organisms or toxins that can cause diseases in humans and animals, The Biohazardous Infectious Materials pictogram has been retained from WHMIS 1988. The pictogram is used on labels of biohazardous infectious materials. For instance, it is used on growths of micro-organisms like E. coli or salmonella bacteria cultures.
	Used to indicate explosion or reactivity hazards, the Exploding Bomb Pictogram is placed on the labels of self-reactive substances and mixtures, and on labels of organic peroxides.		This GHS pictogram has not been integrated into WHMIS, however it stands for Environmental Hazards.



## **B. Joint Health & Safety Committee (JHSC)**

### **B-2.1 JHSC Terms of Reference**

Effective date: September 21, 2007. Revised date: July 15, 2020.

#### **Purpose:**

Establishing a JHSC is a legal requirement under the OHS Act where 20 or more workers are regularly employed. The following terms of reference will guide the JHSC committees and ensure they are effective, accountable and acting responsibly and consistently.

The Employer will have two (2) JHSC's. The first being the GIL JHSC which is comprised of H&S reps across all worksites and representing each worksite. The second committee will be the Willow Place JHSC which is comprised solely of reps from Willow/Outreach.

#### **Scope:**

Applies to JHSC members

#### Applicable Policies/Programs:

- Occupational Health and Safety Roles and Responsibilities of Workplace Parties
- Workplace Inspection
- Work Refusal & Work Stoppage
- Health and Safety Orientation

#### **Roles and Responsibilities:**

##### Employer:

- Follow duties as outlined in the policies/programs listed in 'Scope'
- Provide information and assistance required to carry out workplace inspections
- Ensure all JHSC members and applicable supervisors are trained in planned health and safety workplace inspections
- Develop, establish and put in effect policies and programs for the health and safety of employees, in consultation with the JHSC
- Pay JHSC members at their regular rate of pay when:
  - Attending JHSC meetings
  - Preparing for meeting (paid one hour)
  - Carrying out workplace inspections
  - Fulfilling the requirements for becoming a certified member of the JHSC

##### JHSC:

- Follow duties as outlined in the policies/programs listed in 'Scope'
- Receive training in the roles, responsibilities and functions of JHSC participation
- Receive training in planned health and safety workplace inspections
- Conduct workplace inspections
- Commit to attending and participating in JHSC meetings

### JHSC Composition Membership:

The following JHSC structure will be established:

	<b>Work Site</b>	<b># Employees</b>	<b>OHSA JHSC Requirement</b>	<b>GIL JHSC</b>
<u>1</u>	Willow Place	50 +	<ul style="list-style-type: none"> <li>• 2 unionized worker reps</li> <li>• 2 management reps</li> <li>• 2 Co-chairs: 1 unionized worker rep &amp; 1 management rep</li> <li>• 2 certified members: 1 unionized worker rep &amp; 1 management rep</li> </ul>	Establish an over-arching JHSC to represent all worksites <ul style="list-style-type: none"> <li>• 1 unionized worker rep from each work site</li> <li>• 4 management reps</li> <li>• 1 non-unionized worker rep from Admin work site</li> <li>• 2 Co-chairs: 1 unionized worker rep &amp; 1 management rep</li> <li>• Minimum 2 certified members</li> </ul>
<u>2</u>	87 Neeve	< 20	<ul style="list-style-type: none"> <li>• 1 H&amp;S rep</li> </ul>	
<u>3</u>	85 Neeve	<20	<ul style="list-style-type: none"> <li>• 1 H&amp;S rep</li> </ul>	
<u>4</u>	Dublin	1		
<u>5</u>	Grange	1		
<u>6</u>	Woodlawn (Administration Office)	< 20	<ul style="list-style-type: none"> <li>• 1 H&amp;S rep</li> </ul>	

The Employer’s workplace consists of six individual work sites. Only one site, 238 Willow Road (Willow Place) has 50+ regularly employed workers. Four sites (85 Neeve, 87 Neeve, and Woodlawn Administration Office) employ fewer than 20 workers and Dublin and Grange, only employ 1 worker.

As per OHSA legislation, Willow Place, consisting of Willow Place Assisted Living program, Attendant Outreach program, Property maintenance will have a JHSC consisting of two unionized worker representatives and two management representatives; one unionized worker and one management representative will be certified members.

The Employer, employees, and OPSEU Local 203, have agreed to establish a GIL JHSC which will represent all six work sites. Decision making and approval on Health & Safety policies and programs will be carried out by the GIL JHSC.

Membership will include one unionized worker from the Willow Place JHSC, one unionized worker representative from 85 Neeve, 87 Neeve, Outreach, Dublin and Grange, four management representatives and one non-unionized worker representative from Woodlawn.

At least half of the members must be workers who represent the union and who do not exercise any managerial function. The Employer is required to select the remaining members from persons who exercise managerial functions plus one non-management rep from Woodlawn.

Both JHSCs will follow the Terms of Reference outlined in this policy.

#### Co-chairs:

- One unionized worker member, as selected by the union
- One management member, as selected by the Employer
- Will share the responsibilities

**Certification:**

- At least two representatives; one unionized worker member, and one management member. (Certification will include Basic Certification, Sector Specific Training and Workplace Specific Hazard Training)

**Selection:**

- Unionized worker members will be selected by OPSEU Local 203
- Management members and non-unionized worker rep will be selected by the Employer

**Term:**

- Unionized worker members to serve a two-year term, or as determined by OPSEU Local 203

**Quorum:**

- Minimum of one management representative and one work representative (Willow JHSC)
- Minimum of two management representatives and two worker representatives (GIL JHSC)
- The number of worker reps must be more than or equal to the number of management reps

**Frequency:**

- Meetings will be held at least once every three months
- Meetings will be held by order of the MOL
- Meetings will be held as soon, as possible, after a workplace incident involving violence/sexual violence/trauma to review the Employer's response and control measures and make further recommendations, as required

**Agenda:**

- Review of the Agenda
- Business Arising from Previous Minutes
- Review of Workplace Inspections
- Review of Reports: Injury, Incident, Hazard/Near Miss, WV&H
- Training Update (GIL JHSC only)
- Health and Safety Policy Review and Business? (GIL JHSC only)
- New Business

**Meetings:**

- Members are required to attend at least 80% of meetings
- Members to forward regrets within 72 hours of a scheduled meeting
- Follow the Employer's meeting ground rules

**Document Retention:**

- Minutes will be signed by co-chairs, in absence of a co-chair the minutes can be signed by another management rep and unionized worker rep
- Original minutes will be kept at the administration office
- Minutes will be distributed to committee members for approval prior to meeting
- Approved and signed minutes will be posted on health and safety bulletin boards in all staff offices
- Previous minutes will be kept in the health and safety binders and be available for examination and review by an MOL inspector

### **Decision Making Process:**

- All issues, decisions and recommendations will be made by consensus:
  - Ensure each members' point of view is voiced
  - Discuss solutions, itemizing advantages and disadvantages
  - Members are not expected to change their minds for the sake of harmony
  - Discard the most objectionable solutions by voting
  - Discuss alternatives with the least objections
  - Combine or amend alternatives so all concerns are dealt with
- Co-Chairs will make the final decision if consensus has not been reached among members
- Co-Chairs are able to make decisions on behalf of committee members between scheduled JHSC meetings, if further revisions are needed to Employer's actions/control measures/protocols/safety plans implemented to control hazard/risks in an incident involving workplace violence and harassment
- Review Employer's actions/control measures/protocols/safety plans implemented to control hazard/risks in an incident involving workplace violence and harassment and notify all committee members for feedback/further recommendations, with 'next business day' timeline
- Co-Chairs meet to sign-off the Employer's control measures/protocols/safety plans implemented to control hazard/risks have been implemented and are effective

### **Process for Recommendations:**

- Health and Safety Concerns:
  - Both JHSCs will forward written health and safety recommendations to the Employer
  - The Employer will respond in writing within twenty-one days
  - The response will contain a timetable for implementing the recommendations the Employer agrees with and a written explanation for any recommendations not accepted
  - Written Recommendation Form will be used for potentially contentious recommendations
- Procedural/Other
  - GIL JHSC will forward policies and programs to the ED/Employer for response
  - A specific timeline will be indicated at the time of forwarding

### **Work Refusals:**

See OSHA Part V, Right to Refuse or to Stop Work Where Health or Safety in Danger, Section 43-49, (Work Refusal & Work Stoppage Policy)

### **JHSC Representatives:**

- Current JHSC membership will be posted on the Health and Safety Bulletin Boards in all staff offices

### **Additional Training:**

- Workplace Inspections
- Effective JHSC

### **Additional Evaluation:**

- Annual Effectiveness Review and JHSC Fitness Test

### **Relevant Forms:**

- JHSC Recommendation Form
- Monthly Workplace Inspection Checklist

**References:**

- OHSA R.S.O. 1990, Chapter 0.1
- A Guide to the OHSA, Rev. 05/11 [www.serviceontario.ca/publications](http://www.serviceontario.ca/publications)
- A Guide for Joint Health and Safety Committees and Health and Safety Representatives in the Workplace, [www.labour.gov.on.ca/english/hs/pubs/jhsc/index.php](http://www.labour.gov.on.ca/english/hs/pubs/jhsc/index.php)
- Effective JHSCs, Third Edition Public Services Health and Safety Association (PSHSA), May 2013



## **B-1.2 Workplace Inspection Program**

Effective date: August 19, 2005. Revised date: October 25, 2017.

### **Purpose:**

Workplace inspections are necessary for the purpose of reviewing and identifying hazards, as required by the OHSA and to promote communications and procedures that improve workplace health and safety.

Workplace inspections will permit the Employer to listen to concerns of employees, identify existing and potential hazards, determine underlying causes of hazards, monitor hazard controls, and recommend corrective actions and measures.

### **Scope:**

JHSC members will conduct workplace inspections at the Employer's Administration Office and all staff offices.

#### Applicable Policies/Programs:

- Occupational Health and Safety Roles and Responsibilities of Workplace Parties
- JHSC Terms of Reference
- Hazard Reporting

### **Roles and Responsibilities:**

#### Employer:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Provide JHSC members training, information and assistance required for the purpose of carrying out an inspection of the workplace
- Respond to any written recommendations from the JHSC within 21 calendar days
- If the Employer agrees to the recommendations, response to include a timeline for implementation
- If the Employer decides against acting on all or some of the written recommendations, the Employer must provide a written explanation to the JHSC

#### Manager, Human Resources:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Participate with JHSC members while they are conducting monthly workplace inspections

#### Supervisor:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Post a copy of the Monthly Workplace Inspection Checklist on the Health and Safety Board in staff offices
- Complete the Corrective Action section of Workplace Inspection Report, as required and return to Administrative Assistant
- Include health and safety on the agenda during team meetings
- Participate with JHSC members while they are conducting monthly workplace inspections

#### Administrative Assistant:

- Email workplace inspection schedule reminders to JHSC members monthly
- Email applicable Workplace Inspection Reports to JHSC members to review prior to JHSC meetings
- Complete Workplace Inspection Report and submit to applicable supervisors
- Provide applicable supervisors a copy of the Monthly Workplace Inspection Checklist to post on program Health and Safety board
- Submit Monthly Workplace Inspection Checklist to ED to review and sign

- File Workplace Inspection Report in Health and Safety binder
- Participate with the JHSC members while they are conducting monthly workplace inspections

Employee:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Participate with JHSC members while they are conducting monthly workplace inspections

JHSC:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- One or two JHSC members (worker representative and/or management representatives, as assigned) will inspect the physical conditions of the workplace
- JHSC member(s) designated to do inspections will be a certified member, if possible
- The same JHSC member is not required to perform all of the workplace inspections
- Establish a workplace inspection schedule annually to ensure the workplace is inspected at least once a month
- JHSC members, who perform workplace inspections, must report actual or potential hazards in the workplace, to the supervisor. The JHSC will consider such information within and make written recommendations to the Employer to address the identified hazard
- Review monthly Workplace Inspection Reports prior to JHSC meetings and discuss at meeting
- Hazards that are on-going are brought to the JHSC

**Workplace Inspection Procedure:**

Workplace inspections will be conducted in accordance with the requirements set out in the OHSA

The JHSC members designated to carry out the inspection will:

- Look for hazards including:
  - Safety hazards caused by energy, machinery, equipment, vehicles, material handling
  - Biological hazards caused by organisms such as viruses, bacteria, fungi, parasites, toxins, allergens
  - Chemical hazards caused by a solid, liquid, vapour, gas, dust, fumes or mist
  - Ergonomic hazards caused by anatomical, physiological, and psychological demands on the worker, such as repetitive and forceful movements, vibration, temperature extremes, and awkward postures arising from improper work methods and improperly designed workstations, tools, and equipment
  - Physical hazards caused by noise, vibration, energy, weather, heat, cold, electricity, radiation and pressure
  - Psychosocial caused by stress, harassment, violence, hours of work, pace
- Complete the Monthly Workplace Inspection Checklist. This form will include:
  - Basic information about the inspection such as date, location and name of member(s) conducting the inspection
  - Forward the Monthly Workplace Inspection Checklist form to Administrative Assistant

### **Workplace Inspection Locations:**

- Staff offices at:
  - 238 Willow
  - 87 Neeve
  - 85 Neeve
  - Grange
  - Dublin
  - 255 Woodlawn Road West
- First Aid Stations
- Areas to be inspected are identified on the Workplace Inspection Form
- Client homes will not be inspected, but safety concerns will be identified

### **Schedule:**

- Inspection schedule will be determined by the JHSC
- Will include the month, the location of the inspection and the persons responsible for carrying out the inspection
- Changes to the schedule may occur, JHSC members will update the schedule

### **Follow Up Procedure for Addressing Hazards:**

- Workplace Inspection Report will be completed by the Administrative Assistant and submitted to applicable supervisors
- Supervisors will complete Workplace Inspection Report Correct Actions section, (Due 1 month after supervisors receives the report)
- Supervisor will return completed Workplace Inspection Report to Administrative Assistant to be filed in Health and Safety binder
- JHSC members will receive Workplace Inspection Reports via email to review prior to next meeting
- JHSC Co-Chairs will review Workplace Inspection Reports at the next scheduled JHSC meeting
- Administrative Assistant will ensure a copy of the Workplace Inspection Report is available on the company drive, to be used at the subsequent monthly workplace inspection of the applicable location
- JHSC will complete a Recommendation Form for on-going/unresolved hazards, as required, JHSC Management Co-Chair will forward form to ED
- JHSC discussion and resolutions will be included in the minutes of the meetings and posted on the Health and Safety bulletin board
- Past minutes are kept in the red Health and Safety binders
- The Monthly Workplace Inspection Checklist, Workplace Inspection Report and all other applicable information, become part of the permanent records of the JHSC kept in the master health and safety binders in the GIL Administration Office, according to legal requirements. These will be made available for examination by the MOL Inspector, if required

### **Procedure for Unresolved Issues:**

When concerns are recurring or where agreed corrective action has not been taken, the JHSC may:

1. Provide a written request to appropriate supervisor, manager, human resources and/or ED
- OR
2. Hold a special discussion with supervisor, manager, human resources and/or ED  
Recommendations may include:
  - List of proposed action required for further follow-up
  - Person responsible
  - Target date for completion
3. Make a complaint to a MOL Inspector if no suitable/agreeable plan of action has taken place

### **Reply Procedure:**

- Supervisor, manager, human resources and/or ED will respond within 21 days to any written recommendations that result from a workplace inspection and:
  - Where the Employer agrees with a JHSC recommendation, provide a timetable for acting on the recommendation
  - Where the Employer disagrees with a recommendation, the reasons for the disagreement will be provided in writing

### **Additional Methods of Identifying Hazards:**

- Health and safety will be added to the agenda of all team meetings, employees can voice concerns and issues can be discussed
- Employees are required to follow the Employer's Hazard Reporting Policy to report all hazards they are aware of
- Employee concerns can be expressed at any time to their immediate supervisor, not just during inspections or meetings
- JHSC members, supervisors, and managers will observe work processes and job functions for safety concerns
- Documents such as Incident Reports, Hazard/Near Miss Reports, Injury Reports, communication books, Individual Client Records (ICR), etc., will be examined by supervisors to identify potential or actual health and safety concerns

### **Relevant Forms:**

- Monthly Workplace Inspection Checklist
- Workplace Inspection Report
- Record of First Aid Inspections
- Hazard/Near Miss Report
- JHSC Recommendation Form

## C. Body Mechanics

### C-1.1 Footwear Policy

Effective date: July 16, 2006. Revised date: October 25, 2017.

#### **Purpose:**

Appropriate footwear is required for the prevention of injuries within the workplace such as Musculoskeletal Disorders (MSD) and Slip, Trip and Fall (STF) hazards.

Every movement that your foot makes in the act of walking affects other parts of your body. If your shoes do not provide the necessary support for the arches and heels, they prevent essential range of motion in the foot. When your feet are not able to function properly, other parts of your body must overcompensate. When your body overcompensates, it is common to suffer from pain in the heels, ankles, knees, hips and lower back. The pain in these joints can then lead to weakness and further injury.

#### **Scope:**

Applies to all employees

#### Applicable Policies/Programs:

- Occupational Health and Safety Roles and Responsibility of Workplace Parties
- Hazard Reporting
- MSD
- STF
- TLC
- Workplace Inspection
- Injury/Incident Investigation
- SAW/RTW
- Housekeeping
- Health and Safety Accountability

#### **Mandatory Footwear Requirements:**

- Soft, flat, slip-resistant sole
- Closed toed/heel
- Extra pair of "indoor" work shoes to be used in clients' home environment, adhering to mandatory requirements



In addition to the above, the following are recommended footwear requirements:

- Comfort
- Stability
- Cushioning
- Flexibility
- Ankle support
- Chevron patterned treads on sole of shoes for better traction
- Extra pair of shower/water proof boots or shoes adhering to mandatory requirements worn while showering client

### **Footwear Not Approved:**

- Sandals that have open toes/heels
- Sport sandals
- Flip flops
- Ballet style flats
- "Toms" style shoes (first picture below)
- "Crocs"
- Slippers
- High heel shoes
- Bare feet/stocking feet



### **Roles and Responsibilities:**

#### Employer:

- Follow duties, as outlined in the policies/programs listed in 'Scope'

#### Supervisor:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Ensure employees are following mandatory footwear requirements during all paid employment, i.e., scheduled shift, shift pick up, team meeting, meeting with supervisor/Administration employee(s), training, car travel, leisure activities and volunteer capacity representing the Employer
- Ensure workers exposed to the hazard of slipping on a work surface wear footwear with slip-resistant soles

#### Employees:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Wear mandatory footwear during all paid employment
- Wear recommended footwear with chevron patterned treads when exposed to a potential slip hazard in the workplace, i.e., showering client
- Consider impact of weather conditions, i.e., snow, rain, causing muddy conditions etc. on footwear before entering clients' home environment
- Ensure "indoor" work shoes are worn inside clients' home environment
- Follow footwear recommendations and footwear purchasing guidelines when buying work shoes
- Report to supervisor if unable to adhere to policy due to special circumstances

#### Maintenance Workers:

- CSA certified steel-toed boots are to be worn when the task requires this added safety measure, such as moving garbage bins, and working with heavy materials, etc.

### Administration Employees:

- Administration employees must have appropriate footwear available at their worksite in case of emergencies

### JHSC:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Wear mandatory footwear during workplace inspections
- Ensure workers are wearing mandatory footwear and administrative employees have appropriate footwear available at worksite during workplace inspection

### **Footwear Purchasing Guidelines:**

Proper footwear can help prevent fatigue, sore muscles, back pain and crushing injuries.

- Buy footwear late in the afternoon
- Try on both shoes and carefully lace up
- Buy footwear to fit the larger foot
- Insert orthotics when trying on shoes, as necessary
- Wear the socks you will be using
- Try a variety of styles and widths
- Leave about a half-inch of room between the big toe and the end of the shoe
- Leave shoes on for about ten minutes to ensure they remain comfortable
- Do not buy shoes that are tight, pinching or uncomfortable in any way

### **Foot Care Guidelines Include:**

- Wash and inspect your feet every day
- Choose a quality brand of footwear that fits well and feels comfortable
- Wear footwear that is appropriate for the activity you are performing (such as hiking shoes for hiking running shoes for running)
- Break new footwear in gradually
- Replace footwear when it loses its shock-absorbing ability. Check the midsole the layer that provides shock absorption (between the outer sole and the upper). It should still feel rigid when pressed, if it feels soft it has lost its shock absorption
- Maintain physical fitness to maintain circulation and muscle tone

### **Relevant Forms:**

- Workplace Inspection Record
- Record of First Aid Inspections
- Incident Report
- Injury Report
- Hazard/Near Miss Report

### **References:**

Canadian Podiatric Medical Association [www.podiatrycanada.org](http://www.podiatrycanada.org)

Stephen M. Pribut, Podiatric Medicine and Surgery, Washington D.C. [www.drpribut.com](http://www.drpribut.com)



## **C-1.2 Slips, Trips and Falls Policy**

Effective date: July 16, 2006. Revised date: October 25, 2017.

### **Purpose:**

The Employer is committed to preventing STF hazards within the workplace. The Employer will ensure potential hazards and safe work policies are documented, communicated, monitored, and control measures and/or preventative equipment are implemented to demonstrate our commitment to provide the highest level of health and safety within the workplace.

### **Scope:**

Applies to all employees

#### Applicable Policies/Programs:

- Occupational Health and Safety Roles and Responsibility of Workplace Parties
- Hazard Reporting
- Workplace Inspection
- Injury/Incident Investigation
- SAW/RTW
- Health and Safety Accountability
- Housekeeping

### **Roles and Responsibilities:**

#### Employer:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Provide information about potential hazards within the workplace and take every reasonable precaution to protect employees in the workplace
- Ensure employees receive orientation and training on the STF prevention

#### Manager, Human Resources:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Participate in the investigation of all near misses, first aid, health care and lost-time incidents related to STF hazards

#### Supervisor:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Monitor the workplace and provide the necessary control measures to address any potential hazards, including employee adherence to health and safety policies/programs
- Ensure employees receive information on potential hazards within the workplace and adhere to the control measures that are implemented
- Investigate of all near misses, first aid, health care and lost-time incidents related to STF hazards

#### Employee:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Continually monitor the workplace for STF hazards and document hazards on Hazard Board, Hazard/Near Miss/Incident/Injury reports, communication book, ICR and submit report to supervisor
- Follow the implemented control measures to reduce STF
- Immediately notify supervisor if implemented controls have not effectively resolved STF hazards

JHSC:

- Follow duties, as outlined in the applicable policies/programs listed in 'Scope'
- Conduct monthly workplace inspections to identify any known or potential hazards

**STF Prevention Program Includes:**

- Bathroom Safety
- Environmental Checks
- Footwear Policy
- Ladder Safety
- Lighting
- Walking and working surfaces

**Relevant Forms:**

- Injury Report
- Hazard/Near Miss Report
- Incident Report
- First Aid Report
- SAW/RTW Package

## **Bathroom Safety**

The bathroom has many potential hazards, including slippery floors, hard surfaces such as porcelain, ceramic and tile, small electrical appliances, medications and cleaning products. The bathroom requires extra care and planning to prevent SLT incidents. Common injuries from these hazards can be falls, concussions, scalding and cuts.

### **Bathroom Safety Recommendations:**

#### **Slippery Floors and Surfaces**

- Wear approved footwear that provide traction when used in the shower
- Have non-skid mats, abrasive strips to ensure surfaces are not slippery
- Have grab bars and ensure they are properly positioned, do not use towel racks as a replacement
- Make sure there are no excess deposits from bath soap or cleaning solutions
- Follow manufacturer's directions on cleaning products when cleaning floors and surfaces. Too much solution can cause slippery surfaces
- Promptly wipe up spills

#### **Lighting**

- Make sure that there is adequate lighting, i.e. well-lit mirror, floor, faucets, etc.
- Beware of glare
- If the shower is separate from the rest of the bathroom, make sure there is adequate lighting in both areas
- Keep nightlights in the bathroom and adjoining areas for night use

#### **Tripping**

- Make sure clothing and other materials are kept off the floor

#### **Medication and Cleaning Supplies**

- Ensure medications are properly capped
- Keep medicines and cleaning products in their original containers with legible labels
- Do not use cleaning products that are missing the product label and/or have been mixed with other cleaning products
- Be knowledgeable of the product use, storage instructions and manufacturer's safety recommendations for medications, cosmetic, personal care and cleaning products (WHMIS 2015 Policy)
- Recommend that the client dispose of outdated medication and products (Hazardous Waste Policy)

#### **Electrical**

- Ensure appliances such as hair dryers, curling irons and electric shavers are kept away from water when being used, and unplugged and stored, when not in use
- Ensure outlets are protected by ground fault circuit interrupters

#### **Water Temperature**

- Ensure testing of water by hand before using
- Set the temperature to 120°F degrees or lower

## Environmental Checklist

No matter what environment employees are working in, it is essential to be aware of your surrounding and potential hazards, which may cause slip, trip or fall incidents. Please use the following checklist as a guide:

Hazard	Yes	No	Location	Comments
<b>Flooring</b>				
Presence of frayed/uneven floors, surfaces				
Presence of worn tiles				
Electrical cords are in walkways				
Small rugs and runners are not secure and/or slippery				
Presence of grease, paper or other substances that are slippery				
Spills on floors				
Items stored in walkways				
Small stoves and heaters are placed where they may be knocked over				
Wet Floor signs are not used when washing floors				
<b>Lighting</b>				
Light bulbs are dirty, do not work consistently and may not be the appropriate size and type for the fixture				
Lighting is insufficient or inappropriate for the tasks				
Blinds, window coverings are not present or still allow glare				
<b>Steps and External Walkways</b>				
Steps and walkways have debris, including snow and ice				
All handrails are not secured and in need of repair				
Step stools and ladders are not maintained and need repair				
<b>Bathroom</b>				
Drains are clogged, slow moving or not positioned downhill to collect water				
Grab bars are in the wrong position				
Cords are in the way or are kept plugged in when not in use				
<b>Human Factors</b>				
employees do not follow all Health and Safety regulations, acts, guidelines, policies				
employees have slower response times due to fatigue, illness or other health factors				
employees wear inappropriate footwear				
employees carry loads that impair vision				
employees do not monitor environments regularly				
<b>Pets</b>				
Pets are underfoot and not contained				

## Ladder Safety

Ladders are a useful and necessary tool in the workplace. Unfortunately, many employees are unaware of the hazards associated with ladder use.

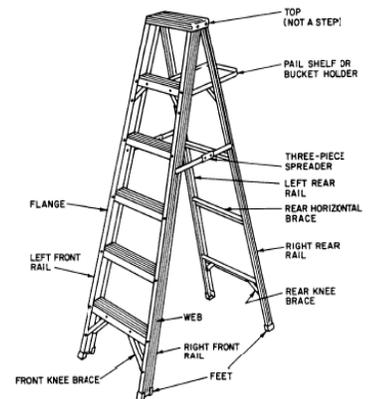
The only type of ladder employees are permitted to use is a small portable stepladder. A stepladder is a self-supporting portable ladder, non-adjustable in length, with flat steps and a hinged back. The slope of stepladders is designed so that when the ladder is properly opened and secured, the angle of inclination of the front section is not more than 75°.

A portable ladder used for work purposes will:

- Be free from broken or loose steps, pieces or other faults
- Have non-slip feet
- Be placed on a firm footing

In addition to the above, the Employer will implement the following additional guidelines for safe ladder use:

- The ladder height will not exceed 6 feet
- When likely to be endangered by traffic, be held in place by one or more employees while in use
- Place the ladder on a solid, firm, flat surface
- Make sure that the feet of the ladder are fully open and that its spreader bar is securely locked
- Keep the area around the base of the ladder uncluttered
- Do not overload the ladder (most ladders are labelled with a weight maximum)
- Only one (1) employee on a ladder at a time
- Wear rubber-soled shoes and ensure they are free from mud or other slippery material (grease, oil, paint, snow, ice, etc.)
- When working on ladders, always face the ladder and keep your body centred between the rails
- Never over-reach to the side or attempt to reach too high
- Never stand on the top two (2) steps of stepladders
- Never attempt to "walk" or move a stepladder while standing on it
- Never use a stepladder by leaning it against a wall or other vertical surface
- Do not leave ladders set up and unattended



Please note: the superintendent is the only exception this employee is permitted to use the following ladders with valid Fall Arrest Certification:

- Six-foot step ladder
- 28-foot extension ladder
- Equipment for ladder heights 10 feet and over: safety harness, tie off rope and lanyard

## Lighting

Adequate and appropriate lighting is essential for safe completion of work tasks. Lighting that is free from glare or shadows can reduce eye fatigue and headaches. It also allows identification of safety hazards and reduces the chance of accidents and injuries from "momentary blindness" while the eyes adjust to brighter or darker environments.

There are three basic types of lighting:

- General uniform lighting, i.e. ceiling fixtures
- Localized-general ceiling fixtures and overhead fixtures, adds more lighting in certain areas
- Local task lighting, increases light over work and immediate surroundings

Daylight is a good source of light unless it causes glare or makes the workplace too bright. The amount of light, the colour of the light and the colour that objects appear may vary with electric lighting. The lighting must match the workplace and the task.

Poor lighting can be:

- Insufficient light or not enough light for the task
- Glare or too much light for the task
- Improper contrast, contrast between an object and its immediate background (Not enough contrast makes it hard to distinguish an object from the background)
- Poorly distributed light
- Flickering lights

The amount of light we need depends on:

- The type of task being performed
- The type of surface (does it reflect or absorb light)
- The general work area
- Individual's vision

General guidelines are: (Lumens is an International System of Units measuring light from a bulb; lumens=brightness)

- Theatres, occasional visual tasks: 150 lumens
- Easy office work, classes, large scale visual activities: 250 lumens
- Normal office work, groceries, laboratories: 500 lumens
- Detailed visual work, small size: 1,000 lumens

Light sources are labelled with an output rating in lumens. These ratings are based on new light sources (bulbs) and over time, when bulbs get dirty, the rating will decrease.

To reach proper light levels, many light fixtures are designed to reflect light off walls, ceilings and objects.

## **Walking and Working Surfaces**

Walking and working surfaces are associated with STF incidents.

According to the OHSA, a floor and work surface must be free of:

- Obstructions and hazards
- Cracks, holes and bumps that may endanger an employee
- Accumulations of garbage, snow and ice

In addition to the above, a work surface may not have any finish or protective material used on it that is likely to make the surface slippery.

In an effort to prevent STF incidents, all employees must immediately report conditions of a work surface that fail to follow these guidelines on a Hazard/Near Miss Report and immediately submit to supervisor. The supervisor must ensure immediate steps are taken to remedy the situation and the hazard must be identified by a conspicuous warning sign and recorded on the Hazard Board.

In addition to the above, the Employer will implement the following additional measures to make walking and working surfaces safe.

### **Flooring**

When applicable, flooring will be selected that:

- Is slip-retardant
- Is rugged and durable
- Will not split or crack
- Resists stains, cuts and gouges
- Provides a high degree of traction when wet or dry

### **Cleaning**

Floors will be cleaned according to best practices:

- Clean on a regularly
- Use the proper equipment
- Measure cleaning solutions according to directions from manufacturer and/or chemical supplier (too much solution can result in a slippery floor)
- Change the cleaning solution frequently
- Change or clean the mop as it becomes dirty
- Prevent people from walking on newly cleaned floors until they are dry
- Schedule cleaning during low-traffic periods
- Use warning signs to identify a wet floor, remove them when the floor is dry
- Record hazards on Hazard/Near Miss Report and Hazard Board

### **Maintenance**

- Spot clean and mop up spills in between housekeeping
- JHSC to check flooring during monthly workplace inspections and record results on the Workplace Inspection Record
- Keep floors and other works surfaces free of obstructions
- Ensure spills are cleaned up quickly
- Report hazards such as loose carpeting or damaged flooring on Hazard/Near Miss Report and Hazard Board

### **Administration Offices**

- Close all drawers completely after use
- Keep pathways and exits clear
- Arrange furniture so that it does not create an obstacle
- Use non-slip mats
- Ensure floors and walkways are clear
- Keep electrical cords and wires away from walkways
- Ensure sufficient and suitable storage facilities
- Ensure tasks are planned and handled to eliminate or minimize barriers
- Store heavy objects in low places
- Follow the Footwear policy
- Exercise extra caution in adverse weather conditions
- Report hazards on Hazard/Near Miss Report and Hazard Board

### **Entrance Areas**

- Use mats at entrances to reduce the spread of snow, salt, gravel, dirt and dust onto floors
- Ensure mats do not cause a tripping hazard
- Ensure the entrance area is kept clean
- Record hazards on Hazard/Near Miss Report and Hazard Board

### **Outside Areas**

- Report hazards on Hazard/Near Miss Report and Hazard Board

### **Personal Factors**

- Be aware of your surroundings; sudden, unexpected movement may cause workers to lose their balance when providing client's personal care
- Have a firm grip and a secure stance when transferring clients
- Assess and know your path of travel
- Follow the TLC policy
- Do not carry loads that obstruct your view
- Refrain from horseplay
- Wear clothing that is properly fitted and in good repair, (e.g. no frayed or flopping trouser cuffs). (Human Resources Policy Manual D-3.2 Dress, Grooming and Personal Hygiene)

## C-1.3 Musculoskeletal Disorder (MDS) Awareness & Prevention Policy

Effective date: September 21, 2007. Revised date: October 25, 2017.

### Purpose:

The Employer is committed to ensuring that all employees understand and are aware of the risk factors associated with MSDs. By recognizing, assessing, and addressing MSD hazards in the workplace, the Employer will establish a foundation for successful MSD prevention. For information on MSD prevention with respect to client handling, please see Physical Demands Analysis (PDA) for Attendant Services Workers.

### Scope:

Applies to all employees

#### Applicable Policies/Programs:

- TLC
- Hazard Reporting
- Occupational Health and Safety Roles and Responsibilities of Workplace Parties
- SAW/RTW
- Incident/Injury Investigation
- Health and Safety Orientation
- Health and Safety Accountability
- STF
- Housekeeping
- Workplace Refusal/Stoppage

### Definitions:

Musculoskeletal Disorders (MSD): MSDs are injuries and disorders of the musculoskeletal system that cause pain or other symptoms. They may be caused or aggravated by various hazards and/or risk factors in the workplace.

The musculoskeletal system includes:

- Muscles, tendons and tendon sheaths
- Nerves
- Bursa (the small fluid-filled sac usually found or formed in areas subject to friction (e.g., at the point where a muscle or tendon crosses bone) bursae reduce friction between the two moving surfaces)
- Blood vessels
- Joints/spinal discus (the place where two bones meet that enable the body to move and grasp)
- Ligaments (fibrous tissue that connects bones to other bones)

MSDs are **not** the result of a sudden, single event involving an external source (e.g. fall, vehicle collision, violence, etc.)

MSDs are the number one type of work-related lost-time claim reported to the WSIB in Ontario.

Force: refers to the amount of effort made by the muscles and the amount of pressure on body parts as a result of different job demands. All work tasks require workers to use their muscles to exert some level of force. However, when a task requires them to exert a level of force that is too high for any particular muscle, it can damage the muscle or related tendons, joint and other soft tissue.

Repetition: a task that uses the same muscles repeatedly. Repetition may be measured in terms of minutes, hours or workday (e.g. 3 per minute, 25 per hour, 30 times per shift). The level of risk depends on frequency of repetition, time for rest/recovery, speed of motion, postures required and amount of force required.

Awkward Posture: any fixed or constrained body position that overloads muscles, tendons or joints. Generally, the more a joint deviates from the neutral position, the more the posture is considered 'awkward' and the risk of injury increases.

Neutral Posture: postures in which the muscles, tendons and joints function optimally and require the least amount of effort to maintain.

Static Posture: a body position that requires sustained physical effort, without joint movement.

Physical Demands Analysis (PDA): a process to document the overall various physical attributes of a job. A well-documented PDA identifies force, posture, repetition and duration of tasks.

Ergonomics: is "the science of fitting the task to the worker by balancing the job demands with the capabilities of the human. The profession applies theory, principles, data, methods and analysis to design in order to optimize human well-being and overall system performance". [Association of Canadian Ergonomists, 2006]

Kinesiology: assesses the entire spectrum of human movement and function by applying knowledge from the areas of biomechanics, physiology, anatomy and psychomotor behaviour.

Physiotherapy: specializes in the treatment of physical injuries using a number of therapeutic modalities that will attempt to restore normative function. A physiotherapist will also have knowledge of basic ergonomic principles.

## **Roles and Responsibilities:**

### Employer:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Ensure the MSD policy and procedures are carried out in the workplace
- Ensure Client Handling training is provided to probationary employees within their probationary period and to current employees, as necessary
- Ensure Client Handling Mentor support is provided to new employees within their probationary period and current employees, as necessary
- Provide administration work station assessments from an OT
- Ensure ergonomic equipment at work stations is maintained

#### Manager, Human Resources:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Track, monitor and record employees' MSD related near misses, health care and lost-time incidents
- For health care and lost-time incidents, follow duties, as outlined in the First Aid, SAW/RTW and Incident/Injury Investigation policies/programs
- Bring MSD related Incident, Injury and/or Hazard/Near Miss Report to the next JHSC meeting for review
- Bring WSIB reports related to MSD hazards to JHSC meetings, at least annually

#### Supervisor:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Ensure new employees receive Client Handling training within their probationary period and current employees receive Client Handling re-training every five years
- Ensure new employees and current employees receive Client Handling Mentor support, as required
- Ensure all employees are following clients' approved transfers and using equipment properly
- Encourage employees to immediately report symptoms of MSD on applicable reports (Injury, Incident, Hazard/Near Miss Report)
- Investigate and respond to all reports of MSD concerns, hazards, symptoms, injuries or near miss incidents
- Forward all reports to ED
- Consult the applicable professional (OT/PT/PSHSA) to provide assistance in implementing MSD controls when solutions are not immediately identified
- Take every reasonable precaution for the protection of the employee

#### Employee:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Immediately report to supervisor any MSD hazards or concerns, symptoms, injuries or near misses and document on applicable report: Injury, Incident, Hazard/Near Miss and document on Hazard Board, as required
- Complete probationary Health and Safety Orientation and Client Handling training within probationary period
- Complete Client Handling re-training every five years
- Receive Client Handling Mentor support within the probationary period and ongoing
- Make suggestions for effective solutions to manage and control MSD hazards in the workplace
- Only use approved transfers and authorized equipment for client handling tasks

#### JHSC:

- Follow duties, as outlined in the applicable policies/programs listed in 'Scope'
- Review Incident, Injury and Hazard/Near Miss reports related to MSD hazards and make written recommendations for the elimination, reduction and/or control of MSD hazards in the workplace
- Review WSIB reports related to MSD hazards

**Relevant Forms:**

- Incident
- Hazard/Near Miss
- Injury
- SAW/RTW Package
- Client Handling Mentor Checklist

# Appendix 1: Attendant Services Worker Physical Demands Analysis (PDA)

WORK MATTERS Occupational Therapy Consultants  
 PDA for GSPD – Attendant Services Worker  
 25 August 2005

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<b>Job Title:</b>	<b>Attendant Services Worker</b>	<b>Analysis Date:</b>	25 August 2005
<b>Employer:</b>	<b>Guelph Services for Persons with Disabilities (GSPD)</b>	<b>Report Date:</b>	7 September 2005
<b>Shift Hours:</b>	<b>Neeve Street &amp; Willow Place:</b> 8 hour shifts over 24 hrs. Other shifts of 4, 5 and 6 hours. <b>Outreach Services:</b> 6am to midnight. Two to 8 hour shifts	<b>Completed By:</b>	Gabriele Wright, OT Reg. (Ont.)

## SUMMARY OF PHYSICAL DEMANDS ANALYSIS

PHYSICAL DEMANDS*	Less than Daily Rare – 0 to 10% of shift  Occasional – 10% to 33% of shift (1 rep every 15min)  Frequent – 33% to 66% of shift (1 rep every 5min)  Constant – 66% to 100% of shift ( >1 rep every 5min)	Static (Sustained)	Dynamic (Repetitive)	FREQUENCY					COMMENTS  X =USUAL DEMAND X = POSSIBLE DEMAND/MAY ELECT TO USE ALTERNATE TECHNIQUE
				< Daily	Rare	Occasional	Frequent	Constant	
Standing		✓	✓					X	Intermittent static and dynamic standing while interacting with consumers, housekeeping tasks, and for personal care such as grooming, un/dressing. Surfaces are wood, linoleum tile, carpet, and rarely concrete.
Walking			✓					X	To access apartments, houses, laundry facilities, staff room, community sites. Surfaces are wood, linoleum tile, carpet and rarely concrete.
Sitting					0	X			X = Outreach staff drive up to 20 minutes at a time; for shift end reporting; during eating assistance. 0 = Rarely for apartments staff
Neck	Forward Flexion	✓	✓					X	Neck movements are required in all planes due to demands for visualizing items in front of, below, to the side and above the employees. Forward flexion and rotation observed to be a significant demand.
	Extension						X		
	Rotation		✓					X	
	Lateral Flexion						X		
Twisting			✓					X	While assisting consumers for personal care, to access items in confined spaces (bathroom, bedroom, vehicle), during mopping and cleaning tasks.
Stooping / Bending	Lumbar Flexion		✓					X	To access lower bodies or feet for un/dressing, low level reaching, retrieving items from floor. May elect to crouch or kneel instead of stooping.
Crouching / Squatting			✓					X	May elect to crouch to access low levels for housekeeping and personal support tasks such as donning socks and shoes, fastening laces, to complete bowel care manual stimulation tasks.
Kneeling			✓					X	May elect to kneel to access low levels for housekeeping and personal support tasks.

PHYSICAL DEMANDS*	<p><u>Less than Daily</u>  Rare – 0 to 10% of shift</p> <p><u>Occasional</u> – 10% to 33% of shift  (1 rep every 15min)</p> <p><u>Frequent</u> – 33% to 66% of shift  (1 rep every 5min)</p> <p><u>Constant</u> – 66% to 100% of shift  (&gt;1 rep every 5min)</p>	Static (Sustained)	Dynamic (Repetitive)	FREQUENCY					COMMENTS  X =USUAL DEMAND <u>X</u> = POSSIBLE DEMAND/MAY ELECT TO USE ALTERNATE TECHNIQUE
				< Daily	Rare	Occasional	Frequent	Constant	
Reaching	Overhead				X				To access items stored on high cabinets, kitchen cupboards, to change light bulbs, very briefly while sling motor is being lowered into position, top of fridge at 65". Top of cupboards at 63.5" plus stored items. Step stool available - must retrieve from staff area. May be requested to wash balcony patio door windows at approximately 70".
	Waist to Shoulder		✓					X	For all tasks related to personal support – un/dressing, grooming, mouth care, hair care, eating assistance, positioning transfer slings. Cleaning tasks such as dusting, tidying, sweeping, mopping, and retrieving/replacing items.
	Below waist		✓				X		While standing for personal support when consumer remains in wheelchair, below counters/sink in kitchen sampled at 12" with 24" depth; bathroom counter at 32", toilet at 16"; for toileting assistance for un/dressing, wiping, bowel routines. Hanging catheter bags on wheelchairs.
Lifting	>1 lbs. – 10 lbs.		✓					X	Cleaning items (mop, broom, soaps), linens, towels. Sample bucket of water at ¼ full was 6.6lb (10L bucket).
	11 lbs. – 20 lbs.		✓				X		Vacuum sampled at 19.2lb (upright model). Buckets of water for mopping if more than 50% full. Full baskets of laundry at approximately 15lb, could be greater. Lift/transfer sling motor at 14lb.
	21 lbs. - 50 lbs.		✓				X		Occasionally to assist with positioning consumer – weights variable but whole leg may be lifted or for support for pivot transfer. Five gallon jug of water for cooler at 43.5lb (Less than Daily).
	>50 lbs.			X					Boosting to re-position in bed; chair boost for heavy consumers.
Carrying	>1 lbs. – 10 lbs.		✓					X	Cleaning items (mop, broom, soaps), linens, towels; kitchen items for meal preparation; smaller loads of laundry.
	11 lbs. – 20 lbs.		✓				X		Baskets of soiled/clean laundry to/from facilities at approximately 15lb, could be greater. Sling transfer motor may be transported to/from living area to bedroom for ceiling track operation, 14lb.
	21 lbs. - 50 lbs.				X				Laundry baskets with washed wet denim clothing and towels may weigh greater than 21lb (not sampled).
	<50 lbs.								Not Required.
Pushing						X		Pushing abilities essential for transferring and positioning consumers in bed/chairs; increased forces for consumers with involuntary muscle tremoring. . Forces will vary depending on consumer's weight and type of equipment. Sampled with one slight male with electric chair, battery unplugged, at average push force of 24.6lb. Automatic apartment doors sampled at average 14.2lb of force. Fridge pushed into position (following cleaning of floor underneath) at 24lb of force.	

PHYSICAL DEMANDS*	<p><u>Less than Daily</u>  Rare – 0 to 10% of shift</p> <p><u>Occasional</u> – 10% to 33% of shift  (1 rep every 15min)</p> <p><u>Frequent</u> – 33% to 66% of shift  (1 rep every 5min)</p> <p><u>Constant</u> – 66% to 100% of shift  (&gt;1 rep every 5min)</p>	Static (Sustained)	Dynamic (Repetitive)	FREQUENCY					<p>COMMENTS</p> <p>X =USUAL DEMAND  X = POSSIBLE DEMAND/MAY ELECT TO USE ALTERNATE TECHNIQUE</p>
				< Daily	Rare	Occasional	Frequent	Constant	
Pulling					X				<p>Pulling abilities essential for transferring and positioning consumers in bed/chairs.</p> <p>Forces will vary depending on consumer's weight and type of equipment. Sampled with one slight male with electric chair, battery unplugged, at average pull force of 26lb. Automatic apartment doors sampled at average pull of 12.2lb of force.</p>
Fine Finger Motions			✓					X	<p>To un/fasten buttons, laces, ties; for tabs on incontinence briefs; manipulate combs, toothbrushes, cloths; wash/store dishes; computer keyboards, writing utensils; applying skin ointments; to manipulate catheter and bag.</p>
Handling			✓				X		<p>Larger items such as vacuum, broom, wheelchair handles, telephone, vehicle steering wheel, knobs, faucets.</p>
Climbing	Stairs				X				<p>In Outreach homes in community to do laundry, access supplies; to access other community sites.</p>
	Ladder			X					<p>Less than Daily if using stool to access high levels.</p>

### PDA SUMMARY (cont'd)

OPERATION OF MACHINES – Yes/No		WORK ENVIRONMENT – Yes/No	
Operate Machinery	<b>YES</b> [Laundry & kitchen appliances, ceiling mount transfer equipment, vehicle]	Computer Use	<b>YES</b>
Works with Machines	<b>YES</b> [see above]	Supervisory Responsibility	<b>NO</b>
Work around Moving Objects	<b>YES</b> [Mobility aids such as electric wheelchairs, vehicles]	Working Alone	<b>YES</b>
Operate a Forklift	<b>NO</b>	Working Individually within a Group	<b>YES</b> [Intermittently]
Operate Overhead Crane	<b>NO</b>	Deal with Conflict	<b>YES</b> [May have to handle frustration, intense emotions, etc.]
Use of Non-Powered Tools	<b>NO</b>	Other:	Required to be able to prioritize tasks. Able to respond to crises such as medical emergencies, environmental emergencies, mental health issues and consumer safety.
Use of Hand Grinder or Sander	<b>NO</b>		
Use of Inline Grip Tool	<b>NO</b>		
Use of Pistol Grip Tool	<b>NO</b>		
WORK CONDITIONS			
Inside Work	<b>YES</b>	Noise Exposure	<b>NO</b>
Outdoor Work	<b>YES</b> [Less than Inside Work]	Chemical Exposure	<b>YES</b>
Exposure to Extreme Temperatures	<b>NO</b>	Vibration Exposure	<b>NO</b>
Wet or Humid	<b>YES</b> [Cleaning related duties]	Congested Workspace	<b>INTERMITTENTLY</b>
COGNITIVE AND SENSORY DEMANDS			
Verbal communication	<b>YES</b>	Feeling/Tactile Sense	<b>YES</b>
Hearing	<b>YES</b>	Smelling	<b>YES</b>
Visual Acuity (near/far)	<b>YES</b>	Colour Discrimination	<b>YES</b>
Reading	<b>YES</b>	Concentration	<b>YES</b>
Writing	<b>YES</b>	Alertness	<b>YES</b>
PERSONAL PROTECTIVE EQUIPMENT			
Safety Shoes	<b>Closed Toes/Heels</b>	Coveralls/Apron	<b>AS NEEDED</b>
Safety Glasses	<b>AS NEEDED</b>	Head Protection	<b>NO</b>
Hearing Protection	<b>NO</b>	Respirator	<b>NO</b>
Gloves	<b>YES</b>	Masks	<b>AS NEEDED</b>

## **C-1.4 Transfers, Lifts and Carries (TLC) Policy**

Effective date: March 16, 2006. Revised date: October 25, 2017.

### **Purpose:**

The Employer is committed to preventing workplace injuries related to client handling, by providing workers with safe work policies and procedures when workers are performing client transfers, lifts, carries, repositioning, and when responding to client falls.

### **Scope:**

Applies to all employees

#### Applicable Policies/Programs:

- Occupational Health and Safety Roles and Responsibilities of Workplace Parties
- Hazard Reporting
- SAW/RTW
- Injury/Incident Investigation
- MSD
- STF
- Health and Safety Accountability

### **Definitions:**

The following definitions are from the [Client Handling Techniques Manual], PSHSA.

Transfer: a weight-bearing procedure used to assist a client who can bear weight on at least one leg or can bear weight on both arms. A transfer may be used with other devices such as a transfer belt, transfer board, transfer disk or transfer pole

Lift/Carry: a non-weight-bearing procedure used to move or carry the entire weight of a client who is physically unable to help with the procedure using a mechanical lifting device

Mechanical lifting equipment comes in a variety of designs and can be categorized as:

- Ceiling lifts
- Portable/floor lifts
- Stationary or fixed lifts

All mechanical lifts use slings. Slings come in different sizes and within each sling, size adjustments can be made. The task helps to determine the appropriate sling (i.e. shower slings). The shape of the sling provides various types of support for specific clients, such as clients with amputations or clients requiring head support.

Repositioning: a same surface procedure used to move a client to a new position on the same surface such as up in bed or back in a chair

Assessment: all new and existing clients requiring any type of TLC assistance are assessed by an Occupational Therapist (OT). The OT will recommend a transfer or lift that protects the client while ensuring the safety of the worker(s).

During the assessment process, the OT will also determine the appropriate sling for each client. The OT's recommendation will be designated as the "Approved Transfer", and will be the only method approved for workers to use when transferring the client.

Approved Transfer List: a list of the OT approved transfers for applicable clients; it is posted in staff offices.

Biomechanics: the study of the mechanics of muscular activity and how muscular activity leads to internal loading of body tissues, such as the ligaments, joints and other soft tissues. Biomechanics is useful in determining whether a specific manual client handling task will create unacceptably high force inside the body and whether a manual lift is "safe" or not. [Safe Patient Handling Training for Schools of Nursing, Department of Health and Human Service Centers for Disease Control and Prevention National Institute for Occupational Safety and Health, November, 2009].

Body Mechanics: is the belief that reliance on "correct" body positions or "body movements" will somehow provide protection from the force associated with lifting and moving clients. Body mechanics is also used to assess the alignment of clients when they are standing, sitting or lying down. Body mechanics alone is not sufficient to protect a worker from the heavy weight, awkward postures, and repetition involved in manual client handling. Safe manual handling techniques must be used in combination with equipment and technology for safe client handling and movement. [Safe Patient Handling Training for Schools of Nursing, Department of Health and Human Service Centres for Disease Control and Prevention National Institute for Occupational Safety and Health, November, 2009].

Home Environment: inside the four walls of a client's house or apartment.

## **Roles and Responsibilities**

### Employer:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Provide applicable training and orientation for all employees
- Ensure necessary equipment/devices are provided, regularly inspected and maintained in good operating condition

### Supervisor:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Ensure employees receive all required orientation and training
- Ensure new employees receive Client Handling training and current employees receive Client Handling re-training every five years
- Ensure new and current employees receive Client Handling Mentor support, as required
- Arrange OT assessments for clients as needed, and with the consent of the client
- Solicit feedback from workers and clients regarding the approved TLCs, to ensure their effectiveness
- Keep Approved Transfer list updated and available for workers
- Ensure workers perform TLCs only in a client's home environment, see definitions
- Ensure workers are conducting pre-use inspections on approved lifting equipment, as required
- Ensure workers are using approved lifting equipment properly, as per manufacturer's instructions, and following effective body mechanic techniques
- Ensure TLC hazards are posted on Hazard Board and effective control measures are provided in a timely manner and are being followed by workers
- Ensure equipment including the backup mechanical lift is available and kept in working order

### Employee:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Complete all mandatory orientation and training requirements
- Request Client Handling Mentor training from supervisor, as needed
- Perform only approved lifts in a client's home environment, using effective body mechanic techniques, (Principles of Safe Lifting)
- Participate in clients' OT assessments, as requested/required
- Conduct pre-use inspections on approved lifting equipment, and follow the manufacturer's requirements for use
- Follow principles for safe lifting
- Immediately report any lifting equipment failures and TLC hazards to the client and supervisor, complete Hazard/Near Miss Report, document on Hazard Board, communication book and client's ICR
- Use a draw sheet/pull sheet to reposition a client on the bed
- If client's electric wheel chair (w/c) breaks down within their home environment, ensure client is not sitting in the w/c and place it into the manual setting to be pushed
- An electric w/c with the client sitting in it should only be pushed (in a straight path/short length) if the w/c is obstructing a path way within the client's home environment and needs to be moved ensure w/c is in the manual setting
- If electric w/c loses power outside of the client's home environment within hallway of client's apartment, as applicable, get client's permission to obtain the battery charger and recharge w/c
- If electric w/c breaks down outside of the client's home environment, call the non-emergency fire department, (phone number is on laminated card in key pouches)
- Follow the control measures implemented to resolve TLC hazards
- Follow procedures as outlined in Procedures for Client Fall Incidents below

### JHSC:

- Follow duties, as outlined in the policies/programs listed in 'Scope'

### Client:

- Be aware of fluctuations in abilities, and communicate this to workers, if it will affect your transfers and lifts
- Immediately report any transfer and/or lift concerns to workers and the supervisor
- Participate in OT assessments, as requested/required
- Participate in Client Handling Mentor training, as requested/required
- Keep all equipment involved with transfers and lifts in good repair
- Provide and maintain all equipment necessary to complete the approved TLC. This equipment may include:
  - Ceiling lifts
  - Portable/floor lifts
  - Stationary/fixed lifts
  - Transfer/slide boards
  - Slings
  - Transfer poles
- Clients, who are being accompanied to appointments by workers, are expected to find out whether transfers, lifts or carries will be required at the appointment. If clients determine that a transfer, lift or carry is needed clients are expected to make the necessary arrangements to facilitate their transfer, lift or carry, prior to the appointment time
- Outreach clients are expected to have a backup plan in place in the event of equipment failure and/or other situations not addressed by their current approved transfer

### Therapists: Occupational/Physiotherapist:

- Complete functional assessments for applicants to the Assisted Living, Seniors' Assisted Living and Outreach programs, as required
- Complete OT assessments for lifting/transferring, when requested by the client or Employer
- Present written recommendations to clients and the Employer on safe transfer options
- Instruct clients and workers on proper use of lifts and/or new equipment
- Provide training for workers and clients on Range of Motion (ROM) programs

### **Procedures for Client Fall Incidents:**

If a client has fallen to the floor in their home environment:

- Workers will assess the situation, and determine the safest procedure to use to assist client:
  - Client's approved lift/transfer
  - Back up lift (A back up mechanical lift is available in each Assisted Living program only)
  - Client can independently get themselves up from floor
  - Outreach clients are expected to have a backup plan, as per the agency's Service Agreement
  - If above procedures are not possible and/or safe workers to call either 911, if an injury is suspected, or call the **non-emergency fire department number** for assistance to transfer client from the floor
- Workers are not to catch a client in the event of a fall
- Workers are not to lift a client who has fallen outside of their home environment

### **Relevant Forms:**

- Incident Report
- Injury Report
- Hazard/Near Miss Report
- Client Handling Mentor Checklist

## **Appendix 1: Principles for Safe Lifting**

1. **Lift with legs**
  - Use the largest, strongest muscles of the legs (quadriceps)
  - Leg muscles are capable of generating more force than the smaller muscles of the back
  - Bend at the large hip and knee joints
2. **Maintain a neutral spine (alignment of the natural curve in the spine)**
  - Tighten abdominal muscles and buttocks. Keep shoulders back. This will keep your spine supported and strong
3. **Keep the person or object you are lifting close to your body when lifting**
  - This makes the work easier and minimizes the strain on the spine
4. **Maintain a stable base of support**
  - Feet should be approximately shoulder width apart and firmly on the ground, or
  - Place one foot in front of the other – walk stride stance
  - Wear proper supportive footwear, (Footwear Policy)
5. **Avoid twisting your spine by moving your feet**
6. **Coordinate the movement (transfer/lift/carry/reposition) and work as a team**
  - If more than one worker is involved in the procedure, one worker takes charge to coordinate the move
  - Use phrase such as “1-2-3- LIFT/GO”
  - Both workers should be aware of when to go on a count down
7. **Point your feet in the direction of travel**
8. **Lift only to shoulder level**
  - Avoid reaching over your head to lift. This puts strain on the joints at the back of the spine
9. **Grasp the person or object firmly using your full hand**
10. **Lift in stages, if necessary**
11. **Use body weight for momentum**
12. **Put bed at correct height** (waist level when providing care; hip level when moving client)
13. **Change your posture**
  - Warm up, especially in the morning, before lifting, transferring or repositioning a client
  - Avoid sustained and awkward postures for long periods
  - Counteract one posture with the opposite, i.e., stretch in the opposite direction
  - If you find your back is in a prolonged forward bend or flexed position in standing or sitting, stop and perform a back extension stretch or go for a walk
14. **Watch shoes, clothing, and jewelry**
15. **Maintain physical fitness**

## **Perform an Initial Assessment First:**

Before worker carries out a transfer/lift/carry/reposition with a client, perform an Initial Assessment:

### **1. Assess the environment**

- Lighting
- Flooring – (wet, carpeting, mats or cords in the way etc.)
- Height of bed, height of toilet etc.
- Space – is it confined?
- Obstacles – can objects be moved out of the way?
- Pets – will they get in the way of transfer?
- Noise – turn off TV to maintain concentration and avoid distraction
- Equipment – perform pre-use inspection of equipment, i.e., mechanical lift, wheel chair, commode etc. is it in working order, do brakes work, is it prepared and within reach?

### **2. Assess the Client**

- Review the Approved Transfer List, clients' ICR and ISP and any reference materials, as applicable
- Physical Status:
  - Height
  - Weight
  - Strength
  - Balance
  - Coordination
  - Weight bearing ability
  - Muscle tone – low = floppy, high = stiff
- Communication
- Cognition
- Behaviour – cooperation and aggression
- Ask the client how they are feeling at time of transfer/lift/carry/reposition

All these factors affect the client's transfer and lift, and workers need to adapt to each client they support.

### **3. Prepare the Client**

- Verbally cue client so they are prepared for the transfer/lift/carry/reposition that worker is about to do
- Keep in mind that if a person is not ready for something their natural tendency will be a fight/flight response

## **C-1.5 Client Handling/Transfers, Lifts and Repositioning**

Effective date: March 16, 2006. Revised date: October 25, 2017.

The following section provides an outline of various types of transfer techniques.

The Employer's Assisted Living, Seniors Assisted Living and Outreach clients may have an OT approved transfer. Workers should consult the "Approved Transfer List", clients' ISPs and TLC policy for specific details.



### **Independent Supervised Transfer (or Stand-By Assistance)**

Independent supervised transfers are for clients who are independent and can safely transfer themselves, but may require verbal guidance and reminders.

Workers must ensure the client follows all safety precautions with any equipment i.e., putting wheelchair brakes on. No physical assistance is required.

### **Lying to Sitting at Bedside**

You can use this procedure to reposition a client from a lying position to a sitting position.

This procedure requires one or two workers

1. Explain to the client what you are going to do and what they must do to help
2. Always turn the client on their stronger side first, if possible. (The client can also be turned to their weaker side for therapeutic reasons)
3. The worker(s) should be positioned at the client's shoulder level, facing the client
4. If possible, lower the bed to a height that will allow the client to place their feet on the floor. If the client is lying on their back, ask them to bend their hips and knees. If they are unable to do this, assist them with the procedure. Ask the client to roll on their side to face the worker. If they are unable to do this, assist them by placing one hand on the back of the shoulder and the other one on the backside of the hip and gently assist them to roll toward the worker. If the head of the bed can be elevated, raise the head of the bed to assist the client into sitting if desired
5. Place one hand under the client's shoulder (the one that is against the bed) and the other hand behind the knees
6. Ask the client to push down on the bed and help them
7. Together with one movement, pivot the client into a sitting position. Support the client through the procedure. Remain close to the client. Support them from the shoulders until they are well balanced in the sitting position



### **Mechanical Lifts**

Many clients use mechanical lifts for their transfers. The purpose of using a mechanical lift:

- Ensure a safe lift for the client
- Reduce the physical demands of handling clients by eliminating or reducing the need to perform manual lifts
- Reduce the risk factors for musculoskeletal disorders such as awkward postures, excessive forces and pushing or pulling

Mechanical lifts come in a variety designs, and can be categorized as:

- Ceiling lifts
- Portable/floor lifts
- Stationary or fixed lifts

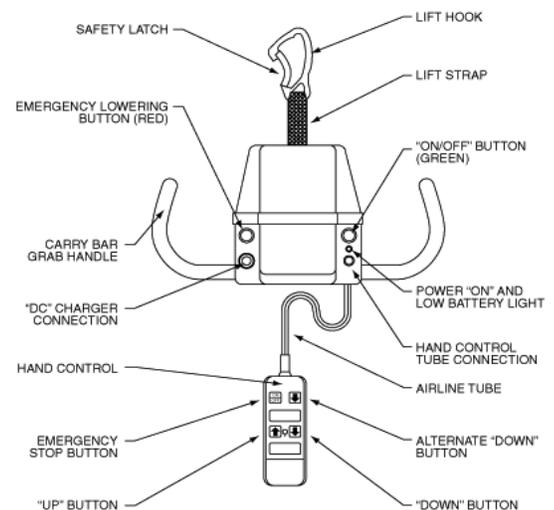
All mechanical lifts use slings. Slings come in three different sizes and within each sling, size adjustments can be made. The task helps to determine the appropriate sling. For example, a mesh sling may be used to transfer a client into a tub, while an open bottom sling may be used for toileting. The shape of the sling provides various types of support for specific clients such as clients with amputations or clients requiring head support. During the assessment process, the occupational therapist will determine the appropriate sling for each client.

A mechanical lift is used under the following conditions:

- A client is not able to bear weight on their legs or assist with a transfer using their arms
- A client cannot maintain balance when standing
- A client is unable to move/straighten their hips, knees, shoulders or elbows due to severe contracture or pain
- A client's abilities to assist are inconsistent/fluctuate

This procedure requires one or two workers. If using two, one is the leader and the other is the assistant.

1. Clear all obstacles from the path of the transfer
2. Explain to the client what you are going to do
3. Place the sling in the appropriate place under the client as per the occupational therapist's recommendations
4. Place the lifting device close to the bed. If using a floor lift, place the base under the bed and the boom (bar) above the client's waist level.
5. Lower the boom slowly to the point where the hooks can be attached to the sling comfortably and safely, according to the occupational therapist's recommendations
6. Check that all hooks and attachments are secure
7. Widen the base of the lift as necessary to ensure security and safety
8. Raise the client off the bed slowly with a smooth, gentle movement. Pause to allow the client to adjust and to ensure the client feels safe and secure. If using an assistant, he/she will stand on the other side of the bed, support the client's head and shoulders, and guide the move through the procedure. If the client is off balance, lower the lift and reposition them. While still above the bed, turn the client to face the mast of the lift
9. Gently turn the lift (while the other worker supports the client). Guide the client toward the chair where they are going to be placed
10. Bring the client above the chair and gently lower him/her into the chair
11. Ensure client is positioned properly to avoid having to reposition them in the chair
12. Remove the sling and straps carefully, first from the lift and then from the client
13. Ensure the client is comfortable by repositioning as necessary
14. Place the slings on the lift and return the lift to the storage place
15. Place the battery on re-charge if necessary





## Minimal Assistance Transfer

This procedure is used under the following conditions:

- client who requires minimal physical assistance
- client requiring assistance with equipment (e.g. wheelchair or commode chair)

This transfer requires one worker

1. Clear all obstacles from the path of the transfer
2. Explain to the client what you are going to do and what they must do to help with the procedure
3. Ensure all necessary equipment is available
4. Position the wheelchair parallel or at a slight angle to the bed on the side on which the transfer is performed (usually on the client's stronger side)
5. Lock brakes
6. Position the leg rests so that they do not interfere with the transfer
7. Rest the client's feet flat on the floor
8. Stand on the client's weaker side facing him/her
9. Assist the client to sit on the edge of the bed
10. Stabilize the client's weaker foot with your foot and the weaker knee with your knees, if necessary
11. Support the client around the waist
12. Ask the client to lean forward and push up from the bed with his/her hands
13. Count "1, 2, 3, stand". On the command "stand", stand up together
14. Ask the client to turn toward their stronger side and grasp the furthest armrest of the wheelchair
15. Assist the client to sit in the wheelchair
16. Ensure the client is comfortable by repositioning as necessary



## Pivot Transfers



### One-Person Pivot Transfer

This procedure is used under the following conditions:

- client who is capable of bearing weight on at least one leg
- client who is able to pivot with some assistance

This transfer requires one worker

1. Clear all obstacles from the path of the transfer
2. Explain to the client what you are going to do and what they must do to help with the procedure
3. Position the wheelchair parallel or at a slight angle close to the bed on the side on which the transfer is performed (usually on the client's stronger side)
4. Lock brakes
5. Remove footrests
6. Remove or lower bed rails if necessary. If possible, adjust the height of the bed so that the client is able to place their feet flat on the floor
7. Stand facing the client. Ask or assist client to sitting position on the edge of the bed

8. Ask client to put his/her hands on your waist, shoulders, forearms or one hand on the armrest closest to them (if the clients arm strength is adequate)
9. Stabilize the client's weaker feet and knees with your own to prevent slipping
10. Place your hands on the client's sacrum (the large triangle bone in the lower spine)
11. Ask the client to lean slightly forward
12. Bend your knees and tighten the abdominal and buttock muscles. Count "1, 2, 3, stand". On the command "stand", straighten the knees and assist the client to a standing position using a smooth motion
13. Pivot the client so that the backs of his/her legs are against the seat of the wheelchair while maintaining control of their knees
14. Ask the client to move back toward the wheelchair and to place both hands, if possible, on the arm rests of the wheelchair
15. Count "1, 2, 3, down". As the worker slowly lowers the client into the chair, the worker must maintain the normal curve in their lower back and bend their knees and hips.
16. Replace the footrests
17. Ensure the client is comfortable by repositioning as necessary



### **Two-Person Pivot Transfer**

This procedure is used under the following conditions:

- client capable of bearing weight on at least on one leg
- client whose capabilities are unpredictable

This procedure requires two workers; one is the leader and the other is the assistant

1. Clear all obstacles from the path of the transfer
2. Explain to the client what you are going to do and what they must do to help with the procedure
3. Place the wheelchair with the wheels parallel to the length of the bed or slightly angled to the bed on the side to which the client is being transferred (usually the client's stronger side)
4. Lock brakes
5. Remove the footrests and arm rest nearest to the client
6. If possible, adjust the bed height so that the client's feet are flat on the floor when they are sitting on the edge of the bed
7. Worker 2: Stand between the wheelchair and the bed. Place the knee closest to the bed on the bed. Grasp either side of the client's sacral area (bottom of the spine)
8. Worker 1: Stand in the front of the client. Block the client's feet with your feet if necessary. Brace the client's knees by placing your knees on either side, if necessary. Grasp the client's upper back (not under the arms). Ask the client to place his/her hands on your forearm or waist and lean slightly forward
9. Together count "1, 2, 3, stand", on the command "stand", worker 1 tightens their abdominal and buttock muscles and assists the client to stand, while worker 2 lowers their knees from the bed and assists worker 1 to guide the client to a standing position
10. Both workers pivot the client toward the wheelchair so that the back of his/her legs are touching the wheelchair
11. Together count "1, 2, 3, down", on the command "down", both workers gently assist the client to sit well back in the wheelchair
12. Replace the footrests and armrests
13. Ensure the client is comfortable by repositioning as necessary

## Repositioning

A mechanical lift may be used to reposition a client, as required.

### Repositioning a Client in Bed

You can use this procedure to reposition a client who has moved to the:

- End of the bed
- Sideways on the bed



The devices required for this procedure are:

- Draw sheet, turning sheet or repositioning sheet

This procedure requires two workers; one is the leader and the other is the assistant

1. Explain to the client what you are going to do and what they must do to help
2. Ensure all of the necessary equipment is available, in good working order and the correct size where applicable
3. Lock the bed brakes
4. If possible, adjust the height of the bed so that each worker can comfortably place one of his or her knees on the bed. Lower the bed railing(s) and the head of the bed unless the client(s) condition requires otherwise
5. Place a pillow against the head of the bed
6. Ask the client to bend their knee(s) and cross their arms across their chest. If they are unable to do this, assist them
7. The workers should position themselves on either side of the bed
8. Review the procedure for turning a client in bed (below). If the draw sheet is already underneath the client (between shoulders and hips), roll the draw sheet in close to the client and grasp it with both hands
9. Both workers should have their feet on the floor, shoulder width apart, with hips and knees slightly bent. Alternately, both workers could place their knee (closest to the head of the bed) on the bed and their other foot on the floor. Workers may then brace thighs firmly against the bed and tighten their abdominal muscles "core"
10. Together, Count "1, 2, 3, move", on the command "move", move the client up in bed. Repeat in several small stages. The workers should move their feet and knees forward at each stage. The client's head should not be touching the headboard
11. Do not use a client's body part (feet/heels) or clothing to move them in bed
12. Straighten the draw sheet and bed linen out. Remove the pillow from the head of the bed and place it under the client's head
13. Ensure the client is comfortable, safe and well supported. Raise the bed rails, if necessary

### Repositioning a Client in a Chair

This procedure is used to reposition a client who has slid down or bent over the armrest of a chair or wheelchair and is unable to correct this posture. This procedure is suitable only for a chair with a low back or a removable back support.

This procedure requires two workers; one is the leader and the other is the assistant

1. Explain to the client what you are going to do and what they must do to help
2. Lock the wheels of all equipment in use
3. Position the wheels of the wheelchair so that they do not pivot
4. Remove the footrests and the back/headrest where applicable
5. Bend the client's knees to approximately 80 degrees, if possible. Place the client's feet slightly apart
6. Remove the client's seat belt and/or tray, where applicable

7. Worker 1: stand behind the chair and assume a bent-knee stance. Worker 2: stand in front of the client and assume a bent-knee stance
8. Ask the client to fold their arms. If they are unable to do this, assist them
9. Worker 1: stand behind the client, lean them forward and grasp the client's forearms by placing your hands/arms under the client's arms, between the client's arms and chest
10. Worker 2: Place your arms under the client's knees
11. The workers should tighten their abdominal muscles "core"
12. Together count "1, 2, 3, up", on the command "up", the workers slide the client up/back in the chair while straightening their knees
13. Replace the footrests, seat belt, tray and back/head rest, where applicable
14. Ensure the client is comfortable, safe and well supported

### **Repositioning/Turning a Client in Bed**

This procedure may require two workers. One is the leader and the other is the assistant.



1. Explain to the client what you are going to do and what they must do to help
2. Always use a turning sheet or draw sheet
3. If using 2 workers, workers stand on opposite sides of the bed
4. If necessary, lock the brakes of the bed
5. If necessary, lower the bed rail on the side of the bed on which you are standing
6. If possible, adjust the height of the bed so that both workers can comfortably place one of his or her knees on the bed
7. If the head of the bed is up, lower it, unless the client's condition requires that it be left up
8. If the client is laying on his/her side, roll them onto their back and have them bend their knees up. If the client is unable to bend their own knees, assist them
9. Cross the client's arms across their chest
10. Prepare the draw sheet by rolling it up halfway (lengthwise) and position it close to the client's side so that it stretches under the client from the shoulders to the hip area
11. Gently roll the client onto one side, tuck the rolled part of the sheet under the client and then roll him/her onto their other side
12. Both workers move to one side of the bed. Ensure the bed rail is raised on the side opposite the two workers to protect the client from rolling out of bed. One worker stands at the client's hip level and the other stands at the client's shoulder level. Workers should use a walk-stride stance (one foot in front of the other) or put one knee on the bed to allow lower back stability during the reposition. Worker positioned at the client's hips, should have their knee closest to the client's feet on the bed and worker positioned at the client's shoulders, should have their knee closest to the client's head on the bed.
13. Stretch the rolled part of the sheet to the other side. Then roll the client back onto their back
14. Grasp the draw sheet firmly using both hands with palms up, close to the client's body
15. Together: count "1, 2, 3, slide". On the "slide" command, pull the client gently toward you
16. Leader: move to the other side of the bed, lower the bed railing and place one knee on the bed. Assistant: remain on the original side of the bed
17. Bend the client's outside leg, if possible, to help with the procedure. Leader: grasp the client's shoulder and leg. Assistant: help the leader to turn the client toward the leader, while maintaining good body mechanics

18. Ensure the client is comfortable and well supported
19. Straighten the draw sheet and raise the bed rails if necessary

### **Sitting to Standing**

You can use the procedure to reposition a client from a sitting to a standing position. See figures below for an example of the positioning involved with this procedure.

This procedure requires two workers; one is the leader and the other is the assistant

1. Explain to the client what you are going to do and what they must do to help.
2. If possible, position the bed so that the client's feet are flat on the floor. Facing the client, ask them to move to the edge of the bed. If the client is unable to do this, assist her to move as close to the edge of the bed or chair as possible. The client can do this by alternatively moving their buttocks (bum walk). Support the client through the procedure
3. Be sure that the client's knees are at an 80° – 90° angle and the client's feet are beneath their knees
4. Worker should face the client and block their weaker foot or both feet. To block the client's foot/feet, worker should place their feet in front or slightly on either side of the client's foot/feet. Worker should block the client's knee(s) with their knees on either side of the client's
5. Worker should place their hands around the client's waist, above the sacrum area or under the buttocks
6. Ask the client to look up and lean forward
7. On the count of three, worker should assist the client to straighten their hips and knees by gently putting pressure on the sacrum with their hands and blocking the client's knees with their knees
8. To prevent the client from losing their balance, worker should ensure the client is standing straight up and is not leaning forward





## Transfer Using a Transfer Board/Slide Board

This procedure is used to transfer a client between surfaces of equal height (The surface you are transferring the client to can also be slightly lower). This procedure is used under the following conditions:

- client has trunk or lower extremity weakness and is unable to stand
- client has knee/hip contracture
- client has had leg amputations



This procedure requires one or two workers; one is the leader and the other is the assistant

1. Clear all obstacles from the path of the transfer
2. Ensure:
  - a) The origin and destination surface heights are equal or that the surface at the end of the transfer is lower
  - b) The client wears proper clothing and/or powder may be sprinkled on the surface of the transfer board (to allow the client to slide smoothly)
3. Explain to the client what you are going to do and what they must do to help with the procedure
4. Place the wheelchair parallel to the bed or at a slight angle on the client's stronger side
5. Lock brakes
6. Remove the footrests and arm rest nearest to the client
7. Slide the transfer board underneath the buttock of the client. (A towel may be positioned between the client's buttock and the transfer board). Ensure the other end of the board extends halfway across the seat of the wheelchair, bridging the gap between the bed and the chair
8. Together count "1, 2, 3, slide" and assist the client to slide across the board to the wheelchair. (Or use the towel to pull the client along the board)
9. Remove the transfer board by easing it out from under the client's buttocks once he/she is firmly situated in the wheelchair
10. Replace the footrests and armrests
11. Ensure the client is comfortable by repositioning as necessary

## **D. Infection Prevention**

### **D-1.1 Best Practices/Routine Practices**

Effective date: May 22, 2002. Revised date: October 25, 2017.

The terms 'Best' or 'Routine' Practices focus on the routine care of all clients and includes information previously known as 'Universal Precautions'.

Best Practices are based on the premise that all clients are potentially infectious, even when asymptomatic and that the same safe standards of practice should be used routinely with all clients to prevent exposure to blood, body fluids, secretions, excretions, mucous membranes, non-intact skin or soiled items to prevent the spread of microorganisms.

Workers must assess the risk of exposure to blood, body fluids, and non-intact skin and identify the strategies that will decrease exposure risk and prevent the transmission of microorganisms from client to client, client to worker, worker to client and worker to worker.

Best/Routine Practices include:

1. Risk assessment (Performed each time you see a client)
  - Assess the risk of transmission
  - Take action based on potential risks
  - PPE at point of care
2. Hand hygiene
3. PPE:
  - Gloves
  - Face protection
  - Gowns/aprons
4. Environmental controls:
  - Sharps handling
  - Cleaning of health care equipment
  - Cleaning of the environment (including safe handling of soiled linens and waste)
5. Administrative controls:
  - Health and Safety Policies and Programs
  - Education and training
  - Respiratory etiquette for both employees and clients

Refer to the Employer's Hazardous Waste and Personal Protective Equipment (PPE) Policies for details on Best Practices.

#### **Risk Assessment Questions:**

- Will there be contamination of skin/clothing by microorganisms?
- Will there be exposure to non-intact skin?
- What is the task you are going to be doing?
- Could your hands come in contact with body fluid?
- Could you be splashed or sprayed with body fluid?
- Will there be aerosolization of droplets?

## Hand Hygiene

- Hand washing is the single most effective way to prevent infections
- By practicing good hand hygiene, we can also prevent the spread of infections
- Keep the skin on your hands healthy and intact because skin is an excellent physical barrier
- If you have open areas or cuts in your skin, cover them with a bandages and wear gloves
- Sweat collects in the creases of your hands, providing an excellent environment for bacteria to collect and grow
- **It is essential that you wash your hands before and after providing personal care to clients**

### Hands must be washed:

- When entering/leaving a client's home
- Before and after personal care procedures such as:
  - Toileting/catheter care/colostomy care
  - Menstrual care
  - Oral hygiene
- Before putting on and after taking off PPE
- After care involving body fluids, before moving to another activity
- Whenever hands come into contact with secretions, excretions, blood and body fluids
- Before preparing, handling, serving or eating food
- Before feeding a client
- After emptying garbage
- After any occasion where hands have become soiled
- After personal body functions (e.g., using the toilet or blowing nose, etc.)
- Anytime there is a possibility of the presence of infectious material
- Upon return to the office from any booking

### Technique for **thorough** hand washing (lasting at least 15 seconds):

1. Remove jewellery
2. Rinse hands under warm running water
3. Apply liquid pump soap
4. Lather soap and use friction to cover all surfaces for a minimum of 5 seconds (clean between fingers, palms, back of hands, wrists, forearms and under nails)
5. Rinse hands under warm running water
6. Dry hands with a single-use paper towel
7. Turn off taps with paper towel to prevent contaminating hands
8. Use lotion frequently
9. Do not use fingernail polish or artificial nails as these may increase bacterial load

### If using an Alcohol Based Hand Rub (ABHR):

- Apply product to palm of hand
- Rub vigorously over all surfaces of hands for a minimum of 15 seconds or until hands are dry
- Do not use on hands that are visibly soiled

Clients are responsible for providing liquid soap dispensers, soap, paper towels, paper towel holders and plastic bags. (Housekeeping Policy)

**References:**

Routine Practices and Additional Precautions In all Health Care Settings Provincial Infectious Diseases Advisory Committee (PIDAC) November, 2012.



## D-1.2 How Diseases Are Spread

Effective Date: May 22, 2002. Revised date: October 25, 2017.

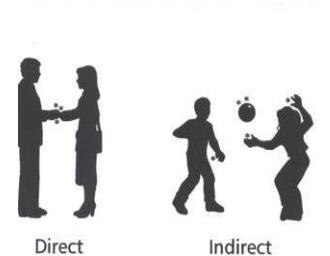
The method in which a disease is transmitted is important for implementing proper infection control. Routes of transmission of infectious agents are classified as contact, droplet, airborne, common vehicle and vector borne.

### 1. Contact Transmission

Contact transmission is the most common method of transmission and includes direct contact, indirect contact and droplet transmission. Although droplet transmission is a type of contact transmission, it is considered separately as it requires different precautions. Examples of diseases that are transmitted by contact include herpes, MRSA, scabies, influenza, rubella, mumps and ringworm.

#### a. Direct Contact

Direct contact transmission requires physical contact between an infected person and a susceptible person and the physical transfer of germs (microorganisms). This type of transmission requires close contact with an infected individual such as kissing, sexual contact, contact with oral secretions, or contact with body lesions. Diseases spread exclusively by direct contact are unable to survive for significant periods of time away from a host.



#### b. Indirect Contact

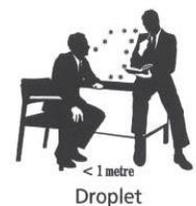
Indirect contact transmission refers to situations where a susceptible person is infected from contact with a contaminated surface. Some organisms, such as Norwalk Virus, are capable of surviving on surfaces for an extended period of time.

Routine practices should prevent most transmission by direct/indirect contact. However, to reduce transmission by indirect contact, frequently touched surfaces should be properly disinfected. Frequently touched surfaces include:

- Door knobs, door handles, handrails, elevator buttons
- Tables, beds, chairs
- Washroom surfaces
- Cups, dishes, cutlery
- Assistive devices such as wheelchairs and commodes
- Telephones, TV controllers, cell phones, computer keyboards and mice
- Pens, pencils

### 2. Droplet Transmission

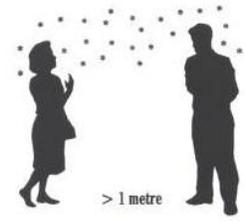
Some diseases are transferred by droplet transmission. This occurs when infected droplets make contact with the surface of the eye, nose or mouth. Droplets containing germs can be generated when an infected person coughs, sneezes, talks or during certain medical procedures. Droplets are too large to be airborne for long periods and quickly settle out of the air.



Droplet transmission can be reduced with the use of personal protective equipment such as facemasks and goggles. Diphtheria, mumps, rubella, SARS are examples of a disease capable of droplet contact transmission.

### 3. Airborne transmission

Airborne transmission refers to situations where droplet nuclei (the small airborne particles that result from evaporation of large droplets) or dust particles containing germs can remain suspended in air for long periods. These germs are capable of surviving for long periods outside the body and are inhaled by susceptible hosts who may be some distance away from the source. Airborne transmission allows organisms to enter the upper and lower respiratory tracts.



AIRBORNE

Examples of diseases capable of airborne transmission include: common cold, chicken pox, pneumonia, tuberculosis, measles and smallpox.

### 4. Common vehicle transmission

Common vehicle transmission refers to a single contaminated source such as food, water, vaccines, blood, medication, intravenous fluid, sharps, etc. which serve to transmit infection to multiple hosts. HIV/AIDS and Hepatitis B/C/A are examples of diseases that are transmitted by this method. Transmission can be reduced by:

- Proper storage of food at proper temperatures
- Thorough cooking of food
- Proper hand hygiene
- PPE use, when required (refer to PPE Policy)
- Proper sharps handling, (refer to Needlestick/Sharps Injury Prevention & Treatment Policy)
- Disinfection of frequently touched surfaces and equipment



VEHICLE

### 5. Vector-borne transmission

Vectors are animals that are capable of transmitting diseases. Examples of vectors are flies, mites, fleas, ticks, rats and dogs. The most common vector for disease is the mosquito. Mosquitoes transfer disease through the saliva that is exposed to their hosts when they are withdrawing blood. Mosquitoes are vectors for malaria, West Nile virus and yellow fever. The major vector-borne diseases of public health importance in Ontario are West Nile virus, Lyme disease and eastern equine encephalitis virus.



VECTORBORNE

Biting is not the only way vectors can transmit diseases. Diseases may be spread through the feces of a vector. Germs could also be located on the outside surface of a vector (such as a fly) and spread through physical contact with food, a common tough surface or a susceptible individual.

Vector borne transmission is prevented by closed or screened windows, proper housekeeping, reporting suspected vector-borne outbreaks to the local PHO and by checking weekly surveillance reports regularly during the summer and fall seasons.

## D-1.3 Hazardous Waste Policy

Effective date: August 19, 2005. Revised date: October 25, 2017.

### **Purpose:**

The Employer is committed to controlling the hazardous waste that is generated within our workplace. Where hazardous waste is unavoidable, the Employer will ensure workers have the necessary products, services, training and equipment to protect their health and safety during the performance of job tasks.

### **Scope:**

Applies to employees and anyone else who visits the workplace, e.g., nurses, visitors  
Procedures outlined in this policy, follow the City of Guelph's Waste Collection Program.

### Applicable Policies/Programs:

- Occupational Health and Safety Roles and Responsibilities of Workplace Parties
- Hazard Reporting
- PPE
- Housekeeping
- Health and Safety Accountability
- Health and Safety Orientation

### **Definitions:**

The following definitions are from the Provincial Infectious Diseases Advisory Committee (PIDAC), Best Practice Manuals:

Cleaning: the physical removal of foreign material (e.g., dust, soil) and organic material (e.g., blood, secretions, excretions, microorganisms). Cleaning physically removes rather than kills microorganisms. It is accomplished with water, detergents and mechanical action.

Disinfection: the inactivation of disease-producing microorganisms. Disinfection does not destroy bacterial spores. Medical equipment/devices must be cleaned thoroughly before effective disinfection can take place.

Disinfectant: a product used on medical equipment/devices that result in the disinfection of the equipment/device.

### **The City of Guelph's Solid Waste Collection Program:**

The City of Guelph uses a three-stream curbside waste collection program: **Organics (green bags/carts)**, **Recyclables (blue bags/carts)** and **Garbage for landfill (clear bags/grey carts)**. **Household hazardous waste must be delivered to the Household Hazardous Waste Depot at 110 Dunlop Drive (Gate 2) in Guelph.**

For detailed waste management information for the City of Guelph please see:

<http://www.guelph.ca/living>

**Green Bag/Cart (Organics):**

- Food scraps
  - Fruit
  - Dairy products
  - Vegetables
  - Meat and fish including: bones, fat, shellfish, skin
  - Grain products: bread, cereal, flour, pasta, rice
  - Kleenex
  - Paper towels
  - Paper soiled with food
  - Pet waste: litter, bedding, feathers, hair, pet food
  - Houseplants and flowers
- ✓ *Ensure plastic is removed from above items*

**Blue Bag/Cart (Recyclables):**

- Cartons and drink boxes: polycoat/Tetra Paks
  - Glass: bottles and jars all colours
  - Metal: aluminum (foil & pie plates), pop cans, steel cans, paint cans (cleaned and dried)
  - Paper: newspapers/flyers/magazines/envelopes/gift wrap/gift bags (rope removed)/cardboard/bristle board/egg cartons/toilet paper roll/books (hard cover removed)
  - Plastic: bottles and containers (all numbers)/medicine bottles (non-prescription)/tubs and lids from plastic containers/plant pots, trays and flats
- ✓ *All containers must be rinsed*

**Clear Bag/Cart (Garbage for Landfill):**

- Washroom: baby wipes, wet wipes, bandages and gauze, condoms and condom catheters, cosmetics, cotton swaps, cotton balls, diapers, dental floss, deodorant sticks (empty), incontinence products, medicine bottles (empty), razors, sanitary napkins, soap bars, tampons, toothbrush, toothpaste tubes
- Household items: aerosol cans, floor sweepings, matches, plastic bags, plastic tubing, spray bottle tops, straws, Styrofoam containers and packing materials, meat containers, vacuum contents and bag etc.
- Kitchen items: coffee cups and lids, chip and microwave popcorn bags, dish clothes, gloves, grocery bags, plastic film and bags, rubber bands, scouring pads, soiled plastic food containers, twist ties, waxed paper, wrappers, yogurt foil seals etc.
- Office supplies: binders, book covers, carbon paper, crayons, markers, pens, pencils, stickers, tape, ribbons and bows
- Other: blister wrap, gum wrap, ribbons and bows, dryer lint and sheets, wooden orange crates, sports equipment, foil, plastic or cloth gift wrap

**Household Hazardous Waste:**

- Anti-freeze
- Bleach
- Cleaning products
- Drain cleaners
- Oven cleaners
- Needles and other sharps
- Broken Glass
- Medications (over-the-counter/prescription)
- Nail polish remover

- Cosmetics
- Fluorescent light bulbs
- CFL (Compact Fluorescent Lamp) light bulbs
- Cooking oil
- Lighters
- Batteries (household/car)
- Thermometers
- Paint (full or partially full can)

### **Roles and Responsibilities:**

#### Employer:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Provide all necessary equipment, materials and protective devices for workers handling hazardous waste in the workplace
- Ensure workers follow procedures for handling hazardous waste, as outlined below

#### Supervisor:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Ensure workers work in the manner and with the protective devices, measures and procedures required by the OSHA and the regulations
- Ensure workers wear the required protective devices for handling hazardous waste and follow the Employer's procedures for handling hazardous waste, as outlined in 'Procedures' below
- Forward reports of defective equipment or protective devices or clothing, to Manager, Human Resources, and immediately schedule repairs for equipment and initiate necessary corrective action

#### Worker:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Follow the Employer's Handling Hazardous Waste procedures below, use or wear any equipment, protective devices or clothing required to safely handle hazardous waste, as outlined below
- Report to supervisor any known missing or defective equipment or protective device that may be dangerous to you or co-workers

#### JHSC:

- Follow duties, as outlined in the policies/programs listed in 'Scope'

### **Procedures for Handling Hazardous Waste:**

Hazardous Waste in the workplace is categorized by:

1. Soiled linen/laundry or other household equipment/furniture
2. Household Garbage
3. Medical Type Garbage
4. Sharps
5. Medications and medical supplies

Note: Review the PPE Policy for guidelines on required PPE use in the workplace, hand-washing techniques and donning/doffing PPE technique.

## **1. Soiled Linen/Laundry (this includes any laundry soiled with bodily fluids/excrement such as feces, blood, urine, vomit, etc.)**

Before handling soiled laundry:

- Perform hand hygiene
- Put on appropriate PPE
- Remove large amounts of solid feces, blood clots or other excrements from linen with toilet tissue and place into a bedpan or toilet for flushing. **Excrement should not be removed by spraying with water (e.g. from clothing, reusable incontinence pads, etc.)**
- Do not rinse
- Place soiled linen/laundry in a single leak proof bag to prevent contamination or soaking through at the site of collection. The only time a second bag is necessary, is if the inner bag has a leak
- Laundry carts or hampers used to collect or transport linen/laundry do not need to be covered
- Workers to wear appropriate PPE such as gloves and gowns to protect themselves from potential cross contamination when handling soiled linen/laundry
- **Workers must be aware of the possibility of sharps when handling soiled linens/laundry and using laundry facilities**
- Wash soiled linens immediately, when possible,
- Wash only one client's laundry in each load
- Wash linens at a high temperature with an appropriate amount of detergent, on a standard wash cycle (not quick wash or economy cycle)
- Immediately transfer laundry from washer to dryer on high heat
- Clean washer tub, as needed with disinfectant such as Cavicide, disinfectant wipes, vinegar or similar product after use to ensure washer is clean and smell is neutralized, especially in shared use laundry facilities

After handling soiled laundry:

- Remove PPE and dispose in clear garbage
- Perform hand hygiene

### **Handling soiled linen/laundry for client with active antibiotic-resistant organisms (ARO) i.e., MRSA**

- Perform hand hygiene
- Put on gown, if unable to prevent soiled laundry from touching your clothing and gloves
- Hold the laundry basket away from your body so it does not touch your clothing and/or use a wheeled cart, as available to transport soiled laundry to washing machine
- Wash one client's clothes in a load – when contaminated and non-contaminated items are included in the same laundry cycle, contamination can pass to the uncontaminated items
- Wash at a high temperature – do not use a cold-water cycle, as research shows that the number of organisms surviving the laundry process increases as the laundry temperature decreases
- Use a standard wash cycle – not a quick wash or eco cycle, as clothes need friction and time for bacteria to detach during the cycle
- Use appropriate amount of detergent combined with a hot temperature – check manufacturers' instructions to ensure the adequate amount of detergent is used/load
- Remove clothing right after the laundering process and dry in dryer
- Do not leave clothing damp for long periods of time, as this will increase the risk of bacterial growth.
- Remove PPE and dispose in clear garbage

- Perform hand hygiene

## 2. Household Garbage

- Household garbage must be sorted according to the City of Guelph's waste collection program, outlined above or according to specific building arrangements; check with property management for details
- Put on PPE when appropriate
- Perform hand hygiene after handling garbage and removing PPE

## 3. Medical Type Garbage [see 'washroom' in Clear Bag/Cart (Garbage for Landfill)]

- Put on appropriate PPE
- Medical type garbage must be sorted according to the City of Guelph's waste collection program, outlined above or according to specific building arrangements; check with property management for details and follow Clean-Up Procedures, outlined below
- Perform hand hygiene after handling medical type garbage and removing PPE

## 4. Sharps (Refer to Needlestick/Sharps Injury Prevention & Treatment Policy)

- Sharps containers are available from most pharmacies. The Employer will also maintain a supply of sharps containers in the first aid stations in staff offices
- Items that should be placed in the approved container include, but are not limited to:
  - Broken glass
  - Needles
  - Syringes
  - Lancets (for checking blood glucose levels)
  - Anything sharp enough to cut/puncture skin
- Place the sharps container on a flat surface, as close as possible to the "sharp" item and remove the lid. Do not hold the container
- Put on gloves
- Use tongs to pick up the sharp
- Hold the sharp down and away from your body (if a needle, hold the tip down and away from your body), and put the sharp in the container for disposal
- **Never bend or re-cap needles**
- Remove gloves and dispose in the appropriate garbage
- Perform hand hygiene
- When containers are  $\frac{3}{4}$  full, secure the lid and inform supervisor
- supervisor to return sharps container to the pharmacy or dispose of at the Household Hazardous Waste depot at 110 Dunlop Drive in Guelph
- If worker finds a sharps hazard, follow the Employer's Hazard Reporting Policy: document on Hazard Board, complete Hazard/Near Miss Report and submit to supervisor

## 5. Medications/Drugs (Refer to the Employer's Medication Policy)

- Out-of-date or unused medications **cannot** be placed in the garbage or down the toilet or sink
- Client is responsible to take unused medications to a pharmacy (check that the specific pharmacy has a disposal service for expired medications) and/or the Household Hazardous Waste depot at 110 Dunlop Drive in Guelph
- supervisor will remind clients at the time of Service Agreement renewal, to dispose their old medications using the procedures outlined above

### Clean-Up Procedures:

To clean **blood spills** (floors, equipment, etc.)

- Put on appropriate PPE

- Gloves should be worn during the cleaning and disinfecting procedures
- Using disposable towels, clean up the excess spill area of obvious organic material
- Disinfect the area using a common supermarket disinfectant, wipe up with paper towels
- Follow manufacturers' recommendations for dilution, temperature, water hardness and use on the disinfectant product. The treated area should then be wiped with paper towels soaked in tap water and air dried
- Dispose paper towels and gloves in plastic garbage bag
- Perform hand hygiene after handling garbage and removing PPE

To clean **other body substances from equipment** (wheelchairs, commodes, slings, bedpans, urinals, etc.):

- Follow the manufacturers' guidelines for detailed directions for effective cleaning of equipment, when available
- Wear appropriate PPE
- Remove organic material using paper towels with water and/or a detergent solution
- Disinfect equipment using a common supermarket disinfectant when cleaning processes alone do not render an item safe for its intended use
- A thorough rinsing is necessary to remove all the soil and cleaning agent from the items to avoid spotting and to ensure thorough cleanliness
- Dispose PPE and paper towels in plastic garbage bag
- Perform hand hygiene after handling garbage and removing PPE

Bleach Use:

Bleach is on the Employer's Prohibited Product List; (Refer to Housekeeping Policy).

- The Employer prohibits the use of bleach
- Bleach may only be used in an emergency situation where disinfecting is required and Cavicide, TB Minuteman or other common disinfectant is not available
- Use caution when using with other chemicals due to possible fumes and interactions
- Follow the manufacturers' recommendations for dilution, temperature, water hardness and use
- Must be used according to the product's SDS. SDS is located on the Employer's website. SDS binders are located in staff offices that do not have access to a computer

For example: Clorox brand Bleach recommended directions for use for cleaning nonporous food contact surface sanitizing (refrigerators, freezers, plastic cutting boards, stainless cutlery, dishes, glassware, countertops, pots/pans, stainless utensils) – 1 tablespoon of Clorox® Regular Bleach per gallon of water, wash, wipe or rinse items with detergent and water then apply sanitizing solution. Let stand 2 minutes and air dry. This kills staphylococcus aureus and Escherichia coli 0157:H7

#### **Relevant Forms:**

- Hazard/Near Miss Report
- Incident Report
- Injury Report

#### **References:**

- "Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings", Provincial Infectious Diseases Advisory Committee (PIDAC), December, 8 2009
- Wellington-Dufferin-Guelph Public Health, March 19, 2012
- City of Guelph website <http://guelph.ca/living/garbage-and-recycling/>

## **D-1.4 Personal Protective Equipment (PPE) Policy**

Effective date: August 19, 2005. Revised date: October 9, 2020.

### **Purpose:**

The Employer is committed to protecting employees from exposure to substances that may transmit disease or illness. The Employer will provide employees with the PPE necessary to assist with infection prevention and control measures within the workplace.

### **Scope:**

Applies to all employees

#### Applicable Policies/Programs:

- Occupational Health and Safety Roles and Responsibilities of Workplace Parties
- Hazardous Waste
- Health and Safety Accountability
- Housekeeping
- Best Practices/Routine Practices
- Face Protection Cleaning/Disinfecting SOP
- N95 Cleaning/Disinfecting SOP
- Laundering Reusable Gown SOP

### **Definitions:**

Direct Personal Care Activities List: hands-on personal care activities including bathing/showering/washing, bowel/bladder care (toileting), urinary catheter care, colostomy care, dressing/undressing, changing clothes, repositioning/turning, care of open wounds and lesions.

Aerosol-Generating Medical Procedures (AGMP): any procedures including CPAP, BiPAP, breath-stacking and cough assist machines carried out on a client that can induce the production of aerosols of various sizes, including droplet nuclei.

Active AGMP: the AGMP machine/equipment is in use or has been in use within 3 hours of worker arriving to client's home environment.

### **Roles and Responsibilities:**

#### Employer:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Provide all necessary equipment, materials and protective devices for employees within the workplace
- Ensure all equipment, materials and protective devices are regularly inspected to verify that they are free from defects and maintained in good condition
- Ensure N95 fit testing is conducted on applicable employees and retesting is conducted every two years thereafter

#### Supervisor:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Ensure employees work in the manner and with the protective devices, measures and procedures required by the OSHA and the regulations and the Employer's health and safety policies/programs
- Ensure PPE supplies are available for employees within the workplace, ensure supplies are replenished in a timely manner

- Ensure employees conduct pre-use inspections on PPE and wear the required PPE, as outlined below
- Ensure new workers complete N95 fit testing within orientation
- Ensure all workers complete N95 fit re-testing every two years after initial test
- Post N95 Respirator Mask list in staff offices
- Ensure clients provide workers with the required PPE, as per the Employer's Service Agreement
- Immediately document in a client's ICR and communication book a change of PPE requirements for a client due to a client's known or suspected infection or colonization with an antibiotic resistant organism (ARO) (Methicillin Resistant Staphylococcus aureus [MRSA], Vancomycin Resistant Enterococci [VRE], Clostridium difficile [C. diff])

#### Employee:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Use or wear any equipment, protective devices or clothing required by the Employer, as outlined in PPE Required for employees, below
- Follow Appendix 1, 2, and 3, below
- Perform a risk assessment prior to client care, task or procedure to ensure required PPE is used to prevent hazards and ensure safety
- Thoroughly inspect PPE before use and report any known missing or defective equipment or protective device to supervisor
- Document PPE defects and/or failures on Hazard/Near Miss report and immediately submit to supervisor
- Contact supervisor within shift if PPE supplies are getting low and need to be replenished
- Inform clients when they are getting low on PPE supplies
- If a client fails to resupply PPE in a timely manner, inform supervisor within shift, document in client's ICR, communication book, complete a Hazard/Near Miss report, and submit to supervisor
- Wear N95 respirator model you have been tested on, when required
- Follow SOPs for cleaning and disinfecting reusable PPEs (goggles, face shield, reusable level 1 gowns and N95 mask containers)

#### Client:

- Provide workers with PPE, as required in the Employer's Service Agreement and ensure PPE supplies are replenished in a timely manner
- Immediately inform supervisor if unable to purchase required PPE
- Immediately inform supervisor regarding any known or suspected infection or colonization with an antibiotic resistant organism (ARO) (MRSA, VRE, C. diff), that may require a change in the PPE equipment provided to prevent the spread of infection
- Immediately inform supervisor regarding any known acute diarrhea, skin rash, draining, infected wound when drainage cannot be contained by dressing that may require a change in the PPE equipment provided to prevent the spread of infection
- Immediately inform supervisor when MRSA retesting has indicated you are MRSA free (dormant).
- After six months to a year, MRSA positive clients should get re-swabbed for MRSA. Three negative swabs conducted at least one week apart, indicate the client is MRSA free (dormant)

## JHSC:

- Follow duties as outlined in the policies/programs listed in 'Scope'

### **PPE Required for Employees:**

1. Gloves
2. Face protection: surgical mask, N95 respirator mask, goggles and face shield
3. Gowns: disposable and reusable level 1

### **PPE Required for Maintenance Workers at 238 Willow Road:**

- Nitrile, rubber and insulated winter gloves
- Face protection: safety glasses, face shield and N95 respirator mask
- Ear plugs
- Safety shoes and shoe/boot covers
- Disposable one-piece overalls
- Lock out kit

**PPE Storage:** PPE is located in staff offices, first aid station in staff office washrooms, in Outreach Emergency Packs and in the Willow Place Workshop and Property Management Office

### **PPE Directions for Use:**

#### **1. Gloves**

As per best practices guidelines, clean and appropriately sized non-sterile nitrile gloves should be worn for anticipated contact with:

- Blood
- Body fluids
- Secretions and excretions
- Mucous membranes
- Non-intact skin i.e., draining wounds, open skin lesions, rashes
- Items visibly soiled with blood, body fluids, secretions or excretions and the disposal of these items
- Environmental surfaces and equipment contaminated with the above
- Medicated ointments
- Clients that have tested positive for an antibiotic resistant organism (ARO) (MRSA, VRE, C. diff)

Gloves are not required for:

- Routine care activities that involve contact with intact skin and do not require direct personal care e.g., dressing, meal prep, feeding assistance etc.

#### Glove Use Procedure:

**Gloves are not a substitute for hand hygiene; hands must be cleaned EVERY time gloves are donned and doffed.**

- Put on gloves directly before contact with client or just before the task or procedure
- Conduct a pre-use inspection of gloves, to ensure they are free from defects
- Change gloves between care activities and procedures with the same client
- Wear for only **ONE** client contact – not between clients
- Gloves are task-specific and single-use for the task
- Gloves must be removed and discarded immediately after the task is complete
- Hand hygiene must be completed immediately after glove removal

### Inappropriate Glove Use:

- Double gloving
- Re-using gloves
- Using alcohol-based hand sanitizer on gloves
- Using in hallways outside of client home environment
- Not changing gloves between clients

## 2. Face Protection

- The use of face protection protects the mucous membranes of the eyes, nose and mouth during activities that are likely to generate splashes or sprays of blood, body fluids, secretions or excretions into worker's face
- NOTE: the following directions for face protection use are applicable to non-pandemic conditions. Refer to Appendix below for PPE Use Pandemic (COVID-19) for face protection directions during pandemic conditions

### Face Protection Procedure:

- Conduct a pre-use inspection of surgical mask, goggles/face shield to ensure equipment is free from defects
- Perform hand hygiene
- Put on surgical mask, goggles/face shield directly before contact with the client or just before the task or procedure requiring mask use
- Ensure surgical mask securely covers the nose and mouth
- Change surgical mask if it becomes wet
- Do not touch the outside of surgical and N95 mask, goggles and face shield while wearing it
- Do not dangle surgical and N95 mask and goggles around the neck
- Remove surgical mask, goggles/face shield after completion of care or a specific task, dispose of mask in the garbage
- Perform hand hygiene
- Clean and disinfect goggles and face shield, follow SOP
- Wear for only **ONE** client contact – not between clients

### **N95 Respirator Mask:**

Required to be worn if client is using (machine running/in use) an AGMP machine NOTE: for clients who are able to use AGMP equipment independently, worker must contact client prior to start of booking to ask if machine is running/in use.

Workers to use N95 mask they have been fit tested on. Refer to N95 Mask Worker List in all program offices.

### Assisted Living/Senior Assisted Living assisting with active AGMP:

N95 mask, reusable level 1 gown, gloves, goggles/face shield

- Perform hand hygiene
- Conduct a pre-use inspection N95 to ensure it is free from defects
- Donn N95, goggles/face shield in staff office
- Place reusable level 1 gown in small garbage bag
- Donn reusable level 1 gown in hallway outside client home environment
- Enter client home
- Perform hand hygiene
- Donn gloves
- When finished client care, doff gloves, dispose in client's garbage
- Perform hand hygiene

- Perform hand hygiene when returning to staff office
- Doff goggles/face shield and N95 in staff office
- Perform hand hygiene
- Clean and disinfect goggles/face shield, following SOP directions
- Perform hand hygiene

Outreach Program assisting with active AGMP:

N95 mask, disposable gown, gloves, goggles/face shield

- Perform hand hygiene using hand sanitizer
- Conduct a pre-use inspection of N95 to ensure it is free from defects
- Donn N95, disposable gown, goggles/face shield before entering client home environment as possible (weather dependent)
- Perform hand hygiene
- Donn gloves
- When finished client care, doff gloves and gown, dispose in client's garbage
- Perform hand hygiene
- Doff goggles/face shield and N95 outside of client home as possible (weather dependent)
- Perform hand hygiene
- Clean and disinfect goggles/face shield using alcohol wipe
- Perform hand hygiene using alcohol-based hand rub (ABHR)

### 3. Gowns:

Include disposable and reusable level 1

- Reusable level 1 gowns are required to be used to protect uncovered skin and prevent soiling of clothing during procedures and client care activities likely to involve blood, body fluids, secretions, or excretions that are likely to soil clothing
- Reusable level 1 gowns are required to be used during direct personal care activities with clients who have tested positive for an antibiotic resistant organism (MRSA, VRE, C. diff)
- Reusable level 1 gowns are required if client is using active AGMP

Disposable gowns are required to be used if client screens for any symptoms, is suspected or confirmed to have an infectious respiratory disease during a pandemic like COVID-19 and with clients having signs and symptoms of Influenza.

NOTE: Outreach program workers are required to use disposable gowns for all above conditions.

#### Reusable Level 1 Gown Use Procedure:

- Conduct pre-use inspection of gown to ensure it is free from defects
- Perform hand hygiene
- Place gown in small garbage bag for transport to client home environment
- Perform hand hygiene and put on gown directly before the task
- Ensure gown is worn properly, i.e., fastened at the neck and back
- Remove gown immediately after the task in a manner that prevents contamination of skin or clothing and prevents agitation of gown and place in small garbage bag for transport to staff office
- Wash hands, before touching clean environmental surfaces
- Wear for only **ONE** client contact – not between clients
- Clean/disinfect following Laundering Reusable Gown SOP

### Disposable Gown Use Procedure:

- Conduct pre-use inspection of gown to ensure it is free from defects
- Perform hand hygiene
- Put on gown directly before the task
- Ensure the gown is worn properly, fastened at neck and back
- Remove gown immediately after task in a manner that prevents contamination of skin or clothing and prevents agitation of gown and discard
- Perform hand hygiene

### **Relevant Forms:**

- Incident Report
- Hazard/Near Miss Report

### **References:**

- "Community Care: A Tool to Reduce Workplace Hazards", Public Services Health and Safety Association (PSHSA), Ontario Community Support Association (OCSA), St. Clair West Services for Seniors, 2010
- Public Health Ontario COVID-19 Resources Health Care Workers;  
<https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/health-care-resources>
- Public Health Ontario Webinar – Health Care Worker Personal Protective Equipment (PPE) Use and Cohorting in Long Term Care and Retirement Homes;  
<https://www.publichealthontario.ca/-/media/event-presentations/covid-19-webinar-healthcare-worker-ppe-use-cohorting-ltcrh.pdf?la=en>

## **Appendix 1: PPE Use Pandemic Coronavirus (COVID-19)**

The Employer follows Public Health Ontario (PHO) guidelines for PPE use for infection prevention and control during COVID-19.

- All employees to perform a COVID-19 self-screener prior to arriving in the workplace
- Upon arrival to the workplace, and end of shift, all employees to take their temperature with infrared thermometer, and record temperature in chart provided in COVID-19 program binder
- Workers to perform COVID-19 client screener prior to all client care - scheduled bookings and on-call assistance
- Employees to follow COVID-19 daily program cleaning/disinfecting protocols upon arrival and end of shift
- All Employees to wear surgical mask upon entering/leaving the workplace

### **PPE Directions for Use:**

#### **Refer to Appendix 3: PPE Use Based on Task-Client Status for specific program details**

Surgical Mask:

- To be worn for all paid time
- Removed for meal breaks, replace with new mask, do not reuse. Ensure 2 m (6ft) distance is maintained from coworker when mask removed
- Replace when wet, soiled or torn
- Record surgical mask using chart in COVID-19 program binder

N95 Mask:

- To be worn when AGMP is actively running/in use

Doffing Mask:

- Perform hand hygiene
- Remove mask and discard in garbage
- Perform hand hygiene

Inappropriate Use of Mask:

- Do not pull mask down over chin
- Do not pull down to expose nose
- Do not remove and place on exposed surfaces/counters

Goggles and Face Shield:

- Must be carried at all times and worn for personal care tasks and when 2m distancing cannot be maintained including elevators. Housekeeping and meal prep should be assessed for distancing requirements (>2m) before eye protection is not worn

**If client screens for any COVID-19 symptoms, is suspected or confirmed COVID-19 (worker to contact supervisor immediately)**

Additional PPE to wear:

- Disposable gown
- Goggles/face shield
- Gloves
- Surgical Mask

## Appendix 2: Procedure for Putting On/Taking Off PPE



Giving Health a Helping Hand

### PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)



or



#### 1) Clean Your Hands

- Use alcohol-based hand rub when hands are not visibly soiled
- Use soap and water when hands are visibly soiled
- Avoid using the patient/resident sink



#### 2) Put On Gown

- Select appropriate size and type
- Opening to the back
- Secure neck and waist



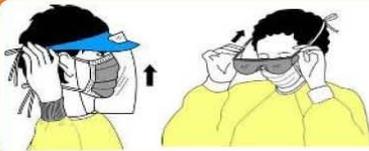
#### 3) Put On Mask

- Use a fluid resistant procedure mask or surgical mask or one step mask with attached eye protection
- Place over nose, mouth and under chin
- Fit flexible nose piece over nose bridge
- Secure on head with ties or ear loops
- Adjust fit



#### Or N95 Respirator

- Select respirator according to fit testing
- Place over nose, mouth and chin
- Fit flexible nose piece over nose bridge
- Secure on head with top, followed by bottom elastic
- Adjust to fit
- Perform a fit check:
  1. Inhale - respirator should collapse
  2. Exhale - check for leakage around face



#### 4) Put On Eye Protection

*(Unless one step mask with attached eye protection)*

- Position goggles over eyes and secure to the head
- Position face shield over face and secure
- Adjust to fit comfortably



#### 5) Put On Gloves

- Select correct type and size
- Extend gloves over cuffs of isolation gown

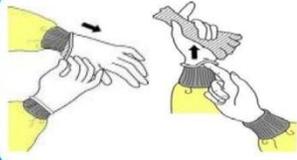
#### How to Safely Use PPE

- Keep gloved hands away from face
- Avoid touching or adjusting PPE while wearing
- Replace gloves if they become torn
- Limit surfaces and items touched

PIDAC (2009) Routine Practice and Additional Precautions Best Practice Guideline  
Photo credits: Centers for Disease Control and Prevention and the Ontario Ministry of Health and Long-term Care.

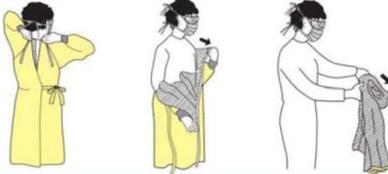
# TAKING OFF PERSONAL PROTECTIVE EQUIPMENT (PPE)

*Giving Health a Helping Hand*



## 1) Remove Gloves

- Grasp outside edge near wrist
- Peel away from hand, turning glove inside-out
- Hold in opposite gloved hand
- Slide ungloved finger under the remaining glove
- Peel off from the inside, folding gloves inside each other
- Discard



## 2) Remove Gown

- Unfasten ties
- Peel gown away from neck and shoulder
- Turn outside toward the inside
- Fold or roll into a bundle
- Place in laundry hamper or if disposable in garbage



or



## 3) Clean Your Hands

- Use alcohol-based hand rub when hands are not visibly soiled
- Use soap and water when hands are visibly soiled
- Avoid using the patient/resident sink



## 4) Remove Eye Protection

- Grasp ear or head pieces with ungloved hands
- Lift away from face
- Place in garbage or clean and disinfect if reusable



## 5) Remove Mask (Replace when moist, damaged or soiled)

- Untie the bottom, then top tie or remove ear loops
- Lift away from face while holding the ties or loops
- Discard

### Or Remove N95 Respirator

- Lift the bottom elastic over your head first
- Then lift off the top elastic
- Lift away from face while holding the elastic
- Discard



or



## 6) Clean Your Hands

- Use alcohol-based hand rub when hands are not visibly soiled
- Use soap and water when hands are visibly soiled
- Avoid using the patient/resident sink

## Where to Remove PPE

- PPE must be removed carefully in order to avoid self-contamination
- Take off PPE at doorway, before leaving room or in anteroom
- Take off N95 respirator outside room, after door has been closed

## Appendix 3: PPE Based on Task-Client Status:

### Assisted Living:

Assisted Living - PPE based on Task/ Client status

October 27, 2021

Booking task	Screener No/ Yes for COVID (Suspected or Confirmed)	Surgical Mask		N95	Gown (take plastic bag for disposal)		Gloves	Goggles/ Face Shield
		Discard once removed	Discard at end of bkg	Discard at end of bkg (see NOTE)	Reusable - bag for washing	Disposable - discard at end of bkg	as per D-1.4 (see below)	Reusable - wash/ disinfect after use
Regular (NO shower)	NO	*					*	*see NOTE
Shower (see note below)	NO		*			* see NOTE	*	*
<b>ALL TASKS/ BKGS when:</b>								
Client suspected/ confirmed COVID	YES ***		*			*	*	*
Client in 14-day quarantine	YES		*			*	*	*
Client home from overnight stay (hospital/ away) - use for 14 days	YES		*			*	*	*
AGMP (active) **	NO			* see NOTE	*		*	*
AGMP (active) **	YES ***			*		*	*	*

\*\* AGMP (active) = Aerosol Generating Medical Procedure (BiPap, C-PAP, cough assist) where **machine** is running/ in use

**NOTE:** for short, back-to-back bookings where there is no COVID symptoms, please use same N95 mask and discard after removing.

**Gloves** = for direct personal care and contact with bodily fluids (D-1.4 Personal Protective Equipment policy - Health & Safety manual);

Perform regular hand hygiene with soap and water; always before and after glove use or use hand sanitizer if necessary

**Goggles/ Face Shield:** must be carried at all times and, worn for personal care tasks and when 2m distancing cannot be maintained including elevators. Housekeeping & meal prep should be assessed for distancing requirements (>2m) before eye protection is not worn.

**Shower/gowns:** gown must be worn by worker providing actual shower assistance, once the shower water is off and risk of splashing has been eliminated worker may remove and dispose of gown following appropriate procedures

\*\*\* 'YES' answer(s) to Client Screener = contact Program Coordinator immediately for further direction

# Outreach:

Outreach - PPE based on Task/ Client status

October 27, 2021

Booking task	Screener No/ Yes for COVID (Suspected or Confirmed)	Surgical Mask		N95	Gown (take plastic bag for disposal)		Gloves	Goggles/ Face Shield
		Discard once removed	Discard at end of bkg	Discard at end of bkg	Reusable - bag for washing	Disposable - discard at end of bkg	as per D-1.4 (see below)	Reusable - wash/ disinfect after use
Regular (NO shower)	NO	*					*	* see NOTE
Shower (See note below)	NO		*			* see NOTE	*	*
<b>ALL TASKS/ BKGs when:</b>								
Client suspected/ confirmed COVID	YES ***		*			*	*	*
Client in 14-day quarantine	YES		*			*	*	*
Client home from overnight stay (hospital/ away) - use for 14 days	YES		*			*	*	*
AGMP (active) **	NO			*		*	*	*
AGMP (active) **	YES ***			*		*	*	*
** AGMP (active) = Aerosol Generating Medical Procedure (BiPap, C-PAP, cough assist), where machine is running/ in use								
Gloves = for direct personal care and contact with bodily fluids (D-1.4 Personal Protective Equipment policy - Health & Safety manual);								
Perform regular hand hygiene with soap and water; always before and after glove use or use hand sanitizer if necessary								

**Goggles/ Face Shield:** must be carried at all times and, worn for personal care tasks and when 2m distancing cannot be maintained including elevators. Housekeeping & meal prep should be assessed for distancing requirements (>2m)

**Shower/gowns:** gown must be worn by worker providing actual shower assistance, once the shower water is off and risk of splashing has been eliminated worker may remove and dispose of gown following appropriate procedures

\*\*\* 'YES' answer to Client Screener = contact Program Coordinator immediately for further direction

# Seniors Assisted Living:

Seniors Assisted Living - PPE based on Task/ Client status

October 27, 2021

Booking task	Screener No/ Yes for COVID (Suspected or Confirmed)	Surgical Mask		N95	Gown (take plastic bag for disposal)		Gloves	Goggles/ Face Shield
		Discard once removed	Discard at end of bkg	Discard at end of bkg (see NOTE)	Reusable - bag for washing	Disposable - discard at end of bkg	as per D-1.4 (see below)	Reusable - wash/ disinfect after use
Regular (NO shower)	NO	*					*	* see NOTE
Shower (see note below)	NO		*			* see NOTE	*	*
<b>ALL TASKS/ BKGS when:</b>								
Client suspected/ confirmed COVID	YES ***		*			*	*	*
Client in 14-day quarantine	YES		*			*	*	*
Client home from overnight stay (hospital/ away) - use for 14 days	YES		*			*	*	*
AGMP (active) **	NO			* see NOTE		*	*	*
AGMP (active) **	YES ***			*		*	*	*

\*\* AGMP (active) = Aerosol Generating Medical Procedure (BiPap, C-PAP, cough assist) where **machine is running/ in use**

**NOTE:** for short, back-to-back bookings where there is no COVID symptoms, please use same N95 mask and discard after removing.

**Gloves** = for direct personal care and contact with bodily fluids (D-1.4 Personal Protective Equipment policy - Health & Safety manual);

Perform regular hand hygiene with soap and water; always before and after glove use or use hand sanitizer if necessary

**Goggles/ Face Shield:** must be carried at all times and, worn for personal care tasks and when 2m distancing cannot be maintained including elevators. Housekeeping & meal prep should be assessed for distancing requirements (>2m) before eye protection is not worn.

**Shower/gowns:** gown must be worn by worker providing actual shower assistance, once the shower water is off and risk of splashing has been eliminated worker may remove and dispose of gown following appropriate procedures

**\*\*\* 'YES' answer to Client Screener = contact Program Coordinator immediately for further direction**

# Housing:

March 3,  
2021

## Housing - PPE based on Task/ Tenant status

Unit Visit task	Screener No/ Yes for COVID (Suspected or Confirmed)	Surgical Mask		Gown (use plastic bag for disposal)	Gloves	Goggles/ Face Shield
		Discard once removed	Discard at end of unit visit	Disposable - discard at end of unit visit	as per D-1.4 (see below)	Reusable - wash/ disinfect after use
Maintenance/ Work order (24-hr notice)	NO	*			*	*
Emergency Maintenance - screener completed/ tenant not home	NO	*				*
<b>ALL TASKS/ UNIT VISITS when:</b>						
Tenant in 14-day quarantine	YES		*	*	*	*
Tenant suspected/ confirmed COVID	YES		*	*	*	*
Tenant unable to complete screener	UNSURE/ NOT COMPLETED		*	*		*
Emergency Maintenance - unable to complete screener	UNSURE/ NOT COMPLETED		*	*	*	*
Gloves = for direct personal care and contact with bodily fluids (D-1.4 Personal Protective Equipment policy - Health & Safety manual);						
Perform regular hand hygiene with soap and water; always before and after glove use or use hand sanitizer if necessary						
*** 'YES' answer to Screener = contact Property Coordinator/ Executive Director immediately for further direction						

### Additional equipment (in addition to above as per task/ tenant status)

Confirmed Bedbugs	Plastic apron
Infestation (as per Pest Control; Property Coordinator communicated)	Plastic apron + booties



## D-1.5 Needlestick/Sharps Injury Prevention and Treatment Policy

Effective date: October 1, 2013. Revised date: October 25, 2017.

### Purpose:

To establish procedural guidelines for the safe handling and disposal of sharp objects, as per the OHSA and Ontario Regulation 474/04 Needle Safety, and reduce the risk of injury from sharps devices

### Scope:

Applies to all employees in the workplace

### Applicable Policies/Programs:

- Occupational Health and Safety Roles and Responsibilities of Workplace Parties
- Hazardous Waste
- Hazard Reporting
- Incident/Injury Investigation
- Health and Safety Accountability
- Health and Safety Orientation
- Housekeeping
- SAW/RTW

### Definitions:

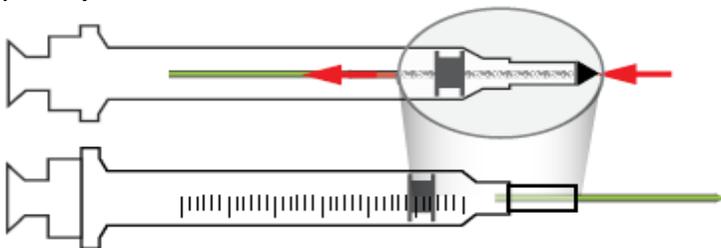
Sharps: A sharp is any object that has the potential of cutting or penetrating human skin, e.g. lancets, insulin pens, needles, broken glass, scissors, razor blade, pins, staples, etc.

### Safety-engineered needle [OHSA, 474/07 (1) (Needle Safety)]:

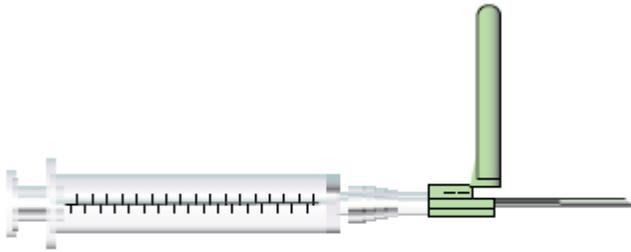
1. a hollow-bore needle that:
  - a) is designed to eliminate or minimize the risk of a skin puncture injury to the worker, and
  - b) is licensed as a medical device by Health Canada, or
2. a needleless device that
  - a) replaces a hollow-bore needle, and
  - b) is licensed as a medical device by Health Canada

Safety engineered needles may be either “passive” or “active”

“Passive” safety feature (retractable needle): the safety feature in the “passive” needle is automatic it requires no additional action on the part of the user in the most common example; the needle automatically retracts into the barrel of the syringe following the injection (similar to an EpiPen)



“Active” safety feature (flip-down guard): the safety feature in the “active” needle requires a voluntary action by the user to engage the safety device in the most common example, a flip down guard is engaged by the user immediately following the injection to cover the used needle prior to the disposal.



## **Roles and Responsibilities:**

### Employer:

- Follow duties, as outlined in the policies/programs listed in ‘Scope’
- Ensure development and implementation of measures and procedures respecting sharps safety
- When a worker is to do work requiring the use of a hollow-bore needle, ensure workers have a safety-engineered medical sharp that is appropriate for the work. Note: If the client independently administers his/her own tests and medication, a safety-engineered needle is not required, but is recommended by the Employer
- Provide training for workers to assist them in doing work that involves the use of a safety-engineered needle
- Take every reasonable precaution to prevent sharps injuries from occurring

### Manager, Human Resources:

- Follow duties, as outlined in the policies/programs listed in ‘Scope’

### Supervisor:

- Follow duties, as outlined in the policies/programs listed in ‘Scope’
- Be familiar with sharp safety requirements under this policy
- Ensure all workers receive orientation to this policy and are trained in the use of safety-engineered needles with each specific client, as required
- Regularly monitor and communicate with clients who require safety-engineered needles
- Add specific written step-by-step instructions to the ISP of any client who requires assistance to perform a blood test or deliver medication by injection
- Ensure a client’s equipment and supplies meet OHS requirements
- Ensure workers have an Acknowledgement of Safe Sharps Handling Training form on file in advance of assisting a client with a safety-engineered needle
- Ensure sharps containers that are three-quarters full are properly disposed of at the pharmacy or Hazardous Waste Depot at 110 Dunlop Drive in Guelph
- Promptly investigate sharps incidents/injuries to determine corrective actions and prevent reoccurrence
- Ensure medical attention is received and all forms are completed in the event of a sharps incident/injury
- Monitor and enforce this policy is known and being followed by workers
- Implement discipline when elements of this policy are not followed

### Employee:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Be familiar with sharp safety requirements under this policy
- Adhere to Best Practices, including hand hygiene and the use of prescribed PPE when handling sharps
- When provided with a safety-engineered needle for work requiring the use of a hollow-bore needle, use the safety-engineered needle for the work [OHSA, 474/07, Section 4 (1)]
- Participate in sharps training, as required
- Do not assist a client to perform a blood test or deliver medication by injection unless proper training, in accordance with this policy, AND written step-by-step instructions have been provided in advance as part of a client's ISP
- Immediately report any unsafe acts, hazards, equipment problems, defects or near misses to supervisor and complete the appropriate report
- Immediately report to supervisor any use of non-safety-engineered and safety engineered sharps, which have not been previously approved for use in the workplace
- In the event of a needlestick/sharps injury, immediately contact supervisor, complete the SAW/RTW package, obtain and cooperate with medical treatment
- Immediately report to supervisor any reason for believing work is unsafe
- Take every reasonable precaution to prevent sharps injuries from occurring

### Client:

- Immediately contact supervisor if you require assistance to perform a blood test or deliver medication by injection
- Ensure your equipment and supplies meet OHSA requirements [OHSA, 474/07, Section 4 (1)]
- Participate in sharps training with RHCP

### JHSC:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Review incident/injury data and provide recommendations for improvement
- Provide feedback in the development of sharps safety program and training

### **Prevention Procedures:**

There are a number of strategies that can be implemented to prevent a sharps injury:

- **Never re-cap a needle, even if a cap is available/provided**
- Never bend a needle
- Only use sharps with safety-engineered features
- All sharps shall be handled and disposed in such a manner that will not endanger self or others
- Wear non-sterile disposable gloves at all times when handling sharps
- Hold the sharp (including a safety-engineered needle tip) down and away from your body
- Do not pass needles between people; each worker using a sharp must dispose of it herself
- Discard sharps at point of use; keep sharps disposal containers at or near where you are using them to permit safe one-handed disposal
- Discard used sharps immediately after use into a rigid, puncture-resistant sharps disposal container that has a secure, non-removable lid [Ont. Reg. 67/93, Section 114 (1)] Note: If it is impracticable to discard used needles in accordance with this regulation, see Section 114 for more information
- Seal and replace sharps containers when they are three-quarters full or the sharps have reached the fill line. Immediately inform supervisor when sharps container needs to be disposed of and replaced (Hazardous Waste Policy)

- Never reach into waste baskets or sharps containers
- Be aware of the possibility of a sharps hazard when handling laundry, garbage or soiled linens
- Participate in training on safe handling of sharps and ask supervisor for more information when you require it
- If you find a sharps hazard (including an uncapped needle) do not leave it unattended. Document sharps hazard on Hazard Board complete Hazard/Near Miss Report and immediately submit to supervisor
- Use tongs, or similar implement, to pick up the sharp. Carefully carry it away from your body and carefully place it in the sharps disposal container
- Immediately report all sharps incidents, near misses and injuries
- Get a hepatitis B vaccination

#### **Written Procedures for Using a Sharp:**

- Equipment-specific written procedures will be provided for workers who have clients that require a safety engineered medical sharp and/or have the potential to come into contact with the devices
- Written procedures will become part of the client's ISP and a copy will be left in the client's home for frequent review/reference

#### **Procedure for Treatment of a Sharps Injury:**

In the event of a sharps injury, take the following steps:

1. Allow wound to bleed freely, if not bleeding, squeeze the puncture site to make it bleed
2. Immediately wash the area with soap and clean water
3. Apply a skin disinfectant and dressing/bandage
4. Immediately report sharps injury to supervisor and complete an Injury Report. Take a SAW/RTW package to hospital emergency department
5. As soon as possible, attend the local emergency department to receive medical advice and have your risk of acquiring an infectious disease assessed. **[NOTE: Time is of the essence. Treatment must begin within 1-2 hours of the injury to be most effective]**
6. If there is a risk of acquiring Hepatitis B, get a Hepatitis B Immune Globulin injection within 48 hours if you have not already received the vaccine
7. If there is a risk of acquiring HIV, post-exposure prophylaxis (PEP) drugs should be offered within a few hours of the injury
8. Follow with follow-up testing schedules
9. Participate in the investigation of the sharps injury to help determine the root cause. Follow any further preventative procedures
10. Seek confidential counseling, as needed

#### **Reporting:**

- Workers will ensure all necessary forms are completed and forwarded to supervisor and obtain and cooperate with medical treatment, as required
- Needlestick injuries will be reported to WSIB because the Employer does not have a formal surveillance program in place, and as per section 52(2) of the OHSA

#### **Communication:**

- Individualized training with on-staff RPN, LHIN contracted nurses and/or other trainers, as required

**Additional Training Requirements:**

In accordance with an Employer's duty under OHSA 25(2) (a), training must be provided for all workers who use safety engineered medical sharps and/or have the potential to come into contact with the devices and/or have occupational exposure to blood-borne pathogens.

Training should include but not be limited to:

- Client specific training
- Use, handling and disposal of safety engineered medical sharps, specific to the type(s) of device(s) being used in the client's home and in keeping with legislative requirements and Employer policies/programs
- Safe handling of waste and laundry
- Steps to take in the event of a needlestick injury/exposure
- Hand hygiene
- Proper use of PPE
- Reporting procedures

**Relevant Forms:**

- Acknowledgement of Safe Sharps Handling Training
- Hazard/Near Miss Report
- Occupational Illness/Injury Report
- Incident/Injury Investigation Form
- Work Refusal Form



## E. Home Environment

### E-1.1 Housekeeping Policy

Effective date: August 6, 2014. Revised date: October 25, 2017.

**Purpose:** to establish healthy and safe housekeeping standards, procedures and policies for workers and clients in all programs. To ensure housekeeping activities follow WHMIS 2015, OHSA and the Employer's health and safety policies and programs.

**Scope:**

Applies to workers and clients

Applicable Policies/Programs:

- First Aid
- Hazard Reporting
- Hazardous Waste
- Health and Safety Accountability
- MSD
- Occupational Health and Safety Roles and Responsibilities of Workplace Parties
- PPE
- SAW/RTW
- STF
- Scent Reduction Policy
- The Workplace Hazardous Materials Information System 2015 (WHMIS 2015)
- TLC

**Definitions:**

From Best Practices for Environmental Cleaning for Prevention and Control of Infections, In all Health Care Settings – 2<sup>nd</sup> Edition. Provincial Infectious Diseases Advisory Committee (PIDAC)

Cleaning: the physical removal of foreign material (e.g., dust, soil) and organic material (e.g., blood, secretions, excretions, microorganisms). Cleaning physically removes rather than kills microorganisms. It is accomplished with water, detergents and mechanical action.

Disinfectant: a product that is used on surfaces or medical equipment/devices which results in disinfection of the equipment/device. Disinfectants are applied only to inanimate objects. Some products combine a cleaner with a disinfectant.

Disinfection: the inactivation of disease-producing microorganisms. Disinfection does not destroy bacterial spores. Medical equipment/devices must be cleaned thoroughly before effective disinfection can take place. See also, Disinfectant.

Guest: anyone who does not permanently reside in the client's home.

Hand Hygiene: a general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using soap and running water or an alcohol-based hand rub (ABHR).

High-Touch Surfaces: high-touch surfaces are those that have frequent contact with hands. Examples include doorknobs, Lifeline call buttons, bedrails, light switches, toilet handle, grab bars, wheel chair/scooter controller, arm rests and brake levers, walker/cane handles, telephone and television controllers.

Home Environment: inside the four walls of a client's house or apartment.

Housekeeping: the Employer defines housekeeping as the cleaning performed by a worker in a client's home environment and staff office. A worker will provide cleaning for a Client based on the client's assessed needs and as negotiated by the Client and supervisor or. Individualized housekeeping tasks will be outlined in the Client's Individual Service Plan (ISP).

Low-Touch Surfaces: surfaces that have minimal contact with hands. Examples include walls, ceilings, mirrors and window sills.

Manufacturer: any person, partnership or incorporated association that manufactures and sells equipment/devices under its own name or under a trade mark, design, trade name or other name or mark owned or controlled by it.

Safety Data Sheet (SDS): a document that contains information on the potential hazards (health, fire, reactivity and environmental) and how to work safely with a chemical product. It also contains information on the use, storage, handling and emergency procedures all related to the hazards of the material. SDSs are prepared by the supplier or manufacturer of the material.

Workplace Hazardous Materials Information System 2015 (WHMIS 2015): Canada's national hazard communication standard. The key elements of the system are cautionary labelling of containers of WHMIS 2015 'controlled products', the provision of SDSs and staff education and training programs.

## **Roles and Responsibilities:**

### Employer:

- Follow duties, as outlined in the policies/programs listed in 'Scope'

### Manager, Human Resources:

- Follow duties, as outlined in the policies/programs listed in 'Scope'

### Supervisor:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Review and update Housekeeping Service Plan with clients during annual Service Agreement review and ensure the Housekeeping Service Plan is located in clients' ICR
- Encourage clients to contact them regarding changes to their housekeeping task list and record changes in their ICR
- Ensure clients provide the appropriate housekeeping cleaning products and supplies
- Ensure clients and workers Follow the Employer's prohibited products list
- Review and consider clients' request for seasonal housekeeping, as scheduling availability and funding allows, and ensure tasks are viable, safe and will not involve potential hazards for workers
- Ensure non-priority housekeeping tasks are rescheduled during weather advisories such as humidex, heat waves or snow/ice storms which may result in staffing shortages

- Ensure workers and GIL are not held liable for the unintentional damage to a client's personal possessions during housekeeping activities and that responsibility is acknowledged

Worker:

- Follow duties, as outlined in applicable policies/programs listed in 'Scope'
- Follow Housekeeping Service Plan and follow client direction during their housekeeping booking
- Attend Client Handling training and other applicable training
- Use proper body mechanics while performing housekeeping tasks
- Wear approved footwear
- Report actual or potential housekeeping hazards to client and supervisor; complete Hazard/Near Miss form document on the Hazard Board and submit form to supervisor
- Ensure gloves are used when cleaning areas that may be contaminated with blood or body fluids and perform hand hygiene immediately after removing gloves
- Perform hand hygiene after completing housekeeping tasks
- Do not use products on the Employer's prohibited products list
- Ensure cleaning products have manufacturer's label intact and legible
- Follow manufacturer's safe handling instructions on cleaning products
- Check product labels and SDSs to know the potential hazards and safe work practices for all cleaning/disinfecting products used
- Clean and wash surfaces/areas thoroughly before disinfecting them follow Cleaning/Disinfecting Techniques outlined below
- Close all cleaning/disinfecting product containers immediately after use
- Inform clients when housekeeping supplies are getting low and equipment needs to be replaced
- When returning to client's home/apartment with a large grocery order, divide quantity into smaller manageable loads and/or use push carts available in staff offices, as applicable
- Inform client/acknowledge/apologize for any unintentional damage to personal possessions during housekeeping activities, document incident in client's ICR, Incident Report and submit to supervisor

Client:

- Review Housekeeping Service Plan with supervisor during annual Service Agreement review
- Contact supervisor to revise the Housekeeping Service Plan and Task List, as required
- Be present in their home environment during housekeeping bookings
- Follow Housekeeping Service Plan identify priorities within allotted housekeeping booking time and provide direction for workers
- Reschedule housekeeping booking if guests will be present at time of scheduled booking
- Provide the necessary cleaning/disinfecting products, supplies and equipment for all housekeeping tasks
- Do not ask workers to use products on the Employer's prohibited product list, as outlined below
- Ensure manufacturer's labels are present and legible on all cleaning products
- Use cleaning products from the Employer's Preferred Housekeeping Products List, if possible
- Provide workers with wheeled grocery carts/push carts for shopping assistance, as required

- Cancel non-essential housekeeping bookings and reduce the number of grocery items requested per trip during weather advisories such as, humidex, heat waves or snow/ice storms advisories which may result in staffing shortages
- Reschedule housekeeping booking when weather conditions improve, as scheduling allows
- Ensure work areas in home environment are clear of excessive clutter i.e. stairs to laundry facilities
- Ensure pets/service animals are secure during housekeeping booking to prevent STF hazards (Pet/Service Animal Policy)
- Will not hold workers or GIL liable for the unintentional damage to personal possessions during housekeeping activities

#### JHSC:

- Follow duties as outlined in the policies/programs listed in 'Scope'
- Review actual or potential housekeeping hazards and make recommendations

#### **Approved Areas for Housekeeping in Clients' Home Environment:**

- Kitchens
- Bathrooms
- Living Rooms
- Bedrooms
- Hallways and Entry Ways
- Storage Rooms
- Balconies

**Note: housekeeping tasks may be conducted on balcony areas only when they do not pose a hazard to workers and weather permitting.**

#### **Housekeeping Activities Include:**

- Floors: sweeping, vacuuming, washing (with a mop)
  - Ensure client and co-workers are finished using an area before washing floors in the same area
  - Ensure ambulatory client is in a safe position before starting or inform client of the area to be washed before starting
  - Wash floors at the end of the housekeeping booking when possible to reduce time spent walking on wet floors
- Surfaces: cleaning, dusting and disinfecting of:
  - Kitchen: sink, counter tops, table top, kitchen island, exterior surface of cabinets, refrigerator and stove, outside/inside microwave, stove hood, dishes, light switch
  - Bathroom: sink, counter top, mirror, exterior surface of vanity cabinet, toilet, bathtub, shower stall, light switch
  - Living room: furniture, shelving units, lamps, light switches
  - Dining Room: tables, chairs, side board/buffet/hutch
  - Bedroom: bedside tables, bedrails, chest of drawers, wardrobe
- Entrance/Exit doors/handles, closet doors/handles, light switches
- Vacuuming: carpets, area rugs
- Vacuuming upholstered furniture, as negotiated with supervisor
- Garbage disposal: (Hazardous Waste Policy for City of Guelph garbage sorting)
- Laundry: using washing machines and dryers or line drying items
- Hand washing laundry not soiled with hazards such as human waste, as negotiated with supervisor
- Ironing and mending

- Spot cleaning wheelchair (not tires)
- Other housekeeping tasks as negotiated between supervisor and client

**Housekeeping Activities not Performed by Workers:**

- Moving heavy furniture (inquiries regarding the definition of 'heavy' to be reported to supervisor for further discussion)
- Cleaning windows inside and outside of client's home environment
- Wiping condensation/moisture and mold from windows inside client's home environment
- Cleaning pet waste/feces i.e. scooping kitty litter, cleaning litter box, picking up/bagging dog feces, handling puppy training pads, aquarium tank or pet cage cleaning/maintenance
- Cleaning/organizing storage lockers
- Retrieving/delivering items to/from storage lockers
- Hand washing laundry soiled with hazards such as human waste
- Emptying central vacuum canisters
- Cleaning wheelchair tires

**Seasonal Housekeeping Activities**

A client may request seasonal housekeeping activities in their home environment. The supervisor will approve seasonal housekeeping tasks based on funding, feasibility and safety of the task, (i.e., risk of injury or hazard performing the task) and scheduling availability. Seasonal activities may include:

- Washing walls
- Cleaning inside of refrigerator, freezer or oven
- Cleaning and reorganizing inside kitchen cupboards, bedroom closets, linen closets, storage closets
- Washing shelving units and dusting contents i.e. decorative items, pictures, books
- Seasonal wheelchair cleaning
- Washing and re-hanging window coverings, washing and dusting blinds

**Required Cleaning Supplies and Equipment:**

Clients are required to provide the necessary housekeeping cleaning supplies and equipment for all tasks listed above, as per the Employer's Attendant Services Agreement:

Cleaning/Disinfecting Products:

- All cleaning/disinfecting products must adhere to WHMIS 2015 2015 legislation and requirements
- All cleaning/disinfecting products must have an intact and legible manufacturer's label on bottle/container/package
- Workers are required to follow manufacturer's safe handling information when using cleaning products
- Workers may not use cleaning/disinfecting products that are on the Employer's prohibited product list

Cleaning Supplies and Equipment:

- Mop with an attached wringer or wring pail
- Bucket/pail
- Rubber gloves
- Broom and dust pan
- Vacuum and vacuum refill bags (the Employer recommends that workers wear masks when changing bags or emptying canisters)
- Toilet cleaning brush and holder

- Paper towels
- Cloths for cleaning/disinfecting surfaces, dusting
- Leak proof plastic garbage bags
- Laundry basket or cart
- Wheeled shopping cart, as required

### **Employer’s Prohibited Product List**

#### Bleach:

- The Employer prohibits the use of bleach
- As per the Hazardous Waste Policy, bleach will only be used in an emergency where disinfecting is required and Cavicide or other common disinfectant is not available. See Bleach Use in the Hazardous Waste Policy for further details

#### Drain Opening Products:

The Employer prohibits the use of drain cleaners for the following reasons:

- Drain opening products may be classified as acids, oxidizers, caustic and enzymatic and are potentially dangerous to use
- May react with other household cleaners to produce hazardous gases
- Are reactive to human tissue

Preventative and safe methods to reduce drain clogs should be used, such as:

- Avoiding pouring grease down drains
- Using a strainer on drains to trap food, hair and other articles
- Pouring hot water down the drain weekly to keep drains free flowing

### **Employer’s Preferred Cleaning Product List:**

- Bleach free
- No/low scented
- Gentle on skin
- Microfiber cloths
- Certified Environmentally “Green” products may include the following:



EcoLogo is North America’s oldest and most widely known environmental leadership standard



Ingredients are biodegradable and do not contain phthalates, heavy metals, or optical brighteners

- Natural Cleaning Products include baking soda, borax, cornstarch, cream of tartar, hydrogen peroxide, lemons, liquid castile soap, washing soda, white vinegar
- If clients choose to use natural cleaning products, workers are required to mix the product at the time of cleaning for one-time use
- Client must have safe mixing and handling information and instructions for all-natural products

**Other (Non-Client) Household Members:**

Clients may reside with other family members, friends or roommates.

- Housekeeping assistance for other household members (spouse, child etc.) will be negotiated with the supervisor and be included in the client's ISP, as required
- Other household members are responsible for maintaining a reasonable level of housekeeping activities in the shared spaces of the home environment to ensure a healthy standard of cleanliness free of hazards for the client and workers
- Other household members are responsible for their belongings and their own personal spaces within the home environment

**Housekeeping Safety Guidelines:**

For additional information on housekeeping safety, see Principles for Safe Lifting.

**Additional Training**

- Client Handling

**Relevant Forms:**

- Hazard/Near Miss Report
- Incident Report
- Injury Report
- First Aid
- SAW/RTW Package

**References:**

- Best Practices for Environmental Cleaning for Prevention and Control of Infections, in all Health Care Settings – 2<sup>nd</sup> Edition. Provincial Infectious Diseases Advisory Committee (PIDAC)



## **E-1.2 Pet/Service Animal Care Policy**

Effective date: May 10, 2016. Revised date: October 25, 2017.

### **Purpose:**

To outline the responsibilities for the provision of pet/service animal care for the Employer's clients and workers.

The Employer recognizes that domesticated pets/service animals enhance the quality of life and independence of clients. Clients will take primary responsibility for the care of their pets/service animals in accordance with applicable legislation and ensure pets/service animals are treated humanely with proper care, water, food and shelter.

### **Scope:**

Applies to all employees

#### Applicable Policies/Programs:

- Occupational Health and Safety Roles and Responsibility of Workplace Parties
- Hazard Reporting
- STF
- Health and Safety Accountability
- Housekeeping
- Injury/Incident Investigation
- SAW/RTW
- Human Resources Accessibility Policy E-1
- Human Resources Accessible Standards for Customer Service E-2

### **Definitions:**

Pet: a domestic or tamed animal kept for companionship or pleasure and treated with care and affection.

Prohibited Animal: an animal banned by City of Guelph Exotic and Non-Domestic Animal by-law and Bill 132: The Public Safety Related to Dogs Statute Law Amendment Act.

Service Animal: is defined as either:

- a) a 'guide dog' as defined in section 1 of the Blind Persons' Rights Act
- b) a 'service animal' used by a person with a disability, including, but not limited to, a dog, if:
  - i. It is readily apparent that the animal is used by the person for reasons related to his or her disability
  - ii. The person provides a letter from a physician or nurse confirming that the person requires the animal for reasons relating to the disability

The Employer welcomes a person with a disability accompanied by a service animal on all workplace premises and to keep the animal with him/her unless the animal is otherwise excluded by law which could include, but is not limited to the Employer's policies/programs, City of Guelph bylaw, Federal or Provincial Public Health law, or Federal or Provincial legislation. The Employer will upon request use reasonable efforts to ensure that other measures are available to enable the person with the disability to obtain, use or benefit from the Employer's programs and services.

## **Roles and Responsibilities:**

### Employer:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- The Employer retains the right to reduce or withdraw the level of pet-related services due to operational considerations, contraventions of this policy, health and safety hazards, or other factors
- Pet-related services will not be provided if other (non-client) household members reside in the home environment and are able to provide this service
- Pet-related services may be available during extenuating client circumstances such as severe illness, prolonged hospitalization, equipment problems, inclement weather, vacations or emergencies, as outlined in the client's Service Agreement Addendum and will be reviewed annually or as required

### Supervisor:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Ensure this policy is reviewed and negotiated with clients in advance of the initiation of services with the Employer
- Attach an Addendum to client's Service Agreement to outline the specific pet-related services required, review annually or as required and copy information to ISP
- Review this policy with clients during annual Service Agreement review, or as required
- Ensure clients and workers follow this policy
- Investigate pet/service animal health and safety hazards or contraventions of this policy and take appropriate actions
- Suspend or withdraw pet-related services, as required
- Ensure appropriate documentation is reported in Communication book, ICR, Incident/Hazard reports and Hazard Board
- Investigate suspected cases of the mistreatment of pets/service animals and report to the Guelph Humane Society

### Worker:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Provide supervisor with a note from a registered health care practitioner outlining any health conditions that may affect ability to provide pet-related services, e.g., allergies, pregnancy
- Immediately report all suspected cases of pet/service animal mistreatment/abuse, health and safety hazards or contraventions of this policy to supervisor. Complete an Incident/Hazard/Near Miss Report, document in communication book, ICR and on Hazard Board
- Only perform approved pet care services
- Services will not be performed if pet/service animal is not in the control of the client or other (non-client) household member or appropriately crated or contained in another room. Inform client that an opportunity to control/crate/contain pet/service animal is given and return in fifteen (15) minutes to recommence booking, as time allows. Complete an Incident Report and submit to supervisor
- In extenuating client circumstances such as severe illness, prolonged hospitalization, equipment problems, inclement weather, vacations or emergencies, assist with pet care responsibilities, as listed in client's Service Agreement Addendum and ISP

### JHSC:

- Follow duties, as outlined in the policies/programs listed in 'Scope'

### Client:

- Follow the Employer's policies/programs, federal and provincial legislation and the City of Guelph bylaws relating to pet/service animal care
- Take responsibility for the care and control of pet/service animal at all times
- Immediately notify supervisor to negotiate changes to provision of pet/service animal care
- New clients must arrange for pet/service animal care with supervisor prior to acceptance/entrance into the Employer's programs
- Existing clients must negotiate new pet/service animal care arrangements with supervisor prior to obtaining a new pet/service animal
- Independently provide primary responsibility for pet/service animal including but not limited to:
  - Walking/exercise
  - Feeding/watering
  - Suppling all necessary products related to the care of pet/service animal
  - Veterinarian visits, animal immunizations, medications, etc.
  - Providing documentation of immunizations, as required
  - Ensuring animal does not impede attendant services
  - Ensuring animal does not pose a health and safety risk to workers
  - Cleaning animal's bowel/bladder/vomitus accidents, kitty litter, puppy pads, cages, crates, aquarium, etc.
  - Ensuring animal is muzzled, crated or contained in another room, as required
- Ensure a (non-client) household member residing in home environment provides primary responsibility for pet/service animal, if physical limitations prevent client from doing so
- Have an emergency back-up plan for pet/service animal care in the event of illness, hospitalization, equipment problems, inclement weather, vacations or emergencies etc.

### **Approved Pet Care Services Performed by Workers in Extenuating Client Circumstances may include:**

- Feed/water
- Sweep kitty litter, pet debris, fur, feathers, from surrounding area of litter box, cage, crate, etc.
- Other duties, as negotiated with supervisor and recorded in client's ICR

### **Pet Care Services Not Performed by Workers:**

- Bathing, grooming, nail trimming
- Cleaning/picking up pet feces or urine "accidents" not contained in litter box, puppy pads
- Administering medication, flea powder, topical medicated creams etc.
- Walking/exercise
- Removing animal from crate, cage, or contained area
- Cleaning litter box, cage, crate, aquarium, etc.
- Controlling inappropriate pet/service animal behaviour

### **Relevant Forms:**

- Workplace Inspection Record
- Record of First Aid Inspections
- Incident Report
- Injury Report
- Hazard/Near Miss Report

**Related Documents:**

- Attendant Services Agreement
- ICR
- AODA documents

**Resources:**

- Accessibility for Ontarians with Disabilities Act (AODA), 2005
- The Ontario Society for the Prevention of Cruelty to Animals Act, 1990
- Canadian Registry of Therapy Animals and Service Animals [www.crtasa.com](http://www.crtasa.com)
- Canadian Service Dog Foundation
- National Service Dogs
- The Canadian Foundation for Animal Assisted Support Services

## **E-1.3 Scent Reduction Policy**

Effective date: May 22, 2002. Revised date: October 25, 2017.

Due to health concerns arising from exposure to scented products, the Employer is committed to providing a scent-reduced environment in the workplace. The Employer acknowledges that some employees and clients may have environmental sensitivities and any level of exposure to chemical-based or scented products may cause adverse health effects, as listed below.

In response to such health concerns, the Employer asks employees, clients and visitors to be considerate in their use of such products in the workplace and to be aware they may be asked to refrain from using such products.

### **Scope:**

- Applies to employees, visitors to the Employer's work sites and client homes.

### **Applicable Policies and Programs:**

- Hazard Reporting
- Housekeeping
- Health and Safety Accountability

### **Definitions:**

Environmental sensitivities: describes a chronic condition whereby a person has symptoms when exposed to certain chemicals or other environmental agents at low levels tolerated by most people. The symptoms may range in severity from mild to debilitating.

Fragrances: any product which produces a scent, strong enough to be perceptible by others, including but not limited to the applicable substances listed below. It is important to note some products which claim to be 'scent-free' may have only masked the scent by use of an additional chemical.

### **Applicable products:**

- Colognes and aftershaves
- Perfume and fragrances
- Scented lotions, sprays, soaps, washes
- Shampoos, conditioners, hair care styling products
- Deodorant
- Scented air fresheners, deodorizers, incense, potpourri, essential oils
- Household and industrial cleaning products
- Scented candles
- Wet wipes, scented personal care products
- Some types of garbage bags
- Fragrant flowering plants
- Tobacco and scented electronic cigarette products

### **Health Effects:**

When scented products have been blamed for adversely affecting a person's health, some or all of the following symptoms may be reported:

- Allergic/asthmatic attack
- Headaches/migraine headache
- Dizziness
- Light-headedness
- Weakness/fatigue

- Malaise
- Confusion
- Loss of appetite
- Upper respiratory symptoms
- Shortness of breath
- Difficulty with concentration
- Skin irritation
- Insomnia
- Depression/anxiety
- Nausea
- Numbness
- Loss of consciousness

## **Roles and Responsibilities:**

### Employer:

- Follow duties, as outlined in the policies/programs, listed in 'Scope'
- Post signs in all workplace offices to inform employees, clients and visitors of this policy
- Ensure scent-free products are provided, as available, and take precautions to ensure the workplace is as scent-reduced as possible
- Ensure employees and clients are given advance notice of potential scent-producing activities, such as carpet cleaning, coating/sealing floors, showers etc.
- Ensure employees cooperate by refraining from using the applicable products listed above in the workplace
- Ensure an Accommodation Plan is developed for an employee who has reported an environmental sensitivity
- Request clients, household members, and visitors take reasonable precautions to minimize the impacts of scents and scented products in their homes

### Supervisor:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Ensure employees refrain from using the applicable products listed above in the workplace
- Request clients, household members, and visitors take reasonable precautions to minimize the impacts of scents and scented products in their homes
- Encourage clients to report environmental sensitivities and document information in ICR
- Encourage employees to report environmental sensitivities and report to Human Resources
- Request employees refrain from using the applicable products listed above in the workplace
- Participate in developing an Accommodation Plan for an employee who has reported an environmental sensitivity
- Follow Health and Safety Accountability policy/program when an employee contravenes this policy
- Investigate the source of an environmental sensitivity, as outlined in Hazard/Near Miss report and provide a resolution

### Manager, Human Resources:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Develop an Accommodation Plan for an employee who has reported an environmental sensitivity

Employee:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Refrain from using the applicable substances/products listed above in the workplace
- Report environmental sensitivities to the supervisor
- If an environmental sensitivity is present in the workplace, try to identify the source of problem; complete a Hazard/Near Miss report and submit to supervisor

JHSC:

- Follow duties, as outlined in the policies/programs listed in 'Scope'

**References:**

Canadian Centre for Occupational Health and Safety (CCOHS)  
Women's Health Matters Women's College Hospital



## **E-1.4 Second-Hand Smoking Policy**

Effective date: May 22, 2002. Revised date: October 17, 2018.

To establish procedural guidelines to protect employees and clients from the health risks of second-hand smoke in an enclosed workplace, as per the Smoke-Free Ontario Act and E-Cigarette Act included in Bill 45, Making Healthier Choices Act 2015. Second-hand smoke has been identified as a leading occupational health hazard; in an effort to ensure a healthy and safe work environment, employees and clients are to follow the procedures outlined below.

### **Applicable Policies and Programs:**

- Work Refusal/Stoppage
- Hazard Reporting
- Health and Safety Accountability

### **Scope:**

- Applies to employees, clients, other (non-client) household members, visitors

### **Applicable substances:**

- Tobacco
- Cannabis
- Electronic devices (e-cigarettes, vapes)

### **Definitions:**

Cigarette: a thin cylinder of finely cut tobacco rolled in paper for smoking.

Electronic cigarette: a vaporizer or inhalant-type device, whether called an electronic cigarette or any other name that contains a power source and heating element designed to heat a substance and produce a vapour intended to be inhaled by the user of the device directly through the mouth, whether or not the vapour contains nicotine. E-cigarettes are commonly referred to as 'vapes'.

Cannabis "Joint": a thin cylinder of finely cut cannabis rolled in paper for smoking.

Enclosed workplace: the inside of a building, structure an employee works in or frequents during the course of their employment whether or not they are acting in the course of the employment at the time. Common areas such as washrooms, lobbies, and parking garages.

Smoking: the process of inhaling through a cigarette, electronic cigarette, cannabis joint, cigar, pipe, etc.

### **Roles and Responsibilities:**

#### Employer:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Ensure procedural guidelines, as per applicable legislation is established in the workplace

#### Supervisor:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Ensure employees and clients are adhering to legislation and the Employer's smoking restrictions in the workplace
- Ensure employees are using designated smoking areas during breaks/meal breaks
- Review this policy with clients, at annual Service Agreement renewal or as required

### Employees:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Smoking is not permitted while performing attendant service responsibilities
- Smoking is permitted only during breaks and meal breaks, in designated areas
- Assisted Living workers are required to be available to provide service during smoking breaks
- Ensure designated smoking area is clean after use
- If a client, other household members, or visitors are smoking, tobacco and/or cannabis product is lit upon arrival to a scheduled booking/meeting, worker will inform client they will return in fifteen (15) minutes to recommence booking, as time allows. Complete an Incident Report and submit to supervisor
- If a client requires physical assistance to smoke, employees are permitted to light the tobacco and/or cannabis prior to leaving the client's residence
- Workers are required to respond to client emergency on-calls, such as Lifeline, falls, urgent medical issues, whether or not the home environment is compromised by tobacco and/or cannabis smoke. Non-essential services are not permitted at this time

### JHSC:

- Follow duties, as outlined in the applicable policies/programs listed in 'Scope'

### Clients:

- Upon admission to the Employer's programs, adhere to applicable legislation and the Employer's policies/programs
- Respect the health and safety of employees by providing an environment, that is as smoke free as possible
- Extinguish all sources of tobacco and/or cannabis, and electronic devices fifteen (15) minutes prior to your scheduled bookings with workers and administrative personnel
- Keep home/apartment well ventilated
- Use air filters and smokeless ashtrays

### **References:**

- Smoke-Free Ontario Act, 2006
- Bill 45, Making Healthier Choices Act, 2015

## F. Reporting & Incident/Injury Follow-Up

### F-1.1 Hazard Reporting Policy

Effective date: September 21, 2007. Revised date: July 15, 2020.

#### **Purpose:**

The Employer's Hazard Reporting Policy will define a hazard and establish clear and consistent procedures for hazard assessment, reporting and resolution. This policy is to be used when a potential or actual hazardous condition or act is identified in the workplace.

#### **Scope:**

Applies to all employees in the workplace

#### Applicable Policies/Programs:

- Occupational Health and Safety Roles and Responsibilities of Workplace Parties
- Hazard Recognition, Assessment & Control (RAC)
- SAW/RTW
- First Aid
- Workplace Inspection
- Incident/Injury Investigation
- Health and Safety Accountability
- Health and Safety Orientation
- Work Refusal/Work Stoppage
- Needlestick/Sharps Injury Prevention and Treatment
- Housekeeping
- MSD
- STF
- TLC

#### **Definitions:**

Near Miss: an event that under different circumstances could have resulted in harm to an individual or damage to the environment, equipment, property and/or material. These should be investigated to prevent future occurrences. Typical near-miss incidents occur when someone interacts with a hazard but does not require any medical intervention. [WSIB Workwell Core Health and Safety Audit June, 2011]

Hazard: any condition, practice or substance with the potential for causing loss, injury or harm to life, health or property. [WSIB Workwell Core Health and Safety Audit June, 2011]

The Employer categorizes hazards as **minor** or **serious**.

Minor hazard: danger is not imminent, but has the potential for future harm to person, property or environment.

Serious hazard: immediate danger to personal health and safety, significant damage to property or environment, contravenes legislation. Follow emergency response procedures and contact supervisor immediately, follow Emergency Notification Procedure (ENS), if after business hours.

There are three types of hazards: health, safety and workplace violence & harassment.

### **1. Health**

- Chemical – solids, liquids, vapours, gas, dust, fume, mists
- Biological – bacteria, viruses, fungi, parasites, plants
- Physical – noise, vibration, temperature, radiation
- Ergonomic/Work Design – improper design of the workspace, Musculoskeletal Disorders (MSD)
- Client Action

### **2. Safety**

- Mechanical – moving parts, lifting devices, other machines
- Environmental – floors, walls, air quality
- Energy – electricity, steam, heat, chemical
- Material Handling – manual, mechanical, hazardous materials
- Work Practices – failure to perform work safely, failure to adhere to Health and Safety policies/programs
- Client Action

### **3. Workplace Violence & Harassment** (Refer to Workplace Violence & Harassment Policy/Program in the Employer's Human Resources Policy Manual)

- Type I: External Perpetrator
- Type II: Client or Customer
- Type III: Worker-to-Worker
- Type IV: Personal Relationship

### **Roles and Responsibilities:**

#### Employer:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Provide information about potential hazards within the workplace and take every reasonable precaution to protect employees in the workplace

#### Manager, Human Resources/ED:

- If hazard results in a health care or lost-time incident/injury, critical injury or fatality of an employee, follow duties, as outlined in applicable policies/programs listed in 'Scope'
- Participate in the hazard assessment and control process to eliminate potential and/or actual hazards, as required
- Ensure Hazard/Near Miss Reports are reviewed at JHSC meetings

#### Supervisor:

- If hazard results in a health care or lost-time incident/injury, critical injury or fatality of an employee, follow duties, as outlined in applicable policies/programs listed in 'Scope'
- Ensure employees in a new job receive training on hazard controls and procedures for their assigned activities
- Look for potential and/or actual hazards while performing health and safety observations and workplace inspections at staff offices
- Ensure employees have completed a Hazard/Near Miss Report and hazard is documented on the Hazard Board, communication book and client's ICR, as required
- Ensure potential and/or actual hazards in the workplace are assessed and rated as either 'serious' or 'minor'

- Implement an effective control measure to eliminate the hazard, as soon as possible, follow Hazard Reporting Flow Chart and Hazard Control Procedures, outlined below
- Follow up on the effectiveness of the control measure that was implemented, to ensure hazard is eliminated
- If hazard is not satisfactorily eliminated, provide further investigation and control measures to eliminate the hazard
- Forward Hazard/Near Miss Report to ED

Employee:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- If a hazard is present in the workplace, assess whether it is minor or serious
- If hazard is serious, immediately contact supervisor. Use ENS if after business hours
- If hazard is minor, complete Hazard/Near Miss Report within shift worked and submit to supervisor (Hazard Reporting Flow Chart)
- Document hazard on the Hazard Board and/or communication book, client's ICR (Hazard Reporting Flow Chart)
- If the control measure implemented has not effectively eliminated a hazard, immediately inform supervisor, complete a Hazard/Near Miss report, document hazard on the Hazard Board and/or communication book, client's ICR
- Participate in the hazard assessment and control process, to eliminate potential and/or actual hazards, as required

JHSC:

- If hazard results in a health care or lost-time incident/injury, critical injury or fatality of an employee, follow duties as outlined in applicable policies/programs listed in 'Scope'
- Participate in monthly workplace inspections to identify potential and/or actual hazards in the workplace
- Review Hazard/Near Miss Reports at JHSC meetings and make written recommendations, as required
- Act as a resource for identifying hazards in the workplace, as required

**Hazard Control Procedures:**

Categorize hazard as 'serious' or 'minor' (Hazard Reporting Flow Chart)

Controls may include the following:

- Repairing the hazard
- Substituting a safer alternative
- Isolating the source
- Using good housekeeping practices (Housekeeping Policy)
- Reinforcing safe work practices through recurrent Health and Safety training and orientation, as required
- Reducing/limiting exposure
- Using Personal Protective Equipment (PPE)
- Thorough inspection and/or testing of hazard
- Investigating near misses
- Reviewing first aid records and JHSC meetings minutes
- Interviewing employees
- Monthly workplace inspections
- Job observations performed by supervisors

**Relevant Forms:**

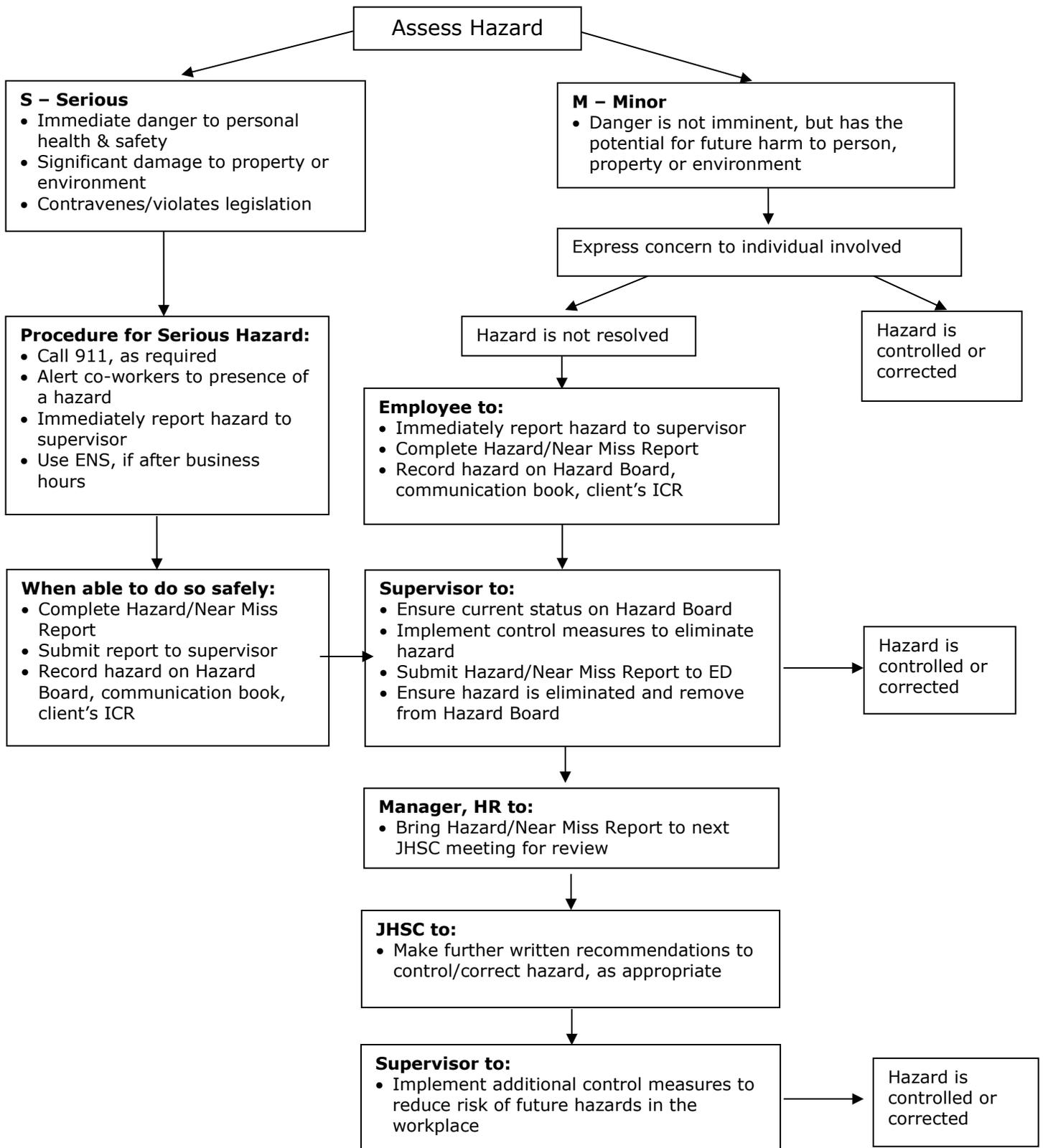
- Hazard/Near Miss Report
- Injury Report
- Workplace Violence and Harassment Report

**References:**

- OHS Act R.S.O. 1990, Chapter O.1
- A Guide to the OHS Act, Rev. 05/11 [www.serviceontario.ca/publications](http://www.serviceontario.ca/publications)

## Appendix 1: Hazard Reporting Flow Chart

If at any time a minor hazard becomes serious, immediately flip to serious column. If it is difficult to determine whether a hazard is serious or minor, assess how likely it is to happen.





## **F-1.2 First Aid Policy**

Effective date: March 16, 2006. Revised date: October 25, 2017.

### **Purpose:**

To ensure all employees in need of first aid will receive treatment promptly and efficiently from a certified person. In addition, the Employer will follow WSIB First Aid Requirements, as outlined in Regulation 1101.

### **Scope:**

Applies to all employees

#### Applicable Policies/Programs:

- Occupational Health and Safety Roles and Responsibilities of Workplace Parties
- SAW/RTW
- Workplace Inspection
- Incident/Injury Investigation
- Health and Safety Accountability
- Health and Safety Orientation
- Housekeeping
- Work Refusal & Work Stoppage
- STF

### **Definitions:**

First Aid: first aid includes, but is not limited to, cleaning minor cuts, scrapes or scratches treating minor burns applying bandages, dressings, cold compresses, cold packs, ice bags and splints. [Public Services Health and Safety Association (PSHSA), Fast Facts]

First Aid Incident: a non-life-threatening injury that does not require a visit to a health care professional

Health care: includes any service provided by a RHCP, including a physician, nurse practitioner, chiropractor, physiotherapist, registered nurse and services provided at a hospital or health care facility/clinic.

Health Care Incident: an incident resulting in a visit to a RHCP for the purposes of diagnosing and prescribing medical care, as a result of an injury at work, but that does not result in time away from scheduled work or a wage loss.

Lost-Time Incident: an incident or injury resulting in time away from work beyond the initial regular scheduled shift.

### **Roles and Responsibilities:**

#### Employer:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Ensure WSIB In Case of Injury at Work poster (Form 82) is posted on the health and safety board in all staff offices
- Provide first aid supplies and ensure they are maintained in all staff offices, in accordance with the OHSA and WSIB Regulation 1101
- Provide and fund Standard First Aid/CPR training for employees needing certification and/or recertification
- Ensure valid first aid certificates of trained employees on duty are posted on the health and safety bulletin board in all staff offices

- Designate first aid station supply duties to an administration employee with Standard First Aid/CPR Level C certification

#### Manager, Human Resources:

- In the event of an injury to an employee, follow duties, as outlined in the applicable policies/programs listed in 'Scope'
- Forward employees' Standard First Aid/CPR Level C certification expiry dates to scheduler
- Copy employees' Standard First Aid/CPR Level C certification cards and forward to supervisor to post on health and safety bulletin board in staff offices
- Post valid first aid certificates of trained employees on the health and safety bulletin board in administration office

#### Supervisor:

- In the event of an injury to an employee, follow duties, as outlined in the applicable policies/programs listed in 'Scope'
- Ensure required employees have current Standard First Aid/CPR Level C certification and attend the recertification course prior to expiry date
- Ensure employees are recording the first aid supplies they use during a shift in the First Aid Report (red duo-tang in the first aid station)
- Post valid first aid certificates of trained employees on the health and safety bulletin board in staff offices
- Restock the first aid supplies listed on workplace inspection forms in the first aid station in staff offices

#### Employee:

- When injured, follow duties, as outlined in the applicable policies/programs listed in 'Scope' and the first aid procedure outlined below
- Ensure Standard First Aid/CPR Level C certification is up to date and attend recertification course prior to expiry date, as required
- Know the location of the first aid stations in the workplace
- Record first aid supplies used in the First Aid Report (red duo-tang in first aid station)
- Request assistance from certified first aiders when in need of first aid in the workplace
- Seek the appropriate medical attention if injured at a worksite where first aid supplies or certified first aiders are not available
- Be familiar with the Employer's emergency procedures

#### JHSC:

- Inspect the first aid stations and their contents during monthly workplace inspections
- Sign and date the Record of First Aid Inspection sheet in first aid station during monthly inspections
- Inspect employees' Standard First Aid/CPR Level C certification cards on health and safety bulletin board in staff offices during monthly inspections and make note of expiry dates on Workplace Inspection Record
- Forward Workplace Inspection Record to administrative assistant after monthly workplace inspections

#### Administration Assistant:

- Fill first aid supplies needed on Workplace Inspection Record and give supplies to applicable supervisor to restock first aid station in staff offices
- Ensure a four-week inventory of first aid supplies is maintained at the administration office

### Scheduler:

- Schedule employees to attend Standard First Aid/CPR Level C training prior to their certification expiry dates

### **First Aid Station Requirements:**

The First Aid Station will contain, as a minimum:

- The first aid items required by First Aid Requirements (Regulation 1101)
- 
- PPE including:
  - Gloves
  - CPR masks
  - Surgical masks
  - Goggles/safety glasses
  - Gowns/aprons
  - Sleeves
- Safety Items like sharps container,

### **First Aid Procedure:**

1. For a first aid incident, employee will:
  - Immediately seek first aid
  - Record any first aid equipment removed/used from the first aid station during a shift on the First Aid Record form
  - Complete a Hazard/Near Miss Report, as required and submit to supervisor
2. For a health care and/or lost-time incidents: (SAW/RTW and Incident/Injury Policies), employee will:
  - Immediately inform supervisor of the injury; use the ENS, if after business hours
  - Obtain a SAW/RTW package from first aid station and bring to the initial appointment with the RHCP
  - The Employer will provide injured employee with transportation assistance to a RHCP or hospital, if required
  - Promptly return the completed SAW/RTW package forms to supervisor
  - Supervisor will forward forms to Manager, Human Resources
  - Manager, Human Resources will complete a WSIB Form 7, Employer's Report of Injury/Disease and forward to WSIB
  - Follow health care treatment and restrictions and immediately inform supervisor if any changes to their condition occur
  - Manager, Human Resources/supervisor will keep a record of all circumstances regarding the injury
  - Employer will pay full wages and benefits for the day/shift on which the injury occurred

### **First Aid/CPR Training:**

The Employer will provide First Aid/CPR certification training for employees requiring certification throughout the year.

**Procedure for Transportation Assistance:**

The Employer will provide transportation for an employee who has suffered a health care and/or lost-time incident in the workplace, and needs to seek non-emergency medical care from a RHCP or hospital. If the injured employee is unable to use their normal means of transportation to get to a RHCP or hospital, but they do not require the services of an ambulance, the Employer will use the following procedure to provide transportation for the employee:

- Employee will immediately inform supervisor of the injury; use the ENS, if after business hours
- Supervisor and employee will determine the appropriate method of transportation needed for injured employee to safely access a RHCP or hospital
- Supervisor will contact the employee's emergency contact person, to accompany the employee at the RHCP or hospital, as required
- Supervisor will approve transport of injured employee to RHCP or hospital using the Employer's taxi service account number, as required
- Coworker on shift will ensure the injured employee gets into the taxi safely
- Employee will sign taxi cab invoice when they arrive at their destination
- Employee will promptly return the completed SAW/RTW package forms to supervisor
- First aid procedure for health care/lost-time incidents will be followed, as outlined above
- In the event the injured employee refuses the Employer's offer of transportation to a RHCP or hospital, the injured employee will sign the Employer's Release and Waiver for Transportation Refusal and submit to supervisor
- Supervisor will submit waiver to Manager, Human Resources

**Relevant Forms:**

- First Aid Report
- Workplace Inspection Record
- Record of First Aid Inspections
- Injury Report
- Hazard/Near Miss Report
- Workplace Violence and Harassment Report
- Release and Waiver for Transportation Refusal
- WSIB Forms

## **F-1.3 Stay at Work/Return to Work (SAW/RTW) Policy**

Effective date: April 11, 2007. Revised date: October 25, 2017.

### **Purpose:**

To outline the process for reintegrating employees into the workplace as soon as possible following a workplace/non-workplace related injury.

### **Policy:**

1. The Employer is committed to providing a safe workplace for our employees. Preventing work-related illness and injury is the expected outcome
2. The Employer will make every reasonable effort to provide suitable return to work opportunities for every employee who is unable to perform his/her regular duties following a work-related injury or illness. This may include making accommodations to the employee's regular job, or if available, providing temporary alternate work, depending on the employee's physical abilities
3. Only work that is considered productive and meaningful to the employee and the Employer will be considered for temporary alternate work
4. Injured workers who are participating in the SAW/RTW Program are encouraged to provide feedback in order to improve the plan's future development
5. Details of the SAW/RTW program are kept in the health and safety binders. SAW/RTW packages are located in the first aid stations

Executive Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*See signed copy on Health and Safety Bulletin Boards\*



# Stay at Work/Return to Work (SAW/RTW) Program

Effective date: August 19, 2005. Revised date: November 21, 2018.

## Purpose:

The Employer is committed to providing a healthy and safe workplace and preventing work-related injuries. In the event that an employee sustains an injury or occupational illness in the workplace, the Employer has a comprehensive SAW/RTW program to provide suitable work opportunities for employees to support their rehabilitation and reintegration into the workplace.

The Employer will ensure an employee's SAW/RTW and Work Reintegration Plan is optimized in a manner consistent with the OSHA, Workplace Safety and Insurance Act (WSIA), applicable Human Rights legislation, and in participation with the WSIB and the Employer's Privacy Policy.

Additionally, the Employer is committed to providing suitable SAW/RTW opportunities for an employee who has experienced non-work-related injuries.

## Scope:

Applies to all employees

### Applicable Policies/Programs:

- Occupational Health and Safety Roles and Responsibilities of Workplace Parties
- Hazard Reporting
- Incident/Injury Investigation
- First Aid Policy
- Health and Safety Orientation
- Health and Safety Accountability
- SAW/RTW Evaluation
- SAW/RTW Performance Tracking

## Definitions:

The following definitions are from WSIB Workwell Core Health and Safety Audit, June 2011

Near Miss: an event that under different circumstances could have resulted in harm to an individual or damage to the environment, equipment, property and/or material. Typical near-miss incidents occur when someone interacts with a hazard but does not require any medical intervention. These should be investigated to prevent future occurrences.

First Aid Event: a non-life-threatening injury that does not require a visit to a RHCP.

Health Care Incident: an incident resulting in a visit to a RHCP for the purposes of diagnosing and prescribing medical care as a result of an injury at work, but that does not result in time away from scheduled work or a wage loss. Notify WSIB, forward to JHSC and union president upon receipt of Injury Report.

Lost-Time Incident: an incident/injury in which a worker loses time from work after the day of injury and/or loses wages as a result of temporary or permanent work-related impairment. Notify WSIB, forward to JHSC and union president upon receipt of Injury Report.

Critical Injury: according to the OHSA – R.R.O. 1990, Regulation 834, a critical injury is an injury of a serious nature that:

- Places life in jeopardy
- Produces unconsciousness
- Results in substantial loss of blood
- Involves the fracture of a leg or arm but not a finger or toe
- Involves the amputation of a leg, arm, hand or foot, but not a finger or toe
- Consists of burns to a major portion of the body or
- Causes the loss of sight in an eye

Notify MOL, JHSC, and union president

### **Key Concepts:**

The following key concepts are included in the WSIB Work Reintegration Legislation:

Work: is used broadly and may include the combining of tasks/duties which together may constitute temporary work, as well as, a short-term training program which leads to a job with the Employer.

Work Reintegration (WR) Goal: workplace parties should strive to return the employee to work that she has the skills to perform, is consistent with the employee's functional abilities, and to the extent possible, restores the employee's pre-injury earnings. Ideally, the employee will return to the pre-injury work.

Accommodation: is any modification to the work or the workplace, including but not limited to reduced hours, reduced productivity requirements, and/or the provision of assistive devices, that results in work becoming available that is consistent with the employee's functional abilities and that respects applicable human rights legislation.

Suitable Work: is post-injury work (including the employee's pre-injury job) that is safe, productive, consistent with the employee's functional abilities, and to the extent possible, restores the employee's pre-injury earnings.

Safe: when considering whether an offer of work is suitable, the workplace parties and the WSIB consider whether the work is 'safe', i.e., whether:

- The work poses a health or safety risk to the employee (e.g., should not cause re-injury or a new injury), to co-workers or to third parties
- The work is performed at a worksite that is covered by either the OHSA or the Canada Labour Code, and the employee has the functional ability to travel safely to and from the proposed worksite

Productive: when considering whether an offer of work is suitable, the workplace parties and the WSIB consider whether the work is productive, i.e., whether it provides an objective benefit to the Employer's business.

Consistent with the worker's functional abilities: a job is considered consistent with the employee's functional abilities when the tasks and/or duties associated with the job can be performed within the reported physical/cognitive capabilities of the employee.

Functional Abilities Form (FAF): a FAF is for the health care professional to identify the employee's overall functional abilities and restrictions that will assist the employee's return to suitable work. The FAF form is used on the employee's subsequent visits to the health care professional, as required, in the employee's injury recovery process.

Suitable Occupation (SO): a SO represents a category of jobs suited to an employee's transferable skills that are safe, productive, consistent with the employee's functional abilities, and to the extent possible, restores the employee's pre-injury earnings. The SO must be available with the injury Employer or in the labour market.

Work Transition (WT) Assessment: WT assessments are conducted by WSIB and are considered for employees who:

- Have or likely have a permanent impairment
- Are not capable of performing the pre-injury job
- The Employer is unable to provide suitable and available work
- The Employer has identified a job but it is unclear if the work is suitable

### **Roles and Responsibilities:**

#### Employer:

- Ensure an employee's individualized SAW plan complies with the OHSA, WSIA and all applicable Human Rights Legislation that apply to the injured employee's other non-work-related impairment/disabilities
- Ensure all workplace parties cooperate in the SAW/RTW plan, to maintain the dignity and productivity of the employee by maximizing all opportunities to return to their pre-injury job and/or a SO, through the WT Assessment and Plan
- Ensure WSIB personnel (SAW/RTW Specialist, Case Manager, Work Transition Specialist, Employer Liaison Specialist) is contacted for support with SAW/RTW plan, as required
- Ensure accommodation is provided short of undue hardship and in consideration of all criteria under the Human Rights Legislation and the WSIA (penalties will be levied against Employers that fail to accommodate)
- Ensure an annual SAW/RTW evaluation is conducted to track and analyse SAW/RTW incident data, identify gaps in the SAW/RTW program and make continual improvements

#### Manager, Human Resources:

- Ensure an employee's individualized SAW/RTW plan complies with the OHSA, WSIA and all applicable Human Rights Legislation that apply to the injured employee's other non-work-related impairments/disabilities
- Cooperate with all workplace parties participating in the SAW/RTW plan, to maintain the dignity and productivity of the employee by maximizing all opportunities to return the injured employee to their pre-injury job and/or a SO through the WT Assessment and Plan
- Develop the employee's SAW/RTW plan and Stay at Work Offer, assign modified duties adhering to the employee's restrictions in consultation with supervisor and injured employee
- Complete WSIB Form 7, including payroll component, and submit to WSIB, as soon as possible (no later than 3 calendar days of learning about occurrence)
- Notify JHSC and union president in writing within four days of a lost-time injury or workplace accident, explosion, or fire where employee(s) is disabled or requires medical attention
- Immediately advise MOL, JHSC and union president (by telephone or other direct method) of a critical injury involving employees
- Submit the employee's hours of work to their WSIB Case Manager, following each payroll

- Submit Health Professional's Report (Form 8), Return to Work Information, subsequent FAF and SAW/RTW plan letters as required, to the WSIB Case Manager
- Review weekly SAW/RTW Employee Self-Assessment Progress Log to track injured employee's progress and recovery
- Manage the injured employee's SAW/RTW plan, including providing accommodation and suitable work, participating in the work transition process, as required and reviewing year end statistics
- Liaise and receive support from applicable WSIB personnel (SAW/RTW Specialist, Case Manager, Work Transition Specialist, Employer Liaison Specialist), as required
- Complete and return other forms as requested by WSIB, such as Employer's Progress Report
- Regularly inform and communicate with WSIB about an injured employee's SAW/RTW progress
- Notify the WSIB Case Manager if the employee cannot return to pre-accident duties at the conclusion of the SAW/RTW plan and participate in the WSIB WT Assessment and Plan for injured employee. Refer to WSIB WT Assessment and Plan details below
- Initiate and submit Employer's Subsequent Statement when employee has returned to full hours and full duties
- Provide employee SAW/RTW Program Feedback Form to complete upon exiting SAW/RTW program and review to make improvements to the program
- Perform annual SAW/RTW evaluation to track and analyse incident/injury data, identify gaps in the SAW/RTW Program and make continual improvements

#### Supervisor:

- Ensure an employee's individualized SAW/RTW plan complies with the OHSA, WSIA and all applicable Human Rights Legislation that apply to the injured employee's other non-work-related impairments/disabilities
- Cooperate with all workplace parties participating in the SAW/RTW plan, to maintain the dignity and productivity of the employee by maximizing all opportunities to return the injured employee to their pre-injury job
- Ensure injured employee completes an Injury Report and seeks medical attention from RHCP taking a SAW/RTW package
- Inform Manager, Human Resources regarding injury to employee and forward Injury Report and WSIB Health Professional's Report (Form 8)
- Participate in the development of the employee's SAW/RTW plan and Stay at Work Offer, assign modified duties adhering to the employee's restrictions in consultation with Manager, Human Resources and injured employee
- Forward FAF to Manager, Human Resources, as they are submitted by the employee throughout the SAW/RTW process
- Communicate the employee's FAF details and restrictions with required workplace parties
- Communicate with the employee on their first shift back to work, to review the SAW/RTW plan and discuss any concerns the employee may have
- Schedule meetings or conference calls with the employee throughout the SAW/RTW process, as required
- Review weekly Employee SAW/RTW Self-Assessment Progress Log to track injured employee's progress and recovery, revise accommodations, as required and forward to Manager, Human Resources
- Submit the employee's hours of work and replacement hours to Manager, Human Resources following each payroll to determine related SAW/RTW costs
- Follow supervisor's duties outlined in the Incident/Injury Investigation policy to ensure the workplace is safe

- Review employee's SAW/RTW Program Feedback Form to make improvements to the program
- Participate in annual SAW/RTW evaluation and make recommendations for continual improvement to this policy

Employee:

- Immediately notify supervisor in the event of workplace/non-workplace related injury; use the ENS, if outside of office hours
- For health care and lost-time incidents, seek medical attention as soon as possible, and take SAW/RTW package (located in the first aid station) to first appointment with RHCP
- Advise the treating RHCP of the Employer's SAW/RTW policy and the availability of modified duties
- Have the treating RHCP complete WSIB Health Professional's Report (Form 8), Return to Work Information
- Complete an Injury Report for work related injuries (included in SAW/RTW package)
- Submit Injury Report and WSIB Health Professional's Report (Form 8) to supervisor as soon as possible after initial appointment with RHCP
- Meet with supervisor and Manager, Human Resources to review the reports and participate in developing SAW/RTW plan
- Review and sign Stay at Work Offer
- Take responsibility for following medical restrictions, as outlined by the RHCP and as outlined in the Stay at Work Offer, SAW/RTW plan
- Complete weekly SAW/RTW Employee Self-Assessment Progress Log and submit to supervisor
- Cooperate with all workplace parties participating in the SAW/RTW plan
- Maintain regular contact with supervisor and immediately advise them of any changes in your medical condition during the SAW/RTW process
- Submit regular FAFs to the supervisor, as per scheduled follow up appointments with RHCP, as required, until able to return to pre-injury duties
- Liaise and get support from WSIB personnel (Return to Work Specialist, Case Manager, Work Transition Specialist, Employer Liaison Specialist), as required
- Complete SAW/RTW Program Feedback Form upon exiting program to make recommendations for improvement

Co-workers:

- Provide support and encouragement to employees participating in the SAW/RTW plan
- Provide direct assistance for specifically designed tasks until injured employees are able to resume pre-injury duties
- Follow employees' duties outlined in the Incident/Injury Investigation policy

JHSC:

- Receive written notice from Employer within four days of a lost-time injury or workplace accident, explosion, or fire where employees are disabled or requires medical attention
- Receive immediate notice from Employer (by telephone or other direct method) of a critical injury or fatality at the workplace
- Review Injury, Hazard/Near Miss, Incident/Injury Investigation, and WV&H Reports, as presented by Employer
- Follow JHSC's duties outlined in the Incident/Injury Investigation policy
- Make recommendations for the improvement of any applicable work policy, equipment and/or hazard that leads to injury, for the improvement to the health and safety conditions of the workplace

### Scheduler:

- Liaise with supervisor to ensure adequate scheduling and coverage throughout the SAW/RTW process

### **Suitable Work Opportunities:**

Suitable Work Opportunities will:

- Be considered temporary/non-permanent
- Be within the employee's capabilities as identified in Health Professionals Report (Form 8), Return to Work Information and subsequent FAF, as required, completed by the RHCP
- Include the employee when exploring SAW/RTW opportunities and development of SAW/RTW plan
- Take into consideration the employee's past work experience, skills and other non-work-related impairment/disabilities, as per Human Rights Legislation

There are two options of Suitable Work Opportunities, which may be used independently or combined

#### A. Modified work:

- Training new workers
- Homemaking tasks
- Administrative duties
- Assistance in other areas

#### B. Work Hardening:

- Schedule changes
- Reduced hours per day/shift
- Reduced number of shifts
- Reduced responsibilities/capabilities

### **SAW/RTW Package:**

The SAW/RTW package (located in the top drawer of the first aid station) will be provided to the injured employee immediately upon injury. The employee will take the package to the initial visit to RHCP.

The package will include:

1. SAW/RTW package employee checklist
2. Injury Report (to be submitted to supervisor)
3. A letter to the RHCP explaining the SAW/RTW program and the Employer's contact person
4. A description of the injured employee's regular job and a Physical Demands Analysis, if applicable
5. Release and Waiver for Transportation Refusal

## **Procedure Following an Injury:**

The following is the general procedure to be implemented in response to a workplace injury:

### **Step 1: Workplace injury occurs; employee to:**

- **Immediately** report injury to supervisor, use ENS if after business hours
- Obtain a SAW/RTW package from top drawer of first aid station and complete Injury Report located in package
- Take SAW/RTW package to initial visit with RHCP; inform them of SAW/RTW program
- Obtain a Health Professionals Report (Form 8), Return to Work Information from RHCP
- Meet with supervisor and Manager HR as soon as possible after initial RHCP visit to review Injury Report and Health Professionals Report (Form 8)

### **Step 2: Develop SAW/RTW plan**

- Manager, HR and supervisor will complete a Physical Demands Identification (PDI) process with the employee by identifying what physical demands of the job can be modified to accommodate the restrictions outlined in Health Professional Report (Form 8)
- Manager, HR will draft a Stay at Work Offer letter for the employee's consideration and signing which details the modifications/accommodations in the PDI process
- Manager, HR will complete WSIB Form 7 – 'Employer's Report of Injury/Disease' and forward to WSIB along with the signed Stay at Work Offer letter. If employee disagrees with offer and does not sign, Manager, HR will immediately notify WSIB for assistance. Note: disputes regarding the suitability of work and health and safety concerns under the OHSA are not considered non-cooperation (Responsibilities of the Workplace Parties in Work Reintegration, WSIB WR Policy # 19-02-02)
- Supervisor/Manager, HR will give employee copies of all Injury Report(s), Form 7, The Health Professional's Report (Form 8) Return to Work Information, FAFs and SAW/RTW plan letters
- Manager, HR will notify JHSC and union president of injury to employee

### **Step 3: SAW/RTW progress**

- Supervisor will maintain regular contact with employee
- Employee will attend follow up visits with RHCP and submit FAFs to supervisor
- Manager, HR will forward FAFs and subsequent SAW/RTW plan letters to WSIB
- Employee will complete weekly Employee SAW/RTW Self-Assessment Progress Log and submit to supervisor
- Supervisor will monitor and evaluate employee's recovery and meet/contact employee prior to and following their first shift, and subsequently. Supervisor will document progress of recovery on the follow-up component of the SAW/RTW plan (Contact Reports)

### **Step 4: SAW/RTW plan completion**

- The SAW/RTW plan is completed when employee returns to the pre-injury job
- Manager, HR will submit an 'Employer's Subsequent Statement' to WSIB to notify employee has returned to pre-injury job and has completed their SAW/RTW plan and claim
- Employee will complete SAW/RTW Program Feedback Form; employee feedback will benefit the Employer by identifying what worked well and where improvements are necessary. A copy of this form will be retained in the Employee's personnel file

### **Step 5: Work Reintegration / Transition**

- If workplace parties have not been successful in arranging employee's return to suitable and available work within twelve weeks after the date of injury, (even though the employee is functionally capable of suitable work) WSIB will meet at the worksite to facilitate a safe Work Reintegration (WR) outcome with workplace parties
- If employee cannot return to pre-injury duties at the conclusion of the plan, Manager, HR will contact WSIB for the Work Transition Assessment and Plan

## **Work Transition (WT) Assessment and Plan:**

Refer to definitions at the beginning of this policy for key concepts.

- If workplace parties have been unsuccessful in arranging a return to suitable and available work with the Employer, the WSIB will determine a WT assessment is necessary for the injured employee
- A SO for an injured employee is determined by a WT Assessment performed by the WSIB
- All attempts will be made to have the SO performed with the injury Employer
- WT Plans occur six to nine months after the date of injury. If this is not possible, the WT Assessment will occur as soon as the employee is functionally fit to return to suitable work
- Employees will have input and choice in accordance with Human Rights Legislation and all the employee's impairments/disabilities will be considered for any SO
- The WSIB WT Assessment will determine what specialized assistance and services an employee requires to enable a SAW/RTW with the injury Employer or, if required, in a SO that is available in the labour market
- Following a WT Assessment, the WSIB will develop a WT Plan in partnership with the employee, Employer, union representatives, treating RHCP, and any other authorized representatives, as required
- Young workers may be eligible for an enhanced WT plan where the SO is aimed at achieving higher earnings (MOL defines young workers, as workers under the age of 25)
- WSIB WT Plan will generally not exceed three years in duration
- A WT Plan will outline activities designed to optimize the employee's current skills or provide the employee with new skills to prepare the employee in a SO. Some of these activities may be utilized alone or in combination including English as a second language (ESL) training, literacy and basic skills, academic upgrading, vocational skills training, training on the job, job search training, employment placement services or work trial
- WSIB will pay any expenses it considers appropriate to enable an employee to engage in WT Assessment and Plans
- Expenses to be paid will be set out and agreed to before commencement of the WT Plan and may include special accommodation needs, equipment and travel
- Relocation is a work reintegration option that may be considered when a SO is not available with the injury Employer or the local labour market
- The WSIB will pay for the appropriate expenses directly related to looking for work in the broader labour market and will upon valid offer of employment pay for appropriate expenses associated with that relocation

**See SAW/RTW procedure flowchart.**

### **SAW/RTW Performance Tracking**

Manager, Human Resources and ED will track and analyse all incidents of workplace injuries for trends as a part of the Health and Safety Continuous Improvement Plan.

### **Additional Evaluation**

Manager, HR, ED and applicable supervisors will conduct an annual SAW/RTW evaluation to assess the effectiveness of this policy/program. Information gathered from SAW/RTW Program Feedback Forms will be used in the evaluation process.

**Relevant Forms:**

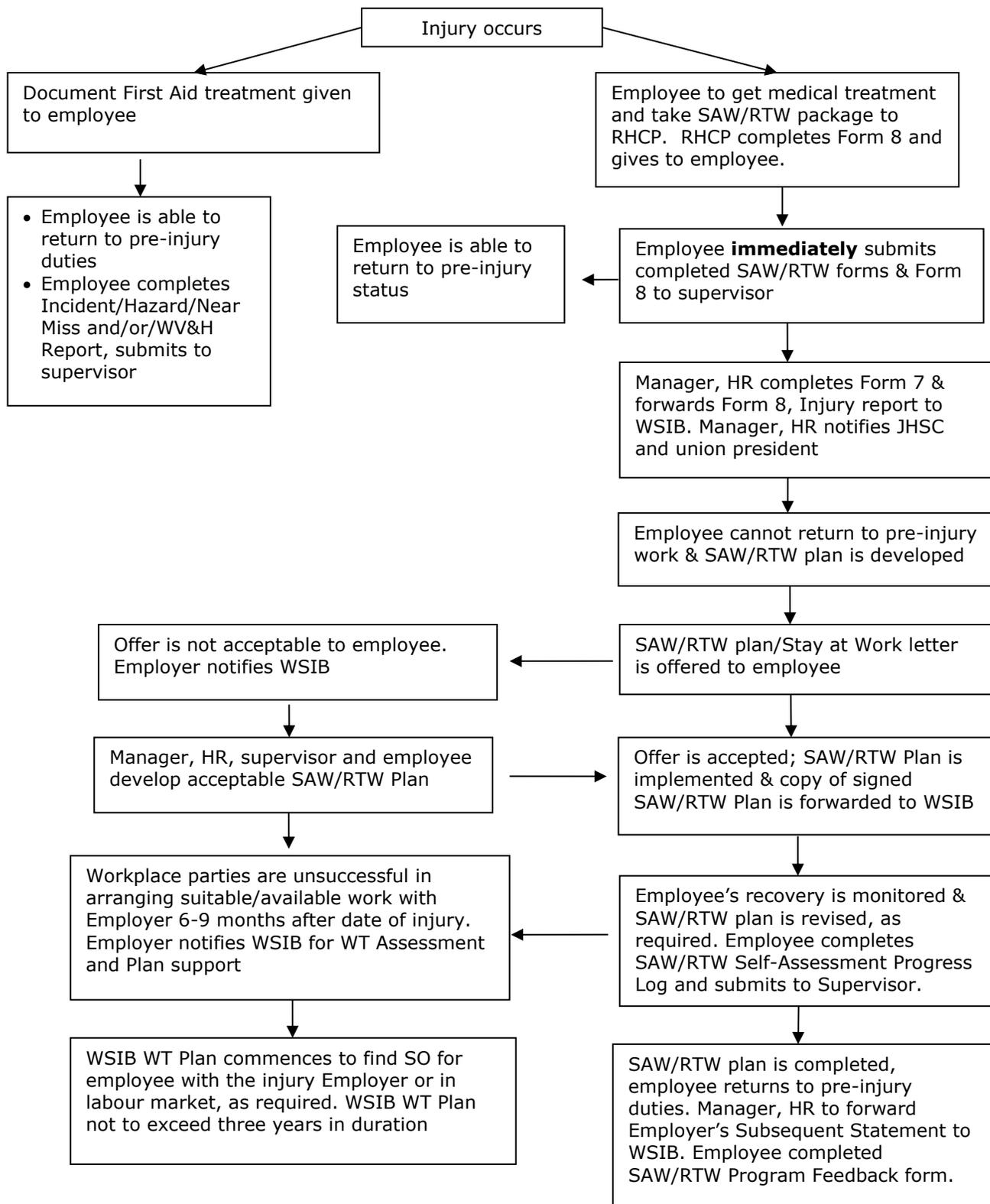
- Injury Report
- Hazard/Near Miss Report
- SAW/RTW Package
- Health Professionals Report (Form 8)
- SAW/RTW Employee Self-Assessment Progress Log
- Incident/Injury Investigation Report
- Functional Abilities Forms (FAF)
- WSIB Reports: Form 7, Employer's Progress Report, Employer's Subsequent Statement
- SAW/RTW Program Feedback Form
- Waiver for Transportation Refusal

**References:**

WSIB Work Reintegration Policies effective date: July 15, 2011, <http://www.wsib.on.ca>

- Work Reintegration Principles, Concepts and Definitions (Policy #19-02-01)
- Responsibilities of the Workplace Parties in Work Reintegration (Policy #19-02-02)
- Determining Suitable Occupation (Policy #19-03-03)
- Work Transition Plans (Policy #19-03-05)
- Work Transition Expenses (Policy #19-03-06)
- Relocation Services (Policy#19-03-11)

## Appendix 1: SAW/RTW Procedure Following Injury Flow Chart



## **F-1.4 Incident/Injury Investigation Policy**

Effective date: May 18, 2011. Revised date: July 15, 2020.

### **Purpose:**

The Employer is committed to investigating incidents/injuries that occur in the workplace in a timely and comprehensive manner. The investigation process will help to determine immediate and root causes of an incident/injury by reviewing workplace policies/programs and implementing corrective actions to prevent incidents/injuries from reoccurring in the workplace.

This policy will outline the steps involved in the investigation process of **non-critical** and **critical** incidents/injuries, outline the responsibilities of workplace parties and indicate the notification procedures required, given the severity of the incident/injury.

Incidents/injuries are categorized as either

- 1. Non-Critical** or
- 2. Critical**

Both non-critical and critical incidents/injuries have different definitions, roles and responsibilities and notification requirements, outlined below.

### **Scope:**

Applies to all employees

The Employer will investigate workplace incident/injury types that involve, but are not limited to, any of the following Health and Safety Policies/Programs:

- SAW/RTW: Near Misses, Health Care Incidents, Lost-Time Injuries, Critical Injuries and Fatalities
- Hazard Reporting: Serious and Minor Hazards
- Hazard Recognition, Assessment & Control (RAC)
- Workplace Violence and Harassment Policy and Prevention Program (WVHPP)
- First Aid: First Aid Event
- STF
- MSD
- TLC
- Emergency Plan: Incidents of fire, explosion, environmental damage/releases, property damage, etc.
- Needlestick/Sharps Injury Prevention and Treatment
- Work Refusal/Work Stoppage
- LOTO

## 1. Non-Critical Incidents/Injuries

Incidents/injuries that require notification of supervisor, WSIB, JHSC and union president, as required:

### Definitions for Non-Critical Incidents/Injuries:

Incident: an event that results in injury to a person(s) and/or damage to environment, equipment, property and/or material. [WSIB Workwell Core Health and Safety Audit June, 2011]

Hazard: any condition, practice or substance with the potential for causing loss, injury or harm to life, health or property. [WSIB Workwell Core Health and Safety Audit June, 2011]

The Employer categorizes hazards as **minor** or **serious**.

Minor hazard (Defined by the Employer): danger is not imminent, but has potential for future harm to person, property or environment.

Near Miss: an event that under different circumstances could have resulted in harm to an individual or damage to the environment, equipment, property and/or material. These should be investigated to prevent future occurrences. Typical near-miss incidents occur when someone interacts with a hazard but does not require any medical intervention. [WSIB Workwell Core Health and Safety Audit June, 2011]

First Aid Event: a non-life-threatening injury that does not require a visit to a medical professional.

Health Care Incident: an incident resulting in a visit to a RHCP for the purposes of diagnosing and prescribing medical care as a result of an injury at work, but does not result in time away from scheduled work or a wage loss.

Notify WSIB, forward to JHSC and union president upon receipt of Injury Report

Lost-Time Incident: an incident/injury in which a worker loses time from work after the day of incident/injury, and/or loses wages as a result of temporary or permanent work-related impairment. [WSIB Workwell Core Health and Safety Audit June, 2011]

Notify WSIB, forward to JHSC and union president upon receipt of Injury Report

Property Damage: an event where contact is made between two objects resulting in alteration to one or both of the objects.

### Non-Critical Incidents/Injuries Roles and Responsibilities:

#### Employees:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- For workplace incidents, injuries, hazards/near misses, first aid events, and property damage:
  - Complete an Incident or Hazard/Near Miss Report, document on Hazard Board, as required. Provide a detailed and accurate account of all facts
  - Immediately submit Incident or Hazard/ Near Miss Report to supervisor
  - Follow all corrective actions that have been implemented
  - Provide supervisor with feedback regarding the effectiveness of corrective actions
- For health care and/or lost-time incidents:
  - Immediately report to supervisor. Use the ENS to notify supervisor if outside of office hours

- Take a SAW/RTW package (top drawer of first aid station) to the first appointment with a RHCP
- Meet with Supervisor and Manager, Human Resources after appointment with RHCP to submit all completed forms in SAW/RTW package and Health Professionals Report (Form 8)
- Participate in developing the SAW/RTW plan
- Adhere to the recommendations and medical restrictions as outlined by the RHCP
- Participate in and cooperate with the investigation process, as required
- Participate in the corrective action recommendation process, as required
- Follow all corrective actions that have been implemented
- Provide supervisor with feedback regarding the effectiveness of corrective actions

#### Supervisor:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Ensure employees have completed all necessary reports timely, accurately and thoroughly
- Ensure employees receive the appropriate medical care and take a SAW/RTW package to their first RHCP appointment
- Meet with employee after RHCP appointment to review SAW/RTW forms and Health Professionals Report (Form 8) and develop employee's SAW/RTW plan
- Conduct an incident/injury investigation to determine immediate and root causes of the incident/injury
- Participate in the development of a corrective actions implementation plan by getting feedback from employees, JHSC, relevant professionals (i.e., Occupational Therapist, Physiotherapist etc.) and client, as required
- Ensure corrective actions are implemented and are being followed
- Evaluate the effectiveness of the corrective actions that have been implemented for ongoing improvement

#### Manager, Human Resources:

- Follow responsibilities, as outlined in the policies/programs listed in 'Scope'
- Meet with employee after RHCP appointment to review SAW/RTW forms and Health Professionals Report (Form 8) and develop employee's SAW/RTW plan
- Complete Form 7 including payroll component for health care and lost-time incidents, submit to WSIB within 3 calendar days of learning about occurrence
- Liaise with employee, supervisor, WSIB personnel and other applicable personnel
- Submit FAF to WSIB, as required
- Immediately notify JHSC and union president in writing within four days of a health care and/or lost-time incident. (Notification Requirements Chart)
- Forward applicable report (Incident, Injury, Hazard, WV&H, Work Refusal to the JHSC's next meeting

#### JHSC:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Review applicable reports (Incident, Injury, Hazard/Near Miss) forwarded by the Manager, Human Resources
- Make recommendations for the improvement of any applicable work practice, equipment, and/or hazard that lead to the workplace incident/injury

## 2. Critical Incidents/Injuries

Critical incidents/injuries require immediate notification of supervisor, immediate external notification of appropriate authorities and investigation process, as they may produce loss to people, equipment, material, environment and/or fatality – loss of life. The Employer’s Emergency Plan procedures will be followed under the direction of the Senior Leadership Team (SLT).

**❖ Immediate notification indicates supervisor must be notified within the shift that the critical incident/injury occurred.**

### Definitions for Critical Incidents/Injuries:

Critical Injury: is an event that:

1. Places life in jeopardy
2. Produces unconsciousness
3. Results in a substantial loss of blood
4. Involves the fracture of an arm or leg (not a finger or toe)
5. Results in the amputation of an arm, leg, hand or foot (not a finger or toe)
6. Involves burns to a major portion of the body
7. Causes the loss of sight in an eye

[Ontario Regulation 834 under OHSC]

Notify MOL, JHSC, and union president

Fatality: An injury that results in loss of life.

Notify MOL, JHSC and union president

Serious Hazard (Defined by the Employer): immediate danger to personal Health and Safety, significant damage to property or environment, or contravenes/violates legislation.

Notify MOL, JHSC and union president

Occupational Illness: a condition that results from exposure in a workplace to a physical, chemical biological or ergonomic agent to the extent that normal physiological mechanisms are affected and the health of the worker is impaired thereby and includes an occupational disease for which a worker is entitled to benefits under the Workplace Safety and Insurance Act, 1997.

[OHSAA S.1(1)]

Notify MOL, JHSC and union president

Environmental Release: An accidental discharge of a physical, biological, or chemical substance into the workplace and/or community.

Notify Ministry of the Environment (MOE), JHSC and union president

Fire/Explosion: An event where undesired combustion occurs.

Notify MOL, JHSC and union president

## **Critical Incidents/Injuries Roles and Responsibilities:**

### Employees:

- Follow Emergency Plan Response Procedures for Specific Emergencies:
  1. Remain calm and assess the level of emergency
  2. Call **911**
  3. Call on duty employees for backup assistance
  4. Begin first aid and CPR, as required
- Immediately notify supervisor, if after business hours use ENS
- Follow direction of emergency responders: Police, Fire, Emergency Medical Services (EMS)
- Participate in and cooperate with incident/injury investigation process

### Supervisor:

- Ensure 911 has been called
- Ensure injured employees receive appropriate medical care and notify employee's emergency contacts
- Immediately notify SLT
- Follow direction of emergency responders: Police, Fire, Emergency Medical Services (EMS)
- Ensure site where the critical injury/fatality occurred is secured, pending a formal investigation by the MOL. Only a MOL inspector can give permission to disturb the scene except in the following cases: purpose of saving life, relieving any suffering, maintaining an essential service or utility or preventing unnecessary damage to equipment or property
- Participate in the incident/injury investigation process to determine immediate and root causes
- Participate in the development of a corrective actions implementation plan, by getting feedback from employees, SLT, JHSC, relevant professionals (OT, PT, etc.) and client, as required
- Ensure corrective actions have been implemented and are being followed
- Evaluate the effectiveness of the corrective actions that have been implemented for ongoing improvement

### SLT:

- Immediately advise MOL, JHSC, and union president, of a critical injury involving employees (Notification Requirements Chart)
- Confirm whether MOL Inspector will be arriving and estimated time of arrival
- Ensure site where the critical injury/fatality occurred is secured, pending a formal investigation by the MOL. Only a MOL inspector can give permission to disturb the scene except in the following cases: purpose of saving life, relieving any suffering, maintaining an essential service or utility or preventing unnecessary damage to equipment or property
- External agencies such as the MOL, Guelph Police Services, Coroner, etc. may take charge of the scene and conduct their own independent investigation
- Cooperate with all MOL requirements
- Select a lead investigator from SLT to conduct incident/injury investigation and manage incident/injury investigation process
- Contact a JHSC worker representative to assist lead investigator to inspect the incident/injury site and any machinery or equipment involved, and conduct the incident/injury investigation
- Lead investigator and JHSC worker representative complete and sign the Incident/Injury Investigation Report within 24 hours of the incident/injury occurrence, and submit Incident/Injury Investigation Report to Manager, Human Resources

- Request assistance from supervisors, SLT, employees and any other source that may be available for the incident/injury investigation process to determine immediate and root causes of the incident/injury
- Develop a plan outlining the corrective actions to be implemented and complete Corrective Action Report

Manager, Human Resources/Executive Director:

- Within forty-eight 48 hours of the occurrence, complete and send a written investigation report to the MOL Director and any other appropriate authorities containing such information and particulars [OHSA, S.51.(1)] (Notification Requirements Chart)

JHSC:

- Immediately be notified of critical injury or fatality
- A worker representative selected by the worker members of the JHSC will inspect the incident/injury site, and any machine or equipment involved
- Worker representative together with the lead investigator will conduct the incident/injury investigation, assist in completing the report, sign the completed report, and forward Incident/Injury Investigation Report to Manager, Human Resources, JHSC and union president
- Be provided with a copy of the Incident/Injury Investigation Report and all other applicable documentation for review and evaluation
- Make recommendations to the Employer regarding corrective actions for the improvement of the Health and Safety of employees

**Incident/Injury Investigation Procedure: (Under direction of MOL Inspector, as applicable)**

Lead Investigator and JHSC Worker Member Responsibilities:

**Step 1: Collect Information**

**A – Collect information from people**

- Interview employees involved
- Interview all witnesses
- Interview outside experts, if applicable. For example: suppliers, equipment designers, OT
- Ensure interviews are conducted, as soon as reasonably possible
- Conduct interviews in a quiet place, one on one, using objectivity and using effective questions
- Ensure employees are asked if they have any ideas about how to control or eliminate the hazard
- Ensure the interviews are documented

**B – Scene Assessment**

- Make observations and use the Scene Assessment form to document the scene (site, equipment, material, environmental conditions)
- Use photographs/sketches/drawings etc.
- Take measurements
- Collect and itemize foreign objects, materials or broken equipment, if possible
- Check written work processes and procedures
- Ensure enough evidence has been gathered and the evidence makes sense
- Create an objective written narrative of what happened, include witness statements

## **Step 2: Identify Contributing Factors**

- Factors to consider and the role each played:
  - People
  - Equipment
  - Material
  - Environment
  - Process

## **Step 3: Analyze Information:**

- Analyze all the evidence gathered and identify why the incident occurred. The “whys” are the safety problems that must have existed for the incident to occur. Incidents occur because of a combination of “immediate” and “root” safety problems
- Immediate safety problems: include immediately recognizable problems such as slippery floors, not recapping needles, etc.
- Root safety problems: often include management responsibilities such as lack of/poor policy, procedures, training, supervision, accountability and adequate resources

## **Step 4: Write Report**

- Use the Incident/Injury Investigation Report to identify contributing factors, immediate and root causes through a review of items such as JHSC inspection records, training records, time of day, employee’s length of employment, employee’s previous health and safety disciplinary actions, scene layout, etc. Consideration is given to lack of safety equipment, enforcement and/or the need for safety equipment
- The Incident/Injury Investigation Report must capture all the requirements contained in the investigation procedure. In some cases, additional forms or documentation may be needed. This might include additional Witness Statement and/or Scene Assessment forms, police reports, etc.
- Distribute copies of the completed and signed Incident/Injury Investigation Report to appropriate personnel: Manager, Human Resources, JHSC, SLT, union president, as required within appropriate time frames (Notification Requirements Chart)

## **Step 5: Recommend Corrective Actions**

- Responsibilities must be assigned for implementation of the recommended actions
- Recommendations are documented on the Corrective Action Report
- Recommendations must focus on corrective action(s) to all the contributing factors, immediate and root safety problems identified

Recommendations should specify:

- What needs to be done
- Why it needs to be done
- Include timelines for when it should be completed

Recommendations should be:

- Effective and sound – fix problem without creating any new safety problems
- Practical – they will work and are not unrealistic
- Ranked according to priority – if not all recommendations can be carried out at once, identify which are most important
- Based on consultation – employee expertise can be helpful in achieving these goals

Recommendations are implemented:

- Responsibility must be assigned to implement the recommendations
- The actions must be recorded on the Corrective Actions Report, it must include:
  - What has been done
  - Who has completed the actions
  - When the actions were completed

#### **Step 6: Follow Up on Corrective Action:**

- Supervisor ensures that the implemented corrective actions are effective in resolving the hazard/safety problem
- All documentation is forwarded to the JHSC for review and evaluation

#### **Training**

- Supervisors, managers and JHSC worker representatives who are required to conduct investigations will receive incident investigation training

#### **Evaluation**

- Manager, Human Resources will track, review and analyze Hazard/Near Miss, Injury and WV&H Reports and applicable Incident Reports on an annual basis. Analysis of this data will assist the JHSC to determine which health and safety policies, programs and procedures need to be revised.
- Incident/Injury Investigation Policy will be reviewed by the JHSC on an annual basis, or if an investigation identifies revisions are required

#### **Relevant Forms:**

- Incident Report
- Injury Report
- Hazard/Near Miss Report
- Workplace Violence and Harassment Report
- SAW/RTW Package
- Health Care Professional Form 8 page (3)
- Work Refusal/Stoppage Form
- Incident/Injury Investigation Report
- WSIB Form 7

#### **References:**

OHSA (Section 51, 52)

Regulation 834/90: Definition of Critical Injury

OSACH Fast Fact – How to investigate an incident

[http://osach.ca/products/ffacts\\_e/lap\\_132.pdf](http://osach.ca/products/ffacts_e/lap_132.pdf)

First Aid, [http://osach.ca/products/ffacts\\_e/FastFactsFirstAid1.pdf](http://osach.ca/products/ffacts_e/FastFactsFirstAid1.pdf)

Occupational Illness: Requirements to report to the Ministry of Labour,

[http://osach.ca/products/ffacts\\_e/FastFactsOccupationalIllnessReport2.pdf](http://osach.ca/products/ffacts_e/FastFactsOccupationalIllnessReport2.pdf)

## Appendix 1: Notification Requirements Chart

Incident/Injury type	Employees to Notify	Timeframe	Supervisor to Notify	Timeframe	Reporting Requirements	
					Employees	Supervisor/Manager HR
First Aid Event	Supervisor	Next Work Day	ED	Next Work Day	First Aid Log, Injury or Hazard/Near Miss Report, Hazard Board as required	
Minor Hazard	Supervisor	Next Work Day	ED	Next Work Day	Hazard/Near Miss, Hazard Board	<ul style="list-style-type: none"> <li>Hazard Board, report outcomes to JHSC at next meeting and any affected employees</li> </ul>
Serious Hazard	Supervisor	Immediately	ED, Co-chair JHSC, Manager HR (if injury occurs), WSIB, JHSC, union president	Immediately	Hazard/Near Miss, Injury, WV&H, Report, Hazard Board, SAW/RTW package, as required	<ul style="list-style-type: none"> <li>Hazard Board, report outcomes to JHSC, union president and any affected employees</li> <li>WSIB Form 7 completed within 3 calendar days of learning about the occurrence. WSIB must receive Form 7 within 7 business days, as required</li> </ul>
Work Refusal	Supervisor	Immediately	ED, JHSC certified worker Rep, Manager HR, union president, MOL, as required	Immediately	Hazard/Near Miss Report, Hazard Board, Work Refusal Form	<ul style="list-style-type: none"> <li>Hazard Board, Work Refusal Form, Incident/Injury Investigation Report, report outcomes to JHSC</li> </ul>
Near Miss	Supervisor	Next Work Day	ED	Next Work Day	Hazard/Near Miss, Incident Report, Hazard Board, as required	<ul style="list-style-type: none"> <li>Report outcomes to JHSC at next meeting and any affected employees</li> </ul>
Health Care	Supervisor	Next Work Day or Immediately if injury is severe	ED, Manager HR, WSIB, JHSC, union president	Immediately	Hazard/Near Miss, Incident, Injury, WV&H Report, SAW/RTW Package, Hazard Board, as required	<ul style="list-style-type: none"> <li>Written notice within 4 days of occurrence to JHSC and union president</li> <li>WSIB Form 7 completed within 3 calendar days of learning about occurrence, WSIB must receive Form 7 within 7 business days</li> </ul>

Incident/Injury type	Employees to Notify	Timeframe	Supervisor to Notify	Timeframe	Reporting Requirements	
					Employees	Manger, HR/IMT/s
Lost-time Injury	Supervisor	Next Work Day or Immediately if injury is severe	ED, Manager HR, WSIB, JHSC, union president	Immediately	Hazard/Near Miss, Incident, Injury, WV&H Report, SAW/RTW Package, Hazard Board, as required	<ul style="list-style-type: none"> <li>Written notice within 4 days of occurrence to JHSC and union president</li> <li>Form 7 completed within 3 calendar days of learning about occurrence, WSIB must receive Form 7 within 7 business days</li> </ul>
Critical and Fatal Injuries	Supervisor	Immediately	IMT, MOL, JHSC, union president & BoD	Immediately, by telephone or other direct method	Serious Hazard, Incident, Injury, WV&H Report, SAW/RTW package, Hazard Board, as required	<ul style="list-style-type: none"> <li>Immediately call MOL</li> <li>Written Incident Investigation Report to MOL within 48 hours of occurrence</li> <li>Report to contain information prescribed in section 5(1) of the Industrial Establishments Regulation</li> <li>WSIB Form 7 completed within 3 calendar days of learning about occurrence. WSIB must receive Form 7 within 7 business days</li> </ul>
Fire/Explosion	Supervisor	Immediately	IMT, MOL, JHSC, union president & BoD	Written notice within 4 days or Immediately, if injury results	Serious Hazard, Incident, WV&H, Injury Report, SAW/RTW package, Hazard Board, as required	<ul style="list-style-type: none"> <li>Written investigation report must be sent within 4 days to MOL, JHSC</li> </ul>
Occupational Illness	Supervisor	Next Work Day or Immediately if injury is severe	ED, Manager, HR, MOL, JHSC, union president	Written notice within 4 days of being advised	Serious Hazard, Incident, Injury Report, SAW/RTW Package, Hazard Board, as required	<ul style="list-style-type: none"> <li>Written notice within 4 days of occurrence to MOL, JHSC &amp; union president</li> <li>WSIB Form 7 completed within 3 calendar days of learning about occurrence. WSIB must receive Form 7 within 7 business days</li> </ul>
Chemical Release	Supervisor	Immediately	SLT, MOE, JHSC, union president & BoD	Immediately	Serious Hazard, Incident, Injury Report, SAW/RTW package, Hazard Board, as required	<ul style="list-style-type: none"> <li>Written investigation report must be sent within 4 days to MOE, JHSC</li> </ul>

Source: Public Services Health & Safety Association: Effective Leadership in Organizational Health, Safety, and Wellness Incident/Event Causation and Investigation

## **F-1.5 Work Refusal & Work Stoppage Policy**

Effective date: July 13, 2013. Revised date: October 25, 2017.

### **Procedures to Address and Control Health and Safety Hazards:**

The Employer's Health and Safety Program utilizes the following policies and programs to control and prevent substandard and unsafe conditions in the workplace and implement preventative/corrective measures to control hazards:

- Hazard Reporting
- Hazardous Waste Policy
- Health and Safety Accountability
- Incident/Injury Investigation
- MSD
- Needlestick/Sharps Injury Prevention & Treatment
- Occupational Health & Safety Roles and Responsibilities of Workplace Parties
- PPE
- STF
- TLC
- WHMIS 2015
- Workplace Inspection
- Workplace Violence & Harassment Prevention

Work refusal and work stoppage is used only after all the above policy and program measures have been utilized.

### **Purpose:**

To establish procedural guidelines, as per Part V, Section 43 of the OHSA, for a work refusal and/or work stoppage.

### **Scope:**

Applies to all employees in the workplace  
Applicable Policies/Programs: listed above

### **Definitions:**

Dangerous Circumstances: A situation applying to a work stoppage (not work refusal), in which,

- a) A provision of the OHSA or the regulations is being contravened
- b) The contravention poses a danger or a hazard to a worker and
- c) The danger or hazard is such that any delay in controlling it may seriously endanger a worker

[OHSA, S. 44(1)]

Bilateral Work Stoppage: a certified member who has reason to believe that a dangerous circumstance exists at a workplace may request that a supervisor investigate the matter, and the supervisor shall promptly do so in the presence of the certified member. [OHSA, S. 45(1)]

Reasonable Grounds: for continuing to refuse work means that the employee has some objective information that makes him or her believe the work is still unsafe. The employee does not have to be correct in their knowledge or belief.

Limited Right to Refuse: a worker's right to refuse is restricted when the refusal to work would directly endanger the life, health or safety of another person. [OHSA 43(1)b.]

## **Roles and Responsibilities:**

### Employer:

- Follow duties, as outlined in the applicable policies/programs listed in 'Scope'
- Follow the OHSA and ensure work refusal/stoppage process is followed and resolved
- Ensure employees follow MOL orders and post orders on the health and safety bulletin boards in staff offices, if received
- Delegate the responsibility and authority to develop and oversee the program to competent persons

### Supervisor:

- Follow duties, as outlined in the applicable policies/programs listed in 'Scope'
- Participate in the investigation of the work or task believed to be unsafe and/or a dangerous circumstance in the workplace, and respond based on the procedure outlined in this policy
- Immediately contact a certified JHSC member to investigate a report of dangerous circumstances in the workplace
- Provide Work Refusal form to employee
- Not permitted to reprimand employee for invoking their right to refuse work that they have reason to believe is unsafe
- Follow MOL orders, as required

### Employee:

- Follow duties, as outlined in the applicable policies/programs listed in 'Scope'
- Report hazards immediately to supervisor when you become aware of them
- Report to supervisor and clearly state the reason for believing work is unsafe and/or a dangerous circumstance in the workplace
- Remain in a safe place near the work and/or perform assigned reasonable alternate work
- Complete Work Refusal Form and be as precise as possible about the reason for your concern
- Follow MOL orders, as required

### Certified JHSC Worker Representative:

- Participate in the Bilateral Work Stoppage Procedures, as outlined below
- Immediately notify Manager, Human Resources if another certified member and/or a MOL inspector is requested for additional investigations of a dangerous circumstance in the workplace
- In consultation with the Manager, Human Resources, cancel a stop work order in the workplace, after corrective actions have been implemented

### JHSC:

- Follow duties, as outlined in the applicable policies/programs listed in 'Scope'
- Participate in the investigation of a work refusal task believed to be unsafe

### Manager, Human Resources:

- Follow duties, as outlined in the applicable policies/programs listed in 'Scope'
- Contact MOL for a work refusal that reaches Stage 2 (see below)
- Conduct a Self-Assessment/Analysis Work Refusal/Stoppage resolution process annually, or as required

## **Right to Refuse Procedure:**

### Health & Safety Hazard Preliminary Procedure (Hazard Reporting Policy)

- Employee will immediately document the Health and Safety concern on a Hazard/Near Miss Report and Hazard Board, and submit to supervisor
- Supervisor will investigate the employee's concern in the presence of the employee and establish with the employee whether health and safety issues exist, and if it is a hazard or work refusal
- If determined to be a safety hazard and the task is unsafe, supervisor will implement immediate preventive/corrective action and communicate these to employees
- Employees to ensure they follow all preventative/corrective measures implemented for the hazard and immediately report to supervisor if measures are not effective in controlling the hazard
- Supervisor will ensure corrective measures are effective and hazard has been controlled and remove hazard from the Hazard Board, when applicable to do so
- Supervisor will communicate hazard control in applicable ICR, communication book, Performance Management System 1:1 Meeting and/or next scheduled team meeting, as appropriate

### Health and Safety Work Refusal

- Employees in the province of Ontario have the right to refuse work which they have reason to believe is unsafe. As per the OHS Act, S. 43(3): an employee may refuse to work or do particular work where he/she has reason to believe that,
  - a) any equipment, machine, device or thing the worker is to use or operate is likely to endanger himself/herself or another worker
  - b) the physical condition of the workplace or the part thereof in which he/she works or is to work is likely to endanger himself/herself
  - b(i) workplace violence is likely to endanger himself/herself
  - c) any equipment, machine, device or thing he/she is to use or operate or the physical condition of the workplace or the part thereof in which he/she works or is to work is in contravention of the Act or the regulations and such contravention is likely to endanger himself/herself or another worker
- A work refusal may not be initiated if the employee's refusal to work would directly endanger the life, health or safety of another person

### Work Refusal (initiated by the employee)

Should a hazard (Health & Safety Hazard Preliminary Procedures, above) continue to be unresolved, and a work refusal situation arises, the following procedures apply (Work Refusal Procedure flow chart):

#### Stage 1:

1. Employee has reason to believe work or task is unsafe and likely to endanger self or another person as per OHS Act S. 43(3)
2. Employee will immediately report the problem to supervisor that the work is being refused and explain the reason(s) for believing the work is unsafe. Supervisor will provide employee with the Work Refusal form to complete and submit
3. Supervisor will notify a worker representative from the JHSC, a certified member is preferred, if possible of the work refusal and duty to investigate. JHSC worker representative/certified member will attend the investigation process without delay. Time spent by this representative is deemed to be work time, for which the person will be paid at his/her regular or premium rate, as appropriate
4. Until the investigation is completed, employee must remain in a safe place near his/her work station and be available to supervisor for the purpose of the

investigation. As per the OHSA S.43 (13), the Employer is obligated to pay the employee for this time at their regular or premium rate, as appropriate

5. Supervisor will immediately investigate in the presence of the employee, and a JHSC worker representative, if possible a certified member
5. Supervisor will respond to employee on the Work Refusal form, outlining remediation timelines, if applicable. If there will not be a remediation plan, the reasoning will be outlined
6. Should the issue be resolved, corrective measures taken, and the employee is satisfied with the corrective measures, she will sign the Work Refusal form and return to work. If the issue is not resolved, proceed to Stage 2

#### Stage 2:

1. If the employee is dissatisfied with the results of the investigation, and employee has reasonable grounds to believe that the work or task continues to be unsafe, then she may continue to refuse work
2. Employee, or a person on behalf of the Employer or employee [OHSA S.43(6)] will immediately notify the MOL
3. The MOL Inspector will investigate the work refusal in consultation with the Employer, the employee, the JHSC worker representative and/or a representative from the worker's union, as required
4. After the investigation, the MOL Inspector will give the decision, in writing, as soon as is practicable to all involved parties, and any applicable changes to be made in order to return the employee to their duties
5. Pending the investigation and decision of the MOL Inspector, the employee must remain, during normal working hours, in a safe place near his/her work station and is available to the Inspector for the purpose of the investigation, or is offered reasonable alternate work during employee's normal working hours
6. Pending the investigation, no other employee will be assigned to the work being investigated unless that employee has been advised of the other employee's refusal and reasons for it, in the presence of a worker representative from the JHSC, if possible a certified member, and/or a representative from the union. [OHSA, S.43(11)]. The employee should sign a statement of being advised of the refusal
7. Supervisor will not penalize any employee for exercising, or seeking to exercise their rights under the OHSA
8. If the MOL Inspector determines the work is unsafe, he/she will direct the workplace parties, e.g. order corrective actions etc. The employee will not return to work until the corrective measures are in place. Once compliance is achieved the employee will return to work and sign the Work Refusal form
9. If the MOL Inspector does not consider that the work is likely to endanger, the employee is expected to return to work. If, however, no reasonable grounds exist for ongoing refusal, the employee may be subject to disciplinary action by supervisor/the Employer

If the MOL is called the Work Refusal form must be completed to identify the root cause and ensure the issue is corrected. Other resources, including the Incident/Injury Investigation policy and form, or parts of it, may also be used to determine the root cause.

### Bilateral Work Stoppage Procedure

If there is a report of a dangerous circumstance in the workplace, or if the JHSC certified member observes a dangerous circumstance, the certified member and supervisor will investigate. A Bilateral Work Stoppage procedure may be initiated, following the procedure outlined below (Bilateral Work Stoppage Procedure Flow Chart).

1. A certified member has reason to believe that dangerous circumstances exist at the workplace
2. Certified member requests supervisor to investigate the matter. Supervisor promptly investigates the matter in the presence of the certified member [S. 45(1)]
3. If certified member has reason to believe dangerous circumstances continue after the supervisor's investigation and any remedial actions, certified member may request that a second certified member, representing the other workplace party, investigate the matter [S.45(2)]
4. Second certified member shall promptly investigate the matter in the presence of the first certified member [S.45(3)]
5. If both certified members find that the dangerous circumstances exist, (All three parts of the definition of a dangerous circumstance are present) certified members may direct the Employer to stop the work or to stop the use of any part of a workplace or of any equipment, machine, device, article or thing [S.45(4)]
6. The Employer shall immediately follow the direction and shall ensure compliance is affected in a way that does not endanger a person [S.45(5)]
7. If the certified members do not agree whether dangerous circumstances exist, either certified member may request a MOL Inspector investigate the matter [S.45(6)]
8. The Inspector investigates and provides the certified members with a written decision [S.45(6)]
9. After taking steps to remedy the dangerous circumstances, the Employer shall request certified members or an inspector to cancel the direction [S.45(7)]
10. Certified members who issued a direction may jointly cancel it or an Inspector may cancel it [S.45(8)]

If the MOL is called the Incident/Injury Investigation form must be completed to identify the root cause and ensure the issue is corrected. Other resources, including the Incident/Injury Investigation policy and form, or parts of it, may also be used to determine the root cause.

### Reprisals by Employer Prohibited

Employees who invoke their right to refuse work they have reason to believe to be unsafe are protected by the OHSA.

No Employer or person acting on behalf of an Employer shall:

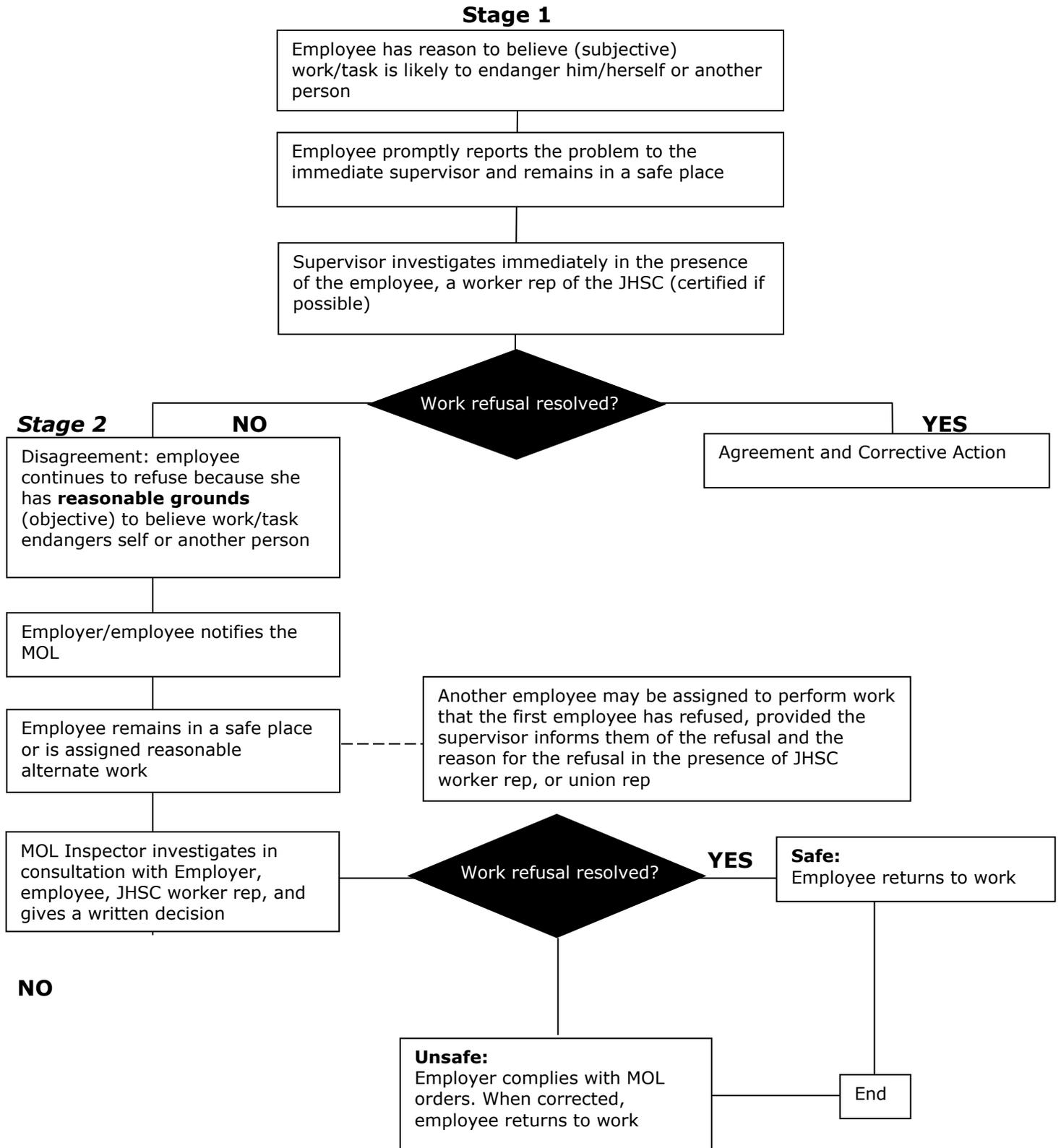
- a) Dismiss or threaten to dismiss an employee
- b) Discipline or suspend or threaten to discipline or suspend an employee
- c) Impose any penalty upon an employee or
- d) Intimidate or coerce an employee

Because the employee has acted in compliance with the OHSA [Part VI, S. 50(1)]

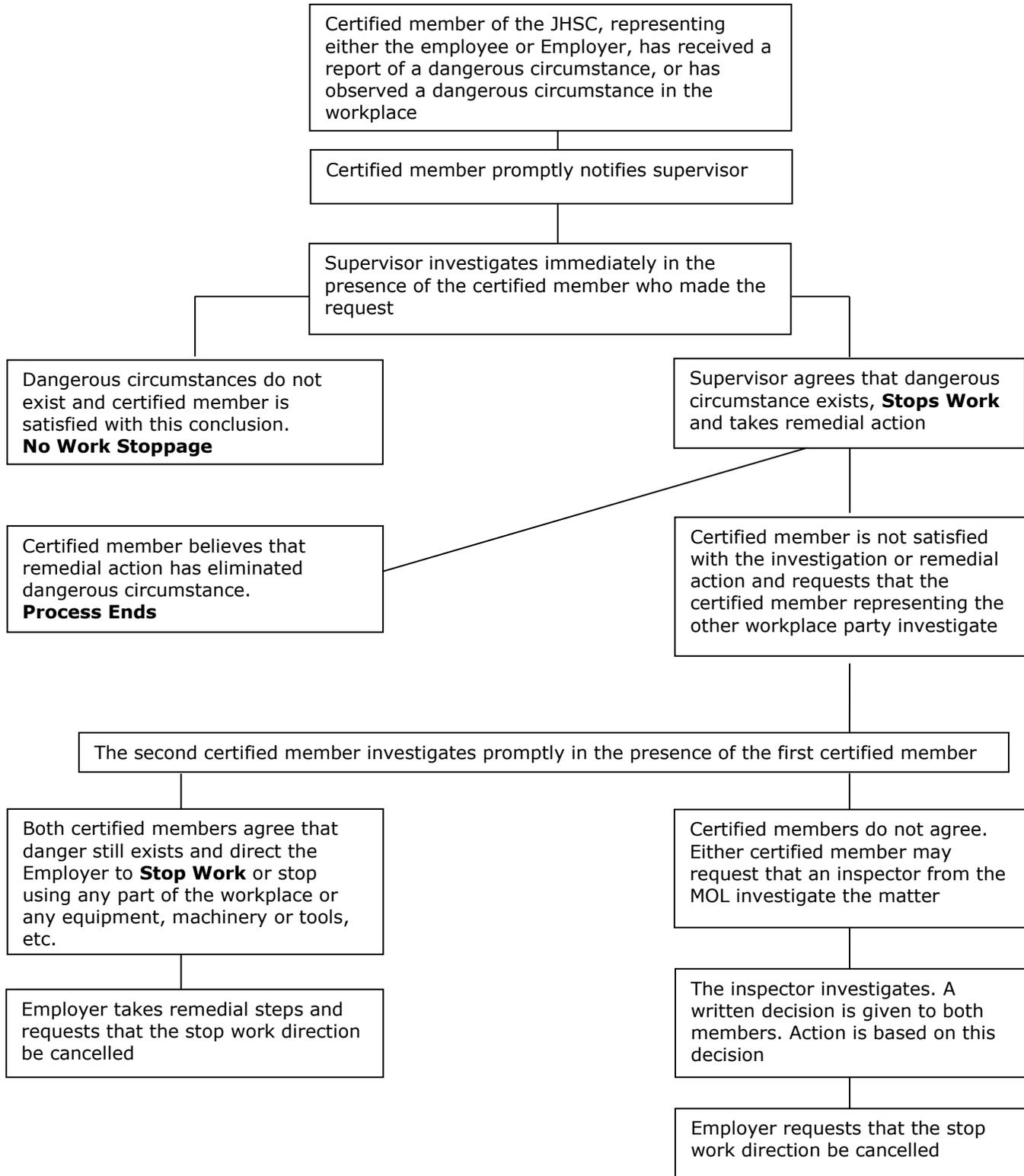
### **Relevant Forms:**

- Hazard/Near Miss Report
- Work Refusal Form
- Incident/Injury Investigation Form

# Appendix 1: Work Refusal Procedure Flow Chart



## Appendix 2: Bilateral Work Stoppage Procedure Flow Chart





## **F – 1.6 Hazard Recognition, Assessment & Control (RAC) Policy (Step 1)**

Effective date: November 21, 2018.

### **Step 1: Recognition Phase**

Three separate steps comprise the RAC System. Each step is required, in specific order to ensure the system is effective:

- 1. Recognize**
2. Assess
3. Control

### **Policy:**

The Employer will maintain a Recognize, Assess and Control (RAC) System designed to eliminate injuries and property damage in the workplace.

### **Purpose:**

To establish an inventory list of all work activities performed by employees. Identify health and safety hazards associated with each step of the activity and the work environment.

In 2014, a comprehensive Job Hazard Assessment (JHA) was completed on all the Employer's work activities; a summary of results are outlined in RAC Step 2: Assessment Phase.

### **Scope:**

Applies to all employees in the workplace

#### Applicable Policies/Programs:

- Occupational Health and Safety Roles and Responsibilities of Workplace Parties
- Hazard Reporting Policy
- Workplace Inspection
- First Aid
- SAW/RTW
- MSD
- STF
- TLC
- Incident/Injury Investigation
- Health and Safety Accountability
- Health and Safety Orientation
- Work Refusal/Work Stoppage
- Needlestick/Sharps Injury Prevention and Treatment
- Housekeeping
- Communication
- Safe Purchasing

### **Definitions:**

Hazard: a practice, behaviour, condition or situation that can contribute to and/or cause injury, illness or property damage. Hazards are rated into four risk categories: Critical, Serious, Marginal and Minimal.

Assess (A): Ability to prioritize the level of the hazard and urgency or danger presented by the specific hazard.

**Control (C):** The elimination, reduction, or control of the identified hazards from causing personal injury or property damage. Create an inventory of controls that include Safe Operating Practices (SOPs).

### **Roles and Responsibilities:**

#### Employer:

- Follow duties, as outlined in the policies/programs in 'Scope'
- Ensure a JHA inventory list is developed for all jobs/activities in the workplace
- Ensure RAC assessments are completed for all jobs/activities in the workplace
- Ensure Hazard Recognition Procedure is followed
- Ensure employees are trained on this policy

#### Manager, Human Resources/ED:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Develop JHA inventory list for all jobs/activities in the workplace and revise when a new job/activity is introduced
- Participate in RAC assessment on all jobs/activities in the workplace
- Follow Hazard Recognition Procedure
- Ensure RAC awareness safety talk is published in e-newsletter annually

#### Supervisor:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Participate in developing JHA inventory list for all jobs/activities in the workplace and participate in revisions when a new job/activity is introduced
- Participate in RAC assessment on all jobs/activities in the workplace
- Follow Hazard Recognition Procedure
- Discuss RAC awareness safety talk at team meetings

#### Employee:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Participate in RAC assessments, as required
- Follow Hazard Recognition Procedure
- Ensure understanding of RAC policy and procedures

#### JHSC:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Participate in RAC assessment process, as required
- Follow Hazard Recognition Procedure

### **Hazard Recognition Procedure:**

Workplace hazards will be identified within the workplace, as follows:

- JHA inventory list of all workplace jobs/activities and hazards associated with each step of the task (RAC Step 2: Assessment Phase)
- Ongoing Inspections:
  - Employees inspecting the workplace as they complete their work
  - Employees reporting existing and potential hazards on Hazard/Near Miss form and submitting to supervisor
  - Supervisors inspecting the workplace on a continual basis
- JHSC monthly workplace inspections
- Work Refusals
- MOL industry hazard alerts
- Non-Routine Work Assessments
- Safe Operating Practices (SOPs)

- Completed prior to any new equipment being implemented
  - Completed prior to any new process being implemented
- Regular records review and analysis:
  - Hazard/Near Miss Reports
  - Incident Reports
  - Injury Reports (Lost Time and No Lost Time)
  - Incident/Injury Investigation
  - JHSC minutes and any outstanding action items
  - Ministry of Labour (MOL) orders
- Training supervisors and JHSC on the types of hazards in the workplace:
  - Environmental
  - Physical
  - Musculoskeletal
  - Biological
  - Chemical
  - Psychosocial and/or Safety Hazards

**Relevant Forms:**

- Hazard/Near Miss
- Incident/Injury Investigation
- Job Hazard Assessment Inventory List

**References:**

- Ontario Occupational Health and Safety Act, R.S.O. 1990



# Hazard Recognition, Assessment & Control (RAC) Policy (Step 2)

Effective date: November 21, 2018.

## Step 2: Assessment Phase

This system is done in three steps:

1. Recognize
- 2. Assess**
3. Control

### Purpose:

To rate the severity of hazards associated with jobs/activities in the workplace with the potential to injure employees or damage work environment. Develop and implement controls to prevent the hazard from causing injury and/or damaging the workplace. The Employer will rate hazards to prioritize the level, urgency or danger presented by a specific hazard.

### Scope:

Applies to all employees in the workplace

#### Applicable Policies/Programs:

- Occupational Health and Safety Roles and Responsibilities of Workplace Parties
- Hazard Reporting Policy
- Workplace Inspection
- First Aid
- MSD
- SAW/RTW
- STF
- TLC
- Incident/Injury Investigation
- Health and Safety Accountability
- Health and Safety Orientation
- Work Refusal/Work Stoppage
- Needlestick/Sharps Injury Prevention and Treatment
- Housekeeping
- Communication
- Safe Purchasing

### Definitions:

Critical Risk: Imminent danger, immediate potential for death or serious injury and/or extensive damage of major equipment

Serious Risk: Potential for injury or illness, resulting in temporary disability, or property damage disruptive to the workplace

Marginal Risk: Potential for minor injury or illness that does not result in temporary disability or property damage

Minimal Risk: Potential for minor loss; does not present a significant injury or damage potential

## **Roles and Responsibilities:**

### Employer:

- Follow duties, as outlined in the policies/programs in 'Scope'
- Ensure a JHA has been conducted for all workplace activities
- Ensure JHA is completed when new activity is added in the workplace
- Ensure JHA is completed during an incident/injury investigation, as required

### Manager, Human Resources/ED:

- Follow duties, as outlined in the policies/programs in 'Scope'
- Participate in the JHA for all workplace activities
- Follow JHA Procedure
- Conduct JHA when a new job/activity is added in the workplace
- Review Incident/Injury Investigation and add recommendations to ensure hazard assessments are completed and controls are effective

### Supervisor:

- Follow duties, as outlined in the policies/programs in 'Scope'
- Follow JHA Procedure
- Participate in the JHA when new job/activity is added in the workplace, as required
- Review and revise hazard assessments during Incident/Injury Investigation, ensure controls are effective and submit to ED

### Employee:

- Follow duties, as outlined in the policies/programs in 'Scope'
- Participate in the JHA process for applicable workplace activity, as required

### JHSC:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Participate in JHA for workplace activities, as required
- Review Incident/Injury Investigation and add recommendations to ensure hazards assessments are completed and controls are effective

## **Job Hazard Assessment (JHA) Procedure**

Public Services Health and Safety Association (PSHSA) conducted a JHA of four occupations in the workplace in 2014: Administrative staff, Assisted Living, Senior Assisted Living, and Outreach Attendant Service Worker.

If a new job/activity is added in the workplace, a JHA will be completed as follows:

JHA examines individual steps of a single activity; rating the risk of hazard associated with each step. In 2014, 41 unique activities were identified and steps within each activity ranged from one to nine.

Administrative Staff: (4 unique activities)

1. Office work
2. Driving
3. Travel within client facilities or other locations
4. Non-routine work

Assisted Living, Senior Assisted Living & Outreach Attendant Services Workers: (11-14 unique activities)

1. AM Routine
2. PM Routine
3. Toileting
4. Bathing
5. Dressing/undressing/outerwear
6. Housekeeping
7. Laundry
8. Range of Motion (ROM)
9. Meal preparation/feeding
10. Driving
11. Travel within client locations
12. Medications
13. Errands
14. Social Events

The six risk assessment areas include:

1. Safety hazards (such as STF, MSD, struck or driving)
2. Biological hazards
3. Chemical hazards
4. Ergonomic hazards
5. Physical agents (noise or poor lighting)
6. Psycho-social hazards (workplace violence, stress)

### Hazard Assessment/Risk Rating Procedure:

Risks associated with identified hazards are rated as follows:

1. Risk rating equation:

$$\text{Risk (R)} = \text{Frequency (F)} \times \text{Probability (P)} \times \text{Consequence (C)}$$

2.

#### Frequency (F):

3	Frequent (hourly/daily)
2	Occasional (weekly/monthly)
1	Rare (once a year)

#### Probability (P):

3	Happens often
2	Unusual but possible
1	Happens rarely

#### Consequence (C):

10	Fatality/Catastrophic
9	Permanent Disability/Serious Threat
8	Serious Injury/External Agencies Involved
7	Minor Injury/Reportable Occurrence
6	First Aid or less

3. Use the **R=FxPxC** total to determine the risk category; put number into JHA table:

<b>Critical Risk (54-90)</b>	Imminent danger, immediate potential for death or serious injury &/or extensive damage of major equipment
<b>Serious Risk (36-53)</b>	Potential for injury or illness, resulting in temporary disability, or property damage that is disruptive to the operation
<b>Marginal Risk (19-35)</b>	Potential for minor injury or illness that does not result in temporary disability, or property damage
<b>Minimal Risk (6-18)</b>	Potential for minor loss but does not present a significant injury or damage potential

Four (4) **Critical Risk** hazards were identified for Assisted Living and Outreach Attendant Service Workers:

1. Assisting client with putting on tensor (compression) stockings, critical risk for MSD (score =60)
2. Moving client in wheeled commode from bedroom to bathroom, critical risk for MSD (score =60)
3. Moving client in wheeled commode within bathroom, critical risk for MSD (score =60)
4. Moving client in wheeled commode from bathroom to bedroom, critical risk for MSD (score =60)

MSD was the most prevalent concern for all job categories. Other risks included STF, biological agents, workplace violence, motor vehicle injury, chemical exposure, mechanical failure, and struck by.

JHA is a continuous improvement process; once a control is implemented, the Employer should re-score the activity, update the JHA data and re-evaluate the risk level to evaluate the control's effectiveness.

### **Additional Evaluation**

Risk levels are re-evaluated following the implementation of controls to determine effectiveness (Control Phase Step 3). The JHA document will be updated as required.

When a new activity or equipment is introduced (and after any Incident Investigations), the RAC System will be completed by Manager, Human Resources, supervisors and JHSC.

### **Relevant Forms:**

- Job Hazard Assessment

### **Legislation/Standards/Regulations**

- Ontario Occupational Health and Safety Act, R.S O. 1990



# Hazard Recognition, Assessment & Control Policy (Step 3)

Effective date: November 21, 2018.

## Step 3: Control Phase

This system is done in three steps:

4. Recognize
5. Assess
- 6. Control**

### Purpose:

To develop step-by-step work instructions or safe operating procedures (SOPs) for each job/activity identified as **critical** or **serious** hazard risk in Assessment Phase (Step 2). Work instructions and SOPs will include safety features and controls at each step of the activity to prevent injury to employees and/or damage to the workplace.

### Scope:

Applies to all employees in the workplace

#### Applicable Policies/Programs:

- Occupational Health and Safety Roles and Responsibilities of Workplace Parties
- Hazard Reporting Policy
- Workplace Inspection
- First Aid
- SAW/RTW
- MSD
- STF
- TLC
- Incident/Injury Investigation
- Health and Safety Accountability
- Health and Safety Orientation
- Work Refusal/Work Stoppage
- Needlestick/Sharps Injury Prevention and Treatment
- Housekeeping
- Communication
- Safe Purchasing

### Definitions:

Control (C): The elimination or reduction of the identified hazard from causing personal injury or property damage. Create an inventory of controls that include Safe Operating Practices (SOPs).

### Roles and Responsibilities:

#### Employer:

- Follow duties, as outlined in the policies/programs in 'Scope'
- Ensure control measures, corrective actions and SOPs are developed and implemented for all workplace activities with a critical or serious hazard rating
- Ensure owner's manual/operating instructions accompany all new equipment
- For pre-existing equipment with no operating instructions, review written SOP with employees using equipment
- Ensure employees receive training and know location of SOPs
- Ensure control measures, corrective actions and SOPs are evaluated following implementation to ensure hazard has been controlled or eliminated

#### Manager, Human Resources/ED:

- Follow duties, as outlined in applicable policies/programs listed in 'Scope'
- Follow Hazard Control Procedure
- Participate in the development of control measures, corrective actions and SOPs for all workplace activities with a critical or serious hazard rating
- Ensure controls measures, corrective actions and SOPs are evaluated following implementation to ensure hazard has been controlled or eliminated

#### Supervisor:

- Follow duties, as outlined in applicable policies/programs listed in 'Scope'
- Follow Hazard Control Procedure
- Ensure owner's manual/operating instructions for workplace equipment are available and up-to-date
- Develop control measures, corrective actions and SOPs for all workplace activities with critical or serious hazard rating
- Ensure employees receive training on control measures, corrective actions and SOP
- Ensure SOP are available for employees and they know where it is located
- Ensure employees follow control measures, corrective actions and SOP
- After implementation, check-in with employees to ensure control measures, corrective actions and SOP has effectively controlled or eliminated the hazard
- Review SOP procedure annually, sign-off to ensure it is still applicable in the workplace

#### Employee:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Follow owner's manual/operating instructions when using workplace equipment; immediately report to supervisor if instructions are not available
- Participate in training on control measures, corrective actions and SOP; ensure instructions/process is followed
- Complete Hazard/Near Miss report if control measures, corrective actions and SOP has not eliminated the hazard and submit to supervisor

#### JHSC:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Give recommendations for control measures, corrective actions and SOPs

#### **Hazard Control Procedure:**

The supervisor, along with the JHSC, will develop control measures, corrective actions and SOPs for critical or serious hazards to prevent injury or property damage.

Three (3) lines of defence to consider when establishing controls:

1. At the source (hazard)
2. Along the path
3. At the employee

First control is elimination. If hazard elimination is not possible; review other controls to determine which control or combination of controls will prevent injury or damage:

- Substitution
- Engineering
- Administration
- Combine task or steps
- Rearrange the sequence of steps, working area, or flow of work
- Simplify the job; provide better aids, tools, procedures, feedback or information
- Reduce the frequency of the task
- Perform routine maintenance to extend the interval between repairs
- Substitute different materials, chemicals or process
- Relocate the task; do it elsewhere in the process, or in a different area
- Provide training and refreshers on a regular basis

Last line of defence is the use of PPE and should only be used in conjunction with other controls. The use of PPE is allowed to protect the employee when there is no other option.

Once controls are identified and implemented, the effectiveness will be reviewed during:

- Daily inspections by workers
- Job observations
- Monthly workplace inspections
- Annual review of RAC
- Incident/Injury Investigation

All jobs/activities rated as a critical or serious hazard will have a corresponding work instruction or SOP. SOPs will be written and reviewed annually in consultation with:

- Owner's manual and operating instructions
- Industry standards
- Operators of the equipment
- Employees exposed to the hazard
- JSHC
- A competent person, as defined by the legislation, will be consulted if questions arise

SOPs will be reviewed and revised if any of the following occur:

- Serious or critical injury
- Change to equipment or process
- Legislation changes
- New modification or manufacturer instruction

**Relevant Forms:**

- Hazard/Near Miss
- Workplace Hazard Assessment
- Applicable Work Instructions and SOPs

**References:**

- Ontario Occupational Health and Safety Act, R.S O. 1990



## **G. Emergencies**

### **G-1.1 Emergency Notification System (ENS)**

Effective date: May 22, 2002. Revised date: October 17, 2017.

The ENS should be accessed when emergency procedures are implemented outside of regular office hours. If emergencies occur Monday to Friday during the hours from 8:30 a.m. to 4:30 p.m., contact your supervisor or Executive Director at 519-836-1812.

**\*This system will not be used for issues with scheduling\***

**This procedure is to be used only in emergencies:**

Monday – Friday from 4:30 p.m. to 8:30 a.m., and weekends

1. Call your supervisor:

**Willow Place & 87 Neeve:**

- **Cheryl Marett – 519-835-4253**

**85 Neeve:**

- **Stacey Jayne – 519-830-2247**

**Outreach:**

- **Catharine Maxwell – 226-821-1585**

- Leave a short message
- If no response is received within 10 minutes then:

2. Call Executive Director:

- **Janet Redman – 519-569-1425**

- Leave a message
- If no response is received within 10 minutes then:

3. Call supervisor(s) of other programs.

**If you need a response quickly, do not wait the 10 minutes before contacting the next person.**

## **In Cases of Accident/Medical Emergencies**

### **Procedure for Emergency Involving Client**

1. You, as a GIL worker, are obligated to call 911, perform emergency first aid and/or CPR plus any other lifesaving procedure known to you, in the event that the client is in a life-threatening situation
2. You are also responsible for assisting the client in obtaining the medical assistance he/she requires, as per his/her direction
3. You may call 911 if you feel a client requires medical attention; the client has the right to refuse such medical attention upon Paramedics arrival
4. If no follow up is required and all necessary procedures have been implemented (e.g., client transferred to hospital); notify your supervisor by leaving a voicemail message at their work extension
5. If follow up is required (e.g., client unwilling to go to hospital and still in medical distress, need assistance in calling family members etc.), call your supervisor as outlined in the ENS
6. Complete an Incident Report before leaving shift and submit to supervisor

**In the instance of a death, your supervisor and executive director listed on the ENS are to be informed.**

### **What is Considered an Emergency?**

An emergency is one or any combination of the following:

1. Any death of a client
2. Any serious injury to a client, especially those that occur while they are receiving service
3. Any injury to a client caused by the worker
4. Any abuse or mistreatment of a client, which occurs while they are receiving service
5. Any complaint made by or about a client that is considered by workers to be of a serious nature
6. Any disaster, such as a fire, on the premises where the service is provided
7. Any situation of a missing client that is unusual and a potential risk to the client
8. All non-accidental injuries to clients, including suspected self-inflicted, or unexplained accidents, and which require treatment by a RHCP
9. Any hazard considered 'serious' under the Hazard Reporting Policy
10. All allegations and accusations of abuse or mistreatment of clients against workers
11. Workplace violence

**Abuse includes:**

<b>a)</b>	<b>to suffer physical harm</b>
<b>b)</b>	<b>to be sexually molested or sexually exploited</b>
<b>c)</b>	<b>to require but not be provided with medical treatment</b>

### **Workplace Violence:**

- The exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker
- An attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker
- A statement or behaviour that is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker

### **Procedure for Emergency Involving Workers:**

1. Contact appropriate staff office or Outreach on-call to request assistance to cover shift or call client(s) to make alternative arrangements
2. Obtain the medical intervention required (if possible, see own doctor)
3. Call your supervisor and leave a message if no immediate follow up is necessary (e.g., worker is receiving medical attention and in no imminent danger)
4. If no immediate follow up is necessary (e.g., worker is receiving medical attention and not in imminent danger), notify your supervisor by leaving a voicemail message at their work extension
5. If follow up is required, call your supervisor, as per ENS. Note: supervisor and manager, Human Resources must be **notified immediately for occupational illness/accident requiring medical attention (leave a detailed message on supervisor's phone)**
6. Complete Injury Report and/or SAW/RTW package
7. Submit form(s) to supervisor, as soon as possible, as it must be forwarded to Manager, Human Resources within 24 hours after the injury occurs

### **An emergency involving a worker is one or any combination of the following:**

1. Injury
2. Occupational Illness, Accident
3. Serious and immediate threat to health and safety

### **Procedure in Case of Incident**

Incident – any significant occurrence that causes concern or is out of the ordinary

1. Follow direction given by client
2. Contact external resources upon direction by clients, (e.g., wheelchair repair vendor, landlord, family) and take action as directed
3. Record in ICR and communication book
4. Complete an Incident Report
5. Submit to supervisor



## **G-1.2 GIL Emergency Plan**

Effective date: June 2010. Revised date: October 25, 2017.

Please note, this is one appendix in the Employer's Emergency Plan, refer to the complete document for further details.

### **Response Procedures for Specific Emergencies & Fire Procedure**

#### **First Response for any Emergency:**

1. employees to remain calm assess the level of emergency
2. Call **911** as required
3. Call on duty employees for backup assistance, as required

#### **Client:**

##### **In the event of a serious illness/injury to a client:**

- Follow steps 1-3 above
- Begin first aid and CPR, as required
- Support and reassure the client and monitor any changes to client's condition, until Emergency Medical Services (EMS) has arrived
- Assemble client's information to give to EMS – medications or current list of medications, health card or where applicable, the client's emergency file/vial of life [inside refrigerator (vial) or on refrigerator door (file)] etc.
- Provide EMS with a detailed account of circumstances (if known)
- Immediately notify your supervisor using the ENS, if after business hours. Include name of person calling, time, nature of the emergency affecting client, location of emergency, and contact phone number
- Complete an Incident Report, other applicable reports (WV&H, Hazard/Near Miss) and document incident in ICR and communication book

##### **In the event of a health emergency involving the death of a client:**

- Follow steps 1-3 above
- Do not clean or rearrange premises
- Immediately notify your supervisor using the ENS, if after business hours. Include name of person calling, time, nature of the emergency affecting client, location of emergency and contact phone number
- Supervisor will contact the SLT and the client's emergency contacts
- Supervisor will provide support and relief to the employees, as required
- Employee will complete an Incident Report, other applicable reports (WV&H, Hazard/Near Miss), as required, and document incident in ICR and communication book
- Supervisor will ensure all employees are notified

#### **Employee:**

##### **In the event of a serious illness/injury to employee:**

- Follow steps 1-3 above
- Begin first aid and CPR, as required
- Support and reassure the employee and monitor any changes to the employee's condition, until EMS has arrived
- Immediately notify your supervisor using the ENS, if after business hours. Include name of person calling, time, nature of the emergency affecting employee, location of emergency and contact phone number

- As soon as possible, fill out an Incident Report and other applicable reports (WV&H, Hazard/Near Miss), as required
- Document hazard on Hazard Board
- Injured employee to take a SAW/RTW package to RHCP to complete and return SAW/RTW forms to supervisor
- Supervisor will immediately submit SAW/RTW forms to Manager, Human Resources
- Supervisor will ensure Human Resources contact employee's emergency contacts, as required

**Tenant** (238 Willow Road tenants)

**In the event of a serious illness/injury to a tenant:**

- Follow steps 1-3 above
- Begin first aid and CPR, as required
- Do not enter tenant's unit unless accompanied by Police/Fire department personal
- Provide EMS with a detailed account of circumstances (if known)
- Immediately notify Property Manager. Include name of person calling, time, nature of the emergency affecting tenant, location of emergency and contact phone number
- Property Manager, superintendent and/or building workers to complete an Incident Report

**In the event of a health emergency involving the death of a tenant:**

- Follow steps 1-3 above
- Do not enter tenant's unit unless accompanied by Police/Fire department personal
- Do not clean or rearrange premises
- Immediately notify Property Manager
- Property Manager will contact the SLT and the tenant's emergency contacts
- Property Manager will provide support and relief to the workers, as required
- Property Manager, superintendent and/or building workers to complete an Incident Report

**Fire Procedure**

**Upon discovery of a fire:**

- Leave the fire area, ensuring that doors are closed behind you
- Activate the fire alarm system by pulling the nearest pull station
- Attempt to notify building occupants in nearby units by yelling and banging on doors, only if it does not present a risk to your safety
- Proceed to the nearest exit and leave the building. Remain at a safe distance and do not re-enter until advised that you may do so by the Senior Fire Official on site
- **Do not use the elevators**
- If with a client: make sure they are safe, assist ambulatory clients to exit the building using the nearest exit, as possible
- Call the Guelph Fire and Emergency Services, from a safe location, by dialing **911** give the correct address, access to building, location of the fire and your name
- Immediately call your supervisor using the ENS, if after business hours
- Supervisor to immediately contact SLT

### **Upon hearing a fire alarm:**

- Leave your area immediately. Touch the door and knob from the inside of the room to test for heat. If it is hot, remain in the room where you are and follow the instructions for "If You Are Trapped"
- If smoke does not seep in, leave the room, close but do not lock doors behind you, and proceed to the nearest exit
- Do **not** use the elevators
- **If with a client:** make sure they are safe, assist ambulatory clients to exit the building using the nearest exit, as possible
- Call the Guelph Fire and Emergency Services, from a safe location, by dialing **911** give the correct address, access to building, location of the fire and your name
- Immediately call your supervisor using the ENS, if after business hours
- Supervisor to immediately contact the SLT

### **Before Entering the Stairway:**

- Open the door carefully
- If there is no smoke, use the stairway to leave the building
- Do **not** proceed to roof
- If there is smoke do not enter the stairway, close the stairway door. Go to alternate exit and again open the door carefully
- If there is no smoke, use the stairway to leave the building
- If there is smoke, return to your work area and protect yourself from smoke

### **Once Inside the Stairway:**

- If you encounter smoke on your way down the stairs, do not continue
- Leave the stairway onto the closest available floor area, and proceed to an alternate stairway. Open the door carefully and if there is no smoke, continue down the stairway and leave the building
- If you cannot use any stairway to exit the building, return to apartment or staff office, if possible or enter an available floor area and bang on suite doors until you are able to take shelter
- Never go to the roof, smoke rises! Door to the roof are locked and you could become trapped
- Remember, stay low to the ground if you are in a smoke-filled environment. The air is cleaner near floor level

### **If You Are Trapped Within Your Work Area:**

- Call 911, ask for the Guelph Fire and Emergency Services, and inform the emergency operator that you are trapped in your work area/building and require assistance. Inform the operator of your name, the building address, your location in the building, and the telephone number. If there is no access to a telephone, within your area create as much noise and sound as possible to indicate your whereabouts
- Seal all cracks where smoke can enter by placing a wet towel at the bottom of the closure (door) or tape around the doorframe to prevent smoke seepage into your area of refuge. Seal mail slots and any air circulation openings as necessary
- Remain calm and wait to be rescued. Keep in mind that it may take a long time for fire fighters to reach your area
- Listen to instructions or information given by authorized personnel
- Move to balcony or most protected room and partially open the window for air. Signal to fire fighters by waving a sheet/towel. Close window if smoke starts to enter your area



## H. Miscellaneous

### H-1.1 Motor Vehicle Policy

Effective date: June 26, 2017. Revised date: October 25, 2017.

**Policy:** to ensure the health and safety of employees required to drive a personal vehicle in the course of employment by increasing awareness of the risks associated with driving and preventing the occurrence of motor vehicle incidents. All employees who drive for work-related purposes are expected to follow with the Highway Traffic Act R.S.O, 1990, OSHA, the Employer's health and safety policies and programs and all applicable legislation.

The Employer is responsible to identify health and safety hazards in the workplace and keep employees safe while at work. An employee's vehicle is considered to be "the workplace" if they are required to use a vehicle during work hours. As such, hazards identified on/in the vehicle must be resolved to ensure the safety of the employee.

#### **Scope:**

Applies to all employees

#### Applicable Policies/Programs:

- Occupational Health and Safety Roles and Responsibility of Workplace Parties
- Hazard Reporting
- Injury/Incident Investigation
- Health and Safety Accountability
- Health and Safety Orientation
- SAW/RTW
- Human Resources Policy D-4.3, Use of Personal Vehicles
- Human Resources Policy D-1.7, Inclement Weather/Emergency Closings

#### **Definitions:**

Frequent Driver: an employee driving a personal vehicle as a requirement of employment or drives an average of at least two hours per week for paid work.

Occasional Driver: all other employees who may be required to use a personal vehicle during the course of employment.

Vehicle Inspection: an inspection of the exterior and interior of an employee's personal motor vehicle performed bi-weekly and submitted to supervisor with timesheet no later than 8:00 a.m. on the Monday immediately following the end of the pay period. The inspection is conducted in accordance with the Vehicle Inspection form which provides a list of vehicle systems and components the employee is required to inspect to ensure their vehicle is in safe operating condition. The employee will continue to monitor the vehicle while using for work-related purposes to ensure it is in safe operating condition. It is the employee's responsibility to ensure their personal vehicle is mechanically sound and road worthy.

## **Roles & Responsibilities:**

### Employer:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Provide driver training course for employees classified as a 'frequent driver', (Refer to definitions above)
- Reimburse employee for the cost of an annual vehicle inspection, as required
- Pay wage in the amount of .25 hours for bi-weekly vehicle inspection completion time, when vehicle inspection form is received with timesheet on payroll Monday

### All/Occasional Drivers:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Ensure possession of a valid driver's license
- Ensure possession of current valid vehicle insurance with minimum general liability coverage of \$1,000,000 (one million). The Employer recommends \$2,000,000 (two million)
- Provide Human Resources with above documentation annually, or upon renewal
- Operate vehicle in accordance with the Highway Traffic Act, all applicable legislation and this policy
- Immediately report to supervisor a change in driver status
- Ensure personal vehicle used for work-related purposes is maintained to the standards of the Highway Traffic Act, manufacturers' specifications and serviced by a licensed mechanic, as required, (Refer to Vehicle Maintenance Recommendations below)
- Immediately report to supervisor if required prescription/over-the-counter medication will impair motor vehicle operation
- If involved in a motor vehicle accident (MVA) while driving for work-related purposes, contact supervisor, as soon as safe to do so. Use Emergency Notification System (ENS) if after business hours
- If injured in an MVA while driving for work-related purposes, follow SAW/RTW Policy and follow modified duties as required

### Frequent Drivers:

In addition to the above

- Participate in mandatory driver training course offered by the Employer
- Follow Vehicle Maintenance Recommendations, Cell Phone Procedures, Procedures to Prevent Distracted Driving, Safe Driving Procedures, Winter Driving Procedures, Motor Vehicle Accident (MVA) Procedures, Aggressive Drivers, and Safety Tips When Driving Alone below
- Perform vehicle inspection bi-weekly, using the Vehicle Inspection form and submit completed form to supervisor on payroll Monday with timesheet
- If a high priority item(s) (refer to list below) is found during vehicle inspection or while driving during work hours, immediately contact supervisor. Such items may affect the safety of the vehicle. employee will not use vehicle for work-related purposes until acknowledgement of repair is submitted to supervisor
- Submit acknowledgement that high priority item is repaired/resolved to supervisor, as soon as possible, after finding item during vehicle inspection
- Low priority items (definition below), found during vehicle inspection or while driving during work hours, are required to be repaired/attended to before date of next vehicle inspection and acknowledgement of repair submitted to supervisor
- Immediately report travel-time management issues to supervisor
- Plan ahead for bookings involving new Outreach clients to ensure knowledge on how to get there
- Follow Outreach program winter driving protocol located in Outreach Binder

- Check weather reports and road conditions in advance of and in preparation for scheduled work

#### Human Resources:

- Ensure required employees have a valid driver's license and current valid vehicle insurance
- Ensure frequent drivers receive a Vehicle Safety Kit and Winter Driving Information booklet during orientation, and sign the Vehicle Safety Kit Acknowledgement form and update employee files
- File employee driver training records

#### Supervisor:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Ensure applicable employees have attended mandatory driver training course
- Ensure frequent drivers are performing vehicle inspections bi-weekly and submitting vehicle inspection form with timesheet on payroll Monday
- Ensure employee has submitted acknowledgement that high priority item has been repaired
- Encourage employees to report travel-time management issues related to route schedules and rearrange routes, as possible
- Advise Outreach workers via email of potentially hazardous weather events in advance, if possible
- Follow SAW/RTW duties if employee is involved in MVA during work-related purposes and requires modified duties

#### JHSC:

- Follow duties, as outlined in the policies/programs listed in 'Scope'

### **Vehicle Inspection Report**

#### **Vehicle Exterior:**

- Lights: headlights, tail lights, brake lights, hazard lights & signal lights – have another person watch when applying brake pedal and signal lights
- Mirrors – intact, no damage
- Windshield wipers – look for wiper blade wear/damage
- Wiper wash fluid – check fluid level
- Tires – visually inspect for under inflation and worn treads by comparing them to each other
- Windows – check all windows are intact/no cracks/no stone chips/damage
- Fluid leaks – look on the ground under vehicle. Reddish oil is from transmission or power steering, black oil is from the engine, green or yellow fluid is coolant. Gas leaks are often smelled before they are seen
- Exhaust system – check intact, secured to car, no leaks
- Odour – check for unusual/strong odour
- Fuel cap – check cap on/door closed/intact
- Doors, hood, trunk – closed/working properly

## Vehicle Interior

- Illuminated dashboard warning lights/symbols during engine start
- Seat belt – working, check for wear/fraying/no broken parts
- Rearview mirror – adjust, if necessary
- Wiper blades – test working
- Horn – test working
- Brakes/emergency brake – trouble signs: pulling to one side when braking, squeaking or grinding sounds, a brake pedal that feels too soft
- Steering wheel – turn when vehicle is at idle, check for excess play, noise choppy operation can indicate possible problems
- GIL Vehicle Safety Kit– ensure in vehicle
- Outreach binder – ensure in vehicle, as applicable
- Heater/defroster – check it is working during winter months

## While driving:

- Unusual noises (e.g. engine, exhaust, tires)
- Squeaking or grinding noises when applying brakes
- Dashboard warning lights coming on

**High Priority Items:** items that may affect the safe operation of the vehicle.

The following is not a complete list of items if unsure whether an item is high priority, consult your licensed mechanic.

- Brakes not working properly
- Both headlights and tail lights burnt out
- Steering wheel: problems with power steering operation
- Excessive fluid leak
- Tires underinflated, slow leak, flat or treads worn
- Exhaust system: leak causing exhaust gas to enter the vehicle
- Driver's side seat belt: broken, damaged, not usable
- Driver's side window: cracked, stone chip, damaged within surface of window shield wiper
- Heater/defroster: fails to provide unobstructed view through the windshield during winter months

**Low Priority Items:** other items that need repair, but will not affect the safe operation of the vehicle.

## Vehicle Maintenance Recommendations

Employees required to drive a personal vehicle in the course of employment, are responsible to ensure their vehicle is properly maintained and road worthy. The following is a list of precautions and recommendations to minimize risk and help ensure employees travel safely to their destinations.

- Regular maintenance may include:
  - Oil and filter change
  - Other fluid checks and changes
  - Air and fuel filter replacement
  - Tire rotation and inflation to the required pressure (listed on the placard on driver's side door of vehicle)
  - Windshield washer fluid
  - Brake inspection
  - Battery
  - Light bulbs

- Periodically, more intensive mechanical servicing may be required a safety inspection is recommended every six months

Employees required to travel as a course of employment should be aware of the risks and driving hazards. Driver distractions, tight time schedules, inclement weather, traffic congestion, driving alone or in unfamiliar areas and aggressive drivers all deserve extra consideration.

### **Cell Phone Procedures:**

- As stated in Bill 118 of the Highway Traffic Act, it is prohibited to use a hand-held device, wireless communication device or other device that is capable of receiving or transmitting telephone, communications, electronic data, mail or text messages, and using hand-held entertainment devices while driving
- If you own a hands-free cell phone, never answer phone or make a call when driving, as this leads to distraction
- If your phone rings, let voice mail answer it and listen to the message after you have parked the vehicle
- Never take notes while driving
- Do not use cell phone when filling engine with gas small risk that a spark can ignite a fire or cause an explosion
- If you need to use a hand-held cell phone in cases of emergency or to reach GIL office, supervisor or client, safely and legally pull off to the side of the road and/or park your vehicle and make the call

### **Procedures to Prevent Distracted Driving**

- Plan trip before starting drive, review maps/addresses
- Program Global Positioning System (GPS), if using
- Set mirrors, headrest, radio station
- Ensure gas tank is at least half full
- Follow Cell Phone Procedure (above)
- Refrain from eating and drinking
- Ensure you have enough time between appointments to account for traffic or poor weather conditions
- Contact next appointment or client when running late to reduce stress

### **Safe Driving Procedures**

- **Do Not Drink and Drive**
- Ensure required prescription/over-the-counter medication will not impair motor vehicle operation if this is a known side effect, please report to supervisor
- Always wear a seat belt
- Drive defensively
- Obey the rules of the road and drive for the conditions
- If you need to make a call, safely pull off to the side of the road or park car before using a hand-held communication device
- Do not smoke while driving
- Do not engage in stressful or emotional conversations that may distract you
- Plan the route in advance for a new client or drive to destination a few days before scheduled booking to ensure you know how to get there
- Upon arrival at destination, remove all valuables and lock your vehicle
- Leave adequate room between your vehicle and the vehicle ahead, especially on upgrades, during bad weather and when following large vehicles that block the view

of the road ahead. Under optimum conditions, a safe following distance is at least three seconds behind the vehicle in front

- When stopped behind another vehicle, leave enough room to see the tires of the vehicle in front of you
- Develop a routine for looking ahead, from side to side and in the rear-view mirrors. (check mirrors every 5-10 seconds and always before you stop, turn or change lanes)
- When driving, look 15 to 30 seconds down the roadway to can see what is happening ahead of you
- Develop a routine for changing lanes, which includes checking for blind spots
- Switch from high beams to low beams during night driving when within 150 metres (500 feet) of vehicles coming the other way, when following another vehicle within 60 metres (200 feet) and when approaching hills and corners on country roads
- Reduce speed in foggy conditions
- Keep the low beams on and turn on the defroster, fan, windshield wipers and washer in order to see better in fog
- To stop on slippery roads, shift to neutral in an automatic car - depressing the clutch in a manual shift - and press the brake pedal gently and steadily (only if you do not have Anti-Lock Brakes)
- If visibility is reduced to zero or the vehicle breaks down, pull off the road at a safe place, with your parking lights and flashing hazard lights on

### **Winter Driving Procedures**

When driving in winter storm conditions, employ the following strategies:

- Invest in snow tires
- Obtain current road conditions from Ministry of Transportation Office (MTO) if road safety appears to be questionable due to storm or ice forecasts
- Plan ahead and ensure adequate fuel
- Clear all snow and ice from the hood, roof, windows and lights. Clear all windows of fog
- Stay calm and alert
- Allow extra time to reach destination and contact clients if going to be late due to weather conditions
- Reduce speed and increase the distance between you and vehicle ahead
- Keep to the main roads whenever possible
- Wear warm clothes that do not restrict movement
- Drive with caution and match speed to conditions
- Avoid overtaking other vehicles
- Keep the radio tuned to a local station for weather conditions
- Keep seat belt on at all times
- If visibility becomes poor, pull off the road, as soon as it is safe to do so. Inform supervisor and clients on your route and provide intended arrival time
- In extreme weather conditions, contact clients to cancel non-essential bookings and reschedule. Report cancellation to supervisor

In addition to the Employer Vehicle Safety Kit, the Canadian Automobile Association (CAA) recommends the following items be a part of winter car survival kit:

- Axe or hatchet
- Booster cables
- Cloth or roll of paper towels
- Compass
- Emergency food pack (e.g. nuts, dried fruits, non-perishables, in containers that you can open without tools)

- Extra clothing and footwear
- Fire extinguisher (dry chemical for gasoline and electrical fires)
- Ice scraper and brush
- Matches and a survival candle in a waterproof container
- Methyl hydrate (for fuel line and windshield de-icing)
- Road maps
- Sand, salt or kitty litter to aid traction in the snow
- Shovel
- Traction mat
- Warning light or road flares
- Call police sign

### **Motor Vehicle Accident (MVA) Procedures**

If involved in an MVA:

- Remain calm
- Ensure those involved are safe, check for injuries, provide first aid, as required and as possible
- Ensure police and 911 are called, as required
- In Ontario, it is the law to report all collisions to Police immediately that involve:
  - Injuries
  - Total damage of the vehicles appears to be at least \$2,000
  - Damage to property (signs, fences, etc.)
- Police will attend the scene of any collision involving:
  - Injury or death
  - Pedestrians or cyclists
  - Vehicles requiring tow trucks
  - Government vehicles, limousines, buses
  - Damage to property
  - Criminal activity (i.e., impaired driving, stolen vehicles, assault)
  - Vehicles transporting dangerous goods
  - Hit and run where suspect vehicle is known and still in the area of the collision
  - When an involved vehicle is registered from outside the City of Guelph.
- In all other cases, involved drivers are asked to report the accident to the Collision Reporting Centre (Accident Support Services) (Refer to References for address and contact numbers)
- Contact your insurance company

If the MVA occurs on the job:

- As soon as possible, contact supervisor to report the accident and discuss any necessary follow-up (Shift coverage, SAW/RTW, etc.). Use ENS procedures if after business hours
- Complete Incident or Injury Report, as soon as possible and submit to supervisor
- If injured, follow SAW/RTW responsibilities: as soon as possible, contact supervisor and take SAW/RTW package to first visit with regulated health care professional or hospital to complete.
- Submit completed SAW/RTW forms to supervisor and participate in developing SAW/RTW plan with supervisor and Manager, Human Resources

## **Aggressive Drivers**

If you encounter an aggressive driver, employ the following tactics:

- Avoid eye contact and refrain from exchanging words, gestures or retaliatory driving manoeuvres
- Stay in control of vehicle and make every effort to allow the driver to pass
- If the aggressive driver pursues you, go directly to a nearby safe area or police station. **Do not drive home!**
- Use cell phone to call for help in a safe and legal manner

## **Safety Tips When Traveling Alone**

- When approaching your parked vehicle, visibly check the area around the vehicle and in back seat for any suspicious activity or person. If you observe something suspicious/out of ordinary, walk to where there are people and call police
- Always lock your doors
- Park in visible well-lit areas
- If parking underground, walk quickly to your car with keys in your hand to reduce the time needed to enter vehicle, get in and lock the doors
- If someone approaches, do not open your windows, lock doors and stay in the car. Honk horn to attract attention
- Use your emergency flashers
- If vehicle breaks down it is safer to stay inside the car. If the car is unsafe, safely pull completely off the travelled section of road. Do not raise the hood (would-be attackers are looking for those who appear vulnerable). Call for assistance.
- Keep spare change in your vehicle for a taxi or bus fare in case of breakdown

## **Relevant Forms:**

- Vehicle Inspection

## **References:**

- Highway Traffic Act, R.S.O., 1990. c. H.8, <https://www.ontario.ca/laws/statute/90h08>
- Public Services Health and Safety Association, Community Care: A Tool to Reduce Workplace Hazards
- Public Services Health and Safety Association, Driving Safety for Health Care Providers
- Waterloo Regional Police Services, Driving Safety Tips
- Guelph Police Service Collision Reporting

### **Collision Reporting Centre (Accident Support Services)**

**160 Clair Road West**

**Guelph, Ontario**

**N1H 4C6**

**Phone: 519-829-4444**

**Fax: 519-829-4443**

## H-1.2 Lockout/Tag Out (LOTO) Policy

Effective date: September 4, 2013. Revised date: October 25, 2017.

### **Purpose:**

The Employer is committed to protecting the safety of workers and contractors/subcontractors servicing the machines, devices and/or equipment that utilize energy at the Employer's building. This policy establishes the procedural guidelines for safely isolating potentially hazardous energy sources before performing maintenance, repair, and/or adjustments on energized machines/devices/equipment, as per OHSA [OHSA O. Reg. 213/91, ss. 190(1- 9)] and O. Reg. 851, R.R.O. 1990, Industrial Establishments Section 42, 75, 76.

### **Scope:**

Applies to workers and contractors/subcontractors hired for the maintenance, repair and/or adjustment of machinery/devices/equipment that utilize energy at the Employer's building.

### Applicable Policies/Programs:

- Contractor, Subcontractor and Supplier
- SAW/RTW
- Incident/Injury Investigation
- Hazard Reporting
- First Aid
- Health and Safety Accountability
- Occupational Health and Safety Roles and Responsibilities of Workplace Parties

### **Definitions:**

Lockout: to physically neutralize all energies in a piece of equipment before beginning any maintenance or repair work. Lockouts generally involve:

- Stopping all energy flows (for example, by turning off switches, or valves on supply lines which are called energy-isolating devices)
- Locking switches and valves (i.e., putting a lock on those energy-isolating devices)
- Securing the machine, device, or power transmission line in a de-energized state (for example, by applying blocks or blanks, or bleeding hydraulic or pneumatic pressure from lines)

Often power sources are inadvertently turned on, or valves opened mistakenly before the work is completed, resulting in serious injuries and fatalities. Therefore, it is important not only to ensure that all energies are properly locked out, but that they remain locked out until the work is completed. [www.healthandsafetyontario.ca](http://www.healthandsafetyontario.ca)

Note: push buttons, selection switches and other circuit control switches are not considered energy-isolating devices. [Canadian Centre for Occupational Health and Safety (CCOHS)]

Specific Lockout: is the use of separate (i.e., non-generic), detailed, written lockout procedure for each identified machine/device/equipment that may require to be locked out. Specific lockout shall include the following:

- Identify tradesperson(s) responsible for performing the lockout (e.g., operator, millwright, and electrician etc.)
- Person responsible for ensuring that the lockout is properly performed (Maintenance supervisor/Site supervisor)
- The energy sources to be controlled by the lockout
- Location of control panels, power sources, including electrical power boxes, switches, interlocks, valves, blocking points, relief valves and/or blanking and bleeding points
- Special hazards, (e.g., a flywheel that spins for minutes after power is removed or electrical capacitors)

- The personal protective devices (PPE) that must be used or worn
- The step-by-step lockout procedure (who does what/when)
- The testing procedures to ensure all energy sources are controlled (including possible stored energy)
- The step-by-step procedure for removing the lockout

[www.healthandsafetyontario.ca](http://www.healthandsafetyontario.ca)

Note: additional locks are required for each additional worker servicing the equipment.

Tag out: is a labelling process that is always used when lockout is required. The process of tagging out a system involves attaching or using an indicator (usually a standardized label). [CCOHS]

As per OHSA S. 190(6) the following rules apply to the tagging of a power supply under subsection (4):

1. The tag shall be made of non-conducting material and shall be installed so as not to become energized
2. The tag shall be placed in a conspicuous location and shall be secured to prevent its inadvertent removal
3. The tag shall indicate:
  - i. Why the equipment, installation or conductor is disconnected
  - ii. The name of the person who disconnected the equipment, installation or conductor
  - iii. The name of the person's employer and
  - iv. The date on which the equipment, installation or conductor was disconnected
4. The tag shall not be removed unless it is safe to do so

Note: additional tags are required for each additional worker servicing the equipment.

Energy Source: any source that could cause harm to an individual by generating or transferring electrical energy or potential (voltage) hydraulic, pneumatic, gas or steam pressure high temperature cryogenic temperature or stored mechanical energy; energy stored in springs and potential energy from suspended parts (gravity). [MOL]

De-energization: is a process that is used to disconnect and isolate a system from a source of energy in order to prevent the release of that energy. By de-energizing the system, you are eliminating the chance that the system could inadvertently, accidentally or unintentionally cause harm to a person through movement, or the release of heat, light, or sound. [CCOHS]

Energy Isolating Device: a disconnect switch, circuit breaker, manually operated valve, blind flange, or other device used to ensure that power or energy cannot flow to a piece of machinery or equipment. [MOL]

Affected Person: is an employee whose job requires them to operate a system or work in an area in which servicing or maintenance is being performed under LOTO. [CCOHS]

Authorized Person: is an individual who is qualified to control hazardous energy sources because of their knowledge, training, and experience, and has been assigned to engage in such control. [CCOHS] (Refers only to the Employer's housing personnel)

Supervisor(s): may refer to property manager and/or executive director. (Note: property manager and executive director are listed under "project coordinator" in the Contractor, Subcontractor and Supplier Policy)

Workers: refers to housing personnel (superintendent, key tenant)

The Employer's Building: 238 Willow Road, Guelph Ontario

### **Roles and Responsibilities:**

#### Employer:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Ensure supervisor, workers and contractors/subcontractors follow lockout procedures on building machines/devices/equipment, as per OHS/A, Industrial Regulations and the Employer's LOTO procedures, outlined below
- Ensure LOTO training is provided for appropriate supervisor and workers, as required
- Ensure the required PPPs, equipment and materials are provided for LOTO procedures
- Ensure supervisor, workers and contractor/subcontractor know which energy sources may need to be controlled on building machines/devices/equipment

#### Supervisor:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Ensure that workers and contractors/subcontractors follow lockout procedures on building machines/devices/equipment, as per OHS/A, Industrial Regulations and the Employer's LOTO procedures, outlined below
- Ensure workers have received training in specific lockout/tagout procedures on the required building machines/devices/equipment that they are responsible to service, (The Employer's Building Equipment Requiring Lockout by Housing Personnel, below), and maintain training records
- Ensure that workers and contractor/subcontractor know which machines/devices/equipment in the building may need energy controlling LOTO procedures prior to service
- Provide all required PPE, equipment and materials to workers performing LOTO on building machines/devices/equipment, (Lockout/Tagout Materials and Equipment List, below)
- Monitor and restock PPE/equipment/materials, as required
- Be notified of the date and time that a lockout on specific machines/devices/equipment is scheduled to occur and/or occurring
- Ensure appropriate workers are responsible for LOTO and only authorized workers are performing LOTO on building machines/devices/equipment
- Ensure workers thoroughly record lockout details in the housing communication logbook
- Ensure contractors/subcontractors follow their employer's lockout/tagout policies and procedures when servicing any of the Employer's building machines/devices/equipment, and follow the Employer's Contractor, Subcontractor and Supplier Policy
- Ensure written step-by-step instructions for Specific LOTO is available for building machines/devices/equipment, (Housing Personnel Specific Lockout)
- Ensure workers follow the proper lockout/tagout procedures at the end of a shift and between shift changes
- Be notified if lock(s)/tag(s) must be removed by someone other than the authorized person who applied the lock/tag, and follow Emergency Lock/Tag Removal procedures, outlined below
- In the event of injury to worker while servicing building machines/devises/equipment requiring lockout ensure worker receives medical attention, as required, takes a SAW/RTW package to RHCP/hospital, completes and returns all forms, including

Health Professionals Report (Form 8) RTW Information to supervisor, as soon as possible

- Immediately forward Injury Report and Health Professional's Health Professionals Report (Form 8) Return to Work Information to Manager, Human Resources and participate in an Incident/Injury Investigation, as required

#### Workers:

- Follow duties, as outlined in the policies/programs listed in 'Scope'
- Follow LOTO procedures on building machines/devices/equipment, as per OSHA and Industrial Regulations
- Follow LOTO procedures outlined in Housing Personnel Specific Lockout, outlined below
- Participate in relevant LOTO training, as required
- Immediately report to supervisor any hazards associated with building machines/devices/equipment and/or LOTO procedures, complete Hazard Report and submit to supervisor
- If injured while performing LOTO on building equipment, immediately report injury to supervisor, take SAW/RTW package to RHCP/hospital, and submit completed forms, including Health Professionals (Form 8) RTW Information to supervisor, as soon as possible
- notify all affected person(s), i.e., property Manager, housing personnel and/or contractor/subcontractor when lockout on building equipment is about to occur and when lockout is finished
- Do not share or loan out your lock(s) with other workers and/or contractors/subcontractors servicing building machines/devices/equipment
- Remove only the lock and tag that you have placed on a machine/device/equipment during LOTO. **Under no circumstance is a worker to remove lock(s)/tag(s) belonging to another worker and/or contractor/subcontractor, (unless authorized to do so by supervisor)**
- Record LOTO details in the housing communication log book
- Follow Shift Work and Emergency Lock/Tag Removal procedures, outlined below, as required
- Notify supervisor when PPE's and LOTO materials and equipment need to be restocked

#### Contractor/Subcontractor:

- Follow duties, as outlined in this policy
- Follow lockout procedures on building machines/devices/equipment, as per OSHA and Industrial Regulations
- Follow their employer's lockout/tagout policies and procedures when servicing any of the Employer's building equipment, e.g., providing the proper locks, hasps, tags for specific machines/devices/equipment
- Notify affected person(s) (property manager, housing personnel and/or contractor/subcontractor) when LOTO on machines/devices/equipment in building is about to occur and when lockout is finished
- Do not share or loan out your lock(s) with other workers and/or contractors/subcontractors servicing building machines/devices/equipment
- Remove only the lock and tag that you have placed on a machine/device/equipment during LOTO

### **The Employer's Building Equipment Requiring Lockout by Housing Personnel:**

1. Garbage Compactor System
  - Lockout is required when the operator has a reason to be within the confines of the Garbage Compactor to remove blockages, jammed garbage ram, or to service and/or replace parts
2. Gas fired Make Up Air Units (MUAU) (located on roof of building, north and south side)
  - Lockout is required when the operator has a reason to be within the confines of the MUAU to adjust/lubricate vents, replace a belt on the motor, or replace filters on the system

### **The Employer's Building Equipment Requiring Lockout by Contractor/Subcontractor:**

1. Electrical Panels/Switching within the Electrical Room
2. Circulating Pumps for the Boiler System
3. Electrical Panels/Switching – Ramp Heat system
4. Elevators
5. Garbage Compactor System
6. Make Up Air Units

### **Housing Personnel Lockout Materials and Equipment:**

The kit used at 238 Willow Rd. consists of the following:

1. Red carry case
2. 3 red padlocks – 1 distinct key for each lock
3. 1 multiple lock hasp
4. Lockout tags and tie straps



### **Housing Personnel Specific Lockout:**

#### **Garbage Compactor System LOTO Procedure:**

- The Garbage Compactor Equipment is powered by electrical current
- Only Authorized Person(s) who has knowledge of the type and magnitude of the energy to be controlled, the hazards of the energy, and the means to control the energy will perform the following procedures

#### **1. Notify all affected person(s):**

- That a lockout is required on the Garbage Compactor System
- The reason for the lockout
- Approximately how long Garbage Compactor System will be unavailable
- The worker(s) responsible for the LOTO
- Who to contact for more information

## 2. **Equipment Shutdown and Isolation:**

- If equipment is operating, shut it down by the normal stopping procedure
- Close the main disconnect switch: located on the electrical panel beside the Garbage Compactor. It is to be placed in the off position and ensure that the garbage chute trap door is closed
- Verify that all moving parts of the system have come to a complete stop
- Operate the energy-isolating device(s) so that all energy sources are disconnected or isolated from the equipment

## 3. **Apply the Lockout/Tag out Device:**

- Worker(s) to place their OWN assigned lock through the switch handle and the retaining loop on the panel
- Worker will secure lock, remove and retain the key, (each lock will only have one key – no master keys are allowed)
- Worker(s) to clearly fill out tag and attach tag to their individual lock
- Tag to include: the name of the worker who is servicing the equipment, service date/time, reason for the lockout, expected completion date/time, and phone and/or cell number of service person, is recommended
- If more than one worker is servicing the Garbage Compactor System at the same time, each worker must lock out the equipment using their own individual lock/tag on the hasp device when starting work, and should remove their individual lock/tag from the hasp, when work is completed

## 4. **Verify Isolation:**

Before working on the equipment test the system to ensure that all power sources are properly shut off and locked out.

- Test the main disconnect switch and make sure it cannot be moved to the 'ON' position
- Try to turn start the equipment using the normal operation controls/point of operation switches to make sure that the power has been disconnected

## 5. **Perform Maintenance or Service Activity**

## 6. **Lockout/Tag out Removal:**

Before locks and tags are removed and energy is restored to the Garbage Compactor System:

- Inspect the work area to ensure that all tools and items have been removed and that equipment components are operationally intact
- Ensure worker(s) are a safe distance from any potential hazard
- Notify affected person(s) that locks and tags are being removed
- Remove your OWN lock and tag from each energy-isolating device
- If more than one worker is servicing the Garbage Compactor System, ensure that all workers have removed their own locks and are a safe distance from any potential hazard before proceeding to the next step
- Reactivate the Garbage Compactor System, the same set of procedures – only in reverse – shall be followed to energize and activate the equipment. The following check list shall be used as a guide:
  - Are guards in place?
  - Have all braces, pins, chains, blocks been removed?
  - Are all tools that have been used accounted for?
  - Are all valves closed in the correct position?
  - Have all tags and locks been removed by authorized person(s)?
  - Are all persons accounted for?

- Have all affected person(s) been notified?
- Report service and/or LOTO details in housing communication log book



#### North/South Make Up Air Units (MUAU):

- The North/South Make Up Air Units, located on the roof are powered by electrical current (they are gas fired for heat as well)
- Only Authorized Person(s) who have knowledge of the type and magnitude of the energy to be controlled, the hazards of the energy, and the means to control the energy will perform the following procedures

#### 1. **Notify all affected person(s):**

- That a lockout is required on the North/South MUAUs
- The reason for the lockout
- Approximately how long North/South MUAUs will be unavailable
- The worker(s) responsible for the LOTO
- Who to contact for more information

#### 2. **Equipment Shutdown and Isolation:**

- If equipment is operating, shut it down by the normal stopping procedure
- Close the main disconnect switch: At the electrical panel box, located on the side of the MUAU, the switch is to be placed at the off position
- Verify that all moving parts of the system have come to a complete stop
- Operate the energy-isolating device(s) so that all energy sources are disconnected or isolated from the equipment

#### 3. **Apply the Lockout/Tag out Device:**

- Worker(s) to place their OWN assigned lock through the switch handle and the retaining loop on the panel
- Worker will secure lock, remove and retain the key (each lock will only have one key – no master keys are allowed)
- Worker(s) to clearly fill out tag and attach tag to their individual lock
- Tag to include: the name of the worker who is servicing the equipment, service date/time, reason for the lockout, expected completion date/time, and phone and/or cell number of service person, is recommended
- If more than one worker is servicing the North/South MUAUs at the same time, each worker must lock out the equipment using their own individual lock/tag on the hasp device when starting work, and should remove their individual lock/tag from the hasp, when work is completed

#### 4. **Verify Isolation:**

Before working on the equipment, test the system to ensure that all power sources are properly shut off and locked out.

- Test the main disconnect switch and make sure it cannot be moved to the 'ON' position
- Try to turn start the equipment using the normal operation controls/point of operation switches to make sure that the power has been disconnected

#### 5. **Perform Maintenance or Service Activity to the North/South MUAUs**

#### 6. **Lockout/Tag out Removal:**

Before locks and tags are removed and energy is restored to the North/South MUAUs the following procedures will be take taken:

- Inspect the work area to ensure that all tools and items have been removed and that equipment components are operationally intact
- Ensure worker(s) are a safe distance from any potential hazard
- Worker will notify affected person(s) that locks and tags are being removed
- Remove your OWN lock and tag from each energy-isolating device
- If more than one worker is servicing the MUAU, ensure that all workers have removed their own locks and are a safe distance from any potential hazard before proceeding to the next step
- Reactivate the North/South MUAUs, the same set of procedures – only in reverse – shall be followed to energize and activate the equipment
- The following check list shall be used as a guide:
  - Are guards in place?
  - Have all braces, pins, chains, blocks been removed?
  - Are all tools that have been used accounted for?
  - Are all valves closed in the correct position?
  - Have all tags and locks been removed by authorized person(s)?
  - Are all persons accounted for?
  - Have all affected person(s) been notified?
- Report service and/or LOTO details in housing communication log book



### **Shift Work Procedure:**

If housing personnel has not completed servicing building machines/devises/equipment at the end of a shift, the following procedure will be used:

- The worker will report the status of the work in the housing communication log book and to the incoming worker reporting for the next shift, before proceeding with the LOTO removal procedures, as outlined above
- The incoming worker will place their own lock/tag on the building equipment requiring service to be continued, following the procedures outlined above
- The outgoing worker will remove their own lock/tag, following the procedures outlined above
- Prior to commencing service on the building equipment on the next shift, worker will verify isolation on the equipment, and proceed with the LOTO procedures, as outlined above

### **Emergency Lock/Tag Removal:**

Should there be a need to remove a lock and/or tag from building machines/devices/equipment, by someone other than the authorized person who applied the lock/tag, the procedure is as follows:

1. Supervisor and/or housing personnel will contact the authorized person(s) whose name is on the lock/tag, to assure they are not actively servicing the equipment or within the body of the machine/device. Housing personnel will immediately contact the supervisor, if they are off site
2. If the authorized person(s) cannot be contacted, supervisor and/or housing personnel will notify the authorized person(s)'employer, to have a qualified service person remove the lock/tag
3. Supervisor and/or housing personnel will complete an Incident Report
4. Supervisor and/or housing personnel will ensure the qualified service person physically inspects the equipment to ensure there is no person within the body of it, and that it is safe to re-energize
5. When determined safe, supervisor will be authorized that the lock/tag be cut off and removed from the equipment
6. A qualified service person will reenergize the equipment following their employer's procedures and following the OSHA requirements
7. Supervisor and/or housing personnel will record details in the housing communication log book, i.e., date/ time of lock/tag removal and reason, contact details of authorized person and/or employer

### **Communication and Training:**

This policy will be communicated and trained to applicable employees using the following methods:

- Training session specifically intended for Property Manager, Superintendent, Property Committee, applicable SLT members and Key Tenant, as required prior to the commencement of any qualified contract, as required

### **Relevant Forms:**

- Hazard Report
- Incident Report
- SAW/RTW Package
- Incident/Injury Investigation

**References:**

- Canadian Centre for Occupational Health and Safety: "Lockout/Tag out", March 7, 2013, [www.ccohs.ca/oshanswers/hsprograms/lockout.html](http://www.ccohs.ca/oshanswers/hsprograms/lockout.html)
- Health and Safety Ontario: "Lockout", 2011, [www.wsps.ca](http://www.wsps.ca)
- OHSA R.S.O. 1990
- OHSA R.R.O. 1990, Regulation 851, Industrial Establishments
- Ontario Ministry of Labour: "Section 6: Lockout Procedures: Occupational Health and Safety Guidelines for Farming Operations in Ontario", June 2009, [www.labour.gov.on.ca/english/hs/farming/gl\\_lockout.php#preparation](http://www.labour.gov.on.ca/english/hs/farming/gl_lockout.php#preparation)

## **H-1.3 Contractor, Subcontractor, Supplier Policy**

Effective date: October 5, 2011. Revised date: October 25, 2017.

### **Purpose:**

The Employer is committed to the Health and Safety of employees, clients, tenants and visitors and the prevention of injuries within the workplace. It is the responsibility of all contractors, subcontractors and suppliers hired by the Employer to take reasonable and necessary precautions to ensure the personal Health and Safety of their workers, as well as, the health and safety of others within the workplace.

The purpose of this policy is to ensure all contractors, subcontractors, suppliers and tradespeople follow the OHS legislation and the Employer's applicable health and safety policies and procedures for the duration of their contract with the Employer. Moreover, all contractors, subcontractors, suppliers and tradespeople, are required to ensure the Employer's building, equipment and workplaces are safely maintained for the duration of the contract.

### **Scope:**

Applies to all constructors, contractors, subcontractors, suppliers and tradespeople hired to complete a project on the Employer's premises.

#### Applicable policies/programs:

- The Employer's applicable health and safety policies and programs relevant to the Contractor, Subcontractor, Supplier Policy

### **Definitions:**

#### Constructor:

- [OHS S. 1(1)] means a person who undertakes a project for an owner and includes an owner who undertakes all or part of a project by himself or by more than one employer. Therefore, in some cases, the owner of the project is the constructor as well. When the Employer undertakes all or part of a project, either by itself, or by contracting work out to more than one contractor or employer, the Employer becomes the constructor.
- Under the OHS, a "constructor" is the party (person, owner) responsible to ensure the health and safety of workers on the project are protected, and that all the employers and workers on the project follow the OHS and its regulations
- The intent of the OHS is to have one person with overall authority for health and safety matters on a project. This person is the "constructor" of the project.
- If the Employer hires one contractor to do all the work, then that contractor may be the constructor, depending on the contractual arrangements with the Employer. The contractor may, in turn subcontract work to other parties but he or she remains the constructor for the project, as long as he or she is the only party the Employer has originally contracted to do the work.

Construction [S. 1(1)]: includes erection, alteration, repair, dismantling, demolition, structural maintenance, painting, land clearing, earth moving, grading, excavating, trenching, digging, boring, drilling, blasting, or concreting, the installation of any machinery or plant, and any work or undertaking in connection with a project but does not include any work or undertaking underground in a mine.

Contractor: a person or employer entering into a remuneration contract to perform a specific service for another person or employer.

Approved Contractor: a contractor who has signed and returned all required documents that the Employer requires, as per this policy.

Project Coordinator: the Employer's employee who is responsible for contracting the work. The project coordinator may be the property manager or any applicable member of the SLT.

### **Roles and Responsibilities:**

**Not all contracted projects will necessitate all the requirements and responsibilities listed below. The size, complexity, and scope of each project will dictate the necessary requirements that the Employer requests from the contractor/subcontractor.**

**The Employer reserves the right to request the documentation it feels is necessary to protect the health and safety of its employees, clients, tenants, and visitors within the workplace.**

**The responsibilities outlined below are a comprehensive list indicated for major construction contracts, where protecting everyone's health and safety is of primary concern.**

#### Project Coordinator:

- Approve contractor/subcontractor before the commencement of any work
- Forward to contractor/subcontractor the following documentation, as required, for completion:
  - **The Employer's Contractor/Subcontractor Health and Safety Responsibility Agreement**
  - **Employer's Accessible Standards for Customer Service Policy, as required under the Accessibility for Ontarians with Disabilities Act (AODA) 2005 and applicable electronic training**
  - **Confirmation of a valid WSIB Clearance Certificate**
  - **Confirmation of Liability insurance, as required**
  - **Lockout/Tagout Responsibility Agreement, as required**
- Ensure two copies of all required documentation listed above has been completed in full and signed by an authorized personnel/representative of the contractor/subcontractor and the Employer prior to work commencing
- Keep one copy of required documentation for Employer records and return second copy to the contractor/subcontractor for their records
- Ensure the contractor/subcontractor provides SDS for all hazardous materials that may be used on the project and forward to applicable supervisor/manager, if hazardous materials may come in contact with employees, clients and/or tenants
- Ensure contractor/subcontractors are held accountable for their health and safety performance
- Ensure all visitors have signed the Employer's Visitor's Log
- Ensure AODA requirements are met if any services are disrupted due to work, (i.e. elevator operation within building). Provide and post in a visible place the reason, duration of the disruption, and other means of accessing the service, if applicable
- Forward progress and site inspection reports from the contractor/subcontractor to applicable parties, as required
- Debrief applicable Employer personnel regarding progress of work by contractor/subcontractor, as required

- Administration Assistant will maintain an up-to-date “List of Approved Contractors” to be available on the Employer’s company drive. This list will include length of contracts and completed documentation, including expiry dates
- Follow Incident/Injury Investigation policy, as required

Contractor/Subcontractor:

- Ensure the measures and procedures prescribed by the OHSA and its regulations, as outlined for “Constructors” and “Construction Projects” are carried out on the project with the Employer to ensure the health & safety of all workers
- Ensure all workers performing work on the project Follow the OHSA and its regulations, the Employer’s health and safety policies and programs and AODA, as applicable
- Take all necessary precautions to protect the health and safety of the Employer’s employees, clients, tenants, visitors and property during the contract
- Be accountable for the health and safety performance of all workers performing work on the project
- Complete, understand and sign all the necessary documentation that the Employer requires
- Obtain a signed copy of all documents for recording purposes, before commencement of the work
- Immediately notify MOL and jurisdictional authorities, if an incident/injury or fatality occurs to any person on site, as per OHSA and regulations, and notify the Employer, as soon as possible
- Immediately notify the Employer if the building sustains damage resulting from the execution of work
- Provide SDS to the Employer for all hazardous materials that may be used on the project
- Provide progress reports to project coordinator, as required

Suppliers:

- Provide supplier labels which clearly identify the contents of the hazardous product to customers
- Provide SDS in English and French which give detailed explanations of hazards and is accurate at the time of sale and ensure SDSs and labels are accurate and compliant
- Ensure SDS provided to customer is updated when significant new data becomes known about products
- Provide updated SDS within 90 days of being aware of the new information. If a hazardous product is purchased within a 90-day time period, the supplier must inform customers of the significant new data and the date on which it became available in writing

## **Appendix 1: Contractor/Subcontractor Health & Safety Responsibility Agreement with Guelph Independent Living (the Employer)**

### **1. General Requirements of Contractors/Subcontractors:**

1. Provide GIL with a valid WSIB Clearance Certificate, before the commencement of the project
2. Follow all relevant safety legislation, as prescribed by the OHS Act and its regulations, the Industrial Establishments and its regulations, and the Workplace Hazardous Materials Information System 2015 (WHMIS 2015)
3. Provide GIL with a signed Accessibility for Ontarians with Disabilities (AODA) training Acknowledgment Form
4. Provide proof of a Lockout/Tag out Program when servicing any of GIL's equipment (listed below), providing the proper locks, hasps, tags for the specific equipment/device/machines
  - Circulating Pumps for the Boiler System
  - Electrical Panels/Switching
  - Ramp Heat system
  - Elevators
  - Garbage Compactor System
  - Make Up Air Units
5. Workers will be clearly identifiable, and make visible any identification badges provided to them by the contractor/subcontractor, while performing work for GIL
6. Get approval to enter GIL's workplaces, such as clients' and/or tenants' apartments, lunchrooms, restrooms, etc., where necessary
7. Respect and adhere to 238 Willow Road's smoking policy
8. Respect and adhere to regulatory signs/parking specific direction will be provided by the project coordinator
9. Workers will not engage in horseplay or perform work while under the influence of alcohol, incapacitating drugs or medication
10. Suitable warning signs will be used to inform GIL's employees, clients, tenants, and visitors of potential hazards
11. Tools, parts and materials will not be left overhead, left unattended or unsecured at any time. Frequent thorough inspections will be made to prevent the hazard of falling objects
12. Respect and adhere to building fire alarm and evacuation procedures
13. Be accountable for the health and safety performance of all workers performing work on the project
14. Immediately report any health and safety concerns to the project coordinator

### **2. Hazardous Material:**

1. Employees will handle potentially hazardous material in a manner so as not to cause injury or over-exposure
2. Employees will be trained on the safe handling procedures of the materials with which they will be working
3. Contractor/subcontractor will provide to GIL any SDS for hazardous materials that may be used on the project

### **3. Housekeeping:**

1. All hallways, walkways, doorways and curb cuts will be kept clear at all times
2. Maintain working areas in reasonably clean and tidy condition
3. Unless other arrangements are made, be responsible for the removal of their own refuse
4. Keep electrical cords clear of doorways and secure them in a manner that will not cause a tripping hazard

### **4. Traffic and Parking:**

1. Obtain permission to park vehicles on the premises
2. Trucks, cars, or other vehicles may not park in spaces d as disabled or 'no parking' areas
3. Vehicles may not stand idle with engines running while on the premises

### **5. Disruption of Service:**

1. Provide reasonable notice of any planned disruption of services such as electrical, phone, gas, water, elevator, etc.

### **6. Personal Protection Equipment (PPE) and Safety Equipment:**

1. Supply all workers with the appropriate PPE and ensure they are in good working order/condition
2. Provide qualified, competent and well-trained workers for specialized work
3. Ensure all equipment has the appropriate guarding and is adequately grounded as per CSA standards
4. Ensure footwear is appropriate to the work environment

### **7. Fire Control:**

1. Provide 'fire watch' personnel during all welding processes. At least one 10Lb ABC dry chemical extinguisher must be available in the immediate area where welding is taking place
2. Ensure welding site is fire safe when workers leave the property
3. Oxygen, acetylene or other similar types of cylinders may not be left freestanding. They must be kept in an upright position and chained or leashed to prevent upsetting. Caps must be in place when cylinders are not in use
4. Fire hydrants and hose houses must have a four-foot clearance at all times



## **H-1.4 Health and Safety Program Audit Policy**

Effective date: May 16, 2012. Revised date: March 14, 2018.

### **Purpose:**

The Employer is committed to developing a sustainable Health and Safety Program and building a culture of organizational Health and Safety within the workplace. An audit of the Health and Safety Program will enable the Employer to achieve these commitments by evaluating the efficiency, effectiveness and reliability of the system to ensure compliance to standards, with a focus on reducing workplace injuries and continual improvement.

In June 2012 Public Services Health and Safety Association (PSHSA) audited the Employer's Health and Safety Program, and a Continual Improvement Plan (CIP) was developed to resolve the gaps (non-conformities) found.

In April 2018 an external auditor from Dunk & Associates WSIB Safety Group Program will perform an audit of the Employer's Health and Safety Program using the Health and Safety Management System (HSMS) Review Form Audit to identify gaps. Based on the audit report, the Employer will update the CIP, and sign off when gaps are resolved, in consultation with the Joint Health and Safety Committee (JHSC). The Employer will conduct additional internal audits of the Health and Safety Program.

### **Objectives:**

- To benchmark progress and identify areas for improvement
- To provide objective information on which the Employer can work to improve Health and Safety policies and programs in the workplace
- To provide an objective measurement of the Employer's Internal Responsibility System
- To document evidence of senior management's review of the completed audit and CIP
- To implement an internal audit that positively influences the workplace Health and Safety Program and culture

### **Audit Plan:**

The Employer will develop and implement a plan that will identify the criteria, scope, responsibilities, schedule and approval of the 2018 Audit.

### **Scope:**

The entire Health and Safety program.

### **Auditor Selection:**

- An external auditor from Dunk & Associates WSIB Safety Group will provide an objective assessment of the Employer's Health and Safety Program
- The auditor will have, as a minimum, Introduction to Auditor Training, Safety Group Advantage Program 2017, Dunk & Associates. A record of this training will be filed in internal auditor's personnel file

**Audit Criteria:**

- The auditor will use the HSMS Audit and the Employer's Health and Safety Program, policies, procedures and related documents

**Resources:**

The auditor will require approximately one month to complete the audit and record the findings. In preparation, the auditor will require access to the following:

- Health and Safety records (workplace inspections, First Aid reports, Incident investigations etc.) for the 12 months prior to the audit date
- Contact information for each Supervisor
- The Employer's policies, procedures, forms, training records, any and all information that pertains to audit scope
- Interview meeting space
- List of required PPEs prior to the auditing date
- Access to and explanation of all work processes including those that may not be used or performed during the duration of the audit
- Other resources as needed

**Definitions:**

Audit: a systematic, independent and documented process for obtaining evidence and evaluating it objectively to determine the extent to which audit criteria are fulfilled.

Continual Improvement Plan (CIP): the Employer's action plan with specific target dates to complete the non-conformities/gaps found during the audit. Executive Director and Manager, Human Resources revise the CIP.

External Auditor: an auditor from Dunk and Associates who has acquired Introduction to Auditor Training Safety Group Advantage Program 2017, Dunk & Associates and will conduct the audit of the Employer's Health and Safety Program in 2018.

Internal Audit Team: an inside team of employees who have completed the Introduction to Auditor Training Safety Group Advantage Program 2017, Dunk & Associates and will conduct the Employer's audit.

Audit Evidence: documents, records, interviews and/or observations, which are relevant to the audit criteria and verifiable. A minimum of two pieces of evidence is required, one must be documentation and the other must be either from observation or interview.

Audit Findings/Conclusions: evaluation results of the collected audit evidence against audit criteria. Findings can indicate either conformity or non-conformity.

Conformity: the fulfilment of the audit criteria which includes the audit standard, the workplace's Health and Safety policies, procedures and related documentation.

Non-conformity: the non-fulfilment of, or deviation from the requirements.

## **Roles and Responsibilities:**

### Employer:

- Ensure employees received communication regarding the external audit process of the Health and Safety Program
- Review Audit Report, sign off on findings, and communicate to the JHSC and SLT
- Ensure a CIP is developed to resolve non-conformities outlined in the Audit Report
- Ensure CIP priorities, timelines and accountability for completion is assigned
- Review and sign off on CIP ensuring major non-conformities are immediately resolved and remaining non-conformities have appropriate timelines for completion
- Ensure CIP completion dates are met for all non-conformities
- Ensure Internal Audit Team has completed applicable auditor training
- Ensure an internal audit of the Health and Safety system is conducted using the HSMS audit
- Ensure a leader is established within the Internal Audit Team at time of audit who has final decision-making approval within the team if indecision and/or conflict arise during audit process
- Evaluate the internal auditing process and make recommendations for improvement in consultation with the JHSC, as required
- Ensure this policy is reviewed annually

### Executive Director (ED)/Manager, Human Resources:

- Select external auditor to complete the 2018 audit
- Ensure auditor is qualified and completes the auditor training
- Provide documentation and resources requested by auditor
- Review the Audit findings with assigned priorities, responsibilities and completion timelines and record any findings that may be discrepancies
- Participate in developing the CIP with assistance from external auditor with assigned priorities, responsibilities and completion timelines
- Review the CIP with the JHSC
- Sign off on the completed CIP
- Review, at least quarterly, the progress of the CIP until all non-conformities are corrected
- Obtain the required auditor training and provide proof of training certificate
- Submit records of completion to the SLT and JHSC
- Conduct an internal audit of the Health and Safety system using the HSMS Audit, as required, and determine the audit scope
- Evaluate the internal auditing process and make recommendations for improvement
- Participate in the annual review of this policy

### Supervisor:

- Participate and provide necessary resources/information to auditor and SLT
- Participate in the review of the Audit Report
- Participate in the CIP by implementing control measures needed to resolve and correct non-conformities within given timeframes, and forward completion date records to internal auditor(s)
- Participate in the annual review of this policy

### Employees:

- Cooperate with auditor and SLT during the Audit, including providing any information requested

### JHSC:

- Participate in the audit process
- Participate in the review of the Audit Report and the CIP; JHSC Co-chairs will sign off on both documents
- Participate in the internal audit of the Health and Safety system
- Participate in the annual review of this policy

### External Auditor:

- Lead auditor completed Introduction to Auditor Training
- Conduct HSMS audit of the Employer's Health and Safety Program on April 5, 2018
- Document all evidence collected during audit
- Contact employees, supervisors/SLT and other persons as necessary
- Determine the audit findings as either conformity or non-conformity for each section based on the collected evidence
- Provide Employer with an Audit Report outlining the findings and conclusions of conformance/non-conformance
- Ensure SLT reviews Audit Report and develops a CIP

### **Audit Procedure:**

#### Step One – Review of Continuous Improvement Plan (CIP)

- Confirm that a CIP was created to address any non-conformities based on Audit conducted in 2012
- Review the current status of all outstanding action items from CIP and ensure they will be completed, as planned
- Document all findings from this review and ensure all outstanding non-conformity items from CIP are recorded on your current Audit
- Ensure outstanding issues from CIP are made priorities on this year's Audit

#### Step Two– Audit performed by qualified external Auditor

- Using the HSMS Audit as the criteria, determine what is being asked for
- Using the Employer's policies and procedures determine what is being asked of the workplace, supervisors and employees
- Use the audit document supplied by Dunk & Associates to collect information that is needed to verify the criterion is met
  - Mandatory: use documents dated within the previous 12 months for verification of conformity
  - In addition, sufficient corroborating evidence to support the verification of conformity must be provided (i.e. policy states "monthly meetings" 12 months' worth of meeting minutes should be provided, not just one month's). The three additional verifications are:
    - Observation of the criterion
    - Interview of employees to validate the criterion
    - Record of the verification
- Each criterion will either be determined as "conformity" or "non-conformity"
- For a finding of "non-conformity" the auditor must document what evidence could not be verified

### Step Three – Senior Management Sign-Off

- ED/Manager, Human Resources must review the audit report
- ED will sign-off on the findings
- If ED disagrees with the findings this is recorded but the original audit report cannot be changed
- If auditor agrees with the ED's findings, this is also noted in the report

### Step Four – Continual Improvement Plan (CIP)

- For all "non-conformity" findings, the ED/Manager, Human Resources will update and revise the CIP
- Each CIP item will have a person(s) assigned to the responsibility of corrective actions
- At least two CIP items will be completed in the current calendar year
- Each item will describe the corrective action
- Each item will have a timeline for completion
- All CIP items will be initiated within six (6) months of the audit completion date
- Priority will be given to major non-conformities
- All steps will be documented on the audit document provided by Dunk & Associates

### Step Five – Improvements

- The Employer will implement the CIP, as assigned
- ED/Manager, Human Resources will review the CIP at least quarterly until all non-conformities are corrected

### **Auditor Training:**

- Introduction to Auditor Training, Safety Group Advantage Program 2017, Dunk & Associates

### **Relevant Forms:**

- HSMS Audit
- Audit Report
- Continual Improvement Plan

### **Review & Communication:**

- Communication will be issued to all employees about the audit of the Health and Safety system prior to April 5, 2018
- Audit results will be reviewed with the JHSC and posted on Health and Safety Boards in staff offices



## H-1.5 Non-Routine Work Policy

Effective date: June 27, 2018.

### **Purpose**

To ensure employees assigned to non-routine work are aware of the potential hazards associated with the task/activity. To utilize appropriate control measures to protect the health and safety of employees while performing non-routine activity and to provide training for employees prior to performing the work.

### **Scope:**

Applies to all employees

#### Applicable Policies:

- Occupational Health and Safety Roles and Responsibility of Workplace Parties
- Hazard Reporting
- MSD
- STF
- TLC
- Footwear
- Injury/Incident Investigation
- SAW/RTW
- Health and Safety Accountability
- Work Refusal

### **Policy**

In the event an employee is assigned to non-routine work, the supervisor will meet with employee(s) involved prior to start date to review identified hazards, control measures and safety operating procedures (SOP), as outlined on the Non-Routine Work form.

### **Definitions:**

Activity: A set of actions required to complete a job.

Non-Routine Work: Work activities that are outside the scope of an employee's job description.

Non-Routine Work Form: A set of instructions for a job, process or machine that when correctly followed will provide optimum safety to the employee.

Minor hazard: Danger is not imminent, but has the potential for future harm to person, property or environment.

Serious hazard: Immediate danger to personal health and safety, significant damage to property or environment, contravenes legislation.

### **Roles and Responsibilities:**

#### Employer:

- Follow duties, as outlined in the policies listed in 'Scope'
- Ensure hazard assessments have been completed for all non-routine work activities
- Ensure applicable training and control measures are provided to employees involved in non-routine work prior to the start date
- Ensure all applicable documentation, e.g., SOP, training reports, Non-Routine Work Form is filed in the Non-Routine Work binder

### Supervisor:

- Follow duties, as outlined in the policies listed in 'Scope'
- Assign competent workers to perform non-routine work activities
- Ensure non-routine work hazard assessment is completed and documented in advance of start date
- Ensure employees performing non-routine work receive training prior to start date
- Establish and document SOP for non-routine work activities and provide to employees involved
- Ensure employees review and understand SOP, applicable training materials and return the signed Non-Routine Work form
- File applicable documents in Non-Routine Work binder
- Ensure applicable safety equipment is available for the activity
- If non-routine work hazard assessment is deemed to be 'serious', conduct a pre-work meeting with employees involved to review the potentially serious hazards associated with the activity and the control measures implemented to ensure employees' safety

### Employee:

- Follow duties, as outlined in the policies listed in 'Scope'
- Inform supervisor when non-routine work has been assigned by another supervisor or administration staff
- Participate in non-routine work hazard assessment, as required
- Complete applicable training for the non-routine work activities
- Sign Non-Routine Work form and SOP; submit documents to supervisor prior to start date
- Follow SOP, use applicable control measures and safety equipment to conduct the work
- Do not perform any non-routine work if training and documentation has not been provided prior to start date
- Attend meeting with supervisor to review non-routine work assessed as having potentially serious hazards prior to start date

### **Procedure:**

- Supervisor assesses and identifies potential hazards associated with the non-routine activity and establishes/implements control measures to ensure employee safety
- Supervisor develops a SOP and applicable training documents, and completes the Non-Routine Work form
- Supervisor meets with employee(s) involved to discuss the non-routine work activities scheduled and provides SOP, training documents and Non-Routine Work form
- Employees review SOP, training documents and sign the Non-Routine Work form to confirm they have received and understand instruction/training before the start date; submit signed Non-Routine Work form to supervisor
- All necessary safety equipment required to complete the work must be outlined and all employees involved must receive instructions on proper use and maintenance of the equipment
- NOTE: Equipment-specific SOP may already be established for equipment to be used in the non-routine work

**Additional Training**

- Employees will receive the appropriate training as deemed necessary and documented on the Non-Routine Work Form

**Relevant Forms:**

- Non-Routine Work
- Safe Operating Procedure
- Injury Report
- Hazard/Near Miss Report
- Incident Report
- First Aid Report
- SAW/RTW Package

**References:**

- Ontario Occupational Health and Safety Act, R.S.O. 1990
- Criminal Code R.S.C., 1985, c. C-46 – 217.1



## H – 1.6 Safe Purchasing Policy

Effective date: September 26, 2018.

### **Purpose**

Products purchased for the workplace have the potential to affect the health, safety and environmental conditions for employees. The Employer will consider potential health and safety risks during the purchasing process to ensure the workplace is safe for all employees.

This policy will establish procurement procedures which incorporate occupational health and safety, ergonomic, and environment principles by utilizing:

- An efficient, cost-effective and consistent procedure for identifying and addressing potential health, safety, ergonomic and environmental risk factors prior to the acquisition of products
- Compliance with occupational health and safety, ergonomic, environmental legislation and/or standards and codes
- Appropriate controls, e.g., policies/procedures/PPE
- Assessments (pre-start reviews) conducted on any new or modified equipment or processes
- Applicable training for employees to perform their work in a safe manner
- Consultation with the end user of the equipment and/or process, or JHSC
- Safe Operating Procedures (SOP) developed through the course of the assessment, if necessary

### **Scope:**

This policy applies to workplace parties, i.e. Board of Directors (BOD), Executive Director (ED) and Manager, Finance and Administration, responsible for purchasing or evaluating the purchase of products such as equipment/tools/chemicals.

This policy applies when the Employer purchases new equipment/tool/chemical or makes modifications to existing equipment/tool/chemical or when there is a change to procedures/processes involving new or existing equipment/tool/chemical used in the workplace.

### Applicable Policies/Programs:

- Occupational Health and Safety Roles and Responsibilities of Workplace Parties
- Contractor, Subcontractor and Supplier
- WHMIS 2015
- Hazard Reporting
- Lockout Tag Out
- PPE
- Workplace Inspection
- Incident/Injury Investigation
- Work Refusal Work Stoppage

### **Definitions:**

Bid, Proposal or Tender: the offer from a possible vendor or consultant responding to an invitation from the Employer.

Request for Proposal (RFP): an invitation from the Employer defining a need, outlining certain project perimeters and criteria by which the Employer will select a winning bid.

## **Roles and Responsibilities:**

### Employer:

- Follow duties, as outlined in policies/programs listed in 'Scope'
- Ensure due diligence when evaluating/controlling safety concerns before an employee is exposed to any new equipment/tool/chemical/process
- Ensure applicable health, safety, environmental and ergonomic standards, codes, and legislation have been met during the purchasing process
- Solicit input from vendor/applicable professionals **in advance** of any changes or additions to equipment/tool/chemical/process that may harm an employee or affect workplace health and safety. The following person(s) may be contacted for their input:
  - Property Coordinator
  - Building workers
  - Employees
  - Supervisors
- Ensure a review of the SDS will be undertaken to determine the need for additional:
  - Training
  - PPE
  - Ventilation
  - Safe Operating Procedures (SOP)
  - Spills Procedures
  - Employee Testing
- Provide applicable training prior to implementation to any employee operating or exposed to equipment/tool/chemical/process
- Ensure pre-start review and inspection is completed before employee use of new or modified equipment/tool/chemical/process
- Ensure appropriate PPE is available before new chemical is brought into the workplace
- Where practical, select chemicals and/or products with the lowest risk to employees and the environment
- Endeavor to purchase products with ease of disposal or recyclability
- Respond to requests for information on health and safety, ergonomic, and environmental issues regarding the purchasing or modification of equipment/tool/chemical/process in the workplace

### Board of Directors:

- Approve the necessity to purchase equipment/tool/chemical applicable to the Employer's building (Housing purchases)
- Schedule commencement of work with contractor/vendor or assign to applicable person (Property Coordinator/ED)

### Executive Director (ED)/Senior Leadership Team (SLT):

- Follow duties, as outlined in policies/programs listed in 'Scope'
- Ensure applicable health, safety, environmental, ergonomic standards, codes, and legislation have been met during the purchasing process
- Prepare an RFP for required equipment and begin request-for-tender process
- Oversee selection process for successful tender and notify successful and unsuccessful vendors. Involve and/or report to BOD as applicable
- Ensure Safe Purchasing Checklist is completed during purchasing process

### Supervisor:

- Follow duties, as outlined in policies/programs listed in 'Scope'
- Ensure employees operating/exposed to new equipment/tool/chemical/process have completed training prior to use
- Ensure employees are following new procedures
- Ensure PPE is available and being used
- Ensure SDS is updated and available for employees to access

### Employee:

- Follow duties, as outlined in policies/programs listed in 'Scope'
- Complete training/education before operating/exposure to new equipment/tools/chemicals/process
- Follow procedures when using new equipment/tools/chemical/process
- Donn PPE before operating/exposure to new equipment/tools/chemical
- Conduct pre-start inspection before using new equipment/tool/chemical
- Report hazards with new equipment/tools/chemical/process, complete Hazard/Near Miss form and submit to supervisor

### JHSC:

- Follow duties, as outlined in policies/programs listed in 'Scope'

### **Relevant Forms**

- Safe Purchasing Checklist
- Hazard/Near Miss

### **References:**

- OHSA R.S.O., 1990
- Applicable CSA/ANSI Standards
- Applicable Safety Codes (i.e. Ontario Building Code, Electrical Safety Authority, etc.)

## Appendix 1: Safe Purchasing Checklist

Date:		Authorized Purchaser:			
Equipment/Machine being reviewed:					
Employee initiating request for new equipment/machine:					
Description/Purpose/Function of item to be purchased:					
Stage of Process (circle): Design Purchasing Construction Installation					
<b>Is the following information attached from supplier/vendor?</b>					
	Yes	No		Yes	No
Supplier Info			SDS for all chemicals required		
Owner's Manual			Ergonomic evaluation		
Safety Precautions			CSA or other technical certification		
<b>Does equipment/machine/tool have or produce any of these hazards?</b>					
	Yes	No		Yes	No
Environmental			Physical		
Biological			Chemical		
<b>Does equipment/machine/tool require?</b>					
	Yes	No		Yes	No
Lock-out/tagout procedure			Preventative maintenance program		
Pre-use inspection (Pre-Start Review)			Pressurized gas, air or water system		
Additional ventilation			Development of spills procedure		
Personal Protective Equipment (PPE)			New chemicals to be purchased		
Guard over moving parts			Specific certification to operate		
Specialized training			Development of SOP (Safe Operating Procedure)		
<b>Does equipment/machine/tool produce?</b>					
	Yes	No		Yes	No
Noxious gas or odour			Potentially hazardous emission		
New hazard in workplace			Noise greater than 80db		
Environmental hazard			Cold or cold surfaces		
Heat or warm surface					
<b>Analysis of Information:</b>					
Frequency of hazard exposure (circle one)			Likelihood of Incident/Injury Occurrence (circle one)		
Continuous	Frequent (daily)		Very Likely (has happened)	Likely (probable could happen)	
Occasional (weekly)	Usual (monthly)		Rare (seldom if possible)	Very Rare (very seldom but possible)	
Rare (quarterly)	Very Rare (yearly)		Very Unlikely (slightly possible)	Practically impossible	
<b>Recommendations:</b>					

**NOTE:** For all areas checked yes, attach a copy of documentation/controls developed and implemented to address hazard.

Supervisor: \_\_\_\_\_ Purchasing Agent: \_\_\_\_\_

JHSC Representative: \_\_\_\_\_

Employee/End User: \_\_\_\_\_

PHOTOCOPIES TO BE MADE AFTER ALL RELEVANT SECTIONS ARE COMPLETED  
 c.c. ( ) JHSC ( ) Person Initiating Request ( ) Other (please identify)

# I. Safe Operating Procedure (SOP)

## I – 1.1 Commode Chair Handling Safety Standard Operating Procedure (SOP)

Effective date: November 21, 2018.

Before transfer:

### 1. Perform an assessment of the commode chair:

- All four wheels move easily (no sticking/jamming/jerking)
- All four wheels in proper alignment (facing the same forward direction)
- Brakes working (check all brakes)
- Back rest intact (no fraying/holes)
- Seat intact (firmly attached)
- Arm rests secure/intact
- Foot rests secure/intact
- Anti-tip bar/intact
- Tilting mechanism works (as applicable)
- Ankle/ calf strap/ belt working (as applicable)

If there are no issues with physical assessment proceed:

### 2. Transfer client onto commode chair (as per OT approval)

- Place commode chair in correct position
  - Underneath ceiling lift tracking (mechanical transfer)
  - Beside bed/transfer pole (manual assistance, portable mechanical lift)
- Apply brakes
- Transfer client
  - Seat in an even/ balanced position on seat
  - Buttocks with adequate room for bowel activity
- Ask client if positioned properly before removing sling
- Detach sling straps, raise lift/remove from pathway
- Fasten seat belt, as required
- Fasten ankle/calf straps, as required
- Release brakes
- Re-inspect chair and wheels before moving client

### 3. Push client to bathroom

- Ensure pathway is free of obstructions
- Place both hands on back of chair (highest part of back rest)
- Tighten abdominal muscles (core)
- Keep shoulders down and back
- Begin to push, keeping chair close to your body (do not push with outstretched arms)
- Use body weight for momentum when moving onto another surface (living room, bathroom, shower stall)
- When in bathroom, turn chair around and push over toilet or into shower stall
- Apply brakes

### **STOP pushing chair if not moving as it should:**

- Wheels are not moving properly (sticking/jamming)

- Wheels aligned in different directions
- Difficult to move/push using proper body mechanics
- Report specific details to the client
- Client to contact vendor for repairs, as soon as possible
- Worker to complete Incident Report and submit to Supervisor
- Worker to document in ICR and communication book
- Supervisor to contact client regarding repairs
- Workers to use Control Measures until commode chair has been repaired

**Control Measures:**

- Use commode chair in bedroom with bucket underneath seat opening to finish bowel assistance
- Transfer client to bed/client remains in bed for bowel assistance using incontinence pads
- Transfer client to bed/client remains in bed for bed bath instead of shower

## **I – 1.2 Face Protection Cleaning/Disinfecting**

Effective date: September 16, 2020

Note: The Employer supplies PPE and approved cleaning and hard-surface disinfectant products with approved Drug Identification Numbers (DIN) given by Health Canada that confirms the disinfectant product is approved and safe for use in Canada.

Applies to: Attendant Services Workers

Applicable PPE: goggles and face shields

Cleaning Product: dish detergent and alcohol prep pad Isopropyl Alcohol 70% v/v

When to Clean and Disinfect PPE: immediately following use

Cleaning Instructions:

1. Perform hand hygiene
2. Put gloves on prior to cleaning face protection
3. Use dish detergent and water
4. Use a clean cloth with dish detergent, clean the inside followed by the outside
5. Rinse and allow to dry
6. Remove gloves and perform hand hygiene

Disinfecting Instructions:

1. Perform hand hygiene
2. Put on gloves prior to disinfecting face protection
3. Wipe inside followed by outside with alcohol prep pad
4. Allow to dry
5. Remove gloves and perform hand hygiene
6. For face shields, keep the foam and strap from getting wet.

Goggles and face shields can be cleaned between use and then put back on. Follow Cleaning Instructions above between uses.



## **I – 1.3 Cleaning/Disinfecting N95 Containers**

Effective date: September 16, 2020

Note: The Employer supplies PPE and approved cleaning and hard-surface disinfectant products with approved Drug Identification Numbers (DIN) given by Health Canada that confirms the disinfectant product is approved and safe for use in Canada.

Applies to: Attendant Services Workers

Applicable equipment: plastic reusable container used to store N95 masks

Cleaning Product: dish detergent and alcohol prep pad Isopropyl Alcohol 70% v/v

When to Clean and Disinfect N95 Container: when restocking container with new N95 mask. An Attendant Services Worker can wear one N95 mask up to five times following the Employers training instructions.

Cleaning Instructions:

1. Use dish detergent and water
2. Use a clean cloth with dish detergent, clean the inside of container followed by the outside of container
3. Rinse and allow to dry

Disinfecting Instructions:

1. Perform hand hygiene and put on gloves prior to disinfecting N95 container
2. Wipe inside of container followed by outside of container with alcohol prep pad
3. Allow to dry
4. Remove gloves and perform hand hygiene



## **I – 1.4 Cleaning/Disinfecting Infrared Thermometer**

Effective date: September 16, 2020

Note: The Employer supplies approved cleaning and hard-surface disinfectant products with approved Drug Identification Numbers (DIN) given by Health Canada that confirms the disinfectant product is approved and safe for use in Canada.

Applies to: Attendant Services Workers

Applicable equipment: infrared thermometer located in program staff offices

Cleaning / Disinfecting Product: alcohol prep pad Isopropyl Alcohol 70% v/v

When to Clean / Disinfect: after use

Note: Attendant Services Workers are instructed to take and record their temperatures for COVID-19 screening protocols before the start and end of their shift

Cleaning / Disinfecting Instructions: follow manufacturer's cleaning instructions

1. Perform hand hygiene before using infrared thermometer
2. Take temperature and record in COVID-19 binder
3. Perform hand hygiene and put on gloves
4. Using an alcohol prep pad, gently wipe the lens first, and then the entire body of infrared thermometer
5. Allow the lens and body to dry completely before storing or using again

Never use soap or any other chemicals to clean/disinfect, and do not submerge any part of infrared thermometer in water.



## **I – 1.5 Laundering Reusable Gowns**

Effective date: September 16, 2020

Note: The Employer supplies PPE and approved cleaning and hard-surface disinfectant products with approved Drug Identification Numbers (DIN) given by Health Canada that confirms the disinfectant product is approved and safe for use in Canada.

Applies to: Attendant Services Workers

Applicable equipment: reusable level 1 gown

Cleaning Product: laundry detergent including OxiClean

When to Clean Reusable Gowns: after each use. Wear for ONE client contact; not between clients

Transporting Soiled Reusable Gown:

1. Doff reusable gown after completion of care and place into small garbage bag (for transporting to staff office); tie bag shut.
2. Perform hand hygiene
3. Place small garbage bag containing soiled reusable gown into cloth laundry bag in staff office
4. Perform hand hygiene

Cleaning Instructions:

1. Soiled reusable gowns to be laundered separately from other items
2. Perform hand hygiene and don gloves before handling soiled laundry
3. Remove soiled gowns from garbage bags and place in washer; discard bags in laundry room garbage. Place cloth laundry bag in washer as well.
4. Add laundry detergent with OxiClean into washing machine (follow manufacturer's directions for use and amount)
5. Use hottest wash setting on washing machine, as per Public Health Agency of Canada recommendations
6. Doff gloves and perform hand hygiene
7. Perform hand hygiene before placing gowns in dryer
8. Place clean reusable gowns in dryer, use hottest dryer setting
9. Perform hand hygiene after placing gowns in dryer
10. Perform hand hygiene before removing reusable gowns from dryer
11. Remove gowns from dryer and store in designated area in staff office
12. Perform hand hygiene



## **I – 1.6 Surgical Mask Allocation Willow Place (WP) Assisted Living Program**

Effective date: September 17, 2020

Applies to: administration scheduling staff charting required masks for individual staff at the WP program and administration assistant completing PPE allocation at WP on Tuesdays.

Applicable equipment: chart, masks, paper bags, marker

When to set up the week's allocation: to be completed by scheduling staff on Mondays by 2pm to allow administration assistant time to collect all the bags/ masks before PPE distribution at WP on Tuesdays. Allocation for workers starts every Wednesday.

Worker steps:

1. Notify scheduling staff **each Monday before 10:00 am** of the number of masks left over from the preceding week. This number will be deducted from the total masks required for the next week.

Scheduler steps:

1. Using the current up-to-date WP schedule, add in a column after every Tuesday. Title the column 'mask allocation'
2. Manually calculate how many masks each worker will require for the week as follows: 1 mask per < 5-hour shift, and 2 masks > 5-hour shift
3. Masks are only counted for scheduled work at WP. If a worker is cross trained and scheduled to work at another program, they will be expected to use masks in that program as per established process (i.e. Outreach Program, Coordinator delivers PPE to worker mailboxes once per week)
4. Using new paper bags, write worker's name on the bag, dates (i.e. September 16-22) and number of masks to be allocated for that week (minus any masks left over from the previous week – see Worker Steps above)
5. Place all bags in administration assistant's office by 2 pm each Monday

Administration Assistant steps:

1. Pick up paper bag Mondays after 2pm and take to WP prior to start of new week
2. Perform hand hygiene
3. Fill the paper bags with the number of masks written on each bag. Fill all bags at the same time
4. Fill a new Ziploc bag with 14 extra masks. Label with '*extra masks + perform hand hygiene before taking a mask*'. These are in case extra masks are needed and/or casual workers scheduled or cover shifts last minute
5. Place paper bags in worker mailboxes. Post Ziploc bag on bulletin board adjacent to H&S board in staff office
6. If there is no room in a worker mailbox, the paper bag will be placed on the shelf below the mailboxes



## **I – 1.7 Administration Office COVID-19 Protocols Standard Operating Procedure (SOP)**

Effective date: September 19, 2020

Applies to: Administration employees

Applicable equipment: self-screener, infrared thermometer, temperature chart, administration office cleaning/disinfecting checklist, Cavicide or TB Minuteman disinfectant

### **Procedure:**

1. Complete self-screener before arriving to work

Upon arrival to office:

1. Perform hand hygiene
2. Take your temperature using infrared thermometer and record on chart (kitchen table)
3. Disinfect infrared thermometer using alcohol wipe
4. First person to arrive to office: clean/disinfect office following cleaning/disinfecting checklist (kitchen table) and sign. Use Cavicide or TB Minuteman disinfectant spray and paper towels
5. End of day (before leaving office) record your temperature on chart using infrared thermometer. Perform hand hygiene before handling infrared thermometer and disinfect with alcohol wipe after use

Note: if you begin or end your day at another program (85NV/87NV/WP) record temperature using chart at the applicable program