



HEALTH AND SAFETY POLICIES AND PROCEDURES (E)



June 2019

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**Please Sign and Post
COMMUNITY LIVING ASSOCIATION LANARK COUNTY
OCCUPATIONAL HEALTH AND SAFETY
POLICY AND PROCEDURES**

POLICY:

The Association is committed to the health and safety of its employees and the prevention of occupational injuries and disease. It is the Association's responsibility to maintain a benchmark in effectively managing and communicating its programs regarding health and safety and maintaining compliance with the Occupational Health and Safety Act and related regulations.

To this end, every employee is responsible for working in a safe and healthy manner and promoting a secure and hazard free environment.

PROCEDURES:

THE ASSOCIATION

1. Recognizes that an essential part of its service is dependent on providing a safe and healthy work environment where every individual has been empowered to participate in its health and safety program.
2. Recognizes and will take every reasonable step in ensuring a healthy and safe work environment.
3. Recognizes and supports the efforts of the Health and Safety Representatives and the Joint Health and Safety Committee.
4. Recognizes that accidents and illnesses can be controlled, reduced, or eliminated.
5. Recognizes the responsibility of both workers and managers to work safely and report all unsafe working conditions and ensure that safe and healthy working conditions are maintained.
6. Recognizes all applicable government guidelines, standards, regulations and acts are a minimal requirement and will meet or exceed these requirements.
7. Recognizes that the evaluation of everyone employed by the Association shall include a measurement of their health and safety performance.
8. Recognizes that an Early and Safe Return to Work Program is an effective way of providing rehabilitation for the injured worker.
9. Firmly believes that the incorporation and implementation of proven health and safety principles and practices are an effective way of providing responsible management.
10. Shall sign and post a copy of the Occupational Health and Safety Policy and Procedures on an annual basis in each service location.

HEALTH AND SAFETY**CATEGORY: HEALTH AND SAFETY PROGRAM****POLICY # E1.02 – DUTIES AND RESPONSIBILITIES****PAGE:** 1 of 2**REFERENCES:****APPROVAL DATE:** 03.08.2004**REVISION DATE:** 14.07.2010**PROCEDURE APPROVAL DATE:** 03.08.2004**REVISION DATE:** 06.07.2010**AUTHORIZATION:** Executive Director

POLICY:

The Association is committed to protecting its employees and the persons it supports from accidental or environmental injury and to preventing the loss or damage to property.

PROCEDURES:**MANAGERS' RESPONSIBILITIES:**

1. Ensure that workers work in a safe and healthy manner and with the protective devices, measures and procedures required by the Ontario Occupational Health and Safety Act and associated regulations.
2. Ensure that workers wear and use protective equipment, devices and/or clothing that is required to be worn/used.
3. Advise workers of the existence or any potential or actual danger to the health and safety of the worker of which the manager is aware.
4. Where required, provide a worker with written instructions as to the measures and procedures to be taken for the protection of the worker.
5. Take every precaution reasonable in the circumstances for the protection of the worker.
6. Ensure that the health and safety policies and procedures are communicated to employees during their orientation.
7. Ensure that employees work in a safe and healthy manner using the prescribed measures, procedures, and protective devices and that the necessary equipment, materials and protective devices required will be provided and maintained in good condition.
8. Ensure that the continuous improvement in health and safety is the highest priority.
9. Ensure workers are trained in lifting practices where appropriate.
10. Ensure workers are informed of proper hygiene practice.
11. Ensure information is provided on communicable diseases.

EMPLOYEES/CONTRACTORS RESPONSIBILITIES:

1. Work in compliance with the Ontario Occupational Health and Safety Act and associated regulations.
2. Use and wear the protective equipment devices or clothing that is required to be worn.
3. Report to the employer or manager the absence or defect in any equipment or protective device of which the worker is aware and which may endanger himself/herself or any other worker.
4. Report to the supervisor any contravention of the Ontario Occupational Health and Safety Act and associated regulations or the existence of any hazard of which he/she is aware.
5. Actively participate in the identification of workplace hazards with the aim of continuously improving the work environment.
6. Ensure familiarity with the health and safety program.

HEALTH AND SAFETY**CATEGORY: HEALTH AND SAFETY PROGRAM****POLICY # E1.02 – DUTIES AND RESPONSIBILITIES****PAGE: 2 of 2****REFERENCES:**

NO WORKER SHALL:

1. Remove or make ineffective any protective device required by the regulations or by the employer, without providing an adequate temporary protective device and when the need for removing the protective device has ceased, the protective device shall be replaced immediately.
2. Use or operate any equipment machine device or thing or work in a manner that may endanger himself/herself or any other worker.
3. Engage in any prank, contest, feat of strength, unnecessary running or rough and boisterous conduct, etc.

VISITORS AND THE GENERAL PUBLIC:

Visitors and the General Public, when on Association premises, will be informed of the necessary health and safety policies and are expected to behave in a manner consistent with Association policy and procedures as required.

HEALTH AND SAFETY**CATEGORY: HEALTH AND SAFETY PROGRAM****POLICY # E1.03 – WORKPLACE ERGONOMICS****PAGE:** 1 of 2**REFERENCES:****APPROVAL DATE:** 08.09.2008**REVISION DATE:** 01.09.2009**PROCEDURE APPROVAL DATE:** 08.09.2008**REVISION DATE:** 01.09.2009**AUTHORIZATION:** Executive Director

POLICY:

The Association shall ensure the workplace is designed to meet ergonomic needs of its employees

PROCEDURES:

1. The purpose of these procedures is to define workplace ergonomics, recognize risk factors, identify and develop a systematic approach to report and reduce unsafe work practices to eliminate and minimize workplace injuries.
2. The Association procedure shall include ergonomics standards and checklists for computer workstation, workstation environment, material handling and lifting and transfer skills.

RESPONSIBILITIES**THE ASSOCIATION:**

1. Shall implement ergonomic changes necessary to prevent, eliminate or mitigate risk(s) and ensure that employees receive training and education in the ergonomically correct use of furniture, equipment and tools.
2. Shall review ergonomic requirements as part of the Early and Safe Return to Work process
3. Shall purchase ergonomic equipment and tools necessary to address employee ergonomic requirements in the employee's worksite.
4. Shall evaluate and follow up all ergonomic recommendations from a trained evaluator and/or any employee suggestions/complaint on ergonomics.
5. Shall repair and/or replace equipment and furnishings when necessary

MANAGERS' RESPONSIBILITIES:

1. Shall ensure all suggestions/concerns are forwarded to the Joint Health and Safety Committee for discussion and follow up.
2. Shall ensure an Accident/Incident/Hazard Potential/Hazard/ Investigation Report is completed when required.
3. Shall ensure all repairs/maintenance and inspections according to the manufactures specifications are completed in a timely fashion as required for all equipment.
4. Shall ensure documentation of all repairs/maintenance and inspections. The documentation shall be kept on site with the equipment and shall include, date of inspection, equipment inspected, date of repair completed, recommendations for follow up and the signature of employee completing inspection.

HEALTH AND SAFETY**CATEGORY: HEALTH AND SAFETY PROGRAM****POLICY # E1.03 – WORKPLACE ERGONOMICS****PAGE: 2 of 2****REFERENCES:**

5. Shall ensure employees have information, instruction and training on/for the ergonomically approved equipment and work practices.
6. Shall ensure identification of hazards relating to poor design of tools, equipment, and work station or work practices.
7. Shall encourage and reinforce the expectation for safe proper work practices and techniques.

EMPLOYEES RESPONSIBILITIES:

1. Shall ensure they adhere to approved ergonomic practices, guidelines and protocols the Association has established.
2. Shall ensure they understand information and instructions provided.
3. Shall participate in training as provided.
4. Shall use proper lift/transfer as identified for people supported in each person's file.
5. Shall ensure cue cards or photos of proper lift/transfer are discreetly posted in person supported room.
6. Shall use appropriated and proper techniques/body mechanics, and shall not use "under arm" technique.
7. Shall correctly use equipment provided.
8. Shall inspect slings weekly for wear and tear, noting any concern they shall take the sling out of service immediately and report the replacement.
9. Shall ensure lifts are working properly, noting any defects/damage they shall take the lift out of service immediately and report the repairs.
10. Shall co-operate in the early identification and reporting of hazards and or injury symptoms.

HEALTH AND SAFETY**CATEGORY: HEALTH AND SAFETY PROGRAM****POLICY # E1.04 - EQUIPMENT****PAGE:** 1 of 1**REFERENCES:****APPROVAL DATE:** 02.14.1995**REVISION DATE:** 08.03.2004**PROCEDURE APPROVAL DATE:** 02.14.1995**REVISION DATE:** 08.03.2004**AUTHORIZATION:** Executive Director

POLICY:

The Association shall ensure that there are written operating instructions for all owned or operated equipment.

PROCEDURES:**PURPOSE:**

1. Written operating instructions shall be posted on or adjacent to all stationary equipment.
2. Written operating instructions shall be posted within the storage area of all non-stationary equipment.
3. Operating instructions will be reviewed during JOHSC Inspections.
4. All equipment will be maintained in good working order as recommended by the manufacturer of the equipment.
5. Maintenance checks will be documented in the service maintenance file.
6. The Manager will ensure all maintenance is carried as recommended.

HEALTH AND SAFETY**CATEGORY: HEALTH AND SAFETY PROGRAM****POLICY # E1.05 – FIRE/EMERGENCY EVACUATION****PAGE:** 1 of 1**REFERENCES:****APPROVAL DATE:** 02.14.1995**REVISION DATE:** 08.03.2004**PROCEDURE APPROVAL DATE:** 02.14.1995**REVISION DATE:** 08.03.2004**AUTHORIZATION:** Executive Director

POLICY:

The Association shall develop a fire/emergency evacuation plan for each service it operates and will provide annual training in the use of fire extinguishers to its employees.

PROCEDURES:**PURPOSE:**

1. The fire/emergency plan shall be posted at exits of each Association work location.
2. All employees and people supported by the Association shall be trained in the follow-through of the Fire/Emergency Evacuation Plan.
3. A copy of all fire/emergency/evacuation plans shall be on file in the Association administration offices.
4. The local fire authority shall approve all fire/emergency/evacuation plans and sign each plan.
5. The Association shall ensure training in the use of a fire extinguisher annually.
6. Emergency exits must be marked except for group homes.

HEALTH AND SAFETY**CATEGORY: HEALTH AND SAFETY PROGRAM****POLICY # E1.06 – EARLY AND SAFE RETURN TO WORK PROGRAM****PAGE:** 1 of 4**REFERENCES:****APPROVAL DATE:** 07.24.1994**REVISION DATE:** 08.03.2004**PROCEDURE APPROVAL DATE:** 07.24.1994**REVISION DATE:** 08.03.2004**AUTHORIZATION:** Executive Director

POLICY:

The Association recognizes the value of employee's early and safe return to work and is committed to the successful recovery of injured and ill workers through an Early and Safe Return to Work Program (ESRWP). In doing so, the Association shall take all the prescribed and reasonable steps to return workers to their pre-injury or alternate job as soon as possible.

PROCEDURES:**PURPOSE:**

1. In the event that an employee is unable to return to their pre-injury duties, the Association will attempt to provide them with alternative work consistent with their functional abilities and/or consult with WSIB return to work specialist.
2. The Association recognizes that co-operation and communication are essential elements of a successful ESRTWP.
3. The Association will provide for the ESRTWP of all employees who have, in the course of or arising from their employment, sustained an injury, illness or disability.
4. In this context rehabilitation is defined as "the ongoing combined and coordinated use of medical, psychological, social, educational and vocational measures to restore function and assist the injured worker to return to productive employment."
5. This support will continue until the employee has returned to the position held prior to illness, injury or disability, or into alternative employment suitable to both the employee and the Association, or an acceptable conclusion in agreed upon.
6. The objectives of the ESRTWP are:
 - a. To assist all eligible employees in regaining their full professional competence where possible, by facilitating a person's early return to meaningful and production work following injury, illness or disability and reducing the associated costs and lost time.
 - b. To establish that early and safe return to work is the usual course of action and should begin as soon as practicable after the injury, illness or disability occurs.
 - c. To facilitate where possible, the safe and early return to meaningful productive work of any injured, ill or disable worker.
 - d. To liaise where necessary with outside medical and health professionals to assist with the rehabilitation process.
 - e. To encourage participation at all levels of the Association in the ESRWP.
 - f. Increase awareness of disability issues for employees.
 - g. Comply with legislative obligations

HEALTH AND SAFETY**CATEGORY: HEALTH AND SAFETY PROGRAM****POLICY # E1.06 – EARLY AND SAFE RETURN TO WORK PROGRAM****PAGE: 2 of 4****REFERENCES:**

7. Eligibility of ESRTWP includes those employees who have, in the course of or arising from their employment sustained an injury, illness or disability, are returning to work with the completed forms (Forms 6, 7 and FA Form for Timely Return to Work).
8. The individual programs will be developed and managed by the employee, the supervisor, the required medical professionals and the WSIB.
9. The duties and responsibilities of the employer shall include:
 - i. Contact the Association as soon as possible after the injury occurs and maintain good communication throughout the period of recovery and impairment.
 - ii. Assist the Association as required to identify suitable employment that is available and consistent with their functional abilities and when possible restores his/her pre-injury earnings.
 - iii. Give the Board of Directors such information as required concerning their return to work.
 - iv. Do such other things as may be prescribed.

In addition, the employee shall:

1. Complete an incident report form (Form 7) and follow the policies as outlined in accident/incident reporting procedure.
2. Sign the Worker's Claim/Consent Form (Form 6).
3. Ensure the Functional Abilities Form for Timely Return to Work is completed by the appropriate medical professional.
4. Assist the Association in identifying suitable employment.
5. Attend ESRTWP meetings
6. Undertake recommended medical treatment and rehabilitation programs to assist with early return to work.

The Association shall:

1. Contact the worker as soon as possible after the injury occurs and maintain good communication throughout the period of recovery and impairment.
2. Attempt to provide suitable employment that is available and consistent with the worker's functional abilities and when possible restores his/her pre-injury earnings.
3. Give the Board of Directors such information as required concerning their
4. return to work.
5. Do such other things as may be prescribed.

In addition, the Association shall:

1. Record the first aid administered to the injured worker.
2. Provide the injured worker with the necessary forms and assist in their completion and submission to the WSIB within the allotted time frames.
3. Review the completed FA form with the employee to identify suitable work and complete the Functional Abilities Assessment Form
4. Co-operate with the employee to develop and monitor the ESRTW program.

HEALTH AND SAFETY**CATEGORY: HEALTH AND SAFETY PROGRAM****POLICY # E1.06 – EARLY AND SAFE RETURN TO WORK PROGRAM****PAGE: 3 of 4****REFERENCES:**

The Manager shall:

1. Participate in the accident investigation procedures as required.
2. Assist in the development of the ESRTWP.
3. Assign programmed duties to the worker.
4. Follow up with the worker.
5. Report problems with the program to the health and safety representative/joint health and safety committee

The Health and Safety Representative/Joint Health and Safety Committee shall:

1. Participate in the accident investigation procedures as required.
2. Assist in the development of the ESRTWP.
3. Follow up with the worker.
4. Required Medical Professionals shall:
5. Complete the FA Form.
6. Update the employer and the WSIB of the worker's progress.

Implementation of the ESRTWP

1. As soon as practicable in cases of injury, illness or disability, where there is no indication of imminent return to work and/or 5 working days have passed, a worker will be advised of the rehabilitation services available to them. In all cases contact will be made with the employee, as soon as possible on notification of injury, illness or disability.
2. As soon as practicable where injury or disability causes difficulties for workers in reintroducing themselves to, or maintaining themselves in the workplace.
3. If a successful outcome is not achieved within a reasonable time frame, a decision on the continuation of rehabilitation services, referral to outside service providers, and/or finalization may need to be considered.

Rehabilitation Program

1. Each ESRTWP will be designed in consultation with all involved parties, to match the employee's capabilities and limitations.
2. A timetable will be established to review and monitor the employee's work performance and medical progress.

Structured Return to Work Programs

1. An ESRTWP incorporating a gradual return to normal or alternate duties may be required for employees. The following steps will be considered when implementing such a program:
2. Develop short and long term goals in consultation with the employee and treating medical practitioner(s).
3. Attempt to provide meaningful work duties
4. Establish time frames to monitoring progress including ongoing medical review, upgrading of duties and hours to meet long-term goals, and follow-up to ensure successful placement.
5. If an employee requires external to the Association this may be funded through the allocation provided for Labor Market Re-entry purposes within the Workplace Safety and Insurance Act.

HEALTH AND SAFETY**CATEGORY: HEALTH AND SAFETY PROGRAM****POLICY # E1.06 – EARLY AND SAFE RETURN TO WORK PROGRAM****PAGE: 4 of 4****REFERENCES:**

6. Ensure there is documentation of review meetings, and that all interested parties are kept informed of the employee's progress.
7. Ensure that the employees and their supervisor clearly understand the rehabilitation program details (e.g. work restrictions, physical limitations, time frames).
8. The rehabilitation process may involve any of the above avenues to facilitate effective rehabilitation:
9. As soon as practicable in cases of injury, illness or disability, where there is no indication of imminent return to work and/or 5 working days have passed, a worker will be advised of the rehabilitation services available to them. In all cases contact will be made with the employee, as soon as possible on notification of injury, illness or disability.
10. As soon as practicable where injury or disability causes difficulties for workers in reintroducing themselves to, or maintaining themselves in the workplace.
11. If a successful outcome is not achieved within a reasonable time frame, a decision on the continuation of rehabilitation services, referral to outside service providers, and/or finalization may need to be considered.

Rehabilitation Program

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Structured Return to Work Programs

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3. Attempt to provide meaningful work duties
4. Establish time frames to monitoring progress including ongoing medical review, upgrading of duties and hours to meet long-term goals, and follow-up to ensure successful placement.
5. If an employee requires external to the Association this may be funded through the allocation provided for Labor Market Re-entry purposes within the Workplace Safety and Insurance Act.
6. Ensure there is documentation of review meetings, and that all interested parties are kept informed of the employee's progress.
7. Ensure that the employees and their supervisor clearly understand the rehabilitation program details (e.g. work restrictions, physical limitations, time frames).
8. The rehabilitation process may involve any of the above avenues to facilitate effective rehabilitation.

HEALTH AND SAFETY**CATEGORY: HEALTH AND SAFETY PROGRAM****POLICY # E1.07 – POSTED DOCUMENTS****PAGE:** 1 of 1**REFERENCES:****APPROVAL DATE:** 04.05.1995**REVISION DATE:** 08.03.2004**PROCEDURE APPROVAL DATE:** 05.14.1995**REVISION DATE:** 08.03.2004**AUTHORIZATION:** Executive Director

POLICY:

The Association shall post safety documents for the benefit of all employees.

PROCEDURES:**PURPOSE:**

1. Health & Safety documents shall be posted or available in all Association work locations and shall include but not be restricted to:
 - i. Occupational Health & Safety Act (Ministry of Labour) Regulations Health Care
 - ii. Extracts from the Occupational Health & Safety Act (Ministry of Labour)
 - iii. "In All Case of Injury At Work" poster (WSIB)
 - iv. First Aid Regulations (WSIB Form 1101)
 - v. Emergency service location & numbers
 - vi. Emergency Evacuation Plans
 - vii. Posting of JOHSC Members and work location
 - viii. Occupational Health & Safety Policy
 - ix. Results of reports respecting Occupational Health & Safety
 - x. First Aid and CPR certificates of Employees in specific work environment
 - xi. Crisis Prevention certificates of Employees in specific work environment
 - xii. Use of Fire Extinguisher Training
2. The JOHSC shall ensure health and safety documents are maintained in all Association work locations through regular inspections.

HEALTH AND SAFETY**CATEGORY: HEALTH AND SAFETY PROGRAM****POLICY # E1.08 – WORK REFUSAL FOR HEALTH AND SAFETY ISSUES****PAGE: 1 of 1****REFERENCES:****APPROVAL DATE: 02.14.1995****REVISION DATE: 08.03.2004****PROCEDURE APPROVAL DATE: 02.14.1995****REVISION DATE: 08.03.2004****AUTHORIZATION: Executive Director**

POLICY:

An employee of the Association may refuse to work or do particular work, for health and safety issues, when it is not the normal condition of the job and when the work refused does not endanger the life, health or safety of another person.

PROCEDURES:

1. An employee may refuse to work where the employee has reason to believe that:
 - i. Any equipment, machine, or device or thing the worker is to use or operate, is likely to endanger himself, herself or another employee.
 - ii. The physical condition of the workplace or part thereof in which he/she works or is to work is likely to endanger him/her.
 - iii. Any equipment, machine, device or thing he/she is to use or operate or the physical condition of the workplace or part thereof in which he/she works is to work is in contravention of the Occupational Health and Safety Act and associated regulations and such contravention is likely to endanger himself/herself or another employee.
2. Upon refusal, the employee will report to his/her supervisor who will immediately investigate the report in the presence of the health and safety representative or, in the event that they are not available, a fellow employee. The Work Refusal Report Form will be completed.
3. The employee will remain at a safe place near his/her workstation until the investigation is completed.
4. If, following the investigation and corrective actions, the employee still has reasonable grounds to believe that the situation remains dangerous, the employee may refuse to work or do the particular work and the Association, the employee, or a person on behalf of the Association or employee, will notify a Ministry of Labour Inspector.

HEALTH AND SAFETY**CATEGORY: HEALTH AND SAFETY PROGRAM****POLICY # E1.09 – CONTRACTOR SAFETY PROGRAM****PAGE:** 1 of 2**REFERENCES:****APPROVAL DATE:** 02.14.1995**REVISION DATE:** 08.03.2004**PROCEDURE APPROVAL DATE:** 02.14.1995**REVISION DATE:** 08.03.2004**AUTHORIZATION:** Executive Director

POLICY:

The association shall maintain a Contractor Safety Program designed to protect the Association and Contractor employees from injury, accident or loss.

PROCEDURES:**PURPOSE:**

1. Examples of Contractors include:
 - i. Construction companies
 - ii. Utility service or repair companies
 - iii. Janitorial Services
 - iv. Pest Control services
 - v. Transportation and shipping services
 - vi. Raw product suppliers
2. Contractor compliance is a condition of doing business with the Association. Specific compliance is required in the following:
 - i. Local, provincial and federal safety, environmental and transportation regulations
 - ii. Fire and building codes
 - iii. Minimum liability and worker's compensation insurance requirements
 - iv. All pertinent work/job specific permits
3. Management is responsible to:
 - i. Ensure contracts for bids contain appropriate information concerning the contractor safety program including all requirements.
 - ii. Provide access to Material Safety Data Sheets material upon request of contractors.
 - iii. Monitor all contractor activity at their location.
 - iv. Ensure the area in which the contractors are working are maintained safe and free of hazards.
 - v. Provide contractors with specific safety program requirements.
4. Contractors/subcontractors are responsible to:
 - i. Conduct daily safety inspections of all assigned areas
 - ii. Identify and correct hazards
 - iii. Provide contractors/subcontractors with required personal protective equipment
 - iv. Ensure contractor/subcontractors have the proper training for assigned tasks
 - v. Co-ordinate with the Association manager for safety related issues
 - vi. Maintain required insurance coverage
 - vii. Establish and maintain an effective Health and Safety Program
 - viii. Establish and maintain an effective housekeeping program

HEALTH AND SAFETY**CATEGORY: HEALTH AND SAFETY PROGRAM****POLICY # E1.09 – CONTRACTOR SAFETY PROGRAM****PAGE: 2 of 2****REFERENCES:**

5. Contractors and vendors are required to have minimum insurance as per the following:
 - i. Automobile Insurance
 - ii. General Liability
 - iii. Products Liability
 - iv. Completed operations liability
 - v. Workmen's compensation
5. As proof of Insurance Coverage and Per Occurrence Limits, the contractor must provide the Association a Certificate of Insurance. The certificate must list the Association, its divisions and subsidiaries as a "Certificate Holder" with notification of cancellation or non-renewal. Without the certificate, the Association may have to assume the liabilities and responsibilities for the
6. contractor.
7. Information and training is to be made available to contractors in the form of copies of written safety programs. Written programs from the required
8. Training list should be selected based on exposures and presented to contractors.
9. The Contractors shall provide the following information:
 - i. General safety rules, including reporting of unsafe conditions
 - ii. Hazard communication and chemical safety
 - iii. Lockout-tag-out
 - iv. Electrical safety
 - v. Evacuation routes, alarms and procedures
 - vi. Hot work program
 - vii. Confined space program
 - viii. Process safety management
 - ix. Personal protective equipment
10. Pre work safety inspection will be conducted by the Manager of the service and the contractor for all contractor work that involves:
 - i. Construction and renovation
 - ii. Equipment installation and repair
 - iii. Utility modifications
 - iv. Electrical work
 - v. Work at elevated locations
 - vi. Confined space entry
 - vii. Use of toxic substances
 - viii. Hot work or welding
11. As a minimum, the Manager will provide a list of all safety concerns. All task specific safety concerns shall be addressed and resolved prior to commencement of work by the contractor.

HEALTH AND SAFETY**CATEGORY: HEALTH AND SAFETY PROGRAM****POLICY # E1.10 – SEVERE WEATHER GUIDELINES****PAGE:** 1 of 1**REFERENCES:****APPROVAL DATE:** 08.03.2004**REVISION DATE:****PROCEDURE APPROVAL DATE:** 08.03.2004**REVISION DATE:****AUTHORIZATION:** Executive Director

POLICY:

The Association shall follow all weather recommendations regarding weather conditions as set by local weather reports.

PROCEDURES:**PURPOSE:**

1. Employees will listen to local weather reports on the local weather stations on radio, television or internet.
2. Employees will not be required to work outside in severe weather that is either too hot or cold as recommended by weather reports.

HEALTH AND SAFETY**CATEGORY: HEALTH AND SAFETY PROGRAM****POLICY # E1.11 – INFECTION CONTROL****PAGE:** 1 of 6**REFERENCES:****APPROVAL DATE:** 08.09.2008**REVISION DATE:****PROCEDURE APPROVAL DATE:** 08.09.2008**REVISION DATE:****AUTHORIZATION:** Executive Director

POLICY:

The Association is committed to the control of infections in the workplace.

PROCEDURES:**PURPOSE:**

The purpose of this policy is to define precautions and provide staff with information in keeping themselves and the people for whom the Association works safe. The following precautions are highlighted:

1. Standard
2. Droplet
3. Contact
4. Airborne

STANDARD PRECAUTIONS**Hand Washing Decontamination**

Frequent and appropriate hand washing is the single most important factor in preventing the spread of infection. It must be done:

1. When coming on shift and before leaving shift
2. Before and after food preparation and eating
3. After direct contact with people supported /items
4. any contact with body fluids (semen, vaginal secretions, saliva and breast milk), blood pathogens (these pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV)), excretions, mucous membranes non intact skin and wound dressings, inanimate objects in immediate vicinity.
5. Before and after using the washroom/restroom
6. After handling garbage, dirt, plants, soil, soiled bedding, clothing any other contaminated objects/items
7. After the removal of gloves from hands

Hand washing procedure

1. Remove watch and rings.
2. Wet hands and wrists.
3. Apply soap.
4. Lather well and wash vigorously under running water for at least 10 seconds, taking care to cover all skin surfaces.
5. Massage hands and wrists thoroughly.

HEALTH AND SAFETY**CATEGORY: HEALTH AND SAFETY PROGRAM****POLICY # E1.11 – INFECTION CONTROL****PAGE: 2 of 6****REFERENCES:**

6. Nails may be cleaned with a plastic scraper/ stick or by rubbing them against the palm of the opposite hand.
7. Rinse thoroughly.
8. Dry with paper towels.
9. Use the paper towels to turn off the tap so as not to re-contaminate the hands.

3. Gloves (PPE)

1. Gloves do not replace hand washing.
2. Wear gloves (clean, non-sterile gloves are adequate) when touching blood, bodily fluids, secretions, excretions, when administering medications, when administering treatments, any personal care, changing garbage and any contaminated items.
3. Choose a glove that fits. Bacteria can cling to folds and poorly fitting gloves. If punctured, gloves must be removed and hands washed thoroughly before proceeding. Latex and vinyl gloves provide the best protection.
4. Gloves must be changed between tasks and procedures (such as the administration different treatments for the same person). Remove gloves promptly and carefully, discard in an appropriate receptacle after use, Wash hands immediately to avoid transfer of infections.

4. Mask, Eye Protection, Face Shield (Personal Protective Equipment)

1. Wear a mask and eye protection or a face shield to protect mucus membranes of the eyes, nose, and mouth during procedures and personal care activities that are likely to generate splashes or sprays of blood, bodily fluids, secretion, and excretions.

Gown (Personal Protective Equipment)

1. Wear a gown (a clean non sterile gown is adequate) to protect skin and soiling of clothing during personal care activities that are likely to generate splashes or sprays of blood, bodily fluids, secretion, and excretions.
2. Remove the soiled gown as promptly as possible and wash hands.

Personal Care Equipment/Items

1. Wear gloves when handling used personal equipment/items (commodes, urinals shower chairs, slings, medication cups, tooth brushes, enema bags, and any equipment/items soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of micro-organisms to other people and environments.
2. Ensure that reusable equipment is not used for the care of another person until it has been cleaned and reprocessed appropriately. Ensure that single-use items are discarded properly.

Environmental Control

1. Ensure that the service/home has adequate procedures for the routine care, cleaning, and disinfection of environmental surfaces, and other frequently touched surfaces, and ensure that these procedures are being followed.

HEALTH AND SAFETY**CATEGORY: HEALTH AND SAFETY PROGRAM****POLICY # E1.11 – INFECTION CONTROL****PAGE:** 3 of 6**REFERENCES:**

2. Disinfect surfaces soiled with blood/body fluids with bleach diluted 1:10 with water. Rinse mops after use in bleach diluted 1:10 with water. Use disposable towels, tissues, and napkins. Line all waste containers with plastic bags. Wear rubber gloves when cleaning up blood/body fluids.
3. Dispose used feminine hygiene products in an appropriate waste container lined with plastic bags.
4. Dispose used Attends in a plastic bag and then in an appropriate waste container lined with a plastic bag.
5. Routine care includes hand washing procedure, wearing personal protective equipment (PPE), and providing treatment for containment to control the spread of infection (such as isolation procedures or covering any open sores with waterproof dressings).

Linen

1. Handle, transport, and process used linen soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures and contamination of clothing and that avoids transfer of micro-organisms to other people and environments

Occupational Health and Blood borne Pathogens

1. Take care to prevent injuries when using, cleaning, and disposing of sharp instruments. Never recap used needles, manipulate them using both hands, or use any other technique that involves directing the point of a needle toward any part of the body; rather, use either a one handed "scoop" technique or a mechanical device designed for holding the needle sheath.
2. Do not remove used needles from disposable syringes by hand, and do not bend, break, or otherwise manipulate used needles by hand.
3. Place used sharp items in appropriate puncture resistant containers. Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is predictable.

Sharps

1. Employees will wear gloves when providing support-using needles.
2. Immediately after use, needles should be placed in an approved 'Sharp's Safe' provided by the pharmacy.
3. Hemostats or needle nose pliers should be used to remove the lancet from the pen after having taken a blood sample for use in the glucometer.
4. Disposal of the lancet shall be the same as above.
5. The Sharp's Safe must not be filled to the level that would permit needles to protrude through the opening, which could create the risk of a needle stick injury.
6. The Sharp's Safe should be stored in safe area that is not accessible to anyone who might be injured by the needles.
7. Needle stick injuries must be reported immediately to the Manager or designate.

HEALTH AND SAFETY**CATEGORY: HEALTH AND SAFETY PROGRAM****POLICY # E1.11 – INFECTION CONTROL****PAGE:** 4 of 6**REFERENCES:****DROPLET PRECAUTIONS**

1. Droplet transmission involves contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large-particle droplets (larger than 5 μm in size) containing micro-organisms generated from a person who has a clinical disease or who is a carrier of the micro-organism.
2. Droplets are generated from the source person primarily during coughing, sneezing, or talking and during the performance of certain procedures such as suctioning.
3. Transmission via large-particle droplets requires close contact between source and recipient persons, because droplets do not remain suspended in the air and generally travel only short distances, usually 3 ft. or less, through the air.
4. Because droplets do not remain suspended in the air, special air handling and ventilation are not required to prevent droplet transmission.

Mask

In addition to wearing a mask as outlined under Standard Precautions, wear a mask when working within 3 ft. of a person who has symptoms as listed above when providing intimate personal care.

Placement

1. Quarantine the person only on the recommendation of the person's physician.
2. All recommended procedures will be followed for any quarantine.
3. Visitation will be determined by the doctor and Infection control resources agencies (such as the Public Health Unit).

Person Transport

1. Limit the movement and transport of people from the room for essential purposes only.
2. If transport or movement is necessary, minimize person dispersal of droplets by providing a mask for the person to wear.

CONTACT PRECAUTIONS

1. Direct-contact transmission involves skin-to-skin contact and physical transfer of micro-organisms to a susceptible host from an infected or colonized person, such as occurs during personal care activities that require physical contact.
2. Direct-contact transmission also can occur between two people (e.g., by hand contact), with one serving as the source of infectious micro-organisms and the other as a susceptible host.
3. Indirect-contact transmission involves contact of a susceptible host with a contaminated intermediate object, usually an object, in the person's environment.

Placement of Person

1. Quarantine the person only on the recommendation of the person's physician. All recommended procedures will be followed for any quarantine.
2. Visitation will be determined by the doctor and Infection control resources agencies (such as the Public Health Unit).

HEALTH AND SAFETY**CATEGORY: HEALTH AND SAFETY PROGRAM****POLICY # E1.11 – INFECTION CONTROL****PAGE:** 5 of 6**REFERENCES:****Gloves and Hand washing**

1. In addition to wearing gloves as outlined under Standard Precautions, wear gloves (clean, non-sterile gloves are adequate) when entering the room. Change gloves between tasks and procedures on the same person
2. After contact with material that may contain a high concentration of micro organisms. Remove gloves promptly after use, before leaving room or touching non contaminated items and surfaces and wash hands immediately.
3. After glove removal and hand washing, ensure that hands do not touch potentially contaminated environmental surfaces or items in the person's room to avoid transfer of micro-organisms to other people or environments.

Gown

1. In addition to wearing a gown as outlined under Standard Precautions, wear a gown (a clean, non-sterile gown is adequate) when entering the room if you anticipate that your clothing will have substantial contact with the person, environmental surfaces, or items in the person's room.
2. Remove the gown before leaving the person's room environment. After gown removal, ensure that clothing does not contact potentially contaminated environmental surfaces to avoid transfer of microorganisms to other people or environments.

Person Transport

1. Limit the movement and transport of the people from the room to essential purposes only.
2. If the person is transported out of the room, ensure that precautions are maintained to minimize the risk of transmission of microorganisms to other people and contamination of environmental surfaces or equipment.

Personal-Care Equipment

1. When possible, dedicate the use of non-critical person-care equipment to a single person if use of common equipment or items is unavoidable, then adequately clean and disinfect them before use for another person.

AIRBORNE PRECAUTIONS

1. Airborne transmission occurs by dissemination of either airborne droplet nuclei (small-particle residue of evaporated droplets that may remain suspended in the air for long periods of time) or dust particles containing the infectious agent.
2. Micro-organisms carried in this manner can be dispersed widely by air currents and may become inhaled by or deposited on a susceptible host within the same room or over a longer distance from the source person, depending on environmental factors; therefore, special air handling and ventilation are required to prevent airborne transmission.

HEALTH AND SAFETY**CATEGORY: HEALTH AND SAFETY PROGRAM****POLICY # E1.11 – INFECTION CONTROL****PAGE: 6 of 6****REFERENCES:****Placement**

1. Contact medical professional or person's doctor for direction and follow through.

Respiratory Protection

1. Wear respiratory protection (N95 respirator) when entering the room of a person with known or suspected infection.

Transport

1. Limit the movement and transport of the person from the room to essential purposes only.
2. If transport or movement is necessary, minimize person's dispersal of droplet nuclei by placing a mask on the person, if possible.

HEALTH AND SAFETY**CATEGORY: HEALTH AND SAFETY PROGRAM****POLICY # E1.12 – DANGEROUS WEAPONS****PAGE:** 1 of 1**REFERENCES:****APPROVAL DATE:** 08.09.2008**REVISION DATE:****PROCEDURE APPROVAL DATE:** 08.09.2008**REVISION DATE:****AUTHORIZATION:** Executive Director

POLICY:

In order to ensure a safe environment for all the staff and people we work for served by the Association the presence of any dangerous weapons or firearms will not be tolerated. At no time will dangerous weapons or firearms be allowed on Community Living Association (Lanark County) premises by either staff or people supported.

PROCEDURE:

1. Staff or people supported who are found in possession of dangerous weapons or firearms will be asked to leave the premises, and if necessary, the Association reserves the right to contact the police.
2. Staff, who are found in possession of dangerous weapons of firearms while on Association property, will be subject to discipline up to and including dismissal.

PURPOSE:

The purpose of this Policy is to ensure the Association protects employees and people supported and follows all legislative requirements.

DEFINITION: "Weapon" means anything used, designed to be used or intended for use.

- i. in causing death or injury to any person, or
- ii. for the purpose of threatening or intimidating any person and, without restricting the generality of the foregoing, includes a firearm.

HEALTH AND SAFETY**CATEGORY: HEALTH AND SAFETY PROGRAM****POLICY # E1.13 – VIOLENCE IN THE WORKPLACE****PAGE:** 1 of 6**REFERENCES:****APPROVAL DATE:** 08.09.2008**REVISION DATE:** 01.07.2010**PROCEDURE APPROVAL DATE:** 08.09.2008**REVISION DATE:** 01.07.2010**AUTHORIZATION:** Executive Director

POLICY:

The Association recognizes the potential for violence in the work place and shall make every reasonable effort to identify potential sources of violence in order to eliminate and or minimize these risks. The Association will provide a workplace violence program that will include definitions, non-tolerance, and reporting mechanism, consequences of breaches, duties and responsibilities. The Association is committed to the expenditure of time, attention, authority and resources to the affected parties in order to ensure a safe and healthy working environment for all employees and the people for whom it works.

PROCEDURES:**PURPOSE:**

The purpose of these procedures is to define workplace violence, identify behavior that constitutes such violence and to define procedures for reporting and resolving incidents of workplace violence.

The Association has consulted the following legislation governing workplace violence in Ontario to establish this policy.:

1. the Occupational Health and Safety Act;
2. the Criminal Code of Canada;
3. the Ontario Human Rights Code;
4. the Workplace Safety Act, 1997;
5. the Compensation for Victims of Crime Act; and
6. the Regulated Health Professions Act.

RESPONSIBILITIES**Employees:**

1. Employees shall promptly report all incidents of violence to their Manager or designate. Employees shall complete the Accident/Injury/Hazard/Potential Hazard/ Unusual Occurrence Reporting Form and forward it to the Manager or designate.
2. Employees shall follow all Behavioural programs developed by a behavioural consultant and signed by a psychologist. In addition employees shall follow all Association protocols (such as CP!) aimed at eliminating or reducing aggression.
3. Employees who experience a work related injury related to violence or aggression shall seek immediate medical attention if necessary. If transportation to a hospital,
4. doctor's office or an employee's home is necessary, it shall be arranged for by Community Living Association (Lanark County).
5. Employees shall seek appropriate support from available resources as required when confronted with violence.

HEALTH AND SAFETY**CATEGORY: HEALTH AND SAFETY PROGRAM****POLICY # E1.13 – VIOLENCE IN THE WORKPLACE****PAGE: 2 of 6****REFERENCES:**

6. Employees shall participate in offered education and training programs in order to be able to appropriately respond to any incident of workplace violence.
7. Employees are responsible for assisting in maintaining a safe and respectful work environment.
8. Employees shall contact Police when there is a necessity to do so, when an employee's personal safety or the safety of others may be at risk.
9. Employee's found to be in violation of this policy, in the perpetration of violence or in the failure to report it, shall be subject to disciplinary measures, up to and including dismissal.
10. Employees shall ensure risk assessments of the people for whom the Association works are updated and reviewed at least annually.

Managers:

1. The Manager shall ensure all employees are informed of the needs, supports, risk assessments and any potential of aggression or violence that might be initiated by the people the people for whom the Association works. All risk assessments shall include identification for any potential of aggression or violence that may be may be initiated.
2. The Manager shall ensure consultation with Behavioral Supports Services (or other appropriate resources) and intervention as required. This intervention shall involve specific training of the intervention for all employees working for the person with the potential for aggression or violence.
3. The Manager, in consultation with the Health and Safety Committee and Human Resources, shall provide supports to employees affected by workplace violence by facilitating medical attention, debriefing, making referrals as required to community agencies and treating practitioners.
4. The Manager shall arrange for Team debriefing within forty eight hours of the incident when required.
5. The Manager receiving the report shall investigate the report in a timely manner and ensure appropriate measures are taken to safeguard employees and attempt to eliminate or minimize future incidents. As per Investigating Procedure E3.01.
6. The Manager shall ensure an Accident/Injury/Hazard/Potential Hazard/ Unusual Occurrence Reporting Form is completed and forwarded to the Health and Safety Committee and the Executive Director.
7. The Manager who investigates the reported incident of violence shall ensure there is communication of any potential of a dangerous situation associated with a reported incident to all staff possibly affected by the incident.
8. The Manager is responsible to inform the employee who made the report of the outcome of the investigation to the extent necessary to optimize future safety from similar incidents.
9. The manager shall ensure that no reporting of workplace violence or risks of violence can be the basis of reprisal against the reporting employee.
10. The Manager shall document all reports of workplace violence and measures taken to address them using the Accident and Incident Investigation Policy of the Association Health and Safety Policies.
11. The Manager shall keep the Executive Director up to date of the process and resolution.

HEALTH AND SAFETY**CATEGORY: HEALTH AND SAFETY PROGRAM****POLICY # E1.13 – VIOLENCE IN THE WORKPLACE****PAGE:** 3 of 6**REFERENCES:**

12. Management shall initiate a violence prevention program, which includes annual training (or review) on general and job specific workplace violence as well as job specific orientation for new employees and volunteers.
13. If the resolution of the incident is beyond the authority of the Manager receiving the report, the Executive Director shall involve other Managers in the investigation, as appropriate (for example: when the incident involves the people we work for or employees under another Manager's area of responsibility).

Health and Safety Committee:

1. The Health and Safety Committee shall review all incident reports, monitor trends and shall make recommendations for prevention and enhancements and changes to the Workplace Violence Prevention program in consultation with the to the Executive Director.
2. The Health and Safety Committee shall review reports of workplace violence and ensure appropriate actions have been taken.
3. The Manager, in consultation with the Health and Safety Committee and Human Resources, shall provide supports to employees affected by workplace violence by facilitating medical attention, debriefing, making referrals as required to community agencies and treating practitioners.
4. The Manager shall arrange for Team debriefing within forty eight hours of the incident when required.
5. The Manager receiving the report shall investigate the report in a timely manner and ensure appropriate measures are taken to safeguard employees and attempt to eliminate or minimize future incidents.
6. The Manager shall ensure an Accident/Injury/Hazard/Potential Hazard/ Unusual Occurrence Reporting Form is completed and forwarded to the Health and Safety Committee and the Executive Director.
7. No reporting of workplace violence or risks of violence can be the basis of reprisal against the reporting employee.
8. The Manager shall document all reports of workplace violence and measures taken to address them using the Accident and Incident Investigation Policy of the Association Health and Safety Policies.
9. The Manager shall keep the Executive Director up to date of the process and resolution.
10. If the resolution of the incident is beyond the authority of the Manager receiving the report, the Executive Director shall involve other Managers in the investigation, as appropriate (for example: when the incident involves the people we work for or employees under another Manager's area of responsibility).
11. The Health and Safety Committee shall review all incident reports, monitor trends and shall make recommendations for prevention and enhancements and changes to the Workplace Violence Prevention program in consultation with the to the Executive Director.
12. The Health and Safety Committee shall review reports of workplace violence and ensure appropriate actions have been taken.

HEALTH AND SAFETY**CATEGORY: HEALTH AND SAFETY PROGRAM****POLICY # E1.13 – VIOLENCE IN THE WORKPLACE****PAGE:** 4 of 6**REFERENCES:**

13. The Manager who investigates the reported incident of violence shall ensure there is communication of any potential of a dangerous situation associated with a reported incident to all staff possibly affected by the incident.
14. The Manager is responsible to inform the employee who made the report of the outcome of the investigation to the extent necessary to optimise future safety from similar incidents.
15. The Health and Safety committee shall assess workplace violence hazards for all job classifications in the workplace.
16. Management shall initiate a violence prevention program, which includes annual training (or review) on general and job specific workplace violence as well as job specific orientation for new employees and volunteers.
17. The effectiveness of the workplace violence prevention program shall be evaluated and reviewed annually by the Health and Safety Committee.
18. The Health and Safety Committee shall keep all records of reports and investigations of workplace violence for a period of five years following the report.

Scope:

Violence is any incident, in which a person is abused, threatened, harassed, assaulted by inflicting injury or damage to property or threatens damage to property. It can be in the form of offensive comments including: jokes, obscene remarks, insult, ridicule, swearing, shouting, demeaning or belittling statements, threats without weapons, causing emotional distress or personal humiliation, or threaten the health or safety and livelihood of an employee. The act may be implied or actual, and be either verbal or physical in nature. Physical violence is defined as aggravated assault, assault, sexual harassment, gestures, kicking, pushing, biting and/or spitting. Violence also includes act and threats of aggression resulting in physical or psychological damage, pain, or injury to a worker.

It is important to note that workplace violence can occur outside of work settings. It can occur during work-related functions at off-site locations such as conferences, social events, or visits to the homes of the people for whom the Association works. It can also happen in an employee's home, yet be work related: for example, threatening telephone calls from co-workers, people we work for or Managers. Workplace violence can be committed by anyone: employees, supervisors, Managers, people we work for, students, contract workers, visitors, families of people we work for, families, or friends, of employees, volunteers or un-authorized intruders.

Definitions:

Violence: is any act of aggression that causes physical or emotional harm, including assault (any attempt to inflict physical harm on a worker), threat, verbal abuse, sexual harassment, and racial or religious harassment.

Verbal abuse: is the use of vexatious comments that are known, or that ought to be known, to be unwelcome, embarrassing, offensive, threatening, or degrading to another person (including swearing, insults, or condescending language).

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REFERENCES:

Threat: (verbal or written) is a communicated intent to inflict physical or other harm on any person or to property by some unlawful act. A direct threat is a clear and explicit communication distinctly indicating that the potential offender intends to do harm, for example, “I am going to make you pay for what you did to me”. A conditional threat involves a condition, for example, “If you don’t leave me alone you will regret it.” Veiled threats usually involve body language or behaviors that leave little doubt in the mind of the victim that the perpetrator intends to harm.

Physical attacks: Is aggression resulting in a physical assault/abuse with or without the use of a weapon. Examples include hitting, shoving, pushing, punching, biting, spitting, groping, pinching, or kicking the victim, unwelcome displays of affection or inciting a dog to attack.

Psychological abuse: is an act that provokes fear or diminishes an individual’s dignity or self-worth or that intentionally inflicts psychological trauma on another.

Assault: is any intent to inflict injury on another, coupled with an apparent ability to do so; any intentional display of force that causes the victim to fear immediate bodily harm.

Sexual abuse: is any unwelcome verbal or physical advance or sexually explicit statement, such as jokes, displays of pornographic material, pinching, brushing against, touching, patting, or leering that makes a person feel humiliated, intimidated, or uncomfortable, thus interfering with work performance.

Sexual assault: is the use of threat or violence to force one individual to touch, kiss, fondle, or have sexual intercourse with another.

Near miss: is an act of striking out, but missing the target.

Poisoned work environment: is a hostile and abusive work environment resulting from harassment by comment or conduct that ridicules or demeans an individual or specific group of employees: for example, racial slurs or derogatory comments about sexual orientation.

Discrimination: is a showing of partiality or prejudice in treatment: specific action or policies directed against the welfare of minority groups. Every person has a right to full and equal recognition and exercise of his or her human rights and freedoms without distinction, exclusion, or preference based on race, color, sex, sexual orientation, civil status, religion, political convictions, language, ethnic or national origin, social condition, or the fact that he/she is a handicapped person, or that he/she uses any means to palliate his handicap. Discrimination exists where such distinction, exclusion, or preference has the effect of nullifying or impairing such a right.

Harassment: is any behavior that verbally, physically, deliberate, unsolicited or unwelcome invitations, that demean, embarrass, humiliate, annoy, alarm or verbally abuses a person and that is known or would be expected to be known as unwelcome. Harassment includes, words, gestures, jokes, remarks, innuendo, taunting about a person’s body, attire, age, marital status, ethnic or national origin, religion and so on.

HEALTH AND SAFETY**CATEGORY: HEALTH AND SAFETY PROGRAM****POLICY # E1.13 – VIOLENCE IN THE WORKPLACE****PAGE:** 6 of 6**REFERENCES:**

Harassment extends to incidents occurring at or away from the workplace, during or outside normal working hours, provided such incidents are employment related.

Bullying: is usually seen as acts or verbal comments that could 'mentally' hurt or isolate a person in the workplace. Sometimes, bullying can involve negative physical contact as well. Bullying usually involves repeated incidents or a pattern of behavior that is intended to intimidate, offend, degrade or humiliate a particular person or group of people. It has also been described as the assertion of power through aggression.

HEALTH AND SAFETY**CATEGORY: STRUCTURES****POLICY # E2.01 –JOINT OCCUPATIONAL HEALTH AND SAFETY COMMITTEE****PAGE:** 1 of 2**REFERENCES:****APPROVAL DATE:** 02.14.1995**REVISION DATE:** 11.07.2000**PROCEDURE APPROVAL DATE:** 02.14.1995**REVISION DATE:** 11.07.2000**AUTHORIZATION:** Executive Director

POLICY:

The Association shall establish and maintain a Joint Occupational Health and Safety Committee (JOHSC)

PROCEDURES:**COMPOSITION:**

1. The JOHSC shall consist of four (4) members, two (2) from the management team and two (2) from unionized employees.
2. The members from unionized employees shall be selected by unionized employees.
3. Alternatives may be allowed with the approval of the co-chairpersons. Each party shall provide the name of the alternate.
4. The JOHSC shall meet every second month.
5. There shall be two co-chairpersons, one (1) from the management team and one (1) from the unionized employees, who shall alternate the chair at meetings.
6. A co-chairperson may, with the consent and approval of his/her counterpart invite any additional person(s) to attend the meeting to provide additional information or comments, but they shall not participate in the regular business of the meeting.

DUTIES:

1. Conduct and/or receive work site inspections in accordance with the Occupational Health and Safety Act, and the annual schedule of inspections.
2. Identify, evaluate and recommend a resolution of matters pertaining to health and safety in the workplace to appropriate senior management,
3. Review that education and training programs are available and to inform all employees of their rights, restrictions, responsibilities and duties under the Occupational Health and Safety Act.
4. Deal with matters that JOHSC deems appropriate.
5. Assist and advise the health and safety representatives on matters relating to occupational health and safety.

PROCESS:

1. Each workplace shall be inspected every six (6) months by a member of the JOHSC designated by the members representing the unionized employees and a member of the JOHSC designated by the members representing management.
2. All health and safety concerns raised during the physical inspection shall be recorded on the JOHSC Workplace Inspection Form and signed by both members of the inspection team and the manager of the Association's work location.
3. The workplace report shall be forwarded to the JOHSC members, the manager of the Association's work location within (2) weeks of the inspection. The manager shall inform the JOHSC of the status of outstanding items within ten (10) working days of the receipt of

HEALTH AND SAFETY**CATEGORY: STRUCTURES****POLICY # E2.01 –JOINT OCCUPATIONAL HEALTH AND SAFETY COMMITTEE****PAGE: 2 of 2****REFERENCES:**

4. inspection(s) report(s). The report shall be written and include an assessment of the problem, the person responsible for follow-up and a projected completion date.

The members of the committee representing unionized employees shall designate members and alternates if required, chosen by those they represent, to investigate all serious workplace accidents/incidents that have the potential for a serious accident.

HEALTH AND SAFETY**CATEGORY: STRUCTURES****POLICY # E2.02 –HEALTH AND SAFETY REPRESENTATIVE****PAGE:** 1 of 2**REFERENCES:****APPROVAL DATE:** 02.14.1995**REVISION DATE:** 11.07.2000**PROCEDURE APPROVAL DATE:** 02.14.1995**REVISION DATE:** 11.07.2000**AUTHORIZATION:** Executive Director

POLICY:

There shall be a health and safety representative in each service location operated by the Association.

PROCEDURES:

1. Employees will select a health and safety representative from among the employees of the Association who does not exercise managerial functions.
2. That person will serve as the health and safety representative for a minimum term of 3 years or for the duration of the representative's employment.
3. Following the term, the employees may re-elect the representative for a second or subsequent terms or may elect a new representative.

PURPOSE:

The health and safety representative of the Association will assist in eliminating the health and safety problems faced by the workers. The health and safety representative functions in accordance with the Ontario Occupational Health and Safety Act (and the clauses of the current collective agreement)

OBJECTIVES:

1. Identify situations that may be a real or potential source of danger to workers.
2. To identify the potential or existing hazards of materials, processes or equipment.
3. To promote the establishment, maintenance and monitoring of programs, measures and procedures respecting the health and safety of workers.
4. Make recommendations to the JOHSC and the workers for improvement of the health and safety of workers.
5. To participate in work accident reduction programs for the workers in collaboration with outside resources, if required.
6. To study work accident statistics with the purpose of setting priorities for action.

FUNCTIONS OF THE REPRESENTATIVE:

1. In collaboration with the JOHSC, agree on methods of inspection of the workplace.
2. Complete Community Living Association (Lanark County) Health & Safety Representative Checklist once a month.
3. Identify situations which may be a source of danger to workers.
4. Recommend measures and corrective actions and follow up on those items.
5. Field and analyze complaints brought forth by employees regarding health and safety.
6. Participate in all inspections and accident investigations as carried out by Ministry of Labour Inspectors.

HEALTH AND SAFETY**CATEGORY: STRUCTURES****POLICY # E2.02 –HEALTH AND SAFETY REPRESENTATIVE****PAGE: 2 of 2****REFERENCES:****RECOMMENDATIONS:**

1. Recommendations will be presented to the manager in written format (on the recommendation form) summarizing the concern, the recommendation and a time frame for implementation. An additional copy will be forwarded to the JOHSC for which the recommendation applies.
2. The manager shall respond in writing within 21 days of the date the recommendation is submitted. A copy of the response will be forwarded to the JOHSC.

AUTHORITY

1. The health and safety representative shall submit recommendations to the manager of the service in question. If the recommendation is not applied, the representative may make a formal recommendation to the employer.
2. May require the involvement of an Inspector from the Ministry of Labour the failure of the employer to respond within 21 days, or if unresolved issues remain.

REMUNERATION:

1. Health and safety representatives are entitled to be paid at regular wages while completing or fulfilling their role as a health and safety representative.

HEALTH AND SAFETY**CATEGORY: INSPECTION/INVESTIGATION****POLICY # E3.01 – ACCIDENT AND INCIDENT INVESTIGATION****PAGE:** 1 of 2**REFERENCES:****APPROVAL DATE:** 02.14.1995**REVISION DATE:** 08.03.2004**PROCEDURE APPROVAL DATE:** 02.14.1995**REVISION DATE:** 08.03.2004**AUTHORIZATION:** Executive Director

POLICY:

A formal investigation shall be held of all critical injuries as defined by the Health and Safety Act.

PROCEDURES:

1. In the case of death or critical injury, immediate notice is to be given to a Ministry of Labour Inspector, the JOHSC, and the health and safety representative. An investigation is to be conducted immediately and a written report is to be presented to a Ministry of Labour Director within 48 hours.
2. The definition of critical injury is contained in Ontario Regulation 834 under the Occupational Health and Safety Act. For the purposes of this procedure, a critical injury will be considered to be any serious injury where there is significant loss of blood, a broken bone other than a finger or toe, burns to a major portion of the body, amputation of any part of the body, loss of or diminished sight and any injury that causes loss of consciousness.
3. Where an accident or explosion or fire causes injury to a person, whereby the person is disabled from performing his/her usual work or requires medical attention, an investigation is to be conducted within 48 hours and the employer shall give notice in writing to the health and safety representative within 4 days of the occurrence.
4. It will be the responsibility of the injured employee's supervisor to set up the accident investigation meeting. Those required to attend an investigation are the injured employee (where capable), the employee's supervisor, and the health and safety representative or member from the Joint Health and Safety Committee and Ministry of Labour Inspector (when required).
5. It will be the option of the investigating committee to have the participation of any other personnel who may contribute to the investigation. The health and safety representative and certified management personnel will co-chair the investigation and report the results. The injured employee's supervisor will be responsible for the completion of any recommendations resulting from the accident.
6. In the event of an accident, no person shall interfere with, disturb, alter or carry away any wreckage, article or thing at the scene of or connected with the occurrence until permission to do so have been given by the investigation team. The only exceptions are to save a life or relieve human suffering, maintaining an essential public utility service or transportation system, or preventing unnecessary damage to equipment and other properties.
7. All accident/incident/hazard investigations should commence immediately and be completely within 24 hours. In exceptional circumstances, 48 hours is acceptable. A statement from the injured person may be collected at a later date if necessary.
8. All relevant points brought out during the investigation must be accurately recorded.
9. The investigation team must identify all the contributing factors including hazardous conditions, unsafe actions and root causes so that a decision can be made on which conditions and circumstances contributed to the accident.

HEALTH AND SAFETY**CATEGORY: INSPECTION/INVESTIGATION****POLICY # E3.01 – ACCIDENT AND INCIDENT INVESTIGATION****PAGE: 2 of 2****REFERENCES:**

10. Identifying the contributing factors will include direct observations and interviews with both the employee and any witnesses.
11. The manager and health and safety representatives of the service with support from the Committee if necessary, shall summarize the information gathered, propose an action plan and provide copies to the employees, the Executive Director, the co-chairs of the Health and Safety Committee and the designated health and safety representative.
12. The Manager must ensure the proposed action is implemented to prevent further accidents. If the solution is beyond the authority or resources of the Manager, they must make the Executive Director aware of the problem and put interim procedures in place. The hazards identified in the investigation process must not be allowed to remain without attention while proposed action is pending.
13. The Health and Safety Committee will review data from Accident/Incident Report and Investigation forms, monitor trends and make recommendations to the employees and Executive Director on appropriate preventative strategies and priorities in health and safety.
14. The Executive Director will review the Accident/Incident Report and investigation forms and ensure appropriate action has been taken.
15. Copies of the Accident/Incident Report and Investigation forms will be kept for a period of 5 years following the occurrence. These files will be kept in the Health and Safety cabinet located in the office of the management health and safety certified representative.

HEALTH AND SAFETY**CATEGORY: INSPECTION/INVESTIGATION****POLICY # E3.02 – ACCIDENT AND INCIDENT REPORTING****PAGE:** 1 of 2**REFERENCES:****APPROVAL DATE:** 02.14.1995**REVISION DATE:** 08.03.2004**PROCEDURE APPROVAL DATE:** 02.14.1995**REVISION DATE:** 08.03.2004**AUTHORIZATION:** Executive Director

POLICY:

All accidents, illnesses and incidents, near misses and hazardous conditions no matter how minor must be reported.

PROCEDURES:**RESPONSIBILITIES:**

1. All Association employees have the responsibility to report occupational accidents, illnesses, incidents, hazardous conditions, near misses, and non-injury property damage.
2. The implementation of the reporting system will be the joint responsibility of the Health and Safety Committee. Duties will include reviewing reports, recommendations of preventative and corrective actions, and the maintenance of records.
3. Managers are responsible for completing the appropriate forms and distributing them to the designated parties, in a punctual manner and consistent with legislative requirements.

All Association employees are to be familiar with the procedures for reporting occupational accidents, illnesses, incidents, hazardous conditions and near misses. All employees have the responsibility to initiate the incident reporting sequence by informing their immediate supervisor in the event of an actual or potential injury or illness as soon as possible after the incident has occurred.

DEFINITIONS:

1. An injury that does not require professional medical treatment or lost time from work will be classified as an accident.
2. An illness that does not require professional medical treatment or lost time from work will be classified as an incident.
3. A situation, which could have potentially resulted in an accident or incident but did not, will be classified as a near miss.
4. A situation that is identified as having the potential to cause an accident, incident or near miss will be considered a hazardous condition.
5. An illness will be defined as any disease resulting from exposure to a substance relating to a particular process, trade or occupation or a disease characteristic of a particular process, trade or occupation.
6. All injuries, which require first aid treatment only, must be recorded in the first aid reporting form. This book will be kept with the first aid kit.
7. Non injury property damage is defined as any damage to the Association property and equipment.
8. Critical Injury is defined as:
 - i. Placing life in jeopardy
 - ii. Producing unconsciousness
 - iii. Resulting in substantial loss of blood

HEALTH AND SAFETY**CATEGORY: INSPECTION/INVESTIGATION****POLICY # E3.02 – ACCIDENT AND INCIDENT REPORTING****PAGE: 2 of 2****REFERENCES:**

- iv. Involving fracture of a leg or arm not a finger or toe.
- v. Involving amputation of hand, leg, arm, or foot but not a finger or toe
- vi. Consisting of burns to a major portion of body
- vii. Causing loss of sight in an eye

EMPLOYEES:

1. Employees who experience a work related injury or illness should seek immediate medical attention and promptly report to their supervisor. If transportation to a hospital, doctor's office or an employee's home is necessary, it will be arranged for by the Association.
2. All accidents, illnesses and incidents, near misses and hazardous conditions no matter how slight must be reported.

MANAGERS:

1. Upon notification of the accident, illness or incident, the manager must complete an incident report form if not already done and a WSIB form 7. Managers will also notify the health & safety representative. If the accident, illness, or incident necessitates health care or results in the worker not being able to earn full wages, the Manager of Finance and Administration will notify the WSIB within three days using the Board approved Form 7. The worker will also receive a copy of this form.

RECORDS:

1. Incident reports will be kept on record and reviewed by the Health and Safety Committee.
2. All incident reports on people we work for: a copy of the signed report will be sent back to the person to be included in the persons file.

HEALTH AND SAFETY**CATEGORY: INSPECTION/INVESTIGATION****POLICY # E3.03 – PLANNED INSPECTIONS BY HEALTH AND SAFETY COMMITTEE****PAGE: 1 of 1****REFERENCES:****APPROVAL DATE: 02.14.1995****REVISION DATE: 11.07.2000****PROCEDURE APPROVAL DATE: 02.14.1995****REVISION DATE: 11.07.2000****AUTHORIZATION: Executive Director**

POLICY:

The Joint Occupational Health and Safety Committee (JOHSC) shall conduct planned inspections no less than every six months to ensure compliance with health and safety policies.

PROCEDURES:

1. The planned inspections shall occur in each of the Association work locations every six (6) months.
2. A JOHSC report will be completed and forward to committee members, the manager of the Association work location and the Executive Director within two (2) weeks of the inspection.
3. The manager shall submit a written report on the status of outstanding items to the Committee within ten (10) working days of receipt of inspection reports.
4. The report of the manager shall include an assessment of the problem, the employee responsible for follow up and a projected completion date.

HEALTH AND SAFETY**CATEGORY: INSPECTION/INVESTIGATION****POLICY # E3.04 – UNPLANNED INSPECTIONS BY MANAGEMENT****PAGE: 1 of 1****REFERENCES:****APPROVAL DATE: 02.14.1995****REVISION DATE: 08.03.2004****PROCEDURE APPROVAL DATE: 02.14.1995****REVISION DATE: 08.03.2004****AUTHORIZATION: Executive Director**

POLICY:

The Executive Director or designate shall conduct unplanned inspections of Association work locations to ensure compliance with Health and Safety Policies, no less than every six months.

PROCEDURES:

1. The unplanned inspections shall occur in each service a minimum of every six (6) months.
2. A Management Inspection Report shall be completed and submitted to the relevant manager.
3. The relevant manager shall submit a written report to the Executive Director outlining all action(s) taken. This will include an analysis of identified problems and corrective actions.

HEALTH AND SAFETY**CATEGORY: INSPECTION/INVESTIGATION****POLICY # E3.05 – PLANNED MONTHLY INSPECTIONS BY HEALTH AND SAFETY****REPRESENTATIVE****PAGE:** 1 of 1**REFERENCES:****APPROVAL DATE:** 02.14.1995**REVISION DATE:** 08.03.2004**PROCEDURE APPROVAL DATE:** 02.14.1995**REVISION DATE:** 08.03.2004**AUTHORIZATION:** Executive Director

POLICY:

Inspections shall be conducted on a monthly schedule by each service's health and safety representative.

PROCEDURES:**GENERAL:**

1. Each designated safety representative will use a prescribed checklist. The inspections are to combine observation, documentation, and employee interviews with the objective of identifying hazardous and unsafe conditions in the workplace.
2. The findings are to be recorded and reported. Copies will be kept on file for a minimum three (3) year following the date of the inspection.
3. Any significant findings and recommendations as a result of safety inspections shall be presented to management.
4. Management will review the report and recommendations and respond in writing within 21 days. The response should put forth a plan to address any hazardous conditions identified and timelines for completion.
5. The response will be directed and discussed with the health and safety representative.

UNPLANNED INSPECTIONS:

In addition to planned inspections, the management and the health and safety representative are delegated the authority to conduct unplanned inspections as they see fit.

HEALTH AND SAFETY**CATEGORY: INSPECTION/INVESTIGATION****POLICY # E3.06 – REPRESENTATIVE RECOMMENDATIONS****PAGE: 1 of 1****REFERENCES:****APPROVAL DATE: 02.14.1995****REVISION DATE: 08.03.2004****PROCEDURE APPROVAL DATE: 02.14.1995****REVISION DATE: 08.03.2004****AUTHORIZATION: Executive Director**

POLICY:

Health and Safety Representatives shall evaluate Health and Safety concerns and shall make recommendation to address such concerns.

PROCEDURES:

1. The recommendation will be forwarded to the Manager of the service and the JOHSC to implement recommendation.
2. The Manager will have 21 days to respond in writing. The response will outline the action taken or to be taken. For actions to be taken, a time frame for the action should be included.
3. That Manager will forward the completed recommendation form to the Executive Director.

HEALTH AND SAFETY**CATEGORY: INSPECTION/INVESTIGATION****POLICY # E3.07 – INFECTION CONTROL KITS****PAGE:** 1 of 1**REFERENCES:****APPROVAL DATE:** 02.14.1995**REVISION DATE:** 08.03.2004**PROCEDURE APPROVAL DATE:** 02.14.1995**REVISION DATE:** 08.03.2004**AUTHORIZATION:** Executive Director

POLICY:

The Association shall ensure there is a sealed Infection Control Kit in each Service.

PROCEDURES:

1. The Association will monitor the contents of the Kit by delegation to the Health and Safety Representative in each service location.
2. The Infection Control kits will be inspected on an annual basis by the Health and Safety Representative. The Health and Safety Representative will sign off on the sign off inspection form each time the Infection Control Kit seal is broken.
3. The Health and Safety Representative will ensure the contents of the Infection Control Kit are not expired. If the contents are expired upon inspection the Health and Safety Representative will replace expired items and reseal the kit.
4. The Infection Control Kit will be located in a safe area of the Service location, all staff working in the service location will be aware of the kit and be responsible to ensure the Health and Safety Representative is aware if the kit is open and or items or the kit is damaged or if items have been used.

HEALTH AND SAFETY**CATEGORY: TRAINING****POLICY # E4.01 – HEALTH AND SAFETY TRAINING****PAGE:** 1 of 1**REFERENCES:****APPROVAL DATE:** 02.14.1995**REVISION DATE:** 08.03.2004**PROCEDURE APPROVAL DATE:** 02.14.1995**REVISION DATE:** 08.03.2004**AUTHORIZATION:** Executive Director

POLICY:

All employees of the Association shall receive health & safety training.

PROCEDURES:

1. The JOHSC shall meet with the management team at least once a year (or more often as required) to provide adequate training in health and safety issues.
2. Managers shall be responsible to provide training on health and safety issues as part of the orientation procedures for new employees and to provide training on health and safety issues at team meetings at least once a year (or more often as required).

HEALTH AND SAFETY**CATEGORY: TRAINING****POLICY # E4.02 – WORKPLACE HAZARDOUS MATERIALS INFORMATION SYSTEM TRAINING****PAGE: 1 of 1****REFERENCES:****APPROVAL DATE: 08.03.2004****REVISION DATE:****PROCEDURE APPROVAL DATE: 08.03.2004****REVISION DATE:****AUTHORIZATION: Executive Director**

POLICY:

The Association shall ensure that all employees receive Workplace Hazard Materials Information System (WHMIS) training.

PROCEDURES:

1. All new employees will receive WHMIS Training at the time of orientation.
2. All employees will be trained on an annual basis by viewing a video and completing a quiz.

HEALTH AND SAFETY**CATEGORY: TRAINING****POLICY # E4.03 – NON-VIOLENT CRISIS INTERVENTION TRAINING****PAGE: 1 of 1****REFERENCES:****APPROVAL DATE: 08.03.2004****REVISION DATE:****PROCEDURE APPROVAL DATE: 08.03.2004****REVISION DATE:****AUTHORIZATION: Executive Director**

POLICY:

The Association shall ensure that all employees will hold a valid Crisis Prevention Institute (CPI) certificate from the National Crisis Prevention Institute.

PROCEDURES:

1. All new employees must receive training in CPI before completion of orientation.
2. All employees shall receive training on an annual basis.
3. All certificates must be posted in each work site of the employees.

HEALTH AND SAFETY**CATEGORY: TRAINING****POLICY # E4.04 – FIRST AID TRAINING****PAGE:** 1 of 1**REFERENCES:****APPROVAL DATE:** 08.03.2004**REVISION DATE:****PROCEDURE APPROVAL DATE:** 08.03.2004**REVISION DATE:****AUTHORIZATION:** Executive Director

POLICY:

The Association shall ensure that its employees hold a valid First Aid certificate and Cardio Pulmonary Resuscitation (CPR) certificate in accordance with the Workplace Safety and Insurance Act, First Aid Regulation 1101.

PROCEDURES:**THE ASSOCIATION SHALL ENSURE:**

1. First Aid Stations are equipped with a first aid box containing all items required.
2. The WSIB "In Case of Injury Poster" (Form 82) is posted.
3. The valid First Aid and C.P.R. certificates of all staff in service location are posted.
4. The first aid box is inspected once per month. The inspection will be done by the staff that is on duty at the time and will be verified by the staff signing off his/her inspection on the first aid inspection checklist.
5. The first aid station is managed at all times by employees holding a current Standard First Aid certificate and who work in the immediate vicinity of the first aid station.

RECORDS:

All first aid treatment, including the date and time of the occurrence, the names of witnesses, the nature and exact location of the injury, and the date, time, and nature of the first aid administered will be kept.

HEALTH AND SAFETY**CATEGORY: FEATURES****POLICY # E5.01 – HEALTHY LIFESTYLES****PAGE:** 1 of 1**REFERENCES:****APPROVAL DATE:** 14.02.1995**REVISION DATE:** 08.03.2004**PROCEDURE APPROVAL DATE:** 14.02.1995**REVISION DATE:** 08.03.2004**AUTHORIZATION:** Executive Director

POLICY:

The Association shall promote and encourage healthy lifestyles for its employees and an awareness of safety practices in all aspects of their lives.

PROCEDURES:

The Association shall offer education and information sessions regarding healthy lifestyles as they are available in the community.

HEALTH AND SAFETY**CATEGORY: FEATURES****POLICY # E5.02 – HEALTHY LIFESTYLES****PAGE:** 1 of 1**REFERENCES:****APPROVAL DATE:** 22.11.2011**REVISION DATE:****PROCEDURE APPROVAL DATE:** 22.11.2011**REVISION DATE:****AUTHORIZATION:** Executive Director

POLICY:

The Association shall promote and encourage healthy lifestyles for its employees and people supported with an awareness of smoking risks as well as adhering to all legislation such as the **Smoke-Free Ontario Act. ONTARIO REGULATION 48/06.**

PROCEDURES:

1. The Association shall ensure employees are aware of smoking legislation in regard to smoking while at work.
2. Designated smoking areas will be identified for people we work for when living in a residential home. The area will be outside the home with no exception.
3. This policy shall include all procedures and policy requirements as outlined in the Human Resources Policy D1.17.