



2.0 RIGHTS AND RESPONSIBILITIES POLICY

2.1 Policy

“Insert Company Name Here” is committed to ensuring the health and safety of all their employees and visitors to their sites. All levels of employees have certain responsibilities when it comes to ensuring the health, safety and welfare of themselves and their fellow employees.

2.2 Employer Responsibilities

1. Provide a safe and healthy workplace;
2. Develop, initiate and maintain a comprehensive Occupational Health and Safety Program;
3. Appoint a company Safety Representative;
4. Ensure that regular safety inspections are conducted, and appropriate follow up action is taken as necessary to correct all unsafe conditions;
5. Ensure accident/incident investigations are conducted and appropriate follow up action is taken as necessary to correct all unsafe conditions;
6. Ensure all employees are adequately trained and educated in all company safe work procedures, safe operating procedures and policies;
7. Ensure that regular management and safety meetings are held;
8. Provide personal protective equipment and conduct training in the use and maintenance of such equipment;
9. Maintain safety records, documents and statistics; and
10. Provide First Aid and its facilities.

2.3 Supervisor Responsibilities

1. Ensure that all new employees receive a safety orientation when they start employment with “Insert Company Name Here”;
2. Ensure compliance by all employees and outside contractors under their supervision with the company’s safe work procedures, safe operating procedures and policies;
3. Ensure that all employees under their supervision are adequately trained and are properly instructed in the safe performance of their tasks;



4. Conduct regular departmental safety inspections of their areas including both equipment and work practices;
5. Investigate all accidents and/or incidents involving their employees and complete the “Insert Company Name Here” Accident Investigation Report – taking whatever corrective action is necessary to prevent future similar accidents; and
6. Investigate and correct any alleged unsafe conditions in their area and ensure that proper follow-up action is taken.

2.4 Worker Responsibilities

1. Learn, follow and comply with all company safe work procedures, safe operating procedures and policies;
2. Comply with OHS Regulation, Workers Compensation Act and Environment Canada;
3. Report any unsafe conditions to their Supervisor immediately;
4. Participate and make recommendations in correcting unsafe conditions and the overall health and safety program;
5. Ensure personal protective equipment is properly used where required; and
6. Report any injury to the First Aid Department and/or their Supervisor immediately.

2.5 Contractors Responsibilities

Each contractor shall take reasonable care to protect his worker’s health and safety as well as the health and safety of other workers who may be affected by his/her acts or omissions. The basic responsibilities include, but are not limited to, the following:

1. Planning work with health and safety considerations;
2. Following a health and safety program that is structured to meet the needs of the job site as well as the pertinent Legislation;
3. Participating in the site safety systems;
4. Co-operating with the site personnel and other contractors in all matters of health and safety;
5. Advising the appropriate site personnel of all health and safety matters which may impact on the operation of the site (includes incidents and hazards);
6. Conducting regular inspections of their work area while on site;



7. Conducting an investigation in the event of an incident and to provide site personnel with a copy of the investigation report;
8. Holding regular structured crew tool box talk meetings with workers on site in addition to pre-job meetings as needed;
9. Understanding and following the Emergency Response Plan;
10. Participating in site processes such as emergency drills;
11. Promoting health and safety at all times while on site;
12. Conducting safety orientations with company employees, subcontractors and suppliers; and
13. Maintain safety program certification requirements and audit standards required by industry or association.

2.6 Employee Rights

All Employees have the following three basic rights in Canada:

The Right to Know

All employees have a right to know what hazards are present on the job, and how these hazards can affect them. You usually learn about the hazards during health and safety training sessions and through on-the-job instructions. Learning about chemical safety through WHMIS - the Workplace Hazardous Materials Information System - is also part of the "right to know" system.

The Right to Participate

All employees have a right to take part in health and safety activities. For example, you can be chosen to be a health and safety representative or a member of a committee. You also have a right to report unsafe practices and conditions without worrying that you will lose your job or be reprimanded (get in trouble).

Right to Refusal Unsafe Work

Every employee has the responsibility and right to refuse to any work or operate any tool, appliance or equipment where it is believed, based on reasonable and probable grounds, that there exists, or will cause to exist, an imminent danger to the health and safety of the worker or another worker present at the workplace.

2.7 Right to Refuse Unsafe Work

1. The purpose of this policy is to ensure that every "Insert Company Name Here" employee has the right to refuse work if he or she feels it is unsafe.



9.0 OCCUPATIONAL FIRST AID POLICY

9.1 Purpose

The purpose of this policy and procedure is to provide employees with prompt, easily accessible, and appropriate first aid treatment and to keep a record of each treatment. All of the following shall be required at “Insert Company Name Here” to effectively provide first aid treatment:

1. Occupational First Aid Attendant(s) with appropriate level of training.
2. First Aid kits with appropriate level type and quantities of supplies.
3. First Aid record keeping system.
4. Appropriate means of transporting an injured worker to a first aid facility or a hospital.
5. Effective means of communication between First Aid Attendant(s) and workers who may need their help.

9.2 Requirements for Provision of First Aid

1. First aid equipment, supplies, and services shall be readily accessible to employees during working hours and to visitors, customers and contractors through “Insert Company Name Here” first aid services.
2. Signs clearly indicating the location of and how to call for first aid shall be:
 - a. Posted conspicuously throughout the workplace, and
 - b. Effectively communicated and educated to all “Insert Company Name Here” employees.

9.3 Reporting Injuries

1. All employees covered by WCB insurance are required to report all work-related injuries or disabling occupational disease immediately to their Supervisor and/or First Aid Attendant.
2. All employees who are injured on the job must report all injuries on the day of the incident regardless of the severity, unless symptoms of injury or illness is delayed due to mechanism and cause of injury.

9.4 Summoning First Aid in an Emergency

1. Ensure accident scene is safe to avoid further danger to injured person or self.



6.0 NO SMOKING POLICY

6.1 Purpose

“Insert Company Name Here” is committed to providing a healthy, comfortable and productive work environment for our employees.

This policy is designed to prevent employee exposure to environmental tobacco and e-cigarette smoke/vapor and to provide a safe and healthy work environment by means of controlling and/or eliminating second-hand tobacco smoke.

6.2 Policy

1. Smoking of tobacco containing cigarettes is prohibited inside all “Insert Company Name Here” company buildings, parts of buildings and inside company vehicles.
2. Smoking of e-cigarettes and/or vapor cigarettes is prohibited inside all “Insert Company Name Here” company buildings, parts of buildings and inside company vehicles.
3. All indoor “No-Smoking” signs must be adhered to at all times, including various outdoor locations around the “Insert Company Name Here” site(s).
4. All employees, contractors and visitors must comply with this policy.

6.3 Designated Smoking Areas

1. Smoking will only occur in the workplace at outdoor designated smoking areas located around various company sites.
2. The following criteria will be followed in determining safe outdoor designated smoking areas:

Smoking will be restricted to a safe outdoor location that is a minimum of __ meters from a doorway, window or air intake of an indoor place.

3. Ensure cigarette butts are put out (extinguished) in a safe manner and discarded of in the ashtrays provided in each smoking area.



8.7 Pictograms (2015)

Chemicals that fell under the 1988 WHMIS legislation were called “controlled products”. However, under the 2015 WHMIS legislation “controlled products” will now be called “**Hazardous Products**”. The 2015 hazard symbols are now called **PICTOGRAMS** and will be enclosed inside of a **RED** colored **DIAMOND** shape.

In 2015 three symbols have changed their representation/identity compared to the 1988 WHMIS legislation. These three symbols are “Exploding Bomb”, “Health Hazard” and “Exclamation Mark”. The “Biohazardous Infectious Materials” symbol will still remain the same and will still be enclosed inside of a **BLACK** colored **CIRCLE** shape.

The “Environment” symbol has been added to the 2015 WHMIS legislation which means the hazardous products may cause damage to the aquatic environment (i.e. spray painting, accidental spill, etc.)

	Exploding bomb (for explosion or reactivity hazards)		Flame (for fire hazards)		Flame over circle (for oxidizing hazards)
	Gas cylinder (for gases under pressure)		Corrosion (for corrosive damage to metals, as well as skin, eyes)		Skull and Crossbones (can cause death or toxicity with short exposure to small amounts)
	Health hazard (may cause or suspected of causing serious health effects)		Exclamation mark (may cause less serious health effects or damage the ozone layer*)		Environment* (may cause damage to the aquatic environment)
	Biohazardous Infectious Materials (for organisms or toxins that can cause diseases in people or animals)				

* The GHS system also defines an Environmental hazards group. This group (and its classes) was not adopted in WHMIS 2015. However, you may see the environmental classes listed on labels and Safety Data Sheets (SDSs). Including information about environmental hazards is allowed by WHMIS 2015.



8.8 Safety Data Sheets – SDS (2015)

Under the 2015 WHMIS legislation, Safety Data Sheets will **NOT** be required to be updated every 3 years. Instead, SDS's will be updated when significant new data become available.

In the 1988 WHMIS legislation, the minimum sections required in a Safety Data Sheet were 9 sections. In the 2015 WHMIS legislation, the minimum sections required in a Safety Data Sheet will be **16 sections**.

1. Identification (product and supplier)	9. Physical and chemical properties
2. Hazard identification	10. Stability and reactivity
3. Composition/information on ingredients	11. Toxicological information
4. First-aid measures	12. Ecological information*
5. Fire-fighting measures	13. Disposal considerations*
6. Accidental release measures	14. Transport information*
7. Handling and storage	15. Regulatory information*
8. Exposure controls/ personal protection	16. Other information

* Sections 12 to 15 require the headings to be present. The supplier has the option to not provide information in these sections.

The definition of each of the 16 sections are as follows:

1. *Identification*

Product identifier, recommended use and restrictions on use, supplier contact information, emergency phone number.

2. *Hazard Identification*

Classification (hazard class and category), label elements (including hazard pictogram, signal word, hazard statement and precautionary statements) and other hazards (e.g. thermal hazards).

3. *Composition/Information on Ingredients*

For a hazardous product that is a substance: the chemical name, synonyms, CAS No. and the chemical name of impurities, stabilizing solvents and stabilizing additives where classified and that contribute to the classification of the product. For a hazardous product that is a mixture: for ingredients that present a health hazard, the chemical name, synonyms, CAS No. and concentration. Note: Confidential Business Information Rules may apply.

4. *First-aid Measures*

First-aid measures by route of exposure as well as most important symptoms/effects.

5. *Fire-fighting Measures*

Suitable (and unsuitable) extinguishing media, specific hazards, special equipment and precautions for fire fighters.

6. *Accidental Release Measures*

Protective equipment, emergency procedures, methods and materials for containment and clean up.

7. *Handling and Storage*

Precautions for safe handling, conditions for storage, including any incompatibilities.



18.0 NEW AND YOUNG EMPLOYEE ORIENTATIONS POLICY

18.1 Instruction and Supervision: Purpose

1. Young and new workers need special attention because they are at more risk of injury than their older or more experienced counterparts.
2. It is “Insert Company Name Here” responsibility to ensure that every worker receives adequate education and training (instruction) to do their work safely.
3. All employees must strictly adhere to the contents and provisions of “Insert Company Name Here” Occupational Health & Safety Program, Occupational Health and Safety Regulation and Workers Compensation Act and all other applicable regulations.

18.2 Policy

1. “Insert Company Name Here” shall provide training and orientation to all new and young workers (a worker 25 years old, or younger is considered a young worker):
 - a. Before they start work; or
 - b. When they come from another work location; or
 - c. When there’s been a change in the workplace that could affect their wellbeing.
2. All “Insert Company Name Here” employees, including new and young employees, will be given a safety orientation by their Supervisor immediately upon hiring.
3. “Insert Company Name Here” will make sure the new or young worker understands the training by asking questions about specific procedures or general requirements and by constant observation.
4. All new and young worker education, training and orientations must be recorded on the **“Insert Company Name Here” Training Record Form and the New & Young Worker Orientation Form.**
5. All education, training and orientation records shall be maintained for each worker, listing topics covered and date of education or training

18.3 Purpose

The purpose of this policy is to ensure that “Insert Company Name Here” has established procedures for reporting potential or actual hazards and/or unsafe conditions and behaviors throughout the work site.

18.5 Definitions

“Hazard” A thing or condition that may expose a person to a risk of injury or occupational disease.

“IDLH” Immediately Dangerous to Life or Health.



18.4 Policy

1. If safe to do so rectify or remove any hazard(s) or unsafe condition(s) immediately. Examples of these hazards can be from tripping, slipping, and/or blocked access or egress. Ensure the hazard being rectified can be done so in a safe manner, where the health and safety of an employee(s) is not at risk.
2. If the hazard, unsafe condition and/or unsafe behavior is not rectifiable in a safe manner, the hazard should be reported to their Supervisor immediately and/or the store Safety Representative.
3. If a hazard is IDLH (immediately dangerous to life or health) ensure your own safety and secure the area until the Supervisor has been contacted and measures have been taken to rectify the hazard.
4. Hazards, unsafe conditions and/or unsafe behaviors can be reported to their Supervisor verbally or by filling out the **“Insert Company Name Here” Incident Investigation Report** form and forwarding to their Supervisor.
5. This policy does not preclude employees from exercising their right to refuse unsafe work as mentioned in ‘right to refuse unsafe work’ **“Insert Company Name Here”** policy and the Occupational Health and Safety Regulation and Workers Compensation Act.

18.5 Supervisor Responsibility

1. The Supervisor must ensure that all hazard reports are responded to and investigated immediately.
2. Ensure work does not resume until the hazard is controlled and rectified and no longer presents an unacceptable risk to the health and safety of employees.
3. Ensure all applicable sections of the **“Insert Company Name Here” Incident Investigation Form** are filled out.
4. All hazard reports and incident investigation reports will be reviewed and discussed on a monthly basis by the Supervisor and the Safety Representative.

18.6 Instruction and Supervision: Right to Refuse Unsafe Work

1. The purpose of this policy is to ensure that every **“Insert Company Name Here”** employee has the right to refuse work if he or she feels it is unsafe.
2. **“Insert Company Name Here”** will continue to maintain a safe work environment for its employees in order to prevent occupational injuries and illnesses.



19.0 SUB-CONTRACTOR HIRING POLICY

19.1 Purpose

It is the contractor's responsibility to ensure that project work is performed in a safe manner, and that it is in compliance with the Occupational Health and Safety Regulations, any other applicable provincial and/or federal laws and/or regulations, and any "Insert Company Name Here" policies, procedures and other requirements that may apply.

"Insert Company Name Here" expectations are that contractors will train, supervise, and direct their contractors to be mindful of the safety of "Insert Company Name Here" contractors and visitors when performing work on "Insert Company Name Here" premises.

19.2 Contractor Safety Programs

1. The Prime Contractor shall have in place a safety program acceptable to WCB.
2. The implementation of the safety program shall be monitored through monthly safety meetings with the Prime Contractor, contractors and subcontractors.
3. Minutes of these meetings shall be forwarded to "Insert Company Name Here" and posted at the site office for view by the public.
4. The Prime Contractor shall report the following to the "Insert Company Name Here" Project Manager:
 - a. Immediate notification of incidents or near misses that resulted or could have resulted in injuries requiring medical care.
 - b. Results of any accident investigations.
 - c. Safety committee meetings held.
 - d. Inspections performed.

19.3 Contractor Site Safety Plan

1. The responsibility for safety shall rest with the Prime Contractor.
2. The requirements of WCB - Occupational Health and Safety regulations, the provincial Traffic Control Manual, the Provincial Building Code and the Provincial Fire Code apply as a minimum.



3. All contractors and sub-contractors must be registered employers with WCB and have WCB Insurance for all their workers.
4. The owner will provide the Prime Contractor with any information known to the owner that is necessary to identify and eliminate or control hazards to the health or safety of persons at the workplace.
5. The Owner Representative will deal with issues of non-compliance and apply any consequences directly to the contractor or prime contractor.
6. As a minimum, contractors must:
 - a. Provide any safety documentation necessary to meet “Insert Company Name Here” requirements.
 - b. Be experienced in all phases of the work to be done.
 - c. Ensure their workers on the project are adequately trained in the work procedures to be used.
 - d. Exercise good site safety management

19.4 “Insert Company Name Here” Responsibilities

Our responsibility is to help contractors coordinate health and safety activities by:

- a. Providing contractors with information on all workplace hazards in your work areas;
- b. Ensuring the requirements of the Workers Compensation Act and WCB Occupational Health and Safety Regulation are met; and
- c. Ensuring a system is in place to evaluate a contractor’s safety program and safe work procedures, before commencing onsite work (if required).



24.6 Personal Protective Equipment

1. The following PPE will be provided to employees by “Insert Company Name Here” This PPE is to be worn and used if exposed to or near an infected worker.
2. Employees are recommended to wear respirators and gloves while performing work.

Gloves



Masks and Respirators





Face Shield



24.7 Disposal of Contaminated PPE

1. All contaminated PPE such as masks, respirators, gloves and Tyvek suits must be disposed of in a labeled biohazardous container bin.





24.12 Exposure or Symptom Reporting

1. If you believe you have been exposed to a confirmed infected COVID-19 employee, report to your Supervisor immediately. You will be required to leave the site, isolate yourself, and contact your local health care provider.
2. If you are showing any of the following symptoms, report to your Supervisor immediately. You will be required to leave the site, isolate yourself, and contact your local health care provider:

Similar to a cold or flu and include fever, fatigue, cough and difficulty breathing.

24.13 Contact with a Confirmed Case of COVID-19

1. If a confirmed case is identified in your workplace, the designated public health services will provide advice to:
 - a. Any employee that has been in close face-to-face or touching contact
 - b. Anyone talking with or being coughed on for any length of time while the employee was symptomatic
 - c. Anyone who has cleaned up any bodily fluids
 - d. Close friendship groups or workgroups
 - e. Any employee living in the same household as a confirmed case
2. Contacts are not considered cases and if they are feeling well, they are very unlikely to have spread the infection to others:
 - a. Those who have had close contact will be asked to self-isolate at home for 14 days from the last time they had contact with the confirmed case and follow the advice they will be actively followed up by the designated public health services
 - b. If they develop new symptoms or their existing symptoms worsen within their 14-day observation period they should call the designated public health services for reassessment
 - c. If they become unwell with cough, fever or shortness of breath they will be tested for COVID-19
 - d. If they are unwell at any time within their 14-day observation period and they test positive for COVID-19 they will become a confirmed case and will be treated for the infection



- e. Staff who have not had close contact with the original confirmed case do not need to take any precautions other than monitoring their health for flu-like symptoms and can continue to attend work.

3. A confirmed case of COVID-19 in the workplace will cause anxiety among co-workers and some may become stressed. Clear communication is important, directing workers to reliable sources of information about COVID-19. Managers should be supportive and understanding and as far as possible flexible on working arrangements.



FIRST AID RECORD FORM

Name:	Occupation:	Department:
Date of Injury/Illness (D/M/Y):		Time of Injury/Illness (AM/PM):
Date and Time of Injury Reported (D/M/Y - AM/PM):		

Description of how the injury, exposure, or illness occurred (*print clearly - what happened?*)

Description of the nature of the injury, exposure, or illness (*print clearly - what you see – signs and symptoms*)

Description of treatment given (*print clearly*)

Interventions: CPR Airway Cleared Airway Maintained Ventilated Controlled Bleeding

Any Witnesses?: Yes No If yes, please provide name(s): _____

Recommendations (Check): Return to Work Medical Aid Follow Up – When? _____

Transported By (Check): Ambulance Taxi Company Vehicle Other – Explain _____

Graduated Return to Work: Alternate Duty Options Return to Work Form – Medical Aid Workers Supervisor Informed

Provided Worker Handout: Yes No If yes, which form: _____

OFAA Name (Please Print):	OFAA Signature:
Patient Name (Please Print):	Patient Signature:



ACCIDENT – INCIDENT INVESTIGATION FORM

INCIDENT OCCURRED: LOCATION & DATE

Location of Accident or Incident:	
Date of Incident mm-dd-yy:	Time AM <input type="checkbox"/> PM <input type="checkbox"/>

INJURED PERSON

Last Name (print)	First Name (print)	Phone Number

NATURE OF INJURY/INJURIES

1.
2.

WITNESSES

Last Name (print)	First Name (print)	Phone Number

ACCIDENT / INCIDENT DESCRIPTION

Briefly describe what happened, including the sequence of events preceding the incident (attach description to this form if more room is required):

STATEMENT OF CAUSES & CONTRIBUTING FACTORS

List any unsafe conditions, acts, or procedures that in any manner contributed to the accident / incident:

RECOMMENDATIONS

Recommend Corrective Actions(s)	Action by Whom	Action Date By
1.		
2.		
3.		

Investigation Completed By:

Signature:

Date:

Investigation Completed By:

Signature:

Date:



WORKING ALONE FORM

Definition

Alone

Working by yourself with no other people in the vicinity.

Isolation

Working in the same general area with a partner or another crew, but will not be in contact with the other person or crew for an extended amount of time.

Person Working Alone

- The person who will be working alone (the lone worker) must designate a contact person to check in with on a pre-planned schedule. The check in will be every _____ hours plus at end-of-shift.
- The lone worker must carry a functioning communication device, such as a satellite transceiver, two-way radio, satellite phone, cell phone or combination thereof plus the contact information for the contact person.
- The designated contact person must have a copy of this working alone procedure and any applicable ERP, contact information, locations and/or maps necessary for rescue of the lone worker.
- The designated contact person must record the time of each contact with the lone worker.
- If the lone worker fails to check in, then the contact person must initiate search procedures after _____ hours. See Missing Worker section of company Emergency Response Plan.

Person Working in Isolation

If two people are working on the same opening, or in the same immediate area, both should carry a functioning communication device and check in with each other on a predetermined schedule:

If neither person has a functioning communication device then visual contact must be made on a predetermined schedule at the predetermined location:

_____.

Supervisor Responsibilities

The supervisor has:

1. Identified hazards to the worker
2. Managed the identified risks from hazards
3. Trained the contact person in responsibilities including emergency response.



Working Alone or In Isolation Checklist

Date(s): _____

Worker Name: _____

Working Location: _____

Contact Person Name: _____

Radio Frequency 1 _____

Radio Frequency 2 _____

Emergency Contact

Type: _____
(family, supervisor, etc.)

Emergency Contact Phone: _____

Frequency of Contacts: _____

Monday		Tuesday		Wednesday		Thursday		Friday	
Time	Check	Time	Check	Time	Check	Time	Check	Time	Check
8:00 AM	<input type="checkbox"/>	8:00 AM	<input type="checkbox"/>	8:00 AM	<input type="checkbox"/>	8:00 AM	<input type="checkbox"/>	8:00 AM	<input type="checkbox"/>
10:00 AM	<input type="checkbox"/>	10:00 AM	<input type="checkbox"/>	10:00 AM	<input type="checkbox"/>	10:00 AM	<input type="checkbox"/>	10:00 AM	<input type="checkbox"/>
12:00 PM	<input type="checkbox"/>	12:00 PM	<input type="checkbox"/>	12:00 PM	<input type="checkbox"/>	12:00 PM	<input type="checkbox"/>	12:00 PM	<input type="checkbox"/>
2:00 PM	<input type="checkbox"/>	2:00 PM	<input type="checkbox"/>	2:00 PM	<input type="checkbox"/>	2:00 PM	<input type="checkbox"/>	2:00 PM	<input type="checkbox"/>
4:00 PM	<input type="checkbox"/>	4:00 PM	<input type="checkbox"/>	4:00 PM	<input type="checkbox"/>	4:00 PM	<input type="checkbox"/>	4:00 PM	<input type="checkbox"/>
End of shift		End of shift		End of shift		End of shift		End of shift	

Name of Person Conducting Checks: _____

Signature of Person Conducting Checks: _____



CREW TOOLBOX TALK FORM

Date : _____ **Location:** _____

Topics Covered (Please Print Clearly):
1. _____
2. _____
3. _____
4. _____
5. _____

Was a safety video(s) used for the tool box talk? Yes No

Name of Video(s): _____ Length (min): _____

Were any handout(s) given to the employees during this tool box talk? Yes No

Handout(s): _____

*** Please attach any handouts or any other material used in the toolbox talk with this form ***

Employees Present at Crew Toolbox Talk:

Print Name:	Signature:	Print Name:	Signature:

Crew Talk Conducted By: _____ Signature: _____