

A black and white photograph of a modern building's interior, featuring a large, curved, ribbed structure that resembles a staircase or a large ventilation system. The structure is made of dark metal or plastic, with many parallel ribs. The background shows a bright, overcast sky through a glass or skylight structure.

# Occupational Health and Safety Manual



106 20285 Stewart Crescent, Maple Ridge BC V2X 8G1

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## COMPANY'S SAFETY POLICY

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Corporate Cleaning Services Ltd. is committed to a strong Health and Safety Program that protects its employees, contractors, customers, clients, the public, and property from accidents and/or incidents occurring on our projects.

We believe that all accidents are preventable; our goal is ZERO accidents.

Active participation at all levels will ensure that our goal can be achieved.

Corporate Cleaning Services endeavours to provide proper and relevant employee training, job specific safe work practices, personal protection equipment (PPE), operations and maintenance procedures, and safety guidelines. Our aim is to focus awareness of management, employees and contractors on reducing the risk of accidents and/or incidents in all activities.

Corporate Cleaning Services, contractor employers, and contractor employees are responsible for fully complying with all health and safety standards and regulations, including the Workers' Compensation Act, and the Occupational Health and Safety Regulations (the "OHS Regulation"). Cooperation with management in the implementation of the Health and Safety Program, worksite inspections, incident investigations, and the continuous improvement of this program is implicit.

Corporate Cleaning Services is committed to safe and sustainable practices in all aspects of our operations and therefore will review and update our safety program on a yearly basis to adapt to industry changes, trends, and requirements.

Corporate Cleaning Services management, contractor management, and all employees are collectively responsible to ensure compliance with local government, occupational health, safety and environmental regulations.

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Mark Sippola  
President

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Date

## 1. OVERVIEW

The legal requirements for workplace health and safety in British Columbia are described in the Workers' Compensation Act (the Act) and the Regulation.

The Act describes the jurisdiction of WorkSafeBC and its authority to make regulations, inspect workplaces, issue orders, and impose penalties. It also describes the rights and responsibilities of employers and workers in relation to health and safety. Most of these are described in Part 3 of the Act (sections 106-230).

The Regulation contains general requirements that apply to most workplaces, as well as requirements for specific industries. The information in the Regulation is divided into three basic categories:

- Core Requirements deal with workplace health and safety basics, including health and safety programs, rights and responsibilities, and workplace inspections.
- General Hazard Requirements (parts 5-19) deal with topics such as personal protective equipment (PPE), chemical safety, protection against noise, and the safe use of machinery and equipment.
- Requirements for Specific Industries and Activities (parts 20-32) – these requirements apply to specific industries, such as agriculture, forestry, and construction.

Many sections of the Regulation also have accompanying Guidelines and Policies that will help clarify your requirements.

Many of the legal requirements for managers and employees are described in the Responsibilities section of this document.

## 2. RESPONSIBILITIES

The Company's responsibilities in the workplace health and safety program are specified under sections 115 to 124 of the Act. Executives, managers and employees each have specific responsibilities, which are described in this section.

### 2.1 EXECUTIVES

Corporate Cleaning Services' managers and supervisors are responsible for supplying an effective strategy that can manage the occupational health and safety concerns of Corporate Cleaning Services.

Executive staff must:

Ensure that resources are allocated and governed properly to achieve the health and safety requirements of employees, and that policies comply with Corporate Cleaning's legal obligations.

Foster a workplace culture of safety, with appropriate leadership.

Review the efficacy of policies on an annual basis, and revise where necessary.

## 2.2 MANAGERS AND SUPERVISORS

Managers are responsible for the following:

- Familiarize yourself with the OHS program and ensure its effective implementation in the company.
- Be aware of all safety considerations when introducing a new process, procedure, machine, or material to the workplace.
- Provide safety training to employees before assigning duties. Have employees sign-off on the training.
- Enforce all company safety rules consistently and fairly.
- Control and identify products and chemicals, and make sure such are labelled with the appropriate Safety Data Sheets (SDS).
- Give maximum support to programs and committees that promote health and safety.
- Review all accidents and complete Incident Investigation Reports, when required, to ensure that documentation requirements are fulfilled and appropriate action is taken to prevent recurrence.
- Report work-related incidents, when required, by completing and sending a Form 7 to WorkSafeBC within 72 hours of the incident.
- See that all injuries, even minor ones, are treated immediately and referred to a medical facility, if necessary.
- Inspect work areas often to detect unsafe conditions and work practices, conduct monthly health and safety meetings and inspections.
- Ensure that unsafe or harmful conditions found in the course of inspections or incident investigations are remedied immediately.
- Conduct risk assessments for potential hazards from violence in the workplace, ergonomics (sprains and strains), or emergencies.
- Conduct a safety orientation for all new employees, as well as existing employees who are learning a new role. Include the risks associated with the role.
- Eliminate or minimize risks to employees by implementing control measures, training and educating staff, and evaluating controls for effectiveness.
- Consult with staff members when identifying risks associated with ergonomics (sprains and strains).
- Ensure that all employees are fit for duty. An employee must not be assigned to activities where a reported or observed impairment may create undue risk to the employee or anyone else. Consider the effects of alcohol, prescription and non-prescription drugs, and fatigue as potential sources of impairment.

## 2.3 EMPLOYEES AND SUB-CONTRACTORS

At Corporate Cleaning Services, we consider a healthy and safe workplace to be of major importance. We know that when our employees are healthy and happy, so are our clients. By practicing safe work procedures, keeping fit, and working toward preventing accidents we can improve morale, reduce pain and suffering, and build pride in our workplace.

Contractors: All contractors and sub-contractors must follow and obey the Occupational Health and Safety rules and regulations, and they must ensure all personnel follow the Company's regulations and the Workers' Compensation Act.



Employees and contractors are responsible for the following:

- Right to refuse unsafe work.
- Right to participate in the workplace health and safety activities through the Health and Safety Committee (HSC) or as a worker health and safety representative.
- Right to know, or the right to be informed about, actual and potential dangers in the workplace.
- Never knowingly put yourself or others at risk.
- Report any unsafe working conditions to your immediate supervisor or your Human Resources representative.
- Participate in inspections and investigations where applicable.
- Work with care and attention at all times. Do not participate in any inappropriate activity or behaviour, e.g. inappropriate jokes, pushing, or horseplay.
- Wear personal protective equipment (PPE) as needed or required.
- Do not operate any machinery or equipment without receiving the proper instructions.
- Always report all injuries or symptoms, no matter how minor, immediately to your manager or supervisor so that they can work with you towards future prevention.
- Encourage co-workers to work safely.
- Report any unsafe acts or conditions to your manager and wherever possible remedy those conditions to ensure that no one gets hurt.
- Always check that guards and safety devices on equipment are used as instructed.
- Maintain equipment in good, safe working order.
- Follow all safety rules, regulations and programs from WorkSafeBC and from the Company.
- If, in the unfortunate event you do get hurt, it is very important that you work with your doctor and your management team towards a speedy recovery.
- All employees and contractors of Corporate Cleaning Services must not be under the influence of illegal drugs or alcohol in the workplace.
- Every employee has an obligation to meet the attendance requirements of the job. When an employee shows extraordinarily long or frequent absences, the rest of the team may be placed in a compromising position and conditions could become unsafe. Take the necessary steps to improve your health and attendance.
- Assist in the creation of a safe work environment by recommending actions that will improve the effectiveness of the health and safety program.

## **2.4 HEALTH AND SAFETY MANAGER RESPONSIBILITIES**

The Health and Safety Manager must ensure that the company meets the necessary legislative obligations and drive the continuous improvement of health and safety throughout the business. The Health and Safety Manager facilitates the ongoing development of health and safety policies and procedures to make sure all staff members, employees, managers, supervisors and contractors, are adhering to these standards. She/he will also provide advice, support and guidance at a Manager level on all matters of legal compliance regarding Health and Safety Management.

The Health and Safety Manager is responsible for, and not limited, to the following:

- Developing health and safety management systems including quality assurance systems and compliance with external audits following the WorkSafeBC guidelines.
- Prepare and enforce health and safety policies, and promote a positive health and safety culture throughout the organization.
- Evaluate practices, procedures and facilities to assess risk and adherence to the law.

- Facilitate and conduct the Occupational Health and Safety Committee meetings, update and maintain the company's health and safety bulletin board.
- Conduct training and presentations for WHMIS, and all health and safety matters and accident prevention.
- Monitor compliance to policies and laws by inspecting, the facility, employees, contractors and operations.
- Investigate all accidents and incidents to discover causes, and handle workers' compensation claims, and submit all reports to WorkSafeBC within the prescribed time frame.
- Recommend solutions to issues, improvement opportunities or new prevention measures.
- Report on health and safety awareness, issues and statistics.
- Manage and coordinate audits, including liaising with external contractors.
- Develop internal and external networks to allow performance to be benchmarked.
- Business risk analysis and risk assessments.
- Assist supervisors to update and maintain the SDS binder for all sites.
- Reduce the number of health and safety incidents to a minimum.

## **2.5 PRIME CONTRACTOR (OWNER) RESPONSIBILITIES**

As per WorkSafeBC guidelines, on a worksite, the owner is ultimately responsible for health and safety. In many cases, the owner is also in the role of employer and must meet the responsibilities for both roles.

- Maintain the premises in a way that ensures the health and safety of people working on site.
- Disclose to employers or prime contractors the full details of any potential hazards in or around the workplace so they can be eliminated or controlled.
- Comply with occupational health and safety requirements and orders.
- Coordinate the occupational health and safety activities of all employers, workers, and anyone else at the workplace.
- Establish and maintain procedures to ensure all parties follow occupational health and safety requirements at the workplace.

## **2.6 JOINT OCCUPATIONAL HEALTH & SAFETY COMMITTEE**

A joint committee is required by the Workers' Compensation Act and is made up of workers and employer representatives to identify and resolve safety and health problems in support of a planned occupational health and safety program in the Company.

The joint committee plays an important role in our occupational health and safety program, giving our employees, managers, supervisors, and contractors a way to work together to identify and find solutions to workplace health and safety issues. The joint Health and Safety Committee must include the following components:

- constituency and composition of the committee
- co-chairs
- purpose of the committee
- duties and functions of the committee
- records and reports
- meetings
- role of the co-chairs
- role of the members
- guests
- terms of office

- participation in investigations
- decision-making model
- education and training
- accident and Incident Reports
- communication

For more information on the roles of the Occupational Joint Health and Safety Committee, please refer to Section 7, page 32.

### **3. SAFETY RULES**

#### **3.1 CODE OF CONDUCT**

Corporate Cleaning Services Code of Conduct policy outlines our expectations regarding contractors and employees' behaviour towards their colleagues, supervisors and the overall organization.

We promote freedom of expression and open communication, and we expect all employees and contractors to follow our code of conduct. They should avoid offending, participating in serious disputes and disrupting our workplace. We also expect them to foster a well-organized, respectful and collaborative environment.

Engaging in fighting, horseplay, practical jokes or in any kind of similar activity is not permitted or tolerated in the workplace. The Company does not allow any kind of discriminatory behaviour, harassment or victimization. Employees and contractors need to conform with our equal opportunity policy in all aspects of their work, from recruitment and performance evaluation to interpersonal relations.

Corporate Cleaning Services may have to take disciplinary action against employees and contractors who repeatedly or intentionally fail to follow our code of conduct. Disciplinary actions will vary depending on the violation.

Possible consequences include:

- verbal-documented
- written
- demotion
- reprimand
- suspension or termination for more serious offenses

We may take legal action in cases of corruption, theft, embezzlement or other unlawful behavior.

#### **3.2 USE OF CELL PHONES, HEADPHONES AND RADIOS IN THE WORKPLACE**

Corporate Cleaning Services employees and contractors are not allowed to talk on cell phones while working. The use of cell phone shall be limited to emergencies only or if you need to communicate with your supervisor. Prior to taking or making an emergency call, stop the work you are performing, handle the call in as short a time as possible then resume working OR contact your supervisor if the situation requires immediate attention.

Personal use of headphones, Walkman's, MP3 players, other personal listening devices, and radios are not permitted while performing your job.

### 3.3 JANITORIAL CLOSET/STORAGE ROOM POLICY AND PROCEDURES

The purpose of this Policy and Procedure is to provide our employees and contractors with useful janitorial safety resources regarding maintaining the janitorial closets/storage rooms. The structure of these procedures first addresses cleaning and operational issues, followed by important safety information. This is a live document and will be edited and updated as required.

This information will assist in establishing company-wide minimum required standards for janitorial closets. Corporate Cleaning Services' employees and contractors are responsible for maintaining their janitorial closets, rooms, storage areas and worksites in an organized and safe manner, and in compliance with all WorkSafeBC regulations.

With the use of this resource, employees and contractors will be better prepared to:

- comply with WorkSafeBC Health and Safety regulations
- oversee the completion of assigned duties in a safe manner

All employees, contractors, supervisors, and managers must collaborate as we continue to work together using the guidelines and safety standards established in this policy.

### 3.4 GENERAL SAFETY INFORMATION

In our company, safety in the workplace is extremely important. To assist in achieving a safe environment and the organization and maintenance of all sites, Corporate Cleaning Services' managers, supervisors, employees and contractors must be safety conscious at all times. Maintaining supplies and equipment in an orderly condition will assist in this process, and ensure that safety is always a high priority. Below are the safety items that will enable us to achieve our goal:

- Position all supplies and equipment in a safe place and manner while working, and return them to the proper storage area when finished.
- Chemical cabinets, supplies and boxes: need to be at least 1 metre from electrical panels.
- Chemicals should be placed below eye level as per safety compliance guidelines.
- Read labels and review the Safety Data Sheets (SDS) binder before using any products to learn about hazards, First Aid procedures, and proper handling of chemicals. When applicable, wear goggles, gloves, and, when needed, a facemask. When working overhead, wear goggles to avoid getting anything in your eyes. SDS must be present for each chemical/cleaning product that is brought to the site, or stored on site.
- Always remember to never mix chemicals together. You can create a toxic gas or hazardous solution.
- Never use or store a ladder or equipment that has been damaged. Report all damaged ladders and equipment to your supervisor for tagging, repair, or disposal.
- Always use proper lifting techniques. Bend your knees and keep your back straight. Never lift anything that is too heavy for you and wear a back support when needed. Get help if needed.

When applicable, always use the proper protective equipment:

- safety glasses
- earplugs
- nitrile rubber gloves/winter gloves
- proper footwear for designated task
- high visibility vest
- steel-toed boots

If you have questions regarding how to properly maintain your janitorial storage areas, please contact your immediate supervisor, or Health and Safety Manager Carmen Hewitt at 604-465-4699 ext. 125, carmenh@corporatecleaning.bc.ca.

### **3.5 WORKPLACE HAZARDOUS MATERIAL INFORMATION SYSTEM (WHMIS 2015) AND SAFETY DATA SHEETS (SDS)**

WHMIS is a Canada-wide system in which suppliers, employers and workers each have their own responsibilities. WHMIS is there to protect the health and safety of workers by promoting access to information on hazardous materials used in the workplace.

The WHMIS 2015 legislation is currently in force. "In force" means that suppliers must use and follow these requirements for labels and safety data sheets (SDS) for hazardous products sold, distributed, or imported into Canada.

### **3.6 ROLE OF SUPPLIERS, EMPLOYERS AND WORKERS**

#### ***3.6.1 Suppliers***

The suppliers who manufacture, import, distribute or sell hazardous materials must:

- determine which of their products are controlled products
- obtain information about their controlled products, prepare and provide this information in the form of labels and material safety data sheets
- update the information on their controlled products every three years or as soon as there is new information about them

#### ***3.6.2 Employers***

The employers who purchase, use or manufacture controlled products must:

- ensure that all controlled products (purchased, produced on site or decanted) are properly labelled
- obtain updated material safety data sheets from the supplier or produce them themselves for the controlled products manufactured on site
- collaborate in the development of a training and information program on the controlled products and ensure that it is updated annually
- ensure that employees are trained and informed and that the acquired knowledge is put into practice

#### ***3.6.3 Employees/Contractors***

The workers who use controlled products at work must:

- participate in the training and information program on controlled products
- take the necessary steps to protect themselves and their co-workers
- participate in identifying and eliminating risks

### 3.7 JANITORIAL ROOMS, CLOSETS AND STORAGE

The basic duties of the employees and contractors include maintaining assigned janitorial closets, storage and rooms in a clean, safe, and organized condition at all times.

Janitorial closets, rooms and storage areas should be maintained and up to company standards. This duty should be accomplished in a safe manner. Employees and contractors are responsible for:

- organizing and maintaining all janitorial storage spaces and closets within the assigned area
- monitoring safety hazards on a continual basis during their work period
- reporting any hazard and promptly remedying the situation or reporting it to the supervisor

Daily inspections of each closet in the work area to ensure that:

- all janitorial closets, rooms and storage are kept in a neat and orderly manner
- all closets are properly stocked, and all supplies are properly stored
- make sure that all janitorial closets, rooms and storage entrances are clear of obstructions
- all equipment is properly stored and in good working condition
- the Emergency Contact List is available and up-to-date
- make sure that at all times the SDS binder is available, visible, and up to date
- accident/ Incident report and first aid forms are available
- WHMIS and Health and Safety posters are properly displayed
- emergency preparers' bin is properly stocked and free of obstructions
- all electrical cords are in good condition and stored properly
- all chemical containers are properly labelled, diluted and stored
- any visible hazards are identified and properly remedied or reported
- no unauthorized products or supplies are present
- electrical panels are free of obstructions

### 3.8 SUPPLY REQUESTS

Contractors are responsible to provide their own equipment and supplies. Contractors must contact the head office and/or immediate supervisor when they need to order more supplies.

Employees are responsible for ordering and maintaining the cleaning chemicals and materials. Supplies must be ordered through their immediate supervisor, and in order to ensure the most efficient use of the janitorial supplies the following guidelines have been established to order supplies:

- Only order those supplies needed to perform assigned job duties.
- Order enough supplies to last until the next ordering date or as determined by your supervisor. The goal is not to overstock but to have enough product and materials on site.
- Make sure you communicate to your supervisor when the client has requested a supply order.

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## DRUG AND ALCOHOL IN THE WORKPLACE POLICY

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### 4. DRUG AND ALCOHOL POLICY

Drug and alcohol abuse is not tolerated in the workplace. The Company acknowledges its obligation to **TAKE ALL REASONABLE STEPS TO ENSURE THE HEALTH AND SAFETY OF ITS EMPLOYEES AND CONTRACTORS**. The Company will assist in educating employees on the dangers of drug and alcohol abuse. The Drug and Alcohol policy applies to all employees and contractors of Corporate Cleaning Services.

For the purposes of this policy, the following are prohibited:

- being impaired by alcohol/drugs while at work
- the possession or use of illicit drugs on Company premises, at Company worksites, or in Company vehicles
- the presence in the body of illicit drugs (or their metabolites) while at work
- refusal to submit to drug/alcohol testing, failure to report to a Company-designated facility for a drug/alcohol test, or tampering or attempting to tamper with a test sample

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## BULLYING AND HARRASMENT POLICY

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Corporate Cleaning Services recognizes the potential for bullying and harassment directed at our employees or contractors within our workplaces or at worksites on which it operates. It is the intent of the Company to provide a workplace that is free of any bullying by establishing preventative measures.

Our Company is committed to providing a safe work environment free of bullying and harassment or any type of violence. Such acts will not be tolerated, and any Company employee or contractor who engages in this type of behaviour will be subject to discipline, up to and including dismissal from employment.

The Company will treat any complaint of bullying or harassment very seriously. All workers, contractors, sub-contractors and their employees will be treated in a fair and respectful manner. Bullying and harassment is not acceptable, nor tolerated in our workplace.

### 5. BULLYING AND HARASSMENT – INCIDENT INVESTIGATION PROCESS

#### 5.1 ROLE OF THE HUMAN RESOURCES MANAGER

The Human Resources Manager will interview the Complainant, the Respondent and any witnesses to the alleged incident(s) of harassment. Evidence must be gathered and a confidential report prepared by the Human Resources Manager. In the report, the evidence will be documented then assessed in the context of the organization's internal policy, as well as any applicable legislation such as the Occupational Health & Safety Act.

The report is then submitted to the General Manager, who together with the Human Resources Manager will determine what action will be taken next.

## 5.2 STEPS IN THE INVESTIGATION PROCEDURE

1. The Complainant files a formal written complaint in accordance with the Employer's policy and procedure.
2. The Respondent is provided an opportunity to review the complaint and prepare a written response.
3. The Human Resources Manager interviews the Complainant in confidence to gather additional information.
4. The Complainant is provided with their interview notes, asked to make any corrections or additions, and requested to provide written confirmation that the information is accurate to the best of their knowledge.
5. The Human Resources Manager interviews the Respondent in confidence to gather additional information.
6. The Respondent is provided with their interview notes, asked to make any corrections or additions, and requested to provide written confirmation that the information is accurate to the best of their knowledge.
7. Any Witnesses to the alleged incidents of harassment are interviewed in confidence.
8. The Witnesses are provided with their interview notes, are asked to make any corrections or additions, and are requested to provide written confirmation indicating that the information is accurate to the best of their knowledge.
9. The Complainant and Respondent are allowed to respond to any new allegations or relevant information that arises during the investigation.
10. If there are any outstanding questions following the interviews, the Human Resources Manager may contact the parties for further clarification. Likewise, if the parties have any additional information to add to the report, they may contact the Human Resources Manager within the time period specified in the policy.

## 5.3 THE REPORT

The report prepared by the Human Resources Manager will include:

- background
- documented testimony of the Complainant and Respondent
- evidence gathered
- summary of findings

The report will be submitted to the General Manager and Employer who may wish to meet with the Human Resources Manager to explore the findings and options for resolution.

Witness names and identifying information are not included in the report. This is to protect confidentiality and encourage Witness participation and candidness. If the Witness's name is required to provide context, they will be asked to sign a written consent to allow their name to be used in the report.



## 5.4 OTHER CONSIDERATIONS

Very often harassment allegations whether substantiated or not, are an indicator of other difficulties in the workplace. These may include:

- personality conflicts
- mismatched leadership style
- unclear or conflicting goals or roles
- unclear standards of interpersonal behaviour
- lack of team cohesiveness
- inconsistent performance management practices

Any such observation as well as any related recommendations will be noted by the Human Resources Manager and relayed in accordance with the Employer's wishes. Options include:

- including the observations and recommendations in the body of the report
- creating a separate report for the Employer
- providing them verbally in consultation with the Employer

## 5.5 RESULTS OF THE INVESTIGATION

Based on the results of the investigation, the Employer, General Manager and the Human Resources Manager may identify measures that need to be implemented with the parties involved and/or with other employees in the workplace.

These measures are sometimes necessary to restore normal workplace communication and teamwork and prevent future difficulties.

## 5.6 CONCLUSION

At the end of the investigation if the respondent is found not guilty, both parties will be notified as soon as possible about this decision.

If the respondent is found at fault, the HR and Safety Manager will promptly advise the complainant and respondent of the conclusions reached in the investigation. Sanctions that flow from findings of harassment and/or misconduct against the respondent will be promptly implemented. The complainant is not entitled to know the disciplinary penalty imposed by Corporate Cleaning Services management team for reasons of confidentiality.

However, the investigators will provide closure to the complainant by advising of the findings made, the steps that have been taken and the actions that will be taken in the event of a recurrence or reprisal. Both complainant and respondent will be reminded of the need for confidentiality. Communication to the complainant and respondent will be confirmed in writing.

The Company is not required to produce the report unless there is litigation between the parties. This being said, consideration should be given to whether, in the circumstances, production of the report might heal or antagonize the parties and the workplace.

## 5.7 HOW TO COMPLETE THE INCIDENT REPORT FORM

### *5.7.1 An incident can be defined as*

- any injury to a person
- damage to plant or property
- a “near-miss” where there was potential for injury or damage

### *5.7.2 What is an Incident Report Form used for?*

It is important to develop a strong culture of incident reporting, no matter how minor, as all reported incidents should be used as valuable lessons in how to prevent a recurrence.

An investigation should concentrate on identifying what actions or events led to the incident, and to identify strategies to ensure that the incident is addressed and controlled. Outcomes of investigations will strengthen the safety systems and methods of work within a company.

### *5.7.3 Information to be completed on an Incident Report Form*

- Was event/injury caused by an unsafe act (activity or movement) or an unsafe condition (machinery or weather)?
- Possible causes are: lack of training, ineffective guarding, poor systems of work, miscommunication, poor housekeeping, lack of maintenance, or inexperience. (List what factors you feel led to the incident.)
- Were there any injuries? (*Note:* Any injuries require an Accident Report Form to be completed.)
- Was there any damage to property?
- What actions will be taken to eliminate future repeats of the incident? Look at adopting the “Hierarchy of Control” method to decide what action to take to prevent the incident happening again.
- Management comments.

### *5.7.4 Management must ensure that the incident*

- has been discussed with all parties involved
- has been controlled to a level acceptable by all parties involved
- has not created any new issues
- can be considered as controlled and able to be signed off as closed

5.8 INCIDENT REPORT FORM



**Incident Report Form**

This is documenting an:

- Lost Time/Injury
- First Aid
- Incident
- Close Call
- Observation

Person Completing Report: \_\_\_\_\_ Date: \_\_\_\_\_  
 Person(s) Involved: \_\_\_\_\_

**Event Details**

Date of Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_  
 Time of Event: \_\_\_\_\_ Witnesses: \_\_\_\_\_

1. Was event / injury caused by an unsafe act (activity or movement) or an unsafe condition (machinery or weather)? Please explain:


2. Where there any injuries? (Note: Any injuries require an Accident Report Form)


Was there any damage to property?




5. What actions will be taken to eliminate future repeats of the incident?


Management comments


TO BE COMPLETED ONLY IF LOST TIME/INJURY OR FIRST AID WAS REQUIRED	
Type of injury sustained:	
Cause of lost time/ injury or first aid:	
Was medical treatment necessary?	Yes _____ No _____ If yes, name of hospital or physician:

Signed off by Health and Safety Manager when corrective actions have been adopted and monitored.

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Health & Safety Manager: \_\_\_\_\_ Date: \_\_\_\_\_

5.9 WORKPLACE VIOLENCE INCIDENT REPORT FORM

**WORKPLACE VIOLENCE INCIDENT REPORT**

To be completed by the individual investigating the incident. Return completed form within 2 days following incident to Human Resources. **Attach witness statements to this form.**

Report submitted by: [ ]	Date: [ ]
General Description: [ ]	Telephone: [ ]

Date of Incident: [ ]	Time: [ ]
Address/Location of Incident: [ ]	

**Individuals involved in the incident (use additional sheet(s) if necessary)**

Name: [ ]	Name: [ ]
<input type="checkbox"/> Victim or <input type="checkbox"/> Assailant	<input type="checkbox"/> Victim or <input type="checkbox"/> Assailant
Title: [ ]	Title: [ ]
Division: [ ]	Division: [ ]
Phone: [ ]	Phone: [ ]
Immediate Supervisor: [ ]	Immediate Supervisor: [ ]

**Assailant Relationship to Employee**

<input type="checkbox"/> Co-worker	<input type="checkbox"/> Former Employee
<input type="checkbox"/> Other (specify) [ ]	

**Possible Reason for Incident: (If known, check all that apply)**

<input type="checkbox"/> Conflict with co-worker(s)/former co-worker	<input type="checkbox"/> Receiving corrective action
<input type="checkbox"/> Conflict with management	<input type="checkbox"/> Other (specify) [ ]

**Nature of Incident**

<input type="checkbox"/> Stalking
<input type="checkbox"/> Engaging in actions intended to frighten, coerce, or induce duress
<input type="checkbox"/> Destruction of Property
<input type="checkbox"/> Physical Assault - Hitting, fighting, pushing, or shoving
<input type="checkbox"/> Armed Assault - Use of object as weapon (specify) <input type="text"/>
<input type="checkbox"/> Armed Assault - Use of weapon such as gun, knife, etc. (specify) <input type="text"/>
<input type="checkbox"/> Verbal Harassment
<input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Other (specify) <input type="text"/>

**How was the incident communicated? (Check one or more)**

<input type="checkbox"/> Communicated directly to victim	<input type="checkbox"/> Verbal	<input type="checkbox"/> Mail	<input type="checkbox"/> Note	<input type="checkbox"/> Email
<input type="checkbox"/> Communicated to another person	<input type="checkbox"/> Verbal	<input type="checkbox"/> Mail	<input type="checkbox"/> Note	<input type="checkbox"/> Email
<input type="checkbox"/> Other (specify) <input type="text"/>				

**Victim Injury (Check all that apply)**

<input type="checkbox"/> Physical injury
<input type="checkbox"/> Physical Injury - Medical care required
<input type="checkbox"/> Emotional Trauma

**Initial Response or Follow up Activity: (Check all that apply)**

<input type="checkbox"/> Situation defused	<input type="checkbox"/> Occupational Medicine notified
<input type="checkbox"/> Security called	<input type="checkbox"/> Law Enforcement notified If Yes, Name of Agency and Report Number: <input type="text"/>
<input type="checkbox"/> Other (specify) <input type="text"/>	<input type="checkbox"/> Employee Assistance Program referral

**Describe Incident in Detail**  
*Include what happened, where, who was involved, what you heard, saw, etc.*

**List Names of Other Witnesses**


Signature	Date
Person Receiving Witness Statement	Date

**Routing**

<i>Yes</i>	<i>No</i>	<i>Name</i>	<i>Signature</i>	<i>Date</i>
<input type="checkbox"/>	<input type="checkbox"/>	Supervisor		
<input type="checkbox"/>	<input type="checkbox"/>	Department Head		
<input type="checkbox"/>	<input type="checkbox"/>	Manager		

**Upon completion of investigation, attach a findings/follow-up document to this form.**

5.10 FIRST AID REPORT FORM

**WORK SAFE BC** **First Aid Record**  **RESET**

This record must be kept by the employer for three (3) years. This form must be kept at the employer's workplace. Do **NOT** submit to WorkSafeBC.

Sequence number
-----------------

Name	Occupation
Date of injury or illness (yyyy-mm-dd)	Time of injury or illness (hh:mm) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Initial reporting date and time (yyyy-mm-dd) (hh:mm) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Follow-up report date and time (yyyy-mm-dd) (hh:mm) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Initial report sequence number	Subsequent report sequence number(s)

**Description of how the injury, exposure, or illness occurred** (What happened?)

**Description of the nature of the injury, exposure, or illness** (What you see — signs and symptoms)

**Description of the treatment given** (What did you do?)

**Name of witnesses**

1.	2.
----	----

**Arrangement made relating to the worker** (return to work/medical aid/ambulance/follow-up)

Provided worker handout <input type="checkbox"/> Yes <input type="checkbox"/> No	A form to assist in return to work and follow-up was sent with the worker to medical aid <input type="checkbox"/> Yes <input type="checkbox"/> No
Alternate duty options were discussed <input type="checkbox"/> Yes <input type="checkbox"/> No	
First aid attendant's name (please print)	First aid attendant's signature
Patient's signature	



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## WORKPLACE HAZARD ASSESSMENT AND CONTROL

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### 6. OVERVIEW

It is the policy of Corporate Cleaning Service to implement a systematic process for the identification and control of hazards. Completion of a hazard assessment must be done and documented prior to the commencement of work on site and on a weekly basis thereafter or whenever conditions on the worksite change.

Corrective actions must be developed and implemented. All hazards will be communicated to all affected workers.

Corporate Cleaning Services supports the implementation of regular and comprehensive inspections for identification and correction of health and safety deficiencies. As required by WorkSafeBC regulations, inspections will consider work areas under our control as well as company buildings, tools, equipment, work methods and practices.

To meet this requirement, Corporate Cleaning Services will provide all necessary resources to ensure that hazard assessments and workplace inspections are effective and must conduct:

- assessment prior to all new projects, jobs, or introductions to new equipment or hazardous materials
- regular workplace inspections
- hazard recognition and safety inspection training for supervisors
- open communication between supervisors, safety manager, and OHS Committee members
- corrective action and recommendations

#### 6.1 ENVIRONMENTAL AND WASTE MANAGEMENT

Corporate Cleaning Services is committed to leading the industry in minimizing the impact of its activities, and we understand the importance of waste management and its effect on the environment. The Company's green cleaning program is to ensure that we focus *on both* the overall cleanliness of our client's facilities, and on the health of occupants, our employees, contractors, and our overall impact on the environment.

We are committed to minimizing waste production by employing reduction, recycling techniques and the use of green products at every stage of our operation. We are committed to ensuring that all operations and activities are fully compliant with all current environmental and waste management legislation.

This is achieved with the use of environmentally friendly cleaning products and cleaning processes, and through proper custodial health and safety training for all of our employees and contractors. Green cleaning means emphasizing the environmental sustainability of cleaning operations and overall building health (i.e. indoor air quality) and not solely evaluating building cleanliness based on appearance.

The key points of our strategy to achieve this are:

- to train all of our staff members, including contractors, on better ways to minimize waste by evaluating operations and ensuring they are as efficient as possible
- the use of green products
- to operate within full compliance of Environmental Laws

- minimize toxic emissions through the selection and use of our fleet and the source of our power requirement
- actively promote recycling both internally and amongst our customers and suppliers
- source and promote a product range to minimize the environmental impact of both production and distribution
- meet or exceed all the environmental legislation that relates to the Company
- use an accredited program to offset the greenhouse gas emissions generated by our activities
- education and training of our employees and contractors in environmental issues and the environmental effects of their activities

## **6.2 WHMIS 2015 AND HEALTH AND SAFETY TRAINING**

Corporate Cleaning Services implements the Health and Safety program and WHMIS 2015 program using information provided through WHMIS as well as other information from the workplace and WorkSafeBC. Employees must ensure the use of labels from Safety Data Sheets. Other workplace information includes knowledge of the hazards of the workplace, use of hazardous materials, work processes and work location.

To assist in the implementation of the Health and Safety and WHMIS 2015 program, each employee and contractor must go through the company's in-house health and safety training, which includes The Janitorial Employee Safety Program and WHMIS 2015, and the items listed below.

- emergency preparedness
- workplace safety
- building emergencies
- accidents and First Aid
- workplace hazards
- slip, trips and falls
- WHMIS 2015
- MSDS
- chemical safety
- ladder and footsteps
- personal protective equipment (PPE)
- hearing protection
- eye strain
- back Injuries
- ergonomics
- drugs and alcohol use in the workplace
- workplace violence

## **6.3 PREVENTATIVE MAINTENANCE POLICY**

It is the policy of Corporate Cleaning Services to maintain all tools, vehicles, and equipment in good working condition to maximize the safety of all personnel.

To accomplish this, a Preventative Maintenance Program is in force and in effect and shall include the following components:

- adherence to applicable regulations, standards, and manufacturers' specifications
- services of appropriately qualified maintenance personnel
- current inventory list of tools/equipment to be maintained

- scheduling and documentation of all maintenance work

The Special Services and Fleet Manager shall be responsible for the application of the program in his/her area of responsibility.

- if a tool is defective, remove it from service, and tag it clearly "out of service for repair"
- replace damaged equipment immediately - do not use defective tools "temporarily"
- have tools repaired by a qualified person

#### **6.4 EVACUATION POLICY**

Every site will have an evacuation plan. All staff will be knowledgeable about the plan and will be able to implement the plan.

Every site must:

- have emergency exits clearly marked
- post evacuation routes and safe exits within the site
- have emergency lighting in place
- every site must keep emergency exits clear of obstructions
- post emergency telephone numbers conspicuously by the telephone

#### **6.5 FIRE SAFETY POLICY**

All employees and contractors will be knowledgeable about the company's Fire Safety Policy, and will be able to implement the plan. Every site contains fire alarms and fire extinguishers in case of emergency. The office fire equipment will be checked or tested monthly to ensure that it is functioning properly. The results of these tests will be documented on the monthly Inspection Report Form, which will be retained on site for a minimum of one year. Flammable and combustible liquids will be stored in their original containers in a locked area in the warehouse. Fire drills will be conducted at least once per year. Fire drills will be documented on Fire Drill Report Forms, which will be retained on site for a minimum of one year.

#### **6.6 EARTHQUAKE PREPAREDNESS POLICY**

All company employees and contractors will be knowledgeable about the company's Earthquake Preparedness Policy, and will be able to implement the plan. Emergency supplies will be kept in a safe container and location. The supplies should be sufficient to last for approximately 72 hours. Supplies may have to be individually tailored to meet the needs of people receiving support as well as the program staff. Water, food and any other time-limited items will be rotated on, or prior to, an expiration time.

All items will be inspected twice a year and a record of the inspection will be made on the Emergency Supplies Inspection Form.

The Company will conduct earthquake drills twice a year, which will be documented on the Earthquake Drill Report Form. A site inspection will be conducted annually for non-structural hazards and will be reported on the Non Structural Checklist. Hazards will be remedied at the earliest possible time.

#### **6.7 EMERGENCY PREPAREDNESS POLICY**

Every site (or program if there are multiple programs per site) will maintain current at least two copies of a site specific Emergency Preparedness Manual (one in the emergency supply container; one in the

program office). If there is more than one program at a site, then each program will have a specific manual.

Each manual will include the following information, but is not limited to:

- Map of site
- Emergency Contact Information
- General Emergency Procedures
- Evacuation Procedures
- Fire Safety Procedures
- Power Outage Procedures
- Earthquake Procedures
- Critical Incident Reporting Procedures
- Participant Profiles
- Emergency Supplies Lists

#### ***6.7.1 First Aid Attendant Responsibility***

First aid attendants provide a level of care within the scope of the attendants' training to preserve life and minimize the consequences of injury until medical treatment is obtained. The basic responsibilities of the First Aid attendants are, but are not limited, to the following:

- Provide care and treatment of minor injuries that do not need serious medical treatment.
- Responsibility and full authority for all First Aid treatment of an injured patient or worker until responsibility for treatment is accepted at a place of medical treatment, by an ambulance service acceptable to WorkSafeBC, or by a person with higher or equivalent First Aid certification.
- Record signs and symptoms of injuries and exposures to contaminants.
- Recommend and refer patients or workers with injuries for further serious medical treatment.
- First aid attendants must hold a valid First Aid certificate issued by a WorkSafeBC certified training provider.
- WorkSafeBC may at any time request First Aid attendants to provide their First Aid certificate.
- Workers who sustain a job related injury or illness, regardless of seriousness, are required to immediately report it to the First Aid attendant for treatment, and must report it to their immediate supervisor. If medical treatment is required, employees are entitled to choose their own medical practitioner. All incident/accidents must be recorded in the First Aid Records Log, and an incident report must be completed and filed by the First Aid attendant.

If the employee requires immediate medical assistance from a work-related injury or disease and gets medical treatment from a doctor or other qualified practitioner, a WorkSafeBC Form 7 must be submitted within 24 hours to WorkSafeBC by the Human Resources and Safety Manager.

The safety information in this policy does not take precedence over applicable provincial and government legislations.

## 6.8 RIGHT TO REFUSE UNSAFE WORK POLICY

To ensure the health and safety of all employees, Corporate Cleaning Services has developed the Right to Refuse Unsafe Work Policy outline which explains when an employee may refuse work that they feel is unsafe and the procedures the Company will take when a refusal is made. Any employee who refuses to perform their duties because of a legitimate safety concern will not face any reprisal because of this action.

### Definitions: Imminent Danger

Under Section 3.12 of the WorkSafeBC Regulations Procedure for Refusal states:

(1) A person must not carry out or cause to be carried out any work process or operate or cause to be operated any tool, appliance or equipment if that person has reasonable cause to believe that to do so would create an undue hazard to the health and safety of any person.

(2) A worker who refuses to carry out a work process or operate a tool, appliance or equipment pursuant to subsection (1) must immediately report the circumstances of the unsafe condition to his or her supervisor or employer.

Under Section 3.13, No discriminatory action:

(1) A worker must not be subject to discriminatory action as defined in section 150 of Part 3 of the Workers' Compensation Act because the worker has acted in compliance with section 3.12 or with an order made by an officer.

The Right to Refuse Unsafe Work Policy applies to all Corporate Cleaning Services employees, contractors, vendors, visitors and clients who are on the Company's premises or acting on behalf of the Company at all times and without exception.

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## HEALTH AND SAFETY COMMITTEE

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### 7. TERMS OF REFERENCE – OCCUPATIONAL JOINT HEALTH AND SAFETY COMMITTEE

#### 7.1 NAME OF COMMITTEE

The committee shall be known as the Corporate Cleaning Joint Health and Safety Committee (CCJH&S) (the committee).

#### 7.2 CONSTITUENCY AND COMPOSITION OF THE COMMITTEE

- The committee shall consist of 4 members and 2 alternate members.
- Two (2) employer representatives will be appointed from head office.
- One alternate worker representative will be selected for all workers' locations.
- One alternate employer representative will be selected from head office.
- Co-chairs: The committee will elect co-chairs from its membership.
- The worker representatives shall select a co-chair.
- The employer representatives shall select a co-chair.

Committee Members	Title	Committee Position
Carmen Hewitt	HR and Health & Safety Manager	Co-Chair - Employer Rep.
Jon Young	Special Services	Employer Rep.
Suzanne Gauthier	General Manager	Employer Rep. (Alternate)
Victoria Cowan	Cleaner	Co-Chair Employee Rep.
Bryan Anderson	Cleaner	Employee Rep.
Kara Potheary	Administrative Assistant	Employee Rep. (Alternate)

#### 7.3 PURPOSE OF THE COMMITTEE

A joint committee is required by the Workers' Compensation Act and is made up of workers and employer representatives to identify and resolve safety and health problems in support of a planned occupational health and safety program in the Company.

#### 7.4 DUTIES AND FUNCTIONS OF THE COMMITTEE

As required by section 130 of the Workers' Compensation Act, the duties and functions of the committee are to:

- Identify situations that may be unhealthy or unsafe for workers and advise on effective systems for responding to those situations.
- Deal with any complaints relating to the occupational health and safety of the workers.
- Consult with workers and the employer on issues related to occupational health and safety and occupational environment.
- Make recommendations to the employer and the workers for the improvement of the occupational health and safety of workers and compliance with the Occupational Health and Safety Regulation, and monitor the effectiveness of the recommendations.

- Make recommendations to the employer on educational programs promoting the health and safety of workers and compliance with the Regulation, and monitor the effectiveness of the recommendations.
- Advise the employer on programs and policies required under the Regulation for this workplace and monitor their effectiveness.
- Advise the employer on proposed changes to the workplace or the work processes that may affect the health or safety of workers.
- Ensure that incident investigations and regular inspections are carried out as required by the Regulation.
- Participate in inspections and inquiries as provided by the Regulation.
- Select appropriate worker and employer representatives to participate in preliminary and full incident investigation processes.
- Review and provide feedback on any corrective action reports resulting from incident investigations.

When necessary, request information from the employer about:

- Known or reasonably foreseeable health or safety hazards to which workers at the workplace are likely to be exposed.
- Health and safety experience and work practices and standards in similar or other industries of which the employer has knowledge.
- Carry out any other duties and functions prescribed by the Regulation.

As per WorkSafeBC regulations, the committee must complete an annual evaluation of its effectiveness – the committee will complete an annual evaluation every July of each year.

## **7.5 RECORDS AND REPORTS**

Under the mandate of this joint committee, the employer will make the following records and reports available to the committee, upon request:

- Incident investigations reports
- Corrective action reports
- Inspection reports
- OHS-related training records
- Company health and safety program
- Safe work policies and procedures
- First aid statistics
- Time-loss injury statistics

## **7.6 MEETINGS**

- The employer will supply the resources required to facilitate a meeting, including a note-taker to document the minutes of the meeting.
- The committee will meet monthly on the second Thursday of each month.
- Special meetings, when required, will be held at the call of the co-chairs.
- A minimum number shall consist of a majority of members (four members). If the minimum number is not met, the co-chairs will call a special meeting.

- The committee co-chairs are responsible for securing meeting rooms, coordinating with administrative staff, and any other logistical issues that may impact the meeting.
- Meetings are to be scheduled for 60 minutes (1 hour).
- The committee will add procedures it considers necessary for the meetings.

### **7.7 ROLE OF THE CO-CHAIRS**

The co-chairs shall:

- facilitate and lead the meetings
- ensure the maintenance of a balanced viewpoint
- review previous meeting reports and material prior to the meetings
- notify members of meetings
- review meeting agendas
- review meeting reports
- forward a copy of meeting reports to the employer for distribution
- prepare recommendation(s) and forward to the employer for a response
- prepare all correspondence
- determine the process for alternating the co-chair
- when called upon by the employer, identify employer representatives and worker representative to participate in incident investigations as per rule 4(j) of the Workers' Compensation Act

### **7.8 ROLE OF THE MEMBERS**

The members shall:

- be selected in accordance with Section 128 of the Workers' Compensation Act
- actively participate
- come prepared and on time for meetings
- maintain confidentiality

### **7.9 GUESTS**

Guests can be invited to committee meetings at the request of the co-chair(s).

Guests attending committee meetings must be there for the purposes of:

- training
- making a presentation
- consultation

### **7.10 AGENDAS AND MEETING MINUTES**

The co-chairs will determine the agenda.

- The agenda and any other required documentation are prepared by the co-chairs and distributed to committee members prior to the meeting. Whenever possible, the agenda should be emailed 5 days in advance of the meeting.
- A report of the meeting will be prepared as soon as possible after the meeting and will be made available to the employer, joint health and safety committee members, workers, and WorkSafeBC, if necessary.



- An electronic version of the meeting minutes will be release on the monthly newsletter under the heading “Joint Committee Minutes” and a copy of the meeting minutes will be posted in an accessible location in the office.

#### **7.11 TERMS OF OFFICE**

- Committee members will sit on the committee for two years.
- Committee selection should occur once every two years.
- If a member of the committee chosen by the workers is unable to complete the term of office, the workers will choose another member.
- If a member of the committee appointed by the employer is unable to complete the term of office, the employer will appoint another member.
- All members will arrange to have an alternate member to attend meetings in their place, when they themselves are unavailable to attend.

## 7.12 PARTICIPATION IN INVESTIGATIONS

When an investigation is required, a committee member will identify a worker to participate.

- b) If a suitable committee member is not available, the co-chairs will identify another worker to participate in the investigation.

### 13. Recommendations to the employer

- a) Recommendations to the employer must be:
- i. Directly related to health and safety
  - ii. Doable (reasonably capable of being done)
- b) Informal recommendations that can be actioned by the employer co-chair will be documented in the meeting minutes.
- c) Formal written recommendations will be sent to the employer via email, and the employer will respond within 21 days.

### 14. Decision-making model

This committee will make decisions based on consensus. If the committee is unable to reach agreement on a matter relating to the health or safety of workers at the workplace, a special meeting will be called to address the matter. If the issue is still unresolved, the co-chairs of the committee will report this to WorkSafeBC for assistance in investigating and resolving the matter.

### 15. Education and training

All new members appointed on or after April 3, 2017, will participate in an introductory joint committee course. The co-chairs will assist new members in selecting the appropriate training course. The employer co-chair will ensure that the training selected reflects the requirements of section 3.27 of the Regulation.


Every member of the joint committee is entitled to eight hours of education leave. For this committee, individual members can request their entitlement training during regular meetings. Individual members must provide the following information about the training program or seminar selected:

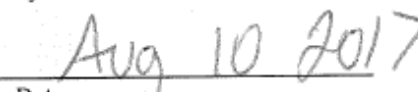
- Length of the program
- Topic and learning outcomes (if applicable)
- Fees
- Rationale for selection

If the committee agrees with the member, the request will be forwarded to the employer. If the committee does not agree with the training selected, the co-chairs will hold a special meeting with the member to assist in identifying a training program or seminar that supports the duties and functions of this committee.

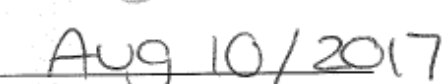
### 16. Amendments

These terms of reference may be amended by a majority vote of the committee members.

  
Carmen Hewitt – Co-Chair

  
Date Aug 10 2017

  
Victoria Cowen – Co-Chair

  
Date Aug 10/2017


7.13 MEETING MINUTES RECORDS

**MEETING MINUTES**

**JOINT HEALTH AND SAFETY COMMITTEE MEETING**

DATE:

MEMBERS	POSITION	PRESENT
CARMEN HEWITT	CO-CHAIR - EMPLOYER REP	<input type="checkbox"/> Chec
JON YOUNG	MEMBER - EMPLOYER REP	<input type="checkbox"/> Chec
SUZANNE GAUTHIER	ALTERNATE - EMPLOYER	<input type="checkbox"/> Chec
VICTORIA COWAN	CO-CHAIR - EMPLOYEE REP	<input type="checkbox"/> Chec
BRYAN ANDERSON	MEMBER - EMPLOYEE REP	<input type="checkbox"/> Chec
KARA POTHECARY	ALTERNATE - EMPLOYEE	<input type="checkbox"/> Chec



	Risk assessments conducted	Site inspections conducted	OHS program reviews	Site-wide education programs delivered	Recommendations made to employer
This period					
Year-to-date					

Reports	First aid summary
Incidents	<ul style="list-style-type: none"> <li>Incidents requiring investigation (resulting in worker injury or near misses)</li> <li>Optional: property damage incidents, environmental impact incidents, threats of violence</li> </ul>
Inspections	<ul style="list-style-type: none"> <li>Equipment</li> <li>Facilities</li> <li>Work practices</li> <li>WorkSafeBC</li> <li>Health &amp; safety association</li> </ul>
Other OHS reports	<ul style="list-style-type: none"> <li>COR audit</li> <li>WorkSafeBC</li> </ul>
Training and education	<ul style="list-style-type: none"> <li>New and young worker training</li> <li>Equipment and work procedures training</li> <li>WHMIS</li> <li>First aid</li> </ul>

	Item #	Who	Target date
Old business	<i>Number of items for ease of reference</i>	<ul style="list-style-type: none"> <li>If item is incomplete, provide status update</li> </ul>	
New business			

	Incidents	Near misses
This period		
This period last year		
Year-to-date		

	Injuries				
	First aid only	Medical aid only	Number of time-loss injuries	Days lost due to injury	Threats of violence
This period					
This period last year					
Year-to-date					

7.14 JOH&S COMMITTEE RECOMMENDATION FORM

<b>Corporate Cleaning Services</b> <b>JOINT OCCUPATIONAL HEALTH AND SAFETY COMMITTEE</b> <b>RECOMMENDATION FORM</b>	
To:	Date:
From: <b>Joint Health and Safety Committee</b>	
_____ Co-Chair Signature – Employer Representative	_____ Co-Chair Signature – Worker Representative
<b>Please respond by:</b> _____ <i>(Within 21 calendar days)</i>	
<b>OH&amp;S Issue:</b>	
<b>Committee Recommendation:</b> Due to the severe repercussion that can result from _____, it is the supervisor's responsibility to ensure that this does NOT occur. If workers continue to _____ then the supervisor will be responsible and liable for all injuries incurred herein for _____ as they are responsible for directing the workforce and the HAZARDS have been clearly defined. _____ must be practiced, when, for any reason _____	
<b>Copy:</b> _____	
<b>Employer Response:</b>	
<b>Signature:</b> _____ <b>Date:</b> _____	
<b>Committee Comments:</b>	

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## CORPORATE CLEANING SERVICES BLOOD-BORNE PATHOGENS PROGRAM

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### 8. BLOOD-BORNE PATHOGENS PROGRAM

#### 8.1 PURPOSE

The purpose of Corporate Cleaning Services' Blood-borne Pathogens Program is to protect the health and safety of employees who, as a result of performing their job duties, are exposed to blood-borne pathogens. This plan will outline control measures to prevent blood-borne infections and diseases by eliminating or minimizing employee exposures.

#### 8.2 SCOPE

Corporate Cleaning Services strives to provide all employees and on site contractors with a safe and healthy workplace. This program is integrated into our company's written safety and health program and is a collaborative effort that includes those employees with an occupational exposure to blood or other potentially infectious materials.

#### 8.3 PROGRAM RESPONSIBILITIES

**Management:** The management team of Corporate Cleaning Services is committed and understands the importance of minimizing or eliminating employee occupational exposure to blood-borne pathogens. Management supports the efforts of the Health and Safety Manager by pledging financial and leadership support for the program. Management will support and regularly communicate with employees and contractors about the program.

**Health and Safety Manager:** The Health and Safety Manager reports directly to upper management and he or she is responsible for the implementation of the Blood-borne Pathogens Program. They maintain, review, and update the program at least annually, and whenever necessary to include new or modified tasks and procedures. The Human Resources and Safety Manager will monitor the results of the program to determine additional areas of focus as needed. The Human Resources and Safety Manager will also:

- complete the exposure determination
- determine and implement engineering controls
- provide necessary labels and red biohazard bags as needed
- determine the required personal protective equipment (PPE), procure PPE and provide it as needed
- maintain all employee blood-borne pathogens-related health and training records
- conduct and document annual training
- make the post-exposure program available to exposed employees

**Employees and Contractors:** Employees and contractors are responsible for using proper work practices, universal precautions, and personal protective equipment and cleanup/disposal techniques as described in this program. Employees are also responsible for reporting all exposure incidents to their supervisor or manager as soon as possible, ideally within one working day. Employees are expected to protect themselves by:

- learning what tasks may result in exposure

- following the work practices established by the program
- Following universal precautions
- wearing appropriate personal protective equipment (PPE) at all times while performing identified tasks
- reporting any incidents involving exposure
- reporting any violations observed that are not consistent with the program
- exposure Determination

### Check Your Understanding

The purpose of the exposure determination is to identify all job classifications in which employees may be expected to have an occupational exposure to blood and other bodily fluids with no regard to frequency of exposure. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). A good source for determining jobs, tasks or procedures is to review functional job descriptions. Other methods for determining employee exposure are through observations, interviews and questionnaires.

Some examples of tasks or procedures that could result in contact with blood or other bodily fluids:

- First Aid response to an open cut, sore, wound or other injury where blood or other body fluids are present
- handling of contaminated sharps and lancets used in diabetic monitoring procedures
- handling of soiled and potentially contaminated clothing, linens, laundry or other materials or items
- cleaning of surfaces, equipment or materials that may have been contaminated with blood or other body fluids
- responding to and assisting in situations such as falls, accidents, altercations or other incidents that present exposure to blood or other body fluids

**It is important to determine the potential exposure to blood and other bodily fluids for those individuals who may be part-time, temporary or perform work as a contractor.**

All job classifications and locations in which employees or contractors may be expected to incur occupational exposure to blood or other potentially infectious materials, regardless of frequency, and based on the nature of the job or collateral duties that have been identified and evaluated. The associated job tasks or procedures where contact may occur are also listed in the Job Classifications list. This list is updated annually or whenever job classifications or work situations change.

Employees who are part-time or temporary, and those individuals who perform contract work, are also covered by this exposure control plan and they are required to follow all provisions.

## 8.4 UNIVERSAL PRECAUTIONS

### Check Your Understanding

Universal precautions are those control measures that the organization uses to prevent or minimize human contact with blood-borne pathogens or other bodily fluids. The Company will need to review the listed methods and verify they are applicable for the various exposures the employees and contractors have. The key to implementing control measures is to understand the routes of entry blood-borne pathogens can take into the body:

- puncture (such as an accidental needle stick or other penetration into the skin with a sharp object)
- contact with broken skin (such as rash, acne, cut, scrape, hangnail)
- contact with mucous membranes (eyes, inside of nose and mouth, genitals)

All personnel at Corporate Cleaning Services who are potentially exposed to human blood and other body fluids will use Universal Precautions at all times. Employees and contractors will treat all blood and bodily fluids that may contain blood *as if* they are infectious for HIV, HBV and other blood-borne pathogens, making sure to take the necessary precautions.

## 8.5 ENGINEERING CONTROLS AND WORK PRACTICES

All personnel will use the following specific precautions:

- When working in an area where human blood or other bodily fluids are present, personnel must not:
  - eat, drink, smoke, apply cosmetics or handle contact lenses
  - store food in freezers, refrigerators, cabinets, or any other area where human blood or other bodily fluids are stored or that may be contaminated with human blood or other bodily fluids
- When completing a task involving or working with human blood or other bodily fluids personnel must:
  - minimize splashing or spraying
  - wash hands frequently, even if gloves have been worn (if antiseptic cleansers or towelettes are the only immediately available option to employees, they will wash their hands and other exposed skin with soap and running water as soon as possible)
  - if mucous membranes have been exposed, flush with water for 5 minutes
  - use leak-proof and non-breakable containers
  - affix biohazard symbols (WHMIS Labels) to containers of waste, refrigerators, and freezers containing blood or other bodily fluids
  - use a sealed secondary container for transporting human blood or other bodily fluids through the facility
  - use extreme caution when working with sharp objects such as needles, razor blades or broken glass, and properly dispose of in an appropriate sharps container immediately

**Check Your Understanding**

Are you exposed to sharp objects? The answer is yes. Sharp objects are any tool or material that can easily puncture or cut the skin (e.g. broken glass, knives, needles, metal shavings, etc.) When these items become contaminated with blood or other bodily fluids, they become subject to the Blood-borne Pathogens Program.

Certain employees may, for personal health reasons, use sharps (needles primarily) on a daily basis. Management will need to make a determination as to whether or not they plan to accommodate these employees. Best Practices would be to offer sharps disposal sites for these individuals within the program guidelines.

**8.6 SHARPS**

- use extreme care at all time when handling sharps
- dispose of all sharps in approved sharps containers only
- do not put sharps into regular trash containers or unmarked containers

Other precautions:

- handle sharps, such as broken glass, scalpels and razor blades with mechanical devices whenever possible
- avoid the use of sharps or breakable materials whenever possible
- never recap, bend or break needles
- use safer sharps devices, such as retractable box cutters or self-blunting syringes whenever possible
- if it is absolutely necessary to recap a needle, use a mechanical device such as a hemostat or forceps to handle the cap

Appropriate sharps containers are:

- puncture-resistant
- leak-proofed
- labelled with biohazard markings

For disposal of sharps containers and replacement containers, contact your immediate supervisor or Health and Safety Manager.

**Check Your Understanding**

The Company will make every possible effort to provide its employees with the proper PPE equipment when necessary. For large facilities, which might have numerous tasks, a summary of the tasks and required PPE can be used. It is imperative that all employees and contractors wear appropriate protective body coverings such as gloves, gowns, aprons, caps, and eye protection when occupational exposure is anticipated. The type and characteristics will depend upon the task and degree of exposure anticipated.



## 8.7 PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal protective equipment for employees and contractors exposed under this program will be available at Corporate Cleaning Head Office, and janitorial closets on specific sites at all times. This protective equipment prevents blood and other bodily fluids from reaching an employee's clothing, skin, eyes, mouth or other mucous membranes under normal and proper use and for the duration of time that the equipment is expected be used. At a minimum, all personnel must wear appropriate gloves when performing procedures in which human blood or other bodily fluids may be handled or contacted.

Standard PPE includes, but is not limited to:

- nitrile or latex gloves and lab coats, gowns or aprons where employees may be splashed
- goggles, dust masks or face shields and surgical caps where employees' face and head may be exposed
- pocket masks, resuscitation bags or other ventilation device where personnel may need to perform emergency resuscitation
- the decontamination, cleaning, laundering or disposal of PPE and the repair or replacement of items will be done as needed to maintain their availability and effectiveness
- all PPE must be removed immediately upon leaving the work area and placed in an appropriately designated container that displays the biohazard symbol for decontamination, storage, washing or disposal

Appropriate gloves must also be worn when handling bagged or obviously contaminated linen. Disposable gloves must be replaced when visibly soiled, torn, punctured or otherwise compromised and may not be washed or disinfected for re-use. Utility gloves may be decontaminated for re-use if the integrity of the glove is uncompromised. Utility gloves shall be disposed of properly if they are cracked; peeling, torn, punctured or they exhibit other signs of deterioration or inability to function as a barrier without compromise.

When the occurrence of splashes, splatters or droplets of blood or other potentially infectious materials can reasonably be anticipated to come in contact with an employee's eye, nose or mouth, masks are required to be worn in combination with eye protection devices (such as goggles or glasses with a solid side shield or chin-length face shield).

**Check Your Understanding**

The Company will specify which warning methods are used and communicate this information to all employees.

- containers of regulated waste
- refrigerators and freezers containing blood and other potentially infectious materials
- sharps disposal containers
- laundry bags and containers
- contaminated equipment for repair (the portion contaminated)
- other containers used to store, transport or ship blood or other potentially infectious materials.

These labels are not required when:

- red bags or red containers are used (temporarily)
- containers of blood, blood components or blood products are labelled as to their contents and have been released for transfusion or other clinical use
- individual containers of blood or other potentially infectious materials are placed in a labelled container during storage, transport, shipment or disposal

**8.8 WHMIS LABELS**

Warning labels will be affixed to all containers that hold blood or other potentially infectious materials. These labels consist of the universal biohazard symbol. These labels must be placed on all waste containers, refrigerators and freezers containing human blood or other potentially infectious materials and all other containers used to store, transport or ship hazardous waste and sharps.

The Health and Safety Manager is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify either their supervisor or the H&S Manager if they discover regulated waste containers, refrigerators containing blood or other potentially infectious materials, contaminated equipment, etc., without proper labels.



Note: Red bags or red containers may be substituted for labels temporarily if labels and other proper containers are not immediately available.

## 8.9 HOUSEKEEPING

The Operations Manager, Health and Safety Manager and supervisors are responsible for developing the housekeeping schedule and performing routine daily cleanup and decontamination of laundry, equipment, surfaces and other areas. A detailed schedule of routine cleaning and decontamination methods for all blood and other bodily fluids is included in the Housekeeping Schedule page. The scheduled duties will include:

- inspect and decontaminate, on a regular basis, reusable receptacles such as bins, pails and cans that are likely to become contaminated
- use an appropriate disinfectant to clean all surfaces and equipment that could be contaminated
- use tongs, tweezers or a broom and a dustpan to pick up contaminated broken glassware or other sharps – never pick up with hands, even if gloves are worn
- discard all contaminated waste according to federal, state and local regulations
- process all laundry and reusable PPE garments contaminated with human blood or other bodily fluids:
  - handle as little as possible and with a minimum of agitation
  - place wet contaminated laundry in leak-proof biohazard labelled bag before transporting
  - never sort or rinse contaminated laundry in areas of its use

## 8.10 EMERGENCY CLEANUP

Immediate or emergency surface/equipment or spill cleanup will be performed by the employee or contractor assigned. Paper towels or other absorbent material will be used to collect larger volumes. Contaminated work surfaces of non-porous equipment will be cleaned as soon as possible with an appropriate disinfectant. All contaminated cleaning materials will be properly disposed in marked biohazard bags. Appropriate PPE will be worn at all times when cleaning up spills.

## 8.11 POST-EXPOSURE EVALUATION & FOLLOW-UP

In the event exposure to contaminated human blood or other bodily fluids occurs, or is suspected to have occurred, contact your supervisor or the Health and Safety Manager immediately.

First aid is to be administered immediately upon exposure or suspected exposure. Any wounds involving broken skin must be washed thoroughly for a minimum of 15 minutes. After thorough washing, apply any necessary First Aid.

Once washing and First Aid is complete, the exposed individual will report the exposure to a supervisor. The individual will then be offered a confidential post-exposure medical evaluation at a medical clinic of the employee's choice with billing being sent to Corporate Cleaning Services. The post-exposure medical evaluation will include:

- Documentation of the exposure route, the HBV and HIV antibody status of the exposure source individual (if known), and the circumstances under which the exposure occurred.
- Collection of blood from the exposed employee as soon as possible after the exposure incident for determination of HIV and/or HBV status. (Actual testing may be done at that time or later at the employee's request.)
- Blood collection and testing of the source individual to determine the presence of HBV or HIV infection, if the source individual is known and permission is obtained (see Hepatitis B Consent or Decline Form). The source individual's test results will be made available to the exposed employee and the employee will be informed by Human Resources of applicable laws and

regulations concerning disclosure of the identity and infectious nature of the source individual. When the source individual is known to have been previously infected with HIV or HBV, testing of the source individual's blood will not be repeated.

- Additional follow-up, including antibody or antigen testing, counselling, illness reporting, and safe and effective post-exposure prophylaxis medical treatment.

## **8.12 HEALTH CARE PROFESSIONAL'S WRITTEN OPINION**

The health care professional providing post-exposure and follow-up evaluations, testing or counselling will provide a written opinion addressing the following to the exposed employee within 15 days of the completed evaluation:

- a statement noting whether the hepatitis B vaccination is indicated for the employee and whether the employee received the vaccination
- proposed post-exposure evaluation and follow-up
- documentation that the employee was informed of the evaluation results
- documentation that the employee was informed about any medical conditions resulting from the exposure requiring further evaluation or treatment

All other findings or diagnoses not related to the exposure will remain confidential and will not be included in the written report.

## **8.13 COUNSELLING**

Counselling by Corporate Cleaning Service's employee assistance program or other health care professional will be offered to the exposed and source individuals as requested and necessary. Counselling will include education on blood-borne pathogens and will be provided on an ongoing basis to assist involved individuals in understanding and coping with the incident.

## **8.14 REPORTING AND INVESTIGATION**

### ***8.14.1 Reporting***

All work-related injuries and illnesses where there is exposure or potential exposure to blood or other bodily fluids must be reported, even when medical attention is not required or is refused by the employee. An Incident Report (see DOCUMENTATION AND IDENTIFICATION OF SOURCE INDIVIDUAL) must be completed and submitted within 24 hours of the incident. Supervisors must review and approve all Exposure Incident Reports.

### ***8.14.2 Follow-up Investigation***

The Human Resources and Safety Manager will investigate each exposure incident to prevent or reduce repeat incidents. The evaluation will include documentation of:

- safety equipment in use at the time of the exposure incident
- work practices in place at the time of the exposure incident
- personal protective equipment or clothing in use at the time of the exposure incident
- an evaluation of the policies and "failures of controls" at the time of the exposure incident

## 8.15 TRAINING

All employees and contract workers required to participate in the Blood-borne Pathogens Program must receive initial training and annual retraining. New personnel must be trained prior to working with human blood or other potentially infectious materials. Training will be completed no later than five days after their initial start date. The Human Resources & Safety Manager has the responsibility to ensure all potentially exposed personnel are trained.

The training program will cover, at a minimum, the following elements:

- epidemiology and symptoms of blood-borne pathogens
- modes of transmission
- our Blood-borne Pathogens Program and how to obtain a copy
- methods to recognize exposure tasks and other activities that may involve exposure to blood
- use and limitations of engineering controls, work practices, and personal protective equipment (PPE)
- PPE - the basis for selection
- PPE - use, location, removal, handling, decontamination and disposal
- emergency procedures for blood and other potentially infectious materials
- exposure incident procedures
- post-exposure evaluation and follow-up
- signs, WHMIS labels and/or colour-coding to warn of hazards
- question and answer session

In addition to required annual refreshers, retraining will also be provided on an as-needed basis, when new hazards are introduced into the workplace, when modifications in tasks change an employee's occupational exposure and/or when inadequacies in employee knowledge or use of equipment are noted. All training will be documented on the employee training form (Employee Training Record) and retained by the Human Resources and Safety Manager for 6 years. The employee or the employee's authorized representative will provide employee training records upon request within 15 working days. Such requests should be addressed to the Human Resources and Safety Manager.

## 8.16 RECORDKEEPING

### *8.16.1 Medical Records*

Confidential records are maintained for all personnel with occupational exposure to human blood or other potentially infectious materials. These records will include the following:

- personnel names and ID numbers
- Hepatitis B vaccination status, dates of vaccinations and any medical records relative to each individual's ability to receive vaccination
- copies of all examination results, medical testing and follow-up procedures for each participating individual
- copies of the health care professional's written opinion created after each evaluation

The Human Resources and Safety Manager is responsible for maintenance of these medical records. Medical records are kept in the employee's file and employees' database for the duration of employment plus 30 years. Employee medical records will be provided within 15 working days when requested by the employee or representative having written consent of the employee. Requests should be sent to the Human Resources and Safety Manager.

**8.16.2 Sharps Injury Log**

All cut and puncture injuries from contaminated sharps are to be recorded in a First Aid Record Log (see Sharp Injury Log). This log will be reviewed as part of the annual program evaluation and kept for at least 7 years.

**8.17 PERIODIC PROGRAM REVIEW**

The Human Resources and Safety Manager annually review all Blood-borne Pathogens Program procedures and training.

Annual inspections are documented on the Annual Evaluation Form and retained by the Human Resources and Safety Manager.

**8.18 OUTSIDE CONTRACTORS**











Contractors working on our property or job sites are required to have their own Blood-borne Pathogens Program that is equivalent to or better than Corporate Cleaning Services' Program. Contractors that do not have a Blood-borne Pathogens Program will be required to use Corporate Cleaning Services' program and be responsible for the cost associated with its implementation for their own employees.

### 9. FORMS AND REPORT TEMPLATES

#### 9.1 JOB CLASSIFICATIONS FORM (REVISED <DATE>)

Job Title	Area/Department/Location	Task/Procedures	Controls & PPE

## 9.2 WHMIS 2015 LABELS

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



### 9.3 HEPATITIS B CONSENT OR DECLINATION FORM

#### Hepatitis B Consent or Declination Form

**CONFIDENTIAL**

#### CONSENT OR DECLINE OF VACCINATION FORM

*Please fill out either CONSENT or DECLINE section below.*

Employee Name \_\_\_\_\_  
 Employee Number \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Area/Location \_\_\_\_\_

#### CONSENT TO VACCINATE

**Please indicate if you consent to receive the hepatitis B vaccination.** Yes, I consent \_\_\_\_\_

I have read the information about the vaccine. I have had an opportunity to ask questions of a qualified medical professional and understand the benefits and risks of receiving the vaccination. I understand it is possible that I may not become immune, or that I may experience side effects from the vaccine.

\_\_\_\_\_  
 Employee Signature Date Signed

Note: Your consent to vaccination will be filed in your confidential medical record and will be retained for the duration of your employment plus 30 years.

#### DECLINE TO VACCINATE

**Please indicate if you decline the hepatitis B vaccination.** Yes, I decline \_\_\_\_\_

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me; however, I decline hepatitis B vaccination at this time. I have had an opportunity to ask questions of a qualified medical professional and understand the benefits and risks of receiving the vaccination. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

**If you are declining vaccination because you have previously been vaccinated, please check here.** \_\_\_\_\_

\_\_\_\_\_  
 Employee Signature Date Signed

Note: Your declination to vaccination will be filed in your confidential personnel record and will be retained for the duration of your employment plus 30 years.

## 9.4 REQUEST FOR SOURCE INDIVIDUAL EVALUATION FORM

CONFIDENTIAL

### Request for Source Individual Evaluation

---

#### REQUEST FOR SOURCE INDIVIDUAL EVALUATION

Dear Medical Professional:

One of our employees was involved in an incident that may have resulted in exposure to a bloodborne pathogen. I am asking you to perform an evaluation of the source individual. Given the circumstances surrounding this event, please determine whether our exposed employee is at risk for infection and/or requires medical follow-up.

Attached is a **Documentation and Identification of Source Individual** form which was initiated by the exposed worker. Please complete the source individual section and communicate the findings to the indicated medical provider. The evaluation form has been developed to provide confidentiality assurances for the source individual and the exposed individual concerning the nature of the exposure. Any communication regarding the findings is to be handled at the medical provider level. We understand that information relative to human immunodeficiency virus (HIV) and AIDS has specific protections under the law and cannot be disclosed or released without the written consent of the patient. It is further understood that disclosure obligates persons who receives such information to hold it confidential.

Thank you for your assistance in this very important matter.

Sincerely,



Carmen Hewitt  
Human Resources and Safety Manager  
Corporate Cleaning Services Ltd.

9.5 DOCUMENTATION AND IDENTIFICATION OF SOURCE INDIVIDUAL FORM

CONFIDENTIAL

DOCUMENTATION AND IDENTIFICATION OF SOURCE INDIVIDUAL

Name of exposed employee \_\_\_\_\_

Name and phone number of medical provider who should be contacted \_\_\_\_\_

Incident Information

Incident Date \_\_\_\_\_

Name or Medical Record Number of Source Individual \_\_\_\_\_

Nature of the Incident

\_\_\_\_\_ Contaminated sharps injury

\_\_\_\_\_ Blood or body fluid splash onto mucous membrane or non-intact skin

\_\_\_\_\_ Other: \_\_\_\_\_

Source Individual Evaluation

Source Individual Known

Chart reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Source Individual Unknown

Researched by \_\_\_\_\_ Date \_\_\_\_\_

Testing of Source Individual's Blood

Consent to test source individual's blood \_\_\_\_\_ Obtained \_\_\_\_\_ Refused

Evaluation and Recommendation

Check one.

\_\_\_\_\_ Identification of source individual infeasible or prohibited by province or local law.  
State why infeasible: \_\_\_\_\_

\_\_\_\_\_ Evaluation of the source individual reflected no known bloodborne pathogens.

\_\_\_\_\_ Evaluation of the source individual reflected possible bloodborne pathogens and medical follow-up is recommended.

Person Completing Report \_\_\_\_\_ Date \_\_\_\_\_

Note: Report the results of the source individual's blood test to the medical provider named above who will inform the exposed employee. Do not report blood test findings to the employer.

HIV-related information cannot be released without the written consent of the source individual.

**9.6 EMPLOYEE TRAINING RECORD FORM**

**Employee Training Record**

The following individuals have received training on Corporate Cleaning Services' Bloodborne Pathogens Program.

Print Name	Sign Name	Date

Print Instructor's Name	
Instructor's Signature	
Instructor's Title	
Date of Training	

9.7 EXPOSURE INCIDENT REPORT FORM

**Exposure Incident Report Form**

---

**EXPOSURE INCIDENT REPORT**

*Be as detailed as possible. Please print.*

Date completed \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employee name \_\_\_\_\_

Employee number \_\_\_\_\_

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Job title \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Has employee been vaccinated for hepatitis B? \_\_\_\_ Yes \_\_\_\_ No

**Exposure Incident Information**

Date and time of exposure \_\_\_\_ / \_\_\_\_ / \_\_\_\_ : \_\_\_\_ AM/PM

Location of incident (home, street address, work area, etc.). Be specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of incident (accident, housekeeping, medical emergency). Be specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe what task(s) you were performing when the exposure occurred. Be specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you wearing personal protective equipment (PPE)? **Yes / No**

If yes, list types \_\_\_\_\_

Did the PPE fail? **Yes / No**

If yes, explain how \_\_\_\_\_  
\_\_\_\_\_

List any body fluids, blood or other potentially infectious material you were exposed to.

\_\_\_\_\_  
\_\_\_\_\_

List any parts of your body that were exposed to potentially infectious material.

\_\_\_\_\_  
\_\_\_\_\_

Estimate the size of the area of your body that was exposed.

Estimate the period of time your body was exposed.

\_\_\_\_\_

Did a foreign body (needle, nail, auto part, broken glass, etc.) penetrate your body? **Yes / No**

If yes, what was the object? \_\_\_\_\_

Where did it penetrate your body? \_\_\_\_\_

Was any fluid injected into your body? **Yes / No**

If yes, what fluid? \_\_\_\_\_

How much? \_\_\_\_\_

Did you receive medical attention? **Yes / No**

If yes, where? \_\_\_\_\_

When? \_\_\_\_\_

Care provider name \_\_\_\_\_

Do you know the name of the source individual (the person who the blood or potentially infectious material came from)? **Yes / No**

If yes, list name(s) \_\_\_\_\_

\_\_\_\_\_

List any other important details.

\_\_\_\_\_  
\_\_\_\_\_

*Submit completed report to your immediate supervisor or Human Resources and Safety Manager*

9.8 SHARPS INJURY LOG

Sharps Injury Log

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Corporate Cleaning Services  
Sharps Injury Log

Date	Type of Device (syringe, broken glass, knife, etc.)	Brand Name	Location/Dept.	Brief description of incident (procedure being done, action being performed, body part injured, etc.)
10/29/2014	Box cutter	Unknown	Shipping	Picking up box cutter, cut thumb, previous use by others who have cut themselves as well

**9.9 ANNUAL EVALUATION REPORT**

**Annual Evaluation Report**

Date of evaluation:	Evaluated by (list all present):
Written program reviewed: Yes No	
Comments on written program:	
The following specific bloodborne pathogens procedures have been reviewed:	
The following specific bloodborne pathogens procedures were modified:	
The following specific bloodborne pathogens procedures were added:	
A review of the sharps procedures was made: Yes No	
The following specific sharps procedures were modified:	
The following specific sharps procedures were added:	
Additional information:	

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**WORKING ALONE OR IN ISOLATION POLICY AND PROCEDURE**

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## 10. WORKING ALONE OR IN ISOLATION

### 10.1 PURPOSE

All employees have the right to immediate and appropriate assistance if they are injured on the job. This policy and the associated procedures are designed to ensure that all workers who are required to work alone or in isolation have access to a check-in system that will ensure that help is readily available to them.

### 10.2 SCOPE

This policy applies to all Corporate Cleaning Services workers doing jobs or tasks that require them to work alone or in isolation where assistance is not readily available to them in the event of an emergency, injury, or illness.

### 10.3 POLICY

Corporate Cleaning Services will develop and maintain a program to ensure the well-being of workers who are assigned to work alone or in isolation.

### 10.4 RESPONSIBILITIES

#### *10.4.1 Employer*

Ensure that procedures and resources are in place to minimize harm to employees who are working alone or in isolation.

Ensure that workers are trained in these procedures.

#### *10.4.2 Managers/Supervisors*

Assess the level of risk in their areas to determine the appropriate procedures needed to ensure employee safety.

Develop procedures for checking on employee's well-being, including time intervals between check-ins. This must be done in consultation with the employee and the Joint Occupational Health and Safety (JOHS) Committee.

Arrange for trial runs of the procedures to ensure that each employee working alone is following the process.

Ensure that the person designated to maintain contact with the employee working alone documents the check-in times and other applicable information.

Ensure there is a means of summoning help in an emergency where an employee has been assigned to work alone or in isolation.

Maintain a list of positions or situations where workers have been assigned to work alone or in isolation.

### ***10.4.3 Workers***

Consult with your supervisor as necessary to schedule work done in isolation and to maintain communication during such periods.

Use the check-in procedures provided.

### ***10.4.4 Joint Occupational Health and Safety Committees***

Periodically review the program to ensure its effectiveness and provide comments or recommendations.

## **10.5 DEFINITIONS**

### ***10.5.1 Check-in***

The act of notifying the Contact Person that a task is starting, continuing or ending, or that the worker is OK.

### ***10.5.2 Risk Assessments***

The risk assessment is a step-by-step process that identifies the nature and type of hazard that could reasonably be anticipated in the workplace and assesses the likelihood of such hazards occurring. It is intended to help set priorities and identify tasks that require further analysis to ensure that effective controls are implemented.

A check-in assessment form has been developed to help with the development of controls and in order to determine the frequency of check-in times. These assessments need to be completed only for workers who have been assigned a job or task where they may be working alone or in isolation. The Check-in Assessment Worksheet is located in Appendix A of this document.

Check-in assessments will be done for any new positions where a worker is assigned to work alone and where any positions or situations on the current inventory are substantially changed. A completed worksheet sample is included in Appendix B.

### ***10.5.3 Risk Scores/Levels***

The Risk Assessments will determine the risk of individual tasks. Risks are divided into three categories:

**Level 1** - Risk Score is greater than 400

Frequency of check-ins: at least every hour and end of shift.

**Level 2** - Risk Score is between 200 and 400

Frequency of check-ins: every 2 hours or more often as is required by the nature of the task, and end of shift.

**Level 3** - Risk score is less than 200

Frequency of check-ins: at the beginning and end of the shift or task, or as often as is required by the nature of the task.

## **REFERENCES**

WorkSafeBC OHS Regulation Part 4, Sections 4.20.1, 4.20.2, 4.21, 4.22 and 4.23 (exclude 4.22.1 and 4.22.2).

## **10.6 OVERVIEW OF WORKSAFEBC REGULATION**

The WorkSafeBC OHS Regulation requires that the employer:

- Conduct a hazard assessment before assigning a worker to work alone or in isolation.
- Take measures to eliminate or minimize the risk from hazards to the lowest level practical.
- Develop and implement a written procedure for checking the well-being of the worker who is assigned to work alone.
- Consult with the Joint Occupational Health and Safety Committee in the development of the working alone policy and procedures.
- Consult with the worker regarding how often he/she is to check in.
- Provide training on the written procedure to the contact person and to any worker assigned to work alone.
- Review the check-in procedure at least annually or more frequently if there is a change in work arrangements that could adversely affect a worker's well-being, or if there is a report that the system is not working effectively.

## **10.7 INVENTORY OF WORKING ALONE POSITIONS**

An inventory of positions has been developed that identifies workers who have been assigned to work alone or in isolation. The Human Resources Department and the Operations Manager will maintain this list.

New positions where a worker is assigned to work alone or in isolation will be assessed prior to assigning the work and added to the inventory.

## **10.8 EXAMPLES OF POSITIONS THAT MAY REQUIRE WORKING ALONE PROCEDURES**

1. Afternoon shift who have to work in closed facilities.
2. Weekend and evening shifts.

## **10.9 TRAINING REQUIREMENTS**

### ***10.9.1 Goal***

Every worker, supervisor and affected person will understand the procedure for working alone or in isolation. No worker will be placed at risk because of a lack of understanding of the procedure.

### ***10.9.2 Objectives***

As a result of this training:

- Workers will know when the use of a check-in procedure is required. A sample of a Check-In Log is included at the end of the Section, under 10.13.
- Workers and supervisors will understand the check-in procedures.
- All affected persons will understand the emergency response procedure.

### ***10.9.3 Summary of training***

- definitions used in the program
- WorkSafeBC regulatory requirements
- responsibilities
- check-in procedures and other safe work procedures
- documentation requirements
- emergency procedures

## **10.10 PROGRAM MAINTENANCE**

On an annual basis, if there is a change in work arrangements, or if there is a report that the program is not working effectively, the Human Resources and Safety Manager in consultation with the OHS Committee, will review the working alone program to:

- ensure that the working alone program and procedures are in place
- ensure that the position and situation inventory and assessments are current
- review any investigations into incidents that have taken place in the last year to determine if there are situations in which a worker was working alone and could not get assistance after the injury

## **10.11 DOCUMENTATION**

The working alone program requires the following documentation:

- the list of positions or situations where workers are required to work alone or in isolation
- the completed Risk Assessment Worksheets
- training records for affected workers and the contact person
- the contact person's log book

### 10.12 WORKING ALONE RISK ASSESSMENT WORKSHEET AND TABLES

**Appendix A - Working Alone Risk Assessment Worksheet**

**Instructions:**

Complete this worksheet with the worker for each situation where a worker is working alone and may be at risk of an injury that would prevent him/her from obtaining help.

1. In the table on page 2:
  - a. Consider which hazards in columns A and B might apply and specify the injury in column C.
  - b. For column D - Use Table 1 on page 3 to assess the probability of the accident occurring.
  - c. For column E - Use Table 2 on page 3 to assess the likelihood that the accident would result in an injury serious enough to be disabling.
  - d. For column F - Use Table 3 on page 3 to assess the likelihood of help being available to the worker.
  - e. Rate the requirement for a check-in system by multiplying the numbers in Columns D, E and F. Enter the result in Column G.
2. Enter the score from Column G into the Final Risk Score below. Include comments and recommendations as required.
3. If the Risk Score is:
  - Less than 200 (low), no further action is required.
  - Between 200 and 400 (moderate), a check-in procedure must be implemented.
  - Greater than 400 (high), the checks must be frequent and other mitigation must be considered and implemented.

Job Title: \_\_\_\_\_ Assessment Done By: \_\_\_\_\_  
 Task: \_\_\_\_\_ Date: \_\_\_\_\_

Final Risk Score:

Comments / Recommendations:

A	B	C	D	E	F	G
Types of Hazard	Examples (Based in part on history)	Worst probable incident that could happen	Likelihood of Incident Occurring	Likelihood of Worker Being Unable to Call for Help	Likelihood of help being available	Risk Score
			See Table 1	See Table 2	See Table 3	
Stored Energy	<ul style="list-style-type: none"> <li>▪ Bins</li> <li>▪ Elevated equipment</li> <li>▪ Pressurized vessels or pipes</li> <li>▪ Volumes of liquid</li> <li>▪ Stacked materials</li> </ul>					
Mechanical Energy	<ul style="list-style-type: none"> <li>▪ Hydraulic equipment</li> <li>▪ Tools</li> <li>▪ Equipment</li> </ul>					
Energy Inadequate or Stopped	<ul style="list-style-type: none"> <li>▪ Failure of part</li> <li>▪ External influence</li> <li>▪ Fuel sources</li> <li>▪ Spills</li> <li>▪ Lack of ventilation</li> <li>▪ Lighting</li> </ul>					
Kinetic Energy	<ul style="list-style-type: none"> <li>▪ Struck by or against</li> <li>▪ Pinch points</li> <li>▪ Fall to same level</li> <li>▪ Fall to lower level</li> <li>▪ Animal attack</li> </ul>					
Chemical Energy	<ul style="list-style-type: none"> <li>▪ Corrosion/ Oxidation</li> <li>▪ Asphyxiation</li> <li>▪ Poisoning</li> <li>▪ Explosion</li> <li>▪ Infection</li> <li>▪ Drowning</li> </ul>					
Thermal Energy	<ul style="list-style-type: none"> <li>▪ Ultra-violet &amp; infrared radiation</li> <li>▪ Excessive sun exposure</li> <li>▪ Steam</li> <li>▪ Hot materials</li> <li>▪ Cold /Freezing</li> </ul>					
Electrical Energy	<ul style="list-style-type: none"> <li>▪ Static</li> <li>▪ Grounding</li> <li>▪ Lightning</li> </ul>					
Social Energy	<ul style="list-style-type: none"> <li>▪ Verbal Assault</li> <li>▪ Physical Assault</li> <li>▪ Bomb threats</li> <li>▪ Terrorism</li> </ul>					
Other						

**Working Alone Risk Assessment Tables**

<b>Table 1 - Likelihood of an accident occurring</b>	
<b>The risk factors for performing this task mean that an accident:</b>	<b>Value</b>
Will probably happen	<b>10</b>
Has a very high likelihood of occurring	<b>8</b>
Is quite possible; would not be unusual; has happened before	<b>6</b>
Would be an unusual event	<b>4</b>
Would be remotely possible	<b>2</b>
Would be extremely remote but conceivably possible	<b>0.5</b>
Would be almost impossible; a "one in a million" possibility; has never happened in spite of exposure over many years	<b>0.1</b>

<b>Table 2 - Likelihood of a disabling injury</b>	
<b>The seriousness of a likely accident means that a disabling injury, one that would prevent calling for help, would be:</b>	<b>Value</b>
The expected result	<b>10</b>
The probable result	<b>8</b>
An unusual result	<b>6</b>
The remotely possible result	<b>4</b>
The practically impossible result	<b>2</b>

<b>Table 3 - Likelihood of help being available for the injured workers</b>		
<b>Work Situation:</b>	<b>Availability of Help</b>	<b>Value</b>
Worker is in an isolated area with no one likely to pass by or see the worker for 2 hours or more	Almost Never	<b>12</b>
Worker is working in an area where customers and other employees come by occasionally, e.g. every 30 to 60 minutes.	Rare	<b>8</b>
Worker is in an isolated area where there is regular traffic of customers and/or other employees, e.g. every 30 minutes or so.	Occasionally	<b>6</b>
Worker is out of site or isolated from the general public and other employees but other employees come by on a regular and frequent basis, e.g. every 15 to 30 minutes.	Usual	<b>4</b>
The Worker is in an area used by other people who pass by often enough that there is a high likelihood of witnesses.	Frequently	<b>2</b>
The worker is in an area where there is a high volume of customers, e.g. shopping mall, sports stadium, or where there is security staff available.	Continuous	<b>1</b>

**Appendix B - Working Alone Risk Assessment Work Sheet – EXAMPLE**

**Instructions:**

Complete this worksheet with the worker for each situation where a worker is working alone and may be at risk of an injury that would prevent him/her from obtaining help.

1. In the table on page 2:
  - a. Consider which hazards in columns A and B might apply and specify the injury in column C.
  - b. For column D - Use Table 1 on page 3 to assess the probability of the accident occurring.
  - c. For column E - Use Table 2 on page 3 to assess the likelihood that the accident would result in an injury serious enough to be disabling.
  - d. For column F - Use Table 3 on page 3 to assess the likelihood of help being available to the worker.
  - e. Rate the requirement for a check-in system by multiplying the numbers in Columns D, E and F. Enter the result in Column G.
2. Enter the score from Column G into the Final Risk Score below. Include comments and recommendations as required.
3. If the Risk Score is:
  - Less than 200 (low), no further action is required.
  - Between 200 and 400 (moderate), a check-in procedure must be implemented.
  - Greater than 400 (high), the checks must be frequent and other mitigation must be considered and implemented.

Job Title: Electrician Assessment Done By: JB Powers – Manager, Electrical Dept.  
 Task: Repairing traffic light after hours Date: The date

<b>Final / Highest Risk Score:</b>	256
<b>Comments / Recommendations:</b>	
Score of 256 for risk of being hit by vehicle – Implement check-in. Electricians agree 60 minutes between checks.	

A	B	C	D	E	F	G
Types of Hazard	Examples (Based in part on history)	Worst probable incident that could happen	Likelihood of Incident Occurring	Likelihood of Worker Being Unable to Call for Help	Likelihood of help being available	Risk Score
			See Table 1	See Table 2	See Table 3	
Stored Energy	<ul style="list-style-type: none"> <li>▪ Bins</li> <li>▪ Elevated equipment</li> <li>▪ Pressurized vessels or pipes</li> <li>▪ Volumes of liquid</li> <li>▪ Stacked materials</li> </ul>					
Mechanical Energy	<ul style="list-style-type: none"> <li>▪ Hydraulic equipment</li> <li>▪ Tools</li> <li>▪ Equipment</li> </ul>					
Energy Inadequate or stopped	<ul style="list-style-type: none"> <li>▪ Failure of part</li> <li>▪ External influence</li> <li>▪ Fuel sources</li> <li>▪ Spills</li> <li>▪ Lack of ventilation</li> <li>▪ Lighting</li> </ul>					
Kinetic Energy	<ul style="list-style-type: none"> <li>▪ Struck by or against</li> <li>▪ Pinch points</li> <li>▪ Fall to same level</li> <li>▪ Fall to lower level</li> <li>▪ Animal attack</li> </ul>	Fall from bucket truck	2	4	8	64
		Hit by vehicle	4	8	8	256
Chemical Energy	<ul style="list-style-type: none"> <li>▪ Corrosion / Oxidation</li> <li>▪ Asphyxiation</li> <li>▪ Poisoning</li> <li>▪ Explosion</li> <li>▪ Infection</li> <li>▪ Drowning</li> </ul>					
Thermal Energy	<ul style="list-style-type: none"> <li>▪ Ultra-violet &amp; infrared radiation</li> <li>▪ Excessive sun exposure</li> <li>▪ Steam</li> <li>▪ Hot materials</li> <li>▪ Cold / Freezing</li> </ul>					
Electrical Energy	<ul style="list-style-type: none"> <li>▪ Static</li> <li>▪ Grounding</li> <li>▪ Lightning</li> </ul>	Electrocution due to faulty wiring	2	10	8	160
Social Energy	<ul style="list-style-type: none"> <li>▪ Verbal Assault</li> <li>▪ Physical Assault</li> <li>▪ Bomb threats</li> <li>▪ Terrorism</li> </ul>					
Other						

**10.13 CHECK-IN LOG EXAMPLE**

**Appendix C – Check-In Log – EXAMPLE**

Log to be completed by the Contact Person

**Contact Person:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Person Working Alone:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Frequency of check-in:** \_\_\_\_\_ **Department:** \_\_\_\_\_

Time	Location	Task	Next Check-In Time	Final Check-In Time



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## STAY AT WORK – RETURN TO WORK PROGRAM

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### 11. STAY AT WORK - RETURN TO WORK POLICY

In fulfilling this workplace's commitment to providing a safe and healthy working environment, a Return to Work program has been established for workers who sustain workplace injuries.

Corporate Cleaning Services undertakes to accommodate injured workers through early assistance, rehabilitation and placement, where possible, to the benefit of the entire workplace. This program provides gradual and consistent rehabilitation to all injured workers.

The Company will work toward facilitating injured workers to an appropriate and timely Stay at Work or Return to Work in pre-injury positions. If this is not possible, the original department will make every effort to place workers in suitable, alternative positions. In the event that alternative positions are not available within the original department, every reasonable attempt will be made to find appropriate positions in other departments. All attempts to place the worker in another area must be done, in an appropriate manner, in cooperation with the worker, their manager, and health care providers.

Any personal information received from or about the worker will be held in the strictest confidence. Information of a personal nature will be released only if required by law or with the approval of the worker, who will specify the nature of any information that may be released and to whom it can be released.



Carmen Hewitt

Date: October 30, 2017

Human Resources and Safety Manager

### 11.1 INJURY MANAGEMENT POLICY

Corporate Cleaning Services Ltd. is committed to the well-being and rehabilitation of all employees unable to perform their normal duties as a result of being injured on or off the job or recuperating from an illness. We have developed an Injury Management Program, incorporating modified/alternate return to work duties, to meet this objective.

Stay at Work or Return to Work is individualized for each employee and is supported by medical documentation. This program provides for a timely job modification/placement to a temporary or permanent disabled employee who cannot perform regular duties because of an occupational or non-occupational injury/illness. The alternative job will be productive and valued work that can be performed safely and without risk of re-injury or aggravation to the disability, or risk to other employees.

It is Corporate Cleaning Services' intent that this program will be compatible with current statutory laws and with any exceptions being mutually agreed to by both employees and management representatives.

All employees who become injured/disabled, regardless of cause, will be eligible and encouraged to participate in the program.

The intent of this Injury Management Program is to provide us with a guideline. It should be recognized that this program does not cover all circumstances.

It is also our intent to maintain and expand the cooperative efforts of management, and the occupational health and safety committee towards the awareness of accident and injury prevention.



Carmen Hewitt

Date: October 30, 2017

Human Resources and Safety Manager

11.2 STAY AT WORK OR RETURN TO WORK BROCHURE

**Stay at Work or Return-To-Work Brochure**



**An Exciting New Program!**

The company is starting a new rehabilitation initiative for employees recovering from illnesses and injuries. A component of the company General Safety Program, the Stay at Work or Return to Work Program helps convalescing employees ease back into the workplace by adapting schedules and duties to their level of ability.

**What's Involved?**

The Stay at Work or Return to Work Program is designed to help convalescing employees regain both their health and their place in society – this is achieved by restoring their social, vocational and economic capacities through and early and safe return to work. The premise of the program is that employees are our most vital and valuable resource.

**Our Approach**

The Disability Management Committee developed a Stay at Work or Return to Work Program policy framework for the organization to use. The Stay at Work or Return to Work Program will work very closely with various rehabilitation programs. The program will involve new responsibilities, tasks and work for managers, supervisors and of course, the injured or ill employee themselves.

**Benefits?**

Getting back to work after a serious illness or injury is an important stage of rehabilitation. In our culture, work is a big part of life and a major source of self-esteem. To be able to Stay at work or a prompt return to work helps prevent the loss of friends, professional contacts and occupational skills that re essential to our well-being, not only on the job, but in every aspect of our lives.

One of the main goals of the Stay at Work or Return to Work Program is to help sick and injured employees maintain their identity as valued members of the company and keep them from thinking of themselves as patients. Recovery not only seems to go faster, it is faster – and more effective – when sick and injured employees keep in touch with their job and their colleagues while under medical care, and plan to go back to work as quickly as possible.

**Special Terms**

**Return to Work:**

The reintegration of convalescent employees to the jobs they did before their illness or injury.

Convalescent employees can return to work very quickly if they can be assigned duties that are modified to accommodate their level of ability. The return to work is easier and more successful if it begins as soon as possible in a sick or injured employee's convalescence, with activities that fit within their restrictions while still challenging them.

**Stay at Work or Modified Duties:**

Changes in a job's tasks, work schedules, or both. Modifications are typically made to work areas, equipment, production quotas, schedules and organization of tasks. Convalescing employees using the Stay at Work Program will preferably be assigned modified duties in their own section.



### 11.3 LETTER TO EMPLOYEE SAMPLE

#### Letter to Employee

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Date [REDACTED]

Dear Employee's Name,

We are concerned to hear of your recent injury. We wish to assist you in your recovery and have you return to your regular duties when appropriate.

We have provided you with the following information package that includes,

1. **Letter to Physician:** This form explains the light duty program to the physician and authorizes the physician to disclose information pertaining to this injury.
2. **Physician; Physical Capabilities Report:** Details what the employee is physically fit to do during recovery.
3. **Other:** [REDACTED]

Kindly forward this package to your physician and ask him/her to return the completed forms to \_\_\_\_\_ as requested in the attached documentation. Please be assured that all information provided will be kept confidential. If your physician has any questions regarding our program or related matters, we have provided the following contact numbers. Calls should be directed to \_\_\_\_\_ at phone number (\_\_\_\_) \_\_\_\_\_.

After you have seen your physician, please contact your supervisor, \_\_\_\_\_, at phone number (\_\_\_\_) \_\_\_\_\_ to let us know your condition. If you are capable of performing light or modified duty, you will be expected to report to work.

If you have any questions or concerns, do not hesitate to call. With your participation and cooperation we may work together toward your return to your regular duties.

Sincerely,



Carmen Hewitt  
Human Resources and Safety Manager

Date:

## 11.4 LETTER TO PHYSICIAN SAMPLE



## Letter to Physician

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To the Attending Physician,

Modified work programs assist in the rehabilitation of injured workers. Stay at Work and Return to Work programs for employees with work-related injuries enable companies to reduce the cost of injury and illness. The employee suffers no loss in remuneration and is assigned productive work, which takes into consideration any physical restrictions, identified by you, the medical practitioner. The modified work may consist of modifying the employee's existing job by removing those tasks the employee is currently unable to do or providing transitional/part-time work until the employee is able to return to full time duty; by providing an alternate productive job; by providing a training opportunity; or by a combination of the above. It is a mutually beneficial situation for both the company and the employee. Thank you for your valuable time and cooperation. If there are any questions in regard to this program, please contact \_\_\_\_\_ at (\_\_\_\_) \_\_\_\_\_.

In order that we, the employer, may help in rehabilitation following this injury, we would like you to be aware that we may be able to offer the employee, \_\_\_\_\_, Stay at Work light duties subject to your instructions. This is done to enable the injured employee to remain on the job. **This does not in any way negatively affect the employee's WCB claim.**

As appropriate, the injured employee or the Physician must return the accompanying form to \_\_\_\_\_.

**Please Fax to:** (604) \_465-4674\_\_\_\_\_

Mailing Address:

106 - 20285 Stewart Crescent  
 Maple Ridge BC V2X 8G1

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## 11.5 RETURN TO WORK EXPECTATIONS

### Return to Work Expectations

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

Dear <Employee Name>,

Corporate Cleaning Services strives to return its employees who are injured on-the-job to work as soon as they're medically able. We can provide temporary modified work that fits within your medical restrictions. Ultimately, our goal is to help you heal and get you back to your regular job.

Corporate Cleaning Services expects you to help in the recuperation process by:

- Staying in regular contact with our Human Resources & Safety Manager, Carmen Hewitt.
- Informing Carmen of all scheduled doctor visits for your work injury.
- Giving a copy of the physician's Physical Capabilities Form to Carmen immediately after each doctor's visit.
- Cooperating with WorkSafeBC, including the claims representative and case manager.
- Cooperating with your treating physician by following the doctor's restrictions and communicating to him/her that Corporate Cleaning Services provides transitional work.

As per the Physical Capabilities form we have received back from your doctor, we have put together a transitional return to work "modified duties" assignment options for you as per attached **Form E2**

We care about your safety and wellbeing, and we will work with you to make your return to work as smooth as possible.

Sincerely,



\_\_\_\_\_  
Carmen Hewitt  
Human Resources and Safety Manager

I, the undersigned, am claiming that I have suffered a work-related injury while performing work duties. By signing below, I acknowledge that a modified job has been made available to me, at no wage loss. This job has been offered using standard restrictions for my area of injury and may be further modified upon receipt of the completed Physician Assessment form or comments from my physician. I hereby consent to my attending physician's release of information to my employer for the purpose of planning my work duties. I understand that it is my responsibility to provide this information to my physician for his or her review. Should the appointment with my physician extend beyond my regularly scheduled shift, I am to report to my supervisor on my next scheduled working day for the start of the shift.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

I Accept the Modified Duties

I Decline the Modified Duties

11.6 STAY AT WORK – RETURN TO WORK PLAN/OFFER

**E2 –Stay at Work - Return to Work Plan/Offer**

Employee:	Job Title:	Supervisor:	Claim #:
Home Phone Number:	RTW Start Date:	Anticipated Length of RTW Program:	Doctor: Phone:

WEEK 1	WEEK 2	WEEK 3	WEEK 4
Hours: <input type="text"/> hours/day <input type="text"/> days/week	Hours: <input type="text"/> hours/day <input type="text"/> days/week	Hours: <input type="text"/> hours/day <input type="text"/> days/week	Hours: <input type="text"/> hours/day <input type="text"/> days/week
Start time:	Start time:	Start time:	Start time:
<b>Goals;</b> <i>(duties, amount, weight, frequency, duration, etc.)</i>	<b>Goals;</b> <i>(duties, amount, weight, frequency, duration, etc.)</i>	<b>Goals;</b> <i>(duties, amount, weight, frequency, duration, etc.)</i>	<b>Goals;</b> <i>(duties, amount, weight, frequency, duration, etc.)</i>

Comments:

Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Management Signature: \_\_\_\_\_

## 11.7 EMPLOYEE'S ACKNOWLEDGEMENT OF MODIFIED WORK OFFER FORM

### *Employee's Acknowledgement of Modified Work Offer*

I, the undersigned, am claiming that I have suffered a work-related injury while performing work duties. By signing below, I acknowledge that a modified job has been made available to me, at no wage loss. This job has been offered using standard restrictions for my area of injury and may be further modified upon receipt of the completed Physician Assessment form or comments from my physician. I hereby consent to my attending physician's release of information to my employer for the purpose of planning my work duties. I understand that it is my responsibility to provide this information to my physician for his or her review. Should the appointment with my physician extend beyond my regularly scheduled shift, I am to report to my supervisor on my next scheduled working day for the start of the shift.

I Accept the Modified Duties

I Decline the Modified Duties

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date

### **Physician's Comments**

Is there any reason to believe that the modified work offer poses a risk to the employee or significantly exceeds his or her functional abilities as a result of the current work injury? No Yes

(please explain)

Comments:

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's name (print)

\_\_\_\_\_  
Telephone number

Note: Corporate Cleaning Services Ltd. will pay the Physician's office a maximum of \$40 for completed forms. Submit the completed form and invoice to [carmenh@corporatecleaning.bc.ca](mailto:carmenh@corporatecleaning.bc.ca) or by fax



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## EMERGENCY ACTION PLAN

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### 12. PLAN LOCATION

CORPORATE CLEANING SERVICES LTD.

106 - 20285 Stewart Crescent

Maple Ridge BC V2X 8G1

Tel: 604-465-4699

Fax: 604-465-4674

October 2017

## 12.1 EMERGENCY PERSONNEL NAMES AND PHONE NUMBERS

### DESIGNATED RESPONSIBLE OFFICIAL (Highest Ranking Manager at Company):

Corporate Cleaning Services                      Phone: 604-465-4699

### EMERGENCY COORDINATOR:

Name:     Carmen Hewitt                      Phone: 604-465-4699 ext. 125

Name:     Alison Todd                         Phone: 604-465-4699 ext. 117

### AREA/FLOOR

Area/Floor: Office Area

Area/Floor: Warehouse Area

## 12.2 EVACUATION ROUTES

Evacuation route maps have been posted in each work area. The following information is marked on evacuation maps:

- emergency exits
  - primary and secondary evacuation routes
  - locations of fire extinguishers
  - fire alarm pull stations' location
- a.        assembly points (muster point)

Site personnel should know at least two evacuation routes.

Please refer to the office emergency map on page 83.

### **12.3 EMERGENCY PHONE NUMBERS**

First Aid Attendant: 604-465-4699 ext. 117

Health & safety Manager: 604-465-4699 ext. 125

BC Hydro: 1-800-224-9376

Fortis BC: 1-800-663-9911

Fire Department: 911

Paramedics: 911

Ambulance: 911

Police: 911

**POISON CONTROL:** 604-682-5050 or 1-800-567-8911

## 12.4 EMERGENCY REPORTING AND EVACUATION PROCEDURES

Types of emergencies to be reported by site personnel are:

MEDICAL

FIRE

EARTHQUAKE

SEVERE WEATHER

BOMB THREAT

CHEMICAL SPILL

STRUCTURE CLIMBING/DESCENDING

EXTENDED POWER LOSS

OTHER (specify) \_\_\_\_\_

(e.g., terrorist attack/hostage taking)

## 12.5 MEDICAL EMERGENCY

Call medical emergency phone number (check applicable):

- Paramedics
- Ambulance
- Fire Department
- Other

Provide the following information:

- Nature of medical emergency,
  - Location of the emergency (address, building, room number), and
  - Your name and phone number from which you are calling.
- 
- Do not move victim unless **absolutely necessary**
  - Call the following personnel trained in CPR and First aid to provide the required assistance prior to the arrival of the professional medical help:

Name: Alison Todd

Phone: 604-465-4699 ext. 117

In case of rendering assistance to personnel exposed to hazardous materials, consult the Material Safety Data Sheet (MSDS) and wear the appropriate personal protective equipment.

**Attempt First Aid ONLY if trained and qualified.**

For situations that do NOT include hazardous materials and if personnel trained in First Aid are not available, as a minimum, attempt to provide the following assistance:

**Stop the bleeding with firm pressure on the wounds (note: avoid contact with blood or other bodily fluids).**

**Clear the air passages using the Heimlich maneuver in case of choking.**

**Heimlich Maneuver: When someone is choking, he or she can't speak or breathe.**

- The choking victim may put a hand to the throat, the universal sign that says, "I am choking!"
- Quick action is needed. A victim has only about four minutes before experiencing asphyxia, brain damage, or death.

**From behind, wrap your arms around victim's waist.**

**Make a fist and place the thumb side of your fist against victim's upper abdomen, below the ribcage, and just above the navel.**

**Grasp your fist with your other hand and press into victim's abdomen with a quick, upward pressure. Do not squeeze the ribcage; confine the force of the thrust to your hands.**

**Repeat until object is expelled.**

## 12.6 FIRE EMERGENCY

When fire is discovered:

- activate the nearest fire alarm (if installed)
- notify the local Fire Department by calling 911
- if the fire alarm is not available, notify the site personnel about the fire emergency by the following means (check applicable):

Voice Communication

Phone Paging

Radio

Other

Fight the fire ONLY if:

- the Fire Department has been notified
- the fire is small and is not spreading to other areas
- escaping the area is possible by backing up to the nearest exit
- the fire extinguisher is in working condition and personnel are trained to use it

Upon being notified about the fire emergency, occupants must:

- leave the building using the designated escape routes
- assemble in the designated area (muster point):
- remain outside until the competent authority (Designated Official or designee) announces that it is safe to reenter

Designated Official, Emergency Coordinator or supervisors must:

- disconnect utilities and equipment unless doing so jeopardizes his/her safety
- coordinate an orderly evacuation of personnel
- perform an accurate head count of personnel reported to the designated area
- determine a rescue method to locate missing personnel
- provide the Fire Department personnel with the necessary information about the facility
- perform assessment and coordinate weather forecast office emergency closing procedures

Area/Floor Monitors must:

- ensure that all employees have evacuated the area/floor
- report any problems to the Emergency Coordinator at the assembly area

Assistants to physically challenged should:

- assist all physically challenged employees in emergency evacuation

## 12.7 EXTENDED POWER LOSS

In the event of extended power loss to a facility, certain precautionary measures should be taken depending on the geographical location and environment of the facility:

- unnecessary electrical equipment and appliances should be turned off in the event that power restoration would surge causing damage to electronics and effecting sensitive equipment
- facilities with freezing temperatures should turn off and drain the following lines in the event of a long-term power loss
- fire sprinkler system
- standpipes
- potable water lines
- toilets
- (if necessary) add propylene-glycol to drains to prevent traps from freezing
- equipment that contains fluids that may freeze due to long term exposure to freezing temperatures should be moved to heated areas, drained of liquids, or provided with auxiliary heat sources

Upon restoration of heat and power (if necessary):

- electronic equipment should be brought up to ambient temperatures before energizing to prevent condensate from forming on circuitry
- fire and potable water piping should be checked for leaks from freeze damage after the heat has been restored to the facility and water turned back on



## 12.8 CHEMICAL SPILL

### Identification of key locations:

Spill Containment and Security Equipment: warehouse

Personal Protective Equipment (PPE): warehouse

SDS Binder: office area and warehouse

### When a large chemical spill has occurred:

- immediately notify the designated official and Emergency Coordinator
- contain the spill with available equipment - Spill Kit (e.g., pads, booms, absorbent powder, etc.)
- secure the area and alert other site personnel
- do not attempt to clean the spill unless trained to do so
- attend to injured personnel and call the medical emergency number, if required
- call a local spill cleanup company or the Fire Department (if arrangement has been made) to perform a large chemical (e.g., mercury) spill cleanup
- evacuate building as necessary

### When a small chemical spill has occurred:

- notify the Emergency Coordinator and/or supervisor
- use the spill kit
- if toxic fumes are present, secure the area (with caution tapes or cones) to prevent other personnel from entering
- deal with the spill in accordance with the instructions described in the MSDS
- small spills must be handled in a safe manner, while wearing the proper PPE and using a spill kit
- review the general spill cleanup procedures

**12.9 TELEPHONE BOMB THREAT CHECKLIST**

INSTRUCTIONS: BE CALM, BE COURTEOUS. LISTEN. DO NOT INTERRUPT THE CALLER.

YOUR NAME: \_\_\_\_\_ TIME: \_\_\_\_\_ DATE: \_\_\_\_\_

CALLER'S IDENTITY SEX: Male \_\_\_\_\_ Female \_\_\_\_\_

Adult \_\_\_\_\_ Juvenile \_\_\_\_\_ APPROXIMATE AGE: \_\_\_\_\_

ORIGIN OF CALL: Local \_\_\_\_\_ Long Distance \_\_\_\_\_ Telephone Booth \_\_\_\_\_

VOICE CHARACTERISTICS

\_\_\_ Loud      \_\_\_ Soft  
 \_\_\_ High Pitch    \_\_\_ Deep  
 \_\_\_ Raspy      \_\_\_ Pleasant  
 \_\_\_ Intoxicated    \_\_\_ Other

SPEECH

\_\_\_ Fast      \_\_\_ Slow  
 \_\_\_ Distinct    \_\_\_ Distorted  
 \_\_\_ Stutter     \_\_\_ Nasal  
 \_\_\_ Slurred     \_\_\_ Other

LANGUAGE

\_\_\_ Excellent    \_\_\_ Good  
 \_\_\_ Fair          \_\_\_ Poor  
 \_\_\_ Foul          \_\_\_ Other

ACCENT

\_\_\_ Local      \_\_\_ Not Local  
 \_\_\_ Foreign    \_\_\_ Region  
 \_\_\_ Race

MANNER

\_\_\_ Calm      \_\_\_ Angry  
 \_\_\_ Rational    \_\_\_ Irrational  
 \_\_\_ Coherent    \_\_\_ Incoherent  
 \_\_\_ Deliberate    \_\_\_ Emotional  
 \_\_\_ Righteous    \_\_\_ Laughing

BACKGROUND NOISES

\_\_\_ Factory      \_\_\_ Trains  
 \_\_\_ Machines    \_\_\_ Animals  
 \_\_\_ Music        \_\_\_ Quiet  
 \_\_\_ Office        \_\_\_ Voices  
 \_\_\_ Machines    \_\_\_ Airplanes  
 \_\_\_ Street        \_\_\_ Party  
 \_\_\_ Traffic        \_\_\_ Atmosphere

## 12.10 BOMB FACTS

PRETEND DIFFICULTY HEARING – KEEP THE CALLER TALKING – IF CALLER SEEMS AGREEABLE TO FURTHER CONVERSATION, ASK QUESTIONS LIKE:

When will it go off? Certain Hour \_\_\_\_\_ Time Remaining? \_\_\_\_\_

Where is it located? Building \_\_\_\_\_ Area \_\_\_\_\_

What kind of bomb? \_\_\_\_\_

What kind of package? \_\_\_\_\_

How do you know so much about the bomb? \_\_\_\_\_

What is your name and address? \_\_\_\_\_

If the building is occupied, inform the caller that detonation could cause injury or death.

Activate malicious call trace: Hang up phone and do not answer another line. Choose the same line and dial \*57 (if your phone system has this capability). Listen for the confirmation announcement and hang up.

Call 911 and relay information about call.

Did the caller appear familiar with plant or building (by his/her description of the bomb location)?

Write out the message in its entirety and any other comments on a separate sheet of paper and attach to this checklist. Notify your supervisor immediately.

## 12.11 SEVERE WEATHER AND NATURAL DISASTERS

### 12.11.1 *Tornado*

When a warning is issued by sirens or other means, seek shelter indoors. Try to find the following:

- small interior rooms on the lowest floor and without windows
- hallways on the lowest floor away from doors and windows
- rooms constructed with reinforced concrete, brick, or block with no windows

Stay away from outside walls and windows

- use arms to protect head and neck
- remain sheltered until the tornado threat is announced to be over

### 12.11.2 *Earthquake*

Stay calm and await instructions from the Emergency Coordinator or the designated official.

- keep away from overhead fixtures, windows, filing cabinets, and electrical power
- assist people with disabilities in finding a safe place
- evacuate as instructed by the Emergency Coordinator and/or the designated official.

### 12.11.3 *Flood*

If indoors:

- be ready to evacuate as directed by the Emergency Coordinator and/or the designated official
- follow the recommended primary or secondary evacuation routes

If outdoors:

- climb to high ground and stay there
- avoid walking or driving through flood water
- if car stalls, abandon it immediately and climb to a higher ground

### 12.11.4 *Hurricane*

The nature of a hurricane provides for more warning than other natural and weather disasters. A **hurricane watch** is issued when a hurricane becomes a threat to a coastal area. A **hurricane warning** is issued when hurricane winds of 74 mph or higher, or a combination of dangerously high water and rough seas, are expected in the area within 24 hours.

**Once a hurricane watch has been issued:**

- stay calm and await instructions from the Emergency Coordinator or the designated official
- moor any boats securely, or move to a safe place if time allows
- continue to monitor local TV and radio stations for instructions
- move early out of low-lying areas or from the coast, at the request of officials
- if you are on high ground, away from the coast and plan to stay, secure the building, moving all loose items indoors and boarding up windows and openings
- collect drinking water in appropriate containers

**Once a hurricane warning has been issued:**

- be ready to evacuate as directed by the Emergency Coordinator and/or the designated official
- leave areas that might be affected by storm tide or stream flooding

**During a hurricane:**

Remain indoors and try to find the following:

- small interior rooms on the lowest floor and without windows
- hallways on the lowest floor away from doors and windows
- rooms constructed with reinforced concrete, brick, or block with no windows

**12.11.5 Blizzard**

If indoors:

- Stay calm and await instructions from the Emergency Coordinator or the designated official.
- Stay indoors!

If there is no heat:

- Close off unneeded rooms or areas.
- Stuff towels or rags in cracks under doors.
- Cover windows at night.
- Eat and drink. Food provides the body with energy and heat. Fluids prevent dehydration.
- Wear layers of loose-fitting, light-weight, warm clothing, if available.

If outdoors:

- Find a dry shelter. Cover all exposed parts of the body.
- If shelter is not available:
- Prepare a lean-to, wind break, or snow cave for protection from the wind.
- Build a fire for heat and to attract attention. Place rocks around the fire to absorb and reflect heat.
- Do not eat snow. It will lower your body temperature. Melt it first.

If stranded in a car or truck:

- Stay in the vehicle!
- Run the motor about ten minutes each hour. Open the windows a little for fresh air to avoid carbon monoxide poisoning. Make sure the exhaust pipe is not blocked.
- Make yourself visible to rescuers.
- Turn on the dome light at night when running the engine.
- Tie a coloured cloth to your antenna or door.
- Raise the hood after the snow stops falling.
- Exercise to keep blood circulating and to keep warm.

**12.12 CRITICAL OPERATIONS**

During some emergency situations, it will be necessary for some specially assigned personnel to remain at the work areas to perform critical operations.

Assignments:

Work Area	Name	Job Title	Description of Assignment

Personnel involved in critical operations may remain on the site with the permission of the site designated official or Emergency Coordinator.

In the case when the emergency will not permit any of the personnel to remain at the facility, the designated official or other assigned personnel shall notify the appropriate emergency personnel to initiate backups.

The following offices should be contacted:

Name/Location: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name/Location: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name/Location: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

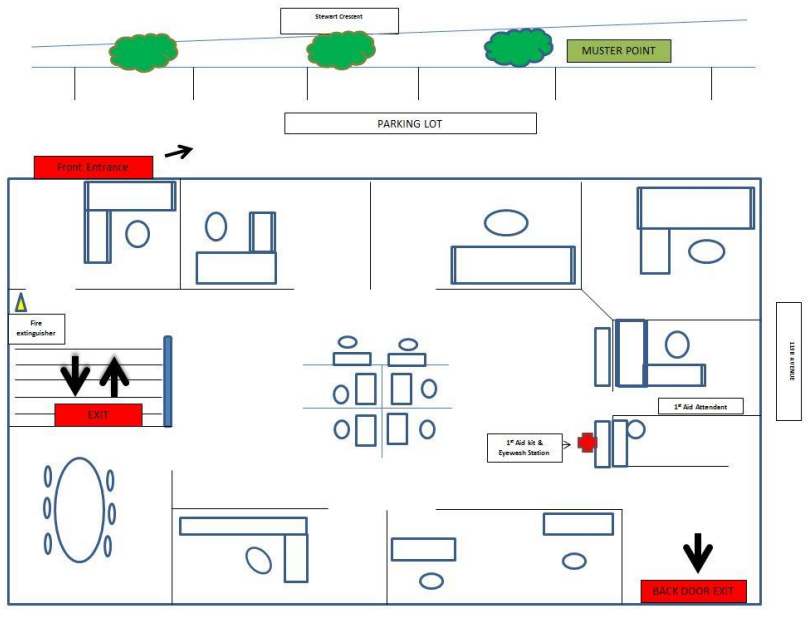
**12.13 TRAINING**

The following personnel have been trained to ensure a safe and orderly emergency evacuation of other employees:

Facility:

Name	Title	Responsibility	Date
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### 12.14 CCS OFFICE EMERGENCY MAP





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## FALL PROTECTION PROGRAM FOR CORPORATE CLEANING SERVICES LTD.

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### 13. OBJECTIVE

In order to comply with WorkSafeBC and Company's Health and Safety regulations, this written program has been established for Corporate Cleaning Services (also referred to as "the Company").

Whenever performance of any task could allow a worker to fall from a height of 3 m (10 ft.) or more to a lower level, the project requires pre-planning in order that fall hazards are identified, evaluated, and controlled. Falls from heights, even relatively low elevations, can result in serious injuries. The proper use of fall protection equipment, in addition to planning, supervision, and training can reduce or eliminate the risk of falling.

The Occupational Health and Safety Regulation requires workers to use fall protection systems when they could fall from a height of 3 m (10 ft.) or more, or where a fall from a lesser height could result in serious injury, therefore the worker must receive adequate training and be protected from falling.

### 14. ASSIGNMENT OF RESPONSIBILITY

#### 14.1 COMPANY'S RESPONSIBILITY

1. An employer must ensure that a fall protection system is used when work is being done at a place:

(a) From which a fall of 3 m (10 ft.) or more could occur, or

(b) Where a fall from a height of less than 3 m involves a risk of injury greater than the risk of injury from the impact on a flat surface.

2. The employer must ensure that guardrails meeting the requirements or other similar means of fall restraint are used when practicable.

3. If subsection (2) is not practicable, the employer must ensure that another fall restraint system is used.

4. If subsection (3) is not practicable, the employer must ensure that one of the following is used:

(a) A fall arrest system.

(b) A rope access system that meets WorkSafeBC requirements.

5. If subsection 4 is not practicable, or will result in a hazard greater than if a fall arrest system or a rope access system was not used, the employer must ensure that work procedures are followed that are acceptable to the Board and minimize the risk of injury to a worker from a fall.

6. Before a worker is allowed into an area where a risk of falling exists, the employer must ensure that the worker is instructed in the fall protection system for that area and the procedures to be followed.

## 14.2 SAFETY MANAGER'S RESPONSIBILITY

- providing oversight and technical support
- securing the resources necessary to implement this program
- ensuring that routine safety checks of work operations are performed
- conducting an annual review of this program, including an inspection of systems
- updates (as needed) to ensure the effectiveness of the program
- ensuring that proper reporting and record keeping is executed

## 14.3 SUPERVISORS' RESPONSIBILITY

- compliance with this program at project sites under their supervision
- performing routine safety checks of work operations
- correcting any unsafe practices or conditions immediately
- ensuring employees have the proper tools and personal protective equipment for working on elevated work surfaces
- coordinating employee schedules for training
- notifying the Safety Manager of potential hazards requiring assessments, or improvements to the program

## 14.4 EMPLOYEES' RESPONSIBILITY

- complying with all aspects of this program
- cooperating in all safety and health matters
- reporting incidents related to fall protection to your supervisor immediately
- wearing all required personal protective equipment (PPE) – **there are no exceptions**
- inspecting the equipment in accordance with manufacturer's guidelines and instructions
- reporting hazardous conditions or other health and safety concerns immediately to your supervisor or manager

The program is reviewed at least annually to ensure both the safety of the company employees and compliance with WorkSafeBC Fall Protection standards, as well as any company requirements.

# 15. FALL PROTECTION PROCEDURES

## 15.1 SELECTION OF HARNESS OR BELT

A worker must wear a full body harness or other harness acceptable to the Board when using a personal fall protection system for fall arrest.

A worker must wear a safety belt, a full body harness or other harness acceptable to the Board when using a personal fall protection system for fall restraint.

## 15.2 BASIC FALL PROTECTION

Ensuring the floor of every workroom shall be clean and, so far as possible, a dry condition.

Where wet processes are used, drainage shall be maintained and false floors, platforms, mats, or other dry standing places should be provided where practicable.

Where mechanical handling equipment is used, sufficient safe clearances shall be allowed for aisles, through doorways and wherever turns or passage must be made.

Aisles and passageways shall be kept clear and with no obstruction across or in aisles that could create a hazard.

A standard railing, in accordance with applicable requirements, shall guard every stairway floor opening. The railing shall be provided on all exposed sides (except at entrance to stairway). [http://www.osha.gov/pls/oshaweb/owalink.query\\_links?src\\_doc\\_type=STANDARDS&src\\_unique\\_file=1910\\_0023&src\\_anchor\\_name=1910.23\(a\)\(2\)](http://www.osha.gov/pls/oshaweb/owalink.query_links?src_doc_type=STANDARDS&src_unique_file=1910_0023&src_anchor_name=1910.23(a)(2))

Every ladder way floor opening or platform shall be guarded by a standard railing with standard toeboard on all exposed sides (except at entrance to opening), with the passage through the railing either provided with a swinging gate or so offset that a person cannot walk directly into the opening.

## 16. TASKS AND WORK AREAS REQUIRING FALL PROTECTION

### 16.1 HOIST AREAS

Guardrail systems or personal fall arrest systems will be used in hoist areas when an employee may fall four (4) feet or more. If guardrail systems must be removed for hoisting, employees are required to use personal fall arrest systems.

### 16.2 LADDERS

Ladders shall be maintained in good condition at all times, the joint between the steps and side rails shall be tight, all hardware and fittings securely attached, and the movable parts shall operate freely without binding or undue play.

Ladders shall be inspected frequently and those that have developed defects shall be withdrawn from service for repair or destruction and tagged or marked as "Dangerous, Do Not Use."

Rungs should be kept free of grease and oil.

Portable ladders shall be so placed that the side rails have a secure footing.

Ladders shall not be placed in front of doors opening toward the ladder unless the door is blocked upon, locked, or guarded.

Ladders shall not be placed on boxes, barrels, or other unstable bases to obtain additional height.

Ladders with broken or missing steps, rungs, or cleats, broken side rails, or other faulty equipment shall not be used; improvised repairs shall not be made.

Tops of the ordinary types of stepladders shall not be used as steps.

No ladder should be used to gain access to a roof unless the top of the ladder shall extend at least 3 feet above the point of support, at eave, gutter, or roofline.

A simple rule for setting up a ladder at the proper angle is to place the base a distance from the vertical wall equal to one-fourth ( $\frac{1}{4}$ ) the working length of the ladder.

Portable ladders are designed as a one-man working ladder based on a 200-pound load.

The ladder base section must be placed with a secure footing.

When ascending or descending, the climber must face the ladder.

Employees should not lean too far over the side rails of a ladder such that it causes a fall hazard. A good "rule of thumb" is for employees to keep their belt buckle within the side rails at all times.

### **16.3 PROTECTION FROM FALLING OBJECTS**

The fall protection regulation is not only designed to protect workers from falls, but also to protect workers from having objects fall on them. The use of toeboards is one method of complying with the requirements for overhead protection. The toeboard should be used as an element of the guardrail system. It is a rail placed at the walking/working surface level.

Toeboards are required to withstand a force of 50 pounds and are generally made of 2x4's. In areas where material is to be stored and the stack is higher than the toeboard, a screen or panel should be placed from the toeboard to either the midrail or top rail, whichever is higher than the stored material, to prevent materials from slipping through.

It is wise to store materials away from the edges of floors or roofs and away from any holes. Even small holes, such as those for heating or cooling ducts, should have covers placed on them and secured to prevent materials or tools from falling through and injuring someone on a lower level.

The key to providing a safer workplace for employees is ensuring that there is a good housekeeping program. If materials and debris are properly cleaned up and tools are put in the appropriate storage areas, the hazard of falling objects can be greatly reduced.

### **16.4 FALL PROTECTION SYSTEMS**

Only the Safety Manager and the immediate supervisor can make decisions on the proper fall protection system to be used for any specific application. Fall protection systems will only be utilized after careful consideration and task/project review.

### **16.5 COVERS**

All hole and wall covers are secured to prevent accidental displacement.

Covers are colour-coded or bear the markings "HOLE" or "COVER."

Covers are able to support twice the weight of employees, equipment, and materials that might cross them.

Covers located in roadways are able to support twice the axle load of the largest vehicle that might cross them.

## 16.6 PERSONAL FALL ARREST SYSTEMS

Personal fall arrest systems are issued to and used by employees as determined by the Safety Manager and may consist of anchorage, connectors, body harness, deceleration device, lifeline, or suitable combinations thereof.

- limit the maximum arresting force to 1800 pounds
- are rigged so an employee cannot free fall more than six (6) feet or contact any lower level
- bring an employee to a complete stop and limit the maximum deceleration distance traveled to three and one-half (3 ½ ) feet
- are strong enough to withstand twice the potential impact energy of an employee free falling six (6) feet (or the free fall distance permitted by the system, whichever is less)
- are inspected prior to each use for damage and deterioration
- are removed from service if any damaged components are detected

All components of a fall arrest system meet the specifications of the WorkSafeBC and Company's Fall Protection Standard, and are used in accordance with the manufacturer's instructions.

- the use of non-locking snaphooks is prohibited
- Dee-rings and locking snaphooks
- have a minimum tensile strength of 5000 pounds; and
- are proof-tested to a minimum tensile load of 3600 pounds without cracking, breaking, or suffering permanent deformation

Lifelines are:

- designed, installed, and used under the supervision of a qualified person – one who, by possession of a recognized degree, certificate, or professional standing, or who by extensive knowledge, training, and experience, has successfully demonstrated his ability to solve or resolve problems relating to the subject matter, the work, or the project
- protected against cuts and abrasions  
and
- is equipped with horizontal lifeline connection devices capable of locking in both directions on the lifeline when used on suspended scaffolds or similar work platforms that have horizontal lifelines that may become vertical lifelines
- self-retracting lifelines and lanyards have ropes and straps (webbing) made of synthetic fibers,  
and
- sustain a minimum tensile load of 3600 pounds if they automatically limit free fall distance to two (2) feet  
or
- sustain a minimum tensile load of 5000 pounds (includes ripstitch, tearing, and deforming lanyards)

Anchorage support at least 5000 pounds per person attached and are:

- designed, installed, and used under the supervision of a qualified person
- capable of supporting twice the weight expected to be imposed on it
- independent of any anchorage used to support or suspend platforms

## 16.7 POSITIONING DEVICE RESTRAINT SYSTEMS

Body belt or body harness systems are set up so that an employee can free fall no farther than two (2) feet, and are secured to an anchorage capable of supporting twice the potential impact load or 3000 pounds, whichever is greater. Requirements for snaphooks, D-rings, and other connectors are the same as detailed in this Program under Personal Fall Arrest Systems.

## 17. TRAINING

All employees are trained in and familiar with hazards related to falls, and how to use proper procedures to minimize these hazards. Specifically, training must include, at a minimum:

- nature of the fall hazards employees may be exposed to
- correct procedures for erecting, maintaining, disassembling, and inspecting fall protection systems
- use and operation of controlled access zones, guardrails, personal fall arrest systems, warning lines, and safety monitoring systems
- role of each employee in the safety monitoring system (if one is used)
- correct procedures for equipment and materials handling, and storage and erection of overhead protection
- role of each employee in alternative fall protection plans (if used)
- requirements of the WorkSafeBC and the Company's Fall Protection Standard

In addition, retraining must be provided for each employee, as necessary, so that the employee maintains the understanding and knowledge necessary for the safe performance of specific tasks needing to be conducted by that individual.

Additional training is provided:

- when there is a change in job responsibilities
- a change in equipment that present a new hazard
- when their work takes them into hazardous areas

Additional retraining is also provided whenever a periodic inspection reveals, or whenever there is reason to believe there are deviations from or inadequacies in an employee's knowledge of known hazards.

Following each training session, the employee is required to sign and date the training record verifying attendance.

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## APPENDIX A – TERMS AND DEFINITIONS

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**Anchorage:** a secure point of attachment for lifelines, lanyards, or deceleration devices.

**Body belt:** a strap with means both for securing it about the waist and for attaching it to a lanyard, lifeline, or deceleration device.

**Body harness:** straps that may be secured about the person in a manner that distributes the fall-arrest forces over at least the thighs, pelvis, waist, chest, and shoulders with a means for attaching the harness to other components of a personal fall arrest system.

**Connector:** A device that is used to couple (connect) parts of a personal fall arrest system or positioning device system together.

**Deceleration device:** any mechanism, such as a rope, grab, ripstitch lanyard, specially-woven lanyard, tearing lanyard, deforming lanyard, or automatic self-retracting lifeline/lanyard, which serves to dissipate a substantial amount of energy during a fall arrest, or otherwise limits the energy imposed on an employee during fall arrest.

**Deceleration distance:** the additional vertical distance a falling person travels, excluding lifeline elongation and free fall distance, before stopping, from the point at which a deceleration device begins to operate.

**Guardrail system:** a barrier erected to prevent employees from falling to lower levels.

**Hole:** a void or gap two (2) inches (5.1 centimetres) or more in dimension in a floor, roof, or other walking/working surface.

**Lanyard:** a flexible line of rope, wire rope, or strap that generally has a connector at each end for connecting the body belt or body harness to a deceleration device, lifeline, or anchorage.

**Leading edge:** the edge of a floor, roof, or formwork for a floor or other walking/working surface (such as a deck) which changes location as additional floor, roof, decking, or formwork sections are placed, formed, or constructed.

**Lifeline:** a component consisting of a flexible line for connection to an anchorage at one end to hang vertically (vertical lifeline), or for connection to anchorages at both ends to stretch horizontally (horizontal lifeline), that serves as a means for connecting other components of a personal fall arrest system to an anchorage.

**Opening:** a gap or void 30 inches (76 centimetres) or more high and 18 inches (46 centimetres) or more wide, in a wall or partition through which employees can fall to a lower level.

**Personal fall arrest system:** a system including but not limited to an anchorage, connectors, and a body harness used to arrest an employee in a fall from a working level.

**Positioning device system:** a body belt or body harness system rigged to allow an employee to be supported on an elevated vertical surface, such as a wall, and work with both hands free while leaning backwards.

**Rope grab:** a deceleration device that travels on a lifeline and automatically, by friction, engages the lifeline and locks to arrest a fall.

**Safety monitoring system:** a safety system in which a competent person is responsible for recognizing and warning employees of fall hazards.

**Self-retracting lifeline/lanyard:** a deceleration device containing a drum-wound line which can be slowly extracted from, or retracted onto, the drum under minimal tension during normal employee movement and which, after onset of a fall, automatically locks the drum and arrests the fall.

**Snaphook:** a connector consisting of a hook-shaped member with a normally closed keeper, or a similar arrangement, which may be opened to permit the hook to receive an object and, when released automatically, closes to retain the object.

**Steep roof:** a roof having a slope greater than 4 in 12 (vertical to horizontal).

**Toeboard:** a low protective barrier that prevents material and equipment from falling to lower levels and which protects personnel from falling.



Unprotected sides and edges: any side or edge (except at entrances to points of access) of a walking/working surface (e.g., floor, roof, ramp, or runway) where there is no wall or guardrail system at least 39 inches (1 metre) high.

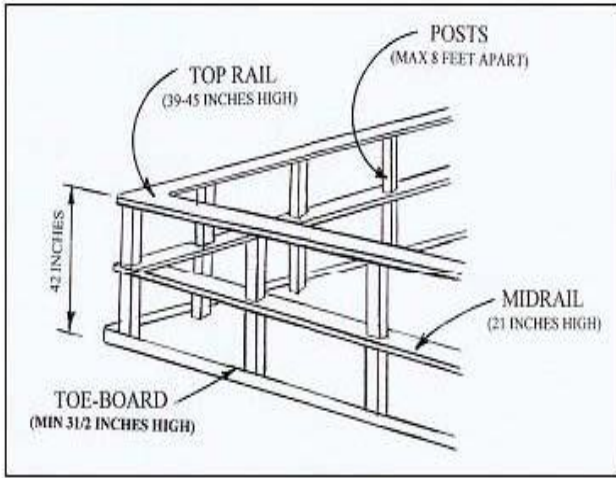
Walking/working surface: any surface, whether horizontal or vertical, on which an employee walks or works, including but not limited to floors, roofs, ramps, bridges, runways, formwork, and concrete reinforcing steel. Does not include ladders, vehicles, or trailers, which employees must use to perform their work duties.

Warning line system: a barrier erected on a roof to warn employees that they are approaching an unprotected roof side or edge and which designates an area in which roofing work may take place without the use of guardrail, body belt, or safety net systems to protect employees in the area.

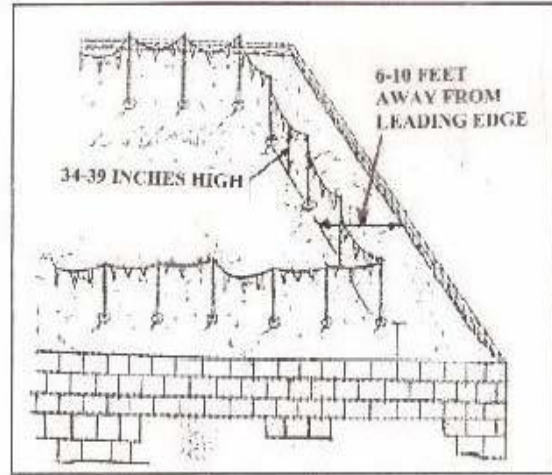
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**APPENDIX B – EXAMPLES**

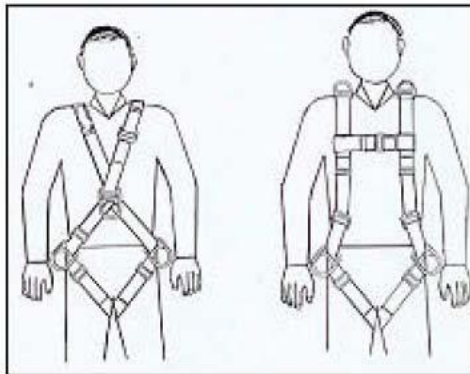
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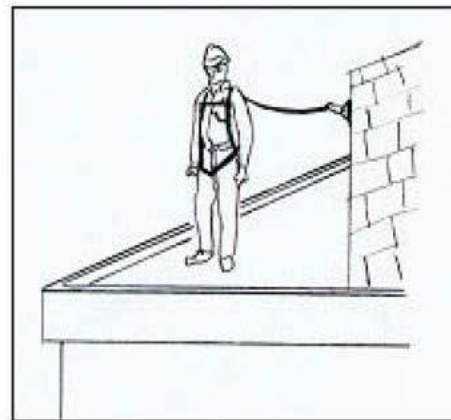
**Specifications for Standard Railings**



**Warning Line System**



**Full Body Harness**



**Body Restraint System**

FORMS



**TOOLBOX  
MEETING GUIDE**



**Written site-specific fall protection plan**

Planning plays a key role in protecting workers from fall hazards. The fall protection plan template below is provided to assist in the planning process. Employers should ensure that fall protection plans are

- Designed and completed to address site-specific conditions
- Compliant with the Occupational Health and Safety Regulation

Site address:		Start date:
Site description:	Employer:	
Work area:		
Tasks:		

**Site-specific fall hazards** *(see diagram on page 2 for more details)*

Max. height (peak):	Max. height (eaves):	Max. height (other):
Roof slope(s), if applicable:		
Proximity to high voltage power lines:		
Ground cover/hazards:		
Other/comments:		

**Type of fall protection to be used** *(see definitions on page 3)*

<input type="checkbox"/> Fall restraint	<input type="checkbox"/> Fall arrest	<input type="checkbox"/> Temporary guardrail system
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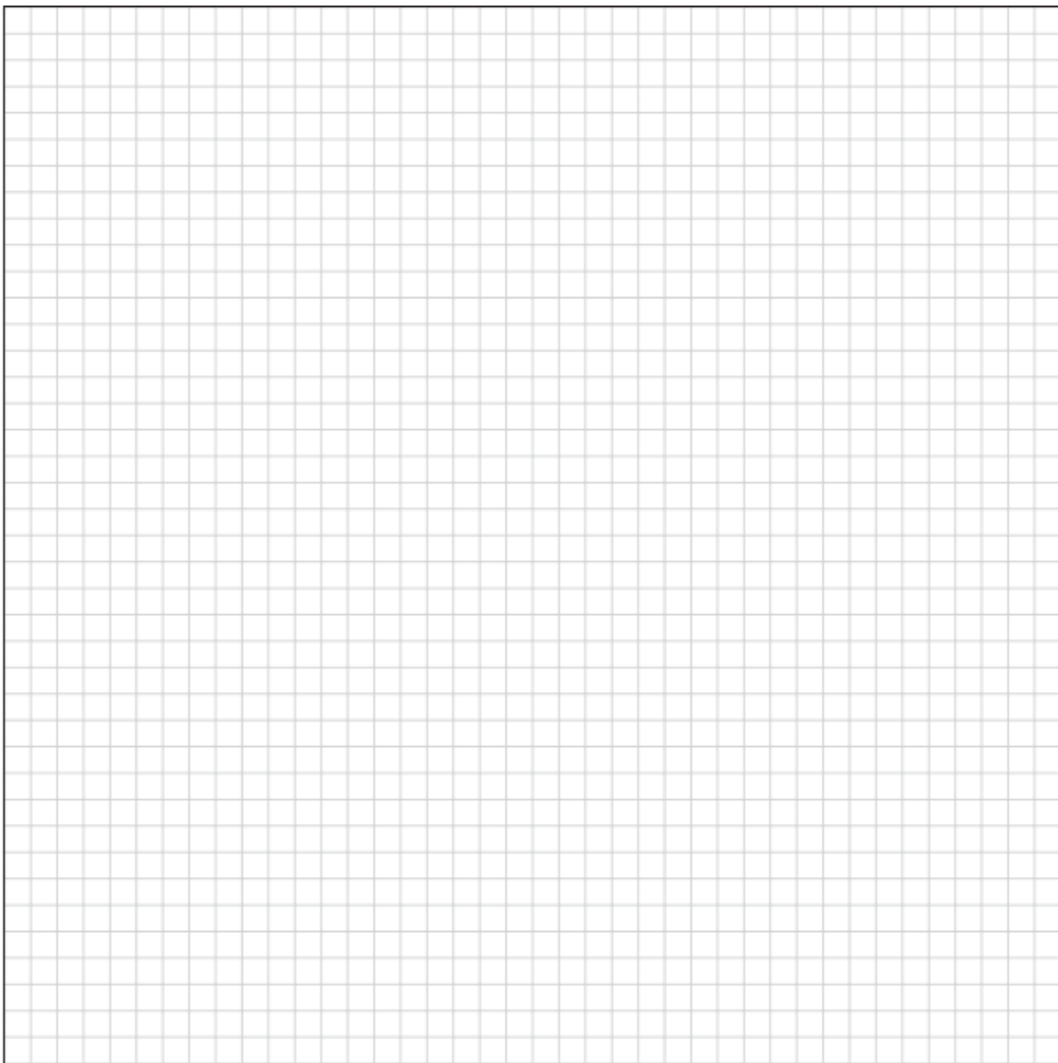
**Equipment inspection**

Item	Comment/defect	Item	Comment/defect
<input type="checkbox"/> Full body harness		<input type="checkbox"/> Anchors	
<input type="checkbox"/> Vertical lifelines		<input type="checkbox"/> Ladders	
<input type="checkbox"/> Lanyards		<input type="checkbox"/> Ladder hoist	
<input type="checkbox"/> Rope grabs		<input type="checkbox"/> Toeboards	

**Prior to accessing the work location**

<b>Checklist</b>	<b>Comments</b>
<input type="checkbox"/> First aid attendant/facilities/equipment	
<input type="checkbox"/> Safety headgear available for all workers	
<input type="checkbox"/> Bin in place	
<input type="checkbox"/> Barricades in place	
<input type="checkbox"/> CSA safety footwear for ground work	
<input type="checkbox"/> Safety eyewear if nail guns to be used	

**Site roof diagram** *(include anchor locations)*



### Ladder setup

<input type="checkbox"/> Set up on a firm, level base	<input type="checkbox"/> Extends approx. 1 metre (3 feet) past edge of roof
<input type="checkbox"/> Set up 4:1 (vertical:horizontal)	<input type="checkbox"/> Secured/tied off

### Fall protection system special assembly procedures

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### Rescue procedures for a fallen worker

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### Fall protection definitions

- **Fall restraint** means a system to prevent a worker from falling from a work position, or from travelling to an unguarded edge from which the worker could fall.
- **Fall arrest** means a system that will stop a worker's fall before the worker hits the surface below.
- **Guardrail** means a guard consisting of a top rail 102 cm to 112 cm (40 in. to 44 in.) above the work surface, and an intermediate rail located approximately midway between the underside of the top rail and the top of the toeboard, if one is provided, or the work surface if no toeboard is provided.

### Notes

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**Worker sign-off**

By signing below, I acknowledge that I have reviewed the fall protection requirements and procedures for this site with my supervisor and understand my responsibilities, specifically the requirement to use personal fall protection.

Name: (please print)	Signature:	Company:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
*(signature)*





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## WORKPLACE INSPECTIONS PROGRAM

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### 20. OVERVIEW

Regular workplace inspections are an important part of an occupational health and safety program. Through critical examination of the workplace, inspections help identify and record hazards for corrective action and help prevent injuries and illnesses. Both management and workers need to be involved in conducting workplace inspections. An effective program for the inspection of the workplace, equipment, and work practices includes the following:

- assigned responsibilities regarding inspections
- various types of inspections
- written instructions on required methodology that must be followed by those inspecting
- training in all types of required inspections
- standardized forms, checklists, and record keeping requirements
- established frequency of inspections
- specific reporting requirements (classification of hazards based on risk)
- specific follow-up protocol for different levels of identified hazards
- analysis of inspection reports and recommendations for system improvement

Corporate Cleaning Services commits to conducting regular workplace inspections that help identify and record hazards for corrective action with the intention of preventing injuries and illnesses. It also commits to providing the resources, training, processes and best practices required to ensure that workplace inspections are effective.

This policy is in accordance with the Occupational Health and Safety Regulations Sections 3.5 to 3.8: Workplace Inspections.

### 21. RESPONSIBILITIES

#### 21.1 RESPONSIBILITIES OF THE EMPLOYER

- ensuring that all inspections are being conducted on schedule by the assigned inspector(s)
- ensuring that resources are made available to the inspectors (i.e. available time, tools, etc.)

#### 21.2 RESPONSIBILITIES OF THE MANAGERS

- allowing worker participation in an inspection, whenever required and practicable
- completing corrective actions without undue delay
- providing feedback to the inspector(s) when corrective actions have been completed
- reviewing Committee recommendations (via the Committee minutes) regarding inspection findings and follow-up of corrective actions

#### 21.3 RESPONSIBILITIES OF THE HEALTH AND SAFETY MANAGER

- monitoring the completion of all types of inspections



- ensuring the forms are accessible in electronic and paper form
- knowing the filing location of all types of completed inspections
- keeping equipment inspection reports for the life of the equipment inspected
- submit copies of inspection reports to the JHSC for review when required

#### **21.4 RESPONSIBILITIES OF THE INSPECTORS**

- Conducting their assigned workplace inspection following the requirements as described in the following sections:
  - Using additional available resources to aid in the inspection process
- Completing the respective inspection report and signing/initialling it
  - Filing the inspection report at their department unless otherwise requested

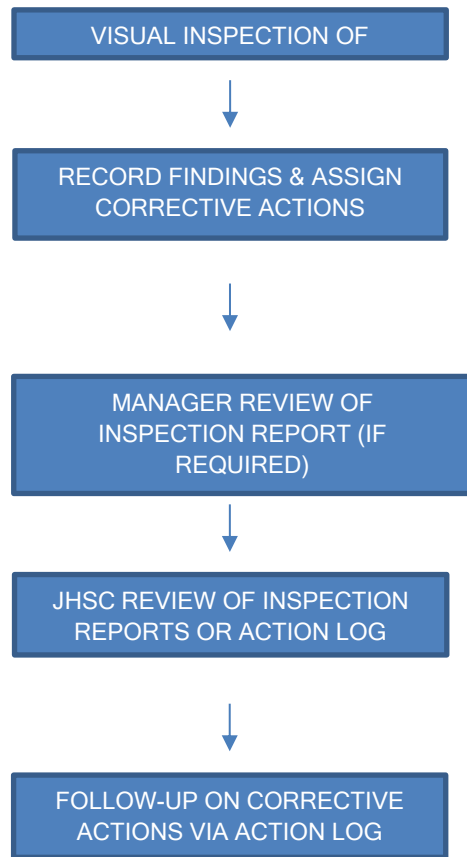
#### **21.5 RESPONSIBILITIES OF ALL EMPLOYEES AND CONTRACTORS**

- cooperating with inspectors during the inspection process
- participating in an inspection, whenever practicable

### **22. GENERAL REQUIREMENTS**

All safety inspections at Corporate Cleaning Services must:

- follow the appropriate process according to the type of inspection – the flowchart below outlines the inspection process by stages
- be conducted by assigned inspectors who must have knowledge and understanding of the inspection process and/or trained for certification as a trainer
- be conducted at the pre-determined frequency according to the type of inspection
- be reviewed by the Joint Health and Safety Committee, who will record in the minutes any recommendations regarding inspections and any follow-up required



The above general requirements are summarized in the following table:

INSPECTION TYPE	INSPECTOR REQUIREMENTS	INSPECTION FREQUENCY	REVIEWED BY	LOCATION OF RECORDS
JHSC Safety Inspection	2 members of JHSC Workplace Inspection training	Monthly	JHSC and JHSC Co-chairs	H&S Manager's Office

## 23. STANDARD TO PRIORITIZE HAZARDS

Hazards identified in inspections will be prioritized according to a simplified version of the hazards risk rating A-B-C classification used for hazard assessments. Once hazards are prioritized, the area manager must address the hazards according to their priority.

## 24. JOINT HEALTH AND SAFETY COMMITTEE INSPECTIONS

Two members of the Committee will inspect the entire facility to identify hazards and verify the effectiveness of control measures. The inspectors use the Workplace Inspections Recording Form (see Forms section starting on page 110) and submit their completed report to both Committee Co-chairs for review and initialling, and then pass it on to the administrative assistant who will enter the corrective actions into the Action Log for the Committee to review.

## 25. SPOT INSPECTIONS

These types of inspections are conducted whenever a non-scheduled inspection is required because of an incident investigation, or the installation of new equipment, or when working under unusual circumstances, to identify and control unforeseen hazards. They must be recorded using the Workplace Facility Inspection Recording Form (see below). The completed inspection report is submitted to the Health and Safety Manager for review and follow-up of corrective actions.

## 26. INSPECTION REPORT ANALYSIS

The Committee analyzes all inspection reports via the Action Log every month. The following criteria is used:

- number of completed versus incomplete inspections
- the need to make alternative recommendations for corrective action
- conclusions from the analysis and resulting recommendations must be added to the Committee minutes and forwarded to the respective area managers

## 27. EDUCATION AND TRAINING

All workers at Corporate Cleaning Services will be made aware of this policy, however, only those workers who are assigned to conduct inspections will be trained and made competent in workplace inspections.

Re-training will be necessary if:

- there is a change in regulatory requirements regarding workplace inspections
- an employee's manager has reason to believe that the employee is inspecting inadequately or has deviated from, or lacks sufficient knowledge of established procedures

## 28. ANNUAL REVIEW

Both Management and the Joint Health and Safety Committee will review this policy on a yearly basis. They may also be reviewed at any time if:

- a change in legislation could affect the current workplace inspections requirements, or
- the procedures are reported to be not working effectively

## 29. FACILITY INSPECTION FORM

### Facility Inspection Checklist



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

This inspection checklist monitors the compliance activities at the facility. It also serves as a hazard assessment to current activities. The inspection shall be completed in all areas of the facility, including warehouse and office areas as it is applicable. Issues shall be summarized on the last page. Corrections will be made and documented completion date on the summary page. All corrections are expected to be completed in a timely manner.

REVIEW OF PRIOR CORRECTIONS	Yes	No	N/A	Comments
Have all identified issues been corrected and noted on the previous facility inspection summary?				
Are all corrections of previously identified issues still effective and not recurring?				
<b>**If issues are recurring a corrective action must be opened.</b>				

EMERGENCY LIGHTING	Yes	No	N/A	Comments
All exit signs illuminated and remain illuminated when battery tested?				
All exit signs free of damage?				

EMERGENCY PREPAREDNESS	Yes	No	N/A	Comments
Are all walkways and aisle ways free of obstructions?				
Are all exits free of storage and clutter?				
Are stairwells and corridors free of storage and clutter?				
Are all employees trained on Emergency Evacuation Procedures?				
Are all employees aware of the proper meeting location in the event of an emergency?				
Are all materials stored in racks wrapped and stable to prevent falling?				
Is the First Aid cabinet fully stocked?				
Is the fire alarm panel indicating an alarm condition?				
Are all manual pull stations unobstructed and accessible?				
Is there anything else relating to emergency preparedness that needs attention at this time?				
FIRE EXTINGUISHERS	Yes	No	N/A	Comments

Owner: Human Resources and Safety Manager	Published Revision: 1.0
Created On: August 15, 2017	PAGE: 1 of 6
Revised On:	

Facility Inspection Checklist



Are all extinguishers in their designated location?				
Are all extinguishers clearly identified with a wall mounted sign?				
Are all extinguishers securely mounted to the wall?				
Are all extinguishers easily accessible and free of obstructions?				
Is the last annual inspection within the past 12 months?				
Are inspection tags current with initial and date of inspection?				
Are all seals and tamper pins in place?				
Are all extinguishers free of damage, corrosion, leakage or clogged nozzles?				
Do all pressure gauges indicate the extinguishers are ready for use?				
Are all staff members trained on fire extinguisher use?				
Do all staff members know where the extinguishers are located?				
Is there anything else that needs attention at this time?				

EYEWASH	Yes	No	N/A	Comments
Are there caps covering the emergency eyewash?				
Is the emergency eyewash free of dust, dirt, and other debris?				
Does the emergency eyewash function properly when turned on?				
<b>*Initial the tag on the emergency eyewash after inspection</b>				

LADDERS	Yes	No	N/A	Comments
Are any steps damaged?				
Does the ladder operate freely upon opening/closing or extending?				
Is there any visible corrosion on the ladder?				
When accessing landings, does the ladder extend at least 36" beyond the landing?				

Facility Inspection Checklist



LADDERS	Yes	No	N/A	Comments
Are all employees using ladders trained in Ladder Safety?				

HAZARDOUS MATERIALS	Yes	No	N/A	Comments
Are SDSs available on all hazardous materials in the facility?				
Are all SDSs readily available for all employees?				
Are all employees trained on how to locate, read and understand an MSDS sheet? (Hazard Communications)				
Are all liquids stored in the appropriate containers?				
Are all HW/UW containers labeled with the contents and an accumulation start date?				
Are all personnel equipped with adequate PPE for these materials?				
Are all spill kits located in the correct area?				
Are all spill kits fully stocked with the needed equipment?				
Is there anything else relating to hazardous materials that needs attention at this time?				

HOUSEKEEPING	Yes	No	N/A	Comments
Are all areas cleaned on a regular basis?				
Are all walkways at least 36 inches and free of other items that could cause a tripping hazard?				
Are all floors free of liquids to avoid trips and falls?				

Facility Inspection Checklist



HOUSEKEEPING	Yes	No	N/A	Comments
Is equipment returned to their proper storage location when not in use to avoid a tripping hazard?				
Check Office area. <del>Is there NO signs of</del> spills; Is there NO debris or garbage; Are areas neat/organized?				
Check outside of warehouse. Is there NO sign of spills; clear; <del>NO</del> debris or garbage?				
Check inside of Warehouse. Is there no sign of spills; areas are neat/organized:				
NO containers leaking?				
All containers clearly labeled?				
Flammable materials such as cardboard and paper are stored away from fire hazards and not accumulated throughout the warehouse?				
Tools are safely secured and stored when not in use?				
Are there any other housekeeping issues that need to be addressed?				

ELECTRICAL	Yes	No	N/A	Comments
No circuit breakers regularly tripping?				
No extension cords used for a permanent operation?				
Are all plugs and cords in good condition?				
Are all extension cords plugged into a grounded outlet when in use?				
No electrical switches, switch plates or receptacles, cracked, broken or have exposed contacts?				
Do all electrical panels have a surrounding space of 3 feet clear?				
Are all electrical circuit breakers identified?				

Facility Inspection Checklist



<b>Are there any other electrical issues that need attention at this time?</b>	
--	--

SECURITY	Yes	No	N/A	Comments
Are all entry ways secured from unauthorized access?				
Are surveillance video cameras in working order?				
Are video recording devices in working order and storing video accordingly?				
Are there any other security issues to be addressed?				

Other Equipment Maintenance	Working	Broken	N/A	Comments
Electric Drill				
Drill Press				
Pallet Jacks				
Fans				
Tables				
Ladders				
Lighting				
Carts				
Storage Racks				
Storage Cabinets				
Dumper Bins				
Computer Equipment				
Power Tools				
Air Tools				



Facility Inspection Checklist



Date of Review: \_\_\_\_\_ Mgmt Reviewer: \_\_\_\_\_

	Unsafe condition or work practice	Person Assigned	Corrective Actions	Due Date	Resolution Date
1					
2					
3					
4					
5					
6					
7					

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**JANITORIAL EMPLOYEE/CONTRACTOR SAFETY EXAM – ORIENTATION**


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Circle the correct answer.

SDS stands for safety data sheet.	True or False
When leaving offices after cleaning, you should always make sure you leave the lights on and lock the door behind you.	True or False
Your employer is required to maintain appropriate SDS for each hazardous chemical product in the workplace.	True or False
SDS must be made readily available to employees at these times: A - 8:00 am to 5:00 pm B - 7:00 am to 3:00 pm C - During each work shift D - 8:00 pm to 1:00 am	
When lifting an object you want to lift with your legs, don't twist your torso and keep your body facing forward.	True or False
SDS contain important information on the hazards of chemical products including symptoms resulting from over-exposure to the product, appropriate protective equipment and special precautions to be taken when handling, using or storing product under normal use or emergency conditions.	True or False
A product that is corrosive to the skin is not considered hazardous.	True or False
It is all right to use a stepladder as a straight ladder.	True or False
Labels of chemical products should contain appropriate hazard warnings.	True or False
You will know a product is hazardous by referring to the label or SDS.	True or False
Eye protection and gloves do not need to be worn all the time when working with cleaning chemicals.	True or False
Skin rash, burns, headaches, or dizziness are examples of over exposure to chemical products.	True or False
When you call 911 in case of a fire you should give the operator your name and telephone number, the nature of the emergency, building name and address and the area of the building in which the fire is located.	True or False

Fire extinguishers will be selected based on the anticipated class of workplace fires, and there are 4 different fire class types of extinguishers.	True or False
Cardiopulmonary Resuscitation refers to knowing your A, B, C's, which stands for Airway, Breathing, and Compressions.	True or False
Burned-out lights and unlocked doors are not hazards and unsafe conditions.	True or False
In order to determine whether any protective equipment or special work practices are necessary, employees should refer to the Exposure Controls section of the SDS.	True or False
The most effective way to protect yourself from disease transmission is to use personal protective equipment and wash your hands.	True or False
A respirator is a device designed to protect the wearer from splashing solution.	True or False
Factors that may cause heat-related illness are: A - High temperature and humidity and low fluid consumption B - Direct sun exposure or extreme heat C - Limited air movement (no breeze or wind) D - All of the above	
Labels do not need to include the name and address of the manufacturer or distributor.	True or False
Ergonomic equipment is designed to fit the worker, rather than physically forcing the worker to fit the equipment.	True or False
If you or someone else is injured and is not serious you do not need to report it.	True or False
Violence in the workplace is the fourth-leading cause of fatal occupational injury in the United States.	True or False
After cleaning up a blood spill, place all paper towels and personal protective equipment in regular trash.	True or False
Personal protective equipment may include company uniform and shoes.	True or False
When employees are under the influence of drugs and/or alcohol, they put themselves and everyone around them at risk.	True or False

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**JANITORIAL EMPLOYEE SAFETY PROGRAM ACKNOWLEDGEMENT**

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Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

I have watched the Safety and Hazard Communication Program DVD and completed the test.

\_\_\_\_\_  
Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Supervisor/Trainer Signature: \_\_\_\_\_ Date \_\_\_\_\_

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## ACKNOWLEDGEMENTS

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### 30. CONTRACTOR ACKNOWLEDGEMENT

#### **Contractor: Corporate Cleaning Policy and Procedures Safety Acknowledgement**

I acknowledge that I have received a link to be able to read and have read a copy of the Corporate Cleaning Services Company Safety Program Manual and Contractor Safety Information Package. This information can be accessed anytime at the following link:

As a condition of employment or contract between Corporate Cleaning Services and myself/company, I have read and understood my responsibilities as they are defined in this program and will abide by these rules, policies and procedures as well as any regulations or otherwise governing safety.

I understand that it is my responsibility as an employer to inform/educate/instruct workers under my control on any policies/procedures/regulations with respect to safety while working on Corporate Cleaning Services projects.

I understand that this program is to be used in conjunction with the Workers' Compensation Regulation/Act and if there is a discrepancy between the two, that the WorkSafeBC Regulation will take precedence over this program.

I understand that Corporate Cleaning Services reserves the right to change or amend the Corporate Cleaning Services Safety Program at any time.

I understand that any violation to the safety program/policies/procedures or regulation will be cause for disciplinary action or termination of employment.

I acknowledge that I understand the requirements of the Corporate Cleaning Services Safety Program and agree to abide by all such requirements.

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Company

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Employee Name (Contractor)

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Signature (Contractor)

THINK SAFE – WORK SAFE – STAY SAFE ...

WATCH OUT FOR YOUR FELLOW WORKER

### 31. EMPLOYEE ACKNOWLEDGEMENT

#### Employee: Corporate Cleaning Policy and Procedures Safety Acknowledgement

I acknowledge that I have received a copy of Corporate Cleaning Services Policy and Procedures Manual, which describes important information about the Company, and I understand that I should consult the Human Resource Department if I have questions.

Accordingly, either I, or Corporate Cleaning Services may terminate the relationship at will, with or without cause, at any time, for any reason or no reason. I understand that neither this Manual nor any other Company's policy, practice or procedure is intended to provide any contractual obligations related to continued employment, compensation or employment contract.

Since the information, policies and benefits described here are necessarily subject to change, I acknowledge that revisions to the Manual may occur, except to Corporate Cleaning Services policy of employment-at-will. I understand that the Company may change, modify, suspend, interpret or cancel, in whole or part, any of the published or unpublished personnel policies or practices, with or without notice, at its sole discretion, without giving cause or justification to any employee. Such revised information may supersede, modify or eliminate existing policies.

Only Corporate Cleaning Services Managers shall have sole authority to add, delete or adopt revisions to the policies in this Manual, and must be approved by the company's president.

I understand and agree that I will read and comply with the policies contained in this Manual and any revisions, am bound by the provisions contained therein, and that my continued employment is contingent on following those policies.

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Employee Name (Printed)

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Employee Signature

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Date

THINK SAFE – WORK SAFE – STAY SAFE ...

WATCH OUT FOR YOUR FELLOW WORKER