



## 2.0 RIGHTS AND RESPONSIBILITIES POLICY

### 2.1 Policy

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

### 2.2 Employer Responsibilities

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

### 2.3 Supervisor Responsibilities

1. Ensure that all new employees, contractors and/or sub-contractors receive a safety orientation when they start employment with “Insert Company Name Here”;
2. Ensure compliance by all employees, contractors and/or sub-contractors and outside contractors under their supervision with the company’s safe work procedures, safe operating procedures and policies;
3. Ensure that all employees, contractors and/or sub-contractors under their supervision are adequately trained and are properly instructed in the safe performance of their tasks;
4. Conduct regular departmental safety inspections of their areas including both equipment and work practices;
5. Investigate all accidents and/or incidents involving their employees, contractors and/or sub-contractors and complete the “Insert Company Name Here” Accident Investigation Report – taking whatever corrective action is necessary to prevent future similar accidents; and
6. Investigate and correct any alleged unsafe conditions in their area and ensure that proper follow-up action is taken.



## 7.0 MANAGEMENT MEETINGS POLICY

### 7.1 Purpose

1. For Managers and Supervisors to establish safety as a priority, they need to demonstrate their commitment to it. A formal Occupational Health and Safety Program requires Management Meetings to be held on a regular basis and to review health and safety initiatives and incident trends.
2. Management meetings are to be used to:
  - a. Review existing and approve newly developed policies and procedures;
  - b. Review feedback from employee, contractor and/or sub-contractors;
  - c. Consider reports and other information provided by the Joint Health and Safety Committee/Safety Representative;
  - d. Address questions or concerns brought directly to management;
  - e. Review reports and other information about health and safety issues and concerns in the workplace; and
  - f. Discuss general information about workplace injury and disease prevention, to improve the existing Occupational Health and Safety Program.
3. Recommendations for action from the company Joint Health and Safety Committee and/or Safety Representative should be considered and acted upon by:
  - a. Developing an action plan for implementing the recommendation, or
  - b. Suggesting an acceptable alternative.

### 7.2 Policy

1. "Insert Company Name Here" will conduct management meetings on a monthly basis.
2. The management meeting shall consider whether any patterns or trends in the workplace show a need for greater attention to specific hazards.
3. Management decisions and activities on health and safety matters shall be communicated to all levels of Supervisors.
4. "Insert Company Name Here" (management meetings) will also ensure when specific aspects of the health and safety program will be reviewed annually.



## 27.0 BLOODBORNE PATHOGENS SAFETY POLICY

### 27.1 Purpose

This policy defines the requirements for addressing and minimizing exposures to bloodborne pathogens.

### 27.2 Definitions

The OSHA State Regulations provides the following definitions:

1. Biohazardous Material—a pathogenic organism, including a bloodborne pathogen, which due to its known or reasonable believed ability to cause disease in humans, would be classified as Risk Group II, III or IV as defined by the Medical Research Council, or any material contaminated with such an organism.
2. Harmful Contact—situations where an injury penetrates through intact skin, or a mucous membrane or nonintact skin contact exposes a worker to blood or other potentially infectious material (OPIM).
3. Occupational Exposure—means reasonably anticipated, harmful contact with blood or other potentially biohazardous material that may result from the performance of a worker’s duties.

### 27.3 Risks

1. OSHA State Regulations requires that an Exposure Control Plan be in place where an employee has, or may have occupational exposure to a bloodborne pathogen. This standard serves as the basis for an Exposure Control Plan.
2. Bloodborne Pathogens—Basically, they are infectious viruses of bacteria which can be present in blood or body fluids. The bloodborne pathogens of most usual concern are:
  - a. the hepatitis B virus (HBV), affects the liver
  - b. the hepatitis C virus (HCV), affects the liver
  - c. the human Immuno-Deficiency virus (HIV)
3. The hepatitis B and C viruses and HIV can all be spread by infected blood. They can also be spread by certain infected body fluids. In order for infection to occur in a susceptible individual, viruses from the infected blood and body fluids from an already afflicted person must enter another person’s body. It is then a function of an individual’s own immune system (ability to fight infection) that will determine whether an infection will ultimately occur.



### **15.6 “Insert Company Name Here” First Aid Kits**

1. Responsibility for the maintenance of the first aid kits in vehicles shall rest with the Supervisor and/or the First Aid Attendant on shift.
2. The Supervisor or First Aid Attendant shall be responsible for the locations first aid kits and/or first aid station/room.
3. Periodic inspections shall be made to ensure that the first aid kits and first aid rooms are adequately stocked.

### **15.7 “Insert Company Name Here” First Aid Record Form**

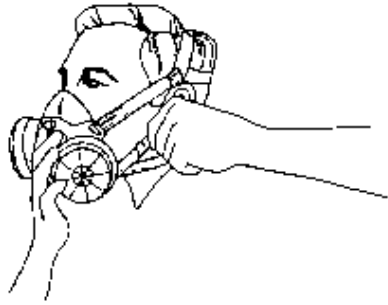
1. First Aid Attendants are responsible for recording all injuries and manifestations of disease reported or treated on the “Insert Company Name Here” First Aid Record Form.
2. All “Insert Company Name Here” First Aid Record Forms will be filed and kept on record for a minimum of 3 years.
3. The following information must be recorded on each “Insert Company Name Here” *First Aid Record Form*:
  - a. The full name of the injured employee, contractor and/or sub-contractor.
  - b. The date and time of injury or report of illness.
  - c. The date and time the injury or illness was reported to the injured persons Supervisor or First Aid Attendant.
  - d. Name of any witness.
  - e. A description of how the injury occurred.
  - f. A description of the nature of the injury or illness.
  - g. A description of the treatment given and any arrangements made relating to the injury.
  - h. A description of any subsequent treatment given for the same injury or illness.
  - i. The signature of the attendant or person giving first aid, and where possible, the signature of the employee, visitor, customer or contractor.

### **15.8 First Aid Records**

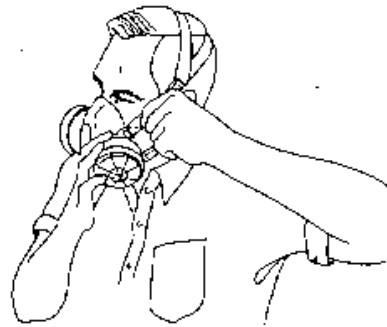
1. Access to First Aid Records shall be restricted to individuals requiring access for reasons of medical treatment, workplace inspection, accident investigation, claims processing and appeals, and for reasons relevant to the workplace health and safety program, including gathering of statistics or as otherwise required by law.
2. Persons with access to first aid records must keep confidential the information contained in the records, except as required for the legitimate purpose of their access or as otherwise required by law.



1. The lengths of the headband straps are adjustable; tighten or loosen by holding the respirator body of headband yoke with one hand and pulling on the elastic material in the appropriate direction with the other hand. (For a comfortable fit, the headband straps must be adjusted equally on both sides of the respirator.)



2. Position the face piece so that the nose section rests as low on the bridge of the nose as is comfortable, and tighten the upper headband strap on both sides just tight enough so that the respirator doesn't slide down on the nose. Do not over tighten. If the respirator pinches the nose, loosen the upper strap slightly.



3. Always use the appropriate filter cartridges for the task being performed.



## 17.0 BULLYING AND HARASSMENT POLICY

### 17.1 Purpose

The purpose of this policy is to communicate “Insert Company Name Here”’s approach to addressing workplace bullying and harassment and to establish a “**zero tolerance**” policy for such behavior. All “Insert Company Name Here” employees, contractors and/or sub-contractors will be treated in a fair and respectful manner. Bullying and harassment can include verbal aggression or yelling, humiliating initiation practices or hazing, spreading malicious rumours and/or calling someone derogatory names.

### 17.2 Definition

1. “**Bullying and Harassment**” behaviour **includes** any inappropriate conduct or comment by a person towards an employee, contractor and/or sub-contractor that the person knew or reasonably ought to have known would cause that employee, contractor and/or sub-contractor to be humiliated or intimidated, but excludes any reasonable action taken by an employer or supervisor relating to the management and direction of employee, contractor and/or sub-contractors or the place of employment.
2. “**Bullying and Harassment**” behavior **does not include**:
  - a. Expressing differences in opinion.
  - b. Offering constructive feedback, guidance or advice about work-related behavior.
  - c. Reasonable action taken by the Employer or Supervisor relating to the management and direction of employee, contractor and/or sub-contractors or the place of employment (e.i. Managing a employee, contractor and/or sub-contractor’s performance, taking reasonable disciplinary actions, assigning work).

### 17.3 Responsibilities

1. “*Insert Company Name Here*” has a duty to ensure the health and safety of its employee, contractor and/or sub-contractors, and as a result, “*Insert Company Name Here*” will take all reasonable steps to prevent where possible, or otherwise minimize, workplace bullying and harassment.
2. “*Insert Company Name Here*” *Employees, contractors and/or sub-contractors* have the duty to take reasonable care to protect the health and safety of themselves and their employees, and as a result, all “*Insert Company Name Here*” employees, contractors and/or sub-contractors will take all reasonable steps to prevent where possible, or otherwise minimize, workplace bullying and harassment.

“*Insert Company Name Here*” *Supervisors* have the duty to take all reasonable steps to ensure the health and safety of “*Insert Company Name Here*” employees, contractors and/or sub-contractors



## 24.0 FALL PROTECTION POLICY

### 24.1 Purpose

This policy is established for the purpose of minimizing and/or eliminating the risk of fall injuries and to protect “Insert Company Name Here” contractors and/or sub-contractors from hazards of falls when working in elevated areas greater than 4 Feet.

### 24.2 Definition

**“Fall Protection System”** means a contractor and/or sub-contractor’s fall restraint system or fall arrest system composed of:

- a. guardrails,
- b. safety belt or full body harness which includes a lanyard and/or lifeline and an anchor point,
- c. safety monitor with a control zone, or
- d. work procedures that are acceptable to the OSHA State Regulations and minimize the risk of injury to a contractor and/or sub-contractor from a fall.

### 24.3 Policy

1. Fall protection is required when working at heights greater than 4 feet, or from a lesser height from which an unusual risk of injury may occur. You must remain 6.5 feet away from any unguarded edge.
2. The hierarchy of fall protection systems is as follows:
  - a. Guardrails
  - b. Fall Restraint
  - c. Fall Arrest
  - d. Safety Monitor and Control Zone
3. Whenever guardrails, work platforms, or scaffolding of fall restraint is not practicable, a full body harness and lanyard attached to a secure anchor point is required.
4. A written fall protection plan is required when work is being done at a location where “Insert Company Name Here” contractors and/or sub-contractors are not protected by permanent guardrails, and from which a fall of 10 feet or more may occur.

### 24.4 Guardrails

1. Guardrails must be used as a means of fall restraint if it is practicable for the work process. Guardrails prevent a contractor and/or sub-contractor from going over the edge and have a top rail at 40 to 44 inches above the surface, a mid-rail 20 to 22 inches above the surface, a toe board on edge in contact with the surface and vertical supports that are within 8 feet of each other.



## 30. INJURY ILLNESS PREVENTION PLAN (IIPA) POLICY

### 30.1 Purpose

This Injury and Illness Prevention Policy identifies the persons responsible for implementing the health and safety programs, the system for ensuring employees comply with safe work practices, and the system for communicating health and safety-related information.

### 30.2 Scope

This policy applies to all “Insert Company Name Here” locations and operations at customer and project sites.

### 30.3 Responsibilities

#### *Managers*

1. All “Insert Company Name Here” managers and supervisors are responsible for implementing and maintaining this policy in their work areas and for answering questions about this IIPA.
2. Managers and supervisors shall:
  - a. Ensure each “Insert Company Name Here” location shall ensure adequate resources are allocated for implementing the IIPP.
  - b. Be responsible for implementing OHS Policies and procedures within their functional areas.
  - c. Develop health and safety policies and procedures in accordance with state regulations and “Insert Company Name Here” requirements;
  - d. Implement the IIPP;
  - e. Evaluating the effectiveness of the IIPP; and
  - f. Maintaining records required by the IIPP.

### 30.3 Staff Compliance

1. All employees, including managers and supervisors, are expected to comply with established health and safety programs, policies, and safe work practices.
2. Clear and will-full violations and disregard of established health and safety requirements may result in disciplinary action.
3. Employees whose safety performance is deficient shall be retrained on applicable safety requirements.





### **30.4 Communication**

1. All "Insert Company Name Here" managers and supervisors are responsible for communicating health and safety information in a form readily understandable by all employees. "Insert Company Name Here" encourages all employees to inform their managers and supervisors about workplace hazards without fear of reprisal.
2. Communication of health and safety information shall include:
  - a. Posting health and safety information on designated safety boards at each "Insert Company Name Here" location;
  - b. Discussing project-specific health and safety information during project kick-offs, pre-shift, and safety tailgate meetings at customer sites;
  - c. Distributing of the "Insert Company Name Here" Safety Manual which includes this IIPP;
  - d. Distributing of site-specific emergency action plans; and
  - e. Notifying every employee of the right to report workplace hazards anonymously and without fear of reprimand or reprisal.

### **30.5 Hazard Assessment**

1. Periodic inspections to identify and evaluate workplace hazards shall be performed by management for each "Insert Company Name Here" location.
2. Periodic inspections shall be performed according to the following schedule:
  - a. When new substances, processes, procedures or equipment which present potential new hazards are introduced into the workplace;
  - b. When new, previously unidentified hazards are recognized;
  - c. When occupational injuries and illnesses occur; and
  - d. Whenever workplace conditions warrant an inspection.

### **30.6 Incident Investigations**

1. Investigations of accidents and incidents shall be conducted in accordance with "Insert Company Name Here"'s Incident Investigation Procedure.
2. The incident investigation procedures shall include:
  - a. Interviewing injured employees and witnesses;
  - b. Examining the workplace for factors associated with the accident/incident;
  - c. Determining the cause of the accident/incident;
  - d. Taking corrective action to prevent the accident/incident from reoccurring; and
  - e. Recording the findings and actions taken.



1. Cooperate in obtaining any authorization, certification or training required to use the tools, equipment and machinery.
2. Use only the tools, equipment and machinery that you have been trained and authorized to use.
3. Ensure that loose clothing, long hair, dangling accessories and jewelry that are likely to be hazardous to safety are not worn around equipment unless tied, covered, or otherwise secured to prevent entrapment.
4. Wear/use the prescribed personal protective equipment.
5. Never remove or render ineffective a machine guard or other safety device without the approval of the workplace supervisor.
6. When it is necessary to remove a machine guard from a machine for repair or maintenance purposes, ensure that the machine is locked out. Where it is not practicable to lock out a machine, perform the repair or maintenance in accordance with an established safety procedure in the presence of and under the direct supervision of the workplace supervisor and/or a qualified person.

### **26.3 Policy**

1. Do not use a tool or machine if you are unfamiliar with its use or if you feel that you need additional instruction in order to use the equipment safely and correctly.
2. Tools and equipment should be kept in an orderly fashion so that they may be easily found when needed. All tools should be cleaned after every use.
3. All tools and equipment should be inspected regularly. Defective and unsafe tools or equipment must be reported promptly to the supervisor, and repaired or replaced at once. Report any concerns as soon as possible. Do not use or operate defective or unguarded equipment.
4. Ensure all required PPE is available, appropriate and in good condition prior to use.
5. Ensure the work area is properly prepared and ensure the safety of any persons nearby prior to the commencement of work.
6. Use all tools for their intended purpose only. Tools and equipment should always be used for their intended purpose and never be mishandled or used in a manner for which they were not designed. Follow all equipment-specific safe work practices and procedures. Never force a hand or power tool to strain beyond its obvious capacity.



## FIRST AID RECORD FORM

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

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

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

**Description of treatment given (*print clearly*)**

**Interventions:**     CPR         Airway Cleared         Airway Maintained         Ventilated         Controlled Bleeding

**Any Witnesses?:**     Yes         No        If yes, please provide name(s): \_\_\_\_\_

**Recommendations (Check):**     Return to Work     Medical Aid     Follow Up – When? \_\_\_\_\_

**Transported By (Check):**     Ambulance     Taxi     Company Vehicle     Other – Explain \_\_\_\_\_

**Graduated Return to Work:**  Alternate Duty Options     Return to Work Form – Medical Aid     Employee, contractor and/or sub-contractors Supervisor Informed

**Provided Employee, contractor and/or sub-contractor Handout:**  Yes  No If yes, which form:  
\_\_\_\_\_

<b>OFAA Name (Please Print):</b>	<b>OFAA Signature:</b>
<b>Patient Name (Please Print):</b>	<b>Patient Signature:</b>



**NEW & YOUNG EMPLOYEE ORIENTATION FORM**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Position as hired: \_\_\_\_\_

Do you have First Aid Certification? Yes  No  If yes, what level: \_\_\_\_\_

Do you or are you required to wear Prescription Glasses or Contact Lenses?  
Yes  No  If yes, what kind: \_\_\_\_\_

Do you have any Allergies? Yes  No  If yes, what: \_\_\_\_\_  
(Please include any special medication you must take for your allergies)

Do you take any Special Medications? Yes  No  If yes, what: \_\_\_\_\_  
(Health condition, where medication is prescribed by your doctor i.e. heart condition) – the answer to this question is 'optional'

Do you have any physical/health related disablement(s) that may be aggravated, and/or that may prevent you from performing certain job tasks or duties while employed with "Insert Company Name Here"?  
Yes  No  If yes, what: \_\_\_\_\_

Please **initial inside each check box** for each applicable safety policy/procedure discussed during the safety orientation. By initialing each box, you verify that you understand and comprehend "Insert Company Name Here" Occupational Health and Safety policies and safe work procedures.

1. Health & Safety Policy	17. Housekeeping
2. Company Joint Health and Safety Committee and/or Safety Representative Information	18. Tools Machinery & Equipment
3. Supervisor Contact Information	19. Right to Refuse Unsafe Work
4. Emergency Contact Information	20. Right to Participate
5. GLOBALLY HARMONIZED SYSTEM	21. Right to Know
6. Safety Data Sheets	22. Safe Sharps Disposal
7. First Aid Procedures	23. No Smoking
8. Eye Wash Stations	24. Drug & Alcohol Use
9. Emergency Evacuation Procedures	25. Workplace Violence
10. Personal Protective Equipment (PPE)	26. Working Alone
11. Respiratory Protection	27. Horseplay
12. Hearing Protection	28. MSI's
13. Hazard Reporting	29. Back Safety
14. Harassment and Bullying	30. Fall Protection & Ladder Safety
15. Lock Out Safety	31. Scaffolding Safety
16. Warning Signs	32. Yellow Caution Tape / Red Danger Tape

I, \_\_\_\_\_, understand and will adhere to all applicable "Insert Company Name Here" safety policies and safe work procedures as outlined and discussed in this new and young employee (CONTRACTOR) safety orientation session.

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager and/or Supervisor (please print name and sign): \_\_\_\_\_