Knox - St. Paul's United Church

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# HEALTH AND SAFETY POLICY AND PROCEDURE MANUAL

# KNOX-ST. PAUL'S UNITED CHURCH CORNWALL, ONTARIO

June 2014

# Health and Safety Policy

Knox-St. Paul's United Church, Cornwall, recognizes the dignity and worth of every individual and is therefore vitally concerned about health and safety. As a result, we recognize that we have the responsibility to take all reasonable precautions to ensure safe and healthy conditions for our workers and everyone having access to our premises. We take seriously our responsibilities for health and safety and as a minimum standard we comply with the *Occupational Health and Safety Act, WHMIS,* and other related legislation.

The commitment of the ministry is that, through good management practices and active worker involvement, we will work toward a workplace free of personal injuries, occupational illnesses, damage to property, and harm to the environment.

The governing body will be accountable for the health and safety of the workers and ensure that the supervisors are competent and accountable for the staff under their supervision. Supervisors are responsible for ensuring that all ministry practices are safe and that workers comply with legislative requirements and established safe work procedures. Workers are entitled to adequate training in their specific work assignments for the purpose of protecting their health and safety and that of others.

Each person will be held accountable for his or her safety performance. All workers, without exception, must make a personal commitment to fulfill this policy. It is our hope that everyone will do their part to eliminate the potential for accidental injuries, illnesses, and losses so our ministry can be accomplished without harm to our workers or those who come to us for care.

Signed: _____ Date: _____

Board Chair

_____ Date: _____

Board Secretary

## Health and Safety Program Guidelines:

Knox-St. Paul's United Church, Cornwall, recognizes that one of our primary responsibilities is the provision of the safest possible conditions for our workers and everyone having access to our premises. We take seriously our responsibilities for safety and compliance with the Occupational Health and Safety Act, WHMIS, and other related legislation. As a result, Knox-St. Paul's United Church has a defined plan designed to prevent accidents and occupational illnesses.

For the purpose of this policy, the term "worker" refers to anyone who receives remuneration for ministry, service, or work. The term "supervisor" refers to anyone who oversees the work of another person.

While volunteers are not covered by the Occupational Health and Safety Act or its regulations, Knox-St. Paul's United Church is also committed to fulfilling its responsibilities concerning the health and safety of its volunteers, and believes this policy helps facilitate that objective. Volunteers are responsible for conducting themselves in a manner that is consistent with Knox-St. Paul's United Church's Health and Safety Policy and shall be given appropriate training to do so where necessary. Depending on the circumstances, volunteers who fail to meet these responsibilities may not be permitted to continue in their role and ministry.

**The Occupational Health & Safety Act requires that health and safety policies and procedures be reviewed every year by the governing body**.

## Education and Training:

The *Occupational Health and Safety Act* (OHSA) gives workers three important rights:

1. The right to know about hazards in their work and get information, supervision and instruction to protect their health and safety on the job.
2. The right to participate in identifying and solving health and safety problems or through a health and safety representative or worker member of a joint health and safety committee.
3. The right to refuse work that they believe is dangerous to their health and safety or that of any other worker in the workplace.

Procedure:

1. Every worker will be provided with a copy of the current Health and Safety Manual.
2. Every worker will be given an overview of the contents of the Health and Safety procedures.
3. All workers will be shown by their supervisor (Property and/or Ministry and Personnel Representative) proper safety procedures specific to their job.
4. Every worker will be trained on specific hazards/equipment.
5. Every worker will be trained on working alone and be provided with a copy of the United Church of Canada's Faithful Footstep guidelines.
6. Every worker will be trained on Violence and Harassment in the Workplace. View video link below:

   http://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=0CDEQtwIwAQ&url=http%3A%2F%2Fwww.labour.gov.on.ca%2Fenglish%2Fgallery%2Fv_workplaceviolence_hs.php&ei=jzR2U4eVJZK2yATx3YDoBw&usg=AFQjCNEF6Csvjh4sWMUm_uW7ErNR3Vt7LA&bvm=bv.66699033,d.aWw

7. Every worker will be trained on Worker Awareness.

## *Prevention Starts Here Worker Health and Safety Awareness in 4 Steps*

Before you embark on your e-learning training please ensure you have a copy of the Ministry of Labour workbook .

1. It is a mandatory requirement that you view the training module it is entirety.
2. If you have any questions regarding any component of the training please speak to supervisor directly.
3. Please print a copy of your Certificate of Completion at the end of the training module and provide a copy to your supervisor.

http://www.labour.gov.on.ca/english/hs/elearn/worker/index.php

When opening the Ministry of Labour portal you will first encounter the screen below advising you of acceptable browsers. **Click OK and proceed.**

The next window will start your training module. **Click on the screen**

Remember to print your Certificate at the conclusion of the program. Thank you.

8. Every worker will be trained on Workplace Hazardous Material Information System (WHMIS) and Material Safety Data Sheets (MSDS).

## ***Before proceeding to on-line WHMIS training and certification please be advised:***

There are no identifiable hazards in the workplace 800 Twelfth Street East, Cornwall, Ontario, save and except cleaning supplies utilized by the Sexton and contained in a secure environment. Some common workplace hazards are:

- Slipping, tripping or falling
- Working alone
- Using or working near machinery / photocopier
- Workplace violence and Harassment (see procedures below)
- Repetitive movement, especially in an awkward position
- Incorrect use of personal protective equipment
- Incorrect ergonomic setup / posture at computers

No employee is to bring a hazardous material into the workplace unless approved by their supervisor (Property / Ministry and Personnel contact) and must be accompanied by the Material Safety Data Sheet.

The Material Safety Data Sheet (MSDS) Binder is located in the administration office and is under the care and supervision of the Office Administrator. This Binder is available for any employee's use.

Acknowledged this _____day of _____, 20 _____.

(Print and have employee sign and file in employee's file)

axisafety WHMIS training website.

9. Every worker will be trained on emergency procedures.

## Health and Safety Representative

*(This section is required only if there are more than five workers, including managerial staff.)*

## Workplace Inspections and Work Refusal

*(This section is required only if there are more than five workers, including managerial staff. However, all ministries are encouraged to conduct workplace inspections as a best practice.)*

## Incident Report and Hazard Notification

Procedure:

1. Every worker shall report to his/her supervisor (Property and/or Ministry and Personnel Representative) any damage to equipment or property.
2. Every worker shall report to his/her supervisor (Property and/or Ministry and Personnel Representative) the absence of or defect in any equipment or protective device of which he/she is aware and which may endanger himself/herself or another worker.
3. Any contravention of the OHSA or regulations or Knox-St. Paul's Health and Safety Policy and procedures.
4. The existence of any hazard or which he/she knows.
5. The supervisor will attempt to resolve the concern, as soon as possible, and keep the involved worker apprised of the status of the concern.
6. If the worker's concern is not satisfactorily resolved after a reasonable period of time (not to exceed 5 working days), the worker is encouraged to bring the concern to the attention of a member of the governing board.
7. The worker will be asked to document the concern, outlining the facts.
8. All concerns not addressed to the satisfaction of the parties involved are to be placed on the agenda for the next regularly scheduled meeting of the church board.
9. This procedure does not preclude the employee from exercising his/her right to refuse to work, as defined under both the OHSA and Refusal to work.

## First Aid

Procedure:

1. Get first aid right away.
2. The worker shall advise his/her supervisor (Property and/or Ministry and Personnel Representative) of the injury or condition. Report in writing the details of the accident/incident as soon as reasonably possible.
3. Cooperate in health care treatment and safe return to work.

## Accident Investigation—Non-critical Injury

Procedure:

1. The worker's supervisor (Property and/or Ministry and Personnel Representative) shall ensure first aid is given immediately and the worker receives proper medical treatment.
2. The worker's supervisor shall ensure that the work place is safe and any obstacle involved in the accident is removed, locked out or disabled.
3. The worker's supervisor shall conduct a thorough investigation of the accident/incident, interview the worker and any witnesses.
4. The worker's supervisor shall document and file a record of the accident/incident. Give a copy of the report to the worker.

## Accident Investigation—Critical Injury

Procedure:

If a person, whether a worker or not (this includes, for example, supervisors, employers, workers, unpaid family members, and visitors), has been critically injured (see definition below) or killed at the workplace, the employer must immediately notify an inspector at the nearest Ministry of Labour Office, and the worker health and safety representative or joint health and safety committee (if any). This notice must be by telephone or other direct means.

A "critical injury" is an injury of a serious nature that,

1. Places life in jeopardy,
2. produces unconsciousness,
3. results in substantial loss of blood
4. Involves the fracture of a leg or arm but not a finger or toe,
5. involves the amputation of a leg, arm, hand or foot but not a finger or toe,
6. consists of burns to a major portion of the body, or
7. causes the loss of sight in an eye.

Within 48 hours, the employer must also notify, in writing, a Regional Director of the Ministry of Labour, giving the circumstances of the occurrence.

The employer's written notice of a critical injury or fatality should include the following information:

a) The name, address and phone number of the employer;
b) the type of farming operation;
c) the name, address and phone number of the person who was killed or critically injured;
d) the time and place of the occurrence;
e) a description of the occurrence and the bodily injury sustained;
f) a description of the machinery or equipment involved, if any;
g) the names, addresses and phone numbers of all witnesses to the occurrence; and
h) the name, address and phone number of the physician, if any, by whom the person was or is being attended; and,
i) the steps taken to prevent a recurrence.

**http://www.labour.gov.on.ca/english**

**Ministry of Labour Health and Safety Contact Centre**
**1-877-202-0008**

## Protective Equipment

Procedure:

1. The supervisor (Property and/or Ministry and Personnel Representative) is responsible for issuing the necessary equipment, training the employee in its use and ensuring the policy is adhered to.
2. Knox-St. Paul's United Church will supply safety equipment as deemed necessary and appropriate.
3. The worker shall wear appropriate apparel, where he/she is exposed to the hazard of injury from contact of his/her skin with:
    a) A noxious gas, liquid, fume or dust.
    b) A sharp or jagged object which may puncture, cut or abrade the skin.
    c) Body fluids or pathogenic material
    d) Brush, noxious weeds, debri, etc.

4. The worker is responsible for the care and maintenance of any personal protective equipment assigned to them.

## Working Alone

Employees regularly work alone at Knox-St. Paul's United Church. Both the Minister and Office Administrator have access to a monitored panic button.

The Sexton and Sunday School Superintendent have access to a telephone and carry personal cell phones. These employees can access the panic button in the Administrator's office.

The church is equipped with a monitored alarm system which automatically armed during off hours.

Procedure:

1. Take every step necessary to protect yourself and your co-workers.
2. Do not hesitate to contact police by accessing the panic button or calling 9-1-1.
3. Do not hesitate to leave the workplace.
4. Banking procedures are carried out by the Finance Team, not employees.
5. Report any emergency situation or concern to your supervisor (Property or Ministry and Personnel Representative).

## Workplace Violence and Harassment

**PURPOSE:**

To provide and maintain a workplace environment that is based on respect for the dignity and rights of everyone in the organization. To provide a healthy, safe work environment that is as free as possible from any form of violence or harassment.

**RESPONSIBILITY:**

1. With necessary limitations, this policy applies to workers and contractors and shall be posted at Knox-St. Paul's United Church, Cornwall, Ontario.
2. This policy applies in any work-related situation or location, including, but not necessarily limited to:
    - the workplace;
    - during travel;
    - off-site work locations, including restaurants, hotels, meeting facilities being used for business/social purposes (e.g. conferences);
    - during telephone, email or other communication.
3. Knox-St. Paul's United Church, herein referred to as the Employer, in its capacity as the Employer, is committed to a policy of zero-tolerance in regard to workplace violence and/or harassment against or by its employees. In addition to duties imposed pursuant to the *Occupational Health and Safety Act*, the church is responsible for developing policies with respect to workplace violence and harassment; reviewing these policies at least annually; and, for developing a program to implement said policies and any other prescribed information or

instruction. Knox-St-Paul's United Church will endeavour to inform workers who may be exposed to the risk of violence of the nature and extent of the risk.

4. The supervisor (Property and/or Ministry and Personnel Representative) is responsible for ensuring that employees are properly trained regarding the Workplace Violence and Harassment Policy and that the procedures outlined herein are adhered to.
5. The employee is responsible for reporting to the supervisor any incidents or threats of violence or harassment in the workplace or domestic violence that the employee believes may impact the workplace.

**DEFINITION:**

"Workplace harassment" means engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome (e.g. annoying or distressing comment or conduct).

"Workplace bullying" means repeated and persistent negative acts towards one or more individual(s), which involve a perceived power imbalance and create a hostile work environment.

"Workplace violence" means,

(a) the exercise of physical force by a person against a worker, in a workplace that causes or could cause physical injury to the worker;

(b) an attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker; or

(c) a statement or behavior that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

"Domestic violence" a pattern of behavior used by one person to gain power and control over another with whom he/she has or has had an intimate relationship. Domestic violence may include physical violence, sexual, emotional and psychological intimidation, verbal abuse, stalking and using electronic devices to harass and control. It may also include children or vise versa. The *Occupational Health and Safety Act* refers to "domestic violence". If an Employer becomes aware, or ought reasonable to be aware, that domestic violence that would likely expose a worker to physical injury may occur in the workplace, that Employer shall take every precaution reasonable in the circumstances for the protection of the worker. Violence covers the situation where a worker is affected by an attempt or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker, and includes any threatening statement or behavior which gives a worker reasonable cause to believe that he or she is at risk of injury. All threats against a worker or the worker's family must be treated as a serious matter.

"Harassment" is any improper and unwelcome conduct that might reasonably be expected or be perceived to cause offence or humiliation to another person. Harassment may take the form of words, gestures or actions which tend to annoy, alarm, abuse, demean, intimidate, belittle, humiliate or embarrass another or which create an intimidating, hostile or offensive work environment. Harassment normally implies a series of incidents. Disagreement on work performance or on other

work related issues is normally not considered harassment and is not dealt with under the provisions of this policy but in the context of performance management.

"Sexual harassment" is any unwelcome sexual advance, request for sexual favour, verbal or physical conduct or gesture of a sexual nature, or any other behavior of a sexual nature that might reasonably be expected or be perceived to cause offence or humiliation to another, when such conduct interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment. While typically involving a pattern of behavior, it can take the form of a single incident. Sexual harassment may occur between persons of the opposite or same sex. Both males and females can be victims or the offenders.

"Workplace Coordinator" is the Chair of the Board of Knox-St. Paul's United Church, Cornwall, Ontario.

**Chair of the Board of Knox-St. Paul's United Church,**
**800 Twelfth Street East,**
**Cornwall, Ontario. K6H 5T1**
**Tel. 613-938-3704 / Fax 613-938-3707**
**e-mail: office@knoxstpauls.ca**

**GENERAL:**

1. The Employer and/or supervisor, upon becoming aware that an employee may have a history of violence, should provide details of the information to the Workplace Coordinator.

2. The Employer and/or supervisor has a duty to provide information to the worker, including personal information, related to a risk of workplace violence from a person with a history of violent behavior if,

a) The worker can be expected to encounter that person in the course of his/her work;
b) The risk of workplace violence is likely to expose any worker to physical injury.

3. Details of the information provided, and to who, should be recorded and filed with the Workplace Coordinator along with the actions the employees were advised to take.

4. The Employer and/or the supervisor shall not disclose more personal information in the circumstances than is reasonably necessary to protect the worker(s) from physical injury.

5. The Employer will make reasonable efforts to ensure compliance with the policy by those external parties that have a relationship with Knox-St. Paul's United Church such as contractors, consultants, etc.

6. The Employer shall develop a reporting process for incidents of workplace violence and harassment, or threats of violence/harassment and ensure all incidents are investigated by the supervisor (Property/Ministry and Personnel Representative) in a prompt, objective and sensitive way.

7. The Employer shall reassess policies and programs as often as required to protect workers from workplace violence and/or harassment.

**PROCEDURE:**

EMPLOYEES -

1. Employees are required to report all incidents related to workplace violence, workplace harassment, bullying, to their supervisor. If the employee's direct supervisor is involved, the employee is to contact the Workplace Coordinator. This report can be made verbally or in writing and will be kept confidential if possible. (Sharing of this confidential information may be necessary to ensure the safety of others and prevent recurrence. e.g. police report).

2. No report of workplace violence or harassment or risks of violence may be the basis of reprisal against the reporting employee.

3. The employee has the right to refuse work or do particular work where he or she has reason to believe that workplace violence is likely to endanger himself or herself. Refer to the Health and Safety Policy and Procedure Manual – Work Refusal.

**SUPERVISORS (Property/Ministry and Personnel Representative)**

1. As soon as practically possible upon becoming aware of a threat or an occurrence of workplace violence or harassment, the supervisor shall:

   - Insure the safety of employees and public to the greatest extent possible/practical;
   - Police should be contacted where a potential criminal offence may occur or where the situation may escalate beyond control, or if in the opinion of the supervisor, the situation warrants it;
   - Arrange to provide prompt medical evaluation and treatment after the incident;
   - Remove the employee from the workplace or assign other work, if appropriate;
   - Inform employees of the resources available through community agencies.

2. As soon as practical after the incident, the supervisor shall ensure that measures are taken to support the victim, safeguard employees and curtail the violence or harassment.

3. Request a detailed written report from the employee, and deliver same to the Workplace Coordinator.

4. The Supervisor shall conduct a full and thorough investigation unless directed otherwise by the Workplace Coordinator. As much sensitivity and discretion as circumstances will allow should be used.

5. The supervisor shall interview the parties involved in the incident and any witnesses. Document the findings. It is recommended that a scribe be used to record all interviews. The report may include recommendations and must be delivered to the Workplace Coordinator.

6. Take corrective action, in conjunction with the Workplace Coordinator, which may include disciplinary action appropriate in the circumstances.

7. Cancel or retender contracts, if warranted, at the direction of the Board of Knox-St. Paul's United Church.

8. The Workplace Coordinator shall inform staff members of incidents on a "need to know" basis. Employees should be encouraged to share information about ways to avoid similar situations in the future.

9. The supervisor shall assess the risks of workplace violence after each reported incident and advise the Workplace Coordinator of the results of the assessment in writing.

10. The supervisor shall monitor trends and discuss changes in the program during regular employee meetings.

11. Knox-St. Paul's United Church has the obligation to deal with inappropriate behavior by their employees and customers, to provide employees with information and training on workplace violence, and to put effective security measures in place.

**WORKPLACE COORDINATOR:**

1. The Workplace Coordinator will review all reports and investigations of workplace violence or harassment, ensure policies are adhered to, and determine the outcome and discipline, if required.

2. The Workplace Coordinator will determine what information is to be released to the worker(s) and may call upon a threat assessment team for this determination.

3. The Workplace Coordinator shall provide the congregation of Knox-St. Paul's United Church with as much detail as possible in the circumstances, as soon as practical, to make the congregation aware of the incident and the resolution thereof. Efforts should be made to protect the privacy of the individuals involved. Seaway Valley Presbytery is to be kept informed.

**RISK ASSESSMENT:**
Knox-St. Paul's United Church shall assess workplace violence hazards in all jobs and in the workplaces as a whole. Risk Assessments are to be reviewed annually, with employees, as well as when new jobs are created or job descriptions are changed substantially. *(See Appendix 1)*

**EVALUATION**:
This policy forms part of the Health and Safety Policy and Procedure manual. The effectiveness of the violence and harassment prevention policy/program will be evaluated annually by the Board of Knox-St. Paul's United Church.

**ENVIRONMENTAL ASSESSMENT**:
A physical inspection of all worksites shall be conducted at the discretion of the Board of Knox-St. Paul's United Church. *(See Appendix 2).*

## Contractor Requirements

A contractor or constructor as defined in the OHSA is a person who undertakes a project for an owner and includes an owner who undertakes all or part of a project by himself or by more than one employer. The constructor is generally the person who has overall control of a project ie Knox-St. Paul's United Church.

Under the OHSA, the constructor's duties include the following:

a) Ensure that the measures and procedures in the OHSA and regulations are carried out.
b) Ensure that every employer and worker on the project complies with the OHSA and regulations; and
c) Ensure that the health and safety of workers on the project is protected.

## Emergency Plan

An emergency condition may be created as a result of a:

a) Fire
b) Explosion
c) Flood, earthquake or tornado
d) Chemical spill
e) Severe or critical injuries

Attached at the end of this document, you will find a schematic of the church building at 800 Twelfth Street East, Cornwall, Ontario. This schematic will show the exits, location of fire extinguishers and pulls, location of alarm panels and the first aid kit.

Procedure:

1. Ensure aisles and exits are not blocked at any time.
2. Flammable liquids are to be properly stored.
3. Electrical cords and extension cords are to be replaced if wires are exposed or frayed.
4. Fire extinguishers should be inspected annually. Any time an extinguisher is used, report it to a supervisor (Property/Ministry and Personnel Representative) so that it can be recharged.
5. The actions to be taken by occupants in emergency situation are required to be posted on each floor, at each pull station. A sample posting follows: (red lettering on white background is an effective colour combination for this sign)

| **IN CASE OF FIRE** |
|---|
| **UPON DISCOVERY OF FIRE**<br>**LEAVE FIRE AREA IMMEDIATELY**<br>**AND CLOSE DOORS.**<br>**SOUND FIRE ALARM.**<br><br>**CALL FIRE DEPARTMENT**<br>**DIAL 9-1-1**<br><br>**LEAVE BUILDING VIA NEAREST EXIT** |
| **DO NOT USE ELEVATORS** |
| **UPON HEARING FIRE ALARM**<br>**LEAVE BUILDING VIA NEAREST EXIT.**<br>**CLOSE DOORS BEHIND YOU.**<br><br>**C A U T I O N**<br>**IF SMOKE IS HEAVY IN THE CORRIDOR, IT MAY BE SAFER TO STAY IN YOUR AREA.**<br><br>**IF YOU ENCOURTER SMOKE IN STAIRWAY, USE ALTERNATE EXIT** |
| **REMAIN CALM** |

Upon notification of an emergency and an evacuation is called:

6. Remain Calm.
7. All workers will assist members of the public to a safe area outside the building.
8. Workers in charge of children should make every effort to deliver children to parent/caregiver.
9. Exit in a calm orderly fashion from the safest exit.
10. Call 9-1-1.
11. Do not use elevators.
12. Under no condition should a worker turn back once outside the building until it is deemed safe to do so.

# RISK ASSESSMENT

*(Appendix 1)*

**POSITION:**

| MAJOR DUTIES (Provide a brief description) | POTENTIAL HAZARDS (Assess the risk of workplace violence, and hazards, that may arise from the nature of the work, the type of work or the conditions of work) | LEVEL OF RISK H – High M – Moderate L - Low | RECOMMENDED CONTROLS/MEASURES |
|---|---|---|---|
| | | | |

**Note:** *Your signature does not necessarily signify your agreement; it simply means that you have read and have had the opportunity to comment on this Risk Assessment.*

_____

**Signature**

_____

**Date**

**Ranking or Prioritizing the Risk Factors:**

**Ranking or prioritizing the risk factors is one way to help determine which safety hazards need to be addressed first. The above list is not all inclusive, but will address priority to identify risks by taking into account how much or how often a worker is exposed to the situation or conditions and the potential for harm. Assigning a priority to the risks creates an action list.**

**There is no simple or single way to determine the level of risk. Ranking hazards requires knowledge of the workplace activities, the urgency of particular situations, and most importantly, objective judgment. The following can help guide you in choosing the appropriate level for each specific risk.**

| | |
|---|---|
| **HIGH** | One or more potential risks **regularly** place the employee at risk **and/or** the risk is **severe.**<br>• **Regularly** = Part of the normal work routine/assignment<br>• **Severe** = Potential for fatal or critical injury |
| **MODERATE** | One or more potential risks **occasionally** place the employee at risk **and/or** the risk is **moderate.**<br>• **Occasionally** = Recognized part of work activities occurring on an infrequent basis<br>• **Moderate** = Potential for lost time/medical aid required |
| **LOW** | One or more potential risks **rarely** place the employee at risk **and/or** the risk is **minimal**<br>• **Rarely** = Not a normal part of the work routine<br>• **Minimal** = Potential for first aid required |

(Based on the risk factors outlined by National Institute for Occupational Safety and Health (NIOSH)

The above method is not the only way to categorize risk. If a job or location has multiple risk factors, the overall risk of workplace violence may be higher than for jobs with only one or two risk factors. In addition, you may want to take into consideration whether hours of operation or the makeup of the workplace influences the level of risk.

Date: _____ *(Appendix 2)*

Completed by: (name/group)_____

Use this form to conduct a risk assessment of the work area and building to identify perceived or real risks associated with the working environment. The assessment should be conducted at least biannually or whenever the environment changes significantly. Strategies to reduce identified risk should be addressed.

**Access Control**

| | | |
|---|---|---|
| How many public entrances does the building have? | | |
| Can the number be reduced? | ❑ Yes | ❑ No |
| Is the building connected to other buildings? | ❑ Yes | ❑ No |
| If yes, does the building have access control? | ❑ Yes | ❑ No |
| Is your building shared with other businesses or renters? | ❑ Yes | ❑ No |
| If yes, is there access control to your area(s) only? | ❑ Yes | ❑ No |
| Is there a system to alert employees of access by intruders? | ❑ Yes | ❑ No |
| Are offices designed/arranged to distinguish public vs. private spaces? | ❑ Yes | ❑ No |
| Are coded cards or keys used to control access to the building or certain areas in the building? | ❑ Yes | ❑ No |
| Do you keep track of who has coded cards or keys? | ❑ Yes | ❑ No |
| Is there a system to minimize the distribution of keys/entry cards? | ❑ Yes | ❑ No |
| Do you change codes/locks immediately if keys/cards are lost or misplaced or if employees are let go? | ❑ Yes | ❑ No |

**Security System**

| | | |
|---|---|---|
| Is a security system in place? | ❑ Yes | ❑ No |
| If yes, is the system tested on a regular basis (monthly) to assure correct functions? | ❑ Yes | ❑ No |
| Is the existing security system effective based on past performance? | ❑ Yes | ❑ No |
| Are security guards/safety walking services available at your location? | ❑ Yes | ❑ No |
| Have you posted signs indicating a security system is in use? | ❑ Yes | ❑ No |
| Are security cameras and mirrors placed in locations that would deter potential offenders? | ❑ Yes | ❑ No |

**Reception**

| | | |
|---|---|---|
| Is your reception area easily identifiable and accessible? | ❑ Yes | ❑ No |
| Can the receptionist clearly see incoming visitors? | ❑ Yes | ❑ No |
| Is the reception area visible to fellow employees or members of the public? | ❑ Yes | ❑ No |
| Is your reception area staffed at all times? | ❑ Yes | ❑ No |
| Can outsiders enter the building when no receptionist is present? | ❑ Yes | ❑ No |

Appendix 3

# Accident / Incident Report

Received in office: _____

## Section A

| | | | |
|---|---|---|---|
| Last Name: | First Name: | Occupation/Job Title: | Yrs. Experience in Occupation: |
| Home Address: | | | |
| City/Town: | | | Postal Code: |
| Division/Branch: | | Date of Occurrence: | Time: |
| Location of accident/incident: | | Date Reported: | Time: |

❑ Employee ❑ Contractor ❑ Student ❑ Other

❑ Full time ❑ Casual ❑ Part time ❑ Other

❑ Hazardous Situation/ Near Miss ❑ No treatment ❑ First Aid ❑ Ill Health ❑ Medical Aid ❑ Violence ❑ Critical Injury

Describe what happened and, if applicable, describe injury. Attach an accident/incident diagram, if appropriate.

**Part of Body Injured** (Indicate "R", "L", or "B", where applicable)

| | | | |
|---|---|---|---|
| ❑ Head | ❑ Lower back | ❑ Hand/fingers | ❑ Ankle/foot |
| ❑ Eye | ❑ Upper Arm | ❑ Hip | ❑ Other |
| ❑ Neck | ❑ Elbow | ❑ Upper leg | |
| ❑ Shoulder | ❑ Lower Arm | ❑ Knee | |
| ❑ Upper back | ❑ Wrist | ❑ Lower leg | |

**Type of Accident/Incident**

**Check off (✓) statements that best describe the accident/incident:**

| | | |
|---|---|---|
| ❑ Equipment Hazard/Malfunction | ❑ Slip/fall | ❑ Exposure to |
| ❑ Acute Strain (lifting, pulling, carrying) | ❑ Vehicle – **Complete Section B** | ❑ Other (explain) |
| ❑ Caught in/under/between | ❑ Client/employee action | |
| ❑ Struck, contacted by/with/against | ❑ Cut/bruise | |

| | |
|---|---|
| Was this accident/incident in any way related to a Musculoskeletal Disorder (MSD) | ❑ Yes (explain)<br>❑ No |

| **First Aid Treatment** |
|---|
| By whom: |
| Contact Information: |
| Time of Attendance: |
| Details of Treatment: |
| Describe why this accident / incident occurred. Report details that may have contributed to the accident/incident (i.e. MSD, poor lighting). |

| Signature of person reporting Accident/Incident | Name (print) | Date (dd-mmm-yyyy) |
|---|---|---|
| | | |

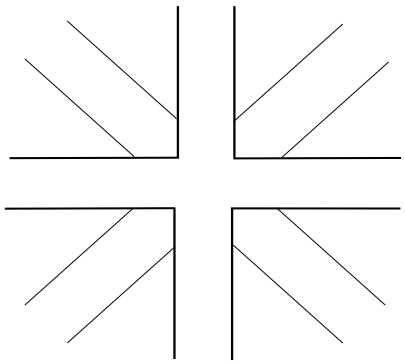
## Section B – Motor Vehicle Accident Report

TO BE COMPLETED BY EMPLOYEE:

| **Description of Accident** | | |
|---|---|---|
| Location of accident (Road No., municipality): | Date: | Time: |
| Describe what happened and attach additional sheet if necessary. | | |

Use the outline below to sketch the scene.

a) Indicate "North" by arrow
b) Number each vehicle and show direction of travel by arrow using V1 as your Vehicle
c) Show pedestrian P1, P2 etc.
d) Show railroad by ----- line
e) Show distance and direction to landmarks and identify by name and number



**Road Conditions at time of accident:**

| | | | |
|---|---|---|---|
| ❑ Dry | ❑ Slippery | ❑ Wet | ❑ Other |
| How long had this road condition existed: | ❑ 1-4 hours | ❑ 5-10 hours | ❑ over 10 hours |

**Weather conditions at time of accident:**

| | |
|---|---|
| ❑ Clear<br>❑ Snow<br>❑ Ice<br>❑ Slush<br>❑ Drifting | ❑ Rain<br>❑ Freezing rain<br>❑ Drizzle |

Had you consumed any alcohol or medication prior to accident? ❑ Yes ❑ No

Was the accident investigated by the OPP? ❑ Yes ❑ No

If yes, name of Officer:
Detachment:

**Damages:**

Were there injury(s) sustained to:
Yourself? ❑ Yes ❑ No
Other(s)? ❑ Yes ❑ No

Describe the injury(s):

| | | |
|---|---|---|
| Describe the damage to your equipment if any: | | |
| Describe any damage to other vehicles: | | |
| Describe any damage to property if any: | | |
| | | |
| Signature of person reporting accident | Name (print) | Date (dd-mmm-yyyy) |

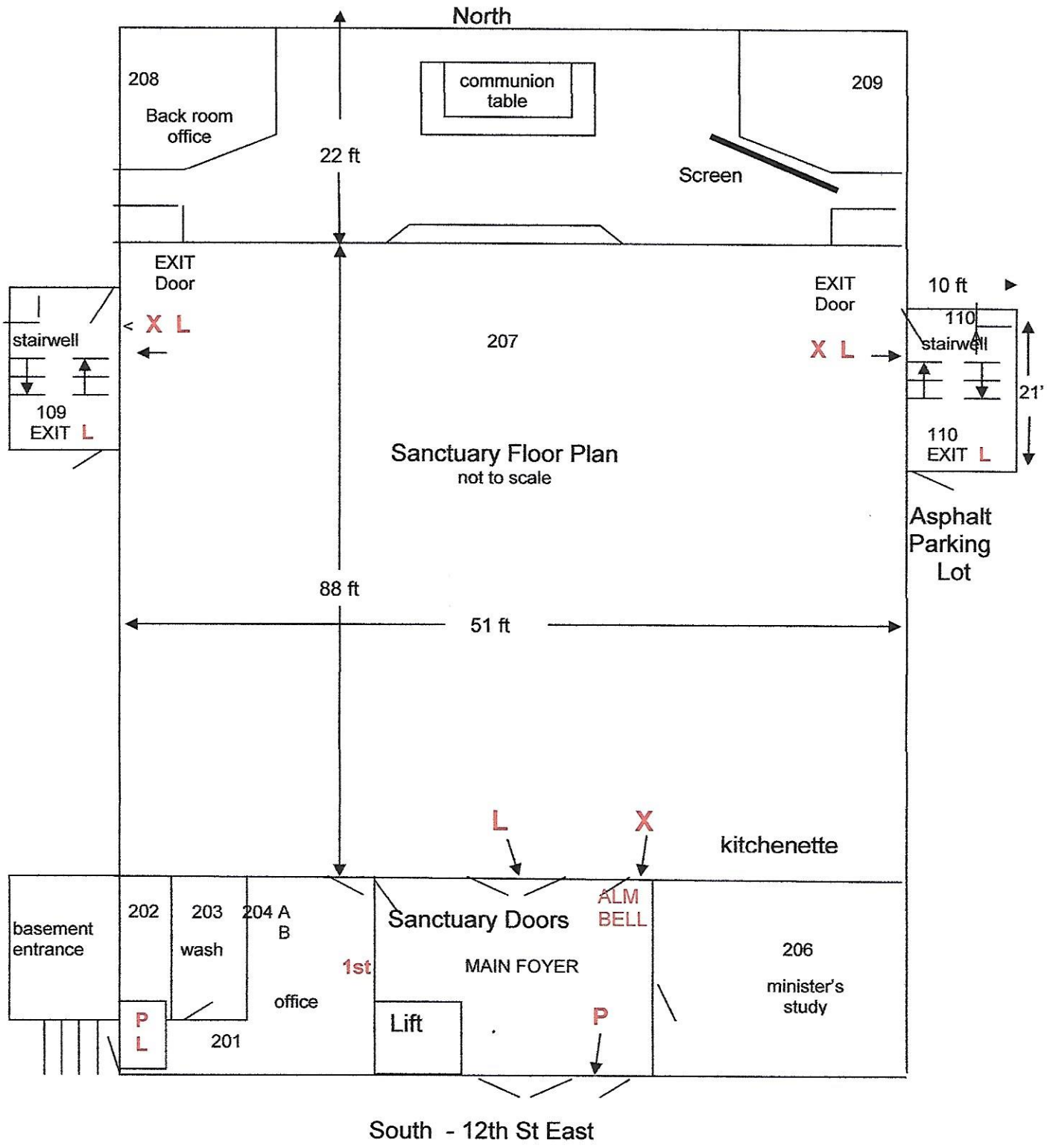
## INVESTIGATION (to be completed by Supervisor)

| | | |
|---|---|---|
| Describe corrective measures taken to address immediate hazards related to incident (if applicable): | | |
| Describe how this accident/incident could have been avoided: | | |
| **Witnesses (attach witness statement(s)):** | | |
| Name | | Telephone |
| Address | | |
| Name | | Telephone |
| Address | | |
| Physician's Name | | Telephone |
| Address | | |
| Supervisor's Signature | Name (print) | Date (dd-mmm-yyyy) |

Copy forwarded as per Accident / Incident Procedures to Supervisor/Administrative Assistant
Supervisor to investigate immediately or as soon as possible, complete Report and provide to Board Chair

**NOTE – Additional pages may be added as necessary**

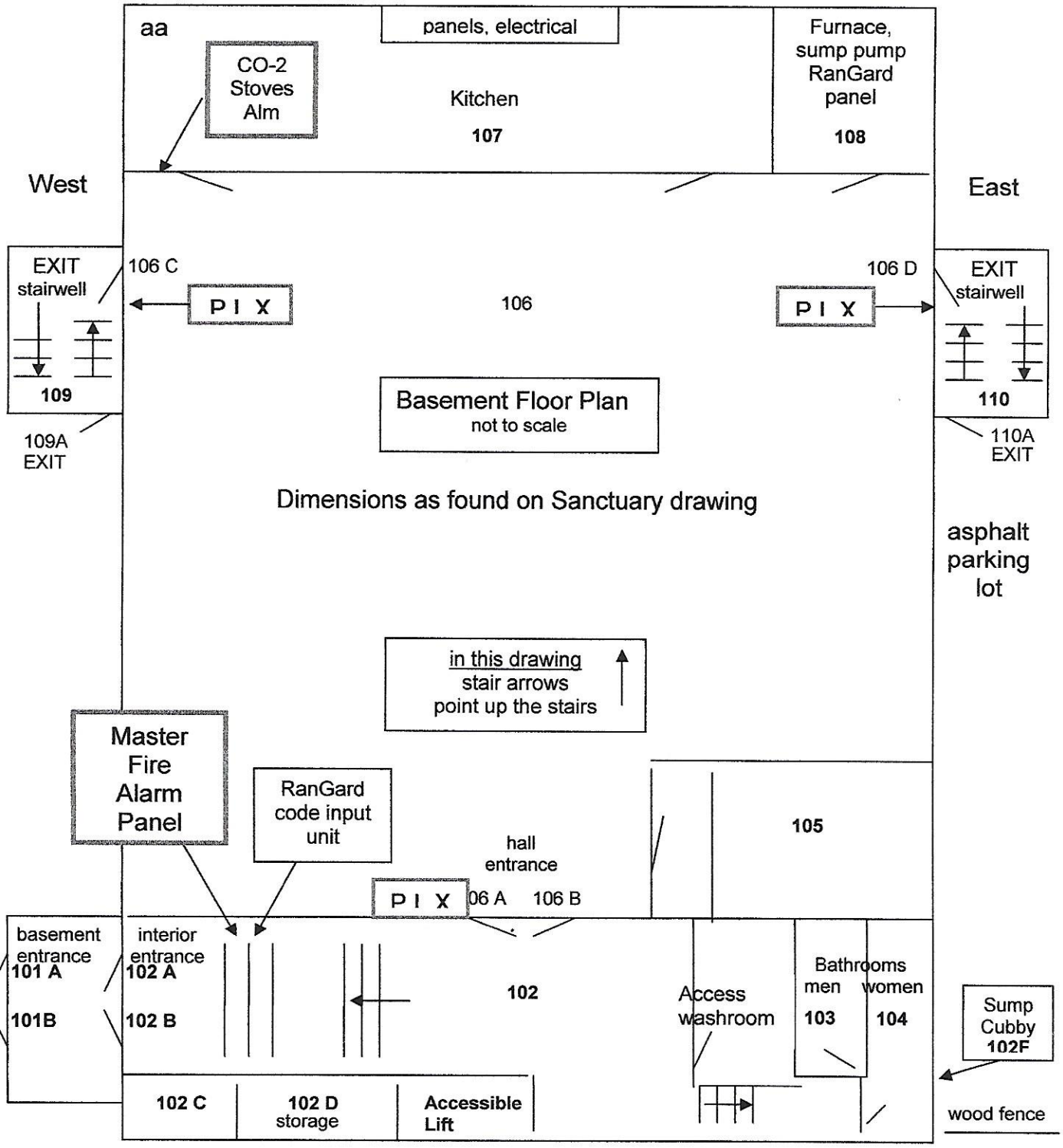
Version - 2015-10-17 **Floor Plan, Sanctuary Level**




Symbols - P - fire alarm pull // L - illuminated exit light // X - fire extinguisher
1st = first aid kit

Basement Floor Plan

North




Symbols - fire alarm pull unit - P // illuminated exit light - L // fire extinguishers - X
Main alarm panel - ALM