



North York
Family Health Team

NORTH YORK FAMILY
HEALTH TEAM

Approved June 2014

*Health
&
Safety*



North York

Family Health Team

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HEALTH & SAFETY

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 <p style="text-align: center;"><i>North York</i> Family Health Team</p> <p style="text-align: center;">HEALTH & SAFETY</p>	Policy Number: H&S-04
	Approval Date: April 2014
	Date Reviewed: April 2015
SECTION: Health & Safety	
SUBJECT: Workplace Violence & Harassment Program Procedure	

PURPOSE:

To ensure that all employees of NYFHT have a work environment that is free of violence and harassment and to outline procedures to be followed in the event of such incidents.

DEFINITIONS:

Workplace Harassment - means engaging in a course of offensive comments or conduct against a worker in a workplace that is in any way abusive or unwelcome.

Workplace Violence –

- (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;
- (c) A statement or behaviour 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.

Workplace - The workplace is deemed to be any location where NYFHT employees are engaged in business activities in the performance of their work. This includes, but is not limited to:

- NYFHT owned or leased facilities or vehicles;
- Persons or vendors facilities where NYFHT employees are present in the course of performing their duties;
- Restaurant, lodging or meeting facilities when used by NYFHT employees engaged in business activities;
- Any facility or adjacent parking lot or vehicle owned or leased by NYFHT;
- Any other place where the conducting of NYFHT business would normally and/or potentially occur; and
- Any public spaces where there is continuity of activity stemming from the regular

workplace and/or where employees function as representatives of NYFHT or where there may be a perception by a client and/or the public that the individual may be acting in the capacity of a NYFHT representative.

- Criticizing a person persistently or constantly; or
- Belittling a person's opinion.

ROLES & RESPONSIBILITIES

Employer

1. Ensure the safety of employees.
2. Deal with situations involving harassment and violence in an expeditious manner.
3. Ensure the fair treatment of all parties involved in a harassment complaint.
4. Address any systemic harassment or violence issues through such mechanisms as education, provision of counseling services, and apply the corrective action process when applicable.
5. Provide debriefing/team counseling when required.

Manager/Supervisor

1. The Occupational Health and Safety Act, require workplaces to prevent and discourage harassment or violence as well as respond to allegations of harassment or violence. A manager/supervisor who fails to exercise his/her authority to prevent or address harassment or violence shall be subject to corrective action and/or consequences as outlined in relevant legislation.
2. Implement this policy and to communicate to all employees that harassment and violence in all of the forms outlined above, is prohibited by NYFHT and that any individual(s) in violation of this policy will be subject to disciplinary action up to and including dismissal for cause without notice.
3. Ensure the Workplace Harassment and Violence policy is posted at a conspicuous place in the workplace.
4. Investigate and take corrective action of reports of harassment or violence in accordance with the defined reporting procedures.
5. Provide a worker with information and instruction that is appropriate for the worker on the contents of the policy and program with respect to harassment and violence in the workplace.

Employees

All employees in the workplace, up to and including the Executive Director, as well as those individuals working for NYFHT on a contract or temporary basis will ensure the following:

- Promptly report any incidents of harassment and violence in the workplace to their manager/supervisor.
- Understand and comply with the workplace harassment and violence prevention policies and related procedures.
- Participate in education and training programs pertaining to harassment and violence in the workplace.
- Participate in the investigation of harassment or violence complaints.

Joint Health & Safety Committee (JHSC)

The employer shall advise the committee or a health and safety representative, if any, of the results of the violence assessment, and provide a copy if the assessment is in writing.

STANDARDS & PROCEDURES

Workplace Harassment & Violence Reporting

1. An employee who believes that he/she has been subjected to harassment or violence can communicate directly with the alleged perpetrator, either verbally or in writing, stating clearly and firmly that the offensive behaviour is neither welcome nor appropriate and that it must stop (refer to Appendix A). If it is not possible, or the employee has tried unsuccessfully, or where the employee is fearful of or uncomfortable with confronting the alleged perpetrator, the employee shall report the harassment or violence allegation in written form, outlining the events, dates, times, behaviours and witnesses (e.g., letters, memos, notes that have been received from the alleged perpetrator), to their immediate manager/ supervisor, or to the Executive Director if the immediate manager/supervisor is the one who is alleged to be acting in the inappropriate manner.
 - Upon receipt of the written allegation, the manager/supervisor will acknowledge, in writing, receipt of the complaint within two (2) business days. Thereafter the manager/supervisor shall inform the Executive Director of the complaint.
 - The manager/supervisor may request further information from the complainant to confirm details in preparation for the mediation meeting.
 - The alleged perpetrator will be notified of the complaint by his/her immediate manager/supervisor. This notification will come in the form of a meeting, either in person or by telephone. This meeting will include a summary of the allegation, as well as an opportunity for the alleged perpetrator to share his/her version of events in preparation for the mediation meeting.
 - The manager/supervisor will coordinate a mediation meeting between the complainant and the alleged perpetrator.
 - During the mediation meeting the manager/supervisor or where appropriate, the Executive Director will provide assistance by acting in the role of facilitator/mediator. The manager/supervisor will document the conversation and will provide copies to the participants.
 - The complainant and the alleged harasser will, with the assistance of the manager/supervisor, actively participate in the mediation process.
 - The manager/supervisor will report the outcome of the meeting to Executive Director. Based upon the situation, the corrective action process may be initiated.
2. Any employee may bring a complaint forward with the assistance/ accompaniment of another employee, member of management or other individual. The complainant should consider the following details:
 - Nature of complaint

- Specific incidents of the complaint
 - Names of the witnesses to the alleged incident
 - Specific information that the witnesses are expected to provide.
3. If the complaint is against the Executive Director, the complaint should be made in writing and mailed to:

NYFHT
Board of Directors Chair
240 Duncan Mill, North York, ON
M3B 3S6

4. While every effort will be made to resolve an employee's concern, all employees have the right to contact the Ontario Human Rights Commission at any time.
5. Employees may wish to pursue criminal charges if a complaint involves personal property damage, assault or sexual assault.

Workplace Harassment & Violence Investigation

1. Where mediation was not satisfactory or successful or further information is required an investigation will be initiated.
- The manager/supervisor will forward the concern, along with any related documents to the Executive Director to initiate the investigation stage.
 - The Executive Director or designate will coordinate the investigation and appoint and instruct one or more investigator(s) to facilitate an objective review of the allegation.
 - Each of the parties involved in the complaint will be given the opportunity to communicate their version of the events to the investigator(s).
 - If not already done, the parties involved will provide written submissions outlining their version of the events. The investigator(s) will conduct confidential initial interviews with each of the parties. If appropriate, such interviews may be conducted by telephone.
 - The investigator(s) will also conduct subsequent interviews of any eyewitnesses identified by the parties involved who appear, to the investigator(s), to have relevant evidence. If appropriate, such interviews may be conducted by telephone.
 - Where appropriate, the investigator(s) may interview (by telephone or otherwise) other persons who could potentially be sources of relevant information.
 - All information collected during the investigation process will be retained in a confidential file dedicated to the complaint and maintained.
 - The investigator(s) shall prepare a report, setting out:
 - The name of the complainant and the alleged perpetrator;
 - The details of the allegations;
 - The names of eyewitnesses and other persons involved;
 - The name of the investigator(s);
 - A summary of the evidence, including any physical evidence, provided by the complainant, the alleged perpetrator, and all witnesses; and

- Conclusions about whether or not harassment or violence occurred and, if so, the nature of the harassment or violence. The standard of proof in assessing the evidence will be the balance of probabilities (i.e., it needs to be established that it was more likely than not that the harassment did occur).

Corrective Action

Substantiated Claims

1. If it is determined that harassment or discrimination did occur, the Executive Director or designate, in consultation with the appropriate person(s) will recommend a course of action, and this course of action may include any or all but not limited to the following:
 - An apology from the harasser to the complainant and to any other person;
 - Additional education and or training for the perpetrator;
 - Counseling (for example, Employee Assistance Plan for the perpetrator and/or complainant); or
 - Corrective action for the perpetrator, up to and including termination of employment.
2. Remedies involving the organization/work location may include:
 - Training/education;
 - Addressing any systemic harassment or violence items;
 - Debriefing/team counseling;
 - Ongoing monitoring/vigilance to ensure a workplace free of harassment and violence.

Unsubstantiated Claims

1. If a person, in good faith, files harassment or violence complaint that is not supported but evidence gathered during an investigation, the complaint will be dismissed, and no record of it will be put in the accused harassers file. As long as the complaint was in good faith, there will be no penalty to the person who complained, and no record in his/her file.

DOCUMENT RETENTION:

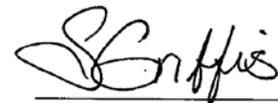
Written records of workplace harassment or violence reports and investigations must be maintained by each location for a period of not less than 2 years from the date of incident/injury or investigation.

TRAINING & COMMUNICATION:

1. Every new employee will be required to attend a health and safety orientation and receive training on harassment and violence in the workplace. Records shall be kept by the manager/supervisor.
2. Communication of health and safety information is done on an ongoing basis. At a minimum, communication of health and safety information will be completed and documented during the All Staff meetings as health and safety is a standing agenda item.

EVALUATION & CONTINUOUS IMPROVEMENT:

NYFHT shall undertake, and review annually, health and safety policies and procedures currently in place. This should be done in consultation with the JHSC. When a policy change occurs, the revised policy, with the revision date, will be issued.



Executive Director



Appendix A: Early Resolution Process

Early Resolution can be used to resolve issues without lodging a formal complaint. (Emphasis is on early and collaborative interventions)

You may discuss your concerns directly with the person who is believed to have engaged in the inappropriate behaviour, by clearly and directly telling him or her to stop the unwelcome behaviour or conduct.

Some suggested statements are:

1. When you do/did ____, it (has this effect) _____. I ask you to stop (doing/ saying) _____. Thank you.
2. I do not like/It does not work for me when ____ (name what is said or done; focus on behaviours – not on the person). This is what I would prefer/ This is what would work more effectively for me _____.
3. The other day when you _____, I found it hurtful and against our code of conduct. I want to work this out. Are you willing to _____?
4. I want to improve how we interact. Are you open to discussing that?

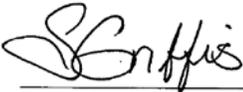
You should **prepare for the discussion** by considering the following:

1. How do you view the situation and what triggered it?
2. How do you feel? What difference has it made to you?
3. To resolve the situation constructively, what needs to happen?
4. What options do you believe would help resolve the situation?
5. How do you think the other person views the situation?
6. How have you contributed to the situation?
7. What might be a good outcome for the other person?
8. If this situation were resolved fairly, what would be different?

 <p style="text-align: center;"><i>North York</i> Family Health Team</p> <p style="text-align: center;">HEALTH & SAFETY</p>	Policy Number: H&S-01
	Approval Date: June 2014
	Date Reviewed: June 2015
SECTION: Health & Safety	
SUBJECT: Roles & Responsibilities	

Roles and Responsibilities

Employees	<p>Participate in testing and development of contingency plans. Maintain and use safety equipment. Identify, take and apply all necessary training which may include WHMIS etc.</p>
Management	<p>Take every precaution reasonable for the protection of a worker. Meet requirements of the law for competency in self and in supervisors. Ensure a copy of the H&S Policy is posted in the work place. Establish test and update contingency plans for each facility. Conduct annual plant facility assessment, identify needed actions and verify completion. Ensure employees are provided with, trained, and wear/maintain required equipment and protective devices.</p>
Joint Health & Safety Committee (JHSC)	<p>Maintain and improve all elements of OHSS research, advise and develop guidance on legislative requirements and industry best practices. Research, develop and coordinate annual review of H&S policies & procedures.</p>
Executive Director	<p>Lead and represent Management and the Board of Directors on H&S matters. Take every precaution reasonable for the protection of all employees. Maintain appropriate resources for the H&S program. Review the H&S policies & procedures on a regular basis.</p>
Board of Directors	<p>Take every precaution reasonable for the protection of all employees. Ensure there is an H&S Program in place.</p>



Executive Director

 <p style="text-align: center;"><i>North York</i> Family Health Team</p> <p style="text-align: center;">HEALTH & SAFETY</p>	Policy Number: H&S - 02
	Approval Date: June 2014
	Date Reviewed: June 2015
SECTION: Health & Safety	
SUBJECT: Health & Safety Training	

PURPOSE:

To ensure all employees receive the necessary training to perform their assigned tasks in a safe and healthy manner. A training needs review shall be performed annually in conjunction with the Joint Health & Safety Committee (JHSC) to determine if additional or specialized training would benefit workers in conducting their tasks in a safe and healthy manner.

DEFINITIONS:

Competent Person - A person who:

- Is qualified because of knowledge, training and experience to organize the work and its performance;
- Is familiar with the Occupational Health & Safety Act (OHSA) and the regulations that apply to the work; and
- Has knowledge of any potential or actual danger to health or safety in the workplace.

ROLES & RESPONSIBILITIES:

Employer

1. Commits to ensure required training is conducted.
2. Provides the required training to upgrade skills of managers/supervisors who are required to conduct effective training programs.
3. Ensure that employees being considered for supervisory or managerial roles are assessed on their knowledge, training and experience in the area of health and safety.
4. The JH&S Committee will perform a training needs review annually.

For more information, please refer to the following documents online:

Health & Safety at Work-Prevention Starts Here
An Employer Guide to Supervisor Health & Safety Awareness in 5 Steps

http://www.labour.gov.on.ca/english/hs/pubs/sup_awareness.php

Managers/Supervisors

1. Responsible for ensuring and coordinating H&S training in a timely manner and keeping records of attendees.
2. Shall ensure that an employee has all the skill(s) needed to protect their health and safety before the employee is assigned to a task or job.
3. Shall ensure employees receive all the necessary training, as defined in this policy.
4. Shall work with the employee to determine employee training/retraining needs based on identified competency issues, and extended absences from work.

For more information, please refer to the following documents online:

Health & Safety at Work-Prevention Starts Here
Supervisor Health & Safety Awareness in 5 Steps

http://www.labour.gov.on.ca/english/hs/pubs/sup_awareness.php

Employee

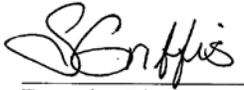
1. Attend the required courses as part of their health and safety training.
2. Every employee should be aware of his/her skill limitations and not undertake any job for which might endanger his/her or another employee's health or safety.
3. Not conduct any work until proper training is received.

Joint Health & Safety Committee (JHSC)

- Make recommendations for training programs.

STANDARDS & PROCEDURES:

Health and Safety training is mandatory. This training includes familiarity with health and safety responsibilities, policies and procedures, and reporting obligations.


Executive Director

 <p style="text-align: center;"><i>North York</i> Family Health Team</p> <p style="text-align: center;">HEALTH & SAFETY</p>	Policy Number: H&S-03
	Approval Date: May 2014
	Date Reviewed: May 2015
SECTION: Health & Safety	
SUBJECT: Health & Safety Orientation	

PURPOSE:

Health & Safety Orientation

Every new employee will be required to attend a health and safety orientation. This orientation will consist of a General and Workplace Specific Health & Safety orientation, which will be arranged or delivered by the immediate manager/supervisor or their designate. H&S orientation will be documented and include topics covered and signatures of both the employee and the manager/supervisor.

For General Safety Orientation Training Checklist, see attached Appendix A.

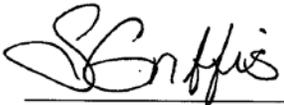
Required Certifications/Competencies

In addition to the health and safety training offered by NYFHT, employees may be required to attend additional courses or obtain additional certifications/competencies such as First Aid training, certification training for Joint Health & Safety Committee etc.

The above training will be completed as often as prescribed by the legislation or as deemed necessary by NYFHT to meet legislative compliance as a minimum.

DOCUMENT RETENTION:

Written records of all training conducted for each location shall be maintained by each location for a period of not less than 2 years from the date of the training.



 Executive Director



Appendix A: General Safety Orientation Training Checklist

Name of Employee: _____

Review Health & Safety Manual:

- Internal Responsibility System
- Joint Health & Safety Committee
- Safety Rules
- Work Refusal Process
- Reporting Injuries/Accidents
- WHMIS
- Ergonomics
- Compliance Training

Signature of Employee

Signature of Trainer

Date



North York

Family Health Team

240 Duncan Mill Road, Suite 301, Toronto, ON M3B 3S6
Tel: 416.494.3003 Fax: 416.494.8525

Workplace Violence & Harassment Policy

North York Family Health Team (NYFHT) is committed to the prevention of workplace violence and ensuring a healthy and safe work environment. The purpose of this policy is to define behaviour that constitutes workplace violence and harassment, to define procedures for reporting and resolving incidents of workplace violence. NYFHT is committed to providing a working environment free of violence and harassment by ensuring that all workplace parties are familiar with the definitions of workplace violence and harassment and their individual responsibilities for prevention and corrective action.

NYFHT:

- Recognizes the potential for violence and harassment in the workplace and will make every reasonable effort to identify all potential sources of such risk to eliminate or minimize them.
- Will not tolerate any type of violence or harassment within the workplace or during work-related activities.
- Is committed to allotting whatever time, attention, authority and resources are necessary to ensure a safe and healthy working environment for all workers.
- Will take every reasonable precaution to protect a worker from physical and/or psychological harm/injury if we become aware, or believe that a worker is at risk.
- Is committed to the protection of employees from any type of workplace violence or harassment.

To this end, NYFHT will address any such breach of this policy and its legal responsibility.

Executive Director

June 23, 2014

 <p style="text-align: center;"><i>North York</i> Family Health Team</p> <p style="text-align: center;">HEALTH & SAFETY</p>	Policy Number: H&S-05
	Approval Date: June 2014
	Date Reviewed: June 2015
SECTION: WHMIS	
SUBJECT: Workplace Hazardous Materials Information System (WHMIS) Program	

PURPOSE:

To ensure the establishment of a standard for proper labeling, handling, storage, use and safe disposal of hazardous materials in the work place. To provide ready access to information in the form of current Material Safety Data Sheets (MSDS) and to provide training and education of all workplace parties related to the WHMIS Program.

DEFINITIONS:

Controlled Product - Refers to any product, material or substance that is included in any of the six WHMIS classes:

Consumer Products - A product that is packaged for the consumer (e.g. in a size of receptacle or package in which it is offered for sale and normally displayed to the public) and it must be available to the general public through retail systems (e.g. bleach, cleaning supplies, paint thinners, etc.)

Generic Training: Training provided to employees that includes generic information, including the information contained on labels and material safety data sheets, occupational health and basic concepts of control.

Hazard Information - Information on the proper and safe use, storage and handling of a controlled product and includes information relating to the toxicological properties of the controlled product.

Material Safety Data Sheet (MSDS) - An information bulletin summarizing relevant technical information (as required by the federal Controlled Products Regulation or other legislation) on a substance, including a list of hazardous ingredients, potential

Job-Specific Training - Training provided to employees that includes specific information, including specific work procedures, spill procedures, storage procedures, emergency procedures, personal protective equipment, and first aid.

Supplier - A manufacturer, processor or packager of a controlled product or a person who imports or sells controlled products in the course of business.

Supplier Label - A WHMIS label attached to the controlled product prior to shipment by the manufacturer or distributor and meeting the requirements of the federal Controlled Products Regulation, under the *Hazardous Products Act*. See image below.

Workplace Hazardous Materials Information System (WHMIS) - A Canada-wide system designed to give employers and workers information about hazardous materials used in the workplace.

Workplace Label - A label produced in the workplace and attached to a controlled product when it is dispensed into containers other than the original supplier container or when a supplier label becomes illegible. A workplace label contains a product identifier, information on the safe handling of the material and a reference to the material safety data sheet.

ROLES & RESPONSIBILITIES:

Employer

Labeling

1. Shall ensure that every controlled product not in a container and every container of a controlled product, received at a workplace from a supplier are labeled with a supplier label.
2. If a label applied to a controlled product or a container of a controlled product becomes illegible or is removed, an employer shall replace the label with either a supplier label or a workplace label.
3. If a controlled product that an employer receives in a container from a supplier is transferred to another container, the employer shall ensure that the other container has a workplace label.

Material Safety Data Sheet (MSDS)

1. Shall obtain a supplier MSDS when receiving a controlled product from a supplier for use at a workplace.
2. When a supplier MSDS is three (3) years old, the employer shall, if possible, obtain from the supplier an unexpired supplier MSDS if any of the controlled product remains in the workplace.
3. Ensure that all WHMIS and MSDS information are easily accessible to the workplace parties and that all required postings are displayed.
4. Provide copies of the MSDS to the Joint Health & Safety Committee upon request.
5. The MSDS can be written printed or otherwise produced but must meet the minimum requirements of the WHMIS legislation.

Education/Training

1. Shall ensure that a worker who works with or in proximity to a controlled product received from a supplier is informed about all hazard information the employer receives from the supplier concerning the controlled product and all further hazard information of which the employer is or ought to be aware concerning its use, storage and handling.
2. NYFHT will ensure that every worker who works with or in proximity to a controlled product is instructed in
 - The contents required on a supplier label and workplace label, and the purpose and significance of the information contained on the labels;
 - The contents required on a material safety data sheet and the purpose and significance of the information contained on a material safety data sheet;
 - Procedures for the safe use, storage, handling and disposal of a controlled product; and
 - Procedures to be followed in case of an emergency involving a controlled product.

Manager/Supervisor

1. Ensure a current controlled products inventory is completed.
2. Inform all workers of the location of the MSDS.
3. Ensure that all MSDS are accessible and up-to-date (within the last three years), refer to Appendix B.
4. Provide site and job specific training to new and transferred employees to include hazard materials awareness, safe work practices and emergency procedures. Maintain records of attendance lists for training sessions
5. Ensure controlled products are properly stored and labeled according to WHMIS specifications.
6. Ensure that a workplace label is affixed to new containers if hazardous materials are being transferred from supplier containers into workplace containers.
7. Ensure personal protective equipment is available, maintained and properly used.
8. Periodically audit employee's familiarity with WHMIS processes and ensure that PPE is consistently worn. If required, enforce safe work procedures and personal protective equipment requirements.
9. Promptly investigate and report any known or suspected chemical exposure incidents, unsafe conditions or unsafe procedures.
10. When contractors are on-site, ensure that WHMIS-related information is requested in the contracted service agreement and is made available by contractors as a hard copy document prior to beginning work.
11. Require that the contract service agreement makes provisions for control measures (e.g. scheduling work after hours, increasing or shutting off ventilation) to eliminate or minimize staff exposure.

Employee

1. As a part of their general responsibility under the Occupational Health & Safety Act, the worker must report to their manager/supervisor or their designate if labels are unreadable or altered.
2. Follow the direction of the employer, and ensure that labels on hazardous material containers are not removed, altered or defaced (if any of these conditions exist, to notify their manager/supervisor or their designate immediately).
3. Ensure that a workplace label is affixed to new containers if hazardous materials are transferred from supplier containers into workplace containers.
4. If an employee has difficulty understanding the information on the Labels or the MSDS they should speak to their manager/supervisor or their designate immediately.
5. If an employee does not have the required information they are to notify their manager/supervisor or their designate immediately.
6. If a worker finds a MSDS sheet that is expired they should report the fact to their manager/supervisor.
7. Attend and participate in WHMIS training and apply the knowledge.
8. Be aware of the location and contents of the MSDS binder and notify their manager/supervisor or their designate if an MSDS is missing. For employees working in physician offices, it is their responsibility to ensure there is an MSDS binder on site.
9. Use personal protective equipment and product labels as prescribed by North York Family Health Team.
10. Inform the manager/supervisor or their designate when more supplies of personal protective equipment are required.
11. Be aware of and know emergency procedures relating to the hazardous products and/or consumer products

Joint Health & Safety Committee (JHSC)

1. As part of their monthly physical inspections, randomly check to verify if controlled products are appropriately labeled and that MSDS are available and current (within three years).
2. In consultation with the manager/supervisor, annually review the WHMIS training program. If deficiencies are identified, the JHSC should recommend retraining employees and/or amending the training program.

Suppliers & Manufacturers

1. Determine which of their products intended for use in the workplace are controlled products listed under WHMIS.
2. Assign an appropriate WHMIS hazard symbol to identify each product.
3. Suppliers and manufacturers are responsible for classifying their products according to WHMIS legislation and an affix a supplier label containing the following information with a hatched border, be in English and French and lettering contrasting the background and include:
 - A product identifier (e.g. brand name, code name or chemical name of the product)
 - Appropriate hazard symbols as referred to in the *Hazardous Products Act* (Canada)
 - Risk phrases
 - Precautionary measures

- First-aid measures
 - Name and address of the manufacturer or other supplier.
4. Suppliers are also responsible for updating or revising the MSDSs and labels as new information on a controlled product or ingredient becomes available or once every three years.

CLASSIFICATION OF WHMIS CONTROLLED & CONSUMER PRODUCTS

WHMIS Controlled Products

There are six hazard classes:

Class A: Compressed Gases

Class B: Flammable and Combustible Materials

Class C: Oxidizing Materials

Class D: Poisonous and Infectious Materials

Division 1: Materials Causing Immediate and Serious Toxic Effects

Division 2: Materials Causing Long-Term Concealed Effects

Division 3: Biohazardous Infectious Materials

Class E: Corrosive Materials

Class F: Dangerously Reactive Materials

Consumer Products

Under the Occupational Health & Safety Act, employers have a general duty to educate workers about the hazards in their workplace. Therefore, although the application of the WHMIS regulation to consumer products is limited, employers have a duty to educate workers and to supply a workplace label.

STANDARDS & PROCEDURES

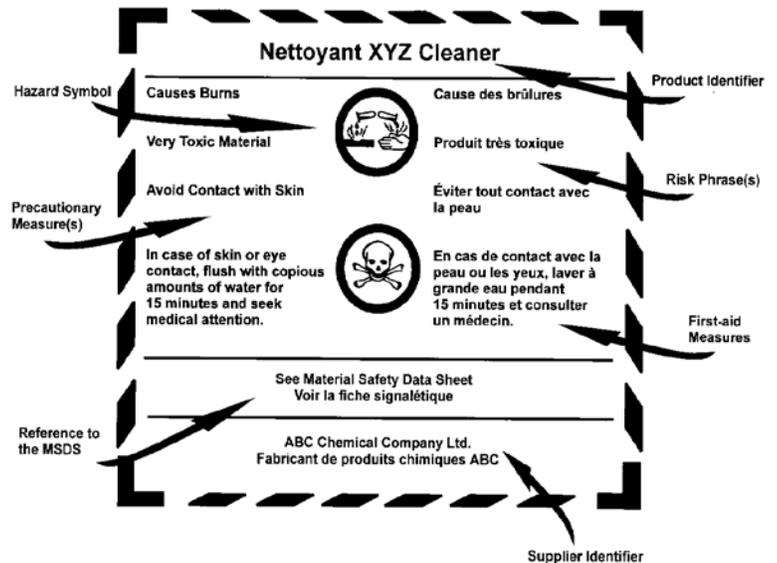
General Safety Precautions

1. If a controlled or consumer product is currently on site, ensure there is an up-to-date MSDS available, if not, one shall be requested.
2. If the product has a high hazard rating, determine whether a less hazardous material can be used.
3. If no alternative is available, review the MSDS to determine the risks, protective equipment needed, special storage requirements, etc.
4. When controlled products are delivered, ensure that it is properly labeled and has the appropriate MSDS. If the product is not properly labeled, either apply a workplace label, or send the product back to the supplier.
5. The manager/supervisor shall inform workers working with the product of the hazards and what precautions are to be taken for safe handling of this product.
6. The MSDS shall be placed in a location where all workers have easy access to it.

7. The manager/supervisor and, if possible, the Joint Health and Safety Committee and/or Health and Safety representative, should be consulted prior to purchasing any hazardous product.

Labeling

1. One of the first identifiers of a WHMIS warning is in the form of a label. Labels are easily recognized and provide basic information about the risks associated with the use of the hazardous material in the container and the precautions to take.
2. All hazardous products shall be labeled with either a supplier label or a workplace label as defined by WHMIS regulations.
 - **Supplier Label** - Controlled products provided to Canadian workplaces by suppliers must have a supplier label affixed to the container (some exceptions may apply). Supplier labels are identified by their characteristic hatched border – see below. There are mandatory requirements for supplier labels. Printing must be in English and the second major language, either on a single, bilingual label or on two separate labels. A supplier label affixed to containers of controlled products with a volume of more than 100 ml.



- **Workplace Label** - Must be affix workplace labels to controlled products under the following conditions – see below.
 - If samples arrive in a bulk shipment from the supplier without a supplier label affixed;
 - If the controlled product is produced in the employer's workplace; or

- If a controlled product is decanted or transferred from the original supplier-labeled container to another container

product identifier ->	FORMALDEHYDE
safe handling procedures ->	FLAMMABLE. Keep away from heat, sparks and flame.
	POISONOUS. Avoid skin and eye contact. Avoid inhaling vapours.
MSDS statement ->	Refer to Material Safety Data Sheet (MSDS) before using this product.

3. If containers contain contradictory or confusing labels as to their contents, these labels should be discarded and replaced with new ones. It is important to ensure that all workers are properly trained to read the labels so that mixing of incompatible compounds does not occur.

Material Safety Data Sheets (MSDS)

1. An MSDS must be obtained for every controlled product and also consumer products, where available, if purchased for use in the workplace. The manager/supervisor at each location must ensure the following:
 - An MSDS shall be easily accessible for all WHMIS controlled products.
 - Copies of all MSDS's shall be made available to emergency personnel in case of emergency.
 - All MSDS's shall be less than three (3) years old.
 - Each MSDS must contain the nine (9) prescribed categories of information that must be included on the MSDS, these include:
 - **Hazardous ingredients:** a list of hazardous ingredients in the product.
 - **Product information:** chemical name of the product, chemical family and synonyms, chemical formula and molecular weight, the address and emergency phone numbers for the manufacturer and supplier, an explanation of the product application.
 - **Physical data:** the state (solid, liquid, gas), appearance, odour, boiling point, freezing point, etc.
 - **Fire and explosion data:** outline of the potential to ignite/explode under specific conditions, special fire-fighting control measures.
 - **Reactivity data:** information on stability and compatibility of the chemical.
 - **Toxicological/health hazard properties:** description of the route of entry into the body, effects of the chemical on organs, tissues and person overall, acute (immediate) and chronic (long-term) symptoms associated with exposure.

- **First-aid measures:** steps to be taken if a person is acutely overexposed to the chemical. (Workers should be trained in first-aid measures before working with the chemical to minimize the potential for injury in the event of an emergency.)
- **Preventive measures:** safe procedures for the use, storage and handling of the chemical as well as safe waste disposal procedures.
- **Preparation information:** name and phone number of the company which prepared the MSDS, date on which it was prepared (must be revised within every three-year period or within 90 days of new hazard information becoming available).

Emergency Response

1. All workers must receive job-specific training for the use, storage, handling, disposal and emergency response procedures for each substance to which they are exposed in the course of their employment.
2. In the event of injury or accidental poisoning, it is important to ensure that each location is equipped with a list of emergency numbers, such as the Poison Control Centre, doctor or 911. In emergency situations, workers should be advised to retain the containers. If possible, the containers' labels should be brought to the attention of the attending emergency medical personnel as they may provide information pertinent to treatment.

COMMUNICATION & TRAINING

WHMIS Training

1. WHMIS training will be provided to all new employees, students and volunteers. Training will include basic knowledge required for the recognition and safe handling of hazardous materials. North York Family Health Team will provide WHMIS training, to all staff, students and/or volunteers who work with or in close proximity to hazardous materials. Information provided in this *generic training* will include:
 - WHMIS legislation, with emphasis on the responsibilities of all workplace parties;
 - WHMIS hazard classes and symbols;
 - Supplier and workplace labels. If an alternate form of identification is used in the workplace other than labels, the employer must train the worker in this identification system;
 - MSDSs (e.g. their location and how to interpret the information they provide);
 - Personal protective equipment (PPE), including its proper use and maintenance;
 - Emergency response plans and procedures for handling spills, leaks, fire and explosion;
 - Occupational health principles, including how chemicals enter and effect the body; and
 - General principles of control methods to minimize and prevent exposure.
2. The immediate manager/supervisor will also deliver the job-specific component during orientation of the worker or as job tasks or conditions change. Job-specific

training should focus on the workers' actual workplace environment, job tasks and potential for exposure. Therefore, in addition to the items addressed under generic training, the list below outlines the content of the *job-specific training*:

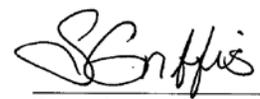
- all workers, students and volunteers working with specific hazardous products have been informed of the hazards, and on how to work safely with these products;
 - Current updated hazardous material inventory and MSDSs for specific departments or facilities;
 - A summary of the potential risks and health effects from short-term exposure as well as the potential chronic effects of some products. Particular attention should be paid to susceptible individuals, pregnant workers, asthmatic individuals, etc;
 - Emergency plans and procedures for handling spills, leaks, fires and explosions; and
 - The procedures for the proper fit, use, storage and maintenance of all PPE. Workers must be informed that it is their responsibility to use the equipment properly and to report any defective or missing equipment to their manager/supervisor.
3. The Occupational Health & Safety Act requires that an employee's familiarity with the training and instruction provided for the use of hazardous materials be assessed on an annual basis. Therefore, managers/supervisors are required to ensure that employees working with hazardous materials complete a refresher training course.
 4. WHMIS posters depicting the symbols and associated risks will be posted in all areas where there is a potential for exposure (e.g. kitchen, janitors room, etc).

6.0 DOCUMENT RETENTION

Written records pertaining to WHMIS program, with the exception of expired MSDS, will be retained by the manager/supervisor at each location for a period of not less than 2 years.

EVALUATION & CONTINUOUS IMPROVEMENT

NYFHT shall undertake, and review annually, health and safety policies and procedures currently in place. Amendments to health and safety policies and procedures will be done in conjunction with the Joint Health & Safety Committee. When a policy change occurs, the revised policy, with the revision date, will be issued.


Executive Director

Appendix A: WHMIS & Consumer Goods Symbols

WHMIS Symbols

		RISKS	PRECAUTIONS
Compressed Gas		<p>MATERIALS WHICH ARE NORMALLY GASEOUS KEPT IN A PRESSURIZED CONTAINER</p> <ul style="list-style-type: none"> • could explode due to pressure • could explode if heated or dropped • Possible hazard from both the force of explosion and the release of contents 	<p>ENSURE CONTAINER IS ALWAYS SECURED</p> <ul style="list-style-type: none"> • Store in appropriate designated areas • Do not drop or allow to fall
Flammable And Combustible		<p>MATERIALS WHICH WILL CONTINUE TO BURN AFTER BEING EXPOSED TO A FLAME OR OTHER IGNITION SOURCE</p> <ul style="list-style-type: none"> • May ignite spontaneously • May be a material which will release flammable products if allowed to degrade or when exposed to water 	<p>STORE IN PROPERLY DESIGNATED AREAS WORK IN WELL VENTILATED AREAS</p> <ul style="list-style-type: none"> • Avoid heating • Avoid sources of sparks/flames • Ensure electrical sources are safe
Oxidizing Material		<p>MATERIALS WHICH CAN CAUSE OTHER MATERIALS TO BURN OR SUPPORT COMBUSTION</p> <ul style="list-style-type: none"> • Can cause skin or eye burns • increase fire and explosion hazard • May cause combustibles to explode or react violently 	<p>STORE IN AREAS AWAY FROM COMBUSTIBLES WEAR BODY, HAND, FACE AND EYE PROTECTION</p> <ul style="list-style-type: none"> • Store in proper containers which will not rust or oxidize
Toxic Immediate And Severe		<p>POISONS / POTENTIALLY FATAL MATERIALS WHICH CAUSE IMMEDIATE AND SEVERE HARM</p> <ul style="list-style-type: none"> • May be fatal if ingested or inhaled • may be absorbed through the skin • Small volumes have a toxic effect 	<p>AVOID BREATHING DUST OR VAPOURS AVOID CONTACT WITH SKIN OR EYES</p> <ul style="list-style-type: none"> • Wear protective clothing which is effective against fumes and vapours • Wear face and eye protection • Work in well ventilated areas and wear breathing protection
Toxic Long Term Concealed		<p>MATERIALS WHICH HAVE HARMFUL EFFECTS AFTER REPEATED EXPOSURES OR OVER LONG PERIODS OF TIME</p> <ul style="list-style-type: none"> • May cause death or permanent injury • May cause birth defects or sterility • May cause cancer • May be sensitizer causing allergies 	<p>WEAR APPROPRIATE PERSONAL PROTECTION WORK IN A WELL VENTILATED AREA</p> <ul style="list-style-type: none"> • Store in appropriate designated areas • Avoid direct contact • Use hand, body, face and eye protection • Ensure respiratory and body protection is appropriate for the specific hazard
Biohazardous Infectious		<p>INFECTIOUS AGENTS OR A BIOLOGICAL TOXIN CAUSING A SERIOUS DISEASE OR DEATH</p> <ul style="list-style-type: none"> • May cause amaphylactic shock • Includes Viruses, Yeasts, Moulds, Bacteria and Parasites which affect humans • Includes fluids containing toxic products • includes cellular components 	<p>SPECIAL TRAINING REQUIRED WORK IN DESIGNATED BIOLOGICAL AREAS WITH APPROPRIATE ENGINEERING CONTROLS</p> <ul style="list-style-type: none"> • Avoid forming aerosols • Avoid breathing vapours • Avoid contamination of people/area • Store only in special designated areas
Corrosive Materials		<p>MATERIALS WHICH REACT WITH METALS AND LIVING TISSUE</p> <ul style="list-style-type: none"> • Eye and skin irritation on exposure • Severe burns/tissue damage on longer exposure • Lung damage if inhaled • May cause blindness if eyes contacted • Environmental damage from fumes 	<p>WEAR BODY, FACE AND EYE PROTECTION USE BREATHING APPARATUS</p> <ul style="list-style-type: none"> • Ensure protective equipment is appropriate • Work in well ventilated area • Avoid all direct body contact • Use appropriate storage containers and ensure proper non-venting closures
Dangerously Reactive		<p>MATERIALS WHICH MAY HAVE UNEXPECTED REACTIONS</p> <ul style="list-style-type: none"> • May react with water • May be chemically unstable • May explode if exposed to shock or heat • May release toxic or flammable vapours • May vigorously polymerize • May burn unexpectedly 	<p>HANDLE WITH CARE AVOIDING VIBRATION, SHOCKS AND SUDDEN TEMPERATURE CHANGES</p> <ul style="list-style-type: none"> • Store in appropriate containers • Ensure storage containers are sealed • Store and work in designated areas

 <p style="text-align: center;"><i>North York</i> Family Health Team</p> <p style="text-align: center;">HEALTH & SAFETY</p>	Policy Number: H&S-06
	Approval Date: June 2014
	Date Reviewed: June 2015
SECTION: Health & Safety	
SUBJECT: Preventing Musculoskeletal Disorders (MSD)	

PURPOSE:

This prevention program reflects our commitment to providing a safe and healthy work environment for all employees. North York Family Health Team (NYFHT) acknowledges the risk of Musculoskeletal Disorders (MSD) in the workplace and the responsibility to take every precaution reasonable in the circumstances to protect employees. The purpose of this standard is to reduce or eliminate, in the workplace, risk factors associated with MSD.

SCOPE:

Applies to all staff and all work locations owned and operated by the NYFHT.

GOALS & OBJECTIVES:

To reduce the incidence of MSD related injuries by increasing our knowledge and awareness of MSD risk factors; ensuring all workplace parties are provided with an opportunity to participate in proactive identification and control of MSD risk factors; and ensuring adequate resources and measures are available to control MSD risk factors.

DEFINITIONS:

Ergonomics – An applied science that seeks to fit the job, tools, materials and equipment to the employee by evaluating the design of the work environment in relation to an employee’s characteristics and interactions in the workplace.

Materials Handling – Any task involving lifting, carrying, pushing or pulling of an inanimate object without the use of mechanical equipment.

Musculoskeletal Disorders (MSD) - Injuries and disorders of the musculoskeletal system due to a sudden overexertion or prolonged exposure to risk factors such as force, awkward posture, and repetition/duration.

ROLES & RESPONSIBILITIES:

Employer

1. Provide resources to develop, implement, maintain, assess and improve the MSD prevention program.
2. Ensure an MSD risk factors are identified and controlled where required.
3. Ensure employees and managers/supervisors receive training on MSD prevention.
4. Take every reasonable precaution in the circumstances to reduce employee exposure to MSD risk factors
5. Review annually, in conjunction with the Joint Health & Safety Committee (JHSC), the MSD prevention program.
6. Encourage a reporting culture.

Manager/Supervisor

1. Ensure employees are trained in MSD prevention.
2. Ensure employees who use computer workstations receive information on how to properly set-up their workstation.
3. Ensure works who perform manual material handling (e.g. lifting/lowering, pushing/pulling or carrying) tasks receive information on how to reduce the risk of injury when performing these tasks.
4. Institute suitable and practicable controls measures where MSD risk factors have been identified as a risk for injury.
5. Assess work tasks and the required physical demands to determine safe work procedures.
6. Investigate reports of MSD risk factors (e.g. force, repetition or awkward postures, overhead work, vibration, excessive repetition, etc.).
7. Implement necessary and appropriate control measures where MSD risk factors are present or if there is risk of injury.
8. Ensure employee compliance with the MSD prevention program.
9. Ensure all employees follow the appropriate reporting procedures.

Employee

1. Comply with all applicable guidelines contained in this prevention program.
2. Report any observed unsafe act or condition relating to the presence of MSD risk factors to the immediate supervisor or manager.
3. Report injuries, immediately of their occurrence, to the immediate supervisor or manager.
4. Assist and cooperate with MSD hazard, accident and incident investigations as required.
5. Use control measures as prescribed.
6. Attend all required training regarding MSD prevention.

Joint Health & Safety Committee (JHSC)

1. Review incident/accidents.
2. Inspect the workplace for MSD hazard as part of the monthly workplace inspection process
3. Review MSD prevention program and training needs annually.
4. Make recommendations in writing to the employer where necessary regarding MSD concerns.

General Safety Guidelines

1. Materials, articles or things, required to be lifted, carried or moved, shall be lifted, carried or moved in such a way, with such precautions and safeguards, including protective clothing, guards and other precautions as will ensure that the lifting, carrying, or moving of the material, articles or things does not endanger the safety of employee.
2. Where the weight, size, shape, containment, or other characteristics of a load or the nature of the lift may endanger a employee, the load shall be moved by more than one employee, or by mechanical means if possible.

Storage

1. Materials, articles or things, shall be transported, placed or stored so that they will not tip collapse or fall and can be removed or withdrawn without endangering the safety of employee (shall consider handles or hand holds in materials to be lifted or carried).
2. Materials, articles or things to be removed from the storage area, pile or rack, shall be removed in a manner that will not endanger the safety of any employee.
3. Storage equipment should be able to hold the materials to be temporarily held or stocked. Bags, bundles, and other containers should be properly stacked and limited in height. Heavy and/or frequently used items should be stored between knuckle and waist height. Lighter or less frequently used items may be stored above the shoulder or at knee height.
4. Storage areas will be free from excess materials that create hazards.
5. Machinery, equipment or material that may tip or fall and endanger any employee shall be secured against tipping or falling.

Office Ergonomics

A properly adjusted workstation allows employees to adopt a neutral posture. To benefit from these adjustments, work and the workstation should be properly organized. The following guidelines should be used when arranging a computer workstation.

1. Adjust the height of the chair to ensure feet are flat on the floor (or on a foot rest). The proper height can be achieved by standing in front of the chair and ensuring the edge of the chair is not higher than the bottom of your knee cap.
2. Adjust the height and/or angle of the chair to ensure your thighs are parallel to the floor when seated.

3. Adjust the depth of the chair seat so that the back of your knees do not make contact with the edge of the seat.
4. Adjust the height and angle of the backrest to ensure the lumbar support is positioned within the curve of the lower back when seated. This will ensure your lower back is well supported.
5. Your elbows should be at approximately the same height as the keyboard. Adjust the height of your chair seat so that your elbows are at the same height as the keyboard.
 - A footrest may be necessary when the chair is raised for an employee to reach a work surface and the feet become unsupported.
6. Your arm rests should be supported and your shoulders relaxed at all times. The height of and distance between your armrests should allow freedom of movement for your forearms when performing tasks, yet provide support for them during rest periods or when using your mouse.
7. Your wrist should be straight at all times and your hands in line with your forearms. Adjust the angle and height of the keyboard tray or work surface to ensure straight wrists. If your keyboard tray or work surface is not adjustable, adjust your seat to ensure straight wrists. You will need to use a footrest if you have raised the seat and your feet are not flat and well supported on the floor.
8. The monitor should be at a comfortable reading distance and height. The viewing distance should be within 40-74cm (about one arm's length). The monitor height should allow the neck to be placed in a neutral position (top of monitor at eye level) when looking at the top row of text on the screen.
 - If you wear bifocals and view the screen with the lower portion of the lenses, it may help to position the monitor lower or tilt it back slightly.
9. Your mouse should be the proper size to fit your hand and be positioned directly beside your keyboard. Ensure your arms are close to your body while using the mouse.
10. Take short breaks frequently to avoid prolonged static sitting and alternate work at the computer with non-computer tasks. Individuals who perform 1 hour or more of continuous data entry must ensure that at least 5 minutes is spent away from the computer every hour.

MSD Hazard Identification & Ergonomic Assessments

MSD Hazard Identification

1. Workplace parties that identify MSD related concerns must report these concerns to their respective supervisor or manager. A MSD hazard identification process can be completed to locate the presence of potential hazards. If it is clear as to the root cause of the hazard and the workplace parties agree, then control measures should be implemented.
2. A participatory approach is encouraged, including front line employees, supervisor, JHSC and others as appropriate in the process.
3. Requesting assistance from occupational health and safety or other internal experts is encouraged throughout the process.
4. If MSD hazards cannot be identified or agreement cannot be achieved concerning the root cause due to the complexity of the concern then an ergonomic assessment must be requested.
 - a. The supervisor and/or manager will send a request in writing for an ergonomic assessment to occupational health and safety, which will then co-ordinate this process.

Communication & Training

Every new employee will be required to attend a health and safety orientation and receive a department specific training on MSD prevention. Records shall be kept by the supervisor or manager.

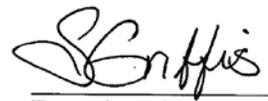
Communication of health and safety information is done on an ongoing basis. At a minimum, communication regarding musculoskeletal disorder prevention information will be completed and documented during the All Staff meetings as health and safety is a standing agenda item.

Document Retention

Written records of training for staff must be maintained by each location for a period of not less than 2 years from the date of the training.

Evaluation & Continuous Improvement

NYFHT shall undertake, and review annually, health and safety policies and procedures currently in place. A review, along with any amendments to health and safety policies and procedures will be done in conjunction with the JHSC. When a policy change occurs, the revised policy, with the revision date, will be re-issued.


Executive Director

 <p style="text-align: center;"><i>North York</i> Family Health Team</p> <p style="text-align: center;">HEALTH & SAFETY</p>	Policy Number: H&S-07
	Approval Date: June 2014
	Date Reviewed: June 2015
SECTION: Health & Safety Training	
SUBJECT: Personal Protective Equipment	

PURPOSE:

To provide a guideline which outlines what personal protective equipment is required to be worn in the workplace. North York Family Health Team (NYFHT) is committed to providing a healthy and safe work environment for all of its employees. Personal Protective Equipment is the last line of defense but one of the ways to ensure that people involved are adequately protected. The exception to this rule is when PPE is required to reduce the risk of transmission of infection.

DEFINITIONS:

Personal Protective Equipment (PPE) - Is equipment worn by an employee to minimize exposure to specific occupational hazards and includes but not limited to gloves, ear protection, safety eyewear, and safety footwear. PPE is used to reduce or minimize the exposure or contact to injurious physical, chemical or biological agents. PPE does not reduce the hazard itself nor does it guarantee permanent or total protection. It should be used only when the hazard cannot be removed or controlled adequately.

ROLES & RESPONSIBILITIES:

Employer

1. Shall ensure that the equipment, materials and protective devices prescribed by the legislation are provided;
2. Shall ensure that the equipment, materials and protective devices are maintained in good condition;
3. Shall ensure that the equipment, materials and protective devices provided are used in accordance with legislative requirements and NYFHT policy.
4. Evaluate potential hazards within the workplace and to issue protective equipment and clothing as regulated

Manager/Supervisor

1. Shall ensure that an employee, works in the manner and with the protective devices, measures and procedures required by the legislation;
2. Shall ensure that an employee uses or wears the equipment, protective devices or clothing that the employer requires to be used or worn.

3. Provide information and training in the use, care and maintenance of PPE where required
4. Shall ensure that all employees are aware of all protective equipment required to perform work safely.
5. Approving the purchase of necessary PPE

Employee

1. Read, understand and comply with this standard.
2. Shall work in compliance with the provisions of this Act and the regulations;
3. Shall use or wear the equipment, protective devices or clothing that the employee's employer requires to be used or worn;
4. Shall report to his or her employer or manager/supervisor the absence of or defect in any equipment or protective device of which the employee is aware and which may endanger himself, herself or another employee
5. Ensure the care and maintenance of any personal protective equipment assigned to them and to correctly wears the PPE.
6. Assess hazards prior to entering any workplace and utilize appropriate PPE.
7. Always inspect the personal protective equipment prior to use.
8. Wear only the type of PPE specified by the manager/supervisor as appropriate for the job. Inappropriate and improperly worn PPE can result in injury, illness and damage to equipment resulting in high costs to both you and the company.
9. Keep personal protective equipment clean and store in designated container or location when not in use.
10. If you are uncertain as to how to wear or operate the required personal protective equipment, immediately contact your manager/supervisor for assistance.

Joint Health & Safety Committee (JHSC)

1. To provide information and assistance on PPE requirements to departments to allow them to establish proper PPE procedure to ensure the protection of employees and compliance with legislation.
2. Make recommendations on PPE

STANDARDS & PROCEDURES

General Provisions

1. Only PPE approved by the appropriate safety association (e.g. CSA, ANSI, NFPA, NIOSH etc) shall be used.
2. Employees who are required to wear or use any protective clothing equipment or device will be instructed and trained in its care, use and limitations before using or wearing it for the first time and at regular intervals.
3. PPE shall not be painted or otherwise modified.
4. PPE must be repaired or replaced when necessary.
5. Disposable and non-disposable PPE will be issued where required. Records shall be kept for the issue of non-disposable PPE.

Infection Prevention and Control

PPE as described in Provincial Infectious Diseases Advisory Committee (PIDAC) Routine Practices and Additional Transmission Based Precautions must always be followed. Routine Practices includes the use of PPE to reduce the risk of transmission of infection when there is a risk of direct or indirect contact with blood or body fluids by splashing, spraying and/or touching. Touching includes direct contact (skin to skin) and indirect contact (contaminated equipment/surfaces). Transmission Based Precautions include the use of PPE for droplet, contact, and airborne transmitted infections. Refer to the following PIDAC documents:

http://www.publichealthontario.ca/en/eRepository/RPAP_All_HealthCare_Settings_Eng2012.pdf

http://www.publichealthontario.ca/en/eRepository/IPAC_Clinical_Office_Practice_2013.pdf

PERSONAL PROTECTIVE EQUIPMENT:

Foot Protection

An employee exposed to the hazard of foot injury shall wear foot protection appropriate in the circumstances. Employees are expected to wear such clothing and footwear that will allow for the performance of job duties in a safe and healthy manner. In a direct care setting, staff must wear low-heeled closed-toe/heel shoes that offer the necessary grip and stability for providing care.

Sandals are not to be worn by employees in NYFHTs locations when providing direct primary care. This is due to risk of injury including: slipping; falling; unstable footing; or the danger of having toes injured by equipment such as wheelchairs; splashes of biohazardous bodily fluids or hazardous liquids (examples, bleach, and liquid nitrogen) and falling sharps.

Eye Protection

An employee exposed to eye injury shall wear eye protection appropriate in the circumstances.

1. Safety eyewear must be worn in circumstances where there is a hazard of
 - Impact (flying particles, dusts, vapours, etc.);
 - Splash or spray (chemical, radioactive, biological agents); or
 - Ultraviolet and Infrared (harmful rays e.g. laser)
 - Protective eyewear shall be specifically selected in order to be fully protected.
 - Individuals who wear prescription eyewear should be aware that at the present time glass lenses do not meet the impact requirements. Safety glasses have to be CSA approved.
 - Prescription glasses or contact lenses should not be worn without appropriate protection when carrying out operations that require safety eyewear, since they do not provide an adequate protection against possible injuries.
 - Ensure your safety glasses fit properly, are clean or disinfected as required and properly stored.

Skin Protection

An employee exposed to the hazard of injury from contact of the employee's skin with a noxious gas, liquid, fume or dust; a sharp or jagged object which may puncture, cut or abrade the employee's skin; a hot object, hot liquid or molten metal; or radiant heat shall be protected by wearing apparel sufficient to protect the employee from injury, a shield, screen or similar barrier, appropriate in the circumstances; or protective clothing or other safety device that has been worn next to the skin shall be cleaned and disinfected prior to being worn by another employee.

1. Depending on the type of activity conducted, hands can be protected by wearing gloves. The selection of the proper type of glove (material is essential to the performance of the glove as a barrier to a hazard).
2. The type and level of risks must be assessed before selecting a type of glove for the work to be conducted. Gloves will be when working with chemicals or cleaning agents. Once the chemical is known, a proper selection of gloves can be made by reviewing the material safety data sheet (MSDS).
3. Gloves must be worn when handling any sharp or rough materials. Appropriate chemical resistant gloves must be worn when handling any hazardous chemicals. Managers/supervisors must ensure that the proper protective equipment is provided and used.
4. No one glove material is resistant to all chemicals and no glove materials are impermeable to the chemical at all times or forever.
5. The required dexterity for the operation must also be taken into consideration when selecting a pair of gloves.
6. PIDAC best practice for environmental cleaning states in the following:

Selection of gloves should be based on a risk analysis of the type of setting, the task that is to be performed, likelihood of exposure to body substances, length of use and amount of stress on the glove. The glove requirements identified in the Material Safety Data Sheet must be followed when using a chemical agent.

In general:

- a) Disposable vinyl gloves are used for routine daily cleaning and disinfecting and for client care
- b) Disposable sterile gloves are worn as required for sterile procedures
- c) Nitrile gloves are recommended for wet work of long duration when durability is required, for terminal cleaning and for contact with certain chemical powders and solutions;
- d) Household utility gloves are only acceptable for cleaning in non-client care areas, with the exception of public washrooms
- e) Heavy duty gloves are recommended if the task has a high risk for percutaneous injury (e.g., sorting linen, handling waste).
- f) Gloves should always be inspected prior to use.

PIDAC best practice for Routine Practices and Additional Precautions provide a good Appendix that gives advantages/disadvantages for different glove types:

<http://www.oahpp.ca/resources/documents/pidac/RPAP%20-%20PHO%20template%20-%20FINAL%20-%202011-07-26.pdf>

Respiratory Protection

Suitable breathing apparatus shall be worn, when employees are likely to be exposed to injury from:

- Dangerous gases, vapours, fumes or dust; or
 - Airborne Infectious disease or new novel infectious diseases where transmission route is uncertain (N95 respirator)
1. Equipment can include dust masks, surgical masks for protections from Droplet Transmitted infections, or particulate respirators (NIOSH N95 approved) as deemed appropriate by the manager/supervisor for the workplace conditions.
 2. N95 respirators shall be fit tested (Qualitative or Quantitative Fit Testing) and training shall be provided before use.

FITTING OF PPE

A "fitting" component must be completed by the manager/supervisor for employees prior to using PPE. Each employee will be fitted for PPE on an individual basis. At the time of fitting, each employee must be shown how to wear and maintain PPE properly.

MAINTENANCE & INSPECTIONS

1. PPE must be carefully inspected to identify damaged or malfunctioning PPE before it is used. PPE that is not performing up to manufacturers specifications, such as safety glasses with scratched lenses that have lost their ability to withstand impact should be discarded. Wearing poorly maintained or malfunctioning PPE could be more dangerous than not wearing any form of protection at all.
2. Where applicable, PPE must be cleaned according to the manufacturer's instructions.

EDUCATION & COMMUNICATION

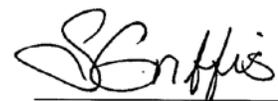
1. Every employee required to wear PPE will be required to receive training on the proper use and care of the PPE to be worn.
2. Education and training programs will be developed in consultation with the JHSC.

DOCUMENT RETENTION

All documentation pertaining to the training, maintenance, inspection, and fitting of PPE must be maintained by each location for a period of not less than 2 years and placed in an employee's file as required.

EVALUATION & CONTINUOUS IMPROVEMENT

NYFHTs shall undertake, and review annually, health and safety policies and procedures currently in place. Amendments to health and safety policies and procedures will be done in conjunction with the JHSC. When a policy change occurs, the revised policy, with the revision date, will be issued.



Executive Director

 <p style="text-align: center;"><i>North York</i> Family Health Team</p> <p style="text-align: center;">HEALTH & SAFETY</p>	Policy Number: H&S - 08
	Approval Date: June 2014
	Date Reviewed: June 2015
SECTION: Health & Safety	
SUBJECT: Work Refusal Process	

PURPOSE:

To create a procedure outlining the steps to be followed when any worker refuses to work due to unsafe work conditions, as defined in the Occupational Health and Safety Act.

ROLES & RESPONSIBILITIES:

Manager/Supervisor

1. Shall take every precaution reasonable in the circumstances for the protection of a worker.
2. Shall investigate work refusals forthwith (immediately) and aim to resolve the concern as defined by these procedures.

Worker

1. Have the right to refuse to work or to refuse to perform particular work that they believe is likely to endanger themselves or another worker as outlined in the Occupational Health & Safety Act.
2. Must immediately tell their manager/supervisor or employer that the work is being refused and explain why.
3. Must actively participate in the work refusal process where applicable.

Joint Health & Safety Committee (JHSC)

1. Are required to provide a worker member, preferably a certified member, to actively participate in resolving the work refusal.

RIGHT TO REFUSE UNSAFE WORK

1. An employee of North York Family Health Team (NYFHT) may refuse to work or do particular work where he/she has reason to believe that one or more of the following is true:
 - Any machine, equipment or tool that the worker is using or is told to use is likely to endanger himself or herself or another worker;
 - The physical condition of the workplace or workstation is likely to endanger himself or herself;
 - Workplace violence is likely to endanger himself or herself; or
 - Any machine, equipment or tool that the worker is using, or the physical condition of the workplace, contravenes the Act or regulations and is likely to endanger himself or herself or another worker.
2. No worker shall be disciplined for invoking their right to refuse work or who has acted in compliance with the Occupational Health and safety Act or accompanying regulation. This shall include:
 - Dismissal or threatening to dismiss a worker;
 - Discipline or suspend or threaten to discipline or suspend a worker;
 - Imposing any penalty upon a worker; or
 - Intimidating or coercing a worker
3. Work refusals made in bad faith, or in a situation where a worker continues to refuse after a Ministry of Labour inspector determines that work is not likely to endanger will be subject to progressive discipline.

STANDARDS & PROCEDURES

Preliminary Stage

1. The worker must immediately tell their manager/supervisor or designate that work is being refused due to a health and safety concern and explain why.
2. As soon as the manager/supervisor or designate is aware of a work refusal due to a workers reason to believe that a dangers exists, they must contact a worker representative of the JHSC, preferably a certified member, to assist in completing an investigation. This member has a duty to attend without delay.
3. Until the investigation is completed, the worker shall:
 - Remain in a safe place that is near as reasonably possible to his/her workstation; and
 - Be available to the manager/supervisor or designate for the purpose of the investigation

Stage One of Work Refusal

1. The manager/supervisor or designate will begin completing the Work Refusal Form and documenting all activities during this stage.
2. The manager/supervisor or designate, along with the worker representative of the JHSC will investigate the worker's concern, and take reasonable measures to ensure the worker's safety.

3. If the worker is satisfied with the remedial action of the manager/supervisor or their designate, the work will be considered safe and the refusal is resolved, the worker returns to work.
4. If the manager/supervisor or designate does not agree that an unsafe condition exists, or continues to exist, and the worker continues to refuse, the work refusal process progresses to stage two.
5. If the reporting worker is not satisfied with the remedial action of the manager/supervisor or their designate, the work refusal process progresses to stage two.

Stage Two of Work Refusal

1. The worker can continue to refuse work if he/she has reasonable grounds for believing that the danger that caused the worker to refuse work continues after any and all remedial action.
2. The employer or worker JHSC representative will notify a Ministry of Labour inspector.
3. If the inspector is satisfied that the worker has the legal right to refuse unsafe work and that the stage one investigation has been properly completed, the inspector will come to the workplace to investigate the refusal.
4. Pending the inspector's investigation and decision, no worker shall be assigned to use the equipment or to work in the workplace being investigated unless the worker is told that the work is being refused and why and done so in the presence of a worker representative of the JHSC. This worker will also have the same right to refuse as the first worker.
5. When the inspector arrives, the JHSC worker representative, the manager/supervisor or their designate and the refusing worker must be present - this doesn't exclude the participation of other participants.
6. While waiting for the inspector's investigation to be completed, the worker must remain in a safe location that is near as reasonably possible to his/her workstation and available to the inspector for the purposes of the investigation.
7. The employer can assign the worker to some other reasonable work during normal working hours. This other work cannot be demeaning to the worker or seen as a form of reprisal. If no such work exists, the employer can give other directions to the worker. The inspector will provide a decision, in writing, to the worker, the employer, and the worker representative of the JHSC.
 - If the inspector finds that the circumstance is not likely to endanger, the refusing worker is expected to return to work and the work refusal is over.
 - If the inspector finds that the circumstance is likely to endanger, a compliance order(s) will be written. The work refusal does not end until the order(s) are fulfilled.
8. The manager/supervisor or their designate will post a copy of the inspector's decision, in a conspicuous location in the workplace for a reasonable time period to ensure all workers, at the location, are aware of the outcome or until compliance has been acknowledged by the Ministry of Labour.
9. Following the inspectors investigation, the manager/supervisor or their designate will complete the Work Refusal Form, documenting all activities and findings during this stage.

COMMUNICATION & TRAINING

1. Every new employee will be required to attend a health and safety orientation and receive training on the basic right of workers. All documentation pertaining to this education must be maintained by each location for a period of not less than 10 years.
2. Education and training programs will be developed in consultation with the Joint Health & Safety Committee.

DOCUMENT RETENTION

Written records pertaining to a work refusal must be maintained by each location for a period of not less than 2 years from the date of the initial written report.

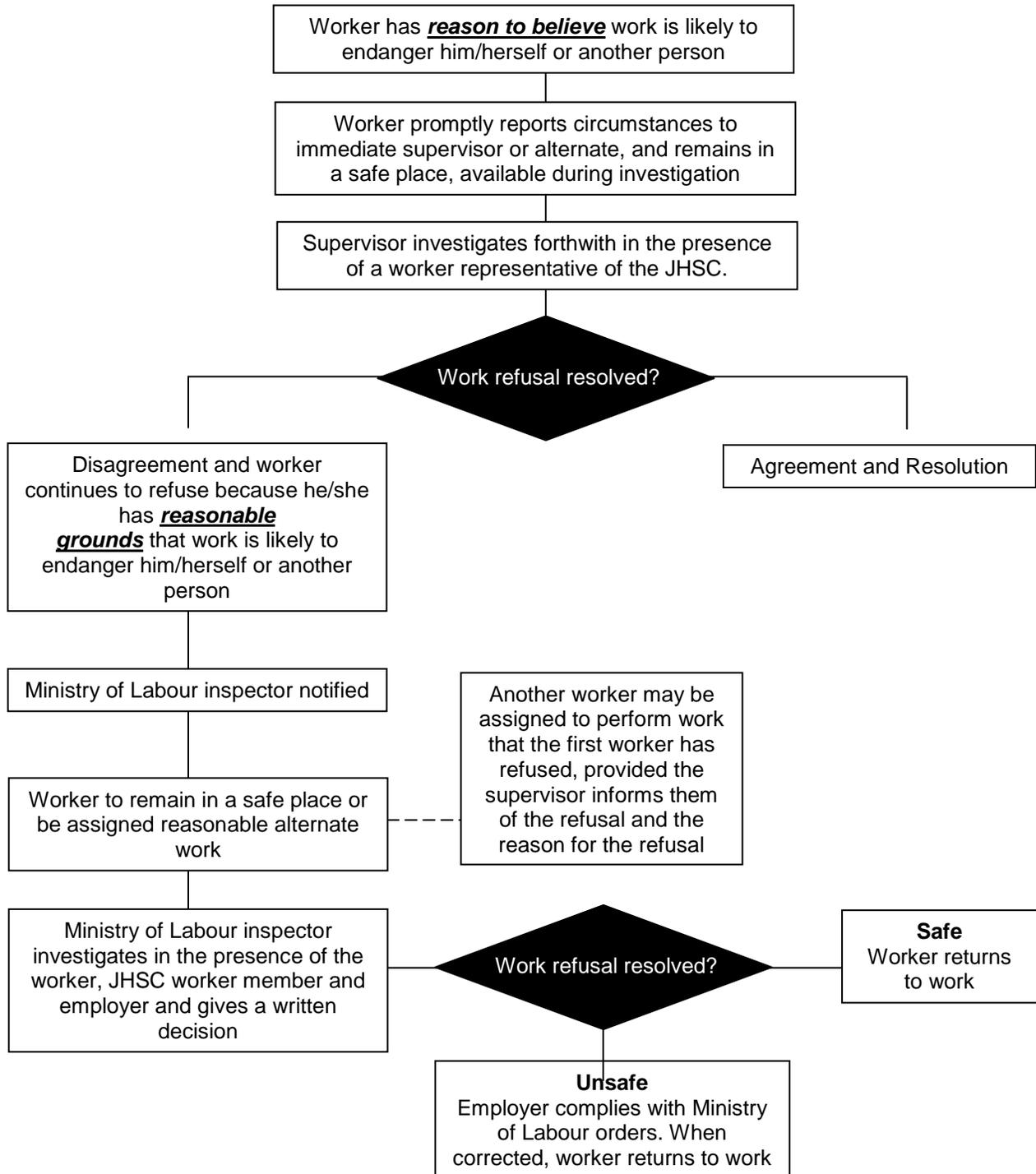
EVALUATION & CONTINUOUS IMPROVEMENT

NYFHT shall undertake, and review annually, health and safety policies and procedures currently in place. Amendments to health and safety policies and procedures will be done in conjunction with the Joint Health & Safety Committee (JHSC). When a policy change occurs, the revised policy, with the revision date, will be issued.



Executive Director

WORK REFUSAL FLOW CHART





Appendix A: Work Refusal Form

Part A – Completed by Worker	
Date:	Time:
Name:	
Location of Work Refusal:	
Task Assigned:	
Worker reason for work refusal (be specific):	
Worker Signature:	
Part B – Completed by Manager/Supervisor	
Date of Investigation:	Time of Investigation:
Name of Manager/Supervisor:	
Name of JHSC Member Investigating:	
Details of the investigation (be specific):	
Corrective Action Recommended/Implemented:	
Worker satisfied the problem was resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Worker Signature:	
Manager/Supervisor Signature:	
JHSC Member Signature:	
Part C – Completed by Manager/Supervisor	
MOL Called? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Called:	Time Called:
Name of Inspector:	
Reference Number of Orders:	
Date:	
Manager/Supervisor Signature:	

 <p style="text-align: center;"><i>North York</i> Family Health Team</p> <p>HEALTH & SAFETY</p>	<p>Policy Number: H&S - 09</p>
	<p>Approval Date: June 2014</p>
	<p>Date Reviewed: June 2015</p>
<p>SECTION: Health & Safety</p>	
<p>SUBJECT: Sharps Policy</p>	

Intent

North York Family Health Team is committed to the health, safety, and wellness of its employees and clients and is aware of the risks associated with handling sharp objects that are used while diagnosing, treating and caring for patients.

Definitions

Sharp: an all-inclusive term that refers to all sharp objects that are used in the diagnosis, treatment and care of patients. Due to the nature of sharp objects, they pose certain risks of injury to employees and/or patients of North York Family Health Team Inc.

Safety Engineered Medical Sharps (SEMS): sharp medical devices that have been designed with safety in mind, to help minimize the risk of injury to employees administering the device. These devices are also referred to as SEMS.

An example of SEMS would be a safety engineered needle that is either:

- A medical device that is licensed by Health Canada and is a hollow-bore needle that has been designed to reduce the risk of skin puncture or injury to the individual administering the needle; or
- A medical device that is licensed by Health Canada and is a needleless device that replaces a hollow-bore needle.

Guidelines

In the Event of Exposure and/or Injury as a result of using Sharps or SEMS:

The injured employee shall:

- Immediately receive first aid;
- Report the incident to a supervisor;
- Complete and submit an Exposure Report Form;

- Report to the designated treatment centre;
- Sign a consent form for blood work, as well as for treatment; and
- Receive a follow-up appointment.

The Supervisor will:

- Complete a source-patient risk assessment in order to provide information to the attending physician;
- Make immediate arrangements for the injured worker to be assessed and treated; and
- Forward completed documentation regarding the incident to designates;
- Provide assistance to the injured employee while they complete the Exposure Report Form and forward a copy to the (Insert Name of Appropriate) Supervisor as soon as possible.

Note: WSIB Reporting Requirements – all injuries that require health care treatment must be reported to WSIB

The attending physician will:

- Assess hepatitis B immunization and hepatitis B titre status;
- Assess TD status;
- Conduct HIV PEP assessment in compliance to protocol;
- Review the source-patient exposure information;
- Educate the individual about hepatitis B, hepatitis C, and HIV;
- Order blood work;
- Prescribe medication and explain potential side effects;
- Arrange for initial doses of medication;
- Make arrangements for a follow-up appointment, make a referral if necessary; and
- Document the details of the assessment and treatment.

Details to be included on the Exposure Report Form:

- Name, occupation, employment status of the employee, date and time of the incident, and department;
- Nature of the incident (ie. cut, puncture, exposure), the location of the incident, the outcome, and if follow-up is required;
- The device involved in the injury, the brand/model, and whether or not it is a safety device;
- A description of the purpose or procedure that required the use of said sharp as well as how the incident occurred; and
- The health care worker's suggestions to prevent similar injuries in the future.


Executive Director

 <p style="text-align: center;"><i>North York</i> Family Health Team</p> <p style="text-align: center;">HEALTH & SAFETY</p>	Policy Number: H&S-10
	Approval Date: June 2014
	Date Reviewed: June 2015
SECTION: Health & Safety	
SUBJECT: Infection Prevention and Communicable Disease Management Policy	

Intent

North York Family Health Team (NYFHT) has the responsibility of protecting the health and safety of our employees and patients. In order to meet this goal, NYFHT understands the importance of maintaining an environment where infection prevention and control is a main priority every day. As such, NYFHT has developed this Infection Prevention and Communicable Disease Management Policy. This policy applies to all employees of NYFHT.

Definitions

Communicable Illness: an infectious illness transmissible from person to person by direct contact with an affected individual or the individual's discharges or by indirect means. Symptoms may include: diarrhea, vomiting, nausea, fever, coughing, sneezing, rash and excessive discharge from nose and eyes.

Guidelines

NYFHT has developed this policy in order to detail the importance of maintaining a safe and healthy environment for all employee and patients by preventing the spread of sickness and infection among health care professionals and patients.

Preventive Measures

There are four (4) major elements to preventive practices in order to minimize the spread of illness, infection, and disease. They are:

1. **Hand Washing** – hand washing is the single-most important infection prevention and control practice. It is vital that NYFHT employees follow hand washing protocols that are appropriate for their facility and for the care of patients.
2. **Protective Barriers** – NYFHT requires that all employees wear the appropriate barriers when required, including when blood, secretions or bodily fluids are likely to come in contact with the employee’s skin or could penetrate clothing. Examples of protective

barriers could include gloves, masks, eyewear, and gowns. Employees will contact their immediate supervisor regarding protective clothing requirements.

3. **Care of Equipment** – this involves the appropriate disposal of waste, including contaminated laundry and sharps, and the cleaning, sterilization and disinfection of equipment, instruments and devices. NYFHT employees should follow manufacturer and clinic protocols in all instances.
4. **Health Practices of Health Care Professionals** – Health care professionals who believe they have been contaminated with an infectious agent should contact their primary health care provider or an occupational health department for follow-up and advice. Health care professionals should assess the risk of transmitting the infectious agent to others and take the appropriate precautions. Employees should also know and review their personal immunizations.

NYFHT expects all employees to consult with the appropriate resources for clinical advice if they are unsure of the presence of infection or illness.

If You Think You Have a Transmissible Infection or Disease

NYFHT expects employees to know and understand the symptoms of a health ailment that could be transmissible to patients and coworkers. Employees who are experiencing symptoms of infectious illness or disease are encouraged to seek medical help as soon as possible in order to obtain a formal diagnosis so that the proper measures can be put in place without further delay.

It is important that if an employee is scheduled to work but falls ill with an infectious disease, or if an employee feels that he or she is at risk of infecting anyone else, the employee informs NYFHT as soon as possible prior to the commencement of the employee's scheduled shift.

If an employee is already at work and begins to experience symptoms of an infectious illness, the employee must notify his or her supervisor immediately. Employees who believe that a co-worker may be suffering from an infectious illness should also report suspicions to their supervisors immediately.

Employees who arrive at work displaying the symptoms of an infectious illness may be sent home from work; employees who are sent home will be required to use their personal days provided by NYFHT.

Employees who are sick with fever will require a physician's note prior to returning to work.

Communicable Disease

NYFHT is dedicated to ensuring that exposure to communicable diseases is handled properly.

Responsibilities

NYFHT Responsibilities

- All employees will be provided with education on preventing and managing the transmission of communicable disease among themselves and their patients
- Vaccination programs for the prevention of common communicable diseases (for example, influenza) will be offered to all employees at appropriate intervals
- In the event of a communicable disease outbreak, NYFHT shall protect employees and patients by implementing appropriate emergency outbreak procedures

Employee Member Responsibilities

Employees shall ensure that they receive any vaccinations stipulated for their positions by legislation or policy and must take all other reasonable precautions against contracting and transmitting communicable diseases.

Exposure

The following are examples of when exposure to a communicable disease has taken place. It can occur when an employee:

- Is exposed to a patient with a respiratory illness and proper personal protective equipment (PPE) was not worn
- Is exposed to a patient with a respiratory illness and there was a failure of the PPE
- Receives a sharps injury with a ‘dirty’ sharp
- Has blood/body fluid contact with mucous membranes or non-intact skin
- Has had contact with the saliva of a rabid animal
- Has had close head to head contact with a person with lice
- Has had close skin to skin contact with a person with scabies

In the event that an employee contracts, or feels that he or she has been exposed to, a communicable disease of a serious nature in the course of work duties, the employee must advise his or her supervisor immediately so that the appropriate precautions can be taken and a report can be submitted.

If it has been medically confirmed that an employee has a communicable disease, NYFHT, the employee and the attending physician will work together to determine the proper course of action.

Immunization

For the safety of all employees and patients, NYFHT requires that all employees provide evidence of required up-to-date immunizations, as per **Appendix A**.


Executive Director



Appendix A: EMPLOYEE IMMUNIZATION FORM

****Please look at your shot record and fill in dates for the following vaccines. If you do not have a shot record, DO NOT guess your dates as you will be asked to provide proof. All information will be kept confidential****

Name: _____

Tuberculosis Skin Test:

Date: _____

Size in mm*: _____

*If ≥ 5 mm, CXR report is required. Is CXR attached? Yes: _____ No: _____

Hepatitis B Vaccination Dates:

1) _____ 2) _____ 3) _____

If three doses are not listed, then Proof of Immunity is required.

Is Proof of Immunity attached? Yes: _____ No: _____

Measles Vaccination Dates:

1) _____ 2) _____

or positive measles serology

If two doses are not listed, then Proof of Immunity is required.

Is Proof of Immunity attached? Yes: _____ No: _____

Is Proof of activated **Pertussis** vaccine (dTaP, Adacel or Boostrix) attached?

Yes: _____ No: _____

Employee Signature: _____

Manager Signature: _____

Date: _____

 <p style="text-align: center;"><i>North York</i> Family Health Team</p> <p style="text-align: center;">HEALTH & SAFETY</p>	Policy Number: H&S-11
	Approval Date: June 2014
	Date Reviewed: June 2015
SECTION: Health & Safety	
SUBJECT: Hostile or Violent Patient Policy	

Purpose:

This policy has been adopted by North York Family Health Team (NYFHT) to ensure that our employees are provided with a set of guidelines for managing hostile or violent patients. When dealing with a patient, there are effective methods for neutralizing the situation and providing peaceful resolutions. In the event that a NYFHT employee encounters a violent patient, the employee is directed to follow the guidelines and procedures established within this policy.

Guidelines:

The following patient service procedures should be utilized with all patients and in doing so, may help prevent a patient from becoming hostile in the first place, or may quickly diffuse a situation where a patient begins to get angry:

- Greet your patients in a friendly tone, and let them know that they are welcome at NYFHT.
- Give the patient your full attention, and use active listening skills to ensure that they know you are working with them. Try paraphrasing the questions/concerns of the patient to show them that you are actively engaged in providing them with assistance.
- If the patient's requests are unreasonable, try to reason with them and ensure that they understand the company policy, and why that policy is in place. Ensure that they understand that we must treat each patient fairly, and equally.

In the event that the patient's behaviour escalates and becomes hostile or violent, the following guidelines should be followed:

Avoid Engaging in Conflict

- Remember that the patient may be hostile for a number of reasons and try not to take it personally. While we strive to offer patient service that will meet or exceed the expectations of our clients, we need to understand that sometimes there will be external forces (e.g. issues at home, etc.) that create anger or hostility in patients, and regardless of the actions that we take, we may be unable to make the patient happy.

- Maintain professionalism at all times and do not engage in a heated argument with the patient as this will only make the situation worse and may put people at risk.
- Use logic and kindness to attempt to get the situation under control and return to work.

Determine the Source of Anger

- Ask the patient how you can help.
- Work to assist them in solving the problem, and let them know that you are on their side.

Determine the Patient's Needs

- Determine what the initial issue is/was, what was or can be done, and offer them a solution, or offer to escalate the situation to a specialist or manager.
- Try to determine what they need, and what it is that they want to tell you. Sometimes a patient will simply want to vent their anger, and be heard.
- Be sure to acknowledge their anger, and where possible, attempt to alleviate the issue or solve the problem.
- Do not brush off their anger or ignore them as this may lead to increased anger or a patient who becomes abusive.

Observe the Patient on Approach

- Be observant, and pay close attention to your patients. In the event that a patient is hostile, they will generally display visible characteristics like clenched fists, a red face, agitated behaviours, etc.
- In the event that you notice a patient exhibiting behaviours associated with hostility/anger, prepare yourself for a potential situation, and remain composed and professional.

Relate to the Patient

- Try to speak with the patient in a way that shows them that you understand and can sympathize with the issue, while working with them to find an agreeable resolution. (An angry patient will generally decrease their hostility where they recognize that you are a person and not just a part of the company).

Offer the Patient the Option of Speaking to a Manager

- In the event that a reasonable solution to the situation is unavailable, or where the patient remains hostile, direct the client to speak with management, or contact head office with their concerns.

Thank the Patient

- Regardless of how hostile a patient is, we need to thank them for their business, and their patience and understanding in the attempt to fix the problem.
- Apologize for their inconvenience, and assure them that we will rectify the situation and ensure that it doesn't happen again.


Executive Director

 <p style="text-align: center;"><i>North York</i> Family Health Team</p> <p style="text-align: center;">HEALTH & SAFETY</p>	Policy Number: H&S-12
	Approval Date: June 2014
	Date Reviewed: June 2015
SECTION: Health & Safety	
SUBJECT: Workplace Inspections	

PURPOSE:

To identify and analyze actual and/or potential hazards associated with people, equipment, materials, environment and processes in the workplace.

TYPES OF INSPECTIONS:

1. Planned inspections: regular scheduled inspections conducted by managers using a customized checklist to audit compliance to program standards
2. Unplanned inspections: informal inspections determined by need, accident frequency and use of equipment to observe work practices and determine the need for corrective action
3. Workplace inspections: conducted monthly by the Joint Health & Safety Committee (JHSC) to identify hazards that could endanger the health or safety of workers and make recommendations to management for corrective action
4. Equipment and equipment maintenance inspections: pre-use or pre start-up checks of equipment, new equipment checks and preventive maintenance inspections

ROLES & RESPONSIBILITIES:

Employer

1. Implement the workplace safety inspection process and ensure inspections are being completed as prescribed.
2. Provide the designated representative with the required information and assistance they may require for the purpose of carrying out an inspection of the workplace.

Managers/Supervisors

1. Conduct planned and unplanned workplace inspections and ensure corrective action is taken to address any hazards identified. Make available documentation of planned and unplanned workplace inspections in accordance with this policy.
2. Cooperate with any persons performing a workplace inspection.

3. Where possible, participate in the JHSC inspection process.
4. Review and ensure all items identified on the JHSC Workplace Inspection Report are addressed in a timely manner by initiating the appropriate correction action for each discrepancy in their area.
5. Discuss the results of the inspections and the corrective actions taken with employees.
6. Ensure that employees have completed pre-use inspections in accordance with designated departmental written procedures
7. Ensure that preventive maintenance checks are performed on equipment in accordance with manufacturer instructions, legislated requirements and industry standards

Workers

1. Cooperate with any persons performing a workplace inspection.
2. Complete pre-use inspections in accordance with designated departmental written procedures

Joint Health & Safety Committee (JHSC)

1. Identify situations that may be a source of danger or hazard to workers.
2. Make recommendations to the employer for workplace improvements to protect worker health and safety.

Perform workplace inspections every month. (The OHS Act requires that a worker member of the JHSC inspect the physical condition of the workplace at least once a month). The JHSC worker member to appoint a worker member to inspect the physical condition of the workplace and suggests that this member be certified. The same worker member of the committee does not need to perform all inspections or to perform all of a particular inspection.

3. The JHSC shall establish a schedule for workplace inspections.
4. The JHSC members who perform the inspection are also required to report any situations identified as a potential or an actual source of danger or hazard to the appropriate supervisor, workers and the committee. The JHSC is required to consider that information within a reasonable period of time.
5. Obtain information from the employer respecting:
 - The identification of potential or existing hazards of materials, processes or equipment, and
 - Health and safety experience and work practices and standards in similar or other industries of which the constructor or employer has knowledge.

STANDARDS & PROCEDURES:

Joint Health & Safety Committee (JHSC) Inspections

1. The JHSC has the legislative authority to inspect the workplace at least once a month for the purpose of identifying hazards and making recommendations for their control.
2. The work environment and work procedures of each work location are to be inspected.
3. This inspection is to identify, eliminate, and/or minimize unsafe conditions such as those associated with: falls, strains (e.g., improper lifting techniques), falling or moving objects, electrical shocks, vehicle safety, chemical injuries, workplace violence and physical interventions.

4. The JHSC inspection schedule will be posted at each location in a conspicuous area at the beginning of each year.
5. The recommended process for completing a monthly workplace inspection is as follows:

a. Preparing for Inspections

1. Review the following to establish priorities and inspection focus:
 - Injury demographics
 - Employee incident reports
 - Previous workplace inspection records
 - Results of previous inspections
 - Ministry of Labour reports/inspections, if any
 - Applicable organizational policies and procedures
 - Review control measures, emergency procedures and protective equipment being used
 - Plan and review the inspection route
2. Inform the manager/supervisor or designate of the location when the inspection is to take place and invite them to participate in the inspection process. The inspector(s) are to confirm with the manager/supervisor suitable access to all areas and the need for any protective equipment.
3. Ensure there are adequate copies of the Monthly Workplace Inspection Checklist for the location being inspected (each location should develop and review its own workplace inspection checklist that takes into account situations and hazards specific to that area).

b. Conducting the Inspection

1. Inspections must be performed by a worker representative of the JHSC. A management representative of the committee may accompany the worker representative and inspect the work environment as a team.
2. Inspections are to be documented using the Monthly Workplace Inspection Checklist. **See Appendix B: Monthly Workplace Inspection Checklist.**
3. During the inspection, the inspectors will:
 - Record any hazardous conditions or acts observed
 - Inspection should include all areas, even those not occupied by employees full-time.
 - Speak with workers and managers/supervisors to gather any information regarding hazardous conditions or actions they may have knowledge of.
 - Where immediate corrective action is required, contact the manager/supervisor or their designate. Immediately deal with high-risk hazards before anyone can get hurt. Note the corrective action taken.
 - Make a note of successes during the inspection; positive feedback encourages safe work practices
 - Do not focus on issues not related to workplace health and safety as it will reduce the value and outcome of the inspection.
 - Do not attach blame; the purpose of a workplace inspection is to find and correct hazards or sources of danger and not to blame people. Inspections are fact-finding, not fault-finding.
 - If the manager/supervisor or their designate did not participate in the inspection, consult them before leaving the location or as soon as reasonably practicable

(within 24 hours). Report all identified hazards and make note of any corrective actions that have been put in place.

c. Completing Inspection Report

1. The Monthly Workplace Inspection Checklist and Report must be completed following the inspection and signed by the inspector(s) performing the inspection. *See Appendix A: Monthly Workplace Checklist and Appendix B: Required Postings and Appendix C: Workplace Inspection Report*
2. A copy of the report will be posted in a conspicuous location.
3. Additional copies of the report and recommendations will also be distributed within 7 days of inspection completion to managers/supervisors responsible for implementing corrective measures.
4. A copy of the report will also be distributed to the JHSC for review.

d. Follow-Up/Monitoring

1. The inspector(s) will discuss and agree upon a date and time to meet and follow up on corrective actions taken to eliminate the identified hazard noted during the inspection, if deemed necessary.
2. In cases where an item(s) from the inspection have not been addressed in a reasonable time period, the JHSC will contact the manager/supervisor or their designate.
3. In cases where an item(s) from the inspection have not been addressed in a reasonable time period by the manager/supervisor or their designate a memo will be forwarded to the Executive Director from the JHSC requesting corrective action.

Management Inspections

The Occupational Health and Safety Act places the general responsibility on managers/supervisors to inform workers of any hazards, actual or potential in the workplace and to take every precaution reasonable in the circumstances for the protection of workers. Managers/supervisors will be involved in identifying hazards at their location through planned and unplanned inspections. This activity is one of the best ways to demonstrate and prove due diligence and compliance with applicable health and safety legislation.

Planned Inspections

- a. Planned management inspections will be conducted by the managers on a regular basis, once every 3 months as per outlined in schedule. These are not merely a review of the physical workplace but a systematic inspection of all the items for which the manager is directly accountable for as it pertains to health and safety.
- b. Planned management inspections will be documented and signed by the Manager upon completion. The checklist should be reviewed and revised on a regular basis to ensure it reflects current workplace conditions and practices. *Appendix A: Management Workplace Inspection Checklist*
- c. All reports will be forwarded to the Executive Director to sign-off that the inspection was completed in compliance with this policy.

Unplanned Inspection

- a. Unplanned management inspections are undertaken to monitor the workplace on a daily/weekly/bi-weekly basis (e.g., housekeeping and observing behaviour trends). This can include spot inspections of a specific hazard on a random basis.
- b. A logbook for unplanned inspections with a record of the date, time, findings, corrective action and a signature are required to fulfill the necessary documentation requirements.

Pre-Use Inspections

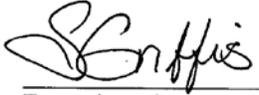
All equipment must be inspected prior to beginning work with the equipment. This includes ensuring that equipment is operating effectively, that machine guards are in place and used appropriately and that equipment has been safely stored.

COMMUNICATION & TRAINING

1. All workplace parties who conduct formal workplace inspections will be trained on their responsibilities and on how to complete the workplace inspection. All documentation pertaining to the education on workplace inspections must be maintained in an employee file for a period of not less than 10 years.
2. Communication of health and safety information is done on an ongoing basis. At a minimum, communication of health and safety information will be completed and documented during the All Staff meetings as health and safety is a standing agenda item.

DOCUMENT RETENTION

Written records of inspections, tests of fire equipment, carbon monoxide detectors and fire drills must be maintained by each location for a period of not less than 10 years from the date of inspection was completed.


Executive Director



Appendix A: Workplace Inspection Checklist

Facility/Section/Area:					
Name of Executive Director/Manager/Supervisor:					
Date of Inspection:					
Date of Next Inspection:					
1. GENERAL (Posting Requirements)					
	Yes, No N/A	Description of Hazard	Risk Priority	Recommended Corrective Action	Date Action Completed
Is there a current health and safety, workplace violence, harassment policy posted (on-line or on bulletin board)? Refer to Form B for complete list of requirements					
Are the names, location and phone numbers of committee members or representative posted?					
WSIB poster 82 posted?					
Guide to OHS Act & JHSC posted?					
First Aid Certificates posted?					
Ministry of Labour orders posted?					
Mandatory Poster: "Health & Safety at Work: Prevention Starts Here" Posted					

MSDS readily available?					
2. FIRE & EMERGENCY MANAGEMENT					
Are fire exits clearly marked and easily identifiable, with doors self-closing?					
Are fire exits free from obstruction?					
Are all stairways and hallways clear of storage?					
Do staff know what to do in case of an emergency?					
Are fire extinguishers readily available?					
Are the fire extinguishers suitable for the type of fire hazard?					
Are fire extinguishers checked and tag initialed?					
Are there carbon monoxide detectors where applicable?					
Are there smoke alarms/heat sensors in areas without a sprinkler system?					
Are flammable materials properly stored?					
3. FIRST AID					
Are there first aid supplies readily available for staff in case of injury?					
4. LIGHTING					
Are all areas adequately lit?					
Are fire exit signs lit, bulbs working?					
5. WORKSTATIONS / OFFICE AREAS					

Are there adequate workstations?					
Is the physical space adequate for the tasks being performed?					
Is temperature kept at minimum 18°C?					
All cords secure/area free of trip hazards?					
Electrical cords are in good repair/not frayed?					
Are file cabinets secure, with no risk of units tipping from top-heavy drawers?					
Are carpeted areas in good repair?					
Do staff have concerns about air quality?					
Are constant-use items within easy reach?					
Are workstations/work areas free of clutter and trip hazards?					
Do chairs provide proper posture/support?					
Are chairs adjustable?					
6. KITCHEN					
Is the space clean and is equipment in good repair?					
7. HAZARDOUS SUBSTANCES, CHEMICALS					
Is there a current inventory of all hazardous substances/consumer products?					
Are all staff members trained in WHMIS/consumer					

products?					
Are material safety data sheets current and readily available?					
Are all containers adequately labeled?					
Are all chemicals safely stored?					
Are appropriate controls in place for handling or using hazardous chemicals?					
Are there adequate eyewash stations?					
Are staff members aware of emergency 1 st aid procedures?					
8. PERSONAL PROTECTIVE EQUIPMENT (PPE)					
Are risk assessments performed to determine the need for PPE?					
Is training provided on the correct use and maintenance of PPE?					
Are the employees fit-tested for N95 respirators?					
Is all personal protective equipment maintained in a sanitary condition?					
Is PPE worn in designated areas/tasks?					
Is there adequate PPE in a variety of sizes e.g. gloves, gowns, masks?					
9. GENERAL FACILITY EQUIPMENT					
Is adequate equipment available for use when required?					

Is all equipment in working order?					
Is all electrical equipment CSA approved?					
Is there a preventative maintenance schedule for equipment e.g. x-ray					
10. MATERIALS & CLIENT HANDLING					
Can the need to lift, carry push or drag heavy loads be eliminated?					
Can the need for prolonged bending, reaching and twisting be eliminated?					
Are material and equipment stored at the appropriate height?					
Are workers trained to recognize MSD hazards, to use good body mechanics, and to adopt neutral work postures?					
11. INFECTION PREVENTION and CONTROL					
Are Routine Practices and Additional Precautions in place?					
Are safety engineered needles used at all times?					
Are there adequate sharps disposal containers?					
Is bio-hazardous waste picked up by licensed company?					
12. SLIPS, TRIPS & FALLS					
Is there a footwear policy?					
Are floors free of tripping					

hazards?					
Are signs posted for elevated surfaces?					
Is furniture arranged to prevent obstacles?					
Are doors unobstructed by mats?					
Are walkways and the parking lot kept clear so they are not a source of trip/slip hazards?					
13. WORKPLACE VIOLENCE					
Are staff exposed to workplace violence/aggression?					
Is there a need for training in appropriate crisis prevention/dementia care strategies?					
14. Additional Hazards					

HEALTH & SAFETY

INDEX

- I. Policy Statement
- II. Policies & Procedures
 - **01**-Roles & Responsibilities
 - **02**-Health & Safety Training
 - **03**-Health & Safety Orientation
 - Appendix A (signature required)
 - **04**-Workplace Violence & Harassment Program Procedure
 - **05**-Workplace Hazardous Materials Information Systems (WHMIS)
 - **06**-Preventing Musculoskeletal Disorders (MSD), Incl Office Ergonomics
 - **07**-Personal Protective Equipment
 - **08**-Work Refusal Process
 - **09**-Sharps Policy
 - **10**- Infection Prevention & Communicable Disease Management Policy
 - **11**- Hostile or Violent Patient Policy
 - **12**-Workplace Inspections
- III. Joint Health & Safety Committee
 - Terms of Reference
 - Members
 - Agendas
 - Minutes
- IV. Incident Report & Investigation Form
- V. Other Information
- VI. H&S Employee Manual Acknowledgement Form (signature required)



Appendix B: Required Postings

Required Postings	(O) Satisfactory (X) Requires Action	Corrective Action (indicate person responsible and a time-line)
Occupational Health and Safety Policy		
“Health & Safety at Work: Prevention Starts Here”		
OHSA and Regulations		
Name of HSR or JHSC members		
MSDS information/binders		
In case of Injury Poster (Form 82)		
First Aid Certificates		
Fire Plan		
Ministry of Labour Orders		
Employers Standards Poster		
Emergency Services & Numbers		
Violence & Harassment Policy		
Guide to the OHSA		
Guide to the JHSC		
Workplace Inspection Reporting Forms		

Signatures of Inspectors:

_____ (Date)
 _____ (Date)

RE: Workplace Inspections H&S-12



Appendix C: Workplace Inspection Report

Inspector (s): _____ Location / Division: _____ Date: _____

Location	Description of Hazard	Repeat Hazard		Risk Priority A, B, C (see below for explanation)	Corrective Action Required		
		Yes	No		Assign to:	Action Taken:	Date completed

Risk Priority:

A= Serious hazard requiring immediate action (likely to result in a critical injury /fatality / extensive property damage).
 B= Hazard requiring action as soon as possible (likely to result in an injury/ illness / damage to property in the near future). C = Hazard requiring action (i.e. likely to result in injury or damage over a longer period of time, not immediate)



Health & Safety

Employee Manual Acknowledgement Form

This employee manual has been prepared for your information and understanding of the Health & Safety policies, procedures and practices of the North York Family Health Team. Please review the manual and sign as per the instructions below. Once you have signed, please return this form to the attention of Human Resources.

I, (please print) _____, have received and read a copy of the NYFHT H&S Employee Manual, which outlines the goals, policies, procedures, benefits and expectations of the NYFHT, as well as my responsibilities as an employee of the NYFHT.

I have familiarized myself with the contents of this manual. By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in the NYFHT Employee H&S Manual.

Employee Signature

Date



North York

Family Health Team

240 Duncan Mill Road, Suite 301, Toronto, ON M3B 3S6
Tel: 416.494.3003 Fax: 416.494.8525

HEALTH & SAFETY POLICY STATEMENT

North York Family Health Team (NYFHT) is committed to:

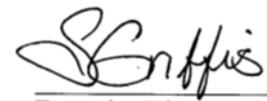
- Providing a safe and healthy workplace for its employees.
- Preventing occupational illness and injury in the workplace.
- Continually improving health and safety practices and performance.

In fulfilling this commitment, the NYFHT will provide and maintain a safe and healthy work environment as indicated by industry practices and in compliance with legislative and other internal requirements. NYFHT will strive to eliminate any actual or potential hazards which may result in personal injury or illnesses, fire, security losses and damage to property through a continual improvement process.

All employees are responsible for observing applicable legislation in their work area and for following safe work procedures and practices. Contractors, partners and consultants performing work at NYFHT shall, as part of their contracts, agree to comply with all relevant workplace health and safety legislation, codes, standards and practices. These requirements will also apply to the design, operation, and maintenance of all locations and all equipment.

All employees shall perform their jobs in accordance with the necessary procedures and operating philosophy established by NYFHT.

NYFHT is committed to establishing measureable health and safety objectives and targets that are consistent with this policy. We are committed to evaluating each objective and target at planned intervals together with the Joint Health & Safety Committee (JHSC). This review will be done to ensure suitability, adequacy, and effectiveness in accordance with changing information and conditions.



Executive Director

June 23, 2014



Incident Report and Investigation Form

This Incident Report and Investigation Form is intended to assist your organization with the provision of proper procedures in the event of a workplace incident. The creation of complete documentation, proper reports and investigations of workplace incidents will lead to your organizations readiness to identify and resolve workplace safety issues, reduce workplace injuries, and increase efficiency.

Employee Information:	
Name:	Age: Sex:
Incident Number:	Phone Number:
Incident Date:	Employee Position:
Department/Contractor	Employee Number:

Incident Type					
Injury	<input type="checkbox"/>	Exposure	<input type="checkbox"/>	Illness	<input type="checkbox"/>
Spill	<input type="checkbox"/>	Property Damage	<input type="checkbox"/>	Major Potential	<input type="checkbox"/>
Environmental Incident	<input type="checkbox"/>	Other, Specify:			

Incident Information		
Incident Date (dd/mm/yy): ___/___/___		Time of Incident (24 hour clock):
Reported on: ___/___/___		Time Reported (24 hour clock):
Supervisor:	Building/Area:	Specific Location:
Injured Person: <input type="checkbox"/> Staff <input type="checkbox"/> Contractor <input type="checkbox"/> Public		

Templates and policies from HRDownloads.com are provided for clients of our service. Customers may use this document as is, or as a starting point for their own documents. HRDownloads.com assumes no responsibility for the enforcement or effectiveness of its templates and policies. Always consult legal counsel before implementing any new policies or procedures at your organization.



Injury/ Illness							
First Aid	<input type="checkbox"/>	Medical Aid	<input type="checkbox"/>	Modified Work	<input type="checkbox"/>	Lost Time	<input type="checkbox"/>
Injured Body Part:							
Describe Injury: _____							

Incident Information	
Was First Aid Given? <input type="checkbox"/> Yes <input type="checkbox"/> No	By Whom:
Was injured transported to medical aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where to?	
Name of Doctor	
Injured during normal work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Note: If more than one person injured, answer the above questions on a separate piece of paper and attach to form.*

Property/Equipment/Environmental Damage/Impact	
Description of Damage:	

Estimated Cost:	Critical Part? <input type="checkbox"/> Yes <input type="checkbox"/> No



Evaluation of Risk Potential					
Loss Severity Potential:					
Moderate	<input type="checkbox"/>	Serious	<input type="checkbox"/>	Minor	<input type="checkbox"/>
Probable Recurrence	<input type="checkbox"/>	Occasional	<input type="checkbox"/>	Rare	<input type="checkbox"/>

**(NOTE: Injured persons personal information identified on this form is to be used only for purposes of incident investigation and follow-up with that injured person by North York Family Health Team Inc. The information will not be shared for any other reason.)*

Copies to: Human Resources (original), Director/Dept. Manager, Contractor, List others:

Analysis:

Description of Incident:

Causes:

Immediate:

Basic/underlying:



Recommended corrective action(s):

Immediate:

Long term:

Person(s) responsible for action(s)/Department:

Actions taken:

Acknowledgement & Agreement

Supervisor: _____

Signature: _____

Date: _____

Witness: _____



North York
Family Health Team

JOINT HEALTH & SAFETY COMMITTEE MEMBERS

	Members:	Member Since:
Management:	Phyllis Ryall	2011
Employees:	Salima Nensi	2010
	Lana Rusinek	June 2013
	Chris Damaso	Jan 2014
	Amanda Hodges	Jan 2014
	Tiziana DiRenzo	June 2014
	Sandra Sinclair	June 2014



JOINT HEALTH & SAFETY COMMITTEE

TERMS OF REFERENCE

PURPOSE

The Joint Health and Safety Committee includes management and worker members, who meet regularly to recommend solutions for health and safety concerns.

MEMBERSHIP AND TERMS

Membership will comprise of two management representatives and four worker representatives.

The term of Committee membership is 2 years at which time the term may be renewed up to a maximum of 2 full terms (4 years). Committee members' terms will be staggered to ensure that no more than half the Committee changes at one time.

CHAIRPERSON

“Two of the members of a committee shall co-chair the committee, one of whom shall be selected by the members who represent workers and the other of whom shall be selected by the members who exercise managerial functions.” **Section 9 (11)** of the OH&S Act.

The Co-Chairs will alternate chairing of these meetings.

ACCOUNTABILITY

To the NYFHT Executive Director.

RESPONSIBILITIES OF THIS COMMITTEE

The functions of this Committee include but are not limited to:

- 1) Identifying sources of danger or hazards in the workplace.
- 2) Monitoring the actual or potential hazards in the workplace.
- 3) Making written health and safety recommendations for improvements in the workplace.
- 4) Performing workplace inspections every month.
- 5) Participating in any inspections and/or accident/incident investigations that may be carried out, including those that might be conducted by the Ministry of Labour inspectors.
- 6) Accompanying an inspector and being present at workplace testing.
- 7) Monitoring employee incident reports to set priorities for action.
- 8) Bring forward concerns raised by employees regarding health and safety to the Executive Director.
- 9) Preparing an annual summary and other reports/documents as required.

FREQUENCY OF MEETINGS

Meetings will occur at least every three months.
Agenda's and Minutes must be recorded and posted for each meeting.

Approved by:



Executive Director, NYFHT

Jan 27 / 2014

Date