



Policy: H&S.1

## HEALTH AND SAFETY POLICY MANUAL

### **Administration**

**Section: Health & Safety**

**Subject: Health & Safety Committee**

**Terms of Reference**

### ***POLICY***

The Health & Safety Committee (HSC) is a Committee of Council and a forum for workers and management to discuss work-related health and safety concerns. It gives workers and employers an opportunity to share their knowledge and experience of the work process and hazard control. This sharing will help identify hazards and make recommendations to the employer that will improve the workplace environment and increase protection of the workers' health and well-being.

### **OBJECTIVES**

The committee is an advisory body to Senior Management with six primary functions:

- to identify potential workplace hazards, including reviewing workplace inspections, incident information, investigation reports, lost time occurrences, statistical summaries;
- to evaluate hazards;
- to recommend hazard controls and corrective action (s);
- to follow up on recommendations;
- to promote health and safety education; and
- to audit the Internal Responsibility System and identify and make recommendations for improvement.

To carry out its functions, the committee is required according to the *Occupational Health & Safety Act* (OHSA) to hold meetings at least once every three months (section 9(33) and carry out monthly inspections of the workplace.

Roles and Responsibilities of the Health and Safety Committee:

The roles and responsibilities will be completed collectively by the committee. If there are specific situations where only one worker is required, that worker will be selected at the next meeting or an emergency meeting will be called.

- To establish goals and objectives for the health and safety program;
- To identify situations that may be dangerous or hazardous to workers;
- To make recommendations for improving the health and safety of workers and establishing programs and procedures for safe work practices;
- To review all accident and injury data to identify trends and to recommend changes;
- To obtain information, be consulted about, or have a designated worker member involved with:
  - potential or existing hazards of materials, processes or equipment;
  - tests related to the health and safety of any equipment or chemical or physical agent related to the workplace; and
- To develop a monthly inspection schedule and to complete monthly inspections of each location;
- To follow up, as appropriate, on hazardous situations noted in inspection reports;
- To be consulted by management on legislated Designated Substance handling or Workplace Hazardous Materials Information System (WHMIS) concerning:
  - The preparation of a chemical inventory, personnel accessibility to the inventory and relevant Material Safety Data Sheets; and
  - The development and review of WHMIS control programs, instruction and training procedures.
- To be responsible for maintaining rules of confidentiality, except where disclosure of information is specifically required by the Act or other law;
- To recommend procedures for the prompt treatment of injuries and illnesses sustained on the Society's premises;
- To be informed of any work-related accidents involving injury, death or occupational illness and receiving results of any reports relating to health and safety in the workplace;
- To evaluate and make recommendations on systems of reporting, recording, investigating and analyzing hazardous acts and conditions which have resulted in or may have resulted in personal injury or illness;
- To promote on-going education program to create awareness for a safe and healthy work environment and develop in each employee a sense of responsibility embracing their own safety, as well as for their co-workers;
- To develop an evaluation process by which the effectiveness of the health and safety program will be assessed;
- To receive immediate notification of a fatality or critical injury of a person, from any cause, in the workplace; and
- To receive written notice for:
  - a worker having an occupational illness (within four days of reporting).

Roles and Responsibilities of the Certified Worker Members:

- To Investigate any complaint that a dangerous circumstance exists;
- To initiate and assist in the investigation of a bilateral work stoppage;
- To assist in the investigation of work refusals; and
- To investigate critical injuries and fatalities.

Note: In the event that one Certified Worker Member is not available, a worker who because of knowledge, experience and training will be selected by to represent them. This worker shall be available and shall attend without delay.

Roles and Responsibilities of Michipicoten First Nation:

- To provide a location for meetings;
- To choose Management committee members;
- To inform the committee of lost time work-related accidents involving injury, occupational illness or death;
- To provide the committee with the results of any reports relating to health and safety in the workplace;
- To provide written response (including a timetable for implementation or justification for disagreement with the recommendations) to committee recommendations within 21 days;
- To report to the committee any lost-time or critical injuries caused by accident, explosion or fire at the workplace;
- Upon committee request, to provide information regarding the identification of potential or existing hazards involving materials, processes or equipment;
- Upon request, to inform the committee of changes in work procedures, or the introduction of new machinery or processes, of the use of new chemicals and other materials and of the availability of new safety equipment ;
- To provide the information required under the designated substances regulations where they apply to the workplace; and
- To allow a worker member the opportunity to accompany the inspector on all inspections and investigations.

**COMMITTEE MEMBERSHIP**

1. Number of members: Committee is composed of a minimum of Seven (7) members, with equal representation from the worker group (2) and equal management (2) as voting members; a member from the community (1); the Chief as Ex Officio (1); and a Council Member as Chair (1) to break a tie as necessary.
2. Alternates: Each worker member will have an alternate who will receive copies of the minutes. If the member of the Health and Safety Committee cannot attend a meeting, it will be his/her responsibility to arrange for the alternate to attend. There will be two management alternates. The Chair will be advised of all such arrangements prior to the meeting.
3. Selection of members: Management representatives are The Band Manager and a Designate appointed by the Band Manager, while the worker employees are selected by their Supervisor, as approved by the Band Manager.
4. Accessibility of Members: The names of all of the members of the Health and Safety Committee will be posted on bulletin boards at designated locations. Workers are encouraged to refer issues of concern to the Health and Safety Committee.
5. Terms of Office: Members will be selected for a minimum of two (2) years at each new term of office of Chief and Council and Committees. Members may continue to hold their position on the Committee beyond the two year term in writing thirty (30) days prior to the end of their current term.
6. Education: Protocols for new member and committee education and training shall be determined by the Health and Safety Committee. A worker and management member will be certified. A certified member is accredited through additional training sponsored by the Workplace Safety & Insurance Board or designated agency in accordance with criteria established.

7. Payment: Time spent at meetings and making reasonable preparation for meetings is considered work time and is paid at the employee's regular rate as appropriate.

The meetings will all be held at the Administration Office. Travel time and mileage costs will be paid as per the Michipicoten First Nation's current policies.

Time is also allowed to conduct workplace inspections or accident investigations or fulfilling other legislated duties of members. One hour is allowed for preparation for meetings, unless special circumstances require additional time.

Health and Safety Committee activities will normally take place during regular working hours, unless the member's presence is required in an emergency situation (e.g. Critical Injury Investigation). In such cases, the member will be paid at his/her regular rate or in accordance to the policies of Michipicoten First Nation.

8. Chair: Meetings must be chaired by a Member of Council as appointed by Chief and Council and shall remain in their position for a minimum of two years but may extend that period beyond the two years as approved by Chief and Council.

Additional responsibilities of the Chair and the Band Manager (Management) include:

- scheduling and coordinating meetings,
- preparing agendas;
- reviewing and signing minutes;
- overseeing preparation of appropriate reports;
- guiding meetings, ensuring participation;
- defining decision making process – consensus;
- ensuring decisions are reached;
- reviewing Terms of Reference annually or as necessary;
- writing and submitting recommendations to management;
- meeting with senior management; and
- ensuring that orientation/training programs are conducted for all new members

9. Advisors/Resource Person: At times, the committee recognizes that there will be a need to have an advisor/resource person at a meeting. The committee will agree to the invitation, and it will be arranged by the Chair and Band Manager. The Advisor/Resource Person will provide information and assist the committee as required. He or she will function as a non-voting member of the committee for a limited, agreed-to period of time.

## MEETINGS

1. Frequency: Meetings will be conducted at the workplace at minimum every three (3) months. Meeting dates are established on a pre-set schedule distributed to members in each fiscal year. The location of the meetings will be specified in the schedule. Meetings may be held at 107 Hiawatha Drive, Administration Office of Michipicoten First Nation or as otherwise designated.
2. Agenda: The agenda is prepared and distributed by the Recording Secretary as directed by the Band Manager and Chair. Items for discussion will be provided to the Chair two weeks prior to meetings. An agenda will be distributed to members at least three (3) days prior to meetings.
3. Minutes: Minutes will be taken by a member of the administrative staff, as designated by the Band Manager. Minutes are reviewed and signed by the Chair and the Band Manager, distributed to members. Recommendations arising from the Minutes will be prepared and submitted to Chief and Council at the next available Council Meeting if approvals are

required, or policy changes are recommended. The management representative will submit the minutes to the Committee Members.

4. Quorum: A quorum to conduct meetings consists at minimum, of four members of the Committee, at least two (2) workers and two (2) Management not including the Chair unless to break a tie.
5. Decision Making: It is imperative that the Health and Safety Committee operate as a cooperative body, setting aside any worker and management functions, and work only toward the primary goal of promoting health and safety in the workplace. For this reason, consensus will be the method by which decisions are made. It will be the responsibility of the Chair to assist in the decision-making process where necessary to break a tie vote.
6. Dispute Resolution: Items unresolved by the Health and Safety Committee after two regularly scheduled meetings will be referred to Chief and Council to attempt to resolve the outstanding issue. The services of an external Health and Safety Consultant may also be considered to assist with resolution. A written response shall be given to the Health and Safety Committee by the next scheduled meeting.
7. Provisions for Review of Committee Effectiveness: Once per year, at a designated and consistent time, the committee will review its effectiveness. In doing so, it will review the number of meetings, inspections, recommendations; goals attained, and set goals for the following year.

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Date: January 22, 2015



Policy: H&S.3

## MICHIPICOTEN FIRST NATION POLICY MANUAL

### ADMINISTRATIVE RESOURCES

**Section: Health and Safety**

**Subject: Workplace Inspections**

### *POLICY*

Under the Occupational Health and Safety Act the physical condition of the workplace shall be inspected at least once a month. Committee members who represent workers must select someone in their group to inspect the workplace and if possible, this should be a certified member. Where a real or potential hazard is discovered, this member must report it to the committee.

### *PROCEDURE*

This standard provides a format for conducting workplace inspections that are completed and consistent. Ideally, both the worker and management representatives will conduct the inspection. Worksite physical inspections by the Committee play an integral part in legislation compliance and accident prevention programs to:

- Reduce workplace injuries
  - Promote a healthy and safe workplace
  - Recognize hazards and make recommendations
  - Reduce or eliminate them
  - Comply with the Occupational Health and Safety Act mandates
1. Inspectors will use the following tools to conduct inspections:
    - a. Walkthrough Inspection Instructions,
    - b. Inspection Checklist, (See attached)
    - c. Previous inspection report(s)
    - d. Incident/injury reports to review if corrective action, if needed, has been taken.
  2. Establish an annual documented schedule for workplace inspections.
  3. Any hazards or unsafe conditions observed while conducting the inspection is corrected, immediately, if possible. This includes notifying the supervisor of the area where the hazard was identified and recording the notification on the inspection Worksheet.

4. A minimum of 2 employee contacts or activities will be conducted during each workplace inspection.
5. Those conducting the inspection must sign the original completed inspection worksheet.
6. The inspection reports are reviewed by management designate.
7. Completed inspection reports are posted on the designated bulletin board within one week after completion.
8. The department manager/supervisor will be responsible to seek corrective action.
9. The inspection team will be responsible to ensure appropriate actions have been taken
10. The inspection team will bring any unresolved items back to the Joint Health and Safety Committee to discuss issues and/or recommendations.

In addition to the workplace inspections, the following may take place:

#### **I MINISTRY OF LABOUR INSPECTIONS**

A committee member or worker representative will accompany the inspector during his/her physical inspection of the workplace.

Employer response to Ministry of Labour work orders will take precedence in taking corrective measures, within the prescribed time frames, to ensure employee safety.

#### **II DEPARTMENT INSPECTIONS**

Department supervisors are ultimately responsible to conduct planned and unplanned inspections on a monthly basis. In conjunction with the supervisor, however, a unit worker may be designated to assist in conducting monthly inspections.

#### **III SUPERVISOR PLANNED, UNPLANNED AND OBSERVATION AUDITS**

All supervisory personnel shall be responsible for conducting routine planned, unplanned and job observation audits within their area of control. These inspections will ensure that equipment, workstation design/layout and process controls (e.g. emergency procedures and personal protective devices) are in place to recognize, document and minimize health and safety real or potential hazards. Job observation audits are to be periodically conducted to ensure workers have the necessary knowledge, understanding of department procedures and skills to perform their job in a safe manner. Inspections are to be recorded with corrective measures documented on the "Workplace Inspection Report" for and posted in the department for two (2) weeks.

## **COMMUNICATION**

Written            Introduced at Orientation  
                      Reviewed annually with all employees  
                      Health & Safety Policy Manual

## **TRAINING**

All Supervisors, Committee Members and/or Health and Safety representatives will attend Workplace Inspection training within one year of assuming their position.

Supervisors as approved by the Band Manager will ensure all employees asked to conduct inspections receive training regarding "how to conduct an inspection" prior to their first inspection.

## **EVALUATION**

Management evaluates the compliance and effectiveness of this procedure at least annually and then reflects results through a performance measure.

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Policy: H&S 4

## HEALTH AND SAFETY POLICY MANUAL

**Section: Health & Safety**  
**Subject: Health & Safety Policy**  
**Attachments**

### **ATTACHMENTS:**

#### **Attachment No. 1**

Inspection Report (Page 4, 5, 6 H&S 3)

Employee Incident Report – Public Services Health & Safety Association standard form

# HEALTH AND SAFETY - WORKPLACE INSPECTION REPORT

Date: \_\_\_\_\_ Inspector(s): \_\_\_\_\_

Site: \_\_\_\_\_ STAFF INTERVIEWED FOR CONCERNS: 1. \_\_\_\_\_  
 2. \_\_\_\_\_

(√) - satisfactory      (x) - needs attention

Checklist Item	(√) (X)	Description of Hazard	Location of Hazard	Corrective Action Recommended	By Whom	Target Date
<b>Physical Site</b> <ul style="list-style-type: none"> <li>• Clean level ground</li> <li>• Clear walkways</li> <li>• Adequate ramps</li> <li>• Stairs &amp; aisles clear and unblocked</li> <li>• Well lit</li> <li>• Wall and ceiling fixtures fastened securely</li> </ul>						
<b>Floor</b> <ul style="list-style-type: none"> <li>• Is there loose material, debris, or worn carpeting</li> <li>• Are the floors muddy, oily or slippery</li> </ul>						
<b>Equipment</b> <ul style="list-style-type: none"> <li>• Are safety devices intact and used</li> <li>• Plug ins/electrical cords poorly placed</li> <li>• Condition of power/ext cords</li> </ul>						
<b>Fire Prevention</b> <ul style="list-style-type: none"> <li>• Master emergency site plan</li> <li>• Extinguishers on site</li> <li>• Full charged</li> <li>• Adequately identified</li> </ul>						

<p><b>Storage</b></p> <ul style="list-style-type: none"> <li>• Properly located</li> <li>• Safely piled, stacked or bundled</li> <li>• Properly labeled (WHMIS)</li> </ul>					
<p><b>Sanitation</b></p> <ul style="list-style-type: none"> <li>• Are washrooms and food preparation areas up to standard</li> <li>• Are measures in place to prevent the spread of disease</li> </ul>					
<p><b>Health &amp; Safety Board</b></p> <ul style="list-style-type: none"> <li>• Inventory taken of required documents – see attached schedule.</li> </ul>					
<p><b>First Aid Kits</b></p> <ul style="list-style-type: none"> <li>• Inventory taken – make list of what needs to be replenished.</li> <li>• First Aid Certificate posted – record expiry date</li> <li>• Vehicle First Aid Kits all accounted for.</li> </ul>					
<p><b>Other Hazardous Items</b></p> <ul style="list-style-type: none"> <li>• Outside lights</li> <li>• Panic alarm testing</li> </ul>					

**REQUIRED DOCUMENTS FOR HEALTH & SAFETY BOARD**

The Health & Safety Committee members who conduct the monthly inspections will check the health and safety board for compliance and to ensure current material is posted.

- Occupational Health & Safety Act (Pocket Ontario OH&S Act which includes appropriate industry regulations and WHMIS regulations)
- Material Safety Data Sheets
- Form 82 – In Case of Injury at Work poster
- First Aid Regulation 1101
- Emergency Services and Numbers
- Explanatory occupational health and safety materials prepared by the Ministry of Labour
- Reports
  - Health & Safety Committee
  - Health & Safety Inspections
  - Health & Safety Minutes
  - Ministry of Labour Orders
  - Workplace Incident Summaries

# Employee Incident Report

<b>Employee Information</b>	Last Name _____ _____		Home Telephone No. (____) - (____) (____)	
	First Name _____ _____		Work Telephone No. (____) - (____) (____)	
	Date of Birth (DD/MM/YY) ____/____/____		Employee ID# _____ / SIN (____) - (____) - (____)	
	Address _____ City/Town _____ Province _____ Postal Code (____) (____)			
<b>Description of Incident</b>	Division/Dept./Unit _____ Occupation at time of injury _____		Check: <input type="checkbox"/> Full-time <input type="checkbox"/> Casual <input type="checkbox"/> Part-time <input type="checkbox"/> Student Was the employee on the job when the injury occurred? (check) <input type="checkbox"/> YES <input type="checkbox"/> NO  _____ Years of Experience	
	Date of Incident (DD/MM/YY) ____/____/____ Time of day _____ AM/PM		Date Reported (DD/MM/YY) ____/____/____ Time of day _____ AM/PM	
	State the exact sequence of events leading up to the incident. Include an explanation of what the employee was doing. _____ _____ _____		To whom was the incident reported? If report is delayed, please explain why. _____	
<b>Witnesses</b>	Names, positions, & phone numbers of witnesses or persons having knowledge of the incident. _____ _____			
	Was the accident/illness: 1 <input type="checkbox"/> A Sudden, Specific Event/Occurrence? 2 <input type="checkbox"/> Gradually Occurring Over Time? 3 <input type="checkbox"/> An Occupational Disease? 4 <input type="checkbox"/> A Fatality?			
<b>Cause</b>	Direct causes (check one – see reverse): 1 <input type="checkbox"/> Physical/Environmental 2 <input type="checkbox"/> Personal		Examples of Actions: 1. Reinstruction of person involved	
	Basic causes (check one): 1 <input type="checkbox"/> Job factors 2 <input type="checkbox"/> Personal factors		2. Reassignment of person 3. Order job safety analysis done 4. Improve personal protective equipment 5. Action to improve inspection 6. Equipment repair or replacement 7. Correction of congested area 8. Installation of guard or safety device 9. Actions to improve design/procedure 10. Check with manufacturer 11. Inform all department supervisors 12. Discipline of persons involved 13. Other:	
<b>Correction</b>	Action(s) Taken	CORRECTED (check box)	PLANNED (check box)	Date (DD/MM/YY)
	1 _____	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____
<b>Injury</b>	Describe the illness or injury, part of body involved and specify left or right side. _____			
	Are you aware of any prior similar or related problem, injury, or condition? If yes, please explain: _____			
	No injury (check one) 1 <input type="checkbox"/> Hazardous situation		Injury – No WSIB Claim (check one) 1 <input type="checkbox"/> First aid 2 <input type="checkbox"/> No aid	
<b>Occupational Health</b>	WSIB Claim Treatment Memorandum (check one) 1 <input type="checkbox"/> Health care (medical aid) 2 <input type="checkbox"/> Lost time			
	Did employee seek medical attention? (check one) 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes		Did employee visit family physician? (check one) 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes	
	Did employee visit health service? (check one) 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes		If Yes, Physician's Name _____	
	Did employee visit emergency? (check one) 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes		Tel.No. (____) (____) - (____) (____)	
If Yes, ER Physician's Name _____		Physician's Address _____		
Tel.No. (____) (____) - (____) (____)				
Will the employee undertake: (check one) 1 <input type="checkbox"/> Regular duties 2 <input type="checkbox"/> Modified duties 3 <input type="checkbox"/> Remain off work	Has the employee had a similar disability? (check one) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown	Check attachments to this report. 1 <input type="checkbox"/> Statements 2 <input type="checkbox"/> Photographs 3 <input type="checkbox"/> Treatment memo 4 <input type="checkbox"/> Other – specify: _____		
EMPLOYEE SIGNATURE _____ Date _____	MANAGER SIGNATURE _____ Date _____	OCC. HEALTH DEPT. SIGNATURE _____ Date _____		

This information is to be used for completion of WSIB Claim Form 7

11/RFRAEN0810

# Instructions for Completion Employee Incident Report

The purpose of this report is to:

- Collect factual data relating to the occurrence of a workplace injury
- Collect data for completion of the WSIB report
- Provide a systematic means to record incidents, document the results of investigations and note how, when and what corrective action will be taken
- Help to ensure the provision of prompt medical treatment
- Assist in the determination of the causative factors related to the incident
- Systematically collect factual data for statistical records
- Guide the investigator in conducting an effective investigation

**NOTE: Shaded information is considered confidential and should not be shared with the joint health and safety committee.**

ORIGINAL to be kept in "Employee Incident Report" file in H&S area/division

2ND COPY to injured worker's supervisor

3RD COPY to injured worker's occupational health or employee file

## Types of Incidents - Definitions

### Struck/Caught

- An incident in which a person has been struck abruptly or forcefully by some object in motion (e.g., box falls off shelf, employee jabs needle into finger, person pushing cart runs into someone) or a person is contacted non-forcefully by some substance or agent in motion that has an injury-upon-contact characteristic (such as being splashed by hot or corrosive solutions).
- An incident in which a person strikes abruptly or forcefully some stationary object in his/her surroundings (e.g., nurse strikes his/her leg against the crank of a bed) or comes into contact, non-forcefully, with some stationary substance or agent that has an injury-upon-contact characteristic (such as electrical shock).
- An incident in which a person is:
  - a. trapped in some type of enclosure or a part of a person's body is caught in some type of opening (e.g., a person is caught in an elevator or locked into a refrigerated room)
  - b. caught on some protruding object (e.g., a person's clothing gets hooked onto a handle or a person catches his/her hand on a sharp edge)
  - c. pinched, crushed or otherwise caught between either a moving object and a stationary object or between two or more moving objectives (e.g., a person jams his/her fingers between a wheeled cart and doorway).

### Fall

A fall on the same level on which a person was standing or walking, or when a person falls to below the level on which he/she was standing or walking.

## Direct Causes - Definitions

### Physical/Environmental

Contributing conditions such as machinery/equipment, house-keeping, physical agents, chemical agents, personal protective equipment, temperature (heat/cold), etc.

### Personal

Contributing actions such as unauthorized equipment use, improper body motion, working at unsafe speeds.

### Slip/Trip

The person either slips or trips but does not fall.

### Overexertion

An incident is one in which a person puts excessive strain on some part of his/her body (e.g., an employee strains his/her back or some other part of the body).

### Harmful Substances/Environmental

An incident in which the employee is exposed to harmful conditions (e.g., toxic gases, fumes or vapours; toxic airborne particles; extremes of heat or cold; oxygen deficient atmospheres; radioactive radiation; intense light brightnesses, infectious diseases, blood/blood-stained body fluids, moulds/spores).

### Assault

An incident in which the employee is subjected to an untoward action by a patient or member of the public (e.g., a patient bites or strikes an employee).

### Repetition

An incident that develops over a period of time due to the repetitive nature of the task being carried out (e.g., pipetting, keyboarding).

### Fire/Explosion

An incident in which the employee is subjected to a fire or explosion in the workplace.

### Motor Vehicle Accidents

An incident in which the employee is involved in a motor vehicle accident during the course of his/her work activities.

## Basic Causes - Definitions

### Job Factors

Work procedures, purchasing, design, training, engineering controls, etc.

### Personal Factors

Physical restrictions, lack of training, motivation, inadequate capability, etc.