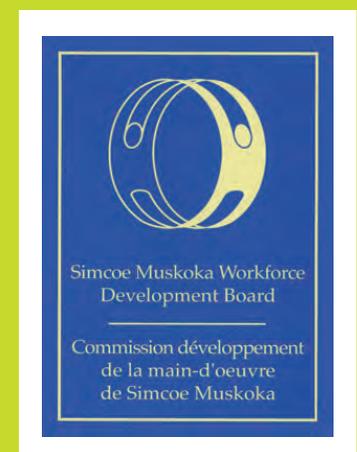


# Health and Safety in the Workplace

## A Guide to Get You Started



**EMPLOYMENT  
ONTARIO**





# HEALTH & SAFETY HANDBOOK

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## **INTRODUCTION:**

As a business owner you are legally responsible for providing a healthy and safe workplace. Employers in Ontario need to know their responsibilities under Ontario's Occupational Health and Safety Act (OHSA). The Workplace Safety Insurance Board (WSIB), the Ministry of Labour (MOL) and the Health and Safety Associations (HSAs) are committed to enhancing health and safety in the small business community in Ontario. Some of the principles guiding the approach to health and safety are:

- Employers are primarily responsible for protecting their workers from harm under the Occupational Health and Safety Act.
- Safety is everyone's responsibility in the workplace.
- Risk is always part of life because nature, people and our inventions are not perfect.
- Risk can be reduced by paying attention to potential hazards, causes of incidents and then changing our actions.
- There is usually more than one way to prevent an incident.
- Our perception of risk is not always accurate.

This booklet is intended to help small business and provide a framework for the development of a Health and Safety Program.

### **Who needs a Health & Safety Program?**

Any business that employs five (5) or more employees; include all full and part-time staff.

### **Where do I begin?**

The booklet is divided into sections to get you started on building your individual Health and Safety Program. Follow the steps, action by action to build the framework necessary for your compulsory Health and Safety Program. We have included samples and websites for your information.

### **Let's get started!**

## SECTION 1 – HEALTH AND SAFETY POLICY

**Action - Write a health and safety policy dated and signed by the employer**

The policy is a written statement of principles and goals embodying the company's commitment to workplace health and safety. The policy should include:

- a written statement of principles and goals in clearly stated terms that are easy to understand;
- recognition of the Occupational Health and Safety Act;
- acknowledgement of the right of every employee to work in a safe and healthy environment;
- management's commitment to provide a safe and healthy work environment eliminating or minimizing hazards that cause accidents and injuries;
- recognition of the priority of safety in relation to other organizational goals and policies;
- encouragement of the cooperation of unions and workers involving all employees in implementation of the policy;
- signature of chief executive officer;
- date, (to be reviewed annually).

See the sample of a Health and Safety Policy on the next page.

*Other samples may be seen at:*

[http://www.csa.org/health\\_and\\_safety\\_program/E1.policy/policy.htm](http://www.csa.org/health_and_safety_program/E1.policy/policy.htm)

**Action – Post current Health & Safety Policy in a conspicuous area of workplace**

The Health and Safety policy must be signed by the employer and dated. It must be reviewed annually and kept up-to-date with current activities in the organization and with the latest legislation.

**Action – Distribute and explain Health & Safety Policy to all employees**

## Sample Corporate Health and Safety Policy Statement

[Company Name] is committed to preventing the accidental loss of any of its resources, including employees and physical assets.

In fulfilling this commitment to protect both people and property, management will provide and maintain a safe and healthy work environment, in accordance with industry standards and in compliance with legislative requirements of the Occupational Health and Safety Act, and will strive to eliminate any foreseeable hazards which may result in property damage, accidents, or personal injury/illness.

We acknowledge the right of every employee to work in a safe and healthy environment.

We recognize that the responsibility for health and safety is shared. All employees will be equally responsible for minimizing accidents within our facilities and on our work sites. Safe work practices and job procedures will be clearly defined in the company's Health and Safety Manual for all employees to follow.

Safety will be a priority organizational goal. Accidental loss will be controlled through good management in combination with active employee involvement. Safety is the direct responsibility of all managers, supervisors, employees, and contractors.

All management activities will comply with company safety requirements as they relate to planning, operation and maintenance of facilities and equipment. All employees will perform their jobs properly in accordance with established procedures and safe work practices.

I trust that all of you will join me in a personal commitment to make safety a way of life.

---

Signature of Chief Executive Officer

---

Date

**\*The safety information in this policy does not take precedence over Occupational Health and Safety legislation. All employees should be familiar with the *Occupational Health and Safety Act* and the *Regulations for Construction Projects* (current edition).**

## SECTION 2 – HEALTH AND SAFETY RESPONSIBILITIES

- **Action – Define and develop Health and Safety Responsibility Statements for the employer, managers, supervisors, full and part-time employees**

The Occupational Health and Safety Act (OHSA) is based on the concept that everyone in the workplace shares responsibility for health and safety according to their authority and ability. Since the employer has the greatest authority and ability **the employer bears the greatest responsibility for health and safety.**

The employer should clearly outline the responsibilities and accountabilities for all workplace parties.

All parties must know and understand these responsibilities.

Samples of Responsibility Statements may be found on the next page and in more detail at:

[http://www.csao.org/health\\_and\\_safety\\_program/E1a.responsibilities/responsibilities.htm](http://www.csao.org/health_and_safety_program/E1a.responsibilities/responsibilities.htm)

## Sample Health and Safety Responsibilities

### **Senior Management**

1. Provide a safe and healthy workplace.
2. Establish and maintain a health and safety program.
3. Ensure that workers are properly trained.
4. Report accidents and injuries to authorities as required by law.
5. Provide medical/first aid facilities.
6. Provide workers with health and safety information.
7. Inspect projects and meet regularly with supervisors to monitor the program and take corrective action.
8. Provide the motivation and resources necessary to make the program work.
9. Ensure that operations comply with both the law and the program.
10. Demonstrate commitment to accident prevention.
11. Consider accident prevention and safety performance when evaluating employees, especially supervisors.

### **Supervisors (Forepersons)**

1. Make sure that the program is carried out at the work level.
2. Ensure that protective equipment required by law and by the program is used and maintained properly by workers and that workers understand the reasons for its use.
3. Instruct personnel in proper work practices and update instruction as needed.
4. Check work practices and work areas for hazards and take corrective action where required.

5. Consult with the health and safety representative.
6. Ensure that injuries are treated and reported.
7. Investigate and report all accidents and take corrective action.
8. Acquaint the new worker with hazards and safe work procedures.

### **Workers**

1. Work in accordance with the safety program.
2. Work in a manner that will not endanger anyone.
3. Report unsafe situations.
4. Comply with the *Occupational Health and Safety Act* and all relevant regulations.
5. Report injury or illness immediately.
6. Help new employees recognize job hazards and follow proper procedures.
7. In some cases, participate in joint health and safety committees.

### **Subcontractors**

1. Adhere to the general contractor's/constructor's program requirements.
2. Monitor site conditions in their area and take corrective action.
3. Report lost-time injuries immediately to the constructor.
4. Request help in dealing with hazards created by another employer's workforce.

### **Health and Safety Representative**

1. Inspect the workplace.
2. Identify situations that may be a source of danger.

3. Make recommendations to the employer.
4. Investigate and help deal with work refusals.
5. Assist in accident investigations.

#### **Joint Health and Safety Committee**

1. Inspect the workplace.
2. Review health and safety reports.
3. Make recommendations to the employer.
4. Assist in accident investigations.
5. Identify situations that may be a source of danger.
6. Assist in resolving work refusals and reports of "dangerous circumstances."

#### **All Employees**

In addition to the responsibilities set out above, all employees must become familiar with the *Occupational Health and Safety Act* and all applicable regulations, and with the requirements of the safety program. They must know exactly what their responsibilities are and have the required ability and training to fulfill them. They must also have sufficient authority to either carry them out personally or delegate them.

**Health and safety is not something *added* to an employee's job. It is an *inherent, central part* of that job – a full-time component of each individual's responsibilities.**

### SECTION 3 – POSTED HEALTH AND SAFETY MATERIALS

The employer has the following documents conspicuously posted and/or available at the workplace:

- Action – Post Occupational Health & Safety Act (OHSA) and any OHSA explanatory material in a high traffic area visible and accessible to all employees.**

The Occupational Health and Safety Act can be downloaded at:

[http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_90o01\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90o01_e.htm)

- Action – Post all appropriate industry relevant regulations on the wall in a place visible and accessible to all employees.**

Statutes and regulations can also be downloaded on an individual basis from:  
[www.e-laws.gov.on.ca](http://www.e-laws.gov.on.ca)

- Action – Post WHMIS Regulation and Material Safety Data Sheets (MSDS)**

These regulations must be available to all workers. MSDS sheets must be current, no more than three years old

- Action – Post Designated Substances Regulation**

More information on designated substances appears in a separate guide, *Designated Substances in the Workplace: A General Guide to the Regulations*, available from Service Ontario Publications.

- Action – Post Form 82 (In Case of Injuries) on the wall in a place visible and accessible to all employees and at all first aid stations.**

This poster may be obtained from WSIB at:  
<http://www.wsib.on.ca/wsib/wsibsite.nsf/Public/InCaseOfInjuryPoster>

- Action – Post First Aid Regulation 1101 at all First Aid Stations**

The brochure detailing the specific obligations of your business may be obtained through:

<http://www.wsib.on.ca/wsib/wsibsite.nsf/public/FAP>

In summary, regulations dictate that:

- The expense of first aid equipment and services will be carried by the employer.
- First aid equipment must be inspected regularly and accurate records of these inspections must be kept.
- First aid stations must be easily accessible and be supervised by workers who:
  - have valid first aid certificates from a WSIB-recognized training organization;
  - work in the immediate vicinity of the stations.
- Employers must post all required first aid information where it can be seen clearly.
- Employers must keep detailed records of all accidents and first aid treatment given.

A list of WSIB-recognized training organizations may be found at:

<http://www.wsib.on.ca/wsib/wsibsite.nsf/public/FATrainers>

#### **Action – Post Emergency Contact Numbers**

Emergency numbers including 911, if available, fire, police, ambulance, Poison Control, Ministry of Labour, Ministry of Environment and utilities should be posted and readily available.

The employer should prepare a contact list of all workers and their home/cell phone numbers, with permission, to be used in the event emergency information must be quickly communicated.

Quick response to emergencies can eliminate or reduce injuries, loss of life and mitigate financial loss.

See sample Emergency Numbers Form that follows.

## Emergency Numbers

Date:		Location:	
Ambulance:			
Police:			
Fire Department:			
Municipal Water Dept:			
Municipal Electrical Dept:			
Occupational Health & Safety:			
Other:			
Emergency Response Team			
Coordinator:			
Communication:			
Gate:			
First Aiders:			
Site Location:			
Other:			
Prime Contractor (Owner):			
Office Phone:			
Home Phone:			
Sub-Contractor:			
Office Phone:			
Home Phone:			

## SECTION 4 – HEALTH AND SAFETY STANDARDS AND PROCEDURES

**Identify workplace health and safety hazards and implement controls for those hazards.**

**Action – Identify work place health and safety hazards**

Walk through the workplace and talk to workers to identify hazards. Look for ways that employees might be injured, determine who is at risk, and identify measures currently in place and what additional precautions and controls may be required. Hazards may also be identified from employee incident reports, during accident investigations and regular workplace inspections.

Workplaces are constantly changing. ***The Hazard Assessment must be reviewed annually.***

The Hazard Assessment Form sample on the following page may be helpful in performing this assessment:

**Action – Implement health and safety hazard controls**

Develop, define and implement controls to address health and/or safety hazards defined.

**Action – Develop a policy and procedure for Hazard Reporting**

Be sure to include the definition of a hazardous condition or act, the time frame for reporting, and how to report (verbal/form).

# Hazard Assessment Form

Organization: \_\_\_\_\_ Completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Description of Hazard	Who may be injured and how	Control options already in place	Control options required	Person Responsible	Target Date	Date Completed
<b>Chemical</b> <ul style="list-style-type: none"> <li>• Solids, liquids or gases</li> <li>• Exposure to controlled, consumer, medical products, designated substances, etc.</li> </ul>						
<b>Physical</b> <ul style="list-style-type: none"> <li>• Excessive heat, noise or vibration exposure</li> <li>• Exposure to radiation from x-rays or lasers</li> </ul>						
<b>Biological</b> <ul style="list-style-type: none"> <li>• Pathogenic organisms capable of causing illness or disease</li> <li>• Bacteria, viruses, fungi (molds, yeast), parasites, plants</li> </ul>						
<b>Musculoskeletal</b> <ul style="list-style-type: none"> <li>• Client handling (lift, transfer or reposition)</li> <li>• Manual material handling (lifting, pushing, pulling, lowering)</li> <li>• Design or organization of work</li> </ul>						

Description of Hazard	Who may be injured and how	Control options already in place	Control options required	Person Responsible	Target Date	Date Completed
<b>Machines / Equipment</b> <ul style="list-style-type: none"> <li>Moving parts, pinch points, blades</li> </ul>						
<b>Work Practice Hazards</b> <ul style="list-style-type: none"> <li>Failure to establish safe work practices or failure to follow safe work policies and procedures</li> </ul>						
<b>Organizational Stressors</b> <ul style="list-style-type: none"> <li>Excessive workload, role uncertainty, responsibility for others, job satisfaction, job security</li> </ul>						
<b>Violence / Aggression</b> <ul style="list-style-type: none"> <li>Use of force or aggressive behaviour, including hitting, kicking, punching, pushing, slapping, pulling hair, etc.</li> </ul>						
<b>Energy Hazard</b> <ul style="list-style-type: none"> <li>Electricity</li> <li>Steam, heat, chemical energy</li> <li>Pneumatic pressure or hydraulic pressure</li> </ul>						

**Action – Ensure a written emergency evacuation plan is in place**

Emergency plans are procedures for dealing with such sudden unexpected situations as fires, explosions, major releases of hazardous materials, violent occurrences or natural hazards.

For most business, an emergency response would include:

- fire prevention
- toxic gas leak or chemical spill
- violent encounter
- evacuation
- first aid

The Plan will need to include:

- responsibilities for employer, supervisors and workers
- floor plan of the workplace
- assembly point outside of workplace for all workers to assemble and head count to take place
- planned and scheduled drills

A sample of an Emergency Plan Guideline is on the following page.

**Action – Develop a policy and procedure for Worker Use of Personal Protective Equipment (PPE) (If Applicable)**

Include what is required and acceptable, who must wear what and the exceptions that may apply, when the equipment must be worn, and who is responsible for supplying the equipment. This will help workers understand the need for protecting themselves, promote use of the equipment and reduce the likelihood of suffering a work related injury or illness.

## Sample Emergency Plan Guidelines

### **Policy Statement**

[Company Name] is committed to having an emergency plan in place for each workplace to assist workers and the public to respond to any emergency situation.

### **Emergency Plan**

All workplaces require:

- a) A method for reporting the emergency;
- b) A list of workers responsible in emergency situations and how to contact them;
- c) A plan for incident investigation and correction of the hazard;
- d) A list of phone numbers for emergency and support services (should be posted by telephones)

Workplaces may also require:

- a) A method for sounding the alarm;
- b) A description of potential emergencies;
- c) A map of the workplace that shows evacuation routes and head count location, as well as the location of emergency equipment, first aid station and fire extinguishers;
- d) An evacuation, head count and rescue plan.

### **Plan Testing**

At the discretion of the supervisor, emergency plan rehearsals may be held. A rehearsal shall require:

- a) Notification of emergency services, all supervision and possibly prior notification of workers;
- b) A pre-determined all clear signal to allow rapid return to work;
- c) An evaluation system to determine the effectiveness of the emergency plan. (This is usually only a stopwatch timing to determine evacuation time).

### **Planning the Emergency Program**

If the project is located within a plant which has an existing emergency and evacuation plan, the supervisor must learn it and establish only those procedures necessary to complement the plant system and ensure a complete Emergency Plan for the project site.

## **Guidelines for Preparing and Emergency Plan**

All projects require an emergency plan. The magnitude and complexity of the plan depends on the size of the project/workplace. Required elements are:

1. A method for reporting the emergency. Generally, telephone is the most effective; however, an alternative should exist if the emergency disables the site phones.
2. A list of workers responsible in emergency situations and how to contact them. This should be plainly posted.
3. A plan for incident investigation and correction of hazard.
4. A list of phone numbers for emergency and support services. This should be posted by the telephone.
5. A method for sounding an alarm, such as an air horn or warning bell.
6. A description of potential emergencies. This is extremely important from an educational standpoint. Emergency preparedness is essentially based on anticipating all possible situations.
7. A map of the work place that shows evacuation routes, head count location, as well as location of emergency equipment, first aid station, fire extinguishers. This should be designed at the start of the job and posted where visible.
8. The manager's routine for shut down of the job. This should be established to ensure that if a shutdown occurs, no potential hazard may be left. For example, ensuring that the power has been shut down before attempting an electrical contact rescue.
9. A system for communication, both internal and external. Two way radios, telephones or alarms should be available.
10. An evacuation, head count and rescue plan. Rescues should only be attempted by trained persons and only if they do not risk injury to themselves. Each supervisor should have a roll call system in place to ensure that all workers have been evacuated from the hazard area.

## SECTION 5 – HEALTH AND SAFETY REPRESENTATIVE

### **Action – Select a Health & Safety Representative/Committee**

If there are more than **five but fewer than 20 employees** regularly employed at the business, a Health and Safety Representative is required. The Representative should be selected by the workers and be a non-management person. Once the Representative is selected his/her name and work contact information should be posted in an accessible location for all workers.

The health and safety representative must:

- be familiar with the current Occupational Health and Safety Act
- conduct monthly inspections
- make recommendations to employers to improve safety
- be familiar with procedures for refusal to work where health and safety are in danger

In a workplace that **employs 20 or more workers** on a regular basis, there is a legal requirement to have a joint health and safety committee. The minimum requirement for committee composition is one representative from management and one representative from the workers.

### **Action – Write Policy and Procedure for Health & Safety Representative/Committee**

Ensure the policy defines the selection process for the health and safety representative and a replacement process for changes to the position. A sample policy follows on the next page which can be adapted to suit the needs of Joint Health and Safety Representative or Committee.

## **Sample Joint Health and Safety Representative/Committee Policy**

[Company Name] is committed to preventing workplace injuries and illnesses among all employees. To prevent these losses, a Joint Health and Safety Representative/Committee will be selected. Employee involvement in accident prevention and support of the Representative is necessary to ensure a safe and healthy workplace.

### **Selection**

1. A Joint Health & Safety Representative is required for the workplace where more than five but fewer than 20 persons are employed.  
**OR**  
A Joint Health & Safety Committee of at least two persons is required at a workplace at which 20 to 49 workers are regularly employed. The committee will have equal management and worker representation.
2. The Representative shall be selected by the workers they are to represent.  
**OR**  
One committee member shall be selected by the workers they represent and does not exercise managerial functions.
3. The employer shall post the name and work locations of Representative(s) on a bulletin board.
4. The term of the Representative **OR** Worker selected committee member shall be for a period of one year. Elections should be held in [month] of each year. Should a vacancy occur on the committee a new member shall be elected.
5. [Company Name] will be responsible for the training/certification of the Joint Health & Safety Representative/Committee Members.

### **Responsibilities**

The Joint Health & Safety Representative/Committee shall:

1. Meet at least once every three months. (Committee only)
2. Maintain written minutes of the meetings. (Committee only)
3. Conduct a monthly inspection of the work areas to identify hazards (worker member).
4. Report findings and make written recommendations to senior management.
5. Determine the amount of time needed to conduct inspections.
6. Support the implementation and maintenance of the company safety program.
7. Assist senior management in the annual review of the company health and safety program.
8. Review inspection and accident reports.
9. Review committee membership to keep it representative of the workforce.

- **Action – Develop Terms of Reference for Health & Safety Representative**  
On the following pages are a Sample Terms of Reference for the Health and Safety Representative which will help you in further defining this role.

## **Sample Terms of Reference for the Health and Safety Representative (HSR)**

### **Responsibilities**

- The employer is responsible for ensuring that an HSR is elected and maintained.
- The HSR is responsible for completing duties.

### **Selection**

- The HSR shall be elected by the workers that he/she represents.
- The HSR will fill this role for a minimum **X**-year term of office [*you may choose to include a maximum for the term of office*].
- The name and work location of the HSR will be posted on the health and safety bulletin board.
- The HSR shall receive training in order to carry out his/her required duties.

### **Duties of the Employer**

- Provide information and assistance to the HSR in the completion of their duties.
- Provide health-and-safety-related information to the HSR, including information on the hazards identified and incidents reported to the employer.

### **General Duties of the Health and Safety Representative**

- Conduct monthly workplace inspections documenting all substandard acts and working conditions.
- Review information on incidents occurring and make recommendations to reduce recurrences.
- Participate in an investigation when a person is killed or critically injured at the workplace.
- Obtain information from the employer regarding:
  - Hazardous materials, processes or equipment
  - Workplace testing that is being carried out for health and safety purposes
- Be present at the beginning of health-and-safety-related testing in the workplace.
- Provide advice and recommendations to management on health and safety programs in general.
- Encourage fellow employees to work safely and to report hazardous or unsafe conditions immediately to their supervisors.
- Identify areas of health and safety training for all employees.
- Be present for, or assist in, work-refusal investigations.
- Be available to accompany a Ministry of Labour Officer on his/her inspection tour of the workplace.

**Written recommendations:**

- The HSR will provide written recommendations to the employer as needed, that include:
  - Nature of concern with background information and justification
  - Recommended remedial action, listing suggested solutions and methods of implementation
  - Date and signature
- The employer is responsible for responding to written recommendations within 21 days, providing in writing:
  - A timetable for implementation, if the employer agrees with the recommendation
  - Reasons for disagreement, if the recommendation is not acceptable
  - Alternative resolutions(s) with timetable for implementation if the recommendation is not acceptable

**Employer Signature:** \_\_\_\_\_

**HSR Signature:** \_\_\_\_\_

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

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

## SECTION 6 – HEALTH AND SAFETY INSPECTIONS

### **Action – Document monthly workplace inspections**

Workplace inspections must be conducted monthly and documented by the Health and Safety Representative. Inspection reports must be kept for a minimum of two years by the employer. Inspection and detection activities should identify opportunities for improving workplace health and safety.

### **Action – Develop a standard recording form**

A standard form will be created and used for each inspection and documentation. Prioritization of the hazards will be recorded. This report will act as a means to communicate the information and avoid duplication. It will provide the means for prompt follow up actions, continuity between inspections, performance of next inspection and reminders of work to be completed. On the following page is a sample Safety Inspection Checklist that can be modified to suit your company's requirements.

### **Action – Inspection reports are reviewed and action taken by management**

Management must review inspection reports and record their response and recommendations. The report must be signed by the manager and returned to the Health and Safety Representative. A sample form follows for recording Recommendations to Management.

## Safety Inspection Checklist

Company Name:		Date:		
Location:		No of		
Conducted By:		Employees:		
<b>S – Satisfactory</b>	<b>NS – Not Satisfactory</b>	<b>NA – Not Applicable</b>		
Item Inspected	S	NS	NA	Requires Immediate Action
<b>1. HOUSEKEEPING</b>				
Clear walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clear work areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clear access and landing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>2. PERSONAL PROTECTIVE EQUIPMENT</b>				
Head protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foot protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eye protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fall protection (plan, rescue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>3. FALL PROTECTION</b>				
CSA approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly worn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe, usable condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Unprotected openings and edges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>4. FIRST AID REQUIRMENTS</b>				
Adequate qualified first aiders on jobsite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
First aid kits: Adequate number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>5. FIRE PROTECTION</b>				
Master emergency plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Extinguishers where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fully charged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequately identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>6. MATERIALS STORAGE</b>				
Properly located	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safely piled, stacked, bundled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Properly moved or lifted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Properly labeled (WHMIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>7. SIGNS &amp; PRINT MATERIAL</b>				
OH&S Act and regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WSIB Form 82 poster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MSDSs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Warning signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency phone list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Report forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>8. WORKER EDUCATION</b>				
WHMIS training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Company safety policy & program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Injury reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazard reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OH&S Act and Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal H&S responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>9. HYGIENE</b>				
Washroom facilities available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Injury/hazard reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Health & Safety Rep Recommendations to Management

<b>Facility:</b>			
<b>Date(s):</b>			
<b>RE:</b>			
<b>Reasons for recommendation:</b>			
<b>Requirements for implementation (supporting documentation may be attached)</b>			
<b>Date presented to management:</b>			
	Day	Month	Year
(the date of this recommendation becomes the reference number)			
<b>Submitted by:</b>			
<b>Recommendation presented to:</b>			
<b>Expected date of response:</b>			
	Day	Month	Year
<b>Note:</b>			
<p>The Occupational Health and Safety Act (OHSA) states that an employer who received written recommendations from the worker health and safety representative shall respond in writing within 21 days.</p>			

## SECTION 7 – PREVENTATIVE MAINTENANCE

- **Action – Prepare an equipment inventory list to develop a plan for preventative maintenance and a schedule for required maintenance**

Develop a procedure for preventative maintenance that includes an inventory of items that require scheduled servicing such as company vehicles, forklifts, production equipment or other employer identified equipment and set up a procedure that includes a schedule for service for each item (daily/weekly, etc) as required by manufacturer's instructions, industry standards or legislated requirements.

The following sample Maintenance Service Log can be adapted to suit your company's requirements for equipment maintenance.



## SECTION 8 – INJURIES AND ACCIDENTS

- **Action – Develop a written policy defining investigation responsibilities**

### **Procedure in the event of an accident:**

1. The employee reports a work related accident.
2. Administer first aid as required.
3. Arrange for transportation for injured employee to seek medical treatment if required.
4. Ensure Return to Work package accompanies worker.
5. Eliminate the hazard if possible or guard the accident scene if worker is critically injured.
6. Complete Accident Report. *(See sample on page 32)*
7. Investigate the cause of the accident and complete the Accident Investigation Report. *(See sample on page 33)*
8. Maintain copies of Accident and Investigation Reports on file.
9. Report all accidents/incidents internally as follows:
  - Lost Time Injuries
  - Medical Aid
  - First Aid
  - Incidents and Near Misses

\*All lost time injuries and injuring requiring medical attention require reporting to Workplace Safety and Insurance Board (WSIB)

*Remember, every workplace is different and the reporting procedure will differ from one workplace to another. It is important to set up a clear procedure and definition of duties.*

The following is a sample policy for an accident reporting and investigation.

## Sample Accident Reporting and Investigation Policy

### **Policy Statement**

[Company Name] requires all employees to immediately report to their supervisor all accidents and incidents that result in injury or property damage, and all near misses with the potential for serious injury or property damage. Supervisors will report the accident promptly to management to ensure timely submission to WSIB. Each incident will be analyzed to determine causes and contributing factors and the analysis will be used to reduce or eliminate the risk of further incident.

Accidents that result in medical aid or lost time from work require reporting to the Health and Safety Representative as well as reporting to the WSIB using the WSIB Form 7. Accidents involving occupational illness, critical injury (as defined by regulation 834) or fatality require reporting to the Ministry of Labour in addition to the Health and Safety Representative and WSIB.

1. All accidents, regardless of severity, must be reported immediately to the supervisor. Company procedures are followed:
  - a. The employee reports a work related accident.
  - b. Administer first aid as required.
  - c. Arrange for transportation for injured employee to medical treatment if required.
  - d. Ensure Return to Work package accompanies worker.
  - e. Eliminate the hazard if possible or guard the accident scene if worker is critically injured.
2. The supervisor will then promptly notify senior management and complete an Accident Report Form.
3. Senior management will initiate an investigation of all
  - a. critical injuries
  - b. lost-time injuries
  - c. medical aid accidents
  - d. occupational illnesses
  - e. major close calls
  - f. any workers fall-arrested by a harness or safety belt
  - g. property damage exceeding \$500.00.
4. The supervisor will ensure that any accidents or incidents are investigated and reported immediately to [Name] at head office, and to the Health & Safety Representative or Joint Health & Safety Committee.

5. The supervisor will conduct an accident investigation with the Health and Safety Representative, using the corporate "Accident Investigation Report Form", for any accident investigation.
6. Preliminary reports must be reported to senior management within 48 hours. Detailed reports are to be submitted within seven days.

### **Role of Supervisor in an Accident Investigation**

The Supervisor and the Health and Safety Representative (if applicable) must investigate all accidents and incidents that involve workers. This includes completing the Accident Report and the Accident Investigation Report, taking statements from witnesses and collecting any other pertinent information and ensuring the injured worker has received the necessary medical assistance.

If a worker sustaining a First Aid injury later seeks medical aid, the supervisor must complete a WSIB Form 7 and provide a Functional Abilities Form to be completed by the treating practitioner.

## Accident Report

Injured Worker's Last Name		First Name		Occupation			
Location where injury/accident occurred				First Aid Provider			
Hospital or Clinic Attended for Medical Aid				Treating Physician's Name			
Nature of Injury				Project Location of Accident/Injury			
Person who transported employee							
Will this be a lost time injury?		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Is injury work-related?		No <input type="checkbox"/>	Yes <input type="checkbox"/>
Were any subcontractors involved?		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Was the MOL called <sup>1</sup> ?		No <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>Injury Details</b>							
Date and Hour of Injury				Date and Hour Reported to Employer			
Day	Month	Year	Time	Day	Month	Year	Time
			a.m. p.m.				a.m. p.m.
Date and Hour Last Worked				Normal Working Hours			
Day	Month	Year	Time	from		to	
			a.m. p.m.		a.m. p.m.		a.m. p.m.
Who was the injury reported to?							
What caused the injury? Describe the injury, the body part involved and specify left or right side (use back of sheet if necessary).							
Describe the worker's activities at the time of the injury. Include details of equipment or materials used (use back of sheet if necessary).							
Did anyone else witness the accident or know more about the injury?							

<sup>1</sup> Reasons to call the MOL: fatality, critical injuries (defined as an injury of a serious nature that: places life in jeopardy, produces unconsciousness, results in substantial loss of blood, involves the fracture of a leg or arm, involves the amputation of a leg, arm, hand or foot, consists of burns to a major portion of the body, causes the loss of sight in an eye), fire, explosion or hazardous material release, lost time injuries or accident requiring medical treatment, occupational illnesses, any worker who has had their fall arrested, any 'prescribed incident', or property damage >\$500.

## Accident Investigation Report

Date of investigation		Investigator	
Date of injury		Injured worker	
Site Location		Project Supervisor	
M.O.L. notified?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Joint H & S Committee in place? No <input type="checkbox"/> Yes <input type="checkbox"/>
Injured worker's address:			
Nature of injury reported (injured body part):			
Factors that led up to accident:			
Project Safety Representative:			
Comments:			
Names and addresses of witnesses and their comments (please use back for additional comments):			
Recommendations for corrective measures:			
Corrective measures taken?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	To follow up on (Date) <input type="checkbox"/>

\_\_\_\_\_  
Investigator Signature

\_\_\_\_\_  
President

## **Reporting Accidents and Injuries to Workplace Safety and Insurance Board (WSIB):**

Employers **must** report a work-related accident to the WSIB if they learn that a worker requires health care and/or

- is absent from regular work
- earns less than regular pay for regular work (e.g., part-time hours)
- requires modified work at less than regular pay
- requires modified work at regular pay for more than seven **calendar** days following the date of accident.

Employers are **not** required to report a work-related accident if the worker

- receives only first aid
- receives first aid and requires modified work at regular pay for seven calendar days or less, following the date of accident
- does not receive first aid, but requires modified work at regular pay for seven calendar days or less, following the date of accident.

### **How employers report the accident**

The WSIB uses a variety of forms to collect accident information from an employer. In every case, the information must be sufficient to allow the WSIB to set up a claim.

Accordingly, the WSIB allows the employer to report the accident through the use of an **Employer's Report of Injury/Disease Form 7 (Form 7)**.

When filing a claim, a worker must consent to the disclosure of functional abilities information to the employer by the treating health professional. The disclosure is specifically for the purpose of determining work restrictions and will assist in worker's return to work.

When requested to do so by an employer or worker, the health professional treating the worker must give the WSIB, the employer, and the worker such information as may be prescribed concerning the worker's functional abilities.

To help in the early and safe return to work (ESRTW) of the worker, the workplace parties can obtain written functional abilities information either by using

- the WSIB's **Functional Abilities Form for Planning Early and Safe Return to Work (FAF)**, or
- a form created by them which is specific to their own workplace.

For WSIB forms and more information, refer to: [www.wsib.on.ca](http://www.wsib.on.ca)

## SECTION 9 – FIRST AID REQUIREMENTS

### **Action – Make First Aid Kit available**

First aid equipment has to be available and accessible. Ensure all staff are aware of the location and mark location with proper signage. Each first aid kit must be adequately stocked with supplies (as per Reg. 1101). Every employer employing more than fifteen (15) and less than 200 workers in any one shift at a place of employment shall provide and maintain at least one (1) stretcher and two (2) blankets. Every employer employing more than 200 workers in any one shift at a place of employment must supply and maintain a first aid room.

The following is a good checklist to ensure all items are included with the kit.

## First Aid Checklist

(WSIB Regulation 1101 Requirements)

# of Workers on Site	General Contractor Responsibilities	First Aid Kit Requirements	☒ or ☑
1 - 5	Provide and maintain a first aid station with a first aid box.  Ensure that the first aid station is at all times in the charge of a worker who, <ul style="list-style-type: none"> <li>▪ Has a valid emergency first aid certificate and</li> <li>▪ Works in the immediate vicinity of the station.</li> </ul>	A current First Aid manual	<input type="checkbox"/>
		1 card of safety pins	<input type="checkbox"/>
		12 adhesive dressings individually wrapped	<input type="checkbox"/>
		4 sterile 3" square gauze pads	<input type="checkbox"/>
		2 rolls of 2" gauze bandage	<input type="checkbox"/>
		2 field dressings, 4" square or 2x4"	<input type="checkbox"/>
		1 triangular bandage	<input type="checkbox"/>
5 - 15	Provide and maintain a first aid station with a first aid box.  Ensure that the first aid station is at all times in the charge of a worker who, <ul style="list-style-type: none"> <li>▪ Has a valid emergency first aid certificate and</li> <li>▪ Works in the immediate vicinity of the station.</li> </ul>	A current First Aid manual	<input type="checkbox"/>
		1 card of safety pins	<input type="checkbox"/>
		24 adhesive dressings individually wrapped	<input type="checkbox"/>
		12 sterile 3" square gauze pads	<input type="checkbox"/>
		4 rolls of 2" gauze bandage	<input type="checkbox"/>
		4 rolls of 4" gauze bandage	<input type="checkbox"/>
		4 sterile surgical pads suitable for pressure dressings	<input type="checkbox"/>
		6 triangular bandages	<input type="checkbox"/>
		2 rolls of splint padding	<input type="checkbox"/>
1 roll-up splint	<input type="checkbox"/>		
15 - 200	Provide and maintain a first aid station with a first aid box, 1 stretcher and 2 blankets. Ensure that the first aid station is at all times in the charge of a worker who, <ul style="list-style-type: none"> <li>▪ Has a valid emergency first aid certificate and</li> <li>▪ Works in the immediate vicinity of the station.</li> </ul>	A current First Aid manual	<input type="checkbox"/>
		24 safety pins	<input type="checkbox"/>
		1 basin, preferably stainless steel	<input type="checkbox"/>
		48 adhesive dressings individually wrapped	<input type="checkbox"/>
		2 rolls of 1" adhesive tape	<input type="checkbox"/>
		12 rolls of 1" gauze bandage	<input type="checkbox"/>
		48 sterile 3" square gauze pads	<input type="checkbox"/>
		8 rolls of 2" gauze bandage	<input type="checkbox"/>
		8 rolls of 4" gauze bandage	<input type="checkbox"/>
		6 sterile surgical pads suitable for pressure dressings	<input type="checkbox"/>
		12 triangular bandages	<input type="checkbox"/>
		Splints of assorted sizes	<input type="checkbox"/>
2 rolls of splint padding	<input type="checkbox"/>		

Date of Inspection: \_\_\_\_\_

Name of Inspector: \_\_\_\_\_

Signature: \_\_\_\_\_

**Action – First aid responder selected and trained**

Appoint a first aid responder and post his/her first aid certificate. Ensure they have the proper training. At a minimum 1 first aider per shift must be available and a first aid trained designated backup.

**First Aid and Medical Services**

First aid and medical services must meet the minimum requirements under the applicable regulations.

Employees must know

- Where to find first aid stations.
- How to identify qualified first aiders.
- The procedures for transporting injured workers.
- Who will provide first aid training and who has a valid first aid certificate.
- How to record injuries and illness.

**Action – First aid certificates posted**

The First Aid Certificates of qualified first aid attendants on duty is/are posted. First Aid Certificates can be obtained from recognized training facilities. Facilities can be found through Workplace Safety and Insurance Board (WSIB) at:

<http://www.wsib.on.ca/en/community/WSIB/230/ArticleDetail/24338?vnextoid=88fbe35c819d7210VgnVCM100000449c710aRCRD>

**Action – First aid treatment/advice recorded**

Set up a logbook to record all first aid treatment/advice provided by the first aid attendant. A sample First Aid Log Sheet follows:

## First Aid Log Sheet

This form must be completed by the First Aider or designate.

<b>Name of Injured Person</b>	
<b>Date of Injury (D/M/Y)</b>	
<b>Time of Injury</b>	
<b>Name of Witness(es)</b>	
<b>Nature/Location of Treatment</b>	
<b>Name of First Aider</b>	

The Health and Safety Representative will collect the first aid logs each month.

□ **Action – Set up quarterly inspection of first aid kit**

Set up your calendar for quarterly inspections of the first aid kit. Using the First Aid Checklist establish an inspection schedule. Assign responsibility for inspections.

A recording system should include the date of the most recent inspection of the first aid box and signature of the inspector. Two samples of First Aid Kit Inspection Records, dependant on number of workers per shift, can be found on the following pages.

# First Aid Kit Inspection Record (First Aid Requirements section 9)

<p><b>(ORGANIZATION NAME)</b></p> <p><b>First Aid Box Location</b></p> <div style="border: 1px solid black; width: 200px; height: 30px; margin: 10px auto;"></div> <p style="background-color: #e0e0e0; padding: 2px; text-align: center;">For sites with 5-15 workers on one shift</p> <p>Employers shall inspect first aid boxes and their contents at least quarterly and shall mark the inspection card for each box with the date of the most recent inspection and the signature of the person making the inspection.</p> <p>9(1) Every employer employing more than 5 and not more than 15 workers in any one shift at a place of employment shall provide and maintain at the place of employment a first-aid station with a first-aid box containing as a minimum:</p>	<b>Signature</b>								
	<b>Date Inspected</b>								
A current edition of a First Aid Manual	1 each								
1 card of safety pins	1each								
Adhesive dressings individually wrapped	24 each								
Adhesive tape 1" wide	2 rolls								
Sterile gauze pads (3" square)	12 each								
Gauze bandage 2" wide	4 rolls								
Gauze bandage 4" wide	4 rolls								
Sterile surgical pads (pressure dressing)	4 each								
Triangular bandages	6 each								
Roll up splint	1 each								
Splint padding	2 rolls								
Poster (Form 82)	1								
Valid First Aid Certificates									
First aid incident recording sheet									
Inspection Card									



**Action – Set up Stretcher and blanket(s) compliance**

Every employer employing more than fifteen (15) and less than 200 workers in any one shift at a place of employment shall provide and maintain at least one stretcher and two blankets.

**Action – Set up Procedure for Transportation to hospital, doctor’s office or workers home**

Ensure procedure addresses the preferred method of transportation and what to do if worker refuses provided transportation. The policy ensures that the injured or ill worker is safely transported to his/her chosen destination.

**SECTION 10 – RETURN TO WORK**

The employer will maintains a documented Early And Safe Return To Work (ESRTW) program.

**Action – Develop injured worker’s Early & Safe Return to Work Policy**

Develop a written policy, which includes the roles and responsibilities of the employer, supervisor, and worker. This ensures consistent administration of the program which is vital to achieving the desired results.

**Action – Develop provisions for modified work**

Develop a written policy to specify ESRTW options such as, safe duties in own department/job, safe duties in another department/job, and other work available.

A sample policy follows which includes provisions for both these requirements.

## Injured Worker's Early and Safe Return to Work Policy

The Management of [company name] is committed to cooperating with all of their employees who have been injured on the job site and will do everything they can for an early and safe return to work. At [company name], we will provide a modified work program to any of our injured employees until he/she is able to return to their pre-accident job, wherever possible.

### **Roles and Responsibilities:**

Employer will:

- Contact injured worker ASAP and stay in regular contact. Cooperate in providing suitable work.
- Give WSIB information as required.
- Provide workers with Functional Abilities Form to take to the testing practitioner for completion.
- Educate workers about the return to work program.
- Set specific time frames for the return to work.
- Review worker's progress regularly.
- Pay full wages and benefits for the day or shift on which the injury occurred.
- Make certain that workers understand their obligations to co-operate.
- Set clear procedures to follow in reporting injuries. (Establish an Accident/Injury Reporting Policy.)

Worker will:

- Contact supervisor immediately of any injury. If not available, phone office and contact employer.
- Stay in regular contact.
- Help identify and cooperate in suitable work arrangements.
- Give WSIB information as required.
- Return to work within 24 hours with the completed form to develop with the employer an early and safe return to work.
- Choose a doctor or qualified practitioner. (Note: A change in doctor cannot be made without permission of WSIB.)

### **Goals:**

[Company name] will:

- Assess each individual's situation according to any practitioner's report and recommendations and will provide some kind of modified work to suit the degree of injury.
- Assist in the employee's active recovery and encourage the worker to return to work to their pre-accident job, wherever possible.

- Identify jobs that are suitable for accommodating injured workers on a temporary basis in order to facilitate the early and safe return to work program and limit any loss of their earnings.

**Accommodations:**

A change or modification to the job or workplace so that the work is within the injured or ill person's functional capabilities and the risk of injury is reduced.

Types of Accommodations may include:

- Reduced hours
- Graduate Return To Work hours
- Re-assign duties
- Restructure the job
- More frequent rest breaks
- Light shop work, general clean-up
- Training in their selected field, where possible
- Computer training in safety prevention, if available

□ **Action – Develop a Contact Log**

Prepare a standard form to be used as a Return to Work - Contact Log. This ensures that the worker's progress is reviewed and documented. The following is a sample that can be modified to suit your workplace.

## Return to Work – Contact Log

Employee's Name:		Phone:	
Supervisor/Manager:		Phone:	
Return to Work Date:		Review Date:	
Target End Date:			
Treating Physician(s):		Phone:	
WSIB Claim Number:		Phone:	
Claims Adjudicator:			

### Record of Contact

Date of Contact	Person Contacted	Contents of Conversation
[Date]	[Name of injured worker]  [Location (e.g. at Home)]	[Asked how they were and if they need anything from their desk.] [They answered: their briefcase and car keys.] [I [Name] will contact them again in 3 days after their next assessment by their physician.]

## WORKSHEET FOR RETURN TO WORK PLAN

It is the supervisor's responsibility to ensure this form is kept up-to-date and in the Claims Management file established for the injured worker. If modified duties are required, the supervisor must complete the following, in consultation with the Health and Safety Coordinator, injured worker and appropriate health care providers.

<b>Description of Employee's Job</b> (Attach Physical Demands Report for Employee's Job)	
<b>Transitional Work Plan</b> (if required)	
Pre-Injury Job	
Is other suitable work required? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
If yes, what is the other suitable work?	
Pre-Injury Job with accommodations (specify)	
Other suitable work with accommodations (e.g. wages, hours, rotation, minimum/maximum)	
<b>Medical Precautions</b> (Attach Functional Abilities Report, if applicable)	

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Management Signature

## RETURN TO WORK PLAN – PROGRESS REPORT

Employee Name: \_\_\_\_\_ Claim #: \_\_\_\_\_  
Injury: \_\_\_\_\_ Date of Accident: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

### Plan Objectives

Week 1: Date: \_\_\_\_\_ Limitations: \_\_\_\_\_  
Objectives: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Hours: \_\_\_\_\_  
Employee Signature: \_\_\_\_\_ Employer Signature: \_\_\_\_\_

Week 1 Review: Objectives/Observations: \_\_\_\_\_  
Employee's Comments/Concern: \_\_\_\_\_  
Action to Address Concerns: \_\_\_\_\_  
Employee Signature: \_\_\_\_\_ Employer Signature: \_\_\_\_\_

Week 2 Date: \_\_\_\_\_ Limitations: \_\_\_\_\_  
Objectives: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Hours: \_\_\_\_\_  
Employee Signature: \_\_\_\_\_ Employer Signature: \_\_\_\_\_

Week 2 Review: Objectives/Observations: \_\_\_\_\_  
Employee's Comments/Concern: \_\_\_\_\_  
Action to Address Concerns: \_\_\_\_\_  
Employee Signature: \_\_\_\_\_ Employer Signature: \_\_\_\_\_

**Action – Develop a written procedure to fulfill reporting requirements to WSIB**

This written procedure will specify wage changes, changes in duties, duration of program, failure to cooperate and the end of the program.

More information about Return to Work and fulfilling the requirements of WSIB can be found at:

<http://www.wsib.on.ca>

## **SECTION 11 – HEALTH AND SAFETY EDUCATION AND TRAINING**

**Action – Include Health and Safety Training in New Employee Orientation**

An orientation is good way to familiarize new employees with how your company functions and the value of occupational health and safety in their work. A New Employee orientation should include a review of your company Health and Safety Policy and Program to determine what further training and information the employee needs to do the job safely. A yearly review for all employees ensures that new procedures or rules are communicated to everyone.

### Sample Orientation Policy

All new employees of [Company Name] will read and review [Company Name]'s Health and Safety Policy with the Safety Coordinator. After completion the worker will sign the sheet at the end of the policy acknowledging acceptance and understanding of his/her obligations and responsibilities.

The Supervisor will complete the *New Worker Orientation Checklist* with the employee before they start working at the site. The completed checklist will be submitted to the Health and Safety Representative to be kept on file at the head office.

At least once per year, each Supervisor will review the orientation policy and procedures with the Health and Safety Representative

□ **Action – Use Orientation Checklist**

The following is a sample Health and Safety Orientation Checklist that can be used to confirm Health and Safety training for new employees. You may need to adapt this sample to fit the needs of your workplace.

Health and Safety Orientation Checklist

ORGANIZATION: \_\_\_\_\_  
 EMPLOYEE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
 EMPLOYEE STATUS :  New Hire  Temporary Worker  Promotion  Return to work  Student/Co-Op Placement  
 JOB TITLE: \_\_\_\_\_ DATE OF HIRE: \_\_\_\_\_

General Items		Date Completed	Trainer Initials	Worker Initials	Comments
<b>Legislation</b>	• Health and safety legislation				
	• Health and safety policies and procedures				
	• Right to refuse unsafe work				
<b>Responsibilities</b>	• Management responsibilities				
	• Employee responsibilities				
<b>HSR</b>	• Name, role and how to contact				
	• Reporting existing hazards and potentially unsafe conditions				
<b>Preventing Worker Injury</b>	• Reporting work related injuries illnesses and /or diseases				
	• Critical injury reporting				
	• Workplace inspections				
	• Gas leaks or chemical spills				
	• Violent encounter				
	• Evacuation				

<b>Workplace Specific</b>	<b>First aid</b>	<b>Date Completed</b>	<b>Trainer Initials</b>	<b>Worker Initials</b>	<b>Comments</b>
<b>Musculoskeletal disorder prevention</b>	<ul style="list-style-type: none"> <li>• Safe work procedures</li> <li>• Use of equipment</li> <li>• Documentation required</li> </ul>				
<b>Client handling</b>	<ul style="list-style-type: none"> <li>• Safe work procedures</li> <li>• Use of equipment</li> <li>• Documentation required</li> </ul>				
<b>Manual Material Handling</b>	<ul style="list-style-type: none"> <li>• Safe work procedures</li> <li>• Use of equipment</li> <li>• Documentation required</li> </ul>				
<b>Slip and fall prevention</b>	<ul style="list-style-type: none"> <li>• Safe work procedures</li> <li>• Use of equipment</li> <li>• Documentation required</li> </ul>				
<b>Workplace violence prevention</b>	<ul style="list-style-type: none"> <li>• Safe work procedures</li> <li>• Use of equipment</li> <li>• Documentation required</li> </ul>				
<b>WHMIS</b>	<ul style="list-style-type: none"> <li>• Symbols, Labels, MSDS</li> <li>• Safe work procedures</li> <li>• Use of personal protective equipment</li> </ul>				
<b>ENFORCEMENT</b>					
<b>Progressive Discipline Approach</b>					

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**Action – Ensure workers are trained to understand their Health & Safety roles and responsibilities**

The Occupational Health and Safety Act (OHSA) is based on the concept of the Internal Responsibility System (IRS), in which everyone in the workplace shares responsibility for health and safety according to their authority and ability. All workers must read and sign that they understand the Health and Safety Roles and Responsibilities. A sample of this is found on page 6.

**Action – Ensure workers are trained understand safe work practices**

Workers must be trained on safe work practices for all jobs. Written guidelines, outlining standard operating procedures, will be available for procedures and tasks involving tasks that have been identified as presenting significant risk or hazard.

**Action – Ensure workers are trained to understand emergency plan responsibilities**

Workers must be aware of the policy and procedures for emergency plans and know their responsibilities.

**Action – Ensure workers are trained to understand the procedure for accident reporting**

Workers must be aware of the policy and procedures for accident reporting. Ensure access to the Health and Safety Representative and all necessary forms is provided. See sample of Accident Reporting Form on page 32.

**Action – Ensure workers are trained to understand Emergency Preparedness and Response**

All workers need to be trained to understand the firm's emergency/rescue plans. See sample Emergency Plan Guidelines on page 16.

**Action – Ensure workers are trained to understand use of Designated Substances**

If a Control Program is required then the employer must develop a training program for supervisors and workers on the health effects, and the measures and procedures required under the designated substance program.

**Action – Ensure workers are trained to understand Material Handling**

Workers must be made aware of manual lifting techniques, musculoskeletal diseases (MSDs), and the use of mechanical lifting devices. Forklift training, if necessary, must be provided by a competent trainer.

**Action – Ensure workers are trained to understand Lock Out/Tag Out**

Workers servicing or maintaining machinery need to be trained on proper lock out/tag out procedures.

**Action – Ensure workers are trained to understand Pre-use Inspections**

All workers must be trained in how to conduct the pre-use inspection and the firm's procedure for documenting and follow up for pre-use inspections.

**Action – Ensure workers are trained to understand their right to refuse unsafe work**

Workers must be aware of the policy and procedures regarding the right to refuse unsafe work.

A copy of the flow chart may be obtained at:

<http://www.osach.ca/new/SaftInfo/SmallBus.shtml>

□ **Action – Record ongoing Health and Safety Training**

Health and safety training is the foundation of a successful health and safety program. Such training should give management, supervision, and workers an appreciation of their personal responsibilities for health and safety within the framework of the minimum standards outlined by legislation.

Record all health and safety training and keep records that include signatures of workers, dates of training, trainer's signature and material covered during the training. Evaluate the training.

Periodically, employees will need refresher training to ensure procedures are being carried out correctly. The refresher training will depend on the hazards present at the workplace, and on the needs, identified.

Use the following samples to record training sessions and individual employees training record.





## **SECTION 12 - WORKPLACE VIOLENCE LEGISLATION (*BILL 168*)**

Employers need to protect workers against violent acts and threats of violence, and to create an atmosphere in which workers feel free to come forward with concerns or complaints. Employers need to treat complaints of harassment seriously, and ensure methods are in place to stop it.

Changes to Ontario's Occupational Health and Safety Act (OHSA) – effective June 15, 2010 – strengthen protections for workers from workplace violence and address workplace harassment.

For more information on Workplace violence and harassment definitions you can go to:

[http://www.labour.gov.on.ca/english/hs/pubs/wvps\\_toolbox/index.php](http://www.labour.gov.on.ca/english/hs/pubs/wvps_toolbox/index.php)

### **Action – Prepare policies and programs**

- Prepare policies with respect to workplace violence and workplace harassment;
- Develop and maintain programs to implement their policies, and
- Provide information and instruction to workers on the contents of these policies and programs.

Workplace violence programs must include measures and procedures for:

- Summoning immediate assistance when workplace violence occurs or is likely to occur, and
- Controlling risks identified in the assessment of risks.

Both workplace violence and workplace harassment programs must include measures and procedures for workers to report incident or workplace violence/harassment and set out how the employer will investigate and deal with incidents or complaints.

A sample of a Workplace Violence Policy and a Workplace Harassment Policy follows:

## Sample Workplace Violence Policy

The management of *(insert company name)* is committed to the prevention of workplace violence and is ultimately responsible for worker health and safety. We will take whatever steps are reasonable to protect our workers from workplace violence from all sources. *(The workplace may wish to insert the definition of workplace violence and to list the sources of workplace violence)*

Violent behaviour in the workplace is unacceptable from anyone. This policy applies to *(the workplace may wish to list who this policy applies to, especially if it applies to people other than workers such as visitors, clients, delivery persons and volunteers, etc.)*. Everyone is expected to uphold this policy and to work together to prevent workplace violence.

There is a workplace violence program that implements this policy. It includes measures and procedures to protect workers from workplace violence, a means of summoning immediate assistance and a process for workers to report incidents, or raise concerns. *(The workplace may wish to specify and expand upon the components of the workplace violence program here.)* *(insert company name)* as the employer, will ensure this policy and the supporting program are implemented and maintained and that all workers and supervisors have the appropriate information and instruction to protect them from violence in the workplace.

Supervisors will adhere to this policy and the supporting program. Supervisors are responsible for ensuring that measures and procedures are followed by workers and that workers have the information they need to protect themselves.

Every worker must work in compliance with this policy and the supporting program. All workers are encouraged to raise any concerns about workplace violence and to report any violent incidents or threats. *(The workplace may wish to provide more information about how to report incidents, and may wish to emphasize there will be no negative consequences for reports made in good faith.)*

Management pledges to investigate and deal with all incidents and complaints of workplace violence in a fair and timely manner, respecting the privacy of all concerned as much as possible. *(The workplace may wish to provide more information about how incidents and complaints will be investigated and/or dealt with.)*

Signed: \_\_\_\_\_ President/CEO Date: \_\_\_\_\_

The workplace harassment policy should be consulted whenever there are concerns about harassment in the workplace.

## Sample Workplace Harassment Policy

The management of *(insert company name)* is committed to providing a work environment in which all individuals are treated with respect and dignity.

Workplace harassment will not be tolerated from any person in the workplace. Everyone in the workplace must be dedicated to preventing workplace harassment. Managers, supervisors, and workers are expected to uphold this policy, and will be held accountable by the employer *(If the policy applies to other people in the workplace, they should also be listed)*.

Workplace harassment means engaging in a course of vexatious comment or conduct against a worker in a workplace -- a comment or conduct that is known or ought reasonably to be known to be unwelcome. Harassment may also relate to a form of discrimination as set out in the Ontario Human Rights Code, but it does not have to *(The workplace may wish to include information about what constitutes discriminatory harassment under Ontario's Human Rights Code)*.

This policy is not intended to limit or constrain the reasonable exercise of management functions in the workplace. Workers are encouraged to report any incidents of workplace harassment *(The workplace may wish to provide more information about how to report incidents and may wish to emphasize there will be no negative consequences for reports made in good faith)*. Management will investigate and deal with all concerns, complaints, or incidents of workplace harassment in a fair and timely manner while respecting workers' privacy as much as possible *(The workplace may wish to provide more information about how incidents of harassment will be investigated and/or dealt with)*.

Nothing in this policy prevents or discourages a worker from filing an application with the Human Rights Tribunal on a matter related to Ontario's Human Rights Code within one year of the last alleged incident. A worker also retains the right to exercise any other legal avenues that may be available.

Signed: \_\_\_\_\_ President / CEO Date: \_\_\_\_\_

The workplace violence policy should be consulted whenever there are concerns about violence in the workplace.

□ **Action – Recognize the Risks of Workplace Violence**

- Identify the risks that workers perceive and their sense of personal safety in the workplace;
- Identify jobs or locations in which workplace violence is a concern; and,
- Gather opinions about the effectiveness of the measures procedures and training currently in place.

The Workplace Violence Survey could be helpful in collecting this information. A sample can be found on the following page or more information can be found at:

[http://www.labour.gov.on.ca/english/hs/pubs/wvps\\_toolbox/toolbox\\_2.php](http://www.labour.gov.on.ca/english/hs/pubs/wvps_toolbox/toolbox_2.php)

## **Workplace Violence Survey**

**This survey is provided as an example of a survey that can be used by workplaces. However, use of this survey, or any particular survey, is not required under the *Occupational Health and Safety Act*.**

**Employers choosing to use this survey are encouraged to reproduce and/or customize it to meet the particular needs of their workplace.**

This survey may be used to ask workers and management about their perception of their safety in the workplace. Before distributing this survey, add an introduction that outlines the purpose of the survey, how the results of the survey will be reported, with whom the results will be shared, and how it will be used. The survey should be anonymous.

### **Physical Environment**

Do you feel safe at work?	Yes	No	
Has your workplace been designed to protect you from workplace violence?	Yes	No	
In your opinion, are there adequate measures to protect you?	Yes	No	
If you answered No to any of the previous questions, please indicate whether the following areas require improvement:	Yes	No	N/A
Lighting			
Security checks or protocols (identification checks, sign-in sheets, etc.)			
Restrictions on public access to work areas (secured elevators, stairwells, etc.)			
Security in areas used to store personal belongings (locker rooms, etc.)			
Security staff			
Security of restrooms			
Security of parking lots			
Communication procedures (for example, when and how to call for help)			
Layout of work areas (visual obstructions, unsecured objects and furniture, etc.)			
Security devices (surveillance equipment, silent or sounding alarms, panic buttons, personal alarms, telephones, cell phones, etc.)			
Other:			

## Incidents at Work

Have you been hit, pushed, physically assaulted, or otherwise attacked while working at this organization?	Yes	No
If you answered Yes:		
<ul style="list-style-type: none"> <li>Where did the incident occur?</li> </ul>		
<ul style="list-style-type: none"> <li>Did you report the incident?</li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>How did you report the incident?      Orally?      In Writing?</li> </ul>		
<ul style="list-style-type: none"> <li>Who physically assaulted or otherwise attacked you? <ul style="list-style-type: none"> <li>- client/customer                      - member of the public                      - co-worker</li> <li>- partner/ex-partner                      - manager/supervisor                      - other:</li> </ul> </li> </ul>		
Have you been sexually assaulted or been the target of a sexual incident while working at this organization?	Yes	No
If you answered Yes:		
<ul style="list-style-type: none"> <li>Where did the incident occur?</li> </ul>		
<ul style="list-style-type: none"> <li>Did you report the incident?</li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>How did you report the incident?      Orally?      In Writing?</li> </ul>		
<ul style="list-style-type: none"> <li>Who assaulted you? <ul style="list-style-type: none"> <li>- client/customer                      - member of the public                      - co-worker</li> <li>- partner/ex-partner                      - manager/supervisor                      - other:</li> </ul> </li> </ul>		
Have you been threatened with physical harm (orally, in writing, or otherwise) while working at this organization?	Yes	No
If you answered Yes:		
<ul style="list-style-type: none"> <li>Where did the threat occur?</li> </ul>		
<ul style="list-style-type: none"> <li>Did you report the threat?</li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>How did you report the threat?      Orally?      In Writing?</li> </ul>		

<ul style="list-style-type: none"> <li>• Who threatened you?</li> <li>- client/customer                      - member of the public                      - co-worker</li> <li>- partner/ex-partner                      - manager/supervisor                      - other:</li> </ul>	
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Have you been harassed (sexual harassment, insults, or bullying) while working for this organization?	Yes	No
If you answered Yes:		
<ul style="list-style-type: none"> <li>• Where did the harassment occur?</li> </ul>		
<ul style="list-style-type: none"> <li>• Did you report the harassment?</li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>• How did you report the harassment? Orally?                      In Writing?</li> </ul>		
<ul style="list-style-type: none"> <li>• Who harassed you?</li> <li>- client/customer                      - member of the public                      - co-worker</li> <li>- partner/ex-partner                      - manager/supervisor                      - other:</li> </ul>		
In your opinion, what steps could be taken to make your workplace safer?		

### Policy and Program

Is there a written workplace violence policy and program for your workplace?	Yes	No
Have procedures for violence prevention been set out for your work area?	Yes	No
If yes, are they easy to understand and follow?	Yes	No
Have you ever seen a written copy of the procedures?	Yes	No
<b><i>Here, employers may insert questions about procedures in the workplace that they consider critical, such as how to call for help, how to de-escalate a situation, how information about a client's behaviour is communicated to workers, etc.</i></b>		
Comments:		

## Workplace Incident Reporting and Follow-up

Are you required to report threats and violence at your workplace?	Yes	No
If yes, can you do so without fear of retaliation (revenge or punishment)?	Yes	No
Is there a system for reporting threats and violence at your workplace?	Yes	No
If yes, is it easy to understand and follow?	Yes	No
Does your supervisor or manager investigate incidents promptly?	Yes	No
Does your supervisor or manager take suitable corrective action promptly?	Yes	No
Are police and emergency services called immediately when a criminal incident occurs?	Yes	No
Are support programs in place to help you if you are directly or indirectly affected by workplace violence?	Yes	No
Comments:		

## Education and Training

Do you know what workplace violence policies and programs exist in your workplace?	Yes	No
Do you know how to report a threat or a violent incident, and to whom?	Yes	No
Have you received training in recognizing, preventing, and dealing with workplace violence?	Yes	No
Have you received training on the security devices available to you (such as surveillance equipment, silent or sounding alarms, panic buttons, personal alarms, telephones, cell phones, etc.)?	Yes	No
Do you think you are prepared to handle a violent situation, a threat, or escalating behaviours exhibited by clients/customers while at work?	Yes	No
Have you received training or information about domestic violence in the workplace?	Yes	No
<b><i>Here, employers may insert other questions about training in the workplace, such as how to call for help, how to de-escalate a situation, how information about a client's behaviour is communicated to workers, etc.</i></b>		
Comments:		

## **Action – Develop the program**

Look at the assessments that you completed and the recommended controls that you identified. You may already have some of the measures and procedures in place, while others may be built on existing controls.

Other Elements: Ensure your program includes:

- Measures and procedures for summoning immediate assistance when workplace violence occurs or is likely to occur, or when workplace violence is threatened;
- Measures and procedures that allow workers to report violent incidents, which include threats of violence; and,
- How the employer will investigate and deal with incidents and complaints or workplace violence.

It is not enough to just develop your workplace violence policy and program – you need to put the measures and procedures into practice and train workers and supervisors.

## **Action – Monitor and Evaluate**

Regularly monitor and evaluate your policy and program, as well as the specific measures and procedures that you have put in place to prevent and respond to workplace violence. You will be able to determine what is working, and what may need to be changed.

Resources to assist in developing the workplace violence and harassment policies and programs can be found at:

[http://www.labour.gov.on.ca/english/hs/pubs/wvps\\_toolbox/index.php](http://www.labour.gov.on.ca/english/hs/pubs/wvps_toolbox/index.php)

## **Domestic Violence**

All employers have a legal responsibility under the Occupational Health and Safety Act to take every precaution reasonable in the circumstances to protect workers from hazards, including violence in the workplace. As of June 15, 2010, employers must also specifically take precautions to protect workers from domestic violence that may occur in the workplace and is likely to expose a worker to physical injury where the employer is aware or should reasonably be aware. An employer can develop and implement a prevention program to help protect workers from domestic violence in the workplace.

The prevention program can include:

- A clear statement that any violence, including domestic violence will not be tolerated in the workplace and on the property.
- Confidential need-to-know reporting methods for domestic violence situations.
- Regular supervisor and worker training and education about domestic violence and resources available.
- Steps employers will take once they are aware of an incident, complaint or threat of domestic violence to victims, and accountability measures for the abusers if the work in the organization.
- Consideration for the victim's safety at the workplace. This includes developing a workplace safety plan.

Once an employer is aware that domestic violence has occurred or could enter the workplace the employer should take steps to minimize that risk. Those steps will depend on the circumstances of each situation.

## Resources

### **Ontario's Health & Safety Network**

- MOL – The Ministry of Labour  
[www.labour.gov.on.ca](http://www.labour.gov.on.ca)
- WSIB – Workplace Safety and Insurance Board  
[www.wsib.on.ca](http://www.wsib.on.ca)
- SWAs – Safe Workplace Associations
  - CSAO – Construction Safety Association of Ontario  
[www.csa.org](http://www.csa.org)
  - ESAO – Education Safety Association of Ontario  
[www.esao.on.ca](http://www.esao.on.ca)
  - EUSA – Electrical & Utilities Safety Association  
[www.eusa.on.ca](http://www.eusa.on.ca)
  - FSA – Farm Safety Association  
[www.farmsafety.ca](http://www.farmsafety.ca)
  - HCHSA – Health Care Health & Safety Association  
[www.hchsa.on.ca](http://www.hchsa.on.ca)
  - IAPA – Industrial Accident Prevention Association  
[www.iapa.on.ca](http://www.iapa.on.ca)
  - MASHA – Mines and Aggregates Safety and Health Association  
[www.masha.on.ca](http://www.masha.on.ca)
  - MHSOA – Municipal Health and Safety Association  
[www.mhsao.com](http://www.mhsao.com)
  - OFSWA – Ontario Forestry Safe Workplace Association)  
[www.ofswa.on.ca](http://www.ofswa.on.ca)
  - OHCOW – Occupational Health Clinics for Ontario Workers  
[www.ohcow.on.ca](http://www.ohcow.on.ca)
  - OSSA – Ontario Service Safety Alliance  
[www.ossa.com](http://www.ossa.com)
  - Public Services Health & Safety Association  
<http://www.osach.ca>
  - PPHSA – Pulp and Paper Health and Safety Association  
[www.pphsa.on.ca](http://www.pphsa.on.ca)
  - TSSA – Technical Safety and Standards Association  
[www.tssa.org](http://www.tssa.org)
  - THSAO – Transportation Health and Safety Association of Ontario  
[www.thsao.on.ca](http://www.thsao.on.ca)
  - WHSC – The Workers Health and Safety Centre  
[www.whsc.on.ca](http://www.whsc.on.ca)

## Related Health & Safety Websites

- CCOHS – Canadian Centre for Occupational Health and Safety  
[www.ccohs.ca](http://www.ccohs.ca)
- CSSE – Canadian Society of Safety Engineering  
[www.csse.org](http://www.csse.org)
- NAOSH – North American Occupational Safety and Health  
[www.naosh.org](http://www.naosh.org)
- E-Laws Website  
[www.e-laws.gov.on.ca](http://www.e-laws.gov.on.ca)
- Institute for Work and Health  
[www.iwh.on.ca](http://www.iwh.on.ca)
- Prevention Dynamics  
[www.preventiondynamics.ca](http://www.preventiondynamics.ca)
- Work Smart Ontario  
[www.worksmartontario.gov.on.ca](http://www.worksmartontario.gov.on.ca)
- Young Worker Awareness  
[www.youngworker.ca](http://www.youngworker.ca)

## Legislation

### Up-to-date Legislation

#### E-Laws Website:

- Occupational Health and Safety Act (and associated regulations):  
[www.e-laws.gov.on.ca/DBLaws/Statutes/English/90o01\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90o01_e.htm)
- Construction Regulation:  
[www.e-laws.gov.on.ca/DBLaws/Regs/English/910213\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Regs/English/910213_e.htm)
- Workplace Safety and Insurance Act  
[www.e-laws.gov.on.ca/DBLaws/Statutes/English/97w16\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/97w16_e.htm)

### Guides to Legislation

#### MOL Website:

- A Guide to the OHS Act Legislation  
[www.labour.gov.on.ca/english/hs/ohsaguide/index.html](http://www.labour.gov.on.ca/english/hs/ohsaguide/index.html)
- A Guide to the WHMIS Legislation  
[www.labour.gov.on.ca/english/hs/whmis/index.html](http://www.labour.gov.on.ca/english/hs/whmis/index.html)

## Online Act and Regulations

CSAO Website:

[www.csao.org/t.tools/t18.legislation/WebHelp/OHSA\\_and\\_Regs.htm](http://www.csao.org/t.tools/t18.legislation/WebHelp/OHSA_and_Regs.htm)

## Occupational Health and Safety Answers

CCOHS Website:

[www.ccohs.ca/oshanswers](http://www.ccohs.ca/oshanswers)

## OHS Rights and Responsibilities

WSIB Website:

[www.wsib.on.ca/wsib/wsibsite.nsf/public/PreventionYHSRR](http://www.wsib.on.ca/wsib/wsibsite.nsf/public/PreventionYHSRR)

## Health and Safety Committees and Representatives

MOL Website:

A Guide for Joint Health and Safety Committees (JHSCs) and Representatives  
in the Workplace

[www.labour.gov.on.ca/english/hs/jhsc/index.html](http://www.labour.gov.on.ca/english/hs/jhsc/index.html)

IAPA Website:

[www.iapa.ca/resources/resources\\_downloads.asp#joint](http://www.iapa.ca/resources/resources_downloads.asp#joint)

CCOHS Website:

[www.ccohs.ca/oshanswers/hsprograms/hscommittees/](http://www.ccohs.ca/oshanswers/hsprograms/hscommittees/)

CSAO Website:

Health and Safety Representatives and Committee Requirements Chart  
(taken from Construction Health and Safety Manual)

[www.csao.org/t.tools/t10.informationsservices/HSRepChart.pdf](http://www.csao.org/t.tools/t10.informationsservices/HSRepChart.pdf)

PPHSA Website:

Free Safety Meeting Topics

[www.pphsa.on.ca](http://www.pphsa.on.ca)

## Health & Safety Policy and Program

WSIB Website:

- Developing a Workplace Health and Safety Policy and Program
- Developing an Inspection Plan

[www.wsib.on.ca/wsib/wsibsite.nsf/public/ReferencePreventionGettingStarted](http://www.wsib.on.ca/wsib/wsibsite.nsf/public/ReferencePreventionGettingStarted)

CCOHS Website:

[www.ccohs.ca/oshanswers/hsprograms/basic.html](http://www.ccohs.ca/oshanswers/hsprograms/basic.html)

CSAO Website:

Getting Started

[www.csao.org/t.tools/t3.gettingstarted](http://www.csao.org/t.tools/t3.gettingstarted)

## Products

MOL Website:

[www.labour.gov.on.ca/english/hs/hs\\_pubs.html](http://www.labour.gov.on.ca/english/hs/hs_pubs.html)

WSIB Website:

[www.wsib.on.ca/wsib/wsibsite.nsf/public/PreventionProducts](http://www.wsib.on.ca/wsib/wsibsite.nsf/public/PreventionProducts)

IAPA Website:

Resources

[www.iapa.ca/resources/resources\\_downloads.asp](http://www.iapa.ca/resources/resources_downloads.asp)

PPHSA Website:

Products/Downloads

Posters/WHMIS Checklist

[www.pphsa.on.ca](http://www.pphsa.on.ca)

IWH Website:

[www.iwh.on.ca/products/product.php](http://www.iwh.on.ca/products/product.php)

CSAO Website:

Free Downloads

[www.csao.org/t.tools/t15.downloads](http://www.csao.org/t.tools/t15.downloads)

## Resources

### WSIB Website:

- Health and Safety Services and Information  
[www.wsib.on.ca/wsib/wsibsite.nsf/public/PreventionHSSI](http://www.wsib.on.ca/wsib/wsibsite.nsf/public/PreventionHSSI)
- Reference
- Prevention  
[www.wsib.on.ca/wsib/wsibsite.nsf/public/ReferencePrevention](http://www.wsib.on.ca/wsib/wsibsite.nsf/public/ReferencePrevention)
- Workers  
[www.wsib.on.ca/wsib/wsibsite.nsf/public/ReferenceWorkers](http://www.wsib.on.ca/wsib/wsibsite.nsf/public/ReferenceWorkers)
- Employers  
[www.wsib.on.ca/wsib/wsibsite.nsf/public/ReferenceEmployers](http://www.wsib.on.ca/wsib/wsibsite.nsf/public/ReferenceEmployers)

### OSSA Website:

[www.ossa.com/content/resources/](http://www.ossa.com/content/resources/)

### OHCOW Website:

[www.ohcow.on.ca/resources/index.html](http://www.ohcow.on.ca/resources/index.html)

### NAOSH Website:

[www.naosh.org/english/oshinfo.html](http://www.naosh.org/english/oshinfo.html)

### CSAO Website:

- Construction Health and Safety Manual  
[www.csao.org/t.tools/t13.newproducts/manual.cfm](http://www.csao.org/t.tools/t13.newproducts/manual.cfm)
  - Heat Stress Toolkit (in development)  
[www.csao.org/heat\\_stress/index.htm](http://www.csao.org/heat_stress/index.htm)
- [www.elecsafe.info](http://www.elecsafe.info)

## Training

### CSAO Website:

Required Training  
[www.csao.org/Uploadfiles/Magazine/VOL13NO3/training.htm](http://www.csao.org/Uploadfiles/Magazine/VOL13NO3/training.htm)

### Online Learning

- WHMIS
  - Back Care
  - Fall Protection
  - Crane Hazard Awareness (in development)
- [www.csao.org/t.tools/t17.onlinelearning](http://www.csao.org/t.tools/t17.onlinelearning)

## Home Study Courses

- Basics of Supervising
- Construction Health and Safety Rep
- Sector Specific

[www.csao.org/t.tools/t7.training/trainingoptions.cfm](http://www.csao.org/t.tools/t7.training/trainingoptions.cfm)

## New and Young Workers

MOL Website:

Ready...Safe...Work:

[www.labour.gov.on.ca/english/hs/new\\_workers.html](http://www.labour.gov.on.ca/english/hs/new_workers.html)

Work Smart Ontario:

- Passport to Safety
- Health & Safety 101

[www.worksmartontario.gov.on.ca](http://www.worksmartontario.gov.on.ca)

WSIB Website:

Young Worker Awareness Program

[www.youngworker.ca](http://www.youngworker.ca)

## FAQs

MOL Website:

[www.labour.gov.on.ca/english/hs/faq/index.html](http://www.labour.gov.on.ca/english/hs/faq/index.html)

WSIB Website:

[www.wsib.on.ca/wsib/wsibsite.nsf/public/NewsFAQ](http://www.wsib.on.ca/wsib/wsibsite.nsf/public/NewsFAQ)

CSAO Website:

[www.csao.org/t.tools/t10.informationsservices/FAQsDisplay.cfm](http://www.csao.org/t.tools/t10.informationsservices/FAQsDisplay.cfm)

## Research

WSIB Website:

[www.wsib.on.ca/wsib/wsibsite.nsf/public/Research](http://www.wsib.on.ca/wsib/wsibsite.nsf/public/Research)

CSAO Website:

[www.csao.org/t.tools/t10.informationsservices](http://www.csao.org/t.tools/t10.informationsservices)

## **Statistics**

MOL Website:

[www.labour.gov.on.ca/english/hs/stats/index.html](http://www.labour.gov.on.ca/english/hs/stats/index.html)

WSIB Website:

[www.wsib.on.ca/wsib/wsibsite.nsf/Public/PreventionCurrentStatistics2005](http://www.wsib.on.ca/wsib/wsibsite.nsf/Public/PreventionCurrentStatistics2005)

CSAO Website:

Report on Fatal and Non-Fatal Injuries in the Ontario Construction Industry

[www.csao.org/t.tools/t6.news/index.cfm](http://www.csao.org/t.tools/t6.news/index.cfm)

## Disclaimer

Information in this guide is intended as a general summary of information that is made available to the public. Every effort has been made to ensure the accuracy and completeness of the documentation and resources provided in this guide. This publication provides suggestions only in how to create a health and safety program. We are not responsible for any errors or omissions that may occur.

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For further information about the Occupational Health and Safety Act, contact the Ministry of Labour and/or the Workplace Safety and Insurance Board.

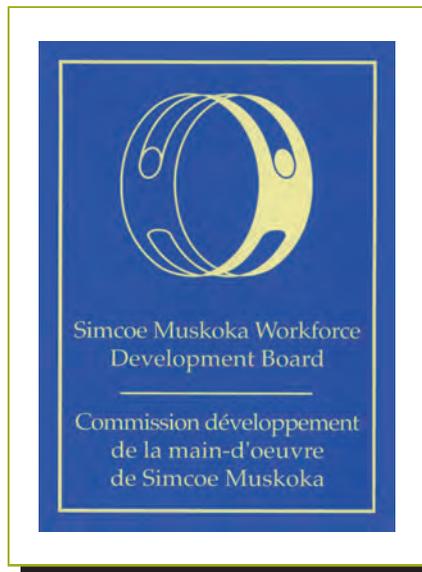


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