

COMMUNITY LIVING DURHAM NORTH

EMPLOYEE HEALTH & SAFETY

Policy No: C-9 (Human Resources)

Effective Date: May 31, 2010

Last Revision: September 30, 2019

Last Review: July 7, 2023

Rationale:

To ensure the health and safety of everyone who works and/or volunteers at Community Living Durham North.

Policy Statement:

COMMUNITY LIVING DURHAM NORTH is committed to providing a safe and healthy work environment for all staff and volunteers. CLDN will make every reasonable effort to ensure compliance with the measures and procedures prescribed by the *Occupational Health and Safety Act*, its regulations and other relevant legislation concerning health and safety. CLDN is committed to accommodating disabled employees in terms of both occupational and non-occupational disabilities.

A comprehensive health and safety program has been established to promote an awareness of health and safety issues and to ensure that everything possible is done to establish an accident and injury free environment. All managers and employees must be dedicated to the objective of reducing the risk of injury and illness.

Managers have an obligation to ensure that employees work in the manner, and with the protective devices, measures and procedures, required by the *Occupational Health and Safety Act* and its regulations. This includes Managers ensuring appropriate safety procedures are followed by employees and, advising employees of the existence of any potential or actual danger to their health and safety of which the Manager is aware. Managers must also take every precaution reasonable in the circumstances for the protection of an employee.

Employees, including Managers, must be knowledgeable about their actual working conditions and must appreciate that they have an obligation to report any safety hazards to their immediate manager, so that any safety hazards or contraventions can be remedied. *Without ongoing participation of every employee in helping to achieve the objectives, the policy will not succeed.*

All employees at Community Living Durham North must accept their responsibilities concerning the provision of a safe work environment. Employees who fail to meet their obligations concerning health and safety or violate safety rules will face discipline, up to and including termination.

This policy will be reviewed by the Board of Directors on an annual basis and re-posted by October 1st of each year.

Approved by: Clare Suggitt
for the Board of Directors

Date: October 24, 2022

COMMUNITY LIVING DURHAM NORTH

EMPLOYEE HEALTH & SAFETY

Procedure No: C-9-1

Responsibilities under the Act

Effective Date: September 1, 2009

Last Revision: October 24, 2022

Last Review: July 7, 2023

- The Occupational Health and Safety Act states that every employee within an organization is obligated to do his part in order to keep the workplace safe. Different components of an organization have different responsibilities.
- It is the responsibility of all CLDN employees to:
 - Work in compliance with CLDN Health and Safety policies and procedures, and with the *Occupational Health and Safety Act*.
 - Use or wear any equipment, protective devices or clothing that is provided by CLDN to safeguard your health or safety.
 - Report in writing any health and safety concerns to your manager (or to any manager) immediately.
 - Report in writing to your manager (or to any manager) any equipment or protective device that is missing or defective.
 - Report in writing all incidents/accidents.
 - Report in writing any known violation of CLDN Health and Safety policies and procedures, and any violation of the *Occupational Health and Safety Act*.
 - Not perform work in a manner that might endanger any other person.
 - Not operate equipment in a manner that might endanger any other person; not remove equipment, or render ineffective any equipment.
 - Not engage in pranks, contests, feats of strength, unnecessary running or rough and boisterous conduct.
- It is the responsibility of CLDN managers to:
 - Work in compliance with CLDN Health and Safety policies and procedures, and with the *Occupational Health and Safety Act*.
 - Instruct, inform and supervise employees for the protection of their health and safety, through:
 - ✓ Ensuring that employees comply with CLDN Health and Safety policies and procedures.

- ✓ Advising employees of any potential or actual health and safety dangers known to the manager.
 - ✓ Providing employees with written procedures, when necessary, as prescribed by the Ministry of Labour, Immigration, Training, and Skills Development following a workplace investigation and/or by CLDN management.
 - ✓ Responding promptly to all health and safety concerns brought to their attention.
 - ✓ Ensuring that incidents and Serious Occurrences are reported via proper procedures and on the appropriate forms.
 - ✓ Liaising with the Joint Health and Safety Committee and assisting it to perform its duties.
 - ✓ Taking every reasonable precaution, in any particular circumstance, for the protection of employees.
- Ensure that each location is equipped with:
 - ✓ Written emergency exits and safety rules specific to the location.
 - ✓ A floor plan showing emergency exits, fire extinguisher locations, etc.
 - ✓ A fully stocked First Aid kit and accompanying First Aid Checklist.
 - ✓ A copy of the WSIB “*In Case of Injury*” poster or “sticker.”
 - ✓ A copy of the *Occupational Health and Safety Act*.
 - ✓ A copy of the CLDN Policy & Procedure manual
 - ✓ A hazardous materials inventory, where applicable, and Safety Data Sheets.
 - ✓ Emergency numbers that are posted in proximity to telephones.
- It is the responsibility of CLDN’s Board and senior management to:
 - Work in compliance with CLDN Health and Safety policies and procedures, and with the *Occupational Health and Safety Act*.
 - Establish, assist and work cooperatively with a Joint Health and Safety Committee.
 - Together with the Joint Health and Safety Committee, ensure that CLDN is in compliance with the regulations of WSIB and the *Occupational Health and Safety Act*.
 - Ensure that every part of the physical structure of the workplace is safe and in compliance with all legal requirements.
 - Take every reasonable precaution for the protection of staff.
 - Respond to any recommendations of the Joint Health and Safety Committee regarding ways to improve workplace safety.
 - Ensure that sufficient and appropriate information, instruction, and training are available for employees so that they are properly informed around CLDN Health and Safety policies and procedures, and the *Occupational Health and Safety Act*. As a specific example, each employee, upon hire, will receive “**Employee Competency Training**” and this training will also be provided annually, on Surge Learning
 - When appointing managers, appoint competent people, within the meaning of the Act.

Procedure No: C-9-2
Joint Health and Safety Committee

Effective Date: September 1, 2009
Last Revision: October 24, 2022
Last Review: July 7, 2023

- In compliance with the *Occupational Health and Safety Act*, CLDN has established, and continues to support, a *Joint Health and Safety Committee*. All Ministry of Labour, Immigration, Training and Skills Development requirements with respect to this Committee are observed.
- A sub-section of the agency's website is devoted to the work of this committee and to matters of health and safety in general. Go to the top right hand corner of our Home Page and enter employee (for user name); the password is ComLivDN&2021. Then click on "Health & Safety."
- A copy of the Joint Health & Safety Committee's entire *Handbook* can be accessed on the website. A hard copy is also included in each program's Health & Safety Binder. The Handbook can also be found on the server under \\CLDNSERVER\Agency-Wide\Health & Safety\Health & Safety Info (Books, Names etc.)
- The Joint Health and Safety Committee is an advisory body composed of equal employee and management representation. One management rep and one employee rep will act as co-chairs. The names of all representatives will be posted.
- A management rep and an employee rep (not necessarily the co-chairs) will also be trained and certified by completing: "Part I, Basic Certification" and "Part II, Workplace-Specific Hazard Training" through a recognized company.
- The committee will meet at least quarterly (four times each year) and will keep minutes (which will be posted).
- Committee members are responsible for maintaining rules of confidentiality, except where disclosure of information is specifically required by law.
- The Joint Health and Safety Committee is a forum for management and employees to work together to:
 - Prevent accidents;
 - Identify and reduce health hazards;
 - Promote health and safety;
 - Ensure that employees are properly trained;
 - Investigate unsafe conditions;
 - Participate in the investigation of critical injuries, in accordance with the *Occupational Health and Safety Act*; and
 - Make recommendations to management regarding health and safety.

- To assist the committee to carry out its work, the Association will:
 - Provide the committee with supplies and a location for its meetings;
 - Inform the committee of any work related accidents or illnesses;
 - Provide the committee with copies of any reports or statistical roll ups that it compiles, pertaining to health and safety in the workplace;
 - Provide the committee with a written response to its recommendations, within 21 calendar days.

- Also mandated by the *Occupational Health and Safety Act*, but not formally connected to the JHSC, is the Health & Safety Representative situated within every workplace. This is a non-management employee elected by his or her colleagues within each particular workplace. Once elected, the Health & Safety Rep is trained by the agency in the roles and responsibilities of the position. He or she performs regular in-house health and safety audits (see below), and employees within the location can take health and safety concerns to their rep ***if*** these are not being appropriately dealt with by the location's Manager.

Procedure No: C-9-3
Workplace Inspections

Effective Date: September 1, 2009
 Last Revision: October 24, 2022
 Last Review: July 7, 2023

- In compliance with the *Occupational Health and Safety Act*, CLDN's several workplaces are examined closely on a regular basis for the purpose of identifying and recording potential and actual hazards associated with buildings, equipment, environment, processes and practices. The inspections also identify any hazards that require attention and recommend corrective action.

- Every worksite ***must be*** inspected by the site Health & Safety Representative (or an alternate staff member), monthly, using the "Monthly Interior and Exterior Grounds Checklist."

- Beyond these in-house inspections, the Joint Health & Safety Committee will develop a schedule of planned inspections to be carried out throughout the year and this schedule will be posted on the agency's server.

- Inspections carried out in the name of the JHSC will be conducted by one employee rep and one management rep and a standardized "JHSC Audit Form" will be used to document their findings.

- Completed inspection reports will be copied to the Program Manager and the JHSC co-chairs and saved on the server under Agency Wide\Health and Safety\Audit Info.

- Where a report raises a concern or problem of a routine nature, the Manager will endeavour to address it promptly, advising one or both co-chairs of the action taken prior to the upcoming meeting of the JHSC.

- Where the issues raised are questionable or problematic, they will be referred to a Director and he or she will respond in a timely manner to the two co-chairs.
- Where an issue raised in a report is not acted upon to the satisfaction of the committee, it may forward a written recommendation directly to the CEO. He or she will then respond in writing to the co-chairs within 21 calendar days. Unfavourable replies will be accompanied by a full explanation.
- A review of inspection reports and of responses to inspection reports shall be conducted at each meeting of the JHSC.

Procedure No: <u>C-9-4</u>	Effective Date: <u>May 8, 2020</u>
Right to Refuse Unsafe Work	Last Revision: <u>October 24, 2022</u>
	Last Review: <u>July 7, 2023</u>

- The Ontario Health and Safety Act (OHSA) gives workers the right to refuse unsafe work and to refuse to do particular work that they believe is likely to endanger themselves or others. Such arguably unsafe work often involves equipment, machines or devices; it may have to do with workplace violence or with the physical condition of the workplace.
- Workers supporting people with developmental disabilities have a limited right to refuse work. They cannot stop work if doing so will endanger the life of another person, and they cannot refuse work on account of inherent hazards; the issue with regard to inherent hazards is whether or not the worker has been appropriately trained, provided with appropriate protective equipment, is the work environment maintained in good order? etc.
- Workers who are aware of a workplace hazard are obligated under the OHSA to report that hazard to their manager/employer, and they are expected to do so before initiating a work refusal.
- A worker's refusal to work follows upon this report in situations where, in the worker's estimation, the supervisor/employer fails to make timely adjustments to protect his/her health and safety.
- The procedure for a worker's refusal to work:
 1. Having immediately notified the Program Manager or designate of their refusal to work, and having identified the reasons for the refusal, the worker will remain in a safe place and remain available for the investigation.

If the worker contacts the Manager from home in order to refuse work, he or she will be told to report to work (to another location if need be), in order to be a party to the investigation.
 2. The Program Manager will immediately investigate the reason(s) for the refusal. The participation of the JHSC and/or of other employee representatives are key to

this investigative process, and the manager will try to access them in the following prioritized sequence:

- Certified employee member of the JHSC
- Uncertified employee member of the JHSC
- Another employee or set of employees, approved in advance by the union, to act on its behalf in cases of work refusal
- Any unionized worker available

Immediately following the investigation, the Program Manager and the employee representative will discuss its findings with the employee and implement any required corrections. If the issue is resolved the worker will return to work.

The written report of the internal investigation, whether it resolves the problem or not, will be mounted on our website and distributed to all program locations for inclusion in their Health and Safety binders.

3. If resolution is not achieved as part of the internal investigation and correction processes, the Program Manager will re-assign the worker to other work, and notify the Ministry of Labour, Immigration, Training, and Skills Development (MLITSD), formerly (MLTSD).
4. Pending the investigation and decision of the MLITSD inspector, the employers' efforts to reassign the work under investigation must involve full disclosure to the incoming worker regarding the work refusal that is in place, and the reasons behind that refusal. Further, this disclosure must be made in the presence of the employee representing the worker who first made the complaint and refused the work.
5. An inspector from the Ministry of Labour, Immigration, Training, and Skills Development will investigate the refusal to work in the presence of the Program Manager, the worker and the employee representing the worker, and will submit his/her decision in writing to the JHSC.

Procedure No: C-9-5
Fatal or Critical Injuries

Effective Date: September 1, 2009
Last Revision: October 24, 2022
Last Review: July 7, 2023

- Regulations attached to the Occupational Health and Safety Act define a critical injury as one that is serious and:
 - Places life in jeopardy;
 - Produces unconsciousness;
 - Results in substantial loss of blood;
 - Involves the fracture of a leg, arm, hand or foot, or of more than one finger or toe.
 - Involves the amputation of a leg, arm, hand or foot, or of more than one finger or toe.

The ministry considers the leg to include an ankle or foot and the arm to include a wrist or hand.

Although the regulation specifies that the fracture or amputation of a single finger or toe is not a critical injury, a fracture or amputation of **more than one finger or toe** is considered to be a critical injury.

- Consists of burns to a major portion of the body;
 - Causes loss of sight in an eye.
- In the event of a fatal or critical injury, CLDN must notify the following, immediately, by telephone or by other direct means:
 - A Ministry of Labour Inspector;
 - The Joint Health and Safety Co-Chairs;
 - The trade union (CUPE 2936).
 - And, within 48 hours, the director of the appropriate branch within the Occupational Health and Safety Division of the Ministry of Labour.
 - All fatal or critical injuries will be immediately investigated by two members of the JHSC, one being a certified worker rep and the other a certified management rep, or designate. The two parties will submit a signed *Accident Investigation Report* to management and to the JHSC.
 - The *Accident Investigation Report* will be included in CLDN's communication to the Ministry of Labour, Immigration, Training and Skills Development Director, within 48 hours of the incident.
 - If the two JHSC investigators are not unanimous, the worker representative has the right to submit a separate dissenting report (which would then also be re-directed to MLITSD).
 - The Joint Health and Safety Committee will meet as soon as possible after the completion of the *Accident Investigation Report* (within hours if at all possible) in order to review its findings and management's responses or plans to respond. The committee may also make such recommendations as it deems appropriate.
 - Notwithstanding the need to investigate promptly, the area where the accident occurred must be cordoned off and the scene left undisturbed until the Ministry of Labour, Immigration, Training and Skills Development can inspect the site. Only in order to save life or relieve human suffering can the site be disturbed.

Procedure No: C-9-6
Health and Safety Postings

Effective Date: September 1, 2009
Last Revision: March 10, 2019
Last Review: July 7, 2023

- CLDN will ensure that its employees' access to health and safety information meets or exceeds legislated requirements. Towards this end, the following items will be available in all program locations and/or maintained current on the agency's website:
 - The handbook of the Joint Health & Safety Committee.
 - A copy of the Occupational Health and Safety Act (which is available on the CLDN website under health and safety; the server, under health and safety; and which can be found online at www.ontario.ca/laws/statute/90o01).
 - This Health and Safety policy (C-9). A policy manual is in every workplace.
 - A copy of the most recent minutes of the Joint Health and Safety Committee;
 - A floor plan identifying all exits is posted at each exit in every location.
 - Safety Data Sheets pertaining to any hazardous materials used in particular locations.
 - An annual summary detailing the number of workplace accidents, lost work days, etc. that occurred during the previous year.
 - A copy of any notices or inspection reports issued by the Ministry of Labour, Training and Skills Development.

Procedure No: C-9-7
WSIB and Return to Work Program

Effective Date: September 1, 2009
Last Revision: September 30, 2021
Last Review: July 7, 2023

- When an employee suffers an injury at work, he or she **must report** the injury to a manager and, unless incapacitated, must complete an *Incident Report on AIMS*.
- In the event of head injuries, bites, car accidents and needle pricks it is mandatory to seek medical attention.
- The Manager's responsibilities, in the immediate aftermath of the incident, are as follows:
 - If the worker needs to interrupt his work day and go home, and/or indicates that he will seek health care the Manager must ensure the employee takes a Return to Work package with them.
 - If an employee suffers an incapacitating illness or injury, Management will ensure they are transported via ambulance to seek medical attention, and will follow behind and stay with the employee until they are admitted under the care of the hospital, or until family arrives.
 - In the event of a head injury employees are not permitted to transport themselves to seek medical attention.

- In the event of a Critical Injury (see C-9-4) an ambulance must be called to transport the employee.
 - Immediately report the incident to the Human Resources department if medical attention is being sought.
 - Within four days notify the Joint Health and Safety Committee that an employee has sought medical attention. Provide written notice of the prescribed information and particulars by including the incident report in the notification.
- The Employee's responsibilities, in the immediate aftermath of the incident, are as follows:
 - Immediately report the injury to their Manager or designate.
 - If an employee is seeking medical attention it is their responsibility to take the return to work package to the physician (or, in appropriate circumstances, to the chiropractor or physiotherapist). Once presented to a physician, he or she is under a legal obligation to complete the WSIB *Functional Abilities* form. Finally, the employee is responsible for the completion of the H-17 Staff Injury form and of the WSIB Form 8 which is included in the Return to Work Package. Staff must return all forms, within 2 calendar days, to the Human Resources department or designate.
- The Union's responsibilities, in the immediate aftermath of the incident, are as follows:
 - Investigate and review the incident with the manager or HR.
 - Provide follow-up with the employee to ensure their needs are supported.
 - Work with the HR department to ensure a collaborative return to work plan is in place.
- The responsibilities of the HR department or designate, in the immediate aftermath of the incident, are as follows:
 - Report the incident to WSIB, within three calendar days, via the Form 7, if the worker loses time from work, or earns less than a regular day's pay as a result of the injury, or gets health care treatment.
 - Log the injury in the appropriate database and file the *Incident Report*.
 - Collaborate with employee, union representative and Program Manager to create a letter of offer for modified workplace accommodations, where this is possible. This could include conducting independent assessments, independent Medical Examinations, Functional Abilities Evaluations and/or Physical Demands Analysis.
 - Notify the Program, Team Leader and Manager of the required accommodations, duties and restrictions. Only relevant information will be shared to protect the privacy of the employee.
- If the returned *Functional Abilities* form suggests that the employee will be off work for more than a few days, or that some kind of workplace accommodation might be necessary, the HR department will take the lead in monitoring the "Return to Work file," and in liaising with WSIB.

- In making every reasonable effort to modify the employee’s duties, CLDN will observe the following hierarchy of accommodation:
 - Pre-injury job tasks
 - Pre-injury job with accommodations
 - Suitable duties in the pre-injury program
 - Suitable duties in other programs
 - Any other available work within the workplace.

- Following the spirit of the hierarchy of accommodation CLDN will include provisions for transitional work, graduated return to work and work hardening.

- The agency is not required to tolerate “undue hardship” in crafting a return to work protocol. The modified work must be productive, time limited and designed to assist the employee to return to his regular duties as soon as possible.

- In developing the modified work, the HR department may communicate with the treating physician and may also, with the approval of a director, arrange for a third party assessment by an outside physician.

- If the worker is unable to perform modified work, and is on paid leave, the HR department will maintain contact with him or her (at least once a week). The HR department will also liaise with the Program Manager so as to be ready with an offer of modified work should that become appropriate.

- The HR department or designate will notify WSIB, the Program Manager and Union Representative of all offers of modified work and all refusals of modified work. An employee who refuses the modified work opportunity will have to justify their decision to WSIB and their Union Representative. WSIB will provide follow-up to the employee and assign a return to work specialist if necessary. CLDN would have to justify its refusal to offer the modified work (i.e. were it to refuse on the grounds of “undue hardship”).

- The Program Manager will provide ongoing monitoring of the employee’s work performance to ensure:
 - That the modified work continues to be suitable.
 - That no duties are assigned which are outside of the person’s medical restrictions.
 - That further programmatic training and education is offered to the injured employee with the focus on injury prevention.
 - That additional duties are added, as the employee becomes capable of doing them, with the objective being a return to 100% of normal work duties.

- Employees who are on modified duties and/or away from work have a continuing obligation to:
 - Be forthcoming about their condition and cooperate with CLDN’s attempts to develop modified work opportunities.
 - Contact HR department, immediately, following any injury related medical appointments and provide verbal and written updates.

- Maintain regular and necessary contact, at least weekly, with the HR department or Program Manager.
- The responsibilities of the co-worker, in the immediate aftermath of the incident, are as follows:
 - Provide first aid and adhere to any direction given for the care of the injured worker.
 - Be supportive of co-workers who are on accommodated assignments.
 - Bring forth any concerns they have with assigned modified duties, in a respectful manner, to their Manager or designate.

Procedure No: <u>C-9-8</u>	Effective Date: <u>September 1, 2009</u>
Hazardous Materials	Last Revision: <u>December 2, 2019</u>
	Last Review: <u>July 7, 2023</u>

- Hazardous materials are biological, chemical or physical agents (or a combination of such agents) whose presence in the workplace might endanger a person's health or safety.
- The Workplace Hazardous Materials Information System (WHMIS) has been incorporated into the regulations of the Occupational Health and Safety Act, and its purpose is to:
 - Provide information about hazardous materials, and;
 - Ensure consistency of information about hazardous materials, in part by providing a series of universal symbols to identify different hazardous materials.
- Full, external WHMIS training is a component of the mandatory training that is accessed for the certified representatives on the Joint Health and Safety Committee.
- Apart from training, the key elements of WHMIS are the labels (i.e. the above mentioned universal symbols) on hazardous materials, and the related *Safety Data Sheets* – technical bulletins designed to provide detailed hazard and precautionary information.
- The employer's responsibilities in relation to WHMIS are as follows:
 - Ensure that all controlled products are identified and are properly labelled by the supplier as they enter the workplace.
 - Ensure that *Safety Data Sheets* are in place and are up to date.
 - Ensure that employees have the information that they require in order to safely store, handle, use and dispose of any hazardous materials in the workplace.
 - Create and maintain a hazardous materials inventory.
 - Consult with the JHSC around the maintenance of the inventory and the development and implementation of any necessary training programs.

- The responsibilities of employees in relation to WHMIS are as follows:
 - Use, handle, store and dispose of controlled products or hazardous materials in accordance with CLDN procedures.
 - Know and understand the significance of information on WHMIS labels and on *Safety Data Sheets*.
 - Participate in any training offered by CLDN regarding hazardous materials.

Procedure No: <u>C-9-9</u> Safe Use and Disposal of “Sharps”	Effective Date: <u>June 30, 2011</u> Last Revision: <u>September 30, 2021</u> Last Review: <u>July 7, 2023</u>
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- Sharps are anything with a pointy end that can injure a person and expose him to infection. Some sharps are non-medical items in every day use such as scissors, razor blades (if disposable, the entire razor would go in a sharps container; if reusable, just the replaceable head would go in), metal wire, pins, kitchen knives and “exacto-blades.” Most items of this kind are designed for repeated use but, when no longer usable, they must be disposed of whole, into the Sharps Container.
- Other sharps are medical in nature and can be used only once. Examples that can be found in CLDN work places are insulin injection needles and blood testing lancets or needles. Insulin tubes are not actually sharp but they are made of glass and should be disposed of into the sharps container. CLDN staff must not use any of these items until they have completed Controlled Acts training, and the safe disposal of these items is a component of the training.
- CLDN will take every reasonable precaution in the effort to protect its employees in the use and disposal of sharps.
- Used sharps must be disposed of in a “Sharps container” that is properly labelled and puncture resistant. The agency will purchase them from a local pharmacy; every location **must** have a sharps container. Home made containers are not acceptable.
- When the container has been filled to its “Full Line,” staff will return the container to the pharmacy where it was purchased and order a replacement.
- Staff can protect themselves by discarding used sharps immediately, by keeping a sharps container close to the point of use, and by ensuring that the location is never without a container – note that more than one container can be in use at a time. Razors still in use are to be stored in a hard separate container, clearly labeled for each individual person, and separate from all other personal needs items. Staff must also wear gloves at all times when handling sharps. Staff can also protect themselves by being aware of their immunization status and by staying current in terms of their Hepatitis B and Tetanus vaccinations.

- In the event of a “sharps” injury, clean the area with soap and water; report the injury to a manager, complete a staff injury report on AIMS and seek medical attention.

Procedure No: <u>C-9-10</u> First Aid and CPR	Effective Date: <u>June 30, 2011</u> Last Revision: <u>March 10, 2019</u> Last Review: <u>July 7, 2023</u>
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- Training in First Aid and CPR is mandatory and certification must be renewed every three years.
- It is an expectation that staff will use their training and implement either CPR or first aid measures, when one or the other is the appropriate response to an emergency situation.
- A fully stocked and properly marked First Aid Kit is kept at each program location. The location of the First Aid Kits are identified by a red cross symbol. Its precise location within the home or program is pointed out to each new hire during his or her site orientation (and this step in the orientation process is an entry on the *Site Orientation Checklist* - form H3c). It is an expectation that staff know the location of the First Aid Kit in their work place.
- The Site representative (or alternative designated staff) checks First Aid boxes every month in reference to the *First Aid Kit Contents Checklist* (form D-10). The staff will also ensure that any missing or depleted items are replenished, as needed. Note that a First Aid manual is included in the Kit. The Joint Health and Safety Committee has parallel responsibilities, and also performs regular, rotating site inspections and the First Aid box is checked again during these visits.

Procedure No: <u>C-9-11</u> Respiratory Protection Program	Effective Date: <u>September 15, 2011</u> Last Revision: <u>July 7, 2023</u> Last Review:
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- This protocol is designed to protect employees in the event of a pandemic or other contagious illness in the workplace. Respiratory protection prevents the inhalation of infectious agents such as viruses, bacteria or mould/fungi that can be spread through the air.
- CLDN has selected a CSA-approved non-powered air purifying respirator and we stock multiple types/sizes:
 - 3M 8210
 - 3M1860S
 - 3M 1870+
 - Medicom M
- Ten (10) 3M 1870+ respirators are stored in each program site together with other pandemic supplies (typically in a large equipment bag).

- If a location has a suspected or confirmed outbreak, the agency has made available emergency pandemic bins that contain all sizes of respirators, gowns, gloves, disinfectant supplies, disposable cutlery and dishes that can be dropped off at the location for immediate use. The Manager will then dispense additional supplies as required. These bins are located at Union, Maple, Lorne and Mariposa to ensure that they can get to the location closest to them quickly.
- At any given time, at least one CLDN employee will know how to fit people for an appropriately sized respirator. This “train the trainer” instruction is provided by the *Public Services Health and Safety Association (PSHSA)*.
- Our in-house staff trainer(s) will fit test every agency employee and provide basic instruction in how to don, seal check, doff, and inspect the respirator. The certified trainer(s) will also complete a comfort assessment during the fit test. Employees will be trained and fit tested during their orientation and again every two-years thereafter. Employees must also be re-fitted if they experience significant weight gain or loss, the addition or removal of facial hair, or some other physical change. It is the employee’s responsibility to notify their manager or HR if they believe that they need to be re-fit.
- Written procedures for the proper care and donning, seal checking, and proper doffing of respirators are located in each location’s Program Information Binder.
- Responsibilities of each party - employer, administrator (i.e. HR) and employee - are outlined in the respiratory protection program located in section six of the Program Information Binder
- HR will track and run reports that show the appropriately sized respirator for each employee.
- In the event of a pandemic, external contractors are responsible for their own respiratory protection program and must have been fit-tested successfully by their employer prior to using their equipment.

Procedure No: <u>C-9-12</u>	Effective Date: <u>January 31, 2014</u>
Early Notification of Health Care Risk Factors	Last Revision: <u>December 2, 2019</u>
	Last Review: <u>July 7, 2023</u>

- This procedure is not about faulty or inadequate equipment; i.e. beds or bath tubs that are too high or low and are causing back strain. Nor is it about combustibles stored too close to the furnace room or any number of other potential hazards.
- For clarification, “health care risk factors,” in the context of this procedure, has a certain specific meaning. The phrase refers to hazardous drugs (medications), as they are brought into the work place. It refers to the situation wherein a supported person or staff has been newly diagnosed with an illness that is on the Reportable Diseases List. And it refers to situations where a supported person, in a group home, is diagnosed with a disease which

does not have to be reported to the Medical Officer of Health but which is nevertheless considered to be a communicable disease. Finally, it also refers to situations where a supported person is not ill, but has been identified as somehow contagious, as a carrier of a virus, for example, or he/she is found to have lice or bed bugs.

- What all of these circumstances have in common is the fact that they can put staff, roommates and their families at varying degrees of risk. Therefore, prompt notification of everyone concerned is critical.
- For early notification of anyone to occur, it is first necessary that the employee who has taken the person to the doctor or returned with him/her from hospital, and who was informed of a new diagnosis, condition, or medication, understood that message clearly, recognized its significance, took careful note of it, and then included it in a very clear clinical note upon returning to the program site.
- It is also critical that the employee notify management immediately. It then becomes management's job to ensure that prompt notification is provided to everyone concerned.
- When it is necessary to alert employees to the presence of a new risk factor in the program where they work, the notice will be sent to all staff via the personal CLDN email addresses that have been created for the use of every employee. It is the responsibility of staff to activate their CLDN email addresses and to read the communications that CLDN send to them by this means. Because it is going to employees across the entire agency, the notice may not name the supported person for privacy reasons, but the identity of the person will be readily available to staff as they report to work at the program site.

Hazardous Drugs

Medications within this class are discussed in detail in Policy C-5. To re-cap, staff who fill a prescription are required to enter the new medication in AIMS where they must select it from a drop box. If the medication is not present in the drop box, it is new to the agency and this fact must be immediately reported to management. Management will share the notification with the Joint Health and Safety Committee and conduct the appropriate research, beginning with a review of the *NIOSH List of Antineoplastic and*

Other Hazardous Drugs in Health Settings, 2010 published by the U.S. National Institute for Occupational Safety and Health (NIOSH). When this research is complete, the program site will be provided with a detailed, case specific protocol regarding the safe use of the drug. AIMS Caution notes and the person's B-10 Support Information will be updated to include this information.

Reportable Diseases

The diseases on the Reportable Diseases List are extremely dangerous and many of them very rare in the developed world; e.g. Plague, Cholera, Leprosy. Others, like Hepatitis B, C and D are more common. The report to the Medical Officer of Health will be made by the diagnosing physician, but it remains our responsibility to notify staff (and roommates and their families). The reportable disease list can be found on the Public Health Ontario website.

Given the notoriety of most diseases on this list, the physician/hospital will make it very clear to support staff that the person's diagnosis puts others at risk.

Still, it is critical that the employee also make it clear in their Clinical Note and even more important that they immediately notify management. Only then can management take action.

Communicable Diseases

The diseases on the Reportable Diseases List are communicable, that's why they're so dangerous. But there are a host of communicable diseases, and some of them, like the common cold, are not reportable. All people are potential carriers of any number of infectious germs, and we don't always know when a communicable disease or infection is present. This is precisely the idea behind Universal Precautions. Since we can never know for sure whether we're at risk or not, it is best to always utilize these precautions. They can take time to get used to, but they soon become habitual. Universal Precautions will help to protect you, your co-workers, and the people you support – without compromising their dignity (see B-9-4 *Universal Practices and Additional Precautions*).

Other Risk Factors

By definition, it is impossible to capture the essence of this "category" in a paragraph or two. As already indicated, the range extends from viruses or bacteria that can be spread by people who may not even feel ill, to lice and bed bugs. And the list will grow; H1N1 and SARS have not always been with us, or known to us.

As always, the key thing is, first, to identify the risk. Typically, this must be done by the support staff who communicates with the physician and/or hospital as the diagnosis is made, or as the person is returning home.

Second, the staff must communicate the risk to management.

Finally, management will notify everyone concerned by the means already identified, and will develop and post any necessary protocol.

- CLDN does not typically hire trained health care professionals and it is conceivable, even with this procedure in place, that staff accompanying a person home from hospital, or from a doctor's office, may fail to sound the appropriate alert. If this should occur, any staff who detects the error or oversight must immediately bring it to management's attention.
- Employees of CLDN should be aware that the agency is not a Health Care Provider or Hospital. If one "googles" the protocols that must be carried out in a particular situation, it is important to understand that the response that pops up might be accurate with respect to hospitals or LTC facilities, but inaccurate and misleading in the context of social service agencies funded by MCCSS.

In certain circumstances, isolation might be the protocol used in hospital settings, but it is rare that isolation is prescribed in a Home Care setting. And this is not because of differential standards or different levels of concern for the support staff involved.

Infections of Vancomycin-resistant Enterococci (VRE), for example, occur most commonly in healthcare facilities for the simple reason that these are places where sick and very vulnerable people are congregated. People in hospital often have weakened immune systems, they may have been treated with antibiotics, including vancomycin, over prolonged periods. They may recently have had surgery or they may have an invasive medical device like a urinary catheter, and all of these things put them at higher risk of becoming infected with VRE.

- CLDN’s management, and its Joint Health and Safety Committee, will determine the appropriate protocol to be put in place when a risk factor is identified. Staff who would like to challenge the protocol may do so via appropriate channels identified in the Policy Manual. However, staff operating behind the scenes to call the posted protocol into question, based on “googled research,” will be subject to discipline. Such behaviour, to the extent that it creates confusion and uncertainty, puts people at risk.
- Employees should also bear in mind that CLDN faces certain challenges that Health Care facilities do not face. Because we are not a health care provider, and because we are not next of kin either, we are, sometimes, the last to know. In our sector, a parent or other relative can theoretically accompany a supported person into the doctor’s office, or return with him/her from hospital, and forget or decide against sharing valuable information with us. Hospitals routinely share results or outcomes with families and make a point of not doing so with us.

Copies of hospital reports can be obtained but the family’s consent is required, it costs money and a time lag is involved. Nevertheless, where staff teams and management believe that it is important to have copies of hospital reports, we will endeavour to obtain them.

Procedure No: <u>C-9-13</u>	Effective Date: <u>June 3, 2019</u>
Slips, Trips and Falls	Last Revision:
	Last Review: <u>July 7, 2023</u>

- Slips happen where there is too little friction or traction between the footwear and the walking surface. Trips happen when the foot collides (strikes or hits) an object causing the person to lose balance and, eventually, to fall. Both slips and trips result from some kind of unintended or unexpected change in the contact between the feet and the ground or walking surface. Slips, trips and falls are a major cause of work related injuries and lost time. Common causes in the work environment include but are not limited to: slippery surfaces, spills, seasonal weather hazards, loose carpet or mats, clutter in pathways, uneven walking surfaces, obstructed view, poor lighting, wires, cables, and extension cords.

- Good housekeeping is essential to ensure that slips, trips and falls are minimized. Household items should be promptly put away in their proper places and overflow or excess items should be placed away from high traffic areas.
- Wipe up spills immediately and ensure that floors are dry before walking on them. Signs should be posted to let others know when floors are slippery.
- Keep all entrances and exits free from clutter and debris at all times.
- Ensure power cords are securely taped to the floor, or are positioned so that hanging or dangling cords are not a safety hazard. Position excess cords away from pathways.
- Avoid the use of extension cords whenever possible.
- When vacuuming or when maintenance is being completed, plug equipment into the nearest receptacle to avoid cords lying across hallways and/or doorways.
- Have burnt out light bulbs changed and faulty switches fixed immediately.
- Locate small appliances/equipment away from edge of work areas to avoid loose dangling cords.
- Position carpets and mats to ensure that they lie flat on the floor and ends are butted together. Replace wrinkled or frayed carpets immediately.
- When carrying objects, ensure load does not obstruct vision.
- Wear clothing that is of proper fit/length to avoid tripping.
- Wear closed-toe footwear and do not have laces that are untied or hanging out. Ensure proper footwear is worn with the appropriate tread and traction for the work performed. Ensure that when providing direct support within the community the appropriate footwear is worn for the planned activity.
- Complete floor mopping during low activity periods. Place a sign in the area to indicate when the floor is wet.
- Position a non-slip mat in areas that are frequently wet, e.g., entrance ways and bath areas.
- Maintain walkways, entrances, and outside steps so they are free of ice, snow, and other debris. Ensure required maintenance or repairs are completed immediately.
- Refrain from climbing on stools or counters to reach items stored overhead.
- When visiting places in the community (e.g. family homes, community centres, malls, and public spaces) be mindful of entrance ways and surroundings that may or may not be cleared of debris, snow, or ice.

- Pay attention at all times while at work. Take your time going up and down the stairs.
- Take the time needed to do the job properly and do not take shortcuts.
- Adjust walking stride to a pace that is suitable for the walking surface and tasks that are in progress.

Procedure No: <u>C-9-14</u>	Effective Date: <u>March 6, 2023</u>
Fragrances	Last Revision:
	Last Review: <u>July 7, 2023</u>

- Community Living Durham North recognizes that some people are sensitive to fragrances. In an effort to support the health and safety of all people, CLDN will endeavour to limit exposure.
- To limit exposure, staff are encouraged to:
 - Refrain from using scented products.
 - Use non-scented products whenever possible (e.g., perfume, cologne, lotions, and hair products).
 - Refrain from the use of aerosol products (cleaners, air fresheners).
 - Use the least toxic cleaning products and disinfectants that are commercially available, and use them in well-ventilated areas away from staff, supported people, volunteers and visitors. Ensure their containers are tightly closed when not in use.

Procedure No: <u>C-9-15</u>	Effective Date: <u>July 17, 2023</u>
Naloxone	Last Revision:
	Last Review:

- The Occupational Health and Safety Act states that “Employers must provide a naloxone kit when the employer becomes aware, or ought reasonably to be aware, of the following scenarios:

There is a risk of a worker opioid overdose.

There is a risk that the worker overdoses while in a workplace where they perform work for the employer.

The risk is posed by a worker who performs work for the employer.”

- Given the prevalence of opioid use in Ontario, the number of people in CLDN's employ and the fact that some of our locations are open to the public, we must accept that it is possible that someone might suffer the effects of an overdose while on CLDN property.
- Naloxone (also known as Narcan) is a drug that can temporarily and rapidly reverse an opioid overdose. It begins to work within minutes of being administered. A second dose may be administered if no improvement is seen after 2-3 minutes following the administration of the first dose. When someone overdoses on opioids, their breathing either slows or stops completely. If used right away, Naloxone can help them breathe normally and regain consciousness.
- If a person has been using opioids, Naloxone may put them into withdrawal. Opioid withdrawal is a set of symptoms arising from the sudden withdrawal or reduction of opioids following previous heavy usage. While withdrawal is uncomfortable, it is usually not life threatening.
- Naloxone can either be injected intramuscularly (in a muscle) or given as a nasal spray. Community Living Durham North will only utilize nasal sprays.
- After the Naloxone is administered and 911 has been called, it is a best practice to stay with the person who was experiencing the opioid overdose until an ambulance arrives, in case first responders need help or information.
- Following the administration of Naloxone, the employee who administered it will ensure that they contact their Manager, Human Resources, or in the event of after hours or weekend administration, the On Call Manager
- Naloxone is considered safe for everyone, unless there is a reason to believe a person has an allergy to Naloxone. Naloxone works by displacing the opioids from the brain's receptors, reversing the overdose.
- If you are not sure what caused someone to become unconscious, giving naloxone is not likely to cause further harm. It wears off quickly and does not create any adverse effects.
- Protection from liability available under the *Good Samaritan Act, 2001* would generally apply to an employee who voluntarily administers Naloxone in an emergency in response to an opioid overdose. This means that it can be given to anyone who is suspected of having an overdose.
- All employees will participate in online training through Surge Learning upon hire. Each location will have a Naloxone kit kept in its original pouch. In settings where people we support can access them, they will be locked in the program's medication cabinet. Administration, SIL and the HHSP will either carry them with them or keep them in a designated space in the location. Signage will be posted near the kit advising the location of its whereabouts; instructions for use will be a part of the posting.

- Each month the kit will be checked by the in-house Health and Safety rep to ensure that all elements are present, and that it has not passed its expiry. In the event of missing pieces, or expiry, the employee will contact their Manager, Human Resources, or in the event of after hours or weekend administration, the On Call Manager, to report the missing parts, or to obtain a new kit.

Approved by: Glenn Taylor

CEO

Date: July 17, 2023