Policy & Procedure Manual

HEALTH AND SAFETY INSPECTIONS - HR-XI-2

POLICY:

Senior Management, Management, OPTIONS NORTHWEST Joint Occupational Health and Safety Committee and Worker Representatives are committed to identifying, preventing and eliminating all potential and/or actual work related hazards. Regular planned inspections of OPTIONS NORTHWEST work areas will be completed.

PURPOSE:

Inspections serve as a means to:

a) identify, prevent and correct hazards,
b) set standards and develop related procedures,
c) establish controls, and monitor effectiveness of those controls,
d) observe work tasks, being performed
e) prevent injury to employees.

PROCEDURE:

I. INSPECTION SCHEDULE:

The Coordinator, Health and Safety/Designate, will develop a master inspection schedule and distribute one to each work location for posting on an annual basis.

a) Worker Inspections

A Worker Health and Safety representative or committee member shall inspect the physical conditions of the workplace monthly utilizing the designated inspection checklist. Employees and/or a Supervisor may be available to provide assistance to the Worker Representative as needed when conducting the inspection.

If the Health and Safety representative/committee member is unable to complete the required monthly inspection, he/she will notify an alternate Health and Safety representative/committee member in advance to allow for the inspection to be completed for that month.

b) Supervisor/Manager/Co-ordinator Inspections

Supervisors, Managers and the Co-ordinator, Health and Safety/Designate are responsible for completing a quarterly inspection of their work areas. The inspection may be conducted simultaneously with the work area Health and Safety representative's monthly inspection.

c) Management Inspections

Each work location will be inspected once per year by Management representatives. Directors and Managers will rotate responsibilities throughout the year. There will be no management inspections for the months of January, April, July and October. NOTE: These inspections are not intended to be an inspection of the entire work area.

INSPECTION REPORT BOOKS:

Each separate work location of OPTIONS NORTHWEST shall have an Inspection Report Book containing Workplace Inspection Report Forms. The Supervisor of each location will be designated in charge of the book to ensure its presence and supply of report forms. The Coordinator, Health and Safety/Designate will be responsible for the Administrative office's Inspection Book. The inspection book will be accessible at all times to all employees and inspectors. A master binder of each area's inspections will be kept at the Administrative office.

HEALTH AND SAFETY INSPECTION CHECKLISTS:

The Director, Human Resources and Co-ordinator, Health and Safety/Designate shall ensure inspection checklists are developed to use as inspection guides when conducting inspections. Supervisors, Managers and the Co-ordinator, Health and Safety/Designate shall ensure a supply of Health and Safety Inspection Checklists applicable to their work area(s), are available at all times. Management will utilize the designated Management Inspection Form.

II. Reporting:

Health and Safety Representatives and Supervisors

*The previous month's inspection report must be reviewed in order to note on the current Inspection Form, any hazards that have not been corrected. Always note the original date of the hazard.

1. a) Using the inspection checklist as a guide, any hazards or hazardous situations discovered during the inspection, shall be documented on the Workplace Inspection Report form.

   b) All hazards/hazardous situations identified must have a hazard identification rating (A, B or C), according to the urgency of the correction required, as outlined on the back of the Inspection Report form.

   c) Each point on the inspection checklist must be checked off or an N/A (not applicable) noted.

2. Immediate dangers or Class "A" hazards discovered by the inspector are to be immediately reported to the Supervisor/Manager/Director and they are responsible to take corrective action at once.

3. After the completion of the inspection:
   - ensure that the Workplace Inspection Report has been signed by the inspector(s).
   - the original and pink copy remain intact and are to be left at the home for the supervisor's action to be taken. Once the Supervisor has taken corrective action, he/she will sign the repair, send the pink copy to the Coordinator, Health and Safety/Designate and the original is placed in the work area Inspection binder.

II. Reporting:

Management

1. Directors and Managers shall inspect work areas using the Management Inspection form.

   The Director/Manager shall complete the form, and ensure the area supervisor receives the original and return a copy to the Coordinator, Health & Safety/Designate. NOTE: The Coordinator, Health and Safety/Designate shall receive the original form only for the Administrative office.

III. Follow Up:

Health and Safety Representative and Supervisor/Manager Inspections

1. The Supervisor/Manager will be responsible for reviewing the reported hazards and for completing the "Corrective Action" section on the report form within one month.

   The Supervisor/Manager may clarify information with the inspector(s) at this time and discuss corrective action as appropriate.

   If the correction can be made immediately, the Supervisor/Manager will put a check mark under the "made" column, and complete the "description of corrective action," including the completion date.

   The Supervisor/Manager shall continue to evaluate that the corrective action taken is controlling the hazard and a new hazard has not been created. If a new hazard has been identified, the Supervisor/Manager will rate the hazard, make recommendations for correction that states who is responsible for implementing the corrective action, what needs to be done and when. The Supervisor/Manager will follow up on all corrective action ensuring that it has been completed and is safe.

   If the correction cannot be made immediately, check mark under "pending", complete the "description of corrective action" that is pending, and an expected completion date.

   A follow up note to the pending corrective action is to be made in the last column within 21 days of reporting, and a photocopy of the updated form must be forwarded to the Coordinator, Health and Safety/Designate, who will review, initial, and forward to the Executive Director or Designate for sign off.

   On the completion of "Description of Corrective Action" section, the Supervisor/Manager signs the copies. The white copy is the permanent record to be left in the area's inspection binder and the pink copy is sent to the Coordinator, Health & Safety at OPTIONS Administrative Office.

III. Follow Up:

Health and Safety Coordinator/Executive Director/Designate/Supervisor

1. On a monthly basis, the Coordinator/Designate will forward to the Executive Director/Designate the pink copy of the inspection report for review, initial and return.

2. The pink copy of the completed Inspection Reports and the Checklists are filed in a binder located at the Administration Office.

<u>Management Inspections</u>

1. The Supervisor/Manager/Director will review the Management Inspection Form, follow up on recommendations, and/or take action as appropriate, document the same, date sign and forward to the Coordinator/Designate, Health and Safety.

2. The Coordinator, Health & Safety/Designate shall review the copy of the Management Inspection Form, and ensure receipt of the Supervisor's original with corrective actions or work with the appropriate Director/Manager(s) for correction at the Administrative office. NOTE: The coordinator receives the original report for the Administrative office inspection.

3. The Coordinator, Health and Safety/Designate, will ensure the Management Inspection Form is received by the JHSC or area representative as appropriate for review and possible recommendations .If recommendations are made, they will be sent to the Executive Director. The Executive Director/Designate shall respond in writing within 21 days. Reply shall be sent to the Coordinator, Health and Safety/Designate, who will forward the response to the area representative or committee members and to the area supervisor or Director for action as required.

4. The Coordinator, Health and Safety/Designate will file the Report in the Master binder located in the main administrative office.

IV. <u>Orientation to Inspections</u>

All Joint Occupational Health and Safety Committee members, Health and Safety Representatives, Supervisors, Managers and Directors will receive training on conducting health and safety inspections prior to commencing any work place inspections. The Coordinator, Health and Safety/Designate will co-ordinate and schedule the training.

V. <u>Injury Prevention Strategies</u>

1. Each March, the Coordinator, Health and Safety/Designate will review the previous year's workplace injury summary, taking into consideration the injury description, cause and prevention solution, work location, etc., in order to develop ongoing prevention strategies in consultation with relevant parties which may include Supervisors, Managers, Health and Safety Representatives, Directors, etc.

VI. Appendices

1. Workplace Inspection Report
2. Checklist (Group Home Locations)
3. Checklist (Administrative Location)
4. Management Inspection Form

RECOMMENDED BY: Director, Human Resources and Coordinator, Health and Safety

APPENDICES: 4

OPERATIONAL ACCOUNTABILITY: Administration, Finance, Human Resources, Community Services (all)

ORIGINAL POLICY DATE: November 1992

AUTHORIZED BY: Executive Director

SIGNATURE: ______________________

OPTIONS northwest
95 Cumberland Street North, Thunder Bay, Ont P7A 4M1

WORKPLACE INSPECTION REPORT

Inspected by [ ] Health & Safety Worker Representative
[ ] Other ______________

Department ______________
Date ______________

WHITE=original remains in binder
PINK=forward to H&S Co-ordinator

Please use ink and press hard to ensure all copies are clearly marked.

* See Reverse

Inspection Findings				Description of Corrective Action Group Homes - For Use by Department Supervisor Office - For Use by Applicable Director			
Item No.	Hazard Description	Hazard Identification Rating*		Correction		Description of Corrective Action If pending, enter expected completion date	Follow up note to pending corrections
		Unsafe Act	Unsafe Condition	Made	Pending		

Inspected by ______________
Signature(s) of Inspector(s)

____
Signature of Supervisor/Director

Comments by Inspectors: (ie.discussion with workers regarding health & safety concerns, issues, positive progress) ______________

JOHSC/Health & Safety Representative
Recommendations attached: YES ☐ NO ☐

Review by Executive Director/Designate: ______________

DATE: ______________

Executive Director/Designate response
to Recommendations: ☐ ATTACHED ☐ N/A

- OPTIONS NORTHWEST -

Health & Safety Inspection Checklist
Residential Locations

INSPECTOR(S): 1. ______________ ______________ PRINT NAME SIGNATURE 2. ______________ ______________ PRINT NAME SIGNATURE	**LOCATION:** ______________ **DATE:** ______________

Below is a list of potential hazards, safety concerns, and /or expected standards to guide you on your inspection. Check off each check point considered and record and prioritize on the inspection report, all safety concerns with a hazard identification rating, including unsafe acts observed and comment on and safety discussions held with staff.

FLOORS:	
☐	Floor coverings are intact (no loose material, broken tiles/flooring, torn rugs, debris)
☐	Flooring is dry
☐	Floor vents are uncovered and secure
☐	Free of tripping hazards (cords, curled rugs etc.)
☐	Baseboards are intact with no sharp edges or edges sticking out
☐	Baseboard heaters free from objects blocking them
STAIRWELLS, HALLWAYS, ENTRANCE /EXITS:	
☐	Clear of obstruction, clutter and disrepair
☐	Handrails are present and secure
☐	Well illuminated
☐	If ramps are present, they are in good repair and secure
☐	If present, automatic door controls are in good repair
☐	If present, exit signs illuminated
MATERIAL/FOOD STORAGE:	
☐	Neatly stored, safely stacked, heavier and frequently used items stored at waist level
☐	Ample room to move amongst stored materials
☐	Dolly, ladder, step ladder and reacher available and in good repair
☐	Push cart available for the storage and transportation of the WISPA lift and cart in good repair
☐	All chemicals, disinfectants, and antiseptics properly stored and labeled

☐	Bio-hazardous materials container available for disposal of used syringes, lancets etc. **only**
☐	Sharps container available for disposal of sharps (broken glass)
☐	Proper safe food handling being used (frozen meat should be placed on the bottom shelf of the refrigerator on a plate not left on the counter)
☐	Refrigerator temperature should be maintained at or below 4° C (40° F)
☐	Appropriate refrigerator thermometer present and in good repair
☐	All food stored in containers must be off the floor and properly labeled
☐	Food cupboard storage areas, free of food debris and dirt
☐	Sharp objects (knives etc.) stored in an enclosed drawer or cupboard
☐	Medication storage must have a lock in good repair and remain locked when not in use
LIGHTING/ELECTRICAL:	
☐	Appropriate task lighting
☐	Light fixtures and bulbs in good working repair
☐	Extension cords are free of fraying, wire exposure, broken prongs, and do not present a tripping hazard
☐	Outlets are not overloaded
☐	Power bars are used according to manufacturer's guidelines and in good working repair
☐	Electrical switches and outlets have intact covers
☐	Electrical panel must be free from stored items
TEMPERATURE:	
☐	Hot water tank temperature setting not set past 49°C/120°F
☐	Water temperature must not be greater than 49°C/120°F
☐	Thermometer available and in good repair for water testing (candy thermometer can be used)
☐	Temperature of the home thermostat should not be less than 20°C or greater than 26°C
☐	Home air conditioner in good working repair - not set lower than 20°C or greater than 26°C
☐	Supervisor inspection only *check hot water temperature at each tap

VENTILATION/HEATING SYSTEM:	
☐	All vents free from dust build up
☐	Check for record of air conditioning system and furnace inspections every six months by a qualified inspector (2 most recent on file)
☐	Furnace filters are checked and cleaned as per schedule
☐	Vents for furnace rooms must be clean and free of debris
☐	Outdoor furnace room vents (Dacre and St. James Streets) must be clean and free of snow build up.
GENERAL GROUP HOME EQUIPMENT:	
☐	Check all furniture for good repair and design (no sharp edges, broken drawers or slider, chairs too low etc.)
☐	Check all equipment is in good working repair and if not ensure that it has been locked out (wheelchairs, lifts, Aquatechs etc.)
☐	All cupboards, drawers etc. closed when not in use
☐	All wall fixtures, book cases, TV mountings etc. are secure
☐	Interior/exterior doors & windows are properly sealed and in good working repair
☐	Check household appliances for cleanliness and in good working repair (e.g. oven, refrigerator)
☐	Clothes dryer vent is free from lint and area behind the dryer is clean
☐	Water taps are in good working repair
☐	All installed fans are in good working repair (bathroom, kitchen etc.)
☐	Chrome push cart castors are inspected and are secure
☐	Check all slings to ensure they are in good condition with no rips or fraying.
SANITATION:	
☐	Washrooms available and in good working repair, disposable towels available for drying hands, liquid soap available
☐	Waterless hand sanitizer available for use
☐	Approved hand washing signs posted at each sink (TBDH unit sign)
☐	Required personal protective equipment available and in good working repair and being used by staff
☐	Staff observing Universal Precautions
☐	Disinfectant available for staff's use when needed

OUTDOORS:	
☐	Sidewalks, walkways, driveways are free from ice buildup and are in good repair (i.e. free of pot holes, tripping hazards)
☐	Outdoor grounds are free from holes and obstacles
☐	Sand, salt and shovel is readily available in season
☐	Walkways and driveways are well lit
☐	All outdoor lights are in good repair
☐	Outdoor wood decks/fences are free from signs of rotten, loose or broken boards
☐	Garbage containers have tight fitting lids (if being used)
☐	Garbage is being stored in an outdoor shed to prevent animals from destroying the bags
☐	BBQ's inspected prior to use in the spring and have a grease drip can attached
☐	BBQ's are not being placed against any buildings
☐	Check propane tanks, valve must be in off position
☐	BBQ must be kept 2-3 metres away from buildings (6-10 feet)
SECURITY:	
☐	Entry and exit procedures are known to all staff (outside doors are locked)
☐	Workers are aware of on-call protocols when dealing with unwanted people at the door
☐	Workers are aware of the incident reporting procedures
☐	Emergency service numbers posted by the telephone along with address and phone number of group home
FIRE PROCEDURES:	
☐	Check to see fire extinguishers have been checked on a monthly basis and annually by a qualified inspector
☐	Check agency vehicle fire extinguishers
☐	Fire exit plans posted at each exit
☐	Check to see smoke alarms have been tested and recorded
☐	Check to see the monthly fire drill has been completed and recorded
☐	Check Storage Room sprinkler, valve must remain open (Market St.)
☐	***Supervisors quarterly inspection only*** Emergency Preparedness Kits – kits are inspected for expired/missing items per the checklist in the Emergency Preparedness plan and re-stocked as necessary.

FIRST AID:	
☐	First Aid kit location is known to all workers
☐	First Aid kit is well stocked according to supplies required under Regulation 1101 (a copy of Regulation 101 must be in the kit)
☐	First Aid kit includes record book for staff to sign when removing supplies from kit
☐	First Aid kit includes a signature sheet to record date of last inspection
☐	First Aid kit includes a CPR mask
☐	Check First Aid agency vehicle kits
☐	Ensure posted copies of Employee First Aid certificates are valid – Note any expired certificates on inspection report
☐	***Supervisors quarterly inspection only*** Ensure all required First Aid Certificates for staff working at the location are posted and valid and ensure Road Safety Kits are in use, re: check sign-in sheet
HEALTH AND SAFETY POSTINGS/DOCUMENTATION:	
☐	OPTIONS Occupational Health and Safety policy, HR-XI-1, is posted
☐	OPTIONS No Smoking policy, HR-III-9, is posted
☐	OPTIONS NORTHWEST Workplace Violence Prevention Policy, HR-XI-23, is posted
☐	OPTIONS NORTHWEST Harassment Prevention Policy, HR-III-19, is posted
☐	WSIB Poster – Form 82, In Case of Injury at Work, is posted
☐	Occupational Health and Safety Act is posted
☐	Emergency Preparedness plan is posted
☐	Ministry of Labour reports posted (if applicable)
☐	Work Area Health and Safety Representative list is posted
☐	Hazard Analysis is posted
☐	MSDS binder is available
☐	Health and Safety board is neat and free of clutter
☐	ESA poster is posted
☐	Regulation 1101 is posted
☐	Health & Safety at Work – Prevention Starts Here posted

- OPTIONS NORTHWEST -

POLICY HR-XI-2
APPENDIX C

HEALTH & SAFETY INSPECTION CHECKLIST
ADMINISTRATIVE OFFICE

INSPECTOR(S): 1. ______________________ ______________ PRINT NAME SIGNATURE 2. ______________________ ______________ PRINT NAME SIGNATURE	**LOCATION:** ______________________ **DATE:** ______________________

Below is a list of potential hazards, safety concerns, and /or expected standards to guide you on your inspection. Check off each check point considered and record and prioritize on the inspection report, all safety concerns with a hazard identification rating, including unsafe acts observed and comment on and safety discussions held with staff.

FLOORS:	
☐	Broken tiles, loose material, torn rugs, debris
☐	Wet, oily, slippery
☐	Vents are uncovered and secure
☐	Free of tripping hazards – i.e. cords, etc.
STAIRWELLS, HALLWAYS, ENTRANCE /EXITS:	
☐	Clear of obstruction, clutter and disrepair
☐	Handrails are present and secure
☐	Well illuminated
☐	Exit signs illuminated
MATERIAL STORAGE:	
☐	Neatly stored, safely stacked, heavier items stored at waist level
☐	Ample room to move amongst stored materials
☐	Dolly, ladder, readily available and in good repair
☐	All chemicals, disinfectants, and antiseptics properly stored and labeled
☐	Sharps objects properly stored
☐	Sharps container available for proper disposal
LIGHTING/ELECTRICAL:	
☐	Appropriate task lighting
☐	Light fixtures and bulbs in good working repair

☐	Extension cords are free of fraying, wire exposure, broken prongs, and do not present a tripping hazard
☐	Outlets are not overloaded
☐	Electrical switches and outlets have intact covers
☐	Annual record of inspection for elevator
☐	Check Cumberland Emergency Light Test Record to show monthly testing and discharging every 3 months
TEMPERATURE:	
☐	Refrigerator temperature should be maintained at or below 4°C (40°F)
☐	Tap water temperature – should not be immediately burning hot
☐	Office temperature is comfortable, no less than 18°C
GENERAL OFFICE & OFFICE EQUIPMENT:	
☐	Check all furniture and equipment for good repair and design – no sharp edges, level surfaces, no broken or loose legs, etc.
☐	Inquire regarding office ergonomics – i.e. keyboard elevation, chair height, etc.
☐	Cabinet, desk, and file cabinet drawers/doors closed when not in use
☐	Wall fixtures, book cases, shelving is secure
☐	Personal protective equipment is available as required – i.e. gloves
☐	Interior and exterior windows and doors are properly sealed, with working hardware
☐	Chrome pushcart castors inspected and secure
SANITATION:	
☐	Washrooms available and in good working order
☐	Potable water available
☐	Approved hand washing signs posted at each sink (TBDH unit sign)
☐	Lunchroom facilities
☐	Hand soap and proper toweling available near all sink areas
☐	Waterless hand sanitizer available for use
☐	Eye-wash station: • Completed inspection checklist, date, initial tag, and letter initial • Check tag for weekly date, initials, and letter initial
VENTILATION/HEATING SYSTEM:	
☐	All vents free from dust build up

OUTDOORS:	
☐	Sidewalks, walkways, and parking lots are free from ice buildup and are in good repair (i.e. free of pot holes, tripping hazards)
☐	Sand, salt and shovel is readily available in season
☐	Walkways and parking lots are well lit
☐	All outdoor lights are in good repair
SECURITY:	
☐	Workers are aware of office hours and after-hours on-call protocols and incident reporting procedures
☐	Emergency service numbers posted at Reception, in the Lunch Room. All other telephones have a telephone directory with emergency service numbers listed
FIRE PROCEDURES:	
☐	Check and record fire alarm system testing once a month
☐	Check fire extinguisher monthly for proper pressure – needle gauge in green zone and check date to ensure annual inspection
☐	Fire exit plans posted at each exit
☐	Check for record of fire evacuation testing
☐	Check, record, and discharge emergency lighting once a month
☐	* **H&S Committee Quarterly Inspection Only** * Emergency Preparedness Kits – kits are inspected for expired/missing items per the checklist in the Emergency Preparedness plan and re-stocked as necessary.
FIRST AID:	
☐	First Aid station location is clearly marked
☐	First Aid kit includes record book for staff to sign when removing supplies from kit
☐	First Aid kit includes a signature sheet to record date of last inspection (quarterly)
☐	First Aid kit includes a CPR mask
☐	Kit contains a copy of Regulation 1101
☐	SDS binder is available and location is known to staff
☐	* **H&H Committee Quarterly Inspection Only*** Ensure all required First Aid Certificates for staff working at the location are posted and valid and check Road Safety Kits for (a) use, and (b) replenishment of supplies
HEALTH AND SAFETY POSTINGS/DOCUMENTATION:	
☐	OPTIONS Occupational Health and Safety policy, HR-XI-1, is posted
☐	OPTIONS No Smoking policy, HR-III-9, is posted

☐	OPTIONS NORTHWEST Workplace Violence Prevention Policy, HR-XI-23, is posted
☐	OPTIONS NORTHWEST Harassment Prevention Policy, HR-III-19, is posted
☐	WSIB Poster – Form 82, In Case of Injury at Work, is posted
☐	Occupational Health and Safety Act is posted
☐	Emergency Preparedness plan is posted
☐	Ministry of Labour reports posted (if applicable)
☐	JHSC member listing is posted
☐	JHSC meeting minutes are posted – most recent meeting
☐	Hazard Analysis is posted
☐	Health and Safety board is neat and free of clutter
☐	ESA poster is posted
☐	Regulation 1101 is posted
☐	Health & Safety at Work – *Prevention Starts Here* poster is posted

- OPTIONS NORTHWEST -
HEALTH AND SAFETY
MANAGEMENT INSPECTION FORM

POLICY: HR-XI-2
APPENDIX D

Work Location: ______________________ Date of Inspection: ______________________

SPECIFIC WORK AREA INSPECTED: (i.e. Kitchen, Bathroom, etc)

____

HAZARDS /POTENTIAL HAZARDS OBSERVED:

____

____

____

____

____

OBSERVATION OF TASKS PERFORMED:

Was any specific worker task observed? ☐ YES ☐ NO

If YES, specify task observed:

____

____

____

Was there a discussion with the worker regarding any task procedure? ☐ YES ☐ NO

If YES, specify:

____

____

____

Did worker(s) have any Health & Safety concerns? ☐ YES ☐ NO

If YES, specify:

____

____

____

Recommendations/Comments:

____

____

____

Signature of Inspector(s): ______________________

LEAVE ORIGINAL FOR SUPERVISOR AND RETURN COPY TO HEALTH & SAFETY COORDINATOR

DATE RECEIVED BY SUPERVISOR: ______________________

Action Taken

____

____

____

Supervisor's Signature ______________________ Date ______________________

see over

HEALTH & SAFETY COORDINATOR ACTION:

DATE COPY RECEIVED: ____________________

DATE SUPERVISOR ORIGINAL RECEIVED: ____________________

Cumberland Only:

DATE REVIEWED AT JHSC MEETING: ____________________

Residential Locations Only:

DATE FAXED TO AREA HEALTH & SAFETY REPRESENTATIVE: ____________________

JHSC/AREA REPRESENTATIVE RECOMMENDATIONS TO EXECUTIVE DIRECTOR: ☐ YES ☐ NO

JHSC Member's Signature: ____________________ Date: ____________________

EXECUTIVE DIRECTOR ACTION:

Reviewed by Executive Director ____________________ Signature ____________________ Date

Response to Recommendations ☐ Below ☐ Attached ☐ N/A