

Contractor Safety Booklet

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Service & Construction Worker & Contractor Safety Policy I-80

Executive Committee Revised January 2019

Policy Statements

- Grey Bruce Health Services requires all service and construction workers, contractors/subcontractors to comply with the Service & Construction Worker & Contractor Safety Policy. This includes all consultants and companies working in any department at Grey Bruce Health Services. Non-compliance results in appropriate remedial action up to and including cancellation of the contract.
- Service & construction workers, contractors/subcontractors/consultants at Grey Bruce Health Services are obligated to comply with the applicable laws, regulations, codes and the GBHS health & safety program.

Definitions & Responsibilities:

Owner: includes a trustee, receiver, mortgagee in possession, tenant, lessee, or occupier of any lands or premises used or to be used as a workplace, and a person who acts for or on behalf of an owner as an agent or delegate.

Owner Representative: For the purpose of this policy, this is the person authorizing the Purchase Order and/or authorizing the work of the contractor in GBHS facilities.

The Owner Representative is responsible to ensure all appropriate resources including a suitable project team, project leader, project manager, have been identified and committed to complete a project successfully and according to GBHS policy & procedures.

Project Leader: The project leader is usually appointed by the hospital executive, department head or owner representative to represent and coordinate end user requirements from project inception to completion. The project leader may also act as the owner representative and/or project manager depending on the scope and type of project.

Project Manager: The project manager handles the logistics of project development and implementation including planning, design, tender process, contracts, project meetings and minutes, site inspections, change orders, progress payments and commissioning.

Project Team: The project team is usually composed of but not limited to; project leader, project manager, end user representatives, consultants and other selected stakeholders.

Constructor: a person who undertakes a project for an owner and includes an owner who undertakes all or part of a project by himself or by more than one employer.

Infection Prevention & Control Professional (ICP): The ICP facilitates communication, guidelines, education, risk assessment, surveillance, evaluation and documentation to support this policy.

Multidisciplinary Infection Control Construction Team (ICCT): A team of representatives brought together to evaluate the risk and suitability of preventive measures utilized on a given project, composed of but not limited to; Project Manager, Unit/Site Manager, Engineering, Environmental Services, Contractor, Risk Management, ICP, OH&S.

Employer: a person who employs one or more workers or contracts for the services of one or more workers and includes a contractor or subcontractor who performs work or supplies services and a contractor or subcontractor who undertakes with an owner, constructor, contractor or subcontractor to perform work or supply services.

Procedures:

1. All contracted workers are required to comply with the Communicable Disease Surveillance Protocols developed by the Ontario Medical Association and Ontario Hospital Association pursuant to Hospital management Regulation 965-90 of the Public Hospitals Act. For a list of required and recommended actions refer to Contractor Surveillance Notification Letter actions refer to Contractor Surveillance
2. The Owner Representative is responsible to ensure that contractor safety orientation is completed and documented using the Orientation form and Contractor guidelines. **The Service & Construction Contractor Safety Orientation checklist form is found in Forms (OHS-09) (and listed below) and must be completed. The Contractor Guidelines must also be reviewed (listed below).** Documentation will be kept on file for 7 years.

3. **For Project Work:** The Owner Representative is responsible to ensure an appropriate project team has been assembled to develop and implement a project; including naming a project leader and manager as required as well as involving the ICP to ensure appropriate infection prevention and control measures.
For Service Work: The Owner Representative is responsible for overseeing of the contracted service and arranging a site contact as required.
4. The Owner Representative is responsible for ensuring that the service or construction contractor/subcontractor:
 - a. Provides a Workplace Safety & Insurance Board certificate of clearance of recent date, showing the WSIB Account Number for the firm, and that the account is in good standing. For lengthy projects, there should be a new certificate of clearance every 6 months. For annual maintenance contracts, the certificate of clearance will be provided annually upon contract renewal.
 - b. Provides written assurance the employees have received WHMIS training. This must be signed and dated on the Service & Construction Contractor Safety Orientation form. For annual maintenance contracts, confirmation of the WHMIS training must be provided annually upon contract renewal.
 - c. Provides documentation of liability insurance to cover any damage to Grey Bruce Health Services, based on the value and risk of the contract (range of \$2,000,000-\$5,000,000) or on the advise of the GBHS insurance company. Written verification of the insurance is required from the insurer or its agent. For annual maintenance contracts, this documentation must be provided annually upon contract renewal.
5. Service & construction workers/contractors shall complete a routine safety and fire prevention check, prior to starting their workday and ending their workday. All exits and evacuation routes must be kept clear, in case of evacuation.
6. Service & construction workers/constructors will comply with the Admin Policy IPAC-610 Infection Control Measures During Construction, Renovation & Maintenance, as well as hand hygiene practices.
7. Service & construction workers/constructors will comply with the AODA Customer Service Standard training.
8. Service & construction workers/contractors shall ensure that their employees are adequately trained on any equipment they use, including pre-start safety checks.
9. Service & construction contractors will maintain their own first aid station.
10. All service and construction contractors performing work on any building, grounds, or building service equipment shall report to Engineering Services Department before starting work and obtain approval for work.
11. All service and construction contractors requiring access to any GBHS building roof will obtain approval through the Engineering Services Department. Owner Representatives are responsible for arranging such notice and approval through Engineering.
12. Use of any open flame must be approved on a hot work permit issued by Engineering Services in accordance with Hot Work Policy.
13. No medical gas system shall be altered, changed or shut-off without approval of Engineering Services Department in accordance with Medical Gas Shut-off Policy.
14. All service and construction contractors will wear Owner Representative approved identification badges at all times. The Owner Representative is responsible for having the identification badges returned at the end of a project.
15. All contractors must sign in and out daily at Owner Representative's department or as directed by the Owner Representative.
16. No under age workers are to be working on Grey Bruce Health Services Property without the written consent of the Owner representative.
17. The Owner Representative is responsible for monitoring compliance on a regular basis.

Source References

OHSA
Regulation 67/93 Health Care & Residential Facilities
Regulation 1101-First Aid
Regulation 297/13-Occupational Health & Safety Awareness & Training
Accessibility for Ontarians with Disabilities Act (AODA)
Admin Policy III-85 -Facility Construction Projects
Admin Policy IV150 -Confidentiality
Admin Policy V-60 - Infection Control Measures During Construction, Renovation & Maintenance Projects
Admin Policy VIII-1 -Rules of Conduct
Admin Policy VII-77 – Communication Devices
Laboratory Policy & Laboratory Safety brochure

OHS-09 Contractor Safety Checklist

GREY BRUCE HEALTH SERVICES SERVICE & CONSTRUCTION CONTRACTOR SAFETY ORIENTATION

I-80 Service & Construction Contractor Safety Policy

SITE Owen Sound Meaford Markdale Southampton
 Wiarton Lions Head WMS

Company:		Date:
Contact Name:		GBHS Contact Name:
Address:		GBHS Daytime:
City:	Prov:	GBHS After Hours:
Phone No.: ()		

Email Address:

Project/Service: **CHECK BOX**

Ref: Ontario Occupational Health & Safety Act & Regulations **GBHS** **CONT** **N/A** **COMMENTS**

POLICY REVIEW

Service & Construction Contractor Safety Policy (provide copy)				Contractor to review with Sub contractors
Medical Gas shut-off Policy.				
Fall Protection Policy.				Do contractors have training
Hot work Policy				
Critical Injury Policy				Report immediately to Owner
Lockout/tag out Policy				
Confined Space Policy				
AODA Customer Service Standard Awareness				
Contractor Communicable Surveillance/AODA Notification Letter				Contractor to review with Sub contractors
Wireless Communication Devices Admin Policy VIII-77				

GENERAL SAFETY

Secure areas; Hospital ID tag sign-in/Sign out Routine;Access doors				
Has contractor staff received basic training on relevant equipment.				
Ensure appropriate PPE for job				
Liability Insurance & amount of coverage- on file & current?				
WSIB certificate of clearance on file and current?				
Designated Substances that may be encountered (Asbestos, Mercury)				
Electrical Safety; is all equipment CSA approved and inspected?				
Compressed Gas Cylinder Storage & Transport				
Smoking Areas				
Parking Areas				
Reporting of faulty hospital equipment or unsafe conditions				

INFECTION CONTROL

Preventative Measures Analysis (CSA Z317.13-07)				F/U with Infection Control Construction P
Daily Housekeeping				
Location of infectious waste disposal.				
Follow Posted Infection Control Policies for patient rooms				Confirm access to clinical areas
Hand Hygiene				

CONFIDENTIALITY/CONDUCT

Confidentiality Policy has been read (Admin IV-150)				
Code of Conduct (Admin VIII-1)				

WHMIS

Provide copy contractor MSDS's on site				
Eye wash stations required?				
Confirm WHMIS Training				

CONTINGENCY CODES

Definition of Code Red				
Location of alarm pull stations.				
Location of fire extinguishers.				
Disabling of Alarms/ Fire Watch				Contact:
Location of evacuation routes from work site				
Other Codes (provide code definition sheet)				
2nd Stage alarm for evacuation				

For Grey Bruce Health Services
 Number/Type of Keys _____ Number of Parking Passes _____ Number of Contractor Tags _____

For Contractor _____



Dear Contractor:

It is the duty of Grey Bruce Health Services to inform you that workers who are contracted to provide services at Grey Bruce Health Services are required to comply with the Communicable Disease Surveillance Protocols developed by the Ontario Medical Association and the Ontario Hospital Association pursuant to Hospital Management Regulation 965/90 of the Public Hospitals Act (see below). The following requirements are based on these protocols:

- Tuberculosis Surveillance: 2 step Mantoux Skin Test or Chest X-ray
- Immunity to Measles, Mumps, Rubella, Varicella and Hepatitis B
- Current Tetanus/Diphtheria/Pertussis vaccination

Recommended:

- Influenza Vaccine
- N95 Mask Fit (note: check with the manager of your area to see if this is a requirement for you.)

Please ensure that these requirements are met through your Health Care Provider prior to starting your contract at GBHS.

The Accessibility for Ontarians with Disabilities Act 2005 (AODA) Requirements:

Furthermore, under the AODA provincial legislation, and in agreement with Grey Bruce Health Services, all contractors who work directly with the public or develop policies that affect the public must ensure that the people performing this work have received training on the AODA Customer Service Standard.

All contractors are required to keep a record of AODA training of their staff that deal with GBHS and produce such records upon a written request by GBHS.

Thank you for your attention to this matter.

Rebecca Cummings
VP, People & Organizational Effectiveness, CHRO
Grey Bruce Health Services

Statement of Commitment and Policy

Grey Bruce Health Services is committed to all aspects of the Accessibility for Ontarians with Disabilities Act (AODA) and the Human Rights Code. We strive to ensure that all of our hospitals and the services we provide are barrier free and that our policies, practices and procedures are consistent with the core principles of Dignity, Independence, Integration and Equal Opportunity as outlined in the AODA.

The Hospital develops and communicates an Annual Accessibility Plan that describes the measures taken and future plans to identify, remove and prevent barriers to persons with disabilities. The development of the Annual Accessibility Plan is the responsibility of the Accessibility Advisory Committee. This Committee advises the Board and ensures the Hospital is current and in keeping with the requirements of the Accessibility for Ontarians with Disabilities Act.

Procedure:

1. The Accessibility Advisory Committee will:
 - i. Report on the measures the organization has taken to identify, remove and prevent barriers to people with disabilities.
 - ii. Describe the measures in place to ensure that the organization assesses Acts/by-laws, regulations, policies, programs, practices and services to determine their effect on accessibility for people with disabilities.
 - iii. Develop processes for feedback from patients, visitors, affiliates and employees on the identification of barriers.
 - iv. Describe the measures the organization intends to take in the future to identify, remove and prevent barriers to people with disabilities.
 - v. Describes the training and education that is in place to ensure GBHS employees, volunteers and affiliates are aware of and implement AODA requirements into job responsibilities.
 - vi. Make the accessibility plan available to the public.
2. The hospital encourages active participation from employees and outside persons/groups with disabilities as it plans for and evaluates the Annual Accessibility Plan.
3. The Accessibility Advisory Committee will educate, lobby, and advise on best practices to achieve the objectives of the Act. The Committee will set up the procedures and review input and suggestions to provide for enhanced accessibility. It will report, annually, to the Board as defined in the Act.
4. Individual Managers are responsible to assure their services are provided in a manner that is accessible for persons with disabilities.
5. The Quality Committee of the Board receives and reviews the Annual Report of the Accessibility Advisory Committee. The Board will receive the Accessibility Plan on an annual basis and provide a Board resolution to endorse the plan.

Implementation of Customer Service Standards – Regulation 429/07

Training

All GBHS employees, volunteers, agents, contractors and others receive Accessibility Awareness Training upon hire. Grey Bruce Health Services also provides ongoing training with respect to changes in its policies, practices, and procedures to those individuals who require such training as soon as practical. Records are maintained of the training provided, including training dates and the number of persons trained. It is the manager's responsibility to ensure that staff training occurs. Reference Service and Contractor Safety Policy I-80

Training includes:

- a) Customer service training with a focus how to provide goods and services in a manner that respects the dignity and independence of persons with disabilities
- b) How to interact and communicate with a person with a disability in a manner that takes into account his or her disability

- c) The process for people to provide feedback on how we provide goods and services to people with disabilities and how we will respond to any feedback and take action on any complaint
- d) How to interact with persons with disabilities who use an alternative device or require the assistance of a guide dog, service animal or a support person to access services or goods
- e) Information on Grey Bruce Health Services Accessibility policies and practices
- f) A review of the requirements of the accessibility standards referred to in the AODA including Accessibility Standards for Customer Service (Ontario Regulation 429/07); AODA Integrated Accessibility Standards (Ontario Regulation 191/11) and on the Human Rights Code as it pertains to persons with disabilities. how to use equipment or devices on our premises that may help with the provision of goods or services and how to adapt existing service delivery to a person with a disability
- g) What to do if a person with a disability is having difficulty accessing goods or services at Grey Bruce Health Services

Service Animals and Support Persons

When a person with a disability is accompanied by a service animal, Grey Bruce Health Services shall ensure that the person is permitted to enter the premises with the animal and keep the animal with him or her unless that animal is otherwise excluded by law from the premises. If the service animal is excluded by law from the premises, Grey Bruce Health Services will provide other measures to enable the person with the disability to obtain, use or benefit from the goods or services. Reference Administration Policy: Pet Visitation VII-90.

In certain cases, the hospital may require a person with a disability to be accompanied by a support person for health or safety reasons.

Before making a decision, the hospital will:

- o consult with the person with a disability to understand their needs
- o consider health or safety reasons based on available evidence
- o determine if there is no other reasonable way to protect the health or safety of the person or others on the premises

In such a situation, service fees for the support person will be waived

Fees for Goods and Services

GBHS ensures our fee guide is accessible.

Disruption of Services

When a disruption of a particular facility or service occurs that is used to allow a person with a disability to access the goods or service Grey Bruce Health Services will give notice of the disruption to the public, by posting the reason for the disruption, the anticipated duration of the disruption and describe alternative facilities or services that may be available. This information will be posted in a conspicuous place on the premises or by other methods considered reasonable. If the disruption is expected, a reasonable amount of advanced notice of the disruption will be given. If the disruption is unexpected, notice will be provided as soon as possible.

Assistive Devices

If a person with a disability requires assistive devices to access the goods or services of Grey Bruce Health Services, they will be allowed to use such devices. In the event that the assistive device must be excluded, the hospital will provide other measures to enable the person with the disability to obtain, use or benefit from the goods or services. Reference Administration Policy: Wireless Communication Devices in a Health Care Facility VIII-77

Workplace Emergency Response Information

GBHS will provide "individualized" workplace emergency response information to disabled employees if individualized information is necessary based on the type of disability and if GBHS is aware of the need for accommodation. This information will be provided as soon as practicable after becoming aware of the need for such accommodation.

The workplace response information may be shared with a person designated by the department manager to provide assistance to the disabled employee if the disabled employee consents. Individualized workplace emergency response information must be reviewed if the disabled employee moves to a different work location in the organization. The manager will review the accommodation needs with the employee and/or designated persons when emergency response practices and policies are reviewed in the department.

Feedback Process

The Committee welcomes feedback from employees, volunteers, physicians, patients and visitors in regards to the accessibility and provisions of goods and services provided at Grey Bruce Health Services. The AODA Survey and Feedback form is available electronically on our website www.gbhs.on.ca and in hard copy as requested. Feedback can also be made via telephone, via email and in person through the Patient Relations department. Reference Administration Policy: Safety Incident Management VIII-105; Patient Feedback VIII-110

Information and Communication Support Standards

Communication and Terminology

When communicating with a person with a disability, employees, volunteers and third party contractors shall do so in a manner that takes into account the person's disability.

Accessible Websites and Web Content

Internet websites and web content controlled directly by GBHS or through a contractual relationship that allows for modification of the product shall conform to the World Wide Web Consortium Web Content Accessibility Guidelines (WCAG) 2.0, at Level A and AA in accordance with the schedule set out in the AODA Integrated Accessibility Standards.

Emergency Procedures, Plans and Information

The Hospital shall provide all existing public emergency procedures, plans and public safety information, upon request in an accessible format or with appropriate communication supports in a timely manner.

Employment Standards

Recruitment

The Hospital shall post information about the availability of accommodations for applicants with disabilities in its recruitment process. Job applicants who are individually selected for an interview and/or testing shall be notified that accommodations for material to be used in the process are available, upon request. The Hospital shall consult with any applicant who requests an accommodation in a manner that takes into account the applicant's disability. Successful applicants shall be notified about the Hospital's policies for accommodating employees with disabilities as part of their offer of employment. Reference Human Resources Recruitment Policy II-20

Employee Supports

The Hospital will inform employees of the policies used to support employees with disabilities, including policies on the provision of job accommodations that take into account an employee's accessibility needs due to disability. The Hospital will provide this information to new employees as soon as practicable after they begin their employment and provide updated information to all employees whenever there is a change to existing policies on the provision of job accommodations that take into account an employee's accessibility needs due to disability. Reference Human Resources Accommodation Policy V-40

Accessible Formats and Communication Supports for Employee

Upon an employee's request, the City shall consult with the employee to provide or arrange for the provision of accessible formats and communication supports for:

- a. Information that is needed in order to perform the employee's job; and
- b. Information that is generally available to employees in the workplace.

The Hospital will consult with the employee making the request in determining the suitability of an accessible format or communication support.

Documented Individual Accommodation Plans

A written process for the development and maintenance of documented individual accommodation plans shall be developed for employees with disabilities. If requested, these plans shall include information regarding accessible formats and communications supports. If requested, the plans shall include individualized workplace emergency response information.

Return to Work Process

The Hospital shall have in place a documented return to work process for employees returning to work due to disability and requiring disability-related accommodations. This return to work process shall outline the steps that the Hospital shall take to facilitate the return to work. See policy VI-10 Temporary Transitional Return to Work.

Performance Management and Career Development and Redeployment

The Hospital shall take into account the accessibility needs of its employees with disabilities as well as any individual accommodation plans when providing career development, performance management and when considering redeployment.

Built Environment Standards

The Hospital shall comply with the AODA Design of Public Spaces Standards (Accessibility Standards for The Built Environment) when undertaking new construction and redevelopment of public spaces.

The Hospital shall ensure that the Accessibility Design Standards reflect the AODA Built Environment Standards.

References

Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11

Accessibility Standards for Customer Service, O. Reg. 429/07

Integrated Accessibility Standards, O. Reg. 191/11

Human Rights Code, R.S.O. 1990, c. H.19

Definitions

Accessible Formats - may include, but are not limited to, large print, recorded audio and electronic formats, Braille and other formats usable by persons with disabilities.

Communication Supports - may include, but are not limited to, captioning, alternative and augmentative communication supports, plain language, sign language and other supports that facilitate effective communications

Disability - is defined, per Section 2 of the Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11 and the Human Rights Code, R.S.O. 1990, c. H.19, as follows:

- a. "Any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,
- b. A condition of mental impairment or a developmental disability
- c. A learning disability or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- d. A mental disorder, or
- e. An injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997."

Kiosk - an interactive electronic terminal, including a point-of-sale device, intended for public use that allows users to access one or more services or products or both.

Service Animals – are defined, per Section 4(9) of the Accessibility Standards for Customer Service, O. Reg. 429/07, as follows:

"An animal is a service animal for a person with a disability:

- (a) If it is readily apparent that the animal is used by the person for reasons relating to his or her disability; or
- (b) If the person provides a letter from a designated Regulated Health Professional confirming that the person requires the animal for reasons relating to the disability."

Support Person – is defined, per Section 4(8) Accessibility Standards for Customer Service, O. Reg. 429/07, as follows:

"A support person means, in relation to a person with a disability, another person who accompanies him or her in order to help with communication, mobility, personal care or medical needs or with access to goods or services."

Unconvertible - information or communications are unconvertible if it is not technically feasible to convert the information or communications or the technology to convert the information or communications is not readily available

- Accommodations, Disability-related
- Disability
- Personal Support Workers
- Service Animals
- Support Person

References

Thunder Bay Regional Health Sciences Centre, Administration Policy ADMIN-11 September 7, 2004
City of Ottawa, Accessibility Policy 2012

Ontario. Ministry of Citizenship, 2002. "Ontarians with Disabilities Act, 2001" Bill 125. Toronto, Queen's Printer.
www.gov.on.ca/citizenship/accessibility/english/act2001.htm

Ontario. Ministry of Citizenship, 2002. "A Guide to Annual Accessibility Planning under the Ontarians with Disabilities Act, 2001". Toronto, Queen's Printer.
www.gov.on.ca/citizenship/accessibility/english/accessibleplanningguide.htm

Guidelines & Safe Work Practices for Service & Construction Workers & Contractors

Non-compliance may result in cancellation of the contract.

Workers and Contractors must comply with the applicable law, regulations, OHS Regulation ss. 23, 25, 26, 27, 28, codes and Grey Bruce Health Services Health and Safety Program, which include but is not restricted to the following:

1. The use of wireless communication devices, including cellular phones and handheld two way radios is regulated by Administrative Policy VIII-77 see Appendix A Generally these devices are not to be used in patient care areas as identified by posted signs and shaded floor plans posted throughout GBHS facilities.
2. Service & construction contractors/workers must report any hazard/substandard condition immediately to their supervisor and to the Grey Bruce Health Services designated contact person for corrective action.
 - **Compressed Air Use**
 - The service & construction contractors are accountable to instruct their employees about this potential hazard.
 - Service & construction contractors' hoses must be in good condition, no cracks/patches – tightly clamped fittings.

Working In Confined Space(s) See Appendix B for GBHS Engineering Policy II-140 Confined Space

- Service & construction contractors must comply with Grey Bruce Health Services Confined Space Policy and Procedure.
- In addition to the legal description of a confined space – if a worker is working in a location where it would be difficult to remove him/her in an emergency, the service & construction contractor must use the buddy system, observing the worker without interruption.

Working in Restricted Space(s) See Appendix C for GBHS Engineering Policy II-220 Restricted Space

- Signage will be posted to indicated location of Restricted Spaces
- Worker will enter a restricted space only:
 - if s/he is informed of or familiar with the characteristics of the restricted space which restrict, limit or impede egress and is instructed in the procedures for entering, working in and exiting from the restricted space
 - There are procedures and measures in place for the removal of a worker from the restricted space in the event of an emergency
 - At least one other worker is stationed outside the restricted space and in proximity to it and is readily available and capable of implementing emergency procedures and measures for the removal of the worker from the restricted space
- Emergency procedures for removal of a worker from the restricted space include include the attendant to call a Code Blue for internal hospital response, use the working at heights/fall restraint equipment for rescue, and/or call 911 for external Emergency Medical Services Response (Fire, Police, Ambulance).

Cords/Electric OHS-Construction Regulation 213/91 S. 181, 182 183, 184,185, 186, 187, 188, 189,190, 191, 192, 193, 194, 195,

- Cords must be of adequate gauge for intended use, in good condition, grounding prong intact. No breaks, cracks, patches.

- Must be suspended 7 feet or more above any pedestrian walkway.
- Must not cross any aisle used by powered lift trucks, or other hospital equipment.

Leased Equipment Construction Regulation 213/91 S 93, 96, 117, 118,119, 120, 121, 185, 186

- The service & construction contractors are responsible to ensure – good condition, adequate for the task, CSA/UL approved.
- Grey Bruce Health Services will not be responsible for lost or stolen equipment.

Equipment, Tools-Owned Construction Regulation 213/91 S 93, 96, 117, 118,119, 120, 121, 185, 186

- It is the service & construction contractors responsibility to ensure equipment and tools are:
 - in good condition
 - adequate for the task
 - CSA/UL approved
- Grey Bruce Health Services is not responsible for lost or stolen equipment.
- Air powered fasteners – must cycle sequentially (fully depressed against surface, before it will fire). No free firing.
- Electric powered – three prong or double insulated
- Explosive activated – operator must possess a current Certificate of Competence issued by the manufacturer and provide a copy to Grey Bruce Health Services.
- The service & construction contractors operators are personally responsible for safe usage and must account for all cartridges.
- Grey Bruce Health Services tools/equipment are not to be borrowed or used.

Gas Cylinders Construction Regulation 213/91 S. 42, 43, 44, 45, 46, 47,48,

It is the service & construction contractors responsibility that gas cylinders:

- Are transported and used secured upright in an approved cart.
- Empties be clearly marked, valves closed, safety cap secured and taken to storage immediately.

Service & construction contractors may use our plant storage providing they secure their cylinders upright, and,

- They are clearly marked as to content,
- Maintain a safe distance between acetylene and oxygen,
- Get written approval from the Grey Bruce Health Services designated contact person.

High Pressure Equipment-

- Water/air – will only be used with written approval from the Grey Bruce Health Services designated contact person.

Ladders See Appendix D for GBHS OHS Policy III-70 Ladders

- Must be good condition with safety feet. No painted wood ladders or aluminum ladders are to be used indoors.
- Only CSA approved ladders for the intended purpose are to be used.
- If over 20 feet, must be tied at top or held by an attendant at the base.
- Face the ladder when climbing or descending and maintain a 3 point contact

Working at Height Construction Reg 213/91 s. 125

- If working above or next to a production area, the contractor will use barriers/rope on the floor below and signs posted: “DANGER – PEOPLE WORKING OVERHEAD”.
- Tools must be carried in proper tool belt, not pockets, etc.
- Body harness tied to fixed support to be worn if working at 3 metres or more.
- Safety belts are not acceptable.

Materials on Roof Construction Reg 213/91 s. 40

- The contractor must obtain written approval from Grey Bruce Health Services Engineering Services Department before any materials can be off loaded on the roof Engineering Services will assess the weight in relation to structural strength before giving such written approval.
- The contractor must also consider any other fire hazard relevant to the materials and may order proactive measures to deal with any emergency.

- All materials placed on the roof must be amply secured to prevent being dislodged and airborne over the roof edges in high winds.
- Barricades and signage must be placed on the ground away from the walls to warn of overhead danger from the possibility of falling objects.

Working On Roof Construction Reg 213/91 s. 26

- Access to do work of any nature on the roof level, will be coordinated by the Owner Representative and cleared through the Engineering Services Department.
- A qualified person (one who understands the regulatory requirements for working at heights, and is familiar with safe roof access procedures) should perform a risk assessment to assess the work surface, identify hazards and evaluate environmental conditions (ex. weather, wind, lighting) prior to accessing a roof.
- Work surfaces should be kept free from accumulations of refuse, snow and ice prior to working on them
- Additional protective measures may be required at the roof edge, openings, and access points to and from the roof. Workers or inspectors should never perform any duties closer **than 2 meters** to an unprotected edge, platform or walkway of any building, or utilize elevated equipment unless they are properly trained and secured from falling.
- Contractors seeking such access must be aware:
 1. Any worker accessing the roof must be accompanied by a buddy, or,
 2. Use mobile communication equipment, fully charged, tested and working.
 3. Must comply with all fall protection requirements under the Ontario Health and Safety Regulations and Ontario Building code.

Scaffolds-Fixed & Suspended/Swinging Construction Reg 213/91 ss. 125-126, 128, 129, 130, 134, 135, 137, 138, 140, 141, 142.

- The contractor is personally accountable to ensure such scaffolds are constructed, secured and operated in
- compliance with every detail of regulation

Working Over Hot and/or Corrosive Material

- Worker must have proper planking underfoot, and wear a body harness tied to a fixed support.

Lockouts See Appendix E for GBHS Engineering Policy II-120 Lock Out

- Service & construction contractors must supply their own locks, tags, devices and follow Grey Bruce Health Services Lock Out/Tag Out Procedure.

Pedestrian Traffic Construction Reg 213/91(S)64-44

- Some areas are restricted – obey all posted signs.

Personal Protective Equipment Construction Reg 213/91 (S) 20-25

- In addition to the requirements of contractor's work, contractors must comply with Grey Bruce Health Services requirements for the area they are working in.

Ropes, Cables, Slings, Chains Construction Reg 213/91 (S) 38, 168, 176

The contractor will:

- Ensure each device will be identified with annual inspection tag illustrating compliance to the respective load rating.

Round, Heavy Objects

The contractor shall:

- Secure, choke, block to prevent unintended movement. Must confirm the best location for these objects with the designated contact person.

Welding & Cutting Construction Reg 213/91 (S)122-124 see Appendix F for GBHS Engineering Policy II-130 Hot Work

- Requires a Hot Work Permit
- You must have suitable fire extinguisher(s) at hand – the contractor is responsible to ensure the extinguishers are in good working order for the duration of the welding and cutting procedures.

- Overhead – the contractor will station person below with fire extinguisher, cover equipment underneath with fire proof tarpaulin(s).
- Arc- approved shield(s) must be used if in vicinity of workers - forbidden in the vicinity of flammable liquids or materials.

Laboratory Safety See Appendix G-Laboratory Safety for Contractors, Visitors ID# 12792

- Specific training on the laboratory hazards will be completed for all contractors or departments that need to work in the laboratory, on an annual basis.

Hazardous Materials, Chemicals Reg. 860 Workplace Hazardous Material Information System

- Only those approved previously may be brought on site, with related SDS sheets. The contractor must show their employees have had WHMIS training and know how to deal with emergencies involving the material/chemicals.
- Containers must be properly labeled. If decanting into smaller containers, these must also have workplace labels. Post warning signs in area of use.

Flammable Liquids Construction Reg 213/91 (S) 43,44

- Only those previously approved may be brought on site, provided they are in approved safety containers and properly labeled. All containers must be grounded, including those into which the contractor dispenses or transfers chemicals. These must also be labeled.
- The contractor may use Grey Bruce Health Services flammable chemical storage facility if there is space and sufficient bonded grounding clips. Speak to the designated contact person at Grey Bruce Health Services.
- If Grey Bruce Health Services cannot be used, the contractor will store it outside, 50 feet from any building and remove it from our premises at the end of each workday.

Any spark-creating device is forbidden where a flammable chemical is used or stored.

Clean up daily

- Scrap and refuse must be placed in dumpster(s) or removed from the job site.
- Equipment, tools, materials must be removed from overhead areas.
- Rags soiled with oils, solvents, chemicals must be placed in metal containers with self-closing metal lids.
- Waste disposal must comply with environmental controls and regulations.

Back Hoes, Front End Loaders, Power Shovels Construction Reg 213/91 ss.102, 103, 104, 106, 188(3)

- Operators must be competent, qualified and licensed.
- Provide a trained signal person, where required by legislation.

Hoisting Cranes Construction Reg 213/91 ss. 103(1), 104,151, 152, 153, 154

- Equipment inspection/testing records to be on site for perusal by a MOL inspector.
- Operator(s) must be competent, qualified and licensed.
- Provide a trained signal person, where required by legislation.
- Boom(s) to be lowered when crane unattended.
- No load shall be moved over any worker, or left suspended when unattended.

Cutting/Welding Structural Steel Construction Reg 213/91 s. 122-124

- The contractor must obtain written approval from Grey Bruce Health Services Engineering Services Department before cutting/welding structural steel.

Excavating Construction Reg 213/91 ss. 222-238

- **before ANY** excavating may proceed – contractor must meet with the Grey Bruce Health Services designated contact person and demonstrate all energy, utility and communications underground piping and cabling have been located and marked, to avoid any disruption of support or service by severance or damage of any nature.
- Contractor **must show documentation** of site inspection by:
 - Hydro
 - Bell Canada
 - Water utility
 - Gas utility
 - Sewage utility
 - The installer(s) of any underground storage tanks and distribution lines

- Grey Bruce Health Services Engineering department

Any costs to Grey Bruce Health Services through interruption or loss of production resulting from any action of the contractor/subcontractor, will be charged to the contractor.

Driving Stakes

- As above

Pits and Trenches

- Must be braced/shored as prescribed by regulation.
- Adequate barricades and signage must be placed around perimeter to prevent unintended entry.

Vehicles - Motor, Traffic Construction Reg 213/91 ss. 67-69,104,106

- No parking in any of Grey Bruce Health Services buildings under construction except where it is necessary to the construction and the operator is with the vehicle.
- If construction requires any rerouting, or closing of any road – barriers and signage must be put in place as well as properly instructed flag people in reflective vests.

Chemicals – Use & Storage Construction Reg 213/91 ss 41, 43,44

- Only chemicals which have received Grey Bruce Health Services approval, may be brought on site.
- Must be in properly labeled, approved safety containers.
- Contractor must have SDS sheets on site.
- Flammable chemical containers for storage, dispensing, transfer must be grounded.
- Outside storage must be fenced and locked – 50 feet from any building.
- Any spark-creating device in an area where flammable chemicals are used/stored is **forbidden**.
- **“No Smoking”** signs will be prominently posted and enforced.

Waste Construction Reg 213/91 s. 35 (1-5)

- Gasoline, fuel, motor oil or any other chemical(s) are not to be spilled on ground or dumped in sewer-disposal must comply with environmental controls & regulation.

Clean Up – Daily

- Scrap & refuse – place in contractor-supplied dumpster(s) or remove from the job site.
- Equipment, tools, unsecured materials must be removed from roof or overhead area

Accessibility for Persons With Disabilities- Admin Manual IV-175

APPENDICES

POLICY:

Radio frequency transmitting devices, including, but not limited to, cellular and cordless telephones, shall not be used in restricted areas. Use of these devices in all other areas shall follow the rules laid out in this policy. Applications for the use of wireless communications systems in areas other than patient care, shall be submitted and approved as outlined in the following "Procedure" section.

Electromagnetic Interference (EMI):

It is recognized that safe operation of some medical equipment can be jeopardized by the presence of radio frequency (RF) electromagnetic fields.

The source of this radio-frequency energy can be from devices such as cordless telephones, cellular telephones, portable 2-way radios (walkie-talkies), and other wireless technology devices. The susceptibility of medical equipment to an EM field is determined by a myriad of factors. To complicate the situation even more, not only do the susceptibility factors vary from device to device but may also vary among devices of the same model group. The severity of the RF-induced malfunction can range from annoying, to having a serious impact on patient care.

It should be noted that the structure of a building does not offer protection from EMI. Walls may be transparent to radio waves.

Definitions:

Electromedical: Any electrical or electronic medical device, or system of devices, used for the treatment of, and/or monitoring of, patients.

Wireless: Any electronic device that uses radio waves as the medium of communication.

In this policy, the instruction "not be used" indicates that no radio transmissions shall be made.

PROCEDURE:

Restrictions on Wireless Devices:

Cellular Telephones:

- Cellular telephones are the commonest potential source of EMI.
- The use of these telephones is permitted within the facility in all areas except those designated as restricted and cannot be turned on or left in standby mode within these designated areas. In all other areas where cellular phones are permitted, the device cannot be any closer than 1m from any medical equipment. **Restricted areas are the Emergency Department, Dialysis, EDS and Diagnostic Imaging patient treatment areas. Because of the high concentration of critical equipment, most of the third level of the Owen Sound Site will be considered a restricted area.**
- Please refer to **Appendix 1: Wireless Device Restriction site floor plans**
- Why must cellular telephones be turned off and not be used in STANDBY?
- When not in use, but in the ON or STANDBY modes, a cellular telephone will transmit in response to an interrogation by the cellular system. This interrogation is to confirm the device's availability to receive calls. These automatic transmissions present the same EMI threat as a user initiated call.

Laptop or handheld computers:

- If these devices contain a wireless network adapter or use 'Bluetooth' technology, they will not be permitted in the facility using the same criteria as the above mentioned cellular phones.
- Laptops for use within the hospital must be approved by both Biomedical Engineering and Hospital Information Services especially if the laptop contains a wireless adapter.

Other Radio Frequency Transmitting Devices:

These devices, including cordless telephones and 2-way radios, **shall not be used** in the following areas:

- i) where patients are in serious or critical condition and dependent on monitoring and life-

support equipment;

- ii) where patients are receiving therapy which is controlled and/or monitored by electromedical devices;
- iii) where many electromedical instruments are in use, increasing the likelihood of a device EMI problem.

(as per CSA standard – Z32-99)

Wireless Communications:

It is recognized that wireless radio communications are necessary within health care facilities. These communications may include paging systems, staff-carried 2-way radios, and cordless telephones in non-patient care areas.

Paging Systems:

- These systems shall be installed such that there is no EMI with medical equipment.
- *2-way Radios: (no transmitter greater than 2W)*
- These staff-carried devices present the greatest concern for EMI within the facility. Receiving communication on these devices does not create an EMI concern, only transmitting. These devices must **NOT** be used to transmit in patient care rooms. For transmitting, these radios should only be used in corridors and common areas allowing for a minimum of **3 metres** between the 2-way radio and any medical equipment.



Please do not use cell phones or other wireless devices within 3ft/1m of any medical equipment

Cordless Telephones:

- These devices will be approved on a case-by-case basis. Consideration will be given to the amount of electromedical equipment in the area where it will be used as well as the power output and frequency range of the phone. Only approved models may be used and must be kept at least 1 metre from any electromedical equipment. These devices must **NOT** migrate from the area for which they are approved.

Requests for Wireless Communications:

All requests for wireless communications devices shall be directed to Biomedical Engineering. The requests shall be in writing, and shall include the following:

- Area where device is to be used,
- type of device being requested,
- and manufacturer and model number (if available).

Approval of a Wireless Communications Device:

The use of a wireless RF-emissive device shall be contingent on the combined approvals of Engineering Services, Hospital Information Services, and Biomedical Engineering.

Approved wireless devices, other than those designated as portable – such as walkie-talkies, shall be marked with the allowed location of operation.

Records:

A record shall be kept by Biomedical Engineering of all approved wireless devices. This record shall include: date of approval, type of device, area of use, frequency of operation, output power, model number, and serial number.

Relocation:

The relocation of a wireless communications device, other than those approved as portable, shall require a new application and a new approval. Devices must **NOT** be randomly relocated. Unapproved wireless devices, and approved wireless devices that have migrated from their approved areas, upon discovery, shall be immediately removed from service.

Safety:

Since EMI is a safety issue for both staff and patients, all hospital personnel, including medical staff, nursing staff,

volunteers, auxiliary, and commissionaires, who notice a patient or visitor using a cellular telephone or other radio transmitting device shall inform him/her that these devices are not permitted in the hospital, and that the device should be turned off.

Pacemakers:

- Pacemaker patients should be advised not to place their cellular telephones within six inches (15cm) of the pacemaker.

Home Care:

- Home Care devices, such as IV pumps, Feeding Pumps, and PCA pumps, should be marked with a warning regarding EMI from wireless devices. Patients should be advised not to use cordless telephones or other transmitting devices when using an infusion pump. Cellular telephones should not be used and should be **turned OFF**.

Police and Ambulance Services:

- Police and Ambulance personnel should be requested to confine their use of their 2-way radios to non-patient care areas. If this is not possible, these personnel should be requested to move as to maximize the distance between the 2-way radio and the medical equipment. Staff should be vigilant for EMI problems with the medical equipment.

Pre-admission Information:

- Patients should be supplied with a statement indicating that the hospital does not permit patient-owned cellular telephones, cordless telephones, 2-way radios or other radio frequency transmitting devices within the facility.

Transport:

- It is recognized that radio transmitters are used in both land and air transport vehicles. Transport team members should be vigilant for EMI problems with the medical equipment.

Electromagnetic Compatibility:

- Current wireless technologies operate on a variety of frequencies. In order to maintain a safe and operational communications system, consideration must be given to the electromagnetic spectrum allotment of wireless devices to prevent EMI between systems.

Signage:

- Appropriate signs should be posted at all entrances and in public areas indicating that the use of cellular telephones is not permitted.

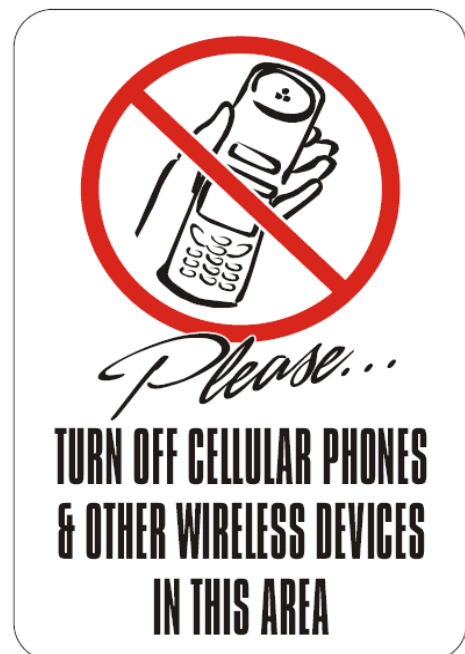
Staff Training:

When a wireless device is placed in service, the staff must be made cognizant of the problems and precautions necessary for the safe use of the device within the facility.

Reporting EMI Incidents:

Medical equipment problems should be reported to Biomedical Engineering. If EMI is suspected as the cause of the equipment problem, this fact should be noted on the report. If a transmitting device can be identified as the problem source, it should be turned off immediately, and information regarding the transmitting device should be included in the report.

Example of Restricted Area Signage



Confined Space Program II-140

Engineering Services Revised November 27, 2018

Purpose

To protect workers by ensuring a written program for the confined space is developed and maintained in accordance with O. Reg. 632/05, s. 5 (1) before a worker enters the confined space and that all workers are trained in proper entry of confined spaces by adherence to the established procedure. This program serves as a co-ordination document to ensure the protection of the health and safety of all workers who perform work in the confined space or related work with respect to the confined space (including contractors).

Definition

Confined Space means a fully or partially enclosed space that is not designed and constructed for continuous human occupancy and in which, atmospheric hazards may occur because of its construction, location or contents or work activity therein (such as the accumulation of a hazardous gas, vapor, dust or fume or the creation of an oxygen-deficient atmosphere may occur).

GBHS Required Program Elements: Confined Space (O.Reg. 632/05)

The program shall be adequate and shall provide for,

- (a) a method for recognizing each confined space to which the program applies;
 - ✓ Confined Space locations are defined for each Hospital
- (b) a method for assessing the hazards to which workers may be exposed, in accordance with section 6;
 - ✓ Hazard Assessments must be completed for each confined space
- (c) a method for the development of one or more plans, in accordance with section 7;
 - ✓ The plan will be incorporated into the respective permit
- (d) a method for general training of workers, in accordance with section 8 or section 9.1, as the case may be; and
 - ✓ Engineering workers shall review the Confined Space Program Policy (II-140) annually, and the assessments and permits for their respective home base Hospital and any additional locations per Call-in responsibilities. The employer shall provide a copy of this program to the constructor prior to entry into confined space.
- (e) an entry permit system that sets out the measures and procedures to be followed when work is to be performed in a confined space to which the program applies. O. Reg. 632/05, s. 5 (4).
 - ✓ Unique permits will be created for each confined entry location (Contact Engineering for details)

Assessment

(1) Before any worker enters a confined space, the employer shall ensure that an adequate assessment of the hazards related to the confined space has been carried out. O. Reg. 632/05, s. 6 (1).

(2) The assessment shall be recorded in writing and shall consider, with respect to each confined space,

(a) the hazards that may exist due to the design, construction, location, use or contents of the confined space; and

(b) the hazards that may develop while work is done inside the confined space. O. Reg. 632/05, s. 6 (2).

The assessment is to be performed by a person with adequate knowledge, training and experience and the record of the assessment will be incorporated into the entry permit (Contact Engineering for details).

Plan

Before any worker enters a confined space, the employer shall ensure that an adequate written plan, including procedures for the control of hazards identified in the assessment, has been developed and implemented by a competent person for the confined space. O. Reg. 632/05, s. 7 (1). [The plan, including hazard assessment will be incorporated into the entry permit – see Engineering Department for details.]

The plan shall contain provisions for,

- (a) the duties of workers;
- (b) co-ordination in accordance with section 4, if applicable;
- (c) on-site rescue procedures, in accordance with section 11;
- (d) rescue equipment and methods of communication, in accordance with section 12;
- (e) personal protective equipment, clothing and devices, in accordance with section 13;
- (f) isolation of energy and control of materials movement, in accordance with section 14;
- (g) attendants, in accordance with section 15;

- (h) adequate means for entering and exiting, in accordance with section 16;
- (i) atmospheric testing, in accordance with section 18;
- (j) adequate procedures for working in the presence of explosive or flammable substances, in accordance with section 19; and
- (k) ventilation and purging, in accordance with section 20. O. Reg. 632/05, s. 7 (3).

Entry permits

(1) The employer shall ensure that a separate entry permit is issued each time work is to be performed in a confined space, before any worker enters the confined space. O. Reg. 632/05, s. 10 (1).

(2) An entry permit shall be adequate and shall include at least the following:

1. The location of the confined space.
2. A description of the work to be performed there.
3. A description of the hazards and the corresponding control measures.
4. The time period for which the entry permit applies.
5. The name of the attendant described in section 15.
6. A record of each worker's entries and exits.
7. A list of the equipment required for entry and rescue, and verification that the equipment is in good working order.
8. Results obtained in atmospheric testing under section 18.
9. If the work to be performed in the confined space includes hot work, adequate provisions for the hot work and corresponding control measures. O. Reg. 632/05, s. 10 (2).

The employer (of the worker entering the confined space) shall ensure that the entry permit, during the time period for which it applies, is readily available to every person who enters the confined space and to every person who performs related work with respect to the confined space.

On-site rescue procedures

(1) The employer shall ensure that no worker enters or remains in a confined space unless, in accordance with the relevant plan, adequate written on-site rescue procedures that apply to the confined space have been developed and are ready for immediate implementation. O. Reg. 632/05, s. 11 (1).

(2) Before a worker enters a confined space, the employer shall ensure that an adequate number of persons trained in the matters listed in subsection (3) are available for immediate implementation of the on-site rescue procedures mentioned in subsection (1). O. Reg. 632/05, s. 11 (2).

(3) The persons shall be trained in,

- (a) the on-site rescue procedures mentioned in subsection (1);
- (b) first aid and cardio-pulmonary resuscitation; and
- (c) the use of the rescue equipment required in accordance with the relevant plan. O. Reg. 632/05, s. 11 (3).

Individual Rescue Plans for each confined space are available from the Engineering Department.

Isolation of energy and control of materials movement

The employer shall, in accordance with the relevant plan, ensure that each worker entering a confined space is adequately protected,

- (a) against the release of hazardous substances into the confined space,
 - (i) by blanking or disconnecting piping, or
 - (ii) if compliance with subclause (i) is not practical in the circumstances for technical reasons, by other adequate means;
- (b) against contact with electrical energy inside the confined space that could endanger the worker,
 - (i) by disconnecting, de-energizing, locking out and tagging the source of electrical energy, or
 - (ii) if compliance with subclause (i) is not practical in the circumstances for technical reasons, by other adequate means;
- (c) against contact with moving parts of equipment inside the confined space that could endanger the worker,
 - (i) by disconnecting the equipment from its power source, de-energizing the equipment, locking it out and tagging it, or
 - (ii) if compliance with subclause (i) is not practical in the circumstances for technical reasons, by immobilizing the equipment by blocking or other adequate means; and

- (d) against drowning, engulfment, entrapment, suffocation and other hazards from free-flowing material, by adequate means. O. Reg. 632/05, s. 14; O. Reg. 23/09, s. 2.

Attendant

- (1) Whenever a worker is to enter a confined space, the employer shall ensure that an attendant,
 - (a) is assigned;
 - (b) is stationed outside and near,
 - (i) the entrance to the confined space, or
 - (ii) if there are two or more entrances, the one that will best allow the attendant to perform his or her duties under subsection (2);
 - (c) is in constant communication with all workers inside the confined space, using the means of communication described in the relevant plan; and
 - (d) is provided with a device for summoning an adequate rescue response. O. Reg. 632/05, s. 15 (1).
- (2) The attendant shall not enter the confined space at any time and shall, in accordance with the relevant plan,
 - (a) monitor the safety of the worker inside;
 - (b) provide assistance to him or her; and
 - (c) summon an adequate rescue response if required. O. Reg. 632/05, s. 15 (2).

Atmospheric testing

- (1) The employer shall appoint a person with adequate knowledge, training and experience to perform adequate tests as often as necessary before and while a worker is in a confined space to ensure that acceptable atmospheric levels are maintained in the confined space in accordance with the relevant plan. O. Reg. 632/05, s. 18 (1).
- (2) If the confined space has been both unoccupied and unattended, tests shall be performed before a worker enters or re-enters. O. Reg. 632/05, s. 18 (2).
- (3) The person performing the tests shall use calibrated instruments that are in good working order and are appropriate for the hazards identified in the relevant assessment. O. Reg. 632/05, s. 18 (3).
- (4) The employer shall ensure that the results of every sample of a test are recorded, subject to subsection (5). O. Reg. 632/05, s. 18 (4).
- (5) If the tests are performed using continuous monitoring, the employer shall ensure that test results are recorded at adequate intervals. O. Reg. 632/05, s. 18 (5).
- (6) The tests shall be performed in a manner that does not endanger the health or safety of the person performing them. O. Reg. 632/05, s. 18 (6).
- (7) In this section,

“sample” means an individual reading of the composition of the atmosphere in the confined space; (“prélèvement”)

“test” means a collection of samples. (“essai”) O. Reg. 632/05, s. 18 (7).

Explosive and flammable substances

- (1) This section applies only in respect of atmospheric hazards described in clause (a) of the definition of “atmospheric hazards” in section 1. O. Reg. 632/05, s. 19 (1).
- (2) The employer shall ensure that this section is complied with, by ventilation, purging, rendering the atmosphere inert or other adequate means, in accordance with the relevant plan. O. Reg. 632/05, s. 19 (2).
- (3) The employer shall ensure that no worker enters or remains in a confined space that contains or is likely to contain an airborne combustible dust or mist whose atmospheric concentration may create a hazard of explosion. O. Reg. 632/05, s. 19 (3).
- (4) The employer shall ensure that no worker enters or remains in a confined space that contains or is likely to contain an explosive or flammable gas or vapour, unless one of the following applies:
 1. The worker is performing only inspection work that does not produce a source of ignition. In the case of an explosive or flammable gas or vapour, the atmospheric concentration is less than 25 per cent of its lower explosive limit, as determined by a combustible gas instrument.
 2. The worker is performing only cold work. In the case of an explosive or flammable gas or vapour, the atmospheric concentration is less than 10 per cent of its lower explosive limit, as determined by a combustible gas instrument.
 3. The worker is performing hot work. All the following conditions are satisfied:
 - i. In the case of an explosive or flammable gas or vapour, the atmospheric concentration is less than 5 per cent of its lower explosive limit, as determined by a combustible gas instrument.

- ii. The atmosphere in the confined space does not contain, and is not likely to contain while a worker is inside, an oxygen content greater than 23 per cent by volume.
- iii. The atmosphere in the confined space is monitored continuously.
- iv. The entry permit includes adequate provisions for hot work and corresponding control measures.
- v. An adequate warning system and exit procedure are provided to ensure that workers have adequate warning and are able to exit the confined space safely if either or both of the following occur:
 - A. In the case of an explosive or flammable gas or vapour, the atmospheric concentration exceeds 5 per cent of its lower explosive limit.
 - B. The oxygen content of the atmosphere exceeds 23 per cent by volume. O. Reg. 632/05, s. 19 (4); O. Reg. 23/09, s. 3.

Ventilation and purging

(1) This section applies only in respect of atmospheric hazards described in clause (b) or (c) of the definition of “atmospheric hazards” in section 1. O. Reg. 632/05, s. 20 (1).

(2) If atmospheric hazards exist or are likely to exist in a confined space, the confined space shall be purged, ventilated or both, before any worker enters it, to ensure that acceptable atmospheric levels are maintained in the confined space while any worker is inside. O. Reg. 632/05, s. 20 (2).

(3) If mechanical ventilation is required to maintain acceptable atmospheric levels, an adequate warning system and exit procedure shall also be provided to ensure that workers have adequate warning of ventilation failure and are able to exit the confined space safely. O. Reg. 632/05, s. 20 (3).

(4) If compliance with subsection (2) is not practical in the circumstances for technical reasons,

(a) compliance with subsection (3) is not required; and

(b) a worker entering the confined space shall use,

(i) adequate respiratory protective equipment,

(ii) adequate equipment to allow persons outside the confined space to locate and rescue the worker if necessary, and

(iii) such other equipment as is necessary to ensure the worker’s safety. O. Reg. 632/05, s. 20 (4).

(5) The equipment mentioned in subclauses (4) (b) (i), (ii) and (iii) shall be inspected by a person with adequate knowledge, training and experience, appointed by the employer, and shall be in good working order before the worker enters the confined space. O. Reg. 632/05, s. 20 (5).

Records : Engineering Services at Respective Site

(1) The employer shall retain every assessment, plan, co-ordination document under section 4, record of training under subsection 8 (5) or 9 (2), entry permit under section 10, record of an inspection under subsection 12 (2) and record of a test under section 18, including records of each sample, for the longer of the following periods:

1. One year after the document is created.

2. The period that is necessary to ensure that at least the two most recent records of each kind that relate to a particular confined space are retained. O. Reg. 632/05, s. 21 (1).

Confined Space Locations are outlined in Appendix A. This policy should be reviewed annually (or more often as necessary) in consultation with the joint health and safety committee. The Engineering department will keep record of individual confined space packages including the permit, hazard assessment, entry plan and rescue plan.

Appendix A: Confined Space Locations

Owen Sound	Level 8 Boiler Room – 1 Deaerator Tank Trades Boiler Room – 1 Deaerator Tank Trades – Continuous Batch Washer Trades, Basement – Hot water tank Outside, ground – 9 Sanitary
Markdale	Hot water storage tank
Meaford	Sanitary Manhole
Southampton	Main sanitary manholes
Lion’s Head	Septic tank
Warton	Chiller room sanitary sump pit

Restricted Space Policy II-220

Engineering Services Issued July 2019

Policy Purpose

To promote the education and safe use of workers accessing restricted space(s). This policy is written in accordance with the Ont. Reg. 67/93, s. 42.

Definition: A “restricted space” means a tank, vat, vessel, duct, vault, boiler or other space from which the egress of a worker is restricted, limited or impeded because of the construction, design, location or other physical characteristics of the space.

Warning: Where practical, warning notices will be placed near the entry to restricted space(s).

Conditions to be Met Prior to Entry into a Restricted Space:

To summarize the below 4 pre-entry condition requirements, Appendix A Checklist is to be completed prior to entry into a restricted space.

- (a) The worker is informed of and familiar with the characteristics of the restricted space which restrict, limit or impede egress and is instructed in the procedures for entering, working in and exiting from the restricted space;
- (b) there are procedures and measures in place for the removal of the worker from the restricted space in the event of an emergency;
- (c) at least one other worker is stationed outside the restricted space and in proximity to it and is readily available and capable of implementing emergency procedures and measures for the removal of the worker from the restricted space; and
- (d) mechanical equipment in the restricted space is disconnected from its power source and is locked out if it may endanger the worker while in the restricted space.

Areas Identified as Restricted Space:

Location	Characteristics & Hazards	Equipment Required
Owen Sound Electrical Room 1 Sump Pump Pits (x2)	Restricted egress point	Entry and Exit with Davit arm, Self-Retracting Line, harness and helmet
Owen Sound Level 1 Environmental Storage Room Sump Pump Pits (x2)		
Owen Sound Level 1 Tunnel, East End, Sump Pump Pits (x2)		
Owen Sound Laundry Room Sump Pit		
Owen Sound Laundry Basement Sump Pit		
Owen Sound Garage, South Entrance Sump Pump Pit		
Owen Sound outside, in ground vaults (electrical/communication) (x18)		
Owen Sound outside, in ground, storm water (x26 storm drains + x50 catch basins)		
Owen Sound Laundry Waste Water Tank		
Meaford Sump Pump Pit		
Meaford Cafeteria Sump Pump Pit		
Meaford Lower Boiler Room Sump Pit		
Southampton, beside passenger elevator, Sump Pump Pit		
Wiarion Boiler Room Sump Pit		
Wiarion Vacuum Room Sump Pit		
Wiarion Allied Health Sump Pit		
Wiarion Elevator Grease Pit		
Lion's Head Elevator Grease Pit		

Source References: Regulation 67/93- Health Care Sec 42

Appendix A: Conditions to be Met Prior to Entry into Restricted Space

Conditions:	N/A	Yes	No
Worker is familiar with characteristics of space which restrict, limit or impede egress (ex. small door) and is instructed on procedures to enter, work in, & exit the space.			
At least one other worker is stationed outside the restricted space and close by, readily available and capable of implementing emergency procedures and measures for the removal of the worker from the restricted space.			
Mechanical equipment in the restricted space is disconnected from its power source and is locked out.			
<p>Choose Type of Pre-Planned Rescue Plan: <input type="checkbox"/> Non-Entry Rescue <input type="checkbox"/> Entry Rescue</p> <p>Non-Entry Rescue Plan Details: Call Code Blue from _____ (identify method) for internal medical emergency response. The Rescuer will use Self-Retracting Line and Davit Arm to hoist patient to opening and remove from the Restricted Space ensuring no others enter space to attempt rescue. Rescuer will not enter the Restricted Space. If required, a member from the Code Blue response team will call 911 and direct them to the area. Area will then be secured for subsequent accident investigation. Management and OHS will be notified.</p> <p>Entry Rescue Plan Details: Call Code Blue from _____ (identify method) for internal medical emergency response. Attempt non-entry rescue if possible. If entry must be made, Rescuer wearing appropriate PPE will enter space with appropriate Rescue Equipment identified as _____ and remove patient from Restricted Space. The exact tactics used will be determined at time of any actual rescue due to variables. If required, a member from the Code Blue response team will call 911 and direct them to the area. Area will then be secured for subsequent accident investigation. Management and OHS will be notified.</p> <p>Additional Information or Change of Rescue Plan:</p> <p>I agree that the above Rescue Plan is adequate to provide a Restricted Space Rescue. Names of Rescuers (Printed, Signed and Dated):</p>			

Lockout/Tag Out II-120

Engineering August 9, 2011

POLICY

All hazardous energy sources (electrical, pneumatic, steam, hot water, kinetic) must be locked out/tagged out before performing service or maintenance work on equipment or machinery.

PROCEDURE

- Locate and identify all power sources affecting the equipment or machinery, such as, electrical, pneumatic, hydraulic, steam or momentum;
- Before shutting down equipment or machinery, notify all personnel that will be affected by the shutdown. Ensure no life support systems will be interrupted by shutdown;
- Shut down all power sources and place a lock or lockout device and identification tag on energy isolating device. Where it is physically impossible to attach a lock, a tag may be used. Tags must be honoured by all employees and shall contain an identifying name / signature;
- Release/neutralize any stored energy before beginning work (i.e. release air or water pressure, lower or block elevated parts, etc.)
- Before working on any electrical breaker circuit, install a circuit breaker lockout device with lock and identification tag;
- When more than one person works on the same piece of equipment or machine, each person shall attach his/her lock and identification tag to the lockout device;
- The effectiveness of the lockout and/or energy release shall be verified by the employee prior to task commencement by way of the applicable control circuit or voltage measurement;

- Each person shall remove his/her lock as soon as their work is completed on equipment;
- Before restarting equipment or machinery, check to make sure all guards have been re-installed, all tools or unnecessary equipment have been removed and all persons are clear.
- If a situation warrants continued equipment lockout past shift end to prevent damage to the equipment or person, the personal lock shall be removed and the following LOTO applied
 - Danger Tag – written description of why the equipment is locked out, signature and date.
 - Lock – designated for non personal use, key shall be accessible to On call staff in respective Engineering Services Shop.
- For non personal lockout applications, when the reason for LOTO has been corrected, the person in charge (Engineering Services On call, Engineering Services Supervision) has the authority to remove the lock and tag, and restore equipment to operation.

Ladder Safety III-70

Executive Committee Revised July 2019

Policy Statements

To promote the inspection, safe use and maintenance of portable ladders

Guidelines/Responsibilities:

Step Stools:

- Except for a step stool, a worker shall not stand upon a chair, box or other loose object while working
- step stools will have a handle that allows the user to have a 3 point contact for support while stepping up or down off of the stool. If a folding step stool is used, its legs should fully spread and lock. No employee should stand on the top of the step ladder or use the pail shelf as a step.
- A chair, box or other loose object shall not be used to support a ladder, scaffold or working platform

Ladders:

The maximum length of a ladder measured along the side rail shall not be more than:

- 6 metres for a step ladder
- 9 metres for a single ladder
- 13 metres for an extension or sectional ladder

A ladder shall:

- have adequate strength, stiffness and stability to support any load likely to be applied to it
- be free from broken or loose members or other faults
- have rungs evenly spaced
- be equipped with slip resistant feet
- not be overloaded
- A wooden ladder shall not be painted or coated with an opaque material

Fixed Access Ladders:

As per the O.Reg. 67/93 – Health Care & Residential Facilities, s. 41:

41. (1) A fixed access ladder shall,

- be vertical;
- have rest platforms at not more than nine metre intervals;
- be offset at each rest platform;
- where the ladder extends more than five metres above grade, floor or landing, have a safety cage beginning not more than 2.2 metres above grade, floor or landing and continuing at least ninety centimetres above the top landing with openings to permit access by a worker to rest platforms or to the top landing;
- have side rails that extend ninety centimetres above the landing; and
- have rungs which are at least fifteen centimetres from the wall and spaced at regular intervals. O. Reg. 67/93, s. 41 (1); O. Reg. 25/09, s. 3.

(2) Subsection (1) does not apply to an access ladder on a tower, water tank, chimney or **similar structure that has a safety device which will provide protection should a worker using the ladder fall.** O. Reg. 67/93, s. 41 (2).

For access ladders at GBHS that do not meet the parameters of O. Reg, 67/93, s. 41(1), the workers shall use a safety device as outlined in O. Reg, 67/93, s. 41(2) which will provide protection should a worker using the ladder fall. A Davit Arm with self-retracting line hoist, harnesses and helmets are available and may be appropriate for use

with some access ladders for Engineering workers. Engineering workers are trained in the safe use of this equipment (Non-Construction Working at Heights Training which is reviewed every 3 years).

Directions in Using a Ladder

- a) ladder to be first inspected for safety (example: stability, good condition, good function, no damage)
- b) ladder to be placed on a firm footing and secured against slipping
- c) if the ladder is between 6-9 metres in length, be securely fastened or be held in place by 1 or more workers while being used
- d) if the ladder exceeds 9 metres in length, be securely fastened, or stabilized to prevent it from tipping or falling
- e) when not securely fastened, ladder is to be inclined so that the horizontal distance from the top support to the foot of the ladder is not less than one-quarter and not more than one-third of the length of the ladder
- f) if the ladder is likely to be endangered by traffic, have a worker stationed at its foot to direct such traffic or have barriers or warning signs placed at its foot
- g. ladder to be ascended/descended with the worker facing the ladder while maintaining a 3-point contact during ascent/descent with 2 hands and 1 foot; or with 2 feet and 1 hand.
- h. during working on a ladder, three points of contact may be maintained by other body parts (example if two hands are needed for working for a brief period, the two feet may be kept on the same step and the body (knees or chest) may be supported by the ladder to maintain three points of contact). In these instances the worker should ensure a safe handhold is readily available.
- i. When a ladder is not being used, it is to be fastened securely to prevent falling over
- j. When a step ladder is being used as a self-supporting unit, its legs shall be fully spread and the spreader shall be locked
- k. No worker shall stand on the top of a step-ladder or shall use pail shelf as a step
- l. All portable ladders shall be CSA approved and rated "industrial heavy duty" or "industrial extra heavy duty."
- m. Worker is to keep their centre of gravity between the side rails
- n. Worker is to use fall protections as appropriate
- o. Worker is to inspect the ladder prior to use for safety (example: stability, good condition, good function, no damage) and defective ladders shall be taken out of service, tagged for repair or scrapped. Ladders shall be repaired only by qualified personnel
- p. Special purpose ladders and work platforms shall be used in accordance with the manufacturer's directions and only for the applications needed

Manager/Supervisor Responsibilities:

- provide safety training and education about fall protection for employees as required to ensure that employees use ladders in a safe manner
- maintain departmental inventory of ladders

Employee Responsibilities:

- evaluate their requirements for safe access to work assignments and shall consult supervisory personnel as necessary
- select the right ladder for the job situation
- inspect the job-site for overhead wires, obstructions and solid surfaces
- use the ladder as it was designed to be used and following the directions in this policy
- remove material and debris away from the base of the ladder
- clean the soles of footwear before climbing the ladder

Construction Projects

Any fixed access ladders used for Construction (construction is defined as erection, alteration, repair, dismantling, demolition, structural maintenance, painting, land clearing, earth moving, grading, excavating, trenching, digging, boring, drilling, blasting, or concreting, the installation of any machinery or plant, and any work or undertaking in connection with a project but does not include any work or undertaking underground in a mine) must comply with the Construction regulations O.Reg 213/91:

As per the O.Reg. 213/91, s.26 (Construction Projects), any worker (including contract workers) must comply with the Working At Heights regulations when on a ladder >3m, and protect the worker with a guardrail system and/or a form of fall protection as outlined in the regulation, and have adequate training to work at heights as outlined in O.Reg. s.26.2 (Construction Projects).

Source References

Regulation 67/93- Health Care Sec 41(1), Sec 80-84, Sec 85-90, Sec 91-94

Regulation 851-Industrial Sec 17-19, Sec 43, Sec 73

Regulation 213/91-Construction Projects Sec 78-84, Sec 128-131

O. Reg. 297/13 – Construction Projects Sec 6 – 11.

OH&S Manual VI-90- Slips & Fall Prevention Program

Hot Work Permit Procedure II-130

Engineering Services Revised June 21, 2018

POLICY STATEMENTS:

The Hot Work Permit procedure shall be followed to protect GBHS Facilities for any temporary operation involving open flames or producing heat and / or sparks. This includes, but is not limited to: brazing, cutting, grinding, soldering, torch-applied roofing and welding performed by GBHS and contractors.

Hot work permits will NOT be approved for an area which is subject to a Fire System Impairment. If such a situation is presented, an exception process shall include planned preventative measures approved by GBHS Engineering Supervision, the respective Fire Chief and FM Global Insurers.

Definition: The term Supervision in the following procedure shall include the following

- GBHS Supervisors and Managers
- GBHS Engineering Services : Lead Hands or designate
- Projects: General Contractor Project Manager
- Projects: Approved Sub-Contractor Supervisor or Foreman

PROCEDURE

1. Obtain 3 part FM Global Permit from respective Engineering Services Department.
2. Complete inspection checklist including all required precautionary measures. Ensure that sufficient resources are in place to perform the task and required fire monitoring process.
3. Complete application and task description
4. Obtain signed approval by respective Supervision
5. Supervision shall retain part 1 & 1A
6. Arrange for the Fire Watch (during task and 1 hour after completion)
7. Post Part 2 at job site.
8. Complete work as required.
9. Record job completion time on posted permit.
10. Job area shall be monitored for up to an additional 3 hours after the 1 hour fire watch. When monitoring is complete, the posted permit shall be removed, returned to the respective Engineering Services Department, paired with Part 1 & 1A and filed for reference.
11. Supervision shall ensure all hot permits have been effectively closed before leaving the facility.

Laboratory Safety

Injury Reporting

- Report all injuries regardless of severity including first aid type injuries to Laboratory Management or Lab Staff in Management's absence

Smoking, Eating, Drinking Etc.

- Strictly prohibited in the laboratory
- Applying cosmetics in the lab is prohibited
- Hair longer than shoulder length must be tied back

Sharp Objects

- Place sharp objects and broken glass into puncture resistant containers. Do not place in regular trash.

Footwear

- Footwear shall have closed toes and nonslip soles-cover the entire foot, including the toe, heel and instep

Personal Protective Clothing

- Wear personal protective equipment and clothing based on_task.
- Lab coat will be provided when required i.e.-when working on equipment with biohazard signage indicating biohazard materials
- Lab coat will be removed when exiting lab
- Gloves will be worn when there is potential of exposure to chemicals, blood borne pathogens-Lab will supply

Bio -hazardous Materials

- Materials that may be bio-hazardous are recognized with the following signage

Location of Emergency Showers/Eyewash Stations/First Aid

- Ensure you are aware of the location of emergency devices
- For all first aid treatment or emergencies please go to the emergency department for treatment

Personal Property

- Personal property shall not be placed in laboratory areas where contamination can occur
- Tools, devices etc. used that may have become contaminated must be cleaned with appropriate germicidal agent

Hand-washing

- Wash hands immediately after contact with blood, body fluids or materials.
- Hands must be washed before leaving the laboratory
- Dedicated “clean” hand washing sinks are available
- Hand sanitizer is also available if hands are not visibly soiled



other contaminated

I understand the laboratory safety practices and will adhere to them.

Company Name: _____

Name of non-lab staff: _____

Signature: _____

Trainer: _____

Date: _____

Photo copy one for non-laboratory staff (if they would like a copy) and submit copy to Quality Manager.

Must be completed yearly

Please ask laboratory staff for assistance with any safety concerns and questions.