



## HEALTH & SAFETY PROGRAM MANUAL



Reviewed December 2024

**DURHAM REGION NON-PROFIT HOUSING CORPORATION  
CORPORATE HEALTH AND SAFETY PROGRAM**

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**I      ASSIGNED RESPONSIBILITIES**

There are a number of assigned duties as set out in the Occupational Health & Safety Act (the "Act"); however, active, visible participation by the Executive Director and supervisors in the implementation of the Health & Safety Program established by the Corporation can ensure long-term success in promoting safety in the workplace, controlling accidents and reducing injuries by influencing attitudes, thereby altering behaviour. The following program sets minimum standards to demonstrate management's involvement in, and commitment to, the Health & Safety Program.

1.      Directors and Officers

"Part III, Section 32.      Every director and every officer of a corporation shall take all reasonable care to ensure that the corporation complies with,

- (a)      this Act and the regulations;
- (b)      orders and requirements of inspectors and Directors; and
- (c)      orders of the Minister."

2.      Executive Director

- a)      The Executive Director or designate will support the safety program through communication to the workers at least annually.
- b)      The Executive Director or designate will discuss and document pertinent health and safety topics through management and/or employee meetings to be held at least semi-annually.
- c)      The Executive Director or designate will inspect work area(s) from time to time and at least annually.

3.      Supervisor's Responsibilities

- a)      A supervisor is defined in the Act as "a person who has charge of a workplace or authority over a worker".
  - b)      Supervisors will ensure they have knowledge of, and will work in compliance with, the Occupational Health and Safety Act and regulations and other legislation pertaining to worker health and safety.
  - c)      Supervisors will provide information to all workers so that they are familiar with their responsibilities under the legislation, regulations and corporate policies and procedures for health and safety.
  - d)      Supervisors will ensure that workers assigned to them receive the training required as per health and safety legislation, safe work procedures, potential hazards and protective measures to prevent illness, injury or accident in the workplace.
  - e)      Supervisors, once notified, will ensure that an injured worker either receives, or is aware of his or her obligation to seek, appropriate medical attention.
  - f)      Supervisors or designate will investigate all incidents within 48 hours of being notified and complete required forms for the recording and reporting of those incidents and make recommendations on the prevention of such injuries. ( Revised )
  - g)      Supervisors will inspect the workplace as per Section III from time to time to identify any potential health and safety issues.
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- h) Supervisors will ensure that all equipment is maintained in a clean, safe operating condition, and that materials are properly transported, handled, stored and operated according to manufacturer's manual.
- i) Supervisors will discuss and document pertinent health and safety topics at staff meetings held regularly.
- j) Supervisors will ensure outstanding remedial action required on hazards is appropriately followed up.
- k) Supervisors will ensure that formal safety orientations occur for all newly hired or newly transferred workers and record the job orientation details.
- l) Supervisors will review the Corporate safety policy with their workers at least once a year.
- m) Supervisors have an obligation to ensure all workers are given proper instruction on specific work standards and are integrating safety performance with work performance.

4. Joint Health and Safety Committee

The Joint Health and Safety Committee (JHSC)(refer to Section II for structure) will develop and maintain corporate health and safety policies and procedures and develop workplace specific health and safety plans in order to meet the legislative requirements and satisfy corporate objectives. The Corporation will ensure that at least one member of the Committee representing management and at least one member representing workers are certified members. If a certified member resigns or is unable to act, the Corporation shall, within a reasonable time, take all steps necessary to ensure that the requirement for a certified member is met. The JHSC shall meet as required.

5. Workers' Responsibilities

- a) Workers shall work in compliance with the provisions of the Occupational Health and Safety Act, Corporate safety policies and other applicable legislation or regulations.
- b) Workers will be responsible for working safely and carrying out their duties with such skill and care so as to prevent an accidental injury to themselves, fellow workers and members of the public.
- c) Workers are required to immediately report all accidents, injuries, health and safety hazards and unsafe conditions and practices to their supervisor.
- d) Workers are to know the location and operation of all applicable safety equipment.
- e) Workers are to use or wear protective devices or clothing that the Corporation requires.
- f) Workers are to ensure that personal safety equipment is in place and in proper working condition.
- g) Workers are to comply with all direction provided relevant to the safe performance of their duties.
- h) Workers are to participate in all mandatory training and in-service programs related to health and safety in the workplace.
- i) Workers will respond to emergency situations as prescribed to maintain personal, peer, community and visitor health and safety.

No Worker shall:

- a) remove or make ineffective any protective device required by the regulations or by his or her employer, without providing an adequate temporary protective device and when the need for removing or making ineffective the protective device has ceased, the protective device shall be replaced immediately.
- b) use or operate any equipment, machine, device or thing or work in a manner that may endanger himself, herself or any other worker; or
- c) engage in any prank, contest, feat of strength, unnecessary running or rough and boisterous conduct.

## II JOINT HEALTH AND SAFETY COMMITTEE

The Occupational Health and Safety Act requires the establishment of a Joint Health and Safety Committee at a workplace at which twenty or more workers are regularly employed (S. 9(2)).

### 1. Membership ( Revised )

- a) The Corporation's Joint Health and Safety Committee (JHSC) shall be comprised of seven members, half of which will be worker members: non-management employees at the workplace who have been selected by the workers.

The composition of the JHSC shall be;

1. Co-Ordinator Tenant & Housing Services;
2. two property managers;
3. two worker representatives selected by the bargaining unit; one representing townhouse sites and one representing apartment sites; and
4. two worker representatives selected by the non-bargaining staff.

- b) The names and work locations of the members of the JHSC will be posted on the Health and Safety bulletin board at each work location.

### 2. Training and Certification

The Corporation will ensure that at least one member of the committee representing management and at least one member representing workers are certified members. If a certified member resigns or is unable to act, the Corporation shall, within a reasonable time, take all steps necessary to ensure that the requirement for a certified member is met.

Although it is not required under the Act, the Corporation recognizes that it is beneficial for all members to have adequate training.

### 3. Roles and Responsibilities

- a) Joint Health and Safety Committee

The function of the JHSC is as required in the Act, but in general, the duties are as follows:

- I Make recommendations for additions and/or amendments to corporate policies, procedures and plans in order to meet the legislative requirements.
- ii Identify situations that may be a source of danger or hazard to workers.
- iii Make recommendations for the improvement of the health and safety of workers or the correction of hazardous situations.
- iv Make recommendations for the establishment, maintenance and monitoring of programs, measures and procedures for the health and safety of workers.
- v Take an active role in the promotion of health and safety in the workplace and off the job.
- vi Investigate cases where a worker is killed or critically injured as required under S.9(31) of the Act.

In order to carry out its functions, the committee is required to hold meetings and carry out regular inspections of the workplace.

All committee members should be available to receive employee concerns, complaints and recommendations; to discuss problems and recommend solutions.

Recommendations from the JHSC or requests for information will be made in writing to the Executive Director.

- b) The Corporation

The Act places a general duty on an employer to assist the functioning of the committee and the representative (S. 25 (2)(e)). The Corporation must:

- i Provide a location for meetings and choose a committee member or members.
- ii Inform the committee of any work-related accidents involving injury, death or occupational illness.
- iii Provide the committee with any results of any reports relating to health and safety in the workplace.
- iv Provide, upon the request of the committee or representative, information regarding the identification of potential or existing hazards.
- v Inform the committee of changes in work procedures, the introduction of new equipment, chemicals and other materials and the availability of new safety equipment.
- vi Provide the committee with a copy of all orders or reports issued to the employer by an inspector of the Ministry of Labour and provide a worker member the opportunity to accompany a Ministry of Labour inspector on a physical inspection of the workplace and the right to inspect the physical condition of the workplace.
- vii Provide a written response to committee recommendations within 21 days.

#### 4. Meetings

The JHSC shall meet, at the workplace, at least every three months.

Committee meetings shall be co-chaired by two members, one of which shall be chosen by the committee members representing the Corporation and the other whom shall be chosen by the committee members representing the workers.

Every meeting must have members present who represent the workers and the Corporation.

Minutes of each meeting shall be recorded and available for review by a Ministry of Labour inspector. Copies of such minutes shall also be posted on the health and safety bulletin board in each of the workplaces.

The Executive Director shall be provided with:

- a current list of JHSC members;
- a copy of the agenda for each meeting; and
- a copy of the minutes for each meeting.

### **III ACCIDENT/INCIDENT INVESTIGATION**

Accident/incident investigation involves the methodical examination of an unplanned event that could or did result in physical harm to people or property. Investigation activities are directed toward obtaining the facts, defining the related circumstances, determining the causes and developing remedial action to control the risks. Accidents are to be investigated using the Accident/Incident Investigation Report (Exhibit 3.1).

#### 1. Definitions

It is important that everybody understand and employ the terms used to classify injuries and incidents.

##### a) Critical Injury (as defined by Ont. Reg. 834)

A critical injury is an occupational injury or illness that results in the death of a worker or which requires immediate emergency assistance including ambulance services, fire department or police involvement or requires immediate emergency medical doctor's services and that,

- ! places life in jeopardy
- ! produces unconsciousness

- ! results in substantial loss of blood
- ! involves a fracture to a leg or arm, but not a finger or toe
- ! involves the amputation of a leg, arm, hand or foot, but not a finger or toe
- ! consists of burns to a major portion of the body, or
- ! causes the loss of sight in an eye.

b) Major Injury

A major injury is an occupational injury or illness which disables a worker from performing the job duties beyond the date of the occurrence and/or requires medical attention.

c) Minor Injury

A minor injury is an occupational injury or illness which disables a worker from performing the job duties on the day of the occurrence and requires first-aid only.

d) Hazardous Incident

A hazardous incident is an unsafe or hazardous occurrence that could have otherwise resulted in serious consequences to worker health and safety.

2. Actions to be taken

a) Critical Injury

The first priority is to provide first aid or medical response by calling '911' for anyone who was injured in the accident. All critical injuries are to be reported by the injured worker, or a co-worker if the worker is unable to do so, to the worker's supervisor as soon as possible. The employer or supervisor is responsible for ensuring that the accident scene is secured so that there is no risk of further injury and that evidence that may be important in the investigation is preserved. The worker's supervisor will conduct the investigation immediately with the designated member representing workers of the JHSC and inform the Executive Director, or delegate, of any critical injury and Union Chairperson when applicable. The Executive Director, or delegate, will then notify the President of the Corporation.

A member of the above investigation team is to advise the Ministry of Labour (1-800-461-1425) immediately of any death or critical injury from any cause at the workplace. Copies of the Accident/Incident Investigation Report are to be completed by the supervisor in charge of the investigation and copies are to be provided to all parties within 48 hours.

b) Major Injury

The first priority is to provide first aid or medical response for anyone who was injured in the accident. All major injuries are to be reported by the injured worker, or a co-worker if the worker is unable to do so, to the worker's supervisor as soon as possible. The worker's supervisor will conduct the investigation immediately with the designated member representing workers of the JHSC and inform the Executive Director, or delegate, of any major injury and Union Chairperson when applicable.

The injured worker's supervisor is to advise the Ministry of Labour (1-800-461-1425) within four (4) days of the accident and provide copies of the Accident/Incident Investigation Report. The Joint Health & Safety Committee is to be advised of the remedial action taken at its next meeting.

c) Minor Injury ( **revised** )

All minor injuries are to be investigated by the worker's supervisor and the designated member

representing workers of the JHSC within 48 hours of the incident. A copy of the Accident/Incident Investigation Report is to be filed as indicated on the form ( Fax 905-436-5361 or e-mail to the supervisor ).

d) Hazardous Incident

Incidents are to be reported by the worker to his/her immediate supervisor to be assessed for risk of potential injury and to determine whether a work procedure needs to be reviewed or a condition needs to be corrected. The supervisor is to investigate the incident as soon as possible and document remedial action taken.

e) Property Damage

Property damage accidents are to be reported by the worker to his or her immediate supervisor as soon as possible. This provides the supervisor with the opportunity of determining if the equipment or structures have become hazardous as a result of the accident and whether repairs or other actions need to be carried out. An Insurance Occurrence Form is to be completed as provided by the Corporation's insurer. Should no such form be provided, the Exhibit 3.2 shall be used.

f) Work related accidents or illnesses involving lost time from work are to be recorded and reported on the Corporation's Notification of Absence Form (see Exhibit 3.3). If the absence is expected to last in excess of ten (10) working days, the Notification of Absence Form shall be completed by the worker's supervisor without the worker's signature, but with an appropriate explanation. When the worker returns to work after an extended absence, a new Notification of Absence Form is to be completed by the worker.

3. Workplace Safety & Insurance Board

Regulations under the Workplace Safety & Insurance Act make certain requirements with regards to first aid in the workplace. A first aid station/room is required based on the number of workers, which will be in the charge of a worker who works in the immediate vicinity and who is qualified in Standard First Aid. Every employer shall keep a record of all circumstances respecting an accident as described by the injured worker and shall inspect first aid boxes and their contents not less than quarterly. The WSIB's poster (Form 82), which must be kept posted at all times in conspicuous places, sets out the following responsibilities for workers and employers:

Work Related Accidents or Illness - Worker Responsibilities

- a) Promptly obtain first aid.
- b) Notify the employer of any injury or the possible onset of a work-related disease/condition.
- c) File a claim for workplace insurance benefits promptly, when more than first aid treatment/advice is needed. At the same time, give written consent to the release of functional abilities information to the employer. This can be done by either signing a Form 7, if possible, or the Form 6 supplied by the Workplace Safety and Insurance Board (WSIB).
- d) If signing a Form 6, give a copy of it to the employer.
- e) Choose a doctor or other qualified health professional. Do not change health professionals without permission from the WSIB.
- f) Cooperate in health care treatment.
- g) Cooperate in safe return to work. Provide a note from a Medical Doctor advising of return to work date and any limitations based on current job description.

- h) Complete and return all WSIB forms promptly.
- i) Report to the WSIB any changes in income, return to work status or medical condition.

Work Related Accidents or Illness - Employer Responsibilities

- a) Make sure first aid is given immediately and there is a record of the treatment or any advice given to the worker.
- b) Complete and give to the worker the Treatment Memorandum Form 156 if the worker needs more than first aid treatment/advice.
- c) Provide immediate transportation to a hospital, a doctor's office, or the worker's home, if necessary.
- d) Complete the Accident Investigation form under all circumstances and the Form 7 if the worker needs more than first aid treatment/advice. Make sure also to ask the worker to file a claim and give consent to the release of functional abilities information on this Form 7.
- e) Give the worker a copy of the Form 7.
- f) Return the completed Form 7 to the Workplace Safety and Insurance Board (WSIB) within three days of learning of the work-related injury or occupational disease. If possible, the employee's signature is to be obtained at the bottom of this form. If the worker is unable or unwilling to sign, send the form on without the signature.
- g) Pay full wages and benefits for the day or shift on which the injury occurred.
- h) Cooperate in the worker's early and safe return to work.
- i) Supply a Health Professional's Report (Form 8) to the health professional treating the worker. Ensure that the worker's signed consent to the release of Report is attached. This signed consent will either be on the Form 7 or on the employer's copy of the Form 8.

## IV PLANNED INSPECTIONS

Planned inspections involve the systematic examination of facilities, equipment, tools, materials and how workers use them. The inspection provides management with feedback on the effectiveness of the management controls and communication in the workplace. This part of the Corporate program is aimed at the pre-accident identification of hazards and permits management the opportunity to correct a condition before it causes a loss. A worker member of the JHSC inspects Head Office monthly and property managers inspect individual sites monthly. Additionally, bargaining unit work members inspect their own sites monthly and a work member inspects all sites on an annual basis as can be reasonably conducted per the Act.

1. This inspection does not relieve management of the responsibility for workplace safety. Management is deemed to be knowledgeable and competent to recognize hazards, determine the degree of risk and take appropriate action in a timely manner.
2. The frequency and intensity of the inspection will depend on the degree of hazardous materials used or stored there. More frequent inspections should be done where highly flammable, corrosive or toxic substances are stored and used. Major hazards should be inspected often.
3. The workplaces, structures or areas needing inspection are to be identified and the physical layout documented with a Site Plan. The frequency of inspection is to be formally established if it is to be conducted more than once per month and an inspection checklist is to be developed of tools, equipment, material, etc. that are found at each location. When machinery or vehicles are used, formal preventative maintenance programs and pre-use checks are to be developed and implemented.
4. Hazard classification is to be used to describe the loss potential of a condition or practice observed during an inspection. The following outlines a simple classification system that can be used to identify the seriousness of a hazard found on any inspection.

- ! **Class A Hazard** - a condition or practice which is likely to cause a critical injury resulting in permanent disability or loss of life or body part. Extensive damage to equipment and material may also result.

Example 1 - An open stairwell has had the handrail and barrier guard removed or it has become loose and poorly anchored.

Example 2 - A worker is putting gasoline in a vehicle while a co-worker close by is smoking.

- ! **Class B Hazard** - a condition or practice that is likely to cause a major injury or illness resulting in a temporary disability. Property damage may also occur, but it would likely not be too expensive or disruptive to the work location.

Example 1 - A patch of ice is on a Corporation parking lot or on a walkway to a Corporation building.

Example 2 - An improperly loaded filing cabinet with open drawers.

- ! **Class C Hazard** - a condition or practice which is likely to cause minor, non-disabling injury or illness. Property damage would be minimal.

Example 1 - A pile of loose material or unsecured equipment is stored at an unsafe height, presenting a falling object hazard.

Example 2 - An irritating odour is coming from a storage cupboard used for cleaning supplies and material.

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5. The Physical Conditions Inspection Forms - Head Office and Sites (Exhibits 4.1 & 4.2) - are to be used to make notes in the comments section of the type of hazard found and location. Copies of the form are to be sent to the supervisor or manager responsible for correcting the fault, as well as the Executive Director and management rep of the JHSC.
6. Hazards should be handled as follows:
  - a) Class A Hazards are to be looked into immediately and corrected or isolated as quickly as possible.
  - b) Class B Hazards are to be looked into within forty-eight (48) hours of being reported.
  - c) Class C Hazards are to be looked into within five (5) working days of being reported.
7. A written reply by the supervisor responsible will be made to the Committee within twenty-one (21) days.

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**V CONTRACTORS**

The Act imposes a duty on the Corporation to take reasonable precautions to protect all workers, including workers of contractors, sub-contractors and self-employed contractors. The following outlines the steps necessary to minimize the Corporation's liability in the event of an injury to a contractor or sub-contractor.

1. In order to clarify the necessary precautions, it is useful to classify the types of contractors employed by the Corporation into two groups:
  - i) Service contractors, such as snow removal, plumbing, heating and air conditioning specialists, etc. are employed periodically for short-term assignments through tender calls.
  - ii) Project contractors, such as construction companies, employed to carry out a project which is of fairly lengthy duration.
2. Indemnification clauses have been developed for service contractors (Exhibit 5.1) and project contractors (Exhibit 5.2).
3. The following general rules are to be observed before awarding a contract:
  - i) The contractor or sub-contractor is to show proof of current registration in the appropriate job class for the work being performed and good standing with the Workplace Safety & Insurance Board by providing a WSIB Certificate of Clearance. Self-employed contractors, not covered with WSIB, would be required to complete the Determining Worker/Independent Operator Status form from WSIB (Exhibit 5.3).
  - ii) The contractor or sub-contractor is to provide the Corporation with a list of designated substances that will be brought on the work site, Material Safety Data Sheets (MSDS) and hazardous material inventory.
4. Once an award has been made and before work begins, the contractor or sub-contractor and its workers are to be given the following:
  - i) A copy of the Corporation's Health and Safety Policy to which the successful contractor or sub-contractor shall be required to comply.
  - ii) Contractors or sub-contractors are to provide proof of good standing with WSIB on invoice. (The WSIB Certificate of Clearance has a sixty (60) day validity period).
  - iii) Contractors or sub-contractors and their workers will be furnished with Material Safety Data Sheets (MSDS) and the hazardous material inventory for the site and instructed what to do in the event of fire or other emergency.
  - iv) The contractor has the responsibility to provide any personal protective equipment for their own workers. If a worker(s) fails to comply with any program, policy, rule or request regarding health and safety, that person(s) is not allowed on the site until the person(s) complies.
  - v) The Corporation will retain the right to document contractors for all health and safety warnings and/or to stop any contractors' work, without penalty to the Corporation, if the contractor or sub-contractor does not comply with the Act, the Corporation's Health and Safety policies and rules, or creates an unacceptable health or safety hazard. Written warnings and/or stop work orders can be given to contractors using the Contractor Health and Safety Warning/Stop Work Order Form (Exhibit 5.4).

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**DURHAM REGION NON-PROFIT HOUSING CORPORATION  
SERVICE PROVIDERS INDEMNIFICATION CLAUSE**

“d) **Occupational Health & Safety**

The Contractor agrees to abide by and perform all obligations imposed on it by the Ontario Occupational Health and Safety Act ("OHSA") and regulations made thereunder as "constructor" and "employer" as those terms are defined in OHSA, including, without the generality of the foregoing:

- a) to register with the Director;
- b) to file Notice of Project and have such Notice of Project posted or available for review on the site;
- c) to comply with all safety requirements under the Building Code Act.,
- d) to appoint a "supervisor" as that term is defined in OHSA and ensure that the supervisor discharges all obligations imposed on such person by OHSA; and,
- e) to take every precaution reasonable in the circumstances for the protection of workers on the project.”

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**DURHAM REGION NON-PROFIT HOUSING CORPORATION  
PROJECT CONTRACTORS INDEMNIFICATION CLAUSE**

**(NOTE: To be used in conjunction with CCDC-2 as Supplementary General Conditions)**

**"GC 19 INDEMNIFICATION**

19.1 The Contractor shall, to the full extent permitted by law, defend, indemnify and save harmless the Owner and the Architect and their respective directors, officers, partners, workers and agents, from and against any and all claims, demands, losses, costs, damages, actions, suits or proceedings directly or indirectly arising or alleged to arise out of the performance of or the failure to perform the work, or out of the condition of the work, the job site, adjoining land, driveways, streets or alleys used by the Contractor in connection with the performance of the work.

The owner shall notify the Contractor of any claim against such indemnified person and provide the Contractor with such reasonable information, authority and assistance as may be requested by the Contractor to enable him to perform the obligations set for in GC 19: INDEMNIFICATION. A failure to so notify the Contractor of a claim or to give such information, authority and assistance shall discharge the obligations set for the GC 19 only to the extent that the Contractor has been prejudiced in defence of such claim.

19.2 The indemnification provided for in paragraph 19.1 shall specifically include, but shall not be limited to, all claims, demands, losses, costs, damages, actions suits or proceedings directly or indirectly arising or alleged to arise as a result of or in connection with any scaffolding, structural work or with respect to the protection of adjacent landowners, and shall not include any claims arising solely from the active negligence of the party asking to be defended, indemnified or saved harmless.

19.3 The obligation of the Contractor under this General Condition shall apply only to the extent that such claims, demands, losses, expenses, costs, damages, actions, suits or proceedings do not arise out of a negligent act or omission of the Owner, their agents and workers.

**GC 25 CONTRACTOR'S RESPONSIBILITIES AND CONTROL OF WORK**

25.1 The Contractor shall have the complete control of the work and shall effectively direct and supervise the work so as to ensure conformity with the contract documents. The Contractor shall be solely responsible for construction means, methods, techniques, sequences and procedures and for coordinating the various parts of the work under the contract.

25.2 The contractor shall be solely responsible for construction safety at the place of the work and for compliance with the rules, regulations and practices required by the applicable construction safety legislation."

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**DURHAM REGION NON-PROFIT HOUSING CORPORATION  
CONTRACTOR HEALTH AND SAFETY WARNING/STOP WORK ORDER FORM**

Date of Infraction: \_\_\_\_\_ Date Warning Given:

Time of Infraction: \_\_\_\_\_ Time Warning Given:

Project Name:

Work Location:

Description of Infraction:

Warning Issued to:

Mailing Address:

Telephone: \_\_\_\_\_ Trade:

Order Given by the Corporation:

Date of Compliance:

Recipient of Warning: \_\_\_\_\_ Order Issued by:

Copies to: Executive Director, Contractor Joint Health and Safety Committee or Representative, Corporation Joint Health and Safety Committee, Worker Trades Committee (if applicable), Contract file

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**VI REFUSAL TO WORK**

The Act (Section 43) states that "(A) worker may refuse to work or do particular work where he or she has reason to believe that (a) any equipment, machine, device or thing the worker is to use or operate is likely to endanger himself, herself or another worker; (b) the physical condition of the workplace or the part thereof in which he or she works or is to work is likely to endanger himself or herself; or (c) any equipment, machine, device or thing he or she is to use or operate or the physical condition of the workplace or the part thereof in which he or she works or is to work is in contravention of this Act or the regulations and such contravention is likely to endanger himself, herself or another worker."

1. The legislation sets out a procedure which must be followed by the worker to exercise such right. This manual provides a guideline for the procedure to be followed in such cases. All supervisory staff must be familiar with the appropriate legislation (Section 43) and the procedures to be followed in the event a worker exercises the right of refusal. The following will assist management and supervisors should a work refusal occur.

- (a) "Upon refusing to work or do particular work, the worker shall promptly report the circumstances of the refusal to the worker's employer or supervisor who shall forthwith investigate the report in the presence of the worker and, if there is such, in the presence of one of,
  - (i) a committee member who represents workers, if any;
  - (ii) a health and safety representative, if any; or
  - (iii) a worker who because of knowledge, experience and training is selected by a trade union that represents the worker, or if there is no trade union, is selected by the workers to represent them,

who shall be made available and who shall attend without delay.

- (b) Until the investigation is completed, the worker shall remain in a safe place near his or her work station.
- (c) Where, following the investigation, or any steps taken to deal with the circumstances that caused the worker to refuse to work or do particular work, the worker has reasonable grounds to believe that,
  - (i) the equipment, machine, device or thing that was the cause of the refusal to work or do particular work continues to be likely to endanger himself, herself or another worker;
  - (ii) the physical condition of the workplace or the part thereof in which he or she works continues to be likely to endanger himself or herself; or
  - (iii) any equipment, machine, device or thing he or she is to use or operate or the physical condition of the workplace or the part thereof in which

he or she works or is to work is in contravention of this Act or the regulations and such contravention continues to be likely to endanger himself, herself or another worker,

the worker may refuse to work or do the particular work and the employer or the worker or a person on behalf of the employer or worker shall cause an inspector to be notified thereof." In this case, the Executive Director, in consultation with the JHSC worker representative, will notify an inspector of the Ministry of Labour, Occupational Health and Safety Branch.

2. The investigation by the Ministry of Labour will be done in the presence of the employer or a person representing the employer, the worker and the JHSC worker representative.

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3. The recommendations shall be complied with upon receipt of a written decision from the Ministry of Labour.
4. Should a worker continue to refuse to work despite a decision by the Ministry of Labour that there is no ground for refusal, the inspector's decision may be appealed to an adjudicator.
5. "Pending the investigation and decision of the inspector, the worker shall remain at a safe place near his or her work station during the worker's normal working hours unless the employer, subject to the provisions of a collective agreement, if any,
  - (a) assigns the worker reasonable alternative work during such hours; or
  - (b) subject to section 50 (Reprisals by Employer Prohibited), where an assignment of reasonable alternative work is not practicable, gives other directions to the worker."
6. "Pending the investigation and decision of the inspector, no worker shall be assigned to use or operate the equipment, machine, device or thing, or to work in the workplace or part of the workplace being investigated unless, in the presence of a person described in subsection (12)(...a committee member who represents workers and, if possible, who is a certified member;...) the worker has been advised of the other worker's refusal and of his or her reasons for the refusal.
7. Except in the situation referred to in item 4., the worker's record will not refer to the exercise of the right of refusal.
8. The Act provides for a worker certification program and permits the certified worker to conduct investigations of a worker's refusal to work and also establishes an adjudication process. The details of the certification program have been developed by the former Workplace Health and Safety Agency.

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**VII HAZARDOUS MATERIALS**

This section deals with the inventory of hazardous materials, including biological or chemical agents (as defined in O. Reg. 833), material safety data sheets, labels, worker training and contractors. The Act's Workplace Hazardous Materials Information System (WHMIS) Regulation (R.R.O. 1990, Reg. 860, as amended by O. Reg. 36/93) is the principal piece of legislation. The following outlines the Corporation's procedures in order to comply with the legislation:

1. Inventory

- a) An inventory of hazardous materials, i.e. those products or agents identified by WHMIS Hazard Symbols or biological or chemical agents so defined (Exhibit 7.1), is maintained at each work location and updated yearly as a minimum, or as new agents or substances are introduced to the workplace.
- b) The inventory of hazardous biological or chemical agents will:
  - ! list all hazardous biological or chemical substances (gases, liquids and solids, including dust and wastes) at the work location, both inside and outside
  - ! provide the following information about each biological or chemical substance:
    - substance name
    - common name
    - manufacturer's name and address
    - Material Safety Data Sheet (MSDS) number
    - approximate annual usage
- c) The inventory will list the biological or chemical substances or mixtures containing biological or chemical substances, including waste, that:
  - ! are designated as hazardous under:
    - health and safety legislation
    - transportation of dangerous goods legislation
    - hazardous waste legislation
  - ! appear on a list (latest edition) published by the OH&S Act as a substance for which exposure limits have been assigned
- d) The Co-Ordinator Tenant & Housing Services and the worker member are responsible for developing and maintaining each division's inventory.

2. Change Control

- a) No new biological or chemical agents can enter the workplace unless:
  - a written purchase order has been issued
  - notification is given to the Corporation's Joint Health & Safety Committees
  - a Material Safety Data Sheet (MSDS) is already available at the location or accompanies the agent or substance.
- b) Where a new biological or chemical substance is classified as hazardous, the inventory of chemical substances will be updated.
- c) The purchaser will notify the appropriate manager of a change in the supplier of a chemical or biological substance listed on the inventory of biological or chemical substances.

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3. Material Safety Data Sheet

- a) An MSDS will be obtained for each chemical substance listed on the inventory of chemical substances and maintained current on an annual basis.
- b) The MSDS and the inventory sheet for chemical substances will be filed together.
- c) Each MSDS must contain the following information:
  - ! MSDS number, Product Identification Number, CAS registry number
  - ! issue number
  - ! date of issue
  - ! common name
  - ! other names
  - ! chemical composition
  - ! health hazard: acute and chronic
  - ! physical hazard: fire, explosion and/or reactivity
  - ! physical and chemical data
  - ! precautions
    - handling and use
    - container
    - storage
    - personal protective equipment
  - ! control measures
    - engineering controls
    - work practice controls
  - ! routes of entry; inhalation, skin, eyes, ingestion
  - ! symptoms of over-exposure of each route of entry and exposure limits
  - ! first-aid treatment
  - ! person issuing, by name and title
- d) All MSDS and the most recent inventory will be made available to workers at the work location for inspection and will be retained permanently, even if the chemical substance is no longer in use. In addition, a copy of the most recent inventory and MSDS will be supplied to the JHSC.

4. Labels

- a) All containers of chemical substances must be labelled in accordance with the current WHMIS legislation (Exhibit 7.2).
- b) The property manager and superintendent at the work location will be responsible to ensure that all containers of chemical substances are checked for proper labels. If not properly labelled, the containers must be segregated and properly labelled or returned to the supplier. The Co-Ordinator of Administrative is responsible for the Head Office; the Administrative Secretary in charge of purchasing is responsible for the bulk inventory and the Cy Elsey Property Manager is responsible for the cleaner's supplies.
- c) If chemical substances are dispersed from their original containers into smaller containers, or chemical substances are mixed, location labels, as required by WHMIS legislation, must be applied to the containers at the work location.
- d) If a supplier's label has become illegible or accidentally removed, a workplace label must be applied.
- e) Workers are required under the OH&S Act to report to their supervisor if labels are unreadable or have been removed or altered.

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- f) No worker shall remove, alter or deface a label.

5. Employee Training

- a) The Corporation, in conjunction with the worker's JHSC member, must develop and provide a program of employee instruction which complies with WHMIS legislation.
- b) The training program must include:
  - ! information on content, purpose and significance of labels and MSDS's
  - ! procedures for safe storage, handling, use and disposal of chemical substances
  - ! procedures to be followed in emergencies.
- c) Training in WHMIS requirements must be:
  - ! reviewed annually with the appropriate JHSC
  - ! provided to all new workers
  - ! provided to workers transferred to work locations with chemical substances in the workplace
  - ! provided if a new chemical substance enters the workplace
  - ! provided to any worker returning from an absence of six months or longer.

6. Contractors/Sub-Contractors

- a) Contractors or sub-contractors, working on Corporation projects where chemical substances are present, must be supplied with an MSDS for any chemical substance to which their workers may be exposed.
- b) Contractors or sub-contractors, working on Corporation projects are responsible for ensuring that their workers have received training as required by the current WHMIS legislation.
- c) Contractors or sub-contractors, working on Corporation projects, who bring chemical substances to the site as part of the project, must supply a current MSDS for each chemical substance in advance of its use. All Corporation workers, residents or any other party who may be exposed to the chemical substance will be advised of its use and the availability of the MSDS. It is the responsibility of the worker who initiates the work to ensure this information is received.

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**DESIGNATED SUBSTANCE REGULATIONS**

There are 12 designated substances under the Occupational Health and Safety Act:

- 1) lead
- 2) vinyl chloride
- 3) asbestos
- 4) silica
- 5) acrylonitrile
- 6) asbestos in construction projects and in buildings
- 7) mercury
- 8) coke oven emissions
- 9) isocyanides
- 10) benzene
- 11) arsenic
- 12) ethylene oxide

The Designated Substance Regulations specify exposure limits, assessment methods, control programs, personal protective equipment and medical surveillance programs. Each substance has a "green book" which defines limits of exposure and includes an explanation of the methods for calculating exposure.

**CONSTRUCTION SITES**

Owners of construction sites must provide a list of designated substances present on a project to the constructor before entering into any contract for construction work. The constructor in turn must provide a copy of the list to contractors and sub-committees.

**SMALLER WORKPLACES**

Under the Occupational Health and Safety Act, any workplace with fewer than 20 employees must establish a joint health and safety committee if a designated substance is present in the workplace. However, such workplaces are not required to have certified worker and manager representatives.

**WHMIS LABEL**

A WHMIS label will contain the following information (on a supplier label, in English and in French):

1. PRODUCT IDENTIFIER
2. HAZARD SYMBOLS
3. RISK PHRASES
4. PRECAUTIONARY MEASURES
5. FIRST AID MEASURES, WHERE APPLICABLE
6. MATERIAL SAFETY DATA SHEET IS AVAILABLE
7. SUPPLIER IDENTIFIER

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**VIII PROTECTIVE EQUIPMENT**

The requirements for, and use of, protective equipment are outlined in the OH&S Act and Regulations. The following practices and procedures have been developed to assist management and supervisors in the implementation and maintenance of a successful protective equipment program.

1. It is management and supervisors' responsibility to ensure that the protective equipment required is adequate against the hazards involved in the assigned tasks.
2. The supervisor is to train workers in the proper fitting, care and use of the protective equipment and ensure that the equipment is maintained in good working order.
3. Protective equipment, whenever practical, should be chosen in consultation with the worker Joint Health & Safety Committee member.
4. It is the worker's responsibility to advise his or her supervisor of any broken or defective protective equipment as soon as possible and cease using it until the supervisor can take the necessary steps to correct or relieve the problem.
5. The following was prepared to assist management and supervisors in assessing the need for protective equipment where it is not specifically required under the OH&S Act and Regulations:
  - a) Eye protection is required where there is a hazard from operating machinery or there is a potential for flying objects, substances or chemicals to strike the eye.
  - b) Head protection is required where there is a hazard of head injury from falling or flying objects.
  - c) Foot protection is required where there is a hazard with a potential of causing foot or toe injuries.
  - d) Hand protection is required when there is a danger of cuts, abrasions or punctures from handling sharp or jagged materials, corrosives, biological hazards, unsanitary conditions, solvents or other chemicals or hot or cold objects.
  - e) Hearing protection is required where a worker is exposed to a sound level of greater than ninety (90) decibels and measurements shall be taken to reduce the sound level below ninety (90) decibels. Clearly visible warning signs must be posted by supervisors at approaches to areas where the sound level is more than ninety (90) decibels. The signs must state the daily exposure for the particular sound and that hearing protection must be worn.
  - f) Breathing protection is required where a hazardous gas, vapour, dust or fume or an oxygen content of less than 18 percent or more than 23 percent at atmospheric pressure and where the work area cannot be purged or ventilated to provide and maintain a safe atmosphere.
  - g) A confined space entry procedure must be developed and implemented by the Corporation where there is a hazardous gas, vapour, dust or fume at a work location where an oxygen deficient atmosphere may occur. The manager directly responsible for the work site will ensure that the confined space entry procedure is implemented, maintained and carried out.
6. Protective equipment is to be checked by supervisors on a minimum quarterly basis. The manager directly responsible for the work site will ensure that the standard for equipment checks is set, communicated to workers and followed.

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**IX ORGANIZATIONAL HEALTH & SAFETY POLICIES AND PROCEDURES**

The Durham Region Non-Profit Housing Corporation provides a health care program and income replacement programs that are governed by various policies, contracts and legislated requirements. The purpose of this section is not to duplicate the terms and conditions of the various plans, but to provide a rational procedure for dealing with absences due to illness or injury, whether incurred on the job or not. The following outlines the management program for occupational and non-occupational illness/injury cases.

1. Occupational Illness or Injury (Non-Union)

- a) Occupational illness or injury is covered under the Workplace Safety & Insurance Act. All workers who must leave work on the day of an accident or injury will have the balance of their workday paid by the Corporation.
- b) All regular full-time employees who are absent beyond the day of their injury will be paid out of their sick leave bank until:
  - ! Workplace Safety makes an award and advises the Corporation;
  - ! the employee returns to work; or
  - ! sick leave credits expire.
- c) When the Workplace Safety & Insurance Board makes an award, Payroll calculates the number of days value and credits the difference to sick leave.
- d) Part-time workers who are absent beyond the day of the occurrence of an occupational illness or injury will receive pay when the Workplace Safety & Insurance Board (WSIB) advises the Corporation of the acceptance of the claim and the amount of the award.
- e) Extended absences may involve retraining or rehabilitation. These programs will be developed in consultation with WSIB, the supervisor responsible for the worker and the JHSC.

2. Non-Occupational Illness or Injury (Non-Union)

- a) Non-occupational absences due to illness or injury of regular, full-time employees have salary continued through the sick leave plan up until they are eligible for long-term disability as provided by the Corporation.
- b) Payroll monitors the absence and advises the employee when sick leave credits expire.

3. Management of Absences (Non-Union)

In order for the workers to receive all due consideration for their absence, the following management program is to be followed:

- a) Occupational illness and injuries are to be reported as outlined in Section II.
- b) Absences due to non-occupational illness or injuries are to be reported as follows:
  - ! The worker is to personally report the absence to his or her immediate supervisor and if not available, also report the absence to an alternate Manager prior to the commencement of the work day or prior to leaving. In all cases, personal contact is required.
  - ! Absences of more than ten (10) days are to be reported to Payroll as soon as possible to avoid expiry of sick credits and overpayment of wages.
  - ! If a worker returned to work after an extended absence due to illness or injury, a doctor's note is required which states the worker is capable of resuming his or her duties.

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- ! Upon return to work, the Notification of Absence form is to be completed and submitted to the worker's supervisor within three (3) days of the return to work. All necessary doctor's notes, etc. must accompany the form.
- ! If management has a concern with a worker's return to work, the supervisor, in conjunction with staff personnel responsible for human resources, will assist in clarifying the worker's limitations.

4. Occupational Illness or Injury (Union)

- a) Occupational illness or injury is covered under the Workplace Safety & Insurance Act. All workers who must leave work on the day of an accident or injury will have the balance of their workday paid by the Corporation.
- b) All unionized workers who are absent beyond the day of their injury will not be paid until:
  - ! Workplace Safety makes an award and advises the Corporation of the acceptance of the claim and the amount of the award; or
  - ! the worker returns to work.
- c) Extended absences may involve retraining or rehabilitation. These programs will be developed in consultation with WSIB, the supervisor responsible for the worker, the Union rep and the Manager, Housing Operations.

5. Non-Occupational Illness or Injury (Union)

- a) A unionized worker who is absent for a short term due to a non-occupational illness or injury will continue to have his or her salary paid as long as the individual sharing the contract continues with his or her duties.

6. Management of Absences (Union)

In order for the workers to receive all due consideration for their absence, the following management program is to be followed:

- a) Occupational illness and injuries are to be reported as outlined in Section II.
- b) Extended absences due to non-occupational illness or injuries are to be reported as follows:
  - ! The worker is to report the absence to his or her immediate supervisor as soon as possible. Reference should be made to section 18:03 of the Collective Agreement between the Durham Region Non-Profit Housing Corporation and CUPE Local 1764-03
  - ! If an worker returns to work after an extended absence due to illness or injury, a doctor's note is required which states the worker is capable of resuming his or her duties.
  - ! Upon return to work, the Notification of Absence form is to be completed and submitted to the worker's supervisor within three (3) days of the return to work. All necessary doctor's notes, etc. must accompany the form.
  - ! If management has a concern with a worker's return to work, Co-Ordinator Tenant & Housing Services, in consultation with the Union, will develop an individualized return to work plan.

7. Return to Work/Rehabilitation Program

Under the Workplace Safety & Insurance Act, the Corporation has a legal obligation for two years from the date of the injury to reinstate injured workers

in the jobs they performed prior to being injured, or in another job the worker is capable of performing,

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once he or she is able to return to work.

- ! It is the responsibility of the Executive Director to ensure that all possible action is taken to accommodate the worker's restrictions so long as it does not cause undue hardship on the Corporation.
- ! The JHSC will assist in clarifying restrictions or work modifications necessary.
- ! The Early Return to Work Plan and the Return to Work Plan form are attached to the Health and Safety Program and form a part of the program.

8. Discipline

- a) Discipline may be administered where a worker fails to comply with a safety rule or direction.
- b) Abuse of the Corporation Sick Leave Plan may be cause for discipline.
- c) If a manager or supervisor feels discipline is appropriate, the Executive Director is to be contacted prior to discipline being given.

9. Training

- a) All Corporation employees are required to receive Workplace Hazardous Materials Information System (WHMIS) training within six months of joining the Corporation, or being transferred to a new job in a different work area, and annual review of the program.
- b) The Corporation will provide training in the health and safety program to management and supervisory staff.
- c) The Corporation will arrange for first aid training to designated workers in accordance with the first aid regulations under the Workplace Safety & Insurance Act.
- d) The Executive Director, or delegate, will maintain records to document the training that has been conducted.

10. Policy and Guidelines in Dealing With Acquired Immune Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV)

**Policy:**

The Durham Region Non-Profit Housing Corporation has an obligation to provide a safe work environment for its workers and the safe delivery of services to its clients. The Corporation also recognizes that workers handicapped by illness have a right to continue to work. As long as these workers are able to perform the essential duties of their jobs in a satisfactory manner, and do not pose an unacceptable risk to their own health and safety or that of others, they are entitled to continue to work and will be dealt with according to the usual procedures governing personnel decisions.

Individuals with AIDS will be treated as any other worker with a disability and will be afforded reasonable accommodation in their employment in accordance with the Ontario Human Rights Code.

The Corporation recognizes that AIDS is an extremely serious medical condition and that no cure or vaccine to prevent its spread has yet been found. For these reasons, many people have concerns about contracting AIDS, and need assurance that their safety will be protected. The Corporation will provide its workers with the best available medical knowledge in an ongoing program of information and education.



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11. Substance Abuse Policy Statement

- a) The Durham Region Non-Profit Housing Corporation believes that all workers with behavioural problems affecting work performance (such as alcoholism, mental illness, drug problems, emotional distress, etc.) are suffering from problems which are treatable.
- b) The Corporation would encourage and support any worker with such problems in seeking and undergoing treatment. Such support would take the form of sick leave and leaves of absence where necessary; aid in locating treatment and a positive and supporting attitude towards such workers during and after treatment.
- c) It must be emphasized that, while Corporation management will provide encouragement and support to such workers, it is the worker's responsibility to take advantage of treatment opportunities and to make the necessary changes in work performance.
- d) This statement will in no way compromise or affect the rights of the Corporation to discipline or terminate any worker whose work performance is unsatisfactory.

12. Violence Prevention Program Policy Statement

- a) The Corporation acknowledges workplace violence as an occupational health and safety hazard and fully supports the right for every employee to work in an environment free from violence.
- b) The Corporation recognizes the negative outcomes of workplace violence and is committed through this program to protect employees from violence in the workplace by the development and implementation of a prevention program; provision of related information, education and training and response procedure and follow up to incidents.
- c) In keeping with the Corporation's legal and social responsibilities as an employer, it will treat any incidents of violence in the workplace as a serious matter and is committed to prevent or minimize violence in the workplace.
- d) The Corporation believes that all employees should provide excellent customer service to its clients. In providing these services, staff may expect reasonable treatment in return. The Corporation supports its staff with a no tolerance policy of workplace-related abusive or otherwise obnoxious language or conduct. In these cases, staff is to observe the procedures as included in the Corporation's Violence Prevention Program.

13. Visitors in the Workplace Policy Statement

- a) Although the current Occupational Health & Safety Act does not include provisions for the protection of workplace visitors, the Corporation as the owner of the workplace(s); specifically referring to Head Office and all sites is committed to exercise a reasonable standard of care for visitors' health, safety and protection while they are in our workplace.
- b) Visitors in the Workplace in this context relates to visitors attending the workplace(s) for the purpose of participating in tours of the workplace as well as students participating in programs such as "Take Our Kid to Work Day" and Co-operative Work Programs.
- c) Staff is to observe the procedures outlined in the Corporation's Visitors in the Workplace Policy.

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III – ACCIDENT/INCIDENT INVESTIGATION

3.1 Accident/Incident Investigation Report



**INSTRUCTIONS FOR CONDUCTING  
AN ACCIDENT INVESTIGATION**

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The primary purpose for investigating accidents/incidents and injuries is to determine the basis or underlying causes or contributing factors so that action can be taken to correct the situation and prevent further injuries. It is important that the accident/incident be investigated as quickly after the event as possible by the employee's supervisor and, if possible, a member of the Joint Health & Safety Committee or Union Representative is to be involved.

The Accident/Incident Investigation Report form is to be used to record the information related to the accident/incident and obtained during the investigation. The form contains the information required by law to be collected and recorded. When an accident and/or an injury occur, the following actions are required:

1. Take the appropriate action necessary to care for the injured person
2. Investigate each accident in detail as follows:
  - a. Review the circumstances with the injured person (when possible)
  - b. Interview all those who witnessed the accident (take statements if necessary)
  - c. Arrange for photos, sketches, etc., for critical or major injuries if possible
3. The Accident/Incident Investigation Report form must be completed in detail  
If more space is required, use additional sheets or forms to complete the report

To assist in completing the Accident/Incident Investigation Report form, the following has been prepared to provide examples of types of injuries and situations that may be found; examples are to be used as a guide only.

Nature of Injury:

Strain, sprain, burn, cut, bruise, fracture, etc.

Part of Body Injured: (State left or right where applicable)

Eye, ear, nose, mouth, arm, hand, leg, foot, tooth, fingers, toes, wrist, knee, ankle, abdomen, hip, thigh, etc.

Accident Causes:

Unsafe Acts: Operating equipment without authority or training, working or operating equipment at an unsafe speed; using unsafe equipment or making safety devices inoperative; handling materials, chemical or substances unsafely; unsafe posture; horseplay; or failure to use proper personal protective equipment.

Unsafe Conditions: Inadequate housekeeping standards; inadequately maintained work area or walkways; hazardous storage or arrangement of material or equipment; improper lighting; unsafe apparel or clothing; unguarded equipment.

Personal Factors: Disregard of instructions, safe work practices or rules; physical personal conditions or limitations; lack of knowledge, skill or training; acts by other such as a "third party injury".

Procedure:

- Supervisor completes Accident/Investigation Report and forwards the report to the H&S Rep
- H&S Rep follows up, adds comments to report and forwards report to Director of Operations
- Director of Operations reviews and signs report; returns report to H&S Rep
- H&S Rep makes 6 copies and distributes as per directions at the bottom of page 2
- If a WSIB "Employer's Report of Accidental Injury or Industrial Disease" (Form 7) is required, the Accident/Incident Investigation Report form should accompany the WSIB form

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**ACCIDENT INVESTIGATION REPORT**

EMPLOYEE NAME		TITLE		ACCIDENT ID #
YRS. OF EXPERIENCE AT THIS JOB		WORK LOCATION		DIVISION
DATE & TIME OF ACCIDENT/INCIDENT		DATE AND TIME REPORTED TO SUPERVISOR	NAME OF SUPERVISOR REPORTED TO	
LOCATION OF ACCIDENT/INCIDENT				
NATURE OF INJURY AND PARTS OF BODY AFFECTED				
WAS MEDICAL AID SOUGHT? <input type="checkbox"/> NO <input type="checkbox"/> RECOMMENDED, BUT DECLINED <input type="checkbox"/> YES IF YES, PLEASE PROVIDE NAME/ADDRESS OF TREATING DOCTOR AND/OR MEDICAL CLINIC (FORM 7 to be submitted)				
DR.'S NAME AND/OR MEDICAL CLINIC (if known)				TREATMENT DATE
IS EMPLOYEE GOING TO BE ABSENT FROM WORK? <input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, DATE/TIME ABSENCE COMMENCED		ESTIMATED TIME OFF
ACCIDENT/INCIDENT DETAILS (WHAT WORK WAS BEING DONE) GIVE DIMENSIONS, WEIGHTS, ETC. WHERE APPLICABLE, PERSONAL PROTECTIVE EQUIPMENT USED				
WAS ANYONE NOT EMPLOYED BY THE DURHAM REGION NON-PROFIT HOUSING CORPORATION INVOLVED IN THIS ACCIDENT/INCIDENT? <input type="checkbox"/> NO <input type="checkbox"/> YES - IF YES, PLEASE EXPLAIN				
GENERAL COMMENTS BY SUPERVISOR				
NAME (PLEASE PRINT)		TITLE		SIGNATURE
				DATE
GENERAL COMMENTS BY WORKPLACE HEALTH & SAFETY REPRESENTATIVE				
NAME (PLEASE PRINT)		TITLE		SIGNATURE
				DATE
WHAT FURTHER ACTION SHOULD BE TAKEN?				
<input type="checkbox"/> N/A - IF APPLICABLE, PLEASE PROVIDE NAME, CONTACT INFO AND REMARKS OF WITNESSES (See back)				

Copy 1: Executive Director Copy 2: Personnel File Copy 3: Supervisor Copy 4: Health & Safety File Copy 5: JHSC Copy 6: Director of Operations

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**ACCIDENT INVESTIGATION REPORT**

**WITNESS INTERVIEWS**

NAME OF WITNESS	ADDRESS OR WORK LOCATION	PHONE NO.
WITNESS ACCOUNT		
NAME OF WITNESS	ADDRESS OR WORK LOCATION	PHONE NO.
WITNESS ACCOUNT		
NAME OF WITNESS	ADDRESS OR WORK LOCATION	PHONE NO.
WITNESS ACCOUNT		
NAME OF WITNESS	ADDRESS OR WORK LOCATION	PHONE NO.
WITNESS ACCOUNT		

**DURHAM REGION NON-PROFIT HOUSING CORPORATION  
CORPORATE HEALTH AND SAFETY PROGRAM**

3.2 Insurance Occurrence Report

<b>INSURANCE ♦ OCCURRENCE ♦ REPORT</b>	
from: Durham Region Non-Profit Housing Corporation 28A Albert Street, Oshawa, ON	
Tel: (905) 436-6610	Fax: (905) 436-5361

Date: _____	Approximate Time: _____
-------------	-------------------------

1. Where did the accident/incident occur? (Indicate proximity) \_\_\_\_\_

2. How did it come to your attention? \_\_\_\_\_

3. Please provide a brief description of the occurrence:

**FOLLOW-UP BY PROPERTY MANAGER**

4. Have you been in touch with an Insurance Claim Adjuster? \_\_\_\_\_  
If so, give name and address of Adjuster: \_\_\_\_\_

5. In your opinion, is anyone likely to claim against us for personal injuries or damage to their property? Yes No Not known at this time

6. Explanation: \_\_\_\_\_

7. Details of person(s) involved in accident/incident:  

<u>Name</u>	<u>Age</u>	<u>Address</u>	<u>Tel. No.</u>
_____	_____	_____	_____

8. Were there any witnesses to the occurrence? Yes  (listed below) No   

<u>Name</u>	<u>Age</u>	<u>Address</u>	<u>Tel. No.</u>
_____	_____	_____	_____

Report submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

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

**FOR OFFICE USE ONLY**

In the event the occurrence is **minor in nature**, and not likely to result in a claim, fax:

Att'n: Judy Leuszler : **For information purposes only.**  
Frank Cowan, Claims Dept. Fax: (519) 458-4775

In the event the occurrence **may result in a claim**, fax:

Att'n: Lloyd Morden: **Claim Notification**  
L.V. Walker and Associates: Fax: (905) 725-4821

(Note: If the claim involves injuries to person(s) or damage to their property, do not discuss it with anyone; simply respond that it is being reported to our insurers)

Date Faxed: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_

Copies Distributed to: File No. _____	
♦ Susan Hanley, Manager, Housing Operations	♦ W.C. Clapperton, General Manager

j:\forms\insuracc.prm (2/28/08)

**DURHAM REGION NON-PROFIT HOUSING CORPORATION  
CORPORATE HEALTH AND SAFETY PROGRAM**

3.3 Notification of Absence Form



**EMPLOYEE ABSENCE**

Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Location: \_\_\_\_\_

Employee Status:  Regular  Probationary  Temporary  Other (specify) \_\_\_\_\_

**Employee Absence Guidelines:**

- Please complete all information required and submit the completed form to your supervisor at your earliest opportunity
- Take care not to arrange travel plans that incur costs prior to receipt of the approved form as operational needs must be considered
- A Doctor's Note must be attached if illness or injury is lasting more than three (3) working days or at any time if requested by your supervisor
- If injured at work, an Accident/Incident Report must be completed and forwarded to the Executive Assistant within 3 days
- If absence due to illness or injury is more than ten (10) working days, please advise payroll as soon as possible

**ABSENT**

FROM				TO				REASON <small>(Vacation, Des. Holiday, Mgmt Day, Lieu Time, Bereavement, Sick, etc.)</small>	# of WORK Days Absent <small>(Full/half days)</small>
Time	AM/PM	Weekday	Date (mm/dd/yy)	Time	AM/PM	Weekday	Date (mm/dd/yy)		

<b>Employee's EXPLANATION</b> <small>(This MUST be completed for other than Vacation and Lieu Time)</small>		<b>Comments:</b>	
Employee's Signature	Date Submitted	Manager's Signature	Date Approved

Sick Credits       wsib       Dock Employee's Pay       PPL

Time Remaining – (HR Coordinator use only)							
Vacation (days)		Mgmt Leave (days)		Des. Holiday (days)		PPL (days)	Lieu Time (hours)

TRIPPLICATE DISTRIBUTION:      WHITE - Payroll      YELLOW: Division Manager      PINK: Employee

**DURHAM REGION NON-PROFIT HOUSING CORPORATION  
CORPORATE HEALTH AND SAFETY PROGRAM**

3.4 Employer's Report of Injury/Disease (WSIB Form 7)



Mail To: 200 Front Street West Toronto ON M5V 3J1  
OR Fax To: 416-344-4684 OR 1-888-313-7373

**7** Employer's Report of Injury/Disease (Form 7)

Please PRINT in black ink

**A. Worker Information**

Job Title/Occupation (at the time of accident/illness - do not use abbreviations)		Length of time in this position while working for you	Social Insurance Number
Please check <b>if</b> this worker is a: <input type="checkbox"/> executive <input type="checkbox"/> elected official <input type="checkbox"/> owner <input type="checkbox"/> spouse or relative of the employer			
Last Name		First Name	Worker Reference Number
Address (number, street, apt., suite, unit)			
City/Town	Province	Postal Code	Is the worker covered by a Union/Collective Agreement? <input type="checkbox"/> yes <input type="checkbox"/> no
City/Town		Province	Postal Code
Worker's preferred language <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other		Date of Birth dd mm yy	Telephone
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Hire dd mm yy		

**B. Employer Information**

Trade and Legal Name (if different provide both)		Check one: <input type="checkbox"/> Firm Number OR <input type="checkbox"/> Account Number	Provide Number
Mailing Address		Rate Group Number	Classification Unit Code
City/Town	Province	Postal Code	Telephone
Description of Business Activity		Does your firm have 20 or more workers? <input type="checkbox"/> yes <input type="checkbox"/> no	FAX Number
Branch Address where worker is based (if different from mailing address - no abbreviations)			
City/Town	Province	Postal Code	Alternate Telephone

**C. Accident/Illness Dates and Details**

1. Date and hour of accident/Awareness of illness dd mm yy AM PM	2. Who was the accident/illness reported to? (Name & Position)
Date and hour reported to employer dd mm yy AM PM	Telephone Ext.
3. Was the accident/illness: <input type="checkbox"/> Sudden Specific Event/Occurrence <input type="checkbox"/> Gradually Occurring Over Time <input type="checkbox"/> Occupational Disease <input type="checkbox"/> Fatality	4. Type of accident/illness: (Please check all that apply) <input type="checkbox"/> Struck/Caught <input type="checkbox"/> Fall <input type="checkbox"/> Overexertion <input type="checkbox"/> Harmful Substances/Environmental <input type="checkbox"/> Repetition <input type="checkbox"/> Assault <input type="checkbox"/> Fire/Explosion <input type="checkbox"/> Other <input type="checkbox"/> Slip/Trip <input type="checkbox"/> Motor Vehicle Incident
5. Area of Injury (Body Part) - (Please check all that apply)	
<input type="checkbox"/> Head <input type="checkbox"/> Teeth <input type="checkbox"/> Upper back <input type="checkbox"/> Face <input type="checkbox"/> Neck <input type="checkbox"/> Lower back <input type="checkbox"/> Eye(s) <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Ear(s) <input type="checkbox"/> Pelvis	Left Shoulder Right Left Arm Right Left Elbow Right Left Forearm Right Wrist Hand Finger(s) Left Hip Right Left Thigh Right Left Knee Right Left Lower Leg Right Left Ankle Right Left Foot Right Left Toe(s) Right
6. Describe what happened to cause the accident/illness and what the worker was doing at the time (lifting a 50 lb. box, slipped on wet floor, repetitive movements, etc. . .). Include what the injury is and any details of equipment, materials, environmental conditions (work area, temperature, noise, chemical, gas, fumes, other person) that may have contributed. For a condition that occurred gradually over time, please attach a description of the physical activity required to do the work.	

**DURHAM REGION NON-PROFIT HOUSING CORPORATION  
CORPORATE HEALTH AND SAFETY PROGRAM**



**7 Employer's Report  
of Injury/Disease (Form 7)**

Please PRINT in black ink

Worker Name	Claim Number
Social Insurance Number	

**C. Accident/Illness Dates and Details (Continued)**

<b>7.</b> Did the accident/illness happen on the employer's premises (owned, leased or maintained)? <input type="checkbox"/> yes <input type="checkbox"/> no	Specify where (shop floor, warehouse, client/customer site, parking lot, etc..).
<b>8.</b> Did the accident/illness happen outside the Province of Ontario? <input type="checkbox"/> yes <input type="checkbox"/> no	If <b>yes</b> , where (city, province/state, country).
<b>9.</b> Are you aware of any witnesses or other employees involved in this accident/illness? <input type="checkbox"/> yes <input type="checkbox"/> no	If <b>yes</b> , provide name(s), position(s), and work phone number(s). 1. _____ 2. _____
<b>10.</b> Was any individual, who does not work for your firm, partially or totally responsible for this accident/illness? <input type="checkbox"/> yes <input type="checkbox"/> no	If <b>yes</b> , please provide name and work phone number
<b>11.</b> Are you aware of any prior similar or related problem, injury or condition? <input type="checkbox"/> yes <input type="checkbox"/> no	If <b>yes</b> , please explain
<b>12.</b> If you have concerns about this claim, attach a written submission to this form. <input type="checkbox"/> submission attached	

**D. Health Care**

<b>1.</b> Did the worker receive health care for this injury? <input type="checkbox"/> yes <input type="checkbox"/> no If <b>yes</b> , when: dd mm yy	<b>2.</b> When did the employer learn that the worker received health care? dd mm yy
<b>3.</b> Where was the worker treated for this injury? (Please check all that apply) <input type="checkbox"/> On-site health care <input type="checkbox"/> Ambulance <input type="checkbox"/> Emergency department <input type="checkbox"/> Admitted to hospital <input type="checkbox"/> Health professional office <input type="checkbox"/> Clinic <input type="checkbox"/> Other: _____ Name, address and phone number of health professional or facility who treated this worker (if known) _____ _____ _____	

**E. Lost Time - No Lost Time**

<b>1.</b> Please choose one of the following indicators. After the day of accident/awareness of illness, this worker: <input type="checkbox"/> Returned to his/her <b>regular job</b> and has not lost any time and/or earnings. (Complete sections G and J). <input type="checkbox"/> Returned to <b>modified work</b> and has not lost any time and/or earnings. (Complete sections F, G, and J). <input type="checkbox"/> Has lost time and/or earnings. (Complete ALL remaining sections).	
Provide date worker first lost time dd mm yy	Date worker returned to work (if known) dd mm yy <input type="checkbox"/> regular work <input type="checkbox"/> modified work
<b>2.</b> This Lost Time - No Lost Time - Modified Work information was confirmed by: <input type="checkbox"/> Myself <input type="checkbox"/> Other Name _____ Telephone _____ Ext. _____	

**F. Return To Work**

<b>1.</b> Have you been provided with work limitations for this worker's injury? <input type="checkbox"/> yes <input type="checkbox"/> no	<b>2.</b> Has modified work been discussed with this worker? <input type="checkbox"/> yes <input type="checkbox"/> no	<b>3.</b> Has modified work been offered to this worker? <input type="checkbox"/> yes <input type="checkbox"/> no	If <b>yes</b> , was it <input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> If Declined please attach a copy of the written offer given to the worker.
<b>4.</b> Who is responsible for arranging worker's return to work <input type="checkbox"/> Myself <input type="checkbox"/> Other Name _____ Telephone _____ Ext. _____			

**DURHAM REGION NON-PROFIT HOUSING CORPORATION  
CORPORATE HEALTH AND SAFETY PROGRAM**



**7 Employer's Report  
of Injury/Disease (Form 7)**

**Please PRINT in black ink**

Worker Name \_\_\_\_\_

Claim Number \_\_\_\_\_

Social Insurance Number \_\_\_\_\_

**G. Base Wage/Employment Information** - (Do not include overtime here)

**1. Is this worker (Please check all that apply)**

<input type="checkbox"/> Permanent Full Time	<input type="checkbox"/> Casual/Irregular	<input type="checkbox"/> Student	<input type="checkbox"/> Registered Apprentice	<input type="checkbox"/> Owner Operator or (Sub) Contractor
<input type="checkbox"/> Permanent Part Time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Unpaid/Trainee	<input type="checkbox"/> Optional Insurance	
<input type="checkbox"/> Temporary Full Time	<input type="checkbox"/> Contract	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Temporary Part Time				

**2. Regular rate of pay** \$ \_\_\_\_\_ per  hour  day  week  other \_\_\_\_\_

**H. Additional Wage Information**

**1. Net Claim Code or Amount** Federal \_\_\_\_\_ Provincial \_\_\_\_\_

**2. Vacation pay - on each cheque?**  yes  no Provide percentage \_\_\_\_\_ %

**3. Date and hour last worked** dd mm yy  AM  PM

**4. Normal working hours on last day worked** From  AM  PM To  AM  PM

**5. Actual earnings for last day worked** \$ \_\_\_\_\_

**6. Normal earnings for last day worked** \$ \_\_\_\_\_

**7. Advances on wages:** Is the worker being paid while he/she recovers?  yes  no If yes, indicate:  Full/Regular  Other \_\_\_\_\_

**8. Other Earnings (Not Regular Wages):** Provide the **total of additional earnings** for each week for the 4 weeks before the accident/illness.

\* For Rotational Shift workers - If the shift cycle exceeds 4 weeks, please attach the earnings information for the last complete shift cycle prior to the date of accident/illness.

Use these spaces for any other earnings (indicate Commission, Differentials, Premiums, Bonus, Tips, In Lieu %, etc.).

Period	From Date (dd/mm/yy)	To Date (dd/mm/yy)	Mandatory Overtime Pay	Voluntary Overtime Pay	Commission	Commission	Commission	Commission
Week 1			\$	\$	\$	\$	\$	\$
Week 2			\$	\$	\$	\$	\$	\$
Week 3			\$	\$	\$	\$	\$	\$
Week 4			\$	\$	\$	\$	\$	\$

**I. Work Schedule** (Complete either A, B or C. Do not include overtime shifts)

**(A.) Regular Schedule** - Indicate normal work days and hours.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Example: Monday to Friday, 40 hours

S	M	T	W	T	F	S
8	8	8	8	8		

or,

**(B.) Repeating Rotational Shift Worker** - Provide

NUMBER OF DAYS ON	NUMBER OF DAYS OFF	HOURS PER SHIFT(s)	NUMBER OF WEEKS IN CYCLE

Example: 4 days on, 4 days off, 12 hours per shift, 8 weeks in cycle.

or,

**(C.) Varied or Irregular Work Schedule** - Provide the total number of regular hours and shifts for each week for the 4 weeks prior to the accident/illness. (Do not include overtime hours or shifts here).

From/To Dates (dd/mm/yy)	Week 1	Week 2	Week 3	Week 4
Total Hours Worked	1	1	1	1
Total Shifts Worked				

**J. It is an offence to deliberately make false statements to the Workplace Safety and Insurance Board. I declare that all of the information provided on pages 1, 2, and 3 is true.**

Name of person completing this report (please print) \_\_\_\_\_ Official title \_\_\_\_\_

Signature \_\_\_\_\_ Telephone \_\_\_\_\_ Ext. \_\_\_\_\_ Date dd mm yy \_\_\_\_\_

**THE WORKPLACE SAFETY AND INSURANCE ACT REQUIRES YOU GIVE A COPY OF THIS FORM TO YOUR WORKER**



**DURHAM REGION NON-PROFIT HOUSING CORPORATION  
CORPORATE HEALTH AND SAFETY PROGRAM**

IV – PLANNED INSPECTIONS

4.1 Physical Conditions Inspection Form – Head Office

DURHAM REGION NON-PROFIT HOUSING CORPORATION  
CORPORATE HEALTH AND SAFETY

PHYSICAL CONDITIONS INSPECTION FORM- HEAD OFFICE

<b>GENERAL CONDITIONS</b>	
Aisles and Hallways	
Floors	
Windows	
Stairs	
Doors/Doorways	
<b>WORK ENVIRONMENT</b>	
Lighting	
Noise Exposure	
Ventilation	
<b>FACILITIES</b>	
Grounds	
Parking Lots	
Storage Rooms	
Cupboards	
<b>EQUIPMENT</b>	
Shelves/Bookcases	
Desks/Chairs	
Photocopiers	
Typewriters	
Computers	
Power Poles/Bar	
Extension Cords	
Filing Cabinets	
Fax Machines	
VCR.'s/T.V.'s	
Projectors/Screens	
Display Stands	

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<b>EQUIPMENT (con't.)</b>	
Misc. Equipment (Ladders, Stepstools, etc.)	
<b>HAZARD CONTROLS</b>	
Material Labelling	
<b>EMERGENCY SYSTEMS</b>	
First Aid Station/Kit (Quarterly)	
Emergency Instructions	
Fire Protection	

**CATEGORY/COMMENTS**  
(eg. conditions, location, unsafe practices)

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**INSPECTION SUMMARY**

Substandard Conditions/Corrective Action (use additional pages if required)

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Signed: \_\_\_\_\_

Title: \_\_\_\_\_

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

**DURHAM REGION NON-PROFIT HOUSING CORPORATION  
CORPORATE HEALTH AND SAFETY PROGRAM**

4.2 Monthly Inspection Report – Sites



March 2019

**WORKPLACE INSPECTION FORM**

<b>Inspection Location</b>				<b>Time of Inspection</b>			<b>Date of Inspection</b>	
<b>FOR FOLLOW UP</b>								
Location	Hazards Observed	Hazard Class (see below)	Recommended Action	By		Action Taken	Date Completed	Authorized Signature
				Whom	When			
<b>Copies To (For Action): Property Manager</b>						<b>Inspected By:</b>		
<b>Copies To (For Information): Executive Director, Director of Operations JHSC Binder, JHSC Meeting Agenda</b>								

- Class "A" Hazard: A condition or practice which is likely to cause a critical injury resulting in permanent disability or loss of lie or body part. Extensive damage to equipment and material may also results. (Immediate attention)
- Class "B" Hazard: A condition or practice that is likely to cause a major injury or illness resulting in a temporary disability. Property damage may also occur, but it would likely not be too expensive or disruptive to the work location. (Within 48 hours)
- Class "C" Hazard: A condition or practice which is likely to cause minor, non-disabling injury or illness. Property damage would be minimal. (Within 5 working days)

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CORPORATE HEALTH AND SAFETY PROGRAM**

**V – CONTRACTORS**

**Determining Worker/Independent Operator Status (WSIB Form 158A)**



Workplace Safety  
& Insurance Board  
Commission de la sécurité  
professionnelle et de l'assurance  
contre les accidents du travail

**Mail to:**  
200 Front Street West,  
Toronto ON  
M5V 3J1

**OR Fax to:**  
416 344-4684  
OR  
1-888-313-7373

Thank you for your request to open an account with the Workplace Safety and Insurance Board (WSIB).

- If you are:**
- **Employing any full or part-time help, and**
  - **Engaging sub-contractors,**

Send the following to the WSIB:

1. A copy of your Business Registration.
2. Canada Revenue Agency Employer Number.
3. A copy of the GST Number Registration
4. Proof of payroll (copies of T-4's or cancelled cheques for work performed).
5. The date that help was first employed.
6. A complete description of your business activity (include any brochures or promotional materials, if available).
7. Insurable earnings for all prior years.
8. An estimate of the current years insurable earnings.

- If you are:**
- **Not employing full or part-time help, or**
  - **Would like an account established for optional insurance, and**
  - **Have been asked to show proof of WSIB coverage by the company or companies with which you currently have a contract,**

Send the following to the WSIB:

1. A completed contractors questionnaire (enclosed)

**Reminders:**

- When completing the questionnaire, you are the Individual and the company with whom you currently have a contract is the Principal.
- Both the Individual and the Principal must sign the questionnaire, otherwise, your status under the *Workplace Safety & Insurance Act* cannot be determined and the questionnaire will be returned to you.
- Optional Insurance is an *option* for Individuals who have been ruled to be Independent Operators by the WSIB.

2. A copy of your Business Registration
3. A copy of your GST Number Registration
4. Copies of 3 - 5 recent invoices/contracts with various Principals indicating that you do not work solely for one Principal.
5. Copies of any recent purchase orders for materials that you supply as part of your contract.
6. If Optional Insurance is requested, the annual amount must be the same as your actual earnings.
7. Proof of earnings that substantiates the annual amount of optional insurance requested, i.e., copies of T-1, T-2125, T-4, T-4A, income tax return with supporting income statement, etc.

**Reminders:**

- If you cannot substantiate the amount of optional insurance requested, it may be denied or set at an appropriate amount.
- There is a minimum period of three (3) months for which optional insurance is billed.

**Please mail or transmit your completed questionnaire(s), returns, correspondence and enclosures to the WSIB at the address above. If you require more information or further assistance, you may call (416) 344-1000 or toll-free at 1-800-387-0750.**

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CORPORATE HEALTH AND SAFETY PROGRAM**

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Workplace Safety  
& Insurance Board  
Commission de la sécurité  
professionnelle et de l'assurance  
contre les accidents du travail

**Mail to:**  
200 Front Street West,  
Toronto ON  
M5V 3J1

**OR Fax to:**  
416 344-4684  
OR  
1-888-313-7373

**Determining Worker/  
Independent Operator Status**

*General Questionnaire*

**Introduction**

The responses below will indicate whether an individual is an independent operator or a worker under the *Workplace Safety & Insurance Act* (the Act). If you need more space to elaborate, please write on the back of the page - not in the spaces between questions. Also indicate which question is being answered.

**Workers** are entitled to benefits provided by the Act and their employers must pay premiums to the Workplace Safety and Insurance Board (WSIB).

**Independent operators** may elect to be considered and covered as "workers" under the Act. If they want insurance, they must pay their own premiums.

**Company** means the firm that hires the individual.

Who should complete this questionnaire?

- Individuals who believe they may be independent operators
- the company(ies) that hire them (or their respective representatives).

After completing the questionnaire, the individual and the company must sign the declaration at the end of the questionnaire to verify that the answers accurately reflect the work relationship and submit the questionnaire to the Workplace Safety and Insurance Board, Employer Service Centre, 200 Front Street West, Toronto ON M5V 3J1 for a decision.

The individual and the company may submit separate questionnaires if:

- they disagree about the answers to some or all of the questions, or
- the individual wishes to submit the financial information, required to support the answers in **Part 3**, to the WSIB in confidence.

**Part 1**

Please fill in the blanks or check the appropriate box.

What service does the individual provide for the company?

What is the company's main business?

Are the terms of the work relationship stated in a written contract?  
If yes, please include a copy of this contract.

Y

N

Does the individual have a previous or current WSIB account number?

Y

N

If yes, please state the account number.

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**Part 2**

*Please check the appropriate box.*

**Instructions**

Does the individual follow instructions about when, where, and how the work is to be performed?

Y  N

Does the individual provide only the type of work which is stated in the contract?

Y  N

**Training and Supervision**

Is the individual trained by an experienced employee of the company?

Y  N

Is the individual's work supervised by an experienced employee of the company?

Y  N

Is the individual required to take correspondence or other courses?

Y  N

Is the individual required to attend meetings and follow specific instructions which indicate that the company wants the services performed in a particular manner?

Y  N

**Services Rendered Personally**

Does the individual need the company's approval to hire others to do the work?

Y  N

**Hours of Work**

Are the hours and days of work set by the company?

Y  N

Does the individual decide his or her hours of work?

Y  N

Does the individual decide his or her vacation time?

Y  N

Does the individual work the same hours as others who perform similar work for the company?

Y  N

**Full-Time Required**

Is the individual required to devote full-time to the business of the company?

Y  N

Is the individual restricted from doing work for other companies in the same industry?

Y  N

**Order or Sequence of Work**

Does the individual perform services in the order or sequence set by the company?

Y  N

Does the individual report to the company's office at specified times, follow up on leads and perform tasks at set times?

Y  N

Is the individual's work coordinated with the work of others employed by the company?

Y  N

**Manner of Payment**

Is the individual paid by the company in regular amounts at stated intervals?

Y  N

Does the company decide the amount and manner of payment?

Y  N

Does the individual receive payment for overtime or for statutory holidays?

Y  N

Does the individual receive a T4 income tax slip from the company?

Y  N

Is the individual paid according to a standard pay or rate scale?

Y  N

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CORPORATE HEALTH AND SAFETY PROGRAM**

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**Licenses**

Does the company hold the licenses (if required) to do the work?

Y  N

**Serving the Public**

Does the individual make his/her services available on behalf of or as a representative of the company?

Y  N

Does the individual do work for the company's customers?

Y  N

Does the individual invoice customers on the company's behalf?

Y  N

Does the individual file GST returns?

Y  N

Does the individual invoice the company for materials used to complete the work?

Y  N

Does the individual take responsibility for warranty work?

Y  N

Does the individual wear a uniform which has the company's name, colours or logo on it?

Y  N

Does the individual advertise by using business cards, signage, etc.?

Y  N

Is the individual registered as a business with the Ministry of Government Services?

Y  N

**Collective Agreement**

Is the relationship governed by the terms of a collective or union agreement?

Y  N

**Part 3**

*Please fill in the blanks or check the appropriate box.*

What assets are required to do this work (assets include labour, materials, tools and equipment)?  
Beside each of the assets listed, please state the approximate value of each item or its cost in dollars per month.

Does the individual own 80% or more of the equipment necessary to do the work?  
(i.e., business vehicle, tools, computer, etc.)

Y  N

What costs are incurred in doing the work, including costs of the acquisition, maintenance, operation and repair of assets, financing and loan arrangements with respect to the work and licensing and insurance fees?

Who pays for these expenses, the company or the individual?

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**Part 3 (continued)**

If the individual pays for these expenses, is the individual required to purchase any items, directly or indirectly, for the company or through an arrangement with the company?

**Part 4**

*Please check the appropriate box.*

**Continuing Need for Service**

Do the combined hours of work of the individual and all other persons who provide the same type of service for the company equal 40 hours/month or more (on average in a year)?

Y  N

**Hiring, Supervising and Paying Assistants**

Does the individual hire, supervise and pay workers at the direction of the company (act as a supervisor or representative of the company)?

Y  N

If helpers are needed:

Can the company hire, discipline or fire these helpers?

Y  N

Does the individual pay the helpers directly?

Y  N

**Continuing Relationship**

Does the individual work for the same company continuously?

Y  N

**Doing Work on Company Premises**

Does the company own or control the site where the work is performed?

Y  N

**Oral and Written Reports**

Is the individual required to submit regular oral or written reports to the company?

Y  N

**Right to Terminate**

Can the individual end his or her relationship with the company at any time?

Y  N

If the individual's work is unsatisfactory, who is required to correct it?

---

If there is additional work to be done to correct or improve a job, is the individual required to accept these costs or any other losses due to poor workmanship?

Y  N

**Working for More Than One Firm at a Time**

Is the individual engaged in work for more than one company at the same time?

Y  N

Is the individual prohibited by a contract with the company from doing work for others?

Y  N

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**Part 5**

**Applying for Insurance**

The individual:

- must submit the questionnaire and supporting documents to the Workplace Safety and Insurance Board, Employer Service Centre, 200 Front Street West, Toronto ON M5V 3J1 for a decision
- and the company(ies) that hire the individual must sign the declaration below. (If some of the responses vary depending on the company, the individual may submit more than one completed questionnaire with signatures of the appropriate companies.)

The WSIB will review the responses to the questionnaire and decide whether the individual is an independent operator or worker. The individual and the company will be notified of the WSIB's decision in writing.

**Declaration**

To the best of my knowledge, information and belief, the information contained in this document is true.

I/we understand that the WSIB reserves the right to audit and verify these responses. If these responses do not truly represent the nature of the working relationship, the WSIB may reverse the determination of status retroactively to the date that the working relationship began.

Personal information on this form is collected under the authority of the *Workplace Safety & Insurance Act, 1997*, and may be used to register/determine your status for coverage and to administer and enforce the Act. If you have any questions, please call 1-800-387-0750.

Individual's Name (please print)		Signature	Date (dd/mmm/yyyy)
Address			
	Postal Code	Telephone Number	FAX Number

Company(ies) Names	Authorizing Name & Signature	Position	WSIB Account Number

If the independent operator wants optional insurance in their own WSIB account, the independent operator must send this entire form along with the completed "**Optional Insurance Request**" form which is enclosed, to the WSIB. Optional insurance becomes effective on the date the signed request for optional insurance is received by the WSIB.

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**Contact Information**

**Business Hours:**  
**7:30 a.m. – 5:00 p.m.,**  
**Monday to Friday.**

Head Office  
Simcoe Place  
200 Front Street West  
Toronto ON M5V 3J1

**Telephone**  
(416) 344-1000  
Toll-Free  
1-800-387-0750

**Teletypewriter (TTY)**  
1-800-387-0050

**Fax**  
(416) 344-4684  
Toll-Free  
1-888-313-7373

**Internet**  
e-mail address:  
wsibcomm@wsib.on.ca  
Web site address:  
**www.wsib.on.ca**

<b>Other Services</b>	<b>Telephone</b>	<b>Fax</b>
Clearances	(416) 344-1000 1-800-387-0750	(416) 344-4684 1-888-313-7373
eServices Support	(416) 344-4122 1-888-243-1569	

**Register now for 24/7 online access to a range of WSIB services.**

It's so easy to register for our eServices. Just visit our website at [www.wsib.on.ca](http://www.wsib.on.ca) and set up an eServices account.

Once you are on our website, all you need to do is enter your contact information, select a User ID and answer security questions. We'll send you an email notification for your confirmation and you'll be ready to log on and use our eServices to calculate and submit premiums, report injuries and track your claim frequency and costs online, 24/7!

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*Use this button to clear the data fields*



Workplace Safety  
& Insurance Board  
Commission de la sécurité  
professionnelle et de l'assurance  
contre les accidents du travail

200 Front Street West  
Toronto ON M5V 3J1  
200, rue Front Ouest  
Toronto ON M5V 3J1

**Optional Insurance  
Request/Change**

Please complete this section in full except where there is preprinted information.	
Account No.	Firm No.
Date	
Telephone Enquiry Number (416) 344-1000 1-800-387-0750	

If you are **requesting** optional insurance or **changing** the amount of existing optional insurance, please:

- complete the sections **A** and **B** (for new requests) or **C** (for changes)
- provide proof of earnings (see below)
- have the applicant review and sign the Optional Insurance Declaration (attached)
- have the Owner's Certification completed and signed (attached)

Individuals who are canceling their optional coverage must complete section **D**, or forward their request in writing to their local WSIB office. The WSIB accepts the following documents as **proof of earnings**, issued by the owner or authorized officer responsible for this account.

**For Executive Officers**

- T4s and T4As or any other document submitted to Canada Revenue Agency (CRA) to report earnings.

**For Independent Operators, Sole Proprietors and Partners**

- Audited financial statements prepared by a professionally designated accountant
- Income tax returns with supportive income statements (T1, T2125, T2032, etc.) or other documents submitted to Canada Revenue Agency to report business income to CRA.

If the applicant's company has been in business for **less than one (1) year**, the amount of coverage for premium and benefit purposes is set at 1/3 of the annual maximum insurable earnings.

If the applicant's company has been in business for **more than one (1) year**, the amount of coverage for premium and benefit purposes must accurately reflect the applicant's actual annual earnings, as supported by documents listed above.

Coverage will not be provided if your operation shows a **net business loss**.

Loss of earnings benefits are not paid if your operation shows a **net business loss**, despite active optional insurance.

If the level of earnings cannot be substantiated, the WSIB may deny the request for optional insurance.

The WSIB may deny coverage (or coverage renewal) or cancel coverage in the absence of acceptable proof of earnings.

Any change to the amount of optional insurance will take effect on the date the signed request and satisfactory proof of earnings are received by the WSIB.

The WSIB may require prepayment for optional insurance premiums.

If the applicant is paid benefits at an amount that is lower than the amount of optional insurance, the amount of optional insurance will not be retroactively adjusted.

If you have any questions or require more information, please call the WSIB at the telephone number listed at the top of this form.

**A. This section must be completed.**

First Name		Middle Name	Last Name	
Date of Birth (e.g. 01JAN1994)	Social Insurance Number		Title/Position with Company	
Home Address (This address must be a physical address, not a box number or general delivery)			City	
Province	Postal Code	Area Code	Telephone No.	Date Business Commenced (e.g. 01JAN1996)

**B. Complete only if the applicant is requesting new optional insurance.**

Amount of Coverage Requested \$	Today's Date (e.g. 01JAN1996) dd mmm yyyy	Applicant's Signature (must be signed)
---------------------------------	--	--

**C. Complete only if the applicant is requesting a change in the amount of existing optional insurance.**

Revised Coverage Amount Requested \$	Today's Date (e.g. 01JAN1996) dd mmm yyyy	Applicant's Signature (must be signed)
--------------------------------------	--	--

**D. Complete only if the applicant is canceling existing optional insurance.**

Name	Today's Date	Signature (must be signed)	Name	Today's Date	Signature (must be signed)

174A (04/14)

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**Optional Insurance Declaration**

**Please read the following information carefully. It explains how Optional Insurance changes your status under the *Workplace Safety & Insurance Act* (referred to here as "the Act").**

**I understand that:**

1. Owners, partners, executive officers and independent operators are not automatically entitled to benefits under the Act, unless they are included in compulsory coverage in the construction industry.
2. I am voluntarily requesting to be considered a worker by the WSIB by applying for optional insurance as I am exempt from WSIB compulsory coverage.
3. I must have optional insurance for a minimum of three (3) consecutive months.
4. With optional insurance, I am entitled to all benefits due to a worker.
5. I am giving up my right to sue workers and employers whose industries are covered under Schedule 1 of the Act for damages sustained in a workplace injury.
6. I must send the WSIB proof of earnings when first requesting optional insurance.
7. If my earnings level changes, I must send the WSIB a signed request to revise the amount of insurance coverage, along with proof of earnings.
8. The WSIB may deny my request for coverage if I do not provide proof of earnings.
9. The WSIB may request proof of earnings at any time.
10. The WSIB may adjust the amount of optional insurance that I request.
11. My optional insurance will continue beyond the minimum three (3) months until either the WSIB or I cancel the insurance.
12. If I have a workplace injury, my optional insurance will remain in effect until I notify the WSIB, in writing, that I wish to cancel it or that my status has changed to compulsorily covered.
13. If I have a workplace injury, my earnings at the time of my injury will be compared to the amount of my optional insurance. The WSIB will base benefits on whichever is the lower amount - my earnings or my optional insurance coverage.
14. If I am paid benefits at an amount that is lower than the amount of my optional insurance, the amount of my optional insurance will not be retroactively adjusted.
15. The WSIB may cancel or deny renewal of my optional insurance if the employer paying for it is in arrears, or the WSIB determines I am compulsorily covered under the Act. If any premium is owing on my optional insurance, the amount of the unpaid premium may be deducted from my benefits.
16. The effective date for new optional insurance requests, changes to or cancellations of optional insurance will either be the date that the completed form 1574A is received by the WSIB, or the requested date, whichever is later.
17. If the WSIB determines I am compulsorily covered, the effective date of changes to, or cancellation of, my optional insurance may be made retroactively.

Applicant's Name	Applicant's Signature	Date (dd/mmm/yyyy)
------------------	-----------------------	--------------------

**Owner's Certification**

**I hereby certify that I am an owner (or authorized officer) responsible for this account. I also certify that the amount of optional insurance requested accurately represents the earnings of the applicant.**

**I acknowledge that the accident costs associated with any work-related injuries for the applicant will be applied to the accident record for this account.**

**Personal information on this form is collected under the authority of the *Workplace Safety & Insurance Act, 1997*, and may be used to register/determine your status for coverage and to administer and enforce the Act. If you have any questions, please call 1-800-387-0750.**

Name of Owner or Authorized Officer	Title	
Signature	Telephone Number	Date Completed (dd/mmm/yyyy)

**For Office Use Only:**

WSIB Representative	Date (dd/mmm/yyyy)	Amount of Coverage \$	Effective Date (dd/mmm/yyyy)
<input type="checkbox"/> Proof of earnings received <input type="checkbox"/> Proof of eligibility received <input type="checkbox"/> Actual earnings used <input type="checkbox"/> 1/3 of maximum insurable earnings used			

574A2

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IX – ORGANIZATIONAL HEALTH & SAFETY POLICIES AND PROCEDURES

9.1 Return to Work Plan

**A. Purpose**

A return to work program is a workplace's written plan that focuses on finding meaningful and suitable work for workers coming back to the workplace from injury or illness.

It is important to remember that the return to work process is not about discovering the medical diagnosis or details, and the workplace must always respect medical confidentiality.

**B. Scope**

The program should include prevention, accommodation, and support for recovery. Through collaboration, the goal of the program is to have the worker return to their pre-injury or pre-illness job, where appropriate, and in a timely manner.

The return to work program outlines the roles and responsibilities of all parties involved. It is a guideline for developing individualized plans for both physical and mental injuries which occurs at work or not. Return to work programs can also be used to facilitate accommodations for non-work-related injuries.

**C. Responsibilities**

The injured worker:

- Advise their supervisor of the situation as soon as is safe to do so
- Attend to and receive the required medical attention
- Communicate with the health care provider re needed WSIB information, and to explain the nature of their job and tasks, and to advise them their employer will provide modified duties if required
- Fill out an internal accident report and send it to their supervisor and human resources
- Should the injury require a restriction of duties or any absence from work, provide a Functional Abilities Form (FAF) to human resources upon return to work
- Work with the employer to return to work as soon as possible, and to develop a modified work plan if needed in respect of any restrictions

The employer:

- Ensure the injured worker seeks medical attention, provide assistance as required
- Ensure the injured worker fills out an accident report, or assist the worker in filling out this form, provide the worker with the accident form if the incident occurred during work time
- Provide the injured worker with a job description or demand analysis if available for the worker's job and tasks to take to their health care provider
- Provide the worker with a FAF form
- Upon the injured worker returning to work, work with them and their supervisor to develop a list of modified duties if appropriate if restrictions are required

Supervisors, managers, and directors:

- Ensure the injured worker seeks medical attention, provide assistance as required
- Ensure the injured worker fills out an accident report, or assist the worker in filling out this form, provide the worker with the accident form if it occurred during work time
- Meet with the injured worker along with the employer upon return to work to discuss the individualized return to work plan

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- Meet with the injured worker during their modified duties to adjust duties if required

Joint Health & Safety Committee:

- Review and action the accident form as appropriate

#### **D. Procedures**

Prevention:

Controlling workplace hazards is the most effective and meaningful way to reduce workplace injuries, illnesses, and associated costs. Prevention may also include a “remain at work” element. Remaining at work occurs when, after receiving medical attention, the injured worker returns to meaningful modified work right away (or the following shift), preventing a lost-time injury classification and any additional time away from work. Please note that this option will not be possible every time and the decision to remain at work must be done on a case-by-case basis in consultation with the health care provider’s initial assessment of limitations.

Injury trends should be reported to the employer and health and safety committee (or representative) to ensure any health and safety related issues are addressed.

Support for Recovery

DRNPHC will support the injured or ill worker will be supported throughout the process. Support for recovery will include hours of work and a planned progression of work hours. Employers must be flexible and provide the time workers need to attend medical appointments or take needed breaks. In addition, the injured or ill worker may need support from their coworkers to perform certain tasks.

The return to work program should also provide reference to supports available for workers. For example, your workplace may be part of an Employee Assistance Program (EAP).

EAP programs are confidential, short-term, counselling services for employees with problems that affect their work performance. The services of EAP providers are purchased by DRNPHC. Connect with the human resources department for contact information.

Education and Training

Providing education and training about the return to work program demonstrates DRNPHC’s commitment to returning injured and ill workers back to work safely, and set clear expectations, roles, and responsibilities for all the workplace parties.

The return to work program will be clearly communicated to all workers in a way that everybody can clearly understand. The details of the program will be presented and reviewed as part of a health and safety manual, as well as introduced to all new workers through the orientation process.

Refresher education and training may be required:

- As needed to protect the worker's health and safety.
- If workers no longer remember details of the program.
- If conditions of the workplace have changed.
- When new information becomes available.
- If the program is updated.
- After an injury or illness.

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- If there are changes to the legislation.
- Workers should know how to access the information available in the program.

#### Review

As with other components of the workplace health and safety program, the Return to Work program will be regularly reviewed and evaluated to look for areas of improvement. An annual review will ensure the program will be maintained and current, addressing any changes in legislation that may apply.

#### Developing the Return to Work Plan

Several parties can be involved in developing the individualized return to work plan:

- The returning worker and their representative, if requested
- The department manager and direct supervisor
- Human resources representative
- Union representative (if applicable)
- The treating medical professional(s), as appropriate

Workplaces should approach the return to work process similar for both physical and mental injuries or illnesses. Each return to work plan and accommodations will be different based on the individual and the circumstances.

Each situation will be unique, but will include to:

- Determine meaningful and suitable accommodations based on a completed functional abilities form (physical or mental/cognitive) or fit to work form.
- Create a detailed plan with milestone dates, times, tasks, and expectations. Discuss the plan with the individual before they return. Be sure to engage the individual and ask them if they anticipate any issues with the plan. This planning period is also the time to review any procedural, department, or organizational changes that may have occurred while the individual was off work.
- Communicate with the worker's department that the worker will be returning so the individual can be welcomed back, and any retraining can be organized. Be available to support the coworkers as needed. For example, do not allow gossip and other uncivil behaviours to occur which can continue any stigma and result in unsupportive work environments.
- During the first two weeks back, review the individualized return to work plan. It is important to check in with the returning worker to see how they are doing and if they need any further accommodation to remain functional in their job. The plan should be reviewed by the worker at set intervals to ensure the work is still appropriate and a gradual increase to full duties can be achieved.

#### **E. Materials & Equipment**

N/A

#### **F. Related Documents**

- FAF Form
- Accident Form
- Job Description

#### **G. Definitions**

FAF – Functional Abilities Form

DRNPHC – Durham Region Non-Profit Housing Corporation

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EAP Program – Employee Assistance Program  
JHSC – Joint Health & Safety Committee

**H. Safety**

Safety Talks

**I. Measurements**

N/A

**J. Resources**

Medical Practitioners

JHSC

**K. References**

Personal Manual

Health & Safety Policy

Health & Safety Manual

End.

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Durham Region Non Profit Housing Corporation  
28A Albert Street, Oshawa ON L1H 8S5  
Tel: 905-438-6610 Fax: 905-438-5361  
**Functional Abilities Form – Confidential once completed**

Employee First/Last Name: _____	Date of Assessment: _____
By signing below I am authorizing any health professional who treats me to provide my employer with information about my functional abilities  <b>Employee Signature:</b> _____	<input type="checkbox"/> Is the employee capable or returning to work with no restrictions?
	<input type="checkbox"/> Is the employee capable of returning to work with restrictions? If yes, please complete the <b>Abilities and Restrictions</b> section below
	<input type="checkbox"/> Is the employee physically unable to return to work at this time? If yes, please complete the <b>Date of Next Appointment</b> section below

**Abilities & Restrictions**

Please indicate the **Abilities** that apply and include additional details if appropriate

<b>Walking</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 100 metres <input type="checkbox"/> 100-200 metres <input type="checkbox"/> Other (specify) _____	<b>Standing</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 15 minutes <input type="checkbox"/> 15-30 minutes <input type="checkbox"/> Other (specify) _____	<b>Sitting</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 30 metres <input type="checkbox"/> 30 min. - 1 hour <input type="checkbox"/> Other (specify) _____	<b>Lifting (floor to waist)</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 kg <input type="checkbox"/> 5-10 kg <input type="checkbox"/> Other (specify) _____
<b>Lifting (waist to shoulder)</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 kg <input type="checkbox"/> 5-10 kg <input type="checkbox"/> Other (specify) _____	<b>Stair Climbing</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 steps <input type="checkbox"/> 5-10 steps <input type="checkbox"/> Other (specify) _____	<b>Ladder Climbing</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> 1-3 steps <input type="checkbox"/> 4-6 steps <input type="checkbox"/> Other (specify) _____	<b>Travel to Work</b> <b>Using Public Transit</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Driving a Car</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate **Restrictions** that apply and include additional details if appropriate

<input type="checkbox"/> <b>Bending/Twisting Repetitive Movement of:</b> (specify) _____	<input type="checkbox"/> <b>Work at or Above Shoulder Activity</b>	<input type="checkbox"/> <b>Chemical Exposure to:</b> (specify) _____	<input type="checkbox"/> <b>Environmental Exposure to:</b> (e.g. heat, cold, noise, etc) _____
<input type="checkbox"/> <b>Limited Push/Pulling with:</b> <input type="checkbox"/> Left ← Arm → Right <input type="checkbox"/> Other : (specify) _____	<input type="checkbox"/> <b>Operating Motorized Equipment</b> (specify) _____	<input type="checkbox"/> <b>Potential Side Effects from Medications:</b> <small>Do not include names of meds</small>	<input type="checkbox"/> <b>Exposure to Vibration:</b> <input type="checkbox"/> Whole Body <input type="checkbox"/> Hand/Arm
Additional Comments: _____			

Please indicate **Restrictions** that apply and include additional details if appropriate

Functional tasks - ability/function	Low ability/function	Moderate ability/function	High ability/function
Able to work with minimal supervision			
Able to assume supervision of others			
Able to assume responsibility/accountability			
Able to problem solve			
Able to make decisions			
Able to adapt to change			
Able to cope with emotional/confrontational situations			
Able to concentrate			
Able work cooperatively with others			
Able to meet deadlines			
Able to deal with distractions			
Able to pay attention to detail			
Able to multi-task			
Memory functioning			
Additional comments:			

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Durham Region Non Profit Housing Corporation  
28A Albert Street, Oshawa ON L1H 8S5  
Tel: 905-436-8810 Fax: 905-436-5361  
**Functional Abilities Form – Confidential once completed**

Additional Comment on **Abilities and/or Restrictions**

--

<b>From the date of this assessment, the above will apply for approx...:</b>	<b>Have you discussed return to work with your patient?</b>
<input type="checkbox"/> 1-2 days <input type="checkbox"/> 3-7 days <input type="checkbox"/> 8-14 days <input type="checkbox"/> 14+days	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Recommendations for work hours and start date:</b>	<b>Recommended Date of next Appointment:</b>
<input type="checkbox"/> Regular full-time hours      Start Date: _____ <input type="checkbox"/> Modified Hours: <input type="checkbox"/> Graduated hours:	Date: _____

<b>Health Professional Completing Assessment:</b>	
Name, Address, Telephone of Health Professional	Signature of Health Professional

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