

Topic: Workplace Health & Safety

7.2 Health and Safety

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| Board Motion Number: | 21.017 |
| Date of Original Board Motion Number: | August 16, 2010 |
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| Date of Next Review: | 2021 |
| Attachments: | Accident/Incident Report Form |

Signature of Board Chairperson (and Date):

Mission Statement

The NKPLB is committed to creating and maintaining a healthy and safe work environment to protect against accidental loss to its employees and property. Protection of employees from injury or occupational disease is a major continuing objective.

In fulfilling this commitment, we will strive to provide and maintain a healthy and safe work environment as indicated by acceptable industry practices and compliance with legislative requirements, and we will strive to eliminate any foreseeable hazards which may result in fires, security losses, damage to property and personal injuries/illness. Accident prevention is key. The CEO/Librarian and employees must be dedicated to the continuing objective of reducing risk of injury.

Responsibilities

The CEO/Librarian and Employees are responsible to ensure that machinery and equipment are properly maintained and that operators work in compliance with all pertinent regulations, the Occupational Health and Safety Act and established safe work practices and procedures. All staff must receive adequate training in their specific work tasks to protect their health and safety.

Each employee must protect his or her own health and safety and the health and safety of others by personally conducting themselves in a safe manner, by reporting any hazards and by working in compliance with the law and with safe work practices and procedures established by the NKPLB.

The NKPLB shall endeavor to control accidental loss through good management in combination with active employee involvement. Loss prevention is the direct responsibility of all.

Commitment to health & safety must form an integral part of this board.

The responsibility for the NKPLB Health and Safety Policy is delegated to all levels of the organization. The chain of responsibility is as follows:

- 1) Board
- 2) CEO/Librarian
- 3) Health and Safety Representative
- 4) Employees

Board

- a. To establish Health & Safety Policies.
- b. To delegate specific requirements of the Policy to other levels of responsibility to ensure the best possible results are obtained.

CEO/Librarian

- a. To ensure that the Health and Safety Policies are communicated and understood by all employees/volunteers.
- b. To assist, if required, with the responsibilities of the Health and Safety Representative.

Health and Safety Representative

- a. To ensure that healthy and safe work conditions prevail on the work site and are observed at all times.
- b. To develop positive health and safety attitudes among the staff by encouraging staff to “think safety” and require all staff to report hazards.
- c. To give prompt and serious consideration to all recommendations for a safer and healthier work environment.
- d. To ensure that an injured employee is treated accordingly and to ensure that the Accident / Incident Report (attached as Appendix “A”) is completed as quickly as possible.
- e. To identify and evaluate potential health and safety problems and recommend corrective action.
- f. To assist in the promotion of health and safety in the workplace.
- g. To provide input into existing and proposed health and safety programs.

Employees

- a. To be aware, to understand and to comply with the NKPLB Health and Safety Policies, and the Occupational Health & Safety Act.
- b. To take every reasonable precaution to protect themselves and fellow employees from health hazards and unsafe conditions.

Note: All outside contractors have a responsibility for the health and safety of their workers and when working with the NKPLB's staff and equipment they must follow the requirements of the NKPLB's safety regulations and all relevant Provincial Acts.

Legislative Requirements

1. The ***Occupational Health and Safety Act (OHSA)*** requires those who have any degree of control over the workplace to ensure a safe and healthy work environment.
2. The requirements of the ***OHSA*** apply to every worker who is being paid, regardless of the location where the work is performed. If workers work at home and are being paid or are driving and being paid en route, they are covered under the Act.
3. If a paid worker suffers a critical injury, the ***OHSA*** requires that the employer immediately notify the Ministry of Labour Health & Safety Contact Centre and the Workplace Health and Safety representative. The employer and the employee health and safety representative must prepare a written report, and forward to a director of the Ministry of Labour within 48 hours.
4. The ***OHSA*** sets out duties with respect to workplace safety, and materials and equipment in the workplace. Section 25(2) of the ***Occupational Health and Safety Act*** requires employers to prepare and review at least annually a written occupational health and safety policy and develop and maintain a program to implement that policy.
5. ***Ontario Regulation 297/13 Occupational Health and Safety Awareness and Training*** requires a worker to complete a basic occupational health and safety awareness training program.

THINK SAFETY ! PREVENT ILLNESS OR INJURY !

(Chair)

(CEO/Librarian)

Date (mm/dd/yy)

ACCIDENT/INCIDENT REPORT

PROCEDURE FOR REPORTING ACCIDENTS/INCIDENTS

This form is to be used for North Kawartha Public Library Board employees (not customer or ratepayer accident / incidents which should be reported directly to the CEO/Librarian and Treasurer. Completion of this form is mandatory. Completed forms are confidential and should be kept in the employee's personnel file.

For all Cases of Injury:

- Call 911 to activate Emergency Services if required.
- Promptly obtain first-aid.
- Report the situation **immediately** to the CEO/Librarian
- Obtain Health Care if required.
- **If it is a critical or fatal injury, preserve and do not disturb the accident scene and call the Ministry of Labour immediately. 1-877-202-0008 TTY 1-855-653-9260**
 - Call any time to report critical injuries (see note below), fatalities or work refusals
 - Call 8:30 a.m. – 5:00 p.m., Monday – Friday, for general inquiries about workplace health and safety.
- Fill out Workers Safety Insurance Board forms with the Treasurer at the Municipal Office (eg. Form 7) if required.

- Fill out accident/incident report and copy the report to Employee, CEO/Librarian, and Board Chair.
- Please refer to the Ministry of Labour poster “**In Case of Injury at Work**”

For the purpose of the Act and the Regulation, “**critically injured**” means an injury of a serious nature that;

1. Places life in jeopardy.
2. Produces unconsciousness.
3. Results in substantial loss of blood
4. Involves the fracture of a leg, arm, hand or foot, but not a finger or toe.
5. Involves the amputation of a leg, arm, hand or foot, but not a finger or toe.
6. Consists of burns to a major portion of the body.
7. Causes the loss of sight in an eye.

FORM 7.2 - ACCIDENT/INCIDENT REPORT

Library Branch _____

Date of Occurrence _____ (mm/dd/yy)

Location of Accident _____

Time of Accident _____ am pm Time Reported _____ am pm

Date Reported _____

Name of person injured: _____

Job Position: _____

Nature of Injury _____

Part of Body Injured _____

Lost Time ____ Medical Aid ____ First Aid ____

Is this a Critical Injury (see description) Yes No

- **If Yes, if it is a critical or fatal injury, preserve and do not disturb the accident scene. Call the Ministry of Labour immediately. 1-877-202-0008**

Name of person at the Ministry of Labour contacted:

Object/Equipment/Substance Causing the Injury:

Describe Clearly How the Accident Occurred (attach photo/diagram):

What Factors Contributed Most Directly to This Accident:

What were the physical / environmental conditions at that time of the accident / incident?

Loss Severity Potential: Major _____ Serious _____ Minor _____

Probable Recurrence Rate: Frequent _____ Occasional _____ Rare _____

Is this Accident a Reoccurrence: Yes _____ No _____

If Yes, previous Date: _____

Witness and Contact information:

1. _____
2. _____
3. _____

CEO/Librarian Section:

What Action Has or Will be taken to Prevent Reoccurrence?

Employee: _____
(Please print your name and provide your signature)

Date _____

CEO/Librarian: _____
(Please print your name and provide your signature)

Date _____