



**Newfoundland and Labrador**



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# Provincial Appendix - Newfoundland & Labrador

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| Overview | The Provincial *Occupational Health & Safety Act(s)* and associated regulations set a minimum standard for worker health and safety. This appendix outlines the specific requirements based on legislation and regulations for Newfoundland and Labrador.  DQ or OJ Franchisee is committed to the health and safety of our employees, volunteers, visitors, suppliers and customers, customers, workplace and environment. It is important to understand that this appendix supports the Essential Elements Final.docx. Additional safety programs focused on hazard and risk specific programs, safe work practices and best practices will ensure we have a comprehensive program specific to our company.  We are committed to review our programs annually and make every effort to have the most up to date information for our workers. |

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| Keys | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Communicate** |  | **Post / Display** | | |  | **Review / Update** | |  | **Link to other information** | | |  | **Information / Training** | | | |

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Workplace Violence and Harassment Prevention

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| Overview | DQ or OJ Franchisee will be proactive in its prevention of workplace violence or harassment of any kind. We are committed to providing a work environment in which all workers are treated with respect and dignity. |

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| **Legislation** | Occupational Health and Safety Regulations, Section 22 |

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| **Definition** | Workplace Violence is “the attempted or actual exercise by a person, other than a worker, of physical force to cause injury to a worker, and includes threatening statements or behaviour which gives a worker reason to believe that he or she is at risk of injury”. |

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| **Procedure** | See Workplace Violence and Harassment Prevention in the Essential Elements Final.docx for further information. |

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| **Employer Responsibilities** | Conduct a risk assessment of the workplace in which a risk of injury to workers from violence arising out of their employment may be present.  The risk assessment shall include the consideration of:   * Previous experience in the workplace * Occupational experience in similar workplaces * Location and circumstances in which work may take place   Where a risk of injury to workers from violence is identified by an assessment performed the employer shall:   * Establish procedures, policies and work environment arrangements to eliminate the risk to workers from violence * Where elimination of the risk to workers is not possible, establish procedures, policies and work environment arrangements to minimize the risk to workers. |

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| Resources | [Workplace Violence Prevention – WorkplaceNL](http://www.workplacenl.ca/taxi.whscc)  Workplace Violence and Harassment Prevention – Essential Elements Final.docx |

# Posted Health & Safety Materials Requirements

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| Overview | The following information and materials must be made available to all employees and will be posted in a common area on the Health & Safety Bulletin Board. |

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| Materials to Post on Health & Safety Bulletin Board | * Occupational Health and Safety Act and Regulations applicable to the workplace * Code of Practice required pursuant to the Act and Regulations * Health and Safety Policy Statement * Workplace Violence and Harassment Policy Statement * WHMIS Regulation * Post current inventory of hazardous products used on site * Safety Data Sheets (may be inserted in binder) * Occupational health and safety information prepared by WorkplaceNL * Emergency Evacuation Plan and Emergency Numbers - Emergency Numbers must be posted * Occupational Health and Safety Committee or Representative - names and work locations of members * Post warning signs in high hazard areas e.g. noise * Post signs indicating where first aid kits are available and the names and work locations of certified first aid providers * In You’re Injured at Work Poster * Applicable Reports including: * Health and/or safety assessments/surveys * Orders, Compliance Notices, Notice of Appeals and/or decisions issued by the Regulatory Agency (a copy must be provided to the Committee or Representative) * WorkplaceNL information as required * Workplace incident summaries * Other information applicable to the workplace – other Department of Government Service inspections, reports, articles on relevant workplace issues, information on rights and responsibilities, etc. |

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| Roles & Responsibilities | Health & Safety Coordinator or designate will be responsible for the following:   * Ensuring the most current information is available at each location. * Update the Checklist for Posted Health and Safety Materials as necessary.   Managers will be responsible for the following:   * Ensuring the most current information is available to all employees. * Posting any materials as outlined on the Checklist for Posted Health and Safety Material. * Complete check list provided signing off and forwarding to Health & Safety Coordinator or designate.   The content of the information will be reviewed and maintained to ensure that it is current. |

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| Resources | Posted Health & Safety Material Checklist  [If You’re Injured at Work (Poster)](#_When_an_Accident) |

**Occupational Health & Safety Committee (OHSC) / Worker Health & Safety (WHS) Representative**

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| Overview | To ensure designated OHSC Members receive consistent recognized training in occupational health and safety and to support the effectiveness of the Internal Responsibility System |

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| Legislation | Locations with 10 or more workers shall establish an OHS Committee, locations with less than 10 shall have a WHS Representative or Designate. |

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| Responsibilities | * Seek to identify aspects of the workplace that may be unhealthy or unsafe * Participate in a workplace inspection required by the regulations to conduct * Make recommendations to principal contractors, senior management, workers, self-employed persons and the assistant deputy minister or an officer for the enforcement of standards to protect the health, safety and welfare of workers in the workplace * Receive complaints from workers as to their concerns about the health and safety of the workplace and their welfare * Establish and promote health and safety educational programs for workers * Maintain records as to the receipt and disposition of complaints received from workers as above * Co-operate with the assistant deputy minister or an officer who is exercising his or her duties under the Act * Perform those other duties and follow those procedures that may be prescribed by the regulations |

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| Training Requirements | **OHS Committee Certification Training (2-Days)**  Training sessions consists of 2 days for OHS Committee members and/or WHS Representatives/Designates. Training provided must be from an approved provider through WorkplaceNL and training must be renewed every 3 years from the date of their certification.  Employees and management, who are not members of the OHS Committee, or who are not a WHS Representative, can participate in the training, as a means of improving their knowledge of occupational health and safety.  The training covers the following topics:   * Occupational health and safety legislation * Internal responsibility system * Due diligence and workers * Right to refuse unsafe work * Roles and responsibilities of OH&S committees and WH&S representatives and how both will operate * An introduction to OH&S, the roles of stakeholders and other background material * Hazard recognition, evaluation and control * Workplace inspections, how to conduct workplace inspections and the role of workplace inspections in returning injured workers to the workplace   Once completed, a certificate will be issued to the participant from WorkplaceNL.  To register for Occupational Health & Safety Committee training visit <http://www.workplacenl.ca/OHS_WHSCertificationTraining.whscc>  **Committee, Representative and Designate Requirements**   |  |  |  | | --- | --- | --- | | **Number of workers at each Workplace** | **Committee, Rep or Designate** | **Training Required** | | Owners/operators/partners only (i.e. no workers) | None | None | | 1 worker (no owners, operators, or partners at the workplace) | None | None | | Combination of 2 – 5 persons (including owners/operators/ partners and workers) | WH&S Designate or WH&S Representative | 2 days for the Representative or Designate | | 6-9 workers excluding owners, operators or partners | WH&S Representative | 2 days for the Representative | | 10 or more workers (excluding owners, operators, partners) | OH&S Committee | 2 day training for Co-Chairs of the Committee | | 50 or more workers (excluding owners, operators, partners) | OH&S Committee | 2 day training for ALL Committee Members | |

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| Meeting Minutes | Post Meeting Minutes on your Health & Safety Bulletin Board. |

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| Resources | [[OH&S Committees/WHS Reps/WHS Designates – WorkplaceNL](https://www.safemanitoba.com/Resources/Pages/setting-workplace-safety-and-health-committee-or-representative.aspx)](http://www.workplacenl.ca/prevention/ohs_committees_whs_reps_whs_designates.whscc)  [[Occupational Health & Safety Minutes Report Form](https://www.safemanitoba.com/Resources/Pages/setting-workplace-safety-and-health-committee-or-representative.aspx)](#_Occupational_Health_&)  Worker Right to Refuse Flowchart  Health & Safety Committee – Essential Elements Final.docx |

# First Aid Requirements

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| Overview | C:\Users\danielle.stewart\Downloads\iStock_000068446627_Medium.jpgFirst Aid is an essential part of any health and safety system. Although we strive to eliminate workplace injuries and illnesses, it recognizes that the potential exists for these to occur.  We will protect the health, safety and well-being of its employees, volunteers, guest and visitors. Anyone injured or ill in the workplace shall be provided with the utmost care. Prompt and proper first aid will be administered by a certified First Aid Attendant. |

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| Legislation | Occupational Health and Safety – First Aid Regulations |

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| Training | At a minimum, we will ensure that at least one Certified First Aid Attendant will be available during every shift. A list of Certified First Aid Attendants, along with a copy of their current certification, will be posted on the Health & Safety Bulletin Board or near the first aid kits.  Each employee will receive training and instructions from his or her manager on our first aid procedures.  Training providers must be approved to issue certificates and deliver courses as required as per the OHS First Aid Regulations under the *Occupational Health and Safety Act*.  **Standard First Aid with Level A CPR** is a 2 day course and is valid for 3 years.  See First Aid Program in the Essential Elements Final.docx for further information. |

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| First Aid Log | All first aid treatment given to a worker must be entered in the First Aid Log. Each case that is referred for further medical treatment must also be entered. The confidentiality of personal medical information must be maintained. First Aid Logs must be kept for at least 5 years. |

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| First Aid Attendants | First Aid Attendants must record all reported signs and symptoms of injuries and exposures to contaminants found at your location using the Hazard Response Form. If an injury is more severe or beyond the training of the First Aider, the First Aider is responsible for referring the worker to seek additional medical attention.  **First Aid Attendant Requirements**   |  |  |  | | --- | --- | --- | | Number of Workers in Workplace | Number of Trained First Aiders/Shift | Valid Certificate Required\* | | Employee required to work alone | One | Emergency First Aid Certificate | | 2 – 14 | One | Emergency First Aid Certificate | | 15 – 199 | One  One (for each group of 25 of or more) | Standard First Aid Certificate  Emergency First Aid Certificate | | 200+ | One  One (for each group of 25 workers | First Aid Attendant  Emergency First Aid Certificate |   *\*Unless an Officer directs that a higher certificate is necessary* |

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| Reporting Requirements | For any injury or illness requiring first aid, a First Aid Report must be filled out along with an Injury and Incident Analysis Checklist.  The first aid attendant will be required to record in the Injury Incident Analysis Report, all treatment given to an employee. Should the injury/illness be serious enough that medical attention is required, an Incident Injury Investigation Report will be completed and provided to the location manager and HS Coordinator. The Injury/Incident Investigation Report will record the circumstances surrounding the incident as described by the injured employee. Specifically, the report must include:   * Full name, age and occupation of the worker; * Nature of the injury or illness; * Short description of the cause of the injury or illness; * Nature of the work in which the worker was engaged at the time of sustaining the injury or becoming ill, with date and time; * Treatment given, with date and time; * Disposition of the case stating whether the worker returned to work, was sent home or to a physician or hospital and means of transportation where applicable; * Signature of the person making the entry; and * For later completion, if necessary, total time lost, time on restricted work activity and whether or not a compensation claim was filed.   First Aid register reports shall be available for inspection by the OHS Committee or WHS Representative or by an Occupational Health and Safety Officer.  Records shall be retained for a period of 5 years after the date on which it occurred. |

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| First Aid Area | DQ or OJ Franchisee shall post in a conspicuous location near the first aid kit:   * A written notice which outlines a policy and procedure for the reporting of injuries. * The name of the employee in charge of the first aid kit * The name and qualifications of each trained first aider * An emergency procedure and telephone list to contact police, ambulance, fire station, hospital or physician.   At every workplace where there are more than 15 workers or where ordered by an Occupational Health and Safety Officer, a stretcher, blankets and splints shall be provided and maintained in good condition.  Please see the first aid kit inventory list for minimum content requirements. |

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| Resources | [If You’re Injured at Work (Poster)](#_When_an_Accident)  Injury/Incident Reporting and Investigation Requirements  First Aid - Essential Elements Final.docx |

# Injury/Incident Reporting and Investigation Requirements

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| Overview | There are legal requirements in all provinces under the *Provincial Health & Safety Act(s)* and *Workers Compensation Boards* for employers to record and report:   * Where a person is killed or critically injured at a workplace. * Where a person is disabled from performing his or her work or requires medical attention because of an accident, explosion, fire or incident of workplace violence. * If an employer is told that a worker has an occupational illness or that a claim for an occupational illness has been filed with the WCB. |

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| Legislation | Occupational Health and Safety Act and Workers’ Compensation Act |

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| Definitions | “accident” is a chance event occasioned by a physical or natural cause, a willful and intentional act, not being the act of the worker, and disablement arising out of and in the course of employment.“occupational disease” means a disease arising out of and directly related to an occupation. “serious injury” means:   * a fracture of the skull, spine, pelvis, femur, humerus, fibula or tibia, or radius or ulna; * an amputation of a major part of a hand or foot; * the loss of sight of an eye; * a serious internal hemorrhage; * a burn that requires medical attention; * an injury caused directly or indirectly by explosives; * an asphyxiation or poisoning by gas resulting in a partial or total loss of physical control; or * another injury likely to endanger life or cause permanent injury, * but does not include injuries to a worker of a nature that may be treated through first aid or medical treatment and the worker is able to return to his or her work either immediately after the treatment or at his or her next scheduled shift. |

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| Reporting | **Department of Service Reporting Requirements**  The Occupational Health and Safety Act and regulations require all accidents which resulted in serious injury or death or that had reasonable potential for serious injury must be reported immediately to the Assistant Deputy Minister.  The 24-Hour Accident Reporting Line Telephone number is (709) 729-4444.  DQ or OJ Franchisee must ensure these reports are made. If there is doubt as to whether an accident should be reported, we shall confirm by contacting the Accident Reporting Line.  Accidents that occur in the workplace must be reported if:   * it results in serious injury to a person or results in the death of a person; or * that had, or continues to have, the reasonable potential of causing serious injury to or the death of a person   DQ or OJ Franchisee shall immediately notify:   * the assistant deputy minister of the Department of Service of the accident. * OH&S Committee, WHS Representative or the WHS Designate, as applicable   The occupational diseases for which notification is required are:   * acute, sub-acute or chronic disease of an organ due to lead, arsenic, beryllium, phosphorus, manganese, cadmium mercury and their compounds or alloys; * neoplasia of the skin or mucous membrane to tar, pitch, bitumen, mineral or cutting oils or paraffin, arsenic or a compound, product or residue of these substances; * neoplasia of the renal tract in a worker employed in rubber-compounding, dyestuff manufacture or mixing, or in a laboratory; * pneumoconiosis due to silica or silicate, including asbestos, talc, mica or coal; * toxic jaundice, that is, jaundice due to tetra-chlorethane or nitro- or amido-derivatives of benzene or other hepato-toxic or haemato-toxic substances; * neoplasia or a form of sickness due to internal or external exposure to ionizing radiation or electromagnetic radiation; * poisoning by the anti-cholinesterase action of an organophosphorus or carbamate compound; * a form of decompression illness; * toxic anaemia, that is, anaemia due to trinitrotoluene, or another haematogenetic poison, including chronic poisoning by benzene; * mesothelioma of the pleura or peritoneum; * angiosarcoma of the liver; * Reynaud’s phenomenon or vibration induced white finger disease; and * occupational dermatitis.   Workers engaged in occupations resulting in occupational diseases referred to in this section are considered to be engaged in hazardous health occupations under the Act.  The Assistant Deputy Minister shall prescribe the kind and frequency of medical examinations required by workers engaged in hazardous health occupations or suffering from an occupational disease.  **WorkplaceNL – Reporting Requirements**  Wherever an injury may require medical aid or could result in a claim to the WorkplaceNL, the worker must complete a Worker’s Report of Injury – Form 6, and the manager must complete an Employer’s Report of Injury – Form 7. These forms describe the accident and must be filed with WorkplaceNL within three days (72 hours) of the accident.  Worker’s Report of Injury – Form 6  A worker is required to notify *DQ or OJ Franchisee* immediately of an injury which happened during the course of employment. If the worker is disabled for longer than one day, or of the worker does not miss work but needs medical, surgical or dental aid, the worker must complete and return a Worker’s Report of Injury – Form 6.  This form should be completed as soon as possible to avoid any undue delays in processing and adjudicating the claim.  Employer’s Report of Injury – Form 7  *DQ or OJ Franchisee* must complete and return an Employer’s Report of Injury – Form 7. Part I of the form is to be completed if the injured worker is only disabled for the day on which the injury occurred. Part I and II are to be completed if the worker is disabled for longer than the day on which the injury occurred.  If *DQ or OJ Franchisee* fails to notify WorkplaceNL of an injury, WorkplaceNL may charge the cost of the claim to the employer.  The forms should be mailed or faxed to WorkplaceNL  **WorkPlaceNL Contact Information**   |  |  | | --- | --- | | **Phone** | (709) 778-1000 or 1-800-563-9000 | | **Fax** | (709) 778-1302 or 1-800-276-5257 | | **Website** | [www.workplacenl.ca](http://www.workplacenl.ca) | | **Mailing Address** | WorkplaceNL  146-148 Forest Road  PO Box 9000  St. John’s, NL A1A 3B8 | |

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| Investigation | The Department of Service, OHS Branch may choose to investigate a serious accident. The scene of a serious accident must not be disturbed except to attend to persons injured or killed and to prevent further injuries or property damage. Employees at the workplace have a legal duty to cooperate with an investigating officer and provide information related to the accident upon request.  The assistant deputy minister or an officer shall, where practicable, go to the scene of an accident reported under Section 54 and may make whatever inquiries that he or she considers necessary to determine the cause of an accident.  All imminent danger or work refusal situations will be investigated in accordance with the Injury/Incident Reporting and Investigation Policy.  The employer shall retain all reports for 5 years after the serious injury or incident. |

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| Administrative Penalties | Failure to report a medical aid only claim within three days will result in a $100 penalty. Failure to report a lost-time claim within three days will result in a $200 penalty. All penalties are directly charged to the employer’s assessment account. |

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| Resources | Injury and Incident Analysis Checklist  [Worker’s Report of Injury (Form 6)](#_Worker’s_Report_of_2)  [Employer’s Report of Injury (Form 7)](#_Employer’s_Report_of_1)  Injury/Incident Reporting and Investigation – Occupational Health & Safety Program – Canada (Resources Final.docx) |

# Return to Work

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| Overview | Return to Work is sometimes referred to as disability management program, modified work program, alternate duties program or claims management program. |

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| Legislation | Workers’ Compensation Act |

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| Responsibilities | **Employer**   * Ensure employees are aware of reporting requirements. * Contact the worker as soon as possible after the injury occurs * Send in an Employer’s Report of Injury – Form 7 within 72 hours to WorkplaceNL. * Provide a copy of the Return to Work Plan Form to WorkplaceNL following health care providers’ assessment(s). * Offer modified work/ease back to work during recovery period. * Maintain communication throughout the period of the worker’s recovery or impairment * Provide suitable and available employment * Provide WorkplaceNL any information requested concerning the worker’s return-to-work. * Pay the worker’s salary earned while performing suitable work. * Establish an effective Disability Management Program * Implement changes to prevent further injuries   **Employee**   * Seek timely and appropriate health care to treat the injury/illness. * Report injury to the employer immediately. * Visit a Doctor (Medical or Chiropractic) as soon as possible * Send in a Worker’s Report of Injury – Form 6 to WorkplaceNL. * Take reasonable steps to reduce/eliminate permanent impairment and loss of earnings from an injury * Cooperate with WorkplaceNL and employer in the development and implementation of a return-to-work program * Take an active role in the development of his/her own Return-To-Work Plan. * Review the Return-To-Work plan with the employer. * Accept suitable employment when identified. * Maintain regular contact with WorkplaceNL Representative. * Provide copies of all forms from the health care provider to the employer. * Maintain a positive attitude about returning to work when appropriate. Understand the benefits of accepting appropriate work during the rehabilitation process so that the focus can be shifted from disability to regained abilities.   **Health Care Provider**   * Assess the condition of the injured worker. * Complete Physician’s Report 8/10 and submit to WorkplaceNL. A copy must be provided to the worker to give to the employer. * Provide the workplace parties and WorkplaceNL with functional abilities information. * Provide the worker and WorkplaceNL with medical information. * Identify the most appropriate method of treatment for the injury. * Ensure the worker receives timely treatment. * Ensure return to work is discussed throughout recovery. * Send their reports to WorkplaceNL as soon as possible. * Help the injured employee understand what is wrong and what can be done to assist their recovery. * Work together with the injured employee, their other health care providers and WorkplaceNL to develop an effective return to work plan   **WorkplaceNL**   * Inform the employer as to what to expect through the Return to Work process. * Pay the worker the appropriate compensation * Provide advice and support * Communicate with the workplace parties * Ensure return to work plans are achieving the hierarchy of return to work priorities * Monitor activities, progress and co-operation between workplace parties * Proactively manage the medical rehabilitation of the worker, in consultation with the worker and the health care provider * Address compliance issues (ie: obligation to co-operate, re-employ) * Offer/provide dispute resolution   **Re-Employment Obligation**  DQ or OJ Franchisee must offer the worker suitable employment that is or becomes available throughout the period of the re-employment obligation. Employers obligated to re-employ their workers are obligated until the earliest of:   * two years after the date of injury * one year after the worker is medically able to perform the essential duties of the pre-injury employment * the date on which the worker reaches age 65   Employers who do not meet their co-operation and/or re-employment obligations will be subject to direct fines/penalties by WorkplaceNL. Workers who do not participate fully in the return-to-work efforts may have their benefits reduced, suspended or terminated.  **Labour Market Re-Entry Assessment and Plan**  WorkplaceNL provides labour re-entry assessments and plans for those workers who are unable to be re-employed with their employer. The cost of the labour market re-entry assessments and plans ultimately affects the employer’s experience, so early and safe return-to-work is the best option. |

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| Resources | [Injury/Incident Reporting and Investigation Requirements](#_Injury/Incident_Accident_Reporting)  [Worker’s Report of Injury (Form 6)](#_Worker’s_Report_of_2)  [Employer’s Report of Injury (Form 7)](#_Employer’s_Report_of_1) |

# Working Alone

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| Overview | Any employee who works alone at any time will adhere to the OHS regulations as well as policies and procedures outlined in in our Occupational Health & Safety Program – Canada. |

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| Legislation | Occupational Health and Safety Regulations, Section 15 |

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| Definition | “Working alone or in isolation” is when a worker is working in a circumstance where assistance would not be readily available in the event an emergency, illness or injury situation. |

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| Employer Responsibilities | Conduct a risk assessment where a worker is assigned to work alone or in isolation. Where hazards are identified, appropriate controls shall be implemented to eliminate, or where elimination is not practicable, minimize the risk associated with the hazard.DQ or OJ Franchisee will also develop and implement a written procedure for checking in on the well-being of a worker assigned to work alone or in isolation. This will include:Time interval between checksProcedure to follow in case a worker cannot be contacted, including provisions for emergency responseDesignate a person to establish contact with the worker at predetermined intervals and the results shall be recorded by that personThe written procedure shall be reviewed annually, or more if there is a change in work arrangements that may adversely affect a worker’s well-being or safety, or a report that the procedures are not working effectively. |

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| Resources | [Working Alone Guidelines – Service NL](http://www.servicenl.gov.nl.ca/ohs/safety_info/si_working_alone.html)  [Working Alone – General Information (ccohs.ca)](http://www.ccohs.ca/oshanswers/hsprograms/workingalone.html)  Working Alone – Essential Elements Final.docx |

# Resources

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| Overview | Some of the samples and templates referred to in this document follow this section. Other forms can be found in the Resource section of the Occupational Health & Safety Program – Canada (Resources Final.docx).  **Posting Health & Safety Materials**  Posted H&S Material Checklist 17  If You’re Injured at Work (Poster) 19 |
|  | **Occupational Health & Safety Committee/Health & Safety Representative**  Worker Right to Refuse Flowchart 20  Occupational Health & Safety Minutes Report Form 21  **Injury & Incident Forms**  First Aid Kit Requirements 23  Injury/Incident Analysis Checklist 25  Worker’s Report of Injury 29  Employer’s Report of Injury 35 |

## Posted Health & Safety Material Checklist

| **Material** | **Location** | **Links** | **Date Posted** |
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| **Occupational Health and Safety Act** | Health & Safety Bulletin Board | <http://assembly.nl.ca/legislation/sr/statutes/o03.htm> |  |
| **Occupational Health and Safety Regulations** | Health & Safety Bulletin Board | <http://www.assembly.nl.ca/legislation/sr/regulations/rc120005.htm> |  |
| **Workplace Health, Safety & Compensation Act** | Health & Safety Bulletin Board | <http://www.assembly.nl.ca/Legislation/sr/statutes/w11.htm> |  |
| **Workplace Health, Safety & Compensation Regulations** |  | <http://assembly.nl.ca/Legislation/sr/regulations/rc961025.htm> |  |
| **Health and Safety Policy Statement** | Health & Safety Bulletin Board |  |  |
| **Workplace Violence and Harassment Prevention Policy Statement** | Health & Safety Bulletin Board |  |  |
| **If You’re Injured At Work Poster** | Health & Safety Bulletin Board  First Aid Kit | <http://www.whscc.nf.ca/download.aspx?ID=59027b91-0e11-418b-8cf6-bfefa63b1257> |  |
| **First Aid Regulation**  Include a list of all certified First Aiders in the workplace along with a copy of their certificate | Health & Safety Bulletin Board  First Aid Kit | <http://assembly.nl.ca/Legislation/sr/regulations/rc961148.htm> |  |
| **WHMIS Regulation**  Post inventory of hazardous products on site | Health & Safety Bulletin Board | <http://assembly.nl.ca/Legislation/sr/regulations/rc961149.htm> |  |
| **Safety Data Sheets (SDS)**  To be stored in an easily accessible area near where the chemicals are being used, must be most current version available from supplier | SDS Binder |  |  |
| Emergency Services and Numbers  Examples: 911 (if available), fire, police, ambulance, poison control centre, Regulatory Agency Inspector, Ministry of Environment, Utilities, Internal contact numbers, Numbers specific to workplace, i.e. Chemical Spill Clean-up Contractor | Primary Telephones  Health & Safety Bulletin Board |  |  |
| **Evacuation Plan** | Health & Safety Bulletin Board |  |  |
| **Occupational Health and Safety Committee** **or Representative**  Post names and work locations of committee members | Health & Safety Bulletin Board |  |  |
| **Health & Safety Explanatory Materials**  Examples: OHS Division Bulletins, Alerts and Safety Guidelines; WorkplaceNL Publications | Health & Safety Bulletin Board (optional) | OHS Division:  <http://www.servicenl.gov.nl.ca/ohs/>  WorkplaceNL Publications:  <http://www.workplacenl.ca/employers/publications.whscc> |  |
| **Other Reports relevant to workplace**  Examples:   * Management and Committee health and safety inspections * Committee Meeting Minutes * Health and safety assessments and surveys * Orders * Workplace Incident summaries | Health & Safety Bulletin Board |  |  |

|  |  |
| --- | --- |
| **Occupational Health & Safety Department** | **Workers’ Compensation Board** |
| **Occupational Health and Safety Branch, Service NL**  28 Pippy Place  St John's NL A1B 3X4  Telephone: 1-800-563-5471  Serious Workplace Accident Reports: (709) 729-4444 (24 Hours)  <http://www.gs.gov.nl.ca/ohs/> | **WorkplaceNL**  146 - 148 Forest Road  PO Box 9000  St John's NL A1A 3B8  Telephone: (709) 778-1000  Toll-Free: 1-800-563-9000  Fax: (709) 738-1714  **Corner Brook**  Telephone: (709) 637-2700  Toll-Free: 1-800-563-2772  <http://www.workplacenl.ca> |

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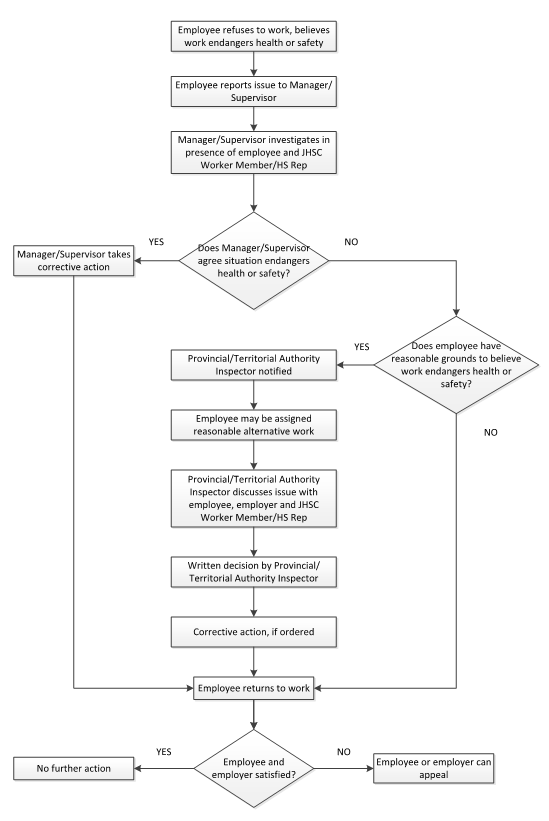
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## If You’re Injured at Work (Poster)

<http://www.whscc.nf.ca/download.aspx?ID=59027b91-0e11-418b-8cf6-bfefa63b1257>

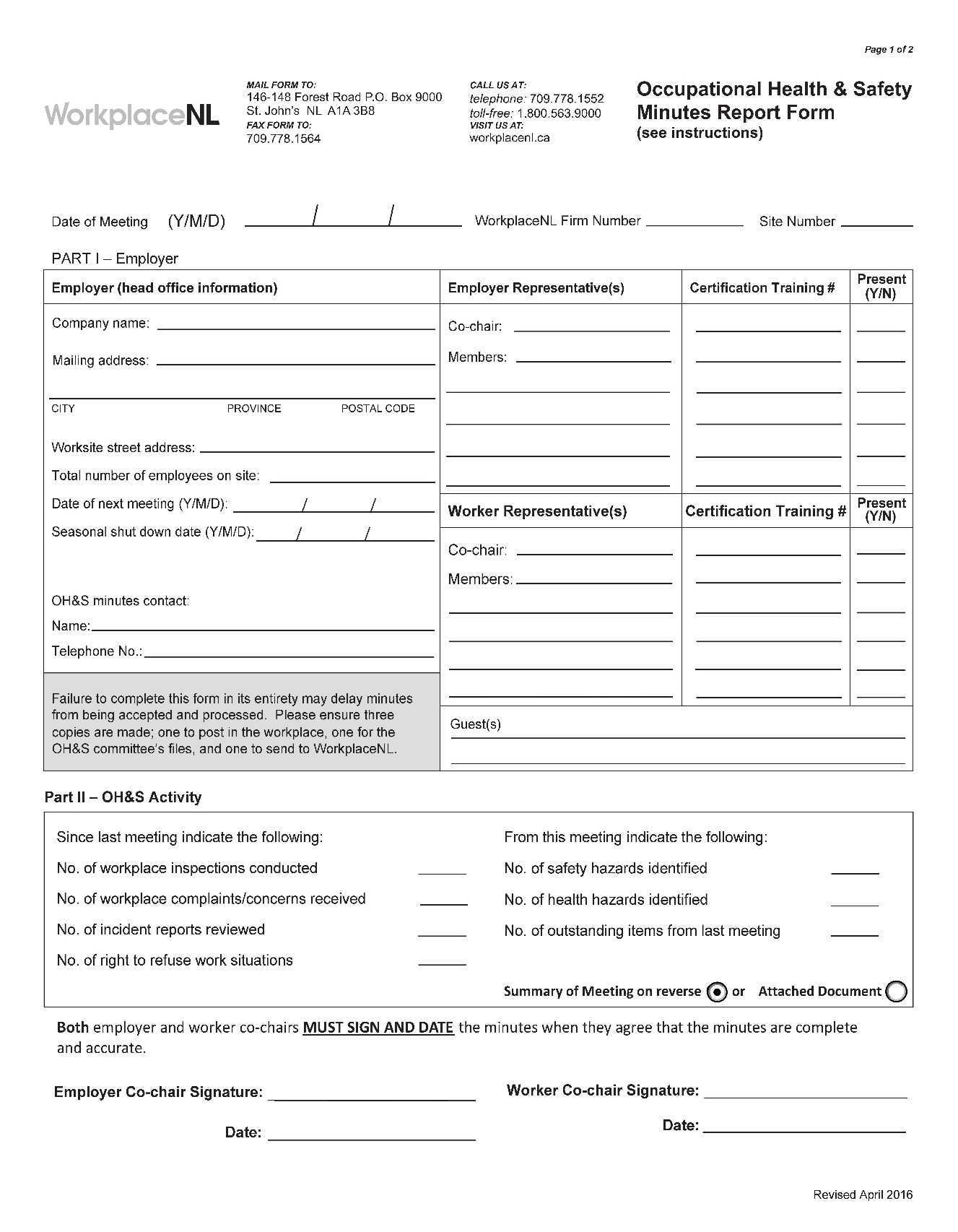


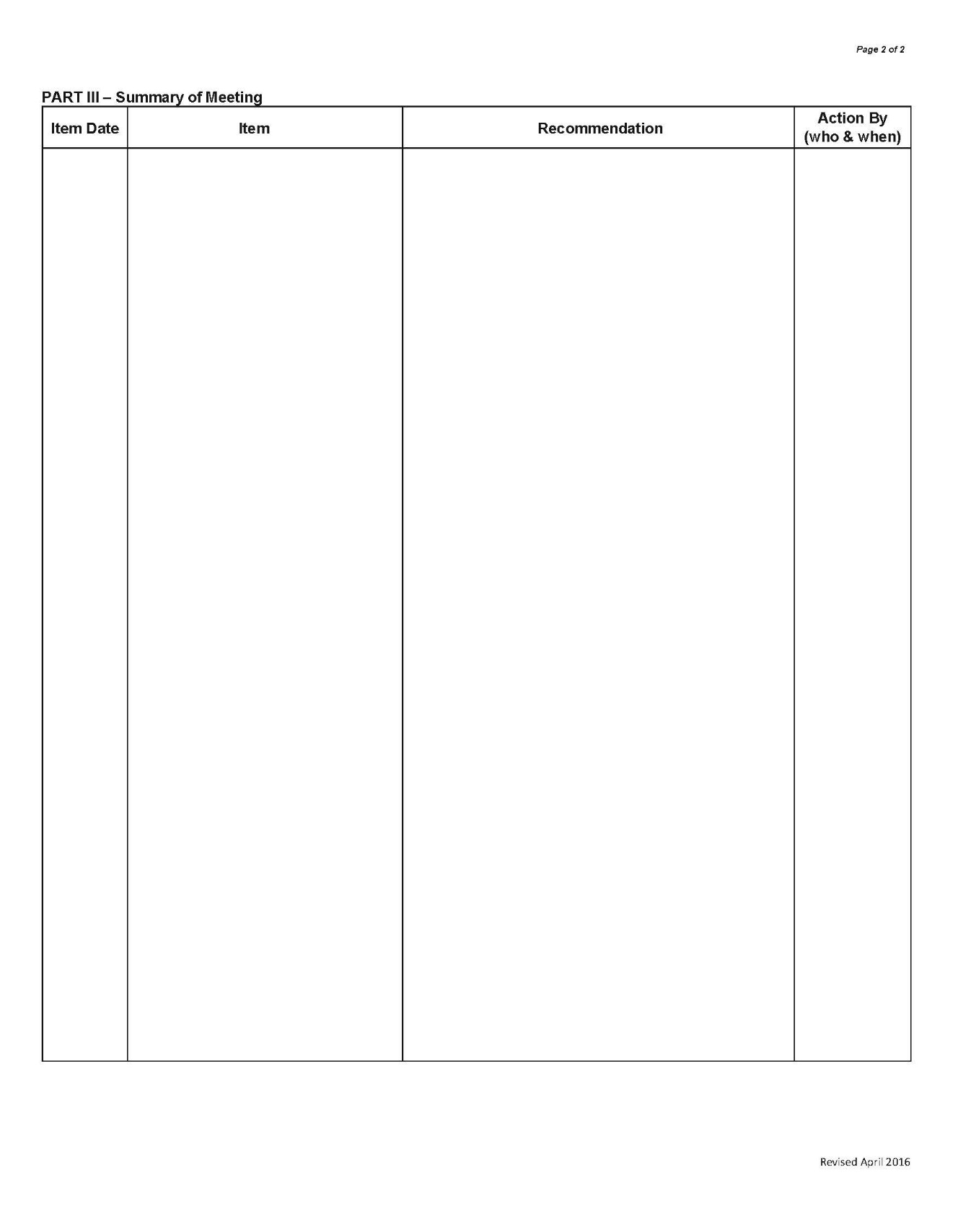
## Worker Right to Refuse Flowchart



## Occupational Health & Safety Minutes Report Form

<http://www.workplacenl.ca/download.aspx?ID=8b120cb5-3a11-40f5-92ee-7846fcb9a00f>

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First Aid Kit Requirements

|  |  |
| --- | --- |
| **Supply** | **Qty** |
| Emergency first aid safety oriented manual | 1 |
| First aid record book | 1 |
| Safety pins (assorted) | 12 |
| Splinter tweezers, blunt nose | 1 |
| A pair scissors — 4 inch | 1 |
| *Dressings (Each item to be individually wrapped to maintain sterility.)* |  |
| Sterile bandage compresses, 4 inch by 4 inch | 6 |
| Sterile adhesive dressings, 1 inch wide | 32 |
| Sterile pads, 3 inch by 3 inch | 32 |
| 40 inch triangular bandages, 1 metre by 1 metre | 6 |
| Antiseptic 4 ounce bottle of peroxide | 1 |
| Adhesive tape 1 roll — 1 inch by 2 1/2 yards | 2 |
| 5 yards tubular finger bandage with applicator | 1 |
| Fingertip dressings | 10 |
| Knuckle pad dressings | 10 |

## 

## Injury/Incident Analysis Checklist

This checklist can be used in conjunction with the Injury/Incident Investigation Report

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Background Information** | | | | | | | | |
| Job Title of Employee | | | |  | | | | |
| Department of Employee | | | |  | | | | | |
| Age Range of Employee | | | |  | | | | | |
| Male or Female | | | | M      F | | | | | |
| Employee's Supervisor | | | |  | | | | | |
| Location (where the event took place) | | | |  | | | | | |
| Day of Event (Monday, Tuesday, etc.) | | | |  | | | | | |
| Date of event (dd/mm/yr) | | | |  | | | | | |
| Time of Event (include AM or PM) | | | |  | | | | | |
| Date of Investigation (dd/mm/yr) | | | |  | | | | | |
| Date of Return to Work – Full Duty (dd/mm/yr) | | | |  | | | | | |
| Date of Return to Work – Modified Duty (dd/mm/yr) | | | |  | | | | | |
| **Incident Type** | | | | | | | | | |
| Near Miss | | | Yes   No | Occupational Injury | | | Yes   No | | |
| Hazard | | | Yes   No | Violence/Harassment | | | Yes   No | | |
| Occupational Health Hazard | | | Yes   No | Occupational Illness | | | Yes   No | | |
| Environmental Release | | | Yes   No | Damage | | | Yes   No | | |
| Other | | | | Describe: | | | | | |
| **Injury Details** | | | | | | | | | |
| Critical injury | | | Yes   No | Fatal Injury | | | Yes   No | | |
| Non-Critical Injury | | | Yes   No | Exposure to health hazards | | | Yes   No | | |
| No injury or exposure | | | Yes   No |  | | | | | |
| Full Time Employee | Yes   No | Part Time Employee | | | Yes   No | Student/Seasonal | | Yes   No | |
| Contractor | Yes   No | Temporary Staff | | | Yes   No | Volunteer | | Yes   No | |
| Other | | | | Describe: | | | | | |
| **Treatment Received** | | | | | | | | | |
| None | | | |  | | | | | |
| First Aid Required | | | |  | | | | | |
| Health Care Required | | | |  | | | | | |
| Time Loss Injury | | | |  | | | | | |
| Number of days lost | | | |  | | | | | |
| Has the Employee had a previous similar injury/disease? | | | | Yes   No | | | | | |
| Returned to full duty? | | | | Yes   No | | | | | |
| Returned to modified work? | | | | Yes   No | | | | | |
| Form 7 Required? | | | | Yes   No | | | | | |
| **Damages** | | | | | | | | | |
| Property Damage | | | Yes   No | Machinery/Equipment Damage | | | Yes   No | | |
| Tool Damage | | | Yes   No | Product Damage | | | Yes   No | | |
| Materials Damage | | | Yes   No | No Damage | | | Yes   No | | |
| **Root Causes** | | | | | | | | | |
| Performance Specifications:   * Are safe work policies/procedures in place? Are they adequate? * Are instructions from Management creating an unsafe work environment? | | | | Adequate      Inadequate  Describe: | | | | | |

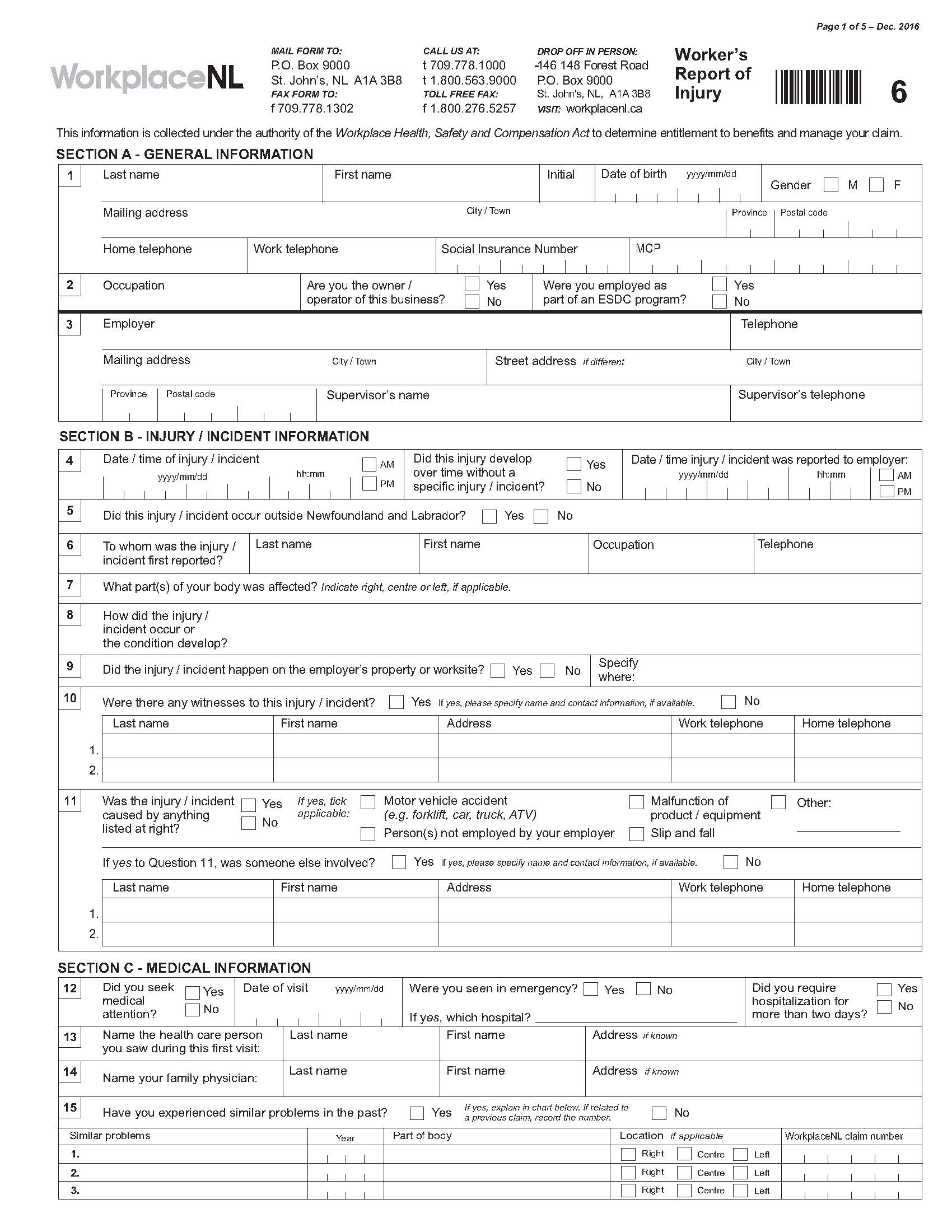
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| --- | --- | --- | --- | --- |
| Task Interference:   * Enough time allotted to complete the task safely * Equipment in proper working condition and available? * Policies/procedures that are currently in place contributed to this hazardous event? * Staffing issues? * Inappropriate body position for the task | | | Adequate      Inadequate  Describe: | |
| Consequences:   * Discipline practiced for unsafe acts? * Positive consequences for unsafe acts (e.g. rushing to get the job done quickly) * Injury/illness occurring from tasks | | | Adequate      Inadequate  Describe: | |
| Feedback:   * Lack of communication (positive or negative) between Employees, team leaders and supervisors * Improper motivation (feedback/ rewards/recognition reinforcing unsafe acts) * Employees not reporting similar injuries/illnesses * Employees not advising Supervisors of potential hazards | | | Adequate      Inadequate  Describe: | |
| Knowledge/Skill:   * Demonstrated lack of skill/knowledge? * Failure to use prescribed personal protective equipment? * Are Supervisors aware this hazardous event could occur (Supervisor and Employees trained on this hazard)? * Failure to follow established procedures? * Inadequate training? | | | Adequate      Inadequate  Describe: | |
| Individual Capacity:   * Stress * Workload * Rushing to complete tasks * Staffing/Scheduling issues * Unsuitable loading/lifting | | | Adequate      Inadequate  Describe: | |
| People/Behavioural Factors:   * Improper motivation * Leadership or supervision issues * Unauthorized use of equipment * Failure to control, monitor or secure hazard * Disabling safety devices or bypassing barrier/guards * Operating at improper speed * Abuse or misuse * Horseplay * Other | | | Yes   No  Yes   No  Yes   No  Yes   No  Yes   No  Yes   No  Yes   No  Yes   No  Describe: | |
| Equipment Factors:   * Inadequate ventilation * Defective tools, equipment or material * Lack of adequate safety devices, barriers, or guards * Inadequate warning systems * Inadequate tools/equipment * Inappropriate PPE * Wear and tear of equipment * Hazardous energy not controlled * Other | | | Yes   No  Yes   No  Yes   No  Yes   No  Yes   No  Yes   No  Yes   No  Yes   No  Describe: | |
| Materials Factors:   * Property damage caused by spilled materials * Handling of raw materials * Handling of products * Handling/use of hazardous chemicals * Handling of biological agents * Supplier issues when sending product * Manual material handling issues – lifting, carrying, pushing, pulling * Mechanical material handling issues – handcarts, forklifts * Other | | | Yes   No  Yes   No  Yes   No  Yes   No  Yes   No  Yes   No  Yes   No  Yes   No  Describe: | |
| Environment Factors:   * Hazardous environment – air quality, leak or spill * Presence of combustibles, fire or explosion hazard * Temperature extreme * Radiation hazard (non-ionizing) * Noise hazard * Poor lighting * Congested area, blocked exits/stairways, disorder * Condition of floors (e.g. slippery) * Poor ventilation * Hazards in product storage area * Other | | | Yes   No  Yes   No  Yes   No  Yes   No  Yes   No  Yes   No  Yes   No  Yes   No  Yes   No  Yes   No  Describe: | |
| Process Factors:   * Poor layout or ergonomic design * Engineering issues * Purchasing issues * Staff schedules/patterns * Physical condition of work area not inspected * Maintenance issues/records * Other | | | Yes   No  Yes   No  Yes   No  Yes   No  Yes   No  Yes   No  Describe: | |
| **Incident Event Type (Type of Contact)** | | | | |
| Struck by object | Yes   No | | Struck against object | Yes   No |
| Caught in – nip points | Yes   No | | Caught on snagged | Yes   No |
| Caught between - crushed | Yes   No | | Voluntary motion | Yes   No |
| Lifting | Yes   No | | Falls | Yes   No |
| Overexertion | Yes   No | | Electricity | Yes   No |
| Temperature extremes | Yes   No | | Radiation | Yes   No |
| Noise | Yes   No | | Chemical Substance | Yes   No |
| Vibration | Yes   No | |  | |
| Other | | | Yes   No   Describe: | |
| **Injury/Illness Assessment** | | | | |
| Has an event like this happened before in this job?  Rare – once/year  Occasional – once/month  Common – once/week | | Yes   No | | |
| Do you think this could happen again?  Rare – once/year  Occasional – once/month  Common – once/week | | Yes   No | | |

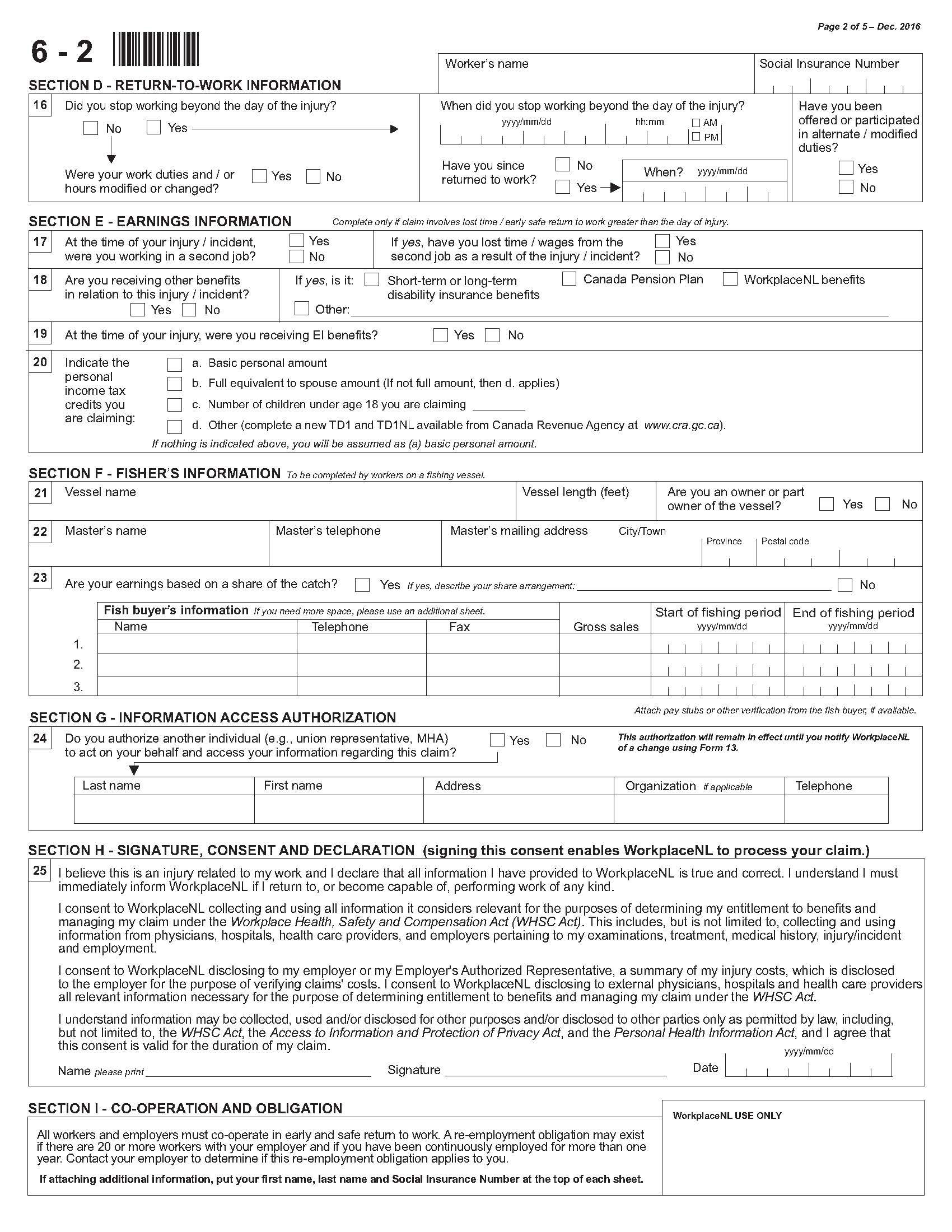
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| --- | --- | --- | --- | --- | --- |
| **Injured Body Part** | | | | | |
| Finger/Hand/Wrist  Arm/Elbow  Chest | Shoulder  Neck  Head/Face | Upper/Lower Back  Hip/Thigh  Knee | | Lower Leg  Ankle/Foot  Other, Describe: | |
| **Nature of Injury** | | | | | | |
| Sprain/Strain  Crushing/Bruising | Cuts/Lacerations  Fractures | | Scratches/Abrasions  Falls | | Other, Describe: | |

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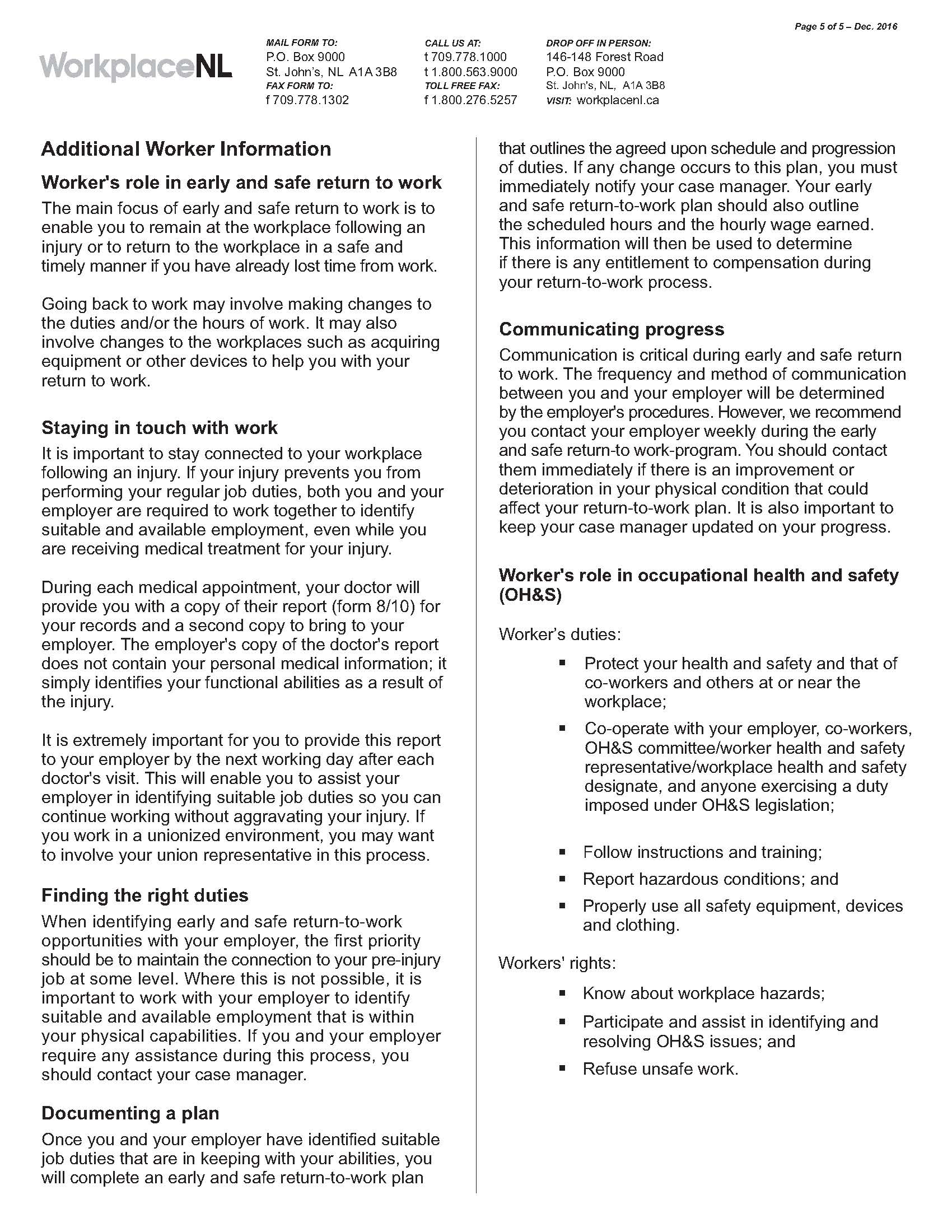
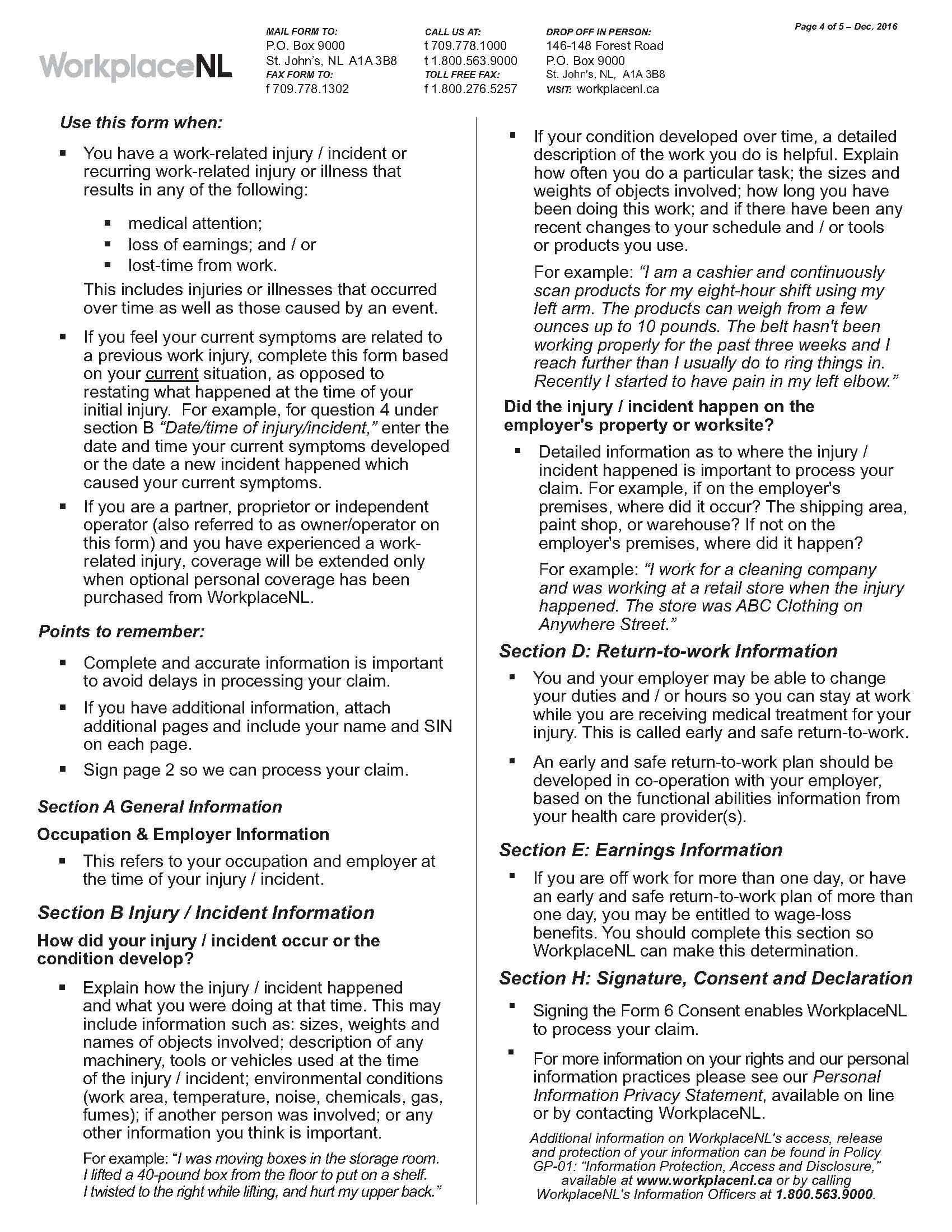
## Worker’s Report of Injury (Form 6)

<http://www.whscc.nf.ca/download.aspx?ID=8c098e64-7962-4bee-aa8a-deac86977df7>









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## Employer’s Report of Injury (Form 7)

<http://www.whscc.nf.ca/download.aspx?ID=05211c7d-3041-4aa2-a978-5e4d129ca6e7>



