

BC Family Hearing Resource Society Policies and Procedures Manual Occupational Health and Safety Policies

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H Occupational Health and Safety

Reviewed: October 2022

Approved: November 2022

The Society maintains a work environment which has primary concerns, both for the protection and promotion of the health and safety of its employees and the clients being served. The programs and services operate under standards in compliance with all relevant occupational health and safety regulations, as defined by the Worksafe BC. An annual report will be prepared by the Occupational Health and Safety (OH&S) Committee outlining current compliance with standards and action plan.

Documentation regarding Occupational Health and Safety will be maintained digitally on the Society's shared network drive, also known as the G-drive, under the file heading of "OH&S".

H-1 External Inspection**Reviewed: October 2022****Approved: November 2022**

The external safety inspection by the Occupational Health & Safety Committee will be held twice a year at all properties owned by BC Family Hearing Resource Society by the Health and Safety Coordinator and one other staff person. The Health and Safety Coordinator or designate will do walkabout, visual inspection of internal and external building. A completed checklist and action plan will include areas inspected, recommendations needing improvement, an action plan for improvements to be made, who is responsible, results from action plan and date completed.

In the Surrey Centre, one external safety inspection will be conducted annually by ACME Fire and Safety Company. A report will include areas inspected, recommendations for areas needing improvement, an action plan for improvements to be made (timeline within 30 days from inspection), and results from the action plan. Refer to Fire Safety Plan Binder.

In all sites where office spaces are rented from outside organizations, external inspections are performed by their respective property building management teams.

See Appendix A2 - Safety Inspection Checklist (Exterior: Surrey Centre)

H-2 Internal Inspection**Reviewed: October 2022****Approved: November 2022**

The safety inspections by the Occupational Health & Safety Committee will be held twice a year at all locations of BC Family Hearing Resource Centre (BCFHRC) and Surrey Early Speech and Language (SESLP) by Health and Safety Coordinator and one other staff person. The Health and Safety Coordinator or designate will do walkabout, visual inspection of internal and external building. A completed checklist and action plan will include areas inspected, recommendations needing improvement, an action plan for improvements to be made, who is responsible, results from action plan and date completed.

See Appendix A1 - Safety Inspection Checklist (Internal)

H-3 Staff Occupational Health and Safety Competency**Reviewed: October 2022****Approved: November 2022**

All persons who work for the Society have a responsibility concerning the matter of safety on the job, regarding the well-being of both the employees and the clients being served. It is the responsibility of the Occupational Health and Safety Committee to develop and implement appropriate policies and procedures for the safety of all clients and staff. It is the responsibility of staff to attend training sessions and adhere to safe working practice in the performance of their duties. Furthermore, proof of training will be put in their confidential personnel file.

See Appendix B - Staff Training Attendance

H-4 First Aid Training**Reviewed: October 2022****Approved: November 2022**

At least three staff will maintain a valid First Aid Certificate (Level 1) at each of the BCFHRS offices (Surrey, Vancouver, and Victoria). The Society will pay the costs required for the staff to obtain training for their First Aid Certificate that will be kept on the appropriate confidential personnel file. First aid kits will be checked quarterly by a designated member of the Occupational Health and Safety Committee.

See Appendix C - First Aid Kit Checklist

H-5 Injury Pay Provision
Reviewed: October 2022
Approved: November 2022

An employee who is injured on the job during working hours, and is required to leave for treatment or is sent home for such injury, shall receive regular pay for that day without deduction from sick leave.

Employees must report workplace accidents immediately to their supervisor and either the employee or the supervisor must report the accident to Worksafe BC as soon as is possible. The employee may be required to submit additional forms to Worksafe BC as instructed.

H-6 Transportation of Accident Victim

Reviewed: October 2022

Approved: November 2022

Transportation to the nearest physician or hospital for employees or persons served requiring medical care as a result of an accident at the BCFHRS in Surrey, the Vancouver office, the Victoria office, or SESLP shall be at the expense of the Society. The Executive Director or designate will be responsible for determining the form of transportation.

H-7 Incident Reporting**Reviewed: October 2022****Approved: November 2022**

The BCFHRS has a system to effectively record information about critical incidents under the employment of BCFHRS.

Following an incident, staff must immediately record the follow up types of incidents (on an official Incident Form) which includes a copy to the Executive Director, Finance & Accounting Administrator & OH & S Chair:

- Incident involving a client
- An accident which occurs on the job
- Serious illness of staff or clients
- Alleged abuse/neglect of any client
- Violent or aggressive behaviour
- Missing client
- Missing staff
- Hazardous materials
- Use or possession of Licit or Illicit substances
- Use or possession of weapons
- Elopement and wandering
- Vehicular accidents
- Bio-hazardous accidents
- Other

See Appendix D - Critical Incident Report Form

E - Critical Incident Checklist

F - General Hazards

H-8 Smoking

Reviewed: October 2022

Approved: November 2022

The BCFHRS and all its offices are designated as a non-smoking workplace.

H-9 Working Alone**Reviewed: October 2022****Approved: November 2022**

The BCFHRS is committed to providing a safe working environment for our employees and will not require employees to work in an environment without assuring that adequate safety precautions have been taken.

Therefore, the following guidelines and procedures are prescribed for staff:

H-9.1 First Meeting with Clients

As a general rule first in-person meetings with clients should occur at the BCFHRS in Surrey, the Vancouver Satellite office, the Victoria satellite office, or SESLP at a time when another staff member is on the premises.

If this is not practical for any reason, the employee must inform the BCFHRS or SESLP program assistants via email or phone call of the scheduled time and place of the first meeting, and a phone number. Staff must then phone the reception of the designated office within approximately 15 minutes after the expected end of the meeting, providing confirmation that the meeting has ended, and indicating their safety status. If the staff member does not contact program assistants within the time period, program assistants will first try to make direct contact with staff member. If program assistants are unable to contact staff member, they will inform the police.

H-9.2 Ongoing Meeting with Clients

If at any point in the provision of service, there is any indication there is any level of risk to an employee, the employee must inform the Executive Director. The Executive Director will then determine if services are to be cancelled or if alternative arrangements can be made (such as all services are provided at the BCFHRS or SESLP in the presence of at least one or two additional staff on the premises).

H-9.3 Working Alone in the Building with Clients

It is vital that all staff working in the building alone ensure the front door is locked, so they are protected against intruders. In the event of an emergency please call 911. In the Surrey centre, there are also panic buttons to summon the security company if required. If a panic pendant is used, the security company will automatically contact the police.

H-9.4 Working Alone Without Clients

It is vital that all staff working in the building alone ensure the front door is locked, so they are protected against intruders. In the event of an emergency please call 911. In the Surrey centre, there are also panic buttons to summons the security company if required. If a panic pendant is used, the security company will automatically contact the police.

H-10 Staff Leaving the Premises of the Facility**Reviewed: October 2022****Approved: November 2022**

It is the responsibility of the Society to ensure the safety of the staff during work hours. It is the responsibility of staff to adhere to safe working practice in the performance of their duties.

Staff who are attending a meeting or making a home visit or performing any other duty (e.g. making a deposit at the bank, purchasing supplies at a store) outside of the Society's facility must do the following:

1. Write down on the staff "location" board their location and the exact time they will be at that locations and the exact time they will return to our facility. If necessary, staff may also call this information in and ask the program assistants to record this information for them. Upon their return, staff need to mark the board to indicate their return. Staff must also record this information on their Outlook Calendar.
2. Staff must ensure program assistants have access to the address and phone number of their destination.
3. If staff are not able to return "on time" they must immediately phone in to inform the program assistants.
4. Occasionally a staff member will take their lunch break at a time other than 12:00-1:00. When this happens they must record on the staff "Location" board the time they have left and their expected time of return as well as signing out on the sign in/out sheet.
5. Staff who are working at home must be available by phone at all times. If they leave their home during work hours, they must call the program assistants and inform them when they are leaving, their expected return, and their destination.

See Appendix F - Staff Sign In**G - Non-Staff Sign In**

H-11 Infection Control - Universal Precautions**Reviewed: October 2022****Approved: November 2022**

Staff members are required to follow safe working procedures and to reduce the risk of bodily fluids. Staff members will wash their hands before and after providing services to a family.

Procedure for proper hand washing:

1. turn on water to comfortable temperature
2. moisten hands with water, apply soap, and lather for 30 seconds
3. rinse well under running water
4. dry hands with a paper towel and use the paper towel to turn off the faucet

The BCFHRS understands that hand washing facilities are not always available to staff members and therefore provides hand sanitizer for use between appointments. A hand washing guide is located in all BCFHRS washrooms and sink areas.

Procedure for using universal precautions:

1. Always consider blood and other body fluids as potentially infectious.
2. Follow general health care procedures of frequent and thorough hand washing and cleanliness as noted above.
3. Wear disposable gloves when in contact with any body fluid.
4. Wash immediately with soap and running water for at least 60 seconds after contact with any body fluid.
5. Disinfect contaminated items and surfaces with the recommended bleach solution.
6. Store clothing that has been soiled with body fluid in a separate plastic bag. Discard any materials in a covered garbage container. Instruct parents to machine wash and bleach these articles in hot, soapy water.
7. Do not reuse disposable gloves.
8. Do not allow the sharing of personal items which may become contaminated with blood.
9. If a staff member is bitten and the skin is broken a physician should be contacted. The staff member will complete and submit an Accident/Incident Report.

Toy Washing:

All toys are cleaned and disinfected after use.

Toy washing procedure:

1. Any surface dirt is washed using soap and water as required.
2. Toys are disinfected using either a bleach solution or a disinfectant wipe containing bleach. (Bleach solution: 1/4 cup of bleach to 4 ½ litres of water. Store bleach in its original container, away from heat or direct sunlight.)
3. Toys are rinsed with clean running water and left to air dry on a clean surface.

H-11 Infection Control - Universal Precautions (continued)**Reviewed: October 2022****Approved: November 2022****Contact with Communicable Diseases:**

If a staff member comes into contact with a child who is not displaying any signs of a communicable disease (e.g. Chicken pox, measles) but within a short period receives confirmation that the child has developed the disease, the staff member will record incidences of communicable diseases or other health concerns on the Incident Report form located in the Occupational Health and Safety Committee binder. The Executive Director will review the situation and determine if any further precautions are necessary.

Staff member will contact their family physician or the local health unit and follow the advice provided. If a staff member has been advised to be absent from work in order to reduce further spread of the infection, it will be determined by the Executive Director whether sick leave is to be used or whether the staff member may work from home (**refer to Working from Home policy #HR-B2**).

Children's Medication

Parents will notify teaching staff of any medication or safety procedures related to their child (i.e. lifting child, seating of child). The information will be on the child's file, posted in the classroom. Medications will not be administered by any BCFHRS staff.

See Appendices H - Diapering**I - Ensuring Health & Safety of Children Attending BCFHRS**

H-12 Emergency Preparedness and Response Policy**Reviewed: October 2022****Approved: November 2022**

A risk assessment will be conducted in the workplace in which a need to rescue or evacuate workers may arise.

Appropriate written procedures will be developed and implemented and a worker assigned to coordinate their implementation.

Written rescue and evacuation procedures will be provided on clipboards posted throughout the BCFHRS and SESLP offices.

Emergency Procedures

Emergency exit routes will be designed and marked to provide quick and unimpeded exit. An annual emergency drill will be held to ensure awareness and effectiveness of emergency exit routes and procedures, and a record of the drills will be kept.

Maintenance of Equipment

The firefighting equipment will be maintained in accordance with manufacturer's instructions, or with instructions provided by the external fire protection company (Acme Fire Protection Ltd.).

Training

Annual training will be given for fire drills and emergency evacuation procedures.

Staff assigned to Fire Evacuation Procedures duties will be given adequate training by the Occupational Health and Safety Committee in coordination with external fire protection company. Refer to the Fire Safety Plan clipboards, located throughout the building, for staff members' currently assigned duties.

Emergency Plan will be tested annually and recorded. Performance results and suggestions for improvement will be made as needed.

See Appendix J - Emergency Phone Numbers

H-12.1 Information on Outbreaks, Pandemic & Preparedness**Date: March 18, 2020 (New Policy)****INFORMATION ON OUTBREAKS, PANDEMIC AND PREPAREDNESS**

The BCFHRS is committed to providing a safe working environment for our employees and will not require employees to work in an environment without assuring that adequate safety precautions have been taken.

Therefore, the following information, guidelines and procedures are prescribed for staff:

Outbreaks

As stated by the World Health Organization:

A disease outbreak is the occurrence of disease cases in excess of normal expectancy. The number of cases varies according to the disease-causing agent, and the size and type of previous and existing exposure to the agent.

Disease outbreaks are usually caused by an infection, transmitted through person-to-person contact, animal-to-person contact, or from the environment or other media. Disease outbreaks can come from a “common source,” like when a group of people with food poisoning all ate at the same restaurant.

Outbreaks may also occur following exposure to chemicals, toxins or to radioactive materials in a specific area or region.

Occasionally the cause of an outbreak is unknown, even after thorough investigation. Such an outbreak may be due to a new or modified pathogen, a natural toxin, or it may be due to an initially undetected release of a chemical agent or over-exposure to ionizing radiation.

A number of environmental factors influence the spread of communicable diseases that are prone to cause epidemics. The most important of these are:

- Water supply • Sanitation facilities • Food • Climate

A lack of safe water, inadequate excreta disposal facilities, poor hygiene, poor living conditions and unsafe food can all cause diarrheal diseases. These diseases are a major cause of suffering and death in an emergency situation.

Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) and Ebola qualify as disease outbreaks.

Then there's a “propagated outbreak.” This occurs when a disease is passed from one person to another. It can result from person-to-person contact, sharing needles, or as in the case of Lyme disease, by deer ticks.

The WHO's response to communicable disease outbreaks is led by the Epidemic and Pandemic Alert and Response Department (www.who.int/csr/en/).

Pandemics

A pandemic is an epidemic (a sudden increase in the number of cases of a disease) that's spread over several countries or continents. It usually affects a large number of people.

According to the WHO, there are different levels of disease, based on how widespread it is and how often it occurs within a community.

The first level is called "endemic." This is the amount of disease usually present in a community, the constant presence or usual occurrence of a disease or infectious agent in a population. It's also referred to as the "baseline level" of a disease.

An "epidemic" is a sudden increase in the number of cases of a disease above the endemic level for that area.

However, the term "outbreak," although having the same definition as epidemic, is typically when the disease occurs in a relatively small area.

Finally, a "pandemic" is an epidemic that's spread over several countries or continents. It usually affects a large number of people. "A pandemic is person-to-person spread of a disease causing significant illness and death on an exceptionally broad worldwide scale. As opposed to an epidemic, which would be the spread of a disease to an area such as a community, nation, or portions of the world, as well as tending to be a non-exceptional occurrence.

Neither SARS, MERS, nor Ebola qualified as a pandemic despite differing severity, case counts, and death rates and were considered important disease outbreaks.

What about the COVID-19 virus?

According to the WHO:

Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as MERS and SARS. The most recently discovered coronavirus causes coronavirus disease COVID-19.

COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. Studies to date suggest that the virus that causes COVID-19 is mainly transmitted through contact with respiratory droplets rather than through the air. WHO is assessing ongoing research on the ways COVID-19 is spread.

People can catch COVID-19 from others who have the virus. The disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales. These droplets land on objects and surfaces around the person. Other people then catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose, or mouth.

People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets. This is why it is important to stay more than 1 metre (3 feet) away from a person who is sick.

To date, there is no vaccine and no specific antiviral medicine to prevent or treat COVID-19. However, those affected should receive care to relieve symptoms. People with serious illness should be hospitalized. Most patients recover thanks to supportive care. **In addition, a vaccine for COVID-19 pandemic can only be developed once the pandemic virus is identified.**

Procedures:

All employees must follow Best Practice Guidelines

COVID-19 is an outbreak disease and has been declared a pandemic by the WHO on March 11th, 2020. BCFHRS will closely monitor how our programs and services could be disrupted. We will review and update guidelines and policies pertaining to transmittable illnesses and assess the relevant legislation to ensure that staff are informed of any probable consequences should the state of affairs escalate.

Protection measures for everyone recommended by the WHO

Stay aware of the latest information on the COVID-19 outbreak, available on the WHO website and through your national and local public health authority. Most people who become infected experience mild illness and recover, but it can be more severe for others. Take care of your health and protect others by doing the following:

- Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water. Why? Washing your hands with soap and water or using alcohol-based hand rub kills viruses that may be on your hands.
- Maintain at least 1 metre (3 feet) distance between yourself and anyone who is coughing or sneezing. Why? When someone coughs or sneezes they spray small liquid droplets from their nose or mouth which may contain virus. If you are too close, you can breathe in the droplets, including the COVID-19 virus if the person coughing has the disease.
- Avoid touching eyes, nose and mouth. Why? Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and can make you sick.
- Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately. Why? Droplets spread virus. By following good respiratory hygiene, you protect the people around you from viruses such as cold, flu and COVID-19.
- Stay home if you feel unwell. If you have a fever, cough and difficulty breathing, seek medical attention and call your local health authority or 911. Follow the directions of your local health authority. Why? National and local authorities will have the most up to date

information on the situation in your area. Calling in advance will allow your health care provider to quickly direct you to the right health facility. This will also protect you and help prevent spread of viruses and other infections.

- Stay informed on the latest developments about COVID-19. Follow advice given by your healthcare provider, your national and local public health authority on how to protect yourself and others from COVID-19. Why? National and local authorities will have the most up to date information on whether COVID-19 is spreading in your area. They are best placed to advise on what people in your area should be doing to protect themselves. WHO Protection measures for persons who are in or have recently visited (past 14 days) areas where COVID-19 is spreading
- Follow the guidance outlined above. (Protection measures for everyone)

Emergency response and business continuity plan:

- Stay at home if you begin to feel unwell, even with mild symptoms such as headache and slight runny nose, until you recover. Why? Avoiding contact with others and visits to medical facilities will allow these facilities to operate more effectively and help protect you and others from possible COVID-19 and other viruses.
- If you develop fever, cough and difficulty breathing, seek medical advice promptly as this may be due to a respiratory infection or other serious condition. Call in advance and tell your provider of any recent travel or contact with travelers. Why? Calling in advance will allow your health care provider to quickly direct you to the right health facility. This will also help to prevent possible spread of COVID-19 and other viruses.

You can read more on the Novel coronavirus (2019-nCoV) on the WHO website at www.who.int/emergencies/diseases/novel-coronavirus-2019.

Some previous historical data

For example, Influenza pandemics occur two or three times every century. There have been three influenza pandemics as recently as 2009 in the past hundred years, and the most deadly of these, the Spanish flu pandemic of 1918-19, killed between 30,000 and 50,000 Canadians.

During the H1N1 flu pandemic of 2009, in Canada, roughly 10 percent of the populace (or 3.5 million) became infected with the H1N1 virus, with 428 confirmed deaths (as of February 20, 2017); non-fatal individual cases are for the most part no longer being recorded. Worldwide, 79,553 people were infected and about 2,628 died in 29 countries.

It is important to note that even if the flu is not widely considered as a pandemic in 2020, since 2009, flu has caused about 12,200 hospitalizations and 3,500 deaths in Canada each year.

Pandemic influenza is much more virulent than seasonal influenza, the disease we are familiar with. Seasonal influenza (flu) is a common infection of the airways and lungs that can spread easily among humans. In Canada, flu season usually runs from November to

April. Although some changes in the genetic material of the seasonal flu may happen between seasons, they are not significant changes. The World Health Organization tracks and reports how these strains are circulating around the world. It also recommends what strains should be included in the annual seasonal flu vaccines based on this information.

Sometimes, however, the genetic material of influenza viruses can change or mutate, causing a new influenza strain to emerge. Since people have no immunity against the new strain, it can spread rapidly around the world, causing what is known as a pandemic.

The WHO states that an influenza pandemic is triggered by three conditions:

- A new influenza virus subtype emerges
- It infects humans, causing serious illness
- It spreads easily and sustainably among humans

Pandemic influenza does not only affect the very young or the old and infirm; in fact, its most serious impact is on healthy adults between 20 and 40 years of age. The pandemic influenza virus can cause severe complications, such as pneumonia and death in people who were otherwise healthy.

Based on the history of past pandemics, we can predict the following:

When a pandemic virus arrives in Canada, it would probably peak in two to four months. There could be two or three waves of infection before it runs its course.

Its spread is not easily contained: Because it is spread by coughing and sneezing, and infected people can spread the disease before they even realize they are sick, it is difficult to contain it within a community or a country. If containment strategies are successful, it is possible that it could manifest itself as localized clusters of infection. However, for planning purposes you should anticipate a widespread global event.

It affects a large percentage of the population: Experience from past influenza pandemics suggest that 25-35 percent of the total population could be infected. A number of people will die, but the mortality rate depends on the severity of the influenza strain. The infection rate, however, is only part of the story. For every sick child there will be a parent caring for them, and for many sick adults there will be a partner or a relative who will also be affected. The resulting high rates of absenteeism will affect essential services, such as law enforcement, transportation and communications. Pandemics cause huge surges in the numbers of people requiring or seeking medical or hospital treatment, temporarily overwhelming health services. They also create shortages of essential supplies of everything from antibacterial hand cleaner to bottled water. Many businesses could find themselves without the key personnel they need to carry on business. Others may be unable to find the material inputs they need as supply chains and transportation links break down.

It will affect a community for a long period of time: The duration of a pandemic is impossible to predict with any certainty. Historically, however, there tend to be several waves of infection. It would be prudent to assume that the pandemic could last for up to a

year within a community, with the peak of infection (and absenteeism) extending from six to eight weeks.

A pandemic would have serious consequences in Canada. In a full-blown flu pandemic, Health Canada projects that between 4.5 million and 10 million Canadians— between 15 percent and 35 percent of the population—might be ill enough that they would be unable to attend work for at least half a day. It also predicts that between 2.1 and 5 million Canadians would require outpatient care, between 34,000 and 138,000 would need to be hospitalized, and as many as 11,000-60,000 people could die.

But as serious as these domestic impacts are, much of the world's population, especially in the under-developed world, would be in worse shape. Tens of millions would be affected, and healthcare systems would be swamped very quickly. This means that one of the most effective tactics of many business continuity plans, moving operations to an unaffected location, would not be possible. With a pandemic, there is no "safe ground". Moreover, Canada would not be able to seek assistance from its neighbours, and within Canada, one community could not reasonably be expected to help another. Unlike most natural disasters, you could not expect the rest of the world to "pitch in" to help the afflicted.

Anticipated impact of a pandemic in Canada

The SARS outbreak in Toronto in 2003 illustrates the impact that a pandemic would have. People stayed away from stores, restaurants and entertainment, and many chose to stay away from work, too.

There will be a marked slowdown in overall economic activity, but it will not be spread evenly across all sectors. Hardest hit will be entertainment, accommodation and food service sectors, followed by air, rail and transit services. Most commercial, industrial and service businesses will be hurt, but some, like suppliers of healthcare products, will be overwhelmed by demand. Other businesses, like food retailers, may experience a brief surge of demand as people stock up on emergency supplies.

An April 2006 BMO Nesbitt Burns report estimates that a mild influenza pandemic would reduce annual GDP growth by two percent. A severe pandemic would reduce global growth by six percent. Again, this severe impact would not be felt uniformly around the globe; it's likely that more-prosperous, better-prepared countries would fare better than poorer ones.

Most natural disasters take place over a minute, a day, a week at most. A pandemic could affect a community for up to a year. This means that a business could be operating in "pandemic mode" for a protracted period, and that a business continuity plan would need to encompass many more of the practices, policies and procedures you use day to day.

For example, from an HR perspective, many routine activities (hiring, termination, retirements, maternal and paternal leaves) will still be your responsibility during the pandemic. How will they be affected? Anticipating these impacts, and mitigating them if needed, is a big part of building a business continuity plan.

Most natural disasters don't include advance notice. An influenza pandemic, however, won't sneak up on us. We'll be able to track its inexorable progress, and Health Canada and the World Health Organization can be counted on to keep us informed.

The advance notice will certainly not allow an organization enough time to prepare an emergency response plan and/or a business continuity plan, but it will give you a chance to announce the phase-in of the elements of the plans you have already prepared.

H-13 Fire Emergencies**Reviewed: October 2022****Approved: November 2022**

In the event of a fire at any location of the BCFHRS offices or SESLP, the site will be evacuated in accordance to the Fire Safety Plan (Elite Fire Protection Ltd.)

Fire Evacuation Procedure

All rooms are to be vacated, with all persons leaving through the nearest exit and remaining outside until it has been determined it is safe to return. It is the responsibility of the Fire Captain and Deputy Fire Captain to contact the fire department. In the event that these people are not present, staff will call 911 and exit the building. Once outside, all staff and clients shall gather for a “head count” including referencing the sign in & out visitor and staff forms at the designated meeting location, outlined on the Emergency Floor Plan for each location (Appendix L). Once the fire department has determined the building is safe, all persons can re-enter.

If the fire department determines the building to be unsafe to re-enter, all persons will walk to our designated safe evacuation site. Each location will list their safe evacuation site on their Emergency Floor Plan (Appendix L).

It is the responsibility of the Fire Captain to check that all staff and clients have left the facility, and to determine when it is safe to return. In the event that these people are not present, it will be the responsibility of the program assistant staff. If no program assistant is present, it will be the responsibility of the staff member present at the designated office.

Training will be provided annually to BCFHRS staff. Fire drill procedures and training will be done on at least a semi-annually basis.

A fire emergency plan will be tested annually, recorded, and performance results will be shared and improvements will be made as appropriate.

See Appendix L – Emergency Floor Plan**M - Fire Incident Report****N - Emergency Evacuation Procedures**

H-14 Power Failure**Reviewed: October 2022****Approved: November 2022**

In the event of a power failure, stay where you are (if possible) and remain calm. In the Surrey centre, emergency lighting will automatically activate throughout the building in order to allow for safe movement through the hallways. At all locations, portable flashlights will be kept in each room, including the reception area. It will be the responsibility of the program assistant at each office to contact the appropriate authorities to report the problem and to determine the anticipated time when power will be restored. This information will be used to determine whether the site is to remain open without power, or if the site is to be closed for the balance of the workday. In the Surrey centre, the property will be checked for tree trimming (checking for trees that may cause a disruption of power lines).

H-15 Natural Disasters**Reviewed: October 2022****Approved: November 2022**

The BCFHRS will have policies and/or procedures that address evacuation in the event of a natural disaster. Staff will be trained and evaluated on evacuation preparedness on an annual basis.

Policies for evacuation address:

1. Complete evacuation from the physical facility
2. The safety of evacuees
3. Accounting for all persons involved
4. Temporary shelter, when applicable
5. Identification of essential services
6. Continuation of essential services
7. Emergency phone numbers
8. Notification of the fire department

Evacuation plan will be tested annually, recorded and performance results will be shared and improvements will be made as appropriate.

See Appendix O - What To Do in a Severe Earthquake

P - Procedures after a Natural Disaster

Q - Earthquake Office Survival Kit

H-16 Bomb Threat**Reviewed: October 2022****Approved: November 2022**

The BCFHRS adopts specialized procedures to prepare for bomb threats to ensure the safety of staff and clients.

Staff will be trained in recording information from an incoming threatening call/bomb threat.

In the event of a bomb threat, staff will first contact the Police and call 911. The Police will follow up with appropriate action. Once this is done the staff will complete the Bomb Threat Checklist located in the Occupational Health and Safety Committee binder.

Procedure

In the event of a bomb threat the staff and families will exit the building by following Emergency preparedness and response procedures and meet in the designated area listed on the Fire Escape Plan (Appendix M).

For each location, a secondary site has been established for safe evacuation of BC Family Hearing Resource Centre staff. A Letter of Agreement has been obtained from Surrey Christian School, 15335 92nd Ave Surrey, BC (2022) and is located on the shared network drive at G:/OH&S/2022-2023.

See Appendix R – Bomb Threat Checklist

H-17 Medical Emergencies**Reviewed: October 2022****Approved: November 2022**

All staff will be made aware of location and contents of First Aid Kits at each of the offices.

In the event of a minor medical emergency staff will act if they have completed their first aid training. Staff who have not completed their first aid training will seek appropriate support from other staff who are in close proximity to the incident.

In the event of a major medical emergency staff will call 911.

Examples**Minor**

- Scrapes
- Burns
- Choking
- Cuts

Major

- Seizures
- Heart Attack
- Serious Burns
- Broken Bones
- Head Injury

Other reference to Medical Emergencies: H.5 and H.6

H-18 Safety during a Violent or Other Threatening Situation

Reviewed: October 2022

Approved: November 2022

In the event of a violent or threatening situation, staff will contact the police and call 911 and follow up with appropriate action. Once this is done the staff will complete critical incident reports or in the case of a phone call, the form that details threatening or disturbing calls.

Staff will receive appropriate education regarding safety preparedness during violent or other threatening situations.

See Appendix S – Threatening or Disturbing Telephone Calls

H.18.1 Weapons in the Workplace

Reviewed: October 2022

Approved: November 2022

Policy Statement: BCFHRS has zero tolerance for weapons in the workplace. Employees, family members and visitors shall be prohibited from carrying or bringing any weapon, as defined herein to the workplace.

Purpose:

To help ensure a safe workplace for employees.

Guidelines:

1. Employees, family members and visitors are prohibited from carrying or bringing any weapon to their work site or any other location the employee may be required to be during the workday.
2. Weapon means any firearm, whether loaded or unloaded, from which a shot may be discharged including but not limited to pistol, revolver, shotgun, rifle, bb gun or any knife including switchblade knife, gravity knife, or any knife with a blade longer than 3 inches, or billy, blackjack, bludgeon, metal knuckles, bow and arrow, electronic stunning device, etc.,
3. A violation of this policy is a serious infraction of the work rules and may result in discipline up to and including termination.

Procedure: LOCKDOWN

LOCK DOWN SIGNALS

- CODE RED announced = *full lockdown*
- CODE YELLOW announced = *partial lock down*. Keep children in classroom and wait for Code Green
- CODE GREEN announced = *all clear*, resume regular activities

First available staff member will inform deaf and hard of hearing staff members there is a lockdown in place.

Large, laminated cards with the three color codes i.e. RED, YELLOW, GREEN will indicate the level of lockdown for deaf and hard of hearing staff

On hearing the lockdown announcement:

- All staff members secure children in classroom, quickly checking halls for out-of-class children
- Lock doors and keep children away from windows and other lines of vision
- Get down low
- Keep quiet
- Turn off lights and any equipment if possible.

STAFF MEMBERS ARE FORBIDDEN TO USE THEIR CELL PHONES DURING A LOCKDOWN. First available staff member will contact 911. Making call will draw concerned loved ones to the Centre placing them in danger and inhibiting the emergency response procedures by the police.

Staff will check bathrooms and lead child(ren) to safety.

If lockdown occurs during non-structured time, all staff, parents, children and visitors will gather into the nearest classroom and follow the above procedures.

Lockdown will also be announced over our intercom system

Staff and children that are outside shall:

- If the disturbance is outside try to move into the Centre safely
- If the disturbance is inside, stay outside and move to a safe location

Let common sense prevail!

STAY IN LOCKDOWN UNTIL INSTRUCTED BY POLICE OR CODE GREEN IS ANNOUNCED.

H.18.2 Workplace Violence**Reviewed: October 2022****Approved: November 2022****Policy Statements:**

BCFHRS does not tolerate violence or unacceptable behavior in the workplace perpetrated by or against employees, customers, clients, or other third parties. In the event of a violent incident or unacceptable behavior perpetrated by an employee, BCFHRS will act to severely discipline the employee, up to and including discharge for cause.

BCFHRS shall establish programs and procedures to assess and reduce the risk of violence and unacceptable behavior in the workplace. All employees are expected to be aware of and participate in such programs and procedures, as required.

This policy shall be reviewed after any serious incident or at least annually, whichever is the earlier.

Purpose

The purpose of this policy is to establish procedures to minimize and/or prevent violence and unacceptable behavior in the workplace and to foster the safety and security of BC Family Hearing Resource Society employees, customers, and visitors to our work sites.

Scope

This policy applies to all employees of and visitors to BCFHRS.

Responsibility**Employees**

- a) Employees are responsible for informing their supervisors of any violence, potential risk of violence, or unacceptable behavior they may experience or witness. This includes issues in the employee's non-work life that may impact on the employee's or his or her co-worker's safety.
- b) employees are responsible for reporting to their supervisors any incidents of violence or close calls, according to the procedures set out in this policy.
- c) Employees are responsible for attending any training or information sessions provided by the employer to reduce violence or risks of violence.
- d) Employees are expected to co-operate with the police, supervisors or other authorities as required during any investigation related to workplace violence.

Definitions

“Violence” means unacceptable behavior as defined in the “Unacceptable Behavior” paragraph below and includes any incident in which there is

- a) the exercise of physical force by a person against an employee, in the workplace, that causes or could cause physical injury to the employee,
- b) an attempt to exercise physical force against an employee, in a workplace, that could cause physical injury to the employee,
- c) a statement or behavior that it is reasonable for an employee to interpret as a threat
- d) to exercise physical force against the employee, in a workplace, that could cause physical injury to the employee
- e) an attempt to threaten or assault a client or visitor to the workplace while on BCFHRS premises; or
- f) an attempt by an employee to threaten or assault a client, co-worker or other individual in circumstances relating to the employee’s execution of his or her duties, whether on or off company premises.

“Workplace” means in or on the property of BCFHRS, or away from BCFHRS property if the employee is engaged in work-related activities.

“Unacceptable Behavior” means physically or psychologically aggressive behaviors including but not limited to:

- hitting, kicking, punching, pushing, shoving, slapping, pinching, grabbing, biting carrying or brandishing weapons of any sort
- throwing objects at an individual with a view to cause physical injury or fear
- destruction of workplace or co-workers’ property
- threats of violence
- intimidating behaviours that causes the recipient to have a fear of physical violence
- obscene or harassing telephone calls

“Close Calls” means incidents which did not result in actual physical harm but, except for circumstance, had the potential to result in physical harm.

“Minor Incident” means an incident in which no one is physically harmed in any way and which was resolved through employee or Supervisory mediation.

“Serious Incident” means an incident in which someone was physically harmed (whether requiring medical attention or not), or which continued or escalated after Supervisory mediation.

Procedure

Supervisors shall initiate a process to involve employees and the Occupational Health and Safety Committee in assessing the risk of violence in the department and work environment on a periodic basis. The process shall include taking actions to remove as

many risks as can be reasonably removed and instructing employees to recognize risk. The risk assessment shall be reviewed at least annually.

Each and every incident of violence in the workplace shall be reported immediately to the Supervisor. The Violent Incident Report Form shown in Attachment A to this policy is used for this purpose. The Supervisor shall investigate the incident immediately. The Violent Incident Investigation Checklist shown in Attachment B to this policy may be used to ensure proper investigation of any reported violent incident.

- (a) The supervisor shall immediately make the appropriate inquiries of the victim and/or witnesses to determine if the incident is minor or serious.
- (b) If the incident is minor:
 - (i) the supervisor will determine if mediation is appropriate and if so, mediate or arrange for mediation of the situation;
 - (ii) conduct the appropriate investigation immediately; and
 - (iii) within twenty-four (24) hours, write a report outlining the details, facts and witnesses of the incident and submit the report to the Executive Director and the Occupational Health and Safety Committee.
 - (iv) if the assailant is an employee, the supervisor shall apply appropriate disciplinary measures based on the facts of the incident and the assailant's employment record.
- I If the incident is serious:
 - (i) the Supervisor must first ensure the safety of employees and themselves;
 - (ii) ensure proper medical treatment is provided to the injured person(s) or sent for;
 - (iii) contact the authorities as soon as possible, (Police, Worksafe BC, where appropriate), to report the incident;
 - (iv) contact the Executive Director and Occupational Health and Safety Committee, as appropriate, as soon as possible, to assess who should be involved in the investigation;
 - (v) conduct a thorough investigation, keeping detailed notes of facts, times, witnesses, and witness accounts;
 - (vi) within twenty-four (24) hours after the completion of the investigation write and submit a detailed report of the incident to the Occupational Health and Safety Committee and the Executive Director, and any other parties required by law;
 - (vii) consult with the Executive Director regarding any disciplinary action to be applied;

- (d) If the incident involves a fatality; results in an individual being admitted to a hospital for more than [two (2)] days; or involves an unplanned or uncontrolled explosion, fire or flood that causes a serious injury or that has the potential of causing a serious injury,
- (i) the area where the incident occurred must be sealed and not disturbed except insofar as is necessary to attend to persons injured or killed, or to prevent further injuries;
 - (ii) the Executive Director shall immediately notify the police, Worksafe BC and/or other authorities, as necessary, of the time, place and nature of the incident.

To report a serious incident or fatality, phone

- Phone: 604-276-3100 (Lower Mainland)
- Toll Free: 1-888-621-7233 (1-888-621-SAFE) (Canada)

Hours of operation: 7 days a week, 24 hours a day

A supervisor shall advise an employee to consult a health professional of the employee's choice for treatment or referral if the employee reports an injury or adverse symptom resulting from workplace violence or is exposed to workplace violence.

The Executive Director or designate responsible for documenting newly hired employees, shall ensure a copy of this policy is provided to and reviewed with each new employee during that employee's documentation process.

H-18.3 VIOLENT INCIDENT REPORT FORM (Page 1)

Complainant Information		
Name	Job Title	
Department	Date of incident:	Time of Incident:
Type of Incident <input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Other		
Description of Incident		
Location of Incident		
Medical Attention required (Please explain):		
Police called? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details:	WorkSafe BC reported issued? <input type="checkbox"/> No <input type="checkbox"/> Yes Provide details:	
Investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No Names of investigators involved:	Reported to Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Supervisor:	

H-18.3 VIOLENT INCIDENT REPORT FORM (Page 2)

Assailant Information			
<input type="checkbox"/> Employee <input type="checkbox"/> Customer <input type="checkbox"/> Visitor <input type="checkbox"/> Delivery person <input type="checkbox"/> Ex-employee			
<input type="checkbox"/> Other (please specify)			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Unknown	Name (if known)	
Age	Height	Weight	Complexion
Other distinguishing marks:			
Vehicle description (if any):			
Other Information			
Has the assailant been involved in any previous incidents with employees? If yes, provide details.			
Did any working condition contribute to the incident?			
Names of witnesses:			
Please provide any other information you think is relevant:			
Name of Investigator: Signature of Investigator:			
Date:			

H-18.4 VIOLENT INCIDENT INVESTIGATION CHECKLIST

Use this check chart for violent incident investigations to ensure all aspects of the incident have been reviewed. Prepare an Incident Report based on your findings.

- ☐ Names, addresses, telephone numbers of complainants, assailants and witnesses
- ☐ Occupation of complainants, assailants and witnesses
- ☐ Date and time of Incident
- ☐ Date and time incident reported to employer
- ☐ Exact location of incident
- ☐ Exact location of complainants, assailants and witnesses
- ☐ Activities of complainants, assailants and witnesses before, during and after incident
- ☐ Statements of witnesses and their locations
- ☐ Detailed explanation of events in order of sequence of occurrence
- ☐ Complainant's account of events
- ☐ Description of assailant(s)
- ☐ Description of any vehicles involved in incident
- ☐ Assailant's account of events
- ☐ What participants said and did immediately before and after incident
- ☐ Physical conditions of work environment at time of incident
- ☐ Assailant's physical and mental state prior to and at the time of incident
- ☐ Unusual activity that may have contributed to incident
- ☐ Substance use or abuse
- ☐ Relationship between complainant and assailant if any
- ☐ Investigator's relationship to complainant and assailant if any
- ☐ Photographs of incident site
- ☐ Diagram of incident site, location of injured worker and witnesses

H- 19 Safety of Persons Served**Reviewed: October 2022****Approved: November 2022****H-19.1 Teacher-child Ratio**

To ensure the safety of persons served the following adult/child ratios will be adhered to when parents are not present with their children. (According to Child Care Licensing Regulations)

Group childcare (Infant) Ratio 1:3 (adult: child) group size max 10

Group childcare (Toddler 18 months – 3 years) Ratio 1:4 (adult: child) group size max 12

Pre-school aged care (Preschooler 3 years – 5Years) Ratio 1:8 (adult: child) group size max 25

Child with mobility issues (e.g. child in wheelchair) Ratio 1:1 (adult: child)

Procedure:

A record of number of children and adults present during group programs will be kept.

H-19.2 Volunteers

Volunteers working with children will complete a criminal record check, supply two references, and sign a confidentiality agreement form. Volunteers will go through training. Training workshops will cover evacuation procedures, universal precautions, and be made aware of the Health and Safety policies in the BCFHRS Health and Safety Binder/online folder. Volunteers will work under the guidance of a BCFHRS staff member.

Refer to Human Resources Policy - HR-E Volunteer Policy

H-20 Fragrances in the Workplace

Reviewed: October 2022

Approved: November 2022

The BCFHRS recognizes staff and/or families may have allergies to certain fragrances from perfumes and/or products. The Society asks those affected to bring their need for a fragrance-free environment to the attention of the Executive Director so accommodations can be made.

H-21 Cell Phone Use**Reviewed: October 2022****Approved: November 2022**

Some staff are required to use cell phones for business purposes; for example, for safety while working away from the office or to conduct Society business while traveling. Cell phone use is not permitted while driving unless a hands-free device with one touch dialling is used.

Staff members who regularly require the use of cell phones for business purposes may be approved to use their own personal cell phones for business purposes. In this case, the staff member will be compensated by the Society with a monthly allowance in addition to repayment of approved long-distance charges.

Approval of a monthly cell phone allowance will be granted in advance by the Executive Director or designate. The Finance and Accounting Administrator will inform staff regarding the current amount of the monthly allowance.

H-22 Lost Child**Reviewed: October 2022****Approved: November 2022**

BCFHRS makes every effort to ensure the safety and well-being of all clients. Children are not normally at the BCFHRS or the SESLP in the absence of their parents or caregivers with the exception of the specialized childcare that operates out of the Surrey centre.

If staff learn that a child is unaccounted for the following procedures are followed:

The staff person and parent alert the receptionist and report where and when the child was last seen.

The program assistants immediately alerts the fire captains and warden who will initiate a search of the building and grounds. Each fire captain will check their assigned area, reporting back to the fire warden.

If the child is not located within 10 minutes of the time they were last seen the fire warden or designate will call 911.

Any time a child is reported lost an incident report will be completed.

H-23 Medical Accommodation Exception**Reviewed: October 2022****Approved: November 2022**

In order to ensure that the staff member does not pose a risk to themselves, fellow employees, patients, residents, tenants or clients and/or to determine the level of accommodation needed to enable the staff member to return to work if not fully recovered from the illness or injury or to carry out their duties safely.

Should an employee need a medical accommodation they will be required to have form U completed by their physician.

The Executive Director will be responsible to review any medical accommodation exceptions and approve or deny depending on the specific situation and the ability to continue providing services to clients.

See Appendix T – Confidential Medical Report Form

H-24 Outreach Staff Safety and Security**Reviewed: October 2022****Approved: November 2022****Policy:**

Staff safety and security is a priority at the BCFHRS. BCFHRS management will ensure that staff are provided with appropriate training and are well informed on all BCFHRS safety procedures.

1. New Outreach Consultants will be given training on the following safety and security policies and procedures, prior to initiating outreach services:
 - a. Staying Safe when Working Alone (H -25)
 - b. Following a communication protocol in times of threat (Appendix U)
 - c. Guidelines for overall safety (Appendix V)
2. New Outreach Consultants will be required to sign a form indicating that they have received the appropriate orientation and training.
3. These forms will be kept on file as per the information management policy.

H-25 Outreach Staff – Staying safe when working alone**Reviewed: October 2022****Approved: November 2022****Policy**

The BCFHRS does not encourage outreach consultants to work alone. In some situations, there is no other option and an outreach staff has to work alone. In these circumstances, the outreach staff's supervisor must know where the outreach consultant working alone is at all times. A communication protocol for the outreach consultant to alert co-workers when he/she becomes uncomfortable or feels threatened while working alone is understood by all employees.

Procedure

In order to ensure the safety an outreach consultant who is working alone, adheres to the following procedure:

1. An outreach consultant working alone will let their supervisor know their itinerary for the day.
2. The outreach consultant will set up a check-in time with their supervisor.
3. If the outreach consultant fails to check-in at the agreed upon time, their supervisor will arrange to call their cell phone and then their home phone to ensure their safety.
4. If the outreach consultant plans change while they are in the field, they will call to advise their supervisor of this change of plans.
5. The program assistants will keep a record of all staff rental vehicle - make, model, color and license plate numbers.
6. If an outreach consultant feels unsafe about visiting a client alone, they will not go without a Community Service Provider (CSP).
7. BCFHRS will keep client records and ensure all outreach consultants are aware if an uncomfortable situation arises with a family (e.g., aggressive, hostile, or potentially violent).
8. BCFHRS will provide education to outreach consultants on how to avoid potentially dangerous situations.
9. Outreach consultants will be provided a communication protocol
(See **Appendix U**)
10. A guide sheet of Safety Tips will be provided to all new employees
(See **Appendix V**).

Appendix A1 - Safety Inspection Checklist (Interior Building)

BC Family Hearing Resource Society

Date: _____

Area: _____

Inspection conducted by: _____
_____**Code**

A- immediate action required
 B- requires attention asap
 C- eliminate hazard but not
 emergency

LIGHTING	Pass	Code	Comments
Adequate lighting			
Emergency lights adequate & working			

FLOORS	Pass	Code	Comments
No slippery surfaces			
Free from tripping hazards			

WALLS/DOOR FRAMES	Pass	Code	Comments
Mounted materials securely fastened			
Surface smooth and danger free			
Exits clearly marked and unobstructed			

STORAGE AREAS	Pass	Code	Comments
Hazardous items locked or labelled			
Items stored safely			

ELECTRICAL	Pass	Code	Comments
Cords and extensions fray-free and without splices			
Outlets covered.			
Cords/wiring tucked away			
Fuse box clearly labelled & unobstructed			

EQUIPMENT	Pass	Code	Comments
Items positioned safely			

OTHER	Pass	Code	Comments
Potentially dangerous materials safely out of reach (e.g. cleaning supplies, medicine, plants, sharp items, matches, etc.)			
Furniture/Fixtures well maintained (e.g. Cabinets, tables, chairs, shelves, etc.)			
Toys in good repair			

Appendix A2 - Safety Inspection Checklist (Exterior Building)**BC Family Hearing Resource Society: Surrey Centre****Date:** _____**Area:** _____**Inspection conducted by:** _____

Code

A -immediate action required

B- requires attention ASAP

C- eliminate hazard but not
emergency

PLAY AREA	Pass	Code	Comments
The play area is well defined. Fence cannot be easily climbed. Shall be constructed to a minimum height of four feet and a maximum of six feet from ground level. Gate latches will be out of reach of children.			
Clear pathways and enough space between areas so equipment does not obstruct the movement of children.			
Open space should be available for active play.			
Climbing structures and frame anchored.			
All play areas are well drained.			
Portion of play area covered to provide protection from weather conditions.			
Storage of maintenance equipment, tools and garden supplies will be inaccessible to children.			
Decks, walkways, etc. should have non-slip surfacing.			
Playground should be clear of debris.			
All play structures are free of splinters, wide cracks, rusted areas, or loose screws/bolts and remove all broken toys/play equipment.			
Playground surface are smooth without holes or protruding objects. Free of poisonous or prickly weeds.			
Riding paths are wide with gentle curves.			
Resilient surfacing under climbing equipment & slides.			
Slides and ladders are safety constructed.			

BUILDING EXTERIOR	Pass	Code	Comments
No unsecure materials on overhangs			
Windows and doors lock properly			

SIDEWALKS	Pass	Code	Comments
No uneven surfaces			
Salt/sand available and used for slippery areas			

PARKING LOT	Pass	Code	Comments
No obstructions or broken surfaces on roads or driveway			
Salt/sand available and used for slippery areas			

FENCING/GATES	Pass	Code	Comments
Locked and secure and in good repair			

OTHER	Pass	Code	Comments
Good general housekeeping/cleanliness			
A general review of foundation, roof and any signs or issue of structural integrity			

Appendix B - Staff Training Attendance**Date:** _____ **Staff Training Handouts – emailed to all staff every month by OH & S**

Staff Member	OH & S Word Search	Facilities Training	First Aid Training/Kits	Incident Report Procedures	Working Alone	Emergency Procedures	Fire Emergencies	Power Failure	Earthquake Procedures	Bomb/Violent Threats	Universal Precautions	Lost Child Policy
ADAMS, Cindy												
ALBERT-MOORE, Catherine												
ALEPANTE, Catherine												
ARDELL, Shaina												
BEDRY, Valerie												
BELLAMY, Darren												
BRENNER, Arlene												
CABLE, Lisa												
CHAND, Ashley												
CORBETT, Anna												
CRUICKSHANK, Cathy												
DAVIDUK, Suna												
DHILLON, Mindy												
DULKU, Rina												
EDINGER, Eileen												
FRANCIS, Charmaine												
GARDNER, Jaime												
GAUTHIER, Zara												
GOW, Jen												
HAWRISH, Carolyn												
JACKSON, Karen												
KAZEMIR, Teresa												
KHU, Vanessa												
KUDJERSKI, Annie												
KUMAR, Shayal												
LAWRENCE, Courtney												
LAU, Sarah												
LAY, Alex												
LEMAY, Amanda												
LUTHER, Cathy												
MACARO, Stefanie												

Occupational Health and Safety Policies

Policies

MARSHALL, Valerie												
MUMFORD, Kat												
O'NEILL, Rebecca												
SIMMONS, Noreen												
SPEAR, Dyan												
SPENCER, Linda												
SZEFER, Julia												
YOUNG, Patty												

Appendix C1 - First Aid Kit Checklist: Surrey**FIRST AID KIT CHECKS (3 X YEAR)-SURREY SITE**

DATE CHECKED: [Click here to enter a date.](#) **CHECKED BY:** [Click here to enter text.](#)

****MAKE SURE TO CHECK FOR ANY OUTDATED ITEMS (i.e. Alcohol Wipes, Ointments, and for any rusted or water damaged items) AND REPLACE SUPPLIES AS NECESSARY**

First Aid Kit - Copy Room – LARGE KIT

- | | |
|--|---|
| <input type="checkbox"/> First Aid Guide | <input type="checkbox"/> Mouth Mask Barrier |
| <input type="checkbox"/> Adhesive Tape | <input type="checkbox"/> Tweezers |
| <input type="checkbox"/> Safety Pins | <input type="checkbox"/> Bandages |
| <input type="checkbox"/> Gauze | <input type="checkbox"/> Butterfly Bandages |
| <input type="checkbox"/> Antiseptic Wipes | <input type="checkbox"/> Wet Naps |
| <input type="checkbox"/> Instant Cold Pack | <input type="checkbox"/> Emergency Blanket |
| <input type="checkbox"/> Safety Glasses | <input type="checkbox"/> Scissors |
| <input type="checkbox"/> Hydrogen Peroxide | <input type="checkbox"/> Benadryl Bug Bite Ointment |
| <input type="checkbox"/> Gloves | <input type="checkbox"/> Giant Tongs |

Problems Observed/Actions Taken: [Click here to enter text.](#)

First Aid Kit – Individual Therapy Room 1 – Yellow Star Room

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> First Aid Guide | <input type="checkbox"/> Bandages |
| <input type="checkbox"/> Adhesive Tape | <input type="checkbox"/> Wet Naps |
| <input type="checkbox"/> Safety Pins | <input type="checkbox"/> Gauze |
| <input type="checkbox"/> Antiseptic Wipes | <input type="checkbox"/> Tweezers |
| <input type="checkbox"/> Scissors | <input type="checkbox"/> Gloves |

Problems Observed/Actions Taken: [Click here to enter text.](#)

First Aid Kit - Individual Therapy Room 2 – Orange Star Room

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> First Aid Guide | <input type="checkbox"/> Bandages |
| <input type="checkbox"/> Adhesive Tape | <input type="checkbox"/> Wet Naps |
| <input type="checkbox"/> Safety Pins | <input type="checkbox"/> Gauze |
| <input type="checkbox"/> Antiseptic Wipes | <input type="checkbox"/> Tweezers |
| <input type="checkbox"/> Scissors | <input type="checkbox"/> Gloves |

Problems Observed/Actions Taken: [Click here to enter text.](#)

Page 2.....FIRST AID KIT CHECK LIST**First Aid Kit - Group #1 – Purple Star Room**

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> First Aid Guide | <input type="checkbox"/> Bandages |
| <input type="checkbox"/> Adhesive Tape | <input type="checkbox"/> Wet Naps |
| <input type="checkbox"/> Safety Pins | <input type="checkbox"/> Gauze |
| <input type="checkbox"/> Antiseptic Wipes | <input type="checkbox"/> Tweezers |
| <input type="checkbox"/> Scissors | <input type="checkbox"/> Gloves |

Problems Observed/Actions Taken: **First Aid Kit - Group #2 – Green Star/Baby Room**

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> First Aid Guide | <input type="checkbox"/> Bandages |
| <input type="checkbox"/> Adhesive Tape | <input type="checkbox"/> Wet Naps |
| <input type="checkbox"/> Safety Pins | <input type="checkbox"/> Gauze |
| <input type="checkbox"/> Antiseptic Wipes | <input type="checkbox"/> Tweezers |
| <input type="checkbox"/> Scissors | <input type="checkbox"/> Gloves |

Problems Observed/Actions Taken: **First Aid Kit - Group #3 – PNP/Red Star Room**

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> First Aid Guide | <input type="checkbox"/> Bandages |
| <input type="checkbox"/> Adhesive Tape | <input type="checkbox"/> Wet Naps |
| <input type="checkbox"/> Safety Pins | <input type="checkbox"/> Gauze |
| <input type="checkbox"/> Antiseptic Wipes | <input type="checkbox"/> Tweezers |
| <input type="checkbox"/> Scissors | <input type="checkbox"/> Gloves |

Problems Observed/Actions Taken: **First Aid Kit - Group #4 – LARGE KIT – PALS/Blue Star Room**

- | | |
|--|--|
| <input type="checkbox"/> First Aid Guide | <input type="checkbox"/> Bandages |
| <input type="checkbox"/> Adhesive Tape | <input type="checkbox"/> Wet Naps |
| <input type="checkbox"/> Safety Pins | <input type="checkbox"/> Gauze |
| <input type="checkbox"/> Antiseptic Wipes | <input type="checkbox"/> Tweezers |
| <input type="checkbox"/> Scissors | <input type="checkbox"/> Gloves |
| <input type="checkbox"/> Benadryl Bug Ointment | <input type="checkbox"/> Emergency Blanket |

Problems Observed/Actions Taken: **COMMENTS:**

**PLEASE MAKE SURE TO REPLACE ANY ITEMS THAT ARE OUT OF DATE/RUSTED/OR
SUPPLY HAS RAN OUT ☺**

Appendix C2 - First Aid Kit Checklist: SESLP**FIRST AID KIT CHECKS (3 X YEAR)-SESLP SITE**

DATE CHECKED: [Click here to enter a date.](#) **CHECKED BY:** [Click here to enter text.](#)

****MAKE SURE TO CHECK FOR ANY OUTDATED ITEMS (i.e. Alcohol Wipes, Ointments, and for any rusted or water damaged items)**

First Aid Kit – Multipurpose Room – LARGE KIT

- | | |
|--|---|
| <input type="checkbox"/> First Aid Guide | <input type="checkbox"/> Mouth Mask Barrier |
| <input type="checkbox"/> Adhesive Tape | <input type="checkbox"/> Tweezers |
| <input type="checkbox"/> Safety Pins | <input type="checkbox"/> Bandages |
| <input type="checkbox"/> Gauze | <input type="checkbox"/> Butterfly Bandages |
| <input type="checkbox"/> Antiseptic Wipes | <input type="checkbox"/> Wet Naps |
| <input type="checkbox"/> Instant Cold Pack | <input type="checkbox"/> Emergency Blanket |
| <input type="checkbox"/> Safety Glasses | <input type="checkbox"/> Scissors |
| <input type="checkbox"/> Hydrogen Peroxide | <input type="checkbox"/> Benadryl Bug Bite Ointment |
| <input type="checkbox"/> Gloves | <input type="checkbox"/> Giant Tongs |

Problems Observed/Actions Taken: [Click here to enter text.](#)

First Aid Kit – Individual Therapy Room 1 – Grasshopper

- | | |
|--|--|
| <input type="checkbox"/> First Aid Guide | <input type="checkbox"/> Bandages |
| <input type="checkbox"/> Adhesive Tape | <input type="checkbox"/> Wet Naps |
| <input type="checkbox"/> Safety Pins | <input type="checkbox"/> Gauze |
| <input type="checkbox"/> Antiseptic Wipes | <input type="checkbox"/> Tweezers |
| <input type="checkbox"/> Cotton Swabs | <input type="checkbox"/> Topical Cooling Gel |
| <input type="checkbox"/> Tongue Depressors | <input type="checkbox"/> Splinter Removers |
| <input type="checkbox"/> Scissors | <input type="checkbox"/> Gloves |
| <input type="checkbox"/> Bug Bite Ointment | |

Problems Observed/Actions Taken: [Click here to enter text.](#)

First Aid Kit - Individual Therapy Room 2 – Lady Bug

- | | |
|--|--|
| <input type="checkbox"/> First Aid Guide | <input type="checkbox"/> Bandages |
| <input type="checkbox"/> Adhesive Tape | <input type="checkbox"/> Wet Naps |
| <input type="checkbox"/> Safety Pins | <input type="checkbox"/> Gauze |
| <input type="checkbox"/> Antiseptic Wipes | <input type="checkbox"/> Tweezers |
| <input type="checkbox"/> Cotton Swabs | <input type="checkbox"/> Topical Cooling Gel |
| <input type="checkbox"/> Tongue Depressors | <input type="checkbox"/> Splinter Removers |
| <input type="checkbox"/> Scissors | <input type="checkbox"/> Gloves |
| <input type="checkbox"/> Bug Bite Ointment | |

Problems Observed/Actions Taken: [Click here to enter text.](#)

Page 2.....FIRST AID KIT CHECK LIST**First Aid Kit - Group #1 – Bumblebee**

- | | |
|--|--|
| <input type="checkbox"/> First Aid Guide | <input type="checkbox"/> Bandages |
| <input type="checkbox"/> Adhesive Tape | <input type="checkbox"/> Wet Naps |
| <input type="checkbox"/> Safety Pins | <input type="checkbox"/> Gauze |
| <input type="checkbox"/> Antiseptic Wipes | <input type="checkbox"/> Tweezers |
| <input type="checkbox"/> Cotton Swabs | <input type="checkbox"/> Topical Cooling Gel |
| <input type="checkbox"/> Tongue Depressors | <input type="checkbox"/> Splinter Removers |
| <input type="checkbox"/> Scissors | <input type="checkbox"/> Gloves |
| <input type="checkbox"/> Bug Bite Ointment | |

Problems Observed/Actions Taken: (Click here to enter text.)

COMMENTS:

(Click here to enter text.)

Appendix C3 - First Aid Kit Checklist: Vancouver
FIRST AID KIT CHECKS (3 X YEAR)-
VANCOUVER

DATE CHECKED: [Click here to enter a date.](#) **CHECKED BY:** [Click here to enter text.](#)

****MAKE SURE TO CHECK FOR ANY OUTDATED ITEMS (i.e. Alcohol Wipes, Ointments, and for any rusted or water damaged items)**

First Aid Kit – in Steel Cabinet - Staff and Resource Office

- | | |
|--|---|
| <input type="checkbox"/> First Aid Guide | <input type="checkbox"/> Mouth Mask Barrier |
| <input type="checkbox"/> Adhesive Tape | <input type="checkbox"/> Tweezers |
| <input type="checkbox"/> Safety Pins | <input type="checkbox"/> Bandages |
| <input type="checkbox"/> Gauze | <input type="checkbox"/> Butterfly Bandages |
| <input type="checkbox"/> Antiseptic Wipes | <input type="checkbox"/> Wet Naps |
| <input type="checkbox"/> Instant Cold Pack | <input type="checkbox"/> Emergency Blanket |
| <input type="checkbox"/> Safety Glasses | <input type="checkbox"/> Scissors |
| <input type="checkbox"/> Hydrogen Peroxide | <input type="checkbox"/> Benadryl Bug Bite Ointment |
| <input type="checkbox"/> Gloves | <input type="checkbox"/> Giant Tongs |

Problems Observed/Actions Taken: [Click here to enter text.](#)

COMMENTS:

[Click here to enter text.](#)

Appendix C4 - First Aid Kit Checklist: Victoria
FIRST AID KIT CHECKS (3 X YEAR)-
VICTORIA SITE

DATE CHECKED: [Click here to enter a date.](#) **CHECKED BY:** [Click here to enter text.](#)

****MAKE SURE TO CHECK FOR ANY OUTDATED ITEMS (i.e. Alcohol Wipes, Ointments, and for any rusted or water damaged items)**

First Aid Kit - Kitchen

- | | |
|--|---|
| <input type="checkbox"/> First Aid Guide | <input type="checkbox"/> Mouth Mask Barrier |
| <input type="checkbox"/> Adhesive Tape | <input type="checkbox"/> Tweezers |
| <input type="checkbox"/> Safety Pins | <input type="checkbox"/> Bandages |
| <input type="checkbox"/> Gauze | <input type="checkbox"/> Butterfly Bandages |
| <input type="checkbox"/> Antiseptic Wipes | <input type="checkbox"/> Wet Naps |
| <input type="checkbox"/> Instant Cold Pack | <input type="checkbox"/> Emergency Blanket |
| <input type="checkbox"/> Safety Glasses | <input type="checkbox"/> Scissors |
| <input type="checkbox"/> Hydrogen Peroxide | <input type="checkbox"/> Benadryl Bug Bite Ointment |
| <input type="checkbox"/> Gloves | <input type="checkbox"/> Giant Tongs |

Problems Observed/Actions Taken: [Click here to enter text.](#)

COMMENTS:

[Click here to enter text.](#)

Appendix D - Critical Incident Report Form

BC Family Hearing Resource Society Critical Incident Report Form

Location of Incident:BCFHRC Main Office: ☐ Vancouver Office ☐Victoria Office ☐ SESLP Office ☐

Other Location: _____

Location in Building:
_____**Date/Time of Incident:**Date: [Click here to enter a date.](#) Time: [Click here to enter text.](#)**People Involved in Incident:**Person (s) Involved: [Click here to enter text.](#)Staff ☐Participant ☐Visitor ☐Medical (Use WCB Form) ☐ Non-medical ☐**Description of Incident:**[Click here to enter text.](#)Witnessed By: [Click here to enter text.](#)Action (s) Taken: [Click here to enter text.](#)Recorded by: [Click here to enter text.](#)**Emailed to:**Executive Director ☐OH & S Chair ☐H.R. (CCR) ☐

Appendix E - Critical Incident Checklist

BC FAMILY HEARING RESOURCE SOCIETY

Review of Occupational Health & Safety Incidents Report Summary

Present Committee Review Incident Reports.

[illegible]

Appendix F1 - Staff Sign-In BCFHRC: Surrey Centre

DATE:	-										
NAME	CV19 SELF CHECK	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
ALEX											
ASHLEY											
CAROLYN											
CATHERINE ALEPANTE											
CATHY CR											
CATHY L											
CHARMAINE											
CINDY											
DARREN											
DYAN											
EILEEN											
JEN											
JULIA											
KAREN											
LISA											
NOREEN											
RINA											
TERESA											
VALERIE B											

Please include your initials in the COVID-19 Self-Check column. By initialing here, you've indicated that you have completed your COVID-19 Self-Check and that you have no at-risk symptoms.

<u>DATE:</u>	- -									
NAME	OFFICE	CV19 SELF CHECK	IN	OUT	IN	OUT	IN	OUT	IN	OUT
JANELLE	DAYCARE									
REBECCA	DAYCARE									
ANNA	VANCOUVER									
ANNIE	VANCOUVER									
JAIME	VANCOUVER									
SARAH	VANCOUVER									
SHAINA	VANCOUVER									
STEFANIE	VANCOUVER									
VALERIE	VANCOUVER									
ZARA	VANCOUVER									
AMANDA	VICTORIA									
KAT	VICTORIA									
PATTY	VICTORIA									
VANESSA	VICTORIA									
ARLENE	KELOWNA									
COURTNEY	KELOWNA									
LINDA	SESLP									
MINDY	SESLP									
SHAYAL	SESLP									
SUNA	SESLP									
Please include your initials in the COVID-19 Self-Check column. By initialing here, you've indicated that you have completed your COVID-19 Self-Check and that you have no at-risk symptoms.										

Appendix F2 - Staff Sign-In: SESLP

SURREY EARLY SPEECH & LANGUAGE PROGRAM

DATE: _____

NAME	IN	OUT	IN	OUT	IN	OUT	IN	OUT
LINDA								
MINDY								
SUNA								
SHAYAL								

DATE: _____

NAME	IN	OUT	IN	OUT	IN	OUT	IN	OUT
LINDA								
MINDY								
SUNA								
SHAYAL								

DATE: _____

NAME	IN	OUT	IN	OUT	IN	OUT	IN	OUT
LINDA								
MINDY								
SUNA								
SHAYAL								

DATE: _____

NAME	IN	OUT	IN	OUT	IN	OUT	IN	OUT
LINDA								
MINDY								
SUNA								
SHAYAL								

DATE: _____

NAME	IN	OUT	IN	OUT	IN	OUT	IN	OUT
LINDA								
MINDY								
SUNA								
SHAYAL								

Appendix F3 - Staff Sign-In: Vancouver

DATE	-										
NAME	CV19 Check	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Anna											
Annie K											
Stefanie											
Sarah											
Valerie											
Zara											
Shaina											
Jaime											
Teresa											
Jen											
Cathy L											
DATE	-										
NAME	CV19 Check	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Anna											
Annie K											
Stefanie											
Sarah											
Valerie											
Zara											
Shaina											
Jaime											
Teresa											
Jen											
Cathy L											
Please include your initials in the COVID-19 Self-Check column. By initialing here, you've indicated that you have completed your COVID-19 Self-Check and that you have no at-risk symptoms.											

Appendix F4 - Staff Sign In: Victoria

Please include your initials in the COVID-19 Self-Check column. By initialing here, you've indicated that you have completed your COVID-19 Self-Check and that you have no at-risk symptoms.											
<u>DATE</u>	-										
NAME	CV19 Check	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Kat											
Patty											
Vanessa											
Dyan											

<u>DATE</u>	-										
NAME	CV19 Check	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Kat											
Patty											
Vanessa											
Dyan											

<u>DATE</u>	-										
NAME	CV19 Check	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Kat											
Patty											
Vanessa											
Dyan											

Appendix G1 – Non-Staff Sign-In: BCFHRC

BC FAMILY HEARING RESOURCE SOCIETY
SIGN IN – PLEASE PRINT CLEARLY
ALL NON-STAFF VISITORS

DATE: _____

Please include names of all members of your party

NAME(S)		TIME IN	TIME OUT	SCREENING CHECK DONE	PURPOSE
ADULT or PARENT(S)/GUARDIAN	CHILD(REN)				

Appendix G2 – Non Staff Sign In SESLP

SURREY EARLY SPEECH & LANGUAGE PROGRAM SIGN IN ALL VISITORS

DATE: _____

Please include names of all members of your party

NAME(S)		TIME IN	TIME OUT
ADULT/PARENT(S)/ GUARDIAN	CHILD(REN) Please list all children that are with you		

Appendix H - Diapering**DIAPERING**

- Use paper rolls provided to place on change table. Rip and dispose after use.

Wash hands after diaper changing

- Clean diaper changing surface with sanitizing solution located on the shelf above the baby change table
- Place diaper in proper container with lid

If your child has diarrhoea, please notify staff. Your child should be at home, not at the Centre

If a mess is made around the toilet after toileting, please use sanitizing solution

Thank You

Appendix I - Health and Safety of Children**ENSURING THE HEALTH AND SAFETY OF CHILDREN
ATTENDING THE
BC FAMILY HEARING RESOURCE SOCIETY**

To ensure that my child's health and safety needs are maintained during times spent at the BCFHRS, I, _____ (print your name), understand the importance of sharing appropriate medical and safety procedures with other staff at the BCFHRS.

Necessary information regarding _____ (child's name) and medical condition can be:

☐ Posted in the classroom

Emergency phone numbers posted

☐ Person to contact if parent is not present

☐ Shared with other BCFHRS staff at designated office


Date: _____

Parent/Caregiver signature _____

Appendix J - Emergency Phone Numbers

Emergency Phone Numbers


www.canpages.ca **Emergency Numbers** 1


9-1-1

9-1-1

9-1-1

<p>Poison Control Lower Mainland Call No Charge 604 682-5050 1 800 567-8911</p> <p style="background-color: red; color: white; text-align: center; padding: 2px;">Non-Emergency Numbers</p> <p>POLICE</p> <p>RCMP (604) 599-0502 (Cloverdale, Fleetwood, Guildford, Newton, Surrey, South Surrey, Whalley)</p> <p>Police (North Delta) (604) 946-4411</p> <p>FIRE</p> <p>Fire (North Delta) (604) 946-8541</p> <p>Fire Department (Surrey) (604) 543-6700</p> <p>Ambulance (Lower Mainland) (604) 872-5151</p> <p style="background-color: black; color: white; text-align: center; padding: 2px;">Other Emergency Numbers</p> <p>Air or Marine Emergency 800 567-5111</p> <p>Airport Coastal Watch Program 888 855-6655</p> <p>Alcohol & Drug Referral Service Call No Charge 800 663-1441</p> <p>BC Crisis Line Call No Charge 866 661-3311 TTY 866 872-0113</p>	<p>Emergency Services (shelters, medical transport, etc) 604 660-3194</p> <p>For Reporting Environmental Violations & Dangerous Wildlife/Human Conflicts 800 663-9453</p> <p>Forest Fire Reporting Only 800 663-5555</p> <p>Helpline for Children/Reporting of Child Abuse Lower Mainland Dial 0, ask for Zenith 1234 Abuse & Neglect 310-1234</p> <p>Kids' Help Phone 800 668-6868</p> <p>Power Outages & Emergencies 888 769-3766 Or 888 POWERON</p> <p>Problem Gambling Help Line 24 hrs 888 795-6111</p> <p>Provincial Emergency Program Information 604 586-4390</p> <p>Quit Now! Smokers Help Line 877 455-2233</p> <p>Suicide Crisis Line 800-SUICIDE (784-2433)</p> <p>Terasen Gas Leaks & Odors Lower Mainland 800-663-9911 Call Before You Dig 800-474-6886 Cellular *6886</p> <p>VictimLINK – 24 hr Help & Information Line 800 563-0808</p>
--	---

Emergency Numbers


Canpages

<p>BC NurseLine TTY 866 889-4700 Call No Charge 866 215-4700</p> <p>Call Before You Dig 800 474-6886 Cellular *6886</p> <p>Child Find BC 888 689-3463</p> <p>Crime Stoppers/Tips 800 222-TIPS Lower Mainland 800-222-8477</p> <p>Crisis Centre - Lower Mainland (604) 951-8855</p> <p>Earthquake/Flood/Dangerous Goods/Spills/Tsunami Lower Mainland 800-663-3456</p>	<p>Youth Against Violence Lower Mainland (604) 775-4264</p> <p><small>This list was prepared from the best information available. We wish to express gratitude to those emergency personnel who helped verify and provide these numbers. Due to frequent and unforeseen changes we cannot guarantee that this list is complete nor in all cases correct.</small></p> <div style="display: flex; justify-content: space-around; align-items: center;">    </div>
---	--

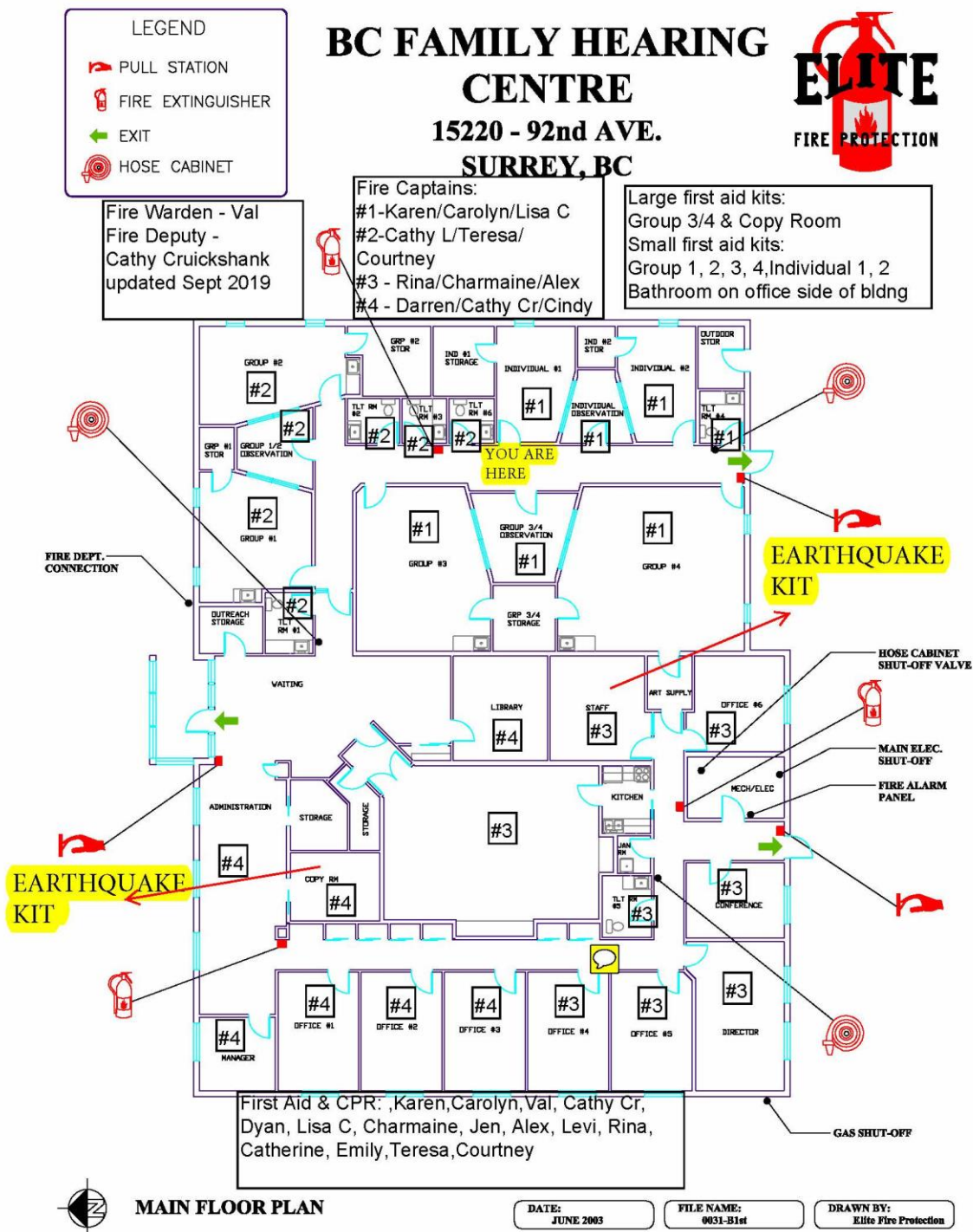
Appendix K – Fire Evacuation Procedures

Fire Captain

Responsibility: Your job is to know the current evacuation plan and to be ready in the case of a drill or fire to carry out your duty of helping individuals exit safely in your assigned area.

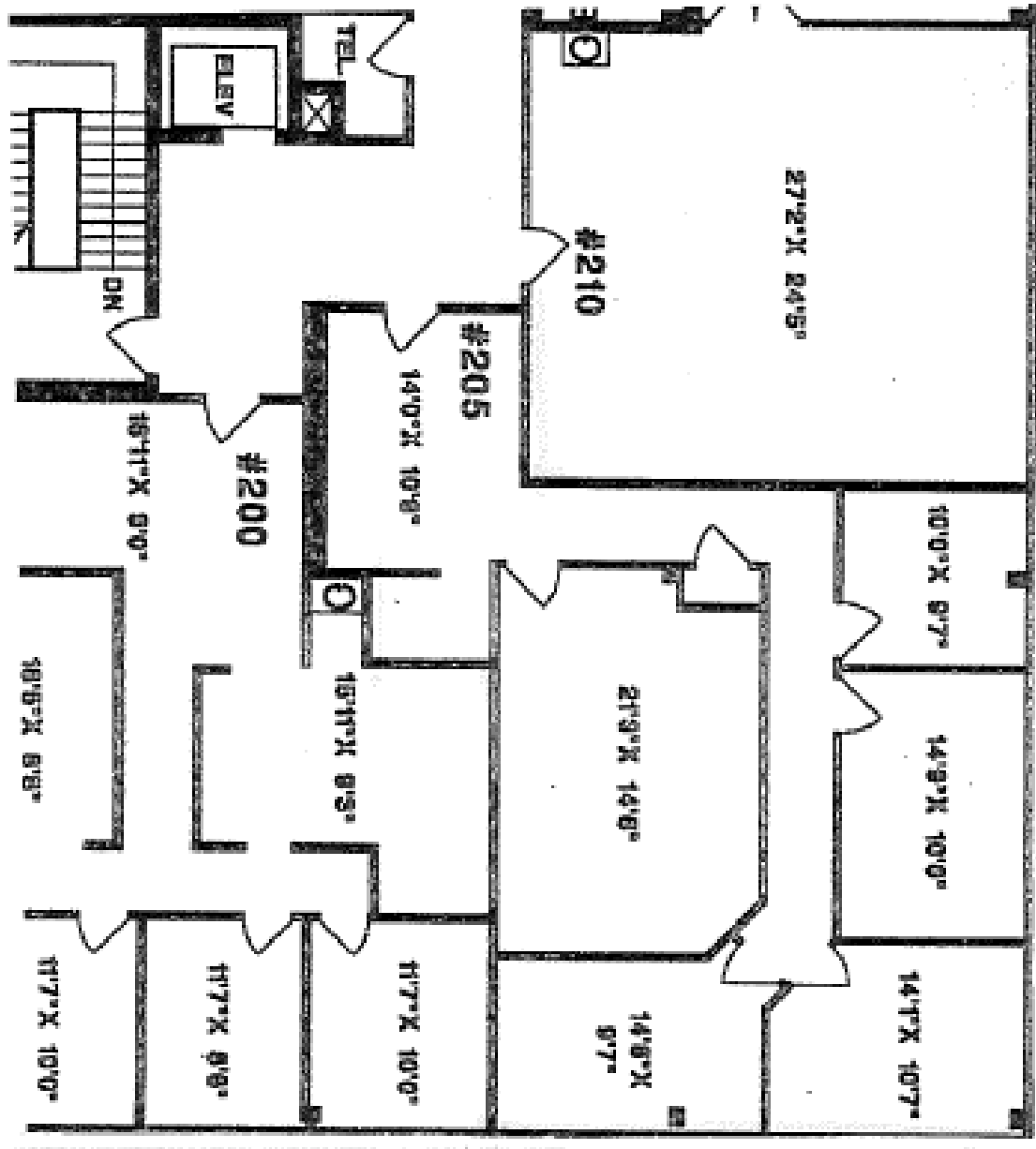
- Walk, do not run. Shut all doors behind you and alert those who have difficulty hearing that an emergency evacuation of the building is under-way. Assist handicapped persons to reach the nearest safe exit.
- Pick up your Fire Captain clipboard; the Fire Captain for each site is listed on the Fire Captain clipboard, as well as a designate if the Fire Captain is unavailable. Ask staff on site to check areas and report back to you. Shut the doors as you leave any area. If a door is already closed, feel the door for heat prior to entering.
- If all exits are blocked by fire or smoke, enter a room preferably with an exterior window, and seal the cracks in the doors with available materials to prevent smoke entering the room. Phone 911 to report your situation and attract the attention of someone outside of the building by any possible means.
- When you have reached the outside of the building, move away from the exits to allow others behind you to emerge.
- Proceed to the front assembly point and check that all areas of the building areas have been cleared. Ask if any other assistance is required.
- Do not attempt to drive your vehicle from the parking lot.
- Do not enter the building again until permitted by a fire department officer or the fire safety director.

Appendix L1 – Emergency Floor Plan BCFHRC Surrey Centre



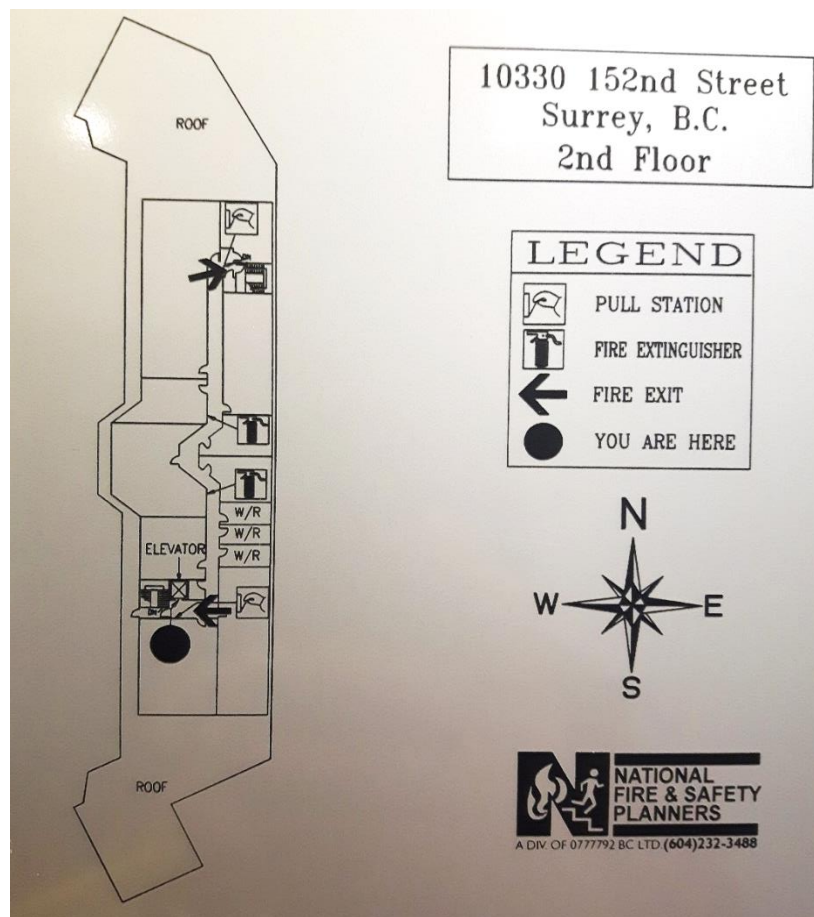
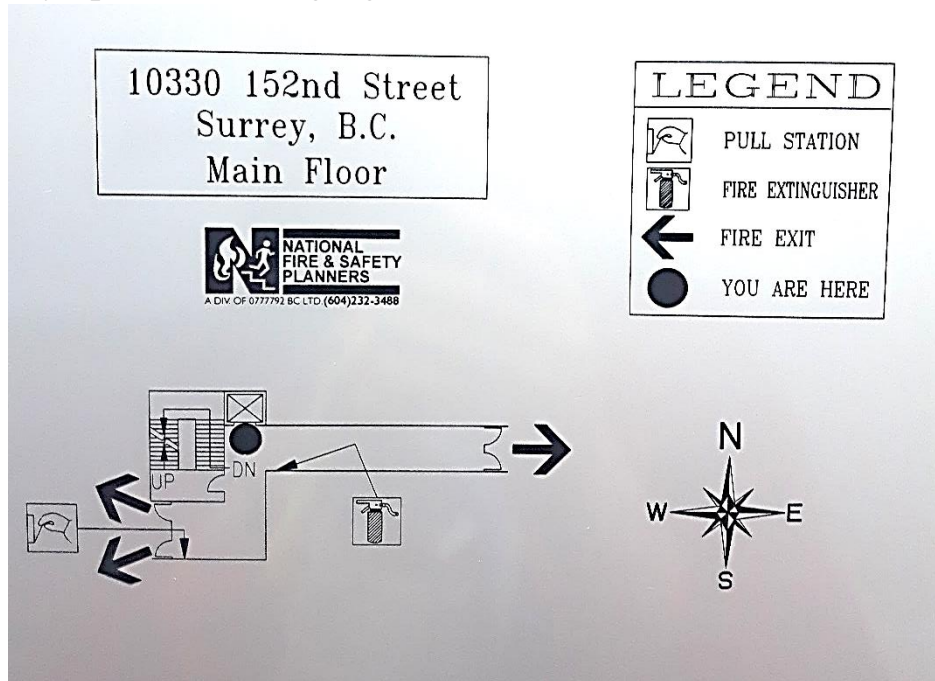
Appendix L2 – Emergency Floor Plan SESLP Office

Surrey Early Speech and Language Office

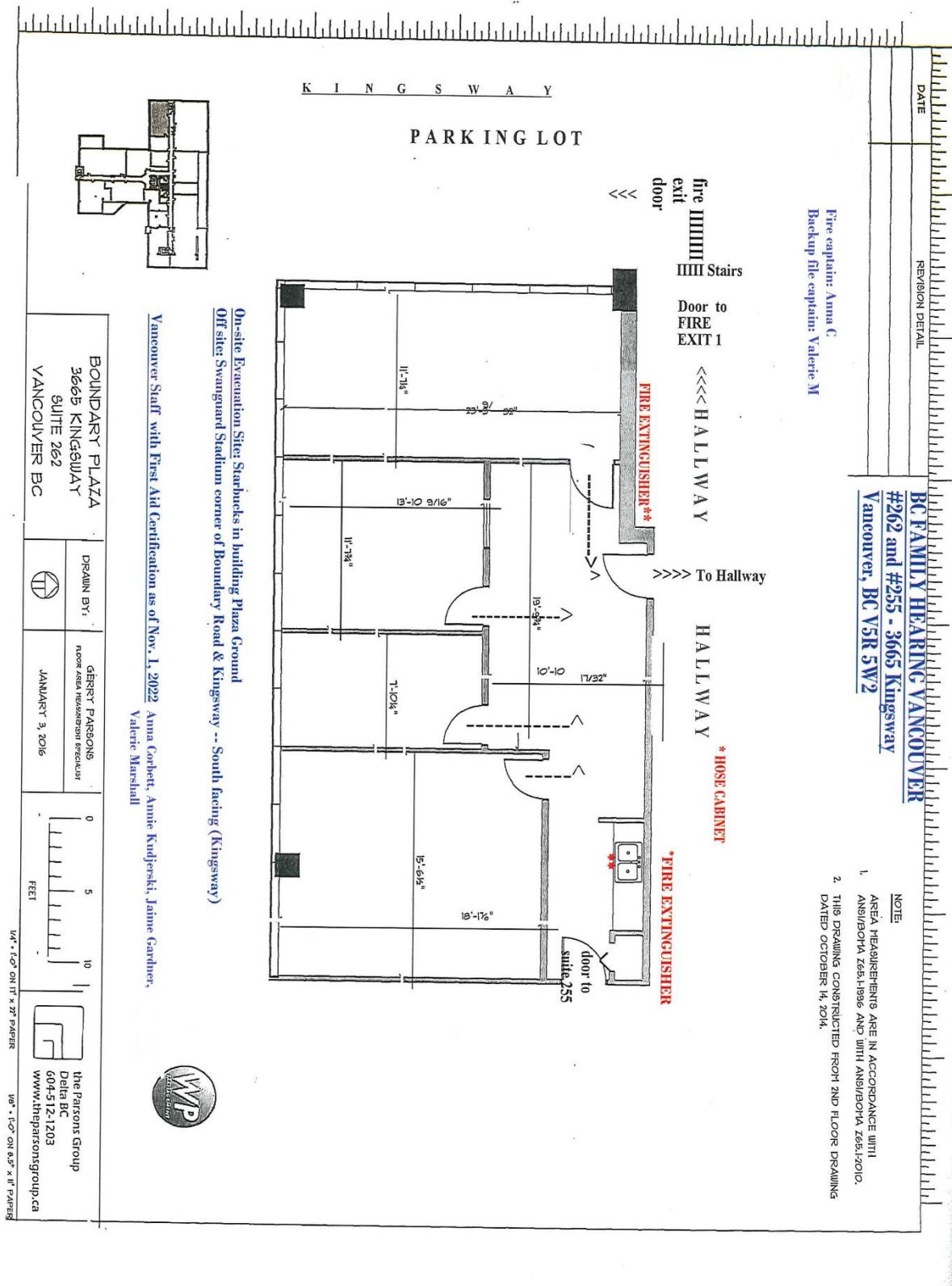


Appendix L2 – Emergency Floor Plan SESLP Office

Surrey Early Speech and Language Office continued

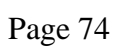


Appendix L3 – Emergency Floor Plan: BCFHRC Vancouver Centre



Appendix L3 – Emergency Floor Plan: Vancouver Centre





Appendix M – Fire Incident Report

Fire Incident / Activity Report

Use Critical Incident form

Appendix N - Emergency Evacuation Procedures

Emergency Evacuation Procedures

See Appendix K – Fire Evacuation
Appendix P – Natural Disasters Procedures

Appendix O – Earthquake Procedures

What to Do In a Severe Earthquake

See Appendix P – Natural Disasters Procedures
Appendix Q – Earthquake Office Survival Kit

Appendix P - Natural Disaster Procedures

BC FAMILY HEARING RESOURCE SOCIETY

Procedures after Natural Disaster:

1. Evacuation plan: for all locations, go to designated off-site meeting place (listed on Fire Escape Plans, Appendix M).
2. Medical Assistance: Society and School First Aid attendants will tend to medical problems. **DO NOT** move victims unless absolutely necessary.
3. Do not use telephones. Telephones are needed for emergency communications.
4. Turn on battery operated radio.

Procedures during an Earthquake (if in one of the BCFHRS's offices/ SESLP):

- Duck and take cover under a desk, table or against an inside wall or doorway.
- Stay away from bookcases, file cabinets, furniture, glass, windows and outside walls.
- Protect your head from falling debris (ceiling tiles, lights, objects) by covering yourself with a coat, book, handbag
- stay in duck and cover position for at least one minute after the shaking stops

If you are in your car: away from the BCFHRS/ SESLP offices:

- Drive to the side of the road, stop car
- Take cover and stay inside your car and get down on the floor
- When shaking stops, phone the Centre's contact out of province - Saskatchewan Deaf & Hard of Hearing Services in Regina 1-306-352-3323 or text 1-306-527-3355 or email regina@sdhhs.com to confirm that you are safe
- Keep local phone lines open for emergencies.(use cellular phones if you have one)

If you are away from the BCFHRS/SESLP offices:

- Take cover
- When shaking stops, phone the Society's contact number out of province – Saskatchewan Deaf & Hard of Hearing Services in Regina 1-306-352-3323 or text 1-306-527-3355 or email regina@sdhhs.com to confirm that you are safe. Use a cellular phone to keep phone lines open for emergencies.

Appendix Q - Earthquake Office Survival Kit

EARTHQUAKE OFFICE SURVIVAL KIT:

It has been recommended that each staff keep the following at their desk in a small portable container:

- drinking water and high energy food (tins, bars)
- flashlight and new batteries
- battery operated radio
- first aid kit
- whistle-to attract attention
- money
- comfortable closed toe shoes (as you may have to walk a distance)
- wooden matches

EARTHQUAKE KITS ARE LOCATED IN THE SOCIETY.

SURREY OFFICE: ONE IN THE COPIER ROOM, FRONT OF THE BUILDING AND THE SECOND IS LOCATED IN THE STAFF ROOM UNDER THE TABLE.

VANCOUVER OFFICE:

VICTORIA OFFICE:

SESLP: THE THIRD IS LOCATED AT SURREY EARLY SPEECH AND LANGUAGE PROGRAM OFFICE (In blue Rubbermaid containers, clearly marked “EARTHQUAKE KIT”)

Appendix R - Bomb Threat Checklist

BC FAMILY HEARING RESOURCE SOCIETY

TIME: _____ DATE: _____
LENGTH OF CALL: _____ APPROXIMATE AGE: _____
GENDER OF CALLER: ☐ MALE ☐ FEMALE ☐ UNKNOWN

EXACT WORDING OF THE THREAT:

THREAT LANGUAGE, QUALITY OF CALLER'S VOICE

COMMENTS:

QUESTIONS TO ASK:

1. When is the bomb going to explode?
2. Where is the bomb located?
3. What does the bomb look like?
4. What kind of bomb is it?
5. What will cause the bomb to explode?
6. Did you place the bomb? Why?

Note any background noise/sounds:

Procedures Following a Bomb Threat

In the event of a bomb threat the staff and families will exit the building and meet in the designated area as per the Fire Escape Plan (Appendix M). If it is unsafe to remain on the property, staff and families will move to the designated off-site meeting place as per the Fire Escape Plan.

Appendix S - Threatening or Disturbing Phone Call

Harassing Telephone Call

In the case of a threatening or disturbing phone call:

- 1) Press *69 this will trace the most recent call
- 2) If this is unsuccessful and the call is blocked Press *57 this will automatically connect us to the security department. Calls will then be traced and recorded. Normally 3 calls are necessary for any formal follow up. If a person is very distressed call 0 (operator) and request the security department directly.

BC Family Hearing Resource Society
Threatening or Disturbing Calls

Location: : ☐ Surrey Ctr. ☐ Vancouver Ctr. ☐ Victoria Ctr. ☐ SESLP
☐ Other: _____

Time: _____ Date: _____

Length of Call: _____

Gender of Caller: ☐ MALE ☐ FEMALE ☐ UNKNOWN

Approximate Age of Caller: _____

Wording of the
threat: _____

Note any background noise/sounds: _____

Appendix T – Confidential Medical Report Form

To the Physician:

_____ has been asked to provide their
Supervisor with a Medical Report explaining the reasons for being absent from work or is
seeking a medical accommodation exception in order to safely perform their duties.

Date(s)

This information is required to ensure that the staff member does not pose a risk to
themselves, fellow employees, patients, residents, tenants or clients and/or to determine
the level of accommodation needed to enable the staff member to return to work if not
fully recovered from the illness or injury or in order to safely perform their duties.

Job Description Attached: Yes ☐ No ☐

Physician's Statement:

Following examination, I hereby certify that the above-mentioned person was unable to
attend work on _____

Date(s)

due to _____

Describe nature of illness/injury.

This illness/injury prevented him/her from working because _____

Reason(s) employee was unable to perform their job duties.

He/she was seen by me regarding this illness/injury on _____

Date(s)

I estimate he/she will be able to return to work on _____

Physician

Date

Appendix U - Communication Protocol: Outreach

In order to ensure the safety of an outreach consultant who is working alone, a communication protocol is in place to allow an Outreach Consultant to alert a co-worker or their supervisor if they are feeling threatened or uncomfortable.

1. All outreach consultants will have the number of their supervisor and another co-worker on speed dial on their cell phone.
2. Outreach consultants will carry their cell phones with them at all times when they are in the field and will ensure that their cell phone battery is adequately charged.
3. In the event that an outreach consultant feels threatened or uncomfortable while working with a client, they will remove themselves from the situation as soon as possible and make a phone call to their supervisor to alert them to the situation using an agreed upon safety phrase.
4. In the event that an outreach consultant is not able to contact their supervisor, they will leave a message and next place a call to a co-worker who is also aware of the communication protocol.
5. If the situation is judged by the outreach consultant to be serious, they will first call 911 before following this communication protocol.

Appendix V - Guidelines for Overall Safety: Outreach

1. Your supervisor needs to know where you will be at all times.
2. Learn as much as possible about the situation before setting out to do outreach.
3. Do not plan outreach in areas which you have a good reason to believe are inherently dangerous.
4. Always carry identification with/on you.
5. Inform collaborating agencies/community service providers of your presence.
6. Introduce yourself and inform people what you are doing and why.
7. Do not stand and argue with a client/family member who does not agree with what you are doing.
8. Outreach is preferable conducted in two-person teams. If conducting outreach activities alone at a home, prior approval from the supervisor is needed.
9. Do not approach those who are giving “signs” that they do not want to be bothered.
10. Always present yourself as part of a team.
11. Wear comfortable clothes and shoes that are modest and professional. Do not overdress.
12. Avoid carrying valuables or other personal possessions such as jewelry, large amounts of money, radios, laptops, etc., if you feel uncomfortable or threatened.
13. Do not remain in a spot where you are privy to a drug deal in process or where one is being set up to “go down.” Leave the area immediately without drawing attention to yourself or others.
14. Do not counsel or play the role of a social worker when there is a conflict between family members.
15. Maintain confidentiality with all clients you meet.
16. Do not give or lend money to clients.
17. Tell clients approximately when you can be reached. Provide clients with a business card.
18. Develop a contingency plan for worst-case scenarios or dangerous situations with your co-worker and supervisor.
19. Keep your supervisor informed of any unusual experiences.
20. In case of an emergency, call or have another person call 911.