



The Corporation of the Town of LaSalle

<b>Date</b>	November 8, 2017	<b>Report No:</b>	CL-26-17
<b>Directed To:</b>	Mayor and Members of Council	<b>Attachments:</b>	<ol style="list-style-type: none"> <li>1. Return to Work Policy</li> <li>2. Networking Policy</li> <li>3. Slips, Trips and Falls Prevention Policy</li> <li>4. Incident Investigation Policy</li> <li>5. Workplace Harassment Policy Statement</li> <li>6. Violence in the Workplace Prevention Policy</li> <li>7. Harassment and Discrimination Prevention Policy</li> </ol>
<b>Department:</b>	Council Services	<b>Policy References:</b>	
<b>Prepared By:</b>	Rick Hyra, Human Resources Officer Rick Mamak, Human Resources Generalist		
<b>Subject:</b>	Human Resources Policies		

**RECOMMENDATION:**

That the report of Human Resources CL-26-17 November 8, 2017 and the attached policies BE APPROVED, and that the previous policies related to Transitional Work Rehabilitation Program CR 367/16, Violence in the Workplace Prevention Policy CR 335/16, and Harassment and Discrimination Prevention Policy CR 335/16 be RESCINDED.

1. Return to Work Policy
2. Networking Policy
3. Slips, Trips and Falls Prevention Policy
4. Incident Investigation Policy
5. Workplace Harassment Policy Statement
6. Violence in the Workplace Prevention Policy
7. Harassment and Discrimination Prevention Policy

**REPORT:**

In a continued effort to advance Human Resources and Health and Safety practices within the Town, the following policies have been developed and/or revised in order to provide direction and to ensure clarity of roles and responsibilities for all employees.

**Return to Work Policy**

The purpose of this revised policy is to ensure that a consistent process is followed when returning injured employees back to safe, appropriate, and meaningful work. The name of the policy has been changed from Transitional Work Rehabilitation Program to Return to Work Policy in order to make the terminology consistent with our training.

**Networking Policy**

This new policy has been developed to outline the expectations of how the Town of LaSalle Human Resources Department will network with other companies in order to share and gain safety information and best practices.

**Slips, Trips and Falls Prevention Policy**

This new policy formalizes the Town's current online training related to Slips, Trips and Falls. The policy meets the WSIB Safety Group requirements placed upon an employer as well as outlines duties to all workplace parties to prevent workplace slips, trips and falls.

**Incident Investigation Policy**

The primary objective of this policy is to prevent recurrence of incidents through the prompt and effective reporting and investigation of injuries, incidents and near misses.

**Workplace Harassment Policy Statement**

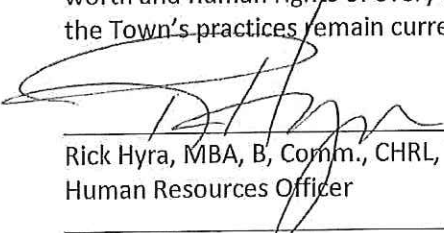
This is a legislated requirement by the Occupational Health and Safety Act, and also by the WSIB Safety groups. This policy must be reviewed and signed by the CAO annually and posted in a conspicuous place in the workplace.

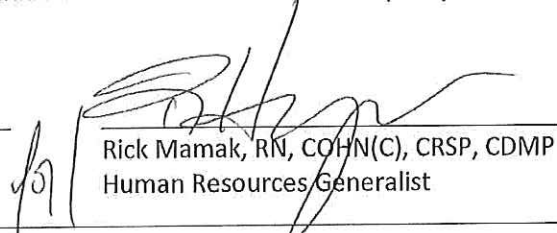
**Violence in Workplace Prevention Policy**

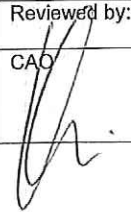
This policy outlines specific preventive actions to discourage and prevent acts of violence in the workplace before they occur. The policy also outlines corrective measures to take in the event that acts of violence occur in spite of all reasonable efforts to prevent such occurrences.

**Harassment and Discrimination Prevention Policy**

This Policy outlines the Town's commitment to providing employees with a work environment free from unlawful discrimination or harassment, and promotes an atmosphere that respects the dignity, self-worth and human rights of every individual. Revisions were made to the policy in order to ensure that the Town's practices remain current.

  
Rick Hyra, MBA, B, Comm., CHRL, CRM  
Human Resources Officer

  
Rick Mamak, RN, COHN(C), CRSP, CDMP  
Human Resources Generalist

Reviewed by:							
	Treasury	Clerks	Env. Services	Planning	Parks & Rec	Building	Fire

# The Corporation of the Town of LaSalle

## Return to Work Policy

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### Purpose

The purpose of this procedure is to outline a consistent rehabilitation plan for temporarily disabled employees that recognize the benefits of employee health and welfare. The program applies to employees who have been injured on and off the job and will make every reasonable effort to return injured employees to appropriate and meaningful work.

### Scope

The Return to Work Policy (RTWP) is a Town initiative that combines a commitment to protecting the health and welfare of all employees and their families while maintaining a responsible approach towards minimizing insurance costs. The Town recognizes that the long-term health of employees is the first priority. The RTWP applies to all employees.

Modified work must make a useful contribution to the organization. Employees must understand that they have a shared responsibility for their safety at work, as well as participating in the return to work initiative.

### Definitions

- i. **RTWP** – means Return to Work Policy, a temporary measure that bridges the period between total temporary disability and return to regular duties.
- ii. **Accommodation** – means the employer must implement reasonable measures to allow employees to work to the best of their ability.
- iii. **WSIB** – means Workplace Safety and Insurance Board.
- iv. **Acute Injuries** – means injuries/illnesses where complete recovery is expected
- v. **Chronic Injuries/Illnesses** – means injuries/illnesses where permanent modifications or precautions may be necessary.
- vi. **JHSC** – means Joint Health and Safety Committee.
- vii. **Suitable Work** – means post injury work (including the workers pre-injury job) that is safe, productive, consistent with the workers functional abilities.
- viii. **Available Work** – means work that exists with the employer at the pre-injury worksite, or at a comparable worksite arranged by the employer.
- ix. **Form 7** – is a form used to inform the Workplace Safety and Insurance Board of an injury and/or illness that required medical attention.
- x. **FAF** – is a Functional Abilities Form obtained from the WSIB. The FAF is used by medical practitioners to provide the workplace with precautions/restrictions for work related injuries or illnesses.

- xi. **FIF** – is a Functional Information Form utilized by Medavie Blue Cross. The FIF is used by medical practitioners to provide the workplace with precautions/restrictions for non work related injuries or illnesses.
- xii. **PDA** – means Physical Demands Analysis, a systematic procedure to quantify and evaluate the physical, cognitive, and environmental demands of the essential and non-essential tasks of a job.
- xiii. **Near Miss** – means an unplanned event that did not result in injury, illness, or damage but had the potential to do so.
- xiv. **RTW** – means Return to Work, a date or potential date that an employee may be returning to work.

**Accommodations include, but are not restricted to, the following measures:**

- i. Reduced hours of work
- ii. Job sharing
- iii. Provide appropriate rest periods throughout the shift
- iv. Ergonomic modifications to work environment where appropriate
- v. Mechanical aids or assistive devices
- vi. Job rotation
- vii. Special assignments or project work
- viii. A different job
- ix. Assisted with a helper
- x. Work hardening

**WSIB resources that may be requested include:**

- i. Eligibility Adjudicator
- ii. Short Term Case Manager
- iii. Long Term Case Manager
- iv. Work Transition Specialist
- v. Return to Work Specialist
- vi. Account Specialist
- vii. Nurse Consultant
- viii. Medical Consultant
- ix. Disability Prevention Specialist

**RTWP Representatives may include:**

- i. HR Officer
- ii. HR Generalist
- iii. Employee Supervisor/Manager
- iv. Union Representative
- v. Legal Representation

## **Authority and Responsibilities**

### **Human Resources is responsible for:**

- i. Advising and involving the employee's Supervisor/Manager and Union Representative and others, as required in the employee's return-to-work plan.
- ii. Meeting with the employee and employee's Supervisor/Manager at the start of the program to review the goals and outcomes.
- iii. Ensuring that the injured employee's treatment is not compromised by the RTWP (i.e. time for required treatment).
- iv. Serving as a liaison between management, the injured employee, the medical practitioner, and the insurance carrier as required.
- v. Promoting the RTWP and educating all employees site-wide.
- vi. Implementing and maintaining of this program.
- vii. Managing the RTWP within the organization.

### **Employees are responsible for:**

- i. Promptly reporting all work related injuries, illnesses and near misses to his/her Supervisor/Manager.
- ii. Completing the Incident/Injury Report - Employee Portion
- iii. Advising the attending physician of the availability of transitional work.
- iv. Obtaining medical approval from the attending physician for transitional work via medical notes and/or a Functional Abilities Form (these documents must contain a start and end/reassessment date for modified duties).
- v. Actively participate in the development of the RTWP schedule.
- vi. Ensuring other regularly scheduled activities relevant to their rehabilitation (i.e. Physiotherapy, regular doctor appointments, etc.) are continued in conjunction with the RTWP with prior notification to employee's Supervisor/Manager.
- vii. Maintaining punctuality.
- viii. Communicating any concerns to Human Resources, Supervisor/Manager or their Union Representative to allow potential problems to be openly addressed and resolved.
- ix. Informing Payroll and their Supervisor/Manager of any absences from work due to scheduled medical procedures along with an estimated duration of absence.
- x. Working within the documented precautions.

### **Supervisors/Managers are responsible for:**

- i. Developing knowledge and understanding of the RTWP.
- ii. Investigating the injury/incident and completing Incident/Injury Report – Supervisor Portion
- iii. Assisting in the design and implementation of the RTWP.
- iv. Meeting with the injured employee on a regular basis to discuss any concerns.
- v. Providing ongoing support and encouragement to the injured employees.
- vi. Assisting with work site modifications, if required.

- vii. Informing Payroll and Human Resources of any employees upcoming absences due to a scheduled medical procedure.

**Payroll is responsible for:**

- i. Completing Form 7's as needed.
- ii. Completing Employer benefit forms as needed.
- iii. Communicating with the insurance carrier regarding hours, pay and wage changes.

**Co-workers are responsible for:**

- i. Providing support and encouragement to their fellow workers participating in the RTWP.

**JHSC is responsible for:**

- i. Informing and promoting the RTWP to all employees.
- ii. Reviewing this procedure annually or as needed to ensure that the program is meeting the needs of all employees who are returning to work or recovering from an injury or illness.

**WSIB is responsible for:**

- i. Ensuring claims are adjudicated in a timely manner.
- ii. Providing assistance as needed through the Return to Work Specialist.
- iii. Developing Work Transition Plans when appropriate.

**Health Care Practitioner is responsible for:**

- i. Providing medical treatment as needed to injured worker.
- ii. Completing forms and provide to WSIB and the worker in a timely manner
- iii. Providing ongoing capabilities information as requested.

**Procedure**

There are four steps to the Return to Work Process: Reporting, Case Planning, Returning to Work and Follow-up.

**Reporting:**

- i. All work-related injuries or illnesses are to be reported promptly to the employee's Supervisor/Manager.
- ii. Employees and Supervisors/Managers are responsible for completing the incident report promptly and forwarding all documentation to Payroll for processing and copied to Human Resources for information purposes.

- iii. Payroll will forward relevant documentation to Human Resources for review.
- iv. All work related injury/illnesses assessed by a medical professional are to be reported to the Supervisor/Manager immediately.
- v. A PDA and/or Attending Medical Practitioner Letter may be provided to the injured employee to take to their medical practitioner.
- vi. Employees who are absent from work because of a work-related injury/illness are to identify this when reporting in absent to their Supervisor/Manager.

Note: The WSIB must receive a Form 7 from the employer within 3 business days from when the employer becomes aware that an employee was assessed by a medical professional, or a minimum fine of \$250 may be issued.

### **Case Planning:**

- i. When the employee cannot return to work on full duties, medical documentation from his/her treating medical professional is required with detailed precautions/restrictions, duration and reassessment date.
- ii. Employees returning to work with documented precautions/restrictions will be evaluated by Human Resources, in conjunction with the employees department, to determine if the stated precautions/restrictions can be accommodated with suitable or available work.
- iii. All precautions/restriction will be crossed referenced with a PDA to ensure that safe and suitable work is assigned to the employee.
- iv. An Offer of Modified Work form will be completed and signed by the employee, the Union Representative (if required), the Supervisor/Manager and Human Resources.
- v. When the injury is acute, Human Resources may apply precautions/restrictions for a maximum of 7 days.

### **Returning to Work:**

- i. The employee will report to their department on their first day of return to work in accordance with the Offer of Modified Work form.
- ii. The employee's Supervisor/Manager will assign work within the documented precautions.
- iii. The employee will work within the documented precautions/restrictions according to the Offer of Modified Work form.
- iv. The employee's Supervisor/Manager is responsible for meeting with the employee on a regular basis to ascertain if there are any difficulties which need to be addressed.

### **Follow-up:**

- i. The Supervisor/Manager will follow-up with the employee on a regular basis in order to ensure no further difficulties are encountered.

- ii. Employees participating in the RTWP are responsible for returning all information and forms to their Supervisors/Managers as soon as possible.
- iii. When monitoring an injured employee's participation in the program, the following factors will be considered: attendance, productivity, quality/accuracy, problem(s) with particular task(s) and safety/housekeeping.
- iv. In the event that permanent precautions/restrictions are required, a meeting will take place with the Employee, Union Representative (if required), Supervisor/Manager and Human Resources in order to determine if the employee can be accommodated.
- v. If the permanent precautions/restrictions cannot be accommodated, then the appropriate insurance carrier (if applicable) will be notified.
- vi. Discharge from the RTWP is determined by:
  - o Employee returning to full duties and pre-injury job
  - o Employee fails to provide requested documentation
  - o Employee is permanently disabled and will not be returning to pre-injury job
  - o Employee transfers to another position where regular duties fall within precautions/restrictions

### **Communication:**

This procedure will be posted on the LaSalle Online Learning Management System located at [www.townoflasallesafety.com](http://www.townoflasallesafety.com) under the policy tab.

### **Evaluation:**

The Human Resources department will review the RTWP annually at a Master joint Health and Safety Committee Meeting.

### **ACKNOWLEDGE SUCCESS & MAKE IMPROVEMENTS**

Acknowledgment will be conducted through an email or memo sent by Senior Management informing all Staff of our Safety Groups success. Acknowledgment will be documented by keeping a copy of the email or memo on file.

### **Reference(s)**

- i. Workplace Safety and Insurance Act (WSIA)
- ii. WSIB Work Reintegration Principals, Concepts and Definitions (policy 19-02-02)
- iii. Incident/Injury Report – Supervisor portion (Appendix A)
- iv. Incident/Injury Report – Employee portion (Appendix B)
- v. Incident/Injury Report – Witness Statement (Appendix C)
- vi. Equipment Damage/Loss/Theft Report Form (Appendix D)
- vii. Blue Cross Functional Information Form (Appendix E)
- viii. WSIB Functional Abilities Form (Appendix F)
- ix. Medical Practitioner Letter (Appendix G)



x. Offer of Modified Work (Appendix H)

**Revision Date**

September 24, 2016

July 24, 2017

November 7, 2017

# **APPENDIX A**

# The Corporation of the Town of LaSalle

## Injury/Incident Report (Supervisor Portion)

INCIDENT TYPE (Check all that apply)	<input type="checkbox"/> near miss	<input type="checkbox"/> injury	<input type="checkbox"/> illness	<input type="checkbox"/> property damage					
	<input type="checkbox"/> mental stress	<input type="checkbox"/> first aid	<input type="checkbox"/> medical aid	<input type="checkbox"/> reoccurrence					
<b>WORKER INFORMATION</b>									
Last Name:		First Name:							
Department:		Job Title:							
Employment Type: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer <input type="checkbox"/> Other									
Do you have other employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, where?							
Supervisor Name:		Supervisor Email:							
Supervisor Phone Number:									
<b>INCIDENT DATES AND DETAILS</b>									
Date of incident or awareness of incident:			Time: <input type="checkbox"/> AM <input type="checkbox"/> PM						
Location of Incident (be specific):									
Who was the incident reported to?:(name and position)			Phone:						
Name of Supervisor completing the investigation:									
Was the accident/incident:		Type of incident/accident: (Please check all that apply)							
<input type="checkbox"/> Sudden specific event		<input type="checkbox"/> Struck/Caught							
<input type="checkbox"/> Gradually occurring over time		<input type="checkbox"/> Overexertion							
<input type="checkbox"/> Occupational disease		<input type="checkbox"/> Repetition							
<input type="checkbox"/> Fatality		<input type="checkbox"/> Cut							
		<input type="checkbox"/> Fall							
		<input type="checkbox"/> Harmful Substance							
		<input type="checkbox"/> Assault							
		<input type="checkbox"/> Slip/Trip							
		<input type="checkbox"/> Motor Vehicle Accident							
		<input type="checkbox"/> Fire/Explosion							
		<input type="checkbox"/> Traumatic Mental Stress							
		<input type="checkbox"/> Other							
Area of Injury (Body Part)		Left	Right	Left	Right	Left	Right	Left	Right
<input type="checkbox"/> Head	<input type="checkbox"/> Teeth	<input type="checkbox"/> Shoulder	<input type="checkbox"/>	<input type="checkbox"/> Wrist	<input type="checkbox"/>	<input type="checkbox"/> Hip	<input type="checkbox"/>	<input type="checkbox"/> Ankle	<input type="checkbox"/>
<input type="checkbox"/> Face	<input type="checkbox"/> Neck	<input type="checkbox"/> Arm	<input type="checkbox"/>	<input type="checkbox"/> Hand	<input type="checkbox"/>	<input type="checkbox"/> Thigh	<input type="checkbox"/>	<input type="checkbox"/> Foot	<input type="checkbox"/>
<input type="checkbox"/> Eye(s)	<input type="checkbox"/> Chest	<input type="checkbox"/> Elbow	<input type="checkbox"/>	<input type="checkbox"/> Finger(s)	<input type="checkbox"/>	<input type="checkbox"/> Knee	<input type="checkbox"/>	<input type="checkbox"/> Toe(s)	<input type="checkbox"/>
<input type="checkbox"/> Ear(s)	<input type="checkbox"/> Back	<input type="checkbox"/> Forearm	<input type="checkbox"/>			<input type="checkbox"/> Lower Leg	<input type="checkbox"/>	<input type="checkbox"/> Other	

Property Damage (please specify details of equipment and location of damage where applicable)

- Fleet:
- Building Structure:
- Racking:
- Equipment:
- Other:

**Please fill out Equipment Damage / Loss / Theft Report Form**

Describe how the event occurred (attach additional page if necessary)

Please answer applicable questions:

Where was the employee when this occurred?

What time did this occur?

Who was a witness to this event?

What task were they doing at the time of the incident?

Describe the events leading up to the incident.

What were the environmental conditions?

What did the employee see, hear and/or smell just before and just after the event occurred?

Why do you think this occurred?

Was there anything that was done differently this time that could have contributed to the event?

Did actions or lack of actions of others contribute in any way?

Were there any warning signs?

**Case Management**

Is/was the employee off work due to injury/illness?  Yes  No  Unknown

If "yes", What was the last day worked?: Click or tap to enter a date.

What date did the employee return to work?: Click or tap to enter a date.

Did the employee seek medical attention?  Yes  No  Unknown

Was modified work offered to the employee?  Yes  No

If Yes what duties were offered (be specific)?

Was modified work accepted:  Yes  No,

If modified work was not accepted, why not?

If modified was not offered, why not?

**Root Cause**

**IMMEDIATE CAUSES:** What substandard acts/practices and conditions caused or could cause the event?  
(choose from below and add additional comments here)

**IMMEDIATE CAUSES** — check all as appropriate**Substandard Acts/Actions**

- Operating equipment without authority
- Failure to warn
- Failure to secure
- Operating at improper speed
- Making safety devices inoperable
- Removing safety devices
- Using defective equipment
- Failure to use PPE
- Improper loading
- Improper placement
- Improper lifting
- Improper position for task
- Servicing equipment in operation
- Horseplay
- Under influence of alcohol and/or other substances
- Other

**Substandard Conditions**

- Inadequate guards or barriers
- Inadequate or improper protective equipment
- Defective tools, equipment or materials
- Congestion or restricted action
- Inadequate warning system
- Fire and explosion hazard
- Poor housekeeping, disorder
- Hazardous environmental conditions, gases, smoke, dusts  
fumes
- Noise exposure
- Radiation exposure
- High or low temperature exposure
- Inadequate or excess illumination
- Inadequate ventilation
- Other

**ROOT CAUSES:** What specific personal or job/system factors caused or could have caused this event?  
 (choose from below and add additional comments here)

**ROOT CAUSES – check all as appropriate**

**Personal Factors**

- Inadequate capability
- Lack of knowledge/training
- Lack of skill
- Stress
- Improper motivation

**Job Factors**

- Inadequate leadership/supervision
- Inadequate engineering
- Inadequate purchasing
- Inadequate maintenance
- Inadequate tools/equipment
- Inadequate work standards
- Wear and Tear
- Abuse and/or misuse

**PREVENTION OF INCIDENT REOCCURRENCE**

What has been done or should be done to control the causes listed to prevent a reoccurrence?

Action	Deadline	By Whom	Complete?

Worker Statement Attached?  Yes  No If "No", why not?

Witness Statement (s) attached? (if applicable)  Yes  No If "No", why not?

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

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

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

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

Copy of Report sent to:  Human Resources  Payroll  JHSC  Department Head

#### REPORT DEFINITIONS

INJURY – physical harm or damaged to a person.

ILLNESS – unhealthy condition in mind or body.

FIRST AID INJURY – a minor injury requiring only first aid treatment.

MEDICAL AID INJURY – an injury requiring treatment by a health care professional.

REOCCURRENCE – an incident which has occurred more than once.

PROPERTY DAMAGE – loss to equipment, material, and/or the environment.

NEAR MISS – an undesired event that, under slightly different circumstances, could have resulted in personal injury, property damage, or loss.

#### Critical Injury

**IMPORTANT:** Supervisors must immediately report all critical injuries to Human Resources

Per the Ministry of Labour, “critically injured” means an injury of a serious nature that,

- (a) places life in jeopardy,
- (b) produces unconsciousness,
- (c) results in substantial loss of blood,
- (d) involves the fracture of a leg or arm but not a finger or toe,
- (e) involves the amputation of a leg, arm, hand or foot but not a finger or toe,
- (f) consists of burns to a major portion of the body, or
- (g) causes the loss of sight in an eye. R.R.O. 1990, Reg. 834, s. 1.

# **APPENDIX B**



# The Corporation of the Town of LaSalle

## Injury/Incident Report (Employee Portion)

<b>INCIDENT TYPE</b> (Check all that apply)	<input type="checkbox"/> near miss	<input type="checkbox"/> injury	<input type="checkbox"/> illness	<input type="checkbox"/> property damage
	<input type="checkbox"/> mental stress	<input type="checkbox"/> first aid	<input type="checkbox"/> medical aid	<input type="checkbox"/> reoccurrence
<b>WORKER INFORMATION</b>				
Last Name:		First Name:		
Department:		Job Title:		
Employment Type: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer <input type="checkbox"/> Other				
Supervisor Name:		Supervisor Email:		
<b>INCIDENT DATES AND DETAILS (PLEASE PROVIDE SPECIFIC DETAILS ON NEXT PAGE)</b>				
Date of incident or awareness of incident: Click or tap to enter a date.			Time:	
Date incident was reported to employer: Click or tap to enter a date.			<input type="checkbox"/> AM <input type="checkbox"/> PM	
Location of Incident (be specific):				
Who was the incident reported to?:(name and position)			Phone:	
<b>MEDICAL TREATMENT</b>				
Do you require medical treatment for this injury/illness? ( treatment by Health Care Practitioner)				
<input type="checkbox"/> No <input type="checkbox"/> Not at this time <input type="checkbox"/> Yes      If yes, treatment was provided by:				
Did you notify your Supervisor that you require medical treatment <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, when? If no, why not?				
Were you offered modified work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes what duties were offered?				
<b>SIGNATURE</b>				
I herein certify the information above is true and to the best of my knowledge				
Worker Signature: _____				
Date: _____				

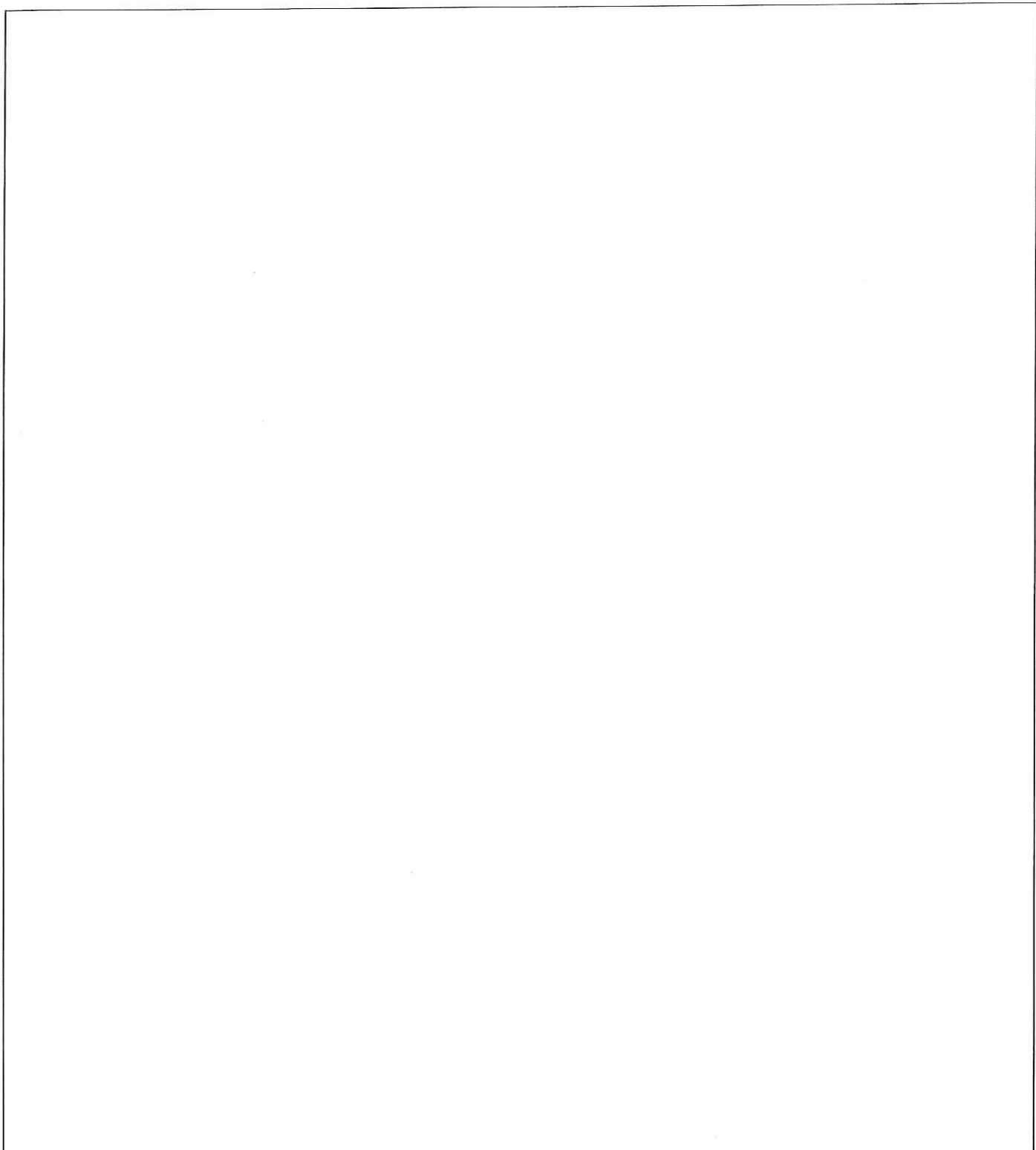


## **INJURY/INCIDENT DETAILS**

Describe in your own words how the event occurred (attach additional page if necessary)

Please answer applicable questions in detail.

1. What happened?
2. What was injured?
3. What time did this occur?
4. Who (if any) was a witness to this event?
5. What task were you doing at the time of the incident?
6. Describe the events leading up to the incident.
7. What were the environmental conditions?
8. What did you see, hear and/or smell just before and just after the event occurred?
9. Why do you think this occurred?
10. Was there anything that was done differently this time that could have contributed to the event?
11. Did actions or lack of actions of others contribute in any way?
12. Were there any warning signs?



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

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

# **APPENDIX C**

# The Corporation of the Town of LaSalle

## Injury/Incident Report (Witness Statement)

WITNESS INFORMATION	
Last Name:	First Name:
Department:	Job Title:
INCIDENT DATES AND DETAILS	
Date of incident: Click or tap to enter a date.	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Location of Incident (be specific):	
Names of all involved and additional witnesses:	
INJURY/INCIDENT DETAILS	
Describe in your own words the details of Incident (Facts/Behaviours/What was said/What happened/ Where did this take place/Times/Who was there etc.)	
<input type="checkbox"/> additional sheet attached	
SIGNATURE	
I herein certify the information above is true and to the best of my knowledge	
Witness Signature: _____	
Date: _____	

# **APPENDIX D**

# The Corporation of the Town of LaSalle

## Equipment Damage / Loss / Theft Report Form

Town of LaSalle employees are required to report any damage, loss or theft of Town of LaSalle owned and operated equipment as soon as possible and submit a completed copy of this form within 24 hours of the incident.

Please note that where an injury occurs as a result of any damage, loss or theft of Town of LaSalle owned and operated equipment, employees are required to report the incident immediately, and submit a completed Incident/Injury Report and Investigation Form.

Damage / Loss / Theft - Reported By	
Employee Name:	
Position/Title:	Department:

Incident Information	
Incident Date (dd/mm/yy): ___/___/___	Time of Incident:
Reported on: ___/___/___	Time Reported:
Supervisor:	Job Site:
Specific Location:	

Did an injury result from this incident?

Yes

No

Was an Incident/Injury Report form completed?

Yes

No

Date Incident/Injury Report form was completed: (dd/mm/yy): \_\_\_/\_\_\_/\_\_\_

Equipment Information	
List of Equipment Damaged / Lost / Stolen (Please Specify)	
Equipment Identification Number(s)	
Equipment Location at Time of Damage / Loss	

How Was the Equipment Damaged / Lost / Stolen? (Complete Description)	
Description of Damage to Equipment	
Estimated Cost of Repair / Replacement	
Person Responsible for Equipment	

Was the Equipment Damage / Loss / Theft reported to the Police?

Yes

No

If yes, please provide:

<b>Police Report Information</b>	
Police File #:	Officer In Charge:
Station #:	Phone #:
Email:	

***A Police Report (if Theft) must be attached.***



# **APPENDIX E**



185 THE WEST MALL, SUITE 1200  
 P.O. BOX 2000  
 ETOBICOKE ON M9C 5P1  
 FAX: 1-800-866-1166

**ASSOCIATE FUNCTIONAL INFORMATION**

Member ID: \_\_\_\_\_ Name - first and last: \_\_\_\_\_

We need your assistance in understanding your patient's functional capabilities to ensure your patient is given the earliest opportunity to return to a safe, accommodated and/or transitional job.

**PART 1: FUNCTIONAL CAPABILITIES (CHECK ALL THAT APPLY)**

<input type="checkbox"/> Walking:	<input type="checkbox"/> Short Distances Only	<input type="checkbox"/> Unrestricted		
<input type="checkbox"/> Standing:	<input type="checkbox"/> Less than 15 min.	<input type="checkbox"/> Less than 30 min.	<input type="checkbox"/> Other _____	<input type="checkbox"/> Unrestricted
<input type="checkbox"/> Sitting:	<input type="checkbox"/> Less than 30 min.	<input type="checkbox"/> Less than 1 hour	<input type="checkbox"/> Other _____	<input type="checkbox"/> Unrestricted
<input type="checkbox"/> Lifting (Floor to Waist):	<input type="checkbox"/> Less than 10 kg	<input type="checkbox"/> Less than 25 kg	<input type="checkbox"/> Other _____	<input type="checkbox"/> Unrestricted
<input type="checkbox"/> Lifting (Above Waist):	<input type="checkbox"/> Less than 10 kg	<input type="checkbox"/> Less than 25 kg	<input type="checkbox"/> Other _____	<input type="checkbox"/> Unrestricted
<input type="checkbox"/> Stair Climbing:	<input type="checkbox"/> None	<input type="checkbox"/> 10-12 steps	<input type="checkbox"/> Other _____	<input type="checkbox"/> Unrestricted
<input type="checkbox"/> Ladder Climbing:	<input type="checkbox"/> None	<input type="checkbox"/> 2-3 steps	<input type="checkbox"/> Other _____	<input type="checkbox"/> Unrestricted
<input type="checkbox"/> Use of Right Hand:	<input type="checkbox"/> Can use keyboard	<input type="checkbox"/> Can Write	<input type="checkbox"/> Can Hold	<input type="checkbox"/> Can Grip <input type="checkbox"/> Unrestricted
<input type="checkbox"/> Use of Left Hand:	<input type="checkbox"/> Can use keyboard	<input type="checkbox"/> Can Write	<input type="checkbox"/> Can Hold	<input type="checkbox"/> Can Grip <input type="checkbox"/> Unrestricted

**PART 2: FUNCTIONAL LIMITATIONS (COMPLETE ALL THAT APPLY)**

Avoid repetitive bending or twisting of: \_\_\_\_\_

Avoid repetitive movement of: \_\_\_\_\_

Avoid repetitive pushing/pulling with:  Right Arm  Left Arm  No pushing/pulling

Avoid repetitive below shoulder level activity with:  Right Arm  Left Arm  No below shoulder level activity

Avoid operating motorized equipment

Avoid repetitive above shoulder level activity with:  Right Arm  Left Arm  No above shoulder level activity

**PART 3: OTHER LIMITATIONS**

Please provide details of cognitive and/or environmental functional limitations, which you consider to be major obstacles to your patient's ability to work.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART 4: DURATION OF FUNCTIONAL CAPABILITIES / LIMITATIONS**

The above noted Functional Capabilities/Limitations will remain in effect until (DD/MM/YYYY): \_\_\_\_\_

This employee can return to their own occupation (regular job) on (DD/MM/YYYY): \_\_\_\_\_

**My signature authorizes the patient to participate in a return to work program with the above noted restrictions to a modified job or, if feasible, to their own job.**

Name of attending physician (please print): \_\_\_\_\_

Specialty: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date (DD/MM/YYYY): \_\_\_\_\_

# **APPENDIX F**



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

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

# FAF

## Functional Abilities Form for Planning Early and Safe Return to Work

Claim No. \_\_\_\_\_

Please PRINT in black ink

### A. Section A to be completed by the employer and/or worker.

Worker's Last Name	First Name	Telephone
Address (no., street, apt.)		City/Town Province Postal Code

Employer's Name	Date of Birth (dd/mm/yyyy)
Full Address (No., Street, Apt.)	Date of Accident/Awareness of Illness (dd/mm/yyyy)
City/Town Prov. Postal Code	Employer Telephone ( )
	Employer Fax No. ( )

1. Type of job at time of accident (where available, please attach description of job activities)	Area(s) of Injury(ies)/Illness(es)
2. Have the worker and the employer discussed Return To Work <input type="checkbox"/> yes <input type="checkbox"/> no	If no, will be discussed on dd mm yyyy
3. Employer contact name	Position

### B. Worker's Signature

By signing below, I am authorizing any health professional who treats me to provide me, my employer and the Workplace Safety and Insurance Board (WSIB) with information about my functional abilities on the WSIB's "Functional Abilities for Planning Early and Safe Return to Work" form.

Signature \_\_\_\_\_ Date dd mm yyyy

### C. Health Professional's Billing Information

For billing purposes fax or mail pages 2 and 3 to the WSIB.

**INFORMATION IN SHADED AREAS SHOULD NOT BE PROVIDED TO THE WORKER OR EMPLOYER**

Health Professional's Designation  
 Chiropractor  Physician  Physiotherapist  Registered Nurse (Extended Class)  Other

Are you registered with the WSIB?  Yes. Please enter the nine digit WSIB Provider ID, in the box provided  No. Please call 1-800-569-7919 to register

WSIB Provider ID. \_\_\_\_\_

Health Professional's Name (please print) \_\_\_\_\_ Service Code **901**

Address (No. Street, Apt.) \_\_\_\_\_ Your Invoice Number \_\_\_\_\_

City/Town Province Postal Code Fax ( )

I hereby declare that the information being submitted in Sections C, D, E and F of this form is true and complete. It is an offense to knowingly make a false or misleading statement or representation to the WSIB.

Health Professional's Signature \_\_\_\_\_ Telephone \_\_\_\_\_ Date dd mm yyyy



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



**Functional Abilities Form**  
 for Planning Early  
 and Safe Return to Work

Please PRINT in black ink

Worker's Last Name	First Name	Claim No.
--------------------	------------	-----------

**D. The following information should be completed by the Health Professional to identify the patient's overall abilities and restrictions.**

1. Date of Assessment dd mm yyyy	2. Please check one:	
	<input type="checkbox"/> Patient is capable of returning to work with <b>no restrictions.</b>	<input type="checkbox"/> Patient is capable of returning to work <b>with restrictions.</b> Complete sections E and F.
	<input type="checkbox"/> Patient is physically unable to return to work at this time. Complete section F.	

**E. Abilities and/or Restrictions**

1. Please indicate **Abilities** that apply. Include additional details in section 3

<b>Walking:</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 100 metres <input type="checkbox"/> 100 - 200 metres <input type="checkbox"/> Other (please specify)	<b>Standing:</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 15 minutes <input type="checkbox"/> 15 - 30 minutes <input type="checkbox"/> Other (please specify)	<b>Sitting:</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 30 minutes <input type="checkbox"/> 30 minutes - 1 hour <input type="checkbox"/> Other (please specify)	<b>Lifting from floor to waist:</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 kilograms <input type="checkbox"/> 5 - 10 kilograms <input type="checkbox"/> Other (please specify)
<b>Lifting from waist to shoulder:</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 kilograms <input type="checkbox"/> 5 - 10 kilograms <input type="checkbox"/> Other (please specify)	<b>Stair climbing:</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 steps <input type="checkbox"/> 5 - 10 steps <input type="checkbox"/> Other (please specify)	<b>Ladder climbing:</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> 1 - 3 steps <input type="checkbox"/> 4 - 6 steps <input type="checkbox"/> Other (please specify)	<b>Travel to work:</b> Ability to use public transit: <input type="checkbox"/> Yes <input type="checkbox"/> No Ability to drive a car: <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Please indicate **Restrictions** that apply. Include additional details in section 3

<input type="checkbox"/> Bending/twisting repetitive movement of (please specify)	<input type="checkbox"/> Work at or above shoulder activity:	<input type="checkbox"/> Chemical exposure to:	<input type="checkbox"/> Environmental exposure to: (e.g. heat, cold, noise or scents)	<input type="checkbox"/> Limited use of hand(s): Left: <input type="checkbox"/> Gripping <input type="checkbox"/> Pinching <input type="checkbox"/> Other (please specify) Right: <input type="checkbox"/>
<input type="checkbox"/> Limited pushing/pulling with: <input type="checkbox"/> Left arm <input type="checkbox"/> Right arm <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Operating motorized equipment: (e.g. forklift)	<input type="checkbox"/> Potential side effects from medications (please specify) Do not include names of medications.	<input type="checkbox"/> Exposure to vibration: <input type="checkbox"/> Whole body <input type="checkbox"/> Hand/Arm	

3. Additional Comments on **Abilities and/or Restrictions.**

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4. From the date of this assessment, the above will apply for approximately: <input type="checkbox"/> 1 - 2 days <input type="checkbox"/> 3 - 7 days <input type="checkbox"/> 8 - 14 days <input type="checkbox"/> 14 + days	5. Have you discussed return to work with your patient? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

6. Recommendations for work hours and start date: <input type="checkbox"/> Regular full-time hours <input type="checkbox"/> Modified hours <input type="checkbox"/> Graduated hours	Start Date dd mm yyyy
---	-----------------------

**F. Date of Next Appointment**

Recommended date of next appointment to review **Abilities and/or Restrictions.** dd mm yyyy

I have provided this completed Functional Abilities Form to:  Worker and/or  Employer

# **APPENDIX G**

# The Corporation of the Town of LaSalle

## Attending Health Care Professional Letter

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To the Attending Health Care Professional:

Thank you in advance for your prompt treatment of our valued employee. We would like you to know that we provide a transitional work rehabilitation program for all our injured workers when feasible, and in your judgment, poses no safety risks for the employee or co-workers.

We can provide a variety of tasks to suit the employee's capabilities and will work with you to provide appropriate placement. When possible, we will modify our employee's regular job to accommodate medical precautions/restrictions.

Please complete the enclosed Functional Abilities Form (FAF) during the evaluation and have the employee return it to the Town of LaSalle. We will assign the employee to job duties that are suitable for any precaution/restriction you specify. Please call if you have any questions.

Thank you for your assistance.

Sincerely,

*Rick Mamak*

Rick Mamak RN COHN(C) CRSP CDMP  
Human Resources Generalist  
Town of LaSalle  
5950 Malden Rd  
LaSalle, ON N9H 1S4

519-969-7770 ext. 1126  
rmamak@lasalle.ca

# **APPENDIX H**



# The Corporation of the Town of LaSalle

## Offer of Modified Work

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Today's Date: \_\_\_\_\_

Initial Plan  Occupational

Extended Plan  (extension # \_\_\_\_\_) Non-Occupational

Dear: \_\_\_\_\_ Claim Number: \_\_\_\_\_

The Corporation of the Town of LaSalle has a Transitional Work Rehabilitation Program (RTWP) to accommodate occupational and non-occupational injury/illnesses consistent with the responsibilities and obligations often defined by insurance carriers.

Your precautions consist of the following: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For a duration of: \_\_\_\_\_

This letter will confirm that suitable work is available immediately. Please be advised that this work plan will remain in effect for the duration of your precautions as outlined above. The details of the duties are as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Able to work overtime?: Yes  No  If No, why not? \_\_\_\_\_

\_\_\_\_\_

Start Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ Review Date: \_\_\_\_\_

The Corporation of the Town of the Town of LaSalle would like to remind you that your ongoing communication/co-operation with your Supervisor/Manager is required for an effective return to work program. If you find any aspect of your job unsuitable, or find that you are able to increase your duties, you are required to advise your Supervisor/Manager as soon as possible. Upon receipt of an updated Functional Abilities Form (FAF) and/or new information, the above work plan will be revised as necessary.

Supervisor/Manager: \_\_\_\_\_ Human Resources: \_\_\_\_\_

Offer of modified work: Accepted  Declined

Comments: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Union Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# The Corporation of the Town of LaSalle

## Slips, Trips & Falls Prevention Policy

---

### 1. PURPOSE:

The Town of LaSalle is committed to providing a healthy and safe working environment for all staff. Recognizing slips, trips & falls are a significant concern in the workplace and the Town of LaSalle is committed to minimizing incidents by having suitable control strategies in place. The success of the program will rely on the full cooperation of all levels of workplace parties.

### 2. SCOPE:

The policy applies to all employees at the Town of LaSalle.

### 3. DEFINITIONS:

- i. **Slips** - are when there is not enough friction between a person's feet and the walking surface. Things such as ice, oil, water, cleaning liquids, smooth walking surfaces, etc. are contributing factors that cause slips.
- ii. **Trips** - are when a person's foot, or other part of the body contacts an object which reduces their ability to maintain balance. Uneven surfaces, lack of lighting, cords or obstacles in a person path are often the cause of a trip.
- iii. **Falls** - are a vertical plunge at or above ground level. Falls are frequently the result of slips and/or trips. Improper use of equipment and ladders can also increase the chances of falling.

### 4. RESPONSIBILITY:

- i. The CAO is responsible for:
  - Ensuring that this procedure is established and maintained.
  - That every precaution reasonable is taken in the circumstances for the protection of workers.
- ii. The Supervisors/Managers are responsible for:
  - Ensuring that this Policy is implemented within their area of control.
  - Ensure that good housekeeping is maintained at all times and that unsafe acts of conditions are challenged and rectified.
  - Ensure staff awareness of this policy and their responsibilities, and also ensuring that employees receive training.
  - Ensure all department specific orientation is documented for all employees.

- Ensuring supervisor inspections encompass the risk of slips, trips and falls within their areas and employees for whom they are responsible for are aware of these risks.
- Schedule time during each workday to:
  - Restore materials and equipment to proper locations
  - Organize work areas for next shift or workday, and
  - Prepare waste for disposal or recycling

**iii.** The Employees are responsible for:

- Understanding and conforming to the Town of LaSalle's Slip, Trip, and Falls Policy along with any associated policies or procedures.
- Report any slips, trip or fall hazards immediately that they may identify while carrying out their duties.
- Report any accidents, incidents or injuries arising from trips, slips or falls immediately to your supervisor.
- Complete training as directed by the supervisor.
- Follow all safe systems of work and information, training, and supervision received.

## **5. PROCEDURE**

Every employee is responsible for and must be proactive in identifying the following issues, and take the necessary steps to eliminate these problems in the workplace:

- i.** Keep all access areas, emergency exits, stairs, aisle ways, hallways, shop floors and other area that interfere with traffic flow clear of unnecessary material and equipment.
- ii.** Inspect that all floors are clean and free from dirt or debris.
- iii.** Keep workplace free of debris that may impede movement or present a slip, trip or fall hazard.
- iv.** Ensure floor is free from water or other liquids. If floors are wet use warning signs or cones in clear view to warn employees and the public.
- v.** Clean up spills immediately. The employee must consult the MSDS/SDS to determine what personal protective equipment (PPE) to wear if a chemical has been spilled.
- vi.** Entrances to buildings shall be kept free from ice and snow;
- vii.** Materials should not be placed on the floor where tripping may result.

## **6. COMMUNICATION**

- i. This policy will be readily available to all employees on the Learning Management System ([www.townoflasallesafety.com](http://www.townoflasallesafety.com)).

## **7. TRAINING:**

- i. Training will be conducted using the Learning Management system and will be assigned to affected staff on a regular basis.

## **7. EVALUATION:**

- i. This Policy will be evaluated on an annual basis through the Master Joint and Health and Safety Committee.

## **8. ACKNOWLEDGE SUCCESS & MAKE IMPROVEMENTS**

- i. Acknowledgment will be conducted through an email or memo sent by Senior Management informing all Staff of our Safety Groups success. Acknowledgment will be documented by keeping a copy of the email or memo on file.

# The Corporation of the Town of LaSalle

## Incident Investigation Policy

---

### 1. PURPOSE:

The primary objective of this procedure is to prevent the recurrence of incidents through prompt and effective reporting and investigation of injuries, incidents, and near misses. To accomplish this, it is required that:

- Root causes and/or causal factors are identified
- Corrective actions are identified through the analysis of root causes or causal factors
- Corrective actions reduce the likelihood of recurrence or mitigate potential consequences of future incidents
- Corrective actions are implemented and verified as effective
- Causes, corrective actions, and lessons learned are effectively and timely communicated

### 2. SCOPE:

This policy applies to all employees and all reported injuries, incidents, and near misses that occur at the Town of LaSalle.

### 3. DEFINITIONS:

i. **Critical Injury (ON Reg. 834) means an injury of a serious nature that:**

- (a) Places life in jeopardy;
- (b) Produces unconsciousness;
- (c) Results in substantial loss of blood;
- (d) Involves the fracture of a leg or arm but not a finger or toe;
- (e) Involves the amputation of a leg, arm, hand or foot but not a finger or toe;
- (f) Consists of burns to a major portion of the body; or
- (g) Causes the loss of sight in an eye.

ii. **Environmental Release:** Discharging, disposing, dumping, emitting, emptying, escaping, injecting, leaching, leaking, pouring, pumping, or spilling of one or more hazardous substances into the environment.

iii. **Event:** Injury, incident, or near miss.

- iv. **Fire:** Combustion or burning, in which substances combine chemically with oxygen from the air and typically give out bright light, heat, and smoke.
- v. **Injury:** Mental or physical harm to an employee caused by accident or disease.
- vi. **Incident:** An undesired event which, under slightly different circumstances, could have caused harm to people, damage to property, or loss in process.
- vii. **JHSC:** Joint Health and Safety Committee.
- viii. **Occupational Illness:** A condition that results from exposure in a workplace to a physical, chemical or biological agent to the extent that the normal physiological mechanisms are affected and the health of the worker is impaired thereby and includes an occupational disease for which a worker is entitled to benefits under the Workplace Safety and Insurance Act, 1997.

#### 4. RESPONSIBILITY:

- i. The CAO is responsible for:
  - Ensuring that this procedure is established and maintained.
  - That every precaution reasonable is taken in the circumstances for the protection of workers.
- ii. The Supervisors/Managers are responsible for:
  - That every precaution reasonable is taken in the circumstances for the protection of workers.
  - Ensuring that all injuries, incidents and near misses are reported by initiating the Incident/Injury Report.
  - Initiating the investigation and reporting the outcomes to the Department Heads, Human Resources and the JHSC.
  - Complete and review agreed upon corrective actions with employees.
- iii. The Department Heads are responsible for:
  - That every precaution reasonable is taken in the circumstances for the protection of workers.
  - Providing adequate resources to perform investigations, review agreed upon corrective actions.
- iv. Payroll is responsible for:
  - Completing and filing the Form 7 as per WSIB reporting requirements.
- v. Human Resources is responsible for:
  - Contacting the Ministry of Labour if a critical injury or fatality occurs.
- vi. JHSC is responsible for:
  - Designating a worker member to investigate cases where a critical injury or fatality has taken place.

## **5. PROCEDURE:**

- i. All employees working at the Town of LaSalle must report any injuries, incidents and near misses to their Supervisor/ Manager immediately, regardless of the apparent severity of the injury or incident.
- ii. The immediate Supervisor receiving notification of an injury, incident or near miss shall respond accordingly to mitigate the injury or incident and then immediately notify his/her department manager of any severe injuries or incidents.
- iii. The immediate Supervisor shall use the Injury/Incident Investigation Guidelines (Appendix A) when conducting the investigation.
- iv. When stable conditions have returned, the immediate supervisor must complete the Incident/Injury Report (Supervisors Portion) during their current shift.
- v. If a critical injury or a fatality occurs, Human Resources shall immediately notify the Ministry of Labour and worker JHSC safety representative and send the Ministry of Labour the required information. The Ministry of Labour Written Report (Appendix B) shall be used and sent to the Ministry of Labour as per the Occupational Health and Safety Act.

## **6. COMMUNICATION/TRAINING:**

- i. This policy will be reviewed with employees as needed through orientation, health and safety training, or task specific training.
- ii. Training is readily available to all employees on the Learning Management System ([www.townoflasallesafety.com](http://www.townoflasallesafety.com)).

## **7. EVALUATION:**

- i. This Policy will be evaluated on an annual basis through the Master Joint and Health and Safety Committee.

## **8. ACKNOWLEDGE SUCCESS & MAKE IMPROVEMENTS**

- i. Acknowledgment will be conducted through an email or memo sent by Senior Management informing all Staff of our Safety Groups success. Acknowledgment will be documented by keeping a copy of the email or memo on file.

# **APPENDIX A**



# The Corporation of the Town of LaSalle

## Injury/Incident Investigation Guidelines

---

1. Do not disturb the site except to assist injured personnel and to prevent a second incident.
2. Evidence should be safeguarded by postponing non-essential cleanup and dismantling of the damaged area. The affected areas should be barricaded until the site can be examined, photographed or sketched.
3. All witnesses should be interviewed as soon as possible. The interviewer should ask the six key questions: Who? What? Why? When? Where? How? All interview statements should be recorded.
4. Collect all relevant information; for example, hazardous work permits, operating logs, recorder charts, lab results and other potentially useful information.
5. List conditions or circumstances which deviated from normal operation—no matter how seemingly insignificant.
6. Document the condition of the working surface and any tools and equipment at the site. Quarantine all equipment involved. Take photographs, or use a video camera, to record site conditions.
7. List all safety equipment used and all safe work practices involved in the injury/incident.
8. Note weather and lighting conditions.
9. Document the position of injured employee immediately before and after any injury/incident.
10. Document the specific instructions given to the employees involved prior to the injury/incident.
11. Document the work being performed by the employees involved in the injury/incident.

# **APPENDIX B**



7. Name and address of all witnesses to the occurrence:

8. Name and address of any legally qualified medical practitioner, by whom the person was or is being attended for the injury:

9. The steps taken to prevent the a recurrence:

Regards,

Town of LaSalle

# The Corporation of the Town of LaSalle

## Networking Policy

---

### 1. PURPOSE:

The purpose of this procedure is to outline the expectations of how the Town of LaSalle Human Resources Department will network with other companies in order to share and gain safety information and best practices.

### 2. SCOPE:

Networking participation and involvement is not limited to one workplace party. All parties are encouraged to professionally network and share the knowledge with both workers and management. Professional networking is to be encouraged as a means of learning from each other. Networking expectations in this procedure shall be placed on the Human Resources department.

### 3. Procedure

The Town of LaSalle Human Resources Department will network with at least two other companies for Safety Group purposes on a relevant Health and Safety topic using at least any two of the following mechanisms:

- Email/ newsgroups;
- Adoption, adaption or creation of best practices found on the WSIB's website;
- Personal contacts/ visits/ phone calls;
- Exchange of policies/ documents/ guidelines with another company;
- Access external industry-specific information;
- Consult with professional associations;
- Health & Safety Associations events/ training; and,
- Other.

### 4. RESPONSIBILITY:

- i. Senior Management is responsible for:
  - Supporting the networking procedure
- ii. The Human Resources Department is responsible for:
  - Networking with members of the safety group and obtain a minimum of one policy per year for comparison to the Town of LaSalle's needs and guidelines.
  - Participate in Safety or HR association events and training;

- Exchange contact information with other safety and HR professionals, and;
- Document all networking experiences.

#### **5. COMMUNICATION/TRAINING:**

- i. The procedure is readily available to all affected employees on the Learning Management System ([www.townoflasallesafety.com](http://www.townoflasallesafety.com)).
- ii. Training on this policy must be completed annually by the Human Resources department.

#### **7. EVALUATION:**

- i. This Policy will be evaluated on an annual basis by the Human Resources Department.

#### **8. ACKNOWLEDGE SUCCESS & MAKE IMPROVEMENTS**

- i. Acknowledgment will be conducted through an email or memo sent by Senior Management informing all Staff of our Safety Groups success. Acknowledgment will be documented by keeping a copy of the email or memo on file.

# The Corporation of the Town of LaSalle

## Violence in the Workplace Prevention Policy

---

### Scope

This Violence in the Workplace Prevention Policy outlines specific preventive actions to discourage and prevent acts of violence in the workplace before they occur. The policy further outlines corrective measures to take in the event acts of violence occur in spite of all reasonable effort to prevent them and the measures that can be taken to support employees who are affected by such violence.

This policy applies to all employees of The Town of LaSalle and extends to elected/appointed officials, contractors, students and volunteers who are performing authorized activities in the workplace. This policy also applies to any location where Town of LaSalle employees are engaged in business activities in the performance of their jobs, including, but not limited to:

- Town of LaSalle owned or leased facilities and/or vehicles;
- Clients' or vendor's facilities where Town of LaSalle employees are present in the course of performing their duties; and
- Restaurants, lodging or meeting facilities when used by Town of LaSalle employees engaged in business activities (including social functions).

### Purpose

The general purpose of this policy is to provide a workplace for employees that is free from violence by instituting measures to:

- Prevent or lower the probability of violence to Town employees in the workplace;
- Respond quickly and appropriately to the threat of violence or actual incidents of violence;
- Provide support for employees who have experienced or witnessed a traumatic workplace incident.

### Responsibility

Everyone is responsible for creating and maintaining a safe workplace to the extent of each person's authority and ability to do so. It is the responsibility of every employee to assist and co-operate in making the workplace as safe and secure as possible.

Members of the general public, visitors to Town facilities, or individuals conducting business with the Town of LaSalle, are expected to refrain from any form of violence. The Town will take any necessary steps to ensure a workplace free from violence.

Since all employees have the right to work in an environment free from violence, all employees share the responsibility to support a violence-free workplace.

**How is Workplace Violence Defined?** (Occupational Health and Safety Act)

- a) The exercise of physical force by a person against a worker in a workplace that causes or could cause physical injury to a worker;
- b) An attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to a worker,
- c) A statement or behaviour that is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace that could cause physical injury to the worker.

**Types of Violence**

Type	Definition
Criminal Intent	Involves a person with no relationship to the workplace who commits a violent act (e.g. theft, hostage taking/kidnapping, physical assault)
Customer/Client	A client with willful intent to cause harm to the employee
Employee Related	Unwanted immediate contact or repeated and persistent negative acts towards one or more individuals resulting in the creation of a toxic or unhealthy work environment
Personal Relationship	Relationship violence that occurs at the workplace (e.g. family member that commits a violent act against a worker within the workplace)

If any employee engages in workplace violence, an investigation will take place immediately. The employee involved may face disciplinary action up to and including termination of employment.

**Zero Tolerance**

The Town of LaSalle will not tolerate any incidents of workplace violence perpetrated against or by any employee, customer, vendor, contractor, visitor, or any other person at The Town of LaSalle. With respect to workplace violence as defined by this policy, any contravention may result in the following:

- Removal from the property;
- Discipline or dismissal;
- Police involvement.



All threats of violence involving an employee or occurring at The Town of LaSalle may be reported to the Police. Threats of physical violence will be reported to authorities as appropriate.

**Domestic Violence**

The Town of LaSalle is required, pursuant to the Occupational Health and Safety Act to respond to situations of domestic violence that may expose an employee to injury in the workplace. Any employee experiencing violence outside of the workplace that may create a risk of danger to themselves or others in the workplace is encouraged to report such violence to their Managers or Supervisors so that necessary preventative precautions may be taken to protect all employees. Individuals who are aware that an employee is at risk of being exposed to physical injury in the workplace as a result of domestic violence are strongly encouraged to report the risk to Management. The Town will take every reasonable precaution in the circumstances for the protection of the employee.

**Sexual Violence**

The Town of LaSalle will also take appropriate measures to address sexual violence. Sexual violence is defined as any sexual act or act targeting a person’s sexuality, gender identity or gender expression, whether the act is physical or psychological in nature, that is committed, threatened or attempted against a person without the person’s consent, and includes sexual assault, sexual harassment, stalking, indecent exposure, voyeurism and sexual exploitation. Anyone who becomes aware of any allegations of sexual violence are strongly encouraged to report such allegations to Management so that the incident may be investigated.

**Identifying Risk Factors and Dealing with Warning Signs/Situations**

*Identifying Risk Factors*

Risk Factors	Definition
Working in a community-based setting	Workers are expected to work in the community and provide services in private homes and dwellings
Working with unstable or volatile clients	Workers are providing service or products to persons with physiological, psychological, psychiatric condition and substance abuse issues
Handling cash	Workers required to handle cash in a fixed location who might become a target for theft or loss
Mobile workplaces	Workers required to travel in a vehicle most of their workday to provide a service at a client’s company with limited communication with their own office

Contact with clients	Workers required to provide a product or service to clients in a fixed location
Working in a high-crime area	Workers required to perform services in a fixed location that is located in a high crime area
Securing/protecting valuables	Workers required to secure or protect valuable goods in transport and/or in a fixed location which, if left unprotected or unsecured, might become a target for theft or loss
Working alone or in small numbers	Workers required to work alone or with very few other workers at a fixed location

### **Early Warning Signs**

All employees must be attuned to early warning signs of a potential for violent behaviour. When one or more of the following factors (which may serve as a guide) is present, and a direct or veiled threat of violence is made, the threat must be reported:

- Threatening statements to do harm to self or others;
- References to other incidents of violence;
- Intimidating behaviour – insubordination; open defiance; pestering or confrontational behaviour;
- History of violent, reckless or anti-social behaviour;
- Recent marked decline in performance;
- Major change in personality, mood, behaviour or standards of personal grooming;
- Obsession – with persons or things, particularly weapons;
- Experiencing what appears to be serious stress in personal life;
- Substance abuse.

### **Dealing with Warning Signs / Situations**

#### *Identifying a Potentially Violent Person*

*Signs that a person is potentially violent may include, but are not limited to:*

- Their face is turning red or white;
- Their expression is angry, sneering, or glaring;
- They are pacing, making nervous, repetitive, or violent movements, shaking; clenching jaw or fists, approaching too near, or perspiring heavily;
- They are using a loud voice and/or abusive language;
- Their breathing is shallow or rapid;
- If you notice these signs, TAKE ACTION. Get help from your Manager immediately!

#### *Communicating with a Potentially Violent Person*

- DO NOT confront the person by glaring or staring;
- Remain calm and use a calm manner;
- Speak slowly and clearly in a sure tone;
- Do NOT attempt complicated explanations during a tense situation;
- Ask the person to talk and pay close attention;
- DO NOT advise the person to relax or be calm;
- Use silence to calm the person;
- DO NOT defy, criticize, insult, interrupt or patronize;
- DO NOT crowd the person. Allow them about 2 to 4 feet of space;
- DO NOT fight with the person. Leave the situation and if necessary, get help from the Police.

### *Problem Solving with a Potentially Violent Person*

- Try to see the situation from the person's point of view in order to figure out how to fix the problem;
- DO NOT take the situation lightly;
- Direct the person's attention to the issue;
- Ask the person how to fix the problem;
- Be positive about criticism. If you agree with it, admit this. If you disagree, try to discuss the situation;
- DO NOT lie or make unreasonable commitments;
- Make minor requests, such as taking the discussion to a quiet area;
- Divide the problem into smaller chunks and deal with them one at a time;
- Be clear about the consequences of violence and provide other options;
- If the person is an employee, do not discuss discipline until the situation is more stable;
- DO NOT immediately turn down the person's request;
- DO NOT try to negotiate with someone who is making threats. End the conversation calmly and if necessary, get assistance.

### *Ending an Abusive Telephone Call*

- Interrupt in a courteous but firm tone;
- Make it clear that abusive behaviour is not acceptable, and that you will end the conversation if they don't stop;
- Report the abusive call to your Supervisor/Manager;
- Halt the call in a courteous but firm tone if the abusive person calls again;
- Make it clear that abusive behaviour is not acceptable, and that you will forward the call to your Manager if they don't stop;
- Put the caller on hold;
- Report the holding caller to your Supervisor/Manager;
- Forward the caller to your Supervisor/Manager.

### *In The Event of a Robbery*

- Stay calm;
- Do not argue;
- Listen;
- Do not follow or attempt to capture the thief – this places you and others in great danger;
- Do not surprise the thief or move unexpectedly,
- Try to be observant and remember details:
- What is he / she wearing;
  - What does he or she look like?
  - How tall are they?
  - What colour hair does he or she have?
  - Does he or she have any unusual characteristics such as tattoos or piercings?
  - If he or she had a weapon, describe it.
  - After he or she leaves, try to avoid touching anything the thief has touched. Make a note of the items that were touched.

### *After a Robbery*

- If you can do so safely, record the license plate and the make and model of the vehicle the thief used;
- NEVER try to chase the thief;
- Notify Police immediately by calling 911 and provide them with as much information as possible including the route the thief took when leaving (remember not to try to follow the thief);
- Record all information observed about the thief;
- Lock all doors and do not let anyone enter;
- Ask all witnesses to remain until Police arrive;
- Contact your Supervisor/Manager;
- Do not discuss the robbery with media or bystanders;
- Cooperate fully with the Police investigation;
- If the thief was within sight of one of the cameras, advise the Supervisor/Manager and they will check the recording system to see if the thief's image was captured, and;
- Report the incident following proper Incident Reporting Procedures immediately.

## *Road Rage Situations*

Employees are reminded to avoid potential road rage situations. The following are some best practices for avoiding road rage:

- Plan your route in advance (frustration or erratic behaviour is more likely if you are lost);
- If you feel yourself getting upset, open the window, breathe deeply and listen to relaxing music;
- Consciously decide not to let traffic delays or other peoples' driving habits affect your driving;
- Acknowledge your mistakes which can reduce conflict;
- Be courteous and considerate;
- Do not compete or retaliate;
- Leave traffic enforcement to the Police;
- Avoid heavy meals before driving which can make you lethargic;
- Avoid honking your horn unless necessary, and;
- Stay in your vehicle, lock the doors and call the Police if you are being physically threatened;
- Dial 911 to reach emergency services.

## **Specific Responsibilities**

### **CAO**

- Take all reasonable preventative measures to protect employees and others from workplace violence and harassment;
- Support and maintain a workplace whose objective is to prevent and eliminate workplace violence;
- Ensure that all employees are trained on this policy.

### **Department Heads**

- In conjunction with the Human Resources Department, Department Heads will ensure that training is provided to employees to enable them to identify and respond appropriately to incidents of workplace violence or violations of this policy;
- Provide active support to the CAO and Supervisors in implementing this policy, and exercise responsibilities similar to those described for Supervisors for their areas of responsibility;
- Ensure that all incidents of workplace violence are documented, investigated promptly and appropriate action is taken;
- Each Department will be required to facilitate the implementation and continued visibility of the Violence in the Workplace Prevention Policy.

## **Supervisors/Managers**

- Ensure that employees are aware of their role in helping prevent violence in the workplace and the content of this policy;
- Ensure that training is provided to employees to enable them to identify and respond appropriately to incidents of workplace violence or violations of this policy;
- Intervene as appropriate to implement The Town's policy of zero tolerance for violence in the workplace;
- Take immediate action where warranted, including, but limited to, telephoning the Police, Fire Department and Ambulance Services, and summoning employees certified in First Aid and other back-up resources as needed;
- Ensure that all incidents of workplace violence are documented, investigated promptly and appropriate action is taken;
- Immediately report to the Department Head and Human Resources any direct or veiled threats of violence made to an employee and any action taken.

## **Human Resources**

- Ensure that all incidents of workplace violence are immediately investigated in order to assess the risk or continued risk to Town employees;
- If violence or threats are found to have occurred, ensure that immediate steps are taken to eliminate the risk of any possible recurrence;
- Ensure the implementation of an action plan until there is a final resolution of the risk of violence;
- Any information received or action taken is maintained in a separate file and take measures to protect the confidentiality of this information;
- Ensure the provision of assistance to employees who were the target of violence or witness to violence;
- Assess this policy on an annual basis with the assistance of Management and the JHSC. All continuous improvements that need to be completed will be brought up at the Master Joint Health & Safety Committee meetings and documented in the minutes.

## **Employees**

- Comply with this policy and all related procedures at all times for their own protection and the protection of others within the workplace;
- Are encouraged to be alert to the possibility of violence on the part of employees, former employees, customers, contractors and others;
- Cooperate fully in any fact gathering interviews which are designed to assess the risk of violence in the workplace and keep all information concerning the matter confidential;
- Report any potential situation or incident of workplace violence immediately or as soon as practically possible to their Supervisor, Department Head, Human Resources Department or CAO.

For all violence events, as defined by the policy, Department Heads, Supervisors/Managers and employees shall complete a Workplace Violence Incident Report (attached) and forward it immediately to the Human Resources Department.

### **Mandatory Policy Components**

In developing work practices, operational procedures and staff training policy's to prevent workplace violence, specific circumstances appropriate to each Department's operation must be considered. Such planning and strategizing will be conducted on Town workplaces and will include consultation with Department Heads.

The Town of LaSalle Police Department may be consulted prior to any recommended controls being considered for implementation. Contact members of this Department by telephone at 519-969-5210 for information on "crime prevention".

When implementing this procedure the following four components must be included, as a minimum:

#### **1. Violence Hazard Assessment**

The potential risk of violence in particular workplaces must be assessed. Each Department shall arrange for a hazard assessment to be conducted at each work location, in consultation with the appropriate Joint Health and Safety Committees, the Department Head or designate, and Human Resources (**attached as Appendix A**). The Hazard Assessment Questionnaire will be completed in a suitable manner determined by Department Management and will be reviewed with a Joint Health and Safety Committee representative(s).

#### **2. Workplace Violence Policy Statement**

A Workplace Violence Policy Statement (**attached as Appendix B**) will be reviewed and signed by the CAO on an annually.

#### **3. Communication**

The Violence in the Workplace Prevention Policy and Workplace Violence Policy Statement will be posted on the Health and Safety Bulletin Board at each location and the LaSalle Learning Management System. All new employees will participate in Violence in the Workplace Prevention training through The Town of LaSalle's Orientation session.

#### **4. Information/Training**

All employees who start working Town of LaSalle, as well as Managers at all levels will be trained on the contents of this Violence in the Workplace Prevention Policy.

Management need to make themselves aware of all legislation applicable to violence in the workplace in order to take the appropriate steps during and after violent situations. Applicable legislation may include the Occupational Health & Safety Act, the Criminal Code of Canada, the Ontario Human Rights Code and the Workplace Safety & Insurance Act. This policy should be reviewed after any violent events take place to determine if changes need to be made. At a minimum, the policy must be reviewed annually.

Training is documented and attendance records for all employees are kept.

### **Procedure for Reporting and Investigating Actual or Potential Incidents of Workplace Violence**

All reports of incidents or potential incidents of violence will be taken seriously and will be dealt with by the immediate Supervisor in an appropriate and timely fashion.

#### **Reporting Emergencies**

For threats of violence, assaults or other violent incidents contact your Supervisor immediately, if possible, OR CALL 911 immediately. Critical information must be provided including the nature of the incident; whether emergency services are required; whether perpetrator(s) are still present; whether weapons are involved; etc.

After request for Police involvement and proper control of the emergency the event particulars shall be recorded by the Supervisor on the "Workplace Violence Report", **(attached as Appendix C)**.

The Department Head/designate, in consultation with the Human Resources Department and a Safety representative may request the participation of other workplace parties to review the details surrounding the situation and determine the appropriate corrective action to resolve the issue.

#### **Reporting Non-Emergencies**

Employees are encouraged to report threatening statements or behaviour that gives one reasonable grounds to believe that there is a potential for workplace violence immediately to the immediate Supervisor, who will determine the appropriate response. Such reports may assist in identifying patterns of potential violence and may assist in the prevention of emergency situations in the future.

The immediate Supervisor, once made aware of such allegations shall record the findings on the "Workplace Violence Report" and is to contact Human Resources for advice and direction as may be necessary. The Supervisor, in consultation with Human Resources, may request the participation of other workplace parties to review the details surrounding the situation and determine the appropriate action to resolve the issue. Workplace violence may extend off Town property and may occur outside of



normal working hours. Therefore this procedure will apply for any of the above listed behaviours that are determined through investigation to stem from, or are related to or can be linked back to the individual's employment with the Town of LaSalle.

### **Detailed Investigation**

The Supervisor, in consultation with Human Resources, a representative or designate may initiate a detailed, formal investigation consulting with other workplace stakeholders, as necessary, and initiate appropriate corrective action as may be determined through the investigation.

Such a detailed investigation may be commenced on request by any employee involved with the incidence of violence. If at the initial stages of the investigation it is determined that the issue being reviewed is an issue of "Violence in the Workplace" the violence-related investigation will be terminated and the issue processed to the Department Head in conjunction with Human Resources immediately for review. The investigation may result in the matter being further dealt with under the provisions of relevant collective agreement(s) as may be deemed appropriate.

A report will be filed using "Workplace Violence Report". During investigations fairness, impartiality, privacy and confidentiality issues as well as legislative requirements will be a primary consideration.

### **Support Services/Medical Assistance**

In the event of an incident of workplace violence resulting in physical injury, access to appropriate first aid or medical aid will be provided by a trained individual, as required under the WSIB Act. An Ambulance or Police may be contacted depending on the severity of the injury.

Once the injured employee has received the required care, the Supervisor will complete the appropriate "Accident Investigation Report" form, as in any other incident involving workplace injury (**attached as Appendix D**), to ensure proper adjudication of the workplace injury by the WSIB. In cases where other support services are deemed to be required such as access to Employee Assistance Policy (EAP) the immediate Supervisor shall advise and assist the employee to seek such service, and/or initiate the appropriate response.

### **Instruction to Employees**

All employees of the Town of LaSalle are encouraged to report any intimidation, threats or acts of violence. Employees should be confident that issues reported to their immediate Supervisor/Manager will be treated with sensitivity, fairness and impartiality, while maintaining privacy and confidentiality considerations at all times. This procedure will be posted on all applicable Town of LaSalle bulletin boards and website. This policy

will be reviewed with Staff annually and cascaded out through [www.townoflasallesafety.com](http://www.townoflasallesafety.com).

Questions or concerns regarding the department procedure may be directed to the immediate Supervisor, Joint Health & Safety Committee Member, or to the Human Resources Department. A list of designated staff along with telephone contact numbers is listed as **Appendix E**.

### **Instruction to Management**

Any Supervisor, Manager, or other person in authority who receives a report of a violation or alleged violation of this procedure, shall evaluate the suspected violation and shall consult with the Human Resources Department. Supervisors shall respond to any emergency situations related to violence in the workplace by contacting 911 and activating the department emergency response plan as may be necessary.

Management shall deal with all such issues brought to their attention with sensitivity, fairness, and impartiality. Privacy and confidentiality considerations shall be applied at all times when dealing with such issues.

### **Special Circumstances**

Should an employee have a legal court order (e.g. restraining order, or “no contact” order) against another individual, the employee is encouraged to notify his or her Supervisor, and to supply a copy of that order to the Human Resources Department. This will likely be required in instances where the employee strongly feels that the aggressor may attempt to contact that employee at the Town of LaSalle, in direct violation of the court order.

If any visitor to the Town of LaSalle workplace is seen with a weapon (or is known to possess one) and makes a verbal threat or assault against an employee or another individual, employee witnesses are required to immediately contact the Police, emergency response services, their immediate Supervisor, Manager or Department Head.

In cases where criminal proceedings are forthcoming, the Town of LaSalle will assist Police agencies, attorneys, insurance companies, and courts to the fullest extent.

### **Overview – Key Elements of the Workplace Violence Prevention Procedure**

#### **List of Appendices**

- “A” Violence Hazard Assessment Form – Violence in the Workplace Prevention
- “B” Violence in the Workplace Policy Statement
- “C” Workplace Violence Report Form
- “D” Report of Accidental Injury or Incident Form
- “E” Emergency Phone Numbers

**Note**

Workers and their Supervisors shall be held accountable for violations of health and safety rules, regulations, and procedures. Disciplinary action, where necessary, will be determined by the Town of LaSalle and will be based on the merits of the specific case. Prior to disciplinary measures being taken, Management will consult with Human Resources.

**Revisions**

September 13, 2016

November 7, 2017



# **APPENDIX A**

# The Corporation of the Town of LaSalle

## Violence Hazard Assessment Form

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### Department Hazard Assessment

Facility:	Department:	Area:
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This form is designed to help management, workers and departmental members of the Joint Health and Safety Committees carry out an assessment of the potential risks of violence associated with the activities carried out in their Departments/Divisions and to respond accordingly to any identified risks. Completion of this form supports the Town of LaSalle's effort to implement the Violence in the Workplace Prevention Procedure.

**Please do not use personal information or references when describing incidents.**

### Part 1: Summary

Work Location:	Address:
----------------	----------

1. Please describe your workplace and the types of activities carried out by employees at the location.

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### Part 2: History

2. Have there been incidents when employees at your work location have experienced or have been threatened verbally or physically?

- No  
 Yes

If yes, please describe incidents and provide details such as:

- client on employee
- employee on employee
- employee on public
- other

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**Part 3: Activities which might expose employees to risk of violence**

3. Do employees at your work location work with money or other valuables?

- No
- Yes

If yes, please provide details including # of employees: \_\_\_\_\_

Specific Job Titles:


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4. Do employees at your work location deal with people who are under the influence of alcohol or drugs?

- No
- Yes

If yes, please provide details including # of employees: \_\_\_\_\_

Specific Job Titles:


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5. Do employees at your work location deal with people who regularly "act out"?

- No
- Yes

If yes, please provide details including # of employees: \_\_\_\_\_

Specific Job Titles:


6. Do employees at your work location monitor or regulate the activity of others or carry out processes or make decisions which adversely affect others?

- No
- Yes

If yes, please provide details including # of employees: \_\_\_\_\_

Specific Job Titles:


7. Are employees at your work location involved in projects or activities that may elicit a negative or confrontational response?

- No
- Yes

If yes, please provide details including # of employees: \_\_\_\_\_

Specific Job Titles:




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8. Are there other aspects of the work at your work location that might spark a violent response?

- No
- Yes

If yes, please provide details.

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**Part 4: Working Alone (One factor which increase the risk of violence)**

Definition – A person works alone when they work in a situation where they are out of sight and out of hearing of other employees.

9. Does any person at your work location work alone during normal working hours?

- No
- Yes

If yes, please provide details including # of employees: \_\_\_\_\_

Specific Job Titles:


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10. Does any person at your work location work alone after normal working hours?

- No
- Yes

If yes, please provide details including # of employees: \_\_\_\_\_

Specific Job Titles:


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11. Please describe any precautions already taken to safeguard members at your work location who work alone. If to your knowledge there are currently no precautions in place to address violence related issues within your division, please check here .

Check the appropriate control currently in place within your division:

- cell phone
- portable radios
- personal alarms
- buddy system
- other control

Please provide details:

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**Other factors which might increase risk of workplace violence**

12. Please describe other factors at your work location or in your work activities which you feel might increase the risk of violence.

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**Part 5: Reducing the risk of violence**

13. Please describe policies or procedures already in place to reduce the risk of violence at your work location. (Attach copies if available)

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14. Please describe any related training policies currently or previously (within 2 years) provided at your work location.

---

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15. In light of your responses to the questions in this assessment:

a) What further steps would you recommend to prevent violence in your work place?

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b) What additional assistance do you feel you need to implement the above recommendations/controls? Please specify:

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---

**Date Assessment Completed:** \_\_\_\_\_

**Completed by:**

Print Name:	Signature:
Print Name:	Signature:

**Please provide Copies of this “Violence Hazard Assessment Form” to:**

- Human Resources; and Safety Representative(s) who assisted with this assessment.

**Thank you for your co-operation and input.**

# **APPENDIX B**



## CORPORATION OF THE TOWN OF LASALLE

### Workplace Violence Policy Statement

Management of the Corporation of the Town of LaSalle is committed to the prevention of workplace violence and is ultimately responsible for Worker health and safety. We will take whatever steps are reasonable to protect our workers from workplace violence from all sources.

Violent behaviour in the workplace is unacceptable from anyone. This policy applies to all Employees within the Corporation of the Town of LaSalle. Everyone is expected to uphold this policy and to work together to prevent workplace violence.

There is a workplace violence policy that implements this policy. It includes measures and procedures to protect workers from workplace violence, a means of summoning immediate assistance and a process for workers to report incidents, or raise concerns. The Corporation of the Town of LaSalle as the employer, will ensure this policy and the supporting policy are implemented and maintained and that all Workers and Supervisors have the appropriate information and instruction to protect them from violence in the workplace.

Supervisors will adhere to this policy and the supporting policy. Supervisors are responsible for ensuring that measures and procedures are followed by workers and that workers have the information they need to protect themselves.

Every Worker must work in compliance with this policy and the supporting policy. All Workers are encouraged to raise any concerns about workplace violence and to report any violent incidents or threats

Management pledges to investigate and deal with all incidents and complaints of workplace violence in a fair and timely manner, respecting the privacy of all concerned as much as possible.

\_\_\_\_\_  
Kevin Miller, CAO

\_\_\_\_\_  
Date

# **APPENDIX C**

# The Town of LaSalle of the Town of LaSalle

## Workplace Violence Report

**Note: Signed statements must be attached and forwarded to Human Resources**

<b>Type of Incident:</b>		<b>Date:</b> (yy/mm/dd)	
<b>Police called:</b> Yes      No	<b>Time:</b> am/pm		<b>Location:</b>
<b>Injuries Involved:</b> (Y/N)	Public	Employee (attached WSIB Form 7)	

<b>Complainant:</b>	
<b>Employee:</b>	<b>Public:</b>
Name:	Name:
Position Title:	Address (include street number and name):
Department:	
Work Location:	City/Town:      Postal Code:
	Phone number: (      )      H/W

<b>Summary of Complainant's Allegation</b>

<b>Individual Accused</b>	
<b>Employee:</b>	<b>Public:</b>
Name:	Name:
Position Title:	Address (include street number and name):
Department:	
	Phone number: (      )      H/W

<b>Witnesses</b>	
<b>Employee:</b>	<b>Public:</b>
Name:	Name:
Position Title:	Address (include street number and name):
Department:	
Work Location:	City/Town:      Postal Code:
	Phone number: (      )      H/W

<b>Prepared by:</b>	
Name:	Position/Title:
Department:	
Workplace Location:	

**I have read the attached information and I am satisfied that the Workplace Violence Incident Policy has been followed.**

**Employer Representative (please print)**

Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: (yy/mm/dd) \_\_\_\_\_

**Safety Representative (please print)**

Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: (yy/mm/dd) \_\_\_\_\_

# **APPENDIX D**



# The Corporation of the Town of LaSalle

## Injury/Incident Report (Employee Portion)

- To be completed by Town of LaSalle employees when an occupational (work-related) injury or incident occurs.
- If the employee is unable to complete an Injury/Incident Report, the Supervisor/Manager must report the incident on their behalf.
- If you have any questions, please call Human Resources.

Name (print): _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Department: _____	Job Title: _____
Supervisor Name: _____	
Employment Type: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer	
Do you have other employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where? _____
Date of Incident: _____	Time of Incident: _____ Time Shift Began: _____
Where did this event happen? _____	
_____	
State all parts of body and type of injuries involved (e.g. bruised right elbow). _____	
_____	
Describe how the incident occurred: _____	
_____	
Witnesses? _____	
Incident was reported to: _____	Date: _____
Do you require medical treatment for this injury? ( <i>Medical Treatment: Treatment by a Health Care Practitioner</i> )	
<input type="checkbox"/> No treatment <input type="checkbox"/> Declined treatment at this time <input type="checkbox"/> Treatment was/will be provided by:	
Name (facility or physician): _____	
Did you notify your Supervisor/Manager that you require medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, when? _____	
If NO, why not? _____	
Please contact Payroll if you require a Functional Abilities Form to take to your health practitioner.	
I herein certify the information above is true and to best of my knowledge.	
Date: _____	Signature of employee: _____

# The Corporation of the Town of LaSalle

## Injury/Incident Report (Supervisor/Manager Portion)

➤ Supervisor/Manager of injured employee must complete and e-mail this page to Payroll and Human Resources.

Supervisor Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext: \_\_\_\_\_  
 Department: \_\_\_\_\_ email: \_\_\_\_\_@town.lasalle.on.ca  
 Name of injured employee: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Time Shift Began: \_\_\_\_\_  
 Where did this event happen? \_\_\_\_\_

State all parts of body and type of injuries involved (e.g. bruised right elbow). \_\_\_\_\_

Describe how the incident occurred: \_\_\_\_\_

Was there equipment involved?  Yes  No If "yes" what was the equipment? \_\_\_\_\_

Is/was the employee off work due to the injury?  Yes  No  Unknown

If "yes", last day worked: \_\_\_\_\_ Date employee returned to work: \_\_\_\_\_

Was an Attending Medical Practitioner Letter given to employee?  Yes  No

Was modified work offered to the employee?  Yes  No

What modified duties were offered? \_\_\_\_\_

Was the modified work accepted?  Yes  No If modified work was not accepted, why not? \_\_\_\_\_

If modified work was not offered, why not? \_\_\_\_\_

What corrective actions are needed or have been completed? \_\_\_\_\_

Corrective Action	Person Responsible	Due Date	Status

➤ Important: Supervisors/Managers must immediately report all critical injuries to Human Resources.

➤ Critical injury is defined by the Ministry of Labour as an injury that:

- places a life in jeopardy
- produces unconsciousness
- results in substantial blood loss
- causes the loss of sight to an eye
- involves a fractured leg or an arm, but not a finger or toe
- involves the amputation of a leg, arm, hand or foot but not finger or toe
- consists of burns to a major portion of the body

# **APPENDIX E**

# The Town of LaSalle of the Town of LaSalle

## Emergency Telephone List

<b>For Ambulance, Police, Fire CALL 911</b>		
<b>Resource / Title</b>	<b>Contact Name</b>	<b>Telephone No.</b>
<b>Internal Contacts</b>		
CAO	Kevin Miller	519-969-7770 ext. 1225
Director Council Services/Clerk	Brenda Andreatta	519-969-7770 ext. 1223
Fire Chief	Dave Sutton	519-966-0744 ext. 1
Director Culture & Recreation	Julie Columbus	519-969-7770 ext. 1239
Director Public Works	Peter Marra	519-969-7770 ext. 1475
Director Finance / Treasurer	Joe Milicia	519-969-7770 ext. 1224
Director Planning & Development	Larry Silani	519-969-7770 ext. 1288
Human Resources Officer	Rick Hyra	519-969-7770 ext. 1254
<b>External Contacts</b>		
Fire Department		911
Police Department		911
Ambulance		911
Hospital	Windsor Regional Met Campus	519-254-5577
	Windsor Regional Ouellette Campus	519-973-4444
Taxi	LaSalle Taxi	519-734-4444
Clinic	LaSalle Medical 1925 Front Road Hours: 09:00 – 12:00 13:00 – 16:00	519-734-1234
Poison Control Center		1-800-268-9017
Ministry of Labour	24 hour reporting of <b>critical injuries only</b>	1-877-202-0008
Electrical Safety Association	To be called in the event of an electrical incident (fire/explosion)	1-877-372-7233
Employee Assistance Policy	Ceridian	1-877-207-8833
Victim Services		519-723-2711



## CORPORATION OF THE TOWN OF LASALLE

### Workplace Harassment Policy Statement

Town of LaSalle is committed to providing a work environment in which all workers are treated with respect and dignity. Workplace harassment will not be tolerated from any person in the workplace.

Workplace harassment means engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome or workplace sexual harassment. Workplace sexual harassment means:

- a. engaging in a course of vexatious comment or conduct against a worker in a workplace because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome, or
- b. making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the worker and the person knows or ought reasonably to know that the solicitation or advance is unwelcome;

Reasonable action taken by the Employer or Supervisor relating to the management and direction of workers or the workplace is not workplace harassment.

Workers are encouraged to report any incidents of workplace harassment to the appropriate person.

Management will investigate and deal with all complaints or incidents of workplace harassment in a fair, respectful and timely manner. Information provided about an incident or about a complaint will not be disclosed except as necessary to protect workers, to investigate the complaint or incident, to take corrective action or as otherwise required by law.

Managers, Supervisors and Workers are expected to adhere to this policy, and will be held responsible by the employer for not following it. Workers are not to be penalized or disciplined for reporting an incident or for participating in an investigation involving workplace harassment.

If a worker needs further assistance, he or she may contact their Supervisor, Human Resources, their union or JHSC, Human Rights Legal Support Centre or the employee assistance program (EAP).

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Kevin Miller, CAO

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