



## KENT REGIONAL SERVICE COMMISSION

### WORKPLACE HEALTH AND SAFETY POLICY

21-05

#### 1) OBJECTIVE

Establish a policy to determine an adequate system of workplace health and safety related to the operations of the Kent Regional Service Commission.

#### 2) DEFINITIONS

“Accident”: an unexpected event that interrupts the regular performance of work and which can cause material damage or compromise the physical state or health of a person.

“Committee”: the Joint Health and Safety Committee.

“Director”: a person who, as part of his or her duties, is required to supervise one or more persons.

“Employee”: all the members of management and salaried employees of the Kent Regional Service Commission.

“Executive Director”: the person named under the article 13 (1) of the *Regional Service Delivery Act* or the person named by the Board of Directors.

“Health”: the physical and mental wellness of a person who doesn’t have any illnesses, pain, or anomalies which can incapacitate his physical and mental state.

“Health and Safety Coordinator”: the employee of the Kent Regional Service Commission to whom the duties described in item 7 have been relegated.

“Kent RSC”: abbreviation for Kent Regional Service Commission

“Physical Agent”: the energy or an influence such as noise, heat, cold or radiation that can affect the body, a portion of the body or a function of the body.

“Safety”: the totality of the measures that serve to constantly remind people of the possibilities of accidents and injuries.

“WorkSafe NB Agent”: a person responsible for enforcing the *Act* and the regulations concerning the health and safety in New Brunswick workplaces.

### **3) GENERAL POINTS**

- a. For interpretation purposes of this policy, the masculine includes feminine, and the singular includes plural, as required by the text.
- b. The Kent Regional Service Commission wants to establish a policy for the execution of all duties favourable to the health and safety of the staff of the Kent Regional Service Commission.
- c. The Kent Regional Service Commission cannot provide a service that could cause an accident or cause harm to an employee.
- d. Every employee must carry out his duties in an efficient manner and must take the necessary time to accomplish its work in a safe manner.
- e. Every employee of the Kent Regional Service Commission is responsible for his own health and safety. All the employees must follow the rules, the procedures, the instructions, and all directives that concern the proper execution of their work, their health, their safety, and those of his colleagues.

### **4) RESPONSIBILITIES OF THE EXECUTIVE DIRECTOR**

- a. The Executive Director or his delegate only keeps the services of the directors of the various departments that commit to enforce the rules and procedures of the organization in matters related to health and safety.
- b. At the time of the performance evaluation of a management employee, one of the important elements to be considered is the file of health and safety of the department for which he is responsible.
- c. The Executive Director or his delegate makes sure that all the files and the data pertaining to health and safety are updated and may be easily accessed by the board, the directors, the foremen, the employees, and the authorities responsible for health and safety.
- d. The Executive Director or his delegate executes their duties according to all the rules and procedures relating to health and safety.
- e. The Executive Director or his delegate ensures that the manual of rules and procedures for health and safety is updated; he makes sure it's distributed and posts the manual as it's indicated in the rubric "Purpose". The manual is revised every five years in collaboration with the Joint Health and Safety Committee.
- f. When needed, the Executive Director or his delegate recommends to the directors of the departments and to the Joint Health and Safety Committee to modify the rules and procedures established in this matter.
- g. The Executive Director or his delegate ensures that all meetings dealing with health and safety are conducted in keeping with the rules and procedures set out in this manual.
- h. The Executive Director or his delegate ensures that all the other rules and procedures of the Kent RSC are consistent with those applicable for health and safety.
- i. The Executive Director or his delegate is actively involved in health and safety by reading the minutes of the meetings concerning safety, and periodically examining the files relating to safety, and randomly verifying the working methods by observations and informal safety checkups.
- j. The Executive Director or his delegate attends in an ex-officio capacity all the Joint Health and Safety Committee meetings.

- k. The Executive Director or his delegate evaluates all requests made for training in health and safety by the members of the Joint Health and Safety Committee or by the directors of the departments, and coordinate activities in this matter and locates the funding required.
- l. The Executive Director or his delegate places this section of the policy of the manual in the files of the WorkSafe NB.

## **5) RESPONSIBILITIES OF THE DIRECTORS**

- a. The directors must execute their duties considering the policies, the regulations, the procedures and the operational guides for health and safety.
- b. The directors must ensure that there are complete first aid kits in every office of the Kent RSC and in each building inspector's vehicle.
- c. When an accident happens, the director quickly investigates it, advises the Executive Director without delay, and follows up with a written preliminary report (Appendix A).
- d. Directors must ensure that all employees in their department have the knowledge and training necessary before executing their duties.
- e. Directors must verify and ensure that all employees in their department have adequate protective equipment to perform their duties safely.
- f. Directors must bring suggestions to the Executive Director which will improve health and safety at work.

## **6) RESPONSIBILITIES OF THE EMPLOYEES**

- a. Employees must perform their duties bearing in mind the policies, regulations, procedures, and the operational guidelines for health and safety.
- b. Employees must act in a way to protect their health and safety as well as that of those who work at the same place or in close proximity.
- c. Employees must advise their director or the Executive Director of any danger in the workplace of which they are aware.
- d. All the employees of the Kent RSC, including students, must wear the protective equipment required to accomplish their duties in a safe manner.
- e. Employees who use tools must
  - i. inspect the tools before using them,
  - ii. not utilize defective tools,
  - iii. notify the director of any defective tools,
  - iv. maintain the tools in a good working conditions,
  - v. only use tools for the purpose they were designed,
  - vi. store all tools in their proper containers or in appropriate places when not in use,
  - vii. not leave tools on floors, on stairs, in passageways or in raised locations where they could fall.
- f. It is always to the advantage of the employee to bring suggestions to improve the health and safety at work to their immediate director who will discuss it with the Executive Director.

## **7) RESPONSIBILITIES OF THE HEALTH AND SAFETY COORDINATOR**

- a. The health and safety coordinator must coordinate the activities of the health and safety program of the Kent RSC.
- b. He must ensure that the emergency and first aid equipment are accessible and maintained in the offices.
- c. He is the resource person responsible for the health and safety file for the employees and at WorkSafe NB.
- d. The health and safety coordinator must fill out accident reports required by Worksafe NB on all cases of injuries or sickness (Appendix B).
- e. He must maintain a logbook of all the training that was followed by the employees of the Kent RSC.
- f. He must update all the files relating to health and safety and these files must be accessible to the employees.
- g. He must gather information concerning safety and must communicate it to all employees.
- h. He must bring suggestions to the Executive Director with the goal of improving the workplace health and safety program.
- i. He is responsible for inspecting the Kent RSC offices once a month to identify any possible risks (see point 11).

## **8) JOINT HEALTH AND SAFETY COMMITTEE**

- a. Composition
  - i. The Committee is to be composed of an equal number of representatives of the employer and of the employees. The employer designates its representatives, and the employees elect their representatives or designate them.
- b. Nominations
  - i. All nominations to the committee are for a maximum period of two years. A member of the committee who must resign or is incapable of meeting his obligations is immediately replaced.
  - ii. The nominations and elections are held every two years. The names of the members of the committee must be registered on a form provided by WorkSafe NB (Appendix C), and a copy of this list must be permanently affixed at all bulletin boards (Appendix D). There is to limits on the number of times a person can be elected or nominated to the committee.
  - iii. The representatives of both the employer and the employees elect a co-chair in their respective groups, the co-chairs call nominations and election of a secretary.
- c. Meetings
  - i. The committee meets every three month or at any other time approved by the co-chairs.
  - ii. The secretary posts a notice of meetings one week in advance. The notice indicates the date, time, and location of the meeting; it also presents an official agenda. The notice invites all the employees to submit any observations in writing

to the secretary of the committee prior to the meeting. A copy of the notice is also sent to the Executive Director or his delegate.

- iii. The employee who is a member of the Joint Health and Safety Committee advises his superior of the date and time when he will be absent from his regular workplace, at least one business day in advance or longer, as agreed with the supervisor. The supervisor must make an effort to reorganize the workload or delegate the duties to other staff so that the member of the committee may attend the meeting. When a member of a committee cannot attend a meeting or expects to be late, the committee must be advised before the meeting begins.
- iv. The secretary uses the forms supplied by WorkSafe NB (Appendix E) to record the minutes of the meeting.
- v. The minutes of the meeting must be examined and signed by the co-chairs of the committee and posted a week after the meeting. The secretary submits a copy of the minutes to the Executive Director or his delegate, who reads them, signs, and indicates the date they were read so that the Kent RSC may send a copy to WorkSafe NB.

d. Procedure of the Meeting

- i. One of the co-chairs opens the meeting. The secretary indicates in the minutes the date, time, and location of the meeting as well as the names of the persons present. He indicates and records the names and time of the arrival of late arrivals to the meeting.
- ii. Reading of the minutes of the previous meeting. All observations relative to the minutes must be indicated.
- iii. Business arising from the minutes.
- iv. Inspections.
- v. Review of workplace preliminary accident reports.
- vi. Review any complaints received.
- vii. Determine the date of the next inspection.
- viii. Reading of an article in the Act.
- ix. Determine the date of the next meeting.
- x. Adjournment of the meeting proposed by one of the co-chairs.

NOTE: The procedure of the meeting may be modified by the co-chairs when there are invited guests present or for any other reason.

e. Training

- i. In consultation with the members of the committee, the employer grants the necessary time off so the members may acquire the training necessary for their functions and responsibilities. The training and certificates of the committee members are the responsibility of WorkSafe NB. Any fees related to the training of the committee members must be approved by the Executive Director or his delegate.

- f. Remuneration
  - i. Members of the committee that participate in activities which are directly related to the functioning of the committee receive their regular pay and any other regular benefits during the time of these activities.
- g. Functions and Responsibilities
  - i. Make recommendations for the establishment and application of the regulations regarding health and safety.
  - ii. Participate in the identification and elimination of the risks related to the health and safety in the workplace.
  - iii. Inform the employees and the employer of existing dangers or possible dangers in the workplace and the nature of the risks to their health and safety.
  - iv. Establish and promote programs of health and safety to teach and inform the employer and the employees.
  - v. Receive and review the complaints concerning the health and safety of the employees in their workplace and make recommendations concerning this matter to the employer.
  - vi. Keep all files concerning complaints received and examined as well as the recommendations which were suggested.
  - vii. Obtain from the employer the information required to establish the existing or possible dangers which may occur in the work environment, the conditions, the tools, the equipment, the material, and the machines in the workplace.
  - viii. To have the member of the committee, who have received the recommended training from WorkSafe NB, conduct the necessary exercises of control and means when WorkSafe NB deems it necessary. To ensure such a regular surveillance of the workplace which it has ordered the committee to undertake.
  - ix. Participate in all inspections and inquiries concerning the health and safety of the employees, and more particularly, to the enquiries which are called for when an employee is a victim of an accident that has or could have had deadly consequences that cause or can cause the loss of a limb or a professional disease, which necessitates or could necessitate hospitalization.
  - x. Inquire about all questions submitted to the committee at the appropriate level when an employee exercises his right of refusal to execute an act when he has reason to believe that this act would probably put his life in danger or his security or someone else's.
- h. Exercise the other functions:
  - i. That can be assigned by the Kent RSC.
  - ii. That the employer and the employees can reach a common agreement.
  - iii. Those that are prescribed by the law or the regulation on Health and Safety.
- i. Resolution
  - i. When a committee cannot agree on a question relative to health and safety, it requests the Executive Director or his delegate to find a solution to the problem. If the Executive Director cannot find a solution, the committee asks an agent from WorkSafe NB to settle the matter.

- ii. When the Joint Health and Safety Committee judges that the problem must be solved immediately, it contacts an agent of WorkSafe NB directly. The Joint Health and Safety Committee notifies as quickly as possible the Executive Director or his delegate that it has requested help from an agent to resolve the problem.

#### **9) ORIENTATION AND TRAINING OF EMPLOYEES**

- a. All training in health and safety is mandatory for all employees of the Kent RSC.
- b. According to the *Occupational Health and Safety Act*, the Kent RSC must provide information, give instruction, and ensure training, as well as the supervision necessary to protect the health and safety of employees.
- c. The Executive Director is responsible for the orientation and training of every new employee which must be done according to Appendix F with the help of the people involved.
- d. A general first aid course and a CPR course are mandatory for at least one employee in each permanent work location of the Kent RSC and this training must be renewed annually.

#### **10) PERSONAL PROTECTION EQUIPMENT**

- a. The Kent RSC will pay for one pair of safety shoes every year to permanent employees. The maximum amount reimbursed by the Kent RSC is \$150 after receiving a copy of the receipt.
- b. Safety shoes must be worn at all times by the building inspectors when they are on duty and outside the offices of the Kent RSC.
- c. Any other equipment necessary to improve the safety of employees must always be worn and will be paid by the Kent RSC.

#### **11) INSPECTION OF THE OFFICES OF THE KENT RSC**

- a. The Kent RSC must ensure that a workplace is inspected at least once a month to identify any risk to the health and safety of the employees and of the public. The form in Appendix G must be followed.
- b. The person appointed to carry out this duty must submit the form to the Executive Director after a monthly inspection.
- c. Here is the individual in charge of monthly inspections:

Kent RSC's Infrastructures	Individual in charge
KRSC Bouctouche's office	Alexandria Arsenault (Nicholas Berry)
KRSC Richibucto's office	Alexandria Arsenault (Nicholas Berry)

## **12) ADMINISTRATION OF HAZARDOUS MATERIALS USED IN THE WORKPLACE**

- a. According to the *Workplace Hazardous Materials Information System Regulation—Occupational Health and Safety Act (2016-6)*, the Kent RSC must provide all the necessary information to the employee so that he may safely work with or near controlled hazardous materials.
- b. A list of hazardous products is found in every office of the Kent RSC. This list is kept updated by the health and safety coordinator who must ensure that there is always an updated copy in the record book and at the reception.
- c. For every biological, chemical, or physical agent appearing on the list of hazardous materials used or stored, the Kent RSC must take all reasonable measures to obtain from the suppliers or all other sources the following information which must be recorded:
  - i. The ingredients and the name or the common names or generics of this agent,
  - ii. Its composition and its properties,
  - iii. Its toxicological effects,
  - iv. The effects it produces by contact, inhalation, or ingestion,
  - v. The protective measures taken or that must be taken,
  - vi. The emergency measures to take in case someone is exposed,
  - vii. The effects of the usage, the transportation, the storage, and the elimination of this agent.
- d. The Kent RSC must inform an employee who works with hazardous material of the information received from the supplier regarding the product as well any other dangers of using the product of which the Kent RSC should be aware.
- e. The Kent RSC must ensure that an employee who handles a controlled hazardous product or works close to one of these products must have the proper training and education about:
  - i. The required content on the tag of a supplier or a tag from the workplace, also the objective and the meaning of the information that is posted on the tags,
  - ii. The required content on an MSDS also the objective and the meaning of the information about the MSDS,
  - iii. The steps to follow to utilize, store, handle, and dispose in complete safety of a controlled product,
  - iv. The steps to follow when there is a presence of a leak, and
  - v. The steps to follow in case of an emergency involving a controlled product.
- f. The health and safety coordinator will train and inform the employees about the products they use. For every product, the information will touch on:
  - i. The use,
  - ii. The dangers related to the use of the product,
  - iii. The required personal protection equipment,
  - iv. The first aid in case there is contact with the controlled hazardous product,
  - v. The storage,
  - vi. The safe handling,
  - vii. The disposal,
  - viii. The steps to follow in case of a leak, and
  - ix. The steps to take in case of an emergency.



- g. The director in each of the departments will do an annual follow-up with each employee to ensure that he knows and applies the necessary information for the protection of his health and safety by using the form in Appendix H.

### **13) CODE OF PRACTICE WHEN WORKING ALONE**

- a. According to the *Code of Practice for Working Alone Regulation—Occupational Health and Safety Act* (92–133), the Kent RSC must establish a code of practice to ensure the health and safety of an employee who works alone at any time in a workplace, against the risks originating directly or indirectly from the assigned duties.
- b. Every employee working alone in a remote workplace must follow at all times the code of practice for working alone detailed in Appendix I: Code of practice for working alone—Building Inspector.

### **14) TRENCH AND EXCAVATION WORK**

- a. Prior to any trench or excavation project being undertaken, a planning session must be carried out by following the checklist attached in Appendix J
- b. For any trench or excavation work, the Kent RSC will ensure that all provisions of the *General Regulation—Occupational Health and Safety Act* (91–191) is followed as described in Appendix J.
- c. Any employee who works near or in a trench must know the regulations mentioned above and must follow the work plan established for this project.

### **15) ZERO TOLERANCE CONCERNING THE CONSUMPTION OF DRUGS AND ALCOHOL AT WORK**

- a. In order to respect human rights, the responsibility of the Kent RSC consists in the identification of the persons suspected of being under the effects of drugs and alcohol at work.
- b. It is important that these persons receive the necessary help, to pursue their work in an effective and safe manner.
- c. It is important when identifying the suspected persons under the influence of drugs and alcohol that the identification be based on facts and not allegations. All performance evaluations related to the tasks that need to be accomplished are tools that support the identification of these people.
- d. The Executive Director must ensure that reasonable doubt and he must maintain a written record of all the check-ups and remarks in the file of the employee.
- e. An employee who refuses to obtain help and whose state does not improve or deteriorates will be treated according to the policy 2020-01—Employee Manual. The employee that has in his possession illicit drugs will be reported to the Royal Canadian Mounted Police.
- f. An employee who must be absent from work to undergo treatment related to a drug or alcohol problem is assured that his position will be available upon his return provided he can carry out the duties related to the position.

#### **16) ACCIDENT REPORT**

- a. When an employee is the victim of an accident at work, the Kent RSC must ensure that the accident report form required by WorkSafe NB is completed and sent within the time limit set by WorkSafe NB.
- b. When an accident happens, the director quickly investigates it, advises the Executive Director without delay, and follows up with a written preliminary report (Appendix A).
- c. The health and safety coordinator then review the preliminary report and complete the full accident report form found in Appendix B and must be inserted in the employee's file.

#### **17) RIGHT TO REFUSE**

- a. An employee may refuse to perform at this workplace when he has reasonable doubt and believes that performing this duty will put his health or safety in danger according to the *Occupational Health and Safety Act*.

#### **18) WORKPLACE ENVIRONMENT**

- a. Every workplace must be well lighted and air quality must meet quality norms.
- b. Hallways leading to exits must have emergency lighting, signs over exits must be illuminated and both must have a backup power source.
- c. When the noise level in a workplace exceeds the guidelines of the *General Regulations* 91–191, this workplace is designated as a location where noise protectors must be worn.

#### **19) SCENT-FREE WORKPLACE**

Use of scented products is always prohibited due to health risks involved with exposure to these products for all staff members or visitors in the facilities. Some individuals are sensitive to different odours and as an organization we must respect their conditions.

##### PROCEDURES:

- 1) The Kent RSC acknowledges that chemicals used in scented products can cause health issues, especially to people with scent sensitivities, asthma, allergies, or other health conditions.
- 2) Known scented products are perfumes, make-up products, shampoos, deodorants and others, or products such as air fresheners, cleaning products, etc. (Source: Canadian Centre for Occupational Health and Safety).
- 3) Every employee or person in the facilities must contribute to maintaining a safe and healthy work environment for everyone by adhering to this policy.
- 4) The Kent RSC requests that anybody who works in or visits the facilities cooperate by avoiding the use of scented products.
- 5) All products used for cleaning must be scent free. When work operations require the use of wax, shampoo, paint or sprays within the facilities, the Kent RSC will inform staff in advance. This will

allow employees with sensitivities to these products to make necessary arrangements to ensure their health is not put at risk.

**20) REPLACEMENT AND ADOPTION**

- a. This policy replaces all the policies related to the workplace health and safety.
- b. This policy on workplace health and safety was adopted by the Kent Regional Service Commission Board on December 16, 2021.



## REPORT OF INCIDENTS – PRELIMINARY INFORMATION

*Occupational Health and Safety Act, section 43*

Provide the following information IMMEDIATELY by calling 1 800 999-9775.

SECTION A: Employer information				
Company name:		Name of person reporting:		
Address:		Telephone:		
Contact person:		Workplace name/address:		
Telephone:				
SECTION B: Incident being reported				
<input type="checkbox"/> Loss of consciousness	Exposure		Details:	
<input type="checkbox"/> Amputation	<input type="checkbox"/> Biological			
<input type="checkbox"/> Fracture (other than fingers or toes)	<input type="checkbox"/> Chemical			
<input type="checkbox"/> Burn requiring medical attention	<input type="checkbox"/> Physical			
<input type="checkbox"/> Loss of vision in eye(s)	<input type="checkbox"/> Explosion			
<input type="checkbox"/> Deep laceration requiring medical attention	<input type="checkbox"/> Catastrophic event			
<input type="checkbox"/> Admission to hospital by a physician	<input type="checkbox"/> Catastrophic equipment failure			
<input type="checkbox"/> Death				
SECTION C: Description of incident				
Date/time of incident:		Operation/location:		
Location (nearest city/town):				
Preliminary incident details:				
SECTION D: For incidents/events with injuries				
Name of injured:		Injured taken to hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupation:		Name of hospital:		
Approximate age:	Telephone:			
Nature of injuries:				
SECTION E: For exposures – record of sampling				
Performed by:				
Agent	Location	Time	Results	Comments



# Employer Report of Injury or Illness

## Instructions

Complete this form if an employee experiences a work-related injury or illness. You must submit this to WorkSafeNB **within three days** of the: date of the accident if the injury or illness may entitle the worker and/or their dependent(s) to wage replacement or medical treatment under New Brunswick's *Workers' Compensation Act*; date the employee is diagnosed with an occupational disease; or date you are notified of the accident/injury or illness by the employee.

**REPORTING A HEARING LOSS-RELATED INJURY OR ILLNESS?** Occupational hearing loss claims require additional information to help WorkSafeNB determine if the hearing loss is applicable for coverage under New Brunswick's *Workers' Compensation Act*. If you are reporting an injury or illness related to hearing loss, please complete the [Employer Report of Occupational Hearing Loss](#) form rather than this report. Exception: If the employee's hearing loss is a result of a specific event, such as an explosion, please continue to complete this *Employer Report of Injury or Illness* form. Please note, under the *Occupational Health and Safety Act*, you must immediately report any accidental explosion that occurs in the workplace.

### Additional requirements under *Occupational Health and Safety (OHS) Act*

If an accident results in one of the following injuries, you must report it to WorkSafeNB immediately: loss of consciousness, amputation, fracture other than to fingers or toes, burn that requires medical attention, loss of vision in one or both eyes, deep laceration, admission to hospital as an inpatient, and death. Report these injuries immediately by phone: **1 800 999-9775**. Learn more about your *OHS Act* obligations on the [WorkSafeNB Guide to OHS Legislation](#) website/app.

**IMPORTANT: Save this form to your computer or network drive BEFORE you start.** Not doing so could result in loss of information. If opening the form in a web browser, we recommend using Internet Explorer or Edge.

Please have ready:

- Date employee notified you of the accident/injury or illness
- Details on the accident/injury or illness, including date it happened and location
- Start date of any modified work (reduced hours, change in job tasks, etc.), if applicable
- Details of employee's earnings, if the injury or illness resulted in lost time
- Details of employee's hours of work, if the injury or illness resulted in lost time

Note: Your employee does not sign this report. The worker must complete the [Application for Workers' Compensation Benefits](#) to apply for benefits of wage replacement, medical treatment or both. **Both employer and worker forms are required to process a WorkSafeNB claim application.**

Recovery from a workplace injury or illness requires a team effort. You, your employee, WorkSafeNB and health care providers each have a role to play in a successful recovery.

### Stay connected to your employee

Work is good. It provides social connection and a sense of purpose, leading to positive physical and mental health and wellness. Evidence shows it also leads to a speedier recovery. To support employees in their recovery, employers, health care providers and others must make every effort to keep workers connected to the workplace.

- **Employers** must keep in touch with workers throughout the recovery process and maintain connection to the workplace; offer meaningful and productive modified duties or other suitable work that is safe and within the workers' capabilities; ensure supervisors and co-workers support workers during recovery; and collaborate with all return-to-work partners. This applies to all employers in the province, regardless of size, industry or injury risk profile.
- **Employees** must keep in touch with their employer and WorkSafeNB throughout the recovery process; work collaboratively with the employer as they strive to find suitable work that is safe and within their capabilities; and work collaboratively with WorkSafeNB, including providing information as requested.
- **Medical practitioners** provide timely medical care, submit reports to WorkSafeNB, help set expectations for workers, and facilitate return-to-work efforts through effective communication and collaboration with all parties in the return-to-work process.
- **WorkSafeNB** administers health care and wage loss benefits, co-ordinates and monitors required health care and rehabilitation services, helps develop, manage and monitor return-to-work plans, and helps set expectations for workers and employers.

To learn more about the claims process and healthy and safe return to work, please go to [worksafenb.ca/employers/](https://worksafenb.ca/employers/). If you have any questions, please contact us toll-free at **1 800 999-9775** (Monday to Friday, 8 a.m. to 4:30 p.m.).



# Employer Report of Injury or Illness

**IMPORTANT: Save this form to your computer or network drive BEFORE you start. Not doing so could result in loss of information. If opening the form in a web browser, we recommend using Internet Explorer or Edge.**

If you are reporting an injury or illness related to hearing loss, please complete the [Employer Report of Occupational Hearing Loss](#) rather than this form.

Are you reporting this within three days of being notified of the injury or illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your employee been made aware of their right to file an application for benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your employee intend to file an application for benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown

## 1. Employee information

Employee's last name		First name	
Street address			Apt. no.
Town/City	Postal code	Province	Date of birth (yyyy-mm-dd)
Phone number (home)	Phone number (cell)		Phone number (work/other)
Occupation			Social insurance number

## 2. Employer information

Employer name	WorkSafeNB employer number	Operation number
Street address or PO Box		
Town/City	Postal code	Province
Fax number (include area code)		
Employer contact name	Position	
Contact's email address	Contact's phone number (business)	Contact's phone number (cell/other)



## Employer Report of Injury or Illness

### 3. Injury or illness

How did the injury/illness happen?

- ☐ It was caused by a specific incident (Date (yyyy-mm-dd): \_\_\_\_\_ / Time: ☐ AM ☐ PM )
- ☐ It occurred over a period of time (date first symptoms were noticed (yyyy-mm-dd): \_\_\_\_\_ )
- ☐ It's a recurrence of previous workplace-related illness or injury (previous claim number: \_\_\_\_\_ )

Date you were notified (yyyy-mm-dd)	Time reported to you <input type="checkbox"/> AM <input type="checkbox"/> PM	Person who received notification at workplace
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Has your employee missed any time from work beyond the date of accident due to this injury/illness? ☐ Yes ☐ No

Body part(s) injured	Specify left, right or both if applicable: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	Workplace address/location where injury/accident occurred
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Describe the accident in as much detail as possible, including what may have contributed to the injury or illness, OR attach your incident report.

Did the employee receive medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, name of health care provider/hospital/clinic: Date of visit (yyyy-mm-dd):
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### 4. Work function

Offering modified work as soon as possible supports worker recovery and is a legislative requirement for New Brunswick employers.

Did you offer modified work (change of duties/tasks, reduced hours, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable If yes, when (yyyy-mm-dd):	Has the employee returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when (yyyy-mm-dd): <input type="checkbox"/> Full time <input type="checkbox"/> Part time / <input type="checkbox"/> Full duties <input type="checkbox"/> Modified duties
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### 5. Hours of work and wage information

Complete this section **only if the employee has lost time** because of the injury or illness.

Your employee is required to provide pay stubs or other acceptable proof of income for the **four weeks immediately before stopping work**.

Last date worked	Did the employee get paid for the full day? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, how many hours were paid?	Has the employee temporarily returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date(s):
Hire date	Work frequency <input type="checkbox"/> Permanent full-time <input type="checkbox"/> Permanent part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Casual If seasonal or casual, start date: _____, expected end date: _____	







## Employer Report of Injury or Illness

- ☐ I declare that that all the information provided by me is true and correct to the best of my knowledge.
- ☐ I agree to notify WorkSafeNB immediately of any work-related income the employee receives, to my knowledge, while the employee is on workers' compensation benefits, regardless of the source, and of a return to work or any other change in circumstances that may affect the worker's claim application.
- ☐ I consent and authorize WorkSafeNB to gather, use, release or disclose information from this report, including medical and financial information, as authorized by law and in accordance with the *Personal Information Protection and Electronic Documents Act*, the *Right to Information and Protection of Privacy Act* and the *Personal Health Information Privacy and Access Act*. WorkSafeNB takes the protection of privacy seriously. Read our [Access to Privacy and Information](#) statement.

Name	Signature* (employer representative)	Date (yyyy-mm-dd)
------	--------------------------------------	-------------------

\* Your employee does not sign this report. If the employee chooses to apply for workers' compensation benefits, the worker must complete the *Application for Workers' Compensation Benefits*. Both the employer and worker forms are required to process a claim application.

### 7. Submission

To submit your report by email, attach the completed document and state "Report of Injury / Illness" in the subject line, then email to [application-demande@ws-ts.nb.ca](mailto:application-demande@ws-ts.nb.ca).

WorkSafeNB reminds you that submitting documents through unsecure email networks increases privacy concerns. For more information, please read WorkSafeNB's [Access to Privacy and Information](#) statement.

Or, you may mail or fax the *Employer Report of Injury or Illness* to:

WorkSafeNB, 1 Portland Street  
PO Box 160, Saint John, NB  
E2L 3X9  
Fax toll-free: 1 888 629-4722

APPENDIX C

## JHSC Recommendation Form

The JHSC, in its efforts to help management improve health and safety practices, forwards the following recommendation for consideration. To address this issue promptly, we request a response within (insert timeline). Thank you for your attention to this matter.

<b>To:</b>	<b>Date:</b>
<b>From:</b> Joint Health and Safety Committee	<b>Members:</b>
<b>Employer Rep. Co-chair:</b>	<b>Employee Rep. Co-chair:</b>
<b>Please Respond by:</b>	
<b>Health, Safety or Environmental Concern:</b> (Detail concern including background information and any related legislation or industry standard currently in place to address this issue)	

**Committee Recommendation**

(Detail possible options/solutions to address concern, including reasons why JHSC believes the options/solutions will adequately address concern—attach a separate sheet if necessary)

**Copies to:****Employer Response:****Accept Recommendation** \_\_\_\_**Alternate Recommendation** \_\_\_\_**Reject Recommendation** \_\_\_\_ (Please note: If you reject the recommendation, please indicate the reason(s))**Signature:****Date:****Additional JHSC Comments:**

Commission de services  
régionaux de KentKent Regional  
Service Commission

# OUR JOINT HEALTH & SAFETY COMMITTEE WORKS FOR YOU!

Our JHSC is committed to strengthening our health and safety culture to prevent workplace injuries and occupational disease. Our JHSC employee and employer representatives meet regularly to discuss health and safety issues and make recommendations. This can include: workplace inspections; hazard identification and risk assessment; and incident investigation and review.

**If you have a health and safety concern you would like addressed, please speak to your supervisor first.** To further discuss your concern, contact one of the JHSC members listed below:

EMPLOYEE REPRESENTATIVE

DEPARTMENT

CONTACT INFORMATION


EMPLOYER REPRESENTATIVE

DEPARTMENT

CONTACT INFORMATION


*Remember, we are all responsible for our own health and safety as well as that of our co-workers.  
(Occupational Health and Safety Act – Internal Responsibility System)*



APPENDIX E

MINUTES OF JOINT HEALTH & SAFETY COMMITTEE PROCÈS-VERBAL DU COMITÉ MIXTE D'HYGIÈNE ET DE SÉCURITÉ				
Name of employer / Nom de l'employeur			Workplace location / Lieu de travail	
Phone number / Numéro de téléphone			Date of last meeting / Date de la dernière réunion	
Date of meeting / Date de la réunion			Name of secretary / Nom du (de la) secrétaire	
Co-Chairperson / Coprésident-e				
Members present / Membres présents				
Absent				
Guest(s) / Invité(s)				
Business carried forward/Affaires reportées de la dernière réunion				
Date of origin / Date d'origine	Discussion topic / Sujet de discussion	Target date / Date visée	Action and by whom / Mesures prises et par qui	Date completed / Date d'achèvement
Standing items/Points permanents				
New business/Affaires nouvelles				

Date of next meeting /  
Date de la prochaine réunion : \_\_\_\_\_

Co-chairperson (employer) /  
Coprésident-e (employeur) : \_\_\_\_\_

Co-chairperson (employee) /  
Coprésident-e (salariés) : \_\_\_\_\_

Bathurst	
Fax: 506 547-7311 or 506 547-2982 Email: JHSCNE-CMHSNE@ws-ts.nb.ca	N° de télécopieur : 506 547-7311 ou 506 547-2982 Courriel : JHSCNE-CMHSNE@ws-ts.nb.ca
Grand Falls/Grand-Sault	
Fax: 506 475-2568 Email: JHSCNW-CMHSNO@ws-ts.nb.ca	N° de télécopieur : 506 475-2568 Courriel : JHSCNW-CMHSNO@ws-ts.nb.ca
Dieppe	
Fax: 506 859-6911 Email: JHSCSE-CMHSSE@ws-ts.nb.ca	N° de télécopieur : 506 859-6911 Courriel : JHSCSE-CMHSSE@ws-ts.nb.ca
Grand Bay-Westfield	
Fax (Southwest Region): 506 738-4050 Email: JHSCSW-CMHSSO@ws-ts.nb.ca	N° de télécopieur : 506 738-4050 Courriel : JHSCSW-CMHSSO@ws-ts.nb.ca

## APPENDIX F

### Checklist for the orientation and training of new employees

#### **A) Welcoming**

- ☐ Welcome the new employee and introduce him to his colleagues.
- ☐ Offer a complete visit of the workplace, including his office
- ☐ Explain the necessary forms:
  - Void check ☐
  - Salary ☐
  - Health and safety pamphlets ☐
  - Description of the duties ☐
- ☐ Explain the manual on policies and personnel
- ☐ Explain the attendance sheet and the expense reimbursement form
- ☐ Introduce the employee to the health and safety process.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Executive Director

#### **B) Responsibilities**

- ☐ Present the existing regulations for the workplace and also the policies and procedures regarding safety. (If applicable, provide the employee with copies of policies and procedures pertaining to safety in the workplace).
- ☐ Explain that it is possible to prevent workplace accidents and that, in it each individual has a role to play.
- ☐ Explain the Kent RSC's zero tolerance regarding the consumption of alcohol and/or drugs at work.
- ☐ Explain the importance of notifying his superior of any danger in the workplace.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Executive Director

#### **C) Support**

- ☐ Explain to the new employee that he may communicate with the resource persons about any worries he has concerning health and safety.

- ☐ Explain to the employee that he may discuss with his superior regarding a certain work duty that he is uncomfortable doing or considers dangerous.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Executive Director

**D) Dangers**

Not applicable ☐

- ☐ Inform the employee of all dangers that exists in the workplace, and which are peculiar to his position to his area of work.
- ☐ Offer precise examples which promote the prevention of dangers in the workplace (for example, precautions and procedures to follow).
- ☐ Discuss the role the employee plays in preventing dangers and reducing risks.
- ☐ Discuss the importance of identifying the conditions of dangerous work practices (form and process).
- ☐ Explain what the employee must do to keep his section or place of work clean (for example, to reduce the risks of slipping, tripping, or falling).
- ☐ Explain the importance of using good lifting techniques and ask for help to lift, transport or pull-on heavy objects.
- ☐ Reviewing the consequences and the safety risk associated with short cuts.
- ☐ Explain the norm of behaviour which the Kent RSC expects from a new employee and the seriousness of infractions (for example harness, mittens, and individual protection equipment).

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor

**E) Tools and Equipment**

Not applicable ☐

- ☐ Give instructions on the safety equipment of machines and the risks associated by removing protective equipment or taking short cuts.
- ☐ Review all procedures which apply to the lockout, the starting and the stopping of machines and equipment.
- ☐ Give any information on the safe operation of the Kent RSC's equipment, especially on the mobile equipment for installing and lifting; ladders, scaffolding, protective equipment against falling, excavations and trenches, confined spaces, electrical safety and the code of directives for working alone.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor

**F) In case of an emergency**

Not applicable ☐

- ☐ Review the emergency plan and the role of the employee during an emergency situation.
- ☐ Review the evacuation plan, the location of the emergency exits, first aid kits and fire extinguishers.
- ☐ Inform the employee to present himself to his first aid provider and to advise his immediate supervisor.
- ☐ Review the emergency procedures in case of being exposed to hazardous material.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor

**G) Hazardous Material**

Not applicable ☐

- ☐ Provide detailed training and instructions on the utilization, the handling, the transport, the storage, and the destruction of hazardous material (WHIMIS).
- ☐ Review the importance of recognizing the tags and the safety symbols used at work (WHIMIS).
- ☐ Indicate where the MSDS is located relative to a controlled hazardous product and the importance to report to the supervisor in case of handling such products.
- ☐ Explain to the employee that he must obtain confirmation of the content and the possible dangers of a product that does not have a tag, or the tag is not readable, before handling
- ☐ Explain the ways a hazardous material can penetrate the human body (ingestion, absorption through the skin, and the eyes, inhalation, or injection) and the personal protective equipment necessary to eliminate the risk of exposure.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor



## APPENDIX G

### Office Inspection for the Kent Regional Service Commission

#### A- Exterior of the infrastructure

1- Is the parking area in good condition for pedestrians?

Yes ☐

No ☐

Not applicable ☐

2- Are the sidewalks in good condition and clean of debris?

Yes ☐

No ☐

Not applicable ☐

3- Are the sidewalks, parking and the entrances clear of snow?

Yes ☐

No ☐

Not applicable ☐

4- Are the parking spaces for handicapped people well indicated on the asphalt and with a sign?

Yes ☐

No ☐

Not applicable ☐

#### B- Interior of the infrastructure

1- Are the hallways free of any obstacles that could cause security issues?

Yes ☐

No ☐

Not applicable ☐

2- Are the stairways in good condition including railing that follows safety norms?

Yes ☐

No ☐

Not applicable ☐

3- Is the floor dry and free of debris that could cause safety issues?

Yes ☐

No ☐

Not applicable ☐

4- Are the bathrooms accessible and functioning?

Yes ☐

No ☐

Not applicable ☐

5- Are all emergency exit signs functioning?

Yes ☐

No ☐

Not applicable ☐

6- Are the emergency doors operational and free of all obstacles?

Yes ☐

No ☐

Not applicable ☐

7- Is the parking lot and the entrances of the building well lighted?

Yes ☐

No ☐

Not applicable ☐

8- Is the roof of the building free of snow or ice?

Yes ☐

No ☐

Not applicable ☐

9- Are all the lights of the infrastructure working?

Yes ☐

No ☐

Not applicable ☐

10- Is the fire and burglar alarm functioning?

Yes ☐

No ☐

Not applicable ☐

11- Are the storage rooms that include equipment or hazardous products locked at all times?

Yes ☐

No ☐

Not applicable ☐

Comments to improve safety at this infrastructure: Infrastructure of the Kent RSC:

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Check up date: \_\_\_\_\_

Check up done by: \_\_\_\_\_

Signature of the supervisor: \_\_\_\_\_

Signature of the Executive Director: \_\_\_\_\_

Evaluation of workplace knowledge of Workplace Hazardous Materials Information System

**Q** Section 7(3)(b) of the *Workplace Hazardous Materials Information System Regulation* requires my workplace to periodically evaluate the WHMIS knowledge of our employees. What is meant by ‘periodically evaluate’?

**A** In consultation with the JHSC or a health and safety representative, your workplace can determine a schedule for evaluating the WHMIS knowledge of employees. This should align with the annual evaluation of the system, as required in section 7(4) of the Regulation. All employees who are potentially exposed to hazardous products must be evaluated at least once each year through mechanisms such as monthly health and safety inspections.

Finally, it is important for your workplace to keep records of the periodic evaluations. The following tool can be used as a guide.

Evaluation of employee WHMIS knowledge

EMPLOYEE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Selecting one or more products used at the workplace, ask the employee to:

<b>1 Provide the meaning of the pictogram(s).</b> The employee should be able to indicate what the pictogram represents (flammable, oxidizer, corrosion, health hazard, etc.)	
<b>2 Identify the hazards of the product(s).</b> The employee should be able to describe the possible effects or incidents that could occur when using the product (explosion, poisoning, skin/eye irritation, inhalation, etc.)	
<b>3 Identify the means to protect themselves from those hazards.</b> The employee should be able to tell you what safe working procedures are to be followed and what personal protective equipment is required (including cleaning and PPE maintenance).	
<b>4 Identify what the employee needs to do in case of an emergency.</b> The employee should know the immediate means of dealing with incidents related to the product (first aid, asking for assistance, evacuation, etc.)	
<b>5 Identify where the employee can get further information about the product(s).</b> What additional information can be found on the Safety Data Sheet?	

Results of evaluation *(circle one)*

<b>GOOD</b>	<b>FAIR</b> (Recommend review of general WHMIS awareness and worksite-specific information)	<b>POOR</b> (Retrain on general WHMIS awareness and worksite-specific information)
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Name of evaluator: \_\_\_\_\_

Department: \_\_\_\_\_

Notes or comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **APPENDIX I**

### **Code of conduct for working alone**

#### **Building Inspectors**

**Workplace:** Varied

**Address:** N/A

**Telephone:** 744-0008 or 530-4892

**Nature of the activity:** This position is responsible for the inspection of buildings on the territory covered by the Kent Regional Service Commission. The employee works at different locations during his normal day of work.

**Employer:** Kent Regional Service Commission

**Address:** 104 boulevard Irving, unité 1  
Bouctouche, N.-B.  
E4S 3L5

Ou

25 boulevard Cartier, Unité 145  
Richibucto, N.-B.  
E4W 3W7

**Telephone:** 743-1490 ou 523-1820

*Risks associated to the type of work:*

Risks	Preventive Measures
Vehicle Accident	- Defensive Driving
Inspection of foundations	- Phone call to the office - Safety Equipment

**Communication Methods**

- Inspectors will tell the Administrative Assistant the areas they will be inspecting, give an approximate return time, and communicate again if they are inspecting high-risk locations.

For any emergency,  
call 911 for  
assistance from  
paramedics or  
firefighters.

## APPENDIX J

### Checklist for planning a project that involves a trench or excavation

1. Site plan:

2. Traffic:

Yes ☐

No ☐

3. Required Signage:

Posted speed limit (km/h)	Distance of the upcoming speed limit sign up from the work location (m)
0 — 25	25 — 100
26 — 50	101 — 250
51 — 80	251 — 500
Plus de 80	501 — 1000

**\*\* Consult the Department of Transportation and Infrastructure guidelines**

4. Do we need traffic controllers?

Yes ☐

No ☐

If yes: How many traffic controllers? \_\_\_\_\_

Do they have their reflective safety vest?

Yes ☐

No ☐

Do they have their reflective sign?

Yes ☐

No ☐

Do they have their personal protection equipment? (Boots, hard hat, glasses, solar cream, etc.)

Yes ☐

No ☐

Have they received the proper training to become a traffic controller?

Yes ☐

No ☐

5. Are there any pipes or underground utility lines near the site? (Telephone, cable, electricity, etc.)

Yes ☐

No ☐

If yes at what distance from the site? \_\_\_\_\_

Do we have to advise the provider?

Yes ☐

No ☐

Are there any electrical lines near the site?

Yes ☐

No ☐

If yes, what is the distance to the poles? \_\_\_\_\_

Do they need to be disconnected?

Yes ☐

No ☐

6. Are there any poles or trees at less than 9 metres away from the trench? Yes ☐

No ☐

Do they need to be secured?

Yes ☐

No ☐

Do we need to cut the trees?

Yes ☐

No ☐

7. What will the depth of the trench be? \_\_\_\_\_

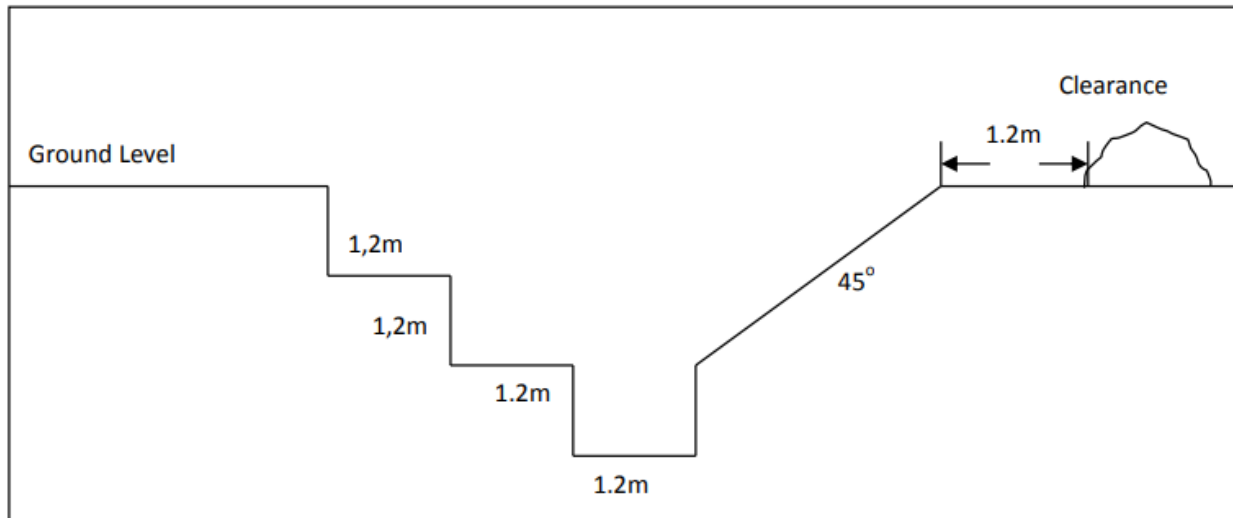
8. Will any employee(s) be required to come down and work in the trench? Yes ☐

No ☐

9. Has loose material that may fall into the trench been removed? Yes ☐ No ☐

10. Is there a ladder available to allow employees to leave the trench? Yes ☐ No ☐

11. If the depth of the trench is deeper than 1.2 metres, then the following model will have to be followed:



12. Is the ladder higher than the trench by 1 metre? Yes ☐ No ☐

13. How far from the trench should we put the spoil? \_\_\_\_\_

14. Is the trench completely dry? Yes ☐ No ☐

If not, do we have the necessary equipment to keep it dry? Yes ☐ No ☐

If so, what equipment? \_\_\_\_\_

15. Is there a risk that the employee will be exposed to a hazardous gas? Yes ☐ No ☐

Is there a way to verify this? Yes ☐ No ☐

16. Is there a possibility that the level of oxygen is too high or too low in the trench?

Yes ☐ No ☐

Will the ventilation be adequate? Yes ☐ No ☐

17. Will we have to weld in the trench? Yes ☐ No ☐

If so, will the ventilation be adequate? Yes ☐ No ☐

18. Will there always be an employee beside the trench to supervise when the other employee works in the trench? Yes ☐ No ☐

19. Are we going to have to bring down materials in the trench while the employee is working?  
Yes ☐ No ☐

**Note: No employee can be under a load of materials while working in a trench.**

20. If the driver of the mobile motorized equipment or of the mobile crane lowers materials in the trench, does he have full visibility of the trench without any obstacles? Yes ☐ No ☐  
Does he need a traffic controller to transport the material? Yes ☐ No ☐

21. Is the lighting in the trench adequate to work in the trench Yes ☐ No ☐

22. Do we have a proper barricade around the site to protect the employees that work in or around the trench? Yes ☐ No ☐

23. Has this plan been shared with all employees before the start of the work? Yes ☐ No ☐

Signed by: \_\_\_\_\_, supervisor Date: \_\_\_\_\_  
\_\_\_\_\_, employee  
\_\_\_\_\_, employee  
\_\_\_\_\_, employee  
\_\_\_\_\_, employee

Work completed on: \_\_\_\_\_, at \_\_\_\_\_ h.

Given to the health and safety coordinator so it can be filed on: \_\_\_\_\_.