

**Occupational Health and Safety Plan**

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**New Graph Environment**

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Nelson, BC V1L 2P1

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**Table of Contents**

[1 Safety Policy 1](#_Toc48910535)

[2 Forest Safety Accord 2](#_Toc48910536)

[3 Corrective Action Log 3](#_Toc48910537)

[4 Safety Team Members 4](#_Toc48910538)

[5 Job Roles and Responsibilities 4](#_Toc48910539)

[5.1 Right to refuse work and report unsafe conditions 4](#_Toc48910540)

[6 COVID 19 Prevention and Risks 4](#_Toc48910541)

[7 Required safety meetings 5](#_Toc48910542)

[7.1 New Worker Orientations 5](#_Toc48910543)

[7.2 Tailboards (Site and Worker Assessment / Equipment and Vehicle Inspection / Emergency Contact List) 5](#_Toc48910544)

[8 First Aid equipment and procedures 5](#_Toc48910545)

[8.1 Worksite First Aid Requirements 5](#_Toc48910546)

[8.2 Field Safety Plans 6](#_Toc48910547)

[8.2.1 Check-in procedures and field communications 6](#_Toc48910548)

[8.3 Hazard / close-call / incident reporting requirements and procedures 6](#_Toc48910549)

[8.4 Emergency Response Plan (ERP) and procedures 6](#_Toc48910550)

[9 Vehicle and Machinery Inspections 6](#_Toc48910551)

[10 Site and Worker Assessments 6](#_Toc48910552)

[11 Contractor Selection Policy 6](#_Toc48910553)

[12 Personal Protective Equipment (PPE) policy 7](#_Toc48910554)

[13 WHMIS orientation and location of the Material Safety Data Sheets (MSDS) 10](#_Toc48910555)

[14 Records of Training 10](#_Toc48910556)

[15 Progressive discipline policy 10](#_Toc48910557)

[16 Safe Work Procedures 21](#_Toc48910558)

[16.1 Driving 21](#_Toc48910559)

[16.1.1 PROCEDURES AND PRACTICES: 21](#_Toc48910560)

[16.1.2 RADIO USE: 22](#_Toc48910561)

[16.1.3 PARKING: 22](#_Toc48910562)

[16.2 All-terrain vehicles 23](#_Toc48910563)

[16.3 Electrofishing 25](#_Toc48910564)

[16.3.1 Preparatory Procedures 25](#_Toc48910565)

[16.3.2 Operational Procedures 25](#_Toc48910566)

[16.4 Boats 26](#_Toc48910567)

[16.5 Culvert Assessments and habitat confirmation assessments 26](#_Toc48910568)

[16.6 Bears 27](#_Toc48910569)

Appendices

Appendix 1. New Worker Orientation

Appendix 2. Tailboard Template

Appendix 3. Safe Work Procedures

Appendix 4. First Aid Requirements

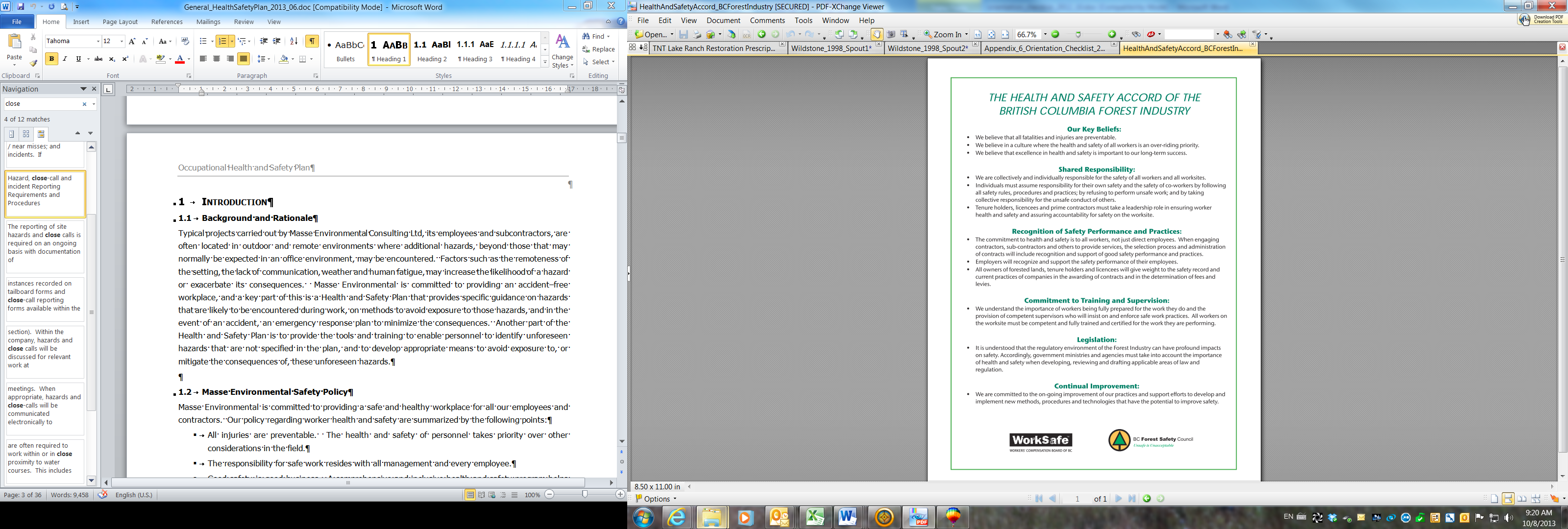
Appendix 5. Incidence Close-calls Template

# Safety Policy

At New Graph Environment we believe that all injuries are preventable and that safety is the responsibility of everyone. We believe that getting hurt at work is not acceptable and that by building a culture of safety we:

* will look ahead to identify hazards,
* will document safety procedures and ensure that our management, staff and contractors are familiar with them and understand why we have them,
* will strive for continuous improvement to ensure that we learn from the past and look to the future to facilitate the safest working environment possible for ourselves, our contractors, our clients and the public.

# Forest Safety Accord



# Corrective Action Log

These corrective actions are to be completed by the person indicated, within the time frame allotted. If more time is required, or there are difficulties encountered, please contact Allan Irvine for assistance.

|  |  |  |  |
| --- | --- | --- | --- |
| **Identified Necessary Improvement, Issue or Problem** | **Required Corrective Action** | **Person Responsible** | **By When** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Safety Team Members

As a small company all management and staff are considered safety team members and expected to integral to the safety program. Feedback is encouraged as continual improvement is a paramount goal.

# Job Roles and Responsibilities

Right to refuse work and report unsafe conditions

If you feel the work as planned is unsafe, refuse to do it! Let’s identify the hazards and mitigate for them or we will not do the work. This is work and it is not worth it to risk life and limb.

# COVID 19 Prevention and Risks

We have developed a COVID-19 Safety Plan that outlines the policies, guidelines, and procedures to reduce the risk of COVID-19 transmission.

All staff, contractors, volunteers, and participants must complete a self-assessment (<https://bc.thrive.health/covid19/en>) before starting work each day. If they are experiencing any symptoms related to COVID-19 they must halt all involvement or participation, notify the project supervisor, and get officially tested.

The virus that causes COVID-19 spreads in several ways, including through droplets when a person coughs or sneezes, or from touching a contaminated surface before touching the face. Planning to COVID-19 is a moving target and should be a continuous effort. Planning is outlined by WCB (<https://www.worksafebc.com/en/about-us/covid-19-updates/covid-19-returning-safe-operation>). Detailed procedures are included in the safe work procedures in the Appendices of this document and were developed by progressing through the following steps:

1. Assess the risk at your workplace to identify places where the risk of transmission is introduced
   1. What job tasks or processes require workers to come into close proximity with one another or members of the public?
   2. What tools, machinery, and equipment do people come into contact with in the course of their work?
   3. What surfaces are touched often, such as doorknobs, light switches, equipment, and shared tools?
2. Implement measures to reduce the risk
   1. Maintain a distance of 2 metres (6 feet) between workers and others wherever possible
   2. create pods of workers who work together exclusively to minimize the risk of broad transmission throughout the workplace
   3. where physical distance cannot be maintained consider the use of masks.
   4. Provide adequate hand-washing facilities on site for all workers
   5. Develop policies around when workers must wash their hands, including upon arriving for work, before and after breaks and before and after handling common tools and equipment.
   6. Implement a cleaning protocol for all common areas and surfaces, including washrooms, equipment, tools, common tables, desks, light switches, and door handles. Ensure those engaged in cleaning have adequate training and materials.
   7. Remove any unnecessary tools or equipment that may elevate the risk of transmission.
3. Develop policies to manage the workplace
   1. Anyone who has had [symptoms of COVID-19](http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/symptoms) in the last 10 days must self-isolate at home.
   2. Anyone under the direction of the provincial health officer to self-isolate must follow those instructions
   3. When workers or contractors are feeling ill at work they should immediately let their supervisor know and go home. If symptoms align with those of COVID-19 they should be tested and self-isolate until they are symptom free and have a negative test result.

# Required safety meetings

New Worker Orientations

New workers are a high risk for injuries. They need to know the safety policies and procedures and demonstrate that they understand how to protect themselves and others. All employees and dependent contractors operating under your company’s safety plan must review the New Graph health and safety policies and safe work procedures on their first day before they start work or when returning to work after an absence of longer than 6 weeks. Template to be filled out is attached as Appendix 1.

Tailboards (Site and Worker Assessment / Equipment and Vehicle Inspection / Emergency Contact List)

Tailboard meetings are a way to reset at the start of new work tasks to put safety first as the top priority at all places of work. Tailboards include references to field safety plans and contain site/worker assessments, Equipment and Vehicle Inspections and an Emergency Contact List. They are included in this plan as Appendix 2.

# First Aid equipment and procedures

Worksite First Aid Requirements

To determine an adequate and appropriate level of first aid coverage, the first step is a first aid assessment. This doesn't need to be complicated. But it does call for a full review of your workplace. The assessment will help you determine the minimum level of first aid needed in your workplace. First aid levels are outlined in the [OHS Regulation Schedule 3-A: Minimum Levels of First Aid](https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-03-rights-and-responsibilities#Schedule3A).

Below are the steps for a first aid assessment. Tables of scenarios based on the number of people working and the assessed hazard rating are included in Appendix 4.

* Identify the number of workplaces.
* Identify your workplace hazard rating.
* Consider the surface travel time to a hospital.
* Determine the number of workers on a shift.
* Determine the required first aid services for your workplace.
* Review your assessment.

Field Safety Plans

### Check-in procedures and field communications

Hazard / close-call / incident reporting requirements and procedures

Emergency Response Plan (ERP) and procedures

# Vehicle and Machinery Inspections

# Site and Worker Assessments

# Contractor Selection Policy

At New Graph we are responsible to ensure that the contractors we hire to complete and assist on projects are compliant with the workers compensation act and have a record that illustrates they have a culture of safety. For forestry related work that contractors need to be Safe Certified companies. We have a checklist that we require our contractors to complete to ensure that they meet our requirements. Our policy is to always get a clearance letter before and after we receive services from a contractor to confirm whether they registered with worksafe BC and paying premiums. The contractor selection and safety checklist is included as Appendix XXXXXXXXXXXXXX.

Of note, contractors are considered our workers if they do not operate as an independent business and are either not eligible for WorkSafeBC coverage or decline to purchase WorkSafeBC’s optional coverage. Below are examples of situations where a contractor would likely be our worker:

* + The contractor supplies only labour
  + The contractor supplies labour and minor materials
  + The contractor supplies labour and a piece of major equipment but is not registered with WorkSafeBC

# Personal Protective Equipment (PPE) policy

All employees will be provided the required PPE when they are hired, and instructed on its proper use and care. Employees are responsible for keeping PPE in good working condition and notifying their supervisor if any PPE no longer meets safe standards.

All PPE must meet regulatory and Canadian Standards Association standards.

The following provides a *guideline* to the requirements and use of PPE. A full listing of requirements can be found in the Occupational Health and Safety Regulation at <https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-08-personal-protective-clothing-and-equipment>

| **PPE** | **Requirements** | **Used in these situations** |
| --- | --- | --- |
| High-visibility clothing (vest) | * The apparel must be a color that contrasts with the environment. | * When worker is outside of the vehicle. * On all construction sites |
| Limb and body protection | * Must be free of holes and, in the case of hand protection, made of a material that provides a good grip. | * When the worker is exposed to a substance or condition that is likely to puncture, abrade or affect the skin – or be absorbed through the skin. |
| Warm dry clothing |  | * All field work situations. Particularly in night work and during seasons of typically variable and cold wet weather. |
| Wading Belt |  | * Must be worn around waste snugly in conjunction with waders to ensure that waders do not fill with water in the event of a fall in the water. |
| Wading Boots | * Soft rubber or felt sole footwear specifically designed for stream work | * When stream work is required. |
| Polarized glasses |  | * Must be worn while working in and around water |
| Throw bag and releasable safety rope | * Must be 15 meters of line. | * When worker is working in/ or around swift water |
| Personal Floatation Device | * Must be Canadian General Standards Approved * Must be stored in a dry area. * Avoid exposure to sunlight. | * When worker is working in/ or around deep open water |
| Hard hats | * High-visibility, hardhat. * Cleaned regularly and stored away from grease and tools. | * Must be worn in any work area where there is a danger of head injury from falling, flying or thrown objects, or other harmful contacts. * Must be worn on all construction based job sites. |
| Helmets | * Must be DOT approved * Must be free of cracks, dents or any other damage. | * Must be worn when operating ATV/ snowmobile. |
| Eye and face protection | * Safety eyewear must fit properly and include side shields when necessary for worker safety. | * Safety eyewear must be worn when working in conditions that are likely to injure or irritate the eyes. * Face protectors must also be used if there is a risk of face injury such as when operating a chain or brush saw. |
| Safety footwear | * Must be of a design, construction and material appropriate to the protection required for the work environment. | * Appropriate footwear must consider the following factors: slipping, uneven terrain, abrasion, ankle protection and foot support, crushing potential, temperature extremes, corrosive substances, puncture hazards, electrical shock, and any other recognizable hazard. * Toe and metatarsal protection, puncture resistance, and/or dielectric protection must be used where appropriate. * Caulked or other equally effective footwear must be worn by workers who are required to walk on logs, piles, pilings or other round timbers. |
| Hearing protection | * WorkSafeBC’s regulations regarding noise exposure are:   + 85dBA Lex daily noise exposure level   + 140 DBC peak sound level | * If those levels cannot be practicably met, the employer must:   + Reduce levels as low as possible   + Provide to workers hearing protection that meets CSA standards, and ensure it is worn effectively in noise hazard areas |
| Bear Spray / Bangers | * Always worn in remote locations * Inspected regularly and stored in a safe, dry place. | * Must be readily available in case of any bear sighting. * Must be carried for all remote worksites or worksites where there is potential bear activity. * Ensure equipment has current use by date attached. |

# WHMIS orientation and location of the Material Safety Data Sheets (MSDS)

# Records of Training

# Progressive discipline policy

Actions and behaviors that create or facilitate unsafe working environments and elevate the risk of injury to company representatives, contractors and the public are unacceptable. To ensure that these actions and behaviors do not persist once identified, the following progressive discipline policy has been implemented.

1. Verbal Warning
2. Documented Warning
3. Letter of Reprimand
4. Discharge

Appendix 1

New Worker Orientation

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All employees and dependent contractors operating under your company’s safety plan must review the following general areas **on their first day before they start work or when returning to work after an absence of longer than 6 weeks**.

Employee / Contractor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/H&S rep name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor/H&S rep contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Policies** | | | |
| * Section 2 - Forest Safety Accord | | * Section 1- Company Health & Safety Program | |
| * Section 5- Job Roles and Responsibilities - | | * Section 4- Safety Team members- | |
| **Review of Safety Policies and Procedures**  Section 6 - COVID 19 PREVENTION AND RISKS | | | |
| * Section 7- Required safety meetings | | * Section 8.2 - Hazard / close-call / incident reporting requirements and procedures | |
| * Section –5.1 Right to refuse work and report unsafe conditions | | * Section 15 - Progressive discipline and violence in the workplace policies | |
| * Section 8- First Aid equipment and procedures | | * Section 8.2.1 - Check-in procedures and field communications | |
| * Section 12- PPE policy and requirements | | * Section 8.4 and Appendix 2 - Emergency Response Plan (ERP) and procedures | |
| * Section 8.2- Field Safety Plans | | * Section 7.2 - Tailboard Meetings / * Section 9 Vehicle and Machinery Inspections/ * Section 10 Site and Worker Assessments | |
| * Section 7.1 - New Worker Orientations | | * Section 8.1- Worksite First Aid Requirements | |
| * Section 13- WHMIS orientation and location of the Material Safety Data Sheets (MSDS) | | * Section 14- Records of Training | |
| * Training, certification & qualifications verified by the company (see record of training in P:\Current\Safety\Training)   **□** OFA Level 1  **□** Class 5 Drivers License  **□** Electrofishing  **□** Swift Water Rescue  **□** WHMIS  **□** RPAS Pilot \_\_\_\_\_\_\_\_\_\_\_\_\_\_(level) | | * Section hazards and safe work procedures related to work tasks/processes (Check those reviewed)  |  |  | | --- | --- | | **□** Electrofishing | **□** Working in remote locations | | **□** Driving | **□** Working alone or in isolation | | □ Construction | **□** Snorkelling | | □ Remotely piloted aircraft |  | | |

Signature of Employee / Contractor Signature of Supervisor / Trainer

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Appendix 2

Tailboard Template

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**Project: Location : Date:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Crew Leader/Member** | **Signature** |
|  | Leader Member |  |
|  | Leader Member |  |
|  | Leader Member |  |
|  | Leader Member |  |

COVID self assessment completed?  **Pre-existing Health Conditions?**

**Description of work: (ex. Culvert assessments, electrofishing, water sampling, redd surveys, RPAS surveys etc.)**

**Site Conditions:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Clear |  | Dry |  | Hot |  | Cloudy/Broken |  |
| Raining |  | Wet |  | Warm |  | Foggy |  |
| Snowing |  | Muddy |  | Cold |  | Icy/Snow Covered |  |

**Site Risks and Hazards. Job risks:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Wildlife |  | Slippery and/or uneven ground |  | Chainsaw/knife/loppers (cuts) |  |
| Swiftwater |  | Exposure (heat/cold) |  | Electric Shock (electrofisher) |  |
| Remote worksite |  | Machinery |  | Open water |  |
| Traffic |  | ATV/Sled (roll over/burns/collision) |  | Overhead Snags |  |
| Bush roads |  | Chemicals |  | Sharp shrubs (eye injury) |  |
| Dogs |  | Helicopters (rotors, lines, stranding) |  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Plans Reviewed:**

|  |  |  |  |
| --- | --- | --- | --- |
| Emergency Response Plan |  | Field Safety Plan **(Call in / Call out Procedures)** |  |
| Safe Work Procedures |  | Roles and Responsibilities |  |

**Personal Protective Equipment Checklist/Inspection:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Hi-Vis Vest |  | Protective footwear (**assess** **condition)** |  | Throw Bag |  |
| Cell phones / radio / spot |  | Hard Hat |  | PFD |  |
| Waders / **Wading Belt** |  | Water/ Food supplies |  | Dry Suit |  |
| Bear Spray/Bangers |  | Rainwear/ Weather Wear (extra coat) |  | Linesman Gloves |  |
| Level 1/ Personal FA Kit |  | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Whistle |  |

**Machinery Inspection (Vehicle/Trailer/ATV)** Vehicle ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Obvious damage/leaks |  |  | Horn |  |  |
| Tires |  |  | Brakes |  |  |
| Headlights / tail lights / Signals |  |  | Parking Brake |  |  |
| Fuel |  |  | Uneven tire wear/rough steering? |  |  |
| Oil Level |  |  | Safety/Emergency information |  |  |
| Radiator fluid |  |  | Spare Tire/ Jack |  |  |
| Windshield fluid |  |  | Suspension/Steering |  |  |
| okay |  | X | needs attention |  | X |

**Housekeeping for Slips, Trips and Fall Prevention:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Slippery/uneven ground |  | Spills |  | Unsecured mats, tiles, carpets |  |
| Loose debris |  | Cables/cords |  | Smoke/Steam/Fog view obstruction |  |
| Poor lighting |  | Barriers in place |  | Good footwear |  |

**Types of injuries that could occur:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sprains/breaks/bruises |  | Crush injuries |  | Electrocution |  |
| Cuts/lacerations |  | Head injuries |  | Traffic accident related |  |
| Drowning |  | Exposure |  | Repetitive Strain (eg.tendonitis) |  |

**Barriers to first aid being provided to injured worker:**

|  |  |  |  |
| --- | --- | --- | --- |
| Unsafe Accident Scene |  | Victim/ Attendant Panic and/or Shock |  |
| Remote worksite (distance to Hospital/Vehicle) |  | Time to get Level 1 kit from vehicle if required |  |
| Slippery / Steep and/or uneven ground |  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**First Aid Assessment (Check one) – See Appendix 8 of H&S Plan for details/lower requirement scenarios**

|  |  |
| --- | --- |
| **Scenario** | **Requirement** |
| <6 – 30 workers and > 20 minutes from hospital and “low” risk of injury | Level 1 Certificate and Level 1 Kit |
| 6 – 15 workers and > 20 minutes from hospital and “moderate” risk of injury | Level 1 Certificate, Level 1 Kit, Transportation endorsement and ETV equipment |
| 6 – 10 workers and > 20 minutes from hospital and “high” risk of injury | Level 1 Certificate, Level 1 Kit, Transportation endorsement and ETV equipment |
| 11 – 30 workers and > 20 minutes from hospital and “high” risk of injury | Level 3 Certificate, Level 3 Kit, dressing station and ETV |

**Discuss incidents and close calls in past similar work (reasons for incident/close call and corrective actions taken/to be taken to avoid similar situations).**

**Discuss Relevant Industry Alerts:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Overhead hazards (snags/branches) |  | Secure contents in vehicles |  | Bears |  |
| Winter Driving Preparation |  | Alert while Driving |  | Vehicle Maintenance |  |
| Unstable machinery |  | Floods and Landslides |  | Devils Club in eyes |  |

**Worker Assessment** Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Assessed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Can identify worksite hazards |  | Wears hard hat / protection |  |
| Is alert and focused on job |  | Uses required hearing protection |  |
| Demonstrates safe use of tools & equip. |  | Wears high visibility / protective clothing |  |
| Demonstrates proper use of seat belt |  | Wears appropriate footwear for job |  |
| Has required license / certificate(s) |  | Wears wading belt / bear spray |  |
| **Worker is Competent** |  |  |  |

Feedback: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatures: Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Assessed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Call In/Call out Numbers**

|  |  |  |  |
| --- | --- | --- | --- |
| **Crew Member** |  | **Personal Emergency Contact** | **Personal Emergency Contact #** |
| Allan Irvine | 250 777 1518 | Tara Stark | 250 352 5311 Cell: 250 505 9489 |
|  |  |  |  |
|  |  |  |  |
| Inreach text (al) | 226 241 6177  allanirvine75@inreach.garmin.com |  |  |

**Emergency Contact Info:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Kaslo** | **Grand Forks** | **Nelson** | **Fernie** | **Creston** | **Mackenzie** |
| RCMP Search&Rescue | 911 | 911 | 911 | 911 | 911 | 911 |
| Hospital | 250 353 2225 | 250 443-2100 | 250 352-3111 | 250 423 4453 | 250 428 2286 | 2509973263 |
| Poison Control | 1 800 567 8911 | | | | |  |

(250) 565-2000 Prince George Hospital

Appendix 3

Safe Work Procedures

# Safe Work Procedures

Driving

### PROCEDURES AND PRACTICES:

* Conduct a “pre-trip” vehicle check. Use a Vehicle Pre-trip Inspection and Mileage Log to track activity.
* Report deficiencies and do not use if equipment is in unsafe condition.
* Make notes of required maintenance in the mileage logbook when it is required and include “checking the logbook for required repairs” at the time of each inspection.
* Drive defensively at all times.
* Ensure all vehicle occupants are wearing seatbelts. You are responsible for your passengers.
* Do not exceed posted speed limits.
* On resource roads do not exceed 80kph or posted speed limits.
* Drive safely and drive to the existing road conditions. Lower speed as required. Be aware of:
  + Visibility reduced by dust, fog, rain and snow;
  + Narrow roads with over width vehicles;
  + Steep favorable and adverse gradients;
  + Slippery and variable road surface conditions due to loose gravel, snow, ice or mud;
  + Other users.
* Use vehicle for intended use only (purpose and weight limitations).
* Drive with vehicle lights on at all times.
* Secure all heavy or sharp objects in the cab of the vehicle.
* Respect that loaded logging trucks have the right of way on single lane roads.
* Do not tailgate other vehicles.
* Pass trucks or equipment only after you receive a clearly visible and/or audible signal from the operator.
* Never chase a runaway vehicle.
* Stay on your side of the road.

**COVID 19 (COVID)**

* + [Self-assess daily for COVID symptoms](https://bc.thrive.health/covid19/en) and self-isolate and test if you have symptoms.
  + When possible, travel in separate vehicles. When a crew is required to travel together, sit in seats as far from eachother as possible, wear masks and when possible leave the windows open for good ventilation.
  + All vehicles need to have paper towel, min 70% alcohol hand sanitizer and non-medical grade masks. Ensure this is present before leaving.
  + When getting in vehicle wipe down all initial touch points with min 70% alcohol and paper towel (ex. Vehicle door, radio, steering wheel, shifter, seat belt). Sanitize all surfaces of both hands.
  + After opening vehicle door at all stops and worksites use hand sanitizer on surfaces of both hands. Put on non-medical mask if entering building (ex. Gas station, restaurants) or working with others where you cannot keep min 2m distance. Upon exiting vehicle close door with elbow.

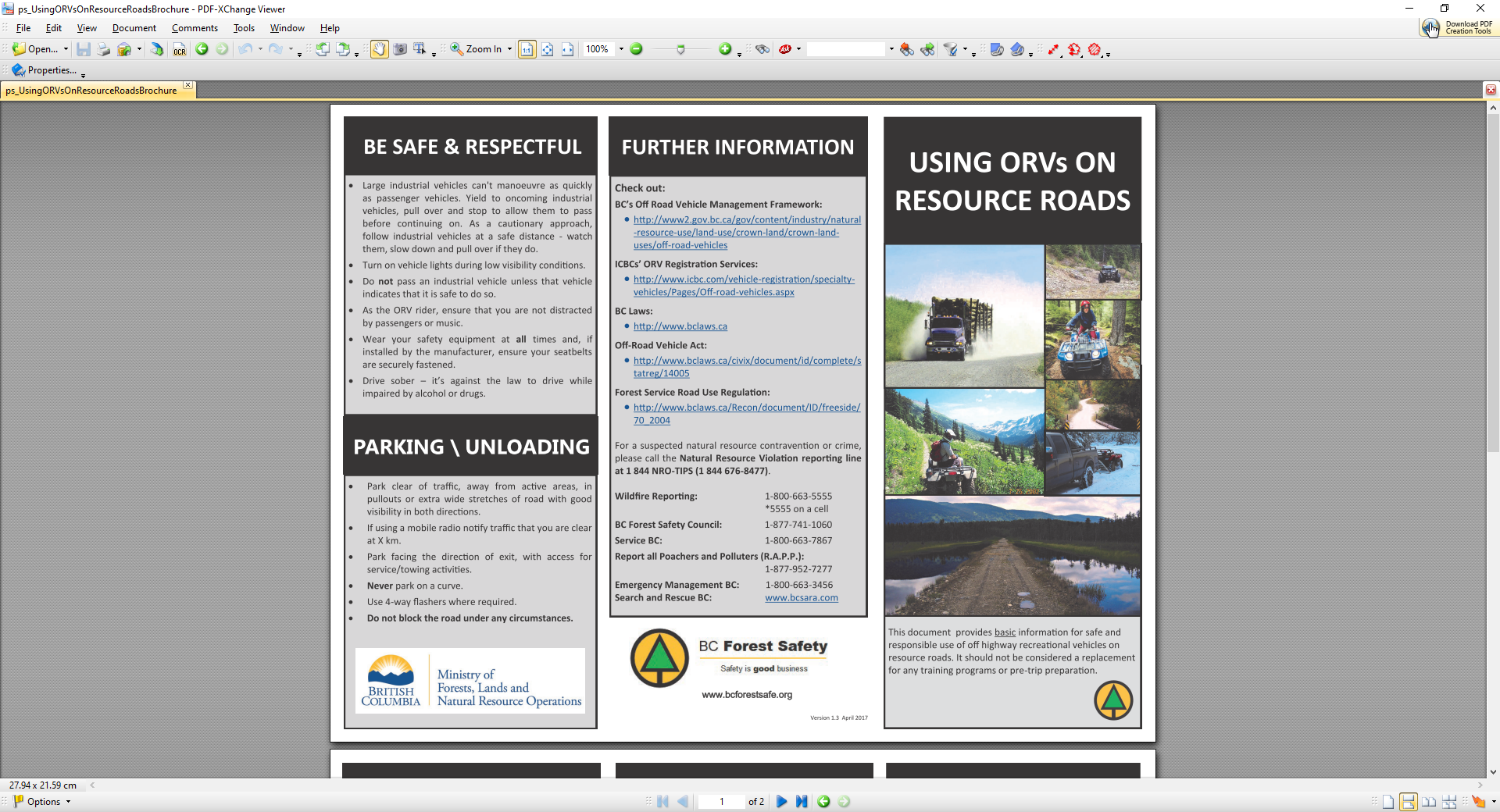
### RADIO USE:

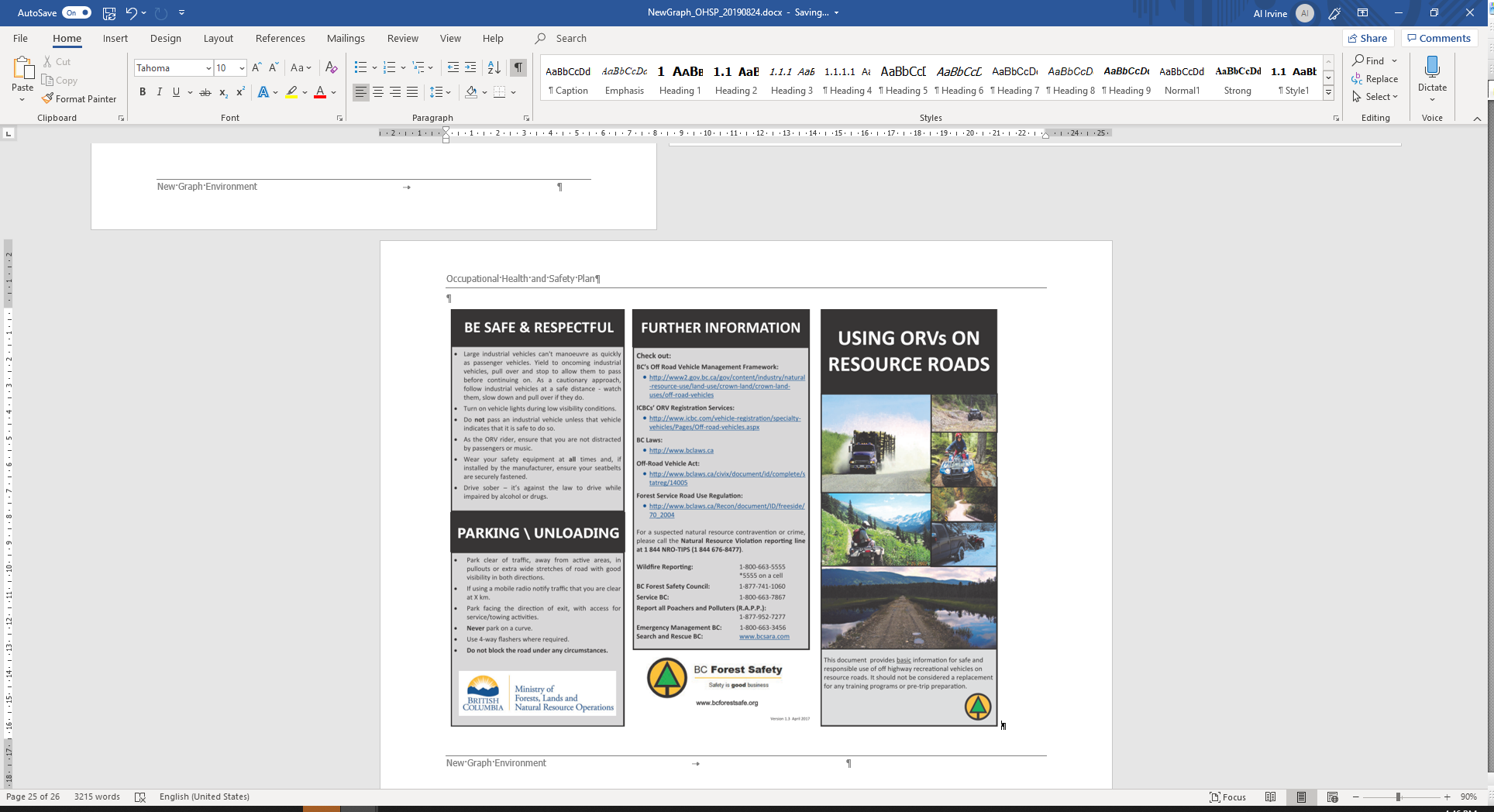
* Complete radio check and ensure correct frequency prior to entering radio controlled area.
* Do not drive by the radio. Expect oncoming traffic at all times.
* Call your position according to the local radio protocol and signage.
* Notify other radio equipped vehicles of oncoming non-radio equipped traffic.
* Do not use road radio channels for conversations, use only for road traffic protocols.
* Other than traffic control, pull over and safely park when talking on the radio/cell phone for an extended period of time.

### PARKING:

* Park clear of traffic, away from active areas in pullouts or extra wide straight sections of road.
* Park facing the direction of exit with access for service/towing activities.
* Ensure the parking brake is on and the transmission is in 1st gear or park.
* On steep grades, use wheel chocks and always turn the wheels towards the nearest ditch.
* Never park on a curve especially on the outside curve of a road.
* When turning around, back into the cut bank of the road and not towards the outside bank.
* Use flares where required.

All-terrain vehicles





Electrofishing

### Preparatory Procedures

1. A crew leader must be designated for all backpack electrofishing activities.
2. It is the crew leader’s responsibility to ensure that all equipment is in “safe working order”.
3. An emergency response plan must be prepared and reviewed with all crew members.
4. The crew leader must ensure all crew members have received instruction in the fundamentals of electrofishing safety.
5. The crew leader and at least one additional crew member must have up-to-date CPR and First Aid training.
6. Each electrofishing site must be visually inspected for hazards such as deep holes, submerged logs, etc. before commencing electrofishing operations.
7. In order to aid in identifying underwater hazards, all crew members must be equipped with polarized sunglasses. Glasses also protect against eye injury caused by sticks and branches. Wide brimmed hats or peaked caps are also beneficial in increasing the effectiveness of polarized glasses.
8. All crew members must be equipped with long armed gloves that are non-conductive, waterproof and inspected to be free of leaks. Gloves must be worn at all times during electrofishing operations.
9. All crew members must be equipped with chest waders that are non-conductive, waterproof and inspected to be free of leaks. Chest waders must be worn at all times during electrofishing operations by team members entering the water. Wading belts are to be worn at all times.
10. All crew members must agree on a system of communication during electrofishing operations.
11. Backpack electrofishing units must be turned off and the battery disconnected before making any connections or part replacements. Start-up Procedures
12. All crew members must be notified and acknowledge their preparedness prior to the commencement of electrofishing operations. The unit operator must make sure that personnel are clear of the anode before turning on the power. Hand signals are a useful way of conveying these messages.
13. Check operation of all switches and gauges. This should include high voltage check, anode switch, power switch and mercury tilt switch, audible tone generator and light. Set controls to appropriate levels. The minimum voltage possible to obtain the desired results should be used to avoid excessive harm to the biota and to minimize the effects of accidental shock.

### Operational Procedures

1. Operate slowly and carefully. Footing in most streams is poor and most falls occur when crew members are hurrying. Operations should cease when fatigue sets in.
2. Team members must not place their hand(s) into the water when the power is turned on.
3. Electrofishing units must be shut off prior to entering or leaving the water and the battery terminals disconnected (or generator shut off) when not in use or when transporting the unit.
4. Life jackets or Personal Floatation Devices (PFDs) must be worn where the crew leader considers the water is of sufficient depth or velocity for a life jacket or PFD to be effective as protection from risk of drowning. Life jackets and PFDs must be approved by Transport Canada or Canadian Coast Guard. Electrofishing should not be carried out where water depth is greater than waist deep.
5. A crew member must immediately leave the water if wetness is detected in gloves or waders (by leaks, rain or perspiration) and obtain dry equipment before returning. Mild dampness from perspiration or humidity is considered normal.
6. Electrofishing operations must cease during inclement weather. (e.g. periods of any lightning or moderate rain).

**COVID 19**

* As electrofishing often requires the “fisher” and “netter” to be within 2m of eachother masks are required to be worn by both crew members.
* Wear disposable gloves when assembling equipment or wipe down all touch points after assembly.

Boats

Culvert Assessments and habitat confirmation assessments

See driving procedures including radio use and parking.

* Sometime parking on the shoulder of resource roads is the only practical way to assess a site. When doing so place a traffic cone 2m behind the back left wheel to alert oncoming traffic.
* Wear waders and wading boots or a non-slip rubber boot when working in the stream. Carefully assess your footing and be ready for slippery surfaces.
* Carry bear spray
* Always carry personal first aid kit, water, extra clothes, inreach and food (ex. Power bar) in your vest in case of an emergency.
* High vis field vest should be worn to avoid being mistaken for an animal by hunters.
* Navigating to sites requires handheld devices which should either be used by a non-driving crew member or mounted on the windshield where they can be viewed without distracting the driver.
* Touching base with the call in person throughout the day is essential so that your last known location is known and to minimize the potential for false alarms should you not check in on time at the end of the day. Inreaches should be tested between crew members and between crew members and check in people before going in the field.

Bears

| **Situation** | **Recommended actions** |
| --- | --- |
| Bear does not know you are there | Move away undetected.  Go back the way you came or take large detour around. If you must go ahead do so slowly and cautiously. DO NOT RUN  Keep your eye on the bear.  Watch for changes in behavior.  Be careful not to crowd or surprise bear (especially Grizzlies).  Do not shout if it is unaware of your presence. |
| Bear becomes aware of you | Calmly and from as far away as possible identify yourself as human.  Talk to the bear in a low, respectful voice.  Wave your arms slowly.  Increase the distance between you and the bear.  If possible, move upwind to give the bear your scent.  When bear is aware and unconcerned take the opportunity to leave. Do not run. |
| If you hear bear vocalizations or see young bears in area | Be extremely cautious and leave the area the way you came. |
| If bear approaches you | Stop, stay calm, and assess the situation: is bear acting defensively (grunting, or another way?  Don’t run.  Group together if possible.  Prepare deterrent (mace).  Determine if bear is **defensive or aggressive.** |
| Bear approaching in a defensive (stressed) manner | **Defensive bears are threatened or may be protecting food. They show stressed behaviour such as rapid huffing, salivating, roaring, paw slapping, guttural noises, open mouthed jawing and charging.**  When bear approaches or charges stand your ground (physical contact is rare). Most charges stop short.  Appear non-threatening.  Talk to bear in calm voice and let it know you mean it no harm.  Don’t shout or throw things acting defensively.  Try to increase distance between you and the bear (keep your eye on it).  Do not run.  Use deterrent only as last defense. |
| In the case of a defensive attack | If bear physically contacts you in a defensive attack play dead: fall on ground on your front, protect your neck.  If rolled over continue to roll over to face.  Stay on ground till bear leaves.  If attach is prolonged it is no longer defensive. |
| Bear approaching in **non-defensive** manner | **Non defensive bears show little stress. They look interested in you and intent on approaching you. Watch towards you confidently looking towards you intermittently. They seem intent on attack.**  If approached move away from bears path or trail.  If bear is intent on you stand your ground. **Your response needs to be assertive.**  Act aggressively: shout at bear, stare it in the eye, stamp feet, stand on stump or log, threaten bear with stick or log.  If attacked use deterrent, fight with any weapon available with all your strength.  Focus attack on bear’s face. |

Appendix 4

First Aid Requirements

**Table 1**: This table applies to a workplace that an employer determines under section 3.16 (2) (b) of the Regulation creates a low risk of injury and that is more than 20 minutes surface travel time away from a hospital.

| **Item** | **Column 1  Number of workers per shift** | **Column 2  Supplies, equipment, and facility** | **Column 3  Level of first aid certificate for attendant** | **Column 4 Transportation** |
| --- | --- | --- | --- | --- |
| 1 | 1 | Personal first aid kit |  |  |
| 2 | 2-5 | Basic first aid kit |  |  |
| 3 | 6-30 | Level 1 first aid kit | Level 1 certificate |  |
| 4 | 31-50 | Level 1 first aid kit   * ETV equipment | Level 1 certificate with Transportation Endorsement |  |
| 5 | 51-75 | Level 3 first aid kit   * Dressing station   ETV equipment | Level 3 certificate |  |
| 6 | 76 or more | Level 3 first aid kit   * First aid room   ETV equipment | Level 3 certificate | ETV |

**Table 2**: This table applies to a workplace that an employer determines under section 3.16 (2) (b) of the Regulation creates a low risk of injury and that is 20 minutes or less surface travel time away from a hospital.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Column 1  Number of workers per shift** | **Column 2  Supplies, equipment, and facility** | **Column 3  Level of first aid certificate for attendant** | **Column 4 Transportation** |
| 1 | 1 |  |  |  |
| 2 | 2-10 | Basic first aid kit |  |  |
| 3 | 11-50 | Level 1 first aid kit | Level 1 certificate |  |
| 4 | 51-100 | Level 2 first aid kit   * Dressing station | \*Level 2 certificate |  |
| 5 | 101 or more | Level 2 first aid kit   * First aid room | \*Level 2 certificate |  |

**Table 3**: This table applies to a workplace that an employer determines under section 3.16 (2) (b) of the Regulation creates a moderate risk of injury and that is more than 20 minutes surface travel time away from a hospital.

| **Item** | **Column 1  Number of workers per shift** | **Column 2  Supplies, equipment, and facility** | **Column 3  Level of first aid certificate for attendant** | **Column 4 Transportation** |
| --- | --- | --- | --- | --- |
| 1 | 1 | Personal first aid kit |  |  |
| 2 | 2-5 | Level 1 first aid kit | Level 1 certificate |  |
| 3 | 6-15 | Level 1 first aid kit   * ETV equipment | Level 1 certificate with Transportation Endorsement |  |
| 4 | 16-50 | Level 3 first aid kit   * Dressing station * ETV equipment | Level 3 certificate | ETV |
| 5 | 51-100 | Level 3 first aid kit   * First aid room * ETV equipment | Level 3 certificate | ETV |
| 6 | 101-300 | Level 3 first aid kit   * First aid room * Industrial ambulance equipment | Level 3 certificate | Industrial ambulance |
| 7 | 301 or more | Level 3 first aid kit   * First aid room * Industrial ambulance equipment | 2 attendants, each with Level 3 certificates | Industrial ambulance |

**Table 4**: This table applies to a workplace that an employer determines under section 3.16 (2) (b) of the Regulation creates a moderate risk of injury and that is 20 minutes or less surface travel time away from a hospital.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Column 1  Number of workers per shift** | **Column 2  Supplies, equipment, and facility** | **Column 3  Level of first aid certificate for attendant** | **Column 4 Transportation** |
| 1 | 1 | Personal first aid kit |  |  |
| 2 | 2-5 | Basic first aid kit |  |  |
| 3 | 6-25 | Level 1 first aid kit | Level 1 certificate |  |
| 4 | 26-75 | Level 2 first aid kit   * Dressing station | \*Level 2 certificate |  |
| 5 | 76 or more | Level 2 first aid kit   * First aid room | \*Level 2 certificate |  |

**Table 5**: This table applies to a workplace that an employer determines under section 3.16 (2) (b) of the Regulation creates a high risk of injury and that is more than 20 minutes surface travel time away from a hospital.

| **Item** | **Column 1  Number of workers per shift** | **Column 2  Supplies, equipment, and facility** | **Column 3  Level of first aid certificate for attendant** | **Column 4 Transportation** |
| --- | --- | --- | --- | --- |
| 1 | 1 | Personal first aid kit |  |  |
| 2 | 2-5 | Level 1 first aid kit | Level 1 certificate |  |
| 3 | 6-10 | Level 1 first aid kit   * ETV equipment | Level 1 certificate with Transportation Endorsement | ETV |
| 4 | 11-30 | Level 3 first aid kit   * Dressing station | Level 3 certificate | ETV |
| 5 | 31-50 | Level 3 first aid kit   * First aid room * ETV equipment | Level 3 certificate | ETV |
| 6 | 51-200 | Level 3 first aid kit   * First aid room * Industrial ambulance equipment | Level 3 certificate | Industrial ambulance |
| 7 | 201 or more | Level 3 first aid kit   * First aid room * Industrial ambulance equipment | 2 attendants, each with Level 3 certificates | Industrial ambulance |

Appendix 5

Contractor Selection and Safety Checklist

Contractor Selection and Safety Checklist

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contract: |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Contractor: |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: |  | | | | | | | | | | | | Fax: | | |  | | | | | | | | | |
| WorkSafeBC Employer ID: | | | |  | | | | | | | | | | | | | | | | | | | | | |
| WorkSafeBC current standing (attach clearance letter): | | | | | | | | | | | |  | | | | | | | | | | | | | |
| WorkSafeBC assessment rate (industry average or lower): | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Description of written WorkSafeBC orders in past 24 months: | | | | | | | | | | | | | |  | | | | | | | | | | | |
| References: | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Previous work history: | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Using the previous year’s experience, complete the following: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of first aid cases: | | | | | |  | | | | | Number of recordable incidents: | | | | | | | | | | |  | | |  |
| Number of lost time cases: | | | | | |  | | | | | Number of lost days: | | | | | | | | | | |  | | |  |
| Severity Rate (# of days lost X 200,000): | | | | | | |  | | | |  | | | | | | | | | | | | | | |
| *Total hours worked* | | | | | | |  | | | |  | | | | | | | | | | | | | | |
| Exposure Hours | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Incident Rate (MIR= # of recordable incidents X 200,000): | | | | | | | | | | | | | | |  | | | |  | | | | | | |
| *Total hours worked* | | | | | | | | | | | | | | |  | | | |  | | | | | | |
| Exposure Hours | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Number of fatalities in the last five years: | | | | | | | |  | | | | | | | | | | | |  | | | | | |
| How often are safety meetings held with employees: | | | | | | | | | |  | | | | | | | | | | |  | | | | |
| Are worksite inspections held: | | | | |  | | | |  | if yes, How often: | | | | | | |  | | | | | | |  | |
| **Attach a copy of written health and safety program. Included within the program should be a list of key personnel and supervisors (including qualifications).**  Other procedures you need to be aware of if you are awarded this contract include:  periodic audits by the company.  contractors and any subcontractors must review the incident investigation & reporting requirements, policies and procedures with all their employees at least annually.  All contractors and sub-contractors must be certified with the BC Forest Safety Council.  contractors must comply with all applicable government regulations and legislation.  contractors must have a process for investigating incidents.  contractors must provide training to all their employees on the hazards associated with the job they are being directed to do.  contractor safety performance will be monitored for continual improvement. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contractor Signature:** | | |  | | | | | | | | | | | | | | | **Date:** | | | | |  | | | |

**Contractor Safety Checklist**

To be completed at the commencement of activities at the start of the year and then on a quarterly basis thereafter.

|  |  |  |  |
| --- | --- | --- | --- |
| **Contractor:** |  | **Contractor Contact:** |  |
| **Location:** |  | **Date:** |  |

| **Item** | | **Yes** | **No** | **Comments** |
| --- | --- | --- | --- | --- |
| Will a qualified supervisor who meets the criteria below be on site at all times?  Qualified Supervision means a person who instructs, directs and controls workers in the performance of their duties and who is knowledgeable of the work, the hazards involved and the means to control the hazards, by reason of education, training, experience or a combination thereof. | |  |  |  |
| How is your organization identifying and communicating hazards in the workplace? documentation required | |  |  |  |
| What does your organization pre-work planning process look like and what does your ongoing block hazard assessment process look like? documentation required | |  |  |  |
| When do you intend to start operations in the following blocks? | |  |  |  |
| What does your pre-work meeting look like, does it include all subs – are potential hazards identified prior to activities occurring? | |  |  |  |
| What does the firm’s orientation process look like for new workers/ contractors / subcontractors including service providers arriving at the worksite? | |  |  |  |
| Defined Area Safety Orientation reviewed with all contractors / subcontractors at the Defined Workplace prior to commencing work activities. | |  |  |  |
| Do all contractors / subcontractors, in the workplace provide a list of their designated supervisors? documentation | |  |  |  |
| How does the operation coordinate the activities of all permitted persons including contractors / subcontractors at the workplace to ensure the Health and Safety of all workers is maintained? | |  |  |  |
| What are your procedures in the workplace to ensure safe access? documentation | |  |  |  |
| What is the process for assessing the workplace first aid needs? documentation | |  |  |  |
| How are you conducting regular inspections of the Workplace, work methods & practices, including worker inspections? | |  |  |  |
| OHS site safety plan is in place and available to all persons. contractors and subcontractors at the worksite. | |  |  |  |
| What is your safety meeting process? Are all persons / contractors / subcontractors at the workplace included in the your OHS program and safety meetings? | |  |  |  |
| Are all safety incidents reported and investigated? | |  |  |  |
| What does your hazard reporting and follow up process look like? | |  |  |  |
| What does your ERP look like and how was it communicated when it was last tested? | |  |  |  |
| Do you have safe work procedures for all activities being carried out? | |  |  |  |
|  | | | | |
| **Signed off on behalf of Company:** |  | | | |
| **Signed off by the Contractor:** |  | | | |
| **Dated:** |  | | | |

Appendix 5

Contractor Selection and Safety Checklist

Incident / Close Call Reporting Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Incident: |  | | | |  | Company: | |  | | | | |
| Date Reported: |  | | | |  | Location: | |  | | | | |
| Reported By: |  | | | |  | Type of Job: | |  | | | | |
|  | | | | | | | | | | | | |
| **Describe incident / close call (draw diagram on other side if helpful)** | | | | | | | | | | **☑** | | **Category** |
| Notes: | | | | | | | | | |  | | close call |
|  | | bodily injury/illness |
| Notes: | | | | | | | | | |  | | lost time |
|  | | dangerous goods spill |
| Notes: | | | | | | | | | |  | | fire |
|  | | vehicle incident / damage |
| Notes: | | | | | | | | | |  | | ATV incident / damage |
|  | | other equipment damage |
| Notes: | | | | | | | | | |  | | other (describe) |
|  | | other (describe) |
| Names/contact info of any individual or witnesses involved in incident / close call: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| If first aid was rendered, name of attendant: | | | | | | | | | | | | |
| **Describe immediate and root cause of incident / close call:** | | | | | | | | | | | | |
| **Notes** | | **☑** | **Immediate cause(s)** | | | | | | **☑** | | **Root cause(s)** | |
| Notes: | |  | failure to follow safe work procedures | | | | | |  | | inadequate work planning, engineering, design | |
| Notes: | |  | improper use of equipment/tools/lockout | | | | | |  | | inadequate polices, procedures | |
| Notes: | |  | failure to warn or instruct | | | | | |  | | inadequate communications | |
| Notes: | |  | body motions – pushing, pulling repetition | | | | | |  | | inadequate supervision | |
| Notes: | |  | improper use of PPE | | | | | |  | | inadequate risk/hazard assessment | |
| Notes: | |  | inadequate awareness of surroundings | | | | | |  | | mental, physical stress/fatigue | |
| Notes: | |  | poor housekeeping | | | | | |  | | inadequate maintenance/inspections | |
| Notes: | |  | worksite conditions – weather congestion, layout, (circle) | | | | | |  | | inadequate physical abilities | |
| Notes: | |  | other | | | | | |  | | other | |
| **Describe corrective action(s) to be undertaken:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Person responsible for corrective action: | | | |  | | | | | | | | |
| Date action to be completed by: | | | |  | | | | | | | | |
| Person responsible to sign here when completed: | | | |  | | | | | | | | |
| Date when action was completed: | | | |  | | | | | | | | |
|  | | | | |  | **Report and actions reviewed by** | | | | | | |
| **Notes:** | | | | |  | **Date:** |  | | | | | |
|  | | | | |  | **Name:** |  | | | | | |
|  | | | | |  | **Signature:** |  | | | | | |
|  | | | | |  | **Position:** |  | | | | | |

SEND A COPY OF THIS REPORT TO THE PARTY YOU REPORT TO.