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Owner Shawn  
Constantin:  
Health & Safety  
Advisor  
Area Administration

## Occupational Health and Safety (OH) Policy

### Purpose:

The purpose of this policy & procedure is to ensure that the Collingwood General & Marine Hospital has a clear organizational structure in managing both physical and psychological occupational health and safety matters and that such structure is aligned with the Internal Responsibility System as defined by Occupational Health and Safety legislation.

### Policy Statement:

The Collingwood General & Marine Hospital is committed to prioritizing the health of all of its employees and believes that physical and psychological health and well-being are leading aspects to organizational success and sustainability. Occupational health and safety, including psychological health, is a shared responsibility and as such, CGMH recognizes that each management member, supervisor, employee, including physicians and volunteers, have a primary responsibility for their own safety and actions as well as for the safety of others in the workplace affected by their actions.

### Policy and Procedure:

The procedure section outlines the expectations, roles, and responsibilities relating to the Hospital's Internal Responsibility System (IRS).

#### 1. Senior Leadership Team (Employer) Responsibilities

- It is the objective of the Senior Leadership Team to ensure that occupational health and safety is a priority and that matters relating to occupational health and safety are addressed appropriately and in a timely manner.
- Occupational health and safety shall be integrated into applicable meetings involving the Senior Leadership Team and the Board of Trustees.
- The Senior Leadership Team shall respond in writing to all recommendations put forth by the JHSC within 21 days.
- The Senior Leadership Team will appoint supervisors who are competent as defined by the Occupational Health and Safety Act (OHSA).
- The Senior Leadership Team shall review occupational health and safety statistics and metrics at least quarterly and share with the Board of Trustees as necessary.
- Senior Leadership Team members will include occupational health and safety on its agenda with direct

reports.

- Ensure all mandatory training is reviewed annually for completeness and content.
- Ensure lists of mandatory training completed for all employees are current.
- The Senior Leadership team will foster an organizational culture that promotes physical and psychological health and safety

## **2. Manager and Supervisor Responsibilities (Supervisors)**

- Management, supervisors and other persons in authority must take every reasonable precaution to protect their employees from both physical and psychological occupational health and safety hazards.
- Lead by example for others by always directing and performing work in a safe manner and by regularly completing mandatory health and safety training.
- Conduct themselves at work using practices consistent with promotion of mutual respect, confidentiality, and cooperation.
- Enforce all established health and safety policies and legislation and take corrective actions as necessary to ensure compliance with such policy/legislation.
- Cooperate with Joint Health and Safety Committee (JHSC) members conducting inspections or investigations.
- Ensure that instructions are provided to employees about safe work procedures.
- Ensure that employees required to use personal protective equipment (PPE) use it appropriately and ensure that PPE is regularly available for use.
- Conduct regular inspections of the applicable unit to ensure a safe work environment.
- Respond to all recommendations from the workplace inspection reports within 21 days, in writing.
- Where hazards are identified, ensure corrective action is taken in a timely manner.
- Work in cooperation with the JHSC, Occupational Health and Safety and People Services to develop and support the Hospital's Occupational Health and Safety Program.
- Communicate all applicable policy and/or legislation changes to their employees.
- Initiate follow up for employee incident within 48 hours of being made aware of the incident and complete documentation within Meditech incident reporting system within 10 business days.
- Following up with an employee after being made aware of the incident may involve: speaking with involved employee, investigating the incident, following up with any witnesses, implementing preventative strategies, etc.
- If the incident is an employee critical injury or fatality, immediate reporting and investigation is required under the Occupational Health and Safety Act. Please refer to Hazards and Incidents: Action and Investigation Policy for more information on the reporting process as it is more time sensitive for these types of incidents.
- Communicate corrective actions to employees.

## **3. Facilities/Operations Manager Responsibilities (Supervisor)**

- Ensure that valid and current clearance certificates are received from all contractors.
- Ensure that all contractors receive a copy of the Hospital's health and safety policies that are relevant to the work they will be doing on site, and ensure they understand and comply with these policies.
- Ensure that contractors have been provided with details of any hazards that they may encounter on site.
- Ensure that all independent contractors provide a valid certificate of general liability and WSIB insurance prior to the work being performed.
- Ensure that all contractors not performing to our safety standards are removed from the list of approved contractors.

- Ensure that equipment purchases and rentals meet applicable OHS standards.
- Assess the size of the job and the potential risk(s) that may be involved. Control the work environment to prevent injury to contractors, employees, patients and visitors.
- Ensure that maintenance requests that involve occupational health and safety risk are prioritized appropriately.
- Ensure that all PPE is utilized by employees and contractors.

#### **4. Joint Health and Safety Committee (JHSC) Responsibilities**

- The Joint Health and Safety Committee is an advisory group of worker and management representatives who meet regularly to identify and discuss workplace hazards, review injury reports, discuss physical and psychological health and safety concerns. The JHSC committee can make recommendations for improvements to senior leadership by following specific JHSC terms of reference.
- All JHSC members are to actively participate in committee meetings and ensure to complete follow up action items resulting from these meetings.

##### **Specific committee functions include:**

- Review reported incidents and hazards and make recommendations as needed to management and/or senior management,
- Provide input on health and safety programs and policies,
- Conduct workplace inspections monthly and as needed,
- Attend a work refusal,
- Investigate a critical injury or fatality,
- Ensure the occupational health and safety internal responsibility system is working and escalate issues appropriately as needed.

#### **5. Health and Safety Advisor and People Services Responsibilities**

- Ensure that the Hospital's Occupational Health and Safety (OHS) Program and Internal Responsibility System is operating optimally, which includes auditing the health and safety program annually.
- Inform management and the JHSC of any changes to health and safety policies/legislation.
- Provide in-service training for occupational health and safety education.
- Participate on the JHSC as a subject-matter expert member.
- Review occupational health and safety policies annually and update accordingly.
- Provide OHS incident statistics and information to the JHSC and Leadership Teams.
- Participate in incident investigations as needed.
- Assist the Hospital and departments as required in developing or implementing health and safety initiatives.
- Monitor reported hazards and incidents in Meditech and ensure proper notification process is being followed as per OHS and applicable regulations.
- Work with the Facilities/Operations Manager to manage contractor safety

#### **6. Employee Responsibilities (Worker)**

- Develop a personal concern for health and safety and for others, particularly when working with or near a newly hired or less experienced employee. This includes Psychological health and safety.
- Carry out work in a manner so as not to create a safety hazard to themselves or others.
- Conduct themselves at work using practices consistent with promotion of mutual respect, confidentiality,

and cooperation.

- Assist in the reduction and controlling of accident and illness producing conditions.
- Report any incidents, accidents, near misses, injury or illness promptly to their supervisor or designate. This includes both physical and psychological incidents.
- Use the correct and required PPE, tools and equipment for the job.
- Keep tools and equipment in good condition; report defects in workplace equipment immediately.
- Read, understand and comply with the Hospital's OHS policies and procedures.
- Complete mandatory occupational health and safety training.
- Co-operate with JHSC members and the Health and Safety Advisor as required.

## 7. Internal Responsibility System (IRS)

- It is essential that concerns related to occupational health and safety are addressed appropriately and in a timely manner. The IRS gives everyone within an organization direct responsibility for health and safety as an essential part of their job.
- Every CGMH member (ie. physician, volunteer, employee, midwife, student etc.) must take initiative on health and safety issues and work to solve problems and make improvements on an ongoing basis.
- Occupational health and safety issues may arise through a variety of ways including, but not limited to; incident/hazard reports, investigations, OHS audits, trends analysis, and JHSC inspections. Accordingly, the following procedure shall be followed to ensure that such concerns are addressed.

## 8. Hazard/Incident Reports

- It is required that Supervisor's follow-up with employee as soon as possible following a reported hazard/incident. If the incident report was a near miss, managers/supervisors are to follow up by the employee's next shift. If the employee was injured, managers/supervisors are expected to follow up as soon as possible, and this time shall not exceed 48 hours.
- The Supervisor shall follow-up with an investigation of additional circumstances and such findings and actions shall be documented in the Hospital's incident management system. Such investigation shall be completed within ten (10) days - except for critical injuries or fatalities, which must be investigated with a certified JHSC worker member and reported to various parties immediately. See Hazards and Incidents: Action and Investigation Policy for full details.
- Incidents of psychological harm that meet the criteria under the definition of a code of conduct violation shall be managed through the Code of Conduct Breach Complaint Procedure ([See Code of Conduct policy](#)).
- Investigations that have not been completed within ten (10) days shall be moved to the applicable Senior Leadership Team representative for follow-up.

## 9. JHSC Recommendations

- The JHSC shall put forth recommendations in accordance with its Terms of Reference.
- Recommendations will be put forth to either a Manager(s) or Senior Leadership Team on the recommendation form (Appendix A).
- In accordance with policy, it is expected that a written response is provided back to the JHSC within 21 days.
- Responses that exceed 21 days shall be moved to the applicable Senior Leadership Team representative for follow-up.

## References:

*Occupational Health and Safety Act*

*O Reg 67/93*

*O Reg 420/21*

## Appendices:

### APPENDIX A



#### 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 21 days. 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):

COPY

<b>Copies to: JHSC</b>	
<p><b>Employer Response:</b></p> <p>Accept Recommendation ____</p> <p>Alternate Recommendation____(Please identify alternative solution below)</p> <p>Does not accept Recommendation____ (Please note: If you do not accept the recommendation, please indicate the reason(s))</p> <p>Details (please include any further information including the time-frame for completion, if applicable):</p> <div style="height: 150px; margin-top: 10px;"></div>	
<b>Signature:</b>	<b>Date:</b>
<p><b>Additional JHSC Comments:</b></p> <div style="height: 150px; margin-top: 10px;"></div>	

## Data Charts:

PATH	COMMITTEE	DATE	PURPOSE	STATUS
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<b>Originating Committee</b>	<b>People Services</b>	09/23/2021	<b>DRAFT Agreement</b>	ü Completed
<b>Reviewing Committee</b>	<b>Joint Health and Safety Committee</b>	10/27/2021	<b>Review &amp; Agreement</b>	ü Completed
<b>Reviewing Committee</b>	<b>Operations Leadership Team</b>	10/12/2021	<b>Review &amp; Agreement</b>	ü Completed
<b>Approving Committee</b>	<b>Senior Leadership Team</b>	Dd/mm/yyyy	<b>FINAL Approval</b>	Completed
<b>Historical Dates:</b>				
<b>Original Policy Date:</b>			June 22, 2018	
<b>List of Dates Reviewed and Revised:</b>			June 22, 2018 August 3, 2023	
<b>Policies This Document Replaces</b>			NA	
<b>Policy Archive Date:</b>			NA	

## Approval Signatures

<b>Step Description</b>	<b>Approver</b>	<b>Date</b>
Senior Leadership Team	Alexandra Ainley: Executive Assistant & Board Liaison	10/2023
	Shawn Constantin: Health & Safety Advisor	09/2023





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Next Review 05/2024

Owner Jennifer McCarl:  
Occupational  
Health  
Practitioner  
Area Occupational  
Health and  
Safety

## Screening and Immunization of Employees

### Purpose:

Hospital employees are at risk of exposure to communicable diseases because of their contact with patients and material from patients with infection, both diagnosed and undiagnosed. Health care workers may also transmit communicable diseases to vulnerable patients. It is important, therefore, that their basic immunization be maintained to protect themselves and patients.

The purpose of this policy and procedure is to protect the patients, employees, families and visitors from communicable diseases.

### Policy Statement:

1. All new employees will be required to submit a completed Employee Immunization Record (see Appendix 1) with documentation of the doses received, dates of administration and/or serology results provided within 30 days of start date. Forms will be submitted to People Services. Employees who have not submitted the immunization record 21 days after their start date, will be contacted in writing by HR.
2. All employee immunization records will be confidentially assessed upon receipt, filed/ recorded and maintained by the Occupational Health Practitioner.
3. Employees with incomplete immunization records will be contacted by the Occupational Health Practitioner with information indicating what is still required.
4. Managers and Human Resources will be sent a list indicating which staff have incomplete records after 30 days of employment and will be responsible for following up with staff whose records are incomplete. Failure to provide a completed Immunization form by the end of one month of commencing work could result in an unpaid leave of absence until such time as appropriate documentation is made available to the Occupational Health Practitioner.

5. Staff members unable to provide acceptable information or evidence of adequate immunity will be required to obtain immunization(s) and/or documented titer results within one month of commencing employment) and recalls for booster injections must be arranged by the staff member through their Family Physician or other community clinic.

6. The employee is responsible for ensuring they have the required immunizations at time of hire, for maintaining the schedule of their immunizations and obtaining booster doses when required.

7. Staff who decline obtaining the required and/or recommended vaccinations or documented proof of immunity will be considered non-immune and will be required to follow the OHA/OMA/MOLTC Communicable Disease Surveillance Protocols for Ontario Hospitals (according to the specific type of organism)

8. Proof of having received a complete COVID-19 vaccine series approved by Health Canada or the World Health Organization, short of an approved exemption on a ground pursuant to the Ontario Human Rights Code is required prior to the commencement of employment. Staff are considered fully vaccinated 2 weeks after the second dose of vaccine.

9. Staff members who cannot receive required vaccine(s) due to medical reasons must provide documentation of this from a physician and will be considered non-immune. This information is to be attached to the immunization form at time of hire. Should an exposure incident or outbreak incident occur, medically exempt staff will be required to follow the OHA/OMA/MOLTC Communicable Disease Surveillance Protocols for Ontario Hospitals (according to the specific type of organism) and be paid if leave of absence for a noted period of time is required

## Policy and Procedure:

Vaccine	Immunization Requirements & Recommendations
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<p><b>1. MANTOU X PPD/5TU (Tuberculosis)</b></p> <p>(Required by all new staff)</p>	<p><u>Pre-placement:</u></p> <p>a) a <b>baseline two-step is required</b> with PPD/5TU if tuberculin skin test (TST) status is <u>unknown or previously identified as TB negative</u>, <b>unless:</b></p> <ul style="list-style-type: none"> <li>A. Documentation of a negative TST within the last 12 months is provided OR</li> <li>B. Documentation of 2 or more negative TST at any time is provided but the most recent was &lt; 12 months ago</li> </ul> <p><b>in which case only a single-step is required</b></p> <p>b) <u>Previous Bacille Calmette-Guerin (BCG) Vaccine:</u> A history of BCG vaccine is not a contraindication to TB testing. Health Care Workers (HCWs) who have had previous BCG vaccine may still be at risk of infection. HCWs with a history of BCG vaccine who are TST negative should be evaluated as in a) above.</p> <p>Staffs with reactions of less &lt; 10 mm to both tests are considered TST negative for baseline screening.</p> <p>Staff with a reaction of <math>\geq 10</math> mm induration on the first or second test are considered TST positive and will be referred for chest X-ray and medical evaluation (to be deemed free of active disease) or treatment consideration.</p> <p><u>Continuing Surveillance:</u> Routine surveillance chest X-rays are not recommended for TST positive or negative individuals. TST testing is only done post exposure and recommended annually for staff involved in high- risk activities (e.g. cough inducing procedures –sputum induction, bronchoscopy, administration of aerosolized therapies, respiratory therapy, chest physiotherapy, working with mycobacterial cultures etc).</p>
<p><b>2. Covid – 19</b></p> <p>Required by all new staff</p>	<p>Pre-placement: 2 doses of Covid -19 vaccine given 21 days apart</p> <p>Third dose boosters are highly recommended.</p>

<b>3. Measles</b> (Rubeola) (Required by all new staff)	<p>A. Pre-placement: the employee will have documentation of:</p> <ol style="list-style-type: none"> <li>1. receipt of vaccination X 2 (MMR) on or after the first birthday, with doses given at least 4 weeks apart OR</li> <li>2. laboratory evidence of immunity to measles</li> </ol> <p>B. Staff lacking immunity are responsible for obtaining immunization</p> <p>C. Routine screening surveillance is not required</p> <p>NOTE: The previously accepted assumption of immunity in HCWs born before 1970 is no longer valid, due to cases of measles in Ontario in persons born before 1970. While this is an acceptable assumption for the general public, it is not sufficient for HCWs.</p>
<b>4. Mumps</b> (Required by all new staff)	<p>A. Pre-placement: The employee will have documentation of</p> <ol style="list-style-type: none"> <li>1. receipt of vaccination (MMR) X 2 on or after the first birthday, with doses given at least 4 weeks apart OR</li> <li>ii) laboratory evidence of immunity to mumps</li> </ol> <p>b) Staff lacking immunity are responsible for obtaining immunization</p> <p>c) Routine screening surveillance is not required.</p> <p><u>Note:</u> Vaccine should not be administered to susceptible female staff during pregnancy because of risk of the rubella vaccine causing adverse consequences to the fetus. Vaccine should be offered post-partum if not provided by the physician after delivery. Female staff of childbearing age should avoid pregnancy for 4 weeks (the manufacturer recommends up to three months) after MMR immunization.</p>
<b>5. Rubella</b> (German Measles) (Required by all new staff)	<p>a) Pre-placement: The employee will have documentation of:</p> <ol style="list-style-type: none"> <li>ii) receipt of immunization with live rubella vaccine X1 on or after their first birthday OR</li> <li>ii) laboratory evidence of immunity to rubella</li> </ol> <p>b) Staff lacking immunity are responsible for obtaining immunization</p> <p>c) Routine screening surveillance is not required.</p> <p><u>Note:</u> Vaccine should not be administered to susceptible female staff during pregnancy because of risk of the rubella vaccine causing adverse consequences to the fetus. Vaccine should be offered</p>

	<p>post-partum if not provided by the physician after delivery. Female staff of childbearing age should avoid pregnancy for 4 weeks (the manufacturer recommends up to three months) after MMR immunization.</p>
<p><b>6. Chickenpox /Varicella</b> (Required by all new staff)</p>	<p>A. Pre-placement: The employee must have documentation of:</p> <ol style="list-style-type: none"> <li>1. laboratory evidence of immunity to varicella OR</li> <li>2. receipt of varicella vaccine X 2 at least 4 weeks apart and a documented titre OR</li> <li>3. documentation of lab confirmed varicella</li> </ol> <p>B. All staff lacking immunity are requested to get vaccinated by their family physician*</p> <p>C. Routine screening surveillance is not required.</p> <p>* <u>Note</u>: 2 doses of live Varicella vaccine given at least 4 weeks apart unless contraindicated, within 2 months of hiring. Vaccine should not be administered to susceptible female staff during pregnancy. Female staff of child-bearing age should avoid pregnancy for 4 weeks after immunization.</p> <p>Note: Health Care Workers with a self-provided history of chickenpox or zoster are no longer assumed to be immune</p>

Vaccine	Immunization Requirements & Recommendations
<b>7. Pertussis, Tetanus, Diphtheria</b> (Required by all new staff)	<p>All adult Health Care Workers, regardless of age, should receive a single dose of Tdap (tetanus, diphtheria, acellular <u>pertussis</u>) vaccine for pertussis protection if not previously received in adulthood. The adult dose is in addition to the routine adolescent booster dose.</p> <p>There is no routine antibody testing to determine immune status to pertussis. Previous immunization against pertussis or a history of natural pertussis infection will not provide lifelong immunity.</p>
<b>8. Hepatitis B</b> (recommended for all high risk staff)	<p>A. Pre-placement: All employees who may be exposed to blood, blood products or body fluids of others or who may be at increased risk of sharps injuries or bites will have documentation of:</p> <ol style="list-style-type: none"> <li>1. 3 doses of hepatitis B vaccine 1.0 ml at 0, 1 and 6 months with a follow-up titre result (anti-HBs) 1 to 6 months after the third dose</li> </ol> <p>*Some individuals may have received a 2- dose series of 1.0ml given 4-6 months apart as an adolescent. <b>This is considered a completed series.</b></p> <p>No routine screening and no intermittent booster are recommended.</p> <p><u>Note:</u> 3 doses of hepatitis B vaccine given at 0, 1, and 6 months and one documented adequate hepatitis B surface antibody (anti-HBs) titre done 4 - 8 weeks after Immunization, or at least after 6 months after the third dose to determine whether person is immune. Non-responders should be immunized with a second 3-dose series of hepatitis B vaccine unless contraindicated, and serologic testing will be repeated.</p> <p>Non-responders who have received 2 complete 3-dose series of hepatitis B vaccine will be considered susceptible to hepatitis B virus indefinitely. Further</p>

	hepatitis B Immunization is unlikely to offer benefit.
<b>9. Influenza</b> (Required by all new staff)	<p>a) Annual influenza immunization is recommended for all staff. The hospital will provide the influenza vaccine to all employees, physicians, students and volunteers (Refer to Influenza Vaccine Policy)</p> <p>b) Offered to all staff annually</p>
<b>10. Meningitis</b> (Recommended for lab staff)	<p>Meningococcal vaccine is not routinely recommended for most health care workers. It is however recommended that laboratory personnel who are routinely exposed to preparations or cultures of Neisseria Meningitidis are recommended to receive meningococcal vaccine.</p>

\* Vaccines for Hepatitis A & Typhoid are not recommended routine immunizations for Staff according to the National Advisory Committee on Immunizations (NACI) & Health Canada

## Appendix:

### Appendix 1



Collingwood

**General and Marine Hospital Employee  
Occupational Health Record**

To comply with the Communicable Disease Surveillance Protocols for Ontario Hospitals and the CGMH Screening and Immunization of Employees, this **form must be completed** prior to **commencing employment**. If documented dates (as per immunization records from physician's office, school, public health, and previous employer) cannot be provided, lab work showing immunity must be obtained. If for medical reasons, you are unable to receive the required immunization(s), your health care provider must include a detailed explanation for this exclusion. This form with required attachments can be submitted on the first day of your Orientation (preferable) but **MUST be completed no later than 30 days after commencing employment. Failure to comply may result in a delay in your start date and/or an unpaid leave of absence until such time the form is completed.**

**Instructions: Complete this form and attach all supporting documentation with.** Once complete, please return to the Occupational Health Practitioner and **retain a copy for your records.**

**If you have any questions, reach out to Occupational Health: (705) 445-2550 Ext: 8149**

LAST NAME:	FIRST NAME:	DATE OF BIRTH:
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**TUBERCULOSIS SCREENING (2-step is required): 1<sup>st</sup> step to be completed day one and read 48-72 hours later. If the 1<sup>st</sup> step is negative, 2<sup>nd</sup> step must be administered 7-21 days after the 1<sup>st</sup> step in the opposite arm.**

<b>1<sup>st</sup> step:</b>	Date planted:	Date read:	Result (+ or -)	Induration (mm)
<b>2<sup>nd</sup> step:</b>	Date planted:	Date read:	Result (+ or -)	Induration (mm)

**If a 2-step test was NOT completed within the last 12 months, the results of a 1-step TB test must be documented below:**

<b>1<sup>st</sup> step:</b>	Date planted:	Date read:	Result (+ or -)	Induration (mm)
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**If the 1<sup>st</sup> or 2<sup>nd</sup> test is POSITIVE (i.e. greater than 10mm induration): Chest x-ray is required. X-ray must have been completed within**

**the last year:**

<b>X-ray:</b>	Date:	Result:
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**VACCINE PREVENTABLE DISEASES PROOF OF IMMUNIZATION/IMMUNITY: (Please attach laboratory evidence)**



<b>Measles:</b>	Laboratory evidence of immunity OR	Date of test:	<ul style="list-style-type: none"> <li>• Immune</li> <li>• Not immune</li> </ul>
	2 MMR vaccinations	Date of 1 <sup>st</sup> MMR:	Date of 2 <sup>nd</sup> MMR:
<b>Mumps:</b>	Laboratory evidence of immunity OR	Date of test:	<ul style="list-style-type: none"> <li>• Immune</li> <li>• Not immune</li> </ul>
	2 MMR vaccinations	Date of 1 <sup>st</sup> MMR:	Date of 2 <sup>nd</sup> MMR:
<b>Rubella:</b>	Laboratory Evidence of immunity OR	Date of test:	<ul style="list-style-type: none"> <li>• Immune</li> <li>• Not immune</li> </ul>
	2 MMR Vaccinations	Date of 1 <sup>st</sup> MMR:	Date of 2 <sup>nd</sup> MMR:
<b>Varicella:</b>	Laboratory evidence of immunity OR	Date of test:	<ul style="list-style-type: none"> <li>• Immune</li> <li>• Not Immune</li> </ul>
	Varicella Vaccine	Date of 1 <sup>st</sup> Dose:	Date of 2 <sup>nd</sup> Dose:

COPY

**IMMUNIZATION STATUS: (Please attach proof of dates, ie: photocopy of immunization card, past occ health record)**

<b>Tetanus/Diphtheria/ Pertussis:</b>	Tdap is recommended for all adults once in adulthood  Td recommended every 10 years	<ul style="list-style-type: none"> <li>• Tdap</li> <li>• Td</li> </ul>	Date:  Date:
<b>Hepatitis B</b> <b>*Recommended for high risk staff.</b>	Laboratory evidence of immunity OR	Date of test:	<ul style="list-style-type: none"> <li>• Immune</li> <li>• Not immune</li> </ul>
	Series of 3 vaccinations (some HCWs would have received 2 1.0mL doses of HB as an adolescent, this is considered a complete series)	Received vaccine: <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	Date of vaccine: #1 _____ #2 _____ #3 _____
<b>Meningococcal Disease</b> <b>*Recommended for Lab staff who are routinely exposed to preparations or cultures of Neisseria Meningitidis</b>	A, C, Y W-135 Conjugate AND/OR	Date of vaccine:	
	Meningococcal B Vaccine	Date of vaccine:	
<b>Influenza</b>	Highly recommended each year for all staff	Year of most recent vaccine:	
<b>Covid-19 Vaccination</b>	<b>Mandatory for all staff as of October 1, 2021</b>	Date of 1 <sup>st</sup> Vaccine:  Date of 2 <sup>nd</sup> Vaccine:	

\*High risk staff include: those who handle blood and blood related products, those who handle biological fluids, biological wastes and dirty surgical instruments, those who start IVs or collect blood specimens routinely, those who may be at an increased risk of bites from patients. High risk are all staff that work in the following areas: Nurses working on Medical, OBS/Surgical, ED, ICU, OR and in AmbCare, and staff working in the Laboratory, Housekeeping, Diagnostic Imaging, Security, Mental Health, Cardio-Respiratory, and Medical Device Reprocessing Departments.

**N95 MASK FIT**

If you are currently fitted for an N95, please document below, and provide supporting documentation (a copy of a card or print out from another organization):

Current model:	Expiry date:
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**If you do not have a current mask fit, please contact Occupational Health at extension 8149 to book an appointment for a mask fit test.**

**Employee Declaration/Consent:**

**Please return this completed and signed form with the required supporting documentation to the Occupational Health Practitioner or to the People Services Office a sealed envelope. Keep a copy of this form and any supporting documentation for your own records. If you have any questions, please contact the Occupational Health Practitioner at extension 8149.**

I have read the recommended immunization schedule and to the best of my knowledge my immunization history is complete. I understand that this information is confidential and will be kept on file by Occupational Health. I understand also, that should an exposure or an outbreak situation occur, this information may also be shared with the Simcoe Muskoka District Health Unit.

I, \_\_\_\_\_, agree to release the above information to Collingwood General and Marine Hospital. I understand that my manager will be informed of my compliance status.

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

To be completed by the Occupational Health Practitioner:

<b>Immunization Status for the above employee is:</b>	
<ul style="list-style-type: none"><li>• <b>Complete</b></li></ul> <p>Employee has all required immunizations</p> <ul style="list-style-type: none"><li>• Yes</li><li>• No</li></ul> <p>Written documentation: Medical certificate/immunization record/lab results on file</p> <ul style="list-style-type: none"><li>• Yes</li><li>• No</li></ul> <p>Received by: _____ Date: _____</p>	
<ul style="list-style-type: none"><li>• <b>Incomplete</b></li></ul> <p>If incomplete or unknown immunization status (check all that apply)</p> <ul style="list-style-type: none"><li>• Documentation to support immunization information provided is missing and must be provided</li></ul> <p>Comments: _____</p> <ul style="list-style-type: none"><li>• Employee signature is missing (please sign and resubmit)</li></ul> <p><b>*Please resubmit no later than _____ with the requested information.</b></p> <p><b>Failure to comply may result in a delay in your start date and/or an unpaid leave of absence until such time the form is completed.</b></p> <p>Received by: _____ Date: _____</p>	

- **Follow up**
- Employee has obtained required immunizations or boosters and provided verifications
- Employee has obtained blood work and provided verifications of immunity
- Facility's policy regarding accommodating employees who are not immunized or incompletely immunized or not immune was reviewed with this employee

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

## References:

OHA/OMA/MOLTC Communicable Disease Surveillance Protocols for Ontario Hospitals:

Blood-borne Diseases Surveillance Protocol, December 2016

Tuberculosis Surveillance Protocol, June 2018.

Measles Surveillance Protocol, May 2019.

Mumps Surveillance Protocol, May 2019.

Rubella Surveillance Protocol, May 2019.

Pertussis Surveillance Protocol, December 2017.

Varicella Surveillance Protocol, June 2018.

Influenza Surveillance Protocol, June 2018

Meningococcal Disease Surveillance Protocol, December 2017.

Public Health Agency of Canada. Canadian Immunization Guide. Evergreen Ed. Last update Jan 2018

<https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html>

National Advisory Committee on Immunization (NACI) (April 2016). Statement on Measles-Mumps-Rubella-Varicella Vaccine.

<https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/healthy-living/update-measles-mumps-rubella-varicella-vaccine-febrile-seizures/pub1-eng.pdf>

Simcoe Muskoka District Health Unit (2017). Immunization Recommendations for Health Care Workers.

## Data Charts:

PATH	COMMITTEE	DATE	PURPOSE	STATUS
Originating Committee	Occupational Health & Safety	28/Jan/2022	DRAFT Agreement	ücompleted
Reviewing Committee	People Services Team	31/Jan/2022	Review & Agreement	ücompleted
Approving Committee	Senior Leadership Team		FINAL Approval	• completed
Historical Dates:				
Original Policy Date:		June 24, 2004		
List of Dates Reviewed and Revised:		May 2009 Jan 2022 Sept 2011 Sept 2012 Oct 2014 Oct 2015 Oct 2016 Aug 2018		
Policies This Document Replaces		Screening and Immunization of Employees (IX-10)		
Policy Archive Date:				

## Approval Signatures

Step Description	Approver	Date
	Jennifer McCarl: Occupational Health Practitioner	05/2023
	Jennifer McCarl: Occupational Health Practitioner	05/2023



Origination 01/2024  
Last Approved 01/2024  
Effective 01/2024  
Last Revised 01/2024  
Next Review 01/2027

Owner Bryan McNevin:  
Manager, People  
Services  
Area People Services

## Early and Safe Return to Work

### Purpose:

The purpose of CGMH's Early and Safe Return to Work Policy and Procedure is to ensure that employees safely return to work as soon as possible following a leave of absence due to injury or illness, whether work-related or otherwise.

### Policy Statement:

CGMH recognizes the findings of the Canadian Medical Association in that a prolonged absence from one's normal roles, including absence from the workplace, is detrimental to a person's mental, physical, and social well-being. Accordingly, CGMH is committed to providing, where possible, an early and safe return to work plan to all employees following a leave of absence due to injury or illness.

### Guiding Principles:

### Definitions:

**Accommodation:** A series of measures or needs required by employees that, due to a condition or disability, require special attention at the workplace to perform their job or task.

**Disability:** Any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities, including some job duties.

**Essential Duties:** The basic job duties that an employee must be able to perform, with or without reasonable accommodation.

**Functional Abilities:** The actual or potential capacity of an individual to perform the activities and tasks

that can be normally expected.

**Modified Duties:** Any temporary changes to the worker's job tasks, functions or workload. This can include alterations to the work area, or the equipment used by the worker.

**Suitable Work:** Post-injury/illness work that is safe, productive, and consistent with the worker's functional abilities, and that restores the worker's pre-injury earnings, to the greatest extent possible.

**Short-Term Disability (STD):** A period of absence due to total disability that ranges from three (3) days to fifteen (15) weeks.

**Total Disability:** Inability, due to injury or illness, to perform the material and substantial duties of an employee's occupation.

**Undue Hardship:** A point reached where accommodation can no longer be maintained given significant difficulty or expense when considering the nature and cost of the accommodation in relation to the size, resources, nature, and structure of the employer's operation.

**Work Hardening:** A return to work plan that consists of a graduated return to regular duties and/or hours over the course of a pre-determined period.

## Policy and Procedure:

### 1. Short Term Disability (STD) Application

1. When an employee is unable to report to work due to an illness or injury, they shall call the Employee Absence Reporting Line (EARL Ext 3275) to report their absence – please see the Hospital's LOA policy for more details re: this process.
2. When an employee requires a short-term disability leave that is future dated, the employee shall inform their direct supervisor as soon as possible.
3. When it is expected that an employee will be absent for three (3) or more scheduled work days, the Manager will provide the employee with a copy of the [Hospital's short term disability application form](#) and will inform Occupational Health.
4. When an employee is confirmed to require an absence from work for three (3) or more scheduled workdays due to illness or injury, a short-term disability (STD) application form must be completed by a qualified healthcare professional and submitted to Occupational Health for review and approval within ten (10) days of the initial date of absence.
5. Occupational Health will follow-up with the absent employee to ensure compliance with the short-term disability application process, as required.
6. Should the STD application form not be submitted within ten (10) days, Occupational Health will inform the employee as well as the manager and human resources that the application form has not been received. A non-compliance letter will be provided to the employee giving a final deadline for receipt of the STD application.
7. Should the STD application form not be submitted by the date provided on the non-compliance



letter, Occupational Health will inform the employee as well as the manager and Human Resources that the claim has not been approved as a result. If the employee is full-time, they will not be entitled to sick pay benefits (which shall include all sick time following the third day of absence) until such time as the STD application form is submitted and approved.

8. Once the STD application form has been received and reviewed by Occupational Health, the employee will be informed both verbally and in writing re: the status of their claim and applicable next steps.
9. Should the claim be approved, Occupational Health will also inform the employee's Manager and Workforce Allocation re: the status of the claim for workforce planning purposes and to ensure that the time is coded appropriately for payroll purposes.
10. For claims approved as STD, Occupational Health requires regular updated functional ability assessments documented on a functional abilities form (FAF) by the employee's healthcare provider while the claim is active. Timelines for medical updates will be established based on type of illness/injury and will be provided to the employee by Occupational Health.
11. Should the claim be denied, the employee will be informed of the rationale for such denial and will be provided with the opportunity to have additional supporting medical information submitted to support the claim. Of note, the claim shall remain in an unapproved state until such time as additional information is provided to support the claim. If the employee is full-time, they will not be entitled to sick pay benefits (which shall include all sick time following the third day of absence) until such time as the status of the claim is changed.
12. When Occupational Health determines that a specialist (or other applicable healthcare provider) is required to validate a claim, the employee shall comply and work with their healthcare provider to obtain a referral, where required.
13. An employee who is identified to be non-compliant with this policy will be provided applicable notice in writing.
14. Where an employee refuses to comply with this policy, applicable disciplinary action will be applied up to and including the possibility of termination

## **2. Workplace Incidents**

1. When an employee is injured/become ill as a result of a workplace incident, the employee shall report the incident to their supervisor and complete an incident report via Meditech.
2. Should the employee require first aid or health care, they shall first report to the Hospital's first aid station on the Medical Unit or report directly to the Emergency Dept. when applicable.
3. Should the employee require health care beyond basic first aid or has lost time due to the occupational accident or illness, the employee shall notify their Manager and Occupational Health immediately.
4. Should it be determined that the employee is unable to work their regular duties, modified work will be offered immediately by either the Manager, Occupational Health or the Hospital Coordinator, whether an FAF has been received or not.
5. A WSIB Health Professionals Report Form 8 shall be submitted to Occupational Health as

soon as possible to support the claim and to ensure applicable modified work can continue to be offered.

6. Occupational Health or a designate will report WSIB claims as appropriate. It is the responsibility of the employee to remain in regular contact with Occupational Health during the claim process.

### **3. Modified Work**

1. Should Occupational Health determine that an employee is able to return to work but can't return to their regular duties, the goal will be to review applicable modified work that may be available for the employee.
2. Modified work will be considered based on the following order and in accordance with the employee's limitations and restrictions:
  1. Modifying the employee's existing job and/or providing required supports (e.g., equipment) such that the employee can perform their regular duties (or at least 80% of such duties)
  2. Providing modified work that exists in the employee's regular department and is deemed to be suitable
  3. Providing modified work that exists hospital-wide e.g. vacant roles in other departments or special projects that are deemed to be suitable
3. Modified work shall only be available for time-limited periods and in accordance with the expected recovery of the employee; accordingly, modified work plans will be documented to have a date of conclusion.
4. Should the employee not be progressing as expected, the proposed modified duties may need to be reviewed and potentially rescinded until such time as the employee is able to progress in their recovery.
5. Should it be determined that the employee has a permanent disability, the parties shall explore accommodation options, when applicable.

### **4. Return to Work (RTW) Plan**

1. Where an employee has been off of work or away from their regular duties due to an injury/illness for less than one month, they shall return to their regular duties and hours once cleared to return to work unless Occupational Health has determined that there is a need for work-hardening and an applicable RTW plan.
2. Where an employee has been off of work or away from their regular duties for one month or longer, the RTW plan shall be equivalent to one week of work-hardening per month away from work, unless otherwise extended in accordance with Occupational Health.
3. Return to work plans shall be initially drafted by Occupational Health in accordance with a review of the employee's functional abilities and proposed at a scheduled return to work meeting with the employee, manager, and union rep (as required).
4. Return to work plans shall include a projected date for the employee to return to full and regular duties.

5. Employees on modified duties and/or return to work plans shall not be scheduled to work overtime or on stat holidays
6. It is the responsibility of employees to make every reasonable effort to schedule required follow-up medical appointments outside of their scheduled hours of work; if for some reason, the employee needs to see their healthcare provider during their scheduled hours of work, they shall bring their request to Occupational Health for review.
7. The employee shall report any difficulties with the modified work or return to work plan immediately to their leader and/or Occupational Health.

## **5. Roles and Responsibilities**

### **Employee**

1. Promptly report all injuries and illnesses
2. Obtain a copy of the hospital's short-term disability application form when it is expected that the employee will miss at least three (3) days from work
3. Ensure a completed copy of the STD application form is submitted to Occupational Health within ten (10) days of the injury/illness
4. Maintain regular contact with their Manager and Occupational Health
5. Take an active role and cooperate in the development of any required return to work/ modified work plan
6. Participate actively in any rehabilitation/treatment program
7. Provide the necessary functional/medical information updates required to maintain/develop applicable RTW/modified work plans

### **Supervisor**

1. Provide an employee with a copy of the Hospital's STD application form when an employee is expected to miss at least three (3) scheduled workdays
2. Maintain contact with employee to monitor his/her suitability to return to work
3. Modify the work or workplace, as necessary to accommodate the employee's restrictions
4. Inform team members, as determined to be necessary, when an employee is not able to work at full capacity of their regular role
5. Provide any necessary training
6. Monitor the employee's performance and progress in relation to the functional abilities or limitations
7. Ensure that no tasks are being assigned other than those in accordance with the recommended limitations and restrictions on the FAF
8. Relate progress or concerns regarding the assigned work to Occupational Health

### **Occupational Health**

1. Facilitate an early and safe return to work plan for an employee following an injury or illness in

- conjunction with supporting medical information
2. Review STD applications and supporting medical information to determine whether a claim shall be approved
  3. Engage with employee healthcare providers and the Hospital's Occupational Health Physician, as necessary
  4. Maintain regular contact with the employee for evaluation and support during the STD period
  5. Communicate and document the status of claims and RTW plans with applicable parties
  6. Act as liaison between employee, union representative, physician, supervisor and WSIB/ Insurance Carrier, where involved
  7. Inform Human Resources of any non-compliance issues

## References:

### ***Workplace Safety and Insurance Act, 1997 S.O., Chapter 16, Schedule A***

**S40 (1) *the employer of an injured worker shall co-operate in the early and safe return to work of the worker by,***

- (a) *Contacting the worker as soon as possible after the injury occurs and maintaining communication throughout the period of the worker's recovery and impairment;***
- (b) *Attempting to provide suitable employment that is available and consistent with the worker's functional abilities and that, when possible, restores the worker's pre-injury earnings;***
- (c) *Giving the Board such information as the Board may request concerning the worker's return to work; and***

**40 (2) *The worker shall co-operate in his or her early and safe return to work by,***

- (a) *contacting his or her employer as soon as possible after the injury occurs and maintaining communication throughout the period of the worker's recovery and impairment;***
- (b) *assisting the employer, as may be required or requested, to identify suitable employment that is available and consistent with the worker's functional abilities and that, when possible, restores his or her pre-injury earnings;***
- (c) *giving the Board such information as the Board may request concerning the worker's return to work; and***

**(d) *doing such other things as may be prescribed. 1997, c. 16, Sched. A, s. 40 (2).***

## Appendices:

## Data Charts:

<b>PATH</b>	<b>COMMITTEE</b>	<b>DATE</b>	<b>PURPOSE</b>	<b>STATUS</b>
<b>Originating</b>	Occupational Health and Safety	16/08/2018	<b>DRAFT Agreement</b>	“ completed
<b>Reviewing</b>	People Services	07/11/2018	<b>Review &amp; Agreement</b>	“ completed
<b>Approving Committee</b>	Senior Leadership Team	06/12/2018	<b>FINAL Approval</b>	“ completed

<b>Historical Dates:</b>	
<b>Original Policy Date:</b>	Jan 2008
<b>List of Dates Reviewed and Revised:</b>	June 2010 February 2011 December 2012 November 2013
<b>Policies This Document Replaces</b>	Early and Safe Return to Work Program
<b>Policy Archive Date:</b>	N/A

## Approval Pathway

<b>Reviewing Committee</b>	<b>Date</b>	<b>Status (Pending/Approved)</b>

## Approval Signatures

<b>Step Description</b>	<b>Approver</b>	<b>Date</b>
	Jessica Weis: Administrative Assistant to the CHRO and CFO	01/2024