



EMERGENCY SOCIAL SERVICES SAFETY PROGRAM GUIDE

**Provincial Emergency Program
Emergency Management BC
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SECTION 1 – PURPOSE, SCOPE AND GENERAL REQUIREMENTS

The purpose of this Safety Program is to support the safety of all Provincial Emergency Program (PEP) Emergency Social Service (ESS) teams and contribute to the safety of other persons on scene.

This Safety Program Guide has been developed to help ESS teams and local authorities meet the requirements of PEP's Public Safety Lifeline (PSL) Volunteer Safety Policy, a copy of which is available at the PEP website www.pep.bc.ca

This Guide is intended for ESS managers and supervisors and for those with overall responsibility for ensuring the safe operation of the ESS program in their community.

The Safety Program Guide covers the safety of ESS volunteers while participating in PEP authorized activities involving preparing for and responding to a disaster or an emergency, including training.

PEP is responsible for managing the safety of Mobile Support Team Volunteers and ESS support agencies' volunteers and staff from the time they are activated, while travelling until they arrive at a deployment location and sign on as ESS responders, at which time responsibility falls to the local authority ESS Team.

Safety Program Components

The Components contained in this Safety Program Guide were developed for the guidance of ESS during operations and training. The Guide should be regularly reviewed and updated, based on changing operating requirements. Guide contents reflect the current thinking within the province, based on sound safety management and the input/experience of ESS volunteers.

Guide Components are intended to help local authorities including ESS supervisors develop and undertake safe ESS operations, including training. Local authorities are encouraged to use the Guide to develop and/or improve their own safety program, especially as it relates to the safety of ESS or other PSL volunteers.

Safety Program components do not contain detailed 'how-to's. If "how to" descriptions are used, this Guideline becomes unnecessarily long. "How to" descriptions are found in operations manuals (e.g.: Reception Centre Operational Guidelines), training manual(s) and job task descriptions.

Safety Program Revisions

The ESS Safety Program is only effective if it is current and reflects local needs and circumstances. Review your ESS Safety Program regularly and make changes as necessary.

Suggestions for improvements to this general Safety Program Guide are also encouraged and should be made through the PEP Regional office. In that way, suggested improvements can be passed on to all ESS programs in the Province.

How to Use this Guide

The Guide can be customized to meet the needs of local ESS operations. The contents in this document provide a good start to assist local ESS supervisors in establishing safe operations and training programs and developing safe work practices for their volunteers.

While the Safety Program Guide may meet all your needs, we suggest reviewing Guide content as follows:

Step 1-Review the Safety Program Checklist in Appendix B

- Does existing ESS safety program and procedures align with the suggested Safety Program content in this Guide?

Step 2-If yes, no further work is required.

Step 3-If no

- Use or customize content in this Guide to meet local needs.
- Update/add missing content to your safety program/procedures using the suggested Component content and checklists and other tools in the Appendices.

“Worker Care” and Safety

It is important to make a distinction between the concepts of worker (volunteer) care and worker safety. Both concepts are crucial and need to be incorporated into the culture of ESS. Worker care and worker safety must be seen as being interconnected. ESS Volunteers (workers) may jeopardize the safety of co-workers if they are making decisions while psychologically stressed or mentally fatigued. While this Guide focuses on guidelines for safety, ESS Managers and Supervisors are reminded that Worker Care needs to be managed simultaneously and with equal diligence during ESS operations.

Links to the Worker Care Manual are located in Section 3 of this guide.

SECTION 2 – SAFETY PROGRAM COMPONENTS

The following components should be common to all safety programs, based on the working environment(s) and operating requirements typically encountered in ESS operations.

Component 1 – Key Responsibilities

Responsibilities of ESS Supervisors

All ESS supervisors should be familiar with the ESS safety program, as implemented within their local jurisdiction. Supervisors are responsible for understanding each Component and how they relate to each other and, how they fit into the ESS training, exercising and response framework.

“**Supervisor**” means a person with direction and control over ESS volunteers and other persons while preparing for or responding to a disaster or an emergency. This includes, but is not limited to: ESS Directors, Reception Centre/Group Lodging Managers, Section Chiefs, Branch Coordinators and Unit Supervisors.

- take all reasonable and practical steps to ensure the safety of volunteers
- develop and implement safe work practices & ensure all volunteers attend required safety training courses
- assign volunteers to activities that are consistent with their knowledge, skills, ability
- remove any volunteer from activities if the supervisor has concerns as to the volunteer’s ability to safely perform their duties
- make sure appropriate first aid services are provided or available to volunteers and volunteers are informed of the services available
- make sure hazards and unsafe conditions that are identified are eliminated or if not possible to eliminate, minimized
- provide safety orientation to new volunteers
- provide on-scene safety orientation to volunteers at the commencement of each deployment
- report and investigate incidents, including accidents and near misses
- ensure regular inspection of the worksite and correction of unsafe conditions
- instruct and coach volunteers to follow safe work procedures
- ensure only authorized, trained volunteers operate equipment
- ensure equipment is properly maintained
- ensure necessary personal protective equipment (PPE) is provided to volunteers and that PPE is used and maintained properly

- ensure the safe handling, storage and disposal of hazardous materials
- promote safety and worker care awareness
- co-operate with other parties in dealing with safety and worker care issues

Responsibilities of ESS Volunteers

- follow safe work practices and procedures when training, exercising and responding
- advise their supervisor if they believe that their assigned activities cannot be safely performed
- immediately report all incidents of unsafe situations, hazards, accidents and injury to a designated supervisor
- participate in training and orientation activities required to safely undertake assigned roles and responsibilities
- provide records of completed training and certification to their ESS supervisor and/or PEP staff upon request
- cooperate with ESS supervisors and fellow volunteers on matters related to safety

Component 2 – Risk Assessments

Risk assessment is an important component of the ESS Safety Program. It is a way of determining what needs to be done to prevent injury or disease once hazards have been identified.

Risk assessment begins with a careful examination of worksites and anticipated situations for hazards that could cause harm to volunteers and others. Hazards are identified so procedures and practices can be implemented to prevent harm.

Each ESS team will ensure risk assessments are conducted.

Who should conduct/be involved in a Risk Assessment?

The Risk Assessment should be conducted by persons who are:

- experienced in the activities being assessed;
- familiar with the risk assessment method; and
- able/trained to use an objective approach.

Conducting a Risk Assessment

For ESS operations, risk assessments should be approached in two main ways:

1. A general program risk assessment – conducted as a ‘desktop’ review of risks associated with anticipated operations.
2. An on-scene risk assessment - conducted when the ESS team arrives on scene and a quick assessment of the situation and surroundings is required prior to initiating response operations.

General Risk Assessment

While there are many different approaches to conducting risk assessments, all have steps in common. Appendix C describes a suggested approach that works for many different types of workplaces. Additional sources of risk assessments may also be available from other emergency response organizations with similar roles.

On-scene Risk Assessments

Prior to and upon arrival on scene, it is important to perform a situation evaluation that includes a risk assessment. This assessment should include the following:

- Initial information on situation at call out, including:
 - number of evacuees and evacuee characteristics
 - road location, conditions, access requirements
 - weather conditions
 - special information – presence of special-needs groups (elderly, very young, etc), large numbers of pets, unusual pets, etc
 - check-in contact name and location
- At scene situation assessment including:
 - confirm/amend initial information
 - identification and interaction with other emergency responders at scene
 - traffic flows and controls
 - safe places to work/gather
 - PPE requirements
 - access to transportation

Appendix D describes typical hazards that may pose a risk of injury to ESS volunteers. Review this list and tailor your risk assessment to local ESS operational requirements.

Component 3 – Written Safe Work Procedures

Where required by the hazards of the job, each ESS team should ensure there are appropriate written safe work procedures for the safe performance of the volunteer’s work. This includes the proper operation of machinery and equipment or any work process or operation that could create a hazard to the volunteer if proper procedures are not followed.

Each supervisor should ensure that written work procedures are developed and implemented for anticipated emergency response events and for authorized training or exercise sessions.

Site- or event-specific written work procedures should:

- describe the steps required to safely carry out the job, task or procedure; and
- prescribe the protective measures to safely guard against hazards.

Develop written work procedures with input from experienced volunteers who have performed the work. Written work procedures should be reviewed regularly and whenever a changed or new task/assignment occurs.

Each volunteer should be provided with written safe work procedures related to the task they perform. This is often best done as part of training programs.

Task-specific work procedures should also be reviewed by the volunteer after an extended period of volunteer inactivity and before the volunteer is assigned to active duty.

Appendix E – ESS Safety Practice Checklist

Appendix F – Safe Work Procedures Checklist

Appendix G – Facility Safety Inspection Checklist

Component 4 – Education and Training

It is important to provide volunteers with appropriate education and training to prevent accidents, injuries and resulting compensation claims. Supervisors should ensure that all new volunteers receive **orientation** including a check on proficiency and skill/knowledge evaluation.

In addition, specific training will be provided to ensure each volunteer knows and understands safe work procedures/practices for their worksite and their assigned duties.

It is each supervisor's responsibility to ensure that volunteers are able to demonstrate that she/he can work safely, including the operation of machinery or equipment.

Supervisors need to ensure that new volunteers and all volunteers who are being assigned potentially hazardous tasks for the first time have been adequately trained.

Each volunteer should be aware of potential hazards and be able to demonstrate they are able to perform the work assigned to them in a safe and proper manner.

Education and training for volunteers should include these activities:

- orientation/induction
-

- verification of pre-existing training and qualifications
- on-the-job training
- exercises
- proficiency and skill/knowledge evaluation and follow up
- hazard recognition;
- worker care information and awareness
- orientation checklist for new volunteers is available in Appendix H

Component 5 – Incident Reporting and Investigation

ESS supervisors need to ensure all hazards and incidents are reported quickly and investigated. This is important for a number of reasons:

- Operationally and for responder and public safety, to ensure any immediate unsafe conditions are corrected.
- Quick response ensures that any injured volunteers receive first aid or further medical treatment.
- Investigations:
 - Identify the underlying causes of the accident/incident.
 - Identify actions to correct unsafe work conditions to prevent recurrence.
- Effective response, investigation and follow up offer opportunities to improve future operational effectiveness.

“Hazard” – A hazard is a thing or condition with a potential for harm or injury/occupational disease.

“Incident” – An accident or other occurrence which resulted in or had the potential for causing an injury or occupational disease.

What must be reported?

Whenever any ESS volunteer observes a thing or condition that may pose potential injury to the volunteer, they must report it as soon as possible to a supervisor. The supervisor or other designated person receiving the report must investigate the reported hazard and must ensure that any necessary corrective action is taken immediately.

A **serious injury or death** of a volunteer must be reported to WorkSafeBC immediately (604-276-3301 in the Lower Mainland or toll-free 1 888 621-7233). The PEP Emergency Coordination Centre (ECC) (1-800-663-3456) must then also be informed immediately and the appropriate Regional Manager and specific staff will provide support. A serious injury is any

injury that can reasonably be expected at the time of the incident to endanger life or cause permanent injury.

The following injuries must be reported directly to PEP promptly (same shift as occurrence), so that PEP can report the injury as required to WorkSafeBC within 72 hours of the incident occurring (including injuries sustained on an approved training task):

- The volunteer loses consciousness following the injury.
- The volunteer is transported or directed by a first aid attendant or other authorized person(s) to a hospital or other place of medical treatment, or is recommended by such persons to go to such place.
- The injury is one that obviously requires medical treatment.
- The volunteer has received medical treatment for the injury.
- The volunteer is unable or claims to be unable by reason of the injury to return to his or her assigned function on any working day subsequent to the day of injury.
- The injury or accident resulted or is claimed to have resulted in the breakage of an artificial member, eyeglasses, dentures or a hearing aid.
- The volunteer or WorkSafeBC has requested that an employer's report be sent.

During normal working hours – inform the PEP Regional Manager.

Weekends, holidays and after normal working hours – inform the PEP ECC at 1-800-663-3456

'First aid only' injuries (not involving any further medical treatment or time loss) need not be reported but should be recorded by the First Aid attendant in a First Aid record book.

(Reference also [PEP Policy 5.13-Workers Compensation Claims](#))

What must be investigated?

The ESS supervisor must ensure an investigation following any report of injury or near miss incidents or accidents involving ESS volunteers. If the injury is minor (but medical assistance beyond first aid was required), the investigation will entail an ESS supervisor or other designated person interviewing the injured and witnesses that were present when the incident occurred. Immediate preventive action will be taken if the potential for further injury exists.

[Appendix I – Accident/Incident Investigation Report Form](#) is an example of a report suitable for most incident investigations.

A written investigation report is to be completed and made available to the local authority, PEP and any authorized investigating agency if requested.

If a **serious injury or death** of a responder has occurred, or if a near miss could have resulted in a serious injury or death, a more formal investigation is required. If the incident occurs during response, the investigation is to be conducted with the agency of jurisdiction (with the overall

responsibility for the response) and a PEP representative. There may also be requirements under other legislation requiring involvement of safety boards, police or other agencies, including WorkSafeBC.

ESS organizations must maintain records and statistics on all job related accidents, injuries, illnesses or deaths. Records should contain the nature, frequency and severity of any incident as well as any suspected exposure to toxic products or contagious diseases. A record of all written investigations must also be maintained.

Component 6 – Medical Response/First Aid

Each ESS team needs to ensure that appropriate medical response/first aid services are available for each authorized task. In many cases the first aid services and victim transportation arrangements established for the overall incident will also be applicable in the event of an ESS volunteer injury.

Each volunteer needs to be advised about how to obtain first aid.

Treatment and transportation of any injured volunteer is the primary objective of any response to an injury.

A record of first aid provided to a volunteer must be kept by the ESS team. Typically this is the first aid report/record completed by the first aid attendant. Note: First Aid records are confidential and must be kept in a secure location by the ESS team. First Aid records are not to be disclosed except where required by an investigation or by WorkSafeBC or another authorized regulatory body.

Any volunteer who is injured is required to report or have the injury reported immediately to the ESS Team Leader, Reception Centre Manager or other designated person.

Component 7 – Inspections

Workplace inspections will ensure that safe work practices are followed and that they are effective. Inspections also identify potentially unsafe conditions so these can be eliminated or controlled before an incident occurs. Inspections/assessments should be conducted by trained and qualified persons.

Inspections will depend on the nature of the situation/task, but may include some or all of the following:

- the building or other structure being used by volunteers
- immediate surroundings where volunteers may work or pass through
- tools and equipment

- work methods and practices
- mobile equipment/vehicles

Informal inspections should be conducted by supervisors as they tour the work site, or are giving work instructions to volunteers. They should also be conducted by volunteers when they enter a worksite for the first time.

Inspections of tools and equipment will be conducted at intervals according to manufacturer's recommendations. This will normally be performed by the designated operator of the equipment unless otherwise arranged by the local worksite supervisor.

Copies of completed inspection checklists will be forwarded to the applicable Supervisor (e.g. Reception Centre Manager, or other designated person) to ensure that the required follow-up actions have been completed.

A hazard or unsafe condition found during inspections is to be rectified as soon as is possible. If an unsafe condition cannot be immediately rectified the work area will be flagged/closed or work process will be stopped until volunteer safety is assured.

ESS facilities should be inspected immediately upon occupancy during activation, so that obvious safety concerns can be rectified. A subsequent inspection should be conducted as ESS work stations are set up and equipment and furniture is relocated or installed in a facility. Ongoing monitoring of a facility for safety is the responsibility of ESS management.

As most ESS activations and facility occupations are of short duration, any situation which poses a safety hazard to workers must be rectified immediately either through a repair or by securing the hazard (out of bounds signs, etc) to ensure the safety of workers

Records of inspections should be kept for a period of one year.

Only qualified and properly instructed persons are permitted to correct a condition that constitutes an immediate threat to volunteers. Every possible effort is made to control the hazard while this is being done.

The 'A, B, C' hazard-rating method or equivalent can be used to rate items observed during a safety inspection. The reason for this system is to highlight the degree of severity of those hazards and assist the organization to prioritize corrective action.

Hazards are rated as follows:

“A” CRITICAL

- Serious problems or one with a high probability of a serious injury or other outcome occurring. (Activity to be discontinued or the location to be vacated until the hazard is corrected).

“B” URGENT

- Less serious problems or one with a moderate probability of occurring. Secure the area or affect a temporary repair

“C” IMPORTANT

- Smaller problems, with a low probability of occurring. Secure the area, post warning signs or mark hazard area out of bounds.

Component 8 – Records

Complete and accurate safety records, including training and exercise records, are important. These records document compliance with the Safety Policy and Safety Program Guidelines and are useful in identifying trends, unusual conditions and problem areas.

Records are used as a source of reference for workplace procedures, inspections, investigations and training. These documents may be referred to during program evaluations to monitor effectiveness and compliance with the Public Safety Lifeline Volunteer Safety Policy or this Safety Program.

Safety records are to be made available to PEP upon request.

Records to be maintained include:

- Training records
- Exercise records
- Incident records
- Vehicle/Equipment Maintenance records
- First Aid records

Additional information on records is provided in Appendix K.

Component 9 – Management Meetings

Safety should appear on the agenda of ESS team meetings. The agenda item may be brief, but does give an opportunity for the team to review/discuss safety issues, including:

- Reviews of accidents/injuries that have occurred
- Results of inspection reports, investigations and related follow-up action reports
- First aid incidents/issues
- Education, exercising and training needs

Safety issues that may benefit from a Province-wide ESS discussion should be brought forward to the PEP Regional Manager with recommendations for any corrective action.

Component 10 – Safety Program Review

Reviewing the effectiveness of the safety program is an ongoing process. There are a number of opportunities to do this during ESS operations:

- **Operational** debriefings – after each incident. Often informal and should include any safety issues that arose during the incident.
- **Management** team meetings (monthly/bimonthly or other intervals)-identify/discuss emerging safety issues (Refer to Component 9 above).

The ESS team should ensure that a systematic and critical examination of the Safety Program is carried out at least annually.

Benefits of conducting a review:

- Encourages and provides for development of the Safety Program.
- Reveals program deficiencies and identifies action to correct those deficiencies.
- Provides a basis for recognition of Safety Program and volunteer achievements and focuses on positive efforts not just remedial action.

Component 11 – Other Program Components

11.1 Strain Injury Prevention (Ergonomics)

Increasingly, work-related injuries are due to lifting, over-reaching or putting unaccustomed demands on the body. The demands, if high enough, can put a strain on the body, causing musculoskeletal injuries (MSI) or, more simply, strain injuries.

ESS supervisors should take steps to identify the potential sources or risk factors for strain injuries and identify ways to prevent or minimize them. An effective strain injury (Ergonomics) prevention program will include:

- Understanding of strain injury hazards, causes and symptoms in relation to ESS operations
- Know how to identify and assess the risks associated with ESS operations and how to take preventive measures
- Providing ESS personnel with training on safe work practices to prevent or minimize strain injuries from occurring, including recognition of the symptoms of MSI.

Effective strain injury prevention is dependent on use of the proper equipment for the job, following safe work methods (through training and exercising) and having safe work practices (clear work procedures). Prevention is also about minimizing the effects of work environments (heat and cold) and, ensuring good physical conditioning (appropriate to volunteer capabilities).

Consider the following, both to understand and prevent strain injuries as well as other hazards related to ESS work:

1. Proper setup and operation of computers and workstations
2. Effective lifting and carrying techniques
3. Workplace environment conditions, such as heat and cold that may impact the volunteer's ability to carry and grip objects
4. Avoiding strains associated with setting up and taking down Reception Centre equipment
5. Organization of work tasks to avoid or minimize strains-task variety, task duration, rest breaks, etc.

Additional Information:

WorkSafeBC has a helpful publication [“Understanding the Risks of Musculoskeletal Injury \(MSI\)”](#).

11.2 Exposure to Hazardous Materials/Biohazardous Substances

In most circumstances ESS volunteers are not working directly with hazardous substances. But exposure may occur in some situations:

- Hazardous substances (chemicals, etc.) may be stored at an ESS reception centre
- Volunteers may be exposed to bloodborne pathogens

ESS incidents might include substances/materials that, when released during an incident, could pose a hazard to victims and responders. An effective program for managing hazardous substances/materials will include the following key activities:

- Identification of potential hazardous substance/material exposures. In most cases the hazard and associated risk information may be available from another PSL or allied group.
- Methods used or required to contain, confine, or divert hazardous substances/materials in order to conduct ESS operations safely
- Procedures for working with other responders (Fire, HazMat Specialists, etc.)
- Procedures and equipment used to protect ESS volunteers from effects of hazardous materials/substances:
 - Procedures for the use and the limitations of PPE (e.g. goggles, gloves)

- Procedures for prevention of exposure to biohazardous substances, such as bloodborne pathogens (e.g. use of universal precautions)
- Procedures for obtaining medical care in the event of an exposure

11.3 Prevention of Violence to Volunteers

The risk of violence for ESS operations, while rare may be associated with:

- Angry evacuees or bystanders/on-lookers
- Risks from persons who may prey on vulnerable people and property

The first priority is volunteer safety. Some situations may require the assistance of police or other trained personnel.

ESS supervisors should determine the risk of violence by reviewing past incidents and discussing the potential for violence with ESS volunteers. Preventive measures need to be established to eliminate or reduce these risks. Prevention measures may include:

- Techniques to deal with angry or upset persons
- Measures to seek assistance, including contacting police

11.4 Heat and Cold Stress

ESS volunteers operate in varying work environments, both indoors and outdoors and during all seasons and types of weather. It is important to identify situations that may pose a risk to volunteers during extremes of heat or cold. Heat extremes may be related to weather conditions or to proximity to heat sources such as a fire. Risk of cold stress will usually be related to weather.

Heat-related illness prevention.

Heat stress isn't just a summer phenomenon; it can also happen in the middle of winter in an enclosed area with a high temperature. Preventing problems in indoor environments is easier because more options exist for lowering the ambient temperature. Engineering measures are the primary means of control when it comes to preventing heat disorders indoors. The most effective way to reduce the effects is to lower the temperature of the work environment (such as a Reception Centre) by opening a window, using fans to increase air movement, or relying on existing ventilation systems to rid the space of excess heat.

Outdoor environments present more problems because you can't just dial down the heat. Instead, you must rely on measures such as shielding (tent or other shelter to provide shade) and/or appropriate clothing (light colours and light weight) and head protection (wide brimmed hat, etc.).

Regardless of whether volunteers are working indoors or not, the loss of fluids is a major contributor to heat illness. Thirst isn't a reliable indicator of the body's need for fluids. A person can lose as many as 1.5 litres of fluid per hour through sweating, so it's important to make sure volunteers drink plenty of liquids before, during, and after working in warm/hot environments. A general guide is drinking .25 litres of fluids for every 20 to 30 minutes of work being performed.

Cold-related illness prevention

Exposure to cold can cause the body's internal temperature to drop to a dangerously low level. This is called hypothermia. Exposure to temperatures below freezing can cause frostbite of the hands, feet, and face.

Hypothermia can also occur at temperatures above freezing. Cold, wet, windy conditions are prime hypothermia weather.

Wet clothing draws heat away from the body very quickly. Volunteers should carry/wear waterproof, windproof outer clothing whenever they are away from shelter (tent, building or vehicle).

Taking frequent breaks is also an effective way to minimize risks from both heat and cold stress.

11.5 Personal Protective Equipment

ESS members who respond to any incident or practice without appropriate personal protective equipment will be limited to duties they have suitable protective gear for, or will not be allowed to take part in the incident or practice, at the determination of the Team Lead.

11.6 Working Alone or in Isolation

On occasion ESS volunteers may find themselves in situations where they are working alone or in isolation and may be at risk of injury and unable to get assistance, for example, a volunteer travelling on a remote or isolated road to provide assistance to a family who has had a house fire.

Of course, the most effective way of eliminating a working alone risk is to always work with two more volunteers. Sometimes this may not be possible or practical.

In most ESS situations where a volunteer may be isolated/working alone, a simple check-in system should suffice. Volunteers should have a designated person to contact before travelling on a remote or isolated road. The contact person should be provided with:

- information on the planned travel route
- estimated travel time (and confirmation after arriving at the destination)

- contact phone number (cell phone, if available)

The designated contact person needs to know who to contact if the volunteer does not check in (supervisor, police or other persons(s) within a pre-designated time interval.

SECTION 3 – WORKER CARE

It is important to inform, educate and support volunteers in order to maximize their effectiveness as ESS workers while minimizing the risk of physical and emotional fatigue.

Appendix K contains helpful guidelines to support ESS volunteers.

SECTION 4 – APPENDICES

Appendix A – Definitions and Acronyms

Definitions

“Hazard” means a thing or condition that may expose a person to a risk of injury or occupational disease.

“Incident” includes an accident or other occurrence which resulted in or had the potential for causing an injury or occupational disease.”

“Supervisor” means a person with direction and control over ESS volunteers and other persons while preparing for or responding to a disaster or an emergency. This includes, but is not limited to; ESS Directors, Reception Centre/Group Lodging Managers, Section Chiefs, Branch Coordinators and Unit Supervisors.

“Volunteer” means an individual, including a supervisor, registered by the Provincial Emergency Program for the purpose of preparing for (i.e. training or exercising) and responding to a disaster or an emergency.

“Worker” means a volunteer, including a supervisor, working under a training or response task number.

“Work” means all activities carried out by a volunteer or responder while under a training or response task number.

Commonly Used Acronyms

CISM	Critical Incident Stress Management
ECC	Emergency Coordination Centre
ESS	Emergency Social Services
MSI	Musculoskeletal Injury
PEP	Provincial Emergency Program
PSL	Public Safety Lifeline
PPE	Personal Protective Equipment

Appendix B – Safety Program Quick Assessment

Safety Program Guide Component	Assessment of Existing Safety Program			
	Component Content Complete	Component Content Requires Some Minor Edits/Additions	Component Content Needs Substantial Review and Edits	Component Content Not in Place and Needs to be Added
1. Responsibilities established and communicated				
2. Risk assessments completed				
3. Safe Work practices in place				
4. Safety education and training content in place and training is undertaken where required				
5. Incident reporting and investigation procedures in place				
6. First aid/medical response services for volunteers in place				
7. Regular Inspections undertaken				
8. Safety records maintained				
9. Safety on agenda of Team Meetings				
10. Safety Program reviewed				
11. Other components in place based on need (e.g. strain injury prevention, etc.)				
Assessment Completed by:				
Date:				

Appendix C – Risk Assessments

5 STEPS TO EFFECTIVE RISK MANAGEMENT

Introduction

This Guide provides a simple, 5-step method to identify, assess and eliminate or reduce the risks associated with workplace hazards. Effective risk management is about knowing the workplace, involving volunteers and taking action to deal with hazards that are identified. In most cases, hazards can be eliminated or reduced in simple, cost effective ways. Where problems are more complex, the 5-Step Program offers a way to prioritize, plan and implement solutions that make sense for your workplace.

What are the 5 Steps?

1. Collect Information
2. Identify Hazards
3. Assess the Risks
4. Eliminate or Reduce Risks
5. Document and Monitor your Risk Assessment Program

Step 1 – Collecting Information

First you need to determine how ESS volunteers could be harmed. Here are some tips to help you identify possible hazards:

- **Walk around** your workplace and look at what could reasonably be expected to cause harm.
- **Ask volunteers** what they think. They may have noticed things that are not immediately obvious to you.
- **Check manufacturers' instructions** or data sheets for chemicals and equipment as they can be very helpful in spelling out the hazards and putting them in their true perspective.
- Review your **incident and first aid records** – these often help to identify the less obvious hazards.
- **Talk to others.** What has been the experience of other ESS teams in the Province? They may have experienced situations that you have not faced,

What information to collect?

To assess risks at the workplace you need to know:

- where the workplace and/or the jobs performed are located (this is especially important for emergency response roles-since incident sites could be anywhere, at any time)
- the work equipment, materials, and processes used

- the tasks that are performed (e. g., in what way and for how long they are performed)
- identified hazards, and the sources of the hazards
- the potential consequences of identified hazards
- the protective measures already implemented
- accidents, occupational diseases that have been previously reported
- any specific legal requirements in OHS Regulation

Where can this information be obtained?

You can get this information from the following sources:

- technical data of the equipment, materials, or substances used at the workplace
- technical procedures and work manuals
- results of measurements of hazardous substances at the workplace
- records of inspections, accidents and occupational diseases
- specifications of the properties of chemical substances
- legal regulations and technical standards
- scientific and technical literature

Information can also be obtained by:

- observing the work environment
- observing the tasks performed during responses and during exercises/training
- interviewing volunteers
- observing external factors (e.g. tasks performed by third parties, weather conditions).

Make sure you consider specific hazards that may be unique to your operations, including:

- Bloodborne pathogens and hazardous materials/substances
- Cold stress
- Heat stress
- Exposure to harmful substances
- Noise
- Rescue or evacuation of volunteers
- Strain injuries (MSI)
- Fires/toxic chemical spills, etc.
- Violence to ESS volunteers

Step 2 – Determine Who May be Harmed and How

For each hazard you need to be clear about who might be harmed; it will help you identify the best way of managing the risk. Identify each unique job/role and how volunteers in that role might be harmed, i.e. what type of injury or disease might occur. For example, mid-summer: heat stress, heat exhaustion, severe sun burn, exposure to blood from evacuee nosebleeds due to the extreme dryness, West Nile from mosquito bite.

Often, a checklist is the best way to collect and analyze this information. You can use Attachment 1 for a general risk assessment checklist.

Step 3 – Assessing Risks

How can I assess the risk associated with a hazard?

For each identified hazard on your checklist(s) determine if the risk is **low, medium or high**, taking into account the probability (likelihood) of injury and the severity of the harm. Use the table below to make your decision on the risk.

Probability	Severity		
	Slight Harm	Moderate Harm	High Harm
Highly improbable (low)	<i>Very Low Risk-no action necessary</i>	<i>Very Low risk-monitor</i>	<i>High risk-undertake efforts to reduce the risk</i>
Probable (medium)	<i>Very Low Risk-no action necessary</i>	<i>Medium risk-review and implement prevention actions-within established time frame</i>	<i>Very High risk-unacceptable-Stop work until risk minimized or eliminated</i>
Very Probably (high)	<i>Low Risk-monitor. Look at ways to control-simple prevention steps</i>	<i>High risk-eliminate/minimize risk immediately</i>	<i>Very High risk-unacceptable-Stop work until risk reduced or eliminated</i>

Probability

- Highly improbable: should not occur the entire time the volunteer is performing this job.
- Probable: may occur only a few times while the volunteer is performing this job.
- Highly probable: may occur repeatedly while doing this job.

Severity

- Low harm: accidents and illnesses not causing prolonged injury (such as small nicks, eye irritations, headaches, etc.).
- Medium harm: accidents and illnesses causing moderate, injury/illness (such as wounds, simple fractures, second-degree burns on a limited body surface, dermal allergy, etc.).
- High harm: accidents and illnesses causing grave and permanent injury and/or death (e.g. amputations, loss of sight, complex fractures leading to disability, cancer, trauma, second- or third-degree burns on a large body surface, etc.)

How do I determine if the risk is acceptable or unacceptable?

Use your best judgment (and that of peers, specialists, etc.), but in general:

- a high risk is unacceptable,
- a medium risk may be acceptable, but steps should be taken to lower the risk
- a low risk is generally acceptable.

Note: The higher the risk, the higher the priority to eliminate or minimize the risk.

Note as well: If legal requirements are not complied with, a risk is not acceptable!

If risk is high and assessed as unacceptable, actions to reduce it need to be taken at once.

If the risk is medium and assessed as acceptable, it is recommended you take actions to reduce the risk further according to a plan.

If the risk is low, it is necessary to ensure that it will remain at the same level.

So first, look at what you're already doing; think about what controls you have in place and how the work is organized. Then compare this with good practice and see if there's more you should be doing to bring yourself up to standard. In asking yourself this, consider:

- Can I eliminate the hazard?
- If not, how can I control the risks so that harm is unlikely?

When controlling risks, apply the principles below, if possible in the following order:

1. **Eliminate or Substitute** – get rid of the substance; change the work location or the work process, the tools and equipment or, whatever is exposing the workers to risk. Substitute safe, or at the very least, less hazardous alternatives. So, before the job even starts, make it safe.
2. **Engineering Controls** – Sometimes the work itself cannot be changed but it may be possible to take steps to improve the work environment. For example, using dollies or carts to move Reception Centre equipment around versus carrying
3. **Administrative Controls** – organize work to reduce exposure to the hazard, develop written safe work procedures, and provide appropriate education and training (e.g. written procedures and education/training for manual lifting an injured person to reduce volunteers exposure to musculoskeletal injuries)
4. **Personal Protective Equipment (PPE)** – If the above controls can't eliminate or reduce the hazard then issue personal protective equipment (e.g. gloves, etc), eye and ear protection, etc). PPE is not a substitute for elimination/substitution, engineering or administrative controls-always try these options first. PPE in combination with another

control may also be a good risk reduction option. If the required PPE is not available then the volunteer cannot be assigned the task until it is.

And, in all cases, make sure there are 'first response' facilities (e.g. washing facilities for removal of contamination).

Remember: Risk assessments should always be carried out with the volunteers' active involvement. When deciding on the acceptability of risk, bear in mind their input, and take into account the health and any other special circumstances of the volunteers for whom the assessment is conducted.

Step 4 – Eliminate or Reduce Risks

What can I do to eliminate or reduce risks from hazards?

You should do everything 'reasonably practicable' to protect volunteers from harm. You can work this out for yourself, but the easiest way is to compare what you are doing with good practice. There are many sources of good practice – **for example, provincial or national Emergency Response organizations.**

A Plan of Action

Use the **Risk Assessment Work Sheet** (Attachment 1) to record your risk assessment and identify and plan risk reduction activities.

Putting the results of your risk assessment into practice will make a difference when looking after volunteers and ESS operations. Writing down the results of your risk assessment, and sharing them with all team members, encourages you to do this. When writing down your results, keep it simple.

A prevention plan need not be perfect, but it must be suitable and sufficient for your work operations. You should be able to show that:

- a proper assessment was made
- you identified who might be affected
- you dealt with all the significant hazards, taking into account the number of people who could be involved
- the precautions are reasonable, and the remaining risk is low
- you involved volunteers in the development of the plan

If, like many organizations, you find that there are quite a lot of improvements that you could make, big and small, don't try to do everything at once. Make a plan of action to deal with the most important things first.

A good plan of action often includes a mixture of different things such as:

- a few inexpensive or easy improvements that can be done quickly, perhaps as a temporary solution until more reliable controls are in place
- long-term solutions to those risks most likely to cause accidents or occupational disease

- long-term solutions to those risks with the worst potential consequences
- arrangements for training volunteers on the main risks that remain and how they are to be controlled
- the control measures stay in place
- clear responsibilities – who will lead on what action, and by when

Remember, prioritize and tackle the most important things first. As you complete each action, check it off your plan.

Step 5 – Documenting and Monitoring

Regularly monitor your risk assessment plans and actions to ensure they are on track and on time.

Few workplaces stay the same. Sooner or later, you will bring in new equipment, substances and procedures or face new situations that could lead to new hazards. It makes sense, therefore, to review what you are doing on an ongoing basis.

Every year or so formally review where you are, to make sure you are still improving, or at least not sliding back. Look at your risk assessment again. Have there been any changes? Are there improvements you still need to make? Have volunteers spotted a problem? Have other groups experienced a situation and how did they deal with it? Have you learnt anything from accidents or near misses?

During the year, if there is a significant change, don't wait. Check your risk assessment and prevention actions plan and, where necessary, amend it. If possible, it is best to think about the risk assessment when you're planning any workplace changes – that way you leave yourself more flexibility.

Keep a record of all risk assessments, completed information collections and hazard identification checklists and action plans.

If planned actions and/or time frames require adjustment make sure the reasons for the adjustment is documented, plan amendments are discussed with affected volunteers and amended action plans are implemented.

Attachment 1

Risk Assessment Worksheet

Workplace Name: _____

Workplace Location: _____ Date: _____

Assessment Completed by: _____

No.	Hazard	Existing Preventive Measure, if any	Risk Assessment (probability/severity) H-M-L	Action Planned to Reduce Risk

Appendix D – Potential ESS Safety Hazards/Risks

General Questions:

What are the hazards at each location ESS?

How can these hazards be reduced or eliminated?

What training do volunteers need to identify and address these hazards?

Have I communicated on-scene safety hazards/risks to deployed volunteers?

Part 1

Places we work and common issues we face:

Apartment/House fire site

- fire department hoses – tripping hazard
- smoke and/or other airborne particulates
- hazardous/toxic fumes from burning materials
- violence due to angry evacuees or aggressive onlookers
- traumatic event-witnessing a death or serious injury
- loud noises – due to generators, sirens, and horns – risk to hearing
- trip hazards: since activations often occur at night, and away from any illumination (power cuts to site, etc)
- exposure to elements, as duties are often undertaken in inclement weather with no shelter available
- potential infection/contamination from close contact with evacuees

Police Armed Stand-off site

- violence due to angry evacuees or aggressive onlookers
- traumatic event-witnessing a death or serious injury

Reception Centre – indoors and outdoors

- lifting heavy equipment totes
- stretching and over stretching in set up and take down
- burns if working in food prep area
- scalds if working in food prep area or exposed to hot liquids like tea or coffee in waiting area
- tripping hazards (curbs, stairs)

- tripping hazards from improper set up and maintenance of Reception Centre (power cords across aisles, boxes in aisles or stacked to high)
- exposure to hazardous materials that may be stored or used in recreation centres (heavy duty cleaning materials, chlorine)

Group Lodging – indoors and out

- lifting heavy objects (totes, blankets, cots)
- use of the ESS trailer(driving, backing up)
- standing on ladders and chairs when putting up signs

Deployment Travel

- risks associated with road or weather conditions
- driving when tired
- risk of vehicle breakdown on isolated roads or hazardous weather conditions

Safe travel is important at all times. Volunteer travelling to a deployment should ensure:

- their vehicle is in good mechanical condition and properly equipped for road and weather conditions (e.g. winter tires, emergency kit, etc.)
- safe driving appropriate to weather and road conditions (including speed limits)
- driver is rested and alert for driving.
- driver can seek assistance if vehicle breaks down or is in an accident (cell phone)

Volunteers will not drive to a deployment or be a passenger in a vehicle if they consider travel conditions unsafe. Volunteers should assess risks/hazards due to road and weather conditions and if conditions are judged unsafe contact the supervisor.

Supervisors should cancel a deployment or seek alternative deployment options, where available.

Equipment Operation and Maintenance

- containers, trailers, ESS vehicles equipment (where available)
 - driving large, heavy, tall, wide ESS vehicles
 - Refuelling the vehicles
 - Refuelling generators

Training sessions

- moving tables and chairs (weight, awkward lifting)
- lifting equipment totes

- stubbing toes or running over feet with wheeled cabinets (applies to only some facilities)
- tripping (curbs, equipment on floor)
- falling down stairs

Meetings

- same as training

Part 2

Unsafe practices noted in the past:

- standing on chairs to put up signs
- lifting generators or other heavy equipment with poor lifting posture and little or no help
- lifting equipment from too high up
- not using high visibility vests outside
- working in and around moving cars
- tripping hazards at house/apartment fires (fire hoses)
- not using safety equipment when it is required (e.g.: goggles, gloves, etc.)

Part 3

Do a function-by-function review of hazards and risks

Have each team do this assessment. For example, here are some risks and some mitigation/prevention strategies:

- Pets – risks of bites, disease, lifting-awareness, training, separation of pets from other work areas
- Frontline workers – hostile/aggressive people
- First aid – infection risks-use of universal precautions,
- Use of computers – tripping on cords, repetitive strains
- Communications – Radio use – antenna poking hazard, electric shock

What issues may be faced by all functions?

- High stress situations/incidents-impacting safety awareness – workload management
- Communicable disease risks-Universal precautions
- Lifting – totes, tables, stacks of chairs, boxes, equipment, generators
 - use assistance, mechanical, or do not lift

- Violence in the workplace – security, how to deal with aggressive people
- Working around traffic
- Falling hazards – ladders, chairs-use of stable suitable equipment
- Climbing – stairs, ladders-awareness, proper footwear, etc.
- Cuts – paper, moving totes, moving tables and chairs – awareness, appropriate volunteer assignments
- Cluttered work areas – work area organization, awareness, housekeeping

Part 4 – Other Mitigation Strategies

What protective gear is needed?

- clothing appropriate to weather conditions
- approved reflective vests
- goggles
- hardhat
- appropriate footwear (e.g. no open-toed sandals)
- particulate masks
- leather gloves
- latex/nitrile gloves
- emergency eye wash – portable for ESS vehicle

Other Prevention Strategies:

- work in pairs
- communication-obtaining assistance, etc.
- maintaining uncluttered/organized workplace, clear signage, exits, etc.

All of the above are to be communicated to the team in writing (to be added to their orientation binder) and periodically in training events.

Appendix E – ESS Safety Practice

ESS Safety Practice

For Risk Assessment in Decision-Making

- All ESS volunteers are responsible for acting safely and contributing to the safety of volunteers/others working with them.
- All ESS volunteers are responsible for continuously identifying unsafe conditions and are required to report such conditions.
- If it looks Unsafe, “feels” unsafe, DON’T DO IT! Communicate it Up, Down, and Across.
- Any ESS Volunteer is expected to say NO to unsafe practices or conditions -**Stop, Talk, and Decide.**
- ESS supervisors are responsible for accepting, and appropriately acting upon, all safety-related information to make the incident site safer.
- Communication of safety-related information within each ESS team is critical – and is Two-Way.
- ESS supervisors must continually keep all personnel working for them well informed of changing conditions and safety matters.
- Supervisors WILL NOT allow unsafe practices.
- Safety assessment is CONTINUOUS and must be part of **all** ongoing decision-making.

Appendix F – Safe Work Procedures

General

- Procedures to conduct a size-up of an ESS facility and potential safety issues prior to occupation;
- Procedures for the identification of the resources necessary to conduct safe and effective operations;
- Procedures for implementing site control and scene management;
- Recognition of general hazards associated with response incidents;
- Procedures for the initiation of traffic control.

Operations

- Procedures for safe use of facility-access, lighting, fire exits, lay-out and traffic, etc;
- Procedures for security and traffic control;
- Procedures during night operations utilize reflective clothing, vests and other safety equipment as necessary;
- Procedures for setup and access to first aid
- Procedures for assessing unique features of incident with safety impacts-work environment (heat/cold, smoke, etc.)
- Procedures for use of Personal Protective Equipment
- Procedures for on-going monitoring of facility/ESS operations for safety
- Procedures for the mitigation and management of general and specific hazards

Appendix G – Facility Inspection Safety Checklist

Before opening a Reception Centre during an ESS response, the RC Manager/Safety Officer should conduct a facility walkabout with the building owner/manager to identify any potential safety hazards. Eliminate/minimize hazards and then use this checklist to conduct a safety briefing for all staff prior to start of operations.

CHECKLIST ITEM	YES	NO
General Safety Information		
1. Identify fire exit(s), evacuation procedures and assembly points and evacuation procedures.	<input type="checkbox"/>	<input type="checkbox"/>
2. Location of Fire Extinguishers.	<input type="checkbox"/>	<input type="checkbox"/>
3. Location of fire alarm pull stations.	<input type="checkbox"/>	<input type="checkbox"/>
4. Are First Aid Services in place and volunteers advised how to access?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there personal safety and security issues and if so are response procedures in place?	<input type="checkbox"/>	<input type="checkbox"/>
Exits and Access		
1. Are all exits visible, unobstructed and marked with a visible sign that is properly illuminated?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there sufficient exits to ensure prompt escape in case of emergency?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there areas of the facility that should be locked, e.g. chemicals or cleaning supplies?	<input type="checkbox"/>	<input type="checkbox"/>
Exterior		
1. Are all exterior entrances properly illuminated?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are access sidewalks clear with no uneven surfaces (trips/fall hazards)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are the parking lots in good condition with no potholes or uneven surfaces?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are all disabled access ramps clear and equipped with proper railings?	<input type="checkbox"/>	<input type="checkbox"/>
5. In inclement weather (ice and snow), are all sidewalks and parking lot areas cleared to provide proper access to the building?	<input type="checkbox"/>	<input type="checkbox"/>
6. Any hazards from gas lines or downed electrical, telephone or other such lines?	<input type="checkbox"/>	<input type="checkbox"/>

CHECKLIST ITEM	YES	NO
Walking and Working Areas		
1. Are floors and working areas clean and free of hazards, loose carpeting?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are floors slippery or wet?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are stand mats, platforms, or similar protection provided to protect people from wet floors?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are stairways well lighted and with handrails where required (four or more risers)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are accessible areas of the building adequately illuminated?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are furniture/chairs safe to use (stable, free of sharp surfaces, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen		
1. Are the stove and hood free of obvious grease accumulation?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a properly serviced fire extinguisher in an accessible area?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the floor clean, dry, and free of slip hazards?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there proper containers available (e.g. garbage cans) for disposal of garbage?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there any controlled substances (e.g. WHMIS controlled products)?	<input type="checkbox"/>	<input type="checkbox"/>
6. If yes, is volunteer access restricted/prohibited? Note: "access"= store, handle, use or dispose of	<input type="checkbox"/>	<input type="checkbox"/>
7. If no, do volunteers with access have relevant Material Safety Data Sheets (MSDS) and are WHMIS trained?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there a risk from infectious disease/biohazards?	<input type="checkbox"/>	<input type="checkbox"/>
9. If yes, have volunteers been advised on use of universal (standard) precautions	<input type="checkbox"/>	<input type="checkbox"/>

Appendix H – Volunteer Safety Orientation Checklist (sample)

Volunteer name: _____

Position (tasks): _____

Volunteer Initial Start Date: _____

Date of orientation: _____

Person providing orientation (name and position): _____

ESS Organization (location): _____

Topic	Initials (trainer)	Initials (volunteer)	Comments
1. Supervisor name: _____ Telephone # : _____			
2. Responsibilities (<i>Component 1 and Appendix E – ESS Safety Guide</i>) (a) Safety responsibilities of supervisors and volunteers (b) How to report an illness, injury, or other incident (including near misses) (c) Right to refuse unsafe work (<i>Refer to Component 5 – ESS Safety Guide</i>)			
3. Known hazards and how to deal with them (<i>Refer to Appendix D – ESS Safety Guide</i>) (a) _____ (b) _____ (c) _____ (d) _____			
4. Safe work procedures for carrying out assigned tasks (or list in attachment) (<i>Refer also to Component 3 – ESS Safety Guide</i>) (a) _____ (b) _____ (c) _____ (d) _____			

Topic	Initials (trainer)	Initials (volunteer)	Comments
5. Procedures for working alone or in isolation-use of buddy system			
6. Measures to reduce the risk of violence in the workplace and procedures for dealing with violent situations (a) how to deal with angry persons (b) reporting threat or violent action to supervisor (c) how to seek assistance, including contacting police (d) how to obtain critical incident response services, following a violent incident			
7. Personal protective equipment (PPE) — what to use, when to use it, and where to find it (a) high visibility vests (b) masks, goggles, gloves (c) _____ (d) _____			
8. First aid (a) First aid attendant name and contact information			
(b) Locations of first aid kits and eye wash facilities			
9. Emergency procedures (a) Locations of emergency exits and meeting points			
(b) Locations of fire extinguishers and fire alarms			
(c) How to use fire extinguishers			
(d) What to do in an emergency situation			
10. Where applicable, basic contents of the ESS safety program			
11. Hazardous materials/substances (a) What hazardous materials may be encountered in the workplace			
(b) Procedures for an emergency involving hazardous materials, including clean-up of spills			

Appendix I – Sample Accident/Incident Investigation Form

ACCIDENT/INCIDENT INVESTIGATION REPORT

ESS Service Provider		Location		Telephone #		Date of Report	
Last Name of Injured (or ill) person			First Name:			File No.	
Years of Member Service	Time on Present Job	Role			Hours Worked in Previous 24 Hr Period		
Accident Location				Date of Accident/Incident		Time	
Accident Category (check)	<input type="checkbox"/> Injury or Illness	<input type="checkbox"/> Equipment Malfunction	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Fire	<input type="checkbox"/> Other (specify)	
Severity of Injury or Illness (check)	<input type="checkbox"/> No Injury or First Aid Only		<input type="checkbox"/> Medical Treatment		<input type="checkbox"/> Time Loss		<input type="checkbox"/> Fatal
Nature of Injury or Illness (e.g.: lower back pain, swollen ankle, cut to right arm, etc.)							
Description of Accident or SAR Members Account Injury/Illness (use separate sheet if necessary)							
Were Written Safe Work Procedures Established and Available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a			Were they Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a		Were these Safe Work Procedures used in Training? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a		
Basic Cause (and Contributory Factors) -- EXPLAIN FULLY UNSAFE CONDITIONS							

Corrective Measures Taken and/or Recommended		
Corrective Action Referred To: _____ By: _____		Date To Be Completed
Additional Comments or Observations. Where applicable give details of makes & models of machines, equipment, tools, structures, etc., involved in this accident. (Use separate sheet if necessary)		
Name(s) & position(s) of person (s) who investigated accident (list separately if required):		
_____	_____	_____
Print Name	Phone	Position
_____	_____	_____
Print Name	Phone	Position
_____	_____	_____
Print Name	Phone	Position
_____	_____	_____
Print Name	Phone	Position
_____	_____	_____
Date		
Name(s) of Witness(s) - include phone number. List separately if required.		

Any incident involving injury/fatality must be reported to EMBC/PEP immediately and all other injuries within 72 hours.

Original Retained by SAR Group and Copy To:

1. EMBC/PEP Regional Manager
2. _____
3. _____

Appendix J – Records to be Maintained

SAFETY RECORDS

Records should be maintained for the following. Unless otherwise indicated records should be retained until updated or the purpose of the record has been reasonably met. Training records should be retained as long as the responder is active.

Type of Records	Record Requirements
Training	Records of training undertaken by ESS
Risk assessments	A record of the risk assessment
Workplace Inspection Reports	Reports should be maintained for at least one year
Incident Investigation reports	Reports should be completed on all incidents and investigations.
Management meetings	A record of regular meetings where safety was an agenda item
First aid treatment records	A first aid record book or similar record should be maintained when a volunteer received medical treatment. Retain for 3 years.
Heat & Cold stress assessments (when required)	Not normally an issue, but may be necessary for some ESS situations.
Competency of equipment operators	ESS should retain records of instruction and endorsements/licenses of all operators
ESS equipment maintenance	Test and maintenance records should be available upon request to any supervisor or volunteer concerned with the safe operation of the equipment. (e.g. vehicles, trailers, generators, etc.). Retain records while equipment is in service/use.

Appendix K – Worker Care

Worker Care Guide

Responding to Stressful Events

Source: Public Health Agency of Canada

Self-Care for Caregivers

Natural or human-caused disasters such as earthquakes, health emergencies, terrorist attacks or acts of war can engage caregivers (physicians, psychologists, social workers, nurses, psychiatrists, teachers, counsellors, and other health workers) in working long hours helping people of all ages to understand and manage the many reactions, feelings and challenges triggered by these stressful circumstances.

The massive effort put forth by caregivers in response to the psycho-social effects of catastrophic events is a critical contribution to their community's recovery. However, caregivers sometimes need to be reminded that a sustained response can also lead to physical and emotional wear and tear. Without conscious attention to self-care, caregivers' effectiveness and ultimately their health will suffer.

Common Sources of Stress for Caregivers

Here are common sources of stress that caregivers may be faced with:

- Trying to live up to their clients' high expectations and/or their own
- Intensive caring for others at the expense of self-care
- Inability to set appropriate boundaries
- Pushing themselves too hard
- Mental and physical demands
- Heavy workloads
- Long hours on the job
- Time pressures
- Limited resources
- Competing priorities
- Media requests
- Political and organizational pressures

Be on the Alert for Signs of Stress

Caregivers are usually alert to the stresses of people they help. They are not, however, always as alert to the stress and fatigue that can slowly surface in their own lives, and need to be reminded of normal stresses that may affect them.

Common Physical/Behavioural Reactions: fatigue, loss of appetite, difficulty falling asleep, restlessness, headaches, changes in sleeping, increased blood pressure, changes in eating habits, increased susceptibility to colds, flu, infection, change in libido, changes in smoking habits, changes in alcohol and drug consumption.

Common Emotional Reactions: feeling helpless, overwhelmed, inadequate, fragile, vulnerable, unable to cope or go on, increased mood swings, decreased motivation, feeling burned out, crying more frequently and easily, isolation, changes in communication patterns and other relationship dynamics, withdrawal.

Common Cognitive Reactions: confusion, difficulty making decisions, difficulty problem solving, memory blanks, having ambiguous feelings, questioning why this happened in a world that is supposed to be safe, difficulty concentrating or paying attention.

Caregivers are not immune to the above reactions and need to remind themselves that these are normal human responses to stressful circumstances. Although many of the underlying stresses cannot be prevented, you can increase your resistance by taking care of yourself and staying healthy. It is important to pace yourself and know your limits so you can continue to be available to your clients and your community.

Here are some stress-relieving activities:

- **Go for a 15-minute walk** during a lunch or coffee break. Take other opportunities to be physically active.
- **Eat sensibly.** Avoid excessive use of caffeine and alcohol. Drink plenty of water and juices.
- **Know and respect your limits.** If you feel exhausted and need time off, take it. Respect commitment for regularly scheduled time off.
- **Spend time with family and friends.** Talk to them. Listen to their stories. Listen to them if they become concerned with your health and well-being.
- As much as possible, continue to **participate in previous social and recreational activities.**
- **Get some rest.** If you have trouble sleeping, get up and do something relaxing or enjoyable.
- **Be on the lookout for any changes** in your habits, attitudes and moods.
- **Share your own and clients' reactions** and issues with colleagues. Don't hesitate to ask others for advice.
- **Include yourself on the list of people you are taking care of.** Take some time to do something just for yourself every day. Taking care of yourself will put you in better shape to give care to others.
- **Be self-nurturing** and don't forget to laugh.

Delayed Stress Reactions

Past experiences have shown that after tragic events, it may take several weeks to adjust to "regular" routines. This is normal. Following the tips on self-care given above will help you deal with delayed reactions.

Taking care of our families

- Reassure family members who may be worried about their safety and about the future.
- Take time to talk about the events. Relax together. For example, go to a movie or Taking Care of Ourselves, Our Families and Our Communities for a meal. Remember, taking time out is not a cop-out.
- Everybody needs to be heard and understood.
- Visit with relatives and friends.

When to Seek Help

The information offered in this brochure is a reference point to help you to understand some of the stress reactions you or other family members or friends may experience. If, at any time, you feel overwhelmed and unable to cope it is important to seek out additional assistance. Here are some circumstances which indicate that it is time to get help by speaking to a health professional such as a psychologist, family doctor, psychiatrist, social worker or nurse:

- Can't return to a normal routine
- Feeling extremely helpless
- Having thoughts of hurting yourself or others
- Using alcohol and drugs excessively

Resources which may be available in your community to call for help:

- Distress or crisis centers
- Hospital in your community
- Family service agency
- Bereavement group
- Leader of your faith community
- Include family and friends you can call to talk things over.