

Audit Report

Continuing Care Safety Association



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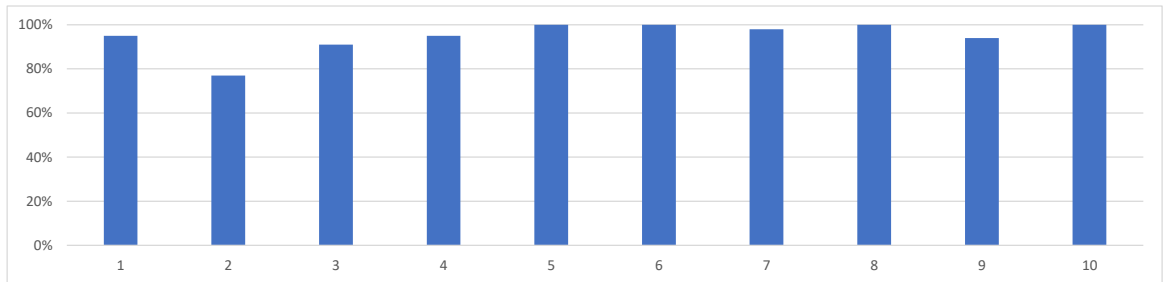


Audit Type: COR Maintenance
Organization: Allen Gray Continuing Care Centre
WCB Account: 859495
Industry Code: 82808 (Continuing Care Facilities)
Employees: 289
Interviewed: 43
Total Sites: 1
Sites Visited: 1

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Start Date: September 18, 2023
End Date: October 3, 2023
Submitted: October 23, 2023

Element 1 95/100 (95%)
Element 2 116/150 (77%)
Element 3 118/130 (91%)
Element 4 90/95 (95%)
Element 5 90/90 (100%)
Element 6 50/50 (100%)
Element 7 78/80 (98%)
Element 8 70/70 (100%)
Element 9 94/100 (94%)
Element 10 70/70 (100%)
Overall 871/935 (93%)



Pass - Audit meets scoring requirements.

Audit Report

Introduction *The Allen Gray Continuing Care Centre (Allen Gray) is a non-denominational facility committed to providing care and services that respect individual, cultural, and spiritual values, beliefs, and practices, while also offering support to families and friends. Located in the Millwoods Community in South Edmonton, Allen Gray serves the community through its diverse programs, including an Adult Day Programme, Childcare Services, Senior Independent Living, and Senior Long-Term Care.*

At present, the Allen Gray Continuing Care Centre employs a staff of 289 individuals, consisting of 2 Senior Managers, 9 Managers, 1 supervisor and 277 workers. The Long-Term Care Centre, comprising Registered Nurses, Licensed Practical Nurses, and Health Care Aides, operates around the clock. The Adult Day Support and Childcare Development Centre exclusively runs on weekdays, from Monday to Friday, with staff working day shifts. Additionally, departments such as Food Services, Housekeeping and Laundry, and Reception have employees on both day and evening shifts. Departments like Maintenance and Material Management, Recreation, Rehabilitation, and Administration also operate during weekdays with day shifts. Various job positions are available at Allen Gray, including full-time, part-time, and casual positions.

The Allen Gray Continuing Care Centre places a strong emphasis on maintaining a safe and healthy workplace. As part of this commitment, the facility underwent a Certificate of Recognition (COR) assessment. The primary goal of this audit was to retain the COR Certification, which was initially obtained in December 2021. The scope of Audit includes 43 Employee interviews where respondents are a sampling of Full time, part time and casual positions with range of experience from 0-15 Years and shifts from days, evenings, and nights.

Element 1 **Management Leadership and Organizational Commitment** **95/100 (95%)**
Management commitment and leadership is the essential foundation for a successful occupational health and safety management system (OHSMS). Management and employees working cooperatively together is required for a health and safety system to succeed.

1.01 **Q. Is there a written Health and Safety Policy?** **0/5**
Notes Auditor examined the Allen Gray Occupational Health and Safety Policy 1.1, signed by the CEO on June 14, 2023. According to the policy, "Allen Gray pledges to uphold a health and safety program that safeguards our employees, visitors on our premises, and the broader public. AGCC is devoted to ensuring the welfare of its staff, encompassing their physical, psychological, and social well-being." Out of the given criteria, 3/4 have been satisfied. However, the policy lacks a precise definition and outlined responsibilities specifically for "managers".

SFI Although the health and safety policy are extensive and aligns with legislative standards, it conspicuously overlooks the inclusion of "managers," even though they oversee most departments. While the policy does provide a definition for "employers," which could be interpreted to encompass managers, it would be advantageous to explicitly include "managers" in this definition. This augmentation would effectively communicate a consistent message to the entire staff and clarify the overarching responsibilities of managers. Ensuring that managers are fully cognizant of and accountable for their duties would significantly augment their contributions to the Occupational Health and Safety Management System (OHSMS).

1.02 **Q. Is the Health and Safety policy readily available to employees?** **5/5**
Notes The Health and Safety Policy is posted in the OHS Board, staff rooms and in each department boards with QR Codes. 100% positive indicators from observation.

1.03 **Q. Is the health and safety policy communicated to employees?** **5/5**
Notes 4/4 Managers , 1 Supervisor and 1 Senior Manager at the Allen Gray have provided affirmative feedback indicating that the Health and Safety Policy is effectively communicated to the employees. The Managers have verified that they personally distribute the Health and Safety Policy to new hires during their one-on-one Occupational Health and Safety (OHS) training and during the General Orientation sessions. A supervisor has stated that the health and safety policy is also mentioned during the Buddy shifts that happens on the First day of work for a new hire. Additionally, the Senior Manager has confirmed that the Policy is prominently displayed in the Staff Lunchrooms and Department Bulletin boards. Furthermore, it is comprehensively explained during an employee's annual orientation.

1.04 **Q. Are employees aware of the health and safety policy's content?** **5/5**

Notes All 43 of the Workers/Employees at the Allen Gray were found to be fully aware of the company's Health and Safety Policy. Among these, 37 out of 37 workers provided positive responses during interviews, articulating the key points of the policy. Sample answers included:

The policy encompasses the well-being of all individuals within the facility, covering aspects related to physical, psychological, and social health. The Health and Safety standards upheld at Allen Gray necessitate our active participation daily, which includes conducting equipment checks before use.

The 4 Managers and 1 Senior Manager emphasized that the policy delineates the responsibilities of both workers and managers. It includes provisions for ensuring that workers under supervision utilize appropriate equipment and Personal Protective Equipment (PPE) in their tasks.

SFI

1.05 Q. Have specific health and safety responsibilities been written for all levels? 10/10

Notes Review of 19 Job descriptions showed that there were written Occupational Health and Safety responsibilities for each position which includes managers. The auditor conducted a thorough review of documents, including Buddy Shift Orientation Documents, Job Descriptions for 2 Senior Managers, 9 Managers, 1 Supervisor and 277 Workers, as well as General Orientation and Health and Safety Handbooks. These documents contain clearly defined health and safety responsibilities tailored to each hierarchical level. A 100% score has been awarded as all the criteria have been met.

Sample responsibilities extracted from the reviewed documents:

1.06 Q. Do employees understand their individual OHS rights and their health and safety responsibilities? 10/10

Notes A. Positive indicators from interviews demonstrate that all 42 individuals interviewed are well-informed about their individual Occupational Health and Safety (OHS) rights. 1 employee was not sure of their rights. 42 employee interviews provided examples to illustrate their knowledge, including the importance of wearing appropriate Personal Protective Equipment (PPE) while performing tasks. Here are some sample statements made during the interviews:

Right to Know: They emphasized the significance of accessing the SDS Binders to stay informed about the hazardous materials used in the facility and proper handling procedures. Additionally, they highlighted the importance of obtaining the minutes from Health and Safety Committee (HSC) meetings to stay updated on current health and safety concerns at the Allen Gray.

Right to Participate: They expressed their commitment to actively engage in the health and safety process by completing hazard report forms and providing feedback to HSC members.

Right to Refuse Work: Workers emphasized that if a task poses hazards and lacks adequate controls, they possess the right to refuse the work.

B.) All 43 employee interviews, participants positively affirmed their awareness and adherence to their assigned health and safety responsibilities. A manager stated their responsibility to ensure that workers under their supervision consistently wear PPE and use the appropriate equipment. The Senior Manager mentioned her duty to actively participate in facility-wide inspections. Workers also cited their adherence to proper equipment usage, such as the correct use of ceiling lift equipment.

SFI Although most of the employees at the Allen Gray are aware of their OHS Rights and are aware of their OHS Rights and they are regularly evaluated for their health and safety performance such as Manager observations, competency completions and most of them have also seen the commitment of the Senior Management in implementing and maintaining a Safe Working Environment, there are still some employees such as night shifts and casual positions missed during evaluations or information dissemination. It is recommended the AGCCC management should create a better and effective delivery about the facility's health and safety information and measures for all shifts especially the Night shift employees like creating Read and Sign sheets or more accessible electronic communication such as Emails.

1.07 Q. Do managers and supervisors understand their responsibility for the health and safety of the workers under their supervision? 5/5

Notes All 4 managers and 1 supervisor who were interviewed provided positive feedback. Sample Statements made by the managers:

"During our daily huddles, I consistently emphasize the importance of wearing masks at all times and using the necessary Personal Protective Equipment (PPE) when handling clients."

"We conduct PPE Daily Audits to ensure that the proper procedures for donning and doffing PPE are followed diligently."

"I regularly conduct inspections of the various childcare rooms, ensuring that staff are working safely. For instance, we pay close attention to the correct and safe execution of diapering procedures."

100% is awarded as 5/5 understood their Health and Safety Responsibilities in overseeing the workers in the facility.

1.08 **Q. Are employees evaluated on their individual health and safety accountabilities?** **10/10**

Notes

Positive feedback was received from 42 out of 43 employee interviews. Among them, 36 out of 37 workers mentioned that they are well-informed because they have undergone performance appraisals and competencies conducted by their managers. Within the group of 42, they provided examples of instances where they were involved in workplace incidents and subsequently had one-on-one meetings with their managers. These meetings ensured workers understood the proper safety controls, and they were provided with protective equipment such as work gloves for handling wheelchairs. Only one worker provided negative feedback. 1 employee has stated that he/she does not have any idea if an evaluation has not been performed.

All four managers, one supervisor, and one Senior Manager confirmed the presence of annual performance appraisals and the existence of disciplinary measures for employees who do not adhere to the facility's safe work practices.

SFI

Based on the overwhelmingly positive feedback received from 42 out of 43 employee interviews, it is clear that performance appraisal and competency assessment process, along with one-on-one meetings addressing workplace incidents, has been highly effective in keeping employees well-informed and safe. Night shift or casual employees have been missed with evaluations due to difference in work shifts. To further improve the workplace environment, it is recommended to continue soliciting employee input regularly. Implement a structured feedback mechanism, such as quarterly surveys or periodic check-ins, to ensure ongoing communication and address any potential concerns promptly. This will help us maintain a culture of continuous improvement and ensure that employee feedback remains a valuable resource for our organization.

1.09 **Q. Does senior management communicate to employees, at least annually, the organization's commitment to health and safety?** **10/10**

Notes

All 43 employees participated in positive interviews.

Workers reported that Managers maintain a daily line of communication. During departmental shift reports, the Senior Manager sends emails to workers, to ensure the information is conveyed during the shift reports and Staff meetings. Additionally, the Health and Safety Policy is prominently displayed throughout the building. Workers reported that Managers maintain a daily line of communication. Additionally, the Health and Safety Policy is prominently displayed throughout the building.

During the Senior Manager's interview, it was revealed that they actively engage in Health and Safety communication on a daily, weekly, and monthly basis. They achieve this through leadership meetings and email communications. The Senior Manager also emphasized their consistent presence at Health and Safety Committee (HSC) meetings to stay abreast of current health and safety issues at the Allen Gray. This proactive approach enables them to implement immediate action plans when necessary.

Strength

Managers, in turn, stated that during leadership team or Managers meetings, the Senior Manager consistently provides Health and Safety Reminders to reinforce the organization's unwavering commitment to health and safety is evident in their effective communication practices. They have taken steps to ensure that all staff members are thoroughly informed and coordinated with health and safety standards, creating an environment where everyone is not only well-informed but also empowered. This transparent and reliable communication reinforces the organization's dedication to protecting the team, cultivating a workplace where safety is not merely a priority but a shared core value.

1.1 **Q. Does senior management demonstrate commitment by participating in health and safety activities?** **10/10**

Notes All 42 out of 43 interviews yielded positive results and 1 negative result. Among the workers, 36 out of 37 are cognizant of the continuous presence of Senior Management in Health and Safety Committee (HSC) meetings. They are also aware that if their health and safety concerns are not addressed by their immediate manager, they can approach Senior Management for assistance. Workers noted the regular receipt of emails and memos from Senior Management containing valuable information and safety reminders, further reinforcing a culture of safety. 1 worker has given a negative response wherein a worker stated of no knowledge of how a Senior Manager can participate.

In addition, 4 managers and 1 Supervisor affirmed that the CEO is responsible for conducting Facility Wide inspections and consistently participates in HSC meetings. Furthermore, the Senior Manager explained that when a specific department requires additional training to address a trend in aggressive client behavior, they collaborate with the Occupational Health and Safety (OHS) Department and Educator to facilitate the necessary training.

SFI While the organization has shown a robust commitment to health and safety, there is a gap between the organization and Night shift workers. Night shift workers do not get to see a Senior Manager due to the difference in work shifts. They can further strengthen safety culture by improving the accessibility of health and safety resources like for example develop a centralized online platform or intranet where employees can easily access important health and safety information, including policies, procedures, training materials, and safety guidelines. Ensure that this resource hub is user-friendly and regularly updated to provide the most current information. By enhancing transparency and accessibility of health and safety resources and encouraging open communication, we can further empower employees to actively participate in maintaining a safe workplace and contribute to a stronger safety culture within the organization.

1.11 **Q. Is current health and safety legislation readily available at all work sites?** **5/5**
Notes Auditor has observed that the Health and Safety Legislation is available to all workers via the 12 OHS Bulletin Boards QR Code, 2 Printed Copies of the Current April 2023 edition is also available in the Nursing Unit Desks and 1 printed copy in the Main Staff Lunchroom in the Main Floor of the Facility. 100% is awarded.

1.12 **Q. Does management participate in meetings where health and safety is discussed?** **10/10**
Notes The auditor examined the minutes of six staff meetings held in the last 12 months. Occupational Health and Safety is a recurring item on the agenda, during which they address health and safety concerns and discuss the designated emergency code of the month. The Care Manager leads these meetings as they are responsible for the respective floor.

Sample Meeting Minutes:

Nursing staff Meeting 2nd Floor Dated May 19,2023 " Staff to continue to report any OHS issues promptly, report any concerns relation to allergies to mask and gloves. Fill out the forms and ensure to reports any issues to the manager.100% Positive indicators that managers attend meetings where health and safety is discussed. "

Nursing Staff Meeting 3rd Floor dated July 14,2023 "Hazard Assessments and Reports: OH&S Hazard Assessments are not for resident, but staff concerns only."

1.13 **Q. Does the employer provide resources needed to implement and improve health and safety?** **10/10**
Notes 43 interviews yielded favorable indications that Allen Gray Management is committed to equipping its workforce with resources aimed at enhancing health and safety in the workplace. Here are some specific instances:

Comprehensive training initiatives were instated, particularly evident when new equipment is installed the Food Services Department. These measures were taken to ensure the safety of staff and workers during their operational tasks.

A noteworthy aspect of the safety protocol is the provision of Inservice education. This was highlighted by five employees in relation to ceiling lifts in the nursing department, as well as whenever novel equipment or procedural changes were introduced. The aim is to keep the workforce informed and safe.

Allen Gray extended the commitment to health and safety through the provision of first aid training, specifically targeting Licensed Practical Nurses (LPNs) and Registered Nurses (RNs). This initiative is intended to empower these healthcare professionals with the necessary skills to respond effectively in emergency situations.

The testimony of Managers and Senior Manager corroborated the company's proactive approach. Whenever a new task, equipment, or chemical is introduced, the management ensures that essential resources, including required personal protective equipment (PPE) and education/training, are made available to all Allen Gray employees. This commitment underscores the organization's dedication to fostering a secure working environment for its staff.

Comment *None entered.*

Element 2 **Hazard Assessment** **116/150 (77%)**

A formal hazard assessment takes a close look at the overall operations of an organization to identify hazards, measure risk (to help prioritize hazards), and develop, implement and monitor related controls. Worker jobs or types of work are broken down into separate tasks. Formal hazard assessments are detailed, can involve many people, and will require time to complete.

A site-specific hazard assessment (also called field-level) is performed before work starts at a site and at a site where conditions change or when non-routine work is added. This flags hazards identified at the location (e.g., overhead powerlines, poor lighting, wet surfaces, extreme temperatures, the presence of wildlife), or introduced by a change at the work site (e.g., scaffolding, unfamiliar chemicals, introduction of new equipment). Any hazards identified are to be eliminated or controlled right away, before work begins or continues.

2.01 **Q. Have all jobs/positions been identified for the formal hazard assessment process?** **10/10**

Notes

The Auditor conducted a thorough examination of the organizational structure and job inventory listing at Allen Gray Continuing Care Centre. This review revealed a total of 33 positions, ranging from the CEO to each department, with an additional contracted service provider (hairdresser), bringing the total to 34 positions under scrutiny.

Furthermore, the assessment encompassed the scrutiny of 34 Hazard Assessments, also referred to as Job Safety Analysis (JSA) documents, which effectively covered all job categories within the organization. These assessments were inclusive of administrative positions, the contracted hairdresser (13 positions), Adult Day Support Program (2), Child Development Center (3), Food Services (2), Housekeeping and Laundry (3), Maintenance (2), Nursing (4), PT/OT (3), and Recreation (2 positions).

It is noteworthy that this meticulous review yielded a 100% confirmation that all jobs and positions had been duly accounted for in the context of formal hazard

2.02 **Q. Has the employer compiled a list of tasks associated with each job/position?** **16/20**

Notes

The Auditor took a representative sample of 10 JSAs was carefully examined Out of the 34 Job Safety Analyses (JSAs) available for review, These selected JSAs encompassed a variety of positions, including Housekeeping Aide, Laundry and Linen Aides, Maintenance Manager, Health Care Aide (HCA), Cook/Assistant Cook, Adult Day Support Program (ADSP) Manager, Receptionist, Educator, Physical Therapist (PT), and Recreation.

In total, these 10 JSAs documented a comprehensive list of 217 tasks. Some notable examples include:

Housekeeping Aide (HKA): 13 tasks, including activities such as cleaning toilet bowls using "Crew Mean Green Bowl Cleaner."

Laundry and Linen Aides: 10 tasks, encompassing responsibilities like drying and folding laundry.

Educator: 9 tasks, including activities like prolonged telephone usage and classroom setup.

However, it's important to note that certain tasks were found to be missing from specific JSAs, such as:

Laundry/Laundry Aide: Tasks related to loading and unloading laundry from washing machines or dryers.

Maintenance Manager: Tasks pertaining to the routine use of ladders.

Overall, the review determined that 8 out of the 10 JSAs, representing 80%, provided a comprehensive and complete list of tasks. This diligence demonstrates a commitment to conducting thorough hazard assessments within the organization.

SFI

There are a few tasks missing in the assessments, and some tasks specify the brand names of cleaning products or chemicals used (e.g., "Cleaning of toilet bowl using 'Crew Mean Green Bowl Cleaner'"), potentially causing confusion among staff if varied brands are used. It is advisable for Allen Gray to conduct a comprehensive review of their job safety analyses and formal hazard assessments across all departments. This review should aim to update and identify any missing tasks relevant to each role.

By doing so, Allen Gray can establish more effective and transparent formal hazard assessments. These revised assessments will assist staff in recognizing potential hazards associated with their roles, enabling them to work safely and proactively prevent injuries and incidents at AGCCC. This initiative will contribute to the creation of a safer workplace environment.

2.03 **Q. Are health and safety hazards identified for the tasks associated with each job/position?** **13/20**

Notes Auditor conducted a review of 10 Job Safety Analyses (JSAs) or hazard assessments, and the findings indicate a strong commitment to identifying health and safety hazards across various aspects of the organization. Impressively, 9 out of the 10 JSAs, or 90%, incorporated tasks that encompassed a comprehensive range of potential hazards, including physical, chemical, psychological, and biological hazards where applicable.

Examples of these hazards include:

Health Care Aide (HCA): Utilizing a portable scale to weigh residents, with identified hazards such as the risk of shoulder and back strain (health/safety/physical) and the potential for aggression from residents (physical/safety).

Cook: Engaging with a soup kettle, which entails hazards like repetitive strain from lifting (physical/health), the risk of electric shock (safety), and the potential for burns (safety).

Physical Therapist: Maintaining close interaction with residents, which exposes them to hazards like workplace violence/aggression (physical/psychological/health/safety) and the risk of exposure to infectious diseases (health/biological).

Maintenance: Handling chemicals (specifically, Boiler water compound), which introduces hazards such as burns due to hazardous chemicals (health/safety/chemical/physical).

It's worth noting that, during the review, certain hazards were identified as missing from the Educator's tasks, particularly in relation to filing and maintaining resident charts. These tasks were situated below the "Prolonged use and desk work" category. The deduction of hazards from both health (repetitive movements) and safety (falling heavy objects) categories was deemed appropriate, underscoring the commitment to comprehensive hazard assessment and the ongoing improvement of safety protocols.

SFI While most of the Job Safety Analyses (JSAs) did include hazard identification, some tasks lacked hazard assessments. Moreover, a sizable portion of the hazards were primarily framed as potential injuries. It is strongly recommended that a comprehensive and organization-wide review of the Job Safety Analyses or hazard assessments be undertaken across all departments.

This review should prioritize the identification of all hazards, considering their potential impact on staff, both in physical and psychological terms. For instance, hazards related to violence or aggression should be assessed for both verbal/psychological and physical aspects. Such a comprehensive approach is vital in establishing an effective Occupational Health and Safety Management System (OHSMS) that proactively minimizes the occurrence of incidents or injuries, ultimately contributing to the creation of a safer workplace environment.

2.04 **Q. Have the identified health and safety hazards been evaluated according to risk?** **1/10**

Notes A total of 10 JSAs were sampled. 1/10 JSAs have all hazards evaluated according to risk: Health Care Aide. The remaining 9 JSAs (HK, Laundry, Maintenance Manager, Educator, PT Cook/Assistant Cook, ADSP Manager, Receptionist and Recreation.) did not have all hazards evaluated according to risk. The tasks, while they identify hazards in the JSAs, the hazards were grouped together, and they were all evaluated within the task as one group. For example: Housekeeping Aide Task: Use of gum remover; hazards identified were 1. Explosion of pressurized container, eye, 2. skin freezing on contact, 3. Back and wrist strain. All those 3 hazards were evaluated as one group altogether instead of separating and evaluating each hazard. The hazards were evaluated and scored according to 1. Potential Consequence, 2. Hazard probability, and 3. Frequency of Exposure. All 3 scores are then added, and the resulting score ranked according to low, medium, and high hazard.

SFI It is recommend revisiting the hazard evaluation process with a more granular approach. It is essential to ensure that all hazards are thoroughly assessed according to their respective risks. In cases where multiple hazards are identified within a single task, it is advisable to separate and evaluate each hazard individually.

This approach will provide a more nuanced understanding of the unique risks associated with each hazard, enabling more precise risk mitigation strategies to be developed. Additionally, it promotes a more comprehensive and accurate hazard assessment, which is crucial for creating a safer and healthier work environment.

2.05 **Q. Is senior management knowledgeable about the highest hazard tasks related to their operations?** **10/10**

Notes The interview with the Senior Manager affirmed the existence of significant hazards within the Allen Gray Continuing Care Facility. Specifically, the act of Providing Direct Care to a Dementia Resident was identified as a high-risk activity, posing potential hazards such as injuries resulting from Resident Aggression and the risk of Covid-19 transmission, especially when collaborating with asymptomatic clients or workers. This acknowledgment underscores the presence of elevated hazards associated with Allen Gray's operations, warranting a 100% rating for their recognition and assessment.

2.06 **Q. Do the following participate in the formal hazard assessment process?** **10/10**

Notes 4/4 Managers and 1 Supervisor Interviews have given positive indication that Managers and supervisors participate in formal hazard assessments. Some sample statements from interviews:

- Manager reviews the Formal Hazard Assessment upon completion and reviews it annually with staff
- When there are new hazards identified they make sure that they place the correct controls and implement
- Supervisor stated that they collaborate with staff to review the formal hazard assessment

2.07 **Q. Have workers participated in the development and/or review of the formal hazard assessments?** **9/10**

Notes 34 out of 37 interviews were affirmative interviews, affirming their active involvement in the formal hazard assessment processes. Each of them attested to their engagement when changes or updates to the Formal Hazard Assessments were required. An illustrative instance was shared, where a surge in reported incidents stemming from agitated residents prompted them to swiftly implement a hazard control measure. This entailed discontinuing care, notifying Registered Nurses (RNs), and rescheduling care for a later time to ensure safety. 3 worker interviews have stated that they are not aware of what is the process of reviewing and their participation in the development of a formal hazard assessment.

Additionally, they diligently oversee the scheduled annual reviews of Formal Hazard Assessments, thereby demonstrating a commitment to maintaining an initiative-taking and vigilant approach to hazard management within the organization.

SFI	<p>There is a noted deficiency of long term employees not aware of their participation of reviewing a formal hazard assessment. It is recommended that long-time employees actively engage in the regular review of formal hazard assessments. This can be done through the Annual Formal Hazard Assessment Departmental review wherein a group of employees with varying work experience can participate. Their wealth of experience and familiarity with the workplace environment positions them as invaluable resources in identifying potential hazards, assessing the effectiveness of existing controls, and suggesting improvements. Encouraging their active participation not only enhances the accuracy of hazard assessments but also promotes a culture of continuous improvement in workplace safety. Their insights can significantly contribute to the ongoing refinement of safety protocols and the creation of a safer work environment for all employees.</p>	
2.08	<p>Q. Are employees designated to lead the formal hazard assessment process trained?</p>	5/5
Notes	<p>The Auditor reviewed the hazard assessment procedures outlined in section 1.5:</p> <p>All department managers, in collaboration with their respective staff, are required to compile an inventory list encompassing all tasks. Similarly, all department managers, with input from their staff, are expected to undertake the hazard identification, assessment, and control process for each job task. Furthermore, it is imperative that staff actively participate in the completion, review, and potential revision of Job Safety Analyses (JSAs). Managers must ensure that all staff members across all shifts have had the opportunity to review their respective JSAs and provide input for updates or revisions.</p> <p>Upon reviewing a sample of 10 JSAs, it was observed that there was no indication of who led the creation of each JSA document. However, staff signatures were found on the Hazard Assessment (HA) Team.</p> <p>The Occupational Health and Safety (OHS) Coordinator possesses a valid HA CCSA Certificate, obtained on October 26, 2021.</p> <p>There are a total of 11 individuals responsible for leading the hazard assessment process, comprising 9 department managers, 1 Supervisor and 1 OHS Coordinator. It is noteworthy that all 11 of them have received training. Notably, one nursing manager received a certificate from CCSA for Hazard Assessment and Control on October 4, 2023.</p>	
2.09	<p>Q. Is there a written policy and/or process to review formal hazard assessments?</p>	5/5
Notes	<p>1.5 - HAEC reviewed. met 6/6 criteria. "JSAs are to be reviewed at regular intervals, whenever there is a change in procedure process, a new piece of equipment is purchased, an incident investigation or inspection identifies a new hazard, or a site-specific hazard assessment (or pre-task hazard assessment) identifies a hazard..."</p>	
2.1	<p>Q. Are formal hazard assessments reviewed as per the policy and/or process?</p>	5/5
Notes	<p>6 out of 6 Hazard Assessment Leads Interviews comprised of 1 Senior Manager, 4 Managers and 1 Supervisor gave positive indicators that Formal Hazard Assessment are reviewed as per policy. The following statements given:</p> <ul style="list-style-type: none"> - Formal hazard Assessments are reviewed yearly - Formal Hazard Assessments are reviewed when there are new hazards are identified from an existing task - Formal Hazard Assessments are made when there is a new equipment and task is introduced in the workplace 	
2.11	<p>Q. Does the employer have a process for conducting site-specific hazard assessments when a new activity has been temporarily introduced at the work site? When work is conducted at a temporary/mobile work site (whether owned by the employer or not)?</p>	0/10
Notes	<p>Reviewed 1.5 Hazard Assessment Procedures: 10. " A pre-task hazard assessment is completed by maintenance staff and/or contractors immediately before starting a non-routine job task or work at a temporary worksite such as during new construction or non-routine equipment maintenance or repair. Hazard controls are implemented, and Allen Gray staff are made aware of these controls."</p> <p>Though the definition of the "pre-task hazard assessment" meets the requirement for site-specific hazard assessment, it was specifically noted that it is "completed by maintenance staff and contractors." Only a 50% score was awarded because all staff should be aware of and complete a site-specific hazard assessment for both parts A and B.</p>	
SFI	<p>It is found that there is no standardized procedure for all employees to document their assessments for site specific hazard assessment. It is recommended to create and implement a dedicated policy for Site-Specific Hazard Assessments to ensure that all staff members are well-informed and actively engaged in the process. This policy should mandate that employees are aware of and complete a site-specific hazard assessment for any recent activity temporarily introduced at the workplace. By establishing such a policy, you can foster a culture of initiative-taking risk identification and mitigation, enhancing overall workplace safety. It will also provide clear guidance on the steps and responsibilities involved in conducting site-specific hazard assessments, ensuring that all employees are aligned with safety protocols when engaging in new activities. It is also recommended to create a site-specific hazard assessment form to be used by staff.</p>	
2.12	<p>Q. Have site-specific hazard assessments been conducted before work begins on the day of the job? Repeated if changes are introduced?</p>	10/10
Notes	<p>1 Job Safety Analysis document was reviewed by the Auditor and the document verified 1/1 site-specific Hazard assessments were completed before work began wherein Sage Prevalon Airtap Repositioning System was introduced and an assessment was done May 16, 2023 by a Nursing Staff 100% is awarded</p>	
2.13	<p>Q. Have controls been identified for site specific hazard assessments?</p>	5/5

Notes	<p><i>Upon review of 1 Site specific Hazard Assessment for the Year 2022. 20/20 controls were identified and implemented Some Samples are:</i></p> <p><i>TASK : Placing Booster Pump near under foot of the Bed or using during transport -</i> <i>HAZARD: Trips and falls</i> <i>CONTROL: Administrative: Place the Airtap pump beneath the bed near the foot of the bed where it will not be an obstruction when staff is moving around the bed</i></p> <p><i>TASK: Plugging equipment / Plugging and using Airtap System Booster Pump</i> <i>HAZARD: Potential burn injury</i> <i>CONTROL: Report any malfunctioning with removal from service</i></p>	
2.14	Q. Do site-specific hazard assessments involve affected employees at the work site?	7/10
Notes	<p><i>Out of the 42 interviews 30 gave positive reviews wherein 26 workers have stated that during site specific hazard assessments they are asked to participate wherein they are asked for their input on what hazards are present when a new equipment, task or environment. 14 out of the 30 positive interviews with workers have stated the example of the SAGE PREVALON LIFT when it was introduced on the Facility, they had to help out in finding out the hazards and that they trained on how to properly use the equipment. 4 Managers gave examples if there is a new task or equipment introduced, they are responsible in informing the OHS Department before introducing the new task, new equipment or new environment to the staff so an assessment can be made first. 12 of the workers and 1 supervisor interviewed gave Negative responses wherein they state they are not familiar of the site-specific hazard assessments as they have not encountered any changes as of recent.</i></p>	
SFI	<p><i>Considering the recommendation to introduce a new policy and forms for site-specific Hazard Assessments (HAs), it is advisable to formulate a comprehensive communication plan. This plan should be designed to effectively disseminate information and provide training at all organizational levels, starting from senior management and extending to frontline workers.</i></p> <p><i>The communication plan should encompass specific strategies for different departments, outlining how site-specific hazard assessments are applicable to each department or role. Special emphasis should be placed on those roles that frequently encounter temporary or mobile conditions, such as maintenance and recreation staff (e.g., when using the bus). Training should be structured to educate employees on the purpose, process, and importance of site-specific hazard assessments, including guidelines on when and how to complete the newly introduced forms.</i></p> <p><i>This robust communication plan will ensure that all staff members are well informed about the necessity and procedure for conducting site-specific hazard assessments. It will bolster the effectiveness of Allen Gray's Occupational Health and Safety Management System (OHSMS) in safeguarding workers against injuries stemming from hazards associated with temporary or mobile conditions.</i></p>	
2.15	Q. Is there a system in place for workers to report newly identified hazards?	10/10
Notes	<p><i>All 37 worker interviews provided positive feedback, highlighting the accessibility of the Hazard Reporting Process implemented by Allen Gray. 37 Workers expressed that the process is user-friendly, allowing them to report hazards either by filling out a form available on the OHS Bulletin board and submitting it to their manager or by verbally reporting the hazard to their managers as soon as it is identified.</i></p>	
Strength	<p><i>All workers emphasized a key strength in the Hazard Reporting Process at Allen Gray: its accessibility and user-friendly nature. The workers value the flexibility of promptly reporting hazards through various convenient channels, whether it is by completing hazard report forms on the OHS Bulletin board or by directly informing their managers verbally. This accessible system ensures the swift and effective resolution of potential risks, promoting a safer work environment.</i></p>	
Comment	<i>None entered.</i>	
Element 3	Hazard Control	118/130 (91%)
	<p>If an identified hazard cannot be eliminated, controls are implemented to reduce the risk of the hazard. Implementation of hazard controls will result in the reduction of incidents. Three methods of control are: Engineering (i.e., elimination, substitution, guards, ventilation, sound barriers, etc.); Administrative (i.e., safe work practices, job procedures, job rotation, training, etc.); Personal Protective Equipment (i.e., eye protection, hearing protection, gloves, fire retardant coveralls, etc.).</p>	
3.01	Q. Have controls been identified for the hazards listed in the formal hazard assessments?	3/10
Notes	<p><i>From the 10 JSAs examined, controls for each hazard were specified in 4 out of the 10: namely for HCA, Cook/Assistant Cook, Receptionist, and Recreation. For instance, within the Cook/Cook's Assistant category, the task of "Broiling and Grilling Food" presents the hazard of "Burns from hot surfaces." The suggested controls include adopting appropriate safety measures, following the correct handling procedures, and wearing the necessary PPE like the Food Services Cotton Uniform, safety shoes, oven mitts, and potholders.</i></p> <p><i>However, the remaining 6 JSAs for roles including Housekeeping, ADSP Manager, Laundry, Maintenance, Educator, and PT lacked a detailed breakdown of controls for each specific hazard. Instead, multiple hazards were lumped together under a single task with a generic list of controls, which might not be relevant for each hazard. Taking the "Drying Laundry" task as an example: the identified hazards were Biohazard, Back Strain, Wrist Repetitive Injury, Cuts, and Chemical Hazard. Regrettably, these hazards were grouped and addressed collectively with a generic set of controls. Ideally, each hazard should have its own distinct set of controls to ensure safety.</i></p>	
SFI	<p><i>It is recommending refining the hazard assessment process to address each identified hazard individually with tailored controls. It is essential to avoid grouping multiple hazards under a single task and applying generic controls that may not be relevant to each specific hazard. For instance, when considering the "Drying Laundry" task, hazards such as Biohazard, Back Strain, Wrist Repetitive Injury, Cuts, and Chemical Hazard should each have their dedicated set of controls. This approach ensures that safety measures are precise and effectively mitigate the unique risks associated with each hazard, enhancing workplace safety and reducing the potential for incidents or injuries.</i></p>	
3.02	Q. Have the identified engineering controls been implemented?	20/20

Notes Of the 10 JSA's or hazard assessments examined, 12 engineering controls were confirmed via direct observation. These controls include: Proper Ventilation/exhausts (for Cook/Cook's Assistant), Adjustable chairs, Footrests (used by Receptionist, Educator, and Recreation staff), Anti-Slip Mats (at Reception), Dutch Door Latches (for HCA, PT), Wet floor signs (ADSP), Protective Guards for Meat Slicing (Cook's station), Automatic Dispensers (in laundry rooms), Adjustable beds for residents (utilized by HCA), Charting Stools (HCA), Fall Arrest Gear (for Maintenance Manager), and Carts (Recreation).

The high-risk hazards identified are: Back strains due to lifting, potential falls when working at elevated heights, and injuries from blades.

All 12 engineering controls, representing 100%, were verified as in place through observation. For instance, protective guards for meat slicing were seen being employed in the kitchen; charting stools and Dutch door latches were consistently present on Dutch doors at nursing stations on both the 2nd and 3rd floors; and Anti-slip mats were positioned appropriately in the reception area.

3.03 Q. Have the identified administrative controls been implemented?

20/20

Notes Auditor conducted a review of 10 sample JCA's (Job Hazard Analyses) or hazard assessments and obtained a sample of 8 administrative controls as follows: SDS/MSDS

WHMIS Education annually

Training in proper body mechanics

Education for Responsive Behaviors

Education for Dementia

Training in appropriate PPE (Infection Prevention and Control)

Code white (Emergency response)

Preventative maintenance (Equipment inspection and maintenance on a regular basis)

There are 3 identified high hazards encompassing Violent Residents and Aggression, Back Strain (related to lifting heavy objects), and COVID-19.

Auditor also reviewed 4 Annual General Orientation Tracking Records spanning from April 2023 to August 2023. This General Orientation is conducted annually for all staff, with monthly sessions scheduled to cover the entire workforce. The topics covered in the General Orientation Standing Agenda include Emergency preparedness and Codes, Infection Prevention and Control (IPC) Practices and pandemic protocols, Lifts and Transfers, WHMIS Training, Dementia, and Responsive Behaviors. The review of the CCHSS Tracking Sheet and Education records confirmed that all staff members are receiving training in the administrative controls that were sampled. For instance, all 114 Health Care Aides (HCAs) have received training on Responsive Behaviors, and this training is kept up to date as required every 2 years.

Furthermore, Auditor examined 3 Preventative Maintenance Records from July 2023 to September 2023, which demonstrated that kitchen equipment is being regularly inspected. For example, equipment such as the Meat slicer and Hobart Mixer underwent inspections on specific dates in September, August, and July 2023, respectively.

Overall, the findings indicate a commitment to comprehensive hazard assessments, staff training, and equipment maintenance within the organization, contributing to a safer and more secure workplace environment.

3.04 Q. Have the identified personal protective equipment (PPE) controls been implemented?

20/20

Notes 10 Personal Protective Equipment stated in the Hazard Assessment was observed to be present by the Auditor during the observation tour. The Following PPE observed present were: Rubber Gloves- Nursing Dept; Mask- Nursing Dept; Eye shields- Nursing; Oven Mitts- Food Services; Puncture Safe Gloves- Food Services; Rubber Gloves- Food Services; Working gloves- Maintenance; Steel Toe boots- Maintenance; Safety Goggles- Maintenance; Earplugs- Maintenance

3.05 Q. Are changes to hazard controls communicated to affected employees?

5/5

Notes All 43 employee interviews have affirmed that if there are changes in implemented hazard controls they get communication from management via shift reports, memos. 4 Managers 1 supervisor and 1 Senior manager have stated that if there are changes in hazard controls it is discussed in the OHS HSC Meeting and Leadership Meeting. The changes will then be emailed via Allen Gray email system and posted in the OHS Bulletin Boards. Staff will also get added training if needed that would supplement the hazard control changes.

3.06 Q. Are employees using the established hazard controls?

15/15

Notes 41 out of 43 employees gave positive interviews that the established hazard controls are in place. Interviews reveal that workers utilize equipment like ceiling lifts and dollies while performing their tasks. 1 manager mentioned that she was provided with an ergonomic chair to minimize strain during desk work. Additionally, 2 food service workers noted that they have safety shoes and Cut resistant Gloves.

The auditor has observed that workers are using 20 Hazard controls. 2 of the workers gave a negative interview where they cannot identify a hazard they currently use.

During Observation tour Auditor observed the following:

10 Engineering Controls such as 1 Sharps containers, 1 Mechanical Lifts ,1 Reception Carrying Cart, 1 RAI MDS Cart for Training Materials; 1 Carrying Cart for Recreation; 1 OT/PT Rehab Carts;1 Medi-Lift; 1 Dutch door Latch; Ventilation, 1 Ergonomic Chair

5 Administrative Controls: Resident Transfer Procedures; Fall Mat signs Tripping Hazard Allert; Spill Kit signs; SDS Binders; WHMIS Trainings

5 Personal Protective Equipment: Gloves- food services, Safety Shoes -Maintenance; Earplug- Maintenance; Anti-slip Shoes - Food Services; Masks- ADSP

SFI If employees are unfamiliar with the concept of "hazard control," it is essential to address this gap in knowledge to ensure workplace safety and compliance. It is suggested to regular refresher sessions that focus on the basics of workplace safety, including the concept of hazard control. When employees are well-informed about hazard control, they can carry out their tasks with a heightened sense of security and focus. This leads to increased productivity, as workers can perform their duties more efficiently without the distraction of potential safety concerns. By investing in regular refresher sessions, the organization can achieve long-term cost savings associated with fewer accidents and lower healthcare expenses.

3.07 Q. Do managers/supervisors enforce the use of hazard controls?

5/5

Notes 42 out of 42 interviews gave positive indicators that hazard controls are enforced by Managers supervisors. 4 Managers and 1 supervisor stated that they encourage workers to actively participate in safety programs and provide feedback on hazard controls during meetings as workers often have valuable insights into workplace hazards.

Worker has stated that Managers and supervisors Regularly review, and update hazard controls based on changing circumstances, new regulations, or lessons learned from incidents. All 42 interviews also stated the following examples of enforcements:

- Maintain detailed records of hazard assessments
- provide training
- conduct inspections
- making sure incident reports are addressed promptly.

Managers and supervisors also stated that the lead by example, demonstrating a commitment to safety through their actions and decisions.

3.08 Q. Is there a process in place for preventative maintenance of equipment, vehicles, facilities, and tools?

5/5

Notes As articulated in Organization and Management Policy 1.21, titled "Equipment Care and Preventative Maintenance," the responsibility for conducting routine maintenance checks on all equipment lies with the Department Manager. The policy further delineates the frequency and schedules for these maintenance activities, stipulating:

"The scope of maintenance encompasses a diverse array of equipment, each with its own designated maintenance requisites. This encompasses various areas including, but not limited to, the kitchen, laundry, nursing lifts, boilers, and various other equipment. Exhaustive guidelines relevant to all job functions are readily available in the maintenance shop, meticulously organized in appropriate files."

The Maintenance Binder serves as a valuable resource for maintenance schedules, housing individual checklists for reference. Additionally, section 7.1 of the Allen Gray Continuing Care Centre Preventative Maintenance Kitchen Equipment specifies that "All kitchen equipment will be maintained in accordance with the manufacturer's specifications." Each piece of kitchen equipment is assigned its unique maintenance frequency, exemplified as follows:

- Cooling and Heating Coils: Annual
- Ceiling Lifts: Monthly
- Oven/Stove/Grill, Freezer, Dishwasher: Monthly
- Bus/Van: Quarterly
- Other Equipment (e.g., Fan Coil Units): Annual
- Exhaust Fans: Every 3 months
- Cooling and Heating Coils: Annual
- Unit Heaters: Annual

This comprehensive maintenance system extends its coverage to encompass facilities, tools, and vehicles, assuring the proper upkeep of all equipment. The report attests to the successful achievement of 100% compliance with the established maintenance indicators.

SFI There is lack of specificity in defining the frequency and schedule of preventative maintenance activities in the Organization and Management Policy 1.21, titled "Equipment Care and Preventative Maintenance. It is recommended expanding the current definition of equipment within the policy to encompass tools, vehicles, and facilities. This broader definition will help provide clarity and ensure comprehensive coverage of all assets that require maintenance and care. Specifically, the revised policy should state:

"Equipment, as referred to in this policy, includes but is not limited to tools, vehicles, facilities, and other assets essential for the organization's operations. This expanded definition encompasses all items and infrastructure that require regular maintenance and preventative measures to ensure their proper functioning and safety."

The policy should also clearly define the frequency and schedule of preventative maintenance activities, providing a structured and systematic approach to ensure the ongoing upkeep and safety of equipment and facilities within the organization.

3.09 Q. Is the preventative maintenance process in use?

5/5

Notes Reviewed a sample 15 preventative maintenance schedule checklists. As per preventative schedules identified in the Maintenance Binder.

15/15 checklists confirm that the schedule and frequency were being followed 100% is awarded.

Examples of Inspections and Dates are as follows:

- Ice Machine : monthly. Inspected on January 3,2023/ February 24, 2023/ March 3,2023 /April 19,2023 / May 16,2023/June 14,2023
- Hot Water Storage Tank: Every 5 Years Inspected March 23, 2023 (Previous was Aug. 10, 2022)
- Exhaust fans: every 3mo. Inspected July 10, 2023 / April 25, 2023 / January 17, 2023
- Cooling/Heating Coils: Annual. Inspected July 21, 2023 / July 21, 2022
- Bus/Van: quarterly. July 4, 2023 / April 26, 2023 / January 10, 2023

3.1 Q. Is there a system that ensures defective equipment, vehicles, facilities, and tools are taken out of service?

10/10

Notes All 37 worker interviews confirmed the high accessibility of the Allen Gray reporting process. For example, one worker mentioned that they promptly remove equipment from the floor or affix an "out of service" sign, after which they directly report the issue to the unit clerk. Additionally, another worker pointed out that they have the option to directly contact the maintenance department to request an equipment inspection or arrange for necessary repairs. This widespread accessibility of the reporting process ensures swift response to equipment concerns and contributes to a safer workplace environment.

Strength Verified through worker interviews, it is evident that employees possess a strong understanding of the procedures and protocols for removing defective equipment, vehicles, facilities, and tools from service or for repair. They are proficient in describing the specific steps involved, including processes such as tagging out, locking out, and energy isolation. This level of knowledge and adherence to safety measures underscores a robust commitment to workplace safety and maintenance procedures.

3.11 Notes	<p>Q. Does the Violence Prevention Plan meet legislated requirements?</p> <p>Based on the review of Alberta OHS Legislation, specifically Code Part 27, Sections 390 - 390.2, and Allen Gray Continuing Care Centre's Prevention of Workplace Harassment and Violence Policy, it is evident that 15 out of 16 criteria have been met.</p>	0/5
	<p>However, there is a notable gap in the policy regarding the implementation of measures to eliminate or control the hazard of violence identified because of an investigation. While the policy expresses a commitment to eliminating or controlling harassment and violence hazards, it lacks specific procedures or guidelines for taking action once these hazards have been identified through an investigation.</p>	
SFI	<p>The Recommendation in addressing this policy gap by developing and incorporating clear procedures and guidelines for the implementation of measures aimed at eliminating or controlling hazards of violence. These procedures should outline a step-by-step process, responsibilities, and timelines for taking action in response to identified hazards. This initiative-taking approach will ensure that the organization effectively addresses workplace violence and harassment hazards, aligning with its commitment to creating a safe and respectful work environment for all employees. To address this gap and ensure a comprehensive approach to workplace safety, it is recommended that Allen Gray Continuing Care Centre develops and incorporates clear procedures and protocols for implementing measures to eliminate or control hazards of violence. These procedures should outline steps, responsibilities, and timelines for addressing identified hazards and should align with the commitment stated in the policy. This enhancement will help ensure a more effective and systematic response to workplace harassment and violence hazards, promoting a safer work environment.</p>	
3.12 Notes	<p>Q. Does the Harassment Prevention Plan meet legislated requirements?</p> <p>Reviewed Alberta OHS Legislation. Code Part 27, Sections 390.4 - 390.6 and Allen Gray Continuing Care Centre 1.11 Prevention of Workplace Harassment and Violence Policy.</p>	5/5
	<p>9/9 Criteria met.</p>	
	<p>Example of policy statements noted: "Nothing in this policy is intended to discourage a worker from exercising the worker's rights, pursuant to any law, including human rights laws..."</p>	
	<p>Example of procedure statements: "The individual should make their feelings known verbally to the alleged offender. This communication may be done..."</p>	
SFI	<p>The existing Violence Prevention Program policy lacks specificity by not explicitly including the term "harassment" within its scope and objectives. This deficiency limits the policy's effectiveness in addressing the full spectrum of potential threats to a safe work environment. While the recommendation acknowledges the commitment to preventing workplace violence, the absence of explicit reference to "harassment" undermines the policy's comprehensiveness and may result in a gap in addressing all forms of workplace misconduct. It is a recommendation to update the Violence Prevention Program policy to explicitly include the term "harassment" within its scope and objectives. By incorporating the term "harassment," the policy will reflect a more comprehensive commitment to preventing and addressing both workplace violence and harassment. This inclusive language will provide clear guidance and emphasize the organization's dedication to fostering a safe, respectful, and a violence and harassment-free work environment for all employee</p>	
3.13 Notes	<p>Q. Have the Violence and Harassment plans been reviewed as per legislated requirements?</p> <p>Auditor reviewed Allen Gray Continuing Care Centre 1.11 Prevention of Harassment and Violence Policy. The Document has been reviewed last January 25, 2023 as stated in the Document Field Date Reviewed/Issued. 3/3 criteria met. In the "Review of this Policy" section, it states, "It will be reviewed in conjunction with the Joint Work Site Health and Safety Committee on the earlier of: (1) after an incident of Workplace Harassment or Violence occurs; (2) if the JWSHSC recommends; or (3) once every after 3 years. "</p>	5/5
Comment	<p>None entered.</p>	
Element 4	<p>Joint Work Site Health and Safety Committees and Health and Safety Representatives</p> <p>Joint Work Site Health and Safety Committees are a key element of the internal responsibility system. It brings work site parties together to work on topics such as hazard identification and control, investigation of health and safety incidents, and responding to reports of dangerous work. If the employer has 1-4 employees as determined through the audit scope, this element may be marked not applicable.</p>	90/95 (95%)
4.01 Notes	<p>Q. Do the terms of reference for the HSC include all legislated requirements?</p> <p>5/8 criteria met.</p> <p>Reviewed the requirements from Alberta OHS Legislation. Code Part 13, Section 197 Allen Gray Continuing Care Center OHS terms of reference - Signed Sept 15, 2023, by CEO and AUPE, UNA, Non -Unionized staff rep. and</p>	0/5
	<p>(a) outlining the process to select co-chairs, (+) - "workers selected by the 3 worker groups"</p> <p>(b) outlining the process for selecting worker members to the committee to ensure worker members are representative of the workers for that employer, (+) "...comprised of representatives appointed by the Alberta Union of Provincial Employees, The United Nurses of Alberta, non-unionized staff, and Allen Gray Continuing Care Centre Management."</p>	
SFI	<p>Although there is a separate Health and Safety Policy outlining criteria e, f and h it is recommended to state in the Terms of Reference the following : establishing clear processes for forwarding health and safety concerns to the employer, defining a structured procedure for replacing Health and Safety Committee (HSC) members when necessary, and outlining steps to address situations where committee members are not fulfilling their duties. These processes will enhance the effectiveness of the HSC and ensure that health and safety matters are promptly addressed, committee membership remains robust, and accountability is maintained for all members' responsibilities.</p>	
4.02	<p>Q. Is the HSC established as per legislated requirements?</p>	5/5

Notes	<p>The Auditor has reviewed 10 Occupational Health and Safety Committee Meeting Minutes and 1 Official AGCCC HSC Member List/Poster. As per Section 13(1) of Part 2 in the Alberta Occupational Health and Safety (OHS) Act, employers are required to establish a joint health and safety committee in consultation with certified bargaining agents if they regularly employ 20 or more workers. Upon reviewing the official HSC Members List 2023 Document/Poster, it was confirmed that the established Health and Safety Committee (HSC) comprises 7 Official Members. This includes 3 representatives from the employer and 4 from the workers. The Terms of Reference document also indicated the presence of a union representative from AUPE and UNA worker representatives, all of whom have duly signed the document. These findings unequivocally demonstrate full compliance with the legislation regarding the establishment of a health and safety committee.</p>	
4.03 Notes	<p>Q. Has a HS representative been designated as per legislated requirements?</p> <p>Auditor has marked 4.03 as Not Applicable as there is no Designated HS Representative because there is a Health and Safety Committee in place for the Allen Gray Continuing Care Centre</p>	N/A
4.04 Notes	<p>Q. Have duties been written for the HSC and/or HS representative(s)?</p> <p>The auditor conducted a review of the Allen Gray Occupational Health and Safety Policy, issued on January 25, 2022, and signed by the previous CEO. Additionally, the document titled "1.4 Health and Safety Procedure Manual" was examined. Auditor found 4 duties of an HSC member written in the Allen Gray Occupational Health and Safety Policy and Document entitled 1.4 Health and Safety Procedure Manual</p> <p>According to these documents, the Health and Safety Committee (HSC) is entrusted with specific duties, which include:</p> <p><i>Receipt, Consideration, and Disposition of Concerns:</i> The HSC is responsible for receiving, considering, and appropriately addressing health and safety concerns and complaints raised by workers.</p> <p><i>Hazard Identification and Control:</i> The committee plays a crucial role in identifying hazards within the workplace and actively participating in the development and implementation of controls to mitigate these hazards. This is done in order of priority, reflecting a proactive approach to hazard management.</p> <p><i>Recommendations to the Employer:</i> The HSC is empowered to make recommendations to the employer regarding the health and safety of workers. This highlights the committee's advisory role in promoting and enhancing workplace safety.</p> <p><i>Quarterly Review of Inspection Reports:</i> The committee is also tasked with the regular review of inspection reports, conducting these reviews on a quarterly basis. This serves as a critical mechanism for monitoring and improving workplace safety practices.</p> <p>These clearly defined duties outlined in both the policy and procedure manual provide a strong foundation for the HSC's responsibilities and contribute to the organization's commitment to maintaining a safe and healthy work environment.</p>	5/5
SFI	<p>While the health and safety committee's duties and responsibilities have been documented to align with legislative requirements, there exists inconsistency in content across various documents, some of which reflect outdated legislative standards. It is advisable that Allen Gray undertakes a thorough review and revision of the "Duties of Committee Policy" to ensure that its verbiage is in harmony with current legislation. This revision aims to establish a single, authoritative source of information, thereby providing clear and consistent guidance to the Health and Safety Committee (HSC). Such an initiative will contribute significantly to enhancing Allen Gray's Occupational Health and Safety Management System (OHSMS) and its overall effectiveness.</p>	
4.05 Notes	<p>Q. Have the HSC members and/or the HS representative(s) been trained in their duties and responsibilities?</p> <p>The auditor conducted a review of the 1 Official HSC Members List for the year 2023 and identified a total of 7 official members within the Health and Safety Committee (HSC). 7 Training Certificates were reviewed that documents that 7 of these members have successfully completed the CCSA Health and Safety Committee / Representative training. Notable examples include the 2 Co-chairs, who hold CCSA certificates for Health and Safety Committee/Representative training, with training dates recorded as June 1, 2021, and December 9, 2019. This demonstrates a strong commitment to training and proficiency among the HSC members.</p>	10/10
4.06 Notes	<p>Q. Do the HSC members and/or HS representative(s) understand their duties and responsibilities?</p> <p>2 out of 2 HSC worker interviews gave positive responses that HSC members understand their duties and responsibilities.</p> <p>Sample Statements include:</p> <ul style="list-style-type: none"> - When Allen Gray Employees would inform them about the health and safety issue, they would address it as soon as possible and would also present the concern at the HSC Meeting - One HSC Member interview stated that they can suggest Health and Safety recommendations during the HSC meeting for Health and Safety Concerns Presented - They advocate Health and safety in the workplace by promoting and giving out the Latest Health and Safety Information to Allen Gray Employees 	10/10
Strength	<p>The Health and Safety Committee (HSC) members robust and comprehensive understanding of their duties and responsibilities ensures a steadfast commitment to workplace safety, enhancing the overall health and security environment for all stakeholders. Their collective knowledge and dedication serve as an invaluable asset in our continuous pursuit of a safe and hazard-free workplace.</p>	
4.07 Notes	<p>Q. Do HSC members and/or the HS representative(s) participate in the formal hazard assessment process?</p> <p>Through interviews, it has been established that all 43 employees are well-informed about the role and functions of the Health and Safety Committee. They have a clear understanding of the committee's activities, as they regularly encounter Health Safety Committee members during meetings and inspections. Additionally, the employees are familiar with the committee's members, as the names and contact information of the members are prominently displayed throughout the Allen Gray Facility. Even new hires are introduced to the committee members, as they receive a copy of the committee members' contact details upon joining the organization.</p>	5/5

4.08	Q. Do HSC members and/or the HS representative(s) participate in health and safety activities?	10/10
Notes	<i>Through interviews, it has been established that all 43 employees are well-informed about the role and functions of the Health and Safety Committee. They have a clear understanding of the committee's activities, as they regularly encounter Health Safety Committee members during meetings and inspections. Additionally, the employees are familiar with the committee's members, as the names and contact information of the members are prominently displayed throughout the Allen Gray Facility. Even new hires are introduced to the committee members, as they receive a copy of the committee members' contact details upon joining the organization.</i>	
4.09	Q. Is there a policy or procedure in place for the HSC and/or HS representative(s) to address employee concerns related to the health and safety system?	5/5
Notes	<p><i>Reviewed policy: 1.4.1 HSC Duties of Committee, which states, "Receipt, consideration and disposition of health and safety concerns and complaints will be forwarded in writing to the co-chair and a copy sent to the CEO. Acknowledgement and receipt of the concern and complaint will be forwarded in writing."</i></p> <p><i>1.5 Health and Safety Procedure Manual - Hazard identification process, states that "All Allen Gray Continuing Care Centre employees are expected to be continuously aware and looking for hazards... complete a hazard reporting form... may be reported in writing them in departmental communication book where managers will read."</i></p> <p><i>The 2 documents confirm that there is a process in place to address concerns, which includes hazards identified, related to the Health and Safety System. 100% from positive indicators.</i></p>	
4.1	Q. How do employees bring forward health and safety concerns and complaints?	10/10
Notes	<p><i>Out of the 43 interviews conducted, which included 37 workers, 4 managers, 1 supervisor, and 1 senior manager, there have been positive signals indicating that Allen Gray employees have effective means of reaching out to HSC members. They can do so through email, one-on-one meetings, or by making a phone call.</i></p> <p><i>Ten of the workers interviewed shared that they have previous experience directly contacting an HSC member when they had concerns, such as equipment-related issues. Additionally, one manager recounted an instance where an HSC member was contacted regarding a workplace incident within a staff department, and the issue was promptly addressed.</i></p>	
4.11	Q. Is a process in place for the HSC and/or HS representative(s) to make health and safety recommendations to management?	10/10
Notes	<i>All four managers have affirmed that health and safety recommendations originate from the Allen Gray's Health and Safety Committee. One manager provided an illustrative example where the need for a warning system to address tripping hazards associated with Resident Fall mats was identified. In response to this, the co-chair of the committee collaborated with the Rehabilitation Department to install warning signs in the rooms where fall mats were placed to mitigate the risk.</i>	
4.12	Q. Are health and safety concerns/complaints received by the HSC/HS Representative resolved in a timely manner?	5/5
Notes	<p><i>Reviewed 10 HSC Committee minutes and 1 related Hazard Reporting Forms that indicate 2 concerns brought up in the past 12 months. 2/2 were corrected in a timely manner.</i></p> <p><i>November 25, 2022 (Friday)- The High position of the POC iPad creates an awkward position for the worker's arm. Corrective action: New tablet POC setup on a pull-out tray. - Completed date January 19, 2023. The resolution was initiated on November 30, 2022 - As per the reviewed email from the HSC co-chair discussing options and recommendations. Finding the right engineering control (The first option was ordered extending, mechanical holder attached to the wall but trialed was going to create new hazards) was thoroughly discussed within the timeline as per the email document reviewed. The pull-out tray set-up needed to be installed after it was ordered. Discussed in the HSC meeting on January 26, 2023, as resolved.</i></p> <p><i>August 25, 2023 - Concern regarding the status of the ceiling lift was brought up in the meeting. Discussion for resolution have started on the same day and the demonstration meeting is scheduled.</i></p>	
4.13	Q. Does the HSC hold meetings as identified in the terms of reference?	5/5
Notes	<p><i>Reviewed 10 Health and Safety Meeting Minutes within the past 12 months: Oct 2022- Aug 2023.</i></p> <p><i>As per terms of reference, frequency is monthly with a minimum of quarterly. 100% requirements met.</i></p> <p><i>January 26, 2023 - Quorum met - 9 attendees present including 2 co-chairs and guests.</i></p> <p><i>February 23, 2023 - Quorum met 8 attendees present -including co-chairs and guests.</i></p> <p><i>May 24, 2023 - Quorum met with 11 attendees present including co-chairs and guests.</i></p>	
4.14	Q. Does the HSC/HS representative review the employers work site inspection documentation?	5/5
Notes	<p><i>10 H&S meeting minutes reviewed the past 12 months, and 20 Inspection reports were sampled from January - July. 100% positive indicators that inspection reports are being discussed in HSC meetings as it is a standing item in the agenda: "Report on Departmental Inspections or Facility Wide Inspections."</i></p> <p><i>Examples are as follows:</i></p> <p><i>HSC meeting minutes February 23, 2023: "Report on Semi-annual Facility-wide inspections Feb 2023 - there are no major issues found during the inspection."</i></p> <p><i>HSC meeting minutes April 20, 2023: "All departments have completed inspections; no major deficiencies found but suggestions have been made."</i></p>	
4.15	Q. Are the names and contact information of the HSC members and/or the HS representative(s) readily available?	5/5
Notes	<i>The Auditor found during the observation tour that names of the official members of the HSC were posted on the OHS bulletin board, Staff lunchroom bulletin boards on all floors and in all department offices. 7 HSC members listed. 100% positive indicators.</i>	
Comment	<i>None entered.</i>	
Element 5	Qualifications, Orientation, and Training	90/90 (100%)

Qualifications, orientations, and training are essential to ensure employees perform their job tasks in a safe and healthy manner. An employer is responsible to ensure the employee is competent.

5.01 Notes	<p>Q. Is there a process to ensure employees are qualified for the position for which they are being considered?</p> <p>A. Auditor Reviewed 1 document entitled "3.17 Human resources - Staff Recruitment Policy" which states, "Allen Gray Continuing Care Centre ensures that all prospective employees :</p> <ul style="list-style-type: none">-are treated equitably during the process of hiring-a structured interview process and tool will be used to aid in an equitable selection process-The employee will also show verification of all applicable credentials (licensure, certifications and registration)-Annual registration with governing bodies will be verified by the Human Resources Manager. <p>Examples of the information verified as per checklist: First Aid, Registration Permit (RN, LPN), Resume, Reference Check, Criminal/Vulnerable Sector Check.</p> <p>B. 5/5 Interviews gave positive indicators that there is an unequivocal assurance that a robust system is in place to verify the competence of newly hired employees in their respective roles. Managers interviewed have emphasized that all department staff must hold degrees, diplomas, or certificates as prerequisites for job consideration.</p>	15/15
Strength	<p>The Allen Gray Continuing Care Centre has a strong recruitment process to ensure that employees are qualified for the position for which they are being considered. Having qualified individuals, who are knowledgeable and experienced in their roles, supports the foundation of an effective workforce, and creates a positive safety culture.</p>	
5.02 Notes	<p>Q. Does the orientation process cover OHS rights and critical health and safety information?</p> <p>Auditor reviewed Allen Gray Continuing Care Centre Occupational Health and Safety Department Orientation Checklist and AGCCCC OHS FAQs. 9/9 Requirements met. Examples of checklist items were: "Policy reviews: AGCCC Safety Policy 1.1 - Compliance with OH&S Policies and procedures Policy 3.27.1; Expectations from Staff Policy HR 3.10; Workplace Violence Policy; AGCCC OHS Facts Info Sheet (Includes 3 Rights)" 100% was awarded.</p>	5/5
SFI	<p>Although the Allen Gray Continuing Care Centre Orientation Package and Buddy System cover all legislative requirements, some of the agenda items and information are unclear and inconsistent, e.g., Workplace Violence Policy was in the checklist, but the policy is Workplace Harassment and Violence Policy. It is recommended to review the orientation checklist and current policies and procedures to have clear and consistent messaging for all staff. This will help support the learning of all employees and their right to know to be able to work safely and contribute to the overall OHSMS.</p>	
5.03 Notes	<p>Q. Do managers/supervisors ensure orientations were conducted prior to employees starting regular duties?</p> <p>42 out of 42 interviews gave positive interviews wherein 37 workers received training through both a General Orientation and a one-on-one session with managers as part of the OHS Orientation incorporated in the Buddy shift Training. All four managers and one supervisor have affirmed that the HR Manager would ensure that new hires are scheduled for the General Orientation at least a week prior to commencing their regular duties. They also mentioned that the Buddy shift Orientation is conducted on the first day of the new hire's job.</p>	10/10
5.04 Notes	<p>Q. Are managers/supervisors provided with training to support them in their role?</p> <p>A.) Upon reviewing the 1 OHS Training Tracker Document, it was confirmed that all 10 individuals (comprising 9 Managers and 1 Supervisor) underwent training tailored to enhance their roles. 15 Training Certificates were reviewed by the Auditor. The tailored training programs included:</p> <ul style="list-style-type: none">Hazard Assessment and Control, led by department managers as outlined in policy (Certificate from CCSA dated Aug 17, 2023).Incident Investigations (Awarded to FS Manager with a CCSA Certificate on May 11, 2023).Health and Safety Committee training (Certified to CEO by CCSA on July 27, 2023).Root Cause Analysis training (Completed by all managers/supervisors with a CCSA Certificate on Nov 19, 2021). <p>Furthermore, Care managers received job-specific training, an example of which is the PIECES Training which is supportive care with older Persons at risk or living with complex chronic conditions.</p> <p>B.) 5 out 5 interviews comprised of 4 managers and 1 supervisor gave positive confirmation that they have received specific training that would support them in their roles in the OHSMS. All 5 have confirmed that they attended OHS training sessions as a part of their responsibilities as well as to ensure that they have the competency in performing their duties to oversee workers so that they are working safely.</p>	15/15
5.05 Notes	<p>Q. Does job-specific training include hazards and controls as well as a practical demonstration?</p> <p>The auditor sampled a selection of 5 from orientation and buddy shift packages specific to five departments: OT/PT, RN, HCA, LPN, and Food Services from 10 completed Orientation and buddy shift packages. Additionally, five completed checklists were reviewed. Each package comprises a manager/preceptor guide for the onboarding of new employees, a guide featuring the orientation checklist for newcomers, a department-specific orientation checklist, copies of relevant policies, an OHS Facts Info Sheet, and a list of H&S Committee members. These checklists address hazard assessments (JSA) pertinent to their role, as well as direct demonstrations like competency evaluations, which encompass tasks such as suppository administration, medication distribution, shower procedures, and equipment operation. Notably, all five completed checklists presented 100% positive indicators.</p>	10/10
5.06 Notes	<p>Q. Do employees receive job specific training when they are assigned new tasks, or when an operational change affects their work?</p> <p>All 37 workers interviewed confirmed receiving job-specific training accompanied by practical demonstrations. During the interviews, they mentioned undergoing POC Training, Shower and Suppository Training Demonstrations, Fire Drill Procedure, REACT Stair Slide Procedure, and direct sessions for Donning and Doffing PPE.</p>	10/10

5.07	Q. Is there a process to assess competency of new and re-assigned workers?	10/10
Notes	<p>The auditor examined 1 document entitled AGCCC HR 3.27 Orientation of New Employees Policy. This policy stipulates that when employees are newly hired or transferred to another department or shift, they are paired with a departmental mentor, or "buddy", for their initial shift. This mentor delivers department-specific orientation. A checklist, which details mandatory instructional areas, is utilized during this process. The department manager is responsible for assigning and overseeing this checklist, and it is only signed off after successful completion by both the employee and the mentor. The content of this departmental orientation checklist is subjected to an annual review and is updated as required.</p> <p>Additionally, the auditor looked into the 5 completed Buddy Orientation Package for several departments including Food Services, HCA, PT/OT, LPN, and RN. The Allen Gray Continuing Care Centre Orientation Guide within this package mentions, "Certain sections of the orientation checklist might necessitate a demonstration to be reiterated."</p> <p>The outcome of the document review showed 100% positive indicators.</p>	
5.08	Q. Are competency assessments conducted?	5/5
Notes	<p>All 5 interviewees, which included four managers and one supervisor, have verified and confirmed the existence of a process to evaluate worker competency. They provided examples such as suppository competencies, where a worker is required to participate in an educational session about s. After this session, the worker completes a quiz on safe bathing temperature and is then observed and assessed by a manager during actual shower procedures. Additionally, they mentioned that there are audits for Lift Transfer competency and Donning and Doffing PPE.</p>	
5.09	Q. Is required refresher training provided?	10/10
Notes	<p>Auditor Reviewed CCHSS Tracking Sheet which shows mandatory or required training for all staff are provided with determined schedules/frequency. Example: 112/112 HCA Workers Received in house training for Responsive Behaviors training dates: Mar 23, 2023, Apr 20, 2023; IPC training Mar 23, 2023, April 20, 2023; and Emergency Preparedness March 23, 2023, and April 20, 2023. 100% positive indicators that different refresher training courses were being provided to staff.</p>	
Comment	None entered.	
Element 6	Other Parties at or in the Vicinity of the Work Site	50/50 (100%)
	<p>Other employers, and/or self-employed persons, visitors, and external worksite parties must be included in the employer's health and safety management system.</p>	
6.01	Q. Is a process in place to address the protection of others not under the employer's direction?	5/5
Notes	<p>The Auditor examined 1 document titled "Organization and Management 1.20: Contractors/Contracted Services." Within this policy, it is emphasized that the paramount priorities include safeguarding the well-being of both Center employees and individuals present at the work site, irrespective of their affiliation with the Center. Furthermore, it mandates that any contractor overseeing work operations at the Center must adhere to the relevant Act, Regulations, and Code applicable to the specific work site.100%.</p>	
6.02	Q. Is a process in place that includes criteria for evaluating and selecting other employers?	5/5
Notes	<p>The Auditor reviewed 2 document policies: "Organization and Management 1.20: Contracted Services " in the Screening of Contractors Process states that "All potential Contractors must successfully complete a "Contractor Safety Pre Qualifying Checklist" with the Allen Gray Maintenance Services Manager before entering into a contractual agreement". In the Prequalifying Checklist sample requirements are: -A Safety Program -Certificate of Recognition (COR) -Safety Training Program -Liability Insurance -WCB Experience Rate Letter</p>	
6.03	Q. Is process in place that includes a system for regularly monitoring and addressing non-compliance with other employers?	10/10
Notes	<p>A.) Following the examination of Organization and Management Policy #1.20 (Contractors/Contracted Services), it states in the policy that" in the event of a work-related issue or concern arising during the contractor's tenure, and a work stop order has been issued, the halted work cannot recommence until the underlying problem or concern prompting the work stoppage has been effectively addressed and resolved." Within these documents, a monitoring system is outlined. Notably, the policies underscore the responsibility of managers to ensure that all contractors overseeing work operations at the Center strictly adhere to the relevant Acts, Regulations, and Codes. 100% was awarded for documentation.</p> <p>B.) Managers gave 4 positive interviews that contractors once they are on site, they themselves and the maintenance manager.</p> <p>Sample Statements:</p> <p>"I would oversee the contract work and if there is non-compliance the work is stopped immediately."</p> <p>"Contractors once arrived on site will be given current occupational and health safety information such as outbreaks and i will regularly check on them during the duration of the work to make sure everything is done safely."</p> <p>"If contractors do not abide to the health and safety procedures, I have to stop them from working and if there are any safety hazards the work will not be resumed up until it is fixed or controlled."</p>	
6.04	Q. Are health and safety orientations provided to visitors? Other employers?	10/10

Notes 100% was awarded as the visitor orientation sheet was reviewed and proof of information dissemination via email dated April 4, 2023 which states "This Information sheet states the Safety Requirements that a Visitor needs to adhere to during their visitation in the facility." Log sheet states, "Did you review and agree to all Allen Gray Continuing Care Centre Visitor Safety requirements?"
 100% was awarded for section B as a 4/4pre-existing Contractors for 2023 who have attended orientation prior to starting contact work.
 Auditor has Reviewed 4 Contractor Orientation Records and 1 Volunteer Orientation Checklist:
 September 6,2023 - MI Safety
 July 27,2023 - Rapid Roofing
 June 27,2023 - Serv- Dorcette
 May 2,2023 - Mosaic Color Envy
 Volunteer Orientation Checklist June 26,2023

Strength The Allen Gray Continuing Care Centre has a great orientation process for visitors and contractors. This strengthens the positive safety culture as it considers the safety of other people within the vicinity and others not under Allen Gray's direction. This mitigates risks that are external to the organization but may certainly affect the overall safety of Allen Gray's employees, residents, and their families. therefore, creating robust OHSMS.

6.05 Q. Does the employer communicate with external work site parties regarding their health and safety responsibilities while on site? Work site hazards and controls? When there are changes to the site? 15/15

Notes All 4 managers and 1 supervisor interviewed provided positive responses regarding their methods of communicating current health and safety information, including worksite responsibilities, hazards, and controls.
 A.) They mentioned that the Maintenance manager and Educator conducting one-on-one orientations with contractors before their first day on-site that they distribute a handbook detailing health and safety responsibilities,
 B.) All 4 Managers stated that they ensure direct communication with external worksite parties about any changes, personally handing over relevant information such as PPE use when an outbreak is present on the facility. One manager highlighted the practice of giving a guided tour of the work area, specifically pointing out the locations of the first aid station, eye wash station, and SDS binders.
 C.) A supervisor shared that they distribute a handbook detailing health and safety responsibilities, potential hazards contractors might face, and the established controls. If there are any updates or changes, they promptly notify the contractor.

6.06 Q. Is health and safety information readily available to affected external work site parties? 5/5

Notes 5/5 interviews consisted of 4 managers and 1 supervisor confirmed that health and safety information is easily accessible to external work site parties. They personally guide them to the location of this information within the facility or department, pointing out resources like the OHS bulletin boards, SDS binders, and the facility's Health and Safety Manuals.
SFI While health and safety information is readily available, most of it exists in paper form. To enhance information dissemination, it is recommended to also provide digital formats, such as Interactive Maps. These maps can effectively highlight the locations of OHS bulletin boards, SDS binders, and other crucial resources within the facility or department. Additionally, providing a comprehensive list of key health and safety personnel, including managers and supervisors, along with their contact details for urgent queries or clarifications, can further improve the system. The integration of these components ensures that external parties not only have access to necessary resources but can also navigate and comprehend them more efficiently.

Comment None entered.

Element 7 Inspections 78/80 (98%)

The formal inspection process can proactively identify new potential hazards, as well as confirm the effectiveness of controls already in place.

7.01 Q. Is there an inspection process that states the frequency of inspections and includes the following: All areas of the operation? All employee levels? 10/10

Notes An examination of the Workplace Inspections Policy Health and Safety 1.6 (a) reveals that AGCCC has an established policy and procedure for inspecting all workplace zones. This ensures a consistent inspection frequency across different employee tiers.
 A) From a sample of 42 completed inspection checklists, it's evident that there's a variety of 18 unique checklists. These encompass 11 departments, with Nursing alone having 6 distinct wings/areas. Additionally, the checklists cover a facility-wide scope. Other highlighted areas in this category include the Development Centre (CDC), Lodge Area, Hair Salon, Administrative Section, and Maintenance Department. The data confirms a 100% coverage, indicating that the inspection process encompasses all operational domains. 100 % is awarded.
 B) The policy contains a chart detailing the inspection frequency and the respective responsible personnel:
 All Employees: Conduct daily casual inspections for potential hazards.
 Managers & Supervisors: Engage in informal weekly inspections of their designated zones.
 Senior Managers (paired with OHS delegates): Undertake structured facility-wide inspections biannually.
 OH&S Committee Members/OHS Representatives/Department Managers: Execute formal assessments using department-specific checklists on a quarterly basis.
 There is a 100% positive indication that all personnel strata - encompassing workers, managers, supervisors, and senior executives - play an active role in workplace inspections.

7.02 Q. Are checklists or forms used for formal inspections? 5/5

Notes *The Auditor has conducted a review of 2 inspection checklist documents at Allen Gray and confirmed the existence of specific checklists designated for official inspections. Auditor reviewed 2 completed Semi- Annual Facility Wide Inspection Checklist dated February 9,2023/ July 24,2023
A sample of 40 of Completed Departmental Inspection Checklist in all Departments: August 2022, December 2022, January 2023, April 2023, September 2023*

*These checklists serve the purpose of facilitating two distinct types of inspections: semi-annual facility-wide inspections and quarterly departmental inspections.
Sample Question in a Departmental Inspection Checklist in the Administration Department:*

4.1 Is hand sanitizer easily available?

4.2 Are PPE (gloves, gowns, masks, eye shields, hearing protection) available if required?

5.0 Fire Procedures

5.1 Are fire extinguishers and pull stations available?

5.2 Are fire doors free of obstructions?

6.0 Ergonomics

6.1 Do employees have workstations individually assessed and set up to avoid injury?

Sample Question in a Semi- Annual Facility Inspection Checklist

Is there an OH&S Policy?

Is the current policy displayed?☒

Have responsibilities and accountabilities for OH&S been assigned?☒

Are Safe Work Procedures available?☒

Are Safety Manuals available?☒

Does the OH&S Committee meet regularly?☒

Is there a current copy of the OH&S Legislation available? (Big blue binder)☒

Is employee training available for OH&S?☒

7.03 Q. Have individuals leading formal inspections received training? 8/10

Notes *Auditor reviewed the 1 Policy Document: Health and Safety 1.6: Workplace Inspections (a). The Policy States that OHS Committee Members, Managers and OHS Designates are assigned to perform the Quarterly Inspections and Senior Managers do.*

Auditor also reviewed 40 completed Departmental Inspection, 10 CCSA Workplace Inspection Training Certificates and 2 Semi-Annual Facility Wide Inspection Checklist the auditor found out that there are only 10 out of the 12 Lead Inspectors for the Inspection Checklist are trained.

SFI *It has been found that Staff that are supposed to be Lead in the inspections are not trained. It is recommended that all staff that lead and participate or those who are anticipated to participate as per policy, should be trained in the Work Site Inspection process. This will help support a more effective work site inspection program for Allen Gray and create a more preventative system of approach for any hazards or deficiencies that could be noted in the inspections. This will also support the staff's right to participate and encourage staff to take ownership of the safety of their environment and their co-workers.*

7.04 Q. Are formal inspections carried out in accordance with the policy and/or process for all areas of the operation, by managers, supervisors, and workers? 20/20

Notes *Auditor has Reviewed that 3/3 facility wide Inspection and 40/40 Completed Departmental Inspections from August 2022 to September 2023. 100% percent was awarded as all inspections adhered to the Policy "Workplace Inspections Section: Health and Safety 1.6 (a)" (refer to question 7.01) frequency and a Participation of a Worker or HSC Member and Manager is required.*

Facility Wide Inspection: (Done Semi Annual April and December of Every Year) Inspection Date Reviewed - February 9,2023/ July 24,2023 Inspected by DOC/CEO Senior Manager and 1 HSC Member Worker

Departmental Inspection :(Done Quarterly) Inspection Date Reviewed -August 2022, December 2022, January 2023; April 2023; September 2023 - Inspected by HSC Members, workers and Results are forwarded to Managers.

Departments covered by Inspection:

Adult Day Support -1 worker and 1 Manager Participated - April 19,2023

Recreation Department - 1 HSC Worker and 1 Manager Participated -September 12,2023

Administration Area - 1 worker, 1 Manager and 1 HSC Member Participated - December 12,2022

Nursing department - 1 HSC Member and 6 workers and 2 Managers participated - August 17,2022

7.05 Q. Do management inspections include a component of employee observation? 5/5

Notes *All 5 interviews made up of 4 Managers and 1 supervisor gave positive indicators that once a deficiency is identified in the formal inspections if they can correct it immediately, they will, One Manager stated that if it's a repair the Manager will notify the Maintenance Department to fix the deficiency. One Manager said that if it were a hazard, they would coordinate with the OHS Department to assess the situation and if needed to review the formal hazard assessment related to the hazard.*

Strength *The positive indicators received underscore the organization's initiative-taking approach towards deficiency correction All interviewees expressed a willingness to correct identified deficiencies immediately. This alignment among key personnel within the organization highlights a robust commitment to safety and regulatory compliance, enhancing the overall effectiveness of the inspection and corrective action processes."*

7.06 Q. Is there a system to correct deficiencies identified through formal inspections? 5/5

Notes *All 5 interviews made up of 4 Managers and 1 supervisor gave positive indicators that once a deficiency is identified in the formal inspections if they can correct it immediately, they will, One Manager stated that if it's a repair the Manager will notify the Maintenance Department to fix the deficiency. One Manager said that if it were a hazard, they would coordinate with the OHS Department to assess the situation and if needed to review the formal hazard assessment related to the hazard.*

<i>Strength</i>	<i>The positive indicators received underscore the organization's initiative-taking approach towards deficiency correction All interviewees expressed a willingness to correct identified deficiencies immediately. This alignment among key personnel within the organization highlights a robust commitment to safety and regulatory compliance, enhancing the overall effectiveness of the inspection and corrective action processes."</i>	
7.07	Q. Have deficiencies identified through formal inspections been corrected?	25/25
<i>Notes</i>	<i>The auditor has observed that 4/4 identified deficiencies has been corrected from the 40 Completed Formal Inspections reviewed. The Deficiencies observed that were corrected are as follows: Wet floor sign -ADSP - Deficiency was found during Formal Inspection dated April 19,2023 Corrected April 26,2023 Wet floor sign -CDC - Deficiency was found during Formal Inspection dated January 19,2023 Corrected January 26,2023 Labeled Chemical Bottles - CDC -Deficiency was found during Formal Inspection dated April 20,2023 Corrected April 20,2023 Step Stool- Food Service - Deficiency was found during Formal Inspection dated April 19,2023 Corrected April 26,2023 100% awarded.</i>	
<i>Comment</i>	<i>None entered.</i>	
Element 8	Emergency Response	70/70 (100%)
	An emergency response plan helps ensure appropriate and efficient actions will take place in the event of an emergency or disaster.	
8.01	Q. Have written emergency response plans been developed for potential emergencies?	10/10
<i>Notes</i>	<i>The auditor has Reviewed a Document titled Allen Gray's Emergency Preparedness Summary. It included 10 emergency response procedure plans. The emergency response plan was tailored to Allen Gray's operations, encompassing requirements set by Alberta legislation as well as federal mandates for employers under federal authority. The 10-emergency response procedure reviewed are as follows: Computer system failure Failure of the wander guard system Phone disruption Medical Emergency (Code Blue) Missing Person (Code Yellow) Violence and Aggression (Code White) Fire (Code Red) Disruption of hospitality services Water supply disruption Pandemic Response Plan</i>	
8.02	Q. Do written emergency response plans include communication systems, emergency phone numbers, a list of emergency response personnel, appropriate response and monitoring the effectiveness of the plan?	10/10
<i>Notes</i>	<i>After reviewing the Emergency Preparedness Summary and Code Procedures documents, specifically examining procedures for Code Blue and Code Red, it is confirmed that A, B, C, D, and E exhibit a perfect 100% positive indicator. The documentation includes the following key components: A.) Communication Systems: Allen Gray employs a Phone Paging system and Facility Paging system for communication during emergencies. Specific procedures are in place for different codes or emergencies, such as Code Black. In the event of a suspicious package, staff should dial "262" to alert the Charge Nurse. The Charge Nurse will then assess the situation and utilize the Paging system to initiate a CODE Black announcement and call 911 if necessary. Emergency Phone Numbers: B.) The documents confirm the inclusion of 911 in the emergency phone numbers. Contact numbers for key personnel, including the CEO, Maintenance Manager/Fire Marshall, Director of Care, and On Call Care Manager, are readily available. Designated Persons: C.) Designated individuals responsible for emergency response are identified in the documents. These include the CEO, Maintenance Manager, Director of Care, and Resident Manager. Employee Response Procedures: D.) Comprehensive response procedures are outlined in the documentation. For example, in situations where an employee feels threatened by another person and believes there is a risk of injury, the Code White Response Procedure is enacted. This procedure involves remaining calm, maintaining a safe distance, identifying escape routes, calling for help by shouting "Code White" or contacting the Emergency Response Nurse at 262, and, if needed, seeking police assistance by dialing 911. Effectiveness of the Plan: E.) The effectiveness of the emergency plan is verified through its stated drill frequency. For instance, Code Red drills are conducted on a monthly basis, while other codes are practiced at least once a year.</i>	
8.03	Q. Have employees received emergency response training appropriate to their individual responsibility?	10/10
<i>Notes</i>	<i>43 /43 employee interviews have given a positive response stating that they all received emergency response training according to their job designation. Workers have stated that they get trained in Fire Safety during orientation and every month for code drills. Workers who are Nurses stated they are given training for First Aid and CPR. 4 Managers have stated that they received training for code response as they are considered code response leads if an emergency is triggered.</i>	
8.04	Q. Do employees understand their responsibilities under the emergency response plan?	10/10

Notes	<p>Out of 43 interviewed individuals, 100% have shown proficiency in emergency procedures. These include evacuating those at immediate risk, securing the room by closing doors, activating the fire alarm, notifying the switchboard or dialing 911, and attempting to put out fires when it is safe. Furthermore, all 43 workers are well-versed in their roles during specific emergencies, consistently referencing the procedure to call '262' during events like a Code Blue or Code Yellow. Additionally, we have workers specifically trained in CPR and First Aid, prepared to take swift action during a Code Blue, including performing CPR and facilitating further emergency support by calling 911. This collective knowledge and training significantly bolster our team's capability to manage crises effectively and safeguard everyone involved.</p>	
8.05	<p>Q. Are emergency response drills conducted?</p>	10/10
Notes	<p>Auditor has Reviewed 11 code Drills Log sheet and 1 Code Green Review Sign Sheet. 12/12 Emergency Response Codes have been conducted.</p> <p>Code red - Aug 11, 2023 Code Black - October 2022 Code Brown - Aug 31, 2022 Code White - November 2022 Code Grey - September 2022 Code Orange - May 2023 - Tabletop exercise Code yellow - August 25, 2023 Code Blue - August 2023 Code Red - December 2022 Code Purple - July 24, 2023 Code Green- Cannot be practiced as a drill due to weather conditions and resident restrictions but discussed in code monthly review as it is an evacuation procedure. - Code Review August 2023</p>	
8.06	<p>Q. Have deficiencies in the emergency response plan identified through a drill been corrected?</p>	5/5
Notes	<p>Auditor reviewed 6 code drills logs and there were 2 completed code drill observation form that suggested correction for Code Purple and Code Yellow that had suggestions of improvement during a code drill, and it was seen that the suggestions of improvement where there needs to be a change/addition in the code procedure.</p> <p>Auditor reviewed 2 Code Procedures - Code Purple and Yellow Procedure Document. Both documents reflected the suggested corrected action.</p> <p>Sample statement for Corrected deficiency in Code Yellow "The Nurse in Charge will Page Code Yellow in the Phone paging system: ensuring that they provide the location of the incident, a complete description of the missing person/client/resident (age, sex, clothing, height, weight, hair color, eye color etc.) as allowed Health Information Protection Act and the area where the patient/resident was last seen"</p> <p>100% awarded.</p>	
8.07	<p>Q. Have deficiencies in the emergency response plan identified through an actual emergency response been corrected?</p>	N/A
Notes	<p>There are no Actual Emergency Response from September 2022-September 2023. The Auditor Reviewed Emergency Response records</p> <p>Although the absence of actual emergency responses is positive, it is essential to maintain continuous monitoring and preparedness for emergencies. Ensure that emergency response plans, equipment, and personnel are in place and regularly reviewed to be ready in the event of any unforeseen emergencies. Regularly review and update emergency response plans to reflect any changes in the organization, facility, or regulations. Ensure that plans are aligned with best practices in emergency management. Maintain open and clear communication channels to keep all employees informed about emergency procedures and any changes in emergency response protocols. While the absence of emergency responses is a positive indicator, proactive measures are essential to ensure readiness for any potential emergency situations in the future.</p>	
8.08	<p>Q. Do the numbers of employees trained in first aid meet legislated requirements?</p>	5/5
Notes	<p>Allen Gray, classified as a Medium Hazard operation, has been awarded a 100% rating for meeting specific requirements. These were verified by examining shift schedules, First Aid Training Logs, and current First Aid Training Certificates:</p> <p>The Allen Gray is covered under the Nursing Homes Act wherein Part 11 section 181(4)of the Occupational Health and Safety Code that first aid requirements does not apply to a hospital, medical clinic or physician's office, or a nursing home as defined in the Nursing Homes Act, where a physician, nurse or licensed practical nurse is always readily available.</p> <p>Day Shift Requirements:</p> <p>Total staff: 89 Personnel: 2 Basic First Aiders, 1 Intermediate First Aider The auditor verified that during weekends (Saturdays, Sundays, and Holidays) and from Monday to Friday, the facility maintains a minimum of 4 and up to 9 Intermediate First Aiders respectively. The additional personnel include managers trained in Intermediate First Aid like the Ice Care Manager, Director of Care, and CDC Manager.</p> <p>Evening Shift Requirements:</p> <p>Total staff: 31 Personnel: 1 Basic First Aider, 1 Intermediate First Aider The auditor confirmed that the facility consistently has at least 4 Intermediate First Aiders on duty.</p> <p>Night Shift Requirements:</p> <p>Total staff: 10 Personnel: 1 Basic First Aider, 1 Intermediate First Aider The facility was verified to have 2 Intermediate First Aiders during the night shift by the auditor.</p>	

8.09	Q. Do first aid equipment, supplies, and facilities meet legislated requirements?	10/10
Notes	<i>Auditor Has observed that all criteria are met wherein there is A Type 2 Basic First Aid Kit - Large Available on the Second floor of the facility and 3 small type 2 first aid kits each in CDC, ADSP and the AGCCC Bus. 100% was awarded.</i>	
Comment	<i>None entered.</i>	
Element 9	Incident Investigation Investigations determine the cause(s) of an incident, and the corrective action(s) required to prevent a recurrence.	94/100 (94%)
9.01	Q. Is there a process that requires the reporting of incidents, near misses, occupational illness, and work refusals?	5/5
Notes	<p><i>4/4 criteria were successfully met during the Auditor's review of 1 document Health and Safety Policy 1.7 (a) regarding OHS Incident Reporting and Investigation. The Auditor's assessment revealed that the policy incorporates the following key provisions:</i></p> <p><i>The policy defines an incident as any unforeseen and undesirable event that results in illness or injury, property or equipment damage, or has the potential to lead to such outcomes (including near misses). It stipulates that all such incidents involving residents, staff, visitors, volunteers, or property must be promptly reported and documented. Moreover, incidents must be reported either immediately after their occurrence or within a 72-hour timeframe, as incident reports will be forwarded to WCB (Workers' Compensation Board).</i></p> <p><i>Additionally, within the First Aid Logbook Procedure Document, specific procedures are outlined for "262" Emergency Registered Nurses (RN) or staff trained in Standard First Aid, and Procedures Reporting to WCB.</i></p> <p><i>In cases involving injured staff, the procedure mandates the completion of Page 1 (front and back) of the OHS INCIDENT INVESTIGATION REPORT FORM, as well as the WCB Worker Report Form (comprising three pages). Once completed, these forms are to be returned to the Attending First Aider or RN NURSE.</i></p> <p><i>A photocopy of the completed first aid record form is to be provided to the injured staff for their reference.</i></p> <p><i>The Attending First Aider is responsible for verifying the accuracy and completeness of all filled-out forms and is required to expeditiously forward all completed forms to the Department Manager of the Injured Staff.</i></p> <p><i>For incidents occurring on Saturdays and Sundays, the forms must be submitted no later than Monday.</i></p> <p><i>Policy also States the OHS Reporting and Work Refusal reporting and Procedures.</i></p> <p><i>Sample statement "All 4 criteria were successfully met during the review of Health and Safety Policy 1.7 (a) regarding OHS Incident Reporting and Investigation. The Auditor's assessment revealed that the policy incorporates the following key provisions:</i></p> <p><i>The policy defines an incident as any unforeseen and undesirable event that results in illness or injury, property or equipment damage, or has the potential to lead to such outcomes (including near misses). It stipulates that all such incidents involving residents, staff, visitors, volunteers, or property must be promptly reported and documented. Moreover, incidents must be reported either immediately after their occurrence or within a 72-hour timeframe, as incident reports will be forwarded to WCB (Workers' Compensation Board).</i></p>	
9.02	Q. Can employees explain the reporting procedures for incidents, near misses, occupational illness, and work refusals?	10/10
Notes	<i>43 out of 43 Employee gave positive indicators that the Allen Gray has a reporting process in place. All workers have stated that there is a Workplace Incident Form that they fill up</i>	
9.03	Q. Are employees reporting incidents, occupational illnesses and work refusals?	5/5
Notes	<p><i>The auditor has reviewed sampling of 17 workplace incident reports from 35 incident reports from the period of September 2022- September 2023 the documentation showed evidence that employees are reporting incidents. Sample Reported incidents:</i></p> <p><i>Sept 2,2022 -Personal Injury; Caught on floor dish mat - Root cause - Poor worker Knowledge.</i></p> <p><i>September 17, 2022 - Personal Injury- Other: Finger held by Resident ; Root Cause -Job Environment factors - Unpredictable Resident behavior</i></p> <p><i>September 16, 2022 - Personal Injury- Other : Tasted Coffee that has unusual taste ; Root Cause - Inadequate safe work practices</i></p> <p><i>October 21, 2022 Personal Injury; Fall on the Same Level ; Root Cause- Lack of Hazard Identification</i></p> <p><i>November 16,2022 - Personal Injury ; Caught on -Root Cause - Inadequate PPE</i></p> <p><i>November 26,2022 - Personal Injury -Fall to lower level -Substandard condition of Hazardous environmental condition</i></p> <p><i>December 07,2022 - Personal injury - Fall to lower level ; Substandard condition of hazardous environmental condition</i></p> <p><i>December 05,2022 - Personal Injury- Overexertion - Indirect Cause of job environment factors - resident Responsive Behavior</i></p> <p><i>December 24,2022 - Personal Injury -Fall to lower level - Personal factor- Personal Illness/ Stress</i></p> <p><i>January 01,2023 - Personal Injury - Other Burn; Indirect cause of work environment factors : Resident Responsive Behavior</i></p> <p><i>January 28,2023 - Personal Injury - Struck by Resident Wheelchair; Root Cause- Lack of Hazard Identification</i></p> <p><i>February 02,2023 - Personal Injury-Caught In / Contact with Cut with Razor; Root Cause - Lack of Safe Work Practices and Inadequate tools</i></p> <p><i>February 26,2023- Personal Injury; Other- Scratched by Resident; Root Cause: Lack of Hazard Identification and Poor Worker Knowledge</i></p> <p><i>March 17,2023 - Personal Injury; Fall on Same Level; Root Cause Poor Sanitation and Poor Housekeeping</i></p> <p><i>March 25,2023 - Personal Injury; Other: Resident Aggressive Behavior; Root Cause: Poor Worker Knowledge with Indirect Cause of Responsive Resident Behavior</i></p> <p><i>April 21,2023 Personal Injury; Fall on the same level; Root Cause: lack of Hazard Identification</i></p> <p><i>May 15,2023; Personal Injury; Struck by; Root Cause: Poor worker Knowledge and direct Cause of Clutter</i></p> <p><i>July 13,2023; Personal Injury; Overexertion; Root Cause- Direct cause of Improper body mechanics.</i></p> <p><i>August 21,2023; Personal Injury; Other- responsive resident behavior; Root cause - Lack of Group communication and poor worker Knowledge</i></p>	
9.04	Q. Are employees reporting near misses?	0/5
Notes	<i>There are 0 near miss reports for the period of September 2022 to September 2023. Auditor awarded 0% .</i>	
SFI	<i>The current reporting system, while acknowledging the absence of reported near-miss incidents, may suffer from a potential under-reporting issue. It is recommended initiating a thorough review of reporting mechanisms be implemented to ensure that employees are aware of, and feel comfortable using, the system to report any near-miss incidents. Additionally, regular safety training and awareness sessions should continue to emphasize the importance of reporting near misses. Identifying and addressing these can provide invaluable insights into preventive measures, ensuring the ongoing safety and well-being of all staff members.</i>	

9.05	Q. Is there a procedure for investigating incidents, near misses, occupational illness, and work refusals?	5/5
Notes	<p>The auditor confirmed that all 3/3 criteria were met upon reviewing 1 policy document titled "Health and Safety 1.7 (a) OHS Incident Reporting and Investigation." This policy defines an incident as an unexpected, unwanted event that results in illness, harm, damage to property or equipment, or could potentially have caused these outcomes, referred to as "near misses."</p> <p>Within the "Protocol" section, procedures are outlined for investigating such incidents, pinpointing their root cause, and ensuring the execution of corrective actions. These procedures are categorized into four distinct stages:</p> <p>Fact gathering, Analysis and evaluation (addressing questions like Who, what, Where, When, How, and Why?), Drafting an investigation report, Implementing an action plan</p> <p>The document also clarifies that once the "Action Plan" section of the "Incident Investigation Report" is complete — inclusive of follow up dates and those responsible for oversight — measures are in place to ensure the proposed action plans are completed.</p>	
9.06	Q. Have the individuals leading investigations been trained in investigation techniques?	4/5
Notes	<p>The auditor identified that 9 designated managers and 1 Senior Manager have undergone relevant training . This conclusion is supported by the evidence of 10 Training Certificates for Workplace Incident Training from CCSA, dated May 11, 2023, and July 6, 2023. Further validation is provided by the Internal Incident Investigation training log, which confirms that the same 10 out of 12 signatories have successfully completed the required training. All Investigation Leads of workplace incidents are the managers of the injured workers, as explicitly stated in the Signatory Section of Allen Gray's Workplace Incident Form. This information has been cross-referenced and verified by the auditor.</p>	
SFI	<p>The current investigative processes within the organization lack a structured and specialized training program for individuals spearheading investigations, resulting in a deficiency in the accuracy, thoroughness, and fairness of investigations. There is a critical need to address this gap by developing and implementing a comprehensive training program specifically focused on advanced investigative techniques. It is recommended that the organization should develop and implement a structured training program focused on advanced investigative techniques for individuals tasked with leading investigations. This training should encompass both theoretical knowledge and practical exercises, ensuring that investigators are equipped with the skills to gather evidence, interview witnesses, analyze data, and reach informed conclusions. By investing in this specialized training, we can ensure the integrity of our investigations, bolstering trust and credibility in the outcomes. It would also be beneficial to periodically review and update the training based on emerging best practices and feedback from those who have undergone the training.</p>	
9.07	Q. Do managers/supervisors participate in investigations?	10/10
Notes	<p>All 4 managers and 1 supervisor gave positive indicators that they have an active participation. All Managers have stated that upon filing the workplace incident report or a hazard report " will be receiving it directly and then they will spearheading the investigation report in collaboration with the OHS department" 1 supervisor has stated that once a hazard report is submitted " the hazard will be removed if possible if not then maintenance or Senior Manager will be asked to be involved in resolving the issue"</p>	
9.08	Q. Do workers participate in the investigation process?	10/10
Notes	<p>36 out of 37 worker interviews gave positive interviews that during an investigation process they are able to participate wherein if the incident happens the reasons of why it happened i.e. faulty equipment, inadequate hazard controls in place ; the staff would suggest or recommend solutions to make sure incident will not happen again. One worker interview gave a negative interview explaining that worker has not experienced participating in an investigation process so does not know how they can participate.</p>	
SFI	<p>The majority of workers (36 out of 37) express confidence in their ability to participate in incident investigations and contribute recommendations for preventing future occurrences. This positive response serves as a robust indicator of the company's effective safety culture. Nevertheless, it's crucial not to disregard the lone worker who, lacking experience in participating in investigations, voiced a negative opinion. Addressing their concerns is essential, ensuring that all employees are informed about and have the opportunity to engage in incident investigations.</p> <p>To promote a culture of inclusivity and open communication, particularly for Evening and Night shifts, it is recommended to communicate the significance of worker involvement in incident investigations to all staff members. Emphasize that their input is valued and can contribute to creating safer work environments. This goal can be achieved through regular safety meetings and open-door policies.</p> <p>Implementing these recommendations will not only address the concerns of the workers who expressed negativity but also enhance the overall safety culture and foster employee engagement in preventing workplace incidents.</p>	
9.09	Q. Do investigations identify underlying factors? Recommend corrective actions?	10/10

Notes A.) Auditor has reviewed 17 Workplace Investigation Reports and all 17 reports has identified the Root Causes of the Workplace Incident. The following samples of Identified Root Causes are:
Sept 2,2022 -Personal Injury; Caught on floor dish mat - Root cause - Poor worker Knowledge.
September 17, 2022 - Personal Injury- Other: Finger held by Resident; Root Cause -Job Environment factors - Unpredictable Resident behavior.
September 16, 2022 - Personal Injury- Other: Tasted Coffee that has unusual taste; Root Cause - Inadequate safe work practices
October 21, 2022, Personal Injury; Fall on the Same Level; Root Cause- Lack of Hazard Identification.
November 16,2022 - Personal Injury; Caught on -Root Cause - Inadequate PPE.
January 28,2023 - Personal Injury - Struck by Resident Wheelchair; Root Cause- Lack of Hazard Identification.
February 02,2023 - Personal Injury-Caught In / Contact with Cut with Razor; Root Cause - Lack of Safe Work Practices and Inadequate tools
February 26,2023- Personal Injury; Other- Scratched by Resident; Root Cause: Lack of Hazard Identification and Poor Worker Knowledge

B.) 17 out of 17 Workplace Investigation Reports reviewed by the Auditor has stated and completed the corrective actions that prevent recurrence.
Sample Corrective actions include:
Sept 2,2022 -Personal Injury; Caught on floor dish mat - Root cause - Poor worker Knowledge; Corrective Action- Housekeeping staff was informed to realign Dish mats properly/ Worker injured was given slips and trips training handout.
September 17, 2022 - Personal Injury- Other: Finger held by Resident; Root Cause -Job Environment factors - Unpredictable Resident behavior; Corrective Actions - Injured Worker was given dementia Training and Effective Communication Strategies for good dementia care training handout
September 16, 2022 - Personal Injury- Other: Tasted Coffee that has unusual taste; Root Cause - Inadequate safe work practices.
Corrective Action: Food Service staff was given memo to make staff aware of incident due to improper cleaning of equipment; Staff involved was given WHMIS Training Handout
October 21, 2022 Personal Injury; Fall on the Same Level ; Root Cause- Lack of Hazard Identification; Corrective Action: Staff is reminded that they are required wear non-slip shoes during shift , Training Handouts for Preventing Falls from slips and trips/" It is time to replace your slip resistant shoes"/ "Don't Let safety Slip"

Strength The commitment to a safer work environment is evident in the rigorous health and safety report investigations. The outcomes of these investigations haven't merely remained on paper; they have translated into tangible corrective actions. These actions, observed and verified, have been meticulously implemented across the board to prevent the recurrence of incidents. This proactive approach underscores our dedication to continuous improvement and the safety of all our stakeholders.

9.1 Q. Are corrective actions identified in investigation reports implemented to prevent reoccurrence? 15/15

Notes A) Auditor has found that 17/17 of Workplace Incident reports were identified. 13 out of 17 of Workplace Incident reports were corrected through administrative controls and 4 out of 17 incident Reports had implemented corrective actions that were observed 2 out of 17 Incident Reports was corrected through Engineering Controls. All Corrective actions were implemented to ensure that incident recurrence. 100% was awarded.
B) Auditor has found during observation tour that 17 corrective actions are implemented.
Sample observed corrective actions:
Sept 2,2022 -Personal Injury; Caught on floor dish mat - Root cause - Poor worker Knowledge; Action Plan -
Corrective Actions: Administrative Controls: Housekeeping staff was informed to realign Dish mats properly; Worker injured was given slips and trips training handout.
November 16,2022 - Personal Injury; Caught on -Root Cause - Inadequate PPE; Action Plan-
Corrective Action PPE: Staff was provided with better /thicker Safety work gloves.
April 21,2023 Personal Injury; Fall on the same level; Root Cause: lack of Hazard Identification.
Corrective Action Engineering control - " Dutch door was inspected and modified to have locks or stopper" - Hazard Assessment was changed to reflect Dutch door Hazard identification; Staff was given Training handouts " Preventing falls from slips and trips" / " Is it time to replace slip resistant shoes."
May 15,2023; Personal Injury; Struck by; Root Cause: Poor worker Knowledge and direct Cause of Clutter.
Corrective Action Administrative Control - Staff was reminded to use the Velcro straps provided; Rooms were checked if Velcro straps are installed in the Bed to secure cables; Staff was given retraining handouts AGCCC Health, and safety policy / OHS Legislative Responsibilities of worker / Compliance to OHS Policies / " Preventing falls from slips and trips"
100% is awarded.

9.11 Q. Are investigations completed in a timely manner? 5/5

Notes Auditor has confirmed that 17 /17 workplace incident reports from the period of September 2022- September 2023 the documentation showed evidence that it is completed in a timely manner:

Sept 2,2022 -Personal Injury; Caught on floor dish mat - Completed September 2,2022

September 17, 2022 - Personal Injury- Other: Finger held by Resident; Completed (note staff was a casual worker and did not report after incident): September 19,2022 and January 20,2023

September 16, 2022 - Personal Injury- Other: Tasted Coffee that has unusual taste; Completed September 16,2022

October 21, 2022, Personal Injury; Fall on the Same Level; Completed (Note staff was injured and has reported 2 months after incident) December 20,2023

November 16,2022 - Personal Injury; Caught on - Completed November 16,2022

November 26,2022 - Personal Injury -Fall to lower level -completed (note worker was on loss time) Completed February 13,2023

December 07,2022 - Personal injury - Fall to lower level Completed- December 09,2022

December 05,2022 - Personal Injury- Overexertion - Completed - January 13,2023

December 24,2022 - Personal Injury -Fall to lower level - Completed January 17,2023

January 01,2023 - Personal Injury - Other Burn; - completed January 15,2023

January 28,2023 - Personal Injury - Struck by Resident Wheelchair; Completed January 30,2023 and Implementation April 5,2023

February 02,2023 - Personal Injury-Caught In / Contact with Cut with Razor; Completed -7 March 2023

February 26,2023- Personal Injury; Other- Scratched by Resident; Completed March 1,2023

March 17,2023 - Personal Injury; Fall on Same Level; Completed 19 March 2023 / OHS Completion Documents completed after Staff Vacation June 14,2023

March 25,2023 - Personal Injury; Other: Resident Aggressive Behavior; Root Cause : Poor Worker Knowledge with Indirect Cause of Responsive Resident Behavior; Completed March 26,2023 and Training completed April 6,2023; OHS Training June 5,2023

April 21,2023 Personal Injury; Fall on the same level; Completed April 24,2023

May 15,2023; Personal Injury; Struck by: Completed - June 13,2023

July 13,2023; Personal Injury; Overexertion; Completed - July 25,2023

August 21,2023; Personal Injury; Other- responsive resident behavior; Completed August 31,2023

9.12 Q. Do managers/supervisors ensure investigations are complete as required by the investigation procedures? 5/5

Notes Auditor has confirmed that 17 /17 workplace incident reports from the period of September 2022- September 2023 the documentation showed evidence that Managers ensured incidents are completed with their signatures:

Sept 2,2022 -signed by Food Services Manager

September 17, 2022 - signed by Care Manager

September 16, 2022 - Signed by Director of Care

October 21, 2022 - signed by Care Manager

November 16,2022 -Signed by Supervising staff and Chief Executive Officer and OHS

November 26,2022 - signed by Care Manager

December 07,2022 - signed by Care Manager

December 05,2022 - Signed by Care Manager

December 24,2022 - Signed by Care Manager

January 01,2023 - Signed by Care Manager

January 28,2023 - Signed by Care Manager

February 02,2023 - Signed by Housekeeping Manager

February 26,2023- Signed by Care manager.

March 17,2023 - Signed by Housekeeping Manager

March 25,2023 - Signed by Care Manager

April 21,2023 - Signed by Care Manager

May 15,2023; - signed by Care Manager

July 13,2023; - Signed by Director of Care

August 21,2023; - signed by Food Services Manager

9.13 Q. Are completed investigation reports/results communicated to employees? 10/10

Notes 42 out of 43 Interviews have given Positive indicators that they are given communication of Investigation reports results of Investigation reports. All 42 have verified that they receive the reports and results via shift reports and OHS HSC meeting minutes posted in the OHS bulletin Boards. 1 worker interview gave negative indicator as worker has stated that work shift is during evening and their department don't have meetings during the evening shift. Senior Manager has stated that there is a weekly leadership meeting where if there are investigation that needs an action plan.

SFI The 42 positive interviews suggest that an overwhelming majority of workers (42 out of 43) are content with how investigation report results are communicated. Nevertheless, it's crucial to address the valid concern raised by the one worker who is dissatisfied due to their evening shift and the absence of departmental meetings. This issue must be resolved to ensure effective communication of investigation results to all employees. However, the feedback from the one worker who is dissatisfied due to their evening shift and lack of meetings in their department is a legitimate concern that should be addressed to ensure effective communication of investigation results to all employees. It is recommended to accommodate workers on evening shifts or in departments without meetings, consider implementing an alternative method for communicating investigation report results. This could include electronic distribution of reports, emails, or an internal digital platform where employees can access the information at their convenience. Establish a feedback mechanism where workers can express their preferences for how they would like to receive investigation report results. This could involve periodic surveys or suggestion boxes to gather input from employees. By implementing the recommendation, the company can ensure that all workers, regardless of their shift or department, have access to investigation report results and are well-informed about safety-related matters in the workplace. This will contribute to a more inclusive and effective safety communication process.

Comment None entered.

Element 10 System Administration 70/70 (100%)

System administration provides an evaluation of the overall effectiveness of the occupational health and safety management system (OHSMS).

10.01	Q. Is there a system to confirm management communicates health and safety issues to workers? Workers can provide feedback on health and safety issues?	20/20
Notes	<p>A.) 37 out of 37 worker interviews gave positive indicators that they receive Health and Safety information from Managers via emails, memos that are distributed during shift reports, HSC meeting minutes and OHS announcements that are posted in the OHS Bulletin boards.</p> <p>B.) 37 out of 37 worker interviews gave positive indicators that they can provide feedback about Health and Safety via one on one with Department Managers; all 37 workers have also indicated that they can talk to the Health and Safety Committee Members personally or via email. 10 worker interviews also indicated that they also have forms that can be used such as Hazard Report Forms.</p>	
10.02	Q. Is health and safety information readily available to employees?	5/5
Notes	<p>All 43 Interviews consists of 37 workers, 4 managers, 1 supervisor and 1 Senior manager has given positive indications that Health and Safety Information are easily accessible all over the facility and online. All 37 workers have stated that they have OHS Bulletin boards in all staff lunchrooms and Department offices. Workers also stated that there are SDS Binders available in all departments. Managers have stated that they have OHS Act, Regulation and Code Binders are available in all floors and Online via a QR Code poster. Senior Managers have also stated that Emergency Response Procedures are readily available via printed copies in all floors of the facility. 100% is awarded.</p>	
10.03	Q. Are health and safety records/statistics analyzed to identify trends on at least an annual basis?	10/10
Notes	<p>100% has been awarded as Auditor has Reviewed AGCCC Workplace Incident Report statistics Report from September 2022 to September 2023. Record samples: Trends Identified: Other: Resident responsive Behavior; Overexertion; Struck 35 incidents from September 2022-September 2023: Nursing 25 incidents; Rehabilitation 2 Incidents; Food Services 1 incident; Housekeeping and Laundry 6 Incidents; Administration 1 incident</p>	
Strength	<p>Allen Gray's proactive commitment to health and safety is evident in the organization's rigorous annual analysis of records and statistics. By systematically identifying and evaluating trends on a yearly basis, to stay ahead of potential challenges, ensuring that we can take preventative measures before issues escalate. This diligent, data-driven approach not only elevates safety standards but also highlights dedication to continuous improvement, fostering a workplace where safety is ingrained in our culture and practices.</p>	
10.04	Q. Is senior management/management held accountable for the implementation of the OHSMS?	5/5
Notes	<p>5 out of 5 Interviews consisted of 1 Senior Manager and 4 Managers have affirmed that they are held accountable as they have a Health and Safety Policy that has given Health and Safety Responsibilities such as ensuring workers are working safely by observation or inspection. They are also responsible for making sure that workers are under their supervision. Managers have stated that they undergo a Performance Appraisal by a Senior Manager. Senior Manager has stated that.</p>	
10.05	Q. Is an OHSMS evaluation/audit or maintenance action plan completed at least annually?	5/5
Notes	<p>Auditor Has confirmed that the Allen Gray Continuing Care Centre has completed an evaluation dated November 30,2022 . 100% is awarded</p>	
10.06	Q. Are results from the OHSMS evaluation/audit or maintenance action plan communicated to employees?	10/10
Notes	<p>41 out of 43 employee interviews have given positive indicators that they have received the results form an OHSMS via email from the OHS Department and was posted in the OHS Bulletin Board. 1 night shift worker and 1 new hire has given negative indicators as they were not given a copy of the result due to the lack of email access and results were published before the date of hire.</p>	
SFI	<p>It is recommended to ensure that night shift and casual employees are kept informed about the findings of the OHSMS evaluation/audit and maintenance action plans is critical, as they might face unique challenges that differ from daytime and full-time employees. Utilize digital communication platforms that allow these employees to access information at any time. This can include email summaries, a dedicated section on the company intranet, or messages via workplace communication apps. Distribute printed summaries of the findings and action plans at areas frequently accessed by these employees, such as the break room, time clock areas, or locker rooms. Strategically place visual aids like posters and infographics at locations by making a concerted effort to address the unique communication needs of night shift and casual employees, we can ensure that all members of our workforce, regardless of their hours or employment status, are informed, engaged, and empowered to contribute to a safer workplace.</p>	
10.07	Q. Was a plan developed to address identified OHSMS deficiencies from the previous evaluation/audit?	5/5
Notes	<p>Auditor has found that 16/16 Deficiency items were addressed and corrected with its corresponding action items after examining the 1 document titled "OHS AUDIT Action Plan 2023" related to Allen Gray's Audit, it is evident that Allen Gray has established an Action Plan detailing specific corrective measure. There were 16 action items formulated to correct the 16 deficiency items identified during 2022 COR AUDIT 100% is awarded. Here are sample action plans derived from the document:</p> <p>Deficiency - Element 6: (SFI) Visitors Should also be given orientation such as a quick recap of the Fire exits, Procedures hazards and other Important safety information to ensure their safety. This is will help the Allen Gray OHSMS to cover and ensure visitors are aware and will adhere to the facility's safe work practices and emergency procedures. Action Plan: Visitor Safety Procedures are posted in the Reception Area upon Logging in Visitor Log Completion Date: April 4,2023 Individuals Responsible for follow up - OHS Designates</p> <p>Deficiency - Element 9: (SFI) There is no policy or procedure that states the parameters of Reporting an Incident to OHS Alberta. It is recommended that a policy or a procedure is in place regarding classifying a Workplace incident as an incident reportable to OHS Alberta and Work Refusal should also have a Detailed to procedure. This will ensure proper management and mitigation of the cause of a work refusal. Action Plan: OHS Policy 1.7 has been revised to include OHS Alberta Reporting Completion Date: January 2023 Individuals Responsible for Follow up: CEO and OHS Designates</p>	
10.08	Q. Has the plan been implemented?	10/10

Notes Upon Review of Allen Gray's COR Audit Executive Report 2022 and AGCCC OHS AUDIT Action Plan Tracker 2023 16 out of 16 deficiency items have been completed or initiated. 100% is awarded. Sample statements from Tracker:

1.08(FI) Not all Allen Gray Employees as verified by worker interviews are aware of the methods of how they are evaluated on their individual health and safety performance by their managers. According to Interview survey result Night shifts and Casual employees are not fully aware of the process of how the Allen Gray conducted their Health and Safety evaluation. It is recommended that additional support such as training and education should be given to night shifts as well as casual staff. This will help the OHSMS of the Allen Gray to fill the gaps and create awareness to all workers. ☒

Action Plan: AGCCC OHS FAQS HANDOUT was Given to staff that includes information on How workers are evaluated for their Health and Safety☒

Assigned to: OHS Designates, Managers☒

Completion Date: Completed August 25,2023

2.07(FI) It is suggested that Formal Hazard Assessments should be expounded more during orientation and on a yearly basis. It is recommended that Casual and Night workers should also be given extra training of the Importance in participating in the Formal Hazard Assessment as they will be able to identify the hazards that are present in their job tasks as well as the controls that is in place to avoid or remove the hazard.☒

Action Plan: Hazard Assessments information was added to Orientation. ☒

Assigned to: OHS Designates, Educator☒

Completion Date: Completed January 2023

2.08(FI) It is advised that All Managers and Senior Managers should undergo training for Formal Hazard Assessment. Knowledge from these trainings will enable the Allen Gray Manager or Senior Manager to effectively identify hazards and place the appropriate controls needed to mitigate hazards.

Action Plan: All Managers, Supervisors and Senior Managers were enrolled in CCSA OHS TRAININGS

Assigned to: OHS Designates, Managers and Senior Managers☒

Completion Date: Ongoing Target Completion Date December 2023

2.14(FI) It is suggested that Allen Gray should give workers resources such as Inservice education or monthly reminders of usage of a site-specific hazard assessment its importance. This will benefit the Allen Gray by ensuring a worker is knowledgeable working a safe workplace environment.☒

Completion Date: Site Specific Hazards Posters were posted in the OHS Bulletin Board☒

Comment None entered.

Conclusion An effective health and safety management system is in place at Allen Gray Continuing Care Centre overall. The development, implementation, and preparation for this audit of the health and safety program are all clearly the result of extensive work.

Thank you for your devotion and hard work on behalf of the entire staff, which has resulted in this exceptional outcome. The Allen Gray Continuing Care Center must create an action plan to address the main recommendations from this audit and put it into practice over the course of the following year in order to proceed. An annual internal audit must be submitted for 2023 to keep the Certificate of Recognition and qualify for WCB PIR incentives. Prior to the expiration date listed on the Certificate of Recognition (COR), an external audit will once more be necessary in 2024.

Once more, I want to thank you and keep up the wonderful work. If you need further help or have any queries, please contact me or the Continuing Care Safety Association.

Many Thanks

Rhea Yulo

