



**COMMISSION SCOLAIRE EASTERN SHORES
EASTERN SHORES SCHOOL BOARD**

**Health and Safety
in the
Work Place
Policy ES-177**

Adopted on : August 24, 2016

Resolution: C16-08-861

GUIDING PRINCIPLES HEALTH AND SAFETY COMMITTEE

The Eastern Shores School Board is committed to ensuring the occupational health and safety of all employees.

GOAL

- To put in place measures and procedures to prevent occupational injury/illness.
- To discuss and find viable solutions to health and safety issues in the ESSB.
- To provide training and information with a view to improving and maintaining health and safety in the work place.

STRATEGY

To fulfill this goal, the following elements must be considered:

- To foster a spirit of collaboration in the fulfillment of employee and management responsibilities.
- To understand health and safety risks.
- To use the best practical methods and tools for minimizing health and safety risks.
- To monitor, measure and communicate health and safety on an on-going basis.
- To prioritize and recommend to the board the resources needed.

EMPLOYEES' RESPONSIBILITY:

Working safely and staying healthy:

- To conform to all applicable laws, regulations and industry guidelines.
- To work in ways that contributes to a healthy and safe work environment.
- To participate in training activities, emphasizing precautions to protect themselves and their colleagues.
- To identify and immediately report hazardous conditions or activities.

MANAGEMENT'S RESPONSIBILITY:

Ensuring a healthy and safe work environment:

- To support all applicable laws, regulations and industry guidelines.
- To provide the framework for the management of the health and safety dossier.
- To provide opportunities for employees to acquire knowledge on safety measures.
- To commit to the implementation of a viable Health and Safety Committee.
- To provide the means and resources allowing employees to carry out their duties/tasks in a safe environment (CSST article 49 and article 51).

OCCUPATIONAL HEALTH AND SAFETY REPORTING PROCEDURE

The main objective of the following procedure is to specify the proper steps of communication, in terms of handling requests, complaints and needs, in regards to health and safety in the work place. This will ensure that needs, problems and issues will be dealt with promptly, providing the best solution possible, using the available resources within the organization and respecting other procedures that are already in place, for the benefit of all concerned.

1. Every employee must report a concern in writing by completing the appropriate form "CSST Problem Form" to his/her immediate superior. If the complaint is towards the immediate supervisor, then go to step 5.
2. The immediate superior must take action and, if necessary, contact the appropriate department at the Board Office.
3. The immediate superior must inform the employee in writing on the status of the concern as soon as possible.
4. If the situation has remained unchanged and no information has been given, the employee should advise his/her union health and safety representative and may submit a copy of their concern in writing.
5. Said union representative will contact the appropriate person (Director General or Director of Human Resources) to verify the status of the concern.
6. If the resolution to the concern is not satisfactory, then an official complaint may be filed with the CSST. It is important to note that the CSST will verify that the above procedure has been followed prior to any intervention.
7. The outcome of these concerns /complaints will be communicated to the parties concerned.



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FORMULAIRE DE PLAINTÉ À LA CSST/CSST PROBLEM FORM

DÉTAILS PERSONNEL - PERSONAL DETAILS

Nom de l'employé(e) :
Employee Name:

École /Centre/Service:
School/Center/Service:

Poste Détenu:
Position:

Date:

DÉTAILS DE L'ACCIDENT - DESCRIPTION OF THE INCIDENT

Employee's SIGNATURE de l'employé(e)

Date

DEMARCHES DE L'EMPLOYEUR – ACTIONS TAKEN

Administrator's SIGNATURE de l'employeur

Date



**Commission scolaire Eastern Shores
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Accident Event Form (d1)**

TO BE COMPLETED BY THE WORKER IMMEDIATELY FOLLOWING THE ACCIDENT IF POSSIBLE

Accident	Yes	No	Incident:	Yes	No
Withdrawal from work:	Yes	No	First Aid:	Yes	No
The Supervisor gave the employee forms:				Yes	No
IDENTIFICATION					
School:					
Name:					
Position:					
DESCRIPTION OF THE ACCIDENT					
Date of the event:					
Time of the event:					
Write a detailed description of the incident indicating clearly the following points: Description of the location, time of day, activities carried out, circumstances, type of injury, and part of the body injured or affected:					
WITNESS:					
I declare that the information given in this report is true and is consistent with what actually happened.					
Witness's SIGNATURE:					
DATE:			TIME:		
SUPERVISOR					
I declare that I have taken note of the present document					
Immediate Supervisor SIGNATURE :					
DATE			TIME:		



REGISTER OF ACCIDENTS, INCIDENTS AND FIRST AID MEASURES

Block I – Employee and Establishment Identification	
Family Name:	Name:
Address:	
Job Title :	Union affiliation:
School/center/service:	Address:
Block II – Accident/Incident Declaration	
Date of the accident/incident:	Time of the accident/incident:
Date of the declaration:	Time of the declaration:
Precise location of the accident/incident:	
Work schedule completed: Yes No If no, exact time when work ceased:	
Block III - Detailed description of the event:	
Witnesses: Yes No Name of Witness:	

Employee's Signature: Date:

Block IV – First Aid Measures (if needed)

Signature of First Responder Name in block letters Date

Block V – Description of Corrective or Preventive Measures	
Corrective or preventive measures deemed necessary	

Immediate Supervisor's Signature Name in Block letters Date

1. HR – first day of absence 2. Establishment 3. Union 4. Employee