Audit Report

Continuing Care Safety Association

Standard:	Partnerships 2018
Tool Version:	1.01.06
Audit Type:	COR Certification
Organization:	Carewest
WCB Account:	814603, 4454058, 2622433, 6205484, 2622442, 4225056, 3979715, 2622415, 4137570, 6493797
Industry Code:	82808 (Continuing Care Facilities)
Total Sites:	14
Sites Visited:	6
Lead Auditor:	Connie Boldt
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Start Date:	May 12, 2021
End Date:	June 2, 2021
Submitted:	June 4, 2021

Element 1	23/25 (92%)
Element 2	86/95 (91%)
Element 3	57/65 (88%)
Element 4	32/45 (71%)
Element 5	33/40 (83%)
Element 6	40/40 (100%)
Element 7	24/40 (60%)
Element 8	30/45 (67%)
Element 9	39/50 (78%)
Element 10	30/30 (100%)
Overall	394/475 (83%)
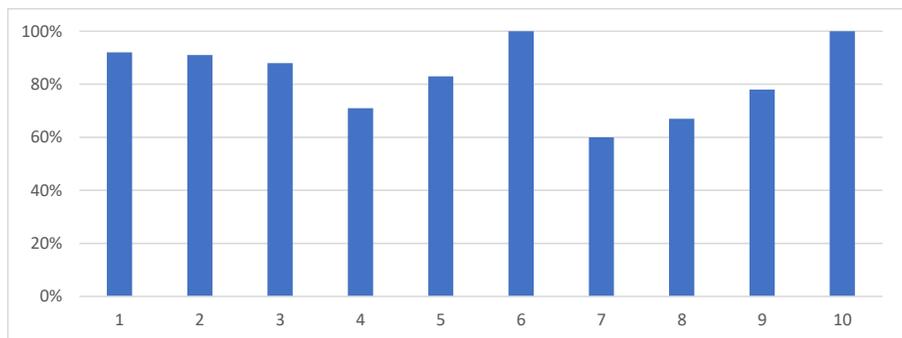
Pass - Audit meets scoring requirements.

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Lead Auditor Code of Ethics and Participation
Yes, I have read, understood, and agree to abide by the Code of Ethics and Disclaimer Statement.
Yes, I have participated in all aspects of the audit.

Audit Team: No team auditors.

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Audit Report

Introduction
Carewest is a public, not-for profit organization and a wholly owned subsidiary of Alberta Health Services. It provides a range of program and services to meet community needs and operates from 14 sites. Programs and services include Long Term Care, Designated Supportive Living Level 4, Alternate Level of Care, Subacute Rehabilitation and Recovery Services, Day Programs, and Community Programs which include the Operational Stress Injury (OSI) Clinic. The sites that were selected for this audit represent the range of site sizes (from 24 to 615 employees) as well as examples of all of the types of programs and services offered by Carewest. Southport houses the Corporate Office / Administration; Fanning Centre and Sarcee are large sites that offer LTC, Subacute, Alternate Level of Care, Day Programs, and Community Care; Nickle House is a small DSL4 site; while the Operational Stress Injury Clinic (OSI) is an outpatient clinic providing specialized assessment and treatment forCanadian Forces and RCMP members suffering from an operational stress injury. All of the OSI clinic staff are working out of the Calgary office. The Red Deer satellite location was established in 2019 to provide services in that geographic area and staff from the Calgary office commute to this site as needed. Two OSI clinicians travel to Red Deer together approximately twice a week, to offer clients services. The location includes two offices in a shared office space with other professionals, which is secure and requires the clients to buzz in. There is no equipment other than two chairs and one desk in each office, and any maintenance items are referred to the building management company. The OSI clinic has one HSC for all of their staff which addresses any issues related to both sites, and the OSI team conduct hazard assessments and inspections for both sites.

Element 1   **Management Leadership and Organizational Commitment**   **23/25 (92%)**

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 signed by the current senior manager?**   **5/5**

Notes
Carewest has an Employee Health, Safety and Wellness Statement of Commitment as well as their Safety in the Workplace Policy (AM-07-01-06) contained in the Administrative Manual. The Commitment Statement outlines the importance of the health, safety and psychological well-bring of all employees; provides general responsibilities for everyone, including management, workers, volunteers and contractors; states the responsibilities for all employees to be aware of and comply with Carewest policies and procedures and relevant government legislation and regulations; and is signed by Dwight Nelson, the current Carewest COO. The Safety in the Workplace Policy contained in the Administrative Manual includes also states the commitment to provide a safe and healthy workplace for all employees, contractor service providers and others present at Carewest locations, as well as the requirements to comply with company and legislated standards, but this document also provides greater details on specific health and safety responsibilities for Management, Supervisor, Worker, Contractor Service Providers, Independent Care Providers, Volunteers, and Visitors. The Safety in the Workplace Policy is approved by the Executive Leadership Committee.
5 out of 5 points were awarded based on the Commitment Statement and Safety in the Workplace Policy containing all of the requirements.

1.02   **Q. Is the Health and Safety policy readily available to employees?**   **0/0**

| Notes | *Specific health and safety responsibilities have been written for all levels in the organization and are included in the Safety in the Workplace Policy (AM--7-01-06), the Employee Health and Safety Handbook, as well as in all of the Position Profiles. The Safety in the Workplace Policy states the overall corporate responsibilities for health and safety, and the common health and safety responsibilities for Managers, Supervisors, and Workers. The Employee Health and Safety Handbook includes all of these plus specific responsibilities for Health and Safety Committees. These include ensuring that employees are trained and supervised by a competent person; ensuring health and safety concerns are resolved in a timely manner; ensuring that employees and others comply with legislation; reporting unsafe or harmful acts or conditions; etc. Job specific health and safety responsibilities / requirements are further outlined in the position Profiles for each job. These include the specific responsibilities for the Senior Managers (1 COO and 9 Directors). These position specific duties are much more specific, such as: utilizing safe transfer, lift and reposition techniques; following infection control policies and procedures; following proper sanitary standards for cleaning all food services area, supplies, and equipment; operating dishwashing machine as per established procedure; processing medication orders with Automated Tablet Packager; maintaining appropriate controls for narcotic / controlled medication storage; etc.* |
| | *10 out of 10 points were awarded based on 100% of positive indicators from the reviewed documentation that specific health and safety responsibilities have been written for all levels within Carewest.* |

| Strength | *Carewest established the more common health and safety responsibilities for each level in the organization in the Safety in the Workplace Policy and Employee Health and Safety Handbook, while stating the more job specific duties for their Senior Managers, Managers, Supervisors, and Workers in their respective Position Profiles. This provides a more comprehensive inventory of health and safety responsibilities which includes the more common as well as the very specific requirements.* |

1.06   **Q. Do employees understand their individual OHS rights, company assigned health and safety responsibilities, and legislated health and safety responsibilities?**   0/0

| Notes | *Review of meeting minutes confirmed that management participated in at least 80% of meetings where health and safety is discussed. Meeting minutes were sampled for 3 months out of the last 12 months. At the larger sites (Fanning and Sarcee) Operations Committee meetings were conducted for each month sampled, and included the Site Director and management from all areas / departments with consistent minutes and attendance records being kept. JWHSC meetings were conducted at all sites for each of the 3 sampled months and always included management participation. Smaller sites (OSI, Nickle House) had staff / team meetings in each of the sampled months, which included management. 2 of the sampled staff / team meeting minutes did not include attendance, so participation of management could only be established from reading the names mentioned in the discussion, resolutions and comments in the minutes. At the larger sites (Fanning and Sarcee) Department / Team meeting minutes were available for some areas, but most nursing units and areas apparently have changed to use Visibility Walls for regular communication with staff due to pandemic restrictions. These are large wall areas were current information and issues are posted to be reviewed and discussed. No staff / team meeting documentation was available for the Southport Corporate / Administrative site. Meetings there were apparently held via Zoom but no minutes or attendance records were maintained.* |
| | *8 out of 10 points were awarded based on the percentage of positive indicators from the reviewed documentation. 20% were deducted for the lack of documented meetings at Southport (one out of the 5 sites with staff meetings), and the inconsistent attendance documentation on sampled staff / team meeting minutes.* |

| SFI | *Review of meeting minutes indicated that attendance was not consistently documented for all of the staff / team meetings, and that in some areas no records were kept of staff / team meetings at all. Although the types of communication have changed due to the pandemic, it is important to continue to maintain proper records of all meetings during which health and safety is discussed, even for digital meetings. Meeting minutes should summarize the main discussion points and resolutions / action items, as well as document attendance to provide a record of the activity and who participated. Management participation in meetings with health and safety content is crucial to ensure that health and safety topics and initiatives are seen to have full management support, and that management is attentive to any health and safety concerns or issues that may be presented during a meeting.* |

1.13   **Q. Does the employer provide resources needed to implement and improve health and safety?**   **0/0**

Comment   *None entered.*

Element 2   **Hazard Assessment**   **86/95 (91%)**
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 jobs been inventoried for the purpose of formal hazard assessments?**   **10/10**
Notes   *While the organizational chart outlines the overall structure of Carewest, Human Resources maintains a complete list of all Occupation Titles / jobs. This is used to ensure that Position Profiles and Hazard Assessments are completed and updated for all current jobs. This inventory includes all of the 107 current occupation titles / jobs. Occupation titles include Admin Assistant, Blended Receiver, Chaplain, COO, Cook, Corporate Coordinator, Dietician, Education Associate, EHS Nurse, Food Services Assistant, HR Analyst, LPN, Maintenance Worker, Managers, Mental Health Support Worker, Music Therapist, Nurse Clinician, Nursing Attendant, OT, Pharmacist, PT, Psychologist, Social Worker, Team Leaders, etc.*
10 out of 10 points were awarded based on the completeness of the current job inventory.

2.02   **Q. Has the employer compiled a list of tasks associated with each job?**   **20/20**
Notes   *Task lists for each position / job have been compiled in the Position Profiles and formal Hazard Assessments. Documentation review indicated that task lists are in place in formal Hazard Assessments and Position Profiles for 100% of all of the 107 positions.*
Examples of listed tasks included: computer work, talking on telephone, writing, handling office supplies, filing, etc. for Administrative Assistant; food preparation, use of knives, lifting pots / kettles / bulk food, working with stoves / ovens / steam tables, cleaning and sanitizing, interactions with clients, etc. for Food Services staff; Dressing changes, tube feeds, handling dialysate, medication administration, providing resident care, interaction with residents / families / visitors, etc. for nursing staff; providing repairs and maintenance to equipment and operating systems, use f hand tools / power tools, use of compressed gas, etc. for Maintenance Workers; preparing medications accurately, reviewing and checking medication orders, receiving and/or handling of hazardous medications, etc. for Pharmacy staff; etc.
20 out of 20 points were awarded based on 100% positive indicators from the reviewed documentation.

2.03   **Q. Are health and safety hazards identified for the tasks associated with each job?**   **20/20**
Notes   *Review of the formal Hazard Assessments indicated that health and safety hazards are consistently identified for all of the tasks associated with each position / job. Identified hazards included lifting; bending; pushing; pulling; carrying items, repetitive data entry, working alone, use of knives and sharp kitchen equipment, wet or greasy floors, noisy environment, exposure to temperature extremes; exposure to food borne pathogen; potential for exposure to aggression or violence; exposure to communicable diseases including Covid; stress or anxiety from complex decisions, problem solving and increased workload during Covid outbreaks; awkward postures; long periods of monitor use resulting in eye strain; working in cramped or crowded spaces; exposure to hazardous waste; exposure to ionizing radiation; fatigue; exposure to chemicals; etc.*
20 out of 20 points were awarded based on 100% positive indicators from the reviewed documentation.

Strength   *All formal Hazard Assessments systematically identified health and safety hazards related to each task. Review of the Hazard Assessments indicated that they are thorough and up to date in their identification of relevant hazards, including those changes in hazards due to impacts from the Covid pandemic.*

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

Notes *100% of identified hazards have been evaluated according to risk. Each identified hazard is evaluated based on frequency of exposure, severity, and probability. Each variable is assigned a value between 1-4 which are summarized to arrive at a total risk value and then categorized into potential, moderate, or critical hazard categories.*
10 out of 10 points were awarded based on the percentage of evaluated hazards.

Strength *The hazard evaluation and risk prioritization has been consistently applied and documented for all formal Hazard Assessments. Such a consistent risk evaluation allows the organization to easily identify and place special focus on higher priority hazards and their controls.*

2.05 **Q. Is senior management knowledgeable about the high hazard tasks related to their operations?** **0/0**

Notes
SFI

2.09 **Q. Is there a written policy and/or process to review formal hazard assessments?** **0/5**

Notes *The Hazard Assessment Policy (AM-07-01-03) states that all formal hazard assessments will be completed (reviewed) regularly to prevent the development of unsafe and unhealthy working conditions, when a new work process is introduced, when a work process or operation changes, or before construction and renovations take place. Hazard assessment review will also be included as a standing Health and Safety Committee agenda item. The policy currently makes no reference to review the formal hazard assessments when site-specific hazard assessments identify a new hazard, when an inspection identifies a new hazard, or when an investigation identifies a new hazard.*
0 out of 5 points were awarded based on 3 out of the 6 of the required items being included in the policy.

SFI *The Hazard Assessment Policy (AM-07-01-03) outlines when formal hazard assessments must be completed / reviewed. This currently does not include the COR audit tool requirements to review the formal hazard assessment when site-specific hazard assessments identify a new hazard, when an inspection identifies a new hazard, or when an investigation identifies a new hazard. It is suggested to update the policy and hazard assessment review process to include these situations. This will ensure that any hazards that are newly identified through other processes are incorporated into the formal hazard assessments and that appropriate controls are in place in all affected areas.*

2.1 **Q. Are formal hazard assessments reviewed as per the policy and/or process?** **0/0**

Notes
SFI

2.12 **Q. Have site-specific hazard assessments been conducted before work begins on the day of the job? Repeated if changes are introduced?** **10/10**

Notes *Documentation review indicated that FLRAs are conducted by maintenance staff prior to each task. Each required on demand or preventative maintenance task has a work order generated through the e-facilities program, which includes an FLRA. The maintenance person completing the job is required to complete the FLRA first, document this on the form, and then after completing the work must document the maintenance service that took place and sign off on it. Review of 12 sampled work orders from the selected sites indicated that the FLRAs were completed for all of them. Updates to hazard assessments that were completed when temporary changes have been introduced to the work sites can be seen for the specific hazard assessments related to the potential exposure to Covid-19. These have been updated / repeated in April 2020, December 2020, and February 2021 to reflect changes in the requirements and site situations.*
10 out of 10 points were awarded based on the percentage of positive indicators from the reviewed documentation.

2.13 **Q. Have controls been identified for site specific hazard assessments?** **3/5**

Notes   *All of the 12 sampled FLRAs identified hazards associated with the task to be done, but only 6 out of the 12 identified specific hazard controls to be used. Identified hazard controls included use of ear plugs, gloves, eye protection, mask, maintaining 3-point contact while on a ladder, and the use of a safety watch / spotter. The Covid-19 hazard assessments included a detailed list of controls such as isolation of ill clients, dedicated Covid-19 resource section on Careweb, single site employee restriction, physical distancing during work, staff self assessments, rapid testing and asymptomatic swabbing for staff, etc.*
3 out of 5 points were awarded based on 50% positive indicators from the reviewed documentation.

SFI   *6 out of 12 sampled FLRAs did not identify any hazard controls to be used although they had identified hazards associated with the task to be completed. It is suggested that FLRAs reflect all hazard controls used to address identified hazards. This may include their standard PPE, procedures, and safe work practices. It may be beneficial to have checkboxes for the most commonly used hazard controls on the form to avoid staff having to write down the standard PPE or other such controls they use for each work order. That way common controls can be checked off and only additional controls must be written down. If hazards are identified on the FLRA then controls to eliminate or mitigate those hazards must also be noted in order for the FLRA to be effective. Properly conducted FLRAs ensure that all relevant hazards are identified and adequately controlled prior to work starting.*

2.14   **Q. Do site-specific hazard assessments involve affected employees at the work site?**   **0/0**
Notes
SFI

2.15   **Q. Is there a system in place for workers to report newly identified hazards?**   **0/0**

3.01   **Q. Have controls been identified for the hazards listed in the formal hazard assessments?**   **10/10**
Notes   *Review of the completed formal hazard assessments indicated that engineering, administrative, and/or PPE controls have been noted for 100% of identified hazards. Identified engineering controls included: carts and dollies for moving items; headsets for conference calls; auto-fill chemicals; biohazard and sharps containers; anti-fatigue mats; automatic food services equipment; mixing valves for water temperature control; etc. Identified administrative controls included: BACK training; ergonomic information and assessment availability; varying tasks; mental health resources in wellness centre; IPC policies and procedures; mandatory annual education; influenza vaccinations for staff; WHMIS; many task specific safe work practices and procedures; security; etc. Identified PPE controls included: nitrile gloves; masks; N95 respirators; gowns; face shields; proper footwear; goggles; hearing protection; oven mitts; etc.*
10 out of 10 points were awarded based on the consistent identification of applicable hazard controls in all formal hazard assessments.

Strength   *The formal hazard assessments include engineering, administrative, and PPE hazard controls for all identified health and safety hazards. Controls are clearly listed, including details such as type of PPE to be used, specific policy or procedure to be followed, engineering controls in place, etc. This provides a good overview and reference of all the required controls for each task.*

3.02   **Q. Have the identified engineering controls been implemented?**   **0/0**
Notes
SFI

3.03   **Q. Have the identified administrative controls been implemented?**   **20/20**
Notes
SFI

3.05   **Q. Are changes to hazard controls communicated to affected employees?**   **0/0**

Notes   *Completion of on-demand and preventative maintenance related to the facility building and equipment are documented and tracked in the e-facilities program, while the vehicle maintenance is maintained as hard copy files. Sampled documentation from the vehicle preventative maintenance, on demand maintenance, and required vehicle inspections certificate indicated that 100% of preventative maintenance has been performed as required by the schedules outlined in the Carewest Transportation Manual. Review of e-facilities records indicated that over the last year 5271 on demand maintenance requests, and 1434 preventative maintenance work orders were generated for the 6 locations included in the audit. Preventative maintenance work orders included numerous building systems (HVAC, boilers, filters, mixing valves, etc.) and equipment (ceiling lifts, beds, etc.). From all of the generated work orders, 4867 (92%) of the on-demand requests and 616 (43%) of the preventative maintenance work orders have been completed as required. The completion of on-demand requests ranged from 70% to 100% between the sampled sites, while the completion of preventative maintenance ranged between 9% to 98% between the sites. Each on-demand and preventative maintenance work order is generated in e-facilities, the work / maintenance performed documented, signed off by the maintenance staff member who completed the work, dated, and tracked from beginning to completion*
2 out of 5 points were awarded based on the 43% completion of all required preventative maintenance work orders from the 6 selected sites and the vehicle fleet over the period of the last year.

SFI   *Documentation review indicated that the completion of required preventative maintenance work orders varied greatly between sampled sites (between 9% to 98% for pm work orders, and between 70%-100% for on-demand work orders). This was likely at least in part due to the Covid pandemic resulting in many additional on-demand work orders to deal with outbreaks and ever-changing requirements. It may be beneficial to review the work order statistics for all sites in order to obtain a clearer understanding which locations have fallen behind on their preventative maintenance. Sites that have achieved high completion rates may be able to offer specific advice on how they have been able to keep up with the additional demands. It is suggested to put a strategy into place which will address the backlog of required maintenance activities at all sites in order to ensure that the preventative maintenance will be completed as soon as possible as per the required schedules. Completing preventative maintenance as per scheduled requirements will ensure that all facilities and equipment is in safe operating order, prevent breakdown, and prolong the equipment lifespan.*

3.1	**Q. Is there a system that ensures defective equipment, vehicles, facilities, and tools are taken out of service?**	0/0

Notes
SFI

3.11	**Q. Is there a written Violence Prevention Policy as per legislative requirements?**	5/5

Strength   *The Prevention and Management of Violence in the Workplace Policy and Procedure (AM-02-03-03) and Violence Prevention and Management Plan provide comprehensive and detailed strategies employed by Carewest to eliminate or control hazards related to various types of potential violence in the workplace. Systems are in place to address identification and assessment of violence risks and hazards, control strategies, awareness and education, incident reporting, investigation and follow up, and ongoing monitoring and refinement of the control strategies.*

3.13	**Q. Are employees trained in the Violence Prevention Plan?**	0/0

Notes
SFI

3.14	**Q. Is there a Harassment Prevention Policy as per legislative requirements?**	5/5

3.16	**Q. Are employees trained in the Harassment Prevention Plan?**	0/0

Notes
SFI

3.17	**Q. Have the Violence and Harassment Policies and Procedures been reviewed?**	0/5

0 out of 5 points were awarded based on only one of the three required statements being included in the policies / procedures.

SFI
The Prevention and Management of Violence in the Workplace Policy and the Safe and Respectful Environment Policy are required to outline the review process for their violence and harassment prevention plans according to section 390.7 of the Alberta OHS Code. This includes that the violence and harassment prevention plans review take place on the earliest of the following: when an incident of violence or harassment occurs; if the joint work site health and safety committee recommends a review of the plan; every 3 years. This will ensure that the violence and harassment prevention plan and strategies remain effective to prevent and protect persons from harm related to violence and harassment.

4.01 **Q. Do the terms of reference for the HSC include all legislated requirements?** 5/5

Notes
Terms of Reference are in place for all of the Carewest HSCs. The Terms of Reference include the membership structure requirements, stating that membership will include at least 4 members, of which at least half are from the employee population / worker representatives. The committee will have 2 co-chairs, one from management and on a worker representation. Each committee has identified all departments / work areas to have a representative on the committee. The terms of office state that members will serve a minimum of one year on the committee and will continue until a successor is appointed or selected by the worker group served. A dispute resolution process is outlined in cases where the committee has made a formal recommendation regarding health and safety of workers and the recommendation has not been resolved for a period of 30 days. The formal recommendation will be forwarded to the Site Operation Committee for action and a written response will be provided before the next scheduled HSC meeting. Coordination with the employer's other work site HSCs is through posting and sharing all of the committee information on the Carewest intranet, and through EHS staff attending HSC meetings to provide support and further facilitate coordination. Meeting frequencies are established at maximum of 10 times per year, and at a minimum quorum must be met quarterly. A meeting must have a quorum to be considered a valid meeting, and a quorum is defined. When a quorum is not met it is not considered a valid meeting and business matter cannot be approved. However, meetings where a quorum is not possible may still take place with a goal of information sharing, increasing knowledge, and awareness. Training requirements for co-chairs are to participate in health and safety education as legislated (approximately 16 hours per year), and to facilitate and encourage educational opportunities for members. Members are required to participate in the educational opportunities provided. Co-chairs are also responsible to maintain confidentiality by not sharing personal identification information, all members maintain confidentiality of incidents and events, and EHS when providing and discussing corporate statistics with the committee must ensure that personal identification information is removed.

5 out of 5 points were awarded based on appropriate Terms of Reference being in place for all Carewest Health and Safety Committees, and the Terms of Reference containing all of the required information.

4.02 **Q. Does a policy or procedure include all legislated requirements for a HS representative?** N/A

Notes
All Carewest worksites are represented by Joint Work Site Health and Safety Committees.

4.03 **Q. Has the HSC been established as required in the terms of reference?** 5/5

Notes   *Review of the HSC membership for each of the sampled sites indicated that all HSCs have been established according to the requirements of the Terms of Reference. Each committee has one management and one worker co-chair; the Fanning Centre HSC has 19 members (3 management, 16 workers); the Southport HSC has 9 members (1 management, 8 workers); the Sarcee HSC has 12 members (3 management, 9 workers); the OSI HSC has 6 members (1 management, 5 workers); and the Nickle House HSC has 9 members (2 management, 7 workers). Each committee includes representation from their diverse areas and departments and has assigned a secretary to maintain the required minutes and other documentation.*
5 out of 5 points were awarded based on 100% of the sampled sites having established a HSC according to their Terms of Reference.

Strength   *HSC have been established for each work site according to the requirements outlined in the Terms of Reference. Properly established HSCs are an excellent forum for worker participation and input in the formal OHSMS.*

4.04   **Q. Has a HS representative been appointed?**   N/A
Notes   *All Carewest worksites are represented by Joint Work Site Health and Safety Committees.*

4.05   **Q. Have duties been written for the HSC and/or HS representative(s)?**   5/5
Notes   *The Terms of Reference from each HSC outline the duties for the committee members. These include: promoting cooperation between management and employees in the area of health and safety; demonstrate leadership in the area of health, safety and injury reduction; assist in documenting and resolving health and safety complaints and concerns; assist in determining the reasons incidents occur and provide recommendations about how workplace incidents can be prevented; conduct monthly workplace inspections to identify hazards and unsafe work practices; increase awareness and compliance to applicable legislation and standards; develop, promote and participate in health and safety education; make recommendations for potential health and safety improvements; act as a health and safety resource for others and ensure that health and safety information is shared; participate in health and safety program evaluations; attend monthly meetings; follow up on health and safety issues and provide recommendations, identify health and safety hazards; participate in investigations; maintain confidentiality; and maintain records pertaining to the committee duties. The HSC responsibilities are also stated in the Employee Health and Safety Handbook.*
5 out of 5 points were awarded based on 100% positive indicators from the reviewed documentation.

4.06   **Q. Have the HSC members and/or the HS representative(s) been trained in their duties and**   8/10
          responsibilities?
Notes   *Review of training records indicated that a total of 29 HSC co-chairs have completed the mandatory 8-hour CCSA Health and Safety Committee course within the last year. Due to change over in the co-chair role, this includes 22 out of the current 26 HSC co-chairs (sampled from all 13 Carewest HSCs). In addition, EHS staff present training modules to each HSC during their meetings on a regular basis. These are tracked on sign in sheets, and documentation review indicated topics included HSC Responsibilities; EHS Inspections; Hazard Identification and Assessment; Work Refusals; Site Specific Hazard Assessments; Maintaining Mental Fitness; Violence and Harassment Prevention; etc. HSC members also completed the CCOHS HSC training but training records were not accessible for all areas.*
8 out of 10 points were awarded for an average of 80% of positive indicators that HSC members having been trained in their duties and responsibilities. This is based on 85% of co-chairs having completed the mandatory 8-hour course, while on average 75% of HSC members participated in each of the training sessions throughout the year.

SFI   *Documentation review indicated that 20% of HSC members have not completed training for their duties and responsibilities. It is suggested to establish minimum training requirements for the HSC co-chairs and members, and to actively track and monitor the consistent completion of this training as required. It may be helpful to create a training spreadsheet, listing all current HSC members and their completion of the various training sessions throughout the year to gain a better overview of the HSC training. Currently training records are available as sign-in sheets only, making it very time consuming to establish who has received which specific training. Having all HSC members properly trained in their duties and responsibilities will ensure the overall efficiency and effectiveness of HSC activities.*

4.07   **Q. Do the HSC members and/or HS representative(s) understand their duties and responsibilities?**   **0/0**

Notes
SFI

4.08   **Q. Do HSC members and/or the HS representative(s) participate in health and safety activities?**   **0/0**
Notes
SFI

4.09   **Q. Is there a policy or procedure in place for the HSC and/or HS representative(s) to address employee**   **0/5**
   concerns related to the health and safety system?

Notes   *Review of documentation noted that although one of the duties of HSCs listed in the Terms of Reference is to assist in documenting and resolving health and safety complaints and concerns, there is no specific policy, procedure, or process is place for the receipt, consideration, and disposition of such concerns or complaints. 0 points were awarded based on the lack of positive indicators from the reviewed documentation.*

SFI   *It is suggested to establish a procedure by which workers can bring forward any concerns related to the health and safety system to HSC members to help resolve or bring forward on their behalf during the next committee meeting. The process should include how the receipt, consideration, and disposition of such concerns is documented and acknowledged. Formalizing this process will further enhance the HSC role to be a formal forum for worker input and participation in the overall OHSMS.*

4.12   **Q. Are health and safety concerns/complaints resolved in a timely manner?**   **1/5**
Notes   *Review of 15 HSC meeting minutes and the associated Hazard Tracking sheets indicated that 9 out of 36 health and safety items / concerns were addressed in a timely manner. These included: replacements of lights; repairs of doors; latch on the side of a fire extinguisher; addressing fruit flies in unit; addressing mold smell in bathroom; and two long term projects that were in progress with the construction projects starting this April. The other items may indicate that a PPS request has been entered, or that someone is looking into the issues, or that they are waiting pending contactors or for capital projects approval. 60% of the Hazard Tracking sheets that were reviewed did not properly document an Estimated Date of Completion nor the Actual Date of Completion on the form. HSC minutes form the OSI clinic noted that several items could not be addressed while the pandemic restricted staff to work at one site only and the maintenance staff that usually looks after their clinic could not come over from his main work site.*
1 out of 5 points were awarded based on the percentage of indicators from the reviewed documentation that health and safety concerns are resolved in a timely matter.

SFI   *Review of HSC meeting minutes and Hazard Tracking sheets could not verify that 75% of the sampled health and safety items / concerns were addressed in a timely manner. It is suggested that all HSCs properly complete the Hazard Tracking sheets, including the Estimated Date of Completion and the Actual Date of Completion in order to provide a more complete overview of the timelines involved from first reporting of an issue to resolution of it. In addition, it may be beneficial to indicate which items are of higher priority, so that resolutions or mitigations of these situations can take precedence. This will ensure that health and safety concerns and issues are systematically addressed in order to maintain a healthy and safe work environment.*

4.15   **Q. Have the names and contact information of the HSC members and/or the HS representative(s) been**   **0/0**
   posted?

Notes
SFI

Comment   *None entered.*

Element 5   **Qualifications, Orientation, and Training**   **33/40 (83%)**
   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   **Q. Is there a process to ensure employees are qualified for the position for which they are being considered?**   **5/5**

Notes   *The Carewest Recruitment Process outlines the process used to ensure that employees are qualified for the positions for which they are being considered. Once a vacancy is identified a formal recruitment request is made, and once approved the recruitment team advertises the position based on the requirements of the Position Profile and / or other specifics. Interested candidates submit their applications which are reviewed and a shortlist selects. Interviews are conducted to determine suitability of the candidate, and certification / education requirements validated. Once a successful candidate is identified reference checks are conducted. Upon positive responses to reference checks a verbal offer is made to the successful candidate. Copies of all paperwork, including all applicable education and / or certificates are obtained for their file, and official offer letter is created once all of the required paperwork has been received. Documents include confidentiality agreements, copies of license of practice permits, all educational certificates, essential skills assessment, resume, completed application, driver's license, vulnerable sector police clearance, any immunizations, CPR and first aid certificates, interview notes, references, etc.*
5 out of 5 points were awarded based on 100% positive indicators from the reviewed documentation that Carewest has a thorough hiring process in place to ensure employees are qualified for the position they are considered for.

Strength   *Documentation review indicated that Carewest has a comprehensive hiring process in place to ensure employees are qualified for the position they are considered for.*

Strength   *Carewest has comprehensive and thorough training materials for their orientation process, which cover all critical health and safety information.*

5.03   **Q. Do managers/supervisors ensure orientations were conducted prior to employees starting regular duties?**   **0/0**

Notes

SFI

5.04   **Q. Are managers/supervisors provided with training to support them in their role?**   **5/5**

Notes   *Documentation review indicated that Carewest provides managers, supervisors, and other key staff members with training to support them in their roles. Training records showed that 78 persons, including all of the 60 Managers and Supervisors plus additional key staff, completed the 5-day LEADS training in 2019 (in two separate 5 day courses). LEADS training includes extensive modules on leading self, engaging others, achieving results, developing coalitions, and systems transformation. These modules include topics such as communicating effectively, building teams, contributing to a healthy organization, fostering development in others, setting directions, assessing and evaluating, demonstrating systems and critical thinking, encouraging and supporting innovation, championing and orchestrating change, etc. In 2020 investigation training was provided to a total of 71 managers, supervisors, and other key staff.*
5 out of 5 points were awarded based on training records indicating that all managers and supervisors have received training to support them in their roles.

5.05   **Q. Do employees receive job-specific training when they are a new employee, assigned new tasks, or when an operational change affects their work?**   **7/10**

New employees receive job specific training during their general orientation days or online modules, as well as during their Unit / Work Area Orientation and Occupation Specific Orientation. Employees that transfer into a new area or position will also be required to complete all the applicable orientation modules and buddy shifts / checklists. When new tasks, equipment, or operational changes are implemented the appropriate training is delivered to the affected employees as in-services or other review. Job specific training included: safe food handling, equipment safe handling instructions, proper hand hygiene, position specific WHMIS / use of chemicals, proper equipment cleaning, proper temperature checks, hazardous medications, abdominal / chest thrusts, mechanical lifts and slings, falls awareness, N95 masks, PPE, supportive pathways, supportive crisis intervention, opioid management, specific shift routines and expectations, etc. Training to address changes included delivery of additional Covid related training sessions for 785 persons from the selected sites for: pandemic outbreak management, hand hygiene, isolation cart set up, quarantine isolation, covid testing and vaccine, contact and droplet precautions, donning and doffing of PPE, N95 fit testing, PPE audits, PPE shelf stocking, etc.

Review of training records indicated that between May 1, 2020 and April 30, 2021 a total of 481 new employees started at Carewest, of which 391 have completed the required online orientation modules. Sampling of 10 files of randomly selected new hires from this time period indicated that only 5 out of 10 have the completed Unit / Work Area Orientation and Occupation Specific Orientation checklists in their files. No instances of new task assignments for existing employees were found other than changes due to covid protocols.

7 out of 10 points were awarded based on the average 70% positive indicators between the online modules (81%), buddy shift checklist (50%) completions, and attendance of covid related training sessions (79% based on 785/997).

SFI

Review of training records indicated that 19% of new employees hired within the last year have not completed their online modules required for their jobs, and that only 50% of sampled employee files contained the required buddy shift checklists. Lack of timely completion of all of the job specific training can have serious consequences for the competency of staff, and their adherence to appropriate safe work procedures, practices and other hazard controls, leading to greater risk of incidents and associated losses. It is suggested to review the training process and to put in place more timely, active monitoring of required training completions in order to ensure that all employees have received the job specific training they require to work in a healthy and safe manner, and that such training is properly documented.

5.06   **Q. Does job-specific training include a practical demonstration?**   **0/0**

Notes

SFI

5.08   **Q. Are competency assessments conducted?**   **4/5**

Notes

Review of documentation indicated that competency is evaluated throughout the orientation and job specific training requirements for numerous key training topics. Competency and understanding is assessed through quizzes and observations of practical demonstrations. Quizzes included: WHMIS, staff safety module, IP&C, emergency codes, PPIC, B.A.C.K. training, CCHSS, safe food handling, decision making, hazardous medications, etc. Competency checklists were in place for: bladder scanner use, central venous catheters, mechanical lifts and slings, hazardous medications, medication assistance, infusion pumps, Momentum, safe bathing, safe feeding, etc. Review of training records indicated that 81% of quizzes and competency checklists associated with the day 1 to 5 orientation process and 68% of quizzes and competency checklists from sampled ongoing training were completed as required.

4 out of 5 points were awarded based on the average of 75% completion of required competency evaluations from the orientation process and ongoing training.

SFI

Review of training records indicated that on average 25% of competency evaluations through quizzes or competency checklists have not been completed as required during the orientation or ongoing training processes. It is suggested to ensure all staff complete their required evaluations to ensure their competency and understanding of these key tasks and principles.

5.09   **Q. Is required refresher training provided?**   **7/10**

6.01   **Q. Is a policy and/or process in place to address the protection of others not under the employer's direction?**   **10/10**

Notes	*The Safety in the Workplace Policy (AM-07-01-06) states that Carewest will provide a safe and healthy workplace for employees, contract service providers, and others present at a Carewest location. It further outlines general responsibilities for contractors, contract service providers, independent care providers volunteers, and visitors. The Support Services Contract Management Policy (AM-05-01-02), PPS and Contract Services General Work Practices (AM-05-02-01), Contractor Handbook, Contractor Orientation, Independent care Providers Policy (AM-02-05-09), and Terms and Conditions for Independent Care Providers include greater details and processes to address the protection of contactors and independent care providers. Visitor and volunteer information is available on the Carewest external website, including the Expectations and Responsibilities brochure, Brochure for Volunteers, current information regarding planning visits, visitor restrictions, signing up to volunteer, booking the volunteer orientation, etc.* *10 out of 10 points were awarded based on the reviewed policies and processes that Carewest has in place to commit to a healthy and safe environment and the protection of contractors, contract service providers, volunteers and visitors, including specific responsibilities, orientations, and ongoing communications.*	

6.02	**Q. Is a process in place that includes criteria for evaluating and selecting other employers and/or self-employed persons?**	**5/5**
Notes	*The Support Services Contract Monitoring, Evaluation and Orientation Policy and procedure (AM-05-01-02) states that all contractors / contract service providers will comply with applicable pre-entry screening requirements for communicable diseases; that Carewest follows AHS Contract Procurement Sourcing Management (CPSM) guidance and policies and procedures for procurement and contracts; and that the hiring manager will be responsible to ensure any contractors hired internally have, at a minimum, proof of current WCB coverage and liability insurance. Carewest also utilizes preferred vendors which are evaluated and selected for inclusion on the preferred vendor list by AHS. The Purchasing: General Standards Policy (AM-03-02-01) provides guidelines to adhere to standards of fairness, accountability, ethical conduct, and good business practice in the purchase of equipment, goods and services. This includes ensuring that all aspects of the purchasing process are conducted ethically and in compliance with all applicable legislation and guidelines; selection and evaluation of proposals or bids based on the pre-determined criteria; evaluation of all factors including consistent quality and performance, etc. Review of a sampled RFQ for a concrete repair project indicated that all bidders must include in their submission: a COR certificate from ACSA; clearance letter from WCB; proof of insurance; IP&C requirements as per CSA Standard Z317.13-03 Infection Control During Construction or Renovation of Health Care Facilities; resources the company will dedicate to the project; agreement to follow and adhere to relevant OHS legislation and Carewest Policies etc. Similar requirements and details were included in a sampled contract for snow removal services for various Carewest sites included.* *5 out of 5 points were awarded based on 100% of positive indicators from the reviewed documentation.*	
Strength	*Documentation review indicated that Carewest has a process in place to evaluate and select contractors and contract service providers which include criteria such as: WCB clearance letter, appropriate liability insurance, adherence to applicable legislation and standards, having an evaluated OHSMS (COR certificate requirement), consistent quality and performance history, etc. Including health and safety related criteria in the evaluation and selection of contractors and contract service providers reinforces the commitment to workplace health and safety and helps to ensure that contractors will adhere to applicable standards.*	

6.03	**Q. Is a policy and/or process in place that includes a system for monitoring other employers and/or self-employed persons?**	**5/5**

Notes	*The Support Services Contract Monitoring, Evaluation and Orientation Policy and procedure (AM-05-01-02) outlines the process to be used for performance monitoring and evaluation of all contractors / contract service providers. Monitoring is based on quality of work, meeting project timelines and budget allocation, availability of service, equipment reliability adherence to safety rules and performance expectations, compliance to Alberta OHS legislation, AHS requirements and feedback from others involved in the project. The Managers of Support Services (MSS) or Facilities staff will document positive and / or negative observations; the MSS committee will complete an annual evaluation for contracted services to review vendor performance; MSS and / or Facilities will conduct a project debrief to review vendor performance upon completion; and MSS will include a vendor / project review as a standing agenda item for their regular meetings. 5 out of 5 points were awarded based on 100% positive indicators from the reviewed documentation.*	
Strength	*The Support Services Contract Monitoring, Evaluation and Orientation Policy and procedure (AM-05-01-02) includes a comprehensive process to be used for performance monitoring and evaluation of all contractors / contract service providers at all Carewest sites. Monitoring the health and safety performance of contractors and contract service providers ensures that standards and legislative requirements are maintained in the overall work environment.*	
6.04	**Q. Are health and safety orientations provided to visitors? Other employers and/or self-employed persons?**	**15/15**
Notes	*Documentation review indicated that health and safety orientations are provided to visitors, volunteers, contractors, and contract service providers. Key information is posted on the external Carewest website to provide information to anyone who want to visit at a Carewest site. This includes IP&C and Covid information and requirements, tips for planning visits in advance, getting involved / volunteering, encouragement to speak to staff to ensure visitors are aware of any safety precautions etc. The Expectations and Responsibilities brochure for employees, volunteers, partners, clients, and families includes key information on everyone's right to be treated with respect and to be listened to and heard; a safe physical, emotional, and psychological environment; being part of a care team; and information regarding confidentiality, as well as everyone's responsibilities in regards to these rights. Sampled documentation included completed Volunteer Orientation forms, completed Volunteer Tracking Records including their sign in and out each time they are at the facility, the additional Covid related requirements for all visitors to book their visits ahead of time and get screened (temperature checks and completion of Covid screening forms) upon arrival at the facility. The Support Services Contract Monitoring, Evaluation and Orientation Policy and procedure (AM-05-01-02) states that all contractors / contract service providers who provide services to Carewest are required to participate in contractor safety orientation. Managers of Support Services and Manager of Building Support will ensure all service providers have participated in a safety orientation prior to providing service. Safety Orientation consists of a review of the Contractor / Contracted Service Provider Handbook and signatures of each service provider on the Orientation Acknowledgement form and the PPS Log Sheet. The Manager of Support Services, Manager of Building Support, or Facilities will ensure the Carewest Contractor Orientation is sent to each newly approved vendor prior to work start-up and will be provided to Prime Contractors for Infrastructure Maintenance Program projects before or during project start-up meetings. Documentation review included sampled Contractor Sign-In Log sheets acknowledging that they have been orientated to Carewest and are aware of their safety duties and responsibilities as described in the Carewest Contractor Orientation Handbook, as well as completed and signed Contractor Orientation checklists for Shoppers Drug Mart and Aramark staff, and the Contractor Orientation PowerPoint presentations. Full points were awarded based on 100% positive indicators from the reviewed documentation that health and safety orientations are provided to visitors, volunteers, contractors, and contract service providers.*	
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?**	**0/5**
Notes		
SFI		
6.06	**Q. Is the health and safety policy communicated to other employers and/or self-employed persons?**	**0/0**
Notes		
SFI		

6.07   **Q. Is health and safety information readily available to affected external work site parties?**   **0/0**

Notes

SFI

6.08   **Q. Is a process in place to address non-compliance of other employers and/or self-employed persons under the direction of the contracting employer?**   **5/5**

Notes   *The Support Services Contract Monitoring, Evaluation and Orientation Policy and procedure (AM-05-01-02) outlines the process to be used to address non-compliance of contractors / other employers. Non-compliance to performance expectations and standards are defined as minor or major infractions and may result in the following actions: minor infraction (easily correctable deviations in approach, behavior or rules) - a review of safety procedures and expectations, a request to temporarily stop work, or elevating the situation to a Director; major infraction (instances of non-compliance to standards, rules or legislation, or multiple or recurring deviations in approach or behavior) - removal from worksite, termination of the contract, a decision not to use the contractor again, and / or providing feedback to AHS regarding service / quality issues which may impact their status as an approved vendor. Review of a completed Vendor Assessment Tracking Sheet indicated that 2 instances of contractor performance issues / non-compliance to standards were noted for contractor employees, and appropriate follow-up completed with the contractor to resolve the issue and prevent recurrence.*
5 out of 5 points were awarded based on the positive indicators from the reviewed documentation.

7.03   **Q. Have individuals leading formal inspections received training?**   **0/10**

Notes   *No training records were available to indicate inspection training was provided to key individuals who are required to lead formal inspections. As per the Safety Inspections Policy and Procedure (AM-07-01-07) this includes HSC members, managers, and supervisors.*
0 points were awarded based on the lack of documentation available.

SFI   *No training records were available from the last 12 months to indicate that HSC members, managers, and supervisors have completed inspection training. This type of training is usually only documented on sign-in sheets and does not get entered into the training database, making it very difficult the evaluate if the training has not been conducted within the last year or so. It is suggested to ensure that appropriate inspection training is provided to all individuals who are required to lead the formal inspections and to document this in the existing File Maker training database or other spreadsheet in order to better maintain these records. Ensuring all persons leading inspections have completed the appropriate training will result in consistent and effective inspection activities.*

7.04   **Q. Are formal inspections carried out in accordance with the policy and/or process by managers, supervisors, and workers?**   **9/15**

Notes   *Review of completed inspection reports indicated that 61 out of 64 required HSC inspections have been completed at the selected sites for the three sampled months with regular participation of worker members; and that 21 out of 45 senior management, management, and supervisor inspections have been completed at the selected sites for the previous 12 months period. All manager and supervisor inspections included employee observations such as: staff using biohazard containers appropriately, staff know where to find SDS, staff wearing PPE correctly, staff following BACK and using transfer belts for hands-on assistance, staff practicing hand hygiene correctly, etc. 2 out of 5 points each were awarded for the percentage of completed manager and supervisor inspections, and 5 out of 5 for the percentage of completed worker inspections, for a total of 9 out of 15 points.*

SFI   *Documentation review indicated that only 47% of required Management Inspections checklists have been completed within the last year by Managers and Supervisors. It is suggested to re-emphasize the requirement of two annual inspections for all managers and supervisors of their areas, and two site inspections for all Directors or their designates. Adhering to the Carewest Safety Inspection Policy requirements will ensure that management maintains a regular focus on the overall health and safety of the work environment and staff behaviors.*

7.05   **Q. Is there a system to correct deficiencies identified through formal inspections?**   **0/0**

Notes

SFI

7.06　　　　**Q. Have deficiencies identified through formal inspections been corrected?**　　　　**0/0**
　Notes
　SFI

Comment　　　*None entered.*

Element 8　　**Emergency Response**　　　　　　　　　　　　　　　　　　　　　　　**30/45 (67%)**
　　　　　　　　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**
　Notes　　*Written emergency response plans are in place for all Carewest sites and include procedures for the following potential emergencies: Code Red - Fire, including fire detection and alarm information and fire emergency response procedures; Code Blue - Medical Emergencies, including the response algorithm, debriefing form, medical emergency response procedures, and site specific locations of emergency equipment; Code Yellow - Missing Client, including response algorithm, instructions sheet, tracking sheet, response procedures, and site specific search teams and checklists; Code Brown - Building Emergency, including the response algorithm and procedures, and site specific procedures for electrical systems, water supply / flooding, elevators, sewage back-up, nurse call, communication systems, HVAC, chemical spills, oxygen, etc.; Code White - Violence / Aggression, including the response algorithm and response procedures, plus site specific information as applicable; Code Grey - Shelter in Place / Air Exclusion, including response algorithm and procedures; Code Green - Evacuation, including response algorithms and procedures; Code Black - Bomb Threat, including response algorithm, procedures, bomb threat report, and site specific search teams and checklists; Code Orange - External Disaster, including response algorithm and procedures; Code Purple - Hostage, including response algorithm and procedures; Severe Weather Events; Business Continuity / Contingency Plans.
10 out of 10 points were awarded based on the percentage of positive indicators from the reviewed documentation.*

8.04　　　　**Q. Do employees understand their responsibilities under the emergency response plan?**　　　**0/0**
　Notes
　SFI

8.05　　　　**Q. Are emergency response drills conducted?**　　　　　　　　　　　　　　　　**8/10**
　Notes　　*Documentation review indicated that at least one fire drill was conducted at 5 out of the 6 selected sites within the last year. The Carewest Emergency Response Plan Policy (ER-01-01-01) states that annual emergency response drills are to be conducted at each site, with the frequency of additional drills to be determined by the Emergency Preparedness Committee. Due to the Covid pandemic and associated restrictions the committee decided that for 2020 / 2021 only the annual drills would be required, until restrictions are lifted. 3 sites have documented their drills on the Emergency Code Incident Debrief forms, 2 sites indicated the drills on meeting minutes but had no drill forms completed, and 1 site had no drill information available. Due to the pandemic Carewest has not conducted emergency response exercises for other types of emergencies at the sites, but rather offered them virtually on Zoom with each session open to staff from all sites. Virtual drill sessions were held as follows: 12 sessions for Code Red in October 2020, 8 sessions for Code Brown in Jan 2021, 9 sessions for Code White and Purple in May 2021.
8 out of 10 points were awarded based on 83% positive indicators from 5 out of 6 sites having completed an annual drill within the last 12 months.*

SFI	*Documentation review indicated that 1 out of the 6 sampled sites did not complete a dire drill within the last year. It is suggested to monitor the completion of the mandatory fire drills for all sites. Since some site fire drills, such as the OSI clinics and Southport, are under the control of the building operator / owner, it is suggested that the Carewest staff working at those sites document and debrief after the building drills, and / or conduct their own table top emergency response exercises. This will ensure that the Carewest staff at all sites will be knowledgeable about their respective emergency response procedures and responsibilities, and can respond effectively to minimize losses in the event of an emergency. It is further suggested that Carewest resume their previous practice of on-site monthly drills for all types of emergency codes once the pandemic restrictions allow for the Education Assistants to resume their role to facilitate these exercises. Conducting regular emergency response drills and exercises for all of the potential emergencies will greatly impact staff efficiency and effectiveness to correctly respond to emergencies over time.*

8.06   **Q. Have deficiencies in the emergency response plan identified through a drill been corrected?**   **1/5**

Notes	*Documentation review indicated that 3 out of the 6 selected sites identified deficiencies on the completed Emergency Code Incident Debrief forms. However, out of 10 deficiencies noted on the forms only one was documented to be followed up and addressed. This was a situation where the alarm paging could not be heard in a specific area and PPS was notified immediately and corrected the volume of the paging system in the area. For the other 2 sites that had noted drills in meeting minutes no specific information was provided regarding how any deficiencies are to be addressed.* *1 out of 5 points were awarded based on 10% of noted deficiencies on the drill reports having been corrected.*

SFI	*Documentation review noted that only one out of 10 deficiencies noted on completed Emergency Code Incident Debrief forms, which was used by 3 out of the 6 sites, was documented to be corrected. It is suggested that all sites use the Emergency Code Incident Debrief forms to document their emergency response drills, and that corrective actions be recommended and followed up on for all noted deficiencies. This may include discussion with all staff or otherwise sharing and emphasizing important information, such as clarifying any confusion about roles or holding doors open for residents so the evacuation goes faster, etc. Consistently implementing corrective actions to address deficiencies will ensure that drills contribute to an improvement of emergency response procedures, staff knowledge, and any other related factors in order to optimize emergency response.*

8.07   **Q. Have deficiencies in the emergency response plan identified through an actual emergency response been corrected?**   **1/5**

Notes
SFI

Comment   *None entered.*

Element 9   **Incident Investigation**   **39/50 (78%)**
Investigations determine the cause(s) of an incident, and the corrective action(s) required to prevent a recurrence.

9.01   **Q. Is there a policy and/or process that requires the reporting of incidents (including near miss), occupational illness, and work refusals?**   **5/5**

The Employee Incident Investigation Policy and Procedure (AM-07-01-02) states the requirement for a Unusual Occurrence Report (UOR) to be completed as soon as possible by anyone who discovers or is involved in an unusual occurrence (all incidents, including actual or potential incidents involving residents, staff, visitors, volunteers or contractors, and incidents that could make the environment unsafe but did not yet cause harm), near miss, work refusal, or occupational illness. This is also noted in the Employee Health and Safety Handbook, which states that employees are responsible to report all workplace injuries, illnesses, etc. to their manager, supervisor or the most responsible person as soon as possible and then record the incident on a UOR. The Employee Health and Safety Handbook and the policy further state that managers / supervisors must advise EH&S within 24 hours of knowing about an employee's workplace injury or illness, and that EH&S must then notify the Workers'' Compensation Board as required. The policy further includes definitions of Potentially Serious Incidents and Serious Incidents as per Alberta OHS, and states the requirements for such incidents to provide first aid but not to disturb the scene and to report to Alberta OHS as soon as possible. It further includes a procedure to follow for work refusals which includes the potential contact to Alberta OHS if matters cannot be resolved internally with the assistance of EH&S and HSC co-chairs.

The UOR Reference Guide provides excellent step by step instructions for the reporting, UOR completion, WCB reporting, and other key explanations and information of the entire process, including a process flow sheet that summarizes the steps, responsibilities, timelines, etc.

5 out of 5 points were awarded based on the reviewed documentation meeting all of the requirements for reporting of incidents, illnesses, near misses, and work refusals.

9.02 **Q. Can employees explain the reporting procedures for incidents (including near miss), occupational illness, and work refusals?** **0/0**

Notes
SFI

9.03 **Q. Do employees report incidents, occupational illnesses, and work refusals?** **5/5**
Notes *Documentation review indicated that only 7 near misses were reported for all of the 6 selected sites in the course of the last year. Considering that for the same time period 130 other incidents and occupational illnesses were reported, this number of near miss reports does not indicate that employees consistently report near misses that take place.*

0 out of 5 points were awarded based on the percentage of positive indicators from the reviewed documentation not meeting the required 70%. Based on the OHS theory of the number of expected near miss occurences for lost time occurrences it is estimated that the reported number of near misses reflects only approximately 10% of the near misses that occurred.

SFI *Review of documentation indicated that only 7 near misses were reported at the 6 sites for the same time period as 130 UORs were reported. This indicates that either employees are not reporting near misses, or that near miss incidents are labeled as something other than a near miss when the UOR is submitted. It is suggested to review the importance of near miss reporting with all staff, as well a reviewing the parameters that are used to categorize UORs as a near miss with managers and supervisors that conduct the investigations of all UORs, to ensure that near miss reporting is actively encouraged and properly documented. Good near miss reporting and investigations allow for causes to be identified and corrected prior to any harm / loss occurring.*

9.05 **Q. Is there a procedure for investigating incidents (including near miss), occupational illness, and work refusals?** **5/5**

| Notes | The Employee Incident Investigation Policy and Procedure (AM-07-01-02) states that an investigation will be conducted for all unusual occurrences involving staff including occupational illness, serious incidents, potentially serious incidents, and work refusals. The unit / area manager or designate is responsible for completing the investigation form, however other staff and / or the HSC representative may participate in the investigation process. The policy provides the procedure to be followed when investigating unusual occurrences including: managing the scene, gathering the facts, investigating the incident by reviewing the collected information and considering direct and indirect factors, analysis and recommendation of corrective actions to prevent recurrence. The policy also includes the step-by-step process for work refusals. Additional instructions to assist with completing the UOR and investigation forms are contained in the UOR Reference Guide, which gives specific instructions how to document investigation findings properly. In instances of occupational disease, a separate Investigation Occupational Illness form is completed with the assistance of EH&S. |
| | 5 out of 5 points were awarded based on the 100% positive indicators from the reviewed documentation. |

| Strength | Detailed step-by-step procedures are in place for the investigation of incidents, occupational illnesses, and work refusals. Comprehensive investigation procedures provide guidance and key information to persons completing investigations to ensure investigations are thorough and identify root causes and appropriate corrective actions. |

9.06   **Q. Have the individuals leading investigations been trained in investigation techniques?**   **5/5**
SFI

9.08   **Q. Do workers participate in the investigation process?**   **0/0**
Notes
SFI

9.09   **Q. Do investigations identify root causes? Recommend corrective actions?**   **6/10**

Notes   *9 out of 14 sampled incident investigations identified root causes and recommended appropriate corrective actions. This included: identifying foam coming off a face shield and getting into a person's eye as an issue of substandard equipment and subsequently removing all of the same types of face shield from the floor to be replace by another type; identification of insufficient knowledge and training in the correct use of body mechanics and equipment and addressing this by educating the entire unit specifically on the required equipment use and body mechanics for lifts, transfers, boosting, etc.; identifying poor judgement, lack of comprehension and training, and poor communications factors resulting in a HCS attempting to transfer a client on her own without the proper equipment and following up with a discussion with all staff about the importance of communication and sharing information, re-training all staff on the correct protocols, and providing more buddy shifts for new staff, and specifically assigning the HCA to always work with a partner. From the 5 investigations that did not identify root causes and appropriate corrective actions, 3 had no investigation at all, and the other 2 had investigations that only focused on direct causes.*
6 out of 10 points were awarded based on the percentage of investigations that identified root causes and recommended proper corrective actions for the identified causes.

SFI   *36% of sampled UORs did not identify root causes or appropriate corrective actions. This included 3 UORs that had no investigation conducted at all, and 2 UORs that had only very basic investigations conducted which focused only on direct causes and had corrective actions that amounted to telling employees to "be more careful". It is suggested to monitor the completion of investigations for all submitted UORs, as well as emphasizing the importance of consistent root cause analysis in order to identify underlying / root causes and corrective actions that will address these. Identifying and eliminating / mitigating these underlying / root causes results in more effective prevention of recurrence of incidents.*

9.1   **Q. Are corrective actions identified in investigation reports implemented to prevent reoccurrence?**   **5/5**

Notes	*Documentation review indicated that 100% of the recommended corrective actions were implemented. This was documented in the Action Plan to Prevent Recurrence section of the Incident Investigation forms, which include a description of each action item, who the actions were taken by, the completion date, and the signature of the person who confirmed the completed action.*	
	5 out of 5 points were awarded based on the percentage of positive indicators from the reviewed documentation.	

9.11	**Q. Are investigations completed in a timely manner?**	**4/5**
Notes	*Documentation review indicated that 10 out of 14 UORs had timely investigations conducted. Of these 5 had investigations completed within 24 hours, 2 within 5 days, and the 3 occupational disease investigations were related to potential Covid exposures, started promptly and continued throughout the process of covid testing, monitoring quarantine, re-testing, etc. until the employees could return to work. Of the 4 UORs without timely investigations, 3 had no investigations completed, while the 4th had an investigation completed after a month and a half.*	
	4 out of 5 points were awarded based on the percentage of sampled UORs which had an investigation completed in a timely manner.	
SFI	*29% of UORs had no or no timely investigation conducted. It is suggested to communicate the importance of timely investigations to all managers and supervisors, and to actively monitor when UORs are submitted to Information Management and no completed investigation report follows within a certain timeline. It may be beneficial to have a list of any missing or inadequate investigations provided to the Site Directors on a regular basis so that appropriate follow up action can be taken. Investigating incidents and implementing required corrective actions in a timely manner improves the overall health and safety of the work environment and prevent recurrence of incidents.*	

Comment	*None entered.*	

Element 10	**System Administration**	**30/30 (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?**	**0/0**
Notes		
SFI		

10.02	**Q. Is health and safety information readily available to employees?**	**0/0**
Notes		
SFI		

10.03	**Q. Are health and safety records/statistics analyzed to identify trends on at least an annual basis?**	**10/10**
Notes	*The Quality Improvement Risk Management Committee (QIRM) conducts reviews of the health and safety statistics from all sites during each of their quarterly meetings. This includes the review of Hazard / Code Reporting Summary for the quarter, Staff Safety Incidents, Quality Indicators, Quality and Safety Report, Balanced Scorecard, as well as updates relating to quality improvement initiatives. Examples of the statistics included in the various reports are: results from staff surveys; total and percentage of lost time incidents with analysis notes and trending, total and percentage of overtime hours, sick rate and absenteeism, breakdown of code incidents (% by type) with review of description and follow up requirements, medication incidents, other safety incidents, complaints received, etc.*	
	10 out of 10 points were awarded based on comprehensive reviews and analysis of health and safety records and statistics being conducted by QIRM on a quarterly basis.	
Strength	*The health and safety records and statistics review and analysis conducted by QIRM on a quarterly basis ensures regular monitoring of the overall OHSMS performance, and focuses on corporate wide improvement initiatives when trends and analysis indicate systemic problems.*	
SFI		

10.05	**Q. Is an OHSMS evaluation or action plan completed at least annually?**	**5/5**

Notes   *Carewest completes an OHSMS evaluation or action plan at least annually through their participation in the COR program. In 2020 Carewest completed an internal COR audit.*
5 out of 5 points were awarded based on the reviewed documentation.

Notes   *Documentation review indicated that 100% of the action items to address the identified deficiencies have been completed by the end of March 2021. Verified action items included updated policies; refresher incident investigation training for all managers and directors, a new policy / process for site specific hazard assessments including temporary work and mobile work, etc.*
10 out of 10 points were awarded based on all of the PIR Audit Action Plan deliverables having been completed prior to this audit.

Strength *100% of the 2020 COR audit action items have been fully implemented prior to this audit. Consistent and thorough follow up on key deficiencies that are identified during the audit process will ensure that the Carewest OHSMS continues to be refined and improved in an effort to protect the health and safety of all employees and other persons on site.*

Comment *None entered.*