

File No.: 04-1000-20-2023-444

September 5, 2023

s.22(1)

Dear s.22(1)

Re: **Request for Access to Records under the Freedom of Information and Protection of Privacy Act (the "Act")**

I am responding to your request of July 24, 2023 under the ***Freedom of Information and Protection of Privacy Act*** for:

Record of training materials regarding encampment, tent city, or homeless site engagement; servicing; clearing; deconstructing; and/or decampment from the Urban Issues, ACCS Liaison Team, and Impound & Staging Team departments or divisions. Date range: July 1, 2022 to July 23, 2023.

All responsive records are attached. Some information in the records has been severed (blacked out) under s.15(1)(l) of the Act. You can read or download this section here: http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/96165_00.

Under section 52 of the Act, and within 30 business days of receipt of this letter, you may ask the Information & Privacy Commissioner to review any matter related to the City's response to your FOI request by writing to: Office of the Information & Privacy Commissioner, info@oipc.bc.ca or by phoning 250-387-5629.

If you request a review, please provide the Commissioner's office with: 1) the request number (#04-1000-20-2023-444); 2) a copy of this letter; 3) a copy of your original request; and 4) detailed reasons why you are seeking the review.

Yours truly,

[Signed by Cobi Falconer]

Cobi Falconer, MAS, MLIS, CIPP/C
Director, Access to Information & Privacy
cobi.falconer@vancouver.ca
453 W. 12th Avenue Vancouver BC V5Y 1V4

If you have any questions, please email us at foi@vancouver.ca and we will respond to you as soon as possible. Alternatively, you can call the FOI Case Manager at 604-871-6584.

Encl. (Response package)

:pm

Female Staff from ACCS accompanying Sanitation Crew

Key Messages:

1. Recognizing that we are on *the unceded territory of the xʷməθkʷəy̓əm (Musqueam), Sḵw̓x̓wú7mesh (Squamish), and səlilwətał (Tsleil-Waututh)*
2. Bring an indigenous lens and a trauma informed practice to the work we do

Who am I?

- I work for the City of Vancouver and I am here to assist sanitation with reaching out to individuals with information about the Fire Chief Order and the need to remove structures.

Where can we go?

- The city continues to work with BC housing to identify available shelter spaces and other suitable housing locations- connect with Carnegie Outreach if possible (pass name and location to Sue for follow up)
- BC housing is open Monday to Friday from 1-5 to look up application status or to accept new applications

What about my stuff?

- The city can provide you with one to two totes for your belongings and there are storage options available- both short term and long term

What are the storage options?

- Currently the options are at 390 Main- Aboriginal Front Door Society. They are open during the day and can help you access your belongings. There are also programs and drop-in space at this new location.
- If you need help bringing your totes down then Clean Start can help with this (Alex: 778-903-2436) or AFDS can also assist.

When do I have to leave by?

- The city continues to work with individuals to remove structures from the sidewalks, doorways, and fire connections. These are the priorities but the fire order has indicated that structures are not permitted near buildings due to a substantial fire risk
- You are able to camp in various areas of the city but your structure must come down during the day.

What if someone needs medical or mental health help?

- Please contact Sue Baker at 778-834-1287 for further consultation and links to VCH services
- Should a resident present with medical concerns and be seeking support, attempt should be made to direct them to their care provider or, in emergency situation, to hospital.

Available Cultural Supports and Counselling



**Watari Counselling
& Support Services**

SERVICES AVAILABLE IN ENGLISH, SPANISH,
VIETNAMESE, ARABIC, FARSI, HINDI & PUNJABI

Counsellors Available

Indigenous Counsellor (John)	(604) 803-9261
Vietnamese Counsellor (Veronica)	(604) 356-0424
Latin American Counsellor (Berta)	(604) 782-5084
Arabic, Farsi, Hindi & Punjabi	(604) 254-6995
English & All Other Inquiries	(604) 254-6995

Main Phone: 604-254-6995
200-678 E Hastings St, Vancouver
info@watari.ca
www.watari.ca

Shelter Referral Form

A shelter bed is reserved for you tonight at:

1738 E. Hastings (Near Hastings and Commercial)

This shelter opens at 3PM. You must be at the shelter by 6PM to check in

1648 E 1st Ave (Near 1st and Commercial)

This shelter is open for check in beginning at 9AM. You must be at the shelter by 9PM to check in

261 B E. Hastings (Walton Hotel)

This shelter opens at 3PM. You must be at the shelter by 6PM to check in



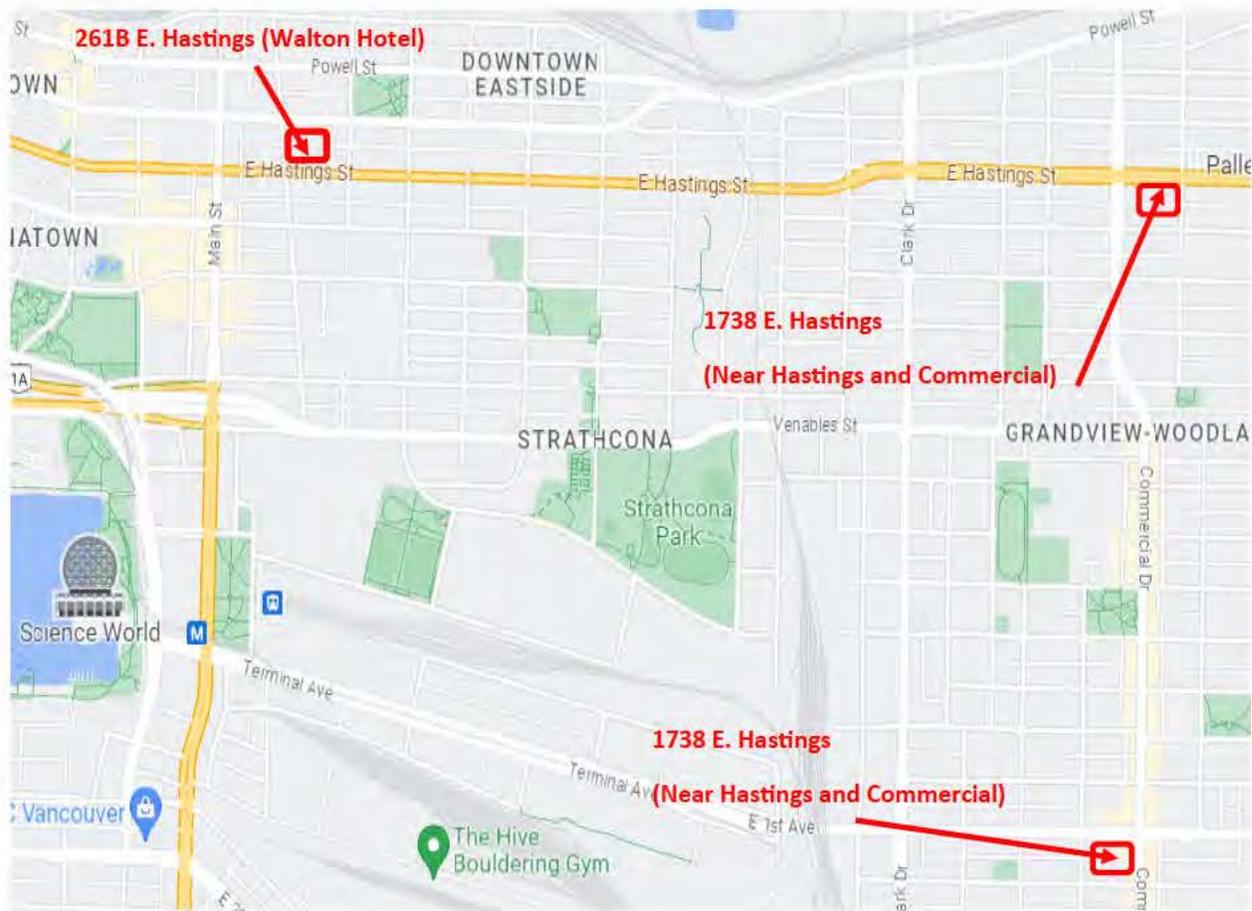
Persons Name

Shelter Selected

DOB

____ / _____ / _____

DAY MONTH YEAR



For Engineering/ACCS staff only

Each weekday there are 11 shelter spots held for interactions in the Hastings Corridor.

2 spots at The Walton Hotel Shelter (Lookout)

4 spots at Hastings/Commercial (Lookout)

5 spots at 1st and Commercial Shelter (Community Builders)

These shelter spots are to be offered if a person sleeping outside is being asked to relocate. If the person accepts the offer, and selects a shelter to attend, please fill in the both sections of the “shelter referral form” and mark the box beside the chosen shelter and give that portion of the form to the person as a reminder.

When a person agrees to a referral, Take a photo of the form and text that photo to the “engineering accs shelter referrals” text group” that you will be invited to join by Sue Baker.

Please explain to the person that they should be at their chosen shelter by the time listed on the form, otherwise the spot may be allocated to someone else.

Title: Controlling Exposure to Bed Bugs

Business Unit: Engineering Services

Effective Date: September 2017

Branch: STEOB

Revision Date: March 2020

I. PURPOSE AND SCOPE

This Standard Operating Procedure (SOP) has been developed to create awareness and minimize exposure to bed bugs. It will serve to identify and/or manage hazards likely to be encountered by workers who perform tasks which involve the dismantling of non-permanent encampments (see '*SOP: Dismantling Non-Permanent Encampments*' for definition of *Non-Permanent Encampment*).

Hazards associated with working with bed bugs include, but are not limited to:

- Possible contamination of city vehicles and workplace.
- Possible contamination of employee's personal vehicle or residence.

NOTE: If someone is in a place that is severely infested, bedbugs may actually crawl onto and be carried by people's clothing, although this is an atypical behavior – except in the case of severe infestations, bedbugs are NOT usually carried from place to place by people on clothing they are currently wearing.

If the Street Activation Crew is attending a site that is severely infested, bedbugs may crawl onto and be transported on one's coveralls, although this is an atypical behavior. Bed bugs are slow moving and usually transferred inadvertently by hitching a ride on furniture or used clothing brought directly into one's workplace or home.

II. HAZARD ANALYSIS / RISK ASSESSMENT

The following Standard Operating Procedure was developed from a Task Hazard Analysis conducted by Streets, Traffic and Electrical Operations Branch to control risks identified in Risk Assessment Dismantling Non-Permanent Encampments, located in the following VanDocs document: ENG - STEOB - OHS - Streets Risk Assessment.

III. PERSONAL PROTECTIVE EQUIPMENT (PPE)

The following PPE must be worn all times when the site is suspected to be infested with bed bugs:

- Gloves (disposable gloves underneath and work gloves on top)
- Coveralls (long sleeve, high visibility)
- Safety boots
- Safety glasses

Other PPE may be required depending on the risks identified during the site inspection (i.e.: airborne contaminants, pathogens, pollutants, irritants, smoke, body fluids).

IV. TOOLS/ EQUIPMENT/ MATERIALS REQUIRED

- Duct tape (for coveralls).
- Clear plastic bags (for coveralls, shoes, clothes).
- See '*SOP: Dismantling Non-Permanent Encampments*' for tools, equipment, materials required during the site clean-up and dismantling.

V. PROCEDURE

1. Risk Assessment

- The risks present at every site must be assessed before the beginning of the work (see '*SOP: Dismantling Non-Permanent Encampments*', point 5, '*Site Clean-Up and Dismantling*').
- A trained and experienced staff MUST assess the risks present in the site - such as needles, feces, other blood borne pathogens (BBP), weapons, sharp objects, flammables, bed bugs - prior to the crew dismantling or cleaning of the non-permanent encampment.
- Plan the response according to the risks identified in the assessment.

2. Site Suspected to be infested with Bed Bugs

Before the job

- Wear all PPE (gloves, coveralls, safety boots, and safety glasses). Coveralls are mandatory over your personal clothes if bed bugs are present.
- Duct-tape the coverall on wrists (over the gloves) and ankles (over the boots).

During the job

- Hands-off approach when removing abandoned belongings (see 'SOP: Dismantling non-Permanent Encampments').
- Use of tools as a method of removal (such as forks, rakes, shovels, tarps, paper picker "tongs).
- Whenever practicable, abandoned material should be collected and loaded for transport using mechanical equipment such as backhoes and loaders.

After the job

**** Every time before entering the City vehicle*

- Stomp your boots and shake out your coverall while it is on.
- Visually inspect your partner's coveralls and boots. Remember to unroll the cuffs and collar of your coveralls, allowing for a thorough inspection from head to toe.

**** At the end of the shift*

- Place the coverall in a clear plastic bag and seal it. Write your name and the date with a sharpie in the plastic bag to identify the coverall.
- After removing the coveralls, visually inspect your partner's clothing underneath.

**** At the yard*

- Place the sealed plastic bag with the coverall in the container for dirty coveralls. The bed bugs will be visible in the corners of the clear plastic bag after the coverall has been in the bag for 12h.
- Inform your Supervisor and Superintendent if you were exposed to bed bugs so the incident can be documented for future reference.

**** Additional precaution*

- At the end of your shift, if you leave your shoes and clothes in a clear sealed bag for 12 hours and there are bed bugs, the bed bugs will be visible in the corners of the clear plastic bag.

3. Additional Controls to Monitor for Signs of Bed Bugs

- **Glue boards** in the crew vehicles and the crew trailer.
- **Bristle brush** for shoes and soles stored in a sealed clear plastic container - one per vehicle.
- **Lint roller** for clothing stored in a sealed clear plastic container - one per vehicle.
- Glue boards in vehicles and trailer **monitored daily by the crews.**
- Glue boards **monitored monthly by Supervisor/ Superintendent.** Results for the four vehicles and the trailer to be documented in the 'monthly formal OHS trailer inspection'.

VI. IN THE EVENT OF AN EXPOSURE

If bed bugs are found, notify your Supervisor and Superintendent for appropriate controls. This may include:

- Laundry service (NOTE: the laundry service provider must be notified about the bed bug issue before dropping off so they can isolate the contaminated clothes)
- Vehicle fumigation
- Special work arrangement

As per the '*CoV Safety Program: Bed Bugs*', the City will investigate applications from employees who think they may have taken bed bugs home from work on a case-by-case basis.

VII. EMERGENCY PROCEDURES

In the event of a serious medical emergency, contact 911 and advise the operator of the situation and your location. Contact the designated site first aid attendant and the Crew Supervisor for assistance. Contact the Superintendent to advise them of the incident.

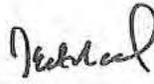
In the event of difficulties on the job that may pose a safety hazard, contact the Supervisor or Superintendent for further instructions via radio or cell phone.

VIII. CONTROL CHANGES

<i>Review</i>	<i>Description of change</i>	<i>Revision Date</i>
1	Creation	September 2017
2	'Transient Crew' renamed as 'Street Activation Crew'. 'Transient Camp' renamed as 'Non-Permanent Encampment'.	May 2018
3	Added 'Additional Controls to monitor for signs of bed bugs'	June 2018
3	No changes deemed necessary	March 2020

IX. SIGN-OFF

Approved by:

Jeff Eckland	
Superintendent II - Maintenance	March 9, 2020

APPENDIX A: Bed Bugs Program



HUMAN RESOURCES

[HR Home](#)
[Health & Safety](#)
[Career](#)
[Pay & Benefits](#)
[Collective Agreements](#)
[CityLearn](#)

citywire

vancouver.ca

Quickfind

Search site

HR Home / Health & Safety / Safety & Prevention / Safety Programs / Chemicals, Occupational Exposure & Controls - Bed Bugs

Safety & Prevention

Safety Talks

Safety Management System

Safety Programs

Chemicals, Occupational Exposure & Controls

Controls

Asbestos

Bed Bugs

Blood Borne Pathogens

Hazardous Materials & Substances Program

Program

Hearing Conservation

Heat Stress/Cold Stress

Microbiological Agents Program

Personal Protective Equipment

Respiratory Protection

Smoking (Clean Air)

Toxic Process Gases Program

WHMIS

Training

Hazard Reporting

New Employee Safety Orientation

Incident Investigation

Workplace Inspections

New This Month

Bed Bugs (*Cimex lectularius*)

Over the past several years there has been a resurgence of bed bugs worldwide. In Vancouver, the Downtown Eastside has been hit hard. Bed bugs have also been found in many RC buildings, including private homes, apartments, hotels, universities, and residential care homes.

Bed bugs are small brownish, flattened parasites - about the size of an apple seed. They feed on the blood of humans, birds and other animals. Bed bugs do not live on their hosts, but visit them to feed, mostly at night. A bed bug bite is like a mosquito bite. It may result in a red, itchy bump, but many people have no reaction at all. For more information view our Frequently Asked Questions VanDocs or look at the resources listed at the end.



Bed bugs are very resilient and hard to eliminate. They spread by "hitching rides" on clothing, purses and luggage. They live in mattresses and bedding, furniture and cracks in walls.

Bed bugs are NOT associated with the transmission of human disease, so although they can be unpleasant, they are not considered a health hazard or safety issue.

Individual Precautions and Care to avoid taking bed bugs home

- Keep your work clothes and work shoes at work and separate from your regular clothes and shoes.
- Change into your work clothes and work shoes at work.
- Store your regular clothes (shirts, pants, shoes, socks, underwear) and shoes in a sealable container or sealable clear plastic bag at work.
- At the end of the day/shift, take off work clothes and shoes shake them and put them in clear sealed plastic bags.
- Examine your non-work clothes and shoes, shake them out, if no bed bugs are spotted, change into your regular clothes and shoes before going home.
- Put your city clothes in a clear sealable plastic bag, if you leave the shoes or clothes in a clear bag for 12 hours and there are bed bugs, the bed bugs will be viable in the corners of the clear plastic bag.
- When bringing dirty clothes home (in a sealed clear plastic bag), wash all your work laundry immediately with hot water and dry in the dryer on hot.
- Avoid wearing pants with cuffs as they provide a place for bugs to "hitchhike" and hide.
- Wear light coloured clothes when possible as the bugs will be easier to see.
- Do not re-use the clear plastic bags.

What to do if you think you have bed bugs

- Steps to follow if you think you have [bedbugs in your home](#)
- [Guide for supervisors](#) when an employee believes they have taken bed bugs home from their workplace.
- The City will investigate applications from employees who think they may have taken bed bugs home from work on a case-by-case basis.
- [Application for approval for reimbursement of professional treatment bed bug costs](#)

More Resources

- [A Guide to Help You Control Bed Bugs External website \(Vancouver Coastal Health\)](#)
- [Bed Bugs External website \(BC Housing\)](#)
- [Bed Bugs External website \(HealthLink BC\)](#)
- [Bed Bugs External website \(Ministry of Health\)](#)
- [Frequently Asked Questions](#)

APPENDIX B: Bed Bug Information Sheet

What do bedbugs look like?

Adult bedbugs are reddish brown, flattened, oval, and wingless, with microscopic hairs that give them a banded appearance. They are visible to the naked eye, adults growing to 4 to 5 mm (one-eighth to three-sixteenths of an inch) in length. ***They do not move quickly enough to escape the notice of an attentive observer.*** Newly hatched nymphs are translucent and lighter in color and continue to become browner as they reach maturity. They are approximately the same size as a lentil or apple seed. The eggs are visible to the naked eye measuring 1 mm in length (approx. 2 grains of salt) and are a milky-white tone in color.



What are the health effects on humans?

Bedbugs have not been linked to the transmission of any disease and are not regarded as a medical threat. ***While bedbugs are not regarded as a vector of transmissible diseases,*** they may be a significant source of stress, alarm and/or distress. Some individuals develop skin infections and scars from scratching bedbug bites.

How do bedbug infestations start?

There are several means by which dwellings can become infested with bedbugs. People can often acquire bedbugs at hotels, motels, and bed-and-breakfasts, bringing them back home in their luggage. ***They also can pick them up by inadvertently bringing infested furniture or used clothing to their household. If someone is in a place that is severely infested, bedbugs may actually crawl onto and be carried by people's clothing, although this is an atypical behavior – except in the case of severe infestations, bedbugs are not usually carried from place to place by people on clothing they are currently wearing.***

Finally, bedbugs may travel between units in multi-unit dwellings (such as condominiums and apartment buildings), after being originally brought into the building by one of the above routes. This spread between units is dependent in part on the degree of infestation, and whether or not infested items are dragged through common areas while being disposed of, resulting in the shedding of bedbugs and bedbug eggs while being dragged.

How do bedbugs feed?

Bedbugs are generally active only at night, with a peak attack period about an hour before dawn, though given the opportunity; they may attempt to feed at other times of day.

Attracted by warmth and the presence of carbon dioxide, the bug pierces the skin. After feeding for about five minutes, the bug returns to its hiding place. The bites cannot usually be felt until some minutes or hours later, as a dermatological reaction to the injected agents. *Although bedbugs can live for up to 18 months without feeding, they typically seek blood every five to ten days.*

Bedbugs are often erroneously associated with filth. They are attracted by exhaled carbon dioxide, not by dirt, and they feed on blood, not waste. In short, the cleanliness of their environments has no effect on bedbugs.

Where is the common location of infestations?

Bedbugs are very flat, allowing them to hide in tiny crevices. A crack wide enough to fit the edge of a credit card can harbor bedbugs [even in the ceiling]. *In the daytime, they tend to stay out of the light*, hidden in such places as mattress seams, mattress interiors, bed frames, nearby furniture, carpeting, baseboards, or bedroom clutter. Bedbugs can settle in the open weave of linen; this will often appear as a gray spindle a centimeter long and a thread wide, with a dark speck in the middle.

Bedbugs can be found individually, but more often congregate in groups. They are not social insects, however, and do not build or stay in nests. These groups of bedbugs are very often found in beds, usually either in the seams of a mattress (usually the seams closest to the sleeper), in the box spring, or within the structure of the bed itself.

They can also be found in a wide variety of locations in a home, such as behind baseboards, behind a picture frame, within books (near the bed), in telephones or radios near the bed, and within the folds of curtains.

When not feeding, bedbugs are likely to be found hiding in shaded areas such as the seam along which the floor and wall meet, or under the edge of the carpet. *Bedbugs are capable of travelling as far as 100 feet to feed, but usually remain close to the host in bedrooms or on sofas where people may sleep.* They feed every five to 10 days.

The manner in which infestations spread throughout a home or within an apartment building is not entirely understood and differs from case to case. It is important to inspect all adjacent rooms for infestation, as bedbugs travel easily and quickly along pipes and boards.

In treatment, it is important to consider the insides of walls as potential places for bedbug infestation.

How do I detect bedbug infestations?

The most reliable way of detecting bedbug infestations is through the presence of bedbug feces, which can stain bedding.

Though bedbug bites can occur singly, they often follow a distinctive pattern of a linear group of three bites, sometimes macabrely referred to as "breakfast, lunch and dinner". These patterns of bites are caused when a bedbug is disturbed in feeding by a person moving, and then the bedbug resumes feeding. Bedbug bites also often occur in lines marking the paths of blood vessels running close to the surface of the skin. The effect of these bites on humans varies from person to person, but often cause welts and swelling that are more itchy and longer-lasting than mosquito bites. Some people, however, have little or no reaction to bedbug bites. Those whose bodies do not initially react may subsequently develop symptoms, however, due to an allergic reaction caused by the development of antigen. Bedbugs never crawl under one's skin and markings implying this may be signs of other skin infections or a severe allergic reaction to bedbug bites.

A technique for "catching" (detecting) bedbugs is to have a light source accessible from bed and to turn it on at about an hour before dawn, which is usually the time when bedbugs are most active. A flashlight is recommended instead of room lights, as the act of getting out of bed will cause any bedbugs present to scatter. Bedbugs can also sometimes be viewed during the day.

Some individuals have used glue traps placed in strategic areas around their home (sometimes used in conjunction with heating pads, or balloons filled with exhaled breath, thus offering the carbon dioxide that bedbugs look for) in order to attract and thus detect bedbug infestations. There are also commercial traps like "flea" traps whose effectiveness is really questionable except perhaps as a means of detection, but traps will certainly not work to control an infestation.

Perhaps the easiest method for detection is to place double sided carpet tape in long strips near or around the bed and check the strips after a day or more. This is also useful in detecting insect presence in general.

APPENDIX C: Overview of Bed Bugs

Brent Johnson, Canadian Pest Control

They are primitive, nocturnal and highly adaptive. They have 5 stages of development from egg to adult bug. They need to feed to move through each life stage. The eggs are almost invisible, the adult looks like an apple seed.

The mouth has two structures, one injects an anaesthetic (so you don't feel the bite) the other part injects an anti-coagulant (so they can suck the blood).

They need a stationary food source - typically someone who is sleeping. This is very important for centres such as the GP, ESC and Carnegie. As we don't have people sleeping overnight here it is unlikely that we could have an infestation as has been happening in the hotels and rooming houses. Our problem will be with individual bugs that have been knocked off of their host.

They are slow moving and do not move away from their food source. The odd bugs we find would have been knocked off - they are not traveling in search of other blood supplies. If we see a bug we should kill it and once we do we have probably adequately dealt with the problem. (The caution from the health inspector is that if the bug has recently eaten and is engorged it could be a source of blood born infection - in this case we shouldn't squish it.)

They can adapt to the rhythms of their host - for example they will be active during the day if the host works night shift rather than at night.

They can adapt to temperature changes. If freezing is slow they will adapt to the change. Freezing alone will not kill bed bugs, they need to be frozen, then heated, frozen again and then heated again to effectively kill them.

The only time we need to be concerned about an infestation is if we see multiple bugs through various stages of their life cycle. In this situation we should do a careful check and cleaning and then a spot application of pesticide through Canadian Pest Control.

The only time we need to be concerned about an infestation is if we see multiple bugs through various stages of their life cycle. In this situation we should do a careful check and cleaning and then a spot application of pesticide through Canadian Pest Control.

Title: Finding Suspect Explosive Device or Firearm

Business Unit: Engineering

Effective Date: Dec 4, 2018

Branch: Sanitation Services

Revision Date:

I. PURPOSE AND SCOPE

This Safe Operating Procedure (SOP) has been developed to ensure the safety of workers finding suspect explosives, explosive devices or firearms. This SOP provides guidance on the control and response to found suspect explosives, explosive devices or firearms.

II. HAZARD ANALYSIS / RISK ASSESSMENT

Sanitation crews may, during their daily duties, encounter suspicious devices that appear to be potentially explosive. Or they may find abandoned firearms.

Hazard - Both suspect explosives and firearms can cause injury or damage to property. Explosives and firearms are identified as hazardous to worker health and safety.

Probability/Severity – The probability of finding a suspect explosive device or firearm is rare. The severity of injury if the device or firearm is handled incorrectly can cause extreme physical harm to sanitation crews and/or the public.

Risk Assessment – The probability rating of “rare” and the severity rating of “extreme” results in a risk consequence of “critical”. A critical consequence requires work to stop and a supervisor must be notified.

Suspect Explosive Device

1. Explosives may be homemade or legitimately manufactured. The following are examples of explosives.



(Examples of Homemade Explosive Devices)



(Examples of Manufactured Explosives)

2. Suspect explosives can be anything that is reasonably believed to contain explosives, and Improvised Explosive Device (IED), or other hazardous materials that requires a bomb technician to further evaluate it. Examples include unexplainable wires or electronics, other visible bomb like components, unusual sounds or vapors mists.

Firearms

1. Firearms can be handguns, long rifles or shotguns. Firearms can also be altered to change their size and appearance. The following are examples of firearms.



(Examples of firearms)



(Example of altered firearm)

III. TOOLS / EQUIPMENT / MATERIALS REQUIRED

No tools are required to perform this SOP:

IV. PERSONAL PROTECTIVE EQUIPMENT REQUIRED

The following personal protective equipment is required to perform this SOP:

- Hi Visibility Vest
- Safety Glasses
- CSA Approved Safety Boots

V. PREREQUISITES

A. KNOWLEDGE / SKILLS / ABILITIES

- Awareness of potential suspect explosive devices and firearms

B. TRAINING / CERTIFICATION

- Employee Orientation
- Review of this Safe Operating Procedure

VI. PROCEDURE

Complete each step before proceeding to the next one. If at any time during the performance of this work, additional hazards (not identified by this SOP) contact your supervisor for further direction / instructions.

NOTE: Sanitation employees who have previous knowledge, experience or qualification with explosives or firearms are not considered qualified to handle found suspect explosives, explosive devices or firearms when completing work activity for the City of Vancouver.

Suspect Explosive Device or Firearm Found

- 1) **DO NOT** touch, tamper with, or move the device or firearm.
 - i) Always assume the explosive device can potentially explode or the firearm can discharge a live round.
 - ii) Consider that police investigation may require gathering evidence from the device or firearm. Tampering with or moving the device or firearm may negatively impact on a police investigation.
- 2) Move away from the immediate area of the device or firearm.
- 3) Immediately report the find to your supervisor.
- 4) Call 911 and report the find location and description.
- 5) Keep the device or firearm location under observation.
- 6) If safe to do so, try to cordon off the area to keep you, other staff, and the public from entering the area.
- 7) Assist the emergency services when they arrive at the location.

VII. REFERENCES

I. Regulatory References

- *OH&S Regulation:*

Part 21 Blasting Operations

21.7 Training

A worker engaged in loading, unloading, or conveying explosives must be trained in the proper means for handling the explosives, the hazards of fire and mishandling and the procedures to follow in the event of a fire or explosion.



VIII. EMERGENCY PROCEDURES

*Refer to First Aid Procedure

Procedure Approval:

Reviewed by:

Rob Weiss	Laurence Cameron
OHS Superintendent	OHS Committee Representative

Hazard Alert

DATE: Dec 15, 2017

Compressed gas cylinders always require special handling, but improperly discarded propane cylinders can pose extra and unique hazards. Even single use cylinders require safe recycling - not disposal. Some hazards to be aware of are:

1 - Partially empty cylinders (which may seem empty) contain flammable gas under pressure and therefore require the same care as full ones.



2 - Corrosion on the body or valve stems can lead to failure or rupture at the weak point, creating shrapnel-like projectiles with a sudden pressure release.

3 - End users may damage valves by attempting to refill single use cylinders creating a secondary risk to people handling the cylinders after this attempt. The integrity of the cylinder is compromised and increases risk of sudden pressure release (explosion).

4 - Illegal drug labs may fill the cylinders with other chemicals such as **Anhydrous Ammonia**, an extremely toxic gas, immediately dangerous to life and health, and damaging to valves and cylinder bodies. (Issue seen only with refillable size cylinders). Altered or additional valve stems also introduce risk.

Risk related to Ammonia & Propane Cylinders:

Anhydrous Ammonia oxidizes and therefore damages the brass valve on a propane cylinder. This deterioration will lead to cracking of the valve body or its components and can eventually result in a violent, unexpected expulsion of the valve from the cylinder, causing personal injury or death. Additionally, exposure to high concentrations of ammonia in air causes immediate burning of the eyes, nose, throat and respiratory tract and can result in blindness, lung damage or death. Inhalation of lower concentrations can cause coughing, and nose and throat irritation.



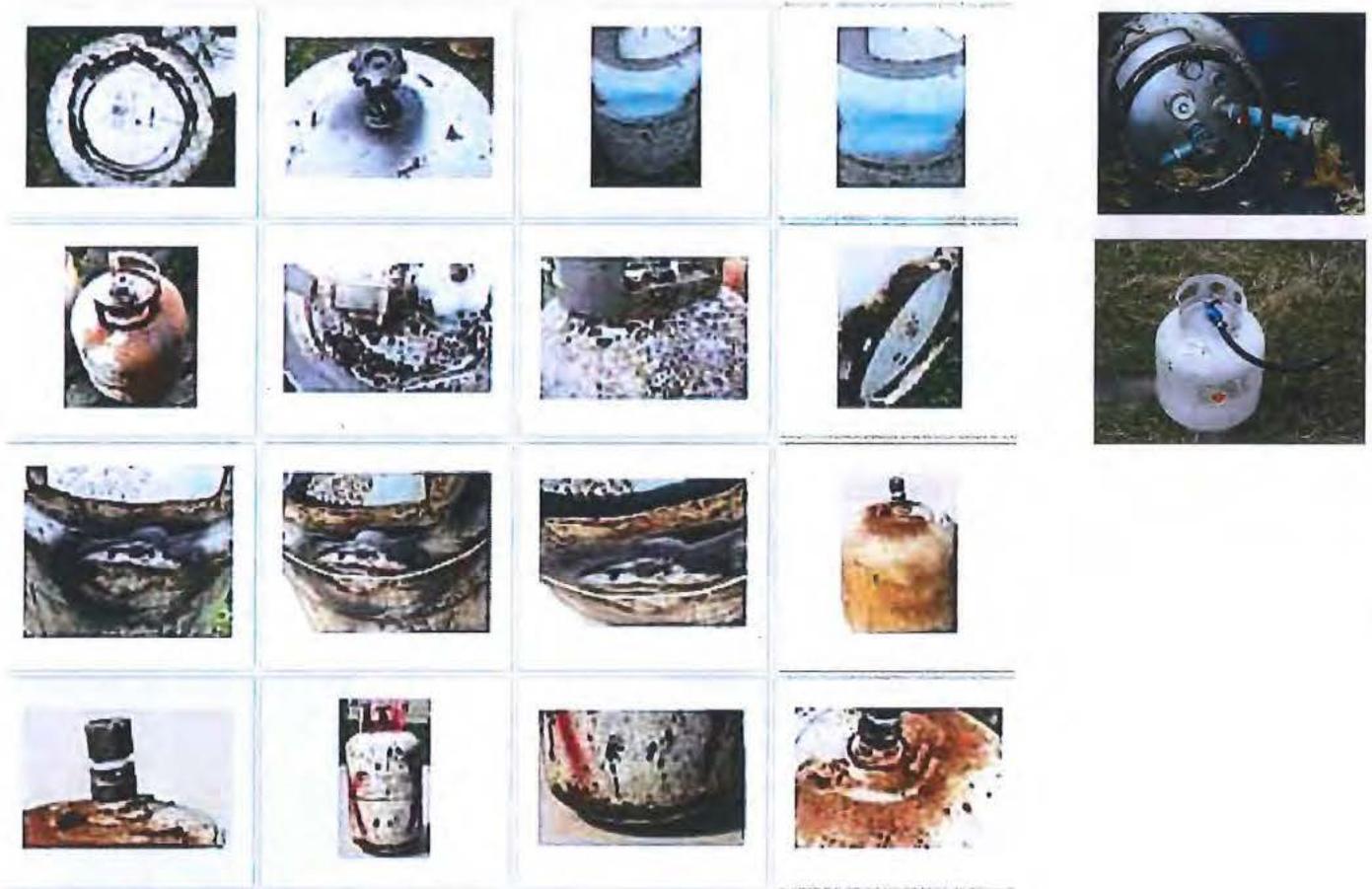
Signs to Look For: A blue-green stain on any brass portion of a service valve indicates it may have been in contact with anhydrous ammonia. The pungent odor of ammonia (a window cleaner smell) is also an indicator.



Recommended Action: If you suspect a propane cylinder contains/has contained anhydrous ammonia; has been tampered with; or overly exposed to the elements and has degraded in integrity: 1) Do not touch; 2) Secure it so others don't touch (eg. flagging tape); 3) Notify your supervisor; and 4) call Environmental Emergency Response Team at 604-450-3493 to dispose.

SAFE WORK PRACTICES

- 1-** Assess the condition of any propane cylinder before collecting for transport over any road:
- If cylinder shows signs of rust; dents or bulges; corrosion; blue tint around valves; altered or additional valves; or has an odour of ammonia (glass cleaner):
 - 1) Do not touch;
 - 2) Secure it so others don't touch (eg. flagging tape);
 - 3) Notify your supervisor;
 - 4) Call Environmental Emergency Response Team at **s.15(1)(l)** to dispose.



- 2-** Cylinders in apparent good condition may only be transported:
- upright;
 - secured in a rack of appropriate strength rating;
 - in an open truck so that they are visible from outside the vehicle;
 - to a secure Hazardous Materials storage area for processing & disposal by a qualified contractor (eg. the Transfer Station hazardous materials storage at Manitoba Yard.)
- 3-** Transport as if cylinders are full - using Transportation of Dangerous Goods (TDG) compliant procedures



Exposure Control Plan – Sewage and Waste Water

Business Unit – REFM – Plumbing Department

Date Revised: May 11th 2018

Date created: Engineering version created September 10, 2012

Revised by: Nicole Horspool, Occupational Safety Specialist, HR (May 2018)

Prepared by: Kim Kennedy, Superintendent of OH&S, Engineering Services

Approved by: Andrew Ross, Organizational Safety Manager (Dec 2013)

Procedure/Task:

Working within City buildings in construction, maintenance and emergencies where exposure to wastewater is possible.

Job Classification(s) affected:

Plumbers

Name of Hazardous substance(s): Wastewater, sewage.

Statement of Purpose: To minimize exposure to the organisms that may be found in wastewater and sewage.

Responsibilities:

Manager: Budget for new and/or ongoing maintenance of exposure control equipment, safety supplies and safety training. Ensure supervisors and workers are competent in fulfilling the requirements of this exposure control plan

Supervisors: Ensure training and safety procedures are followed, protective equipment is available. Ensure requirements in this exposure control plan are followed and communicated to workers.

Workers: Follow work procedures and wear all safety equipment and be aware of the requirements of this exposure control plan.

Emergency contact phone #: 604-257-8561

Risk Identification:

The bacteria and viruses listed below might be present in wastewater and sewage. Prevalence and frequency of the listed bacteria and viruses is unknown in Vancouver wastewater. However gastrointestinal complaints or incidents from Plumbers and Engineering Sewer Operations workers are rare suggesting limited exposure from good work practices by workers.

Biohazard name (organism)	Infectious source	Infection route	Symptoms
E. coli (endotoxin)	Humans	Fecal contamination in water, hand to mouth or aerosol ingestion or inhalation	None or mild to severe diarrhea, nausea, stomach pain. Flu like symptoms from excessive inhalation of endotoxin (endotoxin is a protein in the cell wall of the bacteria) from aerosolized waste water.
C. difficile	Humans	Fecal contamination in water, hand to mouth or aerosol ingestion or inhalation	Mild to severe diarrhea and intestinal conditions like inflammation of the colon. No treatment may be required for people with mild symptoms, while more severe cases may require medication and surgery.
Norwalk virus	Humans	Fecal contamination in water, hand to mouth or aerosol ingestion	Nausea, forceful vomiting, watery diarrhea, and abdominal pain, and in some cases, loss of taste. General lethargy, weakness, muscle aches, headache, coughs, and low-grade fever may occur. Persists for 24 to 60 hours
Hepatitis A virus	Humans	Fecal contamination in water, hand to mouth or aerosol ingestion	Acute diarrhea, fever, nausea, vomiting, stomach and abdominal cramps. Weakness and tiredness are possible. Dark urine or a change in skin tone to yellow indicates liver stress. Symptoms clear in about 6 weeks.
Shigella virus	Humans	Fecal contamination in water, hand to mouth or aerosol ingestion	Diarrhea, fever, nausea, vomiting, stomach cramps and flatulence. The stool may contain blood, mucus, or pus. Symptoms persist for 3 days and up to three weeks
Echovirus	Humans	Fecal contamination in water, hand to mouth or aerosol ingestion	Typically only infects infants but adult men may be infected. Echovirus causes a mild, nonspecific illness with a low fever. Echovirus may also produce a rash that spreads from the face down to the neck, upper

			extremities, and chest. May cause myocarditis in adults
Salmonella (bacteria)	Animals, birds, humans	Fecal contamination in water, hand to mouth or aerosol ingestion and direct animal contact (commonly reptiles and birds)	Wide range of symptoms (e.g. fever, nausea, diarrhea and vomiting). Most people recover completely on their own within 4 to 10 days, while some people may have a more serious illness that requires medical attention.
Campylobacter (bacteria)	Dogs, cats	Fecal contamination in water, hand to mouth or aerosol ingestion	None or mild to severe diarrhea, nausea, stomach pain. Illness starts two days after exposure and symptoms may last up to 10 days. Also known as food poisoning.
Cryptosporidiosis (parasite)	Dogs, cats	Fecal contamination in water, hand to mouth or aerosol ingestion	None or mild to severe diarrhea, nausea, stomach pain, vomiting, mild fever. Illness may start 2 to 14 days after exposure and symptoms may last up to 30 days.
Giardiasis (parasite)	Dogs, cats	Fecal contamination in water, hand to mouth or aerosol ingestion	Diarrhea, nausea, stomach cramps, vomiting, tiredness. Symptoms may last up to 3 weeks.
Toxoplasmosis (parasite)	Cats, birds	Fecal contamination in water, hand to mouth or aerosol ingestion	Special hazard to pregnant women and fetus. Usually no symptoms or flu symptoms, sore muscles, tiredness, glands in neck, armpits and groin become swollen, may cause blurred vision.
Tetanus (bacterial)	Spores in environment	Spores from dirt, feces, or saliva contaminating wounds	Spasms of the muscles of the jaw, or "lockjaw." Sudden, involuntary muscle tightening (muscle spasms) – often in the stomach. Painful muscle stiffness all over the body, trouble swallowing, jerking or staring (seizures), headache, fever and sweating and changes in blood pressure and a fast heart rate. Breathing difficulty possibly leading to death (1 to 2 in 10 cases are fatal)

Exposure/Risk Assessment Summary

Risks of infection are low. The main routes of exposure are from hand to mouth contact but some are from inhaling or ingesting aerosolized droplets in the case of tetanus, spores entering an open wound.

Reported and anecdotal incidents of gastrointestinal upset are rare with crews working with wastewater and sewage at the City of Vancouver.

There are two known incidents of flu like symptoms from exposure to aerosolized wastewater. (Sewers 2009).

WorksafeBC exposure limit: N/A - There are no exposure limits for biohazards.

Air sampling was conducted in the past:

YES. Endotoxin monitoring of wastewater aerosol exposure from sucker truck operators in 2011 were between 3 and 38 EU/m³. These are well below guideline limits of 90 EU/m³.

Exposure Controls

Elimination: Due to the nature of the work, exposure risks cannot be eliminated.

Substitution: Not possible.

Engineering Controls:

Portable exhaust ventilation: N/A unless in a confined space as used for the confined space entry procedure.

Administrative Controls:

Minimize waste water aerosols: Perform tasks and duties that minimize the creation of wastewater aerosols, like water falls or splashing.

Personal Protective Equipment:

The type of personal protective equipment required will vary with the task and risk of exposure.

Respirator Required: NO. Can be worn for comfort purposes.

Respirator type: A disposable N95 or a half face piece respirator with P100 or stacked P100 and organic vapour cartridges can be worn for COMFORT purposes.

PPE	Possible Contact with Wastewater	Unavoidable exposure* to Wastewater or sewage
Eyewear	Protective eyewear worn based on task being performed.	Protective eyewear required.
Gloves	Generally required (task based).	Impermeable gloves required.
Body Protection	Coveralls or bib overalls Work specific clothes	Coveralls/bib overalls Rain jacket/rain pants
Footwear	CSA (or other acceptable standard)	Impermeable (Rubber) CSA (or other

	safety toe boots are required.	acceptable standard) safety toe boots are required.
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*Tasks where it is *likely* to be exposed to wastewater: standing wastewater in an excavation or a waste water flood, as examples.

NOTE: coveralls and bib overalls are issued to staff and laundered by a service.

Written Work and Decontamination Procedures

The following procedures are contained in this plan, below:

1. Hygiene - Hand Cleaning
2. PPE Removal and Storage
3. Tool Contamination
4. Wastewater Exposure.

HYGIENE - Hand Cleaning

Hand cleaning is one of the best ways to minimize the risk of infection. Proper hand cleaning helps prevent the transfer of infectious material from the hands to other parts of the body particularly those with mucus membranes; eyes, nose, and mouth; or to other work surfaces that are touched. You must always clean your hands before eating, drinking, smoking, handling contact lenses, or applying makeup or other items that may come in contact with your mouth or face.

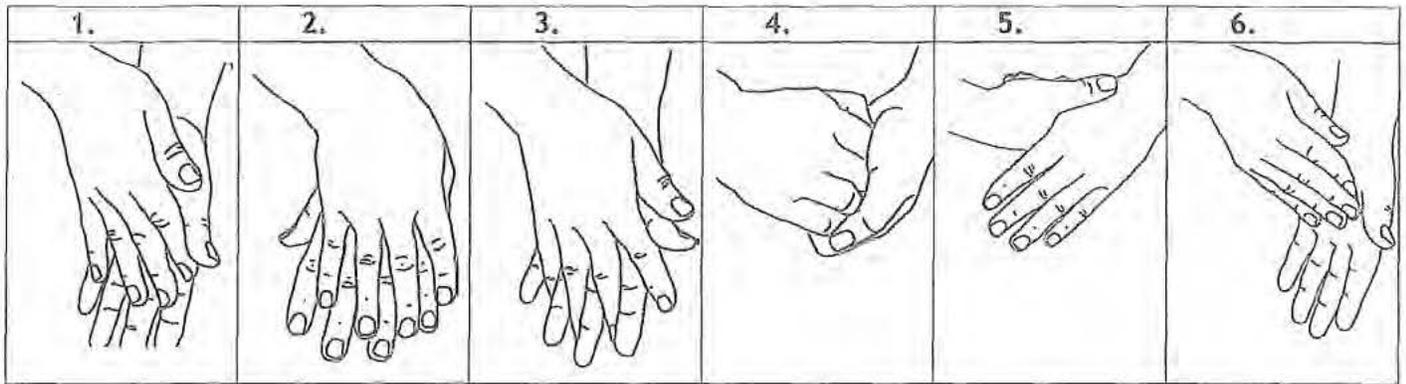
Use soap and warm running water, and wash for 20-30 seconds. (The water does not have to be hot to do the job). If water is unavailable, use an alcohol-based hand rub. Hands do not need to be rewashed with soap and water afterward.

Ensure proper hand cleaning after any of the following tasks are complete and PPE has been removed:

- Handling materials/tools that may be contaminated
- Before entering a clean work area (like lunchroom or truck cab)
- If blood or body fluids come into contact with your skin
- After removing gloves (even if the gloves appear to be intact)
- After removing other PPE (for example, safety eyewear or respirators)
- Before eating, drinking, smoking, handling contact lenses, or applying makeup

Hand cleaning procedure (when using soap and warm water OR alcohol-based hand rub):

1. Press hands palm to palm.
2. Press each palm over back of opposing hand.
3. Interlace fingers, palm to palm.
4. Interlock fingers.
5. Rotate each thumb in palm.
6. Rotate fingertips in palm.



PPE Removal and Storage

After working in an area where wastewater is present, there is potential for your PPE and other work wear to have contamination or be “dirty”. It is important to remember that what you wear at work can contaminate your vehicle, street clothes, and other “clean” areas you wear it, from indirect contact.

Coveralls are provided to protect your street clothes and are intended to be left at work for laundering or re-use.

Impermeable clothing, boots and gloves that have been splashed with wastewater must be rinsed with fresh water.

If your leather work boots have been accidentally contaminated, ensure to rinse well with fresh water.

If permeable gloves are contaminated, discard and replace them.

Consideration for separate storage of foot wear and other PPE should be made to keep “dirty” articles of clothing and PPE away from clean areas.

Storage possibilities:

- Locker at for clean gear at Yard
- Plastic covered bins or clear bags to keep in your vehicle to keep work wear contained and separate

TOOL CONTAMINATION

It is inevitable that tools will become contaminated to some degree when working around wastewater. If a tool should fall into the wastewater or sewage or becoming heavily contaminated, the tool must be cleaned.

To clean a hard surfaced tool, rinse very well with steady stream of clean water.

Tools should be stored separately from any clean work area. Tools used in this work should always be considered dirty even after cleaning.

WASTE WATER EXPOSURE

Being splashed with wastewater or sewage is unpleasant but the risk is low for transfer of disease and infection. It is important to rinse body surfaces, which have come into contact with waste water or sewage, thoroughly. For any area of the body that is not a mucus membrane (eyes, nose, and mouth) using soap and water where possible or alcohol gel-rub is an acceptable means of cleaning the exposure.

For contact with mucus membranes, thorough rinsing/flushing with clean water for at least 5 minutes is important. Report any exposure to the mucus membranes to your supervisor. Soap and water and alcohol gel-rub is not recommended or encouraged for mucous membrane exposure.

Report any subsequent symptoms of illness to your supervisor.

Worker Education and Training

1. New Employee Orientation
2. Bloodborne Pathogen Training
3. Hand Washing Procedure
4. Tool cleaning procedure
5. On-the-job training and experience to avoid contact.

Fentanyl Awareness

As most people are aware, the Province of British Columbia and the City of Vancouver have been dealing with a significant increase in overdose deaths related to the use of opioids and other synthetic opioids including fentanyl, W-18, and carfentanil. Often users are not aware that the drug they are using contains fentanyl.

Fentanyl has not been determined to be a direct risk to our workers; however, we believe there is value in awareness.

The following pictures are just some examples of illicit and pharmaceutical products containing fentanyl. Fentanyl can be in substances which take on many shapes, colours, or forms.

ILLICITLY



Pills



Powder

PHARMACEUTICALLY



Injection



Transdermal Patch

What are the signs and symptoms of an opioid overdose?

- Can't stay awake
- Can't talk or walk
- Slow or no pulse
- Slow or no breathing, possible gurgling
- Skin looks pale or blue, feels cold
- Pupils are pinned or eyes are rolled back
- Vomiting
- Body is limp
- No response to noise

****Be aware that the above signs and symptoms are similar to the signs and symptoms of a person with a decreased level of consciousness caused by other medical conditions****

Can I overdose on fentanyl as a passerby or by providing treatment to an unconscious person who might have used fentanyl?

It is highly unlikely that someone would overdose from walking by an area where someone was using drugs that contain fentanyl or by providing treatment to someone who may have overdosed. To this date, there have been no reported cases of non-user related overdoses of fentanyl or other synthetic opioids in North America - this includes emergency response personnel (fire, police, and ambulance).

I work around the public. Should my co-workers and I be trained on administering naloxone?

The City's Corporate Management Team is carefully considering if some work groups outside Engineering should be trained to provide assistance to people who have overdosed on fentanyl.

What do I do if I suspect someone has overdosed on fentanyl or any other drug? (e.g. drug paraphernalia, powder substance visible, etc.)

- Call 9-1-1.
- Stay with person. Tell them to breathe (if conscious).
- If the person is not breathing and you are trained in first aid, use all necessary universal precautions (put on gloves and use a pocket mask with a one-way valve); then administer assisted respirations and/or CPR.
- Do not provide further treatment - wait for emergency response personnel to arrive.

What do I do if I have had potential contact with fentanyl?

- Any potential contact, wash immediately with soap and water for 15 minutes. Wash yourself over any clothing that may have been exposed if necessary.
- Call 9-1-1 and let them know you had a potential contact with fentanyl.
- Report to your supervisor.

What do I do if I come across fentanyl or any other drug?

- If you notice that there are signs of illicit drug activity or that there is any kind of white powder spread around, you must remove yourself from the area as carefully as you can to a safe well ventilated area free from contamination.
- Make every attempt to minimize the disturbance of any white powder or drug paraphernalia. Do not assume it is not toxic.
- Call 9-1-1.
- Report to your supervisor.

Questions?

If you have questions or concerns, contact your supervisor and/or OHS Superintendent.



Engineering Services
Safety Crew Talk

Supervisor: _____ DATE: _____ CREWS: _____

TOPIC/DETAILS OF TALK (attach document, if applicable):

Fentanyl Awareness

DOES ANYONE HAVE ANY SAFETY CONCERNS? NO YES

QUESTIONS/NOTES/ISSUES RAISED

FOLLOW UP REQUIRED? NO YES → (Add date and name for completion)

DATE for COMPLETION: _____ PERSON RESPONSIBLE: _____

PRESENT Crew Members

PRESENT Truck Drivers/Operators

MISSING:

<hr/>	<hr/>	<hr/>
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First Aid Program

(Version 1.00)

VanDoc / 2019 / 032175

REVISION DATE	CHANGE MADE	ACKNOWLEDGEMENTS / AUTHOR
Feb 2019	version 1.00 published	
Nov 2020	Added revised First aid room directory	NH
Jan 2022	Updated OFAABC emergency pager number.	LS
June 2022	Updated reference to First Aid Contents, Risk Assessment template and OFA Certificate equivalency. Formatting.	MC

City of Vancouver First Aid Program

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REFERENCES

The BC Occupational Health and Safety Regulation Part 3 Rights and Responsibilities identifies the specific requirements for occupational first aid.

PURPOSE

This document is intended to provide direction with regards to first aid services provided by the City of Vancouver. First aid services and equipment are provided to minimize the consequence of injuries or illnesses, aid patients in speedy recovery and to provide employees with prompt, accessible and appropriate first aid treatment.

POLICY

The City of Vancouver will maintain a First Aid Program to minimize the consequences of injuries or illnesses.

SCOPE

This program applies to all workplaces, employees, volunteers and contractors.

DEFINITIONS

first aid	Means (a) in cases in which a person will need medical treatment, treatment for the purpose of preserving life and minimizing the consequences of injury until medical treatment is obtained, and (b) treatment of minor injuries that would otherwise receive no medical treatment or that do not need medical treatment;
first aid attendant	a person who holds a valid first aid certificate issued by the Board or by a person recognized by the Board and who is designated as a first aid attendant by the employer
injured worker	a worker who suffers an injury during work
injury	an occupational disease or illness
medical certificate	a report in a form acceptable to the Board from a physician registered under the <i>Medical Practitioners Act</i> as to a person's fitness to perform the functions of a first aid attendant.

RESPONSIBILITIES

Various roles have been designated to ensure the above steps will be implemented. These roles and responsibilities are described in the following sections:

Workers

- Report all injuries and illness to their supervisor
- Seek first aid services when injured
- Follow up with a first aid attendant when required
- Fill out a WSBC Form 6A when injured
- Be familiar with first aid processes and procedures
- Participate in the return to work/stay at work program

Supervisors and Managers:

- Ensure all employees at the work location know how to obtain first aid
- Direct employees to seek first aid services when required
- Ensure all employees know how to report injuries and fill out WSBC's Form 6A
- Ensure field supervisors forward any first aid documentation to their manager or supervisor
- Ensure designated first aid attendants hold a current certification.
- Assign adequate resources to maintain the First Aid Program and services
- Complete annual first aid risk assessments for their worksite(s)
- Ensure the assessed level of first aid is maintained at the worksite(s)
- Coordinate and approve first aid training
- Write and post first aid procedures
- Maintain central first aid records
- Ensure first aid rooms (where required) are kept clean and sanitary
- Ensure first aid kits are strategically located, maintained and stocked
- Maintain a list or database of all level 1, 2 and 3 Occupational First Aid Attendants with certification expiry dates. (See Appendix H and accepted equivalencies)

First Aid Attendants

- Maintain a valid first aid certificate in good standing
- Inform their supervisor if their certification is set to expire in order to initiate the recertification process
- Provide a copy of their certificate to their supervisor
- Read and follow the [Blood Borne Pathogen Exposure Control Plan and Program](#)
- Wear of a green hard hat on worksites that require the use of hardhats

- Ensure treatments are documented as indicated in the *Documentation* section of this manual
- Remind a patient to report an injury or illness to their supervisor
- Advise the patient to complete a WorkSafeBC Form 6A and submit the completed form to their patient's supervisor
- Provide follow up treatments to patients, when required (follow up treatment are documented in the First Aid Record book, noted as "follow up treatment")
- Forward information and documentation to supervisors
- Maintain and ensure the security of any assigned first aid facilities and kits
- Attend additional first aid training or information sessions that are offered by the City of Vancouver from time to time (e.g. first aid seminar).

PROGRAM DETAILS

Overview

- First Aid Assessments
- First Aid Procedures
- First Aid Facilities and Supplies
- First Aid Attendants
- First Aid Attendant Call-Out
- Documentation
- Medical Aid
- Follow-Up Treatment
- Transportation
- Records and Statistics
- First Aid for the Public
- Crisis Management Services

First Aid Assessments

A first aid assessment is conducted to determine adequate first aid attendant numbers and qualifications, first aid facilities, and first aid supplies. The first aid risk assessment is conducted annually by the supervisor of the worksite.

The first aid assessment document is found in Appendix A. Tables showing the minimum first aid attendant levels, facilities, and supplies are found in Schedule 3A of the WorkSafeBC OHS Regulation. Two templates are available for supervisors:

Option 1) a word template developed in 2011, search for Van [Doc / 2011/ 001220 HR HS First Aid Assessment Form](#).

Option 2) a spreadsheet template in Excel, search for Van [Doc / 2022/ 154502 HR HS RA First Aid Assessment Template](#).

First Aid Procedures

Procedures are made available to staff at worksites. Procedures indicate:

- the location of, and how to call for first aid.
- how the first aid attendant is to respond to a call for first aid.
- the first aid services available.

Sample procedures are found in Appendix B.

First Aid Facilities and Supplies

If your worksite requires a first aid facility, contact your Organizational Safety resource for information on the specific requirements for the facility.

See Appendix C for information on recommended equipment for first aid facilities and kits. Stock for first aid kits and facilities can be obtained through Stores or an outside supplier. Contact Organizational Safety for more information.

First Aid Facilities are maintained and kept in a clean and sanitary condition. The first aid rooms are the responsibility of the Branch or Department to which they serve.

First aid facilities are available throughout the City. Depending on the annual first aid assessment, site specific facilities are staffed by Occupational First Aid Level 1 or 2 attendants, or the equivalent certificates recognized by WSBC. Information on these first aid facilities is found in Appendix D.

The first aid rooms or kits will not contain any prescription drugs. Specific medications for sites or employees that want specific medication to be in the first aid room or first aid kit must have the medication(s) approved in writing by a physician.

The letter from a physician or qualified practitioner regarding prescription drugs should identify the:

1. Specific workplace or worker for which the prescribed drug or medication is required
2. Specific reasons for use
3. Method of application
4. Expiry date of authorization.

Non-prescription drugs such as Tylenol, anti-inflammatories, or anti-histamines will be under the control of the attendant. The non-prescription drugs must be used in accordance with the drug manufacturer's recommendations or specific instructions from a physician or qualified practitioner.

Before supplying non-prescription drugs or medications to a worker where there are no specific instructions from a physician or qualified practitioner, the first aid attendant must:

1. Obtain a history of events leading up to the worker asking for relief.
2. Make an entry in the first aid records.
3. Determine if the worker is currently taking any medication and, if so, the appropriateness of taking additional medication.
4. Be familiar with the side effects, contra-indications, and indications for use listed by the manufacturer (of particular concern are drugs or medications that cause drowsiness or interfere with alertness and manual dexterity required by workers to perform their duties).
5. Inform the worker of any side effects or contra-indications.
6. Not supply drugs or medication past the expiry date.

First Aid Attendants

Where a First Aid Attendant is required at a worksite as per the First Aid Assessment, the attendant is considered a "Designated Attendant" responsible for first aid. The first Aid attendant will treat injuries, direct injured people to seek further medical attention where required, and accurately complete the required paperwork and forward it to the appropriate contacts.

Employees who are required by the Employer to perform first aid duties in addition to their normal duties and who hold a valid OFA Level 2 or Level 3 certification shall be paid a premium in accordance with the relevant collective agreement.

There may be times where an employee has level 2 or 3 (or equivalent) OFA certification, but the services are not required by the Employer. In these cases, the attendant shall be deemed non-designated and will not be entitled to the first aid premium. They may however volunteer their services in agreement with the supervisor or coordinator for the work area. In these cases all responsibilities of a designated attendant will also apply.

First Aid Attendant Call Out

When first aid attendant staffing levels cannot be maintained by internal staff, contact the Occupational First Aid Attendants' Association (OFAAA)

Immediate Coverage: 604-450-6644 (24hr pager)

Pre-booking shifts: 604-294-0244 (M-F 9:00am to 1:00pm), After hours press "0", then press "3" for more information or press "1" to leave a message.

A minimum 4 hour call out is required.

The worksite supervisor will provide and document an orientation for the OFAAA first aid attendant.

Documentation

The first aid attendant is a vital link in documenting and communicating information to supervisors. First aid attendants are required to document injury and illness information in the Accident Record Book.

Appendix E contains a document flow chart that highlights the forms that are completed at each step of the treatment process.

Treatments by a first aid attendant (level 1, 2 or 3) are recorded in a *City of Vancouver First Aid Record Book*. These books are located in the First Aid Facilities and/or with the designated level 2 attendants. Contact Organizational Safety to obtain record books.

For sites where the first aid assessment identifies that no facility is required, the First Aid Record Book is typically located in a secured location near the first aid kit. For the exact location, speak to the site supervisor.

When a record book is not immediately available, the first aid attendant may write down all the details and have the information transcribed into the official book at a later date.

The first aid attendant will advise the patient to report their injury to their supervisor and to complete a WorkSafeBC Form 6A – *Worker's Report of Injury or Occupational Disease to Employer*. The form is submitted to their supervisor.

Medical Aid

First aid attendants are trained to assess injuries and refer patients to medical aid when the treatment is beyond their scope of practice. Attendants will assist the patient in locating a medical clinic which is close to their workplace.

Emergencies will be directed to the nearest hospital with an emergency room.

First aid rooms have a copy of a clinic and hospital list to be given to the patient to assist them in promptly locating appropriate medical aid.

A map showing local hospitals and clinics is found in Appendix F.

Follow up Treatment

First aid attendants will recommend follow-up treatments to injured employees, whenever required. Follow-up visits will be documented in the first aid record book, noted as a follow up treatment.

NOTE: If a patient requires treatment that is beyond an OFA's level of training, the patient will be referred to a higher level of OFA attendant or immediate medical aid to prevent delay of care.

Transportation

The City of Vancouver is responsible for the costs to transport an injured worker to medical aid.

COMPANY VEHICLE

Where practical, workers requiring transportation to a medical facility will be taken by company vehicle. The supervisor is responsible for arranging transportation and will accompany the worker to medical aid, whenever possible.

TAXI

If a company vehicle is not readily available, the worker can be transported to a medical facility by taxi. The supervisor is responsible for arranging the transportation by contacting Black Top Cabs at:

Phone: 604-731-1111

Account number: 5.15(1)(1)

This account is only to be used for first aid when on-site supervisor or manager is not able to take the worker to medical aid and if there is no other way to transport the worker to a clinic or hospital.

The name of the employee being transported and the department they work for must be clearly printed on the receipt, which will then be forwarded to the department manager for payment.

BC AMBULANCE

If the injury or illness is deemed severe enough by the attending first aid attendant to require transportation to a hospital by ambulance the attendant will call, or direct someone to call, 9-1-1.

The following information will be requested by the ambulance dispatcher:

- Exact location of the worker
- Nature of the injury
- Age and gender of the injured worker
- Mechanism of injury

- Vital signs
- Treatment rendered
- Any special equipment required.

DO NOT HANG UP WHEN TALKING TO 9-1-1 DISPATCH. WAIT FOR THEM TO ADVISE YOU THAT YOU CAN HANG UP.

NOTE: The City of Vancouver will be billed for the services of BC Ambulance Service for work related incidents. This is not a cost covered by WorkSafeBC. The department of the injured employee is responsible for ambulance costs.

First Aid for the Public

The City of Vancouver employs occupational first aid attendants for the purpose of rendering first aid to its employees. In addition, it may come to the attention of an attendant that a member of the public has been injured, on or off the City's property.

Should a First Aid Attendant provide first aid to an injured member of the public while working, the City will consider this as part of their job duties. The attendant should always make sure that they are not putting themselves at risk, follow any applicable procedures and only operate within their scope of training.

If an attendant renders first aid to a member of the public, the treatment is documented in the accident record book or other applicable form. The record should show that the patient is a member of the public, and include their name and address and a contact phone number. Send all serious injury member of the public first aid records to the Risk Management Department. See the Risk Management Website for more information.

Records and Statistics

First aid statistics are maintained by each department/worksite and are reviewed monthly by the department/worksite Joint Occupational Health and Safety Committee (JOHS Committee). A standard template (see Appendix G) has been developed for the department to record injuries. For areas that have few injuries, copies of first aid reports with the names blanked out can be brought to the JOHS Committees or a summary of injuries may be prepared.

Crisis Management Services

In the event of a serious or traumatizing incident, an initial technical debriefing will be provided by the First Aid Resource as required.

Any person can contact Homewood Employee Family Assistance Program (EFAP) at 1-800-663-1142, 24 hours per day, 7 days per week.

The EFAP will be offered and may deploy the Critical Incident Stress Management Team.

Alternately, employees may contact WorkSafeBC for the critical incident Response program at: 1 888 922-3700

TRAINING REQUIREMENTS

City staff shall be made aware of the first aid services through safety orientation, safety talks, appropriate signage and procedures posted throughout the workplace.

Occupational First Aid Attendants (OFA's) will be certified through a recognized training agency and will be educated in workplace procedures by their Department.

The designated attendant's course fees are paid by the City or department. The attendant's time away from work is covered by the attendant's department.

Occupational First Aid (OFA) Attendants are trained in the proper first aid treatment and care of adults involved in workplace accidents. All certifications are valid for three years upon successful completion of a recognized course.

WorkSafeBC BC recognizes the following three levels of Occupational First Aid training:

- Level 1
- Level 2
- Level 3

These certifications (or their WorkSafeBC BC approved equivalencies) are the only first aid certifications which permit first aid attendants to provide first aid in the workplace.

The level of certification required at a worksite is typically dependent on the number of workers and the level of risk of the activities performed, which is determined by the first aid assessment.

For all training courses, employees are expected to attend all required sessions, participate in all activities, and pass the examination.

For information on each level of training, see Appendix H.

First Aid Attendant Orientation

First Aid Attendants that are new to the City of Vancouver First Aid Program receive an orientation before assuming first aid responsibilities. The orientation will be provided by the worksite supervisor after successful completion of an occupational first aid course.

During the orientation, site rules, program contents and other information related to responsibilities as an attendant will be covered. At this time the attendant will receive as applicable:

- copy of *City of Vancouver First Aid Program* manual
- *Blood Borne Pathogen Exposure Control Plan*
- keys or other means of access to applicable first aid rooms (field attendants do not receive keys to first aid rooms)
- any assigned first aid kits
- field First Aid Record Book (field attendants only)
- green Hard Hat (site indicator that they are a first aid attendant) (as required by work).

See Appendix I for a checklist on other items to cover in a first aid orientation.

DOCUMENTATION

The documentation for this program includes:

- First Aid Assessment
- First Aid Record Book
- Risk Management Report for Incidents Involving Members of the Public
- First Aid Training Records and OFA lists.

PROGRAM EVALUATION AND REVIEW

Programs within the Safety Management System are reviewed periodically by the Joint Health and Safety Committees. SMS P 029 Inspection Audit Review Program contains further details.

The First Aid Program will be reviewed annually and updated as necessary, in consultation with the Joint Health and Safety Committee.

APPENDICIES

Appendix A. First Aid Assessment

 CITY OF VANCOUVER	City of Vancouver – Organizational Safety First Aid Risk Assessment
--	---

Location: _____
Conducted By: _____
Position / Title: _____
Signature: _____ **Date:** _____

Step 1: Determine the number of workers who may require first aid at any given time

Workers per shift: (including management)	_____	_____
Other work site considerations: (include dispatched workers and workers <20 minutes from the central work site)	_____	
		Total number of workers

Step 2: Determine the job functions as “low”, “moderate” or “high” risk and identify the types of injuries likely to occur

No	Types of Job Functions	Low Risk	Mod Risk	High Risk	Types of Injuries
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Step 3: Determine *preliminary* work site hazard rating

LOW HAZARD RATING
 MODERATE HAZARD RATING
 HIGH HAZARD RATING



Step 4: Analyze the job functions

Are there “low risk” job functions or activities? Yes No
 For what percentage of workers? _____ %
 What percent of time exposed to “low risk”? _____ %

Are there “high risk” job functions or activities? Yes No
 For what percentage of workers? _____ %
 What percent of time exposed to “high risk”? _____ %

Step 5: Rating adjustment factors (if applicable)

INCREASE LOW HAZARD RATING to MODERATE HAZARD RATING if you answered “Yes” to either one of the two questions below.

Are 30% or more of the workers exposed to “high risk” job functions for more than 20% of the time? Or
 Are 50% or more of the workers exposed to “high risk” job functions for more than 10% of the time? Yes No

INCREASE MODERATE HAZARD RATING to HIGH HAZARD RATING if you answered “Yes” to either one of the two questions below.

Are 30% or more of the workers exposed to “high risk” job functions for more than 75% of the time? Or
 Are 50% or more of the workers exposed to “high risk” job functions for more than 50% of the time? Yes No

DECREASE HIGH HAZARD RATING to MODERATE HAZARD RATING if you answered “Yes” to both of the two questions below.

Are 70% or more of the workers exposed to “high risk” job functions for 75% or less of the time? Yes No
 Are 50% or more of the workers exposed to “high risk” job functions for 50% or less of the time? Yes No

DECREASE MODERATE HAZARD RATING to LOW HAZARD RATING if you answered “Yes” to both of the two questions below.

Are 70% or more of the workers exposed to “high risk” job functions for 20% or less of the time? Yes No
 Are 50% or more of the workers exposed to “high risk” job functions for 10% or less of the time? Yes No

Step 6: Determine work site hazard rating

LOW HAZARD RATING MODERATE HAZARD RATING HIGH HAZARD RATING



First Aid Risk Assessment (continued)

Step 7: Assess response and transportation needs

Travel time (work site to hospital)

< 20 minutes

Emergency Service response time (BC Ambulance, Fire & Rescue)

< 7 minutes

Are there any obstructions or barriers? (e.g. railway lines, road closures, etc.)

Yes No

If yes, what obstructions?

Step 8: Assessment results (refer to Tables in Employer's Guideline)

Supplies / equipment required:

Facility required:

Number and level of first aid attendants:

Compliant: Yes No

Other considerations:

Have you considered your accident / incident history? Yes No

Have you consulted your Business Unit OH&S Designate? Yes No

Have you consulted your Joint Occupational Health & Safety Committee? Yes No

Have you consulted the workers? Yes No

Is this a Multiple Employer Workplace? If yes, answer the following: Yes No

Is there a process to establish and maintain first aid equipment / services? Yes No

Is there a central first aid service? Yes No

Does it meet first aid service requirements in accordance with this assessment? Yes No

Are workplaces likely to create a greater hazard identified? Yes No

Are restrictions on access at peak work hours considered? Yes No

Are there separate first aid records for each employer? Yes No

Are central records kept? Yes No

Date of last assessment:

Changes since the last assessment:

Comments:

To access a spreadsheet template in Excel, search for Doc / 2022/ 154502 HR HS RA First Aid Assessment Template.

Appendix B. Sample First Aid Procedures

FOR MINOR INJURIES OR ILLNESSES

Employees must report all work related injuries and illnesses to their supervisor and seek first aid as soon as possible.

Contact First Aid
(Attendant)

(604) 351-9677

State nature of injury and ability of injured worker to walk to the First Aid Room.

At times this phone may be forwarded to City Hall Security / First Aid – **please identify your location as "CROSS ROADS"**

Location of First
Aid Room

3rd Floor West wing, far end of Streets Design Branch

The designated first aid attendant will direct the patient to the First Aid room or go to the location of the employee.

The first aid attendant will provide treatment and make recommendations for further medical treatment and transportation when required.

FOR LIFE THREATENING INJURIES AND ILLNESSES

For serious injuries, contact **9-1-1** first and then contact First Aid. The person who phones 911 must designate a worker to meet the Ambulance at the front Lobby 50/ West Broadway to assist and direct the Paramedics to the scene.

EMERGENCY CONTACT NUMBERS

BC Ambulance	9-1-1
First Aid Attendant (cell)	(604) 351-9677
Security – City Hall	(8)7157 or (8)7158



First Aid Procedure

Woodwards Building, 111 West Hastings Street

For Minor Injuries or Illnesses...

Contact First Aid at **604.351.1344** and state:

- Nature of injury
- Ability of injured worker to walk to First Aid Room
- Location of injured worker if unable to walk to First Aid Room

The First Aid Room is located on the **5th Floor, Room #513.**

The First Aid Attendant will direct the employee to the First Aid Room or go to the employee if required. The Attendant will provide treatment and make recommendations for further medical aid and transportation if required.

You must report all injuries or illnesses to your supervisor immediately.

For Serious Injuries or Illnesses...

Call **911** immediately and then contact First Aid.

The person who calls 911 must designate someone to meet the Ambulance at the front lobby of 111 West Hastings, to direct Paramedics to the scene.

Report the incident to the employee's supervisor as soon as possible.

First Aid 604.351.1344

Appendix C. First Aid Facility and Kit Checklists

Personal first aid kit:

recommended contents

- 1 10 cm X 16.5 cm sterile pressure dressings with crepe ties
- 6 Sterile adhesive dressings, assorted sizes, individually packaged
- 6 14 cm X 19 cm wound cleansing towelettes, individually packaged
- 1 Waterproof waste bag

Note: any kit that exceeds these requirements would be deemed acceptable.

Basic First Aid Kit

- 6 14 cm x 19 cm wound cleansing towelettes, individually packaged
- 10 Sterile adhesive dressings, assorted sizes, individually packaged
- 6 10 cm x 10 cm sterile gauze dressings, individually packaged
- 1 10 cm x 16.5 cm sterile pressure dressings with crepe ties
- 1 Cotton triangular bandage, minimum length of base 1.25 m
- 1 14 cm stainless steel bandage scissors or universal scissors
- 1 2.5 cm x 4.5 m adhesive tape
- 1 7.5 cm x 4.5 m crepe roller bandage
- 3 Pairs of medical gloves (preferably non-latex)
- 3 Medical masks (also known as procedure or surgical masks)
- 1 Face shield (or safety eyewear)
- 1 Waterproof waste bag

Level 1 First Aid Kit

- 1 Blanket
- 24 14 cm x 19 cm wound cleansing towelettes, individually packaged
- 50 Sterile adhesive dressings, assorted sizes, individually packaged
- 10 10 cm x 10 cm sterile gauze dressings, individually packaged
- 4 10 cm x 16.5 cm sterile pressure dressings with crepe ties
- 2 7.5 cm x 4.5 m crepe roller bandages
- 2 7.5 cm conforming gauze bandages
- 1 2.5 cm x 4.5 m adhesive tape
- 2 Cotton triangular bandages, minimum length of base 1.25 m
- 2 Quick straps (a.k.a. fracture straps or zap straps)
- 1 Windlass style tourniquet
- 1 14 cm stainless steel bandage scissors or universal scissors
- 1 11.5 cm stainless steel sliver forceps
- 1 Pocket mask with a one-way valve and oxygen inlet
- 6 Pairs of medical gloves (preferably non-latex)
- 6 Medical masks (also known as procedure or surgical masks)
- 2 Face shields (or safety eyewear)
- 1 Waterproof waste bag
- First aid records

Level 2 First Aid Kit

- 1 Blanket
- 24 14 cm x 19 cm wound cleansing towelettes, individually packaged
- 50 Sterile adhesive dressings, assorted sizes, individually packaged
- 20 10 cm x 10 cm sterile gauze dressings, individually packaged
- 4 10 cm x 16.5 cm sterile pressure dressings with crepe ties
- 4 20 cm x 25 cm sterile abdominal dressings, individually packaged
- 4 Cotton triangular bandages, minimum length of base 1.25 m
- 2 5 cm x 4.5 m rolls of adhesive tape
- 2 7.5 cm X 4 m conforming gauze bandages
- 2 7.5 cm x 4.5 m crepe roller bandages
- 1 14 cm stainless steel bandage scissors or universal scissors
- 1 11.5 cm stainless steel sliver forceps
- 2 Quick straps (a.k.a. fracture straps or zap straps)
- 1 Windlass style tourniquet
- 1 Pocket mask with a one-way valve and oxygen inlet
- 6 Pairs of medical gloves (preferably non-latex)
- 6 Medical masks (also known as procedure or surgical masks)
- 2 Face shields (or safety eyewear)
- 1 Waterproof waste bag
- First aid records

FIRST AID ROOM CHECKLIST		Date:		Checked by:	
Location:	Recommended quantity	Quantity in stock	Corrective Action		Completed (Date)
blankets	3				
bed approximately 2 m long x 75 cm wide and 75 cm high, with a mattress having a non-porous surface or covered with non-porous material	1				
pillows with non-porous surface or covered with non-porous material	2				
sheets	4				
refuse pail with lid	1				
package of paper towels	1				
eye cup	1				
safety pins	18				
4.5 kg sand bags	2				
11.5 cm stainless steel silver forceps	1				
15 cm stainless steel thin nosed puer-type forceps	1				
14 cm stainless steel bandage scissors	1				
universal scissors	1				
oral thermometer	1				
nail brush	1				
penlight or flashlight with batteries	1				
patient assessment charts	50				
first aid record book and pen	1				
14 cm x 19 cm antiseptic towelettes, individually packaged	36				
150 ml liquid antibacterial soap	1				
eye lamp, self illuminating, magnifying	1				
cold packs	6				
expanded metal splints, minimum length 60 cm or 2 foam splints. (Quick Splints)	12				
tongue depressors	50				
cotton tip applicators	100				
30 g tubes water soluble burn treatment	2				
100 ml liquid adhesive tape remover	1				
sterile adhesive dressings	150				
sterile skin closures	48				
20 cm x 25 cm sterile abdominal dressings, individually packaged	6				
sterile eye pads, individually packaged	6				
7.5 cm x 7.5 cm gauze sponges	200				
7.5 cm x 7.5 cm sterile gauze dressings, individually packaged	72				
10 cm x 10 cm sterile gauze dressings, individually packaged	72				
10 cm x 16.5 cm sterile pressure dressings with crepe ties	6				
2.5 cm x 4.5 m adhesive crepe bandages	2				

First Aid Room - a first aid room should be at least 9.3 square metres (100 sq. ft.). It should have the following:

- Storage cupboards

- A counter
 - A toilet, or have a toilet facility as near as practicable
 - The following first aid room equipment
- | | |
|-----|---|
| 3 | Blankets |
| 1 | refuse pail with lid |
| 1 | Package of paper towels |
| 1 | Eye lamp, self-illuminating, magnifying |
| 1 | Eye cup |
| 1 | 14 cm stainless steel bandage scissors |
| 1 | 11.5 cm stainless steel sliver forceps |
| 1 | 15 cm stainless steel thin nosed plier-type forceps |
| 1 | Universal scissors |
| 1 | Penlight or flashlight |
| 36 | 14 cm x 19 cm wound cleansing towelettes, individually packaged |
| 1 | 150 ml liquid antibacterial soap |
| 6 | Cold packs |
| 100 | Sterile adhesive dressings, assorted sizes, individually packaged |
| 48 | Sterile skin closures, individually packaged |
| 6 | 20 cm x 25 cm sterile abdominal dressings, individually packaged |
| 3 | 30 cm x 40 cm sterile abdominal dressings, individually packaged |
| 6 | Sterile eye pads, individually packaged |
| 200 | 7.5 cm x 7.5 cm gauze sponges |
| 72 | 7.5 cm x 7.5 cm sterile gauze dressings, individually packaged |
| 72 | 10 cm x 10 cm sterile gauze dressings, individually packaged |
| 6 | 7.5 cm x 4.5 m crepe roller bandages |
| 4 | 10 cm x 16.5 cm sterile pressure dressings with crepe ties |
| 2 | 7.5 cm x 4.5 m adhesive crepe bandages |
| 2 | 2.5 cm x 4.5 m rolls of adhesive tape |
| 2 | 5 cm x 4.5 m rolls of adhesive tape |
| 4 | 5 cm x 1.8 m conforming gauze bandages |
| 4 | 7.5 cm x 4 m conforming gauze bandages |

- 6 Cotton triangular bandages, minimum length of base 1.25 m
- 4 SAM splints or quick splint equivalent
- 1 #0I 4.5 m tubular finger bandage with applicator
- 1 Kidney basin
- 1 Wash basin
- 1 Cold instrument sterilizer with supply of non-rusting germicidal solution
- 1 Chair suitable for treating injured worker with a non-porous surface or covered with a non-porous material
- 1 Bed approximately 2 m long X 75 cm wide, with a mattress having a non-porous surface or covered with a non-porous material
- 2 Pillows with a non-porous surface or covered with a non-porous material
- 4 Sheets
- 1 Portable urinal, if overnight care may be required
- 1 Bedpan, if overnight care may be required
- Patient assessment charts
- First aid records
- * Optional consideration of an Automatic External Defibrillator - refer to OHS Guideline G3.16(2)-2

Appendix D. First Aid Facility List



CITY OF VANCOUVER

FIRST AID ROOMS

Level II First Aid Attendants are available the below locations

If you sustain a work-related injury or illness:

1. Report the injury to your supervisor
2. Seek first aid treatment.

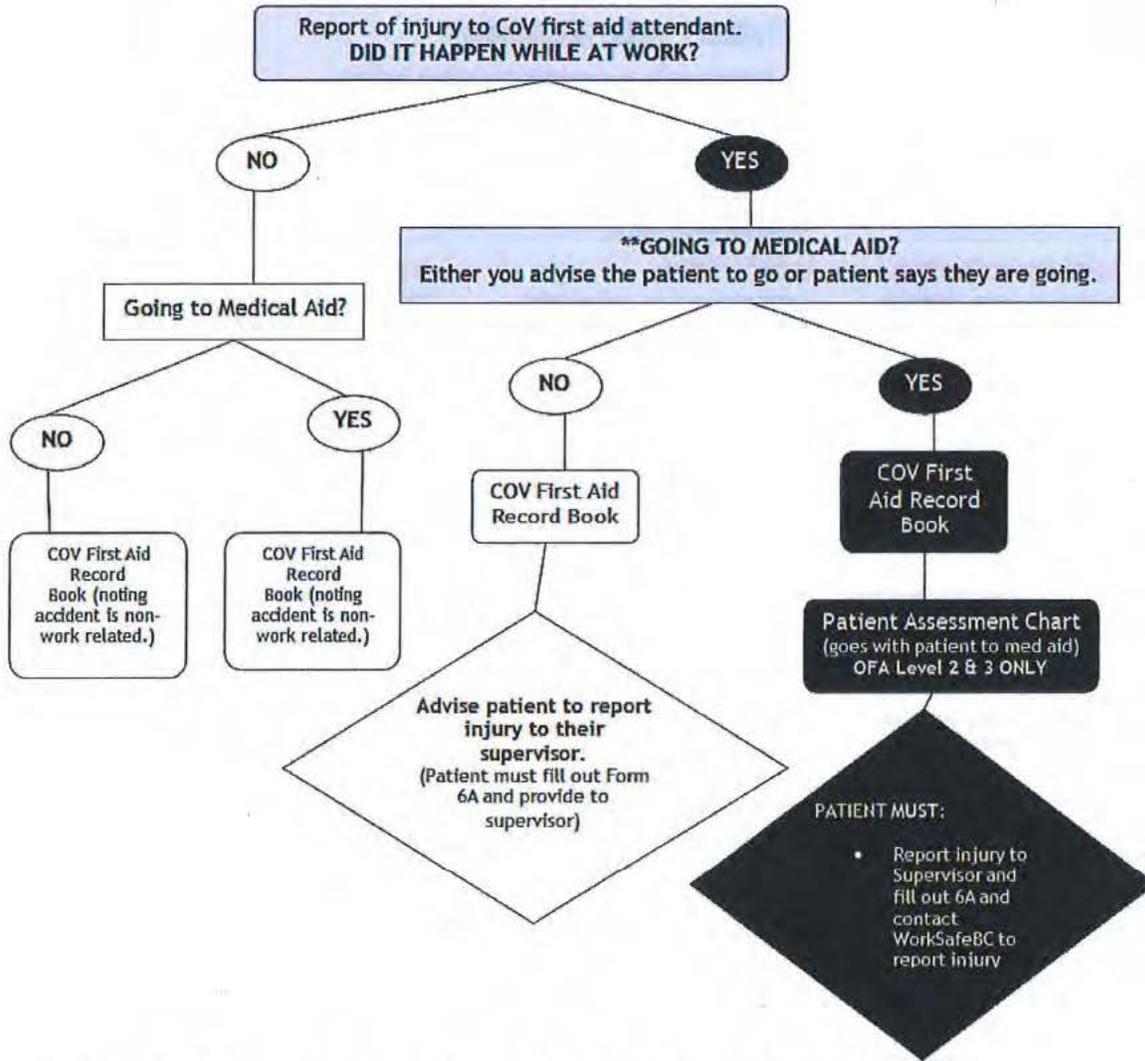
The first aid attendant will provide first aid treatment, document the incident and treatment and, if required, refer you to a doctor or clinic.



<p>311 CONTACT CENTRE 1800 Spyglass Place—1st floor, north side 9:00am to 5:00pm—Monday to Friday 604-829-4220</p>	<p>KENT YARD 900 East Kent Avenue—Pre-cast Plant 7:00am to 3:30pm—Monday to Friday 604-603-0751</p>	<p>NATIONAL YARD 701 National Avenue—Administration Building 7:00am to 4:00pm—Monday to Friday 8:00am to 4:00pm—Saturdays and Sundays</p>
<p>BRITANNIA COMMUNITY CENTRE 1661 Napier Street—report to the Pool reception 9:00am to 5:00pm—Monday to Friday 604-718-5832</p>	<p>KILLARNEY COMMUNITY CENTRE 6260 Killarney Street—report to Pool reception 10:00am to 6:00pm—Monday to Friday 10:00am to 2:00pm—Saturdays and Sundays 604-718-9280</p>	<p>MARINE GATEWAY 450 SW Marine Drive—11th Floor 8:00am to 4:30pm—Monday to Friday 604-679-5354</p>
<p>CITY HALL 453 West 12th Avenue—main floor, north west corner 24 Hours—Monday to Friday 604-803-5648 OR 604-873-7157</p>	<p>MANITOBA YARD 250 West 70th Avenue Vancouver South Transfer Station (VSTS) 5:30am to 7:00pm—Monday to Friday 8:00am to 7:00pm—Saturdays and Sundays 604-603-0168</p>	<p>PARK BOARD OFFICE 2099 Beach Avenue—report to reception 8:30am to 5:00pm—Monday to Friday 604-257-8444</p>
<p>CROSSROADS 507 West Broadway—3rd Floor, west wing 8:00am to 4:30pm—Monday to Friday</p>	<p>Fleet & Manufacturing Services 6:30am to 12:35am—Monday to Friday 604-817-0652</p>	<p>STANLEY PARK YARD 605 Pipeline Road 7:00am to 3:30pm—Monday to Friday</p>
<p>ECHELON CENTRE 575 West 8th Avenue—3rd floor 8:00am to 5:30pm—Monday to Friday</p>	<p>Administration Building 7:00am to 3:30pm—Monday to Friday 604-512-7461</p>	<p>SUNSET CAMPUS 390 East 51st Avenue—west side of arena 7:00am to 3:30pm—Monday to Friday</p>
<p>EVANS YARD 955 Evans Avenue 7:00am to 3:30pm—Monday to Friday 604-341-0087</p>	<p>MARINE GATEWAY 450 SW Marine Drive—11th Floor 8:00am to 4:30pm—Monday to Friday 604-679-5354</p>	<p>WOODWARDS #501—111 West Hastings Street—5th Floor, Room 513 8:30am to 5:00pm—Monday to Friday 604-351-1344</p>
<p>HILLCREST COMPLEX 4575 Clancy Loranger Way—report to the Pool reception 9:00am to 6:00pm—7 days a week 604-257-8682</p>	<p>MUSEUM OF VANCOUVER/ HR MACMILLAN SPACE CENTRE 1100 Chestnut Street—Vanier Park Security, lower level (forwarded to City Hall Security after hours) 9:00am to 5:00pm—Mondays 8:00am to 12:00am—Tuesday to Saturday 9:30am to 5:30pm—Sundays 604-240-9270</p>	<p>VANCOUVER LANDFILL 5400 72nd Street, Delta—Equipment Garage/ Administration Building, 1st Floor 7:00am to 6:00pm—7 days a week 604-603-1655</p>
<p>IT/ PARKING ENFORCEMENT 110-814 Richards Street—1st floor 7:00am to 6:30pm—Monday to Friday 604-673-8400</p>	<p>VANCOUVER PUBLIC LIBRARY 350 West Georgia Street—Lower Level (LL) 8:00am to 5:00pm—Monday to Friday 8:00am to 4:00pm—Saturdays 8:30am to 5:00pm—Sundays 604-331-4060</p>	
<p>JERICO YARD 1451 Discovery Street 7:00am to 3:30pm—Monday to Friday 604-349-8027</p>		

Modified: February 10th, 2020

Appendix E. Documentation Flow Chart



***medical aid = seeking a Doctor at an office, clinic or hospital.

Appendix F. Hospitals and Clinics

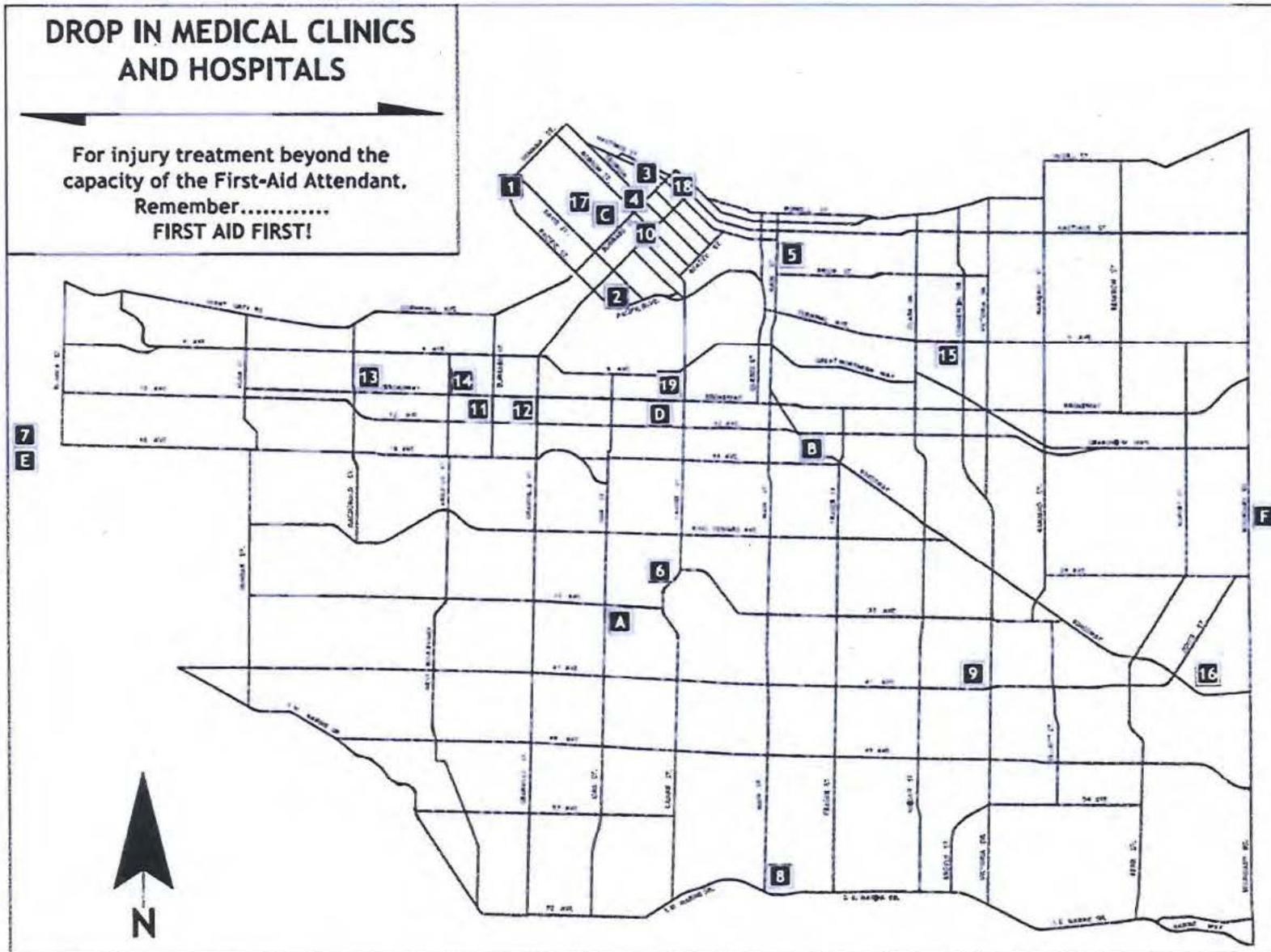
HOSPITALS

Map	Location	Hours	Map	Location	Hours
A	Children's Hospital Emergency Dept. 4480 Oak Street Ph: 604.875.2045 Fx: 604.875.2946	24 Hours	D	Vancouver General Hospital Emergency Dept. 920 W. 10 th Avenue Ph: 604.875.4995 Fx: 604.875.5848	24 Hours
B	Mount Saint Joseph's Emergency Dept. 3080 Prince Edward Street Ph: 604.877.8320 Fx: 604.877.8103	8:30am to 8:00pm Everyday	E	UBC Hospital Urgent care only 2211 Westbrook Mall Ph: 604.822.7662 Fx: 604.822.7902	8:00am to 10:00pm Everyday
C	St. Paul's Hospital Emergency Dept. 1081 Burrard Street Ph: 604.806.8016 Fx: 604.806.8424	24 Hours	F	Burnaby Hospital 3935 Kincaid Street General line: 604.434.4211 ER Fax: 604.412.6173 No direct line to ER	24 hours

DROP IN MEDICAL CLINICS

Map	Location	Hours	Map	Location	Hours
1	Care Point Medical Centre - Denman 1175 Denman Street Ph: 604.681.5336/604.878.1000 Fx: 604.681.0425	9:00am to 9:00pm (Mon-Thur) 9:00am to 8:00pm (Fri, Sat, Sun, & Holidays)	11	Broadway & Burrard Clinic 1816 W. Broadway Ph: 604.736.1888 Fx: 604.736.5544	9:00am to 9:00pm (Mon-Fri) 9:00am to 9:00pm (Sat, Sun, & Holidays)
2	Yaletown Medical Clinic 1296 Pacific Boulevard Ph: 604.633.2474 Fx: 604.633.2475	9:00am to 9:00pm (Mon-Fri) 10:00am to 6:00pm (Sat, Sun, & Holidays)	12	Granville Medical Centre 2578 Granville Street (at Broadway) Ph: 604.733.4700 Fx: 604.731.3411	8:00am to 8:00pm (Mon-Fri) 10:00am to 4:00pm (Sat, Sun, & Holidays)
3	Ultima Medical Centre 1055 Dunsmuir Street (Bentall 4) Ph: 604.683.8138 Fx: 604.683.8128	8:00am to 4:30pm (Mon-Fri) (Closed Weekends)	13	Khatsahlano Medical Clinic 2689 W. Broadway Avenue Ph: 604.731.9185 Fx: 604.731.9132	8:00am to 8:45pm (Mon-Fri) 9:00am to 8:45pm (Sat, Sun, & Holidays)
4	Royal Centre Medical (lower level near the food court) 238-1055 W. Georgia Street Ph: 604.682.6886 Fx: 604.682.6880	8:00am to 5:30pm (Mon-Fri) (Closed Weekends)	14	Maple Medical Clinic 103-2025 W. Broadway Avenue Ph: 604.730.9769 Fx: 604.730.0110	9:00am to 8:30pm (Mon-Fri) 10:00am to 6:00pm (Sat, Sun, & Holidays)
5	Chinatown Centre Medical Clinic 165-288 E. Georgia Street Ph: 604.605.3382 Fx: 604.605.8826	9:00am to 4:00pm (Mon/Wed/Thurs) 9:00am to 5:00pm (Tues/Fri) 10:00am to 2:00pm (Sat) Holiday hours undecided	15	Care Point Medical Centre - Commercial 1623 Commercial Drive Ph: 604.254.5554/604.878.1000 Fx: 604.254.9177	9:00am to 9:00pm (Mon-Sat) 9:00am to 6:00pm (Sun) 9:00am to 9:00pm (Holidays)
6	QE Park Medical Clinic 4060 Cambie Street Ph: 604.874.4060 Fx: 604.874.4068	9:00am to 7:00pm (Mon-Fri) 10:00am to 4:00pm (Sat/Sun/holidays)	16	Care Point Medical Centre - Kingsway 5138 Joyce Street Ph: 604.436.0800/604.878.1000 Fx: 604.436.0803	9:00am to 9:00pm (Mon-Fri) 10:00am to 5:00pm (Sat, Sun, & Holidays)
7	University Village Medical & Dental Clinic #228-2155 Allison Road Ph: 604.222.2273 Fx: 604.222.3403	8:00am to 6:00pm (Mon-Fri) 10:30am to 4:00pm (Sat) (Closed Sunday and Holidays)	17	Care Point Medical Centre - Davie 1123 Davie Street (at Thurlow) Ph: 604.915.9517/604.878.1000 Fx: 604.915.9512	9:00am to 9:00pm (Mon-Sun & Holidays)
8	Real Canadian Superstore 350 S.E. Marine Drive Ph: 604.322.3702 Fx: 604.322.2827	7:00am to 11:00pm (Mon-Sat) 6:00am to 11:00pm (Sun) 10:00am to 5:00pm (Holidays)	18	Care Point Medical Centre - W. Pender 711 W. Pender Street Ph: 604.687.4858/604.878.1000 Fx: 604.687.4860	8:00am to 5:00pm (Mon-Thur) 8:00am to 4:00pm (Fri) 9:00am to 1:00pm (Sat) Closed Sundays
9	Care Point Medical Centre - Victoria 5619 Victoria Drive Ph: 604.656.2090/604.878.1000 Fx: 604.656.2091	9:00am to 9:00pm (Mon-Sat) 9:00am to 8:00pm (Sun & Holidays)	19	Crossroads Clinic - Broadway Suite 350- 507 West Broadway Ph: 604.568.7229 Fx: 604.568.7255	8:00am to 9pm (Mon-Sat) 10:00am to 5:00pm (Sun & Stats)
10	Khatsahlano Medical Clinic (Yaletown) 920 Seymour Street Ph: 604.257.2630 Fx: 604.685.2700	8:00am to 8:00pm (Mon-Fri) 9:00am to 5:00pm (holidays) Closed (Sat, Sun)			

BC Health Nurse Hotline (24 Hrs): 604.215.4700



Appendix G. Sample First Aid Statistics

First Aid Location:		Monthly First Aid Report										Month:	
		Construction		Maintenance		Office		Public		etc			
Area of Injury													
Abdomen													0
Ankle													0
Arm													0
Back													0
Chest													0
Chin													0
Ear													0
Elbow													0
Eye													0
Face													0
Finger													0
Foot													0
Groin													0
Hand													0
Head													0
Hip													0
Knee													0
Leg													0
Mouth													0
Neck													0
Nose													0
Ribs													0
Shin													0
Shoulder													0
Teeth													0
Toes													0
Wrist													0
Other													0
Total		0	0	0	0	0	0	0	0	0	0	0	0

Legend	
Abrasions	A
Burns	B
Cuts	C
Crush	D
Exposures	E
Fractures	F
Bruise	H
Insect	I
Punctures	P
Strains/Sprains	S
Other	O

Appendix H. First Aid Training Levels

LEVEL 1

OFA level 1 is a basic level of first aid covering airway management, rescue breathing, CPR, circulatory emergencies and minor wound management.

The course is an 8 hour program, including coffee and lunch breaks. In order to be successful, candidates must demonstrate practical skill competency and achieve 70% on a multiple choice exam.

The course curriculum includes:

- Basic Life Support (CPR-A)
- Small Wound Management
- Critical airway, breathing and circulation interventions with C-spine management.

Participants will be at least 16 years of age at the time of course. Participants will be in good health and physical condition. Participants will be able to read, write and fully understand the course material.

Accommodations can be made for any participant with a physical need for such, however, to be successful in obtaining certification participants will demonstrate skills to instructor at least once without accommodation.

LEVEL 2

OFA level 2 is designed to cover medical techniques needed to provide emergency care in an urban industrial environment. The skills that are taught include airway management, rescue breathing, CPR for adults, trauma management, small wound management and first aid documentation.

The training course for OFA level 2 attendants is 40 hours in length. Many agencies in the Lower Mainland offer this as a one week full-time course, or a four week part-time course.

Attendants are expected to obtain their training materials prior to their start date in order to pre-read and prepare. Attendants will attend all classes, including the examination.

Each attendant will successfully complete the course examination to be certified. If the attendant is not successful in passing their OFA level 2 exam, they are expected to follow the training agency's guideline to complete the certification. Re-examination costs will be at the employee's expense and courses for additional training will be on the employee's own time. The City of Vancouver expects that the attendant will make every possible attempt to pass the course.

Attendants will submit a Statement of Fitness to their training agency, having answered all the questions honestly and truthfully regarding any medical conditions and therefore stating that they are physically capable to perform first aid. Medical exams are required if YES is answered to any of the questions on the Statement of Fitness form. The medical exam expense can be reimbursed through your department.

LEVEL 3

OFA level 3 expands on the level 2 content, adding packaging of patients for transport and splinting limbs.

The length of the course is 80 hours and is offered full-time or part-time with most training agencies.

The City of Vancouver does not require OFA level 3 trained attendants as per the BC OHS Guidelines; however, the City recognizes that some attendants wish to have the additional training.

If designated attendants want to attend a level 3 course, the following arrangements can be made (subject to approval of the Branch/Department Manager):

- The City will pay for the level 2 course amount and the attendant will pay the difference for the level 3 course.
- The Branch or department covers the time for the equivalent of a level 2 course and the additional week is covered by the attendant with leave provisions OR, the student can take evening & weekend courses on their own time.

For more information on WorkSafeBC accepted First Aid Certificate and equivalencies, visit <https://www.worksafebc.com/en/health-safety/create-manage/first-aid-requirements/certificates-accepted-in-bc>

Appendix I. First Aid Checklist

 CITY OF VANCOUVER	First Aid Checklist for Supervisors
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Location: _____

Conducted By: _____

Position / Title: _____

Date: _____

REQUIRED ANNUALLY		Comments
<input type="checkbox"/>	Review site first aid assessment and revise if changes have occurred	
<input type="checkbox"/>	Review expiry dates for site first aid attendants - arrange training for certificates that are set to expire	
<input type="checkbox"/>	Review the City's First Aid Program document for changes and updates - amend any site specific processes and documents as required	

REQUIRED BEFORE REGISTERING AN EMPLOYEE IN OFA 2 FOR THE FIRST TIME		Comments
<input type="checkbox"/>	Discuss training course requirements and expectations with a First Aid Resource	

REQUIRED ONCE ANY FIRST AID ATTENDANT IS CERTIFIED OR RECERTIFIED		Comments
<input type="checkbox"/>	Obtain a copy of site first aid attendant training certificates	
<input type="checkbox"/>	Initiate payroll changes for first aid premium (designated OFA2 attendants only)	
<input type="checkbox"/>	Provide a copy of the City's First Aid Program document	
<input type="checkbox"/>	Review all applicable information found in the City's First Aid Program document	
<input type="checkbox"/>	Provide a tour of the yard or building and make note of shops and departments	
<input type="checkbox"/>	Review the location of the site first aid facilities, equipment, documentation, and record book	
<input type="checkbox"/>	Provide a key or key card access to the First Aid Room, if applicable (OFA2 attendants only)	
<input type="checkbox"/>	Review the location and contact information for administration or security staff that will provide assistance in escorting emergency services to the incident scene, if necessary	
<input type="checkbox"/>	Review any applicable site specific sign in, scheduling, or contact (first aid phone/radio) procedures	



Procedure Title: Litter Pick-up / Litter Collection (General)

Department / Branch: Sanitation

Business Unit: Engineering Services

VanDoc#: DOC/2022/189727

Revision History			
Revision	Description	Revision Date	Revised by
0	Creation	Mar 2015	
1	Reviewed	May 2020	Morgan
2	Added 'Associated Hazards', 'Interactions with Street Occupants'	July 2022	Gach, Lopez

I. PURPOSE AND SCOPE

The following Standard Operating Procedure (SOP) has been developed to ensure a standard process for litter collection. This SOP will serve to eliminate, reduce and/or control the hazards likely to be encountered by workers performing the task.

II. ASSOCIATED HAZARDS

Common hazards associated with litter collection include, but are not limited to:

- Angry and aggressive individuals and unpredictable responses
- Citizens under the influence of substances
- Individuals with mental health issues
- Sharp objects
- Uneven terrain and tripping hazards
- Biohazards, insects, rodents
- Drug paraphernalia
- Pepper spray or similar released on or in the vicinity of workers
- Suspected hazardous waste materials

Workers may be potentially exposed to hazardous materials; appropriate handling and disposal practices must be followed.

Workers may be potentially exposed to bed bugs. If the load is suspected to be infested with bed bugs, 'SOP: Controlling Exposure to Bed Bugs' (DOC/2017/292275) must be followed.

Workers may potentially find explosive devices or fire arms. 'SOP: Finding Suspect Explosive

Device or Firearm' (DOC/2018/434875) must be followed.

'SOP: Pepper Spray Response' (DOC/2019/222293) must be reviewed and followed for awareness and assist the workers in responding to incidents related to the use of pepper spray.

III. TOOLS/ EQUIPMENT/ MATERIALS REQUIRED

- Sharps container and forceps or pliers (6" or longer)
- Garbage bags/cans/bucket
- Litter pickers
- Shovel and rakes (ergonomic shovels available upon request)
- Hand sanitizer
- City work vehicle(s)
- Crew City cell phone or two-way radio
- Beat map

IV. PREREQUISITES

A. Skills, Abilities & Knowledge

- Experience with branch work activities.
- Knowledge of handling and disposing of bio-hazardous materials.
- Knowledge and awareness of City of Vancouver Blood Borne Pathogen Exposure Control Plan.
- Knowledge of the Code of Conduct and Preventing Violence in the Workplace policies.
- Ability to deal with the public and more specifically street occupants.
- Knowledge of disengagement communication tools.
- Understanding of this procedure.
- Knowledge of how to use National Yard and Stanley Park compactors prior to use them.

B. Training / Certification

- Branch Orientation
- Prevention or Workplace Violence
- Blood Borne Pathogens
- Traffic Management
- Hazardous Materials Awareness
- WHMIS

() Competence doing the task must be established by supervisor when initially competing the task.*

V. PERSONAL PROTECTIVE EQUIPMENT REQUIRED

- CSA approved safety boots
- Safety eyewear
- High visibility apparel
- Work gloves

VI. PROCEDURE

Complete steps in the order listed. If at any time during the performance of this work, additional risks not identified by this SOP present themselves, contact your supervisor for further direction / instructions.

NOTE: Always consult the Crew Supervisor if unsure of how to perform clean-up safely.

1. Complete thorough pre trip inspection of your vehicle.
2. Ensure you have all required tools.
3. Drive to assigned beat.
4. Activate amber lights on vehicle when at the pick up location.
5. Complete a visual inspection of the area.
6. Check for needles on site before handling the abandoned material. Dispose one-off needles appropriately.
7. Approach closer to the abandoned material and attempt to visually identify the material items before handling them. Never open waste containers or bags to inspect their contents; it increases the risk of exposure or injury.
8. If suspicious hazardous materials are found, DO NOT DISTURB them. Contact your supervisor to further assess the site and to arrange the safe removal and disposal of the hazardous materials.
9. If fires, barbeques, propane tanks or other flammables are found, DO NOT DISTURB them. Contact your supervisor to further assess the site and to have them safely removed.
10. Direct hand contact with the waste material should be avoided whenever possible. DO NOT handle refuse with bare hands. Always wear work gloves.

11. Pick up any refuse left on site using the appropriate tool (e.g. rakes, shovels, paper picker “tongs”) and wearing PPE as per this SOP.
12. Clean around Bus Stops
13. Clean around walk ramps
14. Clean leaves and debris from Catch Basins
15. Stay on your beat and take breaks as per the Collective Agreement
16. Whenever possible, minimize handling garbage bags and dispose of collected abandoned waste directly to the back of the truck using the appropriate tool (forks, rakes, shovels, tarps, paper picker “tongs”).
17. Perform a test lift to determine if the objects can be safely lifted manually and that the waste container / bag will not fail during handling. Do not place your hands underneath the waste material; this increases the risk of puncture injury.
18. Hold bags from the top only.
19. Tie bags up in a way you can visually identify what is in there before handling the bag.
20. Do not carry garbage bags against your body or compress bags with hands or feet, as sharp objects may cut you. Use plastic garbage cans, rubber containers or waste receptacles, wheelbarrows, or other tools that keeps bags of waste away from your body.
21. Keep bed linen away from body when loading the work vehicle. Load work vehicles at the lowest point of entry, and refrain from lifting items over the sides of the work vehicle.
22. Try not to stand down wind when loading the work vehicle.
23. Leave the site in a safe condition.
24. Discard all materials removed from site to the Urban Debris bin at National Yard, National Yard or Stanley Park Compactor, or VSTS.
25. If dumping loads at the National Yard or Stanley Park compactor, ensure you follow the SOP for compactor operation.
26. Complete thorough post trip inspection of your vehicle.
27. Ensure truck is clean, all surfaces wiped down including seats and steering wheel.
28. Ensure tools used are returned to their storage location, report missing or damaged tools to your supervisor.
29. Return keys and maps to supervisor.

VII. WARNINGS

- Be aware of your surroundings. Avoid all contact with foreign objects without PPE.
- Be aware of working around traffic.
- Be aware working around members of the public that are under the influence of drugs and/or alcohol.
- Be aware of needles, used condoms, broken glass. If stuck by a needle follow first aid procedures.
- Be aware of risk of exposure to Blood Borne Pathogens (needles, contaminated sharp objects).
- Suspected hazardous waste materials should be left on-site until the appropriate precautionary measures, collection, and disposal procedures have been determined. Before handling any abandoned material suspected to contain hazardous materials for which you are NOT trained, contact your supervisor for additional instructions.
- If, any hazardous or possible hazardous material are spotted or if there is vapour/smoke/dust, crews are to do the following:
 - shut down truck,
 - get away from the hopper,
 - cone off area around hopper (if safe to do so),
 - call Supervisor.

VIII. INTERACTIONS WITH STREET OCCUPANTS

Verbal interactions may occur with street occupants at any time. If a circumstance requires or precipitates a verbal interaction with an encampment occupant:

- Use extreme caution, respectful professionalism, and courtesy when dealing with the public are necessary.
- Identify who you are and why you are there.
- Any time a threat or hazardous situation is observed back away to a safe place, inform your Crew Supervisor, and call 911.
- Show concern. If an encampment occupant is suspected to be physically unwell or in similar distress, call 911 immediately.
- Maintain a distance of “personal” space and ensure a clear escape route. Avoid getting backed into a corner.

- Avoid carrying anything that looks like a weapon, such as umbrellas or large sticks, when having an interaction with a street occupant. Avoid threatening gestures or body positioning (i.e. arms folded across your chest).
- Be polite and friendly. The primary objective is to ensure the interaction between crew workers and the street occupants remain non-confrontational. Keep conversation casual and do not provoke hostility. Listen and do not blame or judge.
- Do not touch or shake hands.
- Never enter a tent or other temporary structure.
- If a street occupant is unintentionally awoken, give the occupant time to focus and assess the situation. Start with a friendly greeting to make sure crew workers are heard and understood. Wait for a response. Disengage at the first opportunity when safely do so.
- If threatening animals are present, contact Canine Services for support (Animal Control Department @ 604-871-6861; 8am-8pm; 7 days a week). Alternatively, contact 9-1-1 if Canine Services is unavailable and immediate assistance is required. Do not proceed until the animal(s) are no longer a potential threat or hazard.

IX. EMERGENCY PROCEDURES

If additional support is required due an immediate risk to health and safety, or in the event of a serious medical emergency, call 9-1-1 and advise the operator that you are City staff, the situation, and your location. Contact the designated site first aid attendant and the Crew Supervisor for assistance. Contact the Superintendent to advise them of the incident.

If there is injury due to hazardous splash/spill, inhalation etc. crew is to call 911 immediately and then call Supervisor. Do not touch or go near substance. Keep public away from truck and wait for Emergency Response crews to arrive.

In the event of difficulties on the job that may pose a safety hazard, contact the Supervisor or Superintendent for further instructions via two-way radio or cell phone.

X. REFERENCES

WorkSafeBC - *Violence in the workplace*

City of Vancouver Corporate Policy AE-028-21: Code of Conduct
(<https://policy.vancouver.ca/AE02801.pdf>)

City of Vancouver Corporate Policy AE-010001: Preventing Violence in the Workplace
(<https://policy.vancouver.ca/AE01001.pdf>)

City of Vancouver. *Blood Borne Pathogen Exposure Control Plan*. 2015.

STO - SOP: Controlling Exposure to Bed Bugs. September 2017.

STO - SOP: Pepper Spray Response. January 2020.

Sanitation - SOP: Finding Suspect Explosive Device or Firearm. Nov 2018.

Title: Mobile Equipment

Business Unit: Engineering

Effective Date: June 2008

Branch: Streets Operations

Revision Date: Feb 2015

REVISION HISTORY				
Rev. No.	DCR#	Description	Date Created/Revised	Created/Revised by
1		Updated procedure	January 2022	Amy Sidwell

I. PURPOSE AND SCOPE

This Standard Working Guideline has been developed to ensure all staff working with **Mobile Equipment** conduct themselves in a safe manner. This guideline will serve to eliminate and/or control the hazards likely to be encountered by workers working with **Mobile Equipment**.

Types of equipment could include, but is not limited to the following:

- Rubber Tired Rollers
- Steel Drum Rollers
- Backhoes
- Gradalls
- Loaders

II. ASSOCIATED HAZARDS

Common workplace hazards associated with working with mobile equipment include, but are not limited to:

- Workers, pedestrians or equipment may not be visible to the operator hidden in the operator's blind spot.
- Equipment failure due to overloading the rated capacity of the mobile equipment
- Collisions with workers, other mobile equipment or structures at the work site
- Crush injuries related to mobile nature of equipment
- Crush injuries related to any ancillary energized systems activating (e.g. hydraulic system failures causing unexpected movement)
- Slips, trips and falls while entering or exiting the cab
- Potential hearing loss
- Tipping hazards from the improper raising of a load bucket or running over large pieces of debris
- Injuries due to striking hidden objects in rubble

- Eye injuries if cab is not protected and windows closed
- Equipment flipping if operated on a slope or if ground shifts

III. SPECIAL CONSIDERATIONS

Before conducting tasks that involves working around mobile equipment, there are several special considerations you must understand. Such considerations include:

Operators:

- Always perform a 360-degree visual check before operating equipment.
- Always perform an inspection of your equipment prior to operating. Keep records as required.
- Always operate equipment as per manufacturer's operating instructions.
- Always operate as per standard operating procedures.
- Ensure that workers, pedestrians, and equipment are clear of the equipment before operating.
- When communicating with other truck or heavy equipment operators, use a two way radio if possible. If using other methods of communication such as standard hand signals, ensure that messages are clearly and accurately understood.
- When operating mobile equipment, carry the load no higher than necessary to avoid limiting your vision.
- Be careful of blind spots and get a spotter if your view is obstructed.
- Stay alert. When operating equipment, always respect and be aware of the potential for danger to life, equipment, and property.
- Operators should avoid backing whenever possible and need to stop their work task if they lose sight of any worker. Backing is much more likely to result in an incident in comparison to moving forward.
- A spotter should be used if equipment is operating in a tight area or when operating around workers. In certain situations it could be more hazardous to use a spotter. Plan work tasks accordingly and eliminate the need for a spotter if possible.
- To operate some equipment, formal training is required. Before using a piece of equipment, make sure you know how to operate it. Check with the equipment supervisor if you are unsure of which equipment requires this training.
- Do not use equipment to transport, elevate, or lower employees.
- Always wear your seat belt.
- Always use your horn to advise when you will be backing up. This is in addition to any backup alarms and backup cameras to ensure pedestrians are aware of your plans to move.

Nearby Workers:

- Before starting work, ensure that you are aware of all mobile equipment operating in and around the site.
- Keep in eye contact with the operator when working near moving machinery or equipment.

- Stay in your vehicle if mobile equipment has to complete work in the area.
- Do not move into the vicinity of any vehicle or mobile equipment until you have made eye contact with the operator/driver and ensured that he/she is aware of your presence.
- Make sure you are always in clear view of the equipment operator. Before approaching, obtain the attention of the operator. Never approach equipment from the “blind side.”
- If you exit your vehicle, stand in an area that is safe from any swing zones, pinch points or blind spots.
- Stay out of the line of fire and always leave yourself an “out”. You should first always consider the safest place to be around equipment with regards to the line of fire. Never put yourself in a situation where you do not have an out to escape danger. It is important to always be able to get out of the way.
- Only approach an equipment operator when they are not actively operating the designated equipment; the load is not currently lifted; and they have signaled that it is safe to approach.
- Never permit or encourage an operator to rush.
- Do not take shortcuts across areas where mobile equipment is working.
- Do not use your cellphones while walking through the worksite.

IV. REQUIRED PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment (PPE) is required as per the current Engineering Personal Protective Equipment Policy.

Additional Task Specific PPE

- Appropriate level of hearing protection

V. EMERGENCY PROCEDURES

In the event of a serious medical emergency contact 911 and advise the operator of the situation and your location. Contact the Designated Site First Aid Attendant and the Supervisor for assistance. Contact the Site Supervisor and the Safety Designate Superintendent for the Branch to advise them of the incident.

In the event of difficulties on the job that may pose a safety hazard, contact the Supervisor or Superintendent for further instructions via radio or cell phone.

Title: Abandoned Needle Pickup

Business Unit: Engineering

Effective Date: Feb 2003

Branch: STEOB

Revision Date: Nov 2017

I. PURPOSE AND SCOPE

This Safe Operating Procedure has been developed to ensure the safe performance of **Abandoned Needle Pickup**. This Safe Operating Procedure will serve to eliminate and/or control the hazards likely to be encountered by workers who perform **Abandoned Needle Pickup**.

II. HAZARD ANALYSIS / RISK ASSESSMENT

The following Safe Operating Procedure was developed by STEOB to control risks identified in risk assessment **Abandoned Needle Pickup**.

III. TOOLS/EQUIPMENT/MATERIALS REQUIRED

The following tools, equipment and materials are required to perform this Safe Operating Procedure:

- Forceps (6" or longer)
- Pliers (6" or longer)
- Sharps container

IV. REQUIRED PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment (PPE) is required as per the current Engineering Personal Protective Equipment Policy.

Additional Task Specific PPE

- Gloves (leather or disposable)

V. PREREQUISITES

A. SKILLS / ABILITIES / KNOWLEDGE

- Experience with Operations
 - Experience with handling and disposing of bio-hazardous materials
 - Knowledge and awareness of City of Vancouver Blood Borne Pathogen Exposure Control Plan
- * All new employees will be supervised accordingly.**

B. TRAINING / CERTIFICATION

- Operations orientation and training.

- Blood Borne Pathogen training.
- * **All new employees will be supervised accordingly.**

VI. PROCEDURE

If at anytime during the performance of this work something outside of the normal occurs, contact your job supervisor for further instructions.

1. Warn co-workers of presence of needle and mark area if necessary
2. Gather tools and bring them to the needle, do not pick the needle up and walk through the work zone
3. Put gloves on
4. Place SHARPS container down on ground, do not hold in hand and never try to recap needles
5. Use tool to grip needle with needle pointing down or away from your body, place needle in SHARPS container needle point first
6. Secure top of SHARPS container so needle(s) do not fall out if container dropped
7. Return SHARPS container to where it is normally stored
8. Decontaminate tool and return it to where it is normally stored.
9. Remove gloves and wash hands thoroughly with soap and water or with waterless cleaner.
10. Dispose sharps containers when they are $\frac{3}{4}$ full at either:
 - a. Manitoba Yard: Vancouver South Transfer Station (preferred)
 - b. Manitoba Yard: Quick Service Lane
 - c. National Yard: Fuel station

VII. OTHER INFORMATION

I. Permits

- NA

VIII. REFERENCES

I. Regulatory References

- *OH&S Regulation:*
 - Part 5: Chemical Agents and Biological Agents
 - Part 6: Substance Specific Requirements

II. City of Vancouver References

- The City of Vancouver Blood Borne Pathogen Exposure Control Plan

City of Vancouver VanDocs:

- ENG - OHS - Personal Protective Equipment PPE Standard
- ENG - STEOB - OHS - Traffic Risk Assessment
- HR HS - City of Vancouver Blood Borne Pathogen Exposure Control Plan 2014 08

IX. EMERGENCY PROCEDURES

In the event of a serious medical emergency, immediately contact 911 and advise them of your situation and location. Also, contact the designated site first aid attendant if at a site that has one, and your supervisor or superintendent.

1. **First-Aid:** Wound Exposure/Needle Stick: Allow bleeding while washing thoroughly with soap & water. Cover wound lightly. Eye/Mouth Exposure: Flush thoroughly with water or normal saline.
2. **Report** exposure to supervisor as soon as possible.
3. **Go to** St. Paul's Hospital Emergency Dept. within 2 hours of exposure. Address: 1081 Burrard Street (Burrard & Comox).
4. **Contact CIRA Medical Services** within 3 working days to make an appointment with the City physician. 604 629-1570 or myhealth@ciramedical.ca Address: #510-1100 Melville St (Melville and Thurlow).

X. CONTROL CHANGES

Review	Description of change	Revision Date
1	Creation	Feb 2003
2	Review	Feb 2015
3	Branch: STEOB (instead of Streets or Traffic or Electrical)	Nov 2017

Title: Pepper Spray Response

Business Unit: Engineering Services

Effective Date: January 2020

Branch: STO - Street Urban Issues

Revision Date: _____

I. PURPOSE AND SCOPE

This Standard Operating Procedure (SOP) has been developed to create awareness and assist the workers in responding to incidents related to the use of pepper spray. Incidents may include, but are not limited to:

- Worker sprayed with pepper spray.
- Pepper spray released in the vicinity of worker.

II. ASSOCIATED HAZARDS

Pepper spray, also known as OC spray (oleoresin capsicum), is an inflammatory chemical compound. It causes immediate closing of the eyes, difficulty breathing, runny nose and coughing. A burning sensation of the skin can last from 45-60 minutes. The duration of effects depend on the strength of the spray, but the average full effect lasts approximately 30-45 minutes, with lessened effects lasting for hours.

Uncontrollable coughing and upper body spasms can make it difficult to breathe or speak for between 3-15 minutes. There is a risk of serious injury in rare cases - e.g. individuals with asthma, taking certain drugs, etc.

Pepper spray typically comes in canisters, which are often small enough to be carried or concealed in a pocket or purse.

III. PERSONAL PROTECTIVE EQUIPMENT (PPE)

The following PPE must be worn all times by Street Urban Issues crews:

- Safety footwear
- Safety glasses
- High visibility apparel with City of Vancouver inscription

Disposable gloves, paper towels, all-purpose sponges, and eye wash kit are to be carried on by workers in their vehicles.

Other PPE may be required depending on the task to be completed and the risks identified during the site inspection (i.e.: airborne contaminants, pathogens, pollutants, irritants, smoke, body fluids).

IV. IN THE EVENT OF AN EXPOSURE

If one of your co-workers has been exposed to pepper spray:

WARNING: *The subject should begin to feel significant relief within in 20 to 30 minutes. Most effects will have completely subsided within one hour. Seek medical attention if co-worker/yourself swallowed some of the pepper spray, are having trouble breathing, or the pain is unbearable and lasts longer than 45 minutes.*

1. Call 911. Request *police* response. Also request *ambulance* if medical response is believed to be needed.
2. Only assist if you feel it is safe to do so. Your safety is priority; if you start to feel negative effects, stop and remove yourself from the environment causing irritation.

NOTE: The close interaction with co-worker exposed to pepper spray will cause exposure through both transference and from particles suspended in the surrounding air. Wear disposable gloves to avoid contact with the sprayed substance and wash hands as soon as possible after the event, as touching vulnerable areas such as the eyes can cause transference contamination.

3. Wear disposable gloves.
4. Remove co-worker from environment causing irritation (if possible).
5. Advise co-worker not to rub eye or touch any exposed contaminated areas of the body.
6. Clean co-worker's skin with all-purpose sponges or wet cloth to remove contaminants from skin. Any clean cloth can be soaked in cool clean water and used to wipe any visible product from the co-workers's skin. Cleanse in a direction away from eyes, nasal passages, ears and open wounds. **DO NOT RUB THE EYES.**
7. Advise co-worker that outer contaminated clothing should be removed and sealed in a plastic bag.
8. Advise co-worker that contact lens should be removed.
9. Encourage co-worker to blink eyelids often to create tearing. Especially if no water source is available, eye strobbing will help to speed up the recovery period by creating natural tears.

10. Guide the co-worker to close eyes tightly and then open widely. Do not use hands to assist with opening and closing of the eyes. Only the eye muscles should be engaged to complete this process. Repeat numerous times to create a natural flow of tears to reduce dryness and irritation.
11. Provide copious amounts of cool clean water for the eyes and skin (use cool water as hot water will open pores making the irritation worse). Guide the co-worker to rinse eyes and skin for at least 15 minutes, or until relieved.
12. Use paper towels to wipe off substance.
13. Bag soiled paper towels/ sponges/ cloth/ eye wash kit.
14. Remove disposable gloves and bag them.
15. Wash your hands thoroughly.
16. Wait for emergency services (*police and/or ambulance*) to arrive.
17. Wash all clothing wearing when coming into contact with pepper spray.

V. SPECIAL CONSIDERATIONS

Baby shampoo is formulated to be gentle to the eyes. However, it has not been demonstrated in the published literature to date that irrigation with water and baby shampoo provides better relief than irrigation with water alone.

Vancouver Police Department trains officers to flush eyes with water to decontaminate eyes. They advise there are products that may be used to decontaminate skin, hair, and eye brows (i.e. Sabre® Decon Cleanse and Sabre® Decon Soothe), though they cannot be used to directly decontaminate eyes.

VI. EMERGENCY PROCEDURES

In the event of a serious medical emergency, contact 911 and advise the operator of the situation and your location. Contact the designated site first aid attendant and the Crew Supervisor for assistance. Contact the Superintendent to advise them of the incident.

In the event of difficulties on the job that may pose a safety hazard, contact the Supervisor or Superintendent for further instructions via radio or cell phone.

VII. INCIDENT REPORTING

After attending to the medical or emotional needs of the worker affected by the incident, there is an expectation that (at a minimum) a Violent Incident Report will be generated. This report should be completed by the worker involved and then reviewed asap by the Supervisor/ Superintendent.

If an assault/serious threat occurred, VPD should be called. If they cannot attend directly, arrangements should be made by Supervisor/ Superintendent for meeting between the worker and the Police Officer.

The Supervisor/ Superintendent must provide the worker with EFAP information.

- Report all incidents to your supervisor without delay.
- Log all incidents in the *Workplace Violence Incident Log*.

VIII. REFERENCES

- Pepper Spray - Response Guide for Incidents in the Centres (Community Centres) (DOC/2012/061088).
- Baby Shampoo to Relieve the Discomfort of Tear Gas and Pepper Spray Exposure: A Randomized Controlled Trial *West J Emerg Med*. 2018 Mar; 19(2): 294-300.

Published online 2018 Feb 26. doi: 10.5811/westjem.2017.12.36307:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5851502/>

- Subject Decontamination Steps (Vancouver Police Department) (Appendix A).
- SDS *pepper spray (OC spray)* (Appendix B).

<https://www.officedepot.com/pdf/msds/499369.pdf>

<https://images.homedepot-static.com/catalog/pdfImages/40/40b58cdc-0f7c-4567-a127-371407101681.pdf>

<https://www.pepperspraysetc.com/msds/MK-3-5039-First-Defense.pdf>

IX. CONTROL CHANGES

<i>Review</i>	<i>Description of change</i>	<i>Revision Date</i>
1	Creation	January 2020

X. SIGN-OFF

Approved by:

Jeff Eckland	Signature: 
STO Superintendent II	Date: February 7, 2020

Appendix A - Subject Decontamination Steps (Vancouver Police Department)

8.4 SUBJECT DECONTAMINATION

After the subject has been physically restrained, the first step in decontamination is to remove them from the contaminated area. The officer can then question and observe the subject for any medical concerns. Once the subject is in a safe environment, decontamination can begin.

Subject Decontamination Steps

1. **Reassure Subject** - Reassure the subject that the affects are temporary and that you will assist in providing relief.
2. **Remove Any Contaminated Clothing** - If appropriate, remove any contaminated clothing and seal in a plastic bag.
3. **Clean Skin With Wet Cloth** - Any clean cloth can be soaked in cool clean water and used to wipe any visible product from the subject's skin. **DO NOT RUB THE EYES.**
4. **Provide Copious Amounts of Cool Clean Water for the Eyes and Skin** - If available, utilize a hose with cool clean water ensuring there is not too much pressure. A garden hose held upright to the sky until 1 ½ inches of water deploys will create the proper water pressure for decontamination. The hose should be held over the bridge of the nose aiming horizontally over one eye towards the outside of the face so as not to re-contaminate the other eye.
5. **Encourage Subject to Strobe Eyes** - Especially if no water source is available, eye strobbing will help to speed up the recovery period by creating natural tears. Close eyes tightly and then open widely. Do not use hands to assist with opening and closing of the eyes. Only the eye muscles should be engaged to complete this process. Repeat numerous times to create a natural flow of tears to reduce dryness and irritation.

All subjects who have been contaminated by OC should be constantly monitored while in custody. The subject should begin to feel significant relief within in 20 to 30 minutes. Most effects will have completely subsided within one hour. If the subject is not feeling significant relief after **45 minutes**, contact EMS.

If the subject is incarcerated, ensure that the staff is made aware that the subject was contaminated with OC.



NOTE: Only EMS or the subject should be allowed to remove contacts from their eyes. Contacts should be removed to assist in proper decontamination.

8.5 AREA DECONTAMINATION

The fact that Oleoresin Capsicum is biodegradable allows for cheap and easy area decontamination. OC is attacked by both microbial bacteria and molds that assist in degradation of the product. Research has shown that the biodegradation appears to be strongest under aerobic conditions. For this reason, areas contaminated with OC should be well ventilated allowing for both the removal of the product through air movement and degradation from exposure to air. Unlike CS or CN that will persist when trapped in clothing, furniture and any other item capable of holding the product, OC will resolve itself through biodegradation within 10 days.¹

Area Decontamination Steps

1. If possible, open all windows and entrances to allow maximum ventilation of the area. Fans can be used to assist ventilation.
2. Vacuum any fabric based carpet or furniture.
3. Wash any hard surfaces with soap and water.
4. Depending on the environment contaminated and level of contamination, restrict access to the area until complete decontamination is observed.

¹ Eugene J. Olajos and Woodhall Stopford, *Riot Control Agents issues in toxicology, safety, and health*, CRC Press Florida, 2004

Appendix B - Example of SDS

Safety Data Sheet

SABRE Red Gel - Civilian

May be used to comply with OSHA's Hazard Communication Standard,
29 CFR 1910.1200(g). Standard must be reviewed for specific requirements.

Quick Identifier
4.8.17

SECTION 1 - IDENTIFICATION

PRODUCT NAME:	SABRE Red GEL-Civilian		
SYNONYMS:	Pepper Spray, OC Spray, Pepper Gel		
CHEMICAL NAME:	Oleoresin Capsicum (Red Pepper)		
CHEMICAL FAMILY:	Irritant Agent		
PRODUCT USE:	Handheld aerosol canister that sprays an irritating formula in the eyes, nose and mouth of a person threatening your personal safety.		
MODEL #s:	MK-3-GEL-H-US; HC-14-CPG-BK-US; HC-14-CPG-PK-US; F15-BUSG, -02, -Q2; F15-PUSG, -02, -Q2; M-35-GEL-FR; PGSP-01; D35-PG; P-22J-OC-US; P-22J-PK-US; FHP-01		
Manufacturer's Name:	SECURITY EQUIPMENT CORPORATION	Emergency Phone:	800-325-9568
Address:	747 SUN PARK DRIVE	Other Calls:	636-343-0200
City, State, Zip	FENTON, MO 63026	Fax Number:	636-343-1318
Further Information obtainable from Info Trac.		Tel.:	+1-800-535-5053
Information in case of emergency:		Tel.:	+1-352-323-3500
		Fax:	+1-352-323-0050

SECTION 2 - HAZARD IDENTIFICATION

Classification of the substance or mixture

GHS Label Elements, including precautionary statements

Pictogram:	GHS Pictogram		
Signal Word:	Warning		
Hazard Statement(s)			
H229	Pressurized container, may burst if heated		
H315	Causes skin irritation		
H319	Causes serious eye irritation		
H335	May cause respiratory irritation		
Precautionary Statement(s)			
P102	Keep out of reach of children		
P210	Keep away from heat / sparks / open flame / hot surfaces - NO SMOKING		
P251	Pressurized container: Do NOT pierce or burn even after use		
P302 + P352	IF ON SKIN: Wash with plenty of soap and water		
P305 + P351 + P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses if present and easy to do. Continue to rinse.		
P337 + P313	IF EYE IRRITATION PERSISTS: Get medical advice / attention		
P410	Protect from sunlight		
P412	Do NOT expose to temperatures exceeding 50°C / 122°F		

SECTION 3 - COMPOSITION / INFORMATION ON INGREDIENTS

Hazardous Component(s) (chemical & common name(s))	Content(s)	OSHA TWA	ACGIH TLV	Carcinogen (Yes / No)
Oleoresin Capsicum (OC or Red Pepper) CAS# 8023-77-6	10%*	N/A	N/A	No
Ethanol CAS# 67-17-5	29%	N/A	200 ppm	No
Polysorbate 80 CAS# 9005-65-6	60%	N/A	N/A	No
Nitrogen (propellant) CAS# 7727-37-9	1	N/A	N/A	No

*10% @ 1.33% Major Capsaicinoids

Major Capsaicinoids are determined via A.O.A.C. Method 995.03. ** Other ingredients are trade secrets as defined in Hazard Communications ACT 29 CFR 1910.1200(g) Para 1 (1) end Appendix D to CFR 1910.1200(g).

SECTION 4 - FIRST AID MEASURES

Emergency & First Aid Procedures:	Remove victim from contaminated area and remove contaminated clothing. Provide fresh air, irrigate with copious amounts of cool water. Obtain medical advice if symptoms persist.
Routes of Entry	1. Inhalation Remove from contaminated area immediate. Provide fresh air. If breathing is difficult, administer oxygen. If the victim is not breathing, administer CPR. Seek immediate medical attention.
	2. Eyes Only exposed subject or EMS should remove subject's contact lenses. Irrigate with cool water for at least 15 minutes, or until relieved. Seek medical attention if irritation persists.
	3. Skin Flush with cool water for at least 15 minutes. Wash with mild soap and water. Seek medical attention if irritation persists. DO NOT INDUCE VOMITING. If victim is conscious and not convulsing, rinse mouth with water. Ingest milk or water. Call 800-535-5053 or obtain medical advice immediately. If victim is convulsing or unconscious, do not give anything by mouth, ensure the victim's airway is open and lay the victim on his/her side with the head lower than the body. IMMEDIATELY transport the victim to a hospital.
	4. Ingestion

SECTION 5 - FIRE-FIGHTING MEASURES

Flammability Classification 16 CFR 1500.45:	Non-Flammable; Electronic Immobilization Device Compatible
Flash Point:	N/A
Auto-Ignition Temperature:	N/A
Extinguishing Media:	Halon, Carbon Dioxide, Dry Chemical or Water
Special Fire Fighting Procedures:	Wear respirator or self-contained breathing apparatus.
Unusual Fire and Explosion Hazards:	Smoke would be irritating to eyes and mucous membranes. Containers may burst in the heat of a fire.

SECTION 6 - ACCIDENTAL RELEASE MEASURES

Steps to follow if material is spilled or released:	Wipe up small spills with absorbent material. With large spills, use respiratory equipment, to avoid irritation, and collect absorbent materials.
If inside:	Ventilate area and after absorbent process, wash area with soap and cold water
If outside:	Stay upwind
Waste Disposal Method:	Dispose of in accordance with current laws and regulations.

SECTION 7 - HANDLING AND STORAGE

Precautions to be taken in handling & storage:	Store upright in a cool, dry area. Avoid direct light and heat. DO NOT expose to temperatures over 120° F / 50° C. DO NOT puncture or incinerate container.
Other Precautions:	Assure can is in a secure place to prevent accidental rupture.

SECTION 8 - EXPOSURE CONTROLS AND PERSONAL PROTECTION

Respiratory Protection:	Not normally required in well-ventilated areas, however, NIOSH approved respiratory protection may be required when the material is used in confined areas. Avoid overexposure for long periods in enclosed areas.
Ventilation:	Yes
Protective Gloves:	Suggested (not required)
Eye Protection:	Yes. Exposure without protection in training environment is acceptable.
Other Protective Clothing/Equipment:	Not required
Work/Hygienic Practices:	Avoid absorption of product on clothing. If absorbed in clothing, remove and wash clothes at once. Do not eat, drink, or smoke while handling product.
Engineering Controls:	Provide ventilation if working in confined areas.

SECTION 9 - PHYSICAL & CHEMICAL PROPERTIES

Appearance & Odor:	Red/Orange in color. Odor is pungent	Physical State:	Liquid
Boiling Point:	230° C (446° F)	Specific Gravity (H2O = 1)	~1.0 @ 20° C
Solubility in Water:	Soluble	pH:	6.8
		Vapor Pressure:	140 PSI

SECTION 10 - STABILITY AND REACTIVITY

Stability	Unstable	Conditions To Avoid	Incompatibility (Materials To Avoid)	N/A
	Stable	X		
Hazardous Polymerization:	May Occur		Hazardous Decomposition Products:	N/A
	Will Not Occur	X		

SECTION 11 - TOXICOLOGICAL INFORMATION

Standard Draize Test: Skin, rabbit, 500 mg	Severity:	Slightly Irritating
Standard Draize Test: Eye, rabbit, 100 mg	Severity:	Mildly Irritating
ACUTE INHALATION LC50 (rat):		> 100.5 mg/L

Made in the USA

SECTION 12 - ECOLOGICAL INFORMATION

This product has not been tested for environmental effects.

SECTION 13 - DISPOSAL CONSIDERATIONS

Waste Disposal Methods: Consult Federal, State, and Local Regulations
Evacuate contents in a safe area, & dispose of container.

SECTION 14 - TRANSPORT INFORMATION

DOT HM-181 INFORMATION

	<u>GROUND</u>	<u>AIR</u>
Proper Shipping Name:	LTD. QTY	Aerosols, non-flammable
Hazard Class or Division:	none	2.2
Identification Number:	none	UN1950
Packaging Group:	none	none
Label(s) Required:	none	2.2 LTD. QTY

INTERNATIONAL TRANSPORTATION REGULATIONS

Regulations vary from country to country. Check regulations for your country.

	<u>GROUND</u>	<u>AIR</u>	<u>OCEAN</u>
Proper Shipping Name:			Aerosols, non-
Hazard Class or Division:	LTD. QTY	Aerosols, non-flammable	flammable
Identification Number:	none	2.2	2.2
Packaging Group:	none	UN1950	UN1950
Label(s) Required:	none	2.2 LTD. QTY	2.2 LTD. QTY

SECTION 15 - REGULATORY INFORMATION

GHS within the EU: The new classification & labeling system according to CLP regulation (EC) No 1272/2008

Health hazard symbol:



Signal Word: **WARNING**

Exclamation Mark Skin & Eye Irritation, Category 2

H-Codes

- H315: Causes skin irritation
- H319: Causes serious eye irritation
- H229: Pressurized container: may burst if heated
- H335: May cause respiratory irritation

P-Codes

- P102: Keep out of reach of children.
- P210: Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking.
- P251: Do not pierce or burn, even after use.
- P302+P352: IF ON SKIN: Wash with plenty of water
- P305+P351+P338 IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses if present and easy to do. continue rinsing.
- P337+P313: If eye irritation persists get medical advice/attention.
- P410: Protect from sunlight.
- P412: Do not expose to temperatures exceeding 50 °C/122 °F.

TOXIC SUBSTANCES CONTROL ACT:

This product is in compliance with the U.S. Toxic Substances Control Act (TSCA) inventory requirements.

SARA TITLE III, SECTION 313:	Not Listed
CLEAN AIR ACT (CAA):	Not Listed
CLEAN WATER ACT (CWA):	Not Listed
CALIFORNIA PROPOSITION 65:	Not Listed
MASSACHUSETTS RIGHT TO KNOW:	Not Listed
PENNSYLVANIA RIGHT TO KNOW:	CAS# 112-34-5 57-55-6
NEW JERSEY RIGHT TO KNOW:	CAS# 112-34-5 57-55-6
CANADIAN WORKPLACE HAZARDOUS MATERIALS INFORMATION SYSTEMS (WHMIS):	Not Listed

SECTION 16 - OTHER INFORMATION

Format and Preparation Complies with ANSI Z400.1-1993

DISCLAIMER: This brief provides a general overview of the safety data sheet requirements in the Hazard Communication Standard (see 29 CFR 1910.1200(g) and Appendix D of 29 CFR 1910.1200). It does not alter or determine compliance responsibilities in the standard or the Occupational Safety and Health Act of 1970. Since interpretations and enforcement policy may change over time, the reader should consult current OSHA interpretations and decisions by the Occupational Safety and Health Review Commission and the courts for additional guidance on OSHA compliance requirements. Please note that states with OSHA-approved state plans may have additional requirements for chemical safety data sheets, outside of those outlined above. For more information on those standards, please visit: <http://www.osha.gov/dcp/osp/statestandards.html>.

Title:	Responding to Non-Permanent Encampments		
Business Unit:	Engineering Services	Effective Date:	November 2016
Branch:	Street Operations - Urban Issues	Revision Date:	June 2022

I. PURPOSE AND SCOPE

The City of Vancouver's primary goal is to house homeless individuals and to reduce non-permanent encampments on public property. The following Standard Operating Procedure (SOP) has been developed to ensure a standard process for dismantling non-permanent encampments on City of Vancouver and Vancouver Park Board property.

A non-permanent encampment (NPE) is defined as any type of temporary structure (i.e. tent or other shelter) erected on City of Vancouver property and right-of-way easements, or within Vancouver Park Board jurisdictional park lands. NPE's may also feature an accumulation of other camping equipment and personal belongings such as clothing, backpacks, bicycles, unauthorized merchandise for sale, or drug use paraphernalia.

The following City of Vancouver and Vancouver Park Board bylaws may be cited when dismantling non-permanent encampments:

- **Street & Traffic By-Law 2849 Section 71(a)** - No structures permitted on any city street, sidewalk or boulevard without permit
- **Street & Traffic By-Law 2849 Section 66.1** - No merchandise or wares permitted on any city street, sidewalk or boulevard without permit for sale or display
- **Park Control Bylaw Section 4(b)** - Removal from any park any article or thing as aforementioned contrary to the provisions of the Park Control by-law

II. HAZARD ANALYSIS / RISK ASSESSMENT

The following SOP was developed from a Task Hazard Analysis conducted by Street Operations Branch to control risks identified in Risk Assessment - Dismantling Non-Permanent Encampments, located in the following VanDocs document: ENG - STEOB - OHS - Streets Risk Assessment.

III. ASSOCIATED HAZARDS

Common hazards associated with dismantling non-permanent encampments include, but are not limited to:

- Angry and aggressive individuals and unpredictable responses
- Citizens under the influence of substances
- Individuals with mental health issues
- Weapons, sharp objects
- Uneven terrain and tripping hazards
- Biohazards, insects, rodents
- Drug paraphernalia
- Pepper spray or similar released on or in the vicinity of workers

Workers who dismantle NPE's and collect abandoned materials from NPE sites may be potentially exposed to hazardous materials; appropriate handling and disposal practices must be followed.

Workers who dismantle NPE's and collect abandoned materials from NPE sites may be potentially exposed to bed bugs. If the NPE site is suspected to be infested with bed bugs, 'SOP: Controlling Exposure to Bed Bugs' must be followed.

Workers who dismantle NPE's and collect abandoned materials from NPE sites may potentially find explosive devices or fire arms. 'SOP: Finding Suspect Explosive Device or Firearm' must be followed.

'SOP: Pepper Spray Response' must be reviewed and followed for awareness and assist the workers in responding to incidents related to the use of pepper spray.

IV. TOOLS/ EQUIPMENT/ MATERIALS REQUIRED

- Sharps container and forceps or pliers (6" or longer)
- Cutting tools
- Garbage bags/cans
- Litter pickers
- Shovel and rakes (recommended)
- Pitch fork (only when necessary)
- Wheelbarrows
- Grinder
- Caution Tape
- Tarps
- Traffic cones
- Hand sanitizer
- City work vehicle
- Crew City cell phone or two-way radio (portable)

- Warning notices

V. PREREQUISITES

A. Skills, Abilities & Knowledge

- Experience with Street Operations work activities.
- Knowledge of handling and disposing of bio-hazardous materials.
- Knowledge and awareness of City of Vancouver Blood Borne Pathogen Exposure Control Plan.
- Knowledge of the Code of Conduct and Preventing Violence in the Workplace policies.
- Ability to deal with the public and more specifically with encampment occupants.
- Knowledge of disengagement communication tools
- Understanding of this procedure.

B. Training / Certification

- Urban Issues Crew Orientation
- Violence Prevention: Service to Safety, Security and Personal Awareness, Protest Management
- Blood Borne Pathogens
- Sensitivity Introduction (provided by Community Services)
- Communication, conflict management and disengagement training
- Indigenous relations training
- Traffic Management
- Hazardous Materials Awareness
- WHMIS

*All new employees to be supervised accordingly.

VI. PERSONAL PROTECTIVE EQUIPMENT REQUIRED

- Safety footwear
- Safety glasses
- High visibility apparel with City of Vancouver inscription

- Puncture resistant gloves
- Tyvex suit (optional)
- Disposable respirator P95 (optional)

VII. PROCEDURE

WARNING: When approaching an encampment for any reason (warning notice, investigation, or site clean-up and dismantling), a minimum of two people must attend. DO NOT approach any non-permanent encampment - occupied or unoccupied - alone.

Warning notice delivery, site investigation, and site clean-up and dismantling is only to occur during daylight hours.

1. Perform Initial Hazard Assessment

The Crew Supervisor will perform an observational hazard assessment of an NPE site before sending other crew members to the encampment site. This assessment to be completed with VPD presence if any risk to personal safety has been predetermined.

The Crew Supervisor will:

- Assess the size of the NPE site, including how many occupants (if possible) and specific location. Additional information should include such as the presence of pets, other identifying features of the site layout, and any warnings or verbal interaction with the occupants.
- Perform an initial visual assessment of the area to identify potentially dangerous conditions, such as unstable structures, discarded hypodermic needles, unknown drug substances, chemical containers, or rodent infestation.
- If either of the scenarios below exist please go to step 7 as NPE will require dismantling:
 - The encampment presents a safety hazard to the public (e.g. contaminated with hypodermic needles, bodily waste, or unknown drug substances); or
 - There are neither occupants nor personal belongings present (e.g. abandoned encampment, debris).

2. Request Vancouver Police Department (VPD) Lead

- Request VPD presence (required) to lead:

- a. At locations known to be 'hot spots' (e.g. camps with previous history of issues),
- b. Where risk to personal safety has been predetermined by the observational hazard assessment completed by the crew supervisor (see 4)
- c. When dealing with encampments where a warning notice has been issued but occupants do not want to leave.

3. Interactions with Encampment Occupants

Verbal interactions may occur with encampment occupants at any time. If a circumstance requires or precipitates a verbal interaction with an encampment occupant:

- i. Use extreme caution, respectful professionalism, and courtesy when dealing with the public are necessary.
- ii. Any time a threat or hazardous situation is observed back away to a safe place, inform your Crew Supervisor, and inform VPD officers (either onsite or contact 911).
- iii. Show concern. If an encampment occupant is suspected to be physically unwell or in similar distress, call 911 immediately.
- iv. Maintain a distance of "personal" space and ensure a clear escape route. Avoid getting backed into a corner.
- v. Avoid carrying anything that looks like a weapon, such as umbrellas, large sticks, pitch forks, or flashlight when having an interaction with an encampment occupant. Avoid threatening gestures or body positioning (i.e. arms folded across your chest).
- vi. Identify who you are and why you are there.
- vii. Be polite and friendly. The primary objective is to ensure the interaction between crew workers and the encampment occupants remain non-confrontational. Keep conversation casual and do not provoke hostility. Smile, listen, and do not blame or judge.
- viii. Do not touch or shake hands.
- ix. Never enter a tent or other temporary structure.
- x. If an encampment occupant is unintentionally awoken, give the occupant time to focus and assess the situation. Start with a friendly greeting to make sure crew workers are heard and understood. Wait for a response. Disengage at the first opportunity when safely do so.
- xi. Do not re-enter the area until the encampment occupants have moved from the area completely, or crew workers are accompanied by VPD.

- xii. If threatening animals are present, contact Canine Services for support (Animal Control Dept - ph 604-871-6861 - 8am-8pm 7 days a week). Alternatively, contact VPD if Canine Services is unavailable and immediate assistance is required. Do not proceed until the animal(s) are no longer a potential threat or hazard.

4. Issue Warning Notice

Urban Issues Crew workers will respond to 3-1-1 service requests as well as attend to self-observed NPE sites.

If a temporary structure with or without an accumulation of personal property is found to be non-compliant with any of the above cited bylaws, crew workers will:

- i. Provide Community Services contact information (eg Carnegie Centre at Main & Hastings, see Bob Moss) to present occupants when accepted.
- ii. Ask encampment occupants, if present, specifically and clearly to dismantle temporary structures and remove from the area.
- iii. Issue a warning (verbal or printed decal) to have the encampment removed by the encampment occupant with a specific time allotment. If there are no occupants present when attending the NPE site, the warning (printed decal) will be left at the site in a conspicuous location.



- iv. Return to the NPE site later that day or the following day to assess if the encampment has been removed. If encampment remains and occupants present proceed to step 5. If encampment remains and no occupants are present proceed to step 6.

5. Post Warning Follow-Up at Encampment with Occupants

After a warning has been issued at an encampment with occupants present, time is allotted for occupants to remove personal belongings from the NPE site. If occupants have not removed structures:

- i. Do not approach or engage further with the occupant(s). Back away to the work vehicle or to a safe distance from the encampment and/or occupant(s). Never enter a tent or other temporary structure.
- ii. Contact your Supervisor and VPD to lead next steps. Crew workers must be accompanied by VPD on any further direction to occupants.
- iii. Extreme caution is necessary, as well as respectful professionalism and courtesy when dealing with the public.
- iv. If directed by VPD, upon abandonment of the structure, to dismantle and or proceed with site clean up go to step 7.

6. Post Warning Follow-Up at Encampment with No Occupants

After a warning has been issued at an encampment if staff return to the site following the warning time allotment and items remain and there are no occupants present proceed to step 7.

WARNING: Should the encampment become occupied at any point when dismantling the NPE site, immediately withdraw and revert to step 6.

7. Site Clean-Up and Dismantling

WARNING: Change clothing or PPE after contact with potentially infected articles from the site (laundry service is available for Urban Issues Crew workers if necessary). Disinfect hands and then wash them with warm soapy water as soon as possible.

WARNING: Suspected hazardous waste materials should be left on-site until the appropriate precautionary measures, collection, and disposal procedures have been determined. Before handling any abandoned material suspected to contain hazardous materials for which you are NOT trained, contact your supervisor for additional instructions.

NOTE: If applicable, the use of backhoes and dump trucks are a suitable option especially for larger encampments. Whenever practical, abandoned material should be collected and loaded for transport using mechanical equipment such as backhoes and loaders.

Prior to the clean-up or dismantling of NPE sites, an extensive site inspection MUST be performed by a trained and experienced staff member. The inspection will include:

- i. Identifying and safely disposing of all bio-hazards, such as hypodermic needles, fecal matter, and bodily fluids.
- ii. Identifying if a site is infested with bed bugs (if a site is suspected to be infested with bed bugs, '*SOP: Controlling Exposure to Bed Bugs*' must be followed).
- iii. Identifying and addressing hazards, such as pits in the ground, ropes, razor blades, broken glass, other sharp objects, wires, or other visible hazards.
- iv. Identifying any makeshift washrooms or areas of refuse/feces/urine. If they are found, contact a remediation company for sanitizing the area (VPD should be able to provide the contact for the remediation company they work with if needed).
- v. Identifying hazardous materials. If the site is found containing suspicious hazardous materials, contact an Environmental Protection Officer (Environmental Services Dept) to further assess the site and to arrange the safe removal and disposal of the hazardous materials.
- vi. Identifying fires and flammables. If fires, barbeques, propane tanks or similar are found on the site, contact the VFRS to have them safely removed.

After the site inspection is completed and the hazards have been removed or sanitized, the crew will then begin to clean-up and dismantle the NPE site:

- i. Complete a visual inspection prior to entering the encampment site.
- ii. Check for needles on site and remove needles following the *SOP: Abandoned Needle Pickup*.

- iii. Approach closer to the abandoned material and attempt to visually identify the material items before handling them. Never open waste containers or bags to inspect their contents; it increases the risk of exposure or injury.
- iv. Direct hand contact with the waste material should be avoided whenever possible. **DO NOT** handle refuse with bare hands. Always wear puncture resistant gloves.
- v. Pick up any refuse left on site using the appropriate tool (forks, rakes, shovels, tarps, paper picker “tongs”, garbage bags) and PPE as required.
- vi. Whenever possible, minimize handling garbage bags and dispose of collected abandoned waste directly to the back of the truck using the appropriate tool (forks, rakes, shovels, tarps, paper picker “tongs”).
- vii. Perform a test lift to determine if the objects can be safely lifted manually and that the waste container / bag will not fail during handling. Do not place your hands underneath the waste material; this increases the risk of puncture injury.
- viii. Hold bags from the top only.
- ix. Tie bags up in a way you can visually identify what is in there before handling the bag.
- x. Do not carry garbage bags against your body or compress bags with hands or feet, as sharp objects may cut you. Use plastic garbage cans, rubber containers or waste receptacles, wheelbarrows, or other tools that keeps bags of waste away from your body.
- xi. Crew members are to exercise considerable caution when handling abandoned shopping carts. Shopping carts loaded with abandoned items are often heavy and may contain contaminated or hazardous materials including sharp objects, drug paraphernalia, and biohazardous waste. In order to minimize exposure to potentially hazardous material, abandoned items are **NEVER** to be removed from a shopping cart.
- xii. If mechanical equipment is unavailable, shopping carts are to be loaded manually by two or more crew members from the lowest point of entry to the crew vehicle. The crew vehicle is to be no larger than a 1-yard dump truck (e.g. jitney or smaller).
- xiii. Transport and dispose of the collected abandoned waste in a suitable location which limits the need for additional manual handling.
- xiv. Keep bed linen away from body when loading the work vehicle. Load work vehicles at the lowest point of entry, and refrain from lifting items over the sides of the work vehicle.

- xv. Try not to stand down wind when loading the work vehicle. Use disposable respirator (P95) when close to debris being loaded.
- xvi. Discard all materials removed from site to the Urban Debris bin at National Yard.
- xvii. For larger encampments, all materials removed from site will be sent directly to the landfill for “deep burial” disposal.
- xviii. Leave the site in a safe condition.

NOTE: Always consult the Crew Supervisor if unsure of how to perform clean-up safely.

WARNING: Items from an encampment site will not be stored if suspected to be contaminated with abandoned needles, bodily waste, bedbugs or unknown drug substance. All contaminated materials will be discarded as these materials present a potential health risk for crew members, other persons who may be item handlers, and the general public.

8. Crew, Vehicle and Equipment Decontamination

- i. Avoid contaminating vehicle. After each clean-up and before entering your vehicle always:
 - a. brush off clothing
 - b. wipe shoes
 - c. clean hands
 - d. Dispose of any contaminated disposable PPE or store in a secure location for cleaning at the yard
 - e. Clean any contaminated equipment or store in a secure location for cleaning at the yard
- ii. Once at the yard
 - a. Wash the vehicle box and the outside of the truck at the wash rack
 - b. Clean any contaminated PPE or equipment (laundry service available)
 - c. Dispose of any PPE, tools, or equipment that cannot be cleaned. Advise supervisor of any items that are to be disposed of that are not single use.
 - d. Clean hands and shower if required.

VIII. EMERGENCY PROCEDURES

In the event of a serious medical emergency, contact 911 and advise the operator that you are City staff, the situation and your location. Contact the designated site first aid attendant and the Crew Supervisor for assistance. Contact the Superintendent to advise them of the incident.

In the event of difficulties on the job that may pose a safety hazard, contact the Supervisor or Superintendent for further instructions via two-way radio or cell phone.

From July 4th 2022 to July 15th 2022 the regular two members assigned will be available on an “as needed basis” during scheduled shifts (Daytime Mon-Thur)

- a. S/Sgt Rich Lee s.15(1)(l) (Sat - Tues), or
- b. S/Sgt Besnick Dobreci s.15(1)(l) (T - F)

If additional support is required due an immediate risk to health and safety please call 9-1-1 as per above.

IX. REFERENCES

WorkSafeBC Regulation.

City of Vancouver. Street and Traffic By-Law No. 2849.

Vancouver Park Board. Park Control By-Law.

City of Vancouver Corporate Policy AE-028-21: Code of Conduct
(<https://policy.vancouver.ca/AE02801.pdf>)

City of Vancouver Corporate Policy AE-010001: Preventing Violence in the Workplace
(<https://policy.vancouver.ca/AE01001.pdf>)

STO -SOP: Abandoned Needle Pickup. Feb 2003. Revised: February, 2015.

STO -SOP: Controlling Exposure to Bed Bugs. September 2017.

STO - SOP; Pepper Spray Response. January 2020.

Sanitation - SOP: Finding Suspect Explosive Device or Firearm. Nov 2018.

City of Vancouver. *Blood Borne Pathogen Exposure Control Plan*. 2015.

X. CONTROL CHANGES

Review	Description of change	Revision Date
1	Creation.	Nov 2016
2	Included reference to potentially exposure to bed bugs.	Sep 2017
3	<i>'Site Clean-Up and Dismantling - makeshift washrooms or areas of refuse/feces/urine'</i> : Replaced reference to Vancouver Coastal Health for sanitizing the area with reference to a remediation company. Included in the document specific mention to only dismantling camps in City of Vancouver property.	Nov 2017
4	Updated "Animal Control - Canine Services" contact information and listed VPD as alternate control to threatening pets (on page 6). Included reference to handling abandoned shopping carts (on page 8). Included image of warning notice (on page 4) and recovered items notice (on page 9). References to "transient camps" replaced with "non-permanent encampment (NPE)". References to "Transient Crew" replaced with "Street Activation Crew".	May 2018
5	References to "Transient Crew" replaced with "Street Activation Crew". "Garbage bin" and "homeless individuals" replaced with "Urban Debris bin" and "encampment occupants" respectively.	April 2019
6	Updated Training Requirements with 'Sensitivity Introduction'. Added mention to 'never enter a tent or other temporary structure' under 'VII. Procedure - 4. Encampment with No Occupants'. Added 'Pepper Spray' and reference to 'SOP: Finding Suspect Explosive Device or Firearm' under 'III. Associated Hazards'.	Dec 2019
7	Included reference 'verbal or printed decal' with regards to 'warning'. Information about requirement for VPD presence reorganized and added section '3. Vancouver Police Department (VPD) Presence'.	Jul 2020
8	Reviewed SOP to ensure parameters are still in line with the removal of a VPD presence on Hastings. Updated VPD contacts	Jun 2022

Prevention of Violence in the Workplace Program

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REFERENCES

WorkSafeBC OHS Regulation Section 4.27 - 4.31

WorkSafeBC Addressing Domestic Violence in the Workplace: A Handbook for Employers

RELATED CoV POLICIES

AE-028-01	Code of Conduct
AE-002-05	Human Rights & Harassment Policy
AE-002-06	Respectful Workplace Policy

DEFINITIONS

Abusive	Gestured or verbal acts that are not consistent with respectful conduct and considered threatening conduct with or without intent to cause harm.
De-escalation techniques	Reducing the level or intensity of a difficult or potentially violent situation through active listening, calm strategic dialogue and relaxed body language communication.
Defusing	Reduce the level or intensity of a difficult or dangerous situation through active listening, calm strategic dialogue and relaxed body language.
Disengage	Attempt to remove yourself from the confrontation if de-escalation techniques are not successful.
Physical Intervention	Physical contact with another person to restrain or injure them.
Protection Order	A term used to encompass criminal and civil orders, including domestic violence-related peace bonds, and various civil restraining orders, including no contact orders such as those issued by family court in child custody cases.

Targeted Violence	Situation where a specific individual, individuals or groups are identified at risk of violence, usually from another specific individual. Often perpetrator(s) and target(s) are identified or identifiable prior to the incident. Domestic violence spillover into the workplace is an example. Targeted violence behaviors include, but are not limited to physical or sexual violence, emotional or psychological intimidation, verbal abuse, stalking, economic control, harassment, threats, physical intimidation, or injury.
Threat	Involves the communication; verbal, written, gesture or display of a weapon, of intent to injure an individual or damage an individual or employer's property.
Threat Risk Assessment	Assessing the risk an individual person or group by assessing their behaviour.
Violence Risk Assessment	Formal risk assessment using a template and reviewed annually that considers the environment and job tasks that may expose someone to abuse or violence
Workplace Violence	<p>(OHS Reg. 4.27) means the attempted or actual exercise by a person other than an employee, of any physical force so as to cause injury to an employee, and includes any threatening statement of behavior which gives an employee reasonable cause to believe that they are at risk of injury.</p> <p>Note: <i>A threat against an employee's family may be considered a threat to the employee where the threat rises out of the course of employment.</i></p>

PURPOSE

The purpose of this program is to guide management to implement and maintain a system that prevents workplace violence at the worksite level. Preventing workplace violence occurs through awareness, assessment, physical/ environmental controls or barriers, behavioral skills to de-escalate and Standard Operating Procedures that guide staff to take the right actions for anticipated events. This program explains the standardized risk assessment, basic control measures, and information to help minimize the risk of violence in the workplace.

SCOPE

This program applies to all City of Vancouver workplaces, employees, volunteers and contractors.

POLICY

The City of Vancouver is committed to providing a safe work environment where violence is a recognized hazard and the risks of violence are eliminated or minimized. Any behavior that threatens the safety of employees will not be tolerated. The City's overall approach to preventing violent incident(s) is through awareness, risk assessment, controls, de-escalation strategies, education, response and communication.

ROLES & RESPONSIBILITIES

The following accountable employees play key roles in the implementation and maintenance of management systems that the Prevention of Violence in the Workplace Program. All departments must ensure that all parties (listed below) are informed of their roles and responsibilities.

City of Vancouver (Employer)

- Ensure managers and supervisors are aware of their responsibilities to enforce the Violence in the Workplace of the OHS Regulation (OH&S Reg 4.27 – 4.31).
- Provide resources to managers, supervisors, workers and support staff.

Departmental Managers and/or Supervisors

- Conduct risk assessments to determine the risk to employees from workplace violence.

- As part of an employee's initial Health and Safety Orientation, inform the employee of the outcome of the risk assessment (their exposure to, or risk of violence in their workplace(s) including the nature and extent of the risk and what actions to take to minimize any potential risk). Information provided to the employee shall include information related to persons who have a history of violent behavior.
- Provide training on service techniques to avoid escalation of situations, especially if employees work includes "moderate risk" or "high risk" job tasks established from the risk assessment.
- Provide employees with the steps they can take if they, or a co-worker, are being threatened or involved in a violent incident at work.
- Ensure site or departmental Standard Operating Procedures (SOP) related to violence are developed, communicated, followed, and monitored for effectiveness.
- Involve employees and the Joint Occupational Health & Safety Committee in the development of SOPs for violence prevention.
- Ensure all incidents of violence and/or threats of violence and/or risk of violence are reported and investigated and that corrective actions are followed-up on.
- Enter incident investigations into Parklane the Incident Investigation Tracking System located on the Health and Safety intranet page.
- Without delay, advise employees reporting injuries, adverse symptoms, or critical incident stress because of an incident of violence, to consult with the Employee Assistance Program for counseling, the WorkSafeBC Critical Incident Response Program or their family physician for treatment or referral.

Organizational Health and Safety

- Coordinate and monitor the overall administration of the program to ensure the effectiveness.
- Provide advice, resource materials and assistance to departments for the development of programs and SOPs.
- Monitor departments' training and education efforts.
- Evaluate Violence Prevention Training courses and direct Departments to quality service providers.
- Assist departments to comply with the OHS Regulation.
- Monitor incidents of violence and ensure incidents are reported as required by the OHS Regulation.

Joint Occupational Health & Safety Committees (JOHSC or JHSC)

- Assist in the development of job or departmental violence risk assessments, provide input on SOPs associated with violence and provide recommendations to Organizational Health & Safety on improving the Violence Prevention program.
- Review incidents of violence and make recommendations to reduce the risk of workplace violence.
- Follow-up on investigations and recommendations.

City Protective Services

- Provide expertise support for this program.
- Ensure contracted and in-house security personnel are aware of the Violence Prevention program responsibilities and processes.
- Ensure that contracted and in house security personnel deployed at City sites respond and assist with management of violence or threat incidents.
- Support violent or threat investigations when requested.
- Support event planning where a risk of violence or threats are anticipated
- Support or provide specialized training related to violence or threats.
- Conduct security reviews of sites to minimize risk of incidents or losses when requested.
- Provide access to statistical information on violence incidents to JOSH Committees for review.
- Provide support and expertise to employees regarding assessing and mitigating risk of violence for situations of targeted violence and threat management situations.
- Assist employees who wish to pursue legal action after a violence incident.

Business Unit Security Staff

- Follow established Standard Operating Procedures (SOP) set out by management.

Employee

- Follow Standard Operating Procedures related to minimizing violence.
- Use de-escalation techniques (see De-escalation Summary below) to try to calm the situation down to avoid instigating or escalating situations that lead to incidents of violence or abuse
- Provide input to the development of violence risk assessments and development or implementation of procedures.

- Report all acts of violence to their supervisor or manager when it is towards themselves, co-workers, and family (if related to workplace activities) and if they have reason to believe they, another employee, a member of the public or City property, may become a target of violence.
- Report all acts of abuse using site protocols or to supervisor or manager.
- Will not engage in Physical Interventions to detain individuals or injure them.
- Remove themselves from imminent threat situations and seek out a safe location.

PROGRAM DETAILS

For this program violence is defined by WSBC as “the attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker, and includes any threatening statement or behavior which gives a worker reasonable cause to believe that they are at risk of injury.”

Verbal abuse or harassment may not be violent, however it becomes violent if it includes threats and the employee has reasonable cause to believe that they, or their family, are at risk of injury because of those threats.

Non-violent verbal abuse or harassment is not tolerated and these events must be reported to supervisors or managers when involving clients or staff. Reported events between staff are City Policy violations.

Whenever an employee has cause to believe that they have been threatened and is at risk, the employee reports the incident in writing, by completing the “Employee Violent Incident Report Form” (or a similar document that the department uses) to his/her Manager/Supervisor. The Manager/Supervisor uses the information gathered on the “Employee Violent Incident Report Form” for entry into the incident reporting system (Parklane) and incident investigation system (Parklane Incident Investigation module).

Abusive or Violent Event	Action
Client injures employee in violent incident	De-escalate Escape/ defend 911- police and possibly ambulance Employee to complete Employee Violent Incident Report Form Report to site security Report to City Protective Services for Threat Incident Investigation (WSBC) in Parklane Risk Assessment Contact EFAP services
Client is threatening (verbally or shows weapon) and employee fears near miss from physical injury from event	De-escalate Escape Possibly 911- police Employee to complete Employee Violent Incident Report Form Incident Investigation (WSBC) in Parklane Report to City Protective Services for Threat Risk Assessment Contact EFAP services
Employee injures or threatens with	De-escalate Escape/ defense

intent towards another employee	911- police and possibly ambulance Employee to complete Employee Violent Incident Report Form Incident Investigation (WSBC) in Parklane Security review for Threat Risk Assessment HR Investigation Management Progressive Discipline Contact EFAP services
Client is abusive or threatens but known to be non-violent	De-escalate Make report in site incident log Review Code of Conduct with client Contact EFAP services
Employee is abusive or threatens but known to be non-violent	De-escalate Report to HR for policy violation HR Investigation Contact EFAP services
Targeted Violence	HRC, Local manager, City Protective Services – Treat Risk Assessment staff collaborate to create customized protection plan for employee Contact EFAP services

Violence Prevention Process

Overview of the violence prevention process in five steps:

1. Violence Hazard Identification and Risk Assessment

- a. Identify hazards through risk assessment, review of historical incident reports and reviewing similar positions in other jurisdictions.
- b. Rate the severity of the risk.

2. Identify Controls - Identify possible controls that will eliminate or minimize the risk and choose the most appropriate one.

3. Implementation - Implement the controls.

4. Instruct Employees - Reivew the site specific standard operating procedure(s) for the job tasks.

5. Documentation.

1. Violence Hazard Identification and Risk Assessment

Each department or work group conducts a Violence Risk Assessment to determine the risk of violence to employees for different job tasks. The City follows a Violence Risk Assessment template available in VanDocs (DOC/2016/258782 or DOC/2016/189342). The Violence Risk Assessment template includes the following components:

- Community setting and general perceived risk of violence in the immediate community.
- Consultation with similar occupations at the City or other municipalities, BC Municipal Safety Association documents or contact may be helpful.
- Employee survey of abuse and violence.
- List of job tasks with concerns.
- Risk assessment of the job tasks.

A department or work group must identify the job tasks specific to them where a risk of violence. Examples of common job tasks considered by groups include:

- Late night/early morning reception
- Dealing with angry or abusive clients
- Telephone threats
- Traveling to various worksites
- Enforcing bylaws
- Public consultations
- Dealing with intoxicated members of the public
- Working alone or in isolation
- Responding to bomb threats
- Handling cash
- Traffic control
- Proximity to vehicle traffic

Supervisors and knowledgeable employees perform risk assessments on the job tasks with potential sources of violence identified by the employees. The history of abusive, aggressive or violent incidents in the workplace is to:

1. Identify situations where a risk of violence is a possibility.
2. Determine the level of risk to employees.
3. Determine the potential solutions that can be put in place.

2. Identify Controls

Identify possible solutions to eliminate or minimize the risk, consistent with the risk control hierarchy related to each job task with a risk of violence:

- **Eliminate** - can the job task be eliminated or be done differently
- **Substitute** – can e-transfers credit cards or vouchers be used instead of cash
- **Engineering Controls** – install physical barriers
- **Administrative Controls** – de-escalation training, pairing staff to avoid working alone

3. Implementation

When violence risks controls are identified for job tasks, the identified controls need to be implemented where practicable . Safety Committees need to be aware of the controls and the implementation process and provide feedback of the success or gaps that exist.

4. Instruction of Employees

Managers and supervisors must ensure that all employees are aware of the risk of violence in the workplace. The findings of the Violence Hazard Identification and Risk Assessment must be shared with all employees.

Facility/Job Based Standard Operating Procedures must be written and shared with employees of the department. Employees need to know how to handle potentially violent situations related to job tasks and the controls required to minimize risk.

When knowledge about potentially violent clients is available, it is shared with all employees who may be affected. Whenever possible (and subject to any legal constraints) detailed descriptions of potentially violent clients will be developed and circulated to staff (possible means of communication listed below):

- New Employee Orientation
- Pre Shift Briefing & Post Shift de-briefing
- Weekly team meetings
- Hazard Alert, Bulletin boards, e-mail or binders
- City Protective Services “Be on the Look-out” (BOLO) Alerts

De-escalation – required behavior and skill

To prepare employees for potential violence in the workplace, supervisors need to coach employees in basic de-escalation techniques. To prepare employees, supervisors will ensure employees receive “Prevention of Workplace Violence” training from the BC Municipal Safety Association.

De-escalation Summary

Utilizing de-escalation behaviors and techniques can avoid or reduce the probability of an aggressive situation becoming a violent incident. The following table provides some tools to help calm individuals who present to be agitated.

De-escalation "don'ts"	De-escalation "do's"
Mirror anger subconsciously	Maintain eye contact
Feel you must win an argument	Use calm tone of voice
Cross your arms	Listen attentively
Yell or raise your voice	Use key words: "fair" and "reasonable"
Move or walk behind the person	Bring reason to the situation
Block exits	Use empathy to arrive at the appropriate approach
Interrupt	Listen for the emotion which caused the anger
Challenge	Leave a "no-win" situation
Accuse	Allow the person to save face
Threaten	Take a "time-out" if you're frustrated
Touch the person	Make slow gestures with palms open
Gang up on the person	Nod or confirm statements occasionally
Follow the person	Trust your intuition and observation

Situation	Response
Individual becomes agitated, anxious or withdrawn	Ask questions; validate feelings, ask if you or someone else can help the client
Individual becomes verbally defensive	Set limits that are reasonable and enforceable; answer questions in a non-accusatory judgmental fashion; maintain safe distance
Individual intimidates or threatens	Set limits; remove yourself from immediate danger and call for help
Client physically acts out in an aggressive manner	Remove yourself from immediate danger, call for help including security and/or police

Facility or Work group procedures

Standard Operating Procedures about violence prevention need to be available to employees, they must be made aware and be educated in the procedures. Annual review of job tasks, violence risk assessments and SOPs are expected to be done by management with assistance from Safety Committee members and/or Safety Specialist/ Superintendents.

5. Documentation

Documentation supporting violence prevention is important for transparency, education and continuous improvement to mitigate or eliminate risks, where practicable. Three categories of documentation are required, Identification/Assessment, Active Prevention and Incident Investigation/Continuous Improvement.

Violence Identification and Assessment

- Work Environment Checklist (DOC/2015/199492)
- Violence Prevention Employee Questionnaire
- Workplace Violence Risk Assessment (DOC/2016/258782 or DOC/2016/189342).

Active Prevention

- Standard Operating Procedures
- Training records for employee Violence Prevention training
- Team/Shift meeting notes or minutes for issues
- Hazard Alerts or records on clients with high violence risk
- City Protective Services "Be on the Look-out" (BOLO) Alerts
- Safety Committee minutes (violence issues)

Incident Investigation and Continuous Improvement

- Site incident reports (low risk incidents)
- Employee Violent Incident Report form (DOC/2015/200385)
- First Aid records
- Incident Investigation with corrective actions (Parklane system)
- Workplace Violence Risk Assessment

Response to Violence

The City of Vancouver has no tolerance for violence against employees and expect employees to de-escalate situations where an individual is agitated and has escalating aggressive behavior.

Post Incident Follow-up

Managers/Supervisors must ensure that the wellbeing of the individual injured or witnesses are cared for through discussion or counseling. Counselling is available to any affected employees. This includes referral to medical services, to the Employee and Family Assistance Program (EFAP), VPD Victim Services, and the WorkSafeBC Critical Incident Response Program as appropriate.

Complete a WSBC Incident Investigation whenever any one of the three conditions are met:

- Employee sustained any injury from violence
- Employee believed that a physical injury was imminent but did not occur
- A control or preventative action comes from the incident

To aid the investigation an "Employee Violent Incident Report Form" can be used. The form assists the supervisor and worker representative to complete an investigation. The investigation must be entered into the incident investigation system (Parklane).

Record minor, low risk incidents that are abusive or inappropriate. Site-specific recording methods may exist or use the Employee Violent Incident Report Form to document the incident.

Targeted Violence in the Workplace

Targeted violence is a serious concern that requires a specialized risk assessment. A Manager/Supervisor who identifies or is concerned about targeted violence must inform City Protective Services.

On notification, City Protection Services (CPS) will assess the case and undertake a threat assessment. CPS, in collaboration with other stakeholders, will determine the appropriate level and type of intervention to ensure the safety of the potential target, a client, employee, or other individual associated with COV. From the information provided CPS may immediately institute preventative measures and strategies (described below) to reduce the risk of targeted violence.

- Communication with security to provide information and attend as necessary.

- Information related to risk shared with other staff or individuals in the area as necessary
- Involvement of other government agencies such as police; courts.
- Involvement of other staff or family members for support, if appropriate
- Notification of City Leadership Team.
- Consideration of moving employee at risk to an alternate work site
- Restricting access to the at risk employee
- In appropriate circumstances, 911 call to police to attend
- Documentation of risk circumstances and preventative measures initiated

Employees receiving information indicating a potential risk of targeted violence against a client, employee, or other individual associated with COV will report the information to their Manager/Supervisor as soon as possible.

Information indicating a specific individual(s) could be at risk of targeted violence could come from:

- Information received during service
- The presence of a Protection Order or Peace Bond
- Receipt of a verbal/written threat or inappropriate communication
- Person expresses fear or significant concern for their safety
- Person involved in a violent crime
- Other information relating to individual(s) at risk (e.g. report of domestic violence)

TRAINING REQUIREMENTS

Effective communication, education and training are essential for the prevention and/or deterrence of threats or violent acts in the workplace.

Training and education levels must match the requirements set and address the workplace risks. All employees who regularly work with or around the public are required to have an initial orientation to violence as a work place hazard and then have basic prevention training. Employees in positions of conflict with the public, By-Law positions for example, require more advanced training to reduce risks of violence.

Orientation

Department specific new employee orientations must cover how to identify violence, common tasks identified in the risk assessment related to violence, understand tips to de-escalate situations, access to EFAP or a departmental mentor and how to report violence or abusive incidents.

Basic Training

The BC Municipal Safety Associations Prevention of Workplace Violence Training course that can be organized and booked by any department with multiple employees requiring training or re-training. SuccessFactors Learning Management System training calendar has classes available.

Specialized Violence Prevention Training

Where a department identifies in their Workplace Violence Risk Assessment that specialized training is required they should consult with City Protective Services or assigned Safety Specialist/ Superintendent for training or educational consultants.

PROGRAM MAINTENANCE

Joint Health and Safety Committees will review and suggest changes to the Safety Management System. A review process is in place, and details are provided in the SMS P 029 Inspection Audit Review Program.

Workplace Violence Risk assessments are reviewed whenever there is a significant change in job procedures, duties, tasks or clients served that would affect the risk of violence.

Review and change violence prevention SOPs whenever risk assessments change, or an incident investigation corrective action indicates the existing Standard Operating Procedure requires change.

Review and change of the violence prevention program when legislation changes, organizational changes affect the program or when forms and documentation require improvement.

DOCUMENTATION

The documentation for this program includes:

- Violence Hazard Identifications and Risk Assessments
Violence Risk Assessment Template available in VanDocs
(DOC/2016/258782 or DOC/2016/189342)
- “Employee Violent Incident Report Form” DOC/2015/200385
(or a similar document that the department uses)
- Parklane Investigation reports into incidents of violence
- Training records of affected employees