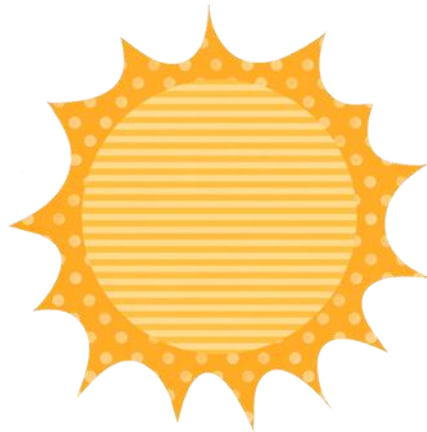


Parks, Forestry & Recreation



Wading Pool Staff Manual 2012 Edition



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Welcome to the City of Toronto Staff Team

You have been chosen to be a part of the City's Wading Pool Aquatic Team. Let's look forward to enjoying a safe and fun summer together.

People attend a wading pool for a variety of reasons. Some attend purely to escape from the heat, while others attend to enjoy the atmosphere provided by the park wading pool, specially designed for smaller children. As aquatic staff, our goal is to make this a social aquatic experience without compromising the individual's safety or the activities of others in the wading pool.

The safety of patrons in and around the Park's aquatic settings is of paramount importance to the City. As a recreation and aquatics staff member, you are expected to make safety your first priority. It is essential to remain vigilant, attentive and alert at all times while on duty.

This manual, along with orientations and training, will provide you with important information for successfully assuming your responsibilities. As part of your job, it is your responsibility to be thoroughly familiar with the contents of this manual and to seek clarification or further information as needed from your Community Recreation Programmer or designate. Ensure you have your contact names and phone numbers handy on your job site.

PARKS, FORESTRY & RECREATION VISION AND MISSION

Toronto will be known by the world as the "City within a Park" – a rich fabric of parks, open space, rivers and streams that will connect our neighbourhoods and join us with our clean, vibrant lakefront.

The world will envy and seek to emulate the healthy, productive and balanced lives that the people of Toronto have achieved. Our Parks, Forestry and Recreation services will signal to the world Toronto's commitment to the best of all possible futures.

Our mission is to ensure that the people in the diverse communities of Toronto have full and equitable access to high-calibre, locally responsive recreational programs, efficiently operated facilities, safe, clean, beautiful parks, open spaces, ravines and forests.

CITY OF TORONTO STATEMENT OF COMMITMENT TO CREATING AN ACCESSIBLE CITY

Diverse communities and groups make up the population of Toronto. The City of Toronto values the contributions made by all its people and believes that diversity among its people has strengthened Toronto.

The City of Toronto is committed to building an inclusive society and providing an accessible environment in which all individuals have access to the City's services and programs in a way that respects the dignity and independence of people with disabilities.

The City of Toronto supports the goals of the Accessibility for Ontarians with Disabilities Act (AODA) and will establish policies, practices and procedures which are consistent with the accessibility standards established under the AODA, including accessible customer service, information and communication, employment, the built environment and transportation.

The City of Toronto will continue to prevent barriers by designing inclusively and supporting positive attitudes that address "ableism" – attitudes which devalue and limit the potential of persons with disabilities.

In working towards its goals under this Statement, the City of Toronto is committed to meeting the requirements of existing legislation and to its own policies and goals related to the identification, removal and prevention of barriers to people with disabilities and becoming a barrier free city.

Toronto City Council, August 2009

Contact Numbers and Pool Locations

EMERGENCY POLICE/FIRE/AMBULANCE 911	
Emergency Phone Numbers	
Emergency Medical Services (EMS)	9-1-1 or 9-9-1-1
Corporate Security	416-392-1212
Workplace Critical Injury/Accident Health and Safety Consultant	Fax # 416-392-5504
Poison Control	1-800-268-9017 416-813-5900
Non-Emergency Numbers	
Ambulance or Police (Non-Emergency)	416-808-2222
Claims Investigation – Legal Inquiry Line	416-397-4212
Corporate Security (Non-Emergency)	416-397-0000
Crime Stoppers	1-800-222-TIPS (8477)
Fire	
– Main Line	416-338-9050
– North Command (North York)	416-338-9150
– East Command (Scarborough/East York)	416-338-9250
– South Command (Toronto)	416-338-9350
– West Command (Etobicoke/York)	416-338-9450
Toronto Public Health	416-338-7600
Toronto Hydro	416-542-8000
Toronto Water	311
Enbridge Gas (24 Hours) Emergency Service	1-866-SMEL GAS (763-5427)
Ministry of Environment – Environmental Spill Reporting	416-325-3000 1-800-268-6060 1-800-MOE-TIPS (663-8477)

Contact Numbers and Pool Locations

Employee Services	
Employee Assistance Program (EAP)	416-392-6633
Employment Information Line	416-392-8665
Union Office	416-977-1629
City of Toronto Information Numbers	
Toronto Information Line	311
Registration – Parks and Recreation	416-338-4FUN (4386)
Leadership and Aquatic Information	
Aquatic Leadership	
– North York District	416-395-7567
– Toronto & East York District	416-392-6367
– Scarborough District	416-396-5075
– Etobicoke York District	416-394-2479
Lifesaving Society	416-490-8844 (P) 416-490-8766 (F)
Community Access	
Community Information	416-397-INFO (4636)
Social Services	211
H.E.Y.Y. Line (Hearing Every Youth Through Youth)	416-423-4399
Street Helpline Toronto	1-866-392-3777 416-392-3777
Assaulted Women's Help Line	1-866-863-0511 416-863-0511
Kid's Help Phone	1-800-668-6868
Children and Youth Services	416-392-8297
Distress Centre of Toronto	416-408-HELP (4357)
Other Important Numbers	
Animal Services	416-338-PAWS (7297)
Environment Canada	416-661-0123
Smog Watch and Alerts	416-392-0808

Etobicoke York District Locations and Contacts

Etobicoke York District Wading Pool	Location	Coordinator Phone Number	Community Recreation Programmer Phone Number
Beresford	400 Beresford Ave (S of Ardagh St)	<div>416-394-8827</div> <hr style="border-top: 1px dashed black;"/> <div>416-394-8829</div>	416-394-8811
Birch Park	On the S/W side of Arcadian Circle (S of Lakeshore Blvd & 28th St)		
Budapest	Lakeshore Blvd & Parkside Dr		
Centennial	Elmcrest Rd & Rathburn Rd		
Don Russell	Kipling Ave & Birmingham St (beside Lakeshore Arena)		
Earlscourt	St. Clair Ave W & Caledonia Park R (behind Joseph J. Piccininni CRC)		
Fairhaven	McArthur St & Fairhaven Dr (N of Dixon Rd & McArthur)		
Geary	115 Geary Ave		
General Mercer	Rowntree Ave, E of Old Weston Rd		
Glen Park	Northglen Ave & Eastglen Cres		
High Park	High Park Ave, S of Bloor St. W		
Lithuania Park	Keele St & Glenlake Ave		
Loretto College (Formerly RW Scott)	Via Italia & Rosemount Ave		
Marie Curtis	Lakeshore Blvd & 42nd St		
Mimico	Hillside Ave, E of Royal York Rd		
Pelham	20 Pelham Ave (at Uxbridge Ave)		
Primrose	120 Primrose Ave (S of Davenport Rd)		
Prince of Wales	2 nd St, S of Lakeshore Blvd		
Ravina	290 Clendenan Ave (S of Annette St)		
Rennie	1 Rennie Terrace (Beresford & Morningside)		
Rexlington	on Bergamot Ave, W of Islington Ave		
Runnymede	221 Ryding Ave (E of Runnymede Rd)		
Sir Casimir Gzowski	Lakeshore Blvd & Ellis Ave		
Summerlea	N of Elmhurst Dr & Albion Rd		
Sunnydale	On Amoro Dr, S of Westhumber Blvd		
Sunnylea	S of Prince Edward Dr & Sunnylea Ave		
Vine Ave	200 Vine Ave (N/W of Pacific Ave & Dundas St W)		
Wadsworth	120 Connolly St, at Laughton Ave		

North York District Locations and Contacts

North York District Wading Pool	Location	Community Recreation Programmer Phone Number
Eglinton Park	Eglinton Ave W & Oriole Parkway	416-392-6585
Sherwood	Sherwood Ave, East of Mt Pleasant Rd	
Trace Manes	Rumsey Rd & McRae Dr	
Wanless	Wanless Ave, North of Lawrence Ave W	
Woburn Ave	Woburn Ave & Jedburg Rd	

Scarborough District Locations and Contacts

Scarborough District Wading Pool	Location	Coordinator's Phone Number	Community Recreation Programmer's Phone Number
Adams Park	W. of Port Union Rd. N. of Lawson Rd.	416-396-7084	416-396-4167 416-396-5075
Halbert Park	Beside Walk to Pool E. of McCowan Rd. N. Kingston Rd.		416-396-8214
Highview	On Highview Ave. W. of Kennedy Rd. N. of Kingston Rd.		416-396-5372
Knob Hill	E. of Brimely Rd. N. of Eglinton Ave.	416-396-7084	416-396-4167 416-396-5075
Maryvale	Beside Walk to Pool E. of Pharmacy Ave. S. of Ellesmere Ave.	416-396-7084	416-396-4167 416-396-5075
Prairie Drive	E. of Tennis Courts E. Pharmacy Ave. N. Danforth Ave.		416-396-5372
Thomson Park	In Thomson Park E. Brimley Rd. N. Lawrence Ave.	416-396-7084	416-396-4167 416-396-5075

Toronto & East York District Wading Pool Locations

Toronto & East York District Wading Pool	Location	Community Recreation Programmer Phone Number
Albert Crossland Parkette	Fuller, North of Queen Street West	416-392-6724
Alexandra	Bathurst Street and Dundas Street West	416-392-0335 x234
Baird Park	275 Keele St	416-392-6724
Bellevue Square	Bellevue, North of Dundas Street West	416-392-0335 x234
Blake Park/Eastview	Blake and Strathcona	416-392-7917
Campbell Park	Campbell, South of Dupont Street	416-392-6724
Carlton Park	Between Edith and Franklin	416-392-6724
Cawthra Park	Church and Wellesley	416-392-0335 x234
Charles G. Williams Park	Wright Street, South of Wabash	416-392-6724
Chelsea Avenue Playground	103 Chelsea Ave	416-392-6724
Christie Pits	Bloor Street West and Christie	416-392-1368
Close Avenue Parkette	King Street West and Close	416-392-6724
Coleman Park	Barrington, North of Danforth Ave	416-392-7917
Columbus Parkette	Parkway Ave and Sorauren	416-392-6724
David Crombie Park	The Esplanade and Jarvis	416-392-0335 x234
Dovercourt Park	Bartlett and Westmoreland	416-392-1368
Dufferin Grove Park	Dufferin Street, South of Bloor	416-392-6724
Duke of York Park	Parliament and Shuter	416-392-0335 x234
East Lynn Park	Danforth and East Lynn	416-392-7917
East Toronto Athletic Field	Main Street and Gerrard Street East	416-392-7917
Fairmount Park	Beaton and Wrenson	416-392-7917
Fred Hamilton Playground	Roxton, South of College	416-392-6724
George Webster Park	Chapman Ave, East of Dawes Rd	416-392-7917
Grange Park	Stephanie and Queen Street West	416-392-0335 x234
Art Eggleton Park	323 Harbord St Ward	416-392-6724
Healy-Willan Park	Ulster and Euclid	416-392-6724
Hideaway Park	Pape Ave and Audley	416-392-7917
Hillcrest Park	Davenport and Christie	416-392-1368
Jimmie Simpson Park	Queen Street East, East of Broadview Ave	416-392-7917
Jonathan Ashbridges Park	Queen Street East, East of Woodfield	416-392-7917
Kew Gardens	Lee, South of Queen Street East	416-392-7917
Leslie Grove Park	Queen Street East and Jones	416-392-7917

Toronto & East York District Wading Pool	Location	Community Recreation Programmer Phone Number
Lionel Conacher Park	Birch and Cottingham	416-392-1368
Little Norway Park	Bathurst Street and Lake Ontario	416-392-0335 x234
Livingstone Park	Woodville Ave, West of Pape Ave	416-392-7917
MacGregor Park	Lansdowne Ave and Whytock	416-392-6724
Margaret Fairley Park	Brunswick and Ulster	416-392-0335 x234
Marian Engel Park	Milita, West of Christie Street	416-392-1368
Mary McCormick Playground	Sheridan and Bank	416-392-6724
Masaryk Park	Cowan Ave., South of Queen Street West	416-392-6724
Matty Eckler Playground	Pape Ave and Gerrard Street East	416-392-7917
Moorevale Park	Moore and Kingsmere	416-392-1368
Morse Street Playground	Morse, South of Eastern Ave	416-392-7917
Niagara/Stanley North Park	King Street West, South of Adelaide	416-392-6724
Northumberland	Ossington and Bloor	416-392-6724
Norwood Park	Norwood, South of Gerrard Street East	416-392-7917
Oakcrest Park	Oakcrest and Woodbine	416-392-7917
Oriole Park		416-392-1368
Osler Playground	Argyle, West of Dovercourt	416-392-6724
Phin Avenue Playground	Jones, South of Danforth Ave	416-392-7917
Ramdsen Park	Yonge and Gibson	416-392-1368
Randy Padmore Park	Carr and Denison	416-392-0335 x234
Regent Park South West	Sackville Green and St. David Walk	416-392-0335 x234
Riverdale Park West	Carlton, East of Parliament	416-392-0335 x234
Rosedale Park		416-392-1368
Sackville-King Parkette	King Street, East of Parliament	416-392-0335 x234
Spencer Cowen Parkette	Spencer Ave, South of King Street West	416-392-6724
Stephenson Park	Stephenson and Westlake	416-392-7917
Sumach/Shuter	Shuter, West of River	416-392-0335 x234
Topham Park	Taigo Ave, North of St. Clair Ave East	416-392-7917
Toronto Island Farm Pool	Toronto Island and Ferry Docks	416-392-1345
Trinity Bellwoods Park	Dundas Street West and Crawford	416-392-6724
Vermont	Palmerston and Vermont	416-392-1368
Wellesley Park	Wellesley, East of Parliament	416-392-0335 x234
Wells Hill Park	Hilton and St. Clair Ave West	416-392-1368

Toronto & East York District Wading Pool	Location	Community Recreation Programmer Phone Number
West Lodge Park	Lansdowne Ave, North of Queen Street W.	416-392-6724
Winchester Park	Winchester and Wellesley	416-392-0335 x234
Withrow Park	Carlaw, South of Danforth Ave	416-392-7917

Section 1 Customer Service

1.1 The Golden Rules of Customer Service

1. Everyone is a Customer

Every person you come in contact with (co-workers, supervisors, staff from other departments, members of the public) is your customer. You should always look for ways to treat them with a professional and genuine, welcoming attitude.

2. Take Initiative

Be aware of your customers' "needs". Making the first move enhances their enjoyment of your Facility and makes your job even better. It also makes you look good!

3. Be Sincere, Friendly and Positive

Customers instantly notice whether or not you are sincere in your efforts to serve them and provide them with a positive experience. Smile, be positive and be proud of your work.

4. Don't Just Hear....Listen

Chances are you've heard it before. Whether it be a question, suggestion, or complaint, it is important that each person is treated kindly and to the best of your ability. Everyone deserves a courteous and accurate reply no matter how often it is asked.

5. Present a Professional Image

Your appearance, attitude and actions send a clear message to the customer. Dress appropriately for your job, be well groomed and follow the regulations set out in your job responsibilities as outlined in Section 2 of this manual.

6. Know the Answers to Customer Questions

Don't keep a customer waiting for a response. When you don't know an answer to a question, find out quickly. Our goal is to respond thoroughly, accurately and promptly to questions posed by customers.

7. Behave in a Professional Manner

Your behaviour can promote a positive image of yourself, your facility and the City so, put your best foot forward. Exercise common sense and good judgment. Remain consistent in displaying appropriate behaviour and manners.

8. Put Yourself in the Customer's Shoes

There are occasions where, despite our best efforts, we fail to meet our public's expectations. During these times, please show respect for the customer. First and foremost, remain calm and do not get defensive. Maintain a confident but, soft tone of voice and show that you are sincere.

9. Provide Support for Each Other

All of us, from time to time, need help and support. We, within this Department, can understand and encourage each other. We are all a part of the same team. Be sensitive to the needs of your co-workers and remember to leave your work area safe, neat and tidy.

1.2 Responding to Customer Complaints

1. Listen to their complaint

2. Empathize with the customer

Understand the reason for the complaint and show understanding.

3. Action

Solve the problem when possible.

Ensure information is recorded for follow-up by yourself or your supervisor.

4. Follow-up

Ensure the customer has received a response to the complaint.

Section 2 Responsibilities

2.1 Wading Pool Attendant Responsibilities

- ☐ Report for duty on time and be ready to work when shift starts.
- ☐ Wear Divisional uniform at all times while on duty.
- ☐ Stay in appropriate position at all times while guarding the pool.
- ☐ Do not buddy guard or stand together and talk for any period of time.
- ☐ Maintain a clean and safe area in, on and around the pool and surrounding park area. Keep glass, tin cans, metal, hard toys and food away from the pool.
- ☐ Ensure that the appropriate equipment is in place and operational before the pool is opened and that the equipment is stored away at the end of the program.
- ☐ Provide constant supervision of the wading pool. Where more than one attendant is required, the attendants must be positioned at opposite ends of the area.
- ☐ Perform pool and facility maintenance as assigned (e.g. filling, draining and cleaning the wading pool and adding appropriate chemicals while adhering to WHMIS guidelines).
- ☐ Take an active role in accident prevention. Administer first aid and call for emergency assistance when needed and inform the Community Recreation Programmer or designate.
- ☐ Work the assigned schedule. Schedules are created in advance and a copy goes to each attendant. Your primary responsibility is to your assigned Wading Pool schedule.
- ☐ Follow all guidelines as outlined in the Wading Pool Staff manual.
- ☐ Perform all record keeping and paperwork (e.g., Bather load statistics) as outlined in the manual.
- ☐ When staff require a shift off, they are responsible for finding their own replacement. The replacement must be a qualified staff person. Appropriate District staff shift change procedures must be followed. In the event that no wading pool attendant shows for a shift and no spare was entered on the shift change form, the original attendant will be held accountable.
- ☐ Attend all required meetings and training sessions.
- ☐ Ensure that lifesaving and first aid awards are current throughout period of employment, in accordance with the Qualification Submission Procedure.

Qualification*	Valid For	Submission Deadline Date	Must be Current From	Must be Current Until
Bronze Cross or Wading Pool Attendant Award	2 years	May 28, 2012	May 28, 2012	September 9, 2012
Standard First Aid and CPR „C	3 years	May 28, 2012	May 28, 2012	September 9, 2012

* minimum level of award required

- ☐ Other duties as assigned.

2.2 Code of Conduct

The following Code of Conduct has been established in order to aid wading pool attendants in properly performing their duties.

The wading pool attendant:

- ☐ Must provide constant supervision to the pool area and never turn his/her back to the pool to ensure the safest possible environment for patrons. Must not read, lie down, or sleep while on duty; must remain alert and vigilant at all times.
- ☐ Must not leave his/her assigned post without relief or permission from their Community Recreation Programmer or designate.
- ☐ Must enforce, follow rules and regulations, while maintaining order in the pool area.
- ☐ Must not use profane, vile or abusive language.
- ☐ Must be professional, polite, tactful and helpful to the public.
- ☐ Must maintain a neat, clean appearance and keep his/her uniform in the best possible condition.
- ☐ Must not strike or physically handle any person.
- ☐ **Must not use electronic devices while on duty.** Electronic devices include, but are not limited to iPod, Blackberry, Xbox, Play Station, Game Boy, Nintendo DS, small hand held games, televisions, PDA, camera and cell phones, lap tops, portable DVD, board games, cards etc.
- ☐ Must not use the telephone provided for the wading pool to make personal calls.
- ☐ Must not use personal cell phone while on duty.
- ☐ Must never report to work under the influence of alcohol or drugs.
- ☐ Friends must not visit while on duty.
- ☐ Must not allow patrons to handle chemicals, cellular phones, or any equipment pertaining to the wading pool.
- ☐ Smoking is not permitted while staff is on duty, nor, anywhere in city parks or facilities, in accordance with Toronto Municipal Code, Chapter 608, Parks: “prohibits smoking and the holding of lighted tobacco in Toronto Parks, Forestry and Recreation zoos, farms within a 9-metre radius of playground safety surfaces or any playground equipment in City of Toronto parks, including wading pools and splash pads, will ensure that children have healthy environments in which to play.”
- ☐ City of Toronto uniforms must not be visible if smoking on an unpaid break.
- ☐ Must follow procedures outlined in this wading pool staff manual.

2.3 Wading Pool Rules (to be enforced by attendant)

- ☐ Children 6 years of age and under must be accompanied by a guardian who is at least 14 years of age and is within arm's reach.
- ☐ Children 10 years and older are encouraged to use a swimming pool.
- ☐ Children who are not toilet-trained must wear snug-fitting plastic pants over a cotton diaper or suitable infant disposable swim pants or reusable pool pant diaper (e.g. Huggies Little Swimmers or Gabby's Pool Pant Diaper).

- ☐ Bathing attire is used for the purpose of swimming only. T-shirts and water shoes are permitted. Undergarments, cut-offs and street clothes are not permitted. Religious requirements must be accommodated.
- ☐ Patrons will always be discouraged from participating in activities or games which include breath holding. Where a staff witnesses a patron holding their breath or breathing quickly before submersion, they are to ask the patron to stop the activity and explain that breath holding can be dangerous while swimming
- ☐ Patrons with communicable diseases, open sores, skin conditions, ear or nose discharge or vaccinations in scab stage are not permitted in the pool.
- ☐ Patrons wishing to use cameras or recording devices must follow City of Toronto Use of Photographic Devices and Videotaping or Other Photography Policy (see Section 7).
- ☐ For Health and Safety reasons, dogs, bicycles, scooters, food and glass are not permitted in or around the pool.
- ☐ Unsafe play, including running, is prohibited.
- ☐ Only soft water toys are allowed in the pool.
- ☐ Polluting the water in any matter (e.g. spitting, spouting water or blowing nose in the pool) is prohibited.
- ☐ Attendants must make sure that all children are offered an equal opportunity to enjoy the pool. No one individual or group should monopolize the play area.
- ☐ Please be informed that breastfeeding is permitted anytime and anywhere. This means that in the water or out of the water, it is the right of any mother to nurse her child when she deems it necessary. Understanding this, it is also our obligation to ensure safety and educate the public. To this end, it would be appropriate to approach a nursing mother and inform her of concerns with nursing in the water such as: Risk of submersion and splashing, noise level, recreation water illness, and chemical issues at the surface of the water. Once informed of these issues, it is still the mother's choice as to where she wants to nurse her child. If she is no longer interested in nursing in the pool other accommodations should be made, if requested.

2.4 Staff Evaluations

Each wading pool attendant shall be evaluated on their job performance at least once each summer.

Staff evaluations serve several purposes:

- The evaluation allows for a specified point in time when employee and supervisor can discuss the job and general operation of the facility.
- It allows for constructive evaluation of an employee's work by identifying strengths and areas that can be improved.
- The staff evaluation is a record of an employee's performance.

2.5 Staff Discipline

All disciplinary situations are judged on their own merits. Any acts of insubordination or behaviour contrary to the Code of Conduct or the Wading Pool Attendant's responsibilities may warrant immediate suspension or dismissal in accordance with the collective agreement.

Section 3 Emergency Procedures and Incident Response Plans

3.1 Clearing the Pool Response Plan

The signal for clearing the pool is one long whistle blast. Direct patrons to a safe distance away from the pool and ask a parent/guardian to make sure no one goes back in the wading pool. Communicate with patrons as needed.

3.2 Minor Emergency Response Plan

In the event of a minor emergency at your wading pool, please follow the steps below:

1. Ask a parent or other staff (where applicable) to help watch the pool or clear pool if necessary. **At no time should the pool be unsupervised if bathers are in the water.**
2. Provide immediate and appropriate care to the victim or situation.
3. Fill out a Minor Injury/Incident Report.
4. Return facility to normal operation as quickly as possible.
5. Notify your designated contact so that follow-up arrangements may be made.
6. Ensure that the Minor Injury/Incident Report is forwarded to your Community Recreation Programmer or designate.
7. Document the incident in the logbook.

3.3 Participant Minor Injury/Incident Report

A Participant Minor Injury/Incident Report is to be filled out for any minor occurrence (e.g. scraped knee, bleeding nose, minor aggressive/threatening behaviour, etc.). Complete the report and inform the Community Recreation Programmer or designate immediately that you require them to pick up a Minor Injury/Incident Report. Be sure all details related to the incident are complete and recorded neatly.

This form is also used to document incidents including: disturbances, disciplinary action, illegal drug related activity, occurrences not resulting in personal injury (e.g. customer service problem), property damage/vandalism or theft. The reverse side of the form may be used to include additional facts about the incident that cannot be captured on the front of the page.

The report must be submitted to your designated contact person within 24 hours of the incident. If the situation has involved police or subsequent medical treatment, the report must be delivered to the Supervisor of Aquatics by the next working day. If police or professional medical assistance were not required, the report may be submitted within 48 hours. After review, Supervisors of Aquatics submit all reports for central filing. (Refer to Section 6 for an example).

3.4 Major Emergency Response Plan

In the event of a major emergency at your wading pool, please follow the steps below:

1. **Clear the wading pool by blowing one long whistle blast.**

2. Ask a parent/guardian or other staff person (where applicable) to make sure no one goes in the wading pool.
3. Provide immediate and appropriate care to the victim or situation.
4. Call 911 (if using a cellular phone) or 9-911 (if using a City land telephone).
5. Alert your direct supervisor or designate for backup.
6. Continue victim care and proper first aid treatment. Try to collect as much personal information as possible (i.e. name, phone number, address) as this will help you fill out the Major Emergency Report later.
7. Instruct a member of the public (preferably an adult) to meet the ambulance and to direct them from the street to the wading pool.
8. Instruct two members of the public (preferably adults) to act as witnesses to the situation, treatment, and follow up with documentation.
9. Collect the victim's belongings and store them in a secure place. The police may take responsibility to return them to the victim or caregiver.
10. Assist your Community Recreation Programmer or designate in contacting the victim's family. Inform them of the incident and give them specific details as to which hospital the patient is being transported.
11. Once the victim is in the care of the emergency personnel, your Community Recreation Programmer or designate will ask you to write down all the circumstances surrounding the situation in a detailed statement on a witness form and to complete a Major Emergency Report.
12. Document the events in the logbook.
13. Your Community Recreation Programmer or designate will advise you on when you can resume normal operations at the wading pool.

3.5 Major Emergency Report

A Major Emergency Report form must be completed each time there is a major injury in or around the pool involving first aid treatment. A copy of the report must be given to your Community Recreation Programmer or designate, properly filled out, within 24 hours of the accident. In addition, all staff and witnesses are required to fill out a Major Emergency Detailed Statement.

The Major Emergency Report describing the overview of the situation and circumstances should be completed by the Wading Pool Attendant with the assistance of the Community Recreation Programmer or designate. This document captures the emergency categories, facility specifics, action plan, witness information, follow up, etc. The report should be accompanied by a rough facility diagram showing where the incident occurred and tracks the movement of staff on duty.

It is important to note that in all circumstances, the care of the injured individual is the first concern. Documenting primary and secondary assessments during victim care occurs only if sufficient staff are available.

Every staff person on duty who participated in any aspect of the emergency procedure, is required to **INDEPENDENTLY** document details of their involvement in the occurrence from the point of victim/patient recognition, to the time when the subject left the facility. This documentation will be done on a Major Emergency Detailed Statement Form. All details documented should be fact, not opinion or hearsay. If witnesses are available and agree to write down details from their perspective, please have them complete a Major Emergency Detailed Statement Form.

Your Community Recreation Programmer or designate will help you ensure that all aspects of the report are completed and will deliver it to the Supervisor of Aquatics. No portion of the report is to be photocopied or distributed. All inquiries regarding the incident must be forwarded to your Community Recreation Programmer or designate (refer to Section 6 for an example).

3.6 Missing Person Response Plan

If you are alerted to the fact that there is a missing person in your area, follow these steps:

1. Get a name and description of the person and the location they were last seen.
2. Do a visual check of the area.
3. Clear the wading pool and call for the person by name.
4. Ask patrons if they saw anything. Ensure that a staff member (where required) remains at the pool at all times.
5. Contact your Community Recreation Programmer or designate.
6. After a full wading pool check has been carried out, and the person has not been found, call the police, then follow up with your Community Recreation Programmer or designate.
7. Record all details on the appropriate incident report and document in your logbook.
8. Resume regular operations as directed by your Community Recreation Programmer or designate.

3.7 Theft and Vandalism Response Plan

If you are alerted to the fact that there has been an act of vandalism or theft at your wading pool, please follow the steps outlined below:

1. Notify your Community Recreation Programmer or designate.
2. Do not disturb the area until your Community Recreation Programmer or designate has investigated the scene.
3. Record all details on a Minor Injury/Incident Report and document in your logbook. Make sure you note the damage that occurred and what equipment you are missing.
4. Return facility to normal operation as per the direction of your Community Recreation Programmer or designate.

3.8 Lost and Found Response Plan

If you have found or have been given a found item of substantial value (such as jewellery, car keys, etc.) please follow these steps:

1. Keep the item in a secure place. If it is a valuable item (e.g. electronic device, jewellery, etc.) contact your Community Recreation Programmer or designate to collect the item.
2. Record all details in your logbook.
3. If an individual comes to claim the item, have them describe the item in detail *before* you call the Community Recreation Programmer or designate to bring it back. Document their phone number and address obtained from identification. This will allow for a follow up in the event that a second claimant emerges.

If a patron reports the loss of an item of substantial value, please follow these steps:

1. Perform a general visual sweep of the area, in an attempt to locate the item.
2. Record all details on a Minor Injury/Incident Report and document in your logbook.
3. If the item is recovered, please contact your Community Recreation Programmer or designate for further instructions.

3.9 Topless Bather Response Plan

(Please note that women are within their rights to go topless):

If you are alerted to the fact that there is a topless bather at your wading pool, follow these steps:

1. Only approach the topless female if asked by another patron. If necessary, inform the woman that another patron feels uncomfortable and ask her if she is willing to cover up.
2. If the woman does not want to cover up, say thank you and walk away.
3. Inform the uncomfortable patron that you did ask the woman to cover up and that we can take no further action.
4. Record all details on a Minor Injury/Incident Report and document in your logbook.
5. Inform your Community Recreation Programmer or designate.

3.10 Patron Transportation Response Plan

In a life-threatening situation, staff are to contact Emergency Medical Services (911 from cell phone or 9-911 from city phone) to transport a victim. Adults may refuse ambulance assistance and this must be noted on the Major Emergency Report.

In a situation where a patron's injury is not life-threatening, friends or relatives may wish to transport the person to medical services/facilities. If this cannot be arranged, an ambulance may be requested.

At no time may a staff member transport a patron to get medical attention.

3.11 Workplace Violence Response Plan

Wading Pool staff may encounter situations where they feel that their personal safety is being threatened. Threats or personal safety concerns should be discussed with your Community Recreation Programmer or designate on an ongoing basis, as well as documented on a Threat Reporting form and in the logbook. If you are concerned about your personal safety or are unsure of the safety of a situation while on duty at your wading pool, please follow these steps:

1. Clear the pool with one long whistle blast.
2. Open the drain.
3. Take the cell phone (where applicable) and remove yourself from the situation. Go, as quickly as possible, to a safe location (e.g., community centre, shopping mall, etc.) and direct patrons to do the same.
4. Call 9-1-1 (or 9-9-1-1 from a City land phoneline).
5. Alert your Community Recreation Programmer or designate of the situation immediately.

Always put your personal safety first. If you need to remove yourself from the situation immediately, then do not stay to clear the wading pool and open the drain. Get to a safe area and call 911 immediately.

Section 4 Daily Procedures and Maintenance

4.1 Opening the Wading Pool

Procedure	Action
Disarm the Alarm (where applicable)	The alarm will need to be turned off as required. Contact your Community Recreation Programmer or designate for procedures and codes.
Check Telephone	Perform a phone check by dialling the predetermined number established by Community Recreation Programmer or designate. A connection must be established for the phone check to be complete. Record the time of the call and the initials of the staff that performed the phone check in the logbook. Cell phones should be checked every hour throughout the day. If the phone is NOT working contact your Community Recreation Programmer or designate. Do NOT open the pool if you do not have an operational phone.
Clean in and around the Wading Pool	The wading pool and surrounding area should be clear of any garbage, debris, broken glass. Report any vandalism to your Community Recreation Programmer or designate and refer to Section 4.5
Close the Drain/Turn On the Water	Ensure that the drain is closed before turning on the water. Consult with your Community Recreation Programmer or designate prior to the start of your first shift on the operation of your specific wading pool. Under no circumstances should wading pool staff climb into or enter a wading pool service pit.
Add Granular Chlorine	When the pool is half full add your chlorine solution to the pool. Refer to page 28 of the manual for chlorine procedures. Ensure that no patrons enter the water at this time.
Complete Administrative Tasks	Review the previous day's logbook entries. Logs, Sign In/Out, First Aid Checklist, Incident Reports etc. can be filled out while the pool is filling. Ensure that no patrons enter the water at this time.
Turn Water Off	Once the pool is full turn off the water. **Note: if the drain shut off is in the middle of the wading pool refer to Section 4.7.
Take Chlorine Reading	Once the pool is full, take a chlorine reading. Refer to Section 4.13 of the manual regarding chlorine readings.
Open the pool to the public	Ensure all equipment storage areas are secured.

4.2 Closing the Wading Pool

Procedure	Action
Open the Drain	If the drain is in the middle of the wading pool and you are the only attendant on duty, you MUST wear a PFD** Refer to Section 4.7.
Clean and Tidy the area	Ensure that the environment is tidy. Gather any equipment that needs to be stored away.
Ensure the pool is completely drained	Once the pool is fully drained you may leave to put away the equipment. **Note: if you are having drainage problems contact your Community Recreation Programmer or designate immediately. DO NOT leave the pool unattended if there is water in it.
Set Alarm (where applicable)	As required. Contact your Community Recreation Programmer or designate for alarm procedures and codes.

4.3 Telephone Procedures

The telephone should be used for **City business and emergency purposes only**. Personal calls are not permitted. Staff shall not use their own personal cell phone while on active duty.

Telephone Checks

See Section 4.1 (“Opening the Wading Pool”) for information regarding telephone checks.

Guidelines for Cell Phone Use

At the beginning of each season the Wading Pool Attendant will be required to sign out a cell phone where applicable. A copy of the form is located in the Forms section of this manual.

Telephone Charging

It is the staff’s responsibility to ensure the cell phone is fully charged at the beginning of their shift. Cell phones and chargers should be checked thoroughly while charging. If a charger does not work, contact your Community Recreation Programmer or designate immediately.

Telephone Failure

If the phone is not functioning properly contact your Community Recreation Programmer or designate by finding the closest public phone. Do NOT open the wading pool if the phone is not working. If the battery runs out before the end of the shift you must close the pool and contact your Community Recreation Programmer or designate. A replacement may be made available for you.

4.4 Weather Conditions

The wading pool opens weather permitting. Listed below are scenarios in which you would open or close the pool. These are only **guidelines** for weather conditions. **Contact your Community Recreation Programmer or designate for confirmation.**

Weather Condition	Description	Action
Thunderstorms / Heavy Rain / Lightning		<p>The wading pool will be cleared.</p> <p>If the wading pool is open at the time of the storm, clear the pool immediately and phone your Community Recreation Programmer or designate.</p> <p>The pool will remain cleared for 20 minutes after the last sighting of lightning or sound of thunder.</p> <p>Contact your Community Recreation Programmer or designate for direction.</p>
Light Rain and/or Cool Temperatures (below 20 degrees Celsius, 68 degrees Fahrenheit)	If the forecasted weather for the entire day calls for light rain and/or cool temperatures (below 20 degrees Celsius, 68 degrees Fahrenheit) before the start of your shift	The wading pool will be closed. Contact your Community Recreation Programmer or designate for further details.
	If the wading pool is open and there are patrons in and around the wading pool	The wading pool will remain open until the patrons leave or until regular closing time
	If there are no patrons in or around the wading pool	The wading pool will be closed. Contact your Community Recreation Programmer or designate for further details.
Light Rain and Warm Temperatures (Above 20 degrees Celsius, 68 degrees Fahrenheit)		The pool will remain open. Contact your Community Recreation Programmer or designate for further details.

4.5 Cleaning the Wading Pool and Surrounding Area

Before adding any water to the wading pool, the entire pool must be checked and swept for any debris. This includes glass, grass, dirt, garbage, etc...

If any repairs or major maintenance (i.e. crack in the wading pool apron) needs to be performed at the wading pool, please contact the Community Recreation Programmer or designate immediately.

DO NOT pick up any sharp or foreign objects without the proper protection! Protection (i.e. natural rubber or butyl rubber gloves) should be worn when picking up any debris.

All needles and sharp objects (i.e. “sharps”) found in our parks and facilities are to be removed as soon as possible since the risk they pose to patrons and staff is considerable. The Parks, Forestry and Recreation Division will train all staff dealing with the safe handling of “Sharps” and “Biohazards”. When dealing with any needles, the greatest care must be taken.

The Needles, Sharps and Biohazards Disposal Policy is located in Section 7.12 of this manual.

4.6 Filling the Wading Pool

Once the wading pool and surrounding area have been cleared of all debris, the Wading Pool Attendant may turn on the water to start filling. Refer to Section 4.1 for procedures to open the pool.

4.7 Section 86 Occupational Health & Safety

Section 86 of the Industrial Establishments Regulation 851 under the Occupational Health & Safety Act states that where a worker is exposed to the hazard of falling into liquid that is sufficient depth for a lifejacket to be effective as protection from the risk of drowning, the worker shall wear a lifejacket or the employer shall develop written measures and procedures to prevent the worker from drowning.

This regulation applies to wading pool staff when they are filling and draining the wading pool if the valve is located in the centre of the wading pool.

Direction to wading pool staff wading into water to access the drain valve (sections 4.1 and 4.2):

1. Where the staff can be accompanied by a second staff, the second staff must remain at water's edge to observe the staff enter and exit the water to turn the valve.
2. Where the wading pool staff member cannot be accompanied by a second staff, they are to wear a lifejacket when entering and exiting the water to turn the valve.

4.8 WHMIS & Safety Equipment

WHMIS (Workplace Hazardous Materials Information System) is a Canada-wide legislated system of providing information on workplace hazardous materials and how to safely use, handle, and store them.

The information is found in three ways:

- MSDS- Material Safety Data Sheets:
 - Describe the material that the worker is using.
 - Describe the first aid treatment required.
 - Contain information regarding protective equipment.
 - Can be found in Section 8 of this manual.
- Container Labels
 - Will alert staff to any type of hazard that is associated with the product.
- Employee Training
 - Each Wading Pool Attendant must complete all necessary training that is involved in handling these chemicals.

4.9 Confined Spaces

Confined spaces, such as some of the wading pool pits, have the potential to pose a danger for the staff. Over time, natural gases (from leaves, chemical, and other things that may be in the pit) can form in the pits; as the pits are enclosed, these gases have no way of escaping the enclosed space and may build up over time. The gases may be dangerous for staff to inhale; therefore precautions must be taken when opening the pit doors.

Important things to note:

- When the pit doors are wet, they can be slippery and unstable.
- Be wary of rusty and sharp objects which can cause infection.

- If it is not a possibility to store chemicals elsewhere (like a hut or shack), ensure that the containers are in good condition and can be tightly sealed.
- ALWAYS wear the proper safety equipment when handling chemicals (from before opening the container to putting the closed container away).
- Do not trust your smell; some gases are odourless.
- When the pit or its contents are not in use, the pit doors must remain closed and secure.

When you open the pit door, ensure that you stand back from the pit for a short length of time to ensure that any gases are released from the confined pit or box and will not be inhaled by you. While the pit or box door is open always make certain that children and other patrons stay away.

Under no circumstances should wading pool staff climb into or enter a wading pool service pit.

4.10 Use of Protective Equipment and Protective Clothing

The following are excerpts from the City of Toronto Protective Equipment, Protective Clothing and Wearing Apparel Policy. The Policy can be found in its entirety on the City of Toronto Web site under Human Resources.

This policy, jointly developed by Local 79 and the City of Toronto through the Protective Clothing, Equipment and Wearing Apparel Committee, applies to the use, provision, acquisition, maintenance and replacement of personal protective equipment (PPE), protective work clothing and other wearing apparel for Local 79 employees.

It is agreed that the City of Toronto will provide employees with personal protective equipment and protective work clothing as prescribed by the hazards of the job or workplace. In addition, the City will provide other wearing apparel where required by job demands and as outlined in this policy.

It is agreed that employees who are issued PPE and/or protective work clothing will use and/or wear this PPE and/or protective clothing at all times when it is needed for their protection or by regulation. They are responsible for complying with the division's PPE, protective clothing and/or wearing apparel requirements, properly maintaining PPE and reporting any defective PPE immediately.

Personal protective equipment (PPE) is defined as equipment or devices worn or used to control exposure to hazardous substances or conditions or to prevent accidental injuries or serious harm to employees working in hazardous or potentially hazardous conditions or areas. PPE includes, but is not limited to head protection, hearing protection, eye and face protection, body protection, hand protection, foot protection, respiratory protection and fall protection.

Responsibilities

Divisions will:

- in consultation with joint health and safety committees, determine the need for PPE and protective clothing based on job hazards, and provide such equipment and/or clothing to employees.
- ensure consistent practices are applied across their own division.
- ensure that written procedures are in place to administer the selection, use and maintenance of PPE and protective clothing.
- train employees in the requirements for and proper use, care, and maintenance of PPE.

- maintain a record of the PPE issued to employees and the training of those employees in the use of that PPE.

Employees who are issued PPE and/or protective clothing will:

- use and/or wear this PPE and/or protective clothing appropriately at all times when required for their protection.
- care for and maintain PPE and/or protective clothing as advised by their divisions
- report lost or defective PPE and/or protective clothing immediately to their Community Recreation Programmer or designate.
- not alter PPE or protective clothing.

4.11 Adding Granular Chlorine (HTH)

As the wading pool attendant you will be responsible for adding chlorine to the pool on a regular basis.

Please refer to pages 80-81 for the Standard Operating Procedure – Rec-001, which outlines the Safe Use of Calcium Hypochlorite Procedures.

The chlorine is added to the wading pool half way through the fill and no one is permitted to enter the water prior to the wading pool being chlorinated and tested. Once a pool test is complete and chemical levels are acceptable, participants may enter the wading pool for the remainder of the fill.

While adding the solution no one should enter the wading pool. Once the chlorine solution has been added, the pool must remain clear of patrons for 10 minutes. Only after completing a chemical reading and the levels are in the appropriate range, should anyone enter the pool.

MSDS (Material Safety Data Sheets) for the granular chlorine are located in Section 8. These sheets should be kept where the chemical is stored.

4.12 Handling of Granular Chlorine

When adding granular chlorine to the water the proper safety precautions must be taken. The following equipment must be used while handling and adding granular chlorine.

Skin Protection: Gloves and protective clothing made from natural rubber or butyl rubber. Prior to use, user should confirm gloves are impermeable.

Eye Protection: Safety glasses with side shields or face shields must be used to prevent eye contact.

Other Personal Protective Equipment: Wear an impermeable apron. Locate eyewash station close to chemical handling area. Take all precautions to avoid personal contact.

Protective Footwear: Pursuant to the Regulations for Industrial Establishments 851/90: A worker exposed to the hazards of foot injury shall wear foot protection appropriate in the circumstances. All City of Toronto Wading Pool Attendants must wear steel toe safety boots to open and close pit/box lids.

When opening and closing the lids of the pits/boxes which house water and drain valves, staff are to refer to pages 82-86 for the *Standard Operating Procedures – Rec-002 / Rec-003* which outline the **Wading Pool Pit Cover/Door Opening and Closing Procedures**.

After the granular chlorine has been added to the wading pool, please wash your hands to ensure that no chlorine residue remains on your skin.

The City of Toronto will not be responsible for any damaged clothing.

4.13 Testing for Chlorine and pH

Each hour the Wading Pool Attendant is responsible for checking the chlorine and pH levels. These readings must be recorded in the logbook. The test can be done in three ways. Check with your Community Recreation Programmer or designate to find out which method you will be using.

Drop Test

1. Fill each test tube with water from the centre of the wading pool.
2. Add 5 drops of DPD #1 and 5 drops of DPD #2. This will give you the chlorine reading.
3. Add 5 drops of DPD #4 (Phenol Red). This is your pH reading.
4. Put the lid on the test tube. Do not use your finger to seal the top of the tube.
5. Flip the test tube end to end until the colour is evenly distributed throughout the tube.
6. Match the colour of the water with the colour on the test kit to obtain your reading.
7. Record your readings each hour.

Pill Test

1. Fill each test tube with water from the centre of the wading pool.
2. In the first test tube add one DPD #1 tablet.
3. In the second test tube add one pH tablet.
4. Put the lid on the test tube. Do not use your finger to seal the top of the tube.
5. Flip the tubes from one end to the other until the tablets are dissolved.
6. Match the colour of the water in the test tube with the colour chart to obtain your readings.
7. Record your readings each hour.

Test Strip

1. Dip one test strip fully into the water.
2. Match the chlorine reading with the colour chart on the bottle.
3. Match the pH reading with the colour chart on the bottle.
4. Record the readings each hour.

For the pool to open each day, the chemical readings must fall within a prescribed range. Chlorine readings must be at a minimum of 3.0 PPM (parts per million) and pH readings must fall between 7.2 and 7.8 PPM. If the readings are too low or too high the following procedures must take place.

Chlorine is less than 3.0 PPM	Add chlorine to the wading pool [page 80-81 for the Standard Operating Procedure – Rec-001 , which outlines the Safe Use of Calcium Hypochlorite Procedures]
pH is less than 7.2 PPM	Partly drain the wading pool and add fresh water.
pH is greater than 7.8 PPM	Partly drain the wading pool and add fresh water.

Sunlight, wind, rain, and number of bathers may alter chlorine readings. Readings may have to be checked more than every hour in these instances.

4.14 Water Clarity

The water clarity of the pool should be such that the Wading Pool Attendant must be able to see the bottom of the pool at the centre from the edge. If the water is too cloudy and the bottom cannot be seen, drain the pool and re-fill. Notify the Community Recreation Programmer or designate if this occurs.

4.15 Contamination of the Pool & Pool Foulings

From time to time a patron may foul the pool. This may include vomit, large amounts of blood, and feces. There are two types of foulings that can occur at the pool.

Minor Fouling - Where the fouling is localized in one area:

1. Clear the pool immediately.
2. Clean up the infected area wearing the appropriate PPE.
3. Add a granular chlorine solution to the infected area (Refer to Chlorine Procedures – Section 4.11).
4. Close the pool for a minimum of 30 minutes and until the chlorine levels read 5.0 PPM.
5. Notify the Community Recreation Programmer or designate.
6. Document the fouling in a Minor Injury/Incident Report and the logbook.

****Note:** Only reopen if time permits.

Major Fouling - Where the fouling has dispersed throughout the entire pool (Example: liquid stool).

1. Clear the pool immediately.
2. Drain the pool.
3. Notify the Community Recreation Programmer or designate for further instructions on cleaning/sanitation and re-opening.
4. Document the fouling in a Minor Injury/Incident Report and the logbook.

Section 5 Human Resources & Administration

5.1 Pay Procedures and Hours of Employment

Each wading pool attendant has an assigned schedule that must be followed. The attendant is responsible for the supervision of the wading pool on their designated dates. Part-time aquatic staff **must not work more than 80 hours in a two week pay period or 48 hours in a one week time period**. There is no minimum guaranteed number of hours over the season. The pay week runs from Monday through Sunday.

All hours that you work must be documented in your daily logbook. Each district will review specific pay procedure prior to the start of the summer season.

It is unacceptable to submit hours on a different week or to submit hours under someone else's name. This constitutes Fraud. Please refer to the City of Toronto Fraud Policy in Section 7.10 for further details.

Cheques are issued on a bi-weekly basis and are directly deposited into your account. The following list of dates indicates when your cheque will be deposited and what days will be included on each pay.

Week #	Pay Period Beginning	Pay Period Ending	Cheque Deposited
11	Monday, May 7	Sunday, May 20	Thursday, May 31
12	Monday, May 21	Sunday, June 3	Thursday, June 14
13	Monday, June 4	Sunday, June 17	Thursday, June 28
14	Monday, June 18	Sunday, July 1	Thursday, July 12
15	Monday, July 2	Sunday, July 15	Thursday, July 26
16	Monday, July 16	Sunday, July 29	Thursday, August 9
17	Monday, July 30	Sunday, August 12	Thursday, August 23
18	Monday, August 13	Sunday, August 26	Thursday, September 6
19	Monday, August 27	Sunday, September 9	Thursday, September 20

*Forward all inquiries regarding pay to your Community Recreation Programmer or designate.

5.2 Wading Pool Daily Logs

The Wading Pool Attendant is responsible for filling out the Daily Logbook and signing in and out in the spaces provided.

Facility/phone checks, statistics, accidents/incidents, deliveries, repairs, patron queries, visits by Community Recreation Programmer or designate etc. should be documented in your logbook.

Chemical readings are to be recorded in the appropriate space provided on an hourly basis. Under no circumstances are personal comments to be made in the logbook; these are legal documents and, as such, may be summoned by our courts as evidence. The contents of the logbook must pertain only to the wading pool and must remain appropriate and professional.

A sample of the log is located in Section 6 of this manual.

5.3 Staff Sign In & Out Procedures

1. You will record in the staff logbook the time that you arrived to work; if this time differs from your scheduled shift, you must make note of this. You must record the true arrival time and, if you are late, report your tardiness to your Community Recreation Programmer or designate.
2. Upon departure, you will record the time you left in the logbook. If a schedule change has been approved or you have been asked by your Community Recreation Programmer or designate to change your hours, please document this.
3. Each District will review specific sign in and out policies, prior to the start of the summer season.

For legal purposes and accuracy of your pay cheques, it is imperative that the hours you worked match the records in your logbook. All changes to your regular schedule must be cleared by your Community Recreation Programmer or designate.

Each staff person who works a shift of more than four consecutive hours in duration shall be afforded an unpaid meal break of not less than one-half hour.

5.4 Finding a Replacement to Work Your Shift

When a staff member requires a shift off, they are responsible for finding their own qualified replacement. Appropriate District staff shift change procedures must be followed. The request for a staff change is not complete until the Community Recreation Programmer or designate has initialled the Aquatic Shift Change Form indicating approval (see Section 6.10). It is the staff's responsibility to ensure that the Aquatic Shift Change Form is authorized.

Replacement staff must ensure they have completed an orientation prior to working at each facility; report to work with original certifications; and must have attended all the mandatory training sessions.

Aquatic staff are discouraged from switching shifts and are expected to fulfil the scheduling commitment they have made. All requests for shift change will be considered on an individual basis by your Community Recreation Programmer or designate.

5.5 Staff Illness and Absenteeism

Replacement procedures must be followed as outlined by the Union Contract. When an employee, who through illness or some other emergency reason beyond their control, cannot fulfil their commitment, the Community Recreation Programmer or designate must be notified a minimum of **three hours before the start of his/her shift**.

5.6 Uniforms

All aquatic staff must wear the following approved City of Toronto Aquatic Uniform at all times while on duty: whistle (not issued), City of Toronto Staff shirt, bathing suit (not issued), City shorts (optional), sunglasses (optional), City wide-brimmed hat (optional). The bathing suit must be suitable for rescue purposes and professional in appearance. City uniforms must be worn properly and may not be modified in any way and must be in a state of good repair. Employees may have to replace altered uniforms at their own expense. Street attire is not permitted at any time. Staff are also encouraged to wear sunscreen to protect themselves from the harmful effects of the sun. Staff are also encouraged to apply bug repellent with DEET for protection from bug bites.

5.7 Staff Injury at Work

In the event that you injure yourself at work, please follow these steps:

1. Clear the wading pool and ask a parent or other staff person (where applicable) to help ensure that no one goes back into the water. At no time should the wading pool be unsupervised if bathers are in the water.
2. Phone your Community Recreation Programmer or designate for assistance.
3. Attempt first aid treatment, if possible.
4. Fill out and submit Form 6 and Return to Work Forms to your Community Recreation Programmer or designate if you choose to see a doctor.
5. Return facility to normal operation, if possible.

Refer to Section 6.1 for “What to do if... A staff member is injured at work” and examples of Supervisor Report of Injury, Form 6 and Return to Work.

5.8 Sun Safety

The Parks, Forestry and Recreation Division recognizes that the environment is changing and that extended exposure to the sun/heat could potentially place staff and participants at risk. We encourage all aquatic staff to take the following actions to protect themselves from exposure to the sun:

1. Wear protective clothing, including shirts and hats.
2. Use sunscreen with a protection factor of at least 15 and reapply as directed.
3. Wear quality sunglasses with U.V. protection against the sun's radiation.
4. Use sun umbrellas to protect you against the sun's rays.
5. Staff should drink lots of water to stay hydrated.

Parks, Forestry and Recreation staff have a responsibility to inform their program participants of potential dangers or exposure to the sun. Staff should offer suggestions as to how patrons can adequately protect themselves. **Staff are not responsible for the application of sunscreen on participants.** Refer to Section 7.3 through 7.5 for the City of Toronto's Sun Protection Policy and Heat Stress Protocol.

5.9 Conflict of Interest in the Workplace Policy

The following are excerpts from the City of Toronto Conflict of Interest policy. The policy can be found in its entirety on the City of Toronto Web site under Human Resources. Refer to Section 7.14 of the manual for more information.

All employees of the City of Toronto are required to support and advance the interests of the organization and avoid placing themselves in situations where their personal interests actually or potentially conflict with the interests of the City.

A conflict of interest refers to a situation in which private interests or personal considerations may affect an employee's judgment in acting in the best interest of the City of Toronto. It includes using an employee's position, material or facilities for private gain or advancement. Employees are not allowed to use their positions to give anyone special treatment that would advance their own interests or that of any member of the employee's family, friends or business associates.

Employees may not accept gifts, money, discounts or favours, including a benefit to family members, friends or business associates, for doing work that the City pays them to do.

Employees may not use, or permit the use of, city property, facilities, equipment, supplies or other resources for activities not associated with their work.

If an employee is unsure whether a situation is a conflict of interest they should speak immediately to their supervisor. Council or the General Manager expressly approves any exceptions to this policy.

Example of Conflict of interest situations in Parks, Forestry and Recreation:

Question: Someone who is on the waiting list for swimming lessons has approached me to teach their child privately and pay me directly. I could teach the lessons during public swim. Is this acceptable?

Answer: This is not acceptable. Using your position and the City's facility and accepting money to teach the lesson is a conflict of interest.

5.10 Fraud Policy

The following are excerpts from the City of Toronto Fraud Policy. The Policy can be found in its entirety on the City of Toronto Web site under Human Resources.

The City of Toronto is committed to protecting its revenue, property, proprietary information and other assets from any attempt, either by members of the public, contractors or its own employees to gain, by deceit, financial or other benefits. The City of Toronto Fraud Prevention Policy is established to provide guidance to employees when misuse or misappropriation of City assets is suspected. Any act of fraud that is detected or suspected must be reported immediately and investigated in accordance with this Policy.

For the purposes of this Policy, the definition includes any misuse or attempt to misuse a City asset for personal gain or purposes unrelated to City business. Examples of fraud include, but are not limited to:

- Stealing or removing City assets;
- Using City equipment, facilities, supplies or funds for purposes unrelated to City business (e.g. loaning City equipment to family or friends)
- Obtaining City funds or compensation through dishonesty (e.g. forgery of payments for hours not worked)
- Seeking or accepting anything of material value from vendors, consultants or contractors doing business with the City in violation of the City's Conflict of Interest policy (e.g. accepting a "gift" for keeping pool open after closing)

The policy applies to all employees of the City of Toronto.

It is the City's intent to fully investigate any suspected acts of "fraud", as it is defined in this Policy, in an impartial manner regardless of the suspected wrongdoer's length of service, position, title or relationship to the City. Employees who have committed fraud will be subject to disciplinary action up to and including dismissal.

If it is deemed appropriate the Toronto Police Service will be contacted. The City will pursue every reasonable effort, including court-ordered restitution, to obtain recovery of the City losses from the offender or other appropriate sources.

Any employee who has knowledge of an occurrence of irregular conduct, or has reason to suspect that a fraud has occurred, shall immediately notify his/her supervisor. If the employee has reason to believe that their supervisor may be involved, the employee shall immediately notify the General Manager and the City Auditor.

Confidentiality

Employees may remain anonymous when reporting a suspected fraud but must maintain strict confidentiality concerning a reported fraud at all times.

Whistle Blower Protection (Employee who reports suspected fraud)

No person covered by this policy shall:

- dismiss or threaten to dismiss an employee;
- discipline or suspend or threaten to discipline or suspend an employee;
- impose any penalty upon an employee; or
- intimidate or coerce an employee because the employee has acted in accordance with the requirements of the policy.

Section 6 Administrative Forms

6.1 What to do if.... A staff member is injured at work

Who?

All staff (including part-time, temporary, casual or permanent staff)

What kind of Accident/Incident?

Any/all Accident/Incidents must be reported, even a minor injury, the same applies to any incident that results in no injury or property damage, but an accident occurred

What if the employee needs Medical Aid?

- Employees must report all accidents/ /injuries or property damage to their direct Supervisor by phone or in person immediately.
- The employee is taken to the nearest walk-in clinic or hospital by the Area Supervisor or Supervisor designate. The type of transportation used will depend on the type of injury (ambulance, car, taxi etc)
- Supervisor completes Section A of the Return to Work (RTW) form and provides it to attending Health Care Professional, at the same time the Supervisor also signs and presents the City's letter to the attending Health Care Professional advising modified work is available immediately.
- Supervisor signs and presents the City's letter to the employee, advising of reporting obligations and that modified work is available immediately.
- The doctor completes Section B of the RTW Form as related illness or injury and restrictions, if any.
- Employee signs Section C of the RTW Form. The employee must also complete and sign a WSIB - Workers Report of Injury (Form 6) and provide a copy for the Supervisor.
- Supervisor or designate attains, reviews and forwards the RTW and WSIB Form 6 with their completed and signed.

Supervisor's Report of Accident/injury.

- Forms must be sent the same day as the injury occurs.
- Please complete an H&S Fax cover sheet & call a WSIB Consultant to advise when you are faxing.
- The completed Forms are sent to FAX 416-696-4154.

NOTE: Health care provider(s) may choose not to complete a City RTW Form and may instead complete a similar WISB Form which provides restriction advise (if any). In this case, attain a copy and forward it to a City WSIB Consultant along with WISB Form 6 and Supervisor Report.

What if the doctor states the employee can stay off work (Lost Time)?

The Supervisor or Supervisor designate must immediately call their WSIB Claim, Disability Consultant at either 416-338-8185, 416-338-8172 or 416-338-8171.

What if the injury is critical?

- If the injury is critical, in addition to the above, secure the site and call your H&S Representative at either 416-771-9718 (Art Ng) or 416-771-9685 (Maureen Easby).
- After normal Mon- Fri Business hours, call the Parks, Forestry and Recreation Health and Safety On-Call Line at 416-338-1938.
- If the employee is too severely hurt to complete a WSIB Form 6, one will be sent to the employee's home by the WSIB.

What if the injury is very minor or only results in property damage?

- The employee must report the injury or property damage to their supervisor immediately.
- The "Supervisor's Report of Injury Form/Accident" is to be completed, signed and faxed by the supervisor.

Summary of forms:

- **Supervisor's Report of Injury** – completed by the supervisor or designate, signed by Supervisor
- **Return to Work information form** – Sections A, Supervisor – B, Physician – C, Employee
- **WSIB Form 6** – to be completed by injured worker only
- **H&S FAX cover sheet** – fully completed; identifying District/Branch location and Area Supervisor

*Our communications, data systems and statistical reviews are only as good as the data **you** provide!*

6.2 Staff Injury Checklist

- Injured staff person or witness reports injury to Supervisor
- Provide first aid / medical treatment
- Complete Supervisor's Report of Injury / Accident (4 pages)
- Provide employee with Employee Obligations for WSIB Claim letter
- Injured worker completes a Form 6 - Worker's Report of Injury / Disease - (4 pages)
- Notify Supervisor or designate in the event of a staff injury
- Fax Supervisor's Report of Injury/Accident and Form 6 to Health and Safety immediately
- Arrange immediate transportation to nearest medical facility if necessary (hospital or walk-in clinic)
- Fill out Section A of the Health Professional's Report of Worker's Function – Local 79 form and give it to the injured employee
- Give the injured employee the Dear Health Care Provider letter (send with the employee to the medical facility to be given to the attending physician)
- Arrange staff coverage if necessary
- Address any safety issues / concerns / causes of the injury
- Document all activities in the log book

6.3 Fax Cover Sheet – Accident / Incident Reporting



FAX COVERSHEET ACCIDENT / INCIDENT REPORTING

All reports to be sent	FAX #	Office #
Human Resources	416-696-4154	416-338-8172
Disability		416-338-8185
Management		416-338-8171
ALL ACCIDENT/INCIDENTS MUST BE FAXED TO THE NUMBER ABOVE: Mailing Address: H.R. - Health & Safety and Disability Management Business Unit Etobicoke Civic Centre, 399 The West Mall, Toronto M9C 2Y2		

From: _____		
Fax # () _____	Desk # () _____	Pager / Cell # () _____
RE: _____		# of Pages _____

THE FOLLOWING INFORMATION MUST BE COMPLETED

Supervisor: _____		
Fax # () _____	Desk # () _____	Pager / Cell # () _____

ATTACHED PLEASE FIND

<input type="checkbox"/> Supervisor's Report of Injury	<input type="checkbox"/> WSIB Form 6 – Workers Report of Injury
<input type="checkbox"/> Medical Note	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Return to Work Form	<input type="checkbox"/> Return to Work Form
(Where employee is returning to work) Specify:	(Where employee is to continue Modified Duties)
Date mm/dd/yyyy : _____ Hour: _____ am/pm	
Returned to : <input type="checkbox"/> Regular Duties <input type="checkbox"/> Modified Duties	<input type="checkbox"/> Local #79 <input type="checkbox"/> Local # 416 <input type="checkbox"/> Exempt

ADDITIONAL COMMENTS:

6.4 Supervisor's Report of Injury / Accident



Supervisor's Report of Injury/Incident

Please fax/forward to City HR staff, immediately, with all attachments.			
Injury/Incident Type: (check one box only)	Description:	Sections to complete:	
<input type="checkbox"/> LOST TIME	If the worker is absent from work for their next scheduled shift after the date of incident and if absence is related to the incident/injury/illness.	COMPLETE ALL SECTIONS (except I)	
<input type="checkbox"/> RECURRENCE	If absence is related to a previous WSIB claim. For clarification, please contact HR Disability Management Consultant.	COMPLETE ALL SECTIONS	
<input type="checkbox"/> MEDICAL AID ONLY	If the worker has received professional services by health care practitioner (including services provided by hospitals, health care facilities, including walk-in-clinics, physiotherapy, etc.) but does not result in lost time beyond the day of the incident.	COMPLETE SECTIONS: A,B,C,E, J-P	
<input type="checkbox"/> FIRST AID ONLY	If the worker suffered a minor injury and the only treatment provided was first aid at the workplace. (e.g. band aid applied for a small cut, ice applied to bump).	ONLY COMPLETE SECTIONS: A,B, E (if applicable), and J-P	
<input type="checkbox"/> NEAR MISS/INCIDENT ONLY	If the worker reported that there was an incident but no injury (e.g. verbal threats by client or co-workers, worker slipped on a wet floor without injury – no first aid treatment)	ONLY COMPLETE SECTIONS: A,B, J-P	
<input type="checkbox"/> PROPERTY DAMAGE	If the worker reported an incident that only results in damage to the City facilities, equipment, tools or vehicles.	ONLY COMPLETE SECTIONS: B, J-P	
CRITICAL INJURY <input type="checkbox"/> Yes <input type="checkbox"/> No If the injury meets the definition of critical injury (including fatality) under the Occupational Health & Safety Act, follow the City of Toronto's Critical Injury & Accident Reporting Policy.			

A. Employee Personal Information			
Last Name	First Name	Employee No.	
Division & Section:	Base Location: (e.g. Finch Yard, Kipling LTCH)		

B. Injury/Incident Date and Details			
1. Date and hour of incident/awareness of disease:	dd	mm	yy
			<input type="checkbox"/> AM <input type="checkbox"/> PM
2. Date and hour reported to employer:	dd	mm	yy
			<input type="checkbox"/> AM <input type="checkbox"/> PM
4.. Where the above dates differ, provide explanation:			
3. Who was the incident/injury reported to:			
Name: _____			
Title: _____			
5. Was the worker performing their base position or alternate rate at the time of injury? <input type="checkbox"/> Base <input type="checkbox"/> Alternate Rate (AR) Job Title? _____			
6. Was the incident/injury:			
<input type="checkbox"/> Sudden Specific Event/Occurrence <input type="checkbox"/> Gradually Occurring Over Time <input type="checkbox"/> Occupational Disease (explain): <input type="checkbox"/> Fatality			
7. Type of incident/injury: (check all that apply)			
<input type="checkbox"/> Struck/Caught <input type="checkbox"/> Fall <input type="checkbox"/> Motor Vehicle Incident <input type="checkbox"/> Overexertion <input type="checkbox"/> Slip/Trip <input type="checkbox"/> Other <input type="checkbox"/> Repetition <input type="checkbox"/> Assault <input type="checkbox"/> Fire/Explosion <input type="checkbox"/> Harmful Substances/Environmental			
8. Injured body part: (check all that apply)			
<input type="checkbox"/> Brain <input type="checkbox"/> Teeth <input type="checkbox"/> Upper Back <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Lower Back <input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Other:	L <input type="checkbox"/> Shoulder <input type="checkbox"/> Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm	R <input type="checkbox"/> L <input type="checkbox"/> Eye(s) <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Finger(s)	R <input type="checkbox"/> L <input type="checkbox"/> Ear(s) <input type="checkbox"/> Hip <input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Lower Leg <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Toe(s)
9.1 Describe what happened to cause the incident/injury (slipped on wet floor, struck against a protruding object, etc.):			
9.2 Describe the specific task that the worker was doing at the time of the injury (lifting a 50 lb. box, trimming branches, typing, pulling fire hose, etc.):			
9.3 Is this one of the worker's regular duties? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9.4 Describe the equipment, tools and machinery that the worker was using when injured:			
9.5 Describe the environmental condition at the time of the injury (work area, temperature, noise, chemical, gas, fumes, other person, etc.):			
9.6 Describe the nature of the injury (burn, strain, cut, etc)			

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Supervisor's Report of Injury/Incident

9.7 Describe what first aid/ treatment was administered (if any).			
B. Injury/Incident Dates and Details (Continued)			
10. Did the incident/injury happen on the employer's premises (owned, leased or maintained)? <input type="checkbox"/> Yes <input type="checkbox"/> No		10.1 Specify exact location where incident/injury happened (e.g. shop floor, warehouse, client site, parking lots, with address if available)	
11. Are you aware of any witnesses or other employees involved in this incident/injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide: Name: _____ Work location/Address: _____ Position: _____ Work Phone: _____	
12. Was anyone not working for the City of Toronto partially or totally responsible for this incident/injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide: Name _____ Phone () _____	
13. Are you aware of any prior similar or related injury or condition? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain: _____ Previous claim #, if known: _____	
14. Any concerns about this claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please ensure concerns are documented and attached to this form.			
15. For TFS Only: Incident #: _____ Shift: _____ Stn #: _____ Platoon: _____ Apparatus: _____		16. For TEMS Only: Run #: _____ Battalion: _____ 17. For Long Term Care Only: <input type="checkbox"/> Transfer (resident only) <input type="checkbox"/> Lifting (resident only) <input type="checkbox"/> Reposition (resident only) <input type="checkbox"/> Not Applicable	
18. Please ensure worker is provided with the following documents: <input type="checkbox"/> Worker's Report of Injury/Disease (WSIB Form 6) <input type="checkbox"/> Return to Work Form or Health Professional's Report of Worker's Function Form (L79) <input type="checkbox"/> Modified Work Offer (if appropriate)			

C. Health Care			
1. Did the worker receive external Health Care? (as per definition for Medical Aid Only Claims on Page 1) <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. If yes, when was the worker first treated for this injury? dd mm yy		3. When did you learn that the worker received or is going to receive health care? dd mm yy	
4. Where was the worker treated for this injury? (Check all that apply) <input type="checkbox"/> Ambulance <input type="checkbox"/> Emergency dept. <input type="checkbox"/> Admitted to hospital <input type="checkbox"/> Health professional office <input type="checkbox"/> Clinic <input type="checkbox"/> Other (explain): _____			
5. Health professional or facility who treated this worker (if known): Name _____ Address _____ Phone: () _____			

D. Lost Time			
Please choose one of the following indicators. After the day of incident/awareness of injury, this worker:			
1. <input type="checkbox"/> Returned to his/her regular job and has not lost any time and/or earnings			
2. <input type="checkbox"/> Returned to modified work and has not lost any time and/or earnings			
3. <input type="checkbox"/> Has lost time (and/or earnings) after date of injury		dd mm yy	
After date of incident, what is the next date the worker is scheduled to work? dd mm yy			
4. Date Last Worked: dd mm yy		5. Hour last worked: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
6. Normal working hours: From: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM To: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		7. Date returned to work (if known) dd mm yy <input type="checkbox"/> AM <input type="checkbox"/> PM	
8. This information was confirmed by: Name: _____ Title: _____		9. At the time of injury, did the worker work for more than one employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

E. Return to Work/Modified Work			
1. Did worker provide limitations for this injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Are you able to offer modified work to this worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Has modified work been discussed and offered to this worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, was it: <input type="checkbox"/> Accepted <input type="checkbox"/> Declined Attach a copy of the written offer provided to the worker.

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Supervisor's Report of Injury/Incident

J. Vehicle/Equipment/Apparatus			
1. Did any vehicle / equipment/apparatus contribute to the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, how?			
Type of vehicle/equipment/apparatus:			
Vehicle/equipment/apparatus number:			
Comment:			
2. Was the worker trained to use/operate this equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide date last trained (if available)			
K. Manual Material Handling/Handling of Persons			
1. Did the handling of material (bags, boxes, lumber, etc.) or persons (adults, children) contribute to the injury? If yes, list <input type="checkbox"/> Yes <input type="checkbox"/> No			
Item handled:	Approx. Weight (kg):	Approx. Size/Dimension:	
2. What changes in work procedures, tools, or equipment could have prevented this incident? (Describe changes below)			
L. Chemicals/Products			
Did the use of chemicals contribute to the injury? If yes, provide: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of chemical/product:	Was product labeled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	MSDS must be attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the worker trained to use this product? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, date last trained (if available):	
M. Environmental Conditions			
Did the condition of the physical surroundings (e.g. weather, poor housekeeping) contribute to the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain:			
N. Personal Protective Equipment (PPE)			
Was the protective equipment, which should have prevented this injury, worn or used at the time of the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, what type?		What was the condition of the protective equipment?	
O. Work Practices			
Are written work procedures outlining how this task can be performed available? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, have these procedures been clearly communicated to the worker? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, should procedures for this task be developed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
P. Incident Prevention			
1. What do you think were the immediate and root causes of this incident? (consider such as conditions, unsafe acts, personal/job factors)			
2. What acts "have you taken or do you plan to take" to prevent a future incident of this type?			Date:
3. Follow-up investigation required? (to be completed by next level of supervision or safety staff) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Form Completed by: 1. Supervisor 2. Next Level of Supervision			
Name (PRINT)	Signature	Title	Phone
1.			
2.			

The personal information on this form is collected under the authority of the City of Toronto Act, 2006, Occupational Health and Safety Act, s. 51 and 52, and Workplace Safety and Insurance Act, 1997, S. 21. The information is used for reporting injuries/incidents to the Workplace Safety and Insurance Board and/or Ministry of Labour as required by law and for statistical reporting. Questions about this collection may be directed to: Manager, Occupational Health, Safety and Workers' Compensation, Telephone no. 392-5021, 4th floor, Metro Hall, 55 John St. Toronto, ON, M5V 3C6.

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Worker's Name:

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6.5 Worker's Report of Injury / Disease

print 

reset 



Mail To: 200 Front Street West
Toronto ON M5V 3J1
OR Fax To: 416-344-4684
OR 1-888-313-7373

6

Worker's Report of Injury/Disease (Form 6)

Please PRINT in black ink

Claim Number

A. Worker Information			
Last Name		First Name	Social Insurance Number
Address (number, street, apt., suite, unit)			Telephone
City/Town	Province	Postal Code	Alternate/Cell Phone
Job Title/ Occupation (at the time you were hurt)		Date you started with employer	How long have you been doing this job for this employer?
Only check if you are one of the following:		Date of Birth	
<input type="checkbox"/> executive <input type="checkbox"/> elected official <input type="checkbox"/> owner <input type="checkbox"/> spouse or relative of the employer		dd mm yy	
Sex	Your Preferred Language		Would an interpreter be helpful?
<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other		<input type="checkbox"/> yes <input type="checkbox"/> no
Are you a member of a union?	Do you authorize your union to represent you in this claim?	If yes, do you consent to the disclosure of verbal claim file status information to your union representative?	
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Provide your Union Name and Local			

B. Employer Information		
Company/Employer Name		
Address		
City/Town	Province	Postal Code
Your Immediate Supervisor's Name		Company Telephone

C. Accident/Illness Dates & Details			
1. Date and hour of accident/Awareness of illness		2. Who did you report this accident/illness to? (Name & Position)	
dd mm yy		Name	
<input type="checkbox"/> AM <input type="checkbox"/> PM		Telephone	
Date and hour reported to employer			
dd mm yy			
<input type="checkbox"/> AM <input type="checkbox"/> PM			
3. Area of Injury (Body Part) - (Please check all that apply)			
<input type="checkbox"/> Head <input type="checkbox"/> Face <input type="checkbox"/> Eye(s) <input type="checkbox"/> Ear(s)	<input type="checkbox"/> Teeth <input type="checkbox"/> Neck <input type="checkbox"/> Chest	<input type="checkbox"/> Upper back <input type="checkbox"/> Lower back <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis	Left Right <input type="checkbox"/> Shoulder <input type="checkbox"/> <input type="checkbox"/> Arm <input type="checkbox"/> <input type="checkbox"/> Elbow <input type="checkbox"/> <input type="checkbox"/> Forearm <input type="checkbox"/>
		Left Right <input type="checkbox"/> Wrist <input type="checkbox"/> <input type="checkbox"/> Hand <input type="checkbox"/> <input type="checkbox"/> Finger(s) <input type="checkbox"/>	Left Right <input type="checkbox"/> Hip <input type="checkbox"/> <input type="checkbox"/> Thigh <input type="checkbox"/> <input type="checkbox"/> Knee <input type="checkbox"/> <input type="checkbox"/> Lower Leg <input type="checkbox"/>
		Left Right <input type="checkbox"/> Ankle <input type="checkbox"/> <input type="checkbox"/> Foot <input type="checkbox"/> <input type="checkbox"/> Toe(s) <input type="checkbox"/>	
<input type="checkbox"/> Other:		Are you: <input type="checkbox"/> Left Handed <input type="checkbox"/> Right handed	
4. Did the accident/illness happen on the employer's property or work site?		Specify where it happened (shop floor, warehouse, client/customer site, parking lot, etc.):	
<input type="checkbox"/> yes <input type="checkbox"/> no			
5. Did it happen outside the Province of Ontario?		If yes, indicate where (city, province/state, country):	
<input type="checkbox"/> yes <input type="checkbox"/> no			
6. Have you hurt this area(s) of your body before?		7. Do you have any prior related WSIB/WCB claims?	
<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> no <input type="checkbox"/> yes - In Ontario <input type="checkbox"/> yes - Outside Ontario	

A guide to complete this form is available at www.wsib.on.ca

0006A (06/07)

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6

**Worker's Report
of Injury/Disease (Form 6)**

Claim Number

Please **PRINT** in black ink

Worker Name - Last Name	First Name	Social Insurance Number
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C. Accident/Illness Dates & Details (continued)

- 8.** If you had a sudden type of accident/illness, describe your injury and what happened to cause it (e.g. hurt lower back while lifting a 50 pound box, sprained left ankle when I slipped on a wet floor, used a new cleaner and immediately got a rash). Please indicate the size, weights and names of any objects involved.
or
 If you had a gradual onset type of injury, describe your injury, the work that you do and what you believe caused your injury/condition.

- 9.** When did you first start to have problems with this injury/condition?

- 10.** If you did not report this to your employer right away, please tell us the reason why.

- 11.** If there were any witnesses to your accident, or if you mentioned your pain or problems to your supervisor or any of your co-workers, give us their names & positions.

Name	Position
1.	
2.	

- 12.** The Workplace Safety and Insurance Act requires your employer to give you a copy of the Employer's Report of Injury/Disease (Form 7).
 Did you receive a copy of the Form 7? ☐ yes ☐ no

**The Workplace Safety and Insurance Act requires you to give a copy of this report
(Worker's Report of Injury/Disease - Form 6) to your employer.**

D. Health Care Information

Give your Health Professional your WSIB Claim number.

- 1.** Did you get first aid or care at work? ☐ yes ☐ no If **yes**, when dd mm yy and by whom (Name):

- 2.** Where did you go for health care, for your injury, outside of work? **(Check all that apply)**

<input type="checkbox"/> Nursing Station <input type="checkbox"/> Emergency Department <input type="checkbox"/> Admitted to Hospital	Facility/Hospital (Name & Address)	Date of Visit (dd/mm/yy)	<input type="checkbox"/> Ambulance <input type="checkbox"/> Health Professional Office <input type="checkbox"/> Clinic	Date of Visit (dd/mm/yy)
--	------------------------------------	--------------------------	--	--------------------------

- 3.** Were you prescribed any medications/drugs? ☐ yes ☐ no

- 4.** Were you referred for any other treatment or tests? ☐ yes ☐ no

- 5.** Did you talk to your health professional about going back to regular or modified work? ☐ yes ☐ no If **yes**, were you given any work limitations? ☐ yes ☐ no

- 6.** Did you tell your employer you went for medical treatment? ☐ yes ☐ no **If no, please tell your employer right away.**

dd mm yy Name
 If **yes**, when? and to whom? Position



6

**Worker's Report
of Injury/Disease (Form 6)**

Claim Number

Please PRINT in black ink

Worker Name - Last Name	First Name	Social Insurance Number
-------------------------	------------	-------------------------

E. Lost Time & Return to Work

1. After the day of accident/illness:

☐ I returned to work to my **regular job** and **did not** lose any time or pay.

☐ I returned to **modified duties** and **did not** lose any time or pay.

☐ I **lost time and/or pay** (e.g. regular pay, shift differential, bonuses, premiums, etc.).

_____ Date you first lost time and/or pay dd mm yy

2. If you lost time, have you returned to work? ☐ yes ☐ no

If **yes** ▶ Date of your return to work dd mm yy ☐ regular work ☐ modified work

If **no** ▶ Did you discuss return to work with your employer? ☐ yes ☐ no Does your employer have modified work? ☐ yes ☐ no

F. Earnings (Do not include overtime here)

1. Rate of pay: \$ _____ per ☐ hour ☐ week ☐ other: _____

2. Usual number of pay hours: _____ per ☐ week ☐ other: _____

3. If you lost time from work after the day of accident/illness, did your employer continue to pay you? ☐ yes ☐ no

4. Have you applied for, or did you receive, any other benefits (money) while off work
(e.g. EI benefits, sick benefits, social services, insurance, etc.). ☐ yes ☐ no

5. At the time of the accident/illness did you work for more than one employer? ☐ yes ☐ no

G. Declarations and Signature

By signing below, I am claiming benefits under the Workplace Safety and Insurance Act, 1997, for a work-related injury or disease. I am also authorizing any health professional who treats me to provide me, my employer and the Workplace Safety and Insurance Board with information about my functional abilities on the WSIB's "Functional Abilities Form for Planning Early and Safe Return to Work".

It is an offence to deliberately make false statements to the Workplace Safety and Insurance Board.
I declare that all of the information provided on pages 1, 2, and 3 is true.

Signature _____ Date (dd/mm/yy) _____

Please print form & sign before returning to the WSIB

If you are under the age of 16, your parent or guardian, must authorize the release of the functional abilities information.

Signature _____ Relationship: _____ Date (dd/mm/yy) _____ Telephone _____

Please print form & sign before returning to the WSIB

Personal information about you will be collected throughout your claim under the authority of the Freedom of Information and Protection of Privacy Act and will be used to administer the Workplace Safety and Insurance Act, 1997, your claim and programs of the Board. Medical and non-medical information is collected from health care providers, vocational agencies, labour market service providers, employers, witnesses, and others as required. Your Social Insurance Number is used to register claims, identify workers and to issue income tax receipts and is collected under the authority of the Income Tax Act. Information may only be disclosed to the employer, external medical, vocational, and safety agencies, external payment and service providers, researchers, and others as authorized by the Workplace Safety and Insurance Act and the Freedom of Information and Protection of Privacy Act. Your name and telephone number may be disclosed to third party researchers conducting satisfaction surveys and focus groups. Questions should be directed to the decision maker responsible for your file or toll free at 1-800-387-5540.

A more detailed **PRIVACY STATEMENT** for workers may be found at www.wsib.on.ca or by calling toll free at 1-800-387-5540.

0006A (06/07)

next page

Page 3 of 3



6

Worker's Report of Injury/Disease (Form 6)

Claim Number

Please PRINT in black ink

Worker Name - Last Name	First Name	Social Insurance Number

K. Additional Information

[illegible]

0006A (06/07)

The Workplace Safety & Insurance Act requires you to give a copy of this report (Worker's Report of Injury/Disease - Form 6) to your employer

[home](#)

6.6 Health Professional's Report of Worker's Function – Local 79

Health Professional's Report of Worker's Function – Local 79

(Alternate to WSIB's Functional Abilities Form for Timely Return to Work)

Section A: To be completed by the worker or employer

☐ Initial Form ☐

Follow-up Form

Social Insurance No:	WSIB Claim No (if available):	Employee No:
Worker's Last Name:	First Name:	Home Telephone:
Home Address:	Postal Code:	
Date of Accident/Onset of Illness:	Area of injury (if applicable):	
Job at time of Accident/Illness:		
Department/Division:	Work Address:	
Supervisor:	Telephone:	Alternate Telephone:

Section B: To be completed by the treating health professional and returned to the worker

Nature of Injury/Illness:	<input type="checkbox"/> medical illness <input type="checkbox"/> injury (please indicate)
Estimated Recovery Time:	Is Complete Recovery Expected? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please specify further treatment required, if any:	

Ability to Work (Check only one)

<input type="checkbox"/> Able to return to work immediately without restrictions			
<input type="checkbox"/> Able to return to modified duties. Modified duties are recommended fordays orweeks			
<input type="checkbox"/> Unable to participate in any work, including modified duties fordays orweeks			
If the worker has any functional limitations: please check the necessary precaution(s).			
LIFTING: (floor to knuckle)	<input type="checkbox"/> No loads > 20 kg	<input type="checkbox"/> No loads > 10 kg	<input type="checkbox"/> Occasional lifting only
LIFTING: (knuckle to chest)	<input type="checkbox"/> No loads > 20 kg	<input type="checkbox"/> No loads > 10 kg	<input type="checkbox"/> Occasional lifting only
LIFTING: (above chest)	<input type="checkbox"/> No loads > 20 kg	<input type="checkbox"/> No loads > 10 kg	<input type="checkbox"/> Occasional lifting only
CARRYING:	<input type="checkbox"/> No loads > 20 kg	<input type="checkbox"/> No loads > 10 kg	<input type="checkbox"/> Occasional carrying only
PUSHING/PULLING:	<input type="checkbox"/> No heavy pushing/pulling	<input type="checkbox"/> Occasional pushing/pulling	<input type="checkbox"/> Avoid pushing/pulling
HAND FUNCTION:	<input type="checkbox"/> Avoid repetitive hand motion	<input type="checkbox"/> No strong gripping	<input type="checkbox"/> Avoid gripping
REACHING:	<input type="checkbox"/> No prolonged overhead reaching	<input type="checkbox"/> No overhead reaching	<input type="checkbox"/> Avoid any reaching
SITTING:	<input type="checkbox"/> No prolonged sitting		
STANDING:	<input type="checkbox"/> No prolonged standing	<input type="checkbox"/> Avoid standing	
WALKING:	<input type="checkbox"/> No prolonged walking	<input type="checkbox"/> Avoid uneven ground	<input type="checkbox"/> Avoid walking
CLIMBING: (stairs/ladders)	<input type="checkbox"/> Occasional climbing only	<input type="checkbox"/> No ladder climbing	
STOOPING/BENDING:	<input type="checkbox"/> No prolonged stooping/bending	<input type="checkbox"/> Occasional stooping/bending only	<input type="checkbox"/> Avoid stooping/bending
CROUCHING/KNEELING:	<input type="checkbox"/> No prolonged crouching/kneeling	<input type="checkbox"/> Occasional crouching/kneeling only	<input type="checkbox"/> Avoid crouching/kneeling

Are there any contraindications to the testing process if the City's disability management staff recommend this employee for functional abilities testing?

☐ Yes ☐ No

Comments/Specific Limitations: Please describe any additional related precautions or medical restrictions pertaining to – effects of medication, driving vehicles or operating equipment, physical exertion, vibration, work environment, work hours.

Health professional's name and title (PLEASE PRINT):	
Address:	Postal Code:
Telephone:	Signature:
Examination date:	Date:
Next appointment date:	

Section C: Worker Consent (to be completed by the worker)

I authorize the health professional involved with my treatment to provide to those persons in the employ of the City responsible for seeking to accommodate my functional limitations, and the Workplace Safety and Insurance Board (if application) with this completed form. Any further information or clarification concerning my specific functional limitations shall be only to Employee Health and Rehabilitation and shall not be provided to any other person or agency.

Signature: _____ Date: _____

6.7 Child Abuse Reporting Forms

5. The Supervisor of Staff Support will keep individual, confidential file records to track and properly maintain all documentation relating to suspected child abuse or neglect.

B. Record of Suspected Child Abuse Reporting Form

General Information		
Date Incident Occurred (dd/mm/yy):	Time Incident Occurred: AM / PM	Time of Report: AM / PM
Name of Centre / Facility / Park where Incident Occurred:		
District:		

Child / Family Information		
Child's Name (first, last)	Child's Phone Number:	Child's Age:
Names of Siblings (if known): 1.		Age:
Names of Siblings (if known): 2.		Age:
Names of Siblings (if known): 3.		Age:
Names of Siblings (if known): 4.		Age:
Name of Child's School (if known):		

Parent / Guardian Information	
Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____	Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____
First Name:	First Name:
Last Name:	Last Name:

Parent / Guardian Information	
Home Address:	Home Address:
Phone (home):	Phone (home):
Phone (work):	Phone (work):
Phone (cell):	Phone (cell):

COMMON SITES FOR BRUISES	Use the figure to the left to describe the location of marks, if any.
<p>COMMON SITES FOR BRUISES</p> <p>forehead, temples, cheeks, knees, shins, elbows, wrists</p>	
<p>QUESTIONABLE SITES FOR BRUISES</p> <p>between eyebrows, nose, ears, cheeks, neck, tips of shoulders, arms, abdomen, pubic area, thighs, back of head, neck, spine, buttocks, back of thighs, calves</p>	

WADING POOL MANUAL

[illegible]

Witness Information			
Witness 1	Witness 2	Witness 3	Witness 4
First Name:	First Name:	First Name:	First Name:
Last Name:	Last Name:	Last Name:	Last Name:
Relationship to Child (if any):	Relationship to Child (if any):	Relationship to Child (if any):	Relationship to Child (if any):
Phone (home):	Phone (home):	Phone (home):	Phone (home):
Phone (work):	Phone (work):	Phone (work):	Phone (work):
Phone (cell):	Phone (cell):	Phone (cell):	Phone (cell):

Children's Aid Society Information	
Check applicable children's aid society that report was made to:	
<input type="checkbox"/> Children's Aid Society of Toronto <input type="checkbox"/> Catholic Children's Aid Society of Toronto <input type="checkbox"/> Jewish Family and Child – Greater Toronto Area <input type="checkbox"/> Native Child and Family Services	
Date of Call:	Time of Call:
Name of Intake Worker:	
Comments / Direction from Intake Worker:	

Police Information – If Applicable	
Division:	Division:
Name:	Name:
Badge Number:	Badge Number:

[illegible]

Reporting Staff / Volunteer			
First Name:		Last Name:	
Position:	Employee Number:	Phone (work):	Phone (home):
Reported to (Supervisor / CRP):		Date:	
		Time:	
Signature of Reporting Staff / Volunteer:		Date:	

Full-Time Supervisor	
Name:	Signature:
Date:	

Please attach any additional related documentation.

The personal information on this form is collected under the authority of the City of Toronto Act, 2006, S. 136(c) and Ontario Child and Family Services Act, R.S.O. 1990, Chapter C.11, Section 72 (1).

The information will be used to document incidents of suspected child abuse for the purpose of sharing this information with a children's aid society, in the interest of protecting children. Questions about this collection can be directed to the Manager of Staff Support Unit, at Etobicoke Civic Ctr., 1st Floor, North Block, Etobicoke, ON M9C 2Y2 or by telephone at 416-394-5460.

6.8 Major Emergency Report



Economic Development, Culture & Tourism – All Divisions

Major Emergency Report

Category of Emergency

<input type="checkbox"/> Medical Emergency	<input type="checkbox"/> On-premise Incident (E.g. Police Arrest, Bomb Threat)
<input type="checkbox"/> Serious Facility Incident (E.g. Fire, Structural Collapse)	<input type="checkbox"/> Facility Closure (Due to Weather/Environmental Disaster)
<input type="checkbox"/> Hazardous Materials (Gas Leak, Fluid Spill, Etc.)	<input type="checkbox"/> Programs Cancelled Due to Alternate Use of Facility
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Facility Evacuation

Centre/Facility:	District:	Region:	Date of Report Day/Month/Year
Name of Participant:		Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address: <input type="checkbox"/>		Telephone: (H)	(B):

Facility Specifics

Time of Facility Opening:	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Was Facility Closed for Emergency?	<input type="checkbox"/> no <input type="checkbox"/> yes	Time Facility Closed for Emergency:	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Location of emergency within building:					
Activity participant was engaged in: (Program Name)					
Situation was reported by:	<input type="checkbox"/> participant <input type="checkbox"/> witness <input type="checkbox"/> staff person <input type="checkbox"/> other	Name of person situation was reported to:			
Situation was reported to:	<input type="checkbox"/> staff <input type="checkbox"/> permit holder <input type="checkbox"/> police (badge #) <input type="checkbox"/> other	Time Reported:	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		

Action Plan

911/EMS called:	<input type="checkbox"/> no <input type="checkbox"/> yes	Time of EMS Call:	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Ambulance Dispatch #
Recommended Medical Attention?	<input type="checkbox"/> no <input type="checkbox"/> yes	Details:		
Media Hotline Called:	<input type="checkbox"/> yes	Name of Person contacted:		
Instructions given by Media Hotline Representative:				
Description of Injury/Situation:				
First Aid or Care Given:				
Staff Person(s) Providing Care/Direction to Participant:		Tel:	Employee #	
		Tel:	Employee #	

Economic Development, Culture & Tourism – Parks and Recreation Division

Page ____ of ____

**Major Emergency Report: Detailed Statement by Participating Staff
Person/Volunteer/Witness**

Centre/Facility:	District:	Region:	Date of Occurrence Day//Month//Year
Name of Staff Person:	Employee No.	Time of Occurrence ____ a.m. ____ p.m.	
Address:		Telephone:	

Please provide details of your involvement in this occurrence from the point of subject recognition to the time when the subject left the facility. Comment only on facts. Eg. I was informed by The type of incident was ... I did ... The witness/victim said ...

Staff Signature: _____

Date: _____

(Attach extra pages if required)

Page 3/5
EDCT-P&R: FEB 2002

Witness Information

Did staff person witness situation: <input type="checkbox"/> no <input type="checkbox"/> yes → if yes, name of staff person(s)			
Witness #1	Name:	Phone: (H)	(B)
Witness #2	Name:	Phone: (H)	(B)

Facility Conditions (complete where applicable)

Temperature: Water	Air	Pool Chemistry: Cl2	pH	Room Conditions:
Weather Conditions: <input type="checkbox"/> N/A		Number of people in program or room at the time of incident:		
Equipment Conditions:				
Additional Notes/Comments:				

All Staff

List All Other Staff on duty, including position and employee #:
--

Follow-up

Other key staff informed concerning this situation:	Name:	Position:	Time:	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.
	Name:	Position:	Time:	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.
Others notified: (Parents, Poison Control, etc.) Name:				Tel:	
Comments:					
Other follow-up action taken:					

Report completed by:(print name)	Signature:	Date:
Full-time staff reviewing the report:	Signature:	Date:
Supervisor's Name:	Signature:	Date:
Manager's Name:	Signature:	Date:
Director's Name:	Signature:	Date:

Attach additional pages, information, or reports to this form as required. Please forward the signed & completed form to the District Supervisor of Staff Support.

Facility Specifics

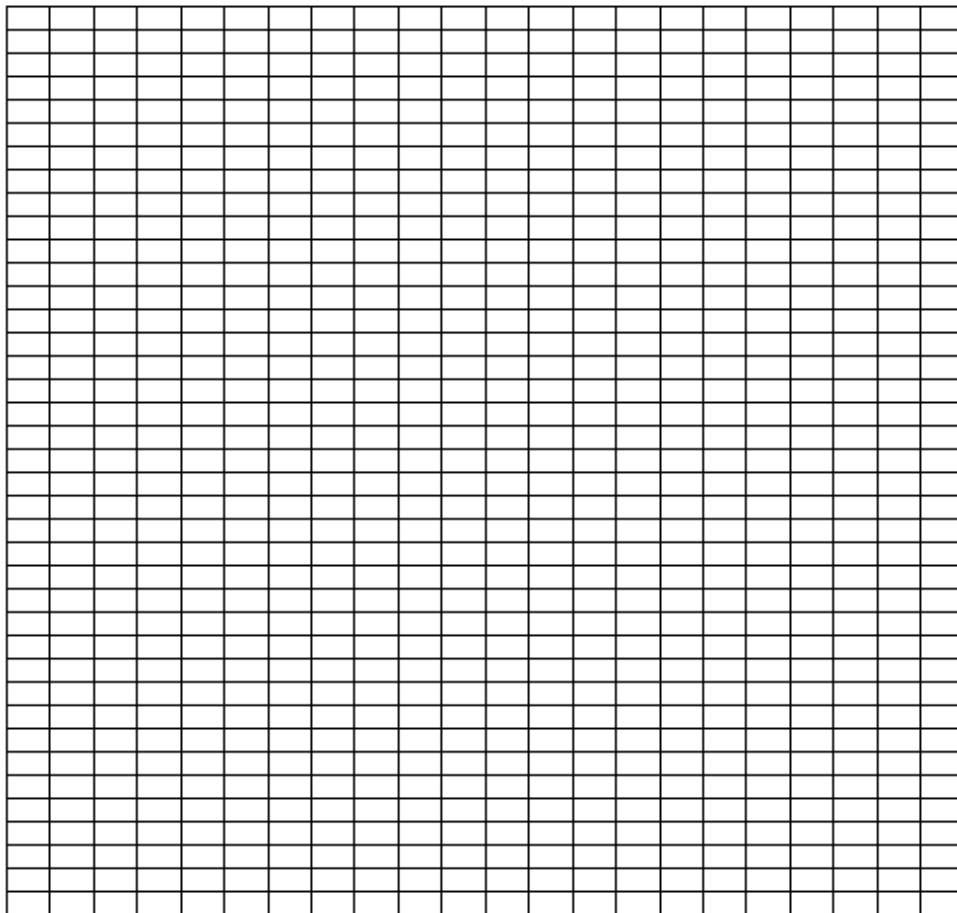
Please draw an outline of the floor plan of area of the facility where the incident occurred on the grid below.

Pool Locations:

Please indicate the following details on the drawing: location of ladders, guard chairs, buoy lines, staff office, diving board, slide, any other items pertinent to the situation. Indicate with an (X) where the situation occurred, and mark the position (1, 2, 3, etc.) of each aquatic staff person on duty when the emergency situation occurred and the path they followed immediately after recognition of the incident.

Other Locations:

Please indicate the following details on the drawing: location of trees, playground equipment, gym equipment, staff office, any other items pertinent to the situation. Indicate with an (X) where the situation occurred, and mark the position (1, 2, 3, etc.) of each staff person on duty when the emergency situation occurred and the path they followed immediately after recognition of the incident.



6.9 Minor Injury / Incident Report



Parks, Forestry and Recreation Division

Participant Minor Injury/Incident Report

Total # of Pages
(Including Form)

<input type="checkbox"/> Participant Injury	<input type="checkbox"/> Incident	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Theft	<input type="checkbox"/> Aggressive Behaviour	<input type="checkbox"/> Other:
---	-----------------------------------	--	--------------------------------	---	---------------------------------

Centre/Facility:	District:	Region:	Date of Report Day // Month // Year
Name of Participant	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:	Telephone:		

Situation Details

Date of Occurrence Day // Month // Year	Time of Occurrence: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Location/Room:
Activity participant was engaged in: (Program Name)	Weather Conditions: <input type="checkbox"/> N/A	
Situation was reported by:	Name of person situation was report to:	
<input type="checkbox"/> participant <input type="checkbox"/> staff	<input type="checkbox"/> witness <input type="checkbox"/> permit holder	<input type="checkbox"/> staff person <input type="checkbox"/> police (badge #) <input type="checkbox"/> other
Situation was reported to:	Time Reported: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	

Description of Injury/Incident:			
First Aid or Care Given:			
911/EMS called: <input type="checkbox"/> no <input type="checkbox"/> yes	Time of EMS call: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	On-call staff notified: <input type="checkbox"/> no <input type="checkbox"/> yes	Name:
Staff Person Providing Care/Direction to Participant:			Employee Position:

Witness Information (Note: All non-staff witnesses must be read or have the Notice of Collection Statement (see bottom of Page 2) made available to them prior to recording their information on this form.)

Did staff person witness situation: <input type="checkbox"/> no <input type="checkbox"/> yes → If yes, name of staff person(s):	
Witness #1	Name: _____ Phone: (H) _____ (B) _____
Witness #2	Name: _____ Phone: (H) _____ (B) _____

Follow-up

Other key staff informed concerning this situation:	Name: _____ Position: _____ Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	Name: _____ Position: _____ Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Follow-up action taken: (E.g.: parent notified, medical attention recommended, repairs requested)	

Report completed by: (print name)	Signature: _____	Date: _____
Full-time staff reviewing the report:	Signature: _____	Date: _____
Supervisor of Recreation & Facilities:	Signature: _____	Date: _____
Attach additional pages, information, or reports to this form as required. Please forward the signed & completed form to the Manager of Management Services for the Recreation Branch.		

Please use this space to document additional factual information concerning the incident as necessary.

Notice of Collection Statement

The personal information on this form is collected under the authority of the City of Toronto Act, 1997, Municipal Act, 2001, S.O. 2001, c.25, s. 11(2) and 227(c) and Article VIII of Chapter 169 of the Municipal Code. The information is used to document details and report incidents that occur when assisting a Parks, Forestry and Recreation participant by staff. Questions about this collection can be directed to the Director of Community Recreation at North York Civic Centre, 3rd Floor, Toronto, M2N 5V7, or by telephone at 416-392-1906.

Records Retention

This form, together with any attachments, must be retained in a secured area for a minimum of 2 years under the authority of the City of Toronto Records Retention By-law 989-2004. For more information, contact Corporate Records and Archives Services.

6.10 Aquatic Shift Change Form

This form must be submitted to the appropriate Community Recreation Programmer or designate in advance of the shift change. The shift is the responsibility of the original staff, until this form is approved by your Community Recreation Programmer or designate.

All replacement staff must hold the minimum qualifications for the position they are replacing, bring original awards and have attended the current session's staff training.

Instructional – All appropriate lesson plans, test sheets and shift information must be passed on to the replacement.

Guarding – All relevant information regarding the shift must be communicated to the replacement.

Staff name:	Phone #:
Position:	Location:
Time of shift:	Date of shift:

Name of replacement:	Phone #:
----------------------	----------

Hereby, I agree to replace _____ for the above shift. I understand that by signing this form the shift will become my responsibility and I meet all of the replacement criteria (hold minimum awards for position, will bring originals of my awards and have attended the current session's staff training).

Replacement Signature:
Date:

Date form submitted:

Checklist	
<input type="checkbox"/>	Lesson plans received
<input type="checkbox"/>	Test sheets received
<input type="checkbox"/>	Awards checked
<input type="checkbox"/>	Shift change noted in logbook

Shift change form was approved by (Aquatic Community Recreation Coordinator or designate):

Printed name:	Position:
Signature:	Date:

White – Location Copy (stays at the pool) **Yellow** – Replacements Copy

6.11 Performance Appraisals

Purpose/Expectations

The City of Toronto Parks and Recreation Department supports the practice of regular employee performance appraisals. The primary purpose of the appraisal is to facilitate the personal and professional development of the employee. Completion of this form helps to establish performance standards, formally recognizes past contributions and accomplishments and identifies areas where future growth is required to benefit the department and residents of the City.

All staff members are to be evaluated at least once per hiring season, in each position held, usually at the end of a session (Fall, Winter, Spring are considered one season/Summer is consider one season). Performance appraisals should be prepared in advance. When conducted by senior part-time staff, appraisals are to be reviewed with the appropriate full-time staff. Appraisals are conducted/presented in person, in a setting that is private and conducive to giving and receiving useful feedback on performance of job responsibilities.

PERFORMANCE APPRAISAL GUIDE		
Rating	Scale	Definition
E	Exceeds City Standards/ Requirements	<ul style="list-style-type: none">• Exceeds requirements of performance standards/job description• Thorough knowledge• Above standard
M	Meets City Standards/ Requirements	<ul style="list-style-type: none">• Meets requirements of performance standards/job description• Sufficient or adequate knowledge• Standard
B	Below	<ul style="list-style-type: none">• Meets some requirements of performance standards/job description• Minimum knowledge• Below standard
N/A	N/A	<ul style="list-style-type: none">• Does not necessarily apply during the period of evaluation

Only one letter should be used in each of the "Skill or Quality" areas to indicate performance. Where an employee's performance is indicated to be above or below the departmental expectation rating of satisfactory (1), comments must be provided to substantiate the scoring. Please attach additional sheets/documents where required/appropriate.

Employee Name: _____ Position: _____ Primary Work Location: _____ Overall Rating: _____	Employee Number: _____ Date of Appraisal: _____ Interim Report <input type="checkbox"/> Annual Report <input type="checkbox"/> Final Report <input type="checkbox"/>
This appraisal reviews performance for the period from _____ to _____	

Employee please note: Your signature indicates only that you have read this evaluation. Any comments should be noted in the space provided or on separate reports.

Evaluator Name	Signature	Date
(print) : _____	: _____	: _____
Employee Signature:		Date
_____		: _____
Reviewed by (print)	Signature	
_____	: _____	
Title:		Date
_____		: _____

<u>Parks and Recreation Department</u> PERFORMANCE APPRAISAL FORM <u>Part-time/Seasonal Aquatic Staff</u>	RATING			COMMENTS
	E	M	B	
General Knowledge: job requirements general knowledge of relevant program areas City/Facility policies and procedures				
Administrative Skills: Meets deadlines cash handling procedures statistics management incident/accident forms instructional paperwork other [as required]				
Communication Skills: (Written, Verbal & Listening) with participants [instructional and leisure]				

settings]				
with parents [in instructional and recreational settings]				
customer service/public relations				
working relationship with co-workers and supervisor				
acceptance of guidance and feedback				
Instructional Abilities:				
class organization and implementation				
appropriate use of drills				
effective use of progressions				
class safety				
Uniform/Punctuality:				
punctuality [in instructional and recreational settings]				
professional appearance/ appropriate uniform				
Lifeguarding Abilities:				
attentiveness/alertness/vigilance				
scanning abilities				
In-service Training:				
Attended all training sessions				
completed all skills at standard (highest qualification)				
Leadership/ Supervisory Abilities:				
planning, organizing, flexibility and judgement				
behaviour management and staff guidance				
ability to give an receive constructive feedback				
ability to conduct performance appraisals				

**Other comments by
Evaluator**

Employee Comments

6.12 Band Aid Request & Minor Treatments Form



Parks, Forestry and Recreation

Band-Aid Request & Minor Treatments Form

POOL NAME: _____

[illegible]

6.13 Group Admittance Form



**Economic Development, Culture & Tourism
Parks, Forestry and Recreation Division**

Group Admittance Form	
Date:	Pool:
Visiting Group:	
Address:	
Telephone:	
Postal Code:	
Fax Number:	E-mail:
Supervisor/Contact Name:	

[illegible]

6.14 Cellular Phone Waiver

The phone you are receiving is only to be used to call Community Recreation Programmer or designate or to make an emergency phone call. You are not to use this phone without authorization or for personal calls. Failure to comply with this policy will be dealt with immediately by the Community Recreation Programmer or designate.

I, _____, have received a cellular phone (serial number _____) for the purposes of completing my work tasks. I understand that if I lose or damage this cellular phone, I will be financially responsible to replace or repair it and that I must personally return this cellular phone to my Community Recreation Coordinator or designate at the end of the summer season. I am not to lend the cellular phone to anyone or have anyone return the cellular phone for me.

Wading Pool: _____ Phone Number: _____

Staff Name: _____ Staff Signature: _____

6.15 Key Waiver

The keys you are receiving are only to be used to enable you to complete your work as assigned. You are not to be in your workplace or any other facility after hours without authorization from your Community Recreation Programmer or designate and you are not permitted to use your keys to access the facility for any reason other than properly assigned work. Failure to adhere to this policy will result in disciplinary action up to and including dismissal.

Staff Name: _____

Staff Signature: _____

Key Numbers: _____

Cell phone return date: _____

Community Recreation Programmer or designate signature: _____

Key return date: _____

Community Recreation Programmer or designate signature: _____

6.16 Daily Log Book



DAILY LOGBOOK

_____ WADING POOL

SUMMER 20____

DATE: _____

STAFF ON DUTY TODAY: _____

FACILITY CHECK:		ACTION TAKEN	FIRST AID SUPPLIES	ACTION TAKEN
Pool Basin			First Aid Manual	
Cleaning Equipment			12 Safety Pins	
Emergency Phone			12 Adhesive Dressings	
Porta Potties			4 Sterile Gauze Pads	
Recreation Equipment			2 Rolls Gauze Badgs.	
Chemicals			2 Sterile Surgical Pads	
Admin Supplies			2 Triangular Bandages	
Operating Equipment			1 Roll Up Splint	
Eye Wash Bottle (change water daily)				

Operational Information

What was the condition of your wading pool upon arrival, (i.e. broken glass, leaves, etc).

How long did it take to clean the wading pool? (minutes) _____

Weather conditions/temperature today. _____

Pool Filling	Start Time:	am/pm	End Time:	am/pm
Pool Draining	Start Time:	am/pm	End Time:	am/pm

TIME	PH	FAC	Cleanliness	Action Taken	Initials

WADING POOL MANUAL

Notes: (i.e. include majors, minors, vandalism, lost and found items, deliveries, maintenance, repairs, visits by supervisors, etc.)

[illegible]

By signing below, you are confirming that the logbook entries of today are up to date and have not been tampered with.

[illegible]

6.17 Total Wading Pool Bather Load



Parks, Forestry and Recreation

SUMMER 2011 TOTAL WADING POOL BATHER LOAD

Marie Curtis July 16th - July 22nd

	SAT 16-Jul-11		SUN 17-Jul-11		MON 18-Jul-11		TUES 19-Jul-11		WED 20-Jul-11		THURS 21-Jul-11		FRI 22-Jul-11	
	Children (0-14)	Guardians (14+)	Children (0-14)	Guardians (14+)	Children (0-14)	Guardians (14+)	Children (0-14)	Guardians (14+)	Children (0-14)	Guardians (14+)	Children (0-14)	Guardians (14+)	Children (0-14)	Guardians (14+)
10am-11am														
11am-12pm														
12pm-1pm														
1pm-2pm														
2pm-3pm														
3pm-4pm														
Permits:														
TOTALS														
DAILY TOTAL														

6.18 Mosquito Bite Log



Parks, Forestry and Recreation Mosquito Bite Log *

#	Employee Name	Date of Report	Date of Incident	Work Location	Area of Body Bitten	Repellent Used	% DEET

Note:

1. Bites must be reported on the day of bite
2. If employee requests Medical Aids, it must be provided. Supervisor Accident/Incident Report must be completed

6.19 Workplace Violence Work Location Risk Assessment



Workplace Violence Work Location Risk Assessment

Operational Guidelines for the ANNUAL Completion of a Work Location Risk Assessment

1. Assemble a staff team with a minimum of 3 people that will complete the Work Location Risk Assessment.
 - a. Include representation from:
 - i. On-site supervisors (Community Recreation Programmer, Lead hand)
 - ii. Facilities or Parks staff (Labourer 1, Gardener, Horticulture)
 - iii. Senior part-time (In-charge, camp director, pool manager etc...) staff that are familiar with opening and closing procedures
 - iv. Supervisory/management staff (optional)
2. With the appropriate form in hand, as a group, tour the facility both inside and out completing the form as you go.
 - a. Please take a moment to survey the outside and take into account, different seasons, and different amounts of daylight. For example, during the summer, a shrub may completely block sightlines, providing a perfect hiding place, but in the late fall and winter this is not the case.
3. Note areas of the facility that pose a risk to safety; areas that allow individuals so inclined to inflict violence.
 - a. Isolated areas
 - b. Cash handling areas
 - c. Poorly lit areas
 - d. Areas lacking in security cameras
 - e. Areas far from help or emergency phones
 - f. Areas hidden from view by walls, shrubbery, bushes, berms
4. Complete the form, taking the time to print neatly and legibly. Ensure you provide specific and accurate information.
5. Debrief with the team to determine how best to mitigate (reduce) identified risks.
6. Follow up with direct Supervisor for approval on action to be taken to reduce identified risk.
7. Submit form to PFR Health and Safety Unit.
8. Implement approved procedures for risk reduction.

NOTE:

- This risk assessment may be reviewed and repeated more than once a year, to ensure the safety of you and your staff. Should issues such as: increased incidents of workplace violence, renovations, construction or landscaping changes to your facility or immediate surroundings be completed, new risk assessments must be completed.



Workplace Violence Work Location Risk Assessment

Part 1					
Complete this form if an incident as described above has occurred at your location					
Workplace Name:		Workplace Address			
Branch:		District:	Date:		
Form Completed By:		Affiliation			
		<input type="checkbox"/> L79 <input type="checkbox"/> 416 <input type="checkbox"/> Management			
		<input type="checkbox"/> L79 <input type="checkbox"/> 416 <input type="checkbox"/> Management			
		<input type="checkbox"/> L79 <input type="checkbox"/> 416 <input type="checkbox"/> Management			
A. Previous Incidents – within the past 2 years					
					Comments and details:
1.	One or more employees have experienced verbal or written harassment or abuse by clients, members, members of the public and or City employees.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.	One or more employee have been physically or sexually assaulted by clients, members of the public and or City employees.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3.	One or more employees have required first aid, medical aid or experienced a lost time injury as a result of workplace violence.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4.	One or more employees have formally expressed concern about the potential for workplace violence to directly affect them.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5.	There have been past incidents of violence in the parking lot or surrounding area.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
B. Workplace					
					Comments and details:
6.	The workplace environmental design negatively impacts workplace safety – ie: lack of windows, blocked sightlines.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7.	The workplace is in the vicinity of buildings or businesses that are at risk of violent crime.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
8.	The workplace is situated in a high crime area.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
9.	The workplace is isolated from other buildings.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
10.	There is evidence of vandalism (includes graffiti) on the property or adjacent properties.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
11.	Criminal, violent and or impaired individuals are known to access the workplace	<input type="checkbox"/> Yes <input type="checkbox"/> No			
C. Other Criteria					
		High	Medium	Low	Comments and Justification:
12.	Likelihood of violent incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Magnitude of violent incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Vulnerability of staff to the threat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Part 2					
Work Location Assessment:					
Parking Lot				Summarize any identified risks affecting workplace violence	
15.	Entrances and exits well marked	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16.	Signs with security reminders (e.g. lock your car)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
17.	Adequate lighting	<input type="checkbox"/> Yes <input type="checkbox"/> No			
18.	Pass cards control access	<input type="checkbox"/> Yes <input type="checkbox"/> No			
19.	After-hours parking	<input type="checkbox"/> Yes <input type="checkbox"/> No			
20.	Signs of vehicles have been stolen or broken into	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Building Perimeter				Summarize any identified risks affecting workplace violence	
21.	Adequate lighting	<input type="checkbox"/> Yes <input type="checkbox"/> No			
22.	Possible hiding spaces	<input type="checkbox"/> Yes <input type="checkbox"/> No			
23.	Video surveillance	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Workplace Violence Work Location Risk Assessment

Security Systems		Summarize any identified risks affecting workplace violence	
24.	Security system in place	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25.	Security system regularly tested	<input type="checkbox"/> Yes <input type="checkbox"/> No	
26.	Security guards available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
27.	Signs that security system is in place	<input type="checkbox"/> Yes <input type="checkbox"/> No	
28.	Security cameras and mirrors in place as deterrent	<input type="checkbox"/> Yes <input type="checkbox"/> No	
29.	Access controlled by reception, coded cards or keys	<input type="checkbox"/> Yes <input type="checkbox"/> No	
30.	Reception area continuously staffed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
31.	Receptionist works alone	<input type="checkbox"/> Yes <input type="checkbox"/> No	
32.	Emergency call button at reception area	<input type="checkbox"/> Yes <input type="checkbox"/> No	
33.	Visitor policy to identify and escort visitors	<input type="checkbox"/> Yes <input type="checkbox"/> No	
34.	Means of summoning immediate assistance if workplace violence occurs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signage		Summarize any identified risks affecting workplace violence	
35.	Signs identifying where to get emergency assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
36.	Visitor areas/employee areas clearly marked	<input type="checkbox"/> Yes <input type="checkbox"/> No	
37.	Exit signs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
38.	PFR Code of Conduct for visitors clearly posted	<input type="checkbox"/> Yes <input type="checkbox"/> No	
39.	Hours of operation clearly posted	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Areas Where Someone Might Hide		Summarize any identified risks affecting workplace violence	
40.	Stairwells free of hiding spaces	<input type="checkbox"/> Yes <input type="checkbox"/> No	
41.	Stairwells are well lit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
42.	Empty rooms that should be locked are locked	<input type="checkbox"/> Yes <input type="checkbox"/> No	
43.	Doorways are not recessed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
44.	Single or minimal points of entry	<input type="checkbox"/> Yes <input type="checkbox"/> No	
45.	Good visibility in elevator before entry	<input type="checkbox"/> Yes <input type="checkbox"/> No	
46.	Emergency phone or call button in elevators	<input type="checkbox"/> Yes <input type="checkbox"/> No	
47.	Public uses different washroom than staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	
48.	Washrooms are checked before building is vacated	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Service Counters		Summarize any identified risks affecting workplace violence	
49.	Barriers between employee and client (e.g. Plexiglas)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
50.	Adequate spacing across desk between employee and client	<input type="checkbox"/> Yes <input type="checkbox"/> No	
51.	Other employees in close proximity	<input type="checkbox"/> Yes <input type="checkbox"/> No	
52.	Area free of items that can be used as weapons	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interview and Meeting Rooms (where meetings with clients are held)		Summarize any identified risks affecting workplace violence	
53.	Nature of work makes meeting room potential risk area	<input type="checkbox"/> Yes <input type="checkbox"/> No	
54.	Separate interview/meeting rooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	
55.	Other employees can see inside meeting/interview room	<input type="checkbox"/> Yes <input type="checkbox"/> No	
56.	Furniture arranged to allow for emergency exits	<input type="checkbox"/> Yes <input type="checkbox"/> No	
57.	Alarm system in place	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual Offices or other discrete work areas where Workplace Violence may be anticipated		Summarize any identified risks affecting workplace violence	
58.	Certain employees at higher risk because of office layout or location	<input type="checkbox"/> Yes <input type="checkbox"/> No	
59.	Furniture allows for minimum distance between employees and clients	<input type="checkbox"/> Yes <input type="checkbox"/> No	
60.	Furniture allows for quick exit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
61.	Interior visible from outside	<input type="checkbox"/> Yes <input type="checkbox"/> No	
62.	Objects that can be used as weapons removed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inputted By:		Date:	

6.20 Workplace Violence Employee Risk Assessment



Workplace Violence Employee Risk Assessment

According to the Occupational Health and Safety Act, the Parks, Forestry and Recreation Division must conduct risk assessment for violence in the workplace. This confidential Employee Risk Assessment is intended to identify potential areas for violence. Your participation in this survey is very important in identifying and preventing violence from taking place. Please take a few moments and complete the Employee Risk Assessment. When completed, please return it to your Supervisor.

Please check your workplace (check only one):			
<input type="checkbox"/> Community Centre	<input type="checkbox"/> Service Yard	<input type="checkbox"/> Green House/Conservatory	<input type="checkbox"/> City Hall
<input type="checkbox"/> Arena	<input type="checkbox"/> Park	<input type="checkbox"/> Ski Hill	<input type="checkbox"/> Civic Centre
<input type="checkbox"/> Pool	<input type="checkbox"/> Field House	<input type="checkbox"/> A.I.R.	<input type="checkbox"/> Other:
Branch:		Section:	Job Title:
1. Have you experienced verbal abuse (swearing, insults, teasing, bullying) in your position?			
From a co-worker?		Comments:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
From a member of the public?		Comments:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, did you report it to your Supervisor?		Comments:	
<input type="checkbox"/> Verbally <input type="checkbox"/> Written			
2. Have you experienced verbal or written threats in your position?			
From a co-worker?		Comments:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
From a member of the public?		Comments:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, did you report it to your Supervisor?		Comments:	
<input type="checkbox"/> Verbally <input type="checkbox"/> Written			
3. Have you been threatened with physical harm (i.e. someone shaking a fist, throwing objects, committing vandalism) in your position?			
From a co-worker?		Comments:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
From a member of the public?		Comments:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, did you report it to your Supervisor?		Comments:	
<input type="checkbox"/> Verbally <input type="checkbox"/> Written			
4. Have you ever experienced a physical assault or attack in your position?			
From a co-worker?		Comments:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
From a member of the public?		Comments:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, did you report it to your Supervisor?		Comments:	
<input type="checkbox"/> Verbally <input type="checkbox"/> Written			
5. As an employee, do you ever:			
<input type="checkbox"/> Work alone or with a small number of coworkers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Work in a public-based setting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Work late at night or early in the morning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Work in a location where money is handled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Work in an indoor office environment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Meet clients at their homes or in the community?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. Please describe what aspect of your position poses a risk for violence.			
7. Do you feel the necessary precautions or procedures are in place to address workplace violence?			
<input type="checkbox"/> Verbally <input type="checkbox"/> Written		Comments:	
8. Additional comments:			

6.21 Workplace Violence and Threat Report



Workplace Violence and Threat Report

Submit to the PFR Health and Safety Unit within 30 days of the incident.

Part 1			
Incident includes any act of "violence", such as: <ul style="list-style-type: none"> Physical acts of hitting, shoving, pushing, kicking and sexual assault An attempt to exercise physical force against a worker that could cause physical injury to the worker Any threat, behavior or action which is interpreted to carry the potential to harm or endanger the safety of to others, result in an act of aggression, destroy or damage property, or a bomb threat Disruptive behavior that is not appropriate to the work environment such and yelling and swearing 			
Complete this form if an incident as described above has occurred at your location			
Subject Name and Address (if known):		Date of Incident: dd/mm/yy	
		Was the Subject a: <input type="checkbox"/> Employee <input type="checkbox"/> Participant <input type="checkbox"/> Public <input type="checkbox"/> Other (specify) _____	
If Unknown, please describe the Subject: (male/female, clothing, distinct features)			
Employee(s) directly involved with the incident:			
Name	Job Title	Employee #	Phone #
1. Type of Incident			
<input type="checkbox"/> Verbal threat <input type="checkbox"/> Threatening behavior/gestures <input type="checkbox"/> Attempted assault <input type="checkbox"/> Property damage		<input type="checkbox"/> Written threat (Email or other) <input type="checkbox"/> Bomb threat <input type="checkbox"/> Assault causing bodily harm <input type="checkbox"/> Other (describe):	
Harassment (Note: Procedures outlined in Anti-Harassment Policy to be followed) <input type="checkbox"/> Sexual harassment <input type="checkbox"/> Other forms of harassment			
2. Place where incident occurred			
Location name and address		Exact site within location/room where incident occurred	
3. Time incident occurred			
<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			
4. Factors which led to the incident			
<input type="checkbox"/> Dissatisfied with service <input type="checkbox"/> Aggressive recreational activity <input type="checkbox"/> Challenged authority leadership		<input type="checkbox"/> Alcohol/Drug related <input type="checkbox"/> Asked to leave facility <input type="checkbox"/> Parent involvement	
<input type="checkbox"/> Private property involvement <input type="checkbox"/> Other (describe):			
Describe Incident (If more space is required, please attach additional pages)			



Workplace Violence and Threat Report

5. Witnesses <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please attach any Witness Reports			
Name		Phone Number	
Name		Phone Number	
6. (a) Actions Taken – Management & Police Contact			
Was the On-Call Supervisor called? <input type="checkbox"/> Yes <input type="checkbox"/> No		Time Called	On-Call Supervisor Name
Were the police called? If Yes, be sure to complete all sections below. If No, please continue to 6(b) <input type="checkbox"/> Yes <input type="checkbox"/> No			
By Whom?	Date Called	Time Called	Time Arrived
Police Officer's Name		Badge #	Division
Was Corporate Security called? (If Yes, attach Corporate Security Report) <input type="checkbox"/> Yes <input type="checkbox"/> No		Are CCTV images available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were any of the following activated? <input type="checkbox"/> Alarm <input type="checkbox"/> Duress <input type="checkbox"/> Lockdown
6. (b) Medical Aid Information – Please attach all injury reports as necessary			
First Aid administered? <input type="checkbox"/> Yes <input type="checkbox"/> No	CPR/AED administered? <input type="checkbox"/> Yes <input type="checkbox"/> No	EMS Vehicle Number(s)	Toronto Fire Vehicle Number(s)
6. (c) Actions Taken – Trespass Notice – Please attach copy of Trespass Notice as necessary			
Was a trespass notice issued under the Trespass Act? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Issued/to be Issued	
6(d) Actions Taken – Financial Claims			
Is an insurance claim necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Filed/to be Filed	With Whom?
7. Review and Remedial Action			
Form Completed By	Title	Phone #	Employee Signature
Detail Recommended Action			
Part 2			
Additional Information Attached <input type="checkbox"/> Yes <input type="checkbox"/> No			
Attach additional pages, information or reports to this form as necessary.			
Incident review by Management			
Name	Title (Supervisor)	Phone #	Signature
Name	Title (Manager)	Phone #	Signature
Name	Title (Director)	Phone #	Signature
Incident review by JHSC			
Name of Committee Co-Chairs	Signature	Date	
Inputted By:			Date:

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7.1 Handling of Calcium Hypochlorite

May 16, 2012

Safe use of Calcium Hypochlorite Procedures

SOP #: PFR- Rec-001

The purpose of this operating procedure is to ensure the safe handling and use of Calcium Hypochlorite for the wading pool operations.

The following procedures *must* be followed by *all* staff operating a wading pool.

Definitions:

Calcium Hypochlorite: Chemical used to sanitize pool water. It is supplied in granular form in 2 kg containers. Calcium hypochlorite is premixed with water then added to the pool basin prior to allowing bathers in the pool and periodically throughout the day to maintain sanitation. Calcium Hypochlorite raises pH. The handling of calcium hypochlorite requires the use of personal protective equipment.

Pour and scoop method: while walking pour some of the chlorine mixture into the pool water, then dip the bucket into the pool scooping up some fresh water. Continue pouring and scooping until all chlorine mixture has been added to the pool basin. Caution: ensure proper lifting and bending technique.

Hazards and Controls:

Hazards: Respiratory, eye and skin irritation. Calcium hypochlorite is incompatible with acids, oxidizers and combustible/flammables. Use only 2 kilogram containers of calcium hypochlorite. Larger containers may require the use of a fit-tested respirator.

Use of personal protective equipment is mandatory.

Personal Protective Equipment

Gauntlet gloves (rubber/nitrile), Steel toed rubber safety boots, tyvek coveralls, Face shield or Goggles.

Required Tools/ Supplies/Materials

Calcium Hypochlorite

Long stir stick (i.e. broom handle) used exclusively for mixing Calcium Hypochlorite

Large Bucket used exclusively for mixing Calcium Hypochlorite

Procedure for Safe use of Calcium Hypochlorite

Steps:

1. Obtain access to storage shed or storage trunk.
2. Gather all materials needed to perform procedure. (T – Bars/Water keys to operate fill and drain valves. Wading Pool Pit Access Lifter (Wading Pool PAL)

Personal Socks, Steel toed rubber safety boots, Tyvek Coveralls, Face shield or Safety Goggles, Long stir stick, Calcium Hypochlorite 2kg container, large bucket used for mixing.

3. Fill wading pool half full with water. (pool may already be full if only adding supplementary amounts of chlorine through the day). Refer to Pit cover SOP # **PFR-Rec-002** before opening/closing pit covers.
4. Fill mixing bucket 2/3 full with fresh potable water.
5. Don required P.P.E. (Tyvek coveralls, Steel toed rubber safety boots, Face shield or Goggles, Gauntlet gloves. **ALL employees must wear required PPE**)
6. At ground level, upwind (back to the wind) proceed to open 2 kg Calcium Hypochlorite container, pour calcium hypochlorite into cap of container and dispense into mixing bucket. Repeat, adding a second capful to the mixing bucket. Replace the lid on to the Calcium Hypochlorite container.
7. Using long stir stick, mix thoroughly until fully dissolved. (This may take a few minutes)
8. Enter Wading pool basin with chlorine mixture, and dispense evenly throughout water using a pour and scoop method (see definition). Empty the remaining contents of the bucket into the pool basin. Steps 6 – 8 may need to be repeated (adding additional doses of Calcium Hypochlorite) to ensure minimum Free Available Chlorine (FAC) levels are reached.
9. Continue filling wading pool, and ensure ALL Calcium Hypochlorite granular has been dissolved.
10. Thoroughly rinse and clean mixing bucket.
11. Once desired water level is met, turn off water.
12. Sample water for Chlorine level. (Must be at least 5ppm FAC). If FAC level is correct. Return all PPE and other equipment to storage area or designated area until needed. Open wading pool for operation.
13. If additional Calcium Hypochlorite is needed, repeat steps 5-11.

These steps must be taken by all staff when operating a wading pool. This includes wading pool attendants, wading pool coordinators, community recreation programmers and aquatic supervisors. All tools and personal protective equipment will be supplied to each location to ensure the proper steps can be taken. Failure to follow these steps may lead to disciplinary action.

Also refer to:

The Wading Pool Manual Section 4.8 – WHMIS & Safety Equipment

Section 4.9 – Confined Spaces

Section 4.10 – Use of Protective Equipment

City of Toronto Human Resources Policy – Confined Space

The Occupational Health & Safety Act, R.S.O. 1990, Confined Space Regulation 632/05

MSDS sheet for Calcium Hypochlorite

Approval Date: May 16, 2012 (at Branch Aquatic Supervisor meeting)

Date of last Review: May 16, 2012

Next Review: Spring 2013

To be reviewed annually by the Aquatic Supervisor team and Corporate Occupational Health & Safety.

7.2 Wading Pool Pit Covers

May 30, 2012

Wading Pool Pit Cover Opening and Closing Procedures

SOP #: PFR- Rec-002 (excluding Etobicoke/York District)

The purpose of this operating procedure is to ensure the safe opening and closing of pit doors as well as the proper operation of valves and or tools which may be located in wading pool pits considered to be a confined space. The following procedures *must* be followed by *all* staff operating a wading pool.

Definitions:

Water Key (T-Bar) - Device used to open/close water and drain valves. Ensures safe operation of these valves and prevents staff from having to enter a confined space (pit). These must be stored outside of the confined space area or secured to ensure they are accessible to staff without staff reaching below the 6 inch (15.24cm) threshold.

Wading Pool Pit Access Lifter (Wading Pool PAL) - This tool consists of a pole with carabineer at the centre which attaches to the Pit Door handle. These are devices used to ensure staff members are able to safely lift open and safely let close the pit doors. They allow staff to maintain a safe distance from the doors while opening and closing, alleviating concerns of doors falling on staff and injuring them.

Confined Spaces – It has been deemed by City of Toronto officials that Wading pool water supply and drain pits are deemed to be confined spaces for staff that are required to enter them to complete repair work (non-aquatic staff). The potential atmospheric hazard especially at the bottom of the pit contributed to the pits being identified as *confined spaces*. For the purposes of the Aquatic staff who do not enter the wading pool pits, the confined space is more specifically defined as the enclosed space or area more than 6 inches (15.24cm) below grade or ground level.

Hazards and Controls:

Hazards at *all* wading pools include: water supply pits, drain pits, and pit doors.

Personal Protective Equipment

Steel toed safety boots.

Tools/ Supplies/Materials

Wading Pool Pit Access Lifter (Wading Pool PAL)

T – Bars/Water keys to operate fill and drain valves. (site specific)

Procedure

1) Obtain Pit Access Lifter (PAL) from storage location (this may include; box, shack, storage facility) and put on personal protective equipment i.e. steel toe boots.

- 2) Unlock Pit doors, place lock in safe location so it may be placed back on to the door when complete.
- 3) Opening the Pit doors using the PAL is a 2 person procedure. Never try to open Pit doors by yourself.
- 4) Secure the carabineer on the PAL to the handle of the Pit door. Observing proper lifting technique, jointly lift the PAL, opening the pit door slowly. Walk along the side of the pit to swing the door to the open position. Gently place the PAL on the ground. Secure any locking mechanisms on the pit door. If a second door must be opened, detach the carabineer from the first door handle and repeat the procedure with the second door. Be sure to maintain the maximum amount of space possible between yourself and the doors while opening.

NOTE: OPEN ONLY ONE DOOR AT A TIME.

5) When opening and closing water supply or drain valves staff must NOT reach past the 6 inch (15.24cm) threshold of depth into the Pit. If valves or appliances are located below this threshold, you MUST use a Water Key to safely operate these valves. Stand back from the edge of the pit. Place extension key onto valve while standing. If valves or appliances are located within 6 inches (15.24 cm) into the pit, staff should kneel or lie down to operate the valve to prevent falls.

NOTE: STAFF MUST NOT REACH, LEAN OR STRAIN TO OPERATE THESE VALVES (this would include having legs dangling into the pit while sitting on the edge and/or hanging down into the pit to operate a valve)

6) After fill valve has been turned on/off and drain valve has been opened/closed, staff must close and secure (lock) all pit doors the same way in which they were opened (refer to step 4). **DOORS SHOULD ONLY BE OPENED TO OPERATE VALVES OR DRAINS.**

NOTE: ENSURE THAT PIT DOORS ARE CLOSED AND LOCKED WHEN NOT IN USE.

NOTE: WADING POOL STAFF MUST NOT ENTER THE WATER SUPPLY OR DRAIN PITS UNDER ANY CIRCUMSTANCES. IF THERE IS NEED FOR ENTRY, CONTACT THE SUPERVISOR WHO WILL ARRANGE FOR TRAINED STAFF TO ATTEND THE LOCATION.

NOTE: NO ITEMS SUCH AS HOSES, CHEMICALS OR PERSONAL BELONGINGS ARE TO BE STORED IN THE PITS.

These steps must be taken by all staff when operating a wading pool. This includes wading pool attendants, wading pool coordinators, community recreation programmers and aquatic supervisors. All tools and personal protective equipment will be supplied to each location to ensure the proper steps can be taken. Failure to follow these steps may lead to disciplinary action.

Also refer to:

- The Wading Pool Manual Section 4.8 – WHMIS & Safety Equipment
 - Section 4.9 – Confined Spaces
 - Section 4.10 – Use of Protective Equipment
- City of Toronto Human Resources Policy – Confined Space
- The Occupational Health & Safety Act, R.S.O. 1990, Confined Space Regulation 632/05

Approval Date: May 30, 2012 (at Branch Aquatic Supervisor meeting)

Date of Last Review: May 16, 2012

Next Review: Spring 2013

To be reviewed annually by the Aquatic Supervisor team and Corporate Occupational Health & Safety.

May 30, 2012

Wading Pool, Water Supply and Drain Pits Door Opening and Closing Procedures

SOP #: PFR-Rec-003 (Etobicoke/York District - 'J' hook)

Purpose:

This operating procedure ensures the safe:

- Opening and closing of Wading Pool, Water Supply and Drain pit doors
- Proper operation of valves and or tools which may be located in wading pool, water supply and drain pits (which may be confined spaces)

The following procedures *must* be followed by *all* staff operating a wading pool.

Definitions:

Water Key (T-Bar) - Device used to open/close water and drain valves. Ensures safe operation of these valves and prevents staff from having to enter a confined space (pit). These must be stored outside of the confined space area or secured to ensure they are accessible to staff without staff reaching below the 6 inch (15.24cm) threshold.

J-hooks – These are devices ensure staff members are able to safely open and close pit doors. They allow staff to maintain a safe distance from the doors while opening and closing; alleviating concerns of doors falling on staff and injuring them. They are also used to retrieve any item (tools or appliances) in the "Wading Pool, Water Supply and Drain Pits" below the 6 inch (15.24cm) threshold.

Confined Spaces – It has been deemed by City of Toronto officials that Wading pool water supply and drain pits are deemed to be confined spaces for staff that are required to enter them to complete repair work (non-aquatic staff). The potential atmospheric hazard especially at the bottom of the pit contributed to the pits being identified as *confined spaces*. For the purposes of the Aquatic staff who do not enter the wading pool pits, the confined space is more specifically defined as the enclosed space or area more than 6 inches (15.24cm) below grade or ground level.

Hazards and Controls:

- Hazards at *all* wading pools include: pits, pit doors & confined spaces.

Personal Protective Equipment

- Steel toed safety boots,

Tools/ Supplies/Materials

- J-hooks to open/close pit doors.
- T – Bars/Water keys to operate fill and drain valves. T-bars and water keys will be stored outside of pits where possible. At locations where this is not possible they will be accessible to staff above the 6 inch (15.42cm) threshold.

- Pylons mark the immediate area around the pit when it is opened (during opening and closing). This ensures the public are aware of the hazard and stays clear the pit and its doors while the hazard is present.

Procedure for opening and closing pit doors &

Safe operation of valves and appliances.

Steps:

1) Obtain J-hook from storage location: This may include: box, shack, storage facility or pit and put on personal protective equipment (e.g., steel toe boots).

2) Place 2 pylons on each side of the pit, approximately 2 feet (60 cm) from the edge of the pit opening. One attendant must be supervising and guarding the pit while it is being opened, during the entirety of the time it is open, as well as while it is being closed. Only when the pit doors are closed and locked can the supervising attendant remove the pylons from the area and return to normal duties.

NOTE: IF DOORS MUST BE OPENED (OTHER THAN FILLING OR DRAINING) WITH PATRONS IN THE POOL, ONE ATTENDANT MUST BE SUPERVISING THE PIT AND THE WADING POOL AT ALL TIMES. IF THIS IS NOT POSSIBLE AT YOUR LOCATION, THE POOL MUST BE CLEARED.

3) Unlock pit doors, place lock in safe location so it may be placed back on to the door when procedure is complete.

4) Once pit doors are unlocked, position the J-hook so the hook portion faces upward. Hook the handle of the door and lift/pull the pit doors open slowly. This *only* applies to locations where the handle is located in the center of the door. If the handle is *not* located in the center of the door, staff should hook on to the center of the door itself (with the hook portion of the J-hook facing downwards). Staff must ensure that while lifting/pulling they keep their back straight and knees bent, lifting/pulling with their legs. Be sure to maintain the maximum amount of space possible between yourself and the doors while doing so by extending your arms fully.

NOTE: OPEN ONLY ONE DOOR AT A TIME.

5) Once doors are open staff needs to operate the valves while ensuring they do NOT pass the 6 inch (15.24cm) threshold. If the valves or appliances are located below this threshold, a water key is supplied for safe operation of these valves. Where possible, the water key is stored outside of the pits. Where this is not possible, the J-hook retrieves the water key from the pit by hooking the J-hook onto the chain fixed to the top of the water key. (Refer to site specific operational flow charts)

NOTE: STAFF MUST NOT REACH, LEAN OR STRAIN TO OPERATE THESE VALVES (this would include having legs dangling into the pit while sitting on the edge and/or reaching down into the pit to operate a valve)

6) When closing pit doors, first ensure all valves are in the desired position (see operational flow charts). Place the J-hook in the center of the door itself with the hook portion of the J-hook facing in the downwards position. With arms fully extended, bent knees and a straight back, staff shall walk backwards pulling/lifting the door into the closed position. Staff must ensure to maintain the maximum amount of space between themselves and the doors while they are being closed. Once closed, the doors must be locked.

DOORS SHOULD ONLY BE OPENED TO OPERATE VALVES OR DRAINS. ONCE THE NECESSARY STEPS ARE TAKEN TO FILL/DRAIN THE WADING POOL, THE DOORS MUST BE CLOSED AND SECURED.

ANY TIME DOORS ARE OPENED TO OPERATE VALVES/DRAINS STAFF MUST FOLLOW STEPS 1 THROUGH 6.

NO STAFF, UNDER ANY CIRCUMSTANCE, SHALL ENTER THE PIT. THIS IS CONSIDERED TO BE A CONFINED SPACE AND WADING POOL STAFF ARE NOT TRAINED IN CONFINED SPACES. IF THERE IS A NEED FOR ENTRY, CONTACT YOUR SUPERVISOR/WADING POOL CO-ORDINATOR AND THEY WILL ARRANGE FOR A QUALIFIED INDIVIDUAL TO COME TO YOUR LOCATION.

These steps must be taken by all staff when operating a wading pool. This includes Wading Pool Attendants, Wading Pool Coordinators, Community Recreation Programmers and Aquatic Supervisors. All tools and personal protective equipment will be supplied to each location to ensure the proper steps can be taken. Failure to follow these steps may lead to disciplinary action.

Also refer to:

- The Wading Pool Manual Section 4.8 – WHMIS & Safety Equipment
Section 4.9 – Confined Spaces
Section 4.10 – Use of Protective Equipment
- City of Toronto Human Resources Policy – Confined Space
- The Occupational Health & Safety Act, R.S.O. 1990, Confined Space Regulation 632/05

Approval Date: May 30, 2012 (at Branch Aquatic Supervisor meeting)

Date of Last Review: May 16, 2012

Next Review: Spring 2013

To be reviewed annually by the Aquatic Supervisor team and Corporate Occupational Health & Safety.

7.3 Sun Protection Policy

Policy on Climate-Related Hazards - (iii) Sun Protection

Category: Health and Safety

Sub-Category: General

Policy Statement

This policy is intended to protect City of Toronto employees from adverse effects associated with exposure to solar ultraviolet radiation.

The policy and its guidelines will provide direction for the development and implementation of a sun protection program at the City of Toronto

Application

This policy applies to every division, supervisor and employee of the City of Toronto, where outdoor work or work assignments are required and there is a risk of prolonged exposure to solar UV radiation as a result of these activities.

Definitions

Ultraviolet (UV) Radiation:

Ultraviolet (UV) radiation is a form of solar radiation emitted from the sun. This type of radiation can cause many adverse health effects associated with prolonged sun exposure.

Sun Protection Factor (SPF):

The SPF number represents the level of sunburn protection provided by a sunscreen. The higher the SPF number, the more protection that is offered (i.e. An SPF of 15 blocks out 93% of UV rays, and an SPF of 30 blocks out 97% of UV rays).

Outdoor Worker:

An employee that is required to perform outdoor work or outdoor work assignments and is at risk of prolonged sun exposure, based on the risk assessment (Refer to Risk Assessment Section in Guidelines).

Roles and Responsibilities

Divisions are required to:

- Identify all outdoor work activities where there is a risk of prolonged exposure to solar UV radiation
- Conduct a risk assessment to determine the potential exposure to solar UV radiation and the appropriate sun protection measures needed, in consultation with occupational health and safety consultants
- Develop a sun protection program to minimize the risk of sun-related health effects, if needed based on the outcome of the risk assessment
- Inform supervisors and workers of jobs that have the potential for prolonged sun exposure
- Develop a training system to ensure supervisors and workers are aware of: (Refer to Education & Training Section in Guidelines)
 - solar ultraviolet radiation
 - health effects associated with prolonged sun exposure
 - protective measures against sun exposure
- Provide appropriate measures to protect employees against solar UV exposures, including administrative, engineering and personal protective measures (as recommended in the Sun Protection Guidelines)
- Review the risk assessment to ensure the classification of risk is current and correlated with job demands

Supervisors are required to:

- Be aware of all work under their supervision that places an employee at risk of prolonged sun exposure
- Implement and support the use of safe work procedures created to prevent sun-related health effects
- Ensure that information on ultraviolet radiation from the sun, health effects associated with sun exposure, and sun protection measures, are communicated to all outdoor employees through education/information sessions (Refer to Education & Training Section in Guidelines)
- Encourage the use of sun protection to ensure workers are adequately protected while working in the sun
- Be aware of changing conditions, and the need to implement sun protection measures
- Record sun-related injuries on the [Supervisor's Report of Injury](#).

Employees are required to:

- Be aware of ultraviolet radiation from the sun, health effects associated with sun exposure and the protective measures needed
- Adhere to safe work procedures established to reduce the risk of sun-related health effects
- Use sun protection measures as needed to decrease sun exposure
- Report sun-related injuries to the immediate supervisor

Human Resources Occupational Health & Safety Consultants will:

- Assist in the risk assessment to determine the potential exposure to solar UV radiation and the appropriate sun protection measures needed
- Assist in the implementation of the policy and the development of safe work procedures

Occupational Health Safety and Workers' Compensation (OHSWC) will:

- Advise, as needed, on the risk of prolonged sun exposure based on job demands
- Assist the Occupational Health & Safety Coordinating Committee in the evaluation of the implementation and effectiveness of the policy and guidelines

Joint Health & Safety Committees will:

- Annually review the policy and associated guidelines
- Provide recommendations during the development of safe work procedures, or for the improvement of existing procedures
- Review incident and accident reports to assess trends in occupational sun exposures

Authority

Occupational Health & Safety Act (R.S.O. 1990), Ministry of Labour Health and Safety Guidelines - Ultraviolet Radiation in the Workplace

Approved by

Occupational Health and Safety Co-ordinating Committee (OHSCC), December 11, 2001

Executive Management Team, (EMT) February 18, 2002

Date Approved

February 18, 2002

**Reviewed and
Revised by
OHSCC**

April 22, 2008

**Related
Information**

[Guidelines for the Development of a Sun Protection Program](#)

7.4 Sun Protection Policy Guidelines

Relates to: Sun Protection Policy

Category: Health and Safety

Sub-Category: General

Control Measures

It is advised that engineering controls always be considered first, followed by administrative and personal protective controls. In addition, a combination of several types of controls may be needed to adequately mitigate the hazard.

Engineering Controls

Engineering controls are used to reduce employee exposure in the workplace by either removing or isolating the hazard, or isolating the employee from the exposure. Types of engineering controls that reduce sun exposure include:

- Erecting canopies and shelters
- Umbrellas
- Tents

Administrative Controls

Administrative controls involve the development of policies and procedures to minimize the risk of a hazard in the workplace. The following should be used to reduce sun exposure, especially during peak periods between 11 AM and 4 PM:

- Where possible, schedule outside work in the early morning or late afternoon and schedule alternative tasks when solar UV radiation is most intense
- Seek either natural or artificial shade especially during scheduled breaks and meal times
- Move outdoor tasks indoors to a cooler environment, if feasible
- Take frequent rest breaks to allow employees to move out of the sun Inform employees of environmental conditions where solar UV radiation exposure can occur, including:
 - The UV index, which gives the expected noon-time UV radiation reaching the earth's surface on a scale of 1-10. The higher the index number the greater the potential for exposure to solar UV radiation. This can help to determine when to avoid sun exposure and take extra protective measures (For more information refer to Appendix A: UV Index).
 - Indirect, reflected rays from water, white sand or concrete, snow, and ice. These surfaces can reflect from around 10 to 80 percent of the UV rays.
 - Cloudy, hazy and foggy days where up to 80% of solar UV radiation can still pass through.

Sun Awareness - Education & Training

Training and information material should be delivered to educate all managers, supervisors, and employees who work in divisions where there is a potential for prolonged sun exposure. The training module will include all of the following elements:

- Properties of solar UV radiation

- Health effects associated with UV radiation exposure
- Awareness of risk factors for sun-related injuries, environmental conditions Responsibilities of divisions, supervisors, and employees with regards to sun protection programs
- Prevention strategies including engineering and administrative controls as well as personal protection measures
- First aid and reporting of sun-related injuries

Public Health has developed training materials and is prepared to assist or provide training/information sessions for City of Toronto employees. In addition, Occupational Health and Safety staff is available to assist or deliver training/information sessions, as needed.

Personal Protective Controls

Based on the divisional risk assessment, an appropriate level of personal protection will be provided to protect outside workers against exposure to solar UV radiation, either when working in direct sunlight or when UV exposure from the sun is the most intense.

- Head protection, preferably with a wide brim (7-8 cm) or back flaps, should be worn to shade the face, ears and neck. The type of head protection worn will depend on the nature of the work activity (i.e. if a hardhat is needed).
- Clothing that does not transmit visible light should cover as much of the body as practical, and where uniforms are provided sun safety should be considered. The protection ability of the fabric is strongly related to the tightness of the weave.
- Safety glasses, that block out 99-100% of UV-A & UV-B radiation, and that meet the requirements of the CSA Standard for Nonprescriptive Sunglasses (Z94.5-95).
- Broad-spectrum SPF 30 sunscreen that filters out both UV-A & UV-B rays should be applied on all exposed skin. If certain individuals are not able to wear the sunscreen provided due to allergic reactions, alternate protective measures will be provided (For more information refer to Appendix B: Sunscreen Fact Sheet).
- Apply lip protection with sunscreen of SPF of 15 or higher

The use of the above personal protection measures should not lead to additional safety risks of wearing head protection with inadequate impact protection, UV-blocking safety glasses that affect vision, or heat stress from wearing heavy clothing.

Purchase of Control Measures

The requirements of the City of Toronto's Health and Safety Policy on ["Incorporating Occupational Health, Safety and Ergonomics Principles into the Purchasing Process"](#) should be followed when sending out tender documents. Collaboration between divisions, Purchasing Materials Management Division, health and safety staff and the end-users in the tender and selection process, will ensure appropriate protective measures are purchased and a high level of user compliance.

Regular Skin Examinations

Outside workers should perform monthly self-exams to look for and track any changes in moles or other spots on the skin. Signs of skin cancer include changes in the surface of a mole (scales, bleeding, or increases in elevation or thickness) as well as a change in the sensation in the area of the mole (itchiness, tenderness, pain). Moles should be examined for asymmetry, border irregularity, pigmentation, and increases in size.

Attention should also be paid to any sores, wounds, growths, or patches of skin that scale or will not heal. Early detection of skin cancer is important. Therefore medical attention should be sought if any of the above are detected or if other noticeable skin changes occur.

First Aid Procedures & Reporting of Sun-Related Injuries

First aid procedures for sunburns:

- Immediately cool the burned area
- Immerse burned part in cool water or if immersion is not possible pour cool water over the area or cover with a cool cloth until the pain is relieved
- Remove jewelry and loosen tight clothing
- Protect burned areas from the sun
- Do not break blisters
- When the pain has lessened, cover the burned areas loosely with a clean preferably sterile material
- Secure the dressing, ensure the tape does not touch the burned area
- Seek medical attention if necessary

Sunburns or other sun-related injuries that result from workplace exposure to solar UV radiation should be documented and reported using the [*Supervisor's Report of Injury*](#).

Background Information on Ultraviolet Radiation

Sunlight is the main source of ultraviolet radiation (UV) known to damage the skin and cause other health-related effects. The amount of solar UV exposure depends on the strength of the light, length of exposure, and the degree of sun protection.

Mechanism of Damage

When the skin is exposed to ultraviolet radiation, a portion of radiation is reflected away from the skin, some is scattered in the tissue beneath the skin's surface, and the rest is absorbed by the skin cells. The UV radiation that is absorbed by skin cells influences the skin's growth and appearance and can result in sun-related injuries.

Each time the skin is exposed to solar UV radiation and becomes tanned or burned, damage is done to individual cells and to the DNA. Some cells die and repair themselves by getting rid of damaged DNA. Cells that cannot repair themselves, eventually become defective cells. Ultraviolet radiation lowers the body's immune system, and makes it difficult to destroy these defective cells. Defective cells that are not destroyed slowly grow and produce a tumour.

Types of UV radiation

Ultraviolet radiation is divided into the following three categories according to its wavelength and biological effect on living tissue:

- UV-C (short wavelength): Filtered out by the ozone layer, and does not reach the earth's surface
- UV-B (middle of the UV spectrum): Primarily affects the skin's outer layers and is the main cause of delayed tanning, sunburns, skin aging, and skin cancer
- UV-A (long wavelength): Penetrate more deeply into the skin and contributes to immediate tanning, aging, photodamage and wrinkling of the skin, and skin cancer.

Health Effects of Solar UV Radiation Exposure

Acute (Short-Term) Health Effects

Sunburns

Sunburns are the most immediate and familiar effect of skin exposure to UV radiation. A sunburn from UV-B radiation exposure, is an inflammation caused by an increase in blood-flow beneath the skin. The skin becomes red in appearance and may display blisters and peeling in severe cases. Damage to the skin will accumulate over the exposure period, and the sunburn may not become apparent until hours after sun exposure has occurred. People, who are not accustomed to sun exposure, can develop severe sunburns with only a brief but intense sun exposure.

The skin uses tanning as a protective mechanism against solar UV radiation. As UV radiation penetrates into the cells below the skin's surface, the skin tries to protect itself by producing a brown pigment called melanin. Melanin (which appears as a tan) tries to act as a protective shield for the skin. However, melanin is only partially effective in blocking the damaging effects of UV-A & UV-B radiation.

Any reddening of the skin is a sign that your skin has had too much sun exposure. Skin redness that persists 24 hours after exposure means that skin damage may have occurred. This is even more of a concern if soreness, peeling, and/or blistering of the skin accompany a burn. Damage to your skin cells accumulates with each sunburn over the years. Repeated burning and cells that have had DNA damage weaken the skin. This weakened skin has an increased chance of developing skin cancers.

Drug Hypersensitivity

Certain prescription drugs (tetracycline) or exposure to some industrial chemicals (coal-tar distillates) can result in hypersensitivity to UV radiation. Consult your pharmacist for details.

Chronic (Long-Term) Health Effects

Skin Cancer

A person's risk of developing a form of skin cancer increases with excessive exposure to solar UV radiation. There are three common types of skin cancer associated with UV radiation exposure: basal cell carcinoma, squamous cell carcinoma, and malignant melanoma. Important predictors in the development of basal cell carcinoma and malignant melanoma are intermittent solar UV radiation exposure and childhood/adolescent exposure, while squamous cell carcinoma is more often associated with high levels of chronic exposure. There is a general lag time of 10 to 20 years for the clinical appearance of skin cancer to occur.

Table 1 - Health Effects of Solar UV Radiation Exposure: Skin Cancer

Type of Skin Cancer	Occurrence	Appearance	Treatment
<i>Basal Cell</i> <i>1 in 6 Canadians will develop this type over a lifetime</i>	Common to sunlight exposed areas Face: lips, eyelids, forehead, cheeks	Raised, hard, red wounds	Usually does not spread Most cases easily treated and cured

Squamous Cell <i>1 in 25</i> <i>Canadians will develop this type over a lifetime</i>	Common on skin exposed to sunlight over long periods of time Often develops on areas where maximum exposure occurs Foreheads, cheeks, nose, lips, ears and skin that has been damaged by the sun	Appearance of rough, scaly patches with small areas of open wound Wounds do not heal and eventually grow larger and crust over	Removal with good chance of full recovery if caught in time Most dangerous if forms on mucous membranes (i.e. lip)
Malignant Melanoma <i>1 in 90</i> <i>Canadians will develop this type over a lifetime</i>	Least common but most dangerous form May appear on parts of the body not normally exposed to the sun A brief intense exposure to sunlight appears to increase the risk development for people not used to sun exposure	Appears as a mole or pigment spot May bleed, grow, or change colour, shape or texture	It can develop rapidly and if not treated it can spread to other parts of the body Treatable If caught early, however it can be fatal if treatment is delayed

Premature Skin Aging

Chronic exposure to solar UV radiation can cause skin damage similar to the aging process resulting in excessive wrinkling, dark spots, loss of elasticity and a leathery skin appearance.

Senile Cataracts / Eye Damage

Long-term UV radiation exposure is an important risk factor in the development of cataracts.

Immune System

Current research has indicated that exposure to UV radiation can weaken the immune system, and subsequently reduce the body's ability to fight disease.

Risk Factors for Development of a Sun-Related Injury

There are several factors that make a person more susceptible to develop a sun-related injury, including:

- Amount of exposure to sunlight (use of sun protection vs. no protection) Skin Type / Amount of Pigment (Melanin): People with less melanin tend to be more susceptible to sun-related injuries, as the pigment present in the uppermost layers of the skin acts as one of the body's natural defenses against solar UV radiation.
- Susceptibility to Sunburns
- Presence of moles: People with irregular moles, or large moles are most at risk for skin cancer development

Approved by

Executive Management Team (EMT), February 18, 2002

Occupational Health & Safety Co-ordinating Committee, (OHSCC) December 11, 2001

Date Approved

February 18, 2002

Revised by OHSCC

April 22, 2008

Related Information

[Policy on Climate-Related Hazards - \(iii\) Sun Protection Policy](#)

7.5 Heat Stress Protocol

Protocol Statement	<p>In the past there have been incidents of fainting of aquatic staff during heat and extreme heat alert days at both indoor and outdoor aquatic facilities.</p> <p>This protocol is intended to protect City of Toronto aquatic personnel by adapting work conditions in the event of a heat alert and/or excessive indoor heat conditions.</p> <p>This protocol will provide direction for proper procedures and accommodation for staff to follow to effectively eliminate heat related situations that have the potential to compromise the safety of aquatic staff. It also addresses heat related risk communication to public.</p>
Protocol Statement	<p>In the past there have been incidents of fainting of aquatic staff during heat and extreme heat alert days at both indoor and outdoor aquatic facilities.</p> <p>This protocol is intended to protect City of Toronto aquatic personnel by adapting work conditions in the event of a heat alert and/or excessive indoor heat conditions.</p> <p>This protocol will provide direction for proper procedures and accommodation for staff to follow to effectively eliminate heat related situations that have the potential to compromise the safety of aquatic staff. It also addresses heat related risk communication to public.</p>
Application	<p>This protocol applies to all Aquatic staff working in City of Toronto indoor and outdoor pools. It will be reviewed on a regular basis with the Human Resources and Parks, Forestry & Recreation Health & Safety Staff.</p> <p>The Ministry of Labour's Heat Stress Health and Safety Guideline recommend a hot weather plan be established. Weather/ environmental indicator triggers such as:</p> <ul style="list-style-type: none">• Humidex reaching or exceeding 35° Celsius• Environment Canada Humidex advisory (air temperature exceeding 30° Celsius and Humidex exceeding 40° Celsius) or Ontario Ministry of the Environment smog alert;• Environment Canada weather reports; and/or• Heat waves (three or more days of temperatures of 32° or more)

For the purpose of this protocol, there will be actions identified in

response to different ranges of humidex levels for both indoor and outdoor pools.

Environment Canada has determined the following humidex levels requiring action. These are:

<u>Humidex Levels:</u>	Low (30-37)
	Medium (38-39)
	Moderate (40-41)
	High (42-44)
	Extreme (45+)

Additionally, for indoor facilities, this protocol will take place when the following levels on the pool deck are reached:

- The air temperature on deck exceeds approximately 30° and the humidity levels reach or exceed 35°

Note: These levels are to act as a guideline. There may be circumstances outside of this range of temperature and humidity levels that may require the need for prompt initiation of this protocol.

Roles/Responsibilities

PFR Supervisors, Community Recreation Programmers and their designates (including in charge staff such as Pool Managers, Part-time Pool Supervisors) responsible for Aquatic services will:

1. Ensure education of the heat stress/alert protocol is reviewed during Annual training and the training record(s) indicates and verifies that this procedural protocol has been covered and understood by all staff.
2. Include this protocol in the Aquatic Manual and update and review with all aquatic staff annually or as revisions occur. Ensure all staff members receive a personal copy.
3. Ensure appropriate heat-related safety information is provided to staff and posted on each facility's Health and Safety Board. The Health & Safety Board and information must be readily accessible to all staff and the information must be displayed in a prominent location. Updated information must be provided and posted immediately. Communicate with direct line of supervision if information requires replacement as updates occur.
4. Ensure heat alert days are communicated to staff in a timely fashion and appropriate protocol is followed. For weekends during summer operation, the aquatic supervisor assigned to extended hours swim will notify the staff when a heat alert/extreme heat alert day is in effect.
5. For indoor sites in which heat and humidity levels exceed an acceptable level, the in-charge person will contact the supervisor to inform them of the situation. If deemed appropriate, the in-charge staff will communicate that the protocol will be initiated.

6. At indoor and outdoor locations, ensure that air conditioning units (where applicable) are checked at least annually and appropriate preventative maintenance is performed well in advance of the operating season. Ensure staff check these on a daily basis as part of the pool readiness opening checklist and communicate deficiencies immediately to appropriate staff. At locations that do not have air conditioning, ensure circulating fans are provided and checked for good working order.
7. Ensure a Thermal Hygrometer (temperature and humidity gauge) is purchased, installed in an appropriate location for an accurate reading at each indoor site. Ensure levels are checked and recorded at regular intervals throughout the day.
8. At outdoor locations, ensure appropriate sun protective umbrellas are provided and in working order at the facility. Report and replace if deficiencies exist.
9. At outdoor locations, take appropriate preventative measures by ensuring staff are provided with appropriate sun protective clothing/attire (wide brim hat, UV protective sun glasses, and long sleeve shirt) in a timely manner. Remind staff to wear sun protective clothing as necessary.
10. At outdoor locations, ensure appropriate sunscreen is issued considering time of year (summer), nature of position (waterproof), allergies and skin sensitivity.
11. Advise workers to check with their doctor if their medication may affect their heat tolerance and to notify their direct report if applicable.
12. Establish a signal for aquatic staff to communicate if and when they are feeling signs and symptoms of heat stress. Ensure review of this signal with all staff.
13. Implement a 'buddy system' on site and educate staff in this as workers are less likely to recognize the symptoms of heat stress.
14. Encourage aquatic staff to drink more water and carry water with them for the purpose of rehydrating. Other nutritious beverages include milk and 100% juice. Public Health recommends avoiding energy drinks for hydration and drinking beverages such as coffee, tea and pop in moderation. This is applicable to both life guarding and instructional situations within the pool environment.
15. Reschedule work when feasible such as increasing number of rotations, decreasing time spent in heat stress area and direct off-deck rotation to take place in a cooler, shaded area of the workplace within call.
16. Approve and encourage staff to 'dip' into the pool during rotations.
17. Review hours of operation such as pool shut down time to allow for a reasonable break period for staff during heat alert/stress days.

18. Ensure heat related safety information is provided to sites and posted for patrons.
19. Design and ensure distribution of appropriate notification (i.e. signage) to inform public that "Today is a heat alert day; the pool may close for the period of (insert time period here) between the hours of ____ and _____. The City of Toronto wants to ensure the safety and well-being of our patrons as well as our staff. During these extreme conditions, staff must be provided the opportunity to cool off so they remain vigilant and reactive to all situations. Thank you for your understanding and cooperation in this matter." Consultation with your supervisor should occur prior to this step being implemented as this is a last resort.
20. Encourage adherence to the protocol by all staff.

On-Site Aquatic Staff will:

1. Ensure an understanding of the heat stress/alert procedure that is presented to all aquatic staff at training (i.e. annual training) and ensure the training record(s) indicate that this procedural protocol has been covered and understood.
2. Confirm receipt and understanding of Heat Stress Protocol within the Aquatic Manual.
3. Ensure familiarity with appropriate educational materials as posted on each facility's Health and Safety Board. The Health & Safety Board and information is readily accessible to all staff and the information must be displayed in a prominent location. Updated information must be provided and posted immediately. Communicate with on-site supervisor if information requires replacement.
4. Ensure heat alert days are communicated amongst staff in a timely fashion and adhere to the protocol.
5. For indoor sites in which heat and humidity levels exceed an acceptable level, communicate immediately with in-charge staff on site. If deemed appropriate, the in-charge staff will communicate that the heat stress protocol will be initiated.
6. Communicate with on-site in-charge staff that air circulating fans and/or air conditioning units are in proper working order. Communicate deficiencies to the on-site in-charge staff in a timely manner.
7. At outdoor locations, ensure appropriate sun protective umbrellas are provided and in working order at the facility. Communicate deficiencies to the on-site in-charge staff.
8. At outdoor locations, ensure appropriate sun protective clothing/attire (wide brim hat, UV protective sun glasses, and long sleeve shirt) is worn.
9. At outdoor locations, utilize appropriate sunscreen considering time

- of year (summer), nature of position (waterproof), allergies and skin sensitivity. Communicate sensitivities and allergies to in-charge staff.
10. Advise in-charge staff if they have a medical conditions or are taking medication that may affect their heat tolerance.
 11. Familiarize themselves with a designated signal to communicate if and when they are feeling signs and symptoms of heat stress. Utilize this signal if they are feeling such signs and symptoms.
 12. Participate in a 'buddy system' on site as they are less likely to recognize the symptoms of heat stress.
 13. Encourage Aquatic staff to drink more water and carry water with them for the purpose of rehydrating. Other nutritious beverages include milk and 100% juice. Public Health recommends avoiding energy drinks for hydration and drinking beverages such as coffee, tea and pop in moderation. This is applicable to both life guarding and instructional situations within the pool environment.
 14. Partake in more frequent rotations (for lifeguarding staff) and relocate to a cooler, shaded area within-call when on the off-deck rotation.
 15. 'Dip' into the pool during rotations.
 16. Participate in ensuring the distribution of appropriate notification (i.e. signage) to inform public that "Today is a heat alert day; the pool may close for the period of (insert time period here) between the hours of ____ and _____. The City of Toronto wants to ensure the safety and well-being of our patrons as well as our staff. During these extreme conditions, staff must be provided the opportunity to cool off so they remain vigilant and reactive to all situations. Thank you for your understanding and cooperation in this matter."
 17. Ensure heat related safety information is posted for patrons.
 18. Adhere to protocol.

Appendix A	Aquatic Heat Stress Prevention for Indoor and Outdoor Pools
Appendix B	Heat Stress Hazards
Authority	City of Toronto Aquatics, Community Recreation Branch, Parks, Forestry & Recreation
Review	Review annually
Approved by	Community Recreation Branch Aquatic Supervisors, City of Toronto Anne Jackson, Manager Aquatics, City of Toronto Pennie Addison, City of Toronto Human Resources Health & Safety Art Ng, Parks, Forestry & Recreation Health & Safety Unit

Jacqueline Sadler, Toronto Public Health

**Related Policies/
Guidelines**

For more information on Toronto's Heat Health Alert System – click on link to website <http://www.toronto.ca/health/heatalerts/index.htm>

For information on Sun Protection: Refer to the HR Sun Protection Policy on Climate-Related Hazards - (iii) Sun Protection (http://insideto.toronto.ca/health/healthyliving/p_sun_safe_policies.htm)

For information on Heat Stress Policy: Refer to Human Resources Procedures/Guidelines relating to Heat Stress Policy

WSIB Heat Stress Awareness Tool

Note(s):

To determine Heat Alert and Extreme Heat Alert Days, the City of Toronto Public Health uses a synoptic system which takes into account several factors in addition to temperature and humidity, which include dew points, wind speed and direction, cloud cover, number of days it is hot, and when in the summer season the heat occurred.

Updated: 31/05/2012

Appendix A

Aquatic Heat Stress Prevention for Indoor and Outdoor Pools

Heat-related disorders are commonly caused by a combination of climate-related factors, work load, clothing and individual risk factors such as the worker's age, health, physical condition, medication and level of acclimatization. Due to the variance of individual susceptibility, effects of heat stress may be experienced by certain individuals earlier than expected. Supervisors should therefore begin to remind workers of heat-stress prevention strategies as the humidex level approaches 30°C.

The following table outlines recommended actions for various humidex levels.

HUMIDEX	ACTION RECOMMENDED
LOW 30 – 37 Fatigue and faintness are possible with physical activity or prolonged exposure.	<ul style="list-style-type: none"> Remind workers of humidex levels and heat-stress prevention strategies Drink water. Have water on-hand at all times. Implement the “buddy system” on site. Be observant of signs and symptoms of heat stress (both in yourself and co-workers). Use the heat stress communication signals.
MEDIUM 38 – 39 Fatigue and faintness are possible with physical activity or prolonged exposure.	<ul style="list-style-type: none"> Remind workers of humidex levels and heat-stress prevention strategies Be observant of signs and symptoms of heat stress (both in yourself and co-workers). Use the heat stress communication signals. Start to increase frequency of rotation. Off-deck rotation is to take place in a cooler, shaded area within call. Staff are encouraged to ‘dip’ into the pool during rotations. Drink a cup of water every 20-30 minutes. Have water on-hand at all times.
MODERATE 40 – 41 Heat cramps, heat exhaustion or sunstroke are possible with physical activity or prolonged exposure.	<ul style="list-style-type: none"> Remind workers of humidex levels and heat-stress prevention strategies Be observant of signs and symptoms of heat stress (both in yourself and co-workers). Use the heat stress communication signals. Increase frequency of rotation. Off-deck rotation is to take place in a cooler, shaded area within call. Staff are encouraged to ‘dip’ into the pool during rotations. Drink a cup of water every 15-20 minutes. Have water on-hand at all times.
HIGH 42-44 Heat cramps, heat exhaustion or sunstroke are likely. Heat stroke is possible with physical activity or prolonged exposure.	<ul style="list-style-type: none"> Remind workers of humidex levels and heat-stress prevention strategies Be observant of signs and symptoms of heat stress (both in yourself and co-workers). Use the heat stress communication signals. Increase frequency of rotation. Off-deck rotation is to take place in a cooler, shaded area within call. Drink a cup of water every 10-15 minutes. Have water on-hand at all times. Post heat related safety information for patrons. Inform public that (extreme) heat alert day procedures are in effect. Consider feasibility of a pool shut down for a period of time to allow for a reasonable break period for all staff.
EXTREME 45+ Heat stroke or sunstroke imminent. Danger Death.	<ul style="list-style-type: none"> Remind workers of humidex levels and heat-stress prevention strategies Be observant of signs and symptoms of heat stress (both in yourself and co-workers). Use the heat stress communication signals. Increase the frequency of rotations. Off-deck rotation to take place in a cooler, shaded area with-in call. Shut down pool for intermittent periods as approved by Supervisor to provide a reasonable break period for staff Drink a cup of water every 10-15 minutes. Have water on-hand at all times.

7.5 HEAT STRESS Protocol for Aquatic Staff

Category: Health and Safety



For Indoor areas:

- Turn on air circulating fans and/or air conditioning units where available. (Note: indoor pool enclosures will not have air conditioning). Communicate deficiencies to on-site supervisor.

Where HVAC systems exist, contact appropriate facility operations personnel.

7.5 HEAT STRESS Protocol for Aquatic Staff

Category: Health and Safety



Appendix B - Heat Stress Hazards

	Cause	Symptoms	Treatment	Prevention
Heat Rash	Hot humid environment; plugged sweat glands.	Red bumpy rash with severe itching.	Change into dry clothes and avoid hot environments. Rinse skin with cool water.	Wash regularly to keep skin clean and dry.
Sunburn	Too much exposure to the sun.	Red, painful, or blistering and peeling skin.	If the skin blisters, seek medical aid. Use skin lotions (avoid topical anaesthetics) and work in the shade.	Work in the shade; cover skin with clothing; apply skin lotions with a sun protection factor of at least 15. People with fair skin should be especially cautious.
Heat Cramps	Heavy sweating drains a person's body of salt, which cannot be replaced just by drinking water.	Painful cramps in arms, legs or stomach which occur suddenly at work or later at home. Heat cramps are serious because they can be a warning of other more dangerous heat-induced illnesses.	Move to a cool area; loosen clothing and drink cool salted water (1 tsp. salt per gallon of water) or commercial fluid replacement beverage. If the cramps are severe or don't go away, seek medical aid.	Reduce activity levels and/or heat exposure. Drink fluids regularly. Workers should check on each other to help spot the symptoms that often precede heat stroke.
Fainting	Fluid loss and inadequate water intake.	Sudden fainting after at least two hours of work; cool moist skin; weak pulse.	GET MEDICAL ATTENTION. Assess need for CPR. Move to a cool area; loosen clothing; make person lie down; and if the person is conscious, offer sips of cool water. Fainting may also be due to other illnesses.	Reduce activity levels and/or heat exposure. Drink fluids regularly. Workers should check on each other to help spot the symptoms that often precede heat stroke.
Heat Exhaustion	Fluid loss and inadequate salt and water intake causes a person's body's cooling system to start to break down.	Heavy sweating; cool moist skin; body temperature over 38°C; weak pulse; normal or low blood pressure; person is tired and weak, and has nausea and vomiting; is very thirsty; or is panting or breathing rapidly; vision may be blurred.	GET MEDICAL AID. This condition can lead to heat stroke, which can kill. Move the person to a cool shaded area; loosen or remove excess clothing; provide cool water to drink; fan and spray with cool water.	Reduce activity levels and/or heat exposure. Drink fluids regularly. Workers should check on each other to help spot the symptoms that often precede heat stroke.
Heat Stroke	If a person's body has used up all its water and salt reserves, it will stop sweating. This can cause body temperature to rise. Heat stroke may develop suddenly or may follow from heat exhaustion.	High body temperature (over 41°C) and any one of the following: the person is weak, confused, upset or acting strangely; has hot, dry, red skin; a fast pulse; headache or dizziness. In later stages, a person may pass out and have convulsions.	CALL AMBULANCE. This condition can kill a person quickly. Remove excess clothing; fan and spray the person with cool water; offer sips of cool water if the person is conscious.	Reduce activity levels and/or heat exposure. Drink fluids regularly. Workers should check on each other to help spot the symptoms that often precede heat stroke.

7.5 HEAT STRESS Protocol for Aquatic Staff

Category: Health and Safety



Appendix C HUMIDEX, Temperature and Relative Humidity

RH%	100	95	90	85	80	75	70	65	60	55	50	45	40	35	30	25	20
T (c)																	
21	29	29	28	27	27	26	26	24	24	23	23	22					
22	31	29	29	28	28	27	26	26	24	24	23	23					
23	33	32	32	31	30	29	28	27	27	26	25	24	23				
24	35	34	33	33	32	31	30	29	28	28	27	26	26	25			
25	37	36	35	34	33	33	32	31	30	29	28	27	27	26			
26	39	38	37	36	35	34	33	32	31	31	29	28	28	27			
27	41	40	39	38	37	36	35	34	33	32	31	30	29	28	28		
28	43	42	41	41	39	38	37	36	35	34	33	32	31	29	28		
29	46	45	44	43	42	41	39	38	37	36	34	33	32	31	30		
30	48	47	46	44	43	42	41	40	38	37	36	35	34	33	31	31	
31	50	49	48	46	45	44	43	41	40	39	38	36	35	34	33	31	
32	52	51	50	49	47	46	45	43	42	41	39	38	37	36	34	33	
33	55	54	52	51	50	48	47	46	44	43	42	40	38	37	36	34	
34	58	57	55	53	52	51	49	48	47	45	43	42	41	39	37	36	
35		58	57	56	54	52	51	49	48	47	45	43	42	41	38	37	
36			58	57	56	54	53	51	50	48	47	45	43	42	40	38	
37					58	57	55	53	51	50	49	47	45	43	42	40	
38							57	56	54	52	51	49	47	46	43	42	40
39									56	54	53	51	49	47	45	43	41
40										57	54	52	51	49	47	44	43
41											56	54	52	50	48	46	44
42												56	54	52	50	48	46
43													56	54	51	49	47

Indicates range of Great Discomfort, exertion should be avoided.

7.6 Confined Space Policy

Human Resources Policies – Confined Space

Category: Health and Safety

Sub-Category: General

Policy Statement

This policy and its associated guidelines are intended to provide direction for the development of effective confined space programs to protect all employees who enter and perform work in confined spaces

Application

This policy and its associated guidelines apply to all City-owned or leased facilities. It also applies to all City employees and contractors engaged in confined space entry at City of Toronto facilities.

This policy and its associated guidelines apply, with modification to Toronto Fire Services.

Definitions

Assessment:

Means an assessment of the hazards with respect to one or more confined spaces in a workplace.

Atmospheric Hazards:

Means

- (a) the accumulation of flammable, combustible or explosive agents
- (b) an oxygen content in the atmosphere that is less than 19.5 per cent or more than 23 per cent by volume, or
- (c) the accumulation of atmospheric contaminants, including gases, vapours, fumes, dust or mists, that could,
 - I. result if acute health effects that pose an immediate threat to life, or
 - II. interfere with a person's ability to escape unaided from a confined space.

Confined Space:

Means a fully or partially enclosed space,

- that is not both designed and constructed for continuous human occupancy, AND
- In which atmospheric hazards may occur because of its construction, location or contents or because of work that is done in it.

Lead Employer:

Means an employer who contracts for the services of one or more other employers or independent contractors in relation to one or more confined spaces that are located,

- (a) In the lead employer's own workplace, or
- (b) In another employer's workplace

Hot Work:

Means work that is capable of producing a source of ignition.

Permit:

Means a written entry permit prepared by a competent person in advance of entering a specific confined space and that meets the requirements described in regulation. A "plan" may be incorporated into a permit.

Plan:

Means a written plan (as described in regulation) for one or more confined spaces in a workplace.

Program:

Means a written program (as described in regulation) for one or more confined spaces in a workplace.

Responsibilities

Division Heads Who Occupy and/or are Responsible for Maintaining Their Own Facilities (including City Properties) will ensure that:

- Confined space work is performed in compliance with the Occupational Health and Safety Act, applicable regulations, this policy and its associated guidelines and industry standards.
- Where there is multi-employer involvement in a confined space entry, a co-ordination document is prepared by the lead employer.
- Resources and funds are made available to ensure work can be carried out in accordance with legislative requirements, this policy and its associated guidelines and divisional safe work procedures.
- A process is developed for evaluating work operations to determine where a confined space entry program and plans are required.
- A written confined space entry program is developed, implemented and maintained, as required by the applicable regulation and this policy's associated guidelines
- Adequate written confined space plans, including procedures for the control of hazards, are developed and implemented by a competent person for every confined space.
- Identifying and providing appropriate personal protective equipment (refer to recommended PPE in the associated guideline).
- General and specific training are provided to managers, supervisors and workers involved in confined space work every 3 years.
- An evaluation process is established for the purchase of new equipment used in confined space work, in consultation with joint health and safety committees and health and safety staff.
- Regular reviews of the confined space entry program and plans are performed.

Staff Who Acquire (purchase/lease) and/or Maintain Facilities will ensure that:

- When purchasing or leasing facilities, where City employees will be located, conduct an assessment to identify if there are any confined spaces, and if there are, notify the occupying divisions prior to occupancy.
- The requirements of the confined space legislation, this policy and its associated guidelines are met as they apply to maintenance operations.

Staff (Including PMMD) Who Hire Contractors Who's Work Includes Confined Space Entry will ensure that:

- Language in RFPs, contracts, etc. stipulate that the contractor's employees are adequately trained in confined space procedures, provide their own equipment and if requested provide a copy of their confined space program.
- Language in RFPs, contracts, etc. include a requirement that contractors will adhere to the co-ordination document prepared by the division.
- All confined spaces within their area of operation are identified and assessed.
- For each of their workplaces, establish a centralized listing of all confined spaces including a description of the confined space, its location and its specific plan.
- A written confined space program and plans are developed (in consultation with the joint health and safety committee or health and safety representative), implemented and maintained.
- A process is developed and implemented to ensure that all confined space equipment is adequate and is maintained in good working order.

Staff who have supervisory duties will:

- Be familiar with all aspects of the divisional confined space program and specific confined space entry plans.
- Be familiar with the actual and potential hazards associated with confined space work.
- Develop written safe work procedures for specific tasks, particularly in unusual or unique situations in consultation with work crews, managers, the JHSC and safety staff as necessary.
- Ensure that all employees under their supervision who work in confined spaces are competent to do assigned work and are provided with instruction and training prior to work assignments.
- Ensure that confined space assessments, control plans, on-site rescue procedures and entry permits are completed prior to confined space work assignments.
- Ensure that air monitoring is conducted prior to entering a confined space and that test results recorded onto the confined space entry permit.
- Ensure that a hot work permits are issued before hot work is performed in a confined space.
- Monitor staff to ensure procedures are followed and when violations occur, take appropriate action.
- Ensure that all staff use or wear required safety equipment when performing assigned tasks.
- Ensure that all equipment needed for confined space work is in good working condition.

Workers will:

- Work in accordance with legislative requirements, this policy and its associated guidelines, and divisional confined space programs and plans.
- Attend all relevant confined space training before performing confined space work and apply knowledge gained in the performance of their work.
- Use or wear all equipment required to safely perform workplace specific activities.
- Report any violations, hazards or deficiencies in equipment to immediate supervisor without delay.
- Assist supervisory staff in developing safe work procedures for specific tasks.
- Follow established procedures in the event of an injury, accident or emergency.

Joint Health and Safety Committees/Health and Safety Representatives will:

- Actively assist management through consultation, in the development of the confined space program and specific plans.
- Assist management in a regular review of equipment status.
- Make recommendations during the evaluation process of new confined space equipment prior to purchase.
- Review this policy and relevant procedures annually and make recommendations for changes if necessary.
- Conduct an annual audit of confined spaces within their area of responsibility.

Occupational Health and Safety Staff will:

- Assist in the evaluation of work operations as necessary, to determine the need for confined space entry programs.
- Provide assistance in the development of confined space programs and plans.
- Provide assistance in the development and delivery of confined space training.
- Conduct periodic audits of the confined space entry program and plans, and recommend changes, as needed.
- Provide assistance during the evaluation process of new confined space equipment prior to purchase.
- Advise divisions and joint health and safety committees of any changes to the relevant legislation, standards and industry practices.

**Related
Policies/Guidelines**

[Lockout/Tagout](#) [Traffic Control](#) [WHMIS](#)

[Industrial Air Quality](#)

[Asbestos Management](#)

Guidelines for the Development of Confined Space Programs and Plans
(currently being reviewed)

Authority

The Occupational Health and Safety Act, R.S.O. 1990

Regulations for Industrial Establishments (O. Reg. 851 as amended to O. Reg. 629/05)

Regulations for Construction Projects. (O. Reg. 213/91 as amended to O. Reg. 628/05)

Regulations for Health Care and Residential Facilities (O. Reg. 67/93 as amended to O. Reg. 631/05)

Confined Spaces Regulation (O. Reg. 632/05)

Endorsed by Occupational Health & Safety Co-ordinating Committee, (OHSCC), June 6, 2007

Approved by City Manager, July 23, 2007

Reviewed by November 26, 2008
OHSCC

7.7 West Nile Virus Policy

Human Resources Policies – West Nile Virus

Category: Health and Safety

Sub-Category: General

Policy Statement

The policy is intended to minimize the potential risk of employees contracting West Nile Virus (WNV) and advise employees of potential risks associated with exposure

Application

This policy applies to all City of Toronto employees who are at risk of exposure to the West Nile Virus (WNV) as a result of their work activities. Work activities that place employees at risk are those that place them in the vicinity of large numbers of mosquitoes that may carry the virus.

Responsibilities

Divisions are required to:

- Identify and classify jobs with a potential for exposure to West Nile Virus (WNV) as a result of their work activities
- Develop safe work procedures which address the level of risk encountered. A WNV fact to assist development and implementation of safe work procedures is available on [Toronto Public Health's website](#)
- Ensure that all employees are informed of risk factors associated with WNV transmission, health effects of the virus and recommended procedures to reduce or eliminate the risk
- Provide personal protective measures to employees, including insect repellent, as appropriate for the level of risk. A fact sheet regarding precautions is available on [Toronto Public Health's website](#)
- Review job classifications with a potential for WNV exposure and ensure that the classification is current and correlates with the job demands. Post information regarding West Nile Virus in all workplaces, regardless of the potential for work-related exposure, to enhance the ability of employees to protect themselves on or off the job.

Those with supervisory responsibilities will:

- Implement safe work procedures to reduce or eliminate risk factors associated with West Nile Virus (WNV) transmission, including, where operationally feasible, scheduling outdoor work to avoid mosquito habitats at times of peak activity and eliminating unnatural mosquito breeding sites
- Ensure that personal protective measures (e.g. insect repellent) are accessible and available to employees, and that employees are familiar with the directions for safe use
- Encourage employees to take personal protective measures to reduce the risk of WNV, including wearing appropriate clothing to cover up exposed skin
- Provide workers with the necessary information to make informed decisions on the personal, voluntary use of insect repellent and make insect repellent available to employees that choose to use it
- In collaboration with Business Unit Health and Safety Consultants, schedule information and education sessions for employees, as needed

Workers are required to:

- Review information and educational material provided by the City of Toronto to become familiar with the risk of WNV exposure and the protective measures recommended
- Follow safe work procedures, and use appropriate personal protective measures, as needed for the level of risk
- Make an informed decision regarding voluntary use of insect repellent provided by the City of Toronto

Corporate Occupational Health and Safety will:

- Prepare and update information on the West Nile Virus, as needed
- Assist in the selection of personal protective measures for employees

Human Resources Health & Safety/WSI Consultants will:

- Assist with the implementation of the policy and the development of safe work procedures
- Deliver information and training sessions, as needed

Joint Health and Safety Committees will:

- Annually review the policy and associated guidelines as they apply at the workplaces represented by the committee
- Make recommendations for the development of, or improvements to, existing safe work procedures, as needed

Approved by Executive Management Team (EMT), April 17, 2003
Occupational Health & Safety Co-ordinating Committee (OHSCC), April 4, 2003

Date Approved April 17, 2003

**Reviewed by
OHSCC** February 25, 200

7.8 Dog Attack Prevention and Notification

Safe Working Procedure – SWP004.01

Purpose

The purpose of this procedure is to specify the general requirements for the prevention and notification of dog attacks.

Background

Dogs can be wonderful companions and protectors of your home and family. Their instinct is to protect those around them and their territory. As a worker, who has to work on the boulevard or enter private premises to perform a job, a dog may see you as an intruder in its territory, thereby exposing you to the potential for an attack.

Dogs bite for the following reasons:

- Instinct to protect people, their puppies and territory,
- Being startled while asleep or eating,
- Out of playfulness,
- Ordered to by their owner.

Some signals to watch for:

- Growling, barking,
- Hair raised on the back of the neck,
- Ears straight up or backward,
- Staring,
- Tail movement.

Kinds of Dogs

There are four (4) kinds of biting dogs that could be encountered:

1. **Trained attack dogs**-If an owner tells you that he will set the dog on you, leave the premises immediately and report this incident to your supervisor, who in turn should contact animal control and the police.
2. **Guard dogs**-Usually these type of dogs are in commercial properties and the premises are signed but they may also be found in residential backyards, as well.
3. **Fear biter dogs**-These dogs will turn on you from behind. They are visually nervous and will put their tails between their legs. If you turn and take a step, they will take the opportunity to bite if you approach too close.
4. **Prey biter**-These dogs will go after you if there is any movement at all.

Any dog may bite. Size, breed, and sex of the dog are not important.

Dogs don't smell fear; they sense apprehension through changes in body posture such as:

- Body stiffening and/or,
- Staring and closely observing the dog's movements.

General Precautions

If you are required to enter onto private residential property to perform your functions:

- Call ahead and make arrangements to visit at a specific time, where possible.
- Ask if there is a dog on the premises.
- Check for signs of a dog, and whistle or make noise before entering a property.

Entering a Residence or Building

- Hold a toolbox or other object in front of you as you approach the door.
- Put your foot against outward opening doors.
- Stand to the side of inward opening doors.
- Ask the owner to lock the dog up, even if they insist the dog is friendly.
- If the owner will not lock the dog up and you feel apprehension, do not enter the premises. Contact your supervisor.

If you are approached by a dog either on private property or on the street

- If possible, identify the dog's owner.
- Call to the dog's owner and ask them to restrain the dog.
- Speak to the dog calmly; use simple commands such as NO, DOWN, SIT, and STAY.
- Let the dog smell you.
- Never touch a dog unless given permission to do so.
- Keep an eye on the dog but avoid staring or making sudden movements.
- If the dog becomes aggressive:
 - Do not yell, run or stare at the dog. The dog may think that you are playing with or challenging it.
 - Stop what you are doing.
 - Leave the area. Do not turn your back on the dog, instead turn your body to the side facing the dog.
 - Calmly walk backwards until you are out of harms way.

At your vehicle

- If a dog approaches your vehicle and appears aggressive or overly friendly, close the vehicle door and leave the area.

If a dog attacks you:

- Use tools, clipboard, jacket or anything available to use as a block.
- If the dog lunges at you, bring your knee up to block it.
- If knocked down, curl into a ball; keep your arms over your head and ears to protect your face.

If you get bitten by a dog

- Apply first aid.
- Wash the wound.
- Seek medical attention.
- Report the bite to your supervisor, who in turn will call animal control.
- Fill in the necessary accident report information.

Use caution around and avoid contact with, any animal displaying threatening, erratic or over friendly behaviour. Contact your Supervisor.

Notification

All dog bites must be reported to Toronto Animal Services. Telephone Number is 416-338-PAWS (7297).

Normal business hours are Monday to Sunday 8:30 a.m. to 7:00 p.m.

If there is an immediate public safety concern (e.g., dog is at large) an operator is available 24 hours per day.

Toronto Animal Services will require details of the incident, address/location, and name of dog owner if available.

Legislative Requirements

Occupational Health and Safety Act, RSO 1990

Date of preparation – October, 2001

Revision date – October 2007

Review date – October 2008

Distribution – City Manager, Deputy City Manager, Cluster “B”, Division Heads, Directors, Managers, Supervisors, HR OH&S/DM Manager, HR OH&S Consultants, CUPE Local 79, CUPE Local 416, TPFPA Local 3888, Joint Health and Safety Committees

7.9 Bees Wasps and Hornets Policy

TITLE: REMOVAL OF BEES, WASPS AND HORNETS NESTS IN TREES THAT ARE SITUATED ON CITY ROAD ALLOWANCES AND CITY PARKLANDS

Policy Statement

It is the policy of the City of Toronto, Urban Forestry Services to leave wasps nests in trees where possible given the benefits of many wasp species as a natural control agent for other insect pests. City of Toronto Urban Forestry Services will remove the nests of bees, wasps and hornets from trees which are situated on or overhang City road allowances if the nest is deemed to be a safety concern to the public. Nests which are in a tree and located more than 3 m above ground level are typically not removed. However, if the nests are located close enough to the ground and threaten public safety, Urban Forestry Services will inspect the site and decide on appropriate further action.

Application

This policy applies only to bees, wasps and hornets nests in trees and does not include nests found in hedges, utility boxes, on light standards or in the ground. This policy shall apply throughout the City of Toronto.

Purpose of This Policy

To establish a uniform protocol for responding to requests for the removal of bees, wasps and hornets nests from trees which are situated on or overhang City road allowances or City parklands.

Implementation (Process and Procedure)

Road Allowance Situations

1. Residents who are concerned about the presence of bees, wasps or hornets nests located within a City owned tree or on a branch of a private tree which overhangs the City road allowance may request an inspection by Urban Forestry Services by calling 416-338-TREE (8733). Nests which are situated in a tree at a height of 3m (10 ft) or less above ground level and in a location which frequently has people in the vicinity of the nest could represent a public safety concern. The removal of nests which are located more than 3 m above ground level could pose a safety hazard to staff removing the nest and as such, the safety of both residents and City staff must be evaluated.
2. Residents should contact their local district office of Urban Forestry Services to request an inspection. It is the responsibility of the district staff to conduct the inspection and carry out the removal of the nest if required.
3. If upon inspection Urban Forestry Services confirms that the nest poses a safety concern to residents, the nest will be removed by staff or arrangements will be made for a private contractor to undertake removal of the nest. Arrangements may be made to move the nests of Honey Bees so they will not be destroyed. Urban Forestry Services district staff may refer to their „List of Beekeepers“ in the Greater Toronto Area and contact the appropriate person.
4. **If chemical control is chosen as a method to kill the insects in the nest prior to the removal of the nest from the tree, products which contain chlorpyrifos as an active ingredient must not be used on City property.**

5. Forest Health Care Inspectors of the City Forester's Office will be available to provide district staff with any necessary advice and information pertaining to the most up-to-date methods and techniques for the removal of nests.
6. If the nest is deemed by Urban Forestry Services not to be a safety concern to residents, the nest will not be removed.

Parkland Situations

1. Where a nest is in a tree located on City owned parkland and public safety is a concern, the area Park Supervisor should be contacted at 416-392-8186 and informed of the concern.

Road Allowance Situations other than Trees

1. Where a nest is found in a hedge, utility box, on a light standard, in the ground or situated on City road allowance otherwise, Works and Emergency Services may be contacted at 416-392-8305.

7.10 NEEDLES, SHARPS AND BIOHAZARDOUS DISPOSAL POLICY

Number: Reference: Source:

Date: June 1999

Revision Date: June 21 1999

POLICY

All needles and sharp objects (i.e. “sharps”) found in our parks and facilities are to be removed as soon as possible since the risk they pose to Patrons and Staff is considerable. The Parks and Recreation Division will train all Staff on the information and procedures dealing with the safe handling of “sharps” and “biohazards.” When dealing with any needles, the greatest care must be taken. There are two classes of objects which will need to be disposed of with special care.

Sharps

Definition: Any material that has the potential to cut or penetrate skin.

Examples: Razor blades, broken glass, sharp or jagged metal (i.e. tin cans etc.)

Dangers: Can cause skin cuts or skin penetration injuries (i.e. metal slivers); can transmit communicable diseases; can injure Patrons, Staff or Garbage Handlers.

Biohazards

Definition: Any material /item which is suspected of having come in contact with bodily fluids from another person.

Examples: Razor blades, hypodermic needles, any “sharps” removed from an injured person, bloody tissues etc.

Dangers: Increased potential for transmission of communicable diseases; can cause skin cuts and skin penetration injuries (i.e. metal slivers).

REMOVAL

Carefully follow the steps listed below in order to safely remove any “sharps” or “biohazards” from City sites. If you have any questions regarding the removal of these hazards, please contact your Supervisor of Recreation and Facilities for clarification.

1. Put on a pair of protective surgical gloves. Never touch any

part of the needle or other “biohazards” with your bare hands. If gloves are not available shield hands from hazards by using a thick barrier such as a cloth.

2. Carefully place any “biohazards” into the container provided. If one is not available, use a solid non-breakable container which can be sealed and labelled as “biohazardous” to prevent it from injuring anyone during disposal.
3. Report to your DIRECT SUPERVISOR immediately so that the proper disposal contacts can be notified. The disposal contacts will come to your location and pick up the “sharps” or “biohazards” for final disposal.

**TREATMENT OF
AN UNKNOWN
NEEDLE
PUNCTURES OR
BIOHAZARDOUS
INJURY**

Needles which are carelessly disposed of are often discovered when someone is injured by them. This type of injury can happen to Staff, Patrons and/or Participants. Staff faced with treating these injuries must follow the precautions outlined below:

1. Wear gloves! Put on a pair of protective surgical gloves immediately.
4. Carefully flush the affected area with water. Do not try to suck blood or injected fluids out.
5. Place the needle in one of the disposal containers as you normally would.
6. Immediately send the victim, along with the needle or “sharp”, to a hospital.

7.11 COMMUNICABLE DISEASES POLICY

Communicable Disease Policy (i) Exposure to Bloodborne Pathogens

Category: **Health and Safety**

Sub-Category: **General**

Policy Statement

The policy and its associated guidelines are intended to protect City of Toronto employees from potential adverse health effects as a result of an exposure to bloodborne pathogens. The policy and its associated guidelines are not meant to supersede legislation or existing programs that are required for emergency responders (police, fire and ambulance). The intent is to include and protect other City of Toronto employees where legislation does not exist, and to assist these areas in developing programs and procedures to address occupational exposures to bloodborne pathogens.

Application

This policy applies to all City of Toronto employees who may be exposed to bloodborne pathogens in the course of their work activities.

Definitions

Bloodborne pathogens:

Viruses that are found in blood and other bodily fluids, and are capable of causing disease, typically HIV, Hepatitis B and Hepatitis C. This definition is inclusive of any other bloodborne pathogens capable of causing disease.

Exposure:

An exposure occurs when contaminated bodily fluids (blood, semen, vaginal fluids or any other substance that is visibly contaminated with blood) may enter the body of a non-infected person. Exposures may occur through:

- A puncture of the skin with an object contaminated with blood, semen vaginal fluids or other bloody substances (e.g. contaminated needle, contaminated scalpel)
- Contact of infected blood, semen, vaginal fluids or other bloody bodily fluids with mucous membranes of the mouth, eyes or nose
- Contact of infected blood, semen, vaginal fluids or other bloody bodily fluids with non-intact skin (skin which is broken or has small cuts).

Universal Precautions:

Universal Precautions are infection control guidelines designed to protect individuals from exposure to diseases that are spread by blood and certain other body fluids. The recommendation of Health Canada is that these precautions should be applied to all potential exposures to bodily fluids, regardless of whether or not the source is known to be infected.

High-risk workers:

Workers, who in the course of their regular duties, are likely to come into contact with blood, semen or vaginal fluids capable of being infected with HIV, Hepatitis B, Hepatitis C or any other blood-borne pathogens, and potentially infected sharp objects (e.g. used needles).

Medium-risk workers:

Workers who in the course of their regular duties may occasionally come into contact with blood, semen or vaginal fluids capable of being infected with HIV, Hepatitis B, Hepatitis C or any other blood-borne pathogens, and potentially infected sharp objects.

Workers who in the course of their regular duties are unlikely to come into contact with blood, semen or vaginal fluids capable of being infected with HIV, Hepatitis B or Hepatitis C or any other blood-borne pathogens.

Responsibilities

Divisions are required to:

- Identify and classify jobs with a potential for high, medium or low risk of exposure to bloodborne pathogens, consulting with Employee Health and Rehabilitation Service, as needed
- Develop safe work procedures which address the degree of hazard encountered
- Ensure that all employees, especially those at medium and high risk of an exposure, are informed of and familiar with:
 - The potential hazard of bloodborne pathogen exposure
 - The measures to be taken to protect against the hazard (universal precautions, personal protective equipment to be worn)
 - The post-exposure protocol and the process for reporting bloodborne pathogen exposures
- Provide personal protective equipment that offers the appropriate degree of barrier protection and instruct on its use and disposal
- Communicate the importance of being vaccinated against Hepatitis B, and inform of the appropriate steps to receive the vaccination
- Review job classifications based on high, medium or low risk of exposure to bloodborne pathogens to ensure that the classification is current and correlates with the job demands.

Those with supervisory responsibilities will:

- Implement safe work procedures to prevent exposures to bloodborne pathogens
- Ensure that the personal protective equipment required is accessible and available to employees, and that the employees are familiar with usage
- Ensure that workers are aware of the appropriate steps to take in the event of a spill of blood and other bodily fluids.
- Ensure that the workers are aware of the appropriate post-exposure protocol and reporting procedures to be used in the event of an exposure
- In collaboration with Employee Health and Rehabilitation Service, schedule training and education sessions for employees at high or medium risk of exposures to bloodborne pathogens

Workers are required to:

- Attend training and education sessions to become familiar with the hazards associated with bloodborne pathogens, protective measures, and post-exposure protocol procedures
- Follow safe work procedures, and use the appropriate personal protective equipment for the situation
- Know the appropriate post-exposure protocol and reporting procedures to be used in the event of an exposure
- Make an informed decision about receiving the Hepatitis B vaccine

Employee Health and Rehabilitation Service will:

- Advise, as needed, on the risk of exposure to bloodborne pathogens based on current job demands
- Assist in the development of safe work procedures
- Prepare information and training sessions on bloodborne pathogens
- Respond to the concerns of workers who have been, or who believe they may have been exposed to bloodborne pathogens
- Ensure care is available 24 hours per day, and that the post-exposure surveillance is followed
- Vaccinate workers against Hepatitis B as per the protocol/guidelines
- Ensure surveillance and vaccinations and keep this information in a secure, confidential manner
- keep statistics on exposures and follow-ups to assist in planning prevention strategies

Corporate Occupational Health and Safety will:

- Assist in the selection of personal protective equipment

Human Resources Business Unit Health & Safety/WSI Consultants will:

- Assist with the implementation of the policy and the development of safe work procedures
- Ensure proper reporting/notification of incidents to the WSIB

Joint Health and Safety Committees will:

- Annually review the policy and associated guidelines
- Review incident and accident reports to assess trends in bloodborne pathogen exposures
- Make recommendations for the development of, or improvements to, existing safe work procedures, as needed

Authority

Occupational Health and Safety Act (R.S.O. 1990, c. 0.1)

Review

Annually

Approved by

Executive Management Team (EMT), February 18, 2002

Occupational Health & Safety Coordinating Committee (OHSCC) December 11, 2001

Date Approved

February 18, 2002

**Related
Information**

[Prevention Guidelines for Exposure to Bloodborne Pathogens](#)

7.12 Photography Policy and Use of Photographic Devices

Photography Policy	Patrons wishing to use cameras, video cameras or other photographic devices, including camera phones and PDA's (Personal Digital Assistants), in any program or facility must receive permission from staff before filming. Pictures may only be taken of children/patrons in their personal care. Every attempt should be made to limit or eliminate other patrons from being filmed in the background. When possible staff should make a verbal request for permission to photograph other patrons who may be in the area where pictures are being taken. Documentation of the verbal permission must be noted in the facility log book including date, program and name of patron taking the pictures.
Use of Photographic Devices in Change rooms and Washrooms	The use of all photographic devices; cameras, video cameras, camera cell phones and PDA's are prohibited in all change rooms and washrooms in Toronto Parks and Recreation facilities.
Procedures	<p>All Parks and Recreation facilities must have signage with the following statements:</p> <p>19. Patrons wishing to use cameras, video cameras or other photographic devices to take pictures in Parks and Recreation facilities or programs must have permission from Staff before filming.</p> <p>7. The use of any photographic devices, cameras, video cameras, camera cell phones and PDA's are prohibited in all change rooms and washrooms in Toronto Parks and Recreation facilities.</p>

7.13 Child Abuse Reporting Policy

Parks, Forestry and Recreation Division **Child Abuse Reporting Policy**

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Purpose	This policy outlines child abuse reporting procedures for staff and volunteers, as established by the Ontario Child and Family Services Act.
Policy Statement	<p>The Ontario Child and Family Services Act requires members of the public and professionals that work with children to promptly report to a children's aid society when a child is or may be in need of protection.</p> <p>Parks, Forestry and Recreation (PFR) provides programs and services that enhance the physical, social, mental, and emotional well-being of children. PFR strives to ensure that all children are supported to engage in its recreation and leisure activities, and to provide a safe environment for children while attending a PFR program, facility or property.</p> <p>PFR staff and volunteers are obligated to report any suspected or disclosed child abuse or neglect as set out in the Ontario Child and Family Services Act.</p>
Application	This policy applies to all PFR staff and volunteers. All PFR staff and volunteers are obligated to report a suspicion of or receipt of disclosed child abuse or neglect to the appropriate children's aid society, and treat the matter confidentially.
Definitions	<p>Child: A person under the age of 16 years, or under the age of 18 years if they are in a children's aid society's care or are a ward of the Crown. (<i>Ontario Child and Family Services Act, R.S.O. 1990, Chapter C.11</i>)</p> <p>Child in Need of Protection: There are four main types of child abuse: physical abuse, sexual abuse, emotional abuse, and neglect. These four types are outlined in detail below.</p> <p>According to the <i>Ontario Child and Family Services Act</i>, a child is in need of protection where:</p> <ol style="list-style-type: none"> 1. The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's: <ul style="list-style-type: none"> • Failure to adequately care for, provide for, supervise or protect the child, or • Pattern of neglect in caring for, providing for, supervising or protecting

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	<p>the child.</p> <ol style="list-style-type: none"> 2. There is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's: <ul style="list-style-type: none"> • Failure to adequately care for, provide for, supervise or protect the child, or • Pattern of neglect in caring for, providing for, supervising or protecting the child. 3. The child has been sexually molested or sexually exploited, including by child pornography, by the person having charge of the child or by any other person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child. 4. There is a risk that the child is likely to be sexually molested or sexually exploited as described in item 3, above. 5. The child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to the treatment. 6. The child has suffered emotional harm, demonstrated by serious: <ul style="list-style-type: none"> • anxiety, • depression, • withdrawal, • self-destructive or aggressive behaviour, or • delayed development, and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the person having charge of the child. 7. The child has suffered emotional harm of the kind described in item 6, above, and the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to services or treatment to remedy or alleviate the harm.
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8. There is a risk that the child is likely to suffer emotional harm of the kind described in item 6, above, resulting from the actions, failure to act or pattern of neglect on the part of the person having charge of the child.
9. There is a risk that the child is likely to suffer emotional harm of the kind described in item 6, above, and the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to services or treatment to prevent the harm.
10. The child suffers from a mental / emotional or developmental condition that, if not remedied, could seriously impair the child's development and the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to treatment to remedy or alleviate the condition.
11. The child has been abandoned, the person having charge of the child has died or is unavailable to exercise his or her custodial rights over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody.
12. The child is less than 12 years of age and has killed or seriously injured another person or caused serious damage to another person's property; services or treatment are necessary to prevent a recurrence and the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to those services or treatment.
13. The child is less than 12 years of age and has on more than one occasion injured another person or caused loss or damage to another person's property, with the encouragement of the person having charge of the child or because of the person having charge of the child's failure or inability to supervise the child adequately.

Children's Aid Society:

An independent, non-profit organization run by a board of directors elected from the local community. Children's aid societies:

- investigate reports or evidence of abuse or neglect of children under the age of 16 or in the children's aid society's care or supervision and, where

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	<p>necessary, take steps to protect the children;</p> <ul style="list-style-type: none"> • care for and supervise children who come under their care or supervision; • counsel and support families for the protection of children or to prevent circumstances requiring the protection of children; and place children for adoption. (<i>Ontario Ministry of Children and Youth Services</i> http://www.children.gov.on.ca) <p>Reasonable Grounds: Reasonable grounds to suspect child abuse or neglect refers to the information that an average person, using normal and honest judgement, would need in order to decide to report to a children's aid society. It is not necessary for a person to be certain that a child is or may be in need of protection to make a report. (<i>Ontario Ministry of Children and Youth Services</i> http://www.children.gov.on.ca)</p>
Conditions	<p>Based on the definition of a "child in need of protection" above, staff and volunteers must report to a children's aid society:</p> <ul style="list-style-type: none"> • their suspicion that a child is in need of protection; or • child abuse or neglect that has been disclosed to them by the child or another person. <p>Not reporting a suspicion of child abuse or neglect is an offence under the Ontario Child and Family Services Act. If convicted, the penalty is a fine. [<i>Ontario Child and Family Services Act, R.S.O. 1990, Chapter C.11, s. 72(4), (5), (6), (6.2)</i>]</p> <p>Staff and volunteers reporting suspected child abuse or neglect to a children's aid society are protected against legal action unless they acted maliciously or without reasonable grounds for the suspicion. [<i>Ontario Child and Family Services Act, R.S.O. 1990, Chapter C.11, s. 72(7)</i>]</p> <p>Reporting Directly PFR staff and volunteers have a legal obligation to report any suspected or disclosed child abuse or neglect directly to a children's aid society and must not rely on any other person to report on his / her behalf.</p> <p>Ongoing Duty to Report In addition to reporting to the children's aid society, PFR staff and volunteers</p>

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	<p>who have additional reasonable grounds to suspect child abuse or neglect, or receive another disclosure of child abuse or neglect will make a further report even if he / she has made previous reports with respect to the same child.</p> <p>Training Supervisors in Community Recreation, Parks, and Urban Forestry are responsible to ensure that all staff and volunteers that work with children are trained in this policy. Staff will receive training on identification of child abuse and correct reporting procedures as a mandatory requirement of their employment with PFR.</p>
Procedures	<p>PFR staff and volunteers who have reasonable grounds to suspect that a child is in need of protection, as defined in this policy, must complete the steps below:</p> <ol style="list-style-type: none"> 1. Notify your immediate supervisor that you are going to make a report to a children's aid society about suspected or disclosed child abuse or neglect. No one, including a manager or supervisor, should advise a staff member or volunteer not to report suspicions of child abuse or neglect, or stop them from reporting to a children's aid society. 2. The person who suspects or receives disclosed child abuse or neglect must report the suspicion / disclosure to the appropriate children's aid society. Another person cannot make the report on their behalf. Refer to "Related Information" below to determine the appropriate children's aid society. If the child's religious/cultural affiliation is not known, contact the Children's Aid Society of Toronto and follow their instructions. 3. When receiving information about child abuse or neglect from another person (e.g. friend, relative, etc.), strongly encourage that person to report directly to a children's aid society. To ensure the child's safety, proceed with notifying your immediate supervisor and contacting a children's aid society as in Steps 1 and 2 above, to make a report. 4. After reporting to the children's aid society, notify your immediate supervisor and full-time supervisor of the incident and action taken. If the

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	<p>full-time supervisor cannot be reached, follow procedures outlined in <i>PFR's Management Standby / On-Call Coverage Policy</i>.</p> <p>5. Complete a <i>PFR Record of Suspected Child Abuse Reporting Form</i> immediately after reporting suspected child abuse or neglect to a children's aid society, following the steps noted in the Documentation section, below.</p> <p>Volunteers may seek the assistance of their immediate supervisor to complete the report.</p> <p>6. The full-time supervisor will:</p> <ul style="list-style-type: none"> • Ensure that support is available to the staff or volunteer that reported the suspected child abuse or neglect; • Notify the appropriate Branch / District Manager of the incident; and • Submit the <i>PFR Record of Suspected Child Abuse Reporting Form</i> in confidence to the appropriate Branch Supervisor of Staff Support. <p>7. The Supervisor of Staff Support will:</p> <ul style="list-style-type: none"> • Take all reasonable measures to securely maintain child abuse and neglect records in its care and control and prevent unauthorized access to personal information; • Ensure that all hard copies of documents containing personal information are stored in locked filing cabinets with restricted access; • Ensure that any electronic records, including e-mails, containing personal information are maintained securely with appropriate use of passwords or other necessary protections; and • Retain personal information that has been used by PFR for a minimum period of one year after use or as identified in PFR's retention schedule for child abuse and neglect records. <p>8. If at a later time you have additional reasonable grounds to suspect child abuse or neglect, you must make a further report even if you have made previous reports with respect to the same child. Follow the Procedures beginning at Step 1, above.</p> <p>9. If a person having charge of the child contacts a staff / volunteer regarding a report that was made about them to a children's aid society, staff does</p>
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not need to admit to making a report but should inform the person having charge of the child that:

- a) the children's aid society will not release information regarding who made the report as this information is confidential;
- b) all staff / volunteers have a legal duty to report suspicions of child abuse or neglect;
- c) failure to report can result in being charged and fined; and
- d) it is the children's aid society's mandate to determine if child abuse or neglect is taking place.

If the person having charge of the child is not satisfied with your response, direct them to your supervisor or manager.

Emergency Crisis Situations

In addition to the Procedures above, ensure that the following steps are taken for the emergency / crisis situation below.

A) Threats / Aggressive Behaviour (jeopardizing others' safety and wellbeing)

- Call the Police (9-911) for assistance.
- The full-time supervisor will debrief with staff and volunteers and follow up on any issues.

B) Child Abuse or Neglect Taking Place at a Program / Facility

- Call the Police (9-911) for assistance.

Where there are allegations against staff / volunteers:

C) Allegations against Staff / Volunteers – Children's Aid Investigation

- Cooperate with the children's aid society in completing their investigation.
- The Manager will consult with Labour Relations (LR) for direction if the children's aid society does not allow the staff / volunteer to work alone with children, or determines that the staff / volunteer may not work at all with children.
- Confidentiality must be adhered to at all times. If staff knows anything

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	<p>about the investigation, they are not to discuss it with staff, volunteers, media, etc.</p> <ul style="list-style-type: none"> • The full-time supervisor will consult with the children's aid society on any follow-up discussions that may take place upon the staff's / volunteer's return. • The full-time supervisor will notify the staff / volunteer of their return-to-work date. • The full-time supervisor will meet with the staff / volunteer on their return to work to provide support and discuss follow up actions as directed by the children's aid society and LR. <p>D) Allegations against Staff / Volunteers – Children's Aid Does Not Investigate</p> <ul style="list-style-type: none"> • The full-time supervisor will conduct an internal investigation in consultation with LR and review findings with the Manager. • The full-time supervisor will review the PFR Child and Youth Guidance Policy with staff and volunteers. • The Manager will determine any follow-up action.
Documentation	<p>The <i>PFR Record of Suspected Child Abuse Reporting Form</i> must be completed every time a staff or volunteer has reason to suspect that child abuse or neglect has occurred.</p> <ol style="list-style-type: none"> 1. Complete a <i>PFR Record of Suspected Child Abuse Reporting Form</i> immediately after reporting suspected or disclosed child abuse or neglect to a children's aid society, and ensure you include the following: <ol style="list-style-type: none"> a) Note the date, time, and location of the incident. b) Note any witnesses to the incident and record their full name and contact information if possible. c) Document the facts only (what you observed or what the child has said), being careful to avoid noting any personal opinions or assumptions. d) Be precise, objectively descriptive and avoid using general or subjective terms. e) Describe events in detail, noting exact words used in any verbal exchange. f) Attach a list of names, addresses, phone numbers, and employee

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	<p>numbers of additional staff or volunteers reporting the incident.</p> <p>g) Record the name and phone number of the children's aid society representative that you spoke with and the date and time that you spoke with them.</p> <p>h) Document any actions that staff or volunteers have taken to date.</p> <p>i) Attach any additional related documentation.</p> <p>2. Sign and date the form and place it in a sealed envelope along with any other information, documentation, or reports. Write the name of your full-time supervisor, and the word "CONFIDENTIAL" on the envelope.</p> <p>3. Submit the form to the full-time supervisor. As this is confidential information, do not make copies of the form or send it by fax.</p> <p>4. The full-time supervisor will forward the form to the Supervisor of Staff Support and notify the appropriate Branch / District Manager.</p> <p>5. Staff Support will keep individual, confidential file records to track and properly maintain all documentation relating to suspected child abuse or neglect, as per Procedures, Step 7.</p>
Confidentiality	<p>Any information related to an allegation or report of child abuse or neglect is confidential between the person directly involved, the staff or volunteer making the report, and the children's aid society. Discussing any suspicions of child abuse or neglect with a person having charge of the child, child, staff or volunteers before consulting with a children's aid society could jeopardize the child and interfere with the investigation.</p> <p>The Staff Support Supervisor will maintain all confidential information relating to suspected child abuse or neglect, as per Procedures, Step 7.</p>
Authority	Ontario Child and Family Services Act, R.S.O. 1990, Chapter C.11, Section 72 (1)
Related Information	<p>Children's Aid Societies</p> <ul style="list-style-type: none"> • Children's Aid Society of Toronto <ul style="list-style-type: none"> ○ (416) 924-4646

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	<ul style="list-style-type: none"> o http://www.casmt.on.ca/ • Catholic Children's Aid Society of Toronto <ul style="list-style-type: none"> o (416) 395-1500 o http://www.torontoccas.org/ • Jewish Family and Child – Greater Toronto Area <ul style="list-style-type: none"> o (416) 638-7800 o http://www.jfandcs.com/ • Native Child & Family Services <ul style="list-style-type: none"> o (416) 969-8510 o http://www.nativechild.org/ <p>City of Toronto Employee Assistance Program</p> <ul style="list-style-type: none"> • Phone: 416-392-6633 or TTY 416-338-2916 • Website: http://insideto.toronto.ca/hrweb/eap/index.htm <p>PFR Policies <u>Child and Youth Guidance</u> <u>Management Standby / On-Call Coverage</u> <u>Police Protocol</u></p> <p>Ontario Ministry of Children and Youth Services Website: http://www.children.gov.on.ca Brochure – Reporting Child Abuse & Neglect - ON</p>
Form(s)	PFR Record of Suspected Child Abuse Reporting Form
Contact	Questions about this policy may be directed to: General Manager of Parks, Forestry and Recreation Division Toronto City Hall 4 th Floor, West Tower 100 Queen Street West Toronto, Ontario, M5H 2N2 416-338-5058

7.14 Conflict of Interest Policy

Policy Statement

Employees of the City of Toronto are expected to conduct themselves with personal integrity, ethics, honesty and diligence in performing their duties for the organization. Employees are required to support and advance the interests of the organization and avoid placing themselves in situations where their personal interests actually or potentially conflict with the interests of the City.

Application

This policy applies to all City of Toronto employees. The standards outlined in this policy are particularly relevant to employees who are in a position to make or influence decisions of the organization.

Definition

A conflict of interest refers to a situation in which private interests or personal considerations may affect an employee's judgement in acting in the best interest of the City of Toronto. It includes using an employee's position, confidential information or corporate time, material or facilities for private gain or advancement or the expectation of private gain or advancement. A conflict may occur when an interest benefits any member of the employee's family, friends or business associates.

Conditions

The rules and examples that follow do not exhaust the possibilities for conflict of interest, but they identify obvious situations covered by the policy.

Special Treatment

Employees are not allowed to use their positions to give anyone special treatment that would advance their own interests or that of any member of the employee's family, their friends or business associates.

Receiving Fees or Gifts

Employees may not accept gifts, money, discounts or favours including a benefit to family members, friends or business associates for doing work that the city pays them to do. The exceptions to this are promotional gifts or those of nominal value e.g., coffee mug or letter opener with the company's logo or the occasional lunch.

Outside Work or Business Activities

Employees may not engage in any outside work or business activity:

- (a) that conflict with their duties as city employees;
- (b) which use their knowledge of confidential plans, projects or information about holdings of the corporation;
and
- (c) that will, or is likely to, negatively influence or affect them in carrying out their duties as city employees.

Using City Property

Employees may not use, or permit the use of, items of city property, facilities, equipment, supplies or other resources for activities not associated with their work. Any exceptions to this must be expressly approved by either Council or the commissioner of the affected department.

Confidential Information

Employees may not disclose confidential or privileged information about the property, or affairs of the organization, or use confidential information to advance personal or others' interests. Employees cannot divulge confidential or privileged information about the city's employees without those employees' written authorisation.

Note on confidential information: The rule against giving out confidential information does not apply to an employee who alleges wrongdoing on the part of the city or its Council members, officers, employees, agents or contractors – as long as the disclosure of such information is not frivolous, vexatious or slanderous – and making the disclosure serves the public interest and is made in accordance with the provisions of this policy. This reporting of wrongdoing is known as whistle-blowing.

Financial Interest

Employees who knowingly have financial interests in a city contract, sale or other business transaction, or have family members, friends or business associates with such interests, must not represent or advise the organization in such transactions.

Guidelines for Management and Professional Staff

Some positions in the organization are more susceptible than others to conflicts of interest. The following two sections are specifically for executives, managers and employees who give professional advice or assistance, or who work on program policies or budgets. These sections also refer to employees in confidential positions working with the above mentioned staff.

Representing Others

Staff described in the paragraph above may not appear before Council or a city committee on behalf of a private citizen other than himself/herself, his/her spouse, his/her parents, or his/her minor children, where the employee is either paid, or is involved in any way in the issue/policy.

Appointments

Staff who hold positions described above may not seek or accept appointment to a city committee or board (except in the capacity of a city employee) and require permission from their executive directors/general managers or designates before accepting appointments to other municipal, provincial or federal commissions boards and committees. Staff who hold positions as board members on community agencies that deal with issues related to their work at the city should inform their executive directors/general managers or designates of their appointments. When agency issues arise that place them in actual or potential conflict with city policy or procedures, they should declare a conflict of interest.

Conduct Respecting Lobbyists

Expectations on dealing with lobbyists are described in Appendix 2. These are consistent with the Code of Conduct for members of Council.

Requirement to Report Conflict of Interest

If employees or their family members, friends or business associates have a personal or financial interest that might present a conflict or bias in connection with their duties as city employees, they must report this conflict to their executive directors/general managers or designates in writing.

Reporting a Conflict of Interest

When an employee reports a conflict of interest to his/her executive director/general manager or designate in writing, a copy is forwarded to the chief administrative officer. If an employee alleges wrongdoing on the part of the city or its Council members, officers, employees, agents or contractors he/she should report this in writing directly to the chief administrative officer.

Failure to Comply With the Policy

Employees who fail to comply with this policy are subject to disciplinary action up to and including dismissal.

Implementation

Managers and supervisors must make the policy available to all employees and must discuss the entire policy with their employees and highlight any of the rules that have particular relevance, given the nature of the employees' work. Managers and supervisors who need assistance interpreting rules and how they apply to specific situations must talk to their departments' executive directors or general managers. Serious consequences may result from the contravention of this policy. Employees should check with management if they need assistance in interpreting whether a situation they have experienced or are confronting puts them in a conflict of interest situation.

A brochure will identify the rules of this policy and provide examples to assist employees in understanding these rules. Sample questions and answers can also be found in [Appendix 1](#).

Approved by City Council (Clause 20, Report No. 16 Administration Committee)

Date Approved: August 4, 2000

CONFLICT OF INTEREST POLICY - APPENDIX 1

Sample Questions and Answers

The specific rules and examples that follow do not exhaust the possibilities for conflict of interest, but they do identify obvious situations covered by the policy. The accompanying questions and answers are merely illustrations to help explain each rule.

Special Treatment

Employees are not allowed to use their positions to give anyone special treatment that would advance their own interests or that of any member of the employee's family, their friends or business associates.

Sample question: "A member of my family asked me to bring home an extra permit. I could get an extra permit because I work in the Permits Office, but won't do that. Everyone has to follow the standard procedure for permit applications. Am I right?"

Answer: Yes, you are right. Bending the rules to favour a family member or friend would be a conflict of interest.

Receiving Fees or Gifts

Employees may not accept gifts, money, discounts or favours including a benefit to family members, friends or business associates for doing work that the city pays them to do. The exceptions to this are promotional gifts or those of nominal value e.g., coffee mug or letter opener with the company's logo or the occasional lunch.

Question: "What should I do if a client gives me a gift or some money to thank me for doing a good job?"

Answer: Politely refuse the gift or money. You could explain that while you appreciate the offer, accepting it would not be proper according to the city's conflict of interest policy. Someone might interpret the gift as a bribe to get special treatment.

Outside Work or Business Activities

Employees may not engage in any outside work or business activity:

- (a) that conflict with their duties as city employees;
- (b) which use their knowledge of confidential plans, projects or information about holdings of the corporation;
and
- (c) that will, or is likely to, negatively influence or affect them in carrying out their duties as city employees.

Question: "I am a buyer in the Purchasing & Materials Management Division and a friend who is bidding on a city contract has asked me to coach him on the preparation of his bid. Am I permitted to assist him?"

Answer: No, you cannot assist him even if you are not directly involved in the assessment of the contract on which he is bidding. Your knowledge of city contracts could lead to the perception that your friend would have an advantage over other bidders.

Question: "I am a paramedic and I have been asked by an accredited institution to teach a course on CPR. I will be paid a fee for this course. Am I permitted to teach the course?"

Answer: Yes, as long as you are not teaching individuals that you would normally be teaching as part of your job and do not wear a city uniform when teaching the course.

Question: "I am a licensing enforcement officer and I own an adult entertainment establishment. Is this a conflict of interest? What should I do?"

Answer: This may well be a conflict. You must disclose this involvement in writing to your executive director or general manager.

Using City Property

Employees may not use, or permit the use of, items of city property, facilities, equipment, supplies or other resources for activities not associated with their work. Any exceptions to this must be expressly approved by either Council or the commissioner of the affected department.

Question: "Sometimes I'm allowed to take one of my department's pick-up trucks home overnight so I can go directly to my work site in the morning. Would it be all right for me to use the truck to help a friend move to a new apartment?"

Answer: No, it would not be acceptable to use a city vehicle for that kind of thing.

Question: "I do a lot of charity and volunteer work. Can I use my position and access to city property to assist those charities in their fund raising or other activities?"

Answer: No. Your volunteer work is important to the community and while the city supports volunteerism, use of city property is not appropriate.

Confidential Information

Employees may not disclose confidential or privileged information about the property, or affairs of the organization, or use confidential information to advance personal or others' interests. Employees cannot divulge confidential or privileged information about the city's employees without those employees' written authorisation.

Question: "In my work I sometimes learn confidential information about prices the city intends to offer for property purchases. I assume it would be wrong for me to share that information with a friend who works for a development company that sometimes competes with the city to buy sites. Am I correct?"

Answer: Yes, you are right. That would be a conflict of interest.

Note on confidential information: The rule against giving out confidential information does not apply to an employee who alleges wrongdoing on the part of the city or its Council members, officers, employees, agents or contractors - as long as the disclosure of such information is not frivolous, vexatious or slanderous - and making the disclosure serves the public interest and is made in accordance with the provisions of this policy. This reporting of wrongdoing is known as whistle-blowing.

Financial Interest

Employees who knowingly have financial interests in a city contract, sale or other business transaction, or have family members, friends or business associates with such interests, must not represent or advise the organization in such transactions.

Question: "I own a piece of land in Toronto that the city wants to buy for a new park it is planning. Would that prevent me, a city official, from serving as an advisor to the city on land-assembly for the park?"

Answer: That's right. You should declare your conflict of interest and the city would probably assign somebody else to replace you on that particular project.

Guidelines for Management and Professional Staff

Some positions in the organization are more susceptible than others to conflicts of interest. The following two sections are specifically for managers and employees who give professional advice or assistance, or who work on program policies or budgets, and also refer to employees in confidential positions working with any of those staff.

Representing Others

Staff described in the paragraph above may not appear before Council or a city committee on behalf of a private citizen other than himself/herself, his/her spouse, his/her parents, or his/her minor children, where the employee is either paid, or is involved in any way in the issue/policy.

Question: "I am a management employee and I supervise an outside work crew. Does that prevent me from speaking on behalf of a friend before the Committee of Adjustment?"

Answer: You could speak for your friend before the Committee of Adjustment, as long as you are not being paid to do it and as long as the issue before the Committee of Adjustment is not in any way related to your work at the city.

Appointments

Staff who hold positions described above may not seek or accept appointment to a city committee or board (except in the capacity of a city employee) and require permission from their executive directors/general managers or designates before accepting appointments to other municipal, provincial or federal commissions boards and committees.

Question: "I work on my department's budget so this section of the policy applies to me. Does that mean I cannot serve as a member of the library board?"

Answer: It means you must have the permission of your executive director/general manager or his/her designate before seeking that office.

Staff who hold positions as board members on community agencies that deal with issues related to their work at the city should inform their executive directors/general managers or designates of their appointments. When agency issues arise that create potential or actual conflicts of interest, these should be declared by the employee.

Question: "I am a professional employee in Social Services and I am on the board of a community agency that delivers service to clients who are on welfare. If the board decides to submit a brief that argues for increased level of service to welfare recipients what role (if any) should I take in this process?"

Answer: You should declare a conflict of interest when this issue arises and make it clear that you cannot contribute to the brief or any lobbying that follows.

Requirement to Report Conflict of Interest

If employees or their relatives have a personal or financial interest that might present a conflict or bias in connection with their duties as a city employee, they must report this conflict to their executive directors/general managers or designates in writing.

Question: "My husband works for the XYZ Printing Company. I work for the city and sometimes issue outside printing contracts to bidders that include XYZ. Does that mean I should inform my executive director/general manager or designate about the situation?"

Answer: Yes, you should inform your executive director/general manager or designate in writing about your potential conflict in cases where XYZ is bidding.

Approved by City Council (Clause 20, Report No. 16 Administration Committee) Date Approved
August 4, 2000

CONFLICT OF INTEREST POLICY - APPENDIX 2

Conduct Respecting Lobbyists

Lobbying is usually defined as direct or indirect efforts to solicit support and influence government decisions on behalf of another party or an organization, often away from public scrutiny. Lobbying activity is to be distinguished from routine advice seeking by members of the public, or contacts by members or employees of government conducting official business. Lobbying is also distinguishable from matters that are the subject of committee deputation, or other processes that are a matter of public record where individuals are named and their interest and organizational affiliation identified.

The term lobbyist includes the following:

- (a) "consultant lobbyist" means a person who, for payment, lobbies on behalf of a client and includes, but is not limited to, government relations consultants, lawyers, accountants, or other professional advisors who provide lobbying services for their clients;
- (b) "corporate in-house lobbyist" means an employee of a corporation that carries on commercial activities for financial gain and who lobbies as a significant part of their duties;
- (c) "organization in-house lobbyist" means an employee of a non-profit organization, when one or more employees lobby public office holders and where the accumulated lobbying activity of all such employees would constitute a significant part of the duties of one employee; and
- (d) "volunteer lobbyist" means a person who lobbies without payment on behalf of an individual, corporation, or organization.

Employees shall be vigilant in their duty to serve public interests when faced with lobbying activity. Employees can use the following as a guide to assist in identifying whether they are being lobbied:

- (a) During the past year, has the contact person attempted to influence you personally, for example, in any administrative action that would have benefited him or her or his or her employer financially?
- (b) Does the contact person do business or seek to do business with the city?
- (c) Is the contact person seeking to influence outcomes outside a public forum on a matter involving, for example, a license, permit or other entitlement for use currently pending before the city?
- (d) Is the contact person a provincially or federally registered lobbyist employer or a client of a registered lobbyist? (Refer to the respective web sites)
- (e) Is the contact person a provincially or federally registered lobbyist or lobbying firm? (f) Does the contact person fall within the definitions provided above?

Approved by City Council (Clause 20, Report No. 16 Administration Committee)

Date Approved

August 4, 2000

7.15 Cell Phone Policy



Parks, Forestry & Recreation
Brenda Patterson, General Manager

Toronto City Hall
4th Fl. West Tower
100 Queen Street
Toronto, Ontario
M5H 2N2

Memorandum

Janie Romoff, Director
Community Recreation
Tel. 416-397-7252
Fax. 416-397-4899

Date: July 21, 2011

TO: Community Recreation Workers

FROM: Janie Romoff, Director Community Recreation Branch

RE: **Letter of Direction: Use of Personal Cell Phones or Other Electronic Devices**

The purpose of this letter is to make you aware that I have received numerous complaints from patrons that staff is being distracted from their work by using electronic devices while on duty.

You are hereby reminded that the use of personal cell phones or other communication and entertainment devices is strictly prohibited while on duty in any PFR facility, including indoor/outdoor pools, wading pools, community centres and all summer camp locations, including out-trips. At all times while on duty staff are expected to remain focused on their responsibilities.

Such electronic devices should be left at home or locked away in a safe place at the work location. If these devices are brought to the workplace, they must be **turned off** while you are on duty. This is a directive and compliance is mandatory. Supervisory staff, including part-time staff responsible for overseeing programs, has been directed to report all instances of non-compliance. Staff who do not comply with this directive may be subject to disciplinary action up to and including dismissal.

As a City of Toronto employee, you are expected to conduct yourself in a professional, courteous and polite manner that reflects the responsibility of your position. The perception of the public in this regard is integral to our ability to provide high quality services and excellent customer service.

I thank you for your co-operation.



Janie Romoff
Director Community Recreation Branch

*Copy: Brenda Patterson, General Manager, Parks, Forestry and Recreation
Community Recreation Branch Managers
Community Recreation Branch Supervisors*



Parks, Forestry & Recreation
Brenda Patterson, General Manager

Toronto City Hall
4th Fl. West Tower
100 Queen Street
Toronto, Ontario
M5H 2N2

Memorandum

Janie Romoff, Director
Community Recreation
Tel. 416-392-7252
Fax. 416-397-4899

ACKNOWLEDGEMENT

I acknowledge receipt of the memo dated July 21, 2011 from Janie Romoff, Director of Community Recreation, regarding the use of personal cell phones and other communication devices and I understand the expectations.

Employee Name: _____ Employee Number: _____

Employee Signature: _____ Date: _____




Delivered at: _____ Date: _____ Location: _____

Manager/Supervisor Signature: _____ Date: _____

Section 8 Material Safety Data Sheets

- ☒ Material Safety Data Sheets (MSDS)
- ☒ Chlorine
 - Sodium Hypochlorite Solution 12%
- ☒ Drops
 - DPD Reagent #1 ○DPD Reagent #2 ○DPD Reagent #3
 - R-0004 pH Indicator Solution (Phenol Red)
- ☒ Test Strips
 - 5-Way Instatest Pool and Spa
- ☒ Disinfectant Spray
 - Disinfectant Spray for Health Care Use

Material Safety Data Sheet

WHMIS	Protective Clothing	TDG Road/Rail
		

SECTION I - PRODUCT IDENTIFICATION AND PREPARATION INFORMATION				
Product name:	AQUA SHOCK	Effective Date:	01/01/2010	Code No.:
Product use:	Pool Chemical			
WHMIS:	Regulated by PCP Act, Agriculture Canada			
TDG:	Not a TDG regulated material.			
Manufacturer:	Supplier:			
Lawrason's Inc. 480 Wyecroft Road Oakville, ON, L8K 2G7 Tel: (905) 842-8300 Fax: (905) 842-8906	Lawrason's Inc. 480 Wyecroft Road Oakville, ON L8K 2G7 Tel: (905) 842-8300 Fax: (905) 842-8906			
EMERGENCYPHONE : CANUTEC (613) 996-6666				

SECTION II - HAZARDOUS INGREDIENTS				
Ingredients	CAS #	Wt%	ACGIH-TLV	LC ₅₀ /LD ₅₀
1) Calcium Hypochlorite - 65% available chlorine	7778-54-3	60-100	Not available	ORAL (LD50) mg/kg Acute: 850 (Rat)

SECTION III - PHYSICAL DATA			
Boiling point:	Not available.	Specific Gravity:	Not available.
Vapour Pressure:	Not applicable.	Vapor Density:	Not available.
Solubility in Water:	Soluble	Percent Volatile:	Not available.
Physical State:	Solid.	Evaporation Rate:	Not available.
Appearance and Odour:	Not available. Chlorine odour	pH (as supplied):	Not available.
		Viscosity:	Not available.

SECTION IV - FIRE AND EXPLOSION DATA	
Flammability:	Non-flammable.
Flash Points:	Not applicable.
Flammable Limits:	Not applicable.
Hazardous Combustion Products:	Not applicable.
Means of Extinction:	OXIDIZING MATERIAL. Cool containing vessels with water jet in order to prevent pressure build-up, autoignition or explosion. Use flooding quantities of water. Avoid contact with organic materials.
Special Fire Hazards:	Not applicable.

SECTION V - REACTIVITY DATA	
Stability:	The product is stable.
Incompatibility:	Organic materials
Hazardous Decomposition Products:	Not available.

Product Name: **AQUA SHOCK**

Code No.:

SECTION VI - TOXICOLOGICAL PROPERTIES

Routes of Entry	Not available.
Acute Effects on Humans:	Corrosive to eyes and skin. The amount of tissue damage depends on length of contact. Eye contact can result in corneal damage or blindness. Skin contact can produce inflammation and blistering. Inhalation of dust will produce irritation to gastro-intestinal or respiratory tract, characterized by burning, sneezing and coughing. Severe over-exposure can produce lung damage, choking, unconsciousness or death. This product is a severe eye irritant. Prolonged exposure may result in skin burns and ulcerations. Over-exposure by inhalation may cause respiratory irritation.
Chronic Effects on Humans:	CARCINOGENIC EFFECTS : Not available. MUTAGENIC EFFECTS : Not available. TERATOGENIC EFFECTS : Not available. DEVELOPMENTAL TOXICITY : Not available. Repeated exposure of the eyes to a low level of dust can produce eye irritation. Repeated skin exposure can produce local skin destruction, or dermatitis. Repeated inhalation of dust can produce varying degree of respiratory irritation or lung damage.
Synergistic Materials:	Not available.

SECTION VII - PREVENTIVE MEASURES

Gloves:	Gloves.
Eye Protection:	Splash goggles.
Respiratory Protection:	Dust respirator. Be sure to use an approved/certified respirator or equivalent. Wear appropriate respirator when ventilation is inadequate.
Other Protective Equipment:	Splash goggles. Full suit. Dust respirator. Boots. Gloves. A self-contained breathing apparatus should be used to avoid inhalation of the product. Suggested protective clothing might not be sufficient; consult a specialist BEFORE handling this product.
Engineering Controls:	Use process enclosures, local exhaust ventilation, or other engineering controls to keep airborne levels below recommended exposure limits. If user operations generate dust, fume or mist, use ventilation to keep exposure to airborne contaminants below the exposure limit.
Leak and Spill Procedure:	Use appropriate tools to put the spilled solid in a convenient waste disposal container. Oxidizing material. Corrosive solid. Stop leak if without risk. Do not get water inside container. Avoid contact with a combustible material (wood, paper, oil, clothing...). Keep substance damp using water spray. Do not touch spilled material. Use water spray to reduce vapors. Prevent entry into sewers, basements or confined areas; dike if needed. Call for assistance on disposal.
Waste Disposal:	
Storage Requirements:	Keep container tightly closed. Keep container in a cool, well-ventilated area. Separate from acids, alkalis, reducing agents and combustibles. See NFPA 43A, Code for the Storage of Liquid and Solid Oxidizers.

SECTION VIII - FIRST AID

Eye:	Check for and remove any contact lenses. In case of contact, immediately flush eyes with plenty of water for at least 15 minutes. COLD water may be used. Get medical attention.
Skin:	In case of contact, immediately flush skin with plenty of water. Remove contaminated clothing and shoes. COLD water may be used. Wash clothing before reuse. Thoroughly clean shoes before reuse. Get medical attention.
Inhalation:	If inhaled, remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get medical attention.
Ingestion:	Do NOT induce vomiting unless directed to do so by medical personnel. Never give anything by mouth to an unconscious person. If large quantities of this material are swallowed, call a physician immediately. Loosen tight clothing such as a collar, tie, belt or waistband.

SECTION IX - OTHER INFORMATION

References	Not available.
Additional remarks:	Not available.
Validated by Lawrason's Inc on 01/01/2010.	Verified by Lawrason's Inc.
	Printed 20/01/2010.
<i>While the company believes the data set forth herein are accurate as of the date hereof, the company makes no warranty with respect thereto and expressly disclaims all liability for reliance thereon. Such data are offered solely for your consideration, investigation and verification.</i>	

R-0001

MATERIAL SAFETY DATA SHEET

MANUFACTURER: TAYLOR TECHNOLOGIES, INC
31 LOVETON CIRCLE
SPARKS, MD 21152
TELEPHONE: 410-472-4340

1. PRODUCT IDENTIFICATION

CATALOG NO.: R-0001
PRODUCT NAME: DPD Reagent #1
CHEMICAL FAMILY: Inorganic salt solution

2. INGREDIENTS

INGREDIENT	CAS NO.	%	NATURE OF HAZARD
Potassium phosphate	7778-77-0	<10	Irritant
Sodium phosphate	7558-79-4	<10	Irritant
Nonhazardous ingredients	NA	<1	None
Deionized water	7732-18-5	to 100	None

3. PHYSICAL/CHEMICAL CHARACTERISTICS

STATE: Liquid APPEARANCE: Clear, colorless ODOR: None
BOILING PT (F): 212 pH: 10 SPECIFIC GRAVITY: 1.24
VAPOR PRESSURE (mm Hg): 17 VAPOR DENSITY (AIR=1): .64
PERCENT VOLATILE BY VOLUME: 68 SOLUBILITY IN WATER: Soluble

4. FIRE, EXPLOSION HAZARD AND REACTIVITY DATA

FLASH PT: NA METHOD: NA
FLAMMABLE LIMITS: LEL: NA UEL: NA
EXTINGUISHING MEDIA: Dry chemical, carbon dioxide, water spray or foam
SPECIAL PROCEDURES: Wear self-contained (positive pressure if available)
breathing apparatus and full-protective clothing
FIRE/EXPLOSION HAZARDS AND HAZARDOUS DECOMPOSITION PRODUCTS: May emit
toxic fumes of phosphorus oxides
NFPA CODE: Health: 0 Flammability: 0 Reactivity: 0 Specific: NA
CONDITIONS TO AVOID: Extreme heat, temperatures.

5. HEALTH HAZARD DATA

INGREDIENT: NA
TOXICITY: NA
PEL: NA TLV: NA
STEL: NA

ROUTE(S) OF ENTRY: Inhalation Ingestion X Skin X
TARGET ORGAN(S): Eyes, skin
CARCINOGENICITY: NTP No IARC No OSHA No
HEALTH HAZARDS AND SYMPTOMS OF EXPOSURE:
EYES: Irritant.
SKIN: Contact may cause irritation.
INGESTION: Irritant. Large quantities may cause gastrointestinal
irritation, nausea, and diarrhea.
INHALATION: NA
MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE: Eye and skin conditions

R-0001

Page 2

6. PRECAUTIONARY MEASURES

PROTECTIVE EQUIPMENT: General purpose gloves, safety glasses, lab coat
HANDLING: Avoid contact with eyes, skin, and clothing. Avoid breathing chemical. Wash thoroughly after handling.
STORAGE: Cool, dry area. Avoid direct sunlight.

7. EMERGENCY AND FIRST AID PROCEDURES

EYE AND SKIN CONTACT: Immediately flush eyes with water for 20 minutes or until chemical is removed. Call physician. Wash skin thoroughly with soap and water.
INGESTION: Give large amounts of water. Call physician. Treat symptoms as needed. DO NOT give anything by mouth to a person who is unconscious, rapidly losing consciousness, or convulsing.
INHALATION: NA

8. SPILL AND DISPOSAL PROCEDURES

SPILL OR RELEASE: Absorb with vermiculite or other inert material.
Containerize for later disposal.
DISPOSAL: Incineration or other method to comply with all local, state, and federal regulations.

NA = Not applicable
ND = Not determined
NE = Not established

This Material Safety Data Sheet has been prepared in accordance with 29 CFR Part 1910.1200 and contains information believed to be accurate and complete at the date of preparation. However, no warranty is expressed or implied. Advice given under "Spill and Disposal Procedures" assumes compliance with federal, state, and local regulations regarding the disposal of hazardous waste.

DATE PREPARED: March 2010

DPD REAGENT #2

Product: CR-0002

Section 1: PRODUCT INFORMATION

Chemical family: Acidic organic amine solution.

Product uses: Chemical.

Supplier: Lowry & Associates, Div. of Chem-Aquascience, Inc.
Canadian Master Distributors for Taylor Technologies Inc.
4-1151 Gorham Street
Newmarket, ON.
L3Y 8Y1
Tel: 905-836-0505
Fax: 905-895-4539.

Emergency Phone Number: Canutec 613-996-6666.

Manufacturer: Taylor Technologies Inc.
31 Loveton Circle
Sparks, MD USA 21152
Tel: 410-472-4340.

TDG classification: Not regulated.

WHMIS classification:

D2B



DSL status: Cas# 6283-63-2 does not appear on the DSL or NDSL.

Section 2: HAZARDOUS INGREDIENTS

C.A.S.	CONCENTRATION %	Ingredient Name	T.L.V.	LD50	LC50
6283-63-2	<1	N,N-DIETHYL-P-PHENYLENE-DIAMINE SULFATE	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE
	<10	ORGANIC ACID	NOT AVAILABLE	2400 MG/KG RAT ORAL >7940 MG/KG RABBIT DERMAL	NOT AVAILABLE

Section 2A: ADDITIONAL INGREDIENT INFORMATION

Note: Balance: water (CAS# 7732-18-5).
(supplier).
Organic acid: LD50 2400 mg/kg – rat oral.
Organic acid: LD50 >7940 mg/kg – rabbit dermal.

Section 3: PHYSICAL DATA

Physical state: Liquid.

Appearance & odor: Odourless.
Clear, colourless.

Odor threshold (ppm): Not available.
 Vapour pressure (mmHg): 17
 Vapour density (air=1): .65
Volatiles (%)
 By volume: 99
 Evaporation rate (butyl acetate = 1): Not available.
 Boiling point (°C): 100
 Freezing point (°C): Not available.
 pH: 1.3
 Specific gravity @ 20 °C: 1.01
 Solubility in water (%): Soluble.
 Coefficient of water/oil dist.: Not available.

Section 4: FIRE & EXPLOSION DATA

Flammability: Not flammable.
 Conditions of flammability: Surrounding fire.
 Extinguishing media: Suitable for surrounding fire.
 Special procedures: Wear a positive-pressure, self-contained breathing apparatus and full protective equipment.
 Auto-ignition temperature (°C): Not applicable.
 Flash point (°C), method: Not applicable.
 Lower flammability limit (% vol): Not applicable.
 Upper flammability limit (% vol): Not applicable.
Explosion Data
 Sensitivity to static discharge: Not applicable.
 Sensitivity to mechanical impact: Not applicable.
 Hazardous combustion products: Oxides of carbon (CO, CO₂).
 Oxides of nitrogen (NO_x).
 Oxides of phosphorus (PO_x).
 Oxides of sulfur (SO_x).
 Contact with metals may produce flammable hydrogen gas.
 Phosphine oxides.
 Explosive power: Not applicable.

Section 5: REACTIVITY DATA

Chemical stability: Stable under normal conditions.
 Conditions of instability: Extreme temperatures.
 Extreme heat.

Hazardous polymerization: Not available.

Incompatible substances: Metals.
Strong caustics.
Oxidizers.

Hazardous decomposition products: See hazardous combustion products.

Section 6: TOXICOLOGICAL PROPERTIES

Route of entry: Ingestion and skin contact.

Effects of acute exposure

Eye contact: Irritant.

Skin contact: May cause dermatitis.
Irritant.

Inhalation: May be harmful if inhaled.

Ingestion: Irritant.
May cause diarrhea.
May cause gastro-intestinal irritation.
May cause cramps.
Toxic

Effects of chronic exposure: Pre-existing eye and skin disorders may be aggravated by exposure to this product.

LD50 of product, species & route: Not available for mixture, see the ingredients section.

LC50 of product, species & route: Not available.

Exposure limit of material: Not available.

Sensitization to product: Not available.

Carcinogenic effects: Not listed as a carcinogen.

Reproductive effects: Not available.

Teratogenicity: Not available.

Mutagenicity: Not available.

Synergistic materials: Not available.

Section 7: PREVENTATIVE MEASURES

Precautionary Measures

Gloves/Type:



General work gloves to minimize skin contact.

Respiratory/Type:



Wear a NIOSH approved respirator if TLV is exceeded.

Eye/Type:



Safety glasses.

Footwear/Type: Safety shoes per local regulations.

Clothing/Type:



Lab coat.

Other/Type: Eye wash facility should be in close proximity.
Emergency shower should be in close proximity.

Ventilation requirements: Provide sufficient mechanical ventilation to maintain exposure below TLV.

Leak/Spill: Absorb with inert material.
Wear appropriate protective equipment.
Neutralize with soda ash.
Place in a closed container for disposal.

Waste disposal: In accordance with municipal, provincial and federal regulations.

Handling procedures and equipment: Avoid breathing vapors/mists.
Use adequate ventilation.
Wear personal protective equipment appropriate to task.
Wash thoroughly after handling.
Avoid contact with skin, eyes and clothing.
Launder contaminated clothing prior to reuse.

Storage requirements: Keep out of direct sunlight.
Store in a cool and dry place.

Special shipping information: See transportation information.

Section 8: FIRST AID MEASURES

Skin contact: Remove contaminated clothing. Wash affected area with soap and water. Get medical attention.

Eye contact: Immediately flush with cool water for at least 20 minutes.
Hold eyelids apart to ensure flushing of entire eye surface.
Get medical attention.

Inhalation: Remove victim to fresh air.
If irritation occurs, consult a physician.

Ingestion: Never give anything by mouth to an unconscious person.
Drink a large amount of water.
Do not induce vomiting, seek immediate medical attention.

Additional information: The above information is believed to be correct but does not purport to be all inclusive and shall be used only as a guide. This company shall not be held liable for any inaccuracies.

Section 9: ADDITIONAL INFORMATION
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General note: This material safety data sheet was prepared from information obtained from various sources, including product suppliers and the Canadian Center for Occupational Health and Safety.

Data prepared by: Lowry & Associates, Div. of Chem-Aquascience, Inc.
Canadian Master Distributors for Taylor Technologies Inc.
4-1151 Gorham Street
Newmarket, ON.
L3Y 8Y1
Tel: 905-836-0505
Fax: 905-895-4539.

Supplier MSDS date: 2010/08/06

This MSDS was generated by *Conform-Plus* Application Service. Visit us at www.netmsds.com.

R-0003

MATERIAL SAFETY DATA SHEET

MANUFACTURER: TAYLOR TECHNOLOGIES, INC
31 LOVETON CIRCLE
SPARKS, MD 21152
TELEPHONE: 410-472-4340

1.PRODUCT IDENTIFICATION

CATALOG NO.: R-0003
PRODUCT NAME: DPD Reagent #3
CHEMICAL FAMILY: Inorganic salt solution

2.INGREDIENTS

INGREDIENT	CAS NO.	%	NATURE OF HAZARD
Potassium iodide	7681-11-0	<20	Irritant
Nonhazardous ingredients	NA	<1	None
Deionized water	7732-18-5	to 100	None

3.PHYSICAL/CHEMICAL CHARACTERISTICS

STATE: Liquid APPEARANCE: Clear, colorless ODOR: None
BOILING PT (F): 212 pH: 7.6 SPECIFIC GRAVITY: 1.07
VAPOR PRESSURE (mm Hg): 17 VAPOR DENSITY (AIR=1): .6
PERCENT VOLATILE BY VOLUME: 80 SOLUBILITY IN WATER: Soluble

4.FIRE, EXPLOSION HAZARD AND REACTIVITY DATA

FLASH PT: NA METHOD: NA
FLAMMABLE LIMITS: LEL: NA UEL: NA
EXTINGUISHING MEDIA: NA
SPECIAL PROCEDURES: Wear self-contained (positive pressure if available)
breathing apparatus and full-protective clothing
FIRE/EXPLOSION HAZARDS AND HAZARDOUS DECOMPOSITION PRODUCTS: May emit
toxic fumes of iodine.
NFPA CODE: Health: 0 Flammability: 0 Reactivity: 0 Specific: NA
CONDITIONS TO AVOID: Extreme heat, temperatures. Contact with oxidizers,
acids.

5.HEALTH HAZARD DATA

INGREDIENT: Potassium iodide
TOXICITY: LD50(ori-mus): 1862 mg/kg
PEL: NE TLV: NE
STEL: NE

ROUTE(S) OF ENTRY: Inhalation Ingestion X Skin X
TARGET ORGAN(S): Eyes, skin
CARCINOGENICITY: NTP No IARC No OSHA No
HEALTH HAZARDS AND SYMPTOMS OF EXPOSURE:
EYES: Contact may cause irritation.
SKIN: Contact may cause irritation.
INGESTION: Irritant. May cause gastrointestinal irritation.
INHALATION: NA
MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE: Eye and skin conditions

R-0003

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6. PRECAUTIONARY MEASURES

PROTECTIVE EQUIPMENT: General purpose gloves, safety glasses, lab coat

HANDLING: Avoid contact with eyes, skin, and clothing. Avoid breathing chemical. Wash thoroughly after handling.

STORAGE: Cool, dry area. Avoid direct sunlight.

7. EMERGENCY AND FIRST AID PROCEDURES

EYE AND SKIN CONTACT: Immediately flush eyes with water for 20 minutes or until chemical is removed. Call physician. Wash skin thoroughly with soap and water.

INGESTION: Give large amounts of water. Call physician. Treat symptoms as needed. DO NOT give anything by mouth to a person who is unconscious, rapidly losing consciousness, or convulsing.

INHALATION: NA

8. SPILL AND DISPOSAL PROCEDURES

SPILL OR RELEASE: Absorb with vermiculite or other inert material.

Containerize for later disposal.

DISPOSAL: Incineration or other method to comply with all local, state, and federal regulations.

NA = Not applicable

ND = Not determined

NE = Not established

This Material Safety Data Sheet has been prepared in accordance with 29 CFR Part 1910.1200 and contains information believed to be accurate and complete at the date of preparation. However, no warranty is expressed or implied. Advice given under "Spill and Disposal Procedures" assumes compliance with federal, state, and local regulations regarding the disposal of hazardous waste.

DATE PREPARED: February 2010

R-0004

MATERIAL SAFETY DATA SHEET

MANUFACTURER: TAYLOR TECHNOLOGIES, INC
31 LOVETON CIRCLE
SPARKS, MD 21152
TELEPHONE: 410-472-4340

1. PRODUCT IDENTIFICATION

CATALOG NO.: R-0004
PRODUCT NAME: pH Indicator Solution (Phenol Red)
CHEMICAL FAMILY: Sulfonphthalein dye solution

2. INGREDIENTS

INGREDIENT	CAS NO.	%	NATURE OF HAZARD
Nonhazardous ingredients, NA each		<1	None
Deionized water	7732-18-5	to 100	None

3. PHYSICAL/CHEMICAL CHARACTERISTICS

STATE: Liquid APPEARANCE: Clear, red ODOR: Phenolic
BOILING PT (F): 212 pH: 7.7 SPECIFIC GRAVITY: 1
VAPOR PRESSURE (mm Hg): 17 VAPOR DENSITY (AIR=1): .6
PERCENT VOLATILE BY VOLUME: 98 SOLUBILITY IN WATER: Soluble

4. FIRE, EXPLOSION HAZARD AND REACTIVITY DATA

FLASH PT: NA METHOD: NA
FLAMMABLE LIMITS: LEL: NA UEL: NA
EXTINGUISHING MEDIA: NA
SPECIAL PROCEDURES: Wear self-contained (positive pressure if available) breathing apparatus and full-protective clothing
FIRE/EXPLOSION HAZARDS AND HAZARDOUS DECOMPOSITION PRODUCTS: May emit toxic fumes of carbon oxides, nitrogen oxides, ammonia.
NFPA CODE: Health: 0 Flammability: 0 Reactivity: 0 Specific: NA
CONDITIONS TO AVOID: Extreme heat, temperatures.

5. HEALTH HAZARD DATA

INGREDIENT: NA
TOXICITY: NA
PEL: NA TLV: NA
STEL: NA

ROUTE(S) OF ENTRY: Inhalation Ingestion X Skin X
TARGET ORGAN(S): Eyes, skin
CARCINOGENICITY: NTP No IARC No OSHA No
HEALTH HAZARDS AND SYMPTOMS OF EXPOSURE:
EYES: Contact may cause irritation.
SKIN: Contact may cause staining.
INGESTION: Large quantities may cause gastrointestinal irritation.
INHALATION: NA
MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE: Eye and skin conditions

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6. PRECAUTIONARY MEASURES

PROTECTIVE EQUIPMENT: General purpose gloves, safety glasses, lab coat
HANDLING: Avoid contact with eyes, skin, and clothing. Avoid breathing chemical. Wash thoroughly after handling.
STORAGE: Cool, dry area. Avoid direct sunlight.

7. EMERGENCY AND FIRST AID PROCEDURES

EYE AND SKIN CONTACT: Immediately flush eyes with water for 20 minutes or until chemical is removed. Call physician. Wash skin thoroughly with soap and water.
INGESTION: Give large amounts of water. Call physician. Treat symptoms as needed. DO NOT give anything by mouth to a person who is unconscious, rapidly losing consciousness, or convulsing.
INHALATION: NA

8. SPILL AND DISPOSAL PROCEDURES

SPILL OR RELEASE: Absorb with vermiculite or other inert material. Containerize for later disposal.
DISPOSAL: Incineration or other method to comply with all local, state, and federal regulations.

NA = Not applicable
ND = Not determined
NE = Not established

This Material Safety Data Sheet has been prepared in accordance with 29 CFR Part 1910.1200 and contains information believed to be accurate and complete at the date of preparation. However, no warranty is expressed or implied. Advice given under "Spill and Disposal Procedures" assumes compliance with federal, state, and local regulations regarding the disposal of hazardous waste.

DATE PREPARED: February 2010



Material Safety Data Sheet

Issuing Date 1/15/2010

Revision Number 0

1. PRODUCT AND COMPANY IDENTIFICATION

Product Name 5-Way Instatest Pool and Spa Test Strips

Product Code(s) 2977

Synonyms none

Recommended Use Laboratory chemicals. Industrial (not for food or food contact use).

Company LaMotte Company, Inc.
802 Washington Avenue
P.O. Box 329
Chestertown, MD 21620
USA

Emergency Telephone Number 24 Hour Emergency Number (CHEM-TEL):
USA, Canada, Puerto Rico 1-800-255-3924
Outside North American Continent (Call collect) 813-248-0585

2. HAZARDS IDENTIFICATION

Emergency Overview
May be harmful if swallowed

Appearance White plastic strip with multiple test pads.

Odor Odorless

OSHA Regulatory Status This product is an article which contains a chemical substance. Safety information is given for exposure to the article as sold, but considers exposure to the chemical if user has direct eye and skin contact with the chemical.

Potential Health Effects

Acute Toxicity

Eyes May cause irritation.

Skin Prolonged skin contact may defat the skin and produce dermatitis.

Inhalation Not an expected route of exposure.

Ingestion May cause gastrointestinal discomfort if consumed in large amounts.

Chronic Effects No known effect.

3. COMPOSITION/INFORMATION ON INGREDIENTS

Chemical Name	CAS-No	Weight %
Buffers	0000	<1
Indicators	0	<1
Polymers	000	<1
Surfactants	00000	<1

Ingredients not listed by name are proprietary to the LaMotte Company and may be disclosed only in a medical emergency..

4. FIRST AID MEASURES

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5-Way Instatest Pool and Spa Test Strips

Product Code(s) 2977

General Advice	No hazards which require special first aid measures.
Eye Contact	Rinse thoroughly with water as necessary.
Skin Contact	Wash skin with soap and water.
Inhalation	Not applicable.
Ingestion	Consult a physician. White plastic strip is indigestible.

5. FIRE-FIGHTING MEASURES

Suitable Extinguishing Media Water spray, dry chemical, carbon dioxide (CO₂), or foam.

Explosion Data

NFPA

Health Hazard 0

Flammability 0

Stability 0

Physical and Chemical Hazards -

6. ACCIDENTAL RELEASE MEASURES

Methods for Containment	Not applicable.
Methods for Cleaning Up	Sweep up and shovel into suitable containers for disposal.

7. HANDLING AND STORAGE

Handling	Handle in accordance with good industrial hygiene and safety practice. Prevent contact with skin, eyes and clothing. Do not ingest. Do not eat, drink or smoke when using this product.
Storage	Keep containers tightly closed in a dry, cool and well-ventilated place. Keep out of the reach of children.

8. EXPOSURE CONTROLS / PERSONAL PROTECTION

Chemical Name	ACGIH TLV	OSHA PEL	NIOSH IDLH
Buffers 0000	None Established	None Established	None Established
Indicators 0	None Established	None Established	None Established
Polymers 000	None Established	None Established	None Established
Surfactants 00000	None Established	None Established	None Established

Personal Protective Equipment

Eye/Face Protection	No special protective equipment required.
Skin and Body Protection	No special protective equipment required.
Hygiene Measures	Do not eat, drink or smoke when using this product.

9. PHYSICAL AND CHEMICAL PROPERTIES

Appearance	White plastic strip with multiple test pads.	Odor	Odorless
pH	Not applicable		

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5-Way Instatest Pool and Spa Test Strips

Product Code(s) 2977

10. STABILITY AND REACTIVITY

Stability	Stable.
Incompatible Products	Not applicable.
Conditions to Avoid	None known based on information supplied.
Hazardous Decomposition Products	None known.
Hazardous Reactions	None under normal processing.
Hazardous Polymerization	Hazardous polymerization does not occur.

11. TOXICOLOGICAL INFORMATION

Acute Toxicity

Product Information Product does not present an acute toxicity hazard based on known or supplied information.

Chemical Name	LD50 Oral	LD50 Dermal	LC50 Inhalation
Buffers	None Established	None Established	None Established
Indicators	None Established	None Established	None Established
Polymers	None Established	None Established	None Established
Surfactants	None Established	None Established	None Established

Chronic Toxicity

Chronic Toxicity No known effect.

Chemical Name	ACGIH	IARC	NTP	OSHA
Buffers	None Established	None Established	None Established	None Established
Indicators	None Established	None Established	None Established	None Established
Polymers	None Established	None Established	None Established	None Established
Surfactants	None Established	None Established	None Established	None Established

Chemical Name	EU - Endocrine Disruptors Candidate List	EU - Endocrine Disruptors - Evaluated Substances	Japan - Endocrine Disruptor Information
Buffers	None Established	None Established	None Established
Indicators	None Established	None Established	None Established
Polymers	None Established	None Established	None Established
Surfactants	None Established	None Established	None Established

12. ECOLOGICAL INFORMATION

Ecotoxicity

Chemical Name	Toxicity to Algae	Toxicity to Fish	Microtox	Daphnia Magna (Water Flea)
Buffers	None Established	None Established	None Established	None Established
Indicators	None Established	None Established	None Established	None Established
Polymers	None Established	None Established	None Established	None Established
Surfactants	None Established	None Established	None Established	None Established

Persistence and Degradability No information available.

Bioaccumulation/Accumulation No information available.

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5-Way Instate Pool and Spa Test Strips

Product Code(s) 2977

Chemical Name	Log Pow
Buffers	None Established
Indicators	None Established
Polymers	None Established
Surfactants	None Established

13. DISPOSAL CONSIDERATIONS

Waste Disposal Method

Dispose of in accordance with local regulations. This material, as supplied, is not a hazardous waste according to Federal regulations (40 CFR 261). This material could become a hazardous waste if it is mixed with or otherwise comes in contact with a hazardous waste, if chemical additions are made to this material, or if the material is processed or otherwise altered. Consult 40 CFR 261 to determine whether the altered material is a hazardous waste. Consult the appropriate state, regional, or local regulations for additional requirements.

Chemical Name
Buffers - 0000
Indicators - 0
Polymers - 000
Surfactants - 00000

Chemical Name	RCRA - Halogenated Organic Compounds	RCRA - P Series Wastes	RCRA - F Series Wastes	RCRA - K Series Wastes
Buffers - 0000	None Established	None Established	None Established	None Established
Indicators - 0	None Established	None Established	None Established	None Established
Polymers - 000	None Established	None Established	None Established	None Established
Surfactants - 00000	None Established	None Established	None Established	None Established

Chemical Name	California Hazardous Waste Status
Indicators	

14. TRANSPORT INFORMATION

DOT Not regulated

IATA Not regulated

IMDG/IMO Not regulated

15. REGULATORY INFORMATION

International Inventories

Component	TSCA	DSL	EINECS/ELINCS	ENCS	IECSC	KECL	PICCS	AICS
Buffers 0000 (<1)	TSCA	DSL	EINECS/ELINCS	ENCS	IECSC	KECL	PICCS	AICS
Indicators 0 (<1)	TSCA	DSL	EINECS/ELINCS	ENCS	IECSC	KECL	PICCS	AICS
Polymers 000 (<1)	TSCA	DSL	EINECS/ELINCS	ENCS	IECSC	KECL	PICCS	AICS
Surfactants 00000 (<1)	TSCA	DSL	EINECS/ELINCS	ENCS	IECSC	KECL	PICCS	AICS

U.S. Federal Regulations

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5-Way Instatest Pool and Spa Test Strips

Product Code(s) 2977

SARA 313

Section 313 of Title III of the Superfund Amendments and Reauthorization Act of 1986 (SARA). This product does not contain any chemicals which are subject to the reporting requirements of the Act and Title 40 of the Code of Federal Regulations, Part 372.

Chemical Name	CAS-No	Weight %	SARA 313 - Threshold Values %
Buffers	0000	<1	None Established
Indicators	0	<1	None Established
Polymers	000	<1	None Established
Surfactants	00000	<1	None Established

SARA 311/312 Hazard Categories

Acute Health Hazard	No
Chronic Health Hazard	No
Fire Hazard	No
Sudden Release of Pressure Hazard	No
Reactive Hazard	No

Clean Water Act

This product does not contain any substances regulated as pollutants pursuant to the Clean Water Act (40 CFR 122.21 and 40 CFR 122.42).

Component	CWA - Reportable Quantities	CWA - Toxic Pollutants	CWA - Priority Pollutants	CWA - Hazardous Substances
Buffers 0000 (<1)	None Established	None Established	None Established	None Established
Indicators 0 (<1)	None Established	None Established	None Established	None Established
Polymers 000 (<1)	None Established	None Established	None Established	None Established
Surfactants 00000 (<1)	None Established	None Established	None Established	None Established

Clean Air Act, Section 112 Hazardous Air Pollutants (HAPS) (see 40 CFR 61)

This product does not contain any substances regulated as hazardous air pollutants (HAPS) under Section 112 of the Clean Air Act Amendments of 1990.

Chemical Name	CAS-No	Weight %	HAPS data	VOC Chemicals	Class 1 Ozone Depletors	Class 2 Ozone Depletors
Buffers	0000	<1	None Established	None Established	None Established	None Established
Indicators	0	<1	None Established	None Established	None Established	None Established
Polymers	000	<1	None Established	None Established	None Established	None Established
Surfactants	00000	<1	None Established	None Established	None Established	None Established

CERCLA

Chemical Name	Hazardous Substances RQs	Extremely Hazardous Substances RQs
Buffers	None Established	None Established
Indicators	None Established	None Established
Polymers	None Established	None Established
Surfactants	None Established	None Established

U.S. State Regulations
California Proposition 65

This product does not contain any Proposition 65 chemicals.

Chemical Name	CAS-No	California Prop. 65
Buffers	0000	None Established
Indicators	0	None Established
Polymers	000	None Established
Surfactants	00000	None Established

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5-Way Instatest Pool and Spa Test Strips

Product Code(s) 2977

Chemical Name	Massachusetts	New Jersey	Pennsylvania	Illinois	Rhode Island
Buffers	None Established	None Established	None Established	None Established	None Established
Indicators	None Established	None Established	None Established	None Established	None Established
Polymers	None Established	None Established	None Established	None Established	None Established
Surfactants	None Established	None Established	None Established	None Established	None Established

International Regulations

Mexico - Grade

Minimum risk, Grade 0


Chemical Name	Carcinogen Status	Exposure Limits
Buffers	None Established	None Established
Indicators	None Established	None Established
Polymers	None Established	None Established
Surfactants	None Established	None Established

Canada

WHMIS Hazard Class
Non-controlled

Chemical Name	NPRI
Indicators	

16. OTHER INFORMATION

NFPA	HMIS	PPE	Transport Symbol
	Health Hazard	0	Not regulated
	Fire Hazard	0	
	Reactivity	0	

Prepared By Regulatory Affairs Department

Issuing Date 1/15/2010

Revision Date

Revision Note Initial Release.

Disclaimer

The information provided on this MSDS is correct to the best of our knowledge, information and belief at the date of its publication. The information given is designed only as a guide for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered as a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material used in combination with any other material or in any process, unless specified in the text.

End of MSDS

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5-Way Instatest Pool and Spa Test Strips

Product Code(s) 2977

MATERIAL SAFETY DATA SHEET

1. Product and Company Identification

Product number	015DIN
Product name	DISINFECTANT SPRAY FOR HEALTH CARE USE
Effective date	30-Nov-2010
Company information	SPRAYWAY 484 VISTA ADDISON, IL 60101 United States
Company phone	General Assistance 630-543-7600
Emergency telephone US	800-424-9300
Emergency telephone outside US	703-527-3887
Version #	08
Supersedes date	04-Mar-2010
Expiry Date	31-Mar-2013

2. Hazards Identification

Emergency overview	Aerosol. Yields a flame projection at full valve opening or a flashback at any degree of valve opening. Heat may cause the containers to explode. CONTENTS UNDER PRESSURE. Cancer hazard. Prolonged exposure may cause chronic effects. Flammable.
Potential health effects	
Routes of exposure	Eye contact. Skin contact. Ingestion.
Eyes	Health injuries are not known or expected under normal use. Moderately irritating to the eyes.
Skin	Health injuries are not known or expected under normal use. Harmful if absorbed through the skin. Repeated or prolonged skin contact may cause allergic reactions with susceptible persons.
Inhalation	Intentional misuse by concentrating and inhaling the product can be harmful or fatal. May cause cancer by inhalation.
Ingestion	Exposure by ingestion of an aerosol is unlikely. Components of the product may be absorbed into the body by ingestion.
Target organs	Blood. Central nervous system. Eyes. Liver. Lungs. Skin.

3. Composition / Information on Ingredients

Components	CAS #	Percent
Ethyl Alcohol	64-17-5	30 - 60
n-Butane	106-97-8	10 - 30
Propane	74-98-6	5 - 10
Methanol	67-56-1	1 - 5
Non-hazardous and other components below reportable levels		10 - 30

4. First Aid Measures

First aid procedures	
Eye contact	If a contact lens is present, DO NOT delay irrigation or attempt to remove the lens. Continue rinsing. Get medical attention if irritation develops and persists.
Skin contact	Remove and isolate contaminated clothing and shoes. Get medical attention if irritation develops and persists. For minor skin contact, avoid spreading material on unaffected skin.
Inhalation	If symptoms develop move victim to fresh air. Oxygen or artificial respiration if needed. Do not use mouth-to-mouth method if victim inhaled the substance. Induce artificial respiration with the aid of a pocket mask equipped with a one-way valve or other proper respiratory medical device. Get medical attention, if needed.

Product name: DISINFECTANT SPRAY FOR HEALTH CARE USE
Product #: 015-003 Revision date: 30-NOV-2010 Print date: 30-NOV-2010

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Ingestion

If vomiting occurs, keep head low so that stomach content doesn't get into the lungs. Do not induce vomiting without advice from poison control center. Do not use mouth-to-mouth method if victim ingested the substance. Induce artificial respiration with the aid of a pocket mask equipped with a one-way valve or other proper respiratory medical device. If ingestion of a large amount does occur, call a poison control center immediately.

5. Fire Fighting Measures

Flammable properties

Flammable by WHMIS criteria. Heat may cause the containers to explode. Ruptured cylinders may rocket. Vapors may travel considerable distance to a source of ignition and flash back.

Extinguishing media

Suitable extinguishing media

Foam. Dry chemical. Carbon dioxide (CO₂).

Protection of firefighters

Protective equipment and precautions for firefighters

Containers should be cooled with water to prevent vapor pressure build up. Some of these materials, if spilled, may evaporate leaving a flammable residue. Do not direct water at source of leak or safety devices as icing may occur. For massive fire in cargo area, use unmanned hose holder or monitor nozzles, if possible. If not, withdraw and let fire burn out. Firefighters must use standard protective equipment including flame retardant coat, helmet with face shield, gloves, rubber boots, and in enclosed spaces, SCBA.

Unusual fire & explosion hazards

Flammable by WHMIS criteria. Heat may cause the containers to explode. Ruptured cylinders may rocket. Vapors may travel considerable distance to a source of ignition and flash back.

6. Accidental Release Measures

Methods for containment

Stop leak if you can do so without risk. If possible, turn leaking containers so that gas escapes rather than liquid. Move the cylinder to a safe and open area if the leak is irreparable. Stop the flow of material, if this is without risk. Many gases are heavier than air and will spread along ground and collect in low or confined areas (sewers, basements, tanks). Prevent entry into waterways, sewer, basements or confined areas.

Methods for cleaning up

Clean up in accordance with all applicable regulations. Ventilate the area. Use a non-combustible material like vermiculite, sand or earth to soak up the product and place into a container for later disposal.

Small Spills: Wipe up with absorbent material (e.g. cloth, fleece). Clean surface thoroughly to remove residual contamination.

7. Handling and Storage

Handling

Pressurized container: Do not pierce or burn, even after use. When using do not smoke. DO NOT handle, store or open near an open flame, sources of heat or sources of ignition. Protect material from direct sunlight. Do not cut, weld, solder, drill, grind, or expose containers to heat, flame, sparks, or other sources of ignition. Do not use if spray button is missing or defective. Do not re-use empty containers. Wear personal protective equipment. Avoid prolonged exposure.

Storage

Contents under pressure. Do not puncture, incinerate or crush. Keep away from heat and sources of ignition. Avoid exposure to long periods of sunlight. Keep at temperature not exceeding 49 °C. Store in a well-ventilated place. Keep out of the reach of children. Level 2 Aerosol.

8. Exposure Controls / Personal Protection

Exposure limits

ACGIH

Components	CAS #	TWA	STEL	Ceiling
Ethyl Alcohol	64-17-5	1000 ppm	1000 ppm	Not established
n-Butane	106-97-8	1000 ppm	Not established	Not established
Propane	74-98-6	1000 ppm	Not established	Not established
Methanol	67-56-1	200 ppm	250 ppm	Not established

Personal protective equipment

Eye / face protection

Chemical goggles are recommended.

Product name: DISINFECTANT SPRAY FOR HEALTH CARE USE

MSDS CANADA

Product #: 015-003 Revision date: 30-NOV-2010 Print date: 30-NOV-2010

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Skin protection	Wear appropriate chemical resistant clothing. Wear protective gloves.
Respiratory protection	Use a positive-pressure air-supplied respirator if there is any potential for an uncontrolled release, exposure levels are not known, or any other circumstances where air-purifying respirators may not provide adequate protection. If permissible levels are exceeded use NIOSH mechanical filter / organic vapor cartridge or an air-supplied respirator.

9. Physical & Chemical Properties

Appearance	Compressed liquefied gas.
Boiling point	136.4 °F (57.8 °C) estimated
Color	colorless
Evaporation rate	Not available
Flammability (HOC)	25.0491 kJ/g estimated
Flammability limits in air, lower, % by volume	Not available
Flammability limits in air, upper, % by volume	Not available
Flash back	Yes
Flash point	-156 °F (-104.4 °C) Propellant
Form	Compressed gas. Aerosol.
Freezing point	Not available
Odor	fruity alcoholic
Odor threshold	Not available
pH	9.5 - 10.5
Physical state	Liquid.
Pressure	75 - 90 psig @ 70F
Solubility (H2O)	Miscible.
Specific gravity	0.7517

10. Chemical Stability & Reactivity Information

Chemical stability	Risk of ignition.
Conditions to avoid	Aerosol containers are unstable at temperatures above 49°C. Heat, flames and sparks.
Incompatible materials	Isocyanates. Strong oxidizing agents.
Hazardous decomposition products	May include oxides of nitrogen.

11. Toxicological Information

Acute effects	Acute LC50: 81 mg/l/4h estimated, Rat, Inhalation	
Component analysis - LD50		
Toxicology Data - Selected LD50s and LC50s		
Ethyl Alcohol	64-17-5	Oral LD50 Rat 7060 mg/kg; Inhalation LC50 Rat 124.7 mg/L 4 h
Methanol	67-56-1	Inhalation LC50 Rat 83.2 mg/L 4 h; Inhalation LC50 Rat 64000 ppm 4 h; Oral LD50 Rat 5628 mg/kg; Dermal LD50 Rabbit 15800 mg/kg
n-Butane	106-97-8	Inhalation LC50 Rat 658 mg/L 4 h
Propane	74-98-6	Inhalation LC50 Rat 658 mg/L 4 h
Sensitization	Not expected to be hazardous by WHMIS criteria.	
Carcinogenicity	Not expected to be hazardous by WHMIS criteria. Hazardous by WHMIS criteria. Cancer hazard. Risk of cancer cannot be excluded with prolonged exposure.	
ACGIH - Threshold Limit Values - Carcinogens		
Ethyl Alcohol	64-17-5	A3 - Confirmed Animal Carcinogen with Unknown Relevance to Humans
IARC - Group 1 (Carcinogenic to Humans)		
Ethyl Alcohol	64-17-5	Monograph 100E [in preparation] (in alcoholic beverages); Monograph 96 [in preparation] (in alcoholic beverages)
Mutagenicity	Not expected to be hazardous by WHMIS criteria.	
Reproductive effects	Possible reproductive hazard.	
Teratogenicity	Hazardous by WHMIS criteria. Risk of birth defects and reduced fertility cannot be excluded.	
Chronic toxicity	Hazardous by WHMIS criteria. Not expected to be hazardous by WHMIS criteria. Prolonged exposure may cause chronic effects.	

Product name: DISINFECTANT SPRAY FOR HEALTH CARE USE
 Product #: 015-003 Revision date: 30-NOV-2010 Print date: 30-NOV-2010

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12. Ecological Information

Ecotoxicity	LC50 1730 mg/L, Fish, 96.00 Hours, EC50 931 mg/L, Daphnia, 48.00 Hours, Contains a substance which causes risk of hazardous effects to the environment.
Environmental effects	An environmental hazard cannot be excluded in the event of unprofessional handling or disposal.

13. Disposal Considerations

Disposal instructions	Contents under pressure. Dispose of this material and its container to hazardous or special waste collection point. Do not incinerate sealed containers. Do not allow this material to drain into sewers/water supplies. If discarded, this product is considered a RCRA ignitable waste, D001. Dispose in accordance with all applicable regulations.
------------------------------	--

14. Transport Information

Canadian Transportation of Dangerous Goods (TDG) Requirements

Proper shipping name	AEROSOLS, flammable
Hazard class	2.1
UN number	UN1950
Marine pollutant	-
Special provisions	80 SOR/2002-308
Packaging exceptions	If <1L: Consumer Commodity



15. Regulatory Information

Canadian regulations	This product has been classified in accordance with the hazard criteria of the CPR and the MSDS contains all the information required by the CPR.
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Canada - WHMIS - Ingredient Disclosure List

Ethyl Alcohol	64-17-5	0.1 %
Methanol	67-56-1	1 %
n-Butane	106-97-8	1 %

WHMIS status	Controlled
---------------------	------------

WHMIS classification	A - Compressed Gas B5 - Flammable/Combustible D2A - Other Toxic Effects-VERY TOXIC D2B - Other Toxic Effects-TOXIC
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WHMIS labeling



Inventory status

Country(s) or region	Inventory name	On inventory (yes/no)*
Australia	Australian Inventory of Chemical Substances (AICS)	No
Canada	Domestic Substances List (DSL)	Yes
Canada	Non-Domestic Substances List (NDSL)	No
China	Inventory of Existing Chemical Substances in China (IECSC)	No
Europe	European Inventory of New and Existing Chemicals (EINECS)	No
Europe	European List of Notified Chemical Substances (ELINCS)	No
Japan	Inventory of Existing and New Chemical Substances (ENCS)	No
Korea	Existing Chemicals List (ECL)	No
New Zealand	New Zealand Inventory	No
Philippines	Philippine Inventory of Chemicals and Chemical Substances (PICCS)	No
United States & Puerto Rico	Toxic Substances Control Act (TSCA) Inventory	Yes
A "Yes" indicates that all components of this product comply with the inventory requirements administered by the governing country(s)		

16. Other Information

Disclaimer

The information provided in this Safety Data Sheet is correct to the best of our knowledge, information and belief at the date of its publication. The information given is designed only as a guidance for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material used in combination with any other materials or in any process, unless specified in the text. The information in the sheet was written based on the best knowledge and experience currently available.

MSDS sections updated

This document has undergone significant changes and should be reviewed in its entirety.

Prepared by

Regulatory Compliance



Parks, Forestry and Recreation Division

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