



Continuing Care Safety Association

Audit Report

Audit for

FATHER LACOMBE CARE SOCIETY

Auditors:

Kim J. Laing - Lead Auditor / Fred Partridge - Associate Auditor

Date: November 20th - 24th, 2017



Executive Report

Employer Information

Employer Name: Father Lacombe Care Society

Employer Trade Name: Father Lacombe Care Centre
Providence Care Centre
Father Albert Lacombe Foundation

Billing Address: 270 Providence Boulevard SE,
Calgary, Alberta T2X 0V6

Contact Information

Names: Ms. Aran Walsh

Phone: 403 256 4641

Email: awalsh@fatherlacombe.ca

Fax: 403 254 6297

Scope of Audit

COR No.: 20141222-1277

COR Expiry: December 22nd, 2017

Audit Type:

External / COR Certification

Internal / COR Maintenance

Auditor Purpose:

Renewal

Internal

Qualifying Audit

Total Facilities: Two

Facilities Audited: Two

WCB Account No(s): 373296

WCB Industry Code(s): 82808

Start Date: November 20th, 2017

End Date: November 24th, 2017

Report Date: December 29th, 2017

Auditor Information

Privacy, Confidentiality, Conflict of Interest and Disclaimer Statement:

The Audit will be conducted with the utmost integrity, confidentiality and no conflict of interest. The facts stated in the audit will be recorded accurately and according to the information received at the time of the audit. The intent of the audit is to give guidance, enhance current programs, and suggestions for improvement, not to undermine any current processes in place, or assume liability for changes or use of the document for any reason other than the original intent. I agree to submit my audit within an acceptable time frame and address all deficiencies in a timely manner. I hereby certify that I participated in at least one (1) of the three (3) key areas of conducting the audit (documentation review, interviews and observations). Additionally, if this is my qualifying audit I certify that I have written the Audit Report in my own words.

Lead Auditor:

Name:	Kim J. Laing	Phone:	403 824 3418
Company:	Beneficent Ltd	Cell:	403 308 0216
Address:	Box 99 Monarch, Alberta T0L 1M0	Email:	kl@beneficent.ca

X Documentation	X Interviews	X Observations	Certification:	External Auditor CCSA #007
Kim Laing is the auditor who wrote the audit report			Date of Audit:	November 20th - 24th, 2017

Associate Auditor:

Name:	Fred Partridge	Phone:	780 464 5136
Company:	Beneficent Ltd.	Cell:	780 504 5136
Address:	26 Aster Common Sherwood Park, Alberta	Email:	fpartridge@gmail.com
			Internal Auditor CCSA #Partridge

X Documentation review X Interviews X Observations

Date of onsite audit November 20th - 24th, 2017

Company Profile / Explanation of Audit Scope

Father Lacombe Home Care Society (FLCS) has almost 110 years of service to Albertans providing health care and spiritual support for seniors and their families within the Calgary area, making it one of the oldest accredited Catholic health care providers in Alberta. In 1910 Father Albert Lacombe and the Sisters of Charity of Providence created a home devoted to care, regardless of religious beliefs or financial abilities. This vision and dedication of care continues today with an unwavering commitment to the organization's values of; compassion, spirituality, justice, excellence and sacredness of life.

The original Father Lacombe Care Centre (FLCC) was destroyed by fire on April 1st, 1999, and was rebuilt on its present location over a three year time-frame re-opening May of 2002. The single story facility has 114 beds, with the east wing for demented and the west wing for extended care residents. Providence Care Centre (PCC) is situated across the street from FLCC and was commissioned in February 2016 with 160 beds new construction facility with a variety of care solutions for seniors and those needing supportive care.

FLCS is a unionized work environment, managed by a Board of Directors who oversee the needs and direction of the Society. From 2015 - 2017 many of the safe work practices / procedures and policies were reviewed, rewritten and redeveloped to better reflect FLCS' integrated and inclusive accountability to health, safety and wellness. Reference to FLCS corporate policies, rules and best work practices have been referenced throughout the safety manual, along with Alberta Government's Occupational, Health and Safety Legislation, Person in Care and other regulatory body requirements. All this information and transparency of process is readily accessible to employees, residents and their families. The Joint Workplace Health and Safety Committee (JWHSC) plays a significant role with direct involvement at all levels and dedicated to providing the safest, healthiest and positive work environment possible. Some of the activities the JWHSC participate in include; facility inspections, incident review and recommendations, job hazard reviews, ongoing training and mentorship.

PCC has many state of the art engineering controls including a building management system (BMS), security, wander-guard and electronic key fobs to control access to areas of the facility. As the building is new, a few of the systems are still being implemented and have yet to reach their full capacity.

FLCC and PCC have a combined capacity of 274 beds, with shared human resources to support the needs at both facility. There are approximately 322 employees in a variety of full-time, part-time, and casual positions based on twenty-four hour care model. The breakdown of the 64 interviews conducted as part of the 2017 audit included: FLCC 30 employee interviews (10 F/T, 13 P/T, 7 Casual) 2 contractors, 2 volunteers. PCC 34 employee interviews (13 F/T, 16 P/T, 5 Casual) 2 contractors, 2 volunteers. The overall breakdown by position for interviews included: senior management 2, management 4, Supervisors 9, 49 workers, 4 volunteers and 4 contractors.

A number of services are provided by volunteers, contracted services / contractors and the FLCS Foundation to meet the needs and services realized within resident care, examples included: AHS for a number of client / resident programs and services, physical therapy, resident's oxygen, pharmacy, hairdressing, rodent control, mechanical and planned maintenance. Specific to volunteers, feeding programs, visitations, music, spiritual support, crafts and outings such as shopping.

All aspects of operations, services and documentation were considered as part of this audit and included: the work and residential living environment, physical plant, grounds, safe work practices, contracted services, family (visitors), nursing care, recreational, occupational and physiotherapy therapy, counseling, dietary, laundry, volunteers and contracted support.

FLCS' Certifying Partner is the Continuing Care Safety Association (CCSA) which was well represented in the documentation and training certifications reviewed within the audit process. Site tours were conducted at both facilities inclusive of resident's rooms, grounds, restricted / confined areas, mechanical, dietary,

laundry, administrative offices and emergency generator building, including the observation of workers actively completing assigned roles, tasks and use of equipment.

Detailed information is found throughout the Audit Tool with the utilization of a colour code to assist the reader in identifying highlights for strengths (green), improvement (blue) and how the element was met based on audit criteria (black). Abbreviation used within the audit are as follows:

Personal Protection Equipment	PPE
Body Substance Isolation	BSI
Field Level Hazard Assessment	FLHA
Job Hazard Assessment	JHA
Job / Task Skill Assessment	JSA
Joint Workplace Health, Safety Committee	JWHSC
Father Lacombe Care Centre	FLCC
Providence Care Centre	PCC
Father Lacombe Care Society	FLCS
Standard Operating Practice	SPO
Safe Work Practice	SWP
Best Work Practice	BWP
Health and Safety Manual	HSM
Lock out / Tag out system	LOTO

There are additional notes specific to the observation, interview and documentation in the executive summary, along with recommendations located in the conclusion section.

Kim J. Laing - Lead Auditor

Scoring Summary Results

Element Number	Total Points Possible	Points not Applicable (N/A)	Total Points	Points Scored	Final Score
1. Management Leadership and Organizational Commitment	115	0	115	110	96
2. Hazard Identification and Assessment	170	0	170	154	91
3. Hazard Control	160	0	160	149	93
4. Ongoing Inspections	95	0	95	95	100
5. Qualifications, Orientation and Training	100	0	100	98	98
6. Emergency Response	110	0	110	108	98
7. Accident and Incident Investigation	125	0	125	124	99
8. Program Administration	125	0	125	121	97
Total Audit Points	1000	0	1000	959	96%

Observation Tour

Providence Site Tour notes:

Providence facility was opened in December 2015, with the commissioning of the facility in February of 2016 and was at full capacity by April 2016. The facility is new construction with many engineered controls in place including a building management system (BMS not quite fully functional at the time of the audit), many automated devices, communication and monitoring systems, state of the art emergency generator and computer monitoring of all physical facility devices.

All the floors have wide hallways, minimal clutter, excellent lighting inclusive of task lighting at the nursing stations and computer kiosks. Fire extinguishers are located in key locations and stairwells, first aid kits and emergency response kits are located in the nursing stations. Hand sanitizers, gloves and masks are located on all wings of the facility, public areas and designated response areas.

Housekeeping and dietary services are contracted to Aramark, however, their staff have received site orientations to the facility and are expected to follow best work practices based on Father Lacombe Care Society's policies and procedures.

The laundry was well ventilated, with good lighting and working space. Some suggestions for improvement included: ergonomic assessment of the work table where they fold clothes due to the short stature of many of the employees. In the closets where the large amount of controlled product is stored, no spill containment is in place, as well some of the controlled product may be incompatible to be stored together. This is something which should be addressed immediately.

The kitchen was very clean, good lighting and ventilation, the freezers, coolers and hot water is monitored and follows best practices for food handling. There should be some consideration for a fire blanket in the kitchen, but not mandatory due to the hood fire suppression system which is in place.

The resident rooms and living areas were observed including the washrooms, nursing stations, storage and housekeeping closets, recreational therapy, administration offices and common dining rooms. In all areas very good housekeeping, signage and required controls were noted.

Throughout the tour employees were observed completing tasks associated with their job descriptions including resident care, use of lifts, using and disposing of PPE, preparing and serving food, folding laundry, maintenance and housekeeping tasks. The one exception noted during the observation tour involved a contracted housekeeper removing garbage from a large garbage receptacle without gloves.

Specific to the laundry chute, review the fire and building codes to ensure the design meets all building specifications, cleaning of the chute occurs and meets the Standards and Guidelines of Alberta Health, which are copied below:

Standards and Guidelines Committee Design Guidelines for Continuing Care Facilities in Alberta

Laundry chutes

73. Laundry chutes should not be used. [CSA:10.5.1.2.]18

74. If laundry chutes are installed, they must be properly designed, maintained and used in a manner that minimizes dispersion of aerosols from contaminated laundry [PHAC27, PIDAC28]:

- *Laundry bags are securely bagged and tightly closed before placing the filled bag into the chute.*

- *Loose items are not placed in the chute.*
- *Laundry chutes are maintained under negative pressure.*

- *Laundry chutes discharge into a separate soiled linen collection area adjacent to the soiled linen receiving room. [FGI: 3.1-4.6.2.2]3*
- *Laundry chutes are cleaned on a regular basis.*

Overall employees were conscious of using the prescribed control measures, appeared to be following administrative SOPs and use of PPE with two exceptions: one involving a housekeeping staff member on the evening shifts who was emptying a garbage receptacle and reached into the receptacle without gloves to finish removing the garbage, leaving the plastic bag inside. Consider labeling the laundry receptacles to clearly identify which items go into which bag; the tapered cloth bags and / or the plastic garbage bags.

The second infraction observed was in the staff smoking area, when the two staff members came back inside after smoking did not use the hand sanitizer upon entering the facility or in the elevator and then exited back onto the floor.

Father Lacombe Site Tour Notes:

Hallways throughout the single story structure had minimal clutter with equipment stored to one side of the hallway allowing for easy egress. Laundry bins were labeled blue for general laundry and yellow for slings and hip protectors which are washed on the unit. Lighting was adequate, with exits and entryways well signed and lit. Recently renovated nursing stations with a computer room just off to the side has allowed for easier resident charting with consideration to ergonomics and individual needs for screen and chair heights. Fire extinguishers, first aid kits, fire blanket and emergency response kits are located in the nursing areas and other key areas for easy access and use. Hand sanitizers, gloves and masks are located on all wings of the facility.

Aramark is contracted for housekeeping and dietary services, their staff have received site orientations to the facility and are expected to follow best work practices based on Father Lacombe Care Society's policies, procedures and best work practices. Employees were observed completing tasks throughout the facility including resident care, mopping floors, preparing food and delivering clean laundry.

The kitchen was very clean, good lighting and ventilation, the freezers, coolers and hot water are monitored with temperatures recorded several times per day. All food storage and preparation practices appear to follow health regulations. The laundry area had both a clean and dirty area, with good lighting, working areas and was well ventilated. Tables for sorting and folding laundry appeared suitable for the staff working at the time however did not have any adjustability to accommodate different heights and needs of the worker, this is an ergonomic assessment which should be considered.

Resident's rooms included a bed, closet and personal items. The facility has a security system, recreational therapy room, administration offices and common dining rooms. All areas of the facility had good housekeeping, signage and engineered controls. The washrooms were being upgraded to meet current standards including reinforcement of the walls for the installation of handicap grab-bars.

Staff lounge areas had an OHS and Union bulletin board with memos, information and notices attached. In the hallway by the staff area. An OHS white board, copy of the Alberta OHS Legislation Handbook and pictures of the 10 health and safety committee members and identified first aid attendees and evacuation plan was posted.

The maintenance rooms have three distinct rooms and contain a BMS, small work and storage area for documentation which included; facility certificates, MSDS forms, SOP and Manufacturers Instruction Books for equipment used and stored in the facility. The maintenance shop was clean, organized with guards on all observed equipment and tools with appropriate PPE available. The emergency generator,

lawn maintenance equipment, garden tractor and a truck were observed in the external building on the property

Suggested improvements based on observations at the FLCC facility included: Better signage on the small white shed used to store fuel for the equipment and propane tanks, missing label on the 250 pound propane bottle by the emergency generator and review containment shoring for controlled products within the facility for compatibility and disposal.

Throughout the observation tour of both facilities, employees, volunteers and contractors were observed completing tasks such as resident care, laundry, food preparation and service, social activities and administrative tasks. Employees, contractors and volunteers were using required PPE and other identified controls. During the tour if asked, all persons were able to describe the rationale and procedure developed for known hazards or best work practices.

Kim J Laing - Lead Auditor
Fred Partridge - Associate Auditor

Conclusion

It was such a pleasure to have been asked to review the health, safety and wellness program of Father Lacombe Care Society, we would like to thank and acknowledge the employees for their honesty, inclusion and insight while conducting the 2017 COR audit. Senior management appear to lead by example and were highlighted many times during the interviews as being exceptional role models and an inspiration to do better for the residents when possible. The resident "centre-care focus" showed throughout the audit in many ways, including increased staffing for special events, inclusion of the families and to make the facilities as "home like" as possible. The statistical, human resource and access to SOPs, training and in-services was truly phenomenal, with real time reporting, involvement from all levels and even though there are still a number of safe work practices to be developed and / or reviewed, there is an ongoing review of all job hazards, industry best practices and current controls to reduce or eliminate known hazards and risks.

The two facilities included in this audit were FLCC and PCC which included a site observation tour, review of documentation and interviews. The overall program was reviewed for compliance to FLCS' safety program, health, safety and wellness best practices, AB OHS legislative and regulatory bodies requirements and the Continuing Care Safety Association audit process.

Job hazard assessments had recently been reviewed and appear to be current based on jobs, positions, tasks and current facilities. In 2018, the JWHSC might consider developing and assessing job specific tasks (JSA) to better understand and expand training to meet required controls, however, no deficiency were noted, rather just a suggested area of improvement.

There was demonstrated involvement from all levels within the organization inclusive of volunteers, contracted and specialized services to meet the resident care, training, certifications and professional development of staff.

It appears FLCS has paid close attention to required training, administrative processes, best work practices and provide PPE for the various work environments including specialized training. The education training syllabus reflects a variety of professional and personal development opportunities, inclusive of mandated training such as CPR, GHS (WHMIS 2015), Back Care and Medication Administration. The Human Resource Department has taken the lead in developing many of the innovative systems being utilized to track lagging indicators, but more importantly predicting leading indicators. This has resulted in better allocation of staff during holidays, increased retention of staff and better flow to meet training needs.

Based on the documentation, interviews, facility tours, volunteer /contractor agreements and regulated requirements it appears the two sites have an ongoing, pro-active and well managed program. The overall score achieved in the 2017 audit is 96%, and is an excellent reflection of the time and effort of employees efforts and contribution to health and safety.

Is my pleasure to recommend to Continuing Care Safety Association that Father Lacombe Care Society be recognized as having met their requirements to be recertified for their COR. Listed below are just a few of the strengths and areas of improvement highlighted for your reference, however, I encourage you to read the entire audit document for additional information.

Identified Strengths:

Element One:

(1.4) Management along with the JWHSC have done an excellent job promoting, explaining and educating employees about the governing policy, why it is important and how it applies to each position, person and overall best work practice. A number of the employees were aware of the AB OHS Legislation, Persons in Care and other regulatory bodies and how it applied to their work environment and developed best work practices.

(1.6) Managers, supervisors and workers were all able to identify key roles and responsibilities as it applied to the AB OHS legislation and other regulatory bodies based on their positions, roles and best work practices. Examples included: participation in training and in-services, use of PPE, right to refuse unsafe work, assigned roles within the ERP and reporting and investigating incidents.

There is excellent understanding of health and safety responsibilities based on roles, tasks and responsibilities at the contractor level as it relates to the AB OHS legislation and FLCS safety program, rules and reporting processes. FLCS is the Prime Contractor and carries the responsibility for contracted services / contractors to fulfill the specified duties within laundry, dietary and housekeeping. This is very well done through mandatory in-services, orientations and information contained in the Contractor's Handbook. Very well done.

Element Two:

(2.5) Workers were able to identify a number of ways they were involved in health and safety hazard identification and assessment including: being mindful of residents, equipment and risks; look for broken or non-functional equipment; awareness of illnesses, outbreak and participating on the JWHSC / Union / Unit meetings along with reporting concerns.

There was an excellent awareness of various ways workers can and are involved in the overall assessment, reporting and controlling of health and safety hazards within their work environments, facility and resident care. Really well done.

(2.6) Members of the JWHSC have taken formal training through the CCSA, along with internal training to increase awareness and competencies related to hazard assessment, auditor training and incident investigation. Formal certifications, internal training and minutes from the JWHSC support ongoing training is provided to key personnel in an effort to support them in their positions and assigned roles.

Element Three:

(3.4) Many positive examples were provided during the interviews to identify how ongoing maintenance of equipment, implementation of controls, use of administrative systems and deficient equipment are addressed to keep a safe, healthy and positive work environment. The maintenance were acknowledged numerous times during the interview process at both FLCC and PCC as being responsive, knowledgeable and addressing needs quickly. Some of the established process include: maintenance logs, verbal reporting, shift change meetings, incident reports and the defective equipment lock/tag out system

The preventative maintenance schedule and inspections are in place and very well done. At the time of the audit, the fire alarms system was being assessed which had been well communicated at both sites, along with notices posted throughout the facilities.

(3.6) Workers felt management consistently and immediately addresses any concerns relating to unsafe or unhealthy conditions in a fair manner and proactive manner, including the reinforcement of SOP, rules and other administrative controls. During the observation tour manager addressed a number of items or pointed out some areas where deficiencies had previously been addressed. This supported many of the

positive actions noted during the observation tour where lifts, transfer belts, hand washing, SOP, PPE and lockout controls on mechanical devices were noted. Very well done and positively reinforced with employees.

Element Four:

(4.2) Managers and supervisors unanimous supported throughout the interviews their ongoing involvement both formally and informal within the inspection process. This included inspections of equipment, work procedures, use of PPE, reporting processes and completion of required documentation. Both groups appear to take personal accountability to ensure facility inspections are completed based on a daily, monthly or planned maintenance schedule and to ensure safe / efficient operation of the equipment.

(4.9) Employees confirmed critical items were dealt with in a timely manner, the JWHSC, management and Union representatives collectively addressed concerns related to health, safety and overall operations and services in an effort to ensure a positive work environment. Deficiencies appear to be addressed in a timely manner, with management taking a leadership role to ensure items are addressed and communicated to employees.

Element Five:

(5.1) FLCS has a well developed process to ensure employees have the qualification and training to perform their jobs in a safe, healthy and informed manner. The processes includes: Overall recruitment, guidelines for hiring, credentials for scope of work and professional designation, orientation, ongoing in-services and competency evaluation based on assigned tasks noted in their job descriptions. Employees indicated they had to produce their certifications, diplomas or degrees based on their position, provide reference, complete buddy shifts and perform skills assessments.

The human resource management team has developed a comprehensive process to ensure employees have the qualifications and training to perform their jobs supported by a screening processes inclusive of a criminal record check and in-services. Very well done.

(5.6) The education department has developed a training syllabus outlining all mandatory and optional training / in-service opportunities and support to meet professional and personal development needs. Examples of courses and certifications include: CPR, health and safety hazard assessment, inspection and investigation training through CCSA. Specific to the maintenance department fall protection, confined space and working from heights were examples of job specific training.

Of the employees who were interviewed, all confirmed they had been provided with opportunities to participate in training, education, wellness programs including medication administration, PPE and resident behaviour response. Ongoing training is in place to address leading and lagging indicators based on scope of work. For example, in October of 2017 the Education Department hired an external contractor to deliver training and information on managing residents with aggression and behavioural challenges based on persons in care. This was as a direct result of increased incidents occurring between worker and resident.

Element Six

(6.1) The existing ERP for FLCC and PCC are current and inclusive of communication procedures, AHS colour codes, emergency phone numbers (internal and external), a list of emergency personnel (inclusive of all levels of FLCS) and evacuation procedures (local, floor, wing and full facility evacuation).

Within the plan, defined communication procedures are in place specific to the public address systems, social media, assigned media personnel and crisis management. Current phone numbers and cell

numbers for senior managers and maintenance were readily available at nursing stations, along with additional contact numbers for government departments, City of Calgary utilities and social services. Evacuation procedures were outlined in the training and site schematics including the identified staged processes and muster points for both sites.

The ERP and related information has been well communicated and implemented through orientations, ongoing drills and in-services. Excellent documentation, signage, reference and access to the ERP codes on name tags and scene command responsibilities were part of the SOP and job descriptions

Element Seven:

(7.3) The written procedure developed by FLCS required the reporting of all occupational incidents, near-misses, accidents and illnesses be reported in a timely manner, inclusive of who to report to, critical information to be documented and accountability for follow-up. The JWHSC, HR and FLCC and PCC Educators have done an excellent job in streamlining, communicating and implementing approved procedures, forms and follow-up process to ensure high compliance and understanding. Very well done.

(7.5) Key personnel have formal training in investigation techniques through CCSA and included the HR Director, JWHSC members and several other managers. Informal training has been completed through in-services, train-the-trainer and other CP courses. Copies of the certifications on the HR files and scanned to the training records kept on the shared drive.

During the interviews, employee identified members of the JWHSC, HR and senior management has the personnel who had formal training in investigation techniques, some identified the informal training offered through in-services.

There was a high compliance, involvement and understanding of who and what positions were trained in investigation techniques

(7.6) Incident reports are collected by the HR office from both FLCC and PCC sites with a number of positive indicators demonstrating how workers are involved in the investigation process. Upon reviewing a number of the completed reports, it demonstrated ongoing and meaningful participation of workers including: completing the written reports, suggestions for improvement and validation of what controls were in place. Additionally, modified work offers, doctor notes and fit to return to duty information was in place and part of the confidential files. The existing spreadsheets utilized by the HR department supports a positive culture and inclusion of information gathering and not fault finding. Continue to review, analysis and evaluate all reports and ensure the workers who were involved in the incident are also involved in the investigation process even with the minor or near miss events.

Employees described their involvement as: completing the incident report, suggesting ways to prevent recurrence and to review the SOPs and providing their thoughts on ways to prevent recurrence.

Element Eight

(8.1) FLCS' communication, health and safety process are defined within 9 distinctive processes including: meetings, posting of the JWHSC minutes, brochures, orientations, newsletters, Town Hall meetings, memos / emails, education sessions and posting of relevant AB OHS legislative information.

The reviewed documentation supports these processes are in place and used consistently to communicate ongoing needs, successes and outcomes. Group and individual meetings are available to employees to allow for feedback and to bring forward any concerns. In some of the employee HR files, notes were in place to support how employee's concerns and suggestions were listened to and followed-up on. An action list was also in place with items captured and tracked within the plan.

Interview responses from employees confirmed numerous processes, opportunities and timely processes were in place to ensure information is shared, feedback is heard and action / follow-up occurs.

(8.6) Management and the JWHSC has done a phenomenal job in identifying needs and tracking them based on lagging and leading indicators. A number of systems have been incorporated by the HR Department to both identify and assess items such as: noise baselines, room temperatures, WCB frequency of rates, types of injuries and any discernible trends. This information is shared with senior management and the Board.

Suggested Improvement:

Element One:

(1.7) Senior management is aware employee performance evaluations are deficient and had already identified this in their action plan for 2018. Less formal processes are used throughout the year, but lack a consistent process and follow-up to ensure both positive and disciplinary actions are addressed in a timely manner. Several interviewed employees identified the compliance policy and "notes within the HR files" as methods use to track and address needs, but were unsure how they were actually dealt with or followed up on.

Make sure to review your existing policy and either meet the requirements outlined within it, or revise the policy to reflect an achievable and reasonable balance in providing positive acknowledgements and dealing with inappropriate or negative behaviours. Make sure to document actions and communicate the outcomes with the appropriate personnel.

(1.11) It is important all contractors have a clear and well defined understanding of the processes, rules and SOPs related to their work environments while on site at FLCS. Review how orientation and information is shared, tracked and review existing practices and if required, consider expanding the Contractor Handbook to reflect ongoing health and safety best work practices based on specific tasks, services and dangers. Update the health and safety manual if changes are made or if the on-boarding process is expanded for contractors.

Element Two:

(2.3) The existing JHA matrix has health and safety hazards evaluated on risk utilizing a scale of severity, probability and frequency as it relates to the 32 job descriptions found in the job inventory. It further assess the health risks specific to P for physical, C for chemical and B of biological. Even though this is very well done, a number of job specific tasks were not included, therefore potentially is incomplete.

To improve your overall job hazard assessments consider evaluating the the job safety / health hazards specific to the tasks identified within the JHA. Examples would include, more baselines for physical wellness, ergonomics based on equipment and body mechanics and ERP assigned tasks. Review the JHA to ensure all known tasks are evaluated, update the matrixes if needed and continue to evaluate the JHA on an annual basis or more frequently if needed.

(2.4) FLCS has done an excellent job in reviewing and updating their JHA matrix, job descriptions and associated tasks with annual review. However, some associated job tasks appear to have been missed in areas relating to maintenance, some equipment operations, ergonomics and ERP assigned duties. Review the JHA to ensure all known tasks are evaluated, update the matrixes if needed and consider implementing a JSA to evaluate associated risks.

Element Three:

(3.1) Many positive engineering controls were noted during the observation tour such as the BMS, wander-guard, use of lifts, bio-hazardous controls, signage, guards and lights, there were however a few items observed which were deficient. At PCC, the after-hours external intercom and automatic doors did not work correctly. Administrative controls were weak in some areas; with some SOPs very difficult to find and others missing altogether during the documentation review. An example of deficiencies include an SOP

related to the operation of portable / ceiling lifts, confined space and controlled product containment. PPE was identified in most of the tasks however, this could be expanded especially as it relates to specialized tasks.

Once a review of the existing JHA matrix and related tasks is completed, ensure control measures are also reviewed to reduce or eliminate exposures to hazards within the work and living environment. Some examples include: spill containment for controlled chemicals, defined process of restricted area and cleaning of the laundry chute. Ensure after-hour access to both facilities include a system which is working and reasonable for safety and control. Some of the administrative controls to consider would be: expansion of assigned roles within the ERP, when hearing protection is required, smoking in designated areas and expected hand washing before returning to the floor. Specialized PPE was noted in some of the isolation, pandemic and facility requirements, however, a noted weakness in documentation and SOP around the N95 masks, confined space entry PPE were noted.

(3.2) The majority of employee who were interviewed felt they were involved in establishing health and safety controls based on their role, training and exposures to hazards including participation on the JWHSC, reviewing SOP and validating best work practices. However, there was a percentage of employees who felt hazard assessment and control was their supervisors and managers responsibility and did not feel involved or accountable to the process.

Review how employees are engaged, communicated with and encouraged to participate in hazard controls and assessments. Where practical and reasonable consider more formalized processes at the worker level for some of the establishment of control measures, work site inspections and review of existing SOP /SWP based on the tasks they complete to strengthen their understanding and involvement. Discuss how workers could be more involved in a meaningful and positive way on all shifts to improve overall participation. .

Element Four:

(4.7) Many of the maintenance records, incident reports, minutes from the JWHSC were reviewed with the majority of items addressed immediately, or if a delay was to occur good documentation was in place, however, some deficiencies had not been resolved. This included: the emergency door at PCC being propped open and unalarmed, the front door magnetic release not working, so manual dead-bolts were used which would prevent the panic bars on the bars from working in the event of a fire.

Some items took longer to address if minor in nature or if the concern had been verbally reported rather than using the established process. Several outstanding items such as the wander-guard sensor, front doors at PCC and the emergency generator at FLCC had not been resolved even though they had been on the action list for a number of months.

Review how identified deficiencies are tracked, who is accountable in reviewing / evaluating the completed projects and if there is a mechanism to track the overall process. This would include, reporting, completing and evaluation of effectiveness in resolving the deficiency or concern. If there needs to be changes are made to SOPs, policies or processes make sure to document, communicate and follow-up with those it affects.

Element Five:

(5.2) The orientation syllabus, employee records, HR and staff training supports developed policies and practices per job and tasks cover critical health and safety information prior to employees starting their job. However, several employees indicated their orientations were delayed or hadn't occurred at all, a few felt their orientations had been rushed and not adequate for the tasks expected of them.

Review how orientations are provided, consider re-orientating long-serving employees and ensure all employees have an appropriate orientation prior to starting normal rotation and tasks. Their orientations should include: rules, right to refuse unsafe work, emergency response procedures, muster points,

incident reporting and what critical hazards exist in their work environment. Review how this is provided, documented and evaluated.

(5.3) Based on the documentation reviewed the majority of orientation and in-service are provided in a timely and appropriate manner inclusive of existing health, safety policies, procedures and practices, however some employees did not receive a specific orientation prior to starting their jobs. General orientations are sometimes months later, which is fine, as long as job orientation and all job specific training, policies, procedures, use of controls and known hazards are covered prior to starting their normal job. Some of the documentation reviewed identified this deficiency.

The JWHSC and management should consider reviewing the overall orientation process, how and when specific and general orientations are provided, if an abbreviated orientation should occur for employees return from an extended absence and possibly developing an assessment tool based on tasks, roles and required skills. If any changes are made make sure to document, communicate and assess the changes.

Element Six:

(6.3) The majority of employees identified first aid training, WHMIS, fire extinguisher awareness and evacuation procedures as some of the assigned responsibilities, however, a percentage of those interviewed felt only fire drills had been practices and were uncertain on the correct response for emergencies such as violence, hostage, bomb or environmental emergencies.

Consider different drills both as tabletop exercises as well as actual drills to increase awareness, competency and skills. The current practice of code of the month is excellent, just ensure it is covered on all shifts and provided with sufficient information and training to support the assigned individual roles.

(6.4) The awareness and processes associated with fire drills were well documented and supported during the interviews, however, few if any other drills are conducted to validate understanding, overall processes and competency with assigned role. It is recommended additional and different drills be conducted to improve understanding of roles, responsibilities and competency to other types of emergencies. Ensure documentation and evaluation are part of the drill processes.

(6.6) Some weakness in the overall ERP process including drills and evaluation were noted and could be strengthened if additional drills, education and practice of processes were to occur in the work environments. Consider practicing different types of drills such as bomb or hostage drills, environmental or injury events. This will strengthen employee's understanding, confidence and ability to meet the assigned role in a more efficient and effective manner. Make sure to document, review and communicate any changes and results based on the outcomes noted.

Element Seven

(7.2) Employees had a strong awareness to report all work related incidents, near-misses, illness and accidents, however several workers felt near-misses were maybe a little under reported, but couldn't validate if it was actually the case. There is a lot of information, in-services and education around reporting of incidents, however, there may be some benefit in increasing employees understanding of why it is important and the direct benefit to them.

Make sure to review and discuss this during management, shift and JWHSC meetings, consider including some examples in the newsletters and communicate some of the positive outcomes based on actual events, just make sure to protect confidentiality and personal information.

(7.11) During the interviews employees stated they felt critical items were corrected almost immediately but some felt minor items or "employee related / not paying attentions" events were not always addressed to prevent recurrence. The door issues at PCC had been identified several times after a homeless

persons came into the facility on a weekend, however, some of the challenges remain. The ceiling lifts have also had some challenges, marked out of order but no action had yet occurred.

It is extremely important to not only identify deficiencies based on incidents, injury or damage, but to do so in a timely manner and to address the direct cause to prevent recurrence. This can be done by assessing controls related to; engineering, administrative and PPE, correct the deficiencies and then communicate the overall process to those in position of support or who had direct involvement in the incident. If any changes are made to your HSM, ensure these are communicated to the JWHSC and management and includes an evaluation process.

Element Eight:

(8.2) Some of the forms and processes developed by FLCS have not been fully implemented or utilized to address long-term contractors or companies who are familiar with the facilities as they may not be aware of changed or updated process and existing procedures. This in turn may create a few gaps within the system to ensure appropriate controls, training, understanding of the ERP or communication requirements are in place to address contractor's health and safety.

Based on interviews of contractors most were able to identify their primary point of contact, but not all knew about where they could access SOPs, ERP or other critical information.

Many of the required processes in place for the effective communication and control of health and safety BWP are not well documented between the contractor and FLCS. The Contractor Handbook is an excellent tool, it just needs to be referenced a bit more in the contractor's orientation to ensure there is a mechanism to address and communicate contractor's non-compliance and accountability.

(8.10) Areas still outstanding include from the 2016 Action Plan include; employee performance evaluations, review / development of additional SOP, specific to tasks and confined / restricted space protocols and LOTO.

Review the existing action plan and add any incomplete items to the 2017 action plan based on this year's audit and internal known deficiencies or identified goals. Make sure systems, accountability and processes are in place to track, evaluate and address deficiencies and efforts to improve the overall program.

Overall very well done and best of luck in continuing to review, implement and manage a very effective and pro-active health, safety and wellness system.

Lead auditor signature: Kim Laing

Date: December 29th, 2017

Audit Report – Appendix 1: Organization Chart

Please see attached the organizational chart for FLCS (2017)

Audit Report – Appendix 2: Summary Site and Interview Sampling Information Sheet

Employer: Father Lacombe Care Society aka (FLCC and PCC)

WBC Account #: 373296

Industry Code: 82808

Total Number of Sites:	Minimum Number of Sites:	Total # of Sites included in Audit:
Two	Two	Two

Role	Number of Employees			Total # of Employees Per Role	Total # of Employees Interviewed / Role
	Full-Time	Part-Time	Casual		
Senior Managers	4	0	0	4	2
Managers	18	0	0	18	4
Supervisors	31	9	2	42	9
Workers	107	88	63	258	49
Total # of Employees:				322	
Minimum # of Interviews Required:					43
Total # of Employees Interviewed:					64

Contractors and volunteers? Yes No

Interviewed: 8

Detailed Representative Sampling Information:

Interview Sampling Details									
Department	Shift			Total # Interviewed	Department	Shift			Total # Interviewed
	D	E	N			D	E	N	
Senior Managers	4	0	0	2	Recreation	7	1	0	2
Managers	8	0	0	2	Rehabilitation	6	0	0	2
RN	9	8	5	7	Education	2	0	0	1
LPN	22	15	6	9	Social Services	3	0	0	1
HCA	76	67	21	29	Maintenance	4	0	0	2
Housekeeping	0	0	0	0	Home Care	0	0	0	0
Laundry	1	0	0	1					
Dietary Services	0	0	0	0	Volunteers	24			4
Administration	10	0	0	4	Contractors	9			4
Total Number of Employees Interviewed:									64

72 interviews: 23 F/T 29 P/T 12 Casual (4 contractors / services & 4 volunteers)

Audit Report – Appendix 3 – Site Information Sheet

Site Name: Father Lacombe Care Centre

WBC Account #: 373296 Industry Code: 82800

Role	Number of Employees			Total # of Employees Per Role
	Full-Time	Part-Time	Casual	
Senior Managers	2	0	0	2
Managers	8	0	0	8
Supervisors	10	6	2	18
Workers	50	39	22	111
Total # of Employees:				139

Site Specific Detailed Interview Sampling:

Interview Sampling Details									
Department	Shift			Total # Interviewed	Department	Shift			Total # Interviewed
	D	E	N			D	E	N	
Senior Managers	2	0	0	1	Recreation	4	1	0	1
Managers	8	0	0	2	Rehabilitation	3	0	0	1
RN	4	3	2	3	Education	1	0	0	1
LPN	10	7	3	3	Social Services	1	0	0	0
HCA	34	28	9	14	Other:	0	0	0	0
Housekeeping	0	0	0	0	volunteers	13			2
Laundry	1	0	0	1	Contracted Services	5			2
Dietary Services	0	0	0	0	Other:				
Administration	4	0	0	2	Other:				
Maintenance	2	0	0	1	Other:				
Home Care	0	0	0	0	Other:				
Total Number of Employees Interviewed:									30

Interview breakdown: F/T 10, P/T 13, Casual 7 = 30

Audit Report – Appendix 3 – Site Information Sheet

Site Name: Providence Care Centre

WBC Account #: 373296

Industry Code: 82808

Role	Number of Employees			Total # of Employees Per Role
	Full-Time	Part-Time	Casual	
Senior Managers	2	0	0	1
Managers	10	2	0	2
Supervisors	14	5	5	24
Workers	65	49	42	156
Total # of Employees:				183

Site Specific Detailed Interview Sampling:

Interview Sampling Details									
Department	Shift			Total # Interviewed	Department	Shift			Total # Interviewed
	D	E	N			D	E	N	
Senior Managers	2	0	0	1	Recreation	4	0	0	1
Managers	10	0	0	2	Rehabilitation	3	0	0	1
RN	5	5	3	3	Education	1	0	0	1
LPN	12	8	3	4	Social Services	2	0	0	1
HCA	42	39	12	19	Volunteer	8			2
Housekeeping	0	0	0	0	Contract Services	3			2
Laundry	0	0	0	0	Other:				
Dietary Services	0	0	0	0	Other:				
Administration	6				Other:				
Maintenance	2			1	Other:				
Home Care	0	0	0	0	Other:				
Total Number of Employees Interviewed:									34

Interview breakdown: 13 F/T 16 P/T 5 Casuals = 34 (2 Contractors & 2 Volunteers)

Work Site Sampling Details			
List each site under the WCB Account #	Included in Audit Scope? ✓	Total Number of Employees	Number Interviewed
373296 FLCC	yes	139	30
373296 PCC	yes	183	34

The audit was inclusive of all shifts, areas of work and programming, with several interviews conducted with contractors, residents and volunteers which were not factored into the overall employee numbers for interviews and are highlighted in green. In total 4 contractors / contracted services and 4 volunteers were interviewed. **The interviewed sample size of 64 employees represented 387 years of experience.**

Audit Report – Appendix 4: Pre-Audit Meeting Minutes

Date: November 20th, 2017

Time: 0830 hrs

Location: Father Lacombe Care Centre Boardroom

In Attendance:

Sister Margarete St. John, Nadia Ross, Judy Axelson, Lani Rabinovitch, Linda Maye, Audrey Clancy, Brenda Metrow, Dorin Ciobanu, Cassandra Coste, Christina Cabral, Karilynn Turner, Marfe Thauberger, Raymond Cormie, Aron Walsh, Collen Spring, Fred Partridge, Kim Laing

Re: Pre-Audit Meeting

At 08:30 the pre-audit meeting began with introductions of the attendees who represented various departments and the Joint Workplace Health and Safety Committee from the two facilities. A brief review of strengths, improvements and day-to-day operations were share by the group with the auditors, including the confirmation the 2016 Action Plan, number of interviews, where the documentation would be accessible and overall schedule to accommodate all three shifts.

A brief overview of the eight elements was provided to ensure an understanding of the validation processes and to answer any questions the group may have. The CCSA audit tool and all associated assessment processes will be incorporated into the overall audit assessment.

There were no additional questions, with the meeting concluded at 09:00 hrs.

Kim J. Laing - Auditor

Audit Report – Appendix 5: Post-Audit Meeting Minutes

Date: November 24th, 2017
Time: 10:00 hrs
Location: Providence Care Centre Boardroom

In Attendance:

Cathy Watt, Nadia Ross, Cassandra Coster, Linda Maye, Collen Spring, Raymond Cormie, Audrey Clancy, Aron Walsh, Sister Margarete St. John, Karilynn Turner, Lani Rabinovitch, Lynn Gordon, Jacalyn Elios, Belinda Osborne, Dorin Ciobanu, Jola Harhrt, Marfe Thauberge, Judy Axelson, Brenda Metrow, Fred Partridge and Kim Laing.

Re: Post Audit Meeting

Raymond Cormie welcomed everyone and asked Sister Margarete to lead the meeting off with a prayer, then turned the meeting over to the auditors.

There were so many positive aspects noted within the overall audit process including, employee engagement in providing examples of their work environment, in-service / professional training opportunities and encouraged involvement within the health and safety program at all levels. In 2017, FLCS implemented a wellness program and hoped to provide additional information to staff over the next few months to increase awareness and use.

A brief overview of the strengths noted in the overall assessment of the safety program was provided by the lead auditor, Kim Laing. There were many improvements and strengths noted in the 2017 audit, including; increased orientations, in-services and involvement of workers.

Areas of strength were noted as: HR management, statistical analysis, senior management's leadership and direct involvement, updated JHA and review of critical tasks to ensure training and SOP are in place. Staff evaluations, development and implementation of additional SOPs and increased documentation around near-misses are areas of suggested improvement.

A tentative score of 94% was suggested based on the completed interviews, observation tours and reviewed documentation as per the CCSA audit tool. There continues to be ongoing improvement and involvement with demonstrated involvement by all levels within the overall program at FLCS. I would like to thank everyone for their time, hospitality and honesty while conducting this audit, it was very much appreciated.

There were no further questions and the meeting concluded at 11:00 hrs.

Kim J. Laing - Auditor

Detailed Audit Report

Continuing Care Safety Association for Safety Partnerships

Audit Report for Father Lacombe Care Society – November 20th - 24th, 2017

1. Management Leadership and Organizational Commitment

Questions	Score	Instructions	Notes
<p>1.1 Is there a written Health and Safety Policy for the organization?</p> <p>(5 points)</p>	5	<p>Verified by reviewing written policy.</p> <p>Must be a policy document.</p> <p>To award the 5 points, the policy must include:</p> <ul style="list-style-type: none"> – declaration of management commitment to health and safety – overall goals and objectives – general responsibilities of managers, supervisors, workers and contractors regarding health and safety – requirement to comply with applicable government regulations – requirement to comply with organization’s own health and safety standards 	<p>Documentation 100%: P#01-001</p> <p>FLCS has developed a corporate health and safety policy which is applicable to both FLCC and PCC. The policy contains: Board and senior management’s commitment and declaration to health, safety and wellness, goals and objectives, position / job / task responsibilities specific to health, safety and wellness, reference to regulatory bodies, AB OHS legislation and FLCS’ corporate policies.</p> <p>Volunteers, families, residents and contractors are included in the organization’s commitment to personal dignity and spiritual care which are also included in the policy as part of their wellness statement.</p>
<p>1.2 Is the policy signed by the current senior operating officer?</p> <p>(2 points)</p>	2	<p>Verified by reviewing documentation.</p> <p>The signature must be that of the current senior operating officer.</p>	<p>Documentation 100%: (P#01.001)</p> <p>The governing statement is signed and dated by Mr. Raymond Cormie, CEO on July 11th, 2017.</p>

Questions		Score	Instructions	Notes
1.3	<p>Is the policy readily available to employees?</p> <p>(0-3 points)</p>	3	<p>Verified by observation or employee interviews, as applicable.</p> <p>Determine the method used by the employer to make the policy readily available.</p> <p>The current policy may be posted on bulletin boards, in lunchrooms and/or reception areas, and may be in employee handbooks, safety manuals, and/or on computer.</p> <p>Points are awarded based on the percentage of positive observations, or on the percentage of positive responses from interviews.</p>	<p>Observation 100% Interviews 100%:</p> <p>The governing policy of FLCS was observed in a number of places including: nursing stations, OHS bulletin boards, main entrance and online.</p> <p>Interviews of employees from both sites support a strong awareness of the governing health and safety policy, including copies provided during their orientations, review during in-services and online.</p>
1.4	<p>Are employees aware of the policy's content?</p> <p>(0-5 points)</p>	5	<p>Verified by employee interviews</p> <p>Employees should be able to explain, in general terms, the policy content.</p> <p>Points are awarded based on the percentage of positive responses from interviews</p>	<p>Interviews 100%:</p> <p>Employees identified a number of examples of what the policy says and why it is important. This included examples of: personal accountability and involvement, roles and responsibilities, compliance to legislation and regulations, use of PPE and their right to refuse unsafe work.</p> <p>Management and the JWHSC has done an excellent job in promoting, explaining and educating employees about the governing policy, why it is important and how it applies to each position, person and overall best work practice. A number of the employees were aware of the legislative, persons in care and other regulatory bodies that make up some of the BWP.</p>

Questions		Score	Instructions	Notes
1.5	<p>Have specific health and safety responsibilities been written for:</p> <p>a. Managers? (5 points)</p> <p>b. Supervisors? (5 points)</p> <p>c. Workers? (5 points)</p> <p>d. Contractors? (5 points)</p>	<p>5</p> <p>5</p> <p>5</p> <p>5</p>	<p>Verified by reviewing documentation, other than the policy (e.g. contracts, job descriptions, and program manuals).</p> <p>Depending on size or nature of the organization, one or more of these categories may not be applicable (n/a).</p>	<p>Documentation 100%: (P# 01-002whs)</p> <p>Within the HSM, HR job descriptions and professional designations assigned roles specific health and safety responsibilities have been developed. Examples include: Management to be a role model, provide leadership, enforce rules, provide sufficient resources; Supervisors to provide direct supervision, ensure training and certifications are in place and to be part of the ERP process; Workers are to follow rules, participate in JWHSC as requested, keep up competencies and to report unsafe, unhealthy or dangerous actions; Contractors include AHS, Aramark and others who provide ongoing services to FLCS and are treated to the same requirements as workers, including orientation, SOP, ERP and compliance rules.</p>

Questions		Score	Instructions	Notes
1.6	<p>Are the following aware of their specific health and safety responsibilities covered by legislation and departmental policy:</p> <p>a. Managers? (0-5 points)</p> <p>b. Supervisors? (0-5 points)</p> <p>c. Workers? (0-5 points)</p> <p>d. Contractors? (0-5 points)</p>	<p>5</p> <p>5</p> <p>5</p> <p>5</p>	<p>Verified by employee and contractor interviews.</p> <p>Points may be awarded even though specific written specific responsibilities (in question 1.5) are not in place.</p> <p>Points are awarded based on the percentage of positive responses from interviews.</p> <p>Depending on size or nature of organization, one or more of these categories may be not applicable. (N/A)</p>	<p>Interviews 100%: (Management 100%, Supervisors 100%, Workers 100% and Contractors 100%)</p> <p>All levels interviewed at both sites were able to identify and explain how AB OHS legislation and other regulatory bodies applied to their positions, roles and BWP. Managers, supervisors, workers and contractors provided some examples including: participate in training and in-services, use of PPE, right to refuse unsafe work, assigned roles within the ERP and reporting and investigating incidents.</p> <p>There was an excellent understanding of health and safety responsibilities based on roles, tasks and roles. Even at the contractor level, they were very aware of AB OHS legislation and FLCS safety program, rules and reporting. Because the primary contracted services / contractors fulfill significant duties (laundry, dietary and housekeeping) these contractors are expected to maintain and participate in all FLCS training, in-services and orientations. Well done.</p>

Questions	Score	Instructions	Notes
<p>1.7 Are employees evaluated on their individual health and safety performance?</p> <p>a. Managers? (0-5 points)</p> <p>b. Supervisors? (0-5 points)</p> <p>c. Workers? (0-5 points)</p>	<p>4</p> <p>4</p> <p>2</p>	<p>Verified by employee interviews.</p> <p>Employees at all levels should be able to explain how their OH&S performance is evaluated. Some examples are performance appraisal, discipline process for non-performance, letters from the employer, positive reinforcement by supervisors, job safety observations, management and supervisor reviews, etc.</p> <p>Points are awarded based on the percentage of positive responses from interviews.</p>	<p>Interviews 65% (Managers 78%, Supervisors 75%, Workers 42%)</p> <p>The existing FLCS HR Policy was used to validate interview responses from managers, supervisors and workers based on formal and informal processes. All those interviewed were aware annual performance evaluations were required, however, a significant number had not had performance evaluations in a number of years. Informal processes such as thank-you, recognition by peers and comments from residents to senior management were passed along to those involved. Informal evaluation specific to health and safety was typically identified through participation within in-services.</p> <p>Senior management is aware evaluations are deficient and had identified this within the action plan to be addressed in 2018. Less formal processes are fine to use, but should have a consistent process in order to ensure consistency and follow-up for positive as well as disciplinary needs. Several of the employees interviewed identified the compliance policy and "notes within the HR files" as methods use to track and address needs. These types of examples are positive and something which should be considered on an ongoing basis.</p>

Questions		Score	Instructions	Notes
1.8	<p>Does the senior operating officer communicate to employees, at least annually, the organization's commitment to health and safety?</p> <p>(5 points)</p>	5	<p>Verified by employee interviews to determine how this is done.</p> <p>Points awarded for at least 70% positive response from employees interviewed.</p>	<p>Interviews 100%</p> <p>Each employee interviewed identified the daily interaction and involvement of senior management at both sites where reinforcement, comments and conversation occurred around health and safety commitment, BWP and compliance. Other methods used by senior management to convey FLCS commitment was through newsletters, in-services, memos, shift report and JWHSC meetings.</p> <p>Many positive comments were shared during the interviews on how senior management is engaged, communicates, leads by example and overall dedication to health, safety and wellness.</p>
1.9	<p>Do the most senior managers on-site tour the work site to reinforce health and safety practices and behaviors:</p> <p>Every 6 months? (10 points)</p> <p>OR</p> <p>Yearly? (5 points)</p>	5 5	<p>Verified by employee interviews.</p> <p>Senior manager tours can be concurrent with other business purposes.</p> <p>Not all sites need to be included in the tours.</p> <p>Points are awarded for at least 70% positive response from employees interviewed.</p>	<p>Interviews : 100% (6 months and yearly):</p> <p>All employees stated during their interviews that senior management consistently reinforcing health, safety, best work practices and behaviours through meetings, tours of the work sites, written memos, emails and through the JWHSC.</p>

Questions		Score	Instructions	Notes
1.10	<p>Is relevant current health and safety legislation readily available at work sites?</p> <p>(5 points)</p>	5	<p>Verified through observation at work sites.</p> <p>Copy(s) of current occupational health and safety legislation (federal, provincial, and municipal) appropriate to the operation of the work site(s) should be present on site.</p> <p>Points are awarded for at least 70% positive response from observations.</p>	<p>Observation 100%: (AB OHS 2013 and internet) Legislation and Intern</p> <p>Both sites had several copies of the AB OHS Legislation, Codes and Schedules posted by the OHS Bulletin Boards, Educator's office and Administration. Access to the legislation was most frequently done through the internet to ensure the most up-to-date version was used.</p>
1.11	<p>Is there a process in place that addresses contractor health and safety while on site?</p> <p>(5 points)</p>	5	<p>Verified by interviewing contractors on site and reviewing documentation.</p> <p>Points are awarded for at least 70% positive response from persons interviewed and documentation to conform the process.</p> <p>If no contractors are on site, then the score is based on documentation. For example, look for a documented contractor orientation program that ensures all contractors are oriented to the hazards at their site.</p>	<p>Interviews 100% and documentation 80% = 90%: (P#01-003awhs, contractor contracts / agreements)</p> <p>An excellent Contractor Handbook was developed and implemented in 2015 which covers, roles, responsibilities, rules, required safety controls, reporting of incidents, WCB and proof of insurance. Of the contractors interviewed, if they held a leadership role, there was good awareness of the process and how it was addressed including orientation and in-services through FLCS, however, if they were casual or at the frontline level, awareness wasn't as strong.</p> <p><i>It is important all contractors at all levels have a clear and well defined understanding of the processes, rules and SOPs relating to their work environments while on site at FLCS. Review how orientation and information is shared, tracked and reviewed, and if required consider expanding the Handbook to reflect ongoing health and safety requirements specific to tasks, services and dangers. Update your HSM if changes are made or if the on-boarding process is expanded.</i></p>

Questions		Score	Instructions	Notes
1.12	<p>Is there a process in place that addresses visitor health and safety while on site?</p> <p>(5 points)</p>	5	<p>Verified by review of documentation or employee interviews.</p> <p>An external auditor is considered a visitor on site.</p> <p>Points are awarded based on at least 80% positive indicators from documentation or interviews.</p>	<p>Interviews 100% & Documentation 100% = 100%. (P#01.003whs)</p> <p>Signage, access to hand sanitizer, resident and family in-take processes, the Resident Handbook, FLCS HSM, volunteer orientation and phone calls to family during outbreak were just a few of the examples shared during the interview process by employees on how visitor's health and safety is met. Documentation was noted through the JWHSC meets, orientations and HSM policies.</p> <p>Each employee who was interviewed was able to identify a number of precautions used to protect visitors while on site. This was extremely well known and followed, very well done!</p>
1.13	<p>Does the employer provide the health and safety resources needed (workers, equipment methods, materials, and money) to implement and improve health and safety?</p> <p>a. Managers? (0-5 points)</p> <p>b. Supervisors? (0-5 points)</p> <p>c. Workers? (0-5 points)</p>	5 5 5	<p>Verified by employee interviews.</p> <p>Points are awarded based on the percentage of positive interview responses.</p>	<p>Interviews 100%: (Managers 100%, Supervisors 100% and Workers 100%)</p> <p>Based on the interviews of employees, all felt FLCS provided sufficient resources to health, safety and wellness, including training, equipment and staffing to the best of their ability.</p> <p>Access to training, information and overall resources were identified as being better than industry average.</p>



Questions	Score	Instructions	Notes
Total Points Possible: 115	110		
Audit Score			
Total points possible: <u>115</u> - Points not applicable (N/A) <u>0</u> = Total points <u>115</u>			
Total Points scored = <u>110</u> (divided by) <u>115</u> X 100 = FINAL SCORE <u>96%</u>			
Total points =			
Questions	Score	Instructions	Notes



Questions		Score	Instructions	Notes
2.1	a. Does the employer have a list of all jobs carried out at the work site? (0-15 points)	15	Verified by reviewing documentation. A list of employee occupations/jobs should be in place, and the various tasks within those occupations/jobs should be identified.	<p>Documentation 87%: (P#02-002 / 003 & HR job descriptions)</p> <p>Based on the organizational chart, job inventory and identified work site positions, it appears there are 32 different types of jobs represented in the Job Hazard Assessment Matrix, along with four significant contracted services such as dietary, housekeeping, laundry and AHS. In all cases FLCS has developed and identified a list of all jobs carried out at the work sites. These were reviewed in July and November of 2017</p> <p>In reviewing the actual tasks associated with the defined positions, there were noted gaps in a few of the positions, older information which hadn't yet been updated. In total 53 tasks were identified in the documentation reviewed, however, based on the positions a noted deficiency existed in some areas such as: assigned roles within the ERP, use of some of equipment, some maintenance tasks and related equipment and confined / restricted space.</p> <p>The actual JHA matrix is very well done and appears to be reflective of the overall organization and jobs carried out at the work sites.</p> <p>Specific tasks are identified in a number of positions especially those related to direct resident care, however, some gaps were identified and need to be included within the list to ensure all risks, tasks and types of training are part of the overall assessment and ratings. Once this is completed make sure to update your HSM and JHA matrix.</p>
	b. Has the employer compiled a list of all tasks associated with each job? (0-15 points)	11	Points are awarded based on the percentage of jobs and tasks inventoried.	

Questions	Score	Instructions	Notes
<p>2.2 Are health and safety hazards identified for the jobs and tasks?</p> <p>(0-30 points)</p>	<p>26</p>	<p>Verified by reviewing documentation to determine if there is a system in place to identify hazards associated with the jobs and tasks (Refer to 2.1).</p> <p>Both health and safety hazards should be identified to ensure that ergonomic risks, exposure to chemicals, noise, heat stress, etc. are addressed. Consider road safety if driving is a component of the job inventory.</p> <p>Points are awarded based on the percentage of jobs and tasks for which hazards have been identified compared to the total number of jobs and tasks identified. In other words, the maximum score allowed for this question will be determined by the total score awarded in question 2.1.</p> <p>For example, if only 50% of the points were awarded in question 2.1, question 2.2 will be scored out of 15 (50% of the original 30 points available for the question).</p>	<p>Documentation 100% but 87% based on question 2.1): (P#02-002 / 003 & HR job descriptions, AB OHS legislation & other regulatory body practices)</p> <p>Health and safety hazards have been identified in the JHA matrix based on jobs, however as noted in 2.1, some job related tasks may be deficient based on health and safety tasks. Examples of proper ergonomics, confined space entry and spill containment for controlled products are a few examples. Highest identified hazards were violence / aggressive patient / resident behaviour, MSI, communicable disease and infection.</p> <p>The existing processes being use meets the requirement to identify and assess health and safety hazard based on job and task based on the documentation, however as some tasks may be missing on the overall inventory full marks could not be awarded. Review all positions to ensure all tasks, health baselines and other reasonable assessments are included in the JHA to determine exposures based on tasks.</p> <p>It is strongly recommended a complete review of process and practices related to the assessment tool be considered to capture all related tasks. You may want to consider developing and implementing Job Safety Assessment (JSA) matrix to support the existing JHA matrix.</p>

	Questions	Score	Instructions	Notes
2.3	<p>Have the health and safety hazards been evaluated according to risk?</p> <p>(0-30 points)</p>	26	<p>Verified by reviewing documentation.</p> <p>There must be a system/process for evaluating risk.</p> <p>System should include an assessment of the:</p> <ul style="list-style-type: none"> – Potential consequences of exposure to the hazard (severity) – Likelihood of an incident occurring (probability) – Degree of exposure to the hazard (frequency) <p>This evaluation could be qualitative (High, Medium, Low, A, B, C,) or quantitative (3, 2, 1).</p> <p>Points are awarded based on the percentage of hazards that have been evaluated compared to the health and safety hazards identified in 2.2. In other words, the maximum score allowed for this question will be determined by the percentage score awarded in question 2.2. (See question 2.2 for example.)</p>	<p>Documentation 100% however maximum of 87% based on question 2.2: (P#02-002 / 003, JHA matrix, AB OHS legislation & other regulatory body practices)</p> <p>The existing JHA matrix has health and safety hazards evaluated on risk based on severity, probability and frequency as it relates to the 32 job descriptions. This is very well done, complete and well defined, however, marks are based on 2.2 maximum marks. For health assessments the JHA utilizes P for physical, C for chemical and B of biological.</p> <p>FLCS has done an excellent job in reviewing and updating their JHA matrix, job descriptions and associated tasks with annual review. There is however, some associated job tasks which appear to be missing, especially in maintenance, operation of some of the equipment, ergonomic needs and ERP assigned tasks. Review the JHA to ensure all known tasks are evaluated, update the matrixes if needed and consider implementing and using the JSA to evaluate associated risks.</p> <p>Based on the identified job and task assessments inclusive of severity, probability and frequency, it provided useful information to determine controls, training and additional administrative controls, there were many parallels referenced in the JHA and associated documentation. Well done</p>

Questions		Score	Instructions	Notes
2.4	<p>Are identified health and safety hazards prioritized according to risk?</p> <p>(0-30 points)</p>	26	<p>Verified by reviewing documentation to determine if a system to assess the evaluated hazards and rank them from the highest to lowest. In other words, the maximum score allowed for this question will be determined by the percentage score awarded in question 2.3.</p>	<p>Documentation 100% however maximum of 87% based on question 2.3: (P#02-002 / 003, JHA matrix, AB OHS legislation & other regulatory body practices)</p> <p>Health and safety hazards have been prioritized according to risks based on the identified health and safety risks noted in the JHA matrix, with ranking of highest to lowest hazards.</p> <p>Once all associated risks have been confirmed within the JHA matrix and if the JSA matrix is utilized in the overall assessment, make sure to review and update the overall rating of health and safety hazards based on priority and most hazardous / dangerous tasks. Continue to review this on an annual basis and keep your HSM updated to reflect any changes.</p>

Questions	Score	Instructions	Notes
<p>2.5 Are workers involved in health and safety hazard identification and assessment?</p> <p>(10 points)</p>	<p>10</p>	<p>Verified by review of hazard assessment documentation and interviewing workers to confirm whether the involvement in the formal hazard assessment process is meaningful.</p> <p>At least 70% of those interviewed must be aware of worker involvement to award points. Not all workers need to be involved. Worker involvement could be through health and safety committees, teams, safety representatives, projects, pre-job planning, etc.</p>	<p>Interviews 100% Documentation 100% = 100% (P#04-001, completed JHA forms and work site assessments.</p> <p>Of the workers interviewed all provided examples of ways they were involved in health and safety hazard identification and assessment including: being mindful of residents, equipment and risks; look for broken or non-functional equipment; awareness of illnesses, outbreak and participating on the JWHSC / Union / Unit meetings along with reporting concerns.</p> <p>There was an excellent awareness of various ways all workers can and are involved in the overall assessment, reporting and controlling of health and safety hazards within the work environments, facility and resident care. Really well done.</p>

Questions		Score	Instructions	Notes
2.6	<p>Are key employees trained in the process of hazard identification and assessment?</p> <p>(0-10 points)</p>	<p>5</p> <p>5</p>	<p>Verified by review of documentation and interviewing key employees.</p> <p>Key employees lead the hazard assessment process (team leaders, etc.).</p> <p>Score: 0-5 points for documentation 0-5 points for interviews</p> <p>Points are awarded based on the percentage of positive indicators.</p>	<p>Interviews 100% documentation 100% = 100% (JWHSC minutes, HR files, CCSA certifications)</p> <p>Members of the JWHSC have taken formal training through the CCSA, along with some information training internally, including hazard assessment, auditor and incident investigation.</p> <p>Formal certifications, internal training and minutes from the JWHSC support ongoing training is provided to key personnel to support their roles and position as it relates to hazard identification and assessment. Of the employees interviewed, all felt if any additional training was ever required it would immediately be provided. Well done.</p>
2.7	<p>Are the health and safety hazard assessments reviewed when changes to the operation are implemented?</p> <p>(0-30 points)</p>	<p>10</p> <p>20</p>	<p>Verified by records review and employee interviews.</p> <p>Documentation may include meeting minutes, supervisor's logbook, assessment documents, etc.</p> <p>Changes to the operation could include introduction of new equipment, processes, products, materials, etc.</p> <p>Score: 0–10 points for documentation 0–20 points for interviews</p> <p>Interview points are awarded based on the percentage of positive indicators</p>	<p>Interviews 100% Documentation 100% = 100% (JHA matrix, JWShc minutes, Incident Reports, Management meeting minutes)</p> <p>Reviewing the in-service records, equipment and overall maintenance / communication logs, it appears ongoing assessments are performed to ensure all health and safety risks, hazards or concerns are addressed prior to implementation or use.</p> <p>Examples provided during the interviews included: the use of ceiling lifts, the wonder-guards, BMS for PCC and when there is outbreak.</p>
Total Points Possible: 170		154		



Audit Score

Total points possible: 170 - Points not applicable (N/A) 0 = Total points 170

Total Points scored = 154
(divided by) 170 X 100 = FINAL SCORE 91 %

Total points = 170



<p>3.1</p>	<p>Have hazard controls been identified and implemented?</p> <p>a. Engineering? (0-25 points)</p> <p>b. Administrative? (0-25 points)</p> <p>c. Personal Protective Equipment (PPE)? (0-15 points)</p>	<p>21</p> <p>21</p> <p>12</p>	<p>Verified by review of documentation and observation as appropriate. Verification process involves looking at the recommended hazard control measure in the hazard assessment document and verifying, through either observation or documentation, that controls have been put into place.</p> <p>Points are awarded based on the percentage of controls implemented compared to the number of hazards identified in question 2.4. The maximum score allowed for this question will be determined by the percentage score allowed in question 2.4.</p>	<p>Observation 97% Documentation 95% = 96% minus 2.4 maximum score = 83% overall: (P#03-003, AHS policies, JHA matrix, AB OHS legislation, FLCS SOP and HSM)</p> <p>Many positive engineering controls were noted during the observation tour such as the BMS, wonder-guard, use of lifts, bio-hazardous controls, signage, guards and lights. At PCC, the after-hours external intercom and automatic doors did not work correctly. Administrative controls were weak in some areas; with some SOPs very difficult to find and others missing altogether. An example of deficiencies include an SOP on portable / ceiling lifts, confined space and controlled product containment. PPE was identified in most of the tasks where an identified hazard was known, however, this could be expanded especially related to specialized exposures and tasks. An example would be chemical gloves, fall protection and when and why N95 masks may be required.</p> <p>Once the complete review of the existing JHA matrix and related tasks are completed, ensure there is also a review of all required control measures to completely eliminate or reduce exposures to hazards within the work and living environment. Some examples include spill containment for controlled chemicals, defined process of use, restricted area and cleaning of the laundry chute. Ensure after-hour access to both facilities include a system which is working and reasonable for safety and control. Some of the administrative controls to consider would include: expansion of assigned roles within the ERP, when hearing protection is required, smoking in designated areas, with expected hand washing before returning to the floor. Specialized PPE was noted in some of the isolation, pandemic and facility requirements, however, a noted weakness in documentation and SOP around the N95 masks, confined space entry PPE.</p> <p>Review all identified controls within the JHA and make any changes that are required, including additional training and ensure it is communicated.</p>
------------	---	-------------------------------	--	--

<p>3.2</p>	<p>Are workers involved in establishing the control of health and safety hazards?</p> <p>(10 points)</p>	<p>10</p>	<p>Verified by employee interviews.</p> <p>At least 70% of workers interviewed must be aware of worker involvement in the development, review or implementation of controls. Worker involvement could be through health and safety committees, teams, safety representative, etc.</p> <p>Not all workers need to be involved, but the auditor must confirm that workers were involved in the formal hazard control process.</p>	<p>Interviews 87%:</p> <p>The majority of employee interview responses support they were involved in establishing health and safety controls based on their role, training and exposures to hazards. Some identified their roles on the JWHSC, part of the Union and assigned tasks as ways they were actively involved in reviewing, establishing and validating health and safety controls. Several of the employees were aware health and safety assessments were done, but they felt it was their supervisor or manager's responsibility and did not feel involved or accountable to be involved in the overall process. .</p> <p>The existing processes provide many opportunities for workers to have engagement in providing feedback, involvement on committees and assigned roles based on positions. Where practical and reasonable consider more formalized processes at the worker level for some of the establishment of control measures. This could include work site inspections, review of existing SOP /SWP based on the tasks they complete. Discuss how workers could be more formally involved in a meaningful and positive way on all shifts, as it was mostly the evening and night shift that negatively responded to this question.</p>
------------	---	-----------	--	--



3.3	Are employees using controls developed for identified health and safety hazards? (15 points)	15	Verified by employee interviews and observation. Compare/observe employee performance against hazard controls developed in question 3.1. Points are awarded based on any combination of interviews and observations to achieve 90% positive response.	Interviews 98% Observation 91% = 95%: During the interviews, employees gave examples of using PPE, isolation controls, disposal of bio-hazardous items, lift procedures and following rules. Some of the employees were not aware of the lock/tag out process for defective equipment or reporting some of the minor incidents. The observation tour noted one of the contractors emptying garbage without gloves, the locking of the front doors at PCC manually violating fire and emergency exit requirements, and the non-use of some of the ergonomic controls in the administrative area. No spill containment for larger amounts of controlled product and a missing label on a propane tank was noted. It is critical to ensure all required controls are in place and effective in minimizing or eliminating hazards. Make sure the controls are appropriate, developed and communicated sufficiently to protect the workers, residents, facilities, visitors and environment. Make sure changes are communicated and implemented with an evaluation process to assess effectiveness and compliance.
-----	--	----	--	---

<p>3.4</p>	<p>Is there a process for maintaining equipment and preventing the use of defective equipment?</p> <p>(10 points)</p>	<p>10</p>	<p>Verified by review of documentation and employee interviews.</p> <p>Review maintenance and work order records. Interview workers to confirm defective equipment is removed for repair.</p> <p>Points are awarded based on any combination of interviews and documentation to achieve 70% positive response.</p>	<p>Interviews 95% Documentation 100% = 98%: (P#08-110env, HSM, Maintenance forms, communication book, verbal reporting)</p> <p>Many positive examples were provided during the interviews, supporting equipment is well maintained, inspected and replaced as needed. The maintenance staff were acknowledged numerous times during the interview process at both sites as being responsive, knowledgeable and addressing the needs quickly. The established process includes: maintenance logs, verbal reporting, shift change meetings, incident reports and the defective equipment lock/tag out system</p> <p>Review the process of removing and documenting equipment / physical facility so everyone is clear on the formal processes in place to record maintenance needs, removal of defective equipment and the tag / lock out system.</p> <p>The preventative maintenance schedule and inspections are in place and very well done. At the time of the audit, the fire alarms system was being assessed and well communicated at both sites.</p>
------------	--	-----------	---	--

<p>3.5</p>	<p>Does management enforce the use of engineering controls?</p> <p>(0-10 points)</p>	<p>5</p> <p>5</p>	<p>Verified by worker interviews and observation.</p> <p>Interview workers (0-5 points) Interview points are awarded based on the percentage of positive responses.</p> <p>Observation (0-5 points) On the observation tour, observe whether management is enforcing the use of engineering controls. Observations points are awarded based on the percentage of positive observations.</p>	<p>Interviews 100% Observation 100% = 100%</p> <p>Workers stated management enforced the use of engineering controls, consistently reminded them to check all guards, remove defective equipment, follow SOPs and to follow manufacturers guidelines on equipment.</p> <p>Mechanical devices, lighting and other environmental engineered controls were noted during the observation tour, and management took immediate action on the front doors at PCC not working.</p>
<p>3.6</p>	<p>Does management enforce the use of safe work procedures, rules and work practices?</p> <p>(0-10 points)</p>	<p>5</p> <p>5</p>	<p>Verified by worker interviews and observation.</p> <p>Interview workers (0-5 points) Interview points are awarded based on the percentage of positive responses.</p> <p>Observations (0-5 points) On the observation tour, observe whether management is enforcing the use of safe work procedures, rules and work practices when there is a violation. Observation points are awarded based on the percentage of positive observations.</p>	<p>Interviews 100% Observation 100% = 100%</p> <p>Based on the interview responses management consistently and immediately addresses any concerns in a fair manner, but always reinforces SOP, rules and other administrative controls. The observation tour was conducted with the facilities manager, and he addressed any concern and checked a number of administrative controls during the tour.</p> <p>Many positive administrative practices were in place, especially related lifts, use of transfer belts, hand washing, SOP, PPE and lockout controls on mechanical devices. Very well done and enforced.</p>

3.7	<p>Is the required PPE available?</p> <p>(10 points)</p>	10	<p>Verified by observation and worker interviews.</p> <p>Auditor must observe that the PPE identified in the hazard control document (refer to question 3.1) is readily available for employee use.</p> <p>Points are awarded based on at least 90% positive indicators using any combination of observation and interviews.</p>	<p>Interviews 100% Observation 100% = 100%:</p> <p>In reviewing the SOPs and controls noted in the JHA matrix, PPE on the floors, in the pandemic rooms and specialized PPE, it appears all required PPE was in place</p>
3.8	<p>Where Personal Protective Equipment (PPE) is used as a method of control, are employees trained in the use, care and maintenance of the protective equipment?</p> <p>(0-15 points)</p>	5 10	<p>Verified by observation and employee interviews.</p> <p>Interview (0-5 points) Interview points are awarded based on the percentage of positive responses indicating that training was provided.</p> <p>Observation (0-10 points) Observation points are awarded based on the percentage of positive observations confirming that PPE is used, cared for and maintained properly and as instructed.</p>	<p>Interviews 100% Observation 100% = 100%:</p> <p>Employee who were interviewed felt ongoing training, in-services and ongoing assessment on the floors addressed employee training on the care, use and maintenance of PPE. Marks were not deducted for the contractor's misuse of PPE as this was addressed by both FLCS management and Aramark management, and N95 masks have not been deemed "necessary" for the current work environment, therefore, not a requirement for all staff.</p>

4. Ongoing Inspections

Questions		Score	Instructions	Notes
4.1	<p>Is there a formal written process that includes frequency of formal inspections by:</p> <p>a. Managers? (5 points)</p> <p>b. Supervisors? (5 points)</p> <p>c. Worker participation? (5 points)</p>	<p>5</p> <p>5</p> <p>5</p>	<p>Verified by review of documentation.</p> <p>Process could be in the form of a policy, plan, procedures, etc.</p> <p>Frequency is established by the employer based on the health and safety hazards.</p> <p>Inspections should be done on a regular basis to cover all work areas at least annually</p>	<p>Documentation 100%: (P#04-001whs,maintenance spreadsheet, job descriptions)</p> <p>A formal written process has been developed identifying management's involvement in each of the seven inspections per year based on the developed schedule. Supervisors are part of the scheduled formal inspections seven times a year, plus perform monthly and daily inspections of their work environments, workers as assigned as required or if they are part of the JWHSC.</p>
4.2	<p>Are formal health and safety inspections carried out in accordance with the process by:</p> <p>a. Managers? (5 points)</p> <p>b. Supervisors? (5 points)</p>	<p>5</p> <p>5</p>	<p>Verified by review of documentation (e.g. inspection records), and by management and supervisor interviews. Must also verify the frequency of inspection is being followed (reference question 4.1).</p> <p>Formal documentation must exist to award points.</p> <p>Verify through interviews that inspections are carried out by the individuals, and at the frequency indicated in the documentation. At least 70% of those interviewed must confirm that the process is followed.</p> <p>Depending on size or nature of the organization, there may not be managers or supervisors. In either case, one of these categories may not be applicable (n/a).</p>	<p>Documentation 100%, Interviews 100% = 100% (P#04-001, completed inspection forms, JWHSC minutes, maintenance records)</p> <p>Managers and supervisors were interviewed, with unanimous response of ongoing involvement both formally and informal.</p> <p>The reviewed documentation supported formal inspections are completed by Unit on a rotating basis over a seven month schedule, with management and supervisor involvement.</p> <p>The overall process is well known, followed and documented. Managers and supervisors take personal accountability to ensure formal facility inspections are completed, daily and monthly inspections based on equipment, tasks and security needs are met. Very well done.</p>

Questions		Score	Instructions	Notes
4.3	Are workers involved in the inspections? (15 points)	15	<p>Verified by worker and supervisor interviews.</p> <p>There must be evidence of worker involvement in inspections to award points (e.g. doing inspections).</p> <p>At least 70% of those interviewed at each site must be aware of worker involvement. Not all workers need to be involved.</p>	<p>Interviews 100%:</p> <p>Supervisors and workers indicated workers have an active role and responsibility to ensure workers are engaged both formally and informally based on assigned tasks, participation in the JWHs and work site requirements. Workers felt a sense of responsibility for inspections as it relates to resident safety and everyone's overall health and wellbeing.</p>
4.4	Are the individuals designated to conduct formal inspections given appropriate training? (0-10 points)	5 5	<p>Verified by documentation and employee interviews.</p> <p>Documentation review (0-5 points) Review training records to verify training is appropriate. Points are awarded based on the percentage of individuals who have received the appropriate training.</p> <p>Interview workers (0-5 points) Interview designated individuals to confirm they have received the appropriate training. Interview points are awarded based on the percentage of positive responses.</p>	<p>Documentation 100%, Interviews 100% = 100% (HR employee certifications and in-service records)</p> <p>Based on the current certification of the JWHSC and other key positions sufficient formal training and certifications is in place. , appropriate training is in place at all three facilities.</p> <p>Internal training, along with formal training through CCSA was noted in the in-service and training records.</p>

Questions		Score	Instructions	Notes
4.5	<p>Is a site/operation specific checklist used for the inspection?</p> <p>(0-10 points)</p>	10	<p>Verified by review of documentation (e.g. inspection reports).</p> <p>A site specific inspection checklist must be in place at all operational sites/areas (could be work sites, departments, operations, etc.)</p> <p>Points are awarded based on the percentage of operational sites/areas using the checklist.</p>	<p>Documentation 100% (site inspection form):</p> <p>There is a site specific checklist used reflective of both FLCC and PCC, which captures the physical environment, lifts, lights and other emergency response equipment such as fire extinguishers, first aid kit and ERP box. Maintenance has an additional checklist which is managed for the overall physical plant, emergency generator and certification process of mechanical equipment and fire suppression systems.</p>
4.6	<p>Are inspection reports reviewed and signed off by management?</p> <p>(5 points)</p>	5	<p>Verified by review of inspection reports.</p> <p>The report must be signed off by the manager, at least one level above the supervisor responsible for the area.</p> <p>Points are awarded if at least 90% of inspection reports reviewed and signed off by management.</p>	<p>Documentation 100%:</p> <p>Based on the completed inspection reports, all had been reviewed and signed off by management, and further reviewed by the JWHSC to ensure items were addressed.</p>

Questions	Score	Instructions	Notes
<p>4.7 Are deficiencies identified in the inspection report corrected in a timely manner?</p> <p>(0-15 points)</p>	<p>5</p> <p>5</p> <p>5</p>	<p>Verified by review of documentation, employee interviews, and observation.</p> <p>Points are awarded based on the percentage of deficiencies corrected.</p> <p>Documentation review (0-5 points) Documentation should include a timeframe for correction (that is as soon as practical) and who is responsible. Verification that work was completed (e.g. work orders, purchase orders, memos, etc.) should also be available.</p> <p>Interview workers (0-5 points) Interview management, supervisors and workers to verify corrective action is done for those actions that cannot be observed, and determine whether corrective action is completed in a timely manner.</p> <p>Observations (0-5 points) On the observation tour, observe whether deficiencies identified in the documentation have been corrected.</p>	<p>Interviews 91% Documentation 94% Observation 97% = 94%</p> <p>Many of the maintenance records, incident reports, minutes from the JWHSC were reviewed and the majority of items were addressed immediately, or if there was going to be a delay, good documentation to support the reason. The noted deficiencies which appeared several times was the emergency door in PCC being proper open and unalarmed, the front door magnetic release and external intercom.</p> <p>Employees felt the critical or major items were fixed immediately and recognized the maintenance staff as being very responsive. The items which were noted as taking longer to address appeared to be minor in nature, often verbally reported rather than through the established process or based on older equipment such as portable lifts. The observation tour was conducted utilizing the action plan, inspection lists and noted items which were noted as completed or in progress. There remained several items outstanding such as the wander-guard sensor, front doors at PCC and the emergency generator at FLCC.</p> <p><i>Review how identified deficiencies are tracked, how is accountable in reviewing / evaluating the completed projects and if there is a mechanism to track the overall process from reporting, addressing and completing the overall task / deficiency. If there needs to be changes within the process, address it through a change in the reporting system, otherwise, ensure there is timely response to the noted deficiency and make sure it is documented</i></p>

<p>5.1</p>	<p>Is there a process in place to ensure employees have the qualifications and training to perform their jobs in a healthy and safe manner?</p> <p>(15 points)</p>	<p>15</p>	<p>Verified by review of documentation (e.g. training records, application forms, hiring records and employee records) and employee interviews.</p> <p>Documentation must exist to verify a process is in place (can include things like degrees, diplomas, certificates, trade certificates, apprenticeship program diplomas, etc.).</p> <p>Interviews should confirm that qualifications and training are reviewed as part of the hiring process, and are felt by workers to be appropriate for the job.</p> <p>Points are awarded based on at least 70% positive indicators using any combination of documentation and interview results.</p>	<p>Documentation 100% Interviews: 100% = 100% (P#05-001.ohs 02-003hr,02-004hr 02-007hr,02-012hr,02-030nsg 06-003hr)</p> <p>FLCS has a well developed process to ensure employees have the qualification and training to perform their jobs in a safe, healthy and informed manner. The processes includes: Overall recruitment, guidelines for recruitment and hiring, credentials for scope of work and professional designation, orientation and assessment, ongoing in-services and competency evaluation based on assigned tasks noted in their job descriptions.</p> <p>Each employee interviewed indicated they had to produce their certifications, diplomas, degrees based on their position, with reference, buddy shifts and skills assessments based on position.</p> <p>The Human Resource management team have developed a very comprehensive process to ensure employees have the qualifications and training to not only perform their jobs, but have added additional screen processes such as criminal record checks, buddy shifts for skill assessment and ongoing tracking of mandatory certifications and in-services. Very well done.</p>
------------	---	-----------	--	--

<p>5.2</p>	<p>Are critical health and safety issues addressed before the employee starts his/her normal job responsibilities?</p> <p>(0-15 points)</p>	<p>5 9</p>	<p>Verified by reviewing orientation documentation and by employee interviews.</p> <p>Critical issues must include:</p> <ul style="list-style-type: none"> • Organization Rules/Enforcement • Right to Refuse Unsafe Work • Emergency Response • Incident Notification • Critical Hazards <p>Score: 0-5 points for documentation 0-10 points for interviews</p> <p>Points are awarded based on the percentage of positive indicators.</p>	<p>Documentation 93%, Interviews: 90% = 92% (P# 05-006hr, HR employee files)</p> <p>In reviewing the orientation syllabus, employee records, HR and staff training P#04:010hr policies / practices based on job positions each supported examples of how critical health and safety information is addressed before employees start their normal job responsibilities This includes: orientation documentation, in-service forms with employee's signatures, rules, right to refuse, emergency response, incident reporting and what critical hazards exist in their work environment.</p> <p>Based on the interview responses the majority of employees felt critical health and safety issues were addressed before they started they normal job responsibilities and was further supported by buddy shifts. Of the few employees that did not feel an orientation to critical information occurred prior to stating their positions related to "rushed hiring" and transfer from FLCC to PCC.</p> <p>It appears the slight gap in orientation to critical health and safety information was an unusual occurrence and not typical of the on-boarding and education of new employees. However, this is something which is critical to address and to follow up on with employees who may have missed receiving this information as part of the intake process. Review your existing records to ensure this is covered.</p> <p>Overall there is an excellent process on how and when critical information is addressed during an employee's orientation. There is also a mentor system in place to support learning, evaluation and competency. Well done.</p>
------------	--	----------------	---	---

<p>5.3</p>	<p>Is the new employee orientation completed within the first week of employment?</p> <p>(0-15 points)</p>	<p>5 9</p>	<p>Verified by reviewing records and interviewing employees.</p> <p>Look for orientation documentation.</p> <p>Score: 0-5 points for documentation 0-10 points for interviews</p> <p>Points are awarded based on the percentage of positive indicators.</p>	<p>Documentation 96%, Interviews 91% = 94% (P# 02-012, in-service records / schedule / orientations, employee HR files)</p> <p>The orientation, in-service and existing health, safety policies, procedures and practices support employee's orientation are completed within the first week of employment, with additional general orientations and buddy shifts being added based on work schedule and in-service syllabus.</p> <p>In reviewing the documentation there were some lagging indicators notes around missed orientations which were related to the commissioning of PC, changes in management and times of staff shortages. In most cases this was addressed in the past year, with orientations provided within the month of hire</p>
<p>5.4</p>	<p>Does the new employee orientation cover employer's health and safety policies and procedures?</p> <p>(10 points)</p>	<p>10</p>	<p>Verified by reviewing documentation and employee interviews.</p> <p>Documentation includes orientation records and orientation contents. Interviews should support that the material is covered. Points are awarded for at least 70% of positive indicators using any combination of documentation and interview results.</p>	<p>Documentation 100%, Interviews 100 - 100% (P# 02-012 / 06-003 orientation, in-service records HR employee files)</p> <p>Orientation records are kept in the employee's HR file, and a HR spreadsheet reflective of both sites. In all cases detailed information is noted based on the key and critical information which is included in an employee Handbook. Employee who were interviewed confirmed health, safety and wellness information was shared during the new employee orientation and reviewed once they were in their assigned position which included, PPE, mandatory in-services, certifications, procedures, policies and best work practices.</p> <p>Employees identified ongoing in-services and peer-to-peer training, buddy shifts and support from the JWHSC and senior management.</p>

<p>5.5</p>	<p>Do employees receive the job specific training required to perform their jobs/assignments in a healthy and safe manner?</p> <p>(0-15 points)</p>	<p>5</p> <p>10</p>	<p>Verified by reviewing training program / training records and employee interviews.</p> <p>Job specific training could include working with a competent person until competency can be demonstrated (e.g. buddy system).</p> <p>Points are awarded based on percentage positive indicators. Both health and safety issues must be dealt with to obtain full points.</p> <p>Documentation review (0-5 points) Examples of job specific training include training on safe work procedures, PPE, ergonomics, use of equipment, WHMIS, first aid, defensive driving, TDG, etc. One way of doing this is to look for a match between job descriptions and training received.</p> <p>Interviews (0-10 points) Interviews should confirm whether the training received is appropriate for workers to perform their jobs/assignments in a healthy and safe manner.</p>	<p>Documentation 100%, Interviews 100% = 100%: (in-service records, orientation syllabus and job specific task training records)</p> <p>Reviewing a sampling from each of the 32 jobs identified, there were a number of validation processes in place to support job specific training is completed to ensure employees receive training required to perform their jobs and assigned tasks in safe and healthy manner. Examples include: first aid, WHMIS, use of lifts, medication administration, use of PPE and isolation procedures. Based on the spreadsheet of in-services and mandatory training, it appears FLCS allocates significant resources to provide professional and personal development at all levels to ensure the employee's personal safety and ongoing efforts to reduce and / or eliminate hazards.</p> <p>Of the employees who were interviewed all felt there were many opportunities to access training and increased awareness of hazards and BWP as it related to their jobs and tasks. They indicated ongoing evaluation, in-services and peer-to-peer support were both effective and positive</p> <p>Staff identified peer-to-peer assessment and mentoring roles as one of the best ways to ensure they had the knowledge, competency and training to do their jobs. Well done at all levels of the organization.</p>
------------	--	--------------------	---	--

<p>5.6</p>	<p>Is on-going training provided as required?</p> <p>(0-15 points)</p>	<p>5</p> <p>10</p>	<p>Verified by reviewing documentation and employee interviews.</p> <p>An organization may choose to set timelines for ongoing training on some of these subjects, or as legislated.</p> <p>Points are awarded based on the percentage of positive indicators.</p> <p>Documentation review (0-5 points) Documentation must show on-going training, refreshers and recertification in job-specific training (e.g. skills upgrading, WHMIS, first aid, defensive driving, TDG, maintenance procedures, respiratory protection, etc.)</p> <p>Interviews (0-10 points) Interviews should verify that on-going training is provided.</p>	<p>Documentation 100%, Interviews 100% = 100% (in-service records HR spreadsheet)</p> <p>FLCC Education department has a comprehensive training syllabus related to mandatory and optional training / in-service opportunities to meet the professional and personal development of employees. Examples of courses and certifications reviewed include: CPR, Health and Safety, Inspection and Investigation training through CCSA. Specific to the maintenance department fall protection, confined space and working from heights were examples of job specific training.</p> <p>All employees who were interviewed confirmed they had many opportunities to participate in ongoing training, education, wellness programs and skill development on an ongoing basis, including options based on their shifts. Resident care, medication, PPE and resident behaviour response were examples provide for recent training specific to resident care.</p> <p>There are many positive indicators in place to support ongoing training as required based on leading and lagging indicators. For example, in October of 2017, the Education Department hired an external contractor to deliver training and information on managing residents with aggression and behavioural challenges based on persons in care on continuing care work environments. This was as a direct result of increased incidents occurring and increased reporting to the employer.</p> <p>Though no deficiency was noted, ensure WHMIS is reflective of the GHS 2015, work place specific and has an annual review process in place based on the controlled product on site.</p>
------------	---	--------------------	--	---

5.7	<p>When employees are transferred or assigned new tasks, do they receive job specific training?</p> <p>(0-15 points)</p>	<p>5 10</p>	<p>Verified by reviewing training records and interviewing employees.</p> <p>Job specific training could include working with a competent person until competency can be demonstrated.</p> <p>Score: 5 points for documentation 0-10 points for interviews</p> <p>Points are awarded based on the percentage of positive indicators.</p>	<p>Documentation 100%, Interviews 100% = 100% (HR files, In-service, job orientation records and competency assessment)</p> <p>Based on the documentation reviewed and job task assessments there is evidence to support ongoing training, assessment, competency evaluation and supervision is in place if the job, equipment, task or work environment changes. Examples included: in-services from the manufacturer of lifts, specialized equipment such as fall arrest, when PCC opened in December of 2015 in-services were longer and included additional training on the equipment and overall processes including job coaching and senior management's involvement.</p> <p>Employees stated in the interviews they had received additional training if the scope of work of their positions changed, in-services were always provided prior to new equipment being implemented</p> <p>In-depth documentation is captured by the HR and Education Department, with records tracked on an internal spreadsheet which tracks and confirms all training, in-services and certifications. Well done.</p>
Total Points Possible: 100		98		
Audit Score				
<p>Total points possible: <u>100</u> - Points not applicable (N/A) <u>0</u> = Total points <u>100</u></p> <p>Total Points scored = <u>98</u></p> <p>(divided by) _____ X 100 = FINAL SCORE <u>98 %</u></p> <p>Total points = <u>100</u></p>				



6.1	<p>a. Is there a written emergency response plan for each work site appropriate to the hazards at the site?</p> <p style="text-align: center;">(0-15 points)</p> <p>b. Does the plan include:</p> <ul style="list-style-type: none"> • Communication procedures? (0-5 points) • Emergency phone numbers? (0-5 points) • List of responsible emergency response personnel? (0-5 points) • Evacuation procedures? (0-5 points) 	<p style="text-align: center;">15</p> <p style="text-align: center;">5</p> <p style="text-align: center;">5</p> <p style="text-align: center;">5</p> <p style="text-align: center;">5</p>	<p>Verified by review of emergency response plans for each work site. On mobile sites, plans may be kept in vehicles.</p> <p>Emergency response is taking immediate action to deal with injuries, fires, motor vehicle accidents, bomb scares, chemical spills, explosions, etc.</p> <p>a. Review the plan and award points by percentage of plan completion.</p> <p>b. Each piece of supporting information needs to be evaluated for completeness. Award points based on the positive indicators.</p>	<p>Documentation 100% (P# 06-001ohs / AHS ERP / site plans and competency training / certifications)</p> <p>In reviewing the existing plans for FLCC and PCC, the ERP is current and inclusive of communication procedures including AHS colour codes, emergency phone numbers (internal and external), a list of emergency personnel (inclusive of all levels of FLCS) and evacuation procedures (local, floor, wing and full facility evacuation).</p> <p>Within the plan, well defined communication procedures are in place specific to the public address systems, processes to announce the colour of the code and when the "all clear" is given, social media, assigned media personnel and who can speak on behalf of FLCS in the event of an emergency. Phone numbers, cell numbers for all senior management and maintenance are available at all nursing stations, external numbers such as AB Government departments, City of Calgary utilities were in place. Evacuation procedures were outlined in the training and site schematics including the identified staged processes that included schematics for both sites.</p> <p>The emergency response plan, information and existing process has been well communicated and implemented through orientations and ongoing drills and in-services. Excellent documentation, signage, reference and access to the ERP codes on name tags and scene command responsibilities were part of the SOP and job descriptions.</p>
-----	---	---	--	---

6.2	<p>Do employees at the site understand their responsibilities under the plan?</p> <p>(20 points)</p>	20	<p>Verified by interviewing employees at the site.</p> <p>Requires at least a general understanding of emergency response.</p> <p>Points are awarded based on at least 90% of positive responses from interviews.</p>	<p>Interviews 100%:</p> <p>Each of the employees interviewed were able to provide examples of their understanding of assigned roles and responsibilities based on the colour codes and position they held within the various departments at both sites.</p>
6.3	<p>Are employees given emergency response training appropriate to their individual responsibility?</p> <p>(0-10 points)</p>	8	<p>Verified by employee interviews.</p> <p>Deals with specific training required to implement the emergency response plan on site.</p> <p>Points are awarded based on the percentage of positive responses from interviews.</p>	<p>Interviews 82%:</p> <p>The majority of employees provided examples of first aid training, WHMIS, fire extinguisher awareness and evacuation procedures as some of the assigned responsibilities, however, a percentage of those interviewed knew the fire procedures very well, but were less certain for items such as violence, hostage, bomb or environmental emergencies.</p> <p>Continue to review, evaluate and train employees specific to the needs, assigned roles and developed ERP procedures. The current practice of code of the month is excellent, just ensure it is covered on all shifts and provided with sufficient information and training to support the assigned individual role.</p> <p>A really strength noted during the interviews was the access to the colour codes on their name tags, some of the tabletop and actual events, and drills conducted in the past several years. Really well done, including the use of visual aids, vest and assigned roles.</p>

<p>6.4</p>	<p>Are emergency response drills conducted annually or more often, as required?</p> <p>(10 points)</p>	<p>10</p>	<p>Verified by review of documentation. If no documentation exists, interview employees.</p> <p>Deals with planned drills, not an actual response. For example, an emergency response drill could include a full blown implementation of the emergency response plan, review of the emergency response plan at meetings, part of an operation, table-top review, practice drills, etc.</p> <p>Points are awarded if documentation indicates that at least 70% of sites are conducting drills or (if no documentation exists) by at least 70% of positive responses from interviews.</p>	<p>Documentation 100%, Interviews 91% = 96% (emergency response records, table top drills, incident forms, investigation, in-service reports)</p> <p>FLCS conducts the mandatory monthly fire drills at both FLCC and PCC with audible alarms on day and evening shifts and silent alarms on nights. In addition to fire drills, monthly "code of the month" drills completed during the in-services with minutes being posted and shared during shift reports. The JWHSC are part of the drill process.</p> <p>Most of the employees interviewed confirmed monthly fire drills are conducted on all shifts, with a variety of other drills or tabletop exercises, but were not sure about other types of drills.</p> <p><i>The awareness and processes associated with fire drills were well documented and supported during the interviews, however, few of any other drills are conducted to validate understanding, overall processes and competency with assigned role. It is recommended additional and different drills be conducted to improve understanding of roles and responsibilities and competency with all types of emergencies. Ensure documentation and evaluation are part of the drill processes.</i></p>
<p>6.5</p>	<p>Are emergency response records kept?</p> <p>(5 points)</p>	<p>5</p>	<p>Verified by review of emergency response records (e.g. First Aid Record Book).</p> <p>This question cannot be marked as "n/a". In the absence of an actual emergency response, employers should at least have records of emergency response drills.</p>	<p>Documentation 100% (incident and WCB reports, shift reports, JWHSC minutes)</p> <p>Completed forms, reports and internal drills were assessed and in place at both FLCC and PCC based on documentation reviewed from 2015 - 2017.</p>

6.6	<p>Are all records of emergency responses, including drills, reviewed to correct deficiencies?</p> <p>(10 points)</p>	10	<p>Verified by review of documentation</p> <p>This question cannot be marked as “n/a”. In the absence of an actual emergency response, employers should at least have records of emergency response drills.</p>	<p>Documentation 100%: (completed drills, JWHSC minutes, incident / inspection / WCB reports)</p> <p>Records appear to be complete based on actual events, drills, reported incidents and near miss reports. In reviewing the documentation it appears several processes are used, including the site specific management team, JWHSC and senior management to review and correct deficiencies or to validate existing controls.</p> <p>Full marks have been awarded based on the existing processes and review, however, there are some noted weakness within the overall ERP, drills and evaluation processes as only fire drills are consistently practices based on evacuation processes. To strengthen your overall plan and ability to respond competently and effectively, consider practicing different types of drills such as bomb or hostage drills, environmental or injury events. This will strengthen employee's understanding, confidence and ability to meet the assigned role in a more efficient and effective manner. Make sure to document, review and communicate any changes and results based on the outcomes noted.</p>
6.7	<p>Is the appropriate number of employees trained in first aid, as required by legislation?</p> <p>(10 points)</p>	10	<p>Verified by review of documentation</p> <p>Check legislation and review first aid certificates. To award points, the auditor must verify that legislated first aid requirements have been met across all shifts.</p>	<p>Documentation 100%: (HR spreadsheet of employee's training certifications and records)</p> <p>Comparing the training records, certificates, professional designations to the AB OHS Schedule Two requirements it supports sufficient personnel are trained in first aid in each facility. In addition to meeting or exceeding the minimum number of first aiders, additional staff are trained in CPR/AED based on professional designations and ongoing competency requirements of their license</p>

6.8	Do first aid supplies and facilities meet legislated requirements? (10 points)	10	Verified by observation. Check supplies and facilities against first aid regulation. To award points, the auditor must verify that legislated first aid requirements have been met at all visited sites and facilities.	Observation 100%: First aid supplies met the legislation requirements and were kept at the nurse's station at all the facilities. In addition to these larger kits and emergency response kits, there were AB OHS #2 kits noted in the kitchen and maintenance areas. All were current and met regulatory requirements.
Total Points Possible: 110		108		
Audit Score				
<p>Total points possible: <u>110</u> - Points not applicable (N/A) <u>0</u> = Total points <u>110</u></p> <p>Total Points scored = <u>108</u> (divided by) _____ X 100 = FINAL SCORE <u>98 %</u></p> <p>Total points = <u>110</u></p>				

7.1	<p>Is there a written procedure that requires the reporting of occupational incidents and illness?</p> <p>(10 points)</p>	10	<p>Verified by review of documentation.</p> <p>Documentation should require the reporting of all types (i.e. incidents, illness) to award full points.</p>	<p>Documentation 100% (P# 07-001whs, AB OHS Legislation, WCB procedures)</p> <p>FLCS has developed a written procedures to provide information and guidelines specific to incident reporting of illnesses, near misses, injury, accidents and incidents. The policy applies to both FLCC and PCC and includes employees, residents, visitors, contractors and volunteers</p>
7.2	<p>Are employees aware of their responsibilities to report work-related incidents and illness?</p> <p>(0-10 points)</p>	10	<p>Verified by employee interviews.</p> <p>Interview points are awarded based on the percentage of positive responses.</p>	<p>Interviews 100%</p> <p>Based on the interview response employees indicated their awareness to report all work related incidents, near-misses, illness and accidents. Several felt near-misses were maybe a little under reported, but couldn't validate if it was actually the case.</p> <p>Full marks have been awarded based on the overall response from employees, however, based on their "feeling" some near-misses or minor incidents may not always be reported, make sure to review and discuss this during safety meetings, at the JWHSC, newsletters and in the management meetings for ways to communicate the importance of this and to increase methods of reporting. If changes are required, make sure to update the HSM, in-services and possibly the reporting process.</p>

7.3	<p>Is there a written procedure for investigating occupational incidents and illnesses?</p> <p>(15 points)</p>	15	<p>Verified by review of documentation.</p> <p>Documentation must require the investigation of all types (i.e. incidents, illnesses) to award full points.</p>	<p>Documentation 100%: (P# 07-001, CCSA course material and AB OHS Legislation)</p> <p>There is a written procedure which is applicable to all work sites within the FLCS, requiring the reporting all occupational incidents, near-misses, accidents and illnesses including time-frames, who to report to, critical information to be documented and accountability for follow-up.</p> <p>The JWHSC, HR and FLCC and PCC Educators have done an excellent job in streamlining, communicating and implementing the procedures, forms and follow-up process to ensure high compliance and understanding. Very well done.</p>
7.4	<p>Is there an investigation report form?</p> <p>(5 points)</p>	5	<p>Verified by review of documentation.</p> <p>The form must systematically record incident or occupational illness occurrence information, including the circumstances, causes, corrective actions and follow-up.</p>	<p>Documentation 100% (P# 07-002b.whs)</p> <p>The investigation form was revised in October 2017 which is located on the shared drive, at the nursing stations and in the orientation materials. The form requires an employee to provide a description of the event, who witnessed it, circumstances relating to the event, corrective actions, assigned personnel for follow-up and if control measures were in place and used as per the SOP and administrative controls</p>



7.5	Have the persons conducting investigations been trained in investigation techniques? (0-15 points)	15	Verified by review of documentation and employee interviews. Check training records of those persons required to conduct investigations, and interview them to confirm training received is appropriate to conduct investigations. If trained investigators are brought in, full points may be awarded. Proof must exist. Points are awarded based on the percentage of positive indicators using any combination of documentation and interview results.	Documentation 100, Interviews 100% = 100 % (HR training records, CCSA training certifications, in-services) Key personnel who have been formally trained in investigation techniques include the HR Director, JWHSC members and several other managers. Informal training has been completed through in-services, train-the-trainer and other CP courses. Copies of the certifications on the HR files and scanned to the training records kept on the shared drive. Employee identified members of the JWHSC, HR and senior management has the personnel who had the formal training in investigation techniques. Many also identified the informal training offered to all employees through the in-services so they understood the components, processes and rationale involved in the investigation procedures. There was a high compliance, involvement and understanding of who and what positions were trained in investigation techniques. In addition to the formal training, there is ongoing education through in-services, review of actual incidents and best work practices. Excellent attention to this item and overall training.
-----	--	----	---	--

7.6	<p>Are workers involved in the investigation process?</p> <p>(0-10 points)</p>	5 5	<p>Verified by review of investigation documentation and employee interviews.</p> <p>There must be evidence of worker involvement in investigation to score points. Involvement should include more than the injured worker or witnesses.</p> <p>Score: 0-5 points for documentation 0-5 points for interviews</p> <p>Points are awarded based on the percentage of positive indicators.</p>	<p>Documentation 100%, Interviews 100% = 100%: (Incident investigations, JWHSC minutes, memos and WCB reports, shared drive analytics).</p> <p>All incident reports are collected by the HR office from both FLCC and PCC, with numerous positive indicators workers are actively involved in the investigation process as required and needed. Reviewing a number of the completed reports it supported workers participated in completing the written reports, information provided, suggestions for improvement and validation of what controls were in place. Additionally, modified work offers, doctor notes and fit to return to duty information was in place.</p> <p>Employees who were interviewed described their involvement as: completing the incident report, suggesting ways to prevent recurrence and to review the SOPs and providing their thoughts on ways to prevent recurrence. .</p> <p>The existing spreadsheets utilized by the HR department, documentation, JWHSC minutes and employee engagement noted on the incident investigation reports supports a positive culture and inclusion of information gathering and not fault finding is in place. Continue to review, analysis and evaluate all reports and ensure the workers who were involved in the incident are also involved in the investigation process even with the minor or near miss events.</p>
-----	---	------------	---	--



7.7	Do investigations focus on: <ul style="list-style-type: none">Identifying root causes? (0-10 points)Recommending corrective action? (0-10 points)	10 10	Verified by reviewing completed investigation report forms. Points are awarded based on the percentage of reviewed investigation reports that focus on identifying root causes and recommending corrective action.	Documentation 100%: (Incident reports, JWHS and leadership meeting minutes) The completed investigation reports have a number of areas where information is collected and analyzed, including root cause, recommendations for corrective action and if controls were used correctly. Examples include: proper use of lifts and procedures, hand washing, PPE, use of engineered and administrative controls related to incidents with lifts, inappropriate or non-use of PPE or following developed SOPs. Of the reviewed incident reports all had identified root causes and recommendations for corrective action. Based on the completed reports and recommendations provided, there appears to be a consistent process with a standardized application to the investigation with a plausible root causes and reasonable recommendations to prevent recurrence.
-----	--	--------------	--	--

<p>7.8</p>	<p>Are supervisors held responsible and accountable for the investigation process?</p> <p>(0-10 points)</p>	<p>5 5</p>	<p>Verified by review of investigation documentation and by employee interviews.</p> <p>Score: 0-5 points for documentation 0-5 points for interviews</p> <p>Points are awarded based on the percentage of positive indicators.</p>	<p>Documentation 100%, Interviews 100% = 100% (P# 05-006hr, completed Reports and Action Plan)</p> <p>Within the developed job descriptions, investigation procedures and JWHSC processes, it clearly identifies supervisors and / or the most senior person on shift as being accountable and responsible to ensure an investigation takes place. This was validated by reviewing the completed reports and items documented in the communication book.</p> <p>Employees indicated RNs (supervisor level) are responsible to ensure a report is filled out and that an investigation occurs based on the level of incident and process. In some cases, the investigation process will be conducted by management or HR depending on the incident.</p>
<p>7.9</p>	<p>Are investigation reports reviewed and signed off by management?</p> <p>(5 points)</p>	<p>5</p>	<p>Verified by reviewing completed investigation reports.</p> <p>The report must be signed off by the manager at least one level above the person responsible for the area.</p> <p>Points are awarded if at least 90% of investigation reports being reviewed and signed off by management.</p>	<p>Documentation 100%: (completed investigation reports, JWHSC minutes and memos)</p> <p>Of the reports reviewed as part of the audit, all had been reviewed and signed off by the CEO. In addition to the reports, management actively tracks, communicates and evaluates all incident reports through a developed spreadsheet which not only confirms management review but the expected outcomes.</p> <p>Senior management holds themselves accountable for the review and validation of all completed investigations and recommended improvements. This was noted in the Board, JWHSC and Leadership meeting minutes, with appropriate signatures</p>

7.10	<p>Are completed investigation reports / results shared with employees?</p> <p>(0-10 points)</p>	<p>5</p> <p>5</p>	<p>Verified by reviewing documentation and employee interviews.</p> <p>Documentation could be health and safety meeting minutes, investigation reports posted on bulletin boards, notes on investigation reports. Results shared should not contain personal information pertaining to the affected parties.</p> <p>Score: 0-5 points for documentation 0-5 points for interviews</p> <p>Points are awarded based on the percentage of positive indicators.</p>	<p>Documentation 100%, Interviews 100% = 100% (memos, JWHS, Leadership and shift meeting minutes, completed forms from investigations)</p> <p>The most commonly used methods to communicate the outcomes of investigations include: posting memos on the OHS bulletin boards, in-services, emails, one-on-one meetings and JWHS / Union meeting minutes.</p> <p>Of the employees interviewed, all felt appropriate information was shared with employees to increase their awareness of the outcomes, changes or to reinforce existing controls to prevent recurrence and to ensure a clear understanding of the processes, procedures and BWP.</p> <p>Overall many positive indicators and methods of sharing information was noted during the interview and documentation review. Many of the employees felt this was a positive, proactive and beneficial process and increased their awareness of hazards and how best to control them. Excellent job.</p>
------	---	-------------------	--	--

7.11	<p>Are corrective actions taken to prevent recurrence?</p> <p>(0-15 points)</p>	14	<p>Verified by interviewing employee and observing corrective action where applicable.</p> <p>Points are awarded based on the percentage of corrective actions implemented.</p>	<p>Interviews 89%, Observation 97% = 93%</p> <p>During the interviews employees shared critical items were always corrected, if it was equipment related extensive assessment was completed, but for some of the minor items, or "employee related / not paying attentions" some items weren't always addressed to prevent recurrence. The door issues at PCC had been identified several times, including homeless persons coming into the facility during weekends and nights, however some of the challenges remain. The ceiling lifts have also had some challenges, with the lift being marked as out of commission but no action taken to correct the deficiency.</p> <p><i>It is extremely important to not only identify deficiencies based on incidents, injury or damage, but to do so in a timely manner and to address the direct cause to prevent recurrence. This can be done by assessing, engineering, administrative and PPE controls and then validate all required training and communication processes are in place and being followed. If any changes are made to your HSM, ensure they are made and communicated to the JWHSC, management and those responsible to evaluate effectiveness of the changes / needs.</i></p>
Total Points Possible: 125		124		
Audit Score				
<p>Total points possible: <u>125</u> - Points not applicable (N/A) <u>0</u> = Total points <u>125</u></p> <p>Total Points scored = <u>124</u></p> <p>(divided by) <u>125</u> X 100 = FINAL SCORE <u>99 %</u></p> <p>Total points = <u>125</u></p>				



<p>8.1</p>	<p>Is there a system to ensure:</p> <p>a. Health and safety issues are communicated with employees? (15 points)</p> <p>b. Feedback on health and safety issues from employees? (15 points)</p> <p>c. Follow-up on health and safety issues? (15 points)</p>	<p>15</p> <p>15</p> <p>15</p>	<p>Verified through review of documentation and employee interviews (e.g. newsletter, records of safety meetings, records of toolbox meetings, bulletins, hazard identification and assessment records, suggestion boxes, etc.).</p> <p>a. Identify how employees are advised of health and safety issues, and confirm this is being done.</p> <p>b. Identify how employees are enabled to offer feedback on health and safety issues, and confirm employee awareness of the system.</p> <p>c. Identify how follow-up is done, and confirm that employees are aware of it.</p> <p>Points are awarded based on at least 70% positive indicators using any combination of documentation and interview results.</p>	<p>Documentation 100%, Interviews 100% = 100% (P# 08-001whs, memos, HR files, newsletters, were reviewed for documentation)</p> <p>FLCS' communication, health and safety process is defined into 9 distinct processes these included: Leadership meeting, posting the JWHSC minutes, brochures, orientations, newsletters, Town Hall meetings, memos / emails, education sessions and posting of relevant AB OHS legislative information.</p> <p>The reviewed documentation supports these processes are in place and used consistently to inform and communicate ongoing needs, successes and outcomes. Group and individual meetings are available to all employees to allow for feedback and to bring forward any concerns. In some of the employee HR files, notes were in place to support how employee's concerns and suggestions are listened to and supported. An action list is also in place to capture some of the items which can't be completed immediately.</p> <p>Interview responses from employees confirmed numerous processes, opportunities and timely systems to ensure information is shared, feedback is heard and action / follow-up occurs based on concerns, issues or feedback.</p> <p>Communication processes and various points of access were noted throughout the validation of this question. All employees felt listened to, valued and engaged with the health, safety and wellness program. They felt management did an excellent job in communicating and listening to the concerns and issues identified. Good job.</p>
------------	--	-------------------------------	---	---

<p>8.2</p>	<p>Does the employer have a system to control contractor health and safety?</p> <p>(0-5 points)</p>	<p>5</p>	<p>Verified by reviewing documentation and interviewing contractors.</p> <p>Documents could be minutes of toolbox, health and safety committee meetings, unit or team meetings, where applicable.</p> <p>If contractors are not utilized this question is not applicable.</p> <p>Points are awarded based on the percentage of positive indicators, using any combination of documentation and interview results.</p>	<p>Documentation 90%, Interviews 100% = 95% (P# 01-003a.whs, contractor agreements / handbook, FLHA forms, orientation)</p> <p>Overall FLCS has developed a good process to ensure contractors, contracted services and contracted employees have a clear understanding of the organization's health and safety's good compliance and attention to the developed system in place for contractors to sign-in, be accompanied by PPSL personnel and to read the OHS policies for use of PPE, SOPs and the ERP in place.</p> <p>However, FLHA forms are not utilized or requested and for long-term contractors or companies who know where they need to go there isn't always compliance or understanding of the existing procedures. This in turn creates some gaps in the system to ensure appropriate controls are in place to address contractor's health and safety.</p> <p>Based on interviews of the contractors, they identified either the site lead or maintenance department as their primary point of contact, but not all knew where they could access SOPs, ERP or other critical information.</p> <p>Many of the required processes are in place for an effective system to address, communicate and control health and safety BWP, but isn't always well documented. The Contractor Handbook is an excellent tool, it just needs to be referenced a bit more with the contractors and ensure there is a mechanism to address and communicate contractor's non-compliance and accountability.</p>
------------	--	----------	--	--

8.3	<p>Does management participate in the planned health and safety meetings?</p> <p>(5 points)</p>	5	<p>Verified by review of documentation.</p> <p>To award points there must be documented evidence of management participation.</p>	<p>Documentation 100% (JWHSC meeting minutes, Unit and management meeting agendas and attendance records.)</p> <p>Management is actively engaged in all planned health and safety meetings, including site specific and organizational wide meetings.</p>
8.4	<p>Are records of health and safety meetings kept?</p> <p>(10 points)</p>	10	<p>Verified by review of documentation.</p> <p>Records to review include attendance records, agendas, minutes, etc.</p>	<p>Documentation 100% (JWHSC meeting minutes, Unit and management meeting agendas and attendance records.)</p> <p>The existing documentation records who, when, where, what and required needs / outcomes in the various meeting minutes. There are a number of processes in place to address health and safety which include Unit, management and site specific meetings.</p> <p><i>The overall participation, documentation and action items are well documented, communicated and reviewed. Well done.</i></p>
8.5	<p>Are records pertaining to the organization's health and safety system kept for a minimum three-year period?</p> <p>(10 points)</p>	10	<p>Verified by review of documentation records (e.g. hazard assessment records, inspection reports, training records, investigation reports, etc.)</p> <p>If the employer's system has not been in place for 3 years, records should be available since the start up of the health and safety system. (If less than 1 year's worth of documentation is available for review, the auditor must make note of this.)</p>	<p>Documentation 100% (JHA matrix, inspection forms, training and in-service records, investigation reports and past audits and action plans)</p> <p>There is excellent documentation in place to support FLCS' dedication, attention and ongoing process in maintaining records related to their health and safety program. This exceeded the minimum of three years.</p>

<p>8.6</p>	<p>Are health and safety statistics maintained?</p> <p>(10 points)</p>	<p>10</p>	<p>Verified by review of documentation.</p> <p>Identify the type of statistics maintained by the employer (e.g. frequency rate, severity rate, cost per claim, audiometric stats, pulmonary stats, air quality, blood levels, first aid, etc.).</p> <p>If the employer's system has not been in place for 3 years, records should be available since start up of the health and safety system.</p>	<p>Documentation 100%</p> <p>FLCS has done a phenomenal job in identifying what needs to be tracked based on past lagging indicators then developed a number of systems to identify and address the leading indicators. Examples include more automated systems for the facility, AHS staffing levels and HR tracking for future placement. There are a number of baselines identified for noise, temperatures, WCB frequency of rates, types of injuries and any discernible trends, which are collected by the HR department and part of the Board Report information</p> <p>The overall process developed and implemented by senior management is both proactive, but also reflective of the many positive indicators directed towards the gathering and maintenance of statistics and measurement of the overall system and existing processes. Extremely well done.</p>
<p>8.7</p>	<p>Are records or statistics analyzed to identify trends and needs?</p> <p>(10 points)</p>	<p>10</p>	<p>Verified by review of documentation.</p> <p>Identify examples of the statistics being analyzed, and any trends/needs identified by the employer.</p>	<p>Documentation 100%</p> <p>The HR Director collects and analyzes all information related to health and safety statistics, WCB, repetitive injuries and overall BWP. Some lagging indicators tracked include: staffing trends, injuries, vacation and illness per employee / Unit, efficiencies noted within the various Units related to training cycles, certifications and overall length of service. Positive leading indicators include: The JWHSC review the JHA at least annually, spot audits on compliance to various controls are done monthly, comparison of root cause to implemented change of BWP are reviewed by management for effectiveness of training and compliance.</p>

<p>8.8</p> <p>(5 points)</p>	<p>Is the health and safety system evaluated at least annually through the use of an audit process?</p>	<p>5</p>	<p>Verified by review of previous audits.</p> <p>This could include internal or external audits.</p> <p>If this is the employer's first health and safety audit, this question is not applicable (n/a).</p>	<p>Documentation 100% (past audits)</p> <p>The past three years of audits were in place, with the 2016 reviewed for overall score, areas of strength and suggested improvements. Maintenance years are done internally by certified auditors trained through CCSA.</p>
<p>8.9</p> <p>(10 points)</p>	<p>Has an action plan been developed as a result of the previous audit?</p>	<p>10</p>	<p>Verified by review of previous audits.</p> <p>If this is the employer's first health and safety audit, this question is not applicable (n/a).</p>	<p>Documentation 100% (2016 Action Plan)</p> <p>An action plan was developed as a result of the 2016 internal maintenance audit. Items included the review and updating of the JHA matrix, performance reviews for employees and development of a JWHSC for both sites as just a few of the examples noted. In total there were 12 items identified of which 7 were completed, 2 in progress and 3 outstanding.</p>

8.10	<p>Has the action plan been implemented? (0-15 points)</p>	11	<p>Based on items in the action plan, verify implementation by observation, review of documentation, or employee interviews.</p> <p>Points are awarded based on the percentage of items in the action plan (refer to question 8.9) implemented to date.</p> <p>If this is the employer's first health and safety audit, this question is not applicable (n/a).</p>	<p>Observation 82%, Interviews 78%, Documentation 75% = 78% (2016 action plan, maintenance records, JWHSC minutes).</p> <p>Utilizing all three methods of assessment to determine if all 12 items identified in the 2016 action plan had been met determined three items were yet to be addressed, two were under development and seven items had been completed.</p> <p>Some of the successes noted was the development and implementation of the JWHSC for both sites, GHS updated training for controlled products, review of the JHA matrix. Some areas still outstanding include; employee performance evaluations, review / development of additional SOP specific to tasks and confined / restricted space protocols.</p> <p>Review the existing action plan and add any incomplete items to the 2017 action plan based on this year's audit and internal known deficiencies or identified goals. Make sure there are systems and processes in place to track and assign accountability, along with timelines and evaluation assessments.</p> <p>Overall very well done considering how very busy the past two years have been with the commissioning PCC and overall needs of the organizations and accreditation of services. Very well done.</p>
Total Points Possible: 125		121		

Audit Score			
Total points possible:	125	- Points not applicable (N/A) _____	= Total points 125
Total Points scored = (divided by)	121	X 100 = FINAL SCORE	97 %
Total points =	125		

Observation Report			
AUDIT QUESTION	WHAT TO LOOK FOR	LOCATION(S)	NOTES

Observation Report				
AUDIT QUESTION		WHAT TO LOOK FOR	LOCATION(S)	NOTES
1.3	Is the policy readily available to employees?	Health and safety policy may be posted on bulletin boards, in lunchrooms, reception areas, or may be accessible on computers or inside safety manuals that are readily available to employees.	PCC and FLCC facilities, HSM and online access, posted on the OHS Bulletin Boards.	FLCS has their governing health and safety policy was posted in several areas within their facilities including the OHS bulletin board, safety manual, orientation information and in-service documentation.
1.10	Is the relevant health and safety legislation readily available at work sites?	Copies of Occupational Health and Safety legislation (federal, provincial, municipal) appropriate to the operation of the work sites should be present on site. Some examples could be: <ul style="list-style-type: none"> • Occupational Health and Safety Act • General Safety Regulations • Chemical Hazards Regulations • First Aid Regulations • WHMIS • TDG 	Administration areas, on the computers and references throughout the safety manual / online.	Relevant AB OHS Legislation was noted in both PCC and FLCC with hard copies by the bulletin boards and administrative areas. GHS data sheets were in all areas where controlled products were stored, additional information for the physical plant were in their offices at both facilities.
3.1	Have hazard controls been identified and implemented: Engineering? Personal Protective Equipment (PPE)?	Engineering and personal protective equipment controls outlined in the hazard assessment documents must be observed. The engineering controls could be ventilation, guarding, substitution, isolation, noise control, etc. The personal protective equipment controls could be hard hats, steel-toed boots, gloves, respiratory masks, etc.	Noted in both facilities in key areas such as the kitchens, physical plant, lifts, security, laundry and resident living areas.	Engineering and administrative controls were in place and noted during the observation tour. PPE was also in place, with extra PPE available. Some controls were related to the front doors at PCC where not operating correctly, SOPs were not in place for all known job tasks and labels on some compressed gas cylinders were missing.

Observation Report

AUDIT QUESTION		WHAT TO LOOK FOR	LOCATION(S)	NOTES
3.3	Are employees using controls developed for identified health and safety hazards?	Auditor to physically observe employees using the engineering, administrative, and personal protective equipment controls identified and approved in the hazard assessment documents.	Both sites were toured with observation of workers using controls based on identified health and safety hazards.	Observation tours of FLCC and PCC supported good compliance with the appropriate use of controls for health and safety hazards. The use of transfer belts, lifts, isolation procedures, use of SOP and tag out procedures were observed.
3.5	Does management enforce the use of engineering controls?	Look for compliance with engineering control requirements (i.e. have safety guards been removed). Non-compliance may indicate non-enforcement. When there is non-compliance, note if management in the area responds and enforces the use of control.	Facility personnel were part of the observation tour and addressed / explained engineering controls as part of the enforcement process.	Management enforces all engineering controls and addressed several items almost immediately upon noticing them. During the tour the maintenance manger check a number of items and discussed a couple of points while on tour.
3.6	Does management enforce the use of safe work procedures, rules and work practices?	Look for compliance with safe work procedures, rules and work practices. Non-compliance may indicate non-enforcement. When there is non-compliance, note if management in the area responds and enforces use of control.	The tour of the facilities suggest SOPs are enforced, there were signs and prescribed PPE, Bulletin Boards in the staff areas and noted BWP in all resident care and physical plant areas.	Memos were posted on the OHS bulletin boards, memos in HR files, comments during the tour to staff and signed acknowledgements of the compliance policy.
3.7	Is the required PPE equipment available?	Auditor must observe that the PPE identified and approved in the hazard assessment document (refer to 3.1) is readily available for employee use.	Throughout both facilities on all Units, departments and physical plant.	Required PPE was in place at both facilities with extra items noted throughout including specialized PPE such as chemical gloves, transfer belts and fall protection to name a few items.

Observation Report				
AUDIT QUESTION		WHAT TO LOOK FOR	LOCATION(S)	NOTES
3.8	Where PPE is used as a method of control, are employees trained in the use, care and maintenance of the PPE?	PPE observed at the workplace should be clean, properly stored, in good condition, etc. Employees should be able to explain how each article of personal protective equipment is used and how it is maintained.	Training and in-service records, observation of the current use of PPE and overall management of prescribed PPE.	Based on the AB OHS legislation, AHS policies and FLCS BWP it appeared ongoing training and understanding of the use, care and maintenance of PPE was in place. Throughout the tour employees were observed using and discarding various forms of PPE.
3.9	Is the use of PPE enforced?	Look for compliance with PPE requirements. Non-compliance may indicate non-enforcement.	On tour throughout the facilities notes, signage and comments made during shift change and while on sites	During the tour, required PPE was in use and accessible. Examples include: isolation procedures, gloves, masks and hearing protection.
4.7	Are deficiencies identified in the inspection reports corrected in a timely manner?	Auditor selects items from past inspection checklists and physically observes the workplace to confirm the identified deficiencies have been corrected.	Maintenance Records, Management meeting minutes, Action List, invoices, communication log were used to compare what was done or still outstanding.	Overall it appears deficiencies are corrected in a timely manner based on the items identified in the inspection forms and what was observed during the tour. A couple of items such as emergency doors, exits and wander-guards remained an ongoing challenge and something which remained outstanding.
6.8	Do first aid supplies and facilities meet legislation requirements?	Check to see whether the first aid kit is clean, the right size and stocked appropriately, and that the log book is being used. Check to see whether the first aid room is clean and maintained.	Nursing station, maintenance office, kitchen and recreation.	First aid kits met Schedule 2 of the AB OHS legislation. In addition to the first aid kits, each facility had an emergency response kit.
7.11	Are corrective actions taken to prevent recurrence?	Auditor selects some approved corrective measures from the incident investigation reports and visually confirms they have been implemented.	Incident Reports, HR and JWHSC minutes were used to see if noted root causes or suggestions had been followed up on during the site tours.	There appears corrective action is taken to prevent recurrence of incidents based on items reviewed. Some minor items had some delay but overall corrective action appears to be taken to prevent recurrence.
8.10	Has the action plan been implemented?	Auditor must get the action plan from the previous audit and confirm implementation of the action items.	The 2016 audit, JWHSC minutes and management's goals and objectives based on their internal plan.	There were 12 items identified on the Action Plan from the 2016 audit. 7 were completed, 2 in progress and 3 outstanding.

