

Staff Handbook for Health and Safety
 (Previously the Health and Safety Policy and Procedures Manual)
This Policy Manual is kept in a RED BINDER and is posted on our web site.

*****Section Six of this manual is the Health and Safety Manual for the
 Pre-school Program. *****

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HEALTH AND SAFETY STATEMENT

Introductory Statements

The Kitimat Child Development Centre is vitally interested in the health and safety of those receiving services, our staff and visitors. Through cooperation and the full acceptance of the responsibility to consider health and safety in every activity, we will be able to make the Kitimat Child Development Centre a safe place to work and to receive our services.

Protection of employees from injury or occupational disease or stress is a major and continuing objective. All employees must be dedicated to the continuing objectives of reducing risk of injury.

PURPOSE

This manual provides policy and guidance regarding health, safety (including workplace violence) and a reference of accessible information that will be required in the event of an emergency.

Note: Workplace violence prevention is also covered in our Operations Policy and Procedure Manual 2.7.11

Policy #1

All employees of the Centre are required to follow the regulations set by the Kitimat Fire Department, British Columbia Fire Code, the KCDCA, WCB, Coast Mountain School District and the B.C. Child Care Regulations.

Policy #2

It is the policy of the Kitimat Child Development Centre Association to comply with legislative requirements and to make our place of work safe. We will strive to eliminate any foreseeable hazards or risk which might result in injuries, illnesses, fires, security loss, property damage or accidents.

This manual is available in hard copy for all employees in our central stationary room. It is an expectation that all staff regularly review our manuals. This manual is also on our web site.

Policy Implemented 2000
Revised June 2006
Revised Jan/Feb 2007 (minor edits only)

Section One

Policy #3

Employee Health (Previous policy was Health Requirements)
Policy

All employees must be in good health as determined by the requirements of their job. A pre-employment medical assessment may be requested as a condition of employment.

Procedures

Pre-employment fitness and disclosure of infectious diseases

A pre-employment health examination to determine physical fitness for employment may be requested. Any employee or prospective employee who has a medical condition, such as Hepatitis, Tuberculosis, AIDS, HIV or any other type of infectious disease that might be transmitted to another employee or client during the normal course of their duties must disclose to the employer that they have the disease. The employee or prospective employee is only required to disclose their medical condition if such a condition would cause a limitation to their fulfillment of a bona fide occupational requirement.

Disclosure is confidential to the direct supervisor of the employee and the Executive Director. A medical opinion on how the above noted diseases are transmitted and the risk to others may be requested. The information is kept in the employee's confidential personnel file.

Inoculations

In certain departments, preventative inoculations are an important safety measure for all staff members. These inoculations are provided by a physician or public health. If there is a cost for the inoculations the Centre will only cover pre-authorized costs.

It is recommended that all staff members be immunized against Diphtheria, Poliomyelitis, Measles and Rubella.

High-risk staff members will undergo testing for tuberculosis (TB) prior to employment and as required during employment, as prescribed by Provincial Regulation and employer policy. High risk is defined as those with compromised health status and exposure to TB.

Staff assigned to designated "high risk" areas will be offered a Hepatitis B vaccine. Any staff member who refuses to provide required health/medical confirmations will be subject to disciplinary action, up to and including dismissal. Pre-school and day care staff are encouraged with their licensing to have HePage B vaccines.

Health of those working in licensed pre-school or day care facilities.

Section 16 Article 1 of the Child Care Licensing Regulation and Article 11 Health of Staff states:

"(1) The licensee shall

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ensure that, before a person is employed in a facility, the person provides the licensee with the written opinion of a medical practitioner that the mental and physical health of the person is adequate for the job,

require each employee, as a condition of employment, to comply with the immunization program of the Ministry of Health and to participate in its tuberculosis control program, and keep records respecting each employee's compliance with the participation in the programs referred to in paragraph (b) and, on request, make the records available to the medical health officer*

(2) *In this section "employ" includes to use the services of a voluntary worker.*

(3) *If the licensee is a corporation and an officer or a director of that corporation works at the facility, subsection (1) applies to that officer or director as though the officer or director were an employee."*

An IMMUNIZATION RECORDS for CHILD AND HEALTH CARE WORKERS will be kept their personnel files.

Participation in the full British Columbia Immunization Program is recommended for all adults and children in BC. Licensing standards require that employees of licensed Child and Adult Care facilities provide documentation of their immunization status as a condition of employment. This information can be used in the event of an outbreak of a vaccine preventable disease in a facility. In order to protect both themselves and their vulnerable clients, employees are strongly encouraged to ensure their immunizations are up to date. Please review, complete and sign-off as noted below.

Tetanus/Diphtheria every 10 years.	Recommended for child and health care workers with a booster
Poliomyelitis	Recommended for child and health care workers, no booster required.
Measles/Mumps/Rubella	Recommended for child and health care workers born after 1957 - should have proof of two live measles. For those who have received one dose of measles, a second dose of vaccine is recommended. Those born before 1957 will likely have been infected naturally.
Varicella	Recommended for child and health care workers who do not have a reliable history of varicella disease or serologic evidence.
Hepatitis B	Recommended for health care staff working in community group homes for the developmentally disabled and only if they are exposed to blood or body fluids or may be at an increased risk of puncture injury or bites.
Annual Influenza	Recommended annually.
TB	Recommended only in Adult Care Facilities; please refer to Northern Health Tuberculosis Screening Policy for full information.

Policy F-3 Implemented 1996

Policy Revised June 2006

Policy Revised with more clarity on immunizations January 2007

INFECTIOUS and COMMUNICABLE DISEASE

Policy #4

1. The KCDCA will strive to provide a caring, supportive environment for clients, staff members or persons it serves with infectious diseases.
2. The Kitimat Child Development Centre Association will not discriminate against those with infectious or communicable diseases. Staff members and persons served by the Centre may not legally be denied access to services or terminated from their positions for having one of these medical conditions. See Health and Safety policy #2 procedure regarding disclosure of infectious diseases.

Procedures

All staff members must observe general rules of hygiene and maintain a high level of personal cleanliness. All staff members must follow the Universal Precautions. These precautions are posted throughout the building. Copies of information on infectious diseases are in the appendix of this manual and more information is available on the Northern Health Authority Health and Safety web site

Any incidences of communicable diseases are to be reported to the employee's immediate Program Managers or the Executive Director.

Staff members or potential employees who have an infectious disease that is transmitted through the exchange of bodily fluids are required to disclose this information to the employer if the employee is asked to work with a child who has a pattern of unexpectedly biting caregivers. There are certain reportable infectious diseases, for example Hepatitis B, that must be reported to our local health authority. This is to help prevent the acquisition and transmission of disease and the follow up treatment required. (for example immunizations), shall be carried out with the maximum respect possible pertaining to the privacy and dignity of person.

Please see Operations Policy and Procedure Manual 2.3.2, 2.4.1 and 2.4.2 regarding hiring practices and our affirmative action statement.

Infection Control Procedures

Proper precautions must be taken with all blood and body fluids, and they must be handles as if they are infectious. Potentially infectious body fluids include blood, feces, saliva, vomitus, semen, nasal and vaginal secretions.

The following is a summary of infectious diseases and procedures to follow. For more information see the article "Steps for Protection against Germs and Disease." Ministry of Health Services, BC Health Files Number 29 June 2005 at www.bchealthguide.org/healthfiles.

All human blood and human body fluids are potentially infectious for Human Immunodeficiency Virus (HIV), Hepatitis B and C and other blood borne pathogens.

Although SARS, AIDS and Hepatitis B are the diseases that evoke the most fear, there are other more common viruses and bacteria that will spread very easily and warrant our attention and consistent intervention. These more common infections and illnesses are responsible for the majority of illness. These fall into four broad categories:

Respiratory Infections such as colds and flu are responsible for the greatest number of illnesses. Most colds exhibit themselves as fever, runny nose, coughing and sneezing. Many lead to ear infections and lower respiratory infections. These infections generally spread from the mouth and nose or through droplets coughed or sneezed into the air. Infections such as chickenpox, measles, roseola, mumps and mononucleosis are mainly transmitted through oral and nasal secretions.

All personnel are encouraged to have an annual flu shot. Annual Flu Shots are available Personnel that choose to not be immunized face options, decisions and consequences. If there is an outbreak the non immunized worker has the option of taking anti viral medication or of being excluded from the facility until the outbreak is declared over, typically within weeks.

Intestinal infections caused by viruses such as norovirus (stomach flu) diarrhea, Giardia, Shigella, Salmonella and Hepatitis A. These viruses can be found in vomit or bowel movements of those infected. When someone vomits the person close to them may be exposed to tiny droplets in the air. These germs can be spread to the environment including surfaces like countertops or sink tops if not properly cleaned. People can become ill when they touch these surfaces and then place their hand in their mouths. These germs can also spread among people if they do not wash their hands appropriately or if someone with this illness handles food, ice or water.

Skin infections and infestations such as impetigo, lice, scabies or ringworm are generally transmitted through direct contact. Some bacterial such as Straphlococcus spread easily through direct contact and from contaminated articles to broken skin surfaces. Virose such as the Herpes Simplex (which causes cold sores) spreads readily from moist lesions.

Blood and Body Fluid Borne Infections

Diseases such as Hepatitis B, Hepatitis C and HIV are transmitted through contact with blood and body fluids of infected people. If not possible to tell if a person may be infected with HIV, Hepatitis B or C, or any other number of diseases the best thing to do is treat the blood and body fluids of every person as potentially infectious. This includes all body fluids except sweat.

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Staff members with rashes, lesions, suture lines, burns, or other skin conditions may require medical approval prior to work. All such conditions are to be reported to the immediate Program Managers.

Staff members who are regularly involved in the preparation and handling of food are to report all incidences of illness, particularly those involving digestive upsets (e.g. diarrhea, vomiting, nausea, or infections) to their immediate Program Manager. Failure to do so could result in discipline up to and including termination.

Staff members providing direct care (i.e. treating open wounds, changing children after bowel movements etc.) must wear gloves, and wash their hands before and after providing such care.

Staff members are required to follow safe working procedures and reduce the risk of exposure to blood/body fluids by properly disposing of sharp objects and wearing adequate protective equipment when required.

Employees are provided with literature about the risks associated around working with children and families as they relate to Hepatitis A and Hepatitis B. This literature is kept as appendix of our health and safety manual or more information can be accessed by contacting our community nursing staff.

Employees are asked to read information on Hep A and Hep B and assess their own risk. Employees are asked to give consideration to these risks and are recommended to contact our community health nurses for more information.

It is recommended that all staff receive an influenza immunization annually. Staff will be provided with this information on an annual basis.

It is noted that Preschool staff are required through licensing to be immunized against Hepatitis A and B, MMR and DPT and influenza annually. If this is not possible for medical reasons, a letter from your physician must be provided. A record of these immunizations is kept on staff personnel files. See

Policy F4, F8 and G2 summarized into one policy August 2004
Policy Implemented in 1996
Revised June 2006
Revised January 2007

Medical and Emergency Management

Policy: #5

1. First Aide training of staff will meet regulatory requirements.
2. First aid kits will be located in accessible locations throughout the building and supplies replaced on regular basis.

See Telephone book for immediate first aid procedures

Remember Safety First

Before starting any first aid, always ensure the area is safe for yourself and the injured person.

Call for assistance
Stay Calm
Speak Clearly
Answer questions

State the type of emergency
Give location of emergency
Confirm that the call for assistance was received.

Ambulance is 911
Our Address is 1515 Kingfisher Ave

Procedures

First Aid Equipment

First aid equipment is located in the pre-school, in the hallway by the main stationary room, and in the child and youth care (kitchen) areas of the Centre. Blankets are also kept in the stationary room.

There are portable first aid kits that can be taken on outside of the Centre activities.

When First aid supplies are used, the use is to be reported in the first aid supply book kept beside the main first aid kit in the hallway beside the stationary room. Supplies are checked during each health and safety inspection of the Centre and replaced as needed. Assistance with the kits is obtained from the Fire Department.

EMERGENCY PROCEDURES -TELEPHONE PROTOCOL

Police
911

Fire
911

Ambulance
911

Hello, my name is _____ . I am a worker at the Kitimat Child Development Centre.

I am located at 1515 Kingfisher Ave.

Please send an ambulance/fire truck/police to this location. I am assisting a client/staff with _____ problem. Someone will be waiting by the _____ to guide you to us.

When will you arrive?

Do you need any other information?

May I hang up now

First Aide Training

Each year we determine the need for first aide training and who needs to update their qualifications. We try to provide these courses in house or set up times for a group rate.

Policy # 5 (a) - Injured or Sick Child at the Centre

It is the general policy of the Centre that staff and clients who are not well should be at home. The pre-school posts lists of illnesses that advised parents of when a child should not be attending school. Need this in the appendix of the manual

If an injury occurs immediate first aide procedures are to be implemented and then a call is made for assistance. See staff injury policy #6 in this manual.

A determination is made regarding calling an ambulance, parents or other mode of transportation if the child needs to go to the hospital.

1. If the child is being taken to the emergency one staff member stays with the other children, the staff member taking the child to the hospital takes the child's CDC file with them.

2. One staff member informs a program manager of the situation. The program manager phones the Kitimat General Hospital Emergency Department to tell them we will be bringing the child who is injured or sick, and also phones the child's parents/guardians regarding their child.

3. When a child becomes ill but does not need to go to Emergency, a staff member will phone the child's parent to come pick up their child.

4. A staff member records the incident on a preschool incident form. This is kept in the child's file in the Progress Notes section.

Policy F – 3 Implemented 1997

Revised June 2006

Revised January 2007

Next Revision date July 2008

Staff Injuries Policy

Policy #6

The Board of Directors and the Executive Director of the Kitimat Child Development Centre recognize the possibility of staff becoming injured on or off the worksite. Every effort has been made to identify unsafe conditions which may lead to injury. In the event

of an injury, the KCDC management will ensure that all staff members are aware of the appropriate measures to take when dealing with or reporting an injury.

Purpose

To outline the steps to be taken if an injury occurs. Please also see Critical Incident Quick Reference Guide which is distributed throughout the Centre.

Procedure

Immediate Actions

Consider the extent of the unsafe condition when adhering to the following procedure:

Remember Safety First. Assess safety for yourself and the injured person.

Then

- See to the injury immediately. Clean and dress the wound (if open), call for emergency assistance if necessary. The victim and their injury are the first priority.
- Notify the Executive Director or designate as soon as possible by either the person(s) involved or a co-worker.
 - The Executive Director or designate will assist in taking appropriate actions regarding the incident.
 - As appropriate, the Executive Director or designate will inform the next of kin, parent, guardian, sponsor, contact person, appropriate legal body (e.g. RCMP, Ministry of Children and Families, coroner, public trustee), medical practitioner, funding agency, and licensee.

After the incident

Policy # 7 - Reporting Staff Injuries in the Workplace

- All injuries involving an employee must be documented on an Incident Report form within 24 hours of the incident. Incident Report forms must be completed by the employee involved and be signed by any available witnesses.
- Reports will be forwarded to any other necessary agencies (i.e. WCB). The Executive Director will also ensure that a debriefing session takes place with the employee(s) involved. See section of this manual on CISM –Crisis incident stress management process for our Centre.
- If a staff member seeks medical attention re: the incident, a WCB Form 7 must be filled out and the Executive Director notified so the supplementary Form 7 can be completed and sent to the WCB office.
- When appropriate the Ministry of Health Incident Report is to be completed and submitted to the licensing representative.

Follow up responsibilities

- Staff are responsible for initiating corrective action to prevent recurrences

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- All reports must be investigated and followed up on by the Executive Director or designate within 2 working days.
- The incident must be reviewed as a Risk Assessment at the next health and safety committee meeting.
- The Health and Safety Committee is responsible to regularly summarize and analyze accumulated incident forms for trends or patterns.
- Health and Safety Committee summary reports will be sent to licensing agencies are required.

Policy replaces Policy 2.15 June 2004

Revised June 2006

Revised January 2007

Policy #8

Criminal Record Checks

Prior to hiring all employees who work for the KCDCA are required to pass a criminal record check in accordance with the Criminal Records Review Act. New employees shall not work with children until the criminal record review process is completed. A copy will be placed in employee's file.

It is the employees' responsibility to inform the KCDC of a criminal record obtained during employment.

Section Two

Policy #9 Staff Safety Policies and Procedures

The KCDC has established the following staff safety policies. The KCDC recognizes that staff, due to the nature of our work may be in situations where harm, violence or crime may occur. These policies are based on taking preventative actions. See also “Crisis Incident Stress Management procedures” page 31, “Violence, Threats and Weapons” page 53 and “Suicide Ideation Policy and Procedures” page 50 of this manual.

Procedures Cover

- Sign in and Out
- Staff working alone
- Home visits
- Use of Cell Phones
- Phone Calls received at Home
- Building Security/ keys

For safety it is important to know where staff members are.

We have several procedures that all staff members are to follow.

1. Staff working at the Centre

All staff working in the building are to sign in on our staff sign in/out board.

Sign in and Out Procedure

Sign In/Out Board Policy 2.8.3 of the Operations Policy Manual states when staff are away from the Centre during working hours, staff are required to write their names, the phone number where they can be reached, and the time of their expected return to the Centre on the wipe off sign in board.

When staff members have not returned after the noted time and there is concern for their safety, the program manager or administrative staff will telephone the staff member at the number. *See Procedure # 3 if you are overdue for returning to the Centre.*

3. Procedure if staff is overdue in returning to the Centre

- When staff members have not returned after the noted time administrative staff will telephone the staff member at the number posted on the sign out board or by cell phone.
- If no answer the program manager or designate will phone the residence you are attending using the numbers from the client file.
- If still no answer and you are overdue by 30 minutes or more, the RCMP will be contacted for assistance.

- Remember to call the centre if you are going to be late returning or if you are delayed for any reason. Call your immediate supervisor or administration.

4. Use of a weekly schedule

Some staff may be given permission by their program manager to provide a weekly schedule of your home visits and telephone in when changes occur.

5. Use of Cell Phone

The use of cell phones is encouraged. When staff members are going out of the Centre and there is a possible safety concern, they are required to take a cell phone with them (make sure it is charged and turned on) and leave the pertinent information with your program manager or designate.

6. Phone Calls Received at Home

It is a policy of the CDC that staff do not receive work related calls at home. If this is occurring please inform the caller to call during your work hours and report this to your immediate supervisor.

7. Away from work due to illness, holidays or leave of absence.

All staff is to fill in the leave of absence form prior to being off work. This form is signed by your program manager and kept in the payroll administrator's office. When calling in to be off work due to illness it is the staff member's responsibility to inform their immediate supervisor.

8. Building Security/Keys

Building security is a major concern and every effort must be made to ensure that unauthorized persons are kept out.

To assist in keeping the building secure and confidential materials protected.

1. KCDC keys are signed out to staff on a need basis. Master keys are given to administrative staff and staff on our emergency call out. Security codes will be given to staff when assigned a key. Program specific keys are given to other staff. It is a staff responsibility to ensure doors are closed and locked appropriately.
2. Please keep a close watch on your keys and if you lose a key please inform your immediate program manager.
3. Please ensure all doors are locked and windows closed if you are the last staff to be leaving the building.
4. At least once per year the Executive Director will post a security lock up check out sheet posted by the sign out board. Staff is to complete the check out sheet to ensure that the locking up/security procedures are being followed.

At the end of the work day (4:30) staff leaving must inform any staff staying later of their leaving and on leaving the building lock the doors.

Use of the Door Alarm

Installed at the front door is a motion sensor that will ring when the front door is opened. There are two sensors that can be turned on or off for hearing movement at the door. These are kept in the stationary room by the sign in and out board. If you are in the building alone or if staff are not where they can see the front door then take an alarm monitor, turn it on and use this as a warning that someone has entered the building.

Policy F-6

Policy Implemented 1996

Revised June 2006

Revised January 2007

Policy # 10 - Working Alone Policy

The Kitimat Child Development Centre recognizes that, at times, employees may be placed in situations where they are working alone. Because working alone increases the risk of violence and crimes against employees, the KCDC will ensure all staff is trained in appropriate measures which will lower their risk.

Purpose

To outline the steps to be taken to prevent violence and crime while working alone

Procedures

Plan ahead:

- Let a co-worker, your program manager or a friend know you are working late/possibly alone
- Let someone know when they can expect you home
- While another co-worker is present, check that all doors are locked and make sure washrooms/storage rooms are empty
- Know the staff in your building and be aware of their schedules - check the in/out board to determine if you are indeed alone
- Lock all doors with outside access and ensure buzzer is working for visitors
- Plan emergency exits and know about safe places and safe phones

Be aware of your surroundings

- Ensure service areas are well lit and visible
- Make sure windows are not obscured
- Make sure there is a clear exit route from service areas to the doors
- Upon arriving at an empty office, check the building for unlocked rooms and lock the front and back doors behind you
- Check the lighting before it gets dark

Plan ahead

- Always be aware of your surroundings
- Imagine appropriate responses to various situations and decide ahead of time how you would respond to these
- Avoid discussing where you live or any personal or vacation plans in front of/with clients or anyone who makes you feel uncomfortable
- If you must meet new clients alone for the first time, do so in a public place
- Avoid having new clients walk you to your car or escort you to your hotel or home

When working late

- If you are suspicious of people hanging around or of strange phone calls, notify other staff or the police if you feel it is necessary
 - Be assertive and confident when greeting clients - do not let them know that you are alone
 - Trust your instincts if you feel uncomfortable when someone enters the area - look directly at the person and make it clear that you are in charge
- If possible do not let anyone know that you are working alone

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- If you suspect someone is lurking outside, call someone to inform them of your suspicion, ask for assistance or call the RCMP at 632-7111

If you are leaving a co-worker alone in the building

- When signing out check to see if there is anyone else in the building - if not, inform the worker that you are leaving and that they will be the only one left in the building
- Ensure all rooms are empty and lock any outside access doors behind you

Challenging Strangers in the workplace

Never let strangers know you are working alone. Say “my supervisor will be right here to help you, or call someone outside the offices using a phrase such as “I’ll just ring _____ in his office and see if he is available”. Address the stranger in respectful but assertive language, leave as soon as you can and call the RCMP if you feel threatened.

Policy # 11 Driving Safety Use of vehicles

The Kitimat Child Development Centre recognizes that employees are, at times, required to use personal vehicles or other forms of transportation. This may be for regular service delivery, professional development and this may include transportation of clients.

Procedures

- Guidelines and requirements for vehicle drivers (this is also covered in our operations policy and procedure manual 2.81 Transportation of Children, youth and families and 2.7.10 traffic violations.
- Because traveling, especially out of town, places an employee at greater risk for violence, the CDC will ensure employees are aware of the steps and precautions that help lower their risk.

Laminated Safety Precaution sheets are available for all staff to keep in their vehicles. See appendix of this manual for a copy.

Policy # 12 - Drivers Abstract

All employees, that are required to drive their vehicle for Centre business must obtain a driver’s abstract from the Licensing support Services for ICBC from Victoria. This abstract must be given to the employee’s program manager to review and determine if the employee can drive on Centre business. A copy of the abstract is to be kept on the employee’s personnel file. The Driver’s abstract is to be renewed every 5 years or at the request of the manager.

Failure to comply with this requirement will lead to disciplinary action up to and including dismissal. It is the employee’s responsibility to ensure that any driving infractions which they acquire in the course of their duties or changes to the status of their license are immediately communicated to his/her supervisor or designate.

The toll free number for requesting the abstract is 1-800-950-1498 or you can go on the ICBC web site. Also on this site is a driver's safety self test. Employees are encouraged to take this test.

Revised February 2007 adding duty to report

Policy #13 - Personal Vehicle Inspection Report

The KCDC requires all vehicles being used for Centre business to be inspected by the driver of the vehicle on a minimum of twice per year. On completion of the inspection report these reports are filed in the staff personnel file. The checklist form to use is in the appendix of this manual.

Policy # 13 (a) Vehicle Accidents

If a staff member gets in a vehicle accident during their work hours the driver must:

- If the staff or volunteer was escorting a client the staff member must notify the parents.
- The staff member must inform the centre immediately of the accident and their location
- Staff member must fill out an 'Incident Report' form (found in the back of the Health and Safety manual) and provide copies to the program manager
- After repairs are completed the staff member must update their vehicle inspection form and provide the new copy to their program manager

Policy # 14 - Unsafe Conditions

The safety of our employees is the Kitimat Child Development Center's first priority. The unsafe condition must not, under any circumstances, be ignored. It must be dealt with in a timely manner.

The Board of Directors and the Executive Director of the Kitimat Child Development Centre recognize the potential for unsafe conditions on or off the worksite. Every effort has been made to identify unsafe conditions and to minimize or eliminate any risks to staff.

The management of the KCDC will ensure that all staff members are aware of any unsafe conditions and are trained in the appropriate measures to protect against, report on and follow-up on any unsafe conditions.

No staff member is expected to deal with an unsafe condition if they feel uncomfortable doing so.

The following descriptions, policies and guidelines are to inform all employees of appropriate procedures and actions to take to prevent and/or reduce the risk of harm.

These descriptions are examples. Staff are advised to that no staff member is expected to deal with an unsafe condition if they feel uncomfortable doing so.

1. Entering a home when there are dogs or other animals.
Staff do not need to enter homes where dogs or other animals present to them a threat. The procedure is to call the client and ask that their animals be contained or you will be unable to do your visit and other arrangements for services will need to be developed. If you arrive at a home and the dogs (for example) are loose but the client states the dogs are okay and will not be aggressive it is your right to say I am sorry but unless the dog is restrained I cannot enter your premises.
2. Driving in inclement weather- see our inclement weather Policy # 2.6.18 Operations Policy Manual regarding closure of the Centre services for inclement weather. For road safety reports these can be obtained by calling 1 800 665-5051 or the web site www.weatheroffice.pyr.ec.gc.ca/icbctravelalert/dtables_e.html
Staff are to assess and make personal decisions on the safety of travel during inclement weather.
3. Entering a home where there is evidence of drugs or alcohol. See Policy # 21 of this manual.

Revised February 2007 to give examples of unsafe conditions

Policy # 15 Staff Responsibility –Duty to report unsafe conditions or practice

All staff are responsible for taking appropriate preventative measures to reduce the risk of harm and it is a responsibility of all staff to report an unsafe condition or practice.

Procedure

Unsafe Conditions Procedure

Consider the extent of the unsafe condition when adhering to the following procedure:

- Remove yourself from the unsafe situation if necessary. *Your safety comes first.*
- Ensure that attention is brought to the situation. Warn fellow employees, and when possible look after unsafe condition immediately (i.e. clear a blocked hallway, clean up a spill).
 - A verbal report must be given immediately to the Executive Director or Designate, by the person(s) involved or a co-worker.
 - As appropriate next of kin, parent, guardian, sponsor, contact person, appropriate legal body (RCMP, MCFD, Coroner, Medical Practitioner, Funding and licensing agencies) will be informed.
- Complete:
 - An Incident report form and/or a Hazard report form must be completed as soon as possible. This report must be filled out within 24 hours of the incident by all staff involved. (master copies of forms are in the appendix of this manual and copies are available in the stationary room)
 - Reports must be completed by the employee involved and be signed by any available witnesses.
 - The Executive Director or designate will review the report and take appropriate action regarding the incident within two working

days of the incident. Reports will be forwarded to any other necessary agencies (i.e. RCMP, WCB, MCFD, Health Licensing, Fire Department.)

- File a copy of the Incident Report in the Health and Safety main binder and add the incident onto agenda for the next health and safety committee meeting.
- A Workers Compensation form must be completed if a staff member seeks medical attention. This form is to be filed with the Executive Director or designate and is then kept in the employees personnel file.
- When appropriate complete and file the Ministry of Health Incident Report and forward report to the licensing representative. (Pre-school/daycare licensing requirement).

The KCDC Administration and Health and Safety Committee are responsible for

- Initiating corrective actions to prevent a recurrence of the unsafe condition.
- Providing an opportunity for a debriefing session with the employee(s) involved.
- Regularly summarizing and analyzing accumulated incident forms for trends or patterns (use the Risk Management forms to complete this)
- Sending a summary of reports to licensing representatives as required.

Replaces Policy 2.13

Revised June 2006

Reviewed January 2007

Violence Prevention

Policy # 16 Workplace Violence Prevention

The Board and management of the Kitimat Child Development Centre believes in the prevention of violence and promotes a violence free environment. Any act of violence against employees is unacceptable and will not be tolerated.

Code Word: IN case of a situation with a client that makes your leaving your office or workplace difficult, use the following phrase.

Can you get Amber for me?

The person you say this to will phone 911 without delay and then notify the Executive Director or designate. When calling the policy, inform them a staff member is in **danger** and needs assistance immediately.

We currently do not have a buzzer or intercom system.

We are committed to maintaining a Workplace Violence Prevention Program through the Health and Safety Committee which includes, but is not limited to:

1. Investigating reported incidents of violence in a prompt, objective and sensitive manner
2. Taking necessary corrective action
3. Providing appropriate support for victims – see KCDC Critical Incident Response Process in this manual.

No individual shall be penalized in any way for making a complaint or giving evidence in an investigation regarding violence unless the charge proves to be malicious and without foundation.

Procedures for reporting an act of violence in the workplace are the same as reporting an unsafe condition. See policy #14, page 19 of this manual.

Remember to inform the Executive Director or designate of the incident immediately.

- All acts of violence involving an employee or occurring on the premises of the KCDC and or any other CDC related facilities must be documented on an incident report within 24 hours. Incident reports must be completed by the employee involved and be signed by a witness (when possible).

The following lists some preventative actions employees are advised to follow in preventing workplace violence. More information is available from program managers, and in the appendix of this health and safety manual.

Policy # 16 (a) Planning a Meeting with a Potentially Violent Client

- Employees must plan ahead for meetings with clients who are identified as potential risks for violence

The following precautions should be considered:

- Prior to the visit consult your program manager or colleagues in planning your visit strategy.
 - Consideration should be given to the following questions:
 - Will a co-worker be in the office at the time of the meeting?
 - Will your meeting occur in an office or in the main open area?
 - What materials will you need to prepare ahead of time so you will not have to leave the meeting area?
 - Have you considered what the client's arousal level may be given their present situation and the nature of the meeting? Attempt to find out if the client has a known history of aggression or violence (R.C.M.P or M.C.F.D.)
 - Consider contacting clients before a home visit to gain insight into the home situation and identify and problems beforehand. For example, phone ahead to say, "Hi, I'm on my way over, do you need anything? Is it still a good time to visit?" Pay attention to the client's tone of voice, background noise etc.
 - Visit with a colleague.

Kitimat Child Development Centre

- Check the address to see if it is known to be in a potentially dangerous location.
- Review the KCDC Home Visit Tips Sheets. Tip sheets are in the Health and Safety appendix, laminated tip sheets are available for all staff to have as reminders in their vehicles.

Prior to contact

- Inform your supervisor, executive director or designate of the potentially violent situation and your visit strategy.
- Make sure your supervisor is aware of your destination or has a way of finding this information.
- Sign out on the staff sign out board, leaving your planned time of return and contact information.
- Take a cell phone and leave the cell phone number with your supervisor or designated back up person.
- Dress appropriately for the visit. Dress appropriately for the situation and the environment. Short skirts and shorts are not appropriate. Consider removing any articles of clothing that could be used to cause you harm (i.e., necklaces, ties etc.). Leave at home any non-essential jewellery, carrying only work related materials, and wearing flat shoes and boots that allow you to move quickly.

On arrival to the visit

- On arrival at a location, scan the area for any potentially dangerous situations before leaving your car.
- Avoid entering an elevator with someone you perceive to be potentially aggressive.
- Present yourself in a calm and confident manner.
- Be aware of your surroundings and always know where the exits and doors are. Do not put yourself in a position where you do not have access to an exit
- Do a visual check of the home. Look for objects which could be thrown at or used to strike you.
- Have identification available and identify yourself at the door. If you have any concerns do not use your name until you have established a rapport with the client.
- Do not remove your shoes (judgment).
- Do not stand if the client sits, nor sit if the client stands.
- Do not sit on a client's bed.
- Be careful of where you sit, and of what you drink or eat in a client's home.
- Do not touch the client unless it is part of your job function.
- Always sit closest to the door so you have an escape route.
- Leave your vehicle unlocked for quick entry
- Have RCMP or CDC on the speed dial of your phone.

Notify your supervisor or designate if your visit has been prolonged.

In the Event of a **THREAT** or **ACT** of Violence

In any situation where your safety is at risk or your presence places others at risk you must leave. If you feel the client is becoming aggressive, leave immediately. If the client does not allow you to leave, remember to:

- Remain calm and polite.
- Speak softly.
- Use a sense of humor if you can.
- Tell the aggressive client that you are expected at a pre-arranged appointment.
- Advise the client that you have planned to meet a co-worker and that you are expected back at the office.

Recognize the individual's level of arousal and try to match your responses appropriately.

If a **THREAT** of violence occurs, immediately:

- Distance yourself from the person
- Direct the person to leave the office
- Access backup from a co-worker if available
- Leave the office yourself
- Access backup from the RCMP
- Notify management, ED, coordinator as soon as possible

If an **ACT** of violence occurs, immediately:

- Follow above steps
- Seek necessary medical intervention as necessary
- Report incident to RCMP
- Report incident to management

Replaces Policy 2.6
Revised June 2006

Policy # 17 - Physical Intervention Policy

Dealing with Threatening Situations

USE OF PHYSICAL RESTRAINT

This policy is repeated in our operations policy and procedure manual, policy number 2.7.15

In the even that an emergency situation arises that places a client, staff member or others at serious threat of violence or risk of injury if no intervention occurs, staff trained in the management may use designated holds as a protective measure in a life or safety threatening situation.

- Physical Intervention is not an acceptable approach in regular contact between staff and clients.
- Under no circumstances is physical punishment ever to be administered to persons served.
- In situations that present clear danger to the physical safety of the client, the staff member or to the public at large it may be necessary to physically restrain or to remove a client in order to prevent injury or the threat of injury. This should be done in using the least restrictive physical intervention.

Procedure(s)

Non violent crisis intervention training will be provided on a regular basis for staff. Priority for attendance in this training is staff who potentially are at higher risk of dealing with a violent incident. See staff training plans. New staff who will be dealing with clients that may need to be restrained will be orientated to these policies and procedures.

Emergency physical holds will only be used as a last resort in a life or safety threatening situation including:

- Individual at serious risk for immediately harming themselves in your presence
- An individual actively or physically assaulting another person
- A child who is putting themselves in danger by acting in an unsafe fashion: i.e. running into traffic.

Physical intervention will only be used for as long as necessary to gain control of the dangerous situation or until other emergency personnel arrive (i.e. RCMP, ambulance etc.). At least one other staff member should be called to assist with the hold and/or provide ongoing observation.

Steps to be taken:

Whenever possible, a staff member should talk to the client out of his or her inappropriate actions. If this fails, assistance should be solicited. This third party should also attempt to talk the client out of the inappropriate behaviour.

If the third party fails and it is the decision of the two staff members that the client will need to be physically restrained or removed, the following guidelines should be used:

- If possible another staff member should be enlisted to serve as a witness
- The two staff members should get on with side of the client and restrain or remove the client using the least amount of physical restraint or force possible. When necessary, and if time allows, the aid of a police officer or fire fighter should be sought.
- Staff members should be careful not to force any joints or apply pressure to an artery and to protect the client's head. The exception to this is the case of a violent client who could endanger the lives or safety of other clients or staff.
- The incident should be immediately reported to the program manager and a full and detailed incident report must be completed in writing within 24 hours of the incident and submitted to the Executive Director.

The above circumstances do not apply to "coaching", which is the process of physically moving a client or parts of a client's body to a designated location or through a range of motions as a means of demonstrating a desired behaviour (i.e., physiotherapy, hand-over-hand assistance to do a task)

Policy # 17 (a) Use of Physical Intervention

If it is suspected that some form of physical intervention may be required with an individual, a written approach will be completed outlining the situations and the physical interventions to be used.

Coaching is not defined as a restraint and thus the above does not apply to "coaching" which is the process of physically moving a client, or parts of the client's body, to a designated location or through a range of motions as a means of demonstrating a desired action. (i.e, physiotherapy, hand over hand assistance to do a task).

This approach will have to be approved by the Ministry of Children and Families, the caregiver or parent, the KCDC team of providers, the client and any other team members as deemed appropriate.

Policy F – 7 Implemented 1996
Revised June 2006
Revised January/February 2007

Policy # 18 Witnessing an Act of Child Abuse or Neglect

This policy is also in our program policy and procedure manual. It is the legal duty to report incidents of child abuse or neglect is the responsibility of each person who has the belief that a child has been or is likely to be physically harmed, sexually abused or exploited, or needs protection.

Amongst their duties staff who becomes aware of cases of abuse or neglect need to report the circumstances. It is a natural part of our services that there is the likelihood of this occurring and staff will need to report an act of child abuse or neglect.

This legal obligation to report overrides Centre professional obligation of confidentiality to the client, family, employer or third party.

Reporting the suspected abuse to a colleague, program manager or Executive Director does not release you from your legal obligation to report to the Ministry of Children and Family Development. 632- 7256 for the Kitimat office. After hour numbers are in the blue pages of our telephone book.

Recognizing child neglect, and or abuse is complex because it is a multidimensional problem. There is no universally accepted definition of neglect. The current working definition refers to persistent failure to meet a child's basic physical and or psychological needs likely to result in impairment of the child's health or development.

All staff are advised to read the B.C. Handbook for Action on Child Abuse and Neglect. This handbook is kept as an appendix to the Health and Safety Policy and Procedure Manual.

If in any doubt staff are advised to phone the Ministry of Children and Family Development and their Social Workers will assist in evaluating risk. All staff must comply

With our record keeping policies and chart their observed concerns. See the Program Policy and Procedure Manual.

Policy #18 (a) - Reportable Incidents

The Kitimat Child Development Centre recognizes that employees, due to the nature of their work, may witness reportable incidents. Examples of reportable incidents include child abuse, criminal acts, clients at risk of suicide. These policies outline our basic procedures. If staff have any questions they should not hesitate to talk with their immediate program manager or a colleague if a manager is not available. Staff may call for outside assistance from the Ministry of Children and Family Development and/or the RCMPAGE

Policy #19 Witnessing a Crime While on a Home Visit Procedure

It is the responsibility of all individuals to uphold the law. Report all illegal acts which you have observed during the visit and encourage clients and their families to report illegal acts which they observe by calling the R.C.M.P at 250-632-7111. The crime will be investigated and the caller's identity can be kept confidential.

- A call may be placed immediately or upon return to the office. Your program manager should be notified as soon as possible.
- If the crime has been committed by a client, or by a person involved with other community agencies, make sure these agencies are notified of the situation, especially if the potential for risk is increased.
- A written Incident Report must be submitted to the Executive Director within 24 hours of the incident.

Policy # 20 Physical Contact Between Staff Members and Clients.

Purpose:

To outline appropriate physical contact between staff members and clients. This policy and procedure outlines what to do if an emergency situation arises that places a client, staff members or others at serious threat of violence or risk of injury if no intervention occurs, staff trained in the use of safe physical management may use designated holds as a protective measure in a life or safety threatening situation.

Non violent crisis intervention training will be provided for all direct service staff. If at all possible it will be staff with current training will implement the intervention. See appendix resources on non violent crisis intervention training.

Procedure

Whenever possible, a staff member should talk to the client out of his or her inappropriate actions. If this fails, assistance should be solicited. This third party should also attempt to talk the client out of the inappropriate behaviour.

If the third party fails and it is the decision of the two staff members that the client will need to be physically restrained or removed, the following guidelines should be used:

- Another staff member should be enlisted to serve as a witness
- The two staff members should get on with side of the client and restrain or remove the client using the least amount of physical restraint or force possible. When necessary, and if time allows, the aid of a police officer or fire fighter should be sought.
- Staff members should be careful not to force any joints or apply pressure to an artery and to protect the client's head. The exception to this is the case of a violent client who could endanger the lives or safety of other clients or staff.

Policy # 21 - Drug and Alcohol Use

Purpose

To educate employees in the steps to be taken when a client is or is suspected of abusing alcohol and/or drugs.

This policy is repeated in our program policy and procedure manual Policy and our Operations policy manual. Staff Use of drug and alcohol is Policy 2.7.8 Smoking policy is 2.7.7 The KCDC offers a smoke free work environment to all staff members. No smoking is allowed inside the premises.

It is included here to reinforce staff safety and preventative steps that can be taken.

Policy # 22 Drug and Alcohol Abuse

The Kitimat Child Development Centre recognizes that some clients are at risk for drug and alcohol abuse. An employee could be placed at increased risk for violence in a situation where drugs and/or alcohol are being misused.

Procedure

- First, assess your personal safety and the safety of any children present - if you feel threatened in any way, leave immediately
- Remember to respect your client's rights to be treated with dignity
- Remain calm and if appropriate, discuss the following with your client: reporting the incident, rescheduling the appointment, arranging for responsible adults to care for children at the address, contacting a physician, and referring the client to another agency
- If possible remain with the family until a responsible adult has arrived to care for the children at the scene .
- If you are in the home where there is no responsible adult with the child a call should be placed to the Ministry of Children and Family Development.

Policy # 23 Storage of and Handling of Food Food Safety Practices

All food preparation and storage will follow Food Safe Practices set by the Ministry of Health.

All staff who handle food regularly will be required to complete the Basic Food Safe certification.

Refrigeration is available in the upstairs coffee area, in the pre-school and in the basement child and youth care kitchen area. The danger zones are between 4 degrees C and 60 degrees C. See www.foodsafe.ca for full information.

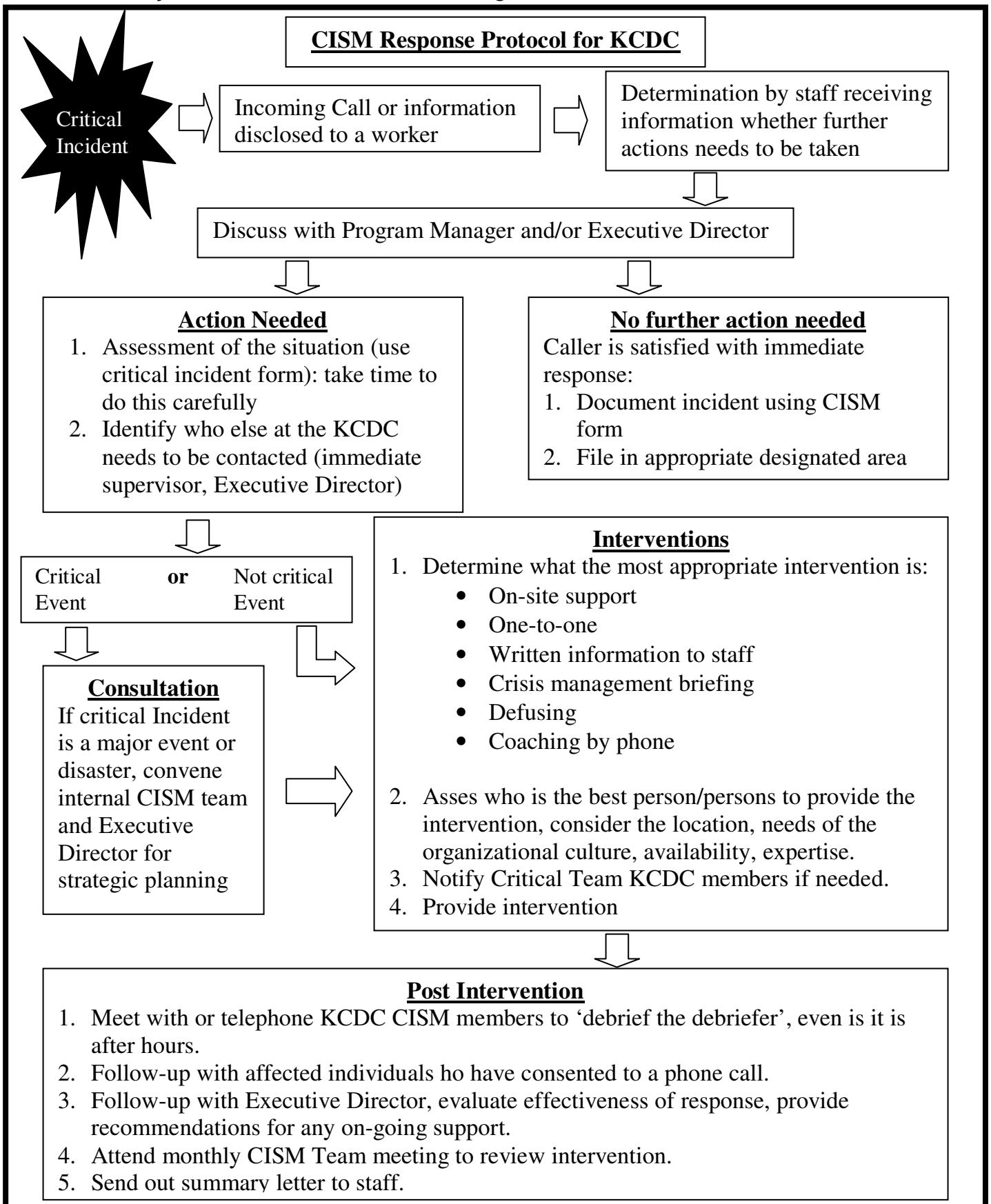
Food Poisoning:

Food supplies in the refrigerator are to be checked regularly. Three times per year the fridge is fully cleaned and dates of this being done is posted on the front of the fridge. Cupboards are cleaned at the minimum of once per year. Food preparation and hand washing guidelines are posted in the Kitchen area.

Loose or Dangling Electrical Wires:

Stay away from electrical wires and as soon as possible call the police to assist with the situation.

Policy # 24 Critical Incident Stress Management



Section 3

FIRE SAFETY PLAN

Section Three of the Health and Safety Policy and Procedure Manual

Fire Safety Plan

(to be completed by the fire department)

Building Name _____ **Address** _____
Contact _____ **Telephone** _____
Checklist completed by _____ **Date** _____

Accepted _____ **Not accepted** _____

Date of next review _____

1.) Purpose and Objectives of the Fire Safety Plan

Fire Safety Planning prevents the occurrence of fire by the control of fire hazards in the building, ensures operation of fire protection systems by establishing maintenance procedures, and provides a systematic method of safe and orderly evacuation of the building in the event of fire.

The plan covers

1. Fire Hazard Control
2. Fire Protection System Maintenance
3. Emergency Evacuation

All staff are responsible to ensure the implementation of this plan. This plan is reviewed and approved by the Kitimat Fire Department.

Fire Department Access to Building

Responsibility - Daily Inspection:

All staff are responsible for reporting to the Executive Director or designate if any of the following is occurring.

- X Streets, yards and roadways provided for fire department access shall be maintained so as to be ready for use at all times by fire department vehicles.
- X Vehicles shall not be parked to obstruct access of fire department vehicles and signs shall be posted prohibiting such parking.

- X Access panels or windows provided to facilitate access for fire fighting operations shall be maintained free of obstructions at all times.

Afterhours access for the Fire Department is with the master key stored in the key lock at the front door. Emergency contact numbers given to School Board Maintenance, the Police **911**, Fire Department 911, and Alarm company is Graydon Securities- **1-877-713-9588**. Staff contacts: Cheryl Lippert **250-632-3672**, Maryann Pankhurst **250-632-4168**, Margaret Warcup **250 638-1739 (250-632-3751)** and from the School Board Superintendent is at **250-632-1414**

2.) Duties of the Fire Safety Director

Directly assigned this responsibility is the Executive Director (Fire Safety Director) or the designated Health and Safety Committee chairperson. May hold the position of chairperson of the Health and Safety Committee. The Health and Safety Committee is responsible for oversight of both fire safety and health and safety policies and the Centre's critical incident response services.

Responsibilities include:

- Administering and maintaining the Fire Safety Plan. This should include:
 - Updating the plan when alterations are made to the building.
 - Annual review of Health and Safety Policies and Procedures.
 - Ensuring safety plans are implemented. This includes (but not limited to) ensuring electrical rooms are not used for storage.
 - Ensuring that established policies are adhered to.
- Training of Health and Safety Committee Members. This can be delegated to the Deputy Fire Safety Directors.
- Recording information on the following:
 - Fire incidents
 - False alarms
 - Fire drills
 - Discharge or operation of fire equipment
 - Training periods
 - staff alerting of the name and location of persons requiring assistance and their volunteer assistants (specify assistance required)
 - Minutes of Health and Safety/CIRM and Fire safety meetings
- Ensuring that fire protection systems are inspected, maintained and serviced in accordance with the plan and the fire code, and where an inspection, maintenance or testing procedure is beyond in-house capabilities, it is their responsibility to have qualified personnel complete the procedure.
- Ensuring that additional precautions are taken to offset the hazard to occupants where fire protection systems are inoperable. This includes:
 - Checking the fire safety plan and fire code when fire systems are in need of repair.
 - Contact of the Fire Department and Alarm company when system is

- Alerting all staff working on premises of alarm system being inoperable.
- inoperable.
- Ensuring that supervisory staff are available to respond to the premises in the event of notification of an emergency. This includes notifying a designate Deputy Fire Safety Director to be responsible when not available on site. See list of emergency contact numbers.
- Providing information to occupants on general fire safety and evacuation procedures. This includes orientating all staff to Health and Safety policies and procedures, Fire and other emergency plans and includes any time plans are modified.
- Resolving any fire hazards which are reported by occupants, guests or the fire department.
- Maintaining familiarity with the building fire protection system.
- Familiarity with fire regulations. This includes obtaining and reviewing a copy of the B.C. Fire Code. (copy filed in the appendix of the Health and Safety Binder.)
- Considering other emergency situations which could affect the building such as earthquakes, or natural gas leaks.
- Notifying the alarm monitoring station when the emergency contacts change.

2.(a) Deputy Fire Safety Director Responsibilities

- Assisting the Fire Safety Director in implementing the fire safety plan.
- Assumes the position of Fire safety director in the absence of the appointed F.S.D.

3.) Names of Fire Safety Directors

2007 Members of the Health and Safety Committee are:

Margaret Warcup FSD
Cheryl Lippert DSD
Lori Ferreira
Christine Doherty
Cheri Gordon
Janitor

4.) Description of Fire System

Fire Detection and Alarm System

Manufacturer: EDWARDS
Stages SINGLE
Monitored GRAYDON SECURITY

Model DSC
Supervised
Annunciator location- none

#zones 4 ZONES

Sprinkler valve supervision- none.

Heat Detector locations—Ten on the main floor. One in each room. Six downstairs – one in each room.

Smoke Detector locations- after inspection September 10th have ordered two – one for each stairwell.

Manual pull station locations

Adjacent to exterior exit doors and at entrances to stair shafts.

5.) Emergency Procedures

Duty to comply

All Centre employees, volunteers and visitors will abide by the Fire Safety regulations set out by the Kitimat Fire Department, British Columbia Fire Code, the KCDCA, WCB and Coast Mountain School District.

Staff and volunteers at the KCDC must become familiar with the fire regulations, fire exits and procedures.

Staff are responsible for knowing where fire alarm boxes and fire extinguishers are located, the number to call for assistance and our evacuation plan.

In case of Fire instructions are posted prominently on both floors to provide quick read information on procedures to follow in the event of a fire. The purpose of this is to provide a safe and orderly evacuation of the building in the event of a fire.

Mandate for Fire Emergency Planning and Procedure

Section 2.8 of the BC Fire Code requires that schools develop fire emergency procedures.

In order to conform to accreditation standards (CARF ECS) each facility will have a fire procedure.

Frequency of Fire Drills and Inspections

There will be the holding of fire drills at least 3 times in each of the fall and spring school terms. Fire drill reports are kept in the health and safety administration manual and in the preschool licensing requirement file.

Pre-school classes will practice drills monthly. Procedure for fire drills within the pre-school is to alert the children of the drill, follow instructions to line up at the door, all leave holding hands or the fire rope, teachers take attendance as they leave and again after the drill. More specifics for the drill are in the pre-school manual.

Fire extinguishers and smoke detectors, as well as the furnace will be inspected annually to ensure compliance with fire and safety standards. Fire extinguishers are to

be inspected monthly by our janitor and this is recorded on the janitors inspection report kept in the Health and Safety binder.

Posting of Fire Evacuation plans and Fire Procedures.

The Centre has posted Fire Evacuation plans and the fire procedure is included in the quick reference guide that is beside each telephone in the building. The procedure is also posted throughout the building. See appendix map of where postings are.

Posted throughout the building close to fire extinguishers and alarms is the following reminder tip sheet:

In Case of Fire, Pull the Alarm
Evacuate clients and children
Use the Fire Extinguisher if safe to do so
Close all doors and windows if safe to do so
Meet at the School District Maintenance Building
Upon arrival of the Fire Department, direct them to the fire.

Frequency of Fire Drill, Drill Procedures and Testing the Alarm System

A minimum of three times per year the Fire Safety Director will conduct a fire drill where the fire alarm is pulled. This drill allows staff to hear the fire alarm bell, and consider their actions in the event that the fire was real. Documentation of these in an Emergency Procedures Binder is standard practice.

The following procedures will be used when conducting this drill:

- X Notify staff as appropriate that the drill will be conducted. i.e Preschool is aware that the drill will upset a child so support staff can assist the child in reacting to the drill.
- X Notify the alarm monitoring service (Graydon Security- 1-866-206-4466 id number is 8921) and the fire department, on their **non-emergency** phone numbers, (632-8940) that you are planning to have a fire drill, and that you will call them back when the drill is complete.
- X Once per year in co-operation with the fire department do a drill without notifying the alarm company. This will test their response time. To do this drill we call the Fire Department (non emergency number- 250-632-8940 – Captain Dobri is the lead for our building for 2010).

Evacuation of Centre during Fire:

- All staff are to proceed to the nearest exists. Staff are to ensure their clients are escorted through the nearest emergency exist.
- All staff are to ensure all families and guests at the Center are shown and escorted out of the nearest emergency exits by staff.
- Occupational Therapists are to check and ensure the Family Fun Spot and the therapy room are vacant. Close all doors and windows (do not lock) when clearing rooms then proceed to the nearest exit.
- Supported Child Development workers are to check the photocopy room then proceed to the meeting place.
- Accounting and Community Resource Worker are to check the upstairs bathrooms and main Center entrance before exiting.
- Healthy Babies and Infant Development Worker are to check the downstairs bathrooms and the kitchen, closing the doors and windows as the rooms become secure. Then proceeding to the nearest exits.
- Youth Care Workers are to check the downstairs gym and the north therapy room, closing doors and windows before proceeding to the nearest exit.
- Preschool Staff are to check and secure the preschool, closing all doors and windows before exiting the building.
- Administration is to call 911 to inform Kitimat Fire Department about the fire then exit and proceed to the meeting place.
- Director is to obtain the Health and Safety Manual found in the photocopy room and make note of the staff sign in board before exiting and proceeding to the meeting place.
- The safety of every person in the building is the priority

See cold weather pre-cautions outlined in the next policy.

Policy F-1 Implemented 2000

Policy and procedure revised June 2006.

Procedure for Repairing the Alarm

When the system cannot be repaired and returned to full operation, the following precautions will be implemented:

- Notify the Fire Department of the system status including when the building will be unoccupied. 632-8940 is the Fire Dept. Non-emergency number.
- Determine the need to have a person remain at the premises at all times or just during times when the building is occupied. This to be in effect until the system is fully operable.
- Make inspection rounds of all areas of the building every half hour when the building is occupied.
- A watch person needs to remain on the premises between rounds and it will need to be determined if a watchperson needs to remain on the property when the building is not normally occupied. .

Fire Drill Procedures

Fire Drill will be announced by the ringing of our fire alarm. Procedure is to use different alarm stations each drill as part of ensuring station is working correctly.

- X Exit the building via the safest exit, taking all clients and other persons with you.
- X Ensure all doors are closed en route to exits.
- X Everyone is to meet at the School District Maintenance Building. (unless otherwise directed by emergency personnel).
- X Two head counts occur. On leaving the building the Fire Manual is taken which has an up to date staff list. The sign in and out board is checked to see how many staff are in the building.
- X Staff are responsible for taking any clients they have with them out of the building. The pre-school supervisor or delegate is responsible for taking the pre-school attendance list and doing a head count of their students.
- X Return to the building once the drill is completed, counts confirmed and instructed to do so.
- X Document the drill and review comments/experience. It is important to continually focus on improving the drills over time.
- X Restore the manual fire alarm pull station, and then reset the fire alarm system.
- X Notify the alarm monitoring company (when applicable) and the fire department that the fire drill is complete.
- X Complete the drill log record and discuss with the Health and Safety committee members and solicit staff input on any improvements that could occur.

Cold Weather Fire Alarm Procedure

During cold weather there is potential health hazard in sending staff and students “out into the cold”, improperly clothed, for extensive periods of time.

In evacuating the building we have arranged to be allowed to go into the school district maintenance building. If this is not safe we would go to the High School. We have blankets stored by the first aid kit in the stationary room if it is safe to grab these.

Pre-School Specific procedures:

Pre-school Staff ask children to line up at the door, hold hands or use the fire rope, leave the pre-school together out the closest exit.

Pre-school staff is responsible for taking their class registration list.

Pre-school staff are responsible for counting their pre-school class, informing emergency personnel if any discrepancies, and then informing parents/guardians for picking up of children if necessary.

FIRE DRILL LOG

Date and Name of Caregiver	Number of people in building	Time it took to clear the building.	Comments and ways to learn and improve from the experience.

Sample form. Master copies of forms are kept in the last section of the Health and Safety Manual.

Procedures to follow after Fire Safety Equipment has Operated including after testing the alarm system.

Procedure for false alarm:

- ENSURE the fire department is aware of incident.
- DO NOT SILENCE OR RESET the fire alarm system until the fire department is satisfied that the alarm was false.
- COMPLETE an *Incident Report*.

Where a fire has occurred and there is damage to the system wiring and/or detection devices, or you are unsure of the reset procedures, it is likely that trouble light will be indicating on the system. In this case a qualified contractor should be contacted to make the necessary repairs.

Emergency Procedures- General Expectations

Emergencies can include but are not limited to: earthquake, fire, natural disasters such as floods.

To meet accreditation standards around emergency preparedness it is expected the Centre will have at a minimum

- o Bottled Water – we have two water coolers and back up water on site
- o Non-perishable food
- o First Aid Kit – with a list of what is included, and a checklist of when items are checked and replenished.
- o Flashlight & extra batteries, light sticks, lantern, NO CANDLES
- o Matches and lighter
- o Portable radio & batteries

All staff are to be familiar with where first aide kits and supplies are located and emergency policies.

Medical Emergency

- In the event of a medical emergency, call **632-5433 or 911** and ask for an ambulance. Please refer to the Emergency Procedures Telephone Protocol Sheet, which is posted beside each phone in the Centre.
- Staff are supported to maintain current Standard First Aid and Cardiopulmonary Resuscitation Certification.
- An Incident Report and for staff a Workers Compensation Form is to be completed for any person with an injury that leads to a visit to a doctor or emergency department.
- All staff transporting clients are required to maintain an up to date first aid kit in their vehicle.
- Latex gloves must be worn for all incidents where blood is visible. (available in first aid kits).

EARTHQUAKE

Staff of the Centre will make themselves familiar with earthquake procedures. An earthquake drill will be completed at a minimum of one time per year.

EARTHQUAKE DRILL PROCEDURE

The FSD or designated staff will announce the earthquake drill.

During an earthquake:

- All persons in the building will move themselves underneath a solid object, such as a desk, heavy counter, or doorway, in the room they are currently in or move to an inside wall; protect your head and neck and stay away from glass.
- The FSD or designated staff will instruct clients and assist those with disabilities to move underneath a solid object such as a desk, heavy counter, or doorway in the room they are currently in.
- No one is to leave the building during the quake.
- Staff and clients will wait for further directions before leaving their safe position.
- Once the FSD or designated staff give the All Clear, they will be directed to the nearest exit.
- Staff will direct all individuals to meet at the prearranged safe meeting place, (the School District Maintenance Building) similar to the safe meeting place organized for fire drills.
- The FSD or designated staff will check all rooms for other staff and

clients.

- A head count will be taken to assure all are accounted for.
- Emergency kits and emergency water supplies are located in the Centre.

Documentation of the drill and review comments is important for continued improvement. EARTHQUAKE DRILL LOG – master copy kept in appendix of the Health and Safety Manual.

After the “all clear” has been given, the meeting-place for this site is: The School District Maintenance Building.

Date and Name of Person running this drill	Number of people in building	Time it took for all to find a safe spot	Comments and ways to learn and improve from the experience.

Prevention policies:

- Cabinets and other tall furniture which could fall or slide during a tremor are anchored. Heavy objects are stored on a lower shelf rather than a higher shelf.
- There are clearly designated front and rear exits as routes of evacuation.
- Staff are to consider all possibilities should an earthquake occur (e.g., what if clients are on site when an earthquake occurs, etc.)
- There are sufficient disaster supplies on site for a minimum of 3 days for caregivers and an anticipated number of clients.
- Fire extinguishers are kept on site and are kept in good working order and checked regularly by staff, as well as an established professional.
- All staff are aware of where First Aid Kits and Disaster Supplies are stored. All staff are to maintain up-to-date first aid training.
- All staff are responsible for having a reunification plan for their own personal families in the event they are unable to return to their own homes immediately.
- The FSD and Assistants (all health and safety committee members) will know how to shut off the gas and the electricity.

After an Earthquake:

Staff will immediately check for injuries among other staff and clients and give first aid as required. Seriously injured people should not be moved unless they are in danger of further injury. Check entire area for injured. Ambulance number is 632-5433. (or 911)

Prepare for aftershocks which may occur and may cause more damage.

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In the event of fatalities, cover the bodies and notify the RCMP or Ambulance at 911 and they will assist if the Coroner needs to be notified. If you must move a body, keep all personal effects and note time and place of death.

Check for fires and fire hazards, especially gas leaks or damaged electrical wiring. (Note: do not attempt to shut off gas valve unless you smell gas or hear a hissing indicative of a leak.)

Check for building damage and move everyone to a safe area if possible.

In most cases, evacuation will not be necessary but we will evacuate the Centre if the building is unsafe, moving to an outside safe area away from buildings and other potential hazards. Do not permit anyone to run into the street. If possible, secure the building before leaving and leave a note posted as to where you evacuate to.

If light is needed, do not attempt to light a match or turn on a light switch; these could ignite leaking gas. Use flashlights instead.

Attempt to clean up glass and rubble, but do not attempt to clean a chemical spill. Do not pull timber out of the wreckage as you could cause further collapse.

Do not use telephones except in emergencies. Use battery powered radio for damage reports and information from local Emergency Disaster Management Agencies.

Try to insure that all phones are on the hook so that system does not indicate a busy signal to incoming calls.

Make appropriate arrangements for clients to return home or go to the nearest emergency Reception Centre. If leaving the building, leave a note attached to the outside door indicating the names of all who are leaving the building and their destination.

If driving during an earthquake, pull over and remain inside your car. Be aware of falling power lines.

BOMB OR BIO HAZARD THREATS

Although the threat of terrorism against the Centre is extremely low staff should be aware of the following procedures to follow should there be a threat. A bomb threat could be written, recorded or communicated orally. Most bomb threats are made by a caller who wants to create an atmosphere of general anxiety and panic, but all such calls must be taken seriously and handled as if there is an explosive in the building.

The call recipient must remember to do many things, all of which will aid in the search for the device and provide authorities with as much information as possible for their later investigation.

Responding to a Bomb Threat

1. The staff who takes the call will keep the caller talking as long as possible, and follow the bomb threat telephone procedure. See the Critical Incident Quick

Reference. Once the conversation is terminated, hang up, get a dial tone, and press *57. This will activate a trace.

Be calm, listen and be courteous

Do not interrupt the caller.

Take notes, write down the date and time of the call and anything else that was heard.

Try to note the following:

If the speaker is male or female

If the speaker has an accent

If the voice is disguised, muffled or funny sounding.

If the voice is shrill or sharp

Any background noises-car, bell, music

Are the sounds inside or outside etc.

If possible with out interrupting the caller ask questions:

When is the bomb going to go off?

What does it look like?

Where is it right now?

What will cause it to explode?

Why?

What is your name?

Did you place the bomb?

What is your address?

Signal a coworker if possible to let them know you have a threatening caller on the phone. Do not let the caller know you are doing this. Once the call is completed trace the call by dialing *57, and a recording will guide you through the steps.

Phone the RCMP 911 and state a bomb threat is in progress, follow their instructions.

Should a written threat be received:

Keep the card or letter for further investigation; do not over handle the letter or card.

Immediately notify the Executive Director or designate or a Program Director. If they are not on premises and you are unsure call the RCMP and follow their instructions.

If an unidentified and suspicious parcel or letter is found inside or outside the Centre.

Approach with caution

Do not touch or attempt to move or disturb the object or item

Ask any staff if they can identify the object and whom it belongs to.

The contents of a letter or package may cause concern if:

You see powder or a liquid

It contains a threatening note, or

It contains an object you cannot identify.

Has a noise coming from it.

Has a strange odour

Oily stains, discolouration or crystallization on the wrapping.

Evacuation Procedures

If building is to be evacuated because of a bomb threat:

- Director of Operations contacts the RCMP **911** to relay information about the threat. Staff and clients are to remain inside the Centre during communications with the RCMP. No one is permitted to exit the building at this time because the threat may be triggered by actions or motions such as opening and closing doors or windows, turning on or off lights etc.

If the RCMP determines it is safe to exit the building:

- All staff are to proceed to the nearest exits. Staff are to ensure their clients are escorted through the nearest emergency exit.
- All staff are to ensure all families and guests at the Center are shown and escorted out of the nearest emergency exits by staff.
- Occupational Therapists are to check and ensure the Family Fun Spot and the upstairs north therapy room are vacant then proceed to the nearest exit.
- Supported Child Development workers are to check the photocopy rooms and the upstairs bathrooms then proceed to the meeting place.
- Accounting and Community Resource Workers are to check the upstairs bathrooms and main Center entrance before exiting.
- Healthy Babies and Infant Development Workers are to check the downstairs bathrooms and the kitchen before proceeding to the nearest exits.
- Youth Case Workers are to check the downstairs gym and the north therapy room before proceeding to the nearest exit.
- Preschool Staff are to check and secure the preschool before exiting the building.
- Administration is to call **911** to inform Kitimat Fire Department about the bomb threat then exit and proceed to the meeting place.
- The Directors of Operations are to make a final sweep of the building to ensure the building is vacant.
- Director is to obtain the Health and Safety Manual found in the photocopy room and make note of the staff sign in board before exiting and proceeding to the meeting place.
- The safety of every individual in the Centre should be the primary priority

Assembly After Evacuation

Staff, clients and guests are to assemble in the south parking lot between the high school and the Center.

Policy first developed 2002.

Reviewed and revised June 2006

Revised January 2007

How to handle Anthrax and other Biological Agent Threats

While it is extremely unlikely that the Centre would be a target of this activity, it is possible that crank letters or packages may occur. The Canadian Medical Association has provided background information and linkages for further information on Anthrax. As well the US Center of Disease Control provides specific instructions on how to identify and deal with suspicious mail. Their backgrounds are included in the appendix of this manual.

POWER FAILURE

Steps to Follow During a Power Failure

The Centre has emergency lighting that will operate on battery for two hours.

Use flashlights if necessary. These are stored with the first aid kits on the main floor.

Building Closure/Inclement Weather/Power or Furnace Outage

Steps to be taken

- Consult with the Executive Director or designate.

If it is after day time hours call the following at home: Margaret **638-1739 (250-632-3751)**, Maryanne **632-4168**

The KCDC expects that when unusual circumstances occur, services will continue, whenever possible. Closure will be determined on safety of clients and staff.

Expectations for Centre Closure

It is expected the Executive Director or designate and all Program managers will be at the Centre or make arrangements by telephone to inform their staff. It is important for safety of staff and any clients that may show up to have a staff member at the Centre.

For inclement weather and closures the KCDC has set up a telephone tree where program managers phone staff.

For staff this is a day of work and there is an expectation they will come in if possible. If they cannot due to safety concerns there must be contact with their program manager, ensure clients are notified, and determine if work can be completed from home.

It is expected that staff use their judgment of safety and determine if a closure is warranted, if clients or staff should go home early because of deterioration of road conditions.

Procedure for Notifying Staff and Clients of a Closure

The KCDC has implemented a telephone call out tree to notify staff of centre closure or of other emergency news.

Policy 2.6.17. of Operations Policy and Procedure Manual
Revised June 2006

TSUNAMIS

Staff will follow the instructions given by the Provincial Emergency Response with regards to tsunamis.

Emergency Provisions:

- First Aide Kit
- Water and Water Purification Tablets
- Food: Canned and Dehydrated
- Manual Can Opener
- Flashlight with batteries
- Small radio with batteries
- Garbage bags
- Blankets
- Survival Manual

Post-Flood Hazards

Floods are the most common and widespread of all natural disasters, except fire.

For the Centre the risk of flooding is in our basement area. We have a sump pump and drain in the furnace room to deal with water when the water table is too high for drainage. This is ground water.

The Centre has also experienced sewage backup (comes up the toilet drains in the basement). Prevention of this is with a backflow valve on the sewage line (in the cement casing just outside the side window). Alerting to this problem occurring is a bubbling sound in the toilets. Immediate action is to call the School District Maintenance who will assess the situation and if necessary use a pump in the outside cistern.

If the flood is generalized the best protection is to move to higher ground. The likelihood of this for the Centre is extremely small as we are not located on a flood plane area.

If a flood does occur the following precautions will be taken:

Evacuation

- All staff are to proceed to the nearest exits. Staff are to ensure their clients are escorted through the nearest emergency exit.
- All staff are to ensure families and guests at the Center are shown and escorted out of the nearest emergency exits by staff.
- Occupational Therapists are to check and ensure the Family Fun Spot and the therapy room are vacant then proceed to the nearest exit.
- Supported Child Development workers are to check the photocopy rooms and the upstairs bathrooms then proceed to the meeting place.
- Accounting and Community Resource Workers are to check the upstairs bathrooms and main Center entrance before exiting.
- Healthy Babies and Infant Development Workers are to check the downstairs bathrooms and the kitchen before proceeding to the nearest exits.
- Youth Case Workers are to check the downstairs gym and the north therapy room before proceeding to the nearest exit.

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- Preschool Staff are to check and secure the preschool before exiting the building.
- Administration is to exit the Center by the nearest emergency exit.
- The Directors of Operations are to make a final sweep of the building to ensure the building is vacant.
- Director is to obtain the Health and Safety Manual found in the photocopy room and make note of the staff sign in board before exiting and proceeding to the meeting place.

Contaminated Drinking Water

- Use bottled water or bring water to a rolling boil for ten minutes or add one drop of non-perfumed chlorine bleach per litre of water.

Contaminated Dishes and Utensils

- Wash and sterilize dishes and utensils. Use boiling water or use a sterilizing solution of one part chlorine to four parts water, then rinse dishes and utensils thoroughly.

Procedures During Flood

Basement Flooding: If there is contaminated flood water (sewage) in the basement staff will take precautions of waterproof footwear, wearing of gloves and determine if masks should be worn. An immediate call goes to the School District Maintenance, The District of Kitimat and Sani Tech. Sani Tech is a qualified company to deal with the sewage/water damage.

If you are in the building

Call the School District Maintenance

If advised to do so turn off the basement furnace and the outside gas valve.

Lift and unplug any computers especially the central server computer. For protection this computer is raised off the floor.

See resources filed in the appendix of this manual regarding contaminated flooding.

Watch for Mould:

Mould is a health hazard. If mould is present, wear a face mask and disposable gloves. Dry every as quickly as possible as anything that stays wet long enough will grow mould and could possibly cause health problems. See the resources in the back section of the health and safety manual kept on the main floor by the first aide kit for more information on mold and prevention taken if a flood occurs. Contact the Ministry of Health and the Environmental Health Officer from Northern Health for more information.

GAS LINE EMERGENCY

If you smell gas:

IF YOU SMELL GAS OR SUSPECT A GAS LEAK, CALL THE BC GAS

Kitimat number is 1800 663-1173

24-HOUR EMERGENCY LINE AT 1.800.663.9911.

Natural gas is a colourless, odourless, and non-poisonous. For safety and odorant is added to natural gas- that smells like rotten eggs or sulphur.

Follow these steps if you smell gas

In the Centre the main gas valve for the furnace is located on the main gas line pipe coming into the furnace. It should require a quarter turn to the right or left.

- Do not use matches. Extinguish cigarettes. And do not create any source of ignition.
- Do not operate electrical switches such as light switches.
- Leave a door or windows open and Exit the Centre immediately

Natural gas is lighter than air, which means if it is leaked outdoors, it will rise and dissipate into the atmosphere. If natural gas is released in a confined space, such as inside the Center it will rise to the ceiling and accumulate.

Given the right concentrations of natural gas and air, natural gas can ignite from sparks from electrical switches or appliances and from open flame such as matches and pilot lights. Fire or explosions can result.

If the gas odour is strong, especially when accompanied by the sound of escaping gas, evacuate the premises IMMEDIATELY, go to another location to call the emergency gas number 1.800.663.9911 and 911 to ask for Fire Department assistance. (This number is listed on the front page of the telephone book.) .Ask if we should shut off the main gas supply and follow their instructions.

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Evacuation Procedures for Gas Leak:

- All staff are to proceed to the nearest exits. Staff are to ensure their clients are escorted through the nearest emergency exit.
- All staff are to ensure all families and guests at the Center are shown and escorted out of the nearest emergency exits by staff.
- Occupational Therapists are to check and ensure the Family Fun Spot and the therapy room are vacant then proceed to the nearest exit.
- Supported Child Development workers are to check the photocopy rooms and the upstairs bathrooms then proceed to the meeting place.
- Accounting and Community Resource Workers are to check the upstairs bathrooms and main Center entrance before exiting.
- Healthy Babies and Infant Development Workers are to check the downstairs bathrooms and the kitchen before proceeding to the nearest exits.
- Youth Case Workers are to check the downstairs gym and the north therapy room before proceeding to the nearest exit.
- Preschool Staff are to check and secure the preschool before exiting the building.
- Administration is to call **911** to inform Kitimat Fire Department about the leak and contact the Emergency Gas number **1-800-663-9911** before proceeding to the nearest exit.
- The Directors of Operations are to make a final sweep of the building to ensure the building is vacant.
- Director is to obtain the Health and Safety Manual found in the photocopy room and make note of the staff sign in board before exiting and proceeding to the meeting place.

To turning off the gas meter outside. Turn the valve 1/4 turn to the right or left or until the valve is at right angles to the vertical supply line. Using a 12-inch adjustable wrench turn the valve 1/8th turn to the right or left. Wrench is in the janitor supply cupboard or available from the maintenance shoPage

If the valve is frozen, contact BC Gas and they will have a service representative attend.

A shut off wrench can be found in the tool box in our janitorial equipment room or from the School District maintenance shoPage

A diagram is included in our health and safety manual.

*******ONLY A QUALIFIED GAS FITTER CAN REACTIVATE GAS SUPPLY*******

DO NOT USE PRODUCTS LIKE WD40 TO LOOSEN THE VALVE. These types of products will damage the seal in the valves and could cause a gas leak.

Leaking gas could cause a fire or explosion or could provide fuel to an already burning fire.

Staff who notice unusual sewer or chemical odours should report them to the Executive Director or designate and if they are not available to the School District Maintenance staff at **250-632-1414**.

Suicide Ideation Assessment

If a co-worker or a youth you are working with speaks of suicide attempts of the past and/or suicide ideation of the present, some concrete questions will need to be asked. One approach is to frame your questions with a statement indicating that you have experience with other persons that have talked or acted in a similar manner when they were feeling suicidal. This is the reason for your concern. It is extremely important to remain calm, and to listen very carefully to the person. Try to stay with where the person is. This means talking with the person in a manner that shows that you are trying to understand, rather than trying to change their thinking. Often persons in a suicidal state do not feel listened to. Listen carefully in order to maintain a connection with this person. If you start trying to talk them out of it, your actions may encourage them to develop more sophisticated arguments for suicide or deter them from further communicating.

If you are uncomfortable questioning the person on this topic, immediately consult with another caregiver or get support through a support worker or social worker.

Suicide Assessment Questions

Here are some concrete questions that must be asked in order to complete a suicide assessment:

Article I. Look for intent

- Are you feeling suicidal right now?
- Have you felt this way before?
- What happened that last time you felt this way?
- What happened after the last attempt?
- Did you receive help?
- What did you do to harm yourself?
- Has someone close to you completed suicide?
- Do you have access to the means? (Example: gun, pills, rope, plan. How lethal is the means?)
- Does your family have a history of mental illness?
- What is their history of loss? (Example: family, friends, pets, job).
- Does the person have a plan?
- How well thought out is this plan?

If the person responds in a manner that leads you to believe that they are suicidal **DO NOT HESITATE** to call:

RCMP – 911, Ambulance –911, Mental Health 250-632-3181

Suicide Assessment (low risk)

- Youth has some suicidal thoughts
- Youth has no concrete plan
- Youth has no history of suicidal behaviour
- Youth has a good support network and is able and capable of accessing it
- Youth does not abuse alcohol or drugs
- No recent loss of completed suicides

Encourage person to:

- Reach out to a trusted adult
- Reach out to support network and follow up
- Emphasize calling a crisis centre
- Support going to an emergency ward if necessary
- Contact the family doctor/clinic
- Is youth aware of crisis resources such as After Hours, and the number for a local crisis centre for non-business hours? Ensure that they have these numbers.
- Identify other choices.

Document all information in this person's file and complete an Incident Report. If this person is considered to be suicidal, contact the primary caregiver, program coordinator, or mental health. Ensure that the medical procedures are followed if the person goes to the hospital e.g. all pertinent information goes with them to the hospital and a concrete follow up plan is put in place. Ensure that an incident report is completed and sent off to all relevant persons.

Further Information on Suicide Assessment & Evaluation

A person who engages in suicide ideation or planning has lost all hope in his or her ability to overcome the problems in their life and feels helpless to control the events. Some aspects of self-destructive behaviour include:

- 1) The remembrance of painful experiences and ending the struggle
- 2) Some individuals experience a "death wish" ie. The world would be better off without me.
- 3) Extensive thoughts of suicide.
- 4) Affect and Behaviour. This can include a lessening of affect, such as not showing any emotion. Feelings of helplessness and hopelessness seem to be key factors in suicide. Be sensitive to unexpected decrease of symptoms of depression; this may demonstrate a person's final acceptance of their suicide plan.
- 5) Individuals often show a drop in performance or grades, and/or changes in grooming, eating or sleeping.
- 6) Motivation: what seems to motivate the person to kill him/herself? Under what conditions? Did they know someone who committed suicide? How close were they? What is motivating the person?
- 7) What could be a factor in this motivation? What are the reasons to live? What would prevent the person from killing him/herself? What has kept them from attempting suicide so far? What are the relationships that matter in their lives? How will other people be impacted? How did they pull themselves away from these thoughts last time?

8) Gestures/Attempts: previous attempt history. Previous gestures. What was said? To whom?

9) Preparations: Has the person given away (prized) possessions, told anyone, written a suicide note?

10) Plans/Means/Method: What is the degree of practicality in the plan to kill themselves? What is the plan? How would they do it? Do they have the means? (Availability, opportunity, lethality)

11) Be aware of a sudden decrease in symptoms as the person appears calm and happier. This may occur as a result of the person's final acceptance of his or her plan.

12) Treatment: It is important to acknowledge that the person has an option, but have they explored other alternative choices? The goal is to help the person to experience a cognitive shift in thinking. In many, but not all, cases the person may not be able to experience this shift. At that time hospitalization is indicated in order to protect the person and stabilize them through a comprehensive medical and psychological assessment and follow-up treatment planning.

Resources on Suicide and Suicide Assessment

Resources for Mental Health First Aid are filed in the resource section of the Health and Safety Policy Manual.

<http://www.yellowribbon.org/> - The Yellow Ribbon Suicide Prevention Program

<http://www.siec.ca/siec.htm> - Suicide Information and Education Centre

<http://www.yorku.ca/cdc/dons/suicide.htm> - York University site about suicide

[http://www.mental-health-](http://www.mental-health-resources.com/Top_Health_Mental_Health_Disorders_Suicide.html)

[resources.com/Top_Health_Mental_Health_Disorders_Suicide.html](http://www.mental-health-resources.com/Top_Health_Mental_Health_Disorders_Suicide.html) - The Mental Health Directory - this site is also meant for people who are feeling suicidal.

Lost Child Policy and Procedure

Once staff or a parent have identified that a child is missing

- All staff will be immediately notified
- Executive Director shall be notified
- Staff will designate a team to search while the other team supervises the other children

- Search team is responsible for:
 - Creating a team leader
 - Prioritize search, starting with areas that present the most danger
 - Designate a meeting place and a time frame

- Responsibilities of team supervising the other children include:
 - Gathering the children at the meeting place

If necessary the preschool supervisor will access the emergency card of the missing child

- If a search of the Centre area is unsuccessful, the police will be contacted
- A reportable incident form will be filled out
- If the parent is not present, the Preschool Supervisor shall notify the parent/guardian
- Staff will begin to gather information about the child – description, when and where the child was last seen, what the child is wearing, areas searched, who was notified, strangers and other vehicles in the area
- Staff will stay at the search meeting place until the missing child is found or relieved of duty from Executive Director

Staff may be required to carry 'client cards.' These business sized cards contain information about the child including but not limited to: address, name of parents, contact numbers, care card numbers, medical alerts, description. Workers are required to have these cards available to provide to search parties in the scenario that a child is lost.

VIOLENCE, THREATS, WEAPONS

All staff will familiarize themselves with this crisis management procedure. In all situations of potential volatility, staff will remain calm, afford the potentially violent person an open exit, and will not engage in any form of physical altercation or restraint, unless restraint training, and clear policy within the program with which you work states otherwise.

The following is for programs that do not use restraint procedures.

Potential Violence: In a potentially volatile situation, quickly assess these factors:

- Safety of yourself
- Safety of client
- Safety of others

Proceed with Caution:

- Keep open spaces so the client does not feel trapped
- Keep an open body posture
- Speak in a calm voice
- Listen to what the client is not saying observe non-verbal body language
- Separate client from others. Go for a walk with them. Let them leave if they wish to do so.
- A cooling off period is a good option. **DO NOT ATTEMPT TO RESTRAIN**
- If a client is endangering self/others continuously and/or willfully and/or continuously damaging property, contact the Police at 911
- In all cases, when a weapon is involved, do not attempt to disarm. Ensure the safety of all. Call RCMP 911.

After the incident:

- All crisis incidents and/or emergency situations are to be documented on

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- an Incident Report form.
- In cases that are volatile or particularly emotional/stressful, a critical incident stress debriefing sessions will be arranged following the CISM protocol for the Centre.

Building Description

The Kitimat Child Development Centre is located at **1515 Kingfisher Ave.** The building is classified as a non combustible---- with respect to the building code, has one story above ground and a basement floor.

Construction is concrete, brick with interior room partitions of gypsum on steel and wood studs. The building has a **non combustible** roof. A fire rated ceiling system was installed with renovations done during the summer of 2004.

Fire Detection and Alarm Systems

Manufacturer Edwards	Model 256764C
Stages	Supervised
Monitored-Graydon Security	Annunciator location- none
#zones 4 zones.	Sprinkler valve supervision- none.

Heat Detector Locations- Ten (10) on the main floor – one in each room. Six (6) on the basement floor- one in each room.

Smoke Detector Locations- after the September 10th inspection we have ordered two smoke detectors to be installed in each stairwell. The School District will install these and they will be wired into our alarm system.

Manual pull station locations

Adjacent to exterior exit doors and at entrances to stair shafts.

Main Entrance Door

During an alarm condition the main lobby entrance door does not latch release allowing fire fighter entry. The key for the building is in the key box located to the right of the door.

Exiting

Number of exits: three.

Location of exits: Front door, front stairwell door and side door of back stairwell.

Required exits: Exits are required by the Building code are noted on the floor plans. See attached floor plans.

Closure

Fire rated doors and self closing devices are provided at the entrances to Stair shafts and service rooms. Fire rated doors are at the top and bottom of stairwells. To the furnace room. The front stairwell doors (top and bottom) have automatic closing latches for when the fire alarm goes off.

Exit Signs

Location: Front entrance, back entrance (north side of building)

Connected to emergency power- yes

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Emergency Lighting Units

Emergency lighting units connected to battery packs are installed on the upper floor- front hallway, hallway access to the north side of the building, the north side office, the west wall of the main play room, and top of the back stairwell.

Emergency Power and Lighting- none except those noted above.

Elevators-none

Fire Extinguisher System-none

Portable Fire Extinguishers

Type and location—Upstairs THREE — front foyer- Multipurpose Dry Chemical WBSF-ABC-5A; hallway - same; Fun spot is C-TCP-5J.

Downstairs – THREE- Gym is ABC-050-W; Kitchen is YV 136596 (new) and hall is VV136594.

Standpipe-none

Sprinklers-none

Freezing protection-none

Main Natural Gas supply shut off

Location-WEST side-(opposite to the front door)

Heating, Ventilation and Air conditioning

Type of heating: natural gas. Lennox Gas Fired multi zone furnace with digital controls including multi zone damper actuators. (AHU-1) There is telephone and computer access modem for heat setting. There are 9 zones with thermal insulated ductwork. The switch to manually turn off the furnace is on the wall in the furnace room.

There is an air conditioning unit and a roof top condenser for the furnace on the roof of the building.

A mechanical system study was completed in March 2004 and available if more information is required.

Electrical Rooms and Equipment:

The gas hot water tank was replaced summer 2006 and is installed on an elevated platform in the furnace room. The tank is strapped to the wall for earthquake protection.

Electrical room located on the lower floor immediately to the left of the front stairwell contains the alarm system panel, the phone panel, and the central computer server for the Centre.

Electrical maintenance room is located off the gym area on the lower floor. This room contains the janitorial supplies, cleaning sink and the electrical panels. These panels were re-labeled January 2007 as some panels are no longer functioning.

Kitimat Child Development Centre

Fire Department Access Routes: main access is the driveway off Kingfisher that leads to the High School Parking lot. Side access would be from Meldrum street.

Fire Department Access to the Roof: no roof access ladder is permanently installed.

Fire Department Keys

Location: master key is in the fire key lock box to the right of the main front door.

Areas of Refuse: Locked Garbage container is located by the maintenance shop (east side of the building).

Chemical/combustible storage

None stored on premises. Combustibles stored at the School District Maintenance Building.

Maintenance of Building Safety

Building Alterations or Repairs

During alterations and repairs the FSD or delegate will ensure that the building and its occupants are not exposed to undue fire hazards created by contractors equipment or supplies which are brought into the building. Frequent inspections of the affected area is suggested in order to ensure the following:

- Exits are free of obstructions
- Dangerous work areas are inaccessible to staff or clients
- Contractors have obtained the necessary building and operation permits
- Flammable and combustible liquids are handled and stored safely
- Heat producing equipment such as welding/cutting equipment and portable heaters are used safely.

When a problem is suspected the Fire Department should be contacted in order to provide advice or perform an inspection.

Portable Fire Extinguishers

Reference Standard: NFPA 10, *Standard for Portable Fire Extinguishers*

An inspection of an extinguisher is a *quick check* that an extinguisher is available and will operate. It is intended to give reasonable assurance that the extinguisher is fully charged and operable. Maintenance is a *thorough check* of an extinguisher which is intended to give maximum assurance that an extinguisher will operate effectively and safely, and will normally reveal the need for hydrostatic pressure testing. Recharging is the replacement of the extinguishing agent.

When extinguishers have been used they are to be serviced by qualified personnel.

Monthly Inspection

Responsibility: Janitor

Monthly the Janitor is responsible for testing emergency lighting and the fire extinguishers and records this testing in our H& S record book.

Procedure:

Check portable fire extinguishers for the following:

- Located in designated place
- No obstruction to access or visibility
- Operating instructions on nameplate legible and facing outward
- Seals and tamper indicators not broken or missing
- Determine fullness by weighing or *hefting*
- Examine for obvious physical damage, corrosion, leakage, or clogged nozzle
- Pressure gauge reading or indicator in the operable range or position

Record Keeping: Monthly Inspection & Testing Report

- Serial number of extinguishers requiring maintenance should be recorded on report for qualified contractor

Fill-out extinguisher tag with following information:

- Date extinguisher was inspected
- Initials of person performing inspection

Annual Maintenance

Responsibility: Levitt at 312B Railway Ave, Service Centre (250) 632-7766 are responsible for the annual inspections. School District maintenance staff also do the inspection of the smoke detectors.

- Perform maintenance in accordance with the B.C. Fire Code Regulations and NFPA 10, including any necessary hydrostatic pressure testing.

Record Keeping: Annual Inspection & Testing Report

When the service company removes a fire extinguisher from the building for an extended length of time, a fire extinguisher of the same type should be provided temporarily in its place

Emergency Lighting Units

Reference Standard: *B.C. Fire Code Regulation 1998 (2006) , Section 6.7 (6.51.6.2)*

Monthly Inspection

Responsibility: Janitor. Record of inspection is kept in the Health and Safety record book.

The Centre has 11 Ready Lite Battery with electrical back up emergency lighting model LDX6-36 located throughout the building.

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Self-contained emergency lighting unit shall be tested at intervals not greater than one month to ensure that the emergency lights will function upon failure of the primary power supply.

Inspection includes:

- X Monthly pressing of the test button to ensure lights are functioning
- X Regular checking of the battery by switching off the power supply and then checking the lights.

Record Keeping: Monthly Inspection and Testing Report

Annual Testing

Responsibility: Janitor

Procedure:

- Self-contained emergency lighting unit equipment shall be tested at intervals not greater than twelve months to ensure that the unit will provide emergency lighting for a duration equal to the design criterion Under simulated power failure conditions. Minimum operating time of 15 minutes.
- X After completion of the test, the charging conditions for voltage and current and the recovery period shall be tested to ensure that the charging system is functioning in accordance with the manufacturer=s specifications.

Note: Operation time for units is as follows:

- 60 minutes for Group B occupancies not within the scope of Building Code Subsection 3.2.6.
- 30 minutes for a building of any other occupancy.

Record Keeping: Annual Inspection and Testing Report -

Fire System Repair, Service & Emergency Contacts

Fire Safety Equipment	Company Name	Phone Number
Sprinkler System	Do not have one	
Fire Alarm	Graydon Securities	<u>1-877-713-9588</u>
Portable Extinguishers	Levitt	<u>250-632-7766</u>
Standpipe System	Do not have one	
Emergency Lighting	School District	<u>250-632-1414</u>
Chimneys and Flues	School District	<u>250-632-1414</u>
Exhaust ducts	School District	
Air conditioning	School District	<u>250-632-1414</u>
Building Owner/rePage Supervisor	School District Maintenance	
	John Garissimo- Terrace – 250-615-7389- cell 615-7389.Kitimat is Roger Pacheko.	

Heating Ventilating & Air Conditioning Systems

Annual Testing and Servicing

Responsibility: School District Maintenance

Procedure:

- Inspect and service as necessary to ensure that these systems do not create a fire hazard
- Except for self-contained systems within dwelling units, disconnect switches for mechanical air-conditioning and ventilating systems shall be operated to establish that the system can be shut down in an emergency

Record Keeping: Annual Inspection & Testing Report.

Record Keeping: None

Control of Fire Hazards in the Building

Storage and placement of equipment and materials

1. All corridors and stairwells will have unimpeded access so as to enable safe exit from the building must be kept clear of obstructions at all times.
2. No combustible paint and adhesives will be stored on Centre premises. These will be stored in the maintenance building of the School District.

Posting of decorative materials, information posters and children's art

This policy applies throughout the entire building. Guidelines from the Province of British Columbia No. 99-01 are filed in the appendix of this manual.

For the Centre the following specifics apply: Article 2.3.1.3. of the current edition of the BC Fire Code requires that decorative materials on walls and ceilings shall have a flame spread rating not greater than that required for the interior finish of the space in which they are located.

Flame Spread Rating

The interior of the Child Development Centre building is a mix of gyproc and some outside brick walls. There is a fire alarm system but not a sprinkler system. Fire retardant ceiling tiles were installed when building renovations were completed in the summer of 2004. All suspended ceilings had increased earthquake fixation done at this time.

The BC Building Code requires the interior wall finish of corridors serving classrooms to have a flame spread rating not more than 75. A flame spread rating of 150 is allowed if the building is protected by an automatic sprinkler system. The flame spread rating for wall finishes is determined by the Steiner Tunnel test which measures the distance flame travels along the test specimen over a timed period when exposed to a controlled flame from a gas burner. Gypsum of which is in place for the majority of the Centre has a rating of 25.

Policy on what is acceptable decorations and placement of materials and equipment for the Centre is set to minimize flame spread are:

1. Combustible material may not be displayed in stairwells and exits.
2. Small quantities of combustible materials such as teaching aides, program notices and student art work is permissible within designated display areas including in the corridors. See map of designated display areas. New glass enclosed display cases installed at the front entrance and beside door to pre-school. (2009 and 2010)
3. The location for the placement of combustible is based on combustible materials may not exceed 20% of the total wall area for each wall. Materials whenever possible are to be attached using a staple (no tacks or push pins are allowed) so that each corner of the paper lies flat against the wall.
4. Combustible material may not be attached to the ceilings in corridors.

Areas Designated for the Displaying and storing of Combustible Materials

- minimum 1 m from classroom and exit doors
- minimum 0.5 m below ceiling level and 0.5 m above floor level
- minimum 0.5 m from safety equipment, such as fire alarm pull stations, fire extinguisher or fire hose, cabinets, fire detectors, automatic sprinklers, emergency lighting, and exit signs.

Size of display areas may not exceed 5 m in length and must be separated from each other by minimum of 1 m clearance.

Corridor Width: Combustible material may not be displayed in corridors less than 1.8 m in width. Corridors 1.8 m and 2.1 m in width may have combustible material displayed on one wall only. Corridors greater than 2.1 m in width may have combustible material displayed on both walls.

Classroom Doors Combustible material is not to be attached to the corridor side of the classroom door. Our current pre-school classroom has only one exit and thus no combustible materials may be attached to the classroom door.

An Exemption to the above policy is enclosed trophy and display cases, and glass-faced framed pictures / posters / and notice boards are exempt from these requirements.

There is no restriction on the amount and location of fire retardant paper / material on corridor walls, other than the clearance from safety equipment.

Calculated wall areas and charts to locate fire extinguishers, alarms for the Centre are included in the appendix at the end of this manual.

Health and Safety and Critical Incident Support Committee Terms of Reference

The terms of reference for this committee was expanded in the fall of 2006 after staff training for critical incidence response was done. The committee mandate was expanded to oversee incidence response both internally and for participation in the community.

Section Four

Health and Safety and Critical Incident Support Committee Terms of Reference

The terms of reference for this committee was expanded in the Fall of 2006 after staff training for critical incidence response was done. The committee mandate was expanded to oversee incidence response both internally and for participation in the community.

This committee must meet at a minimum of four times per year to review the organization for health and safety issues.

Committee membership is composed of the Executive Director and a minimum of two staff members. Minutes of meetings are posted and shared with the Board of Directors through the Executive Directors reports to the Board.

Responsibilities are:

- To promote a culture of commitment to high safety standards and to ensure a safe work environment.
- To prevent work related accidents.
- To encourage the education of workers and employers.
- To consult with workers and make health and safety recommendations.
- To ensure first aide equipment is available
- To advise employer on proposed changes that may affect workers.
- To ensure critical incidents are reviewed. Critical incidents include accidents, injuries, illnesses and “near miss” incidents. The purpose of the review is to enable the development of actions for improvement(s) to prevent similar events from occurring in the future.
- Be responsible for making recommendations and determining actions that the organization needs to take to improve the areas identified in a critical incident review. Recommendations may include environmental modifications, additional personnel training, changes in policies and procedures, and other actions.
- Monitors recommendations to evaluate the results of actions taken for improvements and ensuring recommended changes that have been made were effective.
- To deal with complaints related to health and safety.
- To develop on a yearly basis a health and safety training plans.
- To review on a regular basis (minimum once per year) the Health and Safety Policy Manual.

Every three years the committee will ensure an outside health and safety expert looks at our organization.

Documentation

Critical Incident review must include cause of each incident,

Safety Logs

Throughout our building there are several safety logs.

- On each fire extinguisher is the date of inspections and servicing.
- In the electrical room the testing of the alarm system is recorded.
- In the Health and Safety manual copies of our safety inspection checklist is kept.
- Maintenance file is kept in the Executive Directors office.

Fire Log Drills

Date and Name of Caregiver	Number of people in building	Time it took to clear the building.	Comments and ways to learn and improve from the experience.

Earthquake Log Drills

Date and Name of Person running this drill	Number of people in building	Time it took for all to find a safe spot	Comments and ways to learn and improve from the experience.

Incident Report Form

For hazards, potentially harmful conditions, incident or occupational disease.

This form is to be submitted to the Executive Director who will take immediate action if warranted. The report will be reviewed at the next health and safety committee meeting and recommendations will be implemented as necessary.

Please answer the following questions and use the back side of the form if there is not sufficient space to complete your information or if you wish to provide additional information that would be helpful in investigating your concern. You may also indicate if you wish to attend the next health and safety committee meeting.

IDENTIFYING INFORMATION

Date/Time: _____

Last Name: _____

First Name: _____

Position held at the Centre: _____

PARTICULARS OF THE INCIDENT/HAZARD

Where:

What occurred?

Why do you feel this is a hazard or potentially harmful situation?

How could we prevent a re-occurrence?

Print Name

Signature

Executive Directors Name

Signature

Hazard Report Form

Concern/hazard

Type (check all that are applicable)

Equipment _____ Building ____ Well being/Safety _____ Air Quality _____

Location of Hazard: _____

What are your recommendations?

What have you done to make it safe until it can be fixed (if appropriate)?

Reported by _____

Date _____

Date Received _____ Date Reviewed _____

Action recommended: Indicate whether a High _____ or Low _____ priority

(Please note person(s) responsible for the actions to be taken)

Action completed

Signature _____ Date _____

Safety Inspection Checklist

Purpose of this checklist is to do a monthly walk around our facilities and identify any health or safety issues.

Date of inspection _____

Completed by _____

Area of Inspection:

<input type="checkbox"/> Kitchen <input type="checkbox"/> Gym <input type="checkbox"/> Fun Spot <input type="checkbox"/> Outside Playground <input type="checkbox"/> Bathrooms <input type="checkbox"/> Staff Work Spaces <input type="checkbox"/> Stationary Room <input type="checkbox"/> Other _____
--

Violation Need: (A) Immediate attention (B) Require attention ASAP (C) Eliminate hazard but not an emergency

Date:

Completed by Whom:

Any incidence reports to be reviewed? No _____ Yes _____ Incident resolved Yes _____ No _____ Actions taken _____

<u>Area of Inspection:</u> (gym, preschool, office)	<u>Pass</u> Yes ____ No ____	<u>Area of Violation</u>

What to look for:

Floors:

	Pass	Violation
No slip, trip or fall hazards		
Clean, orderly, free of spills		
Grates, covers over floor openings		
Any unsafe practices observed?		

Actions taken

Aisles and doorways:

	Pass	Violation
Clearly marked floor plans		
Unobstructed		
Fire doors closed as required		
Any unsafe practices observed?		

Actions taken _____

Stairs:

	Pass	Violation
Railing secure		
No obstructions		
Lighting adequate		
No wear or damage to treads		
No Storage materials on stairs or in stair wells		
Any unsafe practices observed?		

Actions taken _____

Lighting:

	Pass	Violation
Illumination level sufficient for work performed?		
Emergency lighting working?		
Emergency lighting at exits working?		
Any unsafe practices observed?		

Actions taken _____

Parking area and building exterior:

	Pass	Violation
Lighting and alarm system working well		
Entrances are unobstructed		
No defective overhangs or curbs causing tripping hazard		
Are salt/sand available for slippery walks.		
Appropriate traffic markers		
Any unsafe practices observed?		

Actions taken _____

Fire Protection and Electrical/Furnace inspections:

	Pass	Violation
Written fire plans posted		
Date of Last Drill		
Fire equipment inspections up to date?		
Fire extinguishers charged		
Electrical and furnace inspections up to date?		
Monthly fire drills conducted and documented		
Emergency drills conducted and documented		
Smoke alarms located in appropriate work areas		
Any unsafe practices observed?		

Action taken _____

Employee training and work practices:

Yes

No

	Yes	No
Did all new employees have safety orientation?		
Any reminders to staff of safety policies?		
Work stations conducive to safe work?		
Use of home visit safety policies observed?		
Cell phone and emergency contacts being used?		
Sign in/out procedure being used		
Are insurance and driving policies being followed?		
Staff trained and aware of intervention strategies required		
Have staff been trained in lifting?		
Any unsafe practices observed?		

Action taken _____

Employee work spaces:

Yes

No

	Yes	No
Floors not cluttered or slippery		
Rugs are free of tripping potential		
Aisles are unobstructed		
General housekeeping is good		
Furniture is in good repair		
No top heavy filing cabinets or shelving		
Switch covers used		
Electrical and computer cords not a tripping hazard		
Adequate ventilation		
Plants that are potentially poisonous are out of children's reach		

Any unsafe practices observed?

Action taken _____

Potentially hazardous materials and safe use of equipment:

	Yes	No
Are hazardous materials stored safely?		
Is equipment placed and secured safely? (shelves)		
Are there gloves or eye protection available?		
Any unsafe practices observed?		

Action taken _____

Transportation:

	Yes	No
Are pre-trip inspections completed?		
Are staff aware of these policies?		
Any unsafe practices observed?		

First aid equipment:

Is equipment visible and up to date?		
Is there any training requirements noted?		
Any unsafe practices observed?		

Actions taken _____

Further Actions

Section Five

Community/Home Visit Tips

Sometimes getting to and from the client's home can place an employee in potentially violent situations. When planning to visit a potentially violent environment or client, the following precautions should be considered:

- Consult your supervisor to plan your strategy
- Inform your supervisor, executive director or designate of the potentially violent situation
- Visit with a partner
- Attempt to find out if the client has a known history of aggression or violence (R.C.M.P or M.C.F.D.)
- Consider contacting clients before a home visit to gain insight into the home situation and identify and problems beforehand. For example, phone ahead to say, "Hi, I'm on my way over, do you need anything? Is it still a good time to visit?" Pay attention to the client's tone of voice, background noise etc.
- Check the address to see if it is known to be in a potentially dangerous location.
- Be aware of your surroundings and remember to locate the entrances and exits.

Prior to Leaving for a Community/Home Visit

Make sure your supervisor is aware of your destination or has a way of finding this information (i.e. leave address information on desk calendar).

Sign out on the white board, leaving your planned time of return and contact information (either client's home number or cell phone number). Always carry a cell phone.

Apparel Tips

- Dress appropriately for the situation and the environment.
- Jewelry (hoops and chains) and unattended purses and bags may attract unwanted attention.
- Short skirts and shorts are not appropriate.
- Consider leaving at home any non-essential jewelry, carrying only work related materials, and wearing flat shoes and boots that allow you to move quickly.
- Consider removing any articles of clothing that could be used to cause you harm (i.e., necklaces, ties etc.).

Home Visit Considerations

- Present yourself in a calm and confident manner.
- Always have identification available.
- Identify yourself at the door. If you have any concerns do not use your name until you have established a rapport with the client.
- Do not remove your shoes (judgment).
- Do not stand if the client sits, nor sit if the client stands.
- Do not sit on a client's bed.
- Be careful of where you sit, and of what you drink or eat in a client's home.
- Do not touch the client unless it is part of your job function.

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- Do a visual check of the home. Look for objects which could be thrown at or used to strike you.
- Always know where the exits and doors are. Do not put yourself in a position where you do not have access to an exit.
- Notify your supervisor or designate if your visit has been prolonged.

Procedure for Leaving a Home Visit if Being Detained

In any situation where your safety is at risk or your presence places others at risk you must leave. If you feel the client is becoming aggressive, leave immediately. If the client does not allow you to leave, remember to:

- Remain calm and polite.
- Speak softly.
- Use a sense of humor if you can.
- Tell the aggressive client that you are expected at a pre-arranged appointment.
- Advise the client that you have planned to meet a co-worker and that you are expected back at the office.

Safety Tips for Home Visits

- On arrival at a location, scan the area for any potentially dangerous situations before leaving your car.
- Avoid entering an elevator with someone you perceive to be potentially aggressive.
- Never turn your back on a client or potentially aggressive person.
- Always shout “fire”, not “police” as it generally attracts more attention.
- Be aware of passengers sitting in parked cars and when possible walk on the side of the street opposite to where cars are parked.
- Do not park in isolated areas. Have your keys out and ready and check your backseat prior to getting in your car.
- Avoid making evening home visits when possible.
- Do not enter a home or building which you feel is unsafe and when possible do not use doors which lead to isolated areas. If you are uneasy or unsure DO NOT ENTER.
- Keep your keys and identification papers separate.
- Assess and recognize the potential for danger.
- Know your feelings about violence and consider if and how your attitude may increase the level of risk (i.e., ignorance, denial, macho syndrome, complacency, etc.).
- Expect some resistance as a natural response to your involvement; client’s may have something to hide or may not be ready to trust you yet.

Treat your clients with respect. Do not judge them, give them room for choice, involve them in decisions and listen to their concerns. Accept that clients have a right to their feelings, even anger.

- Be clear with your clients about what you can do for them. If you are unsure, tell them you must check with your supervisor first. Convey hope by telling them what you can do for them not what you cannot.
- Advise clients of their right to appeal or file a complaint when they disagree with your actions or believe you are being unfair.

DO

- Appear to be in control
- Follow the client upstairs (do not let them follow you)
- Stand to the side of the client (do not confront)
- Explain what you are there to do
- Leave the environment if your instincts tell you to
- Respect the individual you are dealing with

DO NOT

- Do not shout “Police” or “Fire”
- Do not appear fearful as it may promote the “victim syndrome”
- Do not enter a home if your instincts say not to
- Do not stand “toe to toe” with a client
- Do not record notes without first asking permission or in front of a potentially violent client.
- Do not continue with the home visit if the client is inappropriately dressed
- Do not stay in a room with an animal that threatens your safety - request the animal be placed in another room during your visit. If the client refuses, leave.
- Do not be aggressive, hostile or confrontational – be wary of challenging a potentially hostile client
- Do not feel less professional by leaving a situation that makes you uncomfortable
- Do not complete a home visit with someone who is, or whom you suspect is, under the influence of drugs or alcohol (See policy 2.7)

Violence/Crime Prevention

Procedure for Responding to an Act or Threat of Violence on a Home Visit

If a **THREAT** of violence occurs, immediately:

- Distance yourself from the person
- Leave as soon as you are able to
- Access backup from a co-worker if possible
- Access backup from potential witnesses
- Access backup from RCMP if necessary
- Notify management as soon as possible

If an **ACT** of violence occurs, immediately:

- Follow the above steps
- Seek medical attention if necessary
- Report to the RCMP
- Report to management

Travel Tips Sheet

Riding the bus

- Know the bus route and schedule in advance.
- Carry a schedule and after dark arrive just before the bus is due.
- While on the bus, carry the exact change and as little cash as possible.
- Sit near others and tell the driver if you are being bothered.
- For out of town travel, use the request stop service available on some services. Check with BC Transit for route and time info.
- If at all threatened get off and notify someone as soon as possible.

Driving

- Do not identify your keys with car plate numbers, name or address.
- Keep your car in good repair, the gas tank at least half full, and always check your tires before you leave.
- Park in well lit areas, avoid out of the way areas, and walk with others after dark if possible.
- If you must park in an underground parking lot, park as near the exit as you can. If the underground garage has a door that shuts behind you, remain in your vehicle and watch the door until it has closed to ensure no one has entered behind you.
- Always lock your doors and have your keys ready before getting into your car. Check the inside of the car before entering.
- Don't open your car window more than one inch to speak to someone who has approached you.
- Drive away if you are in any way uncomfortable.
- If you suspect someone is following you, do not go home - drive to a service/police/fire station and stay in your car if you feel threatened and honk your horn using short, repeated blasts until someone comes to offer assistance. When possible carry a KCDC cell phone or a personal phone.

Walking

- Always wear comfortable footwear.
- If using a stairwell, ensure it is well lit and that you can exit to a safe place.
- Stay on well lit streets in the centre of the sidewalk and away from bushes, doorways and parked cars.
- Cross the road if needed and move towards the street if you are passing an alley.
- If you think someone is following you turn around and check - let them know you are aware of their presence, do not go to your car or to your house, cross the street and go to a safe place, such as a store or a restaurant.

Hotel Safety

- Make reservations in advance and try to confirm these prior to your arrival.
- Use your business card or first initials when giving your name at check-in. Instruct the front desk not to give out your room number.
- Try to get a room on a higher level close to elevators and away from stairwells.

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Do not enter your room if you suspect someone is in there or if you are being followed or someone is lingering near your room.

- If you are in a motel try to get a room near the office or the Manager's unit, and keep all windows and doors locked.

Airplanes

- Check in early and leave clear itineraries at your workplace.
- Be cautious accepting rides from people you have met and about sharing taxis.

If the alarm goes off after hours the security firm responsible for the Centre will call designated staff. See alarm policy and procedure.

An outside locked key case is located at the front door to which the Fire Department has the key to access our key. The working of this key is checked during the routine fire inspections by the fire department.

Section Six

Section 1.01 Kid’s Place Preschool

Philosophy

Kid’s Place Preschool is a preschool where young children learn as they play and share experiences with other children in a safe stimulating environment. The preschool program is based on sound principles of child development and early childhood education. This is a play-based preschool program.

The children, their development, and individual needs provide basis for the daily program, for scheduling and the content of the curriculum.

As educators, we are aware of the uniqueness of each child and that learning styles and rates of growth are highly individual. For educational experiences to be meaningful and relevant, they must be adapted to the needs of each child.

Last, and most important, we believe that the child’s self-image is the most important part of the learning process. A child needs to perceive him/herself as worthwhile, capable, and significant, therefore, his/her experiences at preschool need to be positive and reinforcing.

Learning Environment

A chief ingredient in the learning experience of young children is the preparation of the environment in which they play. The environment is prepared in such a way that offers independence for each child’s abilities. Children are encouraged to explore, make choices and come to conceptual conclusions. Teachers will arrange an environment that promotes learning through play. Learning through play encourages children to explore, acquire social skills, experience independence in an environment that is “failure-free” and provides ample opportunities to practice skills. Children learn in variety of ways and play allows children to experience the world and learn in a way that best suits their unique individual learning style. Teachers will plan activities for large groups, small groups and individuals.

Daily Schedule

The daily schedule is as follows:

Rainy, Wet or Cold Days

AM Times	Activity	PM Times
8:55 to 9:00	Arrival	12:55 to 1:00
9:00 to 9:30	Circle or Story-time	1:00 to 1:30
9:30 to 10:00	Gym	1:30 to 2:00
10:00 to 11:00	Free Play or Centre Time	2:00 to 3:00
11:00 to 11:10	Clean up and Hand-washing	3:00 to 3:10
11:10 to 11:30	Snack time	3:10 to 3:30
11:30	Home time	3:30

Sunny (or overcast), Dry and Warm Days

AM Times	Activity	PM Times
8:55 to 9:00	Arrival	12:55 to 1:00
9:00 to 9:30	Circle or Story-time	1:00 to 1:30
9:30 to 10:30	Free Play or Centre Time	1:30 to 2:30
10:30 to 10:40	Clean up and hand-washing	2:30 to 2:40
10:40 to 11:00	Snack time	2:40 to 3:00
11:00 to 11:30	Outdoor play and exploration	3:00 to 3:30
11:30	Home time	3:30

Please note that the daily schedule above is an estimate. Sometimes activities can take more or less time depending on the group of children. Occasionally, this schedule does not work for all classes and it will be changed to best suit each class and the children in those classes.

Guidance of Children

We will use guidance to encourage the development of confidence, problem solving skills and self-control in young children. Strategies used will work to prevent possible difficulties and intervene when a problem does arise. We will approach children in a way that is respectful, recognizing the child's individuality and developmental level. Keeping in mind the influence family has on children's behaviour. The environment will have realistic expectations of the children's behaviour. A child's behaviour is their best possible attempt at communicating and therefore we work to assist children in learning a new, more acceptable way of communicating his or her wants and/or needs.

Staff will:

- Demonstrate appropriate, respectful behavior at all times
- Promote the development of positive social skills including self-esteem, self-control and safety skills
- Encourage children to understand and follow rules and positive expectations
- Supervise children at all times
- Establish clear, simple expectations
- Assist the children to learn and practice resolving issues in non-violent ways
- Acknowledge children's feelings and seek their input
- Offer choices that are developmentally appropriate
- Demonstrate respectful affection and caring to each child
- Provide an environment that assists in the prevention of behavior difficulties
- Have emergency behaviour management plans in place for children who require them; parent will sign behaviour management plans
- Use the positive behaviour paradigm as the main way of guiding children (having 90% of our efforts going towards preventing behaviours from happening; see resource guide Partnerships in Addressing Challenging Behaviours)
- Act as a resource to parents/guardians, encourage families to ask about guidance and discipline issues during orientation and as any questions arise.

We are committed to working with families to enhance knowledge of child development and approaches to child rearing practices.

Child Abuse Prevention

We are committed to preventing child abuse and neglect from happening.

Please be advised that all of our staff members are required by law to report any incidents of suspected child abuse or neglect to Child Protection Social Workers. Information about our abuse and neglect prevention policies can be made available to read. Please talk to the childcare services manager for more information or to answer any questions you may have.

Health

In order to maintain a healthy, happy atmosphere for all the children who attend our preschool, we ask that children be kept at home until they have fully recovered from any illness; including colds. This is very important because some children's immunity may not be very strong, making a simple cold a potentially life-threatening situation.

We also ask that your child's immunizations be kept up-to-date. Information about your child's immunization status can be obtained from the Northern Health Authority (Public Health).

If you are choosing not to immunize your child, please be advised that if there is a communicable disease out-break, your child will be excluded from preschool. This is for the protection of your child and others.

Sick Children

Please keep your child at home if they exhibit any of the following symptoms:

- Fever: even a low-grade fever
- Sore throat
- Runny or crusty eyes
- Pain: any complaints of unexplained or undiagnosed pain
- Runny nose: clear, yellow or green discharge
- Difficulty breathing
- Persistent cough
- Infected skin: an undiagnosed rash
- Headache and/or stiff neck
- Unexplained diarrhoea or loose stools
- Nausea, vomiting and/or abdominal cramps
- Itching of the body or scalp
- Children with known or suspected communicable disease (i.e. chicken pox, measles, etc.)
- If the child is not well enough to participate in the regular preschool program (i.e. keeping child quiet or not participating in gym/outdoor time)

Children exhibiting any of these symptoms at preschool will be sent home. Parents/guardians or emergency contacts will be phoned to pick up the child.

Please inform the preschool within 24 hours of any diagnosis of contagious or communicable disease within the family.

A child must be on a doctor's prescribed medicine (i.e. antibiotics) for at least 48 hours (2 days) and be free of symptoms before they can return to the program.

As this policy addresses the serious issue of children's health, failure to comply with these policies could result in Termination of Services. Please ask your child's teacher if you would like further information about our health and infection control policies.

Emergency Plans

The preschool practices fire drills on a monthly basis. This is a requirement of Childcare Licensing. Please let us know if you would like to know ahead of time the days we will have fire drills so you are able to talk about it with your child.

In the event of building evacuation due to fire or other disaster, we have a pre-determined meeting place for staff and children.

Our emergency meeting place is the School District Maintenance Building, (This building accessible from the High School parking lot.)

You and/or your emergency contacts will be contacted by the Child Development Centre/Kid's Place Preschool staff to pick up your child. Further information about our emergency procedures is available to you; please ask your child's teacher if you are interested in these policies and procedures.

Clothing and Belongings

Please send the following items to be kept at preschool:

- 1 pair of shoes or rubber soled slippers to wear indoors;
- 1 full change of clothes (shirt, pants, socks, underwear);
- A supply of diapers/pull-ups and wipes (if needed)

Please put your child's name on all belongings, including toys, coats and boots, etc.

We ask that children wear comfortable clothing that will allow them to freely participate in all activities. Smocks are provided for art time and water-play, as clothes do get dirty or wet.

Please ensure you dress your child for the weather. Outdoor play is part of our program even in the winter months.

Each child will have an opportunity to share items from home with the class. Generally, we have a designated "Show and Tell Day" or "Mystery Bag Day"; you will be provided with a calendar on a regular basis.

Snacks

We will provide children with a nutritious mid-morning or mid-afternoon snack. Snack selections are based on the most recent Canada Food Guide. Snack menu for your child's class will be posted in the classroom for you to view.

It is very important that you let us know if your child has any food allergies or sensitivities. This is for the safety of your child.

Birthdays

Young children often consider their birthday the most important day of the year. Families are welcomed and encouraged to bring a special snack to share. Please speak to your child's teacher to make arrangements.

Field Trips & Visitors to the Centre

Visitors and field trips are used to enhance and broaden children's ideas and knowledge about a subject or interest area.

Throughout the year, we will be having visitors to the centre and going on field trips that expand children's knowledge and interest of a topic. You will be informed ahead of time of any field trips and visitors that have been scheduled. A permission slip will be provided prior to all field trips. Permissions slips must be completed and returned to your child's teacher prior to your child attending the outing. Parents and guardians are welcome and encouraged to attend any field trips. Occasionally, we may call upon families to provide transportation for field trips.

Family Involvement Opportunities

The staff members at Kid's Place Preschool are committed to working with the whole family. The relationship between parents and staff is vitally important to the child's development. Parents are welcome to visit the preschool whenever they wish. This will allow you to have an understanding of your child in an environment that is different from home.

We encourage you to let us know about any special talents or interests you have that you could share with the children. (i.e. art, music, carpentry, gardening, pet care, etc)

Throughout the year, we may request that you attend meetings or conferences about your child. Please let your child's teacher know if you would like to have a meeting about your child as well.

Your child's teacher will also be planning "Family Events" throughout the year. These "Family Events" are designed to both provide families with ideas of activities to do at home but also to provide parents with information about what your child is learning when they take part in the various activities provided at preschool.

Occasionally, we may ask your help to assist with field trips or outings, fund-raising or other special projects.

The Kitimat Child Development Centre is a non-profit organization governed by a volunteer Board of Directors. We are always looking for new board members. If you are interested in becoming a Board Member, please speak to your child's teacher or the Executive Director for more information.

If you have spare time and are looking for somewhere to volunteer, please speak to your child's teacher about how you can be involved.

Celebrations

Please let us know if there are any special holidays or cultural observances that your family takes part in. We are interested in honoring the diversity in our preschool classes and welcome families to educate us about their culture and celebrations.

Start Dates

Family and teacher orientation interviews will be held the second week of September. The preschool teacher will call you at the end of August to arrange a time for you and your child to meet the teacher. If you prefer, the teacher can make a home visit instead.

The first week of preschool will be staggered/gradual entry and if needed, individual visits. Your child's teacher will inform you when your child's first day is during your orientation interview.

Closures

Kid's Place Preschool will be closed the following dates:

- All statutory holidays;
- Winter Break, Spring Break and Summer Break (according to the School District calendar).

Sometimes, due to circumstances beyond our control, we must close due to inclement weather, problems with our facility (i.e. heating failure). We will give as much notice as we can in situations like this.

Occasionally, the preschool may also close for professional development opportunities.

Arrival

Morning preschool sessions begin at 9:00 am; afternoon preschool sessions begin at 1:00 pm.

Doors will open 5 minutes before your child's scheduled class time. We expect parents to stay until the doors open, if you arrive early.

Parents/guardians must ensure that they have left their child with a preschool staff person before leaving. If possible, please phone if your child will not be attending.

Departure

Mornings classes end at 11:30 am and afternoon classes end at 3:30 pm.

Please call if you will be late picking up your child. This will enable us to inform your child and provide adequate supervision.

Please be advised that if you are more than 15 minutes late picking up your child without contacting us, we will contact your alternate/emergency contacts to pick up your child. If we are unable to contact anyone to pick up your child, we will contact a Child Protection Social Worker, as we are required to.

If someone other than the regular caregiver is going to pick up your child, we require written confirmation. On short notice, a phone call will suffice. A phone call is only permission for the day the phone call is given. Regular pickup persons must be added to your Pick-Up Authorization Form.

Individuals picking up your child must be authorized on the Pick-Up Authorization Form. Staff members will ask the person for I.D. if they are unknown to us. This is for the safety of your child. Please be advised that we will not release a child to anyone who is not authorized to pick up your child.

Financial Policy

By signing the Family-Centre Agreement you are agreeing to the terms therein. The conditions in the policy protect both families and Kid's Place Preschool. It assures the preschool that you will financially support the space guaranteed for your child. Guarantees from families protect the financial stability of the preschool and ensures that we can continue to offer preschool classes. If you are experiencing financial difficulties, please speak to your child's preschool teacher to make alternate arrangements.

Fees

A non-refundable registration fee of \$25.00 is payable to the preschool to secure your child's preschool space. This charge guarantees your child's space and is used to cover costs incurred by the preschool over the preschool year.

Calculating the annual expense per child and dividing by the number of months in operation determine monthly fees. The fees are subject to annual review by the Board of Directors.

Preschool Monthly Fees for 2010-11 School Years:

- 3 sessions a week: \$140.00 per month
- 2 sessions a week: \$100.00 per month

Monthly fees are payable by cheques, post-dated for the first of the month. All post-dated cheques are due upon registration. A service charge of \$7.00 will be charged in the event of an NSF cheque.

If you do not have a chequing account, please speak to your child's preschool teacher to make other arrangements.

A five-day grace period shall be allowed for payments, following which the account shall be considered delinquent.

Preschool fees may be tax deductible. For your convenience, receipts are kept on file and can be picked up at tax time.

There are no credits for sick days, exclusion due to non-immunization, holidays or days missed.

As stated on the Family-Centre Agreement, you are required to give 30 days notice in writing if you will be withdrawing your child from preschool. In lieu of the 30 days notice, you may pay one-month fees.

Non-Payment of fees can result in Termination of Services.

Termination of Services

The staff members at Kid's Place Preschool are committed to providing a caring and supportive environment for all children and families. However, termination of services may be required if:

- Fees for service are not paid according to financial policy outlined in this Handbook and alternate arrangements have not been made or agreements fulfilled;

- Failure to honor the obligations outlined in this Handbook;
- A family member harasses, threatens, abuses, or commits a violent act towards a staff person, child, or other family involved in the centre,
- Continued or numerous breaches of set policy to which a solution cannot be reached;
- If the program does not suit the needs of child and/or family.

Information

Please provide us with all requested information not more than ten days after enrolment. This is particularly important for medical and pick-up authorization information.

Changes

It is important that any changes to the information on your child's registration form be given to your child's teacher. This will enable staff to make accurate decisions about your child's care.

Changes the preschool needs to be aware of:

- Address;
- Phone number;
- Authorized persons for pick-up;
- Emergency contacts;
- Parental/guardian marital status especially if there is a restraining order or new custody agreement;
- Parent/guardian of the child and with whom the child lives;
- Significant events in the child's life (i.e. death of a grandparent, etc);
- Known or suspected allergies or medical problems.

Please remember that all information is held in the strictest of confidence.

The Kitimat Child Development Centre staff and volunteers abide by very strict policies regarding confidentiality. If you have any questions about our policies, please speak to your child's preschool teacher.

Centre Information

We are located at:

- 1515 Kingfisher Avenue;
- Phone number is 632-3144 extension 29.

Staff

Childcare Services Manager/ Preschool Teacher: Christine Doherty

Our Preschool Teacher/Childcare Services Manager has her Early Childhood Education and Special Needs Educator training. All persons working in the preschool must have a valid Child-safe First Aid, recent criminal records check, reference checks and immunization and medical clearance forms.

The preschool often mentors teachers in training/practicum students from Northwest Community College, Northern Lights College and other post-secondary institutions.

These teachers in training have been screened according to our hiring and volunteer policies.

Supported Child Development Workers also are part of the preschool team. These staff members are assigned to the Preschool program depending on the needs of the group and individual children enrolled in the program.

If you have any questions or concerns about the preschool, and/or your child's involvement in class, please phone or visit the preschool to discuss the matter with your child's teacher.

If you have an issue you feel merits further investigation, please contact our Executive Director, Margaret Warcup. She can be reached at 632-3144 extension 27.

Appendix

BCHealthFiles

Steps for Protection against Germs and Disease

- Best practices to always follow
- How can you keep yourself safe?
- How can you safely clean up spills of blood or other body fluids?
- What should you do if you find a used needle or condom?
- What should you do if you accidentally prick yourself with a dirty needle?

There are important steps we should all take to prevent germs from spreading between people. Following these steps will help to protect others and ourselves when we come into contact with blood or body fluids.

It is not possible to tell if a person may be infected with HIV, hepatitis B, hepatitis C, or any number of other diseases. The best thing to do is treat the blood and body fluids of *every person as potentially infectious*. This includes all body fluids, except sweat.

(a) Best practices to always follow

Blood and Body Fluids - If you come into contact with blood and body fluids, *always* treat them as potentially infectious. Clean up spills promptly using absorbent material first, and then clean more thoroughly with a disinfectant like household bleach.

Gloves - Use clean, disposable gloves when handling any body fluids, or when cleaning cuts, scrapes or wounds. Wash hands after removing gloves, and dispose of the gloves in a plastic bag. Add gloves to your first aid kit so they are always ready.

Needlestick Injuries - Wash the area with warm soapy water. Do not squeeze the wound or soak it in bleach. Go to the nearest health unit or hospital emergency department immediately for care.

Sharp Objects - Place needles and syringes in a safe container. *Never re-cap, bend or break off used needles!* Place them in a sealed puncture-proof metal or plastic container with a lid, such as an empty coffee tin and then place in the garbage.

Personal Articles - Never share toothbrushes or razors. They can transmit small amounts of blood from one user to the next. Dispose of razors carefully. Handle bedding or clothing soiled with body fluids cautiously, and wash in hot soapy water.

Hand washing is the best way to prevent the spread of germs from one person to another. Wash hands thoroughly with soap and water for at least 15 to 20 seconds. Waterless alcohol-based hand rinses can be used as long as hands aren't heavily soiled.

Always Wash Hands:

- Before preparing food and after handling uncooked foods
- Before eating or smoking
- Before breastfeeding
- After toileting or diapering
- Before and after providing first aid
- After handling blood or body fluids
- Before and after providing care to an ill person

Cover your mouth when you cough or sneeze, and then wash your hands. Don't pass *your* germs onto others.

Teach others, particularly children, about healthy behaviour and potential risks, and how to deal with them safely.

(b) How can you keep yourself safe?

The guidelines outlined here are important to follow to keep yourself protected from germs. Blood or body fluids splashed on your skin are very unlikely to cause infection unless you have fresh cuts or raw chapped areas. If you are exposed to blood or other body fluids, protect yourself by wearing disposable gloves. If this is not possible, continue to help the person, and then wash immediately afterwards.

Remember, it is important to always wash your hands carefully after touching any body fluids, even if you have worn gloves

(c) How can you safely clean up spills of blood or other body fluids?

1. Protect yourself by wearing disposable gloves or rubber work gloves. If there is a risk of splashing, use protective eye wear.
2. Use disposable absorbent material, such as paper towels, to remove most of the spill. Place these in a plastic bag and put in the garbage.
3. Clean the surface using soap and water to remove any remaining blood or body fluids.
4. Wipe contaminated surfaces with a disinfectant solution. Mixing one part household bleach to nine parts of water makes a good solution. This type of bleach solution should be freshly made up before use or it may lose its strength. For carpets or upholstery that may be damaged by bleach, other household germicides or disinfectant agents can be used. Soak mops or cloths used for cleaning in a disinfectant for 20 minutes, or wash in hot water and detergent.
5. When you are finished, wash your hands thoroughly with soap and warm water.

(d) What should you do if you find a used needle or condom?

A needle that someone else has used may contain a small amount of his or her blood, which could carry HIV, hepatitis B or hepatitis C virus. Used condoms can also contain infectious body fluids.

Teach children to **NEVER** touch needles, syringes or condoms, and to tell an adult immediately if they have found one.

If you find a used syringe or condom, especially in a park, school or playground, it is important to dispose of them promptly and carefully.

1. Use a pair of tongs or pliers, or a pair of sturdy gloves, to pick up these items.
2. Discard condoms in a plastic bag.
3. Discard syringes or needles in a puncture-proof container, preferably one intended for such purposes. Any plastic or metal container with a lid, such as a coffee can, will also do. Do not place these containers in your recycling bin.
4. When you have finished, wash your hands carefully with soap and warm water.

While the risk of infection from used condoms and syringes is very low, it is best to limit this risk as much as possible. It is important to help children understand how important these necessary precautions are.

(e) What should you do if you accidentally prick yourself with a dirty needle?

- If possible, put the pricked area low to the ground to promote bleeding. Do not squeeze.
- Wash the area well with soap and water.
- Do not soak the wound in bleach.
- Go to the nearest local health unit or hospital emergency department immediately for care.

Remember - all blood and body fluids from any person are potentially infectious.



BC Centre for Disease Control
AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

- 1) *For more **BC HealthFile** topics visit www.bchealthguide.org/healthfiles/index.stm, or visit your local public health unit.*

2) Call the *BC NurseLine* to speak to a registered nurse, available 24-hours every day:

- In Greater Vancouver, call 604-215-4700
- In BC, call toll-free 1-866-215-4700
- Deaf and hearing-impaired, call 1-866-889-4700
- Pharmacist available 5pm to 9am every day
- Translation services in over 130 languages upon request

3) Visit *BC HealthGuide OnLine* - a world of health information you can trust at www.bchealthguide.org.

Anthrax – from the Public Health Agency of Canada website:
http://www.phac-aspc.gc.ca/ep-mu/anthrax_e.html

What is anthrax?

Anthrax is an infection caused by the bacterium *Bacillus anthracis*. The bacteria form spores that can live in the soil for many years. The spores are extremely tiny and are invisible to the naked eye. In large quantities, the spores are usually brown and powdery and may look like cinnamon or cocoa. However, the colour may be different if the spores are mixed with another substance. They do not have an odour and you cannot smell them. The infection is spread by the spores.

Anthrax usually occurs in farm animals such as cows and sheep. It is uncommon in humans.

Can anthrax spread from person to person?

No, anthrax cannot spread from one person to another.

Why is there concern about anthrax now?

Since the terrorist events of September 11, some people in the United States have received letters or packages that contain anthrax spores. To date, this has not happened in Canada. There have been false alarms and hoaxes in Canada but no one has received anthrax in the mail and no one has been infected with anthrax.

The chances of something like this happening in Canada are very low, but we know that you are concerned. We are providing you with these facts in order to keep you informed.

What are the signs of anthrax?

Anthrax spores can affect the skin (cutaneous infection), the stomach (gastrointestinal infection) or the lungs (inhalational infection).

In a skin infection, a small painless bump appears on the skin. This bump then becomes a blister and then an ulcer with a black centre. This is the most common type of infection.

In a stomach infection, the signs are fever, loss of appetite, vomiting and diarrhea.

In a lung infection, the first signs resemble the flu. Symptoms may include fever, sore throat and feeling unwell. After several days, this is followed by having trouble breathing. This is the most serious type of infection.

Can anthrax be treated?

Anthrax can be treated with several common antibiotics. It is important that antibiotics be started right away. Taking antibiotics "just in case" ahead of time is not recommended.

This could lead to an increased risk of side effects, it could increase the drug resistance of the bacteria, and the increased use of antibiotics could also lead to a shortage of supplies.

How do I get anthrax?

Usually, the people who get anthrax are those who work with infected animals. Spores from infected animal hides may get into broken skin and cause skin infections. Eating meat contaminated with spores can cause stomach infections. Breathing in a large quantity of spores can cause a lung infection. Signs of illness usually do not appear until 1 to 7 days after exposure to the anthrax spores. If you receive a letter or package that contains anthrax spores, you may get a skin or lung infection if you touch or breathe in the spores.

Symptoms Which Children Should Avoid Attending Pre School

Please keep your child at home if they exhibit any of the following symptoms:

- Fever: even a low-grade fever
- Sore throat
- Runny or crusty eyes
- Pain: any complaints of unexplained or undiagnosed pain
- Runny nose: clear, yellow or green discharge
- Difficulty breathing
- Persistent cough
- Infected skin: an undiagnosed rash
- Headache and/or stiff neck
- Unexplained diarrhoea or loose stools
- Nausea, vomiting and/or abdominal cramps
- Itching of the body or scalp
- Children with known or suspected communicable disease (i.e. chicken pox, measles, etc.)
- If the child is not well enough to participate in the regular preschool program (i.e. keeping child quiet or not participating in gym/outdoor time)

Children exhibiting any of these symptoms at preschool will be sent home. Parents/guardians or emergency contacts will be phoned to pick up the child.

Please inform the preschool within 24 hours of any diagnosis of contagious or communicable disease within the family.

A child must be on a doctor's prescribed medicine (i.e. antibiotics) for at least 48 hours (2 days) and be free of symptoms before they can return to the program.

As this policy addresses the serious issue of children's health, failure to comply with these policies could result in Termination of Services. Please ask your child's teacher if you would like further information about our health and infection control policies.