CONTRACTOR SAFETY

PURPOSE:

To establish minimum requirements for contractors, subcontractors, consultants and service providers performing work on BCHS property and to ensure compliance with applicable legislation, BCHS policies and recognized industry best practices.

POLICY STATEMENT:

BCHS requires all contractors and subcontractors to comply with this policy. Contractor activities shall be conducted in a manner that protects workers, patients, visitors, physicians, volunteers and BCHS staff. Non-compliance may result in work stoppage or contract termination.

INCLUSION CRITERIA

Applies to all contractors, subcontractors, consultants and vendors performing work on BCHS property. Excludes visitors accompanied by a BCHS representative for:

- Inspections
- Tours
- Consultations

DEFINITION(S):

Contractor: Individual or company performing work.
Constructor: Person undertaking a project for an owner.
Subcontractor: Entity contracted by a contractor.
Leader/Project Designate: BCHS representative responsible for oversight of contracted work.
Project: Construction, renovation, demolition, maintenance or installation activity.

PROCEDURE:

GENERAL PRINCIPLES

1. Contractors must sign in and out and wear identification badges.
2. Prior to work, BCHS shall obtain WSIB clearance, insurance, emergency contacts, health and safety policy, training records and applicable permits.
3. BCHS shall provide information on site hazards, designated substances, hazardous materials and infection control risks.

DISCLAIMER: This is a CONTROLLED document. The most current version is in electronic format on the BCHS intranet site. Any documents appearing in paper form are NOT controlled.

BCHS RESPONSIBILITIES

- Ensure qualified contractors are engaged.
- Conduct pre-start meetings and orientations.
- Maintain records, inspections and contractor evaluations.

CONTRACTOR RESPONSIBILITIES

- Comply with OHSA, WSIA and BCHS policies.
- Provide onsite supervision and after-hours emergency contact.
- Maintain equipment in safe condition.
- Report incidents, injuries and Ministry of Labour visits/orders immediately.
- Ensure subcontractor compliance.

INFECTION PREVENTION AND CONTROL(IPAC)

- Complete required IPAC orientation.
- Follow healthcare construction containment measures.
- Participate in pre- and post-project inspections.

HAZARDOUS MATERIALS

- Provide SDSs for products brought onsite.
- Comply with asbestos, lead, mould, mercury and hazardous materials requirements.

CONSTRUCTION PROJECTS

- Submit Notice of Project and comply/submit with documentation where required.
- Post permits and required notices.

DOCUMENTATION AND /OR COMMUNICATION

Maintain contractor files including:

- Project documentation.
- WSIB certificates
- insurance certificates (minimum liability)
- attestation of safety policy compliance
- training records & licenses
- SDSs
- Permits
- Incident reports
- All incidents shall be communicated to the BCHS Project Manager and Occupational Health and Safety for hazard assessment.

EDUCATIONAL REQUIREMENTS

DISCLAIMER: This is a CONTROLLED document. The most current version is in electronic format on the BCHS intranet site. Any documents appearing in paper form are NOT controlled.

1. Contractors must complete BCHS-required orientation
2. Infection prevention and control training where applicable.

Training records for:

1. Working at Heights
2. Fall Arrest
3. Lockout/Tagout
4. Confined Space

Equipment operation and other task-specific requirements shall be provided upon request.

REQUIRED SAFETY PRACTICES

Follow BCHS health and safety requirements, infection prevention and control standards, workplace violence and harassment requirements, PPE requirements, hot work permits, lockout/tagout procedures and incident reporting requirements.
The expectation is to comply and follow any and all applicable requirements that are outlined within the Occupational Health and Safety Act and Regulations.

QUALITY MONITORING PROCESS

Contractor performance, safety compliance, incidents, corrective actions and project outcomes shall be reviewed by BCHS. Any adverse event shall be reported in accordance with BCHS incident reporting processes.

> “Any staff member identifying potential or actual adverse outcomes related to this policy will notify the project manager or delegate and will follow the incident reporting process as per Employee Incident Reporting Policy.”

DISCLAIMER: This is a CONTROLLED document. The most current version is in electronic format on the BCHS intranet site. Any documents appearing in paper form are NOT controlled.

APPENDICES

Appendix A: Contractor Safety Checklist

Appendix A: Contractor Safety Onboarding Checklist

Project & Authorization
☐ Scope of work reviewed and understood by the Contractor and the actual installers performing the work.
☐ Work boundaries and areas of access confirmed with the Project Designate.
☐ Obtain required permits and approvals (Hot Work, Confined Space, Lock Out/Tag Out Utility Shutdowns, etc.)
☐ Project designate has allocated appropriate oversight of resource/responsibility with Facilities and Maintenance, Environmental Services and Capital Projects & Planning
☐ Purchase Order (PO) issued (only after WSIB and insurance verification.)
Insurance & WSIB
☐ WSIB Clearance Certificate (Schedule 1 coverage – applicable to public hospitals) submitted and current.
☐ Liability Insurance Certificate (minimum $2M per occurrence) provided, with BCHS named as additional insured.
☐ Copies of both documents are on file with the Project Designate in the BCHS document repository
☐ Contractor not permitted on site until insurance and WSIB verification is complete.
ACM/HBM & Infection Control
☐ Contractor has reviewed Asbestos and Hazardous Building Materials sections with workers.
☐ All workers know to stop work immediately and contact Project Designate if suspect materials are found.
☐ Project Designate contact details posted at the work site along with asbestos warning signage.
☐ Infection Control Risk Assessment (ICRA) completed where required.
☐ Workers briefed on IPAC requirements, PPE, and containment protocols.
Hoarding & Dust Control as Required by Infection Prevention and Control Guidelines
☐ Final reviews and approved Infection control risk assessment(ICRA) tool
Chemicals, Paints & VOCs
☐ Safety Data Sheets (SDS) for all products are current and accessible to the Project Designate.
☐ Only low- or zero-VOC paints and compliant materials approved for use.
☐ Adequate ventilation plans confirmed for paint or solvent use.
☐ No chemical or solvent storage permitted without written approval.
Waste Management
☐ Contractor's waste/recycling bins approved by BCHS Environmental Services.
☐ No waste staged in patient areas, corridors, or hoarding anterooms.
☐ Waste transport scheduled and route approved.
☐ Carts covered with opaque tarp or 6 mil poly; clean wheels and covers before leaving work area.
☐ Prohibited waste items identified and disposal plans confirmed.
Site Logistics
☐ Parking, receiving, and material routes approved by Project Designate.
☐ Sign-in procedures understood and followed by all workers.
☐ ID badges obtained from Maintenance and/or Security and visible at all times.
☐ Storage, staging, and housekeeping plans reviewed.
☐ Emergency contacts, Code procedures, and Man Down/Emergency Response protocol Reviewed and approved by the project designate.
☐ Contractor has checked in with the Project Designate prior to starting work, with working alone procedures in place.
Final Pre-Work Confirmation
☐ All workers have completed required training (WHMIS, Green Card, PPE).
☐ Project safety briefing completed and provided to JHSC.
☐ Work area signage installed, including Project Designate name and contact information.
☐ Pre-work inspection of work area completed with Project Designate.
☐ All documentation filed and verified prior to mobilization

Project Lead Initials: ____ Contractor Initials: ____ Sign Off: 25-Aug-26

this signed document to be retained with contract documentation

DISCLAIMER: This is a CONTROLLED document. The most current version is in electronic format on the BCHS intranet site. Any documents appearing in paper form are NOT controlled.

Appendix B: Non BCHS Incident Report

BCHS MEMBER INCIDENT REPORT: *(No Parklane Access)*
Contractor, Learner, Non-BCHS Employee, Volunteer

INFORMATION OF INJURED/INVOLVED PERSON		
LAST NAME:	**FIRST NAME:**	
ORGANIZATION:	**CONTACT PERSON:**	**PHONE:**
BCHS MEMBER GROUP: ☐ CONTRACTOR ☐ LEARNER ☐ VOLUNTEER ☐ NON-BCHS MEMBER ☐ OTHER_____		
OCCUPATION/ROLE AT THE TIME OF INCIDENT/INJURY/HAZARDOUS SITUATION:		
DD/MM/YY OF INCIDENT	**DD/MM/YY OF INCIDENT**	**TIME:** AM PM
DESCRIPTION OF INCIDENT/INJURY/HAZARD		
INCIDENT LOCATION:		
☐ **SUDDEN SPECIFIC EVENT** ☐ **GRADUALLY OCCURING OVER TIME** ☐ **OCCUPATIONAL ILLNESS** ☐ **FATALITY**		
Describe what happened to cause the incident and what the individual was doing at the time(lifting heavy object, slip/trip, critical injury)		

DISCLAIMER: This is a CONTROLLED document. The most current version is in electronic format on the BCHS intranet site. Any documents appearing in paper form are NOT controlled.

NAME AND CONTACT INFORMATION OF WITNESS	

AREA OF INJURY (CHECK ALL THAT APPLY)

☐ Head ☐ Teeth ☐ Face ☐ Neck ☐ Eye(s) ☐ Chest ☐ Ear(s) ☐ Pelvis ☐ Lower Back ☐ Upper Back ☐ Abdomen ☐ Other _____	DOMINANT HAND ☐ Left ☐ Right	Left Right ☐ Shoulder ☐ ☐ Arm ☐ ☐ Elbow ☐ ☐ Forearm ☐	Left Right ☐ Wrist ☐ ☐ Hand ☐ ☐ Fingers ☐ ☐ Forearm ☐	Left Right ☐ Hip ☐ ☐ Thigh ☐ ☐ Knee ☐ ☐ Lower Leg ☐	Left Right ☐ Ankle ☐ ☐ Foot ☐ ☐ Toes(s) ☐

HAVE YOU HAD A PREVIOUS OR SIMILAR INJURY? ☐ YES ☐ NO
REASON FOR REPORT (Check all that apply)

☐ Abrasion/Contusion ☐ Animal/Insect Bite ☐ Allergic Reaction ☐ Burn ☐ Blood/Body Fluid Exposure ☐ Cut/Laceration	☐ Fire/ Explosion ☐ Fracture ☐ Hazardous Substance ☐ Heat Stress ☐ Loss of Consciousness ☐ Medical symptoms	☐ Motor Vehicle Accident ☐ Needle stick ☐ Overexertion ☐ Psychological ☐ Slip/Trip /Fall ☐ Sprain/Strain	☐ Struck/Caught ☐ Violence/Harassment ☐ Other:

TREATMENT OF INJURY
☐ Emergency ☐ None ☐ Family Physician ☐ Walk-In Clinic ☐ Other (Please specify)
_____

ONNTRIBUTING FACTORS	WHAT CONDITIONS CONTRIBUTED TO THE INCIDENT/INJURY/HAZARDOUS SITUATION (☐)
☐ OPERATING WITHOUT AUHORITY ☐ INSUFFICIENT TRAINING ☐ EQUIPMENT/POOR DESIGN ☐ IMPROPER POSITION OR POSTURE ☐ FAILURE TO USE PERSONAL PROTECTIVE DEVICES ☐ NOT GUARDED OR IMPROPERLY GUARDED ☐ FIRE, EXPLOSION HAZARD ☐ POOR HOUSKEEPING ☐ HAZARDOUS ENVIRONMENTAL CONDITION ☐ UNSAFE PRACTICE ☐ DISTRACTING, TEASING, WILLFUL MISCONDUCT	(Check all that apply) EXPLAIN:_____ **To your knowledge has the individual had a previous similar injury?** ☐ YES ☐ NO **PLEASE DESCRIBE IN DETAIL THE CAUSE(S) OF EVENT – ROOT CAUSES WHICH COULD INCLUDE ANY** PHYSICAL CAUSES, HUMAN CAUSES, AND ORGANIZATIONAL CAUSES. **(IF APPLICABLE):**_____ IN ADDITION TO THE CHECKLIST, OUTLINE THE FOLLOWING:

DISCLAIMER: This is a CONTROLLED document. The most current version is in electronic format on the BCHS intranet site. Any documents appearing in paper form are NOT controlled.

	DETAILS OF PROPERTY DAMAGE:

CORRECTIVE MEASURES

- ☐ REINSTRUCTION OF PERSON INVOLVED
- ☐ REASSIGNMENT OF PERSON
- ☐ ERGONOMIC ASSESSMENT
- ☐ DISCIPLINE OF PERSONS INVOLVED
- ☐ IMPROVED PERSONAL PROTECTIVE EQUIPMENT
- ☐ COMMUNICATION TO THE REPONSIBLE PERSON/DEPARTMENT
- ☐ EQUIPMENT REPAIR OR REPLACEMENT
- ☐ CONTACT FACILITY SERVICES
- ☐ CORRECTION OF CONGESTED AREA
- ☐ INSTALLATION OF GUARD OR SAFETY DEVICE
- ☐ ACTIONS TO IMPROVE WORK PROCEDURE
- ☐ CHECK WITH MANUFACTURER
- ☐ OTHER (EXPLAIN): _____

IN ADDITION TO THE CHECKLIST, PLEASE DESCRIBE IN DETAIL CORRECTIVE MEASURES TO PREVENT RECURRENCE

PERSON RESPONSIBLE FOR CORRECTIVE ACTION

(PRINT NAME) _____

I certify that the above information I provided is true and complete to the best of my knowledge.

SIGNATURES _____ DATE: _____

COMPLETION DATE: _____

PERSON INVOLVED in INCIDENT/INJURY/HAZARDOUS SITUATION

(PRINT NAME) _____

I certify that the above information I provided is true and complete to the best of my knowledge.

SIGNATURES _____ DATE: _____

PROJECT LEAD, SUPERVISOR OR DIRECTOR

(PRINT NAME) _____

I certify that the above information I provided is true and complete to the best of my knowledge.

SIGNATURES _____ DATE: _____

SUPERVISOR/EXTENSION # _____ CONTACT # _____

DISCLAIMER: This is a CONTROLLED document. The most current version is in electronic format on the BCHS intranet site. Any documents appearing in paper form are NOT controlled.

Appendix C: Required Contractor Documentation Checklist

DISCLAIMER: This is a CONTROLLED document. The most current version is in electronic format on the BCHS intranet site. Any documents appearing in paper form are NOT controlled.

RELATED PRACTICES AND/OR LEGISLATION:

Construction Projects Regulation O. Reg. 213/91;
Occupational Health and Safety Act;
Workplace Safety and Insurance Act;
BCHS Health and Safety Policies;
BCHS Infection Prevention and Control Policies;
BCHS Workplace Violence and Harassment Policy.
BCHS Contractor Orientation Policy

REFERENCES:

Hamilton Health Sciences. Contractor Safety Protocol (2022).
CSA Z317.13. 22 Infection Control During Construction, Renovation and Maintenance of Health Care Facilities.
Occupational Health and Safety Act.
Workplace Safety and Insurance Act.

DISCLAIMER: This is a CONTROLLED document. The most current version is in electronic format on the BCHS intranet site. Any documents appearing in paper form are NOT controlled.