



Hôpital St-Boniface Hospital

**“CONSTRUCTION
PROJECTS”
SAFETY
INFORMATION
PACKAGE FOR
“CONSULTANTS”**

Revised: Nov 2009, June 2022

This Package can be accessed in the following SBGH Internet Site:
<https://stbonifacehospital.ca/wp-content/uploads/contractor-construction-consultant-info-package.pdf>



**“CONSTRUCTION PROJECTS”
SAFETY INFORMATION PACKAGE
FOR “CONSULTANTS”**

DEFINITION: A consultant is an experienced professional who is trained to analyze and advise a client (contractor) in order to help the client (contractor) make the best possible choices or a contractor’s representative as it relates to a “Construction Project”. This includes, but not limited to Architectural Firm Representatives, Engineering Firm Representatives, Structural Engineers, Shared Health Representatives, Lead Consultants, Commissioning Consultants, etc.).

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**ST. BONIFACE GENERAL HOSPITAL
Emergency Public Address Codes**

Effective Date: November 2, 2009

Emergency Codes

Code White – Violent Incident	Code Brown – Internal Hazardous - Chemical Spill
Code Yellow – Missing Patient	Code Grey – External/Internal Air Contamination
Code Pink – Infant Abduction	Code Blue – Cardiopulmonary Arrest
Code Red – Fire	Code Purple – Backlog of Admitted Patients
Code Orange – Mass Casualty Event – Disaster	“25” – Immediate Response
Code Green – Evacuation	Code – Medical Emergency
Code Black – Bomb Threat	

In 2005, the Manitoba Occupational Safety and Health Department requires employers to ensure their employees **and/or contractors** are familiar with all Emergency Public Address Codes used in their facility. All facilities in the Winnipeg Regional Health Authority use the same public address codes to communicate with staff and signal the need for urgent response without unnecessarily alerting or alarming patients and visitors.

Notifying the paging operator

When an emergency situation occurs, it is announced over the public address system by the paging operator who will announce the type of code as well as the area or ward involved.

To call the paging operator to announce an Emergency Code,

- dial 55 to obtain an immediate connection;
- identify the code you wish to announce; and
- the area that is involved.

Example: “Code Blue”, B (Bobby) 5 medicine. **Contractors must dial “55” to inform the operator of the Emergency and its location.**

Code White – Violent Incident: Hospital staff may announce a “Code White” when a person (patient or visitor) becomes violent or aggressive to themselves or others. Health Care Aides and Security Personnel will respond to a situation of aggressive behavior. If your duties include responding to a “Code White”, you will receive specific instructions in your hospital orientation program. **Contractors must dial “55” to inform the operator if they witness any violent or aggressive behavior.**

Code Yellow – Missing Patient: If you are the person who discovers that a patient is missing, you must immediately notify the nurse in charge on the patient’s unit. The charge nurse is responsible for contacting the paging operator and having a “Code Yellow” announced. **Contractors must dial “55” to inform the operator if a patient is found straying into a dangerous construction location.**

Code Pink – Infant Abduction: In some WRHA facilities, “Code Pink” may refer to the abduction of a child or dependant adult. At St Boniface General Hospital, “Code Pink” refers to the abduction of an infant.

ST. BONIFACE GENERAL HOSPITAL
Emergency Public Address Codes

Effective Date: November 2, 2009

If you hear a “Code Pink” announced, be alert for suspicious persons:

- wearing unusually bulky or bulging clothing.
- carrying, pushing or pulling containers, packages or bags that are large enough to conceal an infant
- accessing stairways or rear hallways

Contractors must dial “55” to inform the operator if hear a “Code Pink” and become aware of a suspicious person as described above.

Code Red – Fire: All hospital employees **and contractors** are responsible to know the location of:

- the fire alarm station,
- fire equipment and
- fire exits in their work area.

If you discover a fire

- keep calm, avoid panic
- never shout fire
- and do the following **R-A-C-E**
 - **R**escue persons in imminent danger and then close the door to the room to contain the fire.
 - **A**ctivate the nearest manual alarm.
 - **C**onfine the fire by closing all doors and ensuring fire doors are unobstructed and closed.
 - If the fire is small and it is safe to do so, use the fire extinguisher to put out the fire.

Evacuate the area upon direction from the person in charge.

To ensure an adequate response to fire codes, certain employees are assigned to the hospital Fire Brigade. They are Security staff, Health Care Aides and Property Management staff.

Code Orange – Mass Casualty event – External Disaster: There are occasions when the city’s emergency services are notified of a situation that could potentially result in a large number of people being injured. An example would be an aircraft with faulty landing gear that is preparing to land. Once it has been determined that St Boniface General Hospital will be receiving a large number of casualties, the paging operator will announce “Code Orange confirmed”. The Class of event will also be announced to indicate the general number of casualties arriving and direct the response. The Class will be either Class 1, 2 or 3. These classes are explained in more detail in the Disaster Response Manual. **Contractors must facilitate the “Code Orange” response by cooperating with Security’s directions.**

Code Green – Evacuation: The need to evacuate the hospital or certain areas within it may occur at any time and be caused by many different situations. An evacuation is the horizontal and/or vertical movement of patients, visitors, **contractors** and personnel away from an unsafe environment. Charge personnel and senior management will determine the need to evacuate and announce a “Code Green”. The fire bells will ring in rapid sequence to alert staff of the need to evacuate. All staff that work on the unit involved are to return to their unit **or work area** upon hearing the “Code Green” announcement or the fast ring of the fire bells. Staff from other areas may be asked to assist in the evacuation and must do so if directed by their supervisor. **Contractors must follow evacuation procedures as directed.**

Code Black – Bomb Threat: A “Code Black” is announced when the hospital has received a bomb threat. Bomb threats are normally received by telephone but may be received by letter, memo or be written on walls, etc. Regardless of how the threat is received, or how false it may appear, any staff member **or contractor** who receives a bomb threat must immediately notify their supervisor and the Security Dept. at 2205. If the threat is received by telephone, a form to record specific details of the telephone call and guide your response, is located in the “Code Black” section of the Disaster Response Manual. If a suspicious article is found, no attempt must be made to remove or handle it. Any decision to evacuate an area will be made by senior management.

**ST. BONIFACE GENERAL HOSPITAL
Emergency Public Address Codes**

Effective Date: November 2, 2009

Code Brown – **Internal Hazardous Chemical Spill:** In the event of a hazardous chemical spill

- dial 55 and direct the paging operator to announce “Code Brown”.
- evacuate the area and close the doors behind you.
- If it is safe to do so, retrieve the Material Safety Data Sheet for the spilled chemical and hand it to the responding hospital chemical spill team.

A team of specially trained personnel will respond, and is available 24 hours a day.

Contractors must have their own chemical spill clean-up kit, procedures & training prior to bringing chemicals onto SBGH property. ***If the chemical spill is beyond the scope of their capabilities, they must dial “55” to inform the SBGH operator to announce “Code Brown”.***

Chemical spills must be cleaned up immediately.

Code Grey – **External/Internal Air Contamination:** In the event of hazardous chemical vapors from either an internal or external source, hospital staff **and/or contractors** are to call the St. Boniface General Hospital Occupational Health and Safety Office. The Occupational Health and Safety Office will direct the paging operator to announce a “Code Grey” if it is indicated. If this occurs after regular business hours, staff **and/or contractors** are to notify the site Hospital Supervisor.

Code Blue – **Cardiopulmonary Arrest:** A “Code Blue” is announced when a patient is found to be without a pulse or respirations or when staff, **contractors** or visitors are found unresponsive or needing immediate medical attention. A team from the Intensive Care Unit will respond immediately by proceeding to the area involved and taking charge of the situation. This team consists of a physician, nurse, respiratory therapist and health care aide. **Contractors shall dial 911, request the Winnipeg Emergency Services and dial “55” to inform the operator to announce “Code Blue”.**

Code Purple – **Backlog of admitted patients:** “Code Purple” is not announced over the public address system at St Boniface General Hospital but is in some facilities. It indicates a backlog of admitted patients in the Emergency Dept. Specific administrative personnel respond to this event. General hospital personnel are to continue their regular duties unless directed otherwise.

“25” Immediate Response: The paging operator may announce a “25” call to indicate the need for an immediate response. A “25” or “stat” announcement takes priority over other announcements. If you are called “25” to a particular area, you must respond immediately and without delay. A Code 88 is announced by a clinical area when a patient requires an immediate response by the Medical Emergency Team consisting of a physician, nurse, respiratory therapist and health care aide from the intensive care unit.

Detailed information for all the codes presented are located in the Disaster Response Manual and Nursing Policy and Procedure Manual.



FIRE

BASIC FIRE SAFETY INFORMATION

EVACUATION

The extent of the fire will govern what evacuation is necessary. The decision to move patients rests with the most senior person in charge until the arrival of the Fire Department, who assumes complete control of the operations.

It is your responsibility to be prepared for an evacuation. Know your exits and plan your routes. It is more practical to move patients horizontally than vertically. Read the “**EVACUATION PROCEDURES**” in the **DISASTER MANUAL**.

Elevators are **NOT TO BE USED** for evacuation. Evacuate patients according to their physical condition. The senior person in charge shall account for every patient and staff member.

1. **Ambulatory** – Led by a group to a safe area.
2. **Wheelchair** – Moved next.
3. **Bed** – Final group moved.

ALL CLEAR SIGNAL

The “**ALL CLEAR**” signal will be given over the public address and emergency paging system as “**CODE RED ALL CLEAR**”. Normal activities may resume then.

- The preservation of life is the first consideration in a fire situation.
- Keep calm. Do not excite patients or visitors.
- If an evacuation becomes necessary, assure patients and visitors this action is a precautionary safety measure.

R – A – C – E

- R** - Rescue people from immediate danger
- A** - Activate nearest fire alarm
- C** - Confine the blaze
- E** - Extinguish or control the fire

FIRES DO OCCUR IN HOSPITALS

In the event of a fire in the hospital, immediate and appropriate action on your part can be the difference between life and death. You must know how and what to do. You can learn that by reading this pamphlet, attending fire safety training and participating in fire drills.

REMEMBER

- * Report fire hazards
- * Observe NO SMOKING regulations
- * Keep exits and corridors clear
- * Reduce clutter & surplus unused equipment
- * Think fire prevention
- * Do not wedge doors open

YOU MUST KNOW

1. Location and operation of fire alarm stations in your area.
2. Location, use, and operation of fire equipment.
3. Fire alarm warning (“Code Red” announcement, fire alarm sequence, etc.).
4. Location of nearest exit.

WHAT TO DO ON DISCOVERING A FIRE

1. If the fire is in an occupied room, remove the occupant if it’s safe to do so, and close door.
2. Activate the nearest alarm fire station.
3. Dial “55” and advise the Switchboard of the fire location.
4. Obtain a suitable fire extinguisher and attempt to put out the fire if it’s safe to do so.
5. Close corridor and room doors. Remove equipment and carts for corridors.

KEEP A CLEAR PATH FOR EVACUATION PURPOSES AND THE ARRIVAL OF THE FIRE DEPARTMENT

WHAT TO DO ON HEARING THE FIRE ALARM

1. Identify the location of the fire area by the nearest fire alarm enunciator panel or by the “**CODE RED**” public address announcement.
2. If the fire alarm is in or adjacent to your area, return to area immediately.
3. Be prepared to provide whatever assistance may be required as dictated by circumstances.

CLASSIFICATION OF FIRES AND FIRE EXTINGUISHERS

Class “**A**” Ordinary combustibles – paper, wood, and textiles.

Class “**B**” Flammable liquids – gasoline, oil, alcohol.

Class “**C**” Electrical – wiring, appliances.

FIRE EXTINGUISHERS – There are three (3) types of extinguishers installed in the hospital campus. In total there are approximately 500 extinguishers.

PRESSURIZED WATER – Contains 2.5 gallons of water and can only be used on Class “**A**” fires. Do not use on Electrical or Flammable liquid fires.

CARBON DIOXIDE – Extinguishers contain various amounts of liquid CO₂ and is effective on Class “**B**” and Class “**C**” fires. Caution should be used as some parts become extremely cold and could cause injury.


DRY CHEMICAL – This is most effective fire extinguisher as it is effective on all types of fires. It comes in various sizes.



FIRE SAFETY PRACTICES DURING RENOVATION PROJECTS

1. All St. Boniface Hospital construction and renovation projects shall conform to the Manitoba Building code and the Manitoba Fire Code.
2. Unobstructed access to fire protection equipment such as hydrants, fire department connections, and portable fire extinguishers, etc. shall be maintained at all times.
3. .1 Approved and operational portable fire extinguishers shall be provided:
 - (a) For each construction area with travel distance of not more than 23 meters (75 feet) per extinguisher;
 - (b) Adjacent to cutting and welding operations;
 - (c) In areas where combustibles are stored;
 - (d) Near or on any internal combustion engines;
 - (e) Adjacent to where flammable liquids or gases are stored or handled;
 - (f) Adjacent to temporary oil or gas fire equipment; and
 - (g) Adjacent to bitumen heating equipment.
- .2 Portable extinguishers shall be visible and accessible at all times.
4. Fire Department access to all construction areas must be maintained at all times.
5. In areas of the building in which construction operations are taking place, at least one exit shall be accessible and visible at all times.
6. Flammable and combustible liquids shall be stored and handled in conformance with part 4 of the Manitoba Fire Code and must be approved by the Environment Protection Department.
7. Smoking is not allowed in the hospital campus including all construction and renovation areas (See attached Smoke-Free Policy VI-110).
8. Combustible refuse in sufficient quantities to constitute a fire hazard shall be moved to a safe location.
9. Contractors shall comply with the Workplace Safety and Health Act.
10. Contractors shall comply with the Workplace Hazardous Materials Information system (W.H.M.I.S.) and all workers shall know and understand W.H.M.I.S.

11. All materials brought on site shall be labeled with W.H.M.I.S. Labels and Safety Data Sheets (S.D.S.) shall be on site.
12. If a fire or fire alarm is initiated in or in the surrounding area of the contractors work area, the fire alarm will ring for more than 30 seconds and all work shall stop. All electrical, welding, or heat producing tools shall be shut off and the workers will wait further instruction. If a fire occurs in the construction work area, the nearest pull station is to be activated and the workers may attempt to extinguish the fire if safe to do so. All fires must be reported to either the Security Department, Environment Protection Department or Capital Projects.
13. If the fire alarm in the work area needs to be disconnected, one day notice is required to be given to the Capital Projects representative of St. Boniface Hospital.
14. The fire alarm shutdown for the affected area is from approximately 0830 to 1530 hours.

 Hôpital St-Boniface Hospital ADMINISTRATIVE MANUAL	Policy Name Construction Site Access for Tours and Work	No. V(a)-120	Page 1 of 4
	Approved By Management Council	Last reviewed June 21, 2022 September 28, 2017 October 6, 2016	
	Effective Date May 1, 2007		
	Originated By Occupational Health & Safety		

1.0 **PURPOSE:**

- 1.1 To ensure the Safety and Health of all St. Boniface Hospital employees, construction workers, visitors and other persons while on construction site tours and to outline a process to be followed when entering construction sites at St. Boniface Hospital and associated properties.
- 1.2 To ensure that unauthorized individuals do not enter St. Boniface Hospital and associated properties construction sites.

2.0 **SCOPE:**

- 2.1 The Construction Site Tours Policy applies to all employees, visitors and other persons touring or entering any construction site at St. Boniface Hospital and associated properties.

3.0 **DEFINITIONS:**

- 3.1 **Construction Site:** A workplace where work is performed on a “Construction Project”.
- 3.2 **Construction Project:** As per the Workplace Safety and Health W210, hereafter referred to as “The Act” means:
 - The construction, demolition, repair, alteration or removal of a structure, building, complex, street, road, highway, pipeline, sewage system or electrical telecommunication or transmission line;
 - The digging of, working in or filling a trench or excavation;
 - The installation, modification, repair or removal of any equipment or machinery; or
 - Any work prescribed by regulation as a construction project.
- 3.3 **Construction Site Tour Guide:** An authorized person representing the Prime Contractor, who is familiar with the project, informed of all the associated safety risks of the construction site and is capable of conducting the tour in a responsible manner.
- 3.4 **Engineering Project Coordinator or Project Site Manager/Administrator** – A SBH and/or Shared Health employee responsible for tender preparation, contract or agreement administration and/or managing work that involves a contracted employer(s) or self-employed person(s) at the SBH campus and includes consultant designated as having the responsibility to manage a contract or agreement on behalf of SBH and/or Shared Health.

- 3.5 **Construction Project Superintendent:** A representative of a Prime Contractor responsible for the overall construction project.
- 3.6 **Construction Site Supervisor:** A representative of the Prime Contractor or Sub-Contractor responsible for the construction project.
- 3.7 **Prime Contractor:** The person who enters into a contract to serve as prime contractor with the owner of the construction project, or if that contract is not in effect, the owner of the construction project site.

4.0 **POLICY:**

- 4.1 Any person or group of persons, whether they are St. Boniface Hospital employees, visitors or other persons shall seek authorization from the Engineering Project Coordinator or Project Site Manager/Administrator before entering a construction site. A 24/7 exception to this is when SBH Construction, Repair and Maintenance (CRM) staff may need to enter the construction site to conduct work or gather information.
- 4.2 Notice of a construction site tour shall be given to the Engineering Project Coordinator or Project Site Manager/Administrator to ensure proper arrangements can be made with the Construction Project Superintendent/Supervisor and construction site tour guide. The Project Site Coordinator/Administrator will send this policy and related appendixes to the person(s) requesting the tour.
- 4.3 Any person entering a construction site at St. Boniface Hospital during shift must wear a hardhat, safety glasses and steel toed safety footwear or at a minimum toe caps. If entering a construction site during work stoppages (i.e. after hours, weekends) PPE (Personal Protective Equipment) minimum requirements are hard hat and toe caps.
- 4.4 Under no circumstances will any person be allowed access to the construction site without proper PPE.
- 4.5 Any non-St. Boniface Hospital employee associated with the construction project such as the construction company representative, architects, consultants, etc. are responsible to provide and wear their own PPE.
- 4.6 Capital Planning or Property Management will ensure that St. Boniface Hospital management/employees, media or other individuals not associated with the construction project are provided with the appropriate PPE.
- 4.7 All non-St. Boniface Hospital employees entering the construction site do so at their own risk.
- 4.8 For group tours of more than 8, they require special precautions and will be dependent on site conditions and a seven to ten days advance notice shall be given to the Engineering Project Coordinator or Project Site Manager/Administrator to ensure proper arrangements can be made with the Construction Project

Superintendent/Supervisor and construction site tour guide.

- 4.9 Scheduled tours may be cancelled with or without notice due to unforeseen or unscheduled site conditions or activities.
- 4.10 This policy is in effect explicitly from the beginning of the project to the official opening. Failure to follow the Construction Site Tours Policy is subject to tour cancellation or eviction from the construction site. The Construction Project Superintendent/Supervisor will inform SBH Occupational Health and Safety (OH&S) Department if a breach occurs.

5.0 PROCEDURE:

- 5.1 When contemplating a tour at a St. Boniface Hospital construction site, complete **Part A** of the “Construction Site Tour Request” Form (Appendix A), as per instructions on Appendix B and forward it to the Engineering Project Coordinator or Project Site Manager/Administrator for authorization.
- 5.2 The Engineering Project Coordinator or Project Site Manager/Administrator will arrange for a Construction Site Tour Guide to be provided and inform the Construction Project Superintendent/Supervisor of the tour.
- 5.3 The Construction Project Superintendent/Supervisor will inform all workers within the construction site of the incoming tour. This will allow the workers to be vigilant of the tour passing by; where they may want to temporarily stop a work process such as welding to avoid arc flashing.
- 5.4 All persons who are part of the tour shall sign the **Part B** of the “Construction Site Tour Request” Form (Appendix A) before entering the construction site.
- 5.5 The Construction Site Tour Guide will provide a safety orientation to any person or group of persons **prior** to entering the worksite, pointing out the potential hazards they may encounter as per Construction Site Tour Orientation Checklist (Appendix C).
- 5.6 While on the construction site tour all persons must stay with the Construction Site Tour Guide and not stray from the group and into unauthorized areas.
- 5.7 In the case of an emergency follow the Construction Site Tour Guide. If this is not possible proceed to the nearest emergency exit you were informed of during the construction tour safety orientation.
- 5.8 Further to the exception statement in Section 4.1, SBH OH&S and CRM staff that have a need to conduct work or gather information within a SBH sanctioned construction site shall be entitled to enter such construction sites under the following conditions:
- They are fully aware of the scope of work being conducted within the construction zone;
 - They are fully aware of any deconstructed areas within the construction zone;
 - They are aware of any potential hazards that may exist within the construction

zone;

- They have the appropriate PPE for entry (safety shoes and hard hat, plus any specialized equipment such as goggles (depending on the project); and
- They sign an entry sheet showing that they were there (the sign in sheet may include the following: name, entry time, exit time).

5.9 In the event of a breach where a staff member enters a construction site without the proper authority and procedure, the staff member will be reported to his/her In-charge Person for disciplinary action.

6.0 **REFERENCES:**

6.1 The Workplace Safety and Health Act, Chapter W210 & The Workplace Safety and Health Regulation 217/2006.



PART A:

“Construction Site Tour Request” Form

This form must be completed prior to touring a St. Boniface Hospital Construction Site.

REQUIRED INFORMATION

Construction Project: _____ Prime Contractor: _____

Requested Tour Date: _____ / _____ / _____ Time: _____

Tour Approved By Project Site Coordinator/Administrator: _____ PRINT _____ Signature Date: _____

Construction Site Tour Guide: _____ PRINT _____ Signature Date: _____

Release, Waiver and Indemnity

In consideration of the acceptance of my request and the permission to participate in the Construction Site Tour, hereafter referred to as “Tour” of the above referenced Construction Project. I, the undersigned, hereby release, waive and forever discharge St. Boniface Hospital and its respective employees, agents, and representatives of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect to death, injury, loss or damage to my person or property however caused, arising or to arise by reason of my participation in the said “Tour”, whether as a spectator or participant or otherwise, whether prior to, during or subsequent to the “Tour” and notwithstanding that same may have been contributed to or occasioned by the negligence of the aforesaid. I further hereby undertake to hold and save harmless and agree to indemnify all of St. Boniface Hospital and its respective employees, agents and representatives from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said “Tour”. By submitting this entry, I acknowledge, have read, understood and agreed to the above Waiver, Release and Indemnity. I warrant that I am physically fit to participate in this “Tour”.

PART B:

By signing this form, I acknowledge, have read, understood and agreed to the above Waiver, Release and Indemnity and I agree to comply with the St. Boniface Hospital “Administrative Manual” Policy Construction Site Access for Tours and Work V(a)-120 and any other St. Boniface Hospital policy related to the Construction Project as stated above.

TOUR MEMBERS

NAME: PLEASE PRINT	<i>Signature:</i>



How to Use Construction Site Tour Request Form

1. Any St. Boniface Hospital (SBH) employee or outside contractor or contractor representative contemplating a tour of any construction site at the SBH campus will:
 - a. Request the “Construction Site Tour Request Form” from the **Engineering Project Coordinator or Project Site Manager/Administrator** (a SBH and/or Shared Health employee responsible for the construction project at SBH);
 - b. Or download the Form from the SBH Internet Admin Manual.
 - c. Complete **PART A** of the “Construction Site Tour Request Form” (Appendix A); and
 - d. Forward it to the **Engineering Project Coordinator or Project Site Manager/Administrator** for authorization.

2. The **Engineering Project Coordinator or Project Site Manager/Administrator** will:
 - a. Review the “Form”;
 - b. Authorize the tour;
 - c. Arrange for a **Construction Site Tour Guide** to be provided;
 - d. Inform the **Construction Project Superintendent/Supervisor** (the On-site Prime Contractor Superintendent/Supervisor) of the tour. and
 - e. Provide “Construction Site Tour Orientation Checklist” (Appendix C) to the **Construction Site Tour Guide**.

3. The **Construction Project Superintendent/Supervisor** will:
 - a. Inform all workers within the construction site of the incoming tour.

4. The **Construction Site Tour Guide** will:
 - a. Provide a safety orientation to any tour person or group of persons prior to entering the worksite;
 - b. Complete the “Construction Site Tour Orientation Checklist”;
 - c. Ensure that all persons who are part of the tour sign **PART B** of the “Construction Site Tour Request Form” before entering the construction site; and
 - d. Provide both the completed “Construction Site Tour Request Form” and “Construction Site Tour Orientation Checklist” to the **Engineering Project Coordinator or Project Site Manager/Administrator**.

5. The **Engineering Project Coordinator or Project Site Manager/Administrator** will:
 - a. Provide completed forms to the Property Management Clerk for filing.

Construction Site Tour Orientation Checklist

The Construction Site Tour Guide will:

- Verify each tour member of appropriate Personal Protective Equipment and fit;
- Have each tour member sign **PART B** of the “Construction Site Tour Request” Form;
- Determine the length of the tour;
- Explain the starting point, the pathway and end point of the tour;
- Explain what tour members are expected to see during the tour; and
- Inform tour members of the potential safety hazards that may be encountered at the Construction Site using the checklist below.

• Emergency Exits	<input type="checkbox"/>	• Tripping Hazards (i.e. Electrical Cords)	<input type="checkbox"/>
• Incomplete Stairwells	<input type="checkbox"/>	• Bumping Hazards	<input type="checkbox"/>
• Falling Objects	<input type="checkbox"/>	• Moving Machinery/Equipment	<input type="checkbox"/>
• Incomplete Flooring	<input type="checkbox"/>	• Ladders	<input type="checkbox"/>
• Protruding hazards from floor	<input type="checkbox"/>	• Scaffolds	<input type="checkbox"/>
• Open Electrical Panels	<input type="checkbox"/>	• Stay within 6 Feet of Edges/ Roofs/ Excavations	<input type="checkbox"/>
• Arc Welding Flash	<input type="checkbox"/>	• Chemical Exposure	<input type="checkbox"/>
• Grinding hazards	<input type="checkbox"/>	• Dusts/Fumes	<input type="checkbox"/>
• Flying Objects	<input type="checkbox"/>	• Noise	<input type="checkbox"/>
Other Site Hazard: Please Specify and Check <u>√</u> Below			
•	<input type="checkbox"/>	•	<input type="checkbox"/>
•	<input type="checkbox"/>	•	<input type="checkbox"/>



Hôpital St-Boniface Hospital



Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg
Caring for Health / À l'écoute de notre santé

INFORMATION AND AGREEMENT FOR VISITORS ON BUSINESS

All trustees are bound by *Manitoba's Personal Health Information Act* ("PHIA"). This Act obligates us to protect the confidentiality and privacy of individual's (patients/clients/residents) personal health information.

While you are a visitor on business within a WRHA facility/site, we **require** that you adhere to the following:

1. Keep all personal health information confidential and private. Do not discuss any personal health information you may hear or see with anyone who does not need to know this information to do their job.
2. Do not discuss personal health information in public areas within the facility (i.e. lobby, cafeteria, elevators) and personal health information is not to be discussed by you outside the facility.
3. If you are not sure what the right thing is to do in a specific situation, discuss it with staff at the site or call the Site Privacy Officer at 237-2909.
4. The Confidentiality Policy and PHIA-related policies are available on the web site at: <http://intranet.sbggh.mb.ca/ManualsAdmin/index.html>.

IMPORTANT FACTS ABOUT PHIA YOU SHOULD KNOW:

1. PHIA is about "Personal Health Information: which includes all information that could **identify** an individual and includes:
 - name, address, telephone number and email address
 - health or health history
 - behavior from illness or treatment
 - type of care or treatment provided
 - numbers or symbols, i.e., PHIN
 - financial situation, home conditions or difficulties
 - other private matters such as age, sexual orientation
2. Individuals have the right to confidentiality about their personal health information.
3. Information that could identify an individual and link it to their personal health information is not to be shared with the exception of the following:
 - The information is required by another person to do their job
 - Disclosure of the information is in accordance with the WRHA PHIA Policies.
4. Everyone associated with WRHA site is **required to comply with PHIA**, including you!

I understand that I am required to keep all "personal health information" confidential.

Date:

0	1	N	O	V	2	0	1	8
D	D	M	M	M	Y	Y	Y	Y

Visitor's Name (print): _____
LAST NAME FIRST NAME

Visitor's Signature: _____

Specify Reason for Visit: _____



Hôpital St-Boniface Hospital



Winnipeg Regional Health Authority
Office régional de la santé de Winnipeg
Caring for Health À l'écoute de notre santé

RENSEIGNEMENTS ET ENTENTE À L'INTENTION DES VISITEURS PAR AFFAIRES

Tous les dépositaires sont tenus de respecter la *Loi sur les renseignements médicaux personnels*. Cette loi nous oblige à protéger la confidentialité des renseignements médicaux personnels et la vie privée des personnes (patients/clients/résidents).

Comme vous effectuez une visite par affaires dans un établissement ou un site de l'ORSW, nous **exigeons** que vous vous conformiez aux conditions suivantes :

1. Garder confidentiels tous les renseignements médicaux personnels. Ne pas discuter des renseignements médicaux personnels entendus ou vus avec quiconque n'ayant pas besoin de connaître ces renseignements pour faire son travail.
2. Ne pas discuter des renseignements médicaux personnels dans les zones publiques de l'établissement (p. ex., hall d'entrée, cafétéria, ascenseurs) et ne pas discuter des renseignements médicaux personnels à l'extérieur de l'établissement.
3. Si vous n'êtes pas certain(e) de la marche à suivre dans une situation précise, discutez de la situation avec le personnel de l'établissement ou communiquez avec le responsable de la protection des renseignements personnels, au 237-2909.
4. Les politiques en matière de confidentialité et les politiques liées à la Loi sur les renseignements médicaux personnels peuvent être consultées dans les dossiers des politiques institutionnelles et dans le site Web : <http://intranet.sbggh.mb.ca/ManualsAdmin/index.html>.

FAITS IMPORTANTS AU SUJET DE LA LOI SUR LES RENSEIGNEMENTS MÉDICAUX PERSONNELS :

1. La *Loi* concerne les « renseignements médicaux personnels », ce qui comprend tous les renseignements qui pourraient permettre **d'identifier** une personne, notamment :
 - nom, adresse, numéro de téléphone et adresse électronique
 - état de santé ou antécédents médicaux
 - comportement attribuable à la maladie ou au traitement
 - type de soin ou de traitement fourni
 - numéros ou symboles, p. ex., NIMP
 - situation financière, situation ou difficultés familiales
 - autres renseignements d'ordre privé, comme l'âge et l'orientation sexuelle
2. Les personnes ont droit au respect de la confidentialité de leurs renseignements médicaux personnels.
3. L'information pouvant permettre d'identifier une personne et d'établir un lien avec ses renseignements médicaux personnels ne doit pas être communiquée, sauf dans les cas suivants :
 - L'information est nécessaire pour qu'une autre personne puisse faire son travail
 - La divulgation de l'information est conforme aux politiques de l'ORSW relativement à la Loi sur les renseignements médicaux personnels.
4. Toute personne associée à un établissement de l'ORSW est **tenue de se conformer à la Loi** sur les renseignements médicaux personnels, vous y compris!

Je comprends que je suis tenu(e) de garder confidentiels tous les « renseignements médicaux personnels ».

Date:



D	D	M	M	M	A	A	A	A	

Nom du visiteur :
(lettres moulées):

NOM DE FAMILLE PRÉNOM

Signature du visiteur :

Veillez préciser la raison de la visite :

  ADMINISTRATIVE MANUAL	Policy Name: Public Use of Cell Phones and Other Wireless Communication Devices – Interference with Medical Equipment	No. III-140 WRHA #10.20.041	Page 1 of 3
	Approved By: Management Council	Last Reviewed: April 19, 2011	
	Effective Date: April 19, 2011		
	Originated By: Clinical Engineering		

1.0 **PURPOSE:**

- 1.1 To enhance patient safety by managing use of cellular telephones, two-way radios and other wireless communication devices that can interfere with the proper operation of certain medical equipment.
- 1.2 To balance the obligation of St Boniface Hospital to ensure appropriate safety standards are met and to recognize the public's continually increasing use of wireless communication devices.

2.0 **DEFINITIONS:**

- 2.1 **Electromagnetic Interference (EMI)** – the degradation of the performance of a piece of equipment, transmission channel, or system caused by an electromagnetic phenomenon.
- 2.2 **Interference** – the ability of a Wireless Communication Device to temporarily or permanently disrupt the proper and safe operation of medical equipment.
- 2.3 **Public** – All persons not employed or affiliated with SBH, including patients, family members and visitors.
- 2.4 **Restricted Areas** – Heavily instrumented areas where the use of Wireless Communication Devices is restricted and are identified below:
 - Operating Rooms,
 - Adult, and Neonatal Intensive Care Units,
 - Pre and Post Anaesthesia Care Units,
 - Resuscitation areas in the Emergency Department,
 - Angiography Suites (Cardiac, Vascular),
 - EEG Labs and areas where EEG studies are performed,
 - Other areas as assessed on a case by case basis.
- 2.5 **Staff** – All persons employed by SBH, as well as members of the medical staff, volunteers, board members, students and others associated through contracts.
- 2.6 **Turn Off** – to place a Wireless Communication Device into a mode where it is prevented from transmitting. Some devices such as cellular telephones, transmit when placed into “Stand-by” mode and must be powered off to be “Turn[ed] Off”.
- 2.7 **Wireless Communication Devices** – those devices which intentionally transmit information through the air. Examples of wireless communication devices include: cellular telephones, smartphones (Blackberry, Palm, iPhone, etc.), two-way pagers, two-way radios, wireless web enabled laptops or tablets and Family Radio Service (FRS).

Policy Name: Public Use of Cell Phones and Other Wireless Communication Devices – Interference with Medical Equipment	Policy Number: III-140 WRHA #10.20.041	Page 2 of 3
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3.0 **POLICY:**

- 3.1 This policy applies to all Wireless Communication Devices within SBH, regardless of who owns the devices.
- 3.2 Public Use of Personal Wireless Communication Devices
 - 3.2.1 The Public may use their Wireless Communication Devices throughout SBH except in restricted areas where they must be Turned Off.
 - 3.2.2 Appropriate usage of Wireless Communication Devices in accordance with other SBH policies that deal specifically with (but not limited to) privacy, respectful environment and confidentiality; shall be followed at all times.
 - 3.2.3 The vibration or ‘quiet’ feature of the phone shall be utilized by all persons using their Wireless Communication Devices in patient care areas or waiting areas.
- 3.3 Signage
 - 3.3.1 Appropriate signs shall be posted at the entrances to restricted areas.
 - 3.3.2 Normal hospital/facility processes will be used to mount/install policy related signs.
 - 3.3.3 SBH Clinical Engineering, in consultation with SBH Communications, shall establish the minimum required wording and graphics for signage related to all Wireless Communication Devices. Facilities may adapt signs to fit their local signing conventions as long as the minimum requirements are met.
- 3.4 All Wireless Communication Devices able to take photographs or videotapes shall be used for this purpose in accordance with SBH policies that deal specifically with (but not limited to) privacy, respectful environment and confidentiality.
- 3.5 Two-way radios shall only be used by appropriately trained facility staff and emergency service personnel such as Winnipeg Fire and Paramedic personnel and Winnipeg Police Service personnel. General contractors or third-parties working at SBH need to obtain authorization from SBH Property Management before using two-way radios. A guideline document for two-way radios use can be obtained from:
<http://www.hsc.mb.ca/placecard21.htm>
- 3.6 A brief informative booklet containing information about this policy, including recommended practices for Staff and Public regarding the use of Wireless Communication Devices was created by WRHA Clinical Engineering and shall be available in all patient care areas. A copy of the booklet can be obtained through Regional Printing Services: <http://home.wrha.mb.ca/corp/logistics/printing.php>
- 3.7 If SBH Clinical Engineering becomes aware of a piece of medical equipment whose function has a reasonable probability of being adversely affected by Wireless Communication Devices, SBH Clinical Engineering reserves the right to tag the device/s accordingly. The tag will clearly indicate a minimum separation distance that shall be maintained between the device and any Wireless Communication Device.

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4.0 **PROCEDURE:**

- 4.1 All staff shall be responsible for asking members of the Public using Wireless Communication Devices in Restricted Areas to discontinue their use and to Turn them Off.
- 4.2 If interference between a Wireless Communication Device and a piece of medical equipment occurs or is suspected, the Wireless Communication Device should be Turned Off immediately or removed from the area. Involved staff member/s shall complete an SBH Occurrence Report and notify SBH Clinical Engineering staff.

5.0 **REFERENCES:**

- 5.1 ISO/TR 21730: 2007 – Technical Report – Health Informatics. Use of mobile wireless communication and computing technology in healthcare facilities – Recommendations for electromagnetic compatibility with medical devices.
- 5.2 AAMI TIR18: 2010 - Guidance of Electromagnetic Compatibility of Healthcare Devices in Healthcare Facilities

Policy Contact(s):

- Petr Kresta, Technical Director, Diagnostic Imaging Program
Regional Director, Clinical Engineering Program
- Agustina Krivoy, Clinical Engineer, Clinical Engineering Program
- Peter Lawes, Manager, Clinical Engineering & Telecom Services

ST. BONIFACE GENERAL HOSPITAL <u>ADMINISTRATIVE MANUAL</u>	Subject Smoke-Free Policy	No. VI-110	Page 1 of 3
	Approved By Management Council	Last reviewed October 12, 2000 November 18, 2003 May 18, 2004	
	Effective Date July 5, 2004		
	Originated By Corporate Office		

PREAMBLE:

St. Boniface General Hospital (St. Boniface) is committed to protecting people associated with the Hospital from the harmful effects of exposure to tobacco smoke. This policy is to conform with the Winnipeg Regional Health Authority’s Smoke-Free Policy (#10.00.010) which requires all WRHA funded facilities to provide smoke free grounds, and City of Winnipeg By-Law 88/2003 banning smoking in all public places.

This policy relies on the thoughtfulness, consideration and cooperation of smokers and non-smokers for its success. It is the responsibility of all members of the Hospital community to observe the provisions of this policy.

POLICY:

Effective July 5, 2004 all St. Boniface General Hospital buildings and grounds will be smoke free. St. Boniface will provide smoke free air for all patients, visitors, staff, physicians, volunteers and students on facility property, including all work sites and entrances.

Smoking is prohibited on all Hospital grounds (see attached map) including the main Hospital, Research Centre, I.H. Asper Institute, McEwen, Education Building and Hospital Parkade (including stairwells), and in all vehicles owned and operated by the Hospital.

Inpatients in Palliative Care and inpatients at the McEwen Building are allowed to smoke in the patient-only designated areas, provided there is clinical justification. Families are not permitted to smoke on the unit. The Hospital will make every effort to ensure that staff are not subjected to second hand smoke in these areas.

Staff, Physicians, Volunteers and Students may not smoke during their hours of work as per their employment contract. Those who choose to smoke during their official breaks may **ONLY** smoke off Hospital property.

PROCEDURE:

1. Staff, Physicians, Volunteers and Students share in the responsibility for adhering to and enforcing the policy. Each person has the responsibility and the authority to request that any persons smoking on Hospital property move off the grounds.
2. Pictograms and bilingual signage will be posted on the perimeter of Hospital property and at all entrances to the Hospital, Research Centre, I.H. Asper Institute, McEwen, Education building, and the Parkade (including stairwells).

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3. Staff, Physicians, Volunteers and Students will receive a copy of this policy upon their employment at St. Boniface. A copy of this policy and a map of the grounds showing smoking areas will be permanently posted in all staff rooms and staff locker rooms. This policy will also be presented during orientation of new staff.
4. Information about the Smoke Free Policy will be shared regularly and appropriate signage posted in key areas of high staff, physician, patient and family traffic.
5. The Security Department will monitor general adherence to this policy. Infraction of this policy will result in the following enforcement procedures:
 - Patients and members of the public smoking on Hospital property will be asked to move immediately. If they refuse, they are subject to receiving a written warning. In the case of visitors and members of the general public, failure to abide by the warning may lead to expulsion from St. Boniface General Hospital property.
 - Staff, Physicians, Volunteers and Students smoking on Hospital property will be asked to provide their Hospital Photo Identification Badge, which must be on their person as per Administrative Manual policy #VI-160. Security will then inform the appropriate Manager/Supervisor and Human Resources of the infraction.
 - Managers/Supervisors will then be expected to advise the staff person of this policy, provide them with a copy, and request their compliance and advise that further violations will be dealt with through the Hospital's Progressive Discipline Policy. The Manager will also advise staff of the availability of smoking cessation programs and a contact number.
6. Complaints about the enforcement of this policy should be directed to the appropriate department:

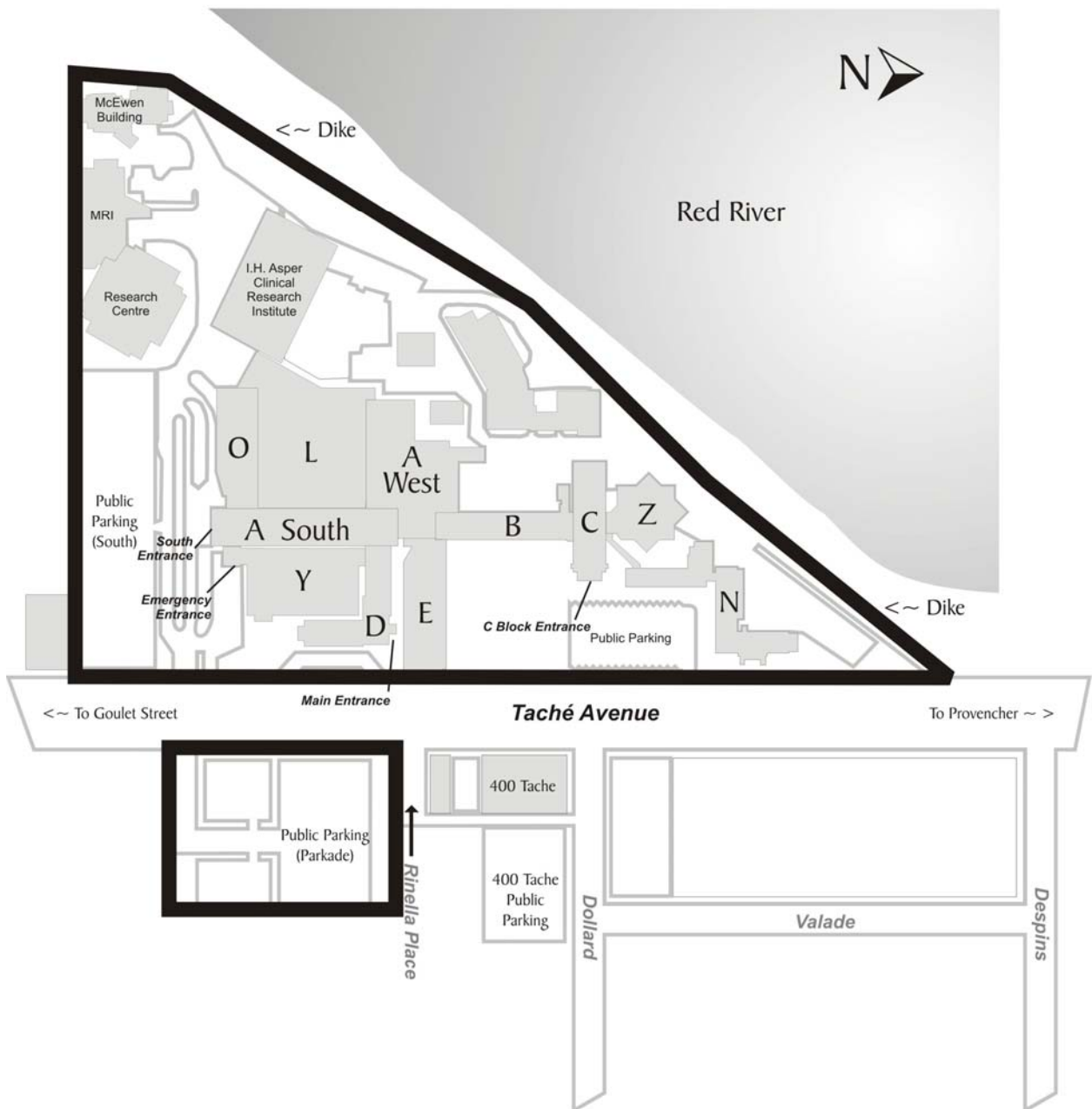
Complaints from or related to: Department _____ to contact:


Patients	Patient Relations Office, Local 2306
Staff	Human Resource Department, Local 2213
Visitors	Security Office, Local 2205

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Smoke-Free Boundaries



<p style="text-align: center;">ST. BONIFACE GENERAL HOSPITAL</p>  <p style="text-align: center;">St-Boniface FINANCE DIVISION <u>POLICY AND PROCEDURE</u> <u>MANUAL</u></p>	<p>Subject Contractor & Vendor Parking</p>	<p>No. Ref. Sec. 4.500</p>	<p>Page 1 of 2</p>
	<p>Approved By Finance Department</p>	<p>Last reviewed November 6, 2009</p>	
	<p>Effective Date January 9, 1996</p>		
	<p>Originated By Finance Department</p>		

1.0 POLICY:

- 1.1 **Daily Parking** - Contractors providing service to the SBGH are required to use one of the public parking lots, at the normal visitor rates.
- 1.2 **Weekly / Monthly Parking** - Contractors requiring parking on a frequent basis may purchase weekly or monthly visitor passes, to the Parkade or the Tache & Goulet Lot, at the same monthly rates available to other customers.
- 1.3 **RATES: Effective November 6, 2009**

Visitor Passes:

Weekly **\$ 50.00**
Monthly **\$110.00**

All Parking Lots & Meters: \$1.75 per half hour

Daily maximum 6am to 6pm:

Tache & Goulet lot **\$9.00**
South lot **\$12.00**
Parkade and Parkade lot **\$12.00**
Tache Visitor lot **\$13.00**


24 Hour Maximum:

Tache & Goulet lot **\$14.00**
South lot **\$18.00**
Parkade and Parkade lot **\$18.00**
Tache Visitor lot **\$20.00**

Lost Ticket: **\$20.00**

2.0 PROCEDURE:

- 2.1 Contractors requiring weekly or monthly parking will report to the Parking Office between 8:00 am – 4:00 pm, Monday to Fridays and request a pass.
- 2.2 A plastic pass card will be issued for either the Parkade or the Tache & Goulet lot, depending on the lot requested and the availability of space. All parking passes must be pre-paid prior to the passes being issued.

<p align="center">ST. BONIFACE GENERAL HOSPITAL</p>  <p align="center">St~Boniface FINANCE DIVISION <u>POLICY AND PROCEDURE</u> <u>MANUAL</u></p>	<p>Subject</p> <p align="center">Contractor & Vendor Parking</p>	<p>No. Ref. Sec.</p> <p align="center">4.500</p>	<p>Page</p> <p align="center">2 of 2</p>
	<p>Approved By</p> <p align="center">Finance Department</p>	<p>Last reviewed</p> <p align="center">November 6, 2009</p>	
	<p>Effective Date</p> <p align="center">January 9, 1996</p>		
	<p>Originated By</p> <p align="center">Finance Department</p>		

- 2.3 There is a \$5.00 fee for the replacement of lost pass cards.
- 2.4 The pass must be used when entering or exiting the parking lot and will allow access to only one vehicle at a time. Any misuse of the parking pass will result in an immediate cancellation of parking privileges.