



Figure 1 – Image of the future Peter Gilgan Mississauga Hospital

Trillium Health Partners
Queensway Health Centre, Mississauga Hospital & Credit Valley Hospital

Capital Planning & Redevelopment / Facilities

Contractor Handbook

Contractor Guidelines, Policies and Procedures

DRAFT Issue Date:
March 14, 2025

Table of Contents

Section A: General

1.	Purpose of This Document	4
----	--------------------------	---

Section B: Occupant and Workplace Health and Safety

1.	Occupational Health and Safety	5
2.	Emergency Management	7
3.	Interference and Interruption of Utilities	12
4.	General Health and Safety Rules and Restrictions	17
5.	Contractor Orientation E-Learning Module	20
6.	Infection Prevention and Control Policy (IPAC)	21
7.	Hazardous Materials Management	25
8.	Safely Securing the Place of Work	28

Section C: Additional *Contractor* Obligations

1.	Workplace Violence, Harassment & Discrimination	29
2.	Media Relations	29
3.	Tools and Equipment	29
4.	Privacy	30
5.	Alterations to Existing Work	30
6.	Waste Management: Environmental Protection and Sustainability	31

Section D: Project Start-Up; *Contractor* 'On-Boarding'

1.	Liability Insurance/Workplace Safety Insurance Board	33
2.	Permits, Fees and Regulatory Requirements	33
3.	Worker Identification & Access Cards	34
4.	Contractor Deliveries, Equipment and Material Staging Areas	34
5.	Contractor Parking	35

Section E: Project Close-Out

1.	As-Built Drawings, Operating and Maintenance Manuals	37
2.	Warranties	37
3.	Demonstration of Systems	37
4.	Return of Access Cards	37
5.	Damage to Existing Facilities, Services, Landscaping or Contents	37
6.	Construction Site Clean-Up	38

Appendices

A.	Occupational Health and Safety Policy		43
B.	Smoke-Free Policy		44
C.	Respectful Workplace Policy		47
D.	Workplace Violence Prevention Policy		49
E.	Equity, Anti-Racism and Inclusion Policy		50
F.	Accessibility Policy		51
G.	Identification Policy		53
H.1	Building Systems Interruption Policy		55
H.2	Utility Interruption Precaution Checklist		56
H.3	Utility Shutdown Request Form	[Signature Required]	57
H.4	Hot Work Policy and Permit	[Signature Required]	58
H.5	Confined Space Coordination Form and Permit	[Signature Required]	64
H.6	Fire Watch Patrol Log		69
J.	Electrical Lock-out Procedure	[Signature Required]	70
K.1	IPAC & People Safety – Construction Permit		73
K.2.	IPAC Recommendations: Water Shutdowns		81
K.3	IPAC Recommendations: HVAC Shutdowns		83
K.4	IPAC Pre-Construction Preventative Measure Checklist		85
K.5	IPAC Infection Control Barrier Configurations		87
K.6	IPAC Limited Time Ceiling Entry Procedure		94
L.	Code of Conduct		96
M.	<i>Not Used</i>		##
N.	<i>Not Used</i>		##
P.	<i>Not Used</i>		##
Q.	Contractor Statement of Understanding	[Signature Required]	107
R.	Revisions to Contractor Handbook		108

Section A: General

1. **PURPOSE OF THIS DOCUMENT:**

- 1.1 The primary purpose of this 'Contractor Handbook' is to ensure that *Contractors* who attend on the properties of *Trillium Health Partners (THP)*, hereafter referred to as the "**Hospital**" in the employ of the *Capital Planning and Redevelopment* or *Facilities Operations Offices* are aware of and committed to meeting or exceeding all of the safety obligations under the **Occupational Health and Safety Act (OHSA)**
- 1.2 The *Capital Planning & Redevelopment Office "designate"*, hereafter referred to as the "**Project Manager**" is the Hospital employee responsible for leading the project and the team of internal hospital professionals, department representative, external Consultants and monitoring the work of the "*Contractor*", unless specified otherwise.
- 1.3 The *Facilities Operations Office "designate"*, hereafter referred to as the "**Facilities Project Manager**" is the Hospital employee responsible for leading general facilities maintenance projects where a *Project Manager* has not been assigned, unless specified otherwise.
- 1.4 A **Contractor** is a person or business that undertakes a contract for services, or provides materials or services within the Hospital setting, but is not an employee of the *Hospital*. All *Contractors* shall ensure full compliance with the *Occupational Health & Safety Act (OHSA)*, this "*Contractor Handbook*" and the directions of the *Hospital* or its "designate". All *Contractors* undertaking all or part of a project, as defined under the *Occupational Health & Safety Act*, shall be considered "Constructors" under the *Act*, and shall meet all requirements thereunder, unless the *Hospital* expressly assumes the role of "Constructor" in writing. A General Contractor is a person or business that is responsible for overseeing and managing a construction project. All general contractors act as the main point of contract between the Hospital's Project Manager and various subcontractors hired under them.
 - 1.4.1 Additionally, all *Contractors* are independent operators and assume responsibility for the actions of their employees, agents, and *Subcontractors*, and must ensure that all policies and procedures of the *Hospital* are followed related to health and safety, human rights (accommodation), environmental protection and any applicable governing legislation. The actions of the *Contractor*, its agents or *Subcontractors* shall not compromise the health and safety of patients, staff, guests, visitors, or other *Contractors* on the *Hospital* premises.
- 1.5 Work stoppages as a result of the *Contractor's* failure to abide by the terms of this document will be at the sole cost of the Contractor.
- 1.6 It is the responsibility of the *Hospital's Project Manager* to ensure that a copy of this document is issued with every Construction RFQ/RFP.
- 1.7 The *Contractor's "designated leadership"* are responsible for reviewing this document and any relevant supplementary *Hospital Occupational Health and Safety* requirements with ALL *Subcontractors* it brings on site and with the individual in charge of each employee, agent, or *Subcontractor* group. All associated signatures and/or required *Hospital* permits noted herein are to be provided by the *Contractor's Project Manager* to the *Hospital "designate"* **prior to the commencement of any work on any Hospital premises.**
- 1.8 This document is not intended to replace the safety training and supervision required to ensure safe performance of work. Each *Contractor* and its employees, agents or *Subcontractors* is responsible for ensuring that their staff receive the necessary training and supervision to complete their work on any and all *Hospital* premises in a safe and effective manner. "**Competent worker**" is qualified because of knowledge, training and experience to organize the work and its performance
- 1.9 Division 01 of the Project Specifications (if available) shall take precedence over this document.

Section B: Occupant and Workplace Health and Safety

1 **OCCUPATIONAL HEALTH & SAFETY:**

- 1.1 The health and safety of all individuals on *Hospital* premises is to be a primary consideration in all decisions made by the *Contractor*, its agents and *Subcontractors*.
- 1.2 The *Contractor* shall comply with the *Occupational Health and Safety Act*, hereafter referred to as "**OHSA**" and all applicable regulations. Refer to [Occupational Health & Safety Policy, Appendix 'A'](#).
- 1.3 The *Contractor* further acknowledges that where the *Contractor* is a "*Constructor*" under the *OHSA* they shall comply with all the requirements, duties, and obligations of a "*Constructor*" pursuant to the *OHSA*.
- 1.4 The intent of the **OHSA** is to designate one person with overall authority for health and safety matters on each project. This person is the "*Constructor*" of the project.
- 1.5 Section 1 of the Act defines "*Constructor*" as "a person who undertakes a project for an owner and includes an owner who undertakes all or part of a project by himself or by more than one employer". A "*Constructor*" is a person who is responsible for a project. The definition of "*employer*" in section 1 of the Act includes *Contractors* and *Subcontractors*. "*Project*" is also defined in section 1 of the Act.
- 1.6 The "*Constructor*" is the party with the greatest degree of control over health and safety at the entire project and is ultimately responsible for the health and safety of all workers. The constructor must ensure that all the employers and workers on the project comply with the Act and its regulations.
- 1.7 A *Contractor* shall in all cases be the "*Constructor*" unless the *Hospital* expressly assumes the role as "*Constructor*" to the *Contractor* in writing. For reference, the *Contractor* shall be the "*Constructor*" and will accept the responsibility and duties of a "*Constructor*" when:
 - a. Planning the proposed project or construction.
 - b. Exercising control over *Contractors* and *Subcontractors*, including engaging, releasing or discharging *Contractors* and *Subcontractors*.
 - c. Setting and maintaining a project budget.
 - d. Determining the manner and methods of work as per the contract specifications and the directions of the *Hospital's Project Manager*.
 - e. Providing ongoing supervision on the project.
 - f. Compensating all agents and *Subcontractors* employed by the *Contractor* in completion of the contract.
- 1.8 When the *Hospital* hires only one employer (*Contractor*) to do all the work on a project, then that *Contractor* is undertaking the work and is the "*Constructor*".
 - 1.8.1 **Section 23 of OHSA** requires a "*Constructor*" to ensure that:
 - a. the measures and procedures prescribed by this Act and the regulations are carried out on the project;
 - b. Every employer and every worker performing work on the project complies with the *OHSA* and the regulations.
 - c. The health and safety of workers on the construction project are protected.
 - 1.8.2 "*Constructors*" contracted by the *Hospital* must:

- a. Notify the Ministry of Labour, Immigration, Training and Skills Development (MLITSD) **before** construction begins on any project meeting any of the requirements listed in section 6 of the *Regulation for Construction Projects (O. Reg. 213/91)*.
 - b. Affix the 'Notice of Project' at the Construction site.
 - c. Appoint a competent supervisor and assistant, one of whom must supervise all work at all times, inspect machinery and equipment at the site weekly or more frequently as necessary, and ensure that equipment and other facilities and structures at the project do not endanger any person.
 - d. Contracting firm supervisors/managers must ensure that their workers are made aware of area rules for departments in which they are working and ensure enforcement at all times. Where there are any concerns over conflicting safety procedures or the safety of any *Hospital* employee as a result of the "Constructor's" protocols, the "Constructor" will cease work and will confer immediately with the *Hospital's Project Manager*.
- 1.9 It is understood that these duties do not cover all situations; therefore, it is essential that the "Constructor" report regularly on the plans and progress of all construction with the *Hospital's Project Manager*.
- 1.10 The *Site Supervisor* is responsible for site safety and ensuring that all occupants within the active construction site are wearing appropriate personal protective equipment (PPE) per the *OHSA* and as appropriate for the work being performed, especially prior to certification for "Occupancy" by the local authorities having jurisdiction.
- 1.11 The *Site Supervisor* shall inform all persons about to enter the construction site of what construction activities are taking place during that time and identify any potential hazards. The *Site Supervisor* must ensure that there are no safety hazards created for *Hospital* patients, staff, learners, guests, visitors or other *Subcontractors*, as a result of the construction, and if concerns are raised by the *Hospital* as to safety hazards created by the construction project, the *Hospital* will request that the "Constructor" stop work until such time as the risk is assessed and, if necessary, removed. Please refer 1.22 for noisy work and 3.6.6 for specifications on core drilling.
- 1.12 The *Contractor* must report ALL safety incidents to the *Hospital's Project Manager* immediately including near misses, hazardous situations, critical injuries, work stoppages or work refusals. Upon request, the *Contractor* shall provide the *Hospital* detailed accounts of all incidents. The *Contractor* shall follow all instructions including but not limited to *Security Operations* as related to any *Hospital*-wide on-site emergency situations, including fire, floods, violence, healthcare, lost time, reportable to MLITSD etc.
- 1.13 In the case of a critical injury or fatality, the *Contractor* should follow emergency procedures as outlined per *OHSA* and its *Construction Regulations*, including immediate notification of the MLITSD.
- 1.14 The "Constructor's" work may be inspected by the *Hospital's Project Manager*, to oversee quality control and to examine what work is being performed, but it must be recognized that it is the role of the "Constructor" to determine how any work will be performed.
- 1.15 The *Contractor* will post a copy of this 'Contractor Handbook' document at the *Hospital* work site in a location visible and accessible to all workers. A copy of this document is to be provided by the "Constructor" to all its supervisory personnel and also provided to any of its agents or *Subcontractors*.
- 1.16 **No work shall commence on Hospital property** until the *Contractor's Project Manager* and *Site Supervisor* have signed the attached Contractor Statement of Understanding, Appendix 'Q' indicating that they have read the complete 'Contractor Handbook' and *iLearn e-Learning Module* and have a good working knowledge of the *OHSA*, *CSA* guidelines in health care environments and safe work practices for a construction site. This form must be executed by the assigned *Construction Project Manager* or *Principal* of the *Contractor's* company/corporation and returned to the *Hospital's Project Manager*.

2. **EMERGENCY MANAGEMENT:**

- 2.1 The health and safety of patients, employees, *Contractors*, and visitors, as well as the protection of the property and environment are integral to the *Hospital's* operations. Proper planning will ensure a timely and appropriate response to emergencies and critical incidents in compliance with applicable laws, legal codes of practice and industry standards.
- 2.2 In the event of a critical injury or fatality as defined by OHSA, under no circumstances shall the scene of such an injury be interfered with, disturbed, destroyed, altered or carried away any wreckage, article or thing at the scene of or connected with the occurrence until permission so to do has been given by an MLITSD inspector, except to:
- Save life or relieve human suffering.
 - Maintain an essential public utility service or public transportation system.
 - Prevent unnecessary damage to equipment or other property.

- 2.3 When making an emergency call from anywhere on *Hospital* premises, take the following action:

Immediately Dial 5555 if inside the building using a Hospital telephone OR 9-1-1 if on site but not in building

- ✓ Provide your name (and Company name as appropriate).
- ✓ Provide your exact location.
- ✓ Provide the exact location of the incident/emergency (e.g. Building site, Room #)
- ✓ Describe the nature of the emergency in as much detail as possible.

Parkade emergency phones are located at all stairwell exits and are monitored by telecommunications services 24 hours a day.

2.4 ***Hospital* emergency codes**

- 2.4.1 The *Hospital* Emergency Code system is an internal switchboard operated by the Coordination & Communication Centre (C3) that is accessed by phone by **dialing 5-5-5-5** on any *Hospital* telephone to report all emergencies. Code notifications are subsequently announced over the public address system to provide emergency alerts *Hospital*-wide. This extension should only be contacted for emergency situations. Refer to graphic below for an overview of emergency codes.

Blue	Cardiac Arrest
Pink	Paediatric Cardiac Arrest
OB	OB
Red	Fire
Green	Evacuation
Orange	Mass Casualty
Orange CBRN	Chemical Biological Radioactive Nuclear
White	Violent Person
Silver	Violence with Weapons
Black	Bomb Threat; Suspicious Package
Yellow	Missing Person
Amber Alert	Missing Infant/Child
Brown	Hazardous Material Spill
Purple	Hostage Abduction
Grey	HVAC, Utility or IS Failure and External Air Contamination
Transfusion	Adult Massive Hemorrhage

2.4.2 Below is a detailed breakdown of **EMERGENCY CODES** with corresponding “Contractor Duties”

CODE	DESCRIPTION	CONTRACTOR DUTIES
BLUE	Cardiac Arrest	<p>No action required unless occupying within the <i>Contractor’s</i> area of work or witnessing a cardiac arrest while on site.</p> <ol style="list-style-type: none"> If in the <i>Contractor’s</i> area: Assess victim for unresponsiveness (shake, shout, call victim by name). Call loudly for help: “CODE BLUE” and give location or dial 5-5-5-5 and give location. If trained, initiate CPR procedures until response team arrives. If incident occurs on site but not in existing building or at an off-site location, dial 9-1-1 and give location and inform them someone will meet the first responders at the front building entrance or closest site landmark. Contact communications by dialing “0” on a THP telephone and describe the situation, location and indicate that 9-1-1 has been called
PINK	Cardiac Arrest – Neonatal/ Pediatric	See CODE BLUE instructions above
OB	Obstetrical Emergency	No Action.
RED	Fire	<p>In the event of a fire around work, the <i>Contractor</i> shall follow these R-E-A-C-T procedures:</p> <ol style="list-style-type: none"> REMOVE: Save at-risk individuals. ENSURE: Ensure doors and windows are closed to contain fire and smoke ACTIVATE: Activate the fire alarm system/use nearest pull station CALL: Dial 5555 or 9-1-1 if on site but not in building or located at any off-site locations (state location and status of the fire) TRY: Try to extinguish the fire if you have training to do so <p>In case of fire NOT in construction area, but <i>Contractors</i> are working in the existing building:</p> <ol style="list-style-type: none"> Close all doors and windows. Remain in area and wait for initiation of a code green evacuation. If fire appears to pose immediate danger, evacuate immediately. Do not use phones except for emergency calls. Do not use elevators. If away from work site, only return to work site if safe to do so and verify that a “CODE RED, ALL CLEAR” was announced through the PA system.

CODE	DESCRIPTION	CONTRACTOR DUTIES
GREEN	Evacuation Crisis – Patients, visitors and staff	Often proceeded by CODE RED, GREY, BLACK, BROWN or SILVER . Be prepared to evacuate building per instructions over PA system. <u>Stage 1</u> – <i>Hospital</i> and medical personnel prepare to receive patients from an evacuated area. <u>Stage 2</u> – Entire floor is being evacuated. <u>Stage 3</u> – <i>Hospital</i> block or entire <i>Hospital</i> is being evacuated
ORANGE	External Disaster / Mass Casualty	No Action. External disaster or state of emergency initiated by municipal/provincial/federal authority. May only be activated at CVH and MH sites and anticipated increase in patient intake at <i>Hospitals</i>
ORANGE CBRN	External Disaster - Chemical Biological Radioactive Nuclear	No Action. External disaster or state of emergency initiated by municipal/provincial/federal authority. May only be activated at CVH and MH sites and anticipated increase in patient intake at <i>Hospitals</i>
WHITE	Violent Person	No action. If a violent person is posing a threat to <i>Contractor</i> personnel, dial 5-5-5-5 and give location and move to a secure area.
SILVER	Violent Person with weapons	Retreat to secure area away from doors and windows and await further instruction. Remain in your secure location until notified by appropriate personnel. Call the switchboard only if you have vital information to provide. Only use cell phones to communicate emergency information. Excessive cell use will overload the vital communication lines. Disregard fire alarm bells unless otherwise informed via CODE RED or CODE GREEN
BLACK	Bomb Threat	All bomb threats must be treated seriously. Report any suspicious package by dialing 5-5-5-5 or 9-1-1 at an off-site location. Avoid handling the package, put it down gently and wash your hands immediately. Leave the area where the package is located and leave doors to the area open. Take note of the person who delivered the package. Move to a secure location.
YELLOW	Missing adult	Await description of missing person. Immediately undertake a detailed search within the area of work. If response personnel enter the construction site, they should be equipped with appropriate safety equipment (ie hard hat, safety boots).
In the event of an emergency Dial 5555.		

CODE	DESCRIPTION	CONTRACTOR DUTIES
AMBER ALERT	Missing Infant or Child (up to age 18) abducted or detached from parent or guardian	See CODE YELLOW instructions above
BROWN	Hazardous Spill or Leak	<p>If the spill is occurring within the area of work that has not been a result of the contracted work Dial 5-5-5 to report in order to notify the spill response team. This procedure should only be in place if the spiller does not have the knowledge or equipment to clean up the spill safely or if they perceive that people may be at risk. Immediately report the spill to the nearest department and follow department procedures to determine whether to call CODE BROWN.</p> <p><i>Contractors are responsible for all “hazardous materials” clean-up and removal. Refer to Section B – GENERAL HEALTH AND SAFETY RULES for further instructions.</i></p>
PURPLE	Hostage Taking or adult Abduction	Police will be in charge of code purple response. This may escalate into a CODE GREEN or CODE SILVER
GREY	Loss of Essential Service	<p>This may include Electricity, Phones, Fire Panel, Cellular Service Wifi, Water, Medical Gases, Air Handling, HVAC Chillers, Code Buttons, Uninterrupted Power Supply.</p> <p><i>Contractor shall suspend activity that involves any medical gasses during a system failure.</i></p> <p><i>Note that for “planned” systems outages, the Contractor will be notified in advance.</i></p>
<p style="text-align: center;">In the event of an emergency Dial 5555.</p> <p style="text-align: center;">ALL CLEAR will be announced on the PA system when <i>Contractor</i> may return to regular duties.</p>		

1.1 Fire Alarms:

- 1.1.1 When a fire alarm is activated, an audible tone will be annunciated, fire doors will close, the ventilation system will be shut down via fire dampers and voice messages will announce fire instructions. All *Contractors* and servicepersons shall await the alarm announcement over the PA system. Immediately implement any request or instruction made by the *Hospital's Fire Marshal*. *Contractors* and servicepersons may continue work if the fire is not located in the immediate fire area and instructions indicate it is safe to continue. Normal duties may be resumed once advised to do so after the code is cleared over the Public Address System dictating: **"CODE RED, ALL CLEAR"** and/or **"CODE GREEN, ALL CLEAR."**

1.2 Access to Fire Extinguishing Equipment and Exits:

- 1.2.1 The *Contractor* must always provide and maintain free access from the street to fire hydrants and to outside connections for standpipes or other fire extinguishing equipment whether permanent or temporary. The *Contractor* must not place material or construction equipment within three (3) meters of hydrants or connections, nor between hydrants or connections and the centre of the street.
- 1.2.2 The *Contractor* must always maintain free access to control valves, fire hoses or fire lines within buildings, portable extinguishers and fire pull stations. In a situation where emergency access is not available coordination with the Hospital's Project Manager is required.
- 1.2.3 Where exits are permanently or temporarily disabled, the *Contractor* must ensure alternate exit routes are clearly defined, meet applicable codes and are well-marked with signage.
- a. Where an exit is blocked-off or deleted because of the Work, an alternative exit shall be provided that is acceptable to the Consultant, the Hospital's *Project Manager*, and authorities having jurisdiction.
 - b. Where it is necessary for access to be gained to an exit through the Place of the Work, the access shall be clearly defined and protected so that it is separated from construction areas by a smoke tight fire separation equivalent to a minimum of 1-hour fire resistance rating, unless otherwise indicated.
- 1.2.4 For large scale construction projects (e.g. new buildings), the *Contractor* shall have in place a detailed emergency evacuation plan, a copy of which shall be issued to the Hospital's Project Manager.

1.1 Fire Separation Integrity Maintenance:

- 1.1.1 When work requires that holes are to be drilled, or openings cut, through an existing fire separation, any breach must be patched with a fire stop material, approved by the local building authority having jurisdiction, to always maintain the fire rating of the separation.
- 1.1.2 Provide temporary fire-resistant closures at existing areas openings exposed to construction areas for the Work to maintain fire and life safety of existing building.
- 1.1.3 Intersecting corridors:
- a. Provide temporary fire separations between existing corridors on occupied floor areas and new corridors under construction.
 - b. Construct temporary fire separations out of steel studs and gypsum board to provide a construction equivalent to a minimum of 1 hour fire resistance rating, unless otherwise indicated.
 - c. Where access is required, doors shall be constructed of hollow steel construction with a minimum of 1 hour fire resistance rating.
 - d. Finish hardware equivalent to a minimum of 1 hour fire resistance rating, unless otherwise indicated.

3. INTERFERENCE AND INTERRUPTION OF UTILITIES PROCEDURE:

3.1 This procedure outlines the planned operational processes required by the *Hospital*, shall any essential service or any life safety system required for the operation of the *Hospital* premises becomes non-operational for any reason. These planned interruptions occur prior to demolition, construction, or maintenance activities. All disruptions and interferences must be brought to the Hospital's Project Manager attention prior to construction.

3.1.1 Unplanned service interruptions must be avoided and are referred to as a *CODE GREY*. Refer to [Section B, Emergency Management](#). Special measures must be in place do avoid disrupting essential services and/or activating a fire alarm response and necessitating a building evacuation due to partial system failure, fire and flood. For this reason, such instances must be planned, communicated, and closely monitored, and alternate systems put in place to ensure the ongoing safety of all occupants. *Contractors* and service persons working on the Hospital premises shall be aware of the procedures outlines in this section to plan in advance.

3.1.2 **Planned Service Advisory:** Prior to any service interruption taking place, the *Hospital's Project Manager* will issue a *Planned Service Advisory* to inform internal hospital staff in advance. The notice will be posted at the area of work and will be distributed Hospital-wide via email.

3.1.3 **Heads-Up Memo:** Prior to any notable operational impacts taking place, the *Project Manager* will issue a *Heads-Up Memo* to inform internal hospital staff of upcoming work. The notice will be posted at the area of work and will be distributed Hospital-wide via email.

3.2 Related Documents:

- [Building Systems Interruption Policy, Appendix 'H.1'](#)
- [Utility Shutdown Precaution Checklist, Appendix 'H.2'](#)
- [Utility Shutdown Request Form, Appendix 'H.3'](#)
- [Hot Work Policy & Permit, Appendix 'H.4'](#)
- [Fire Watch Log, Appendix 'H.5'](#)
- [IPAC Recommendations: Water Shutdowns, Appendix 'K.2'](#)
- [IPAC Recommendations: HVAC Shutdowns, Appendix 'K.3'](#)

3.3 Utility Shutdown Procedures:

3.3.1 If the scope of work requires the temporary interruption of any building or site service affecting the correct operation of any life safety system/device, special procedures must be followed. The following is a non-exhaustive list of shutdowns that shall be planned of time for both life safety systems and essential hospital services:

- | | |
|----------------------------------------------|---------------------------------------------------------------------------------|
| ✓ Power (UPS) | ✓ Domestic Water |
| ✓ Fire Systems | ✓ Communications Systems (landlines, cellular networks, Internet, email) |
| ✓ Sprinkler/Standpipe | ✓ Nurse Call |
| ✓ Hot Work (requires separate permit) | ✓ IT Clinical Applications |
| ✓ Steam | ✓ Medical Gas (oxygen, medical air, & suctioning) |

- 3.3.2 Contractors and service personnel are required to complete and submit a [Utility Shutdown Request Form, Appendix 'H.4'](#) to the Hospital's Project Manager a minimum of ten (10) business days in advance. The Hospital's Project Manager will be responsible for obtaining signed approval from the Facilities Project Manager and for returning the complete signed form back to the Contractor or service person. Failing to submit the appropriate form(s) as required and obtaining prior authorization for work to proceed will subject the Contractor to full responsibility for all costs imposed on the Hospital by Toronto Fire or Mississauga Fire & Emergency Services for their unnecessary response to any Hospital premises.
- 3.3.3 Refer to [Utility Shutdown Precaution Checklist, Appendix 'H-2'](#) outlining additional Contractor responsibilities prior to interruption to any utility.
- 3.3.4 Infection prevention procedures and measures are the responsibility of the Contractor and shall be undertaken when essential services (e.g., hot/cold water, ventilation systems, electricity etc) are disrupted. The integrity of the Hospital's exterior structure, spatial separations, ventilation, and water supplies for any infection control concerns are to be reviewed and assessed prior to the commencement of construction. Refer to [IPAC Recommendations: Water Shutdowns, Appendix 'K.2'](#) and [IPAC Recommendations HVAC Shutdowns, Appendix 'K.3'](#) for infection control recommendations. People Safety to be notified of disruptions to access to emergency eyewash and shower.
- 3.3.5 No service, maintenance, renovation, or construction activities affecting full operation of Hospital life safety systems/devices will proceed without adherence to these utility shutdown procedures. No work is to proceed without confirmation by the Facilities Project Manager to the person or persons performing the work that fixed fire protection systems have been taken out of service as appropriate.
- 3.3.6 Work scope dependent, different degrees of life safety interference may be anticipated, but will not be initiated prior to the person or persons performing the work requiring such interference presenting themselves on the premises, with the appropriate approvals, ready to perform the work. **Disregard, By-Pass and Disabling of Points Procedures** are as follows:
- Disregard:** The Facilities Project Manager is responsible for initiating a disregard only as per the submitted authorization form(s) submitted directly by the Hospital's Project Manager.
'Disregard': Indicates when there is no monitoring of the fire alarm systems for the Hospital premises by the Hospital fire monitoring service, and Toronto Fire or Mississauga Fire & Emergency Services will not respond to the site if there is an alarm.
 - By-Pass:** The Facilities Project Manager is responsible for this process alongside the disregard and will initiate only as per the submitted authorization form(s) submitted by the Hospital's Project Manager.
'By-Pass': Indicates when the entire fire alarm system for the Hospital premises is off-line.
 - Disabling of Points:** The Facilities Project Manager is responsible for this process and will initiate only as per the submitted authorization form(s) submitted by the Hospital's Project Manager.
'Disabling of Point(s)': Indicates when a specific device such as a smoke or heat sensor, or fire alarm pull station etc., is individually disabled. (This would be the most common occurrence for maintenance or for smaller renovation projects.)
- 3.3.7 All instances of fixed fire protection systems taken out of service is recorded by the Facilities Project Manager as noted on the [Utility Shutdown Request Form, Appendix 'H.3'](#). The Contractor or service personnel shall abide by the following procedure:
- Either within, or outside of, normal business hours and prior to commencing work, the person or

persons performing the work affecting fixed fire protection systems will inform the *Hospital's Project Manager* of their arrival on site and advise of their intent to commence work and again at the end of every work day. If shutdown request is required for an extended period of time *Contractors* are required to check in and out with the *Hospital's* project manager every day during the approved permit period.

- b. Under no circumstances will any person make any modifications to the monitoring of fire protection systems at the request of any staff member or *Contractor* without proper authority to do so. In ALL cases individuals presenting themselves to perform any work must be prepared to provide a hard copy of the appropriate authorized [Utility Shutdown Request Form, Appendix 'H.3'](#), the name of the *Contractor's Project Manager* or *Site Superintendent* overseeing the project, the location of their work, name of their company or employer, personal photo identification and emergency contacts.
- b. Should individuals presenting themselves to perform any work who have not made prior arrangements as required (sufficient notice and authorization permit) or who are unable to provide the details or identification required as above, they shall be denied access to the premises.

3.4 **HOT WORK: Welding, Grinding and Cutting Equipment Procedures**

- 3.4.1 If work requires the use of an open flame or there is the potential of hot sparks such as when involving welding, grinding and/or cutting, the *Contractor* must obtain a *Hot Work Permit*.

'Hot Work' is defined as work using open flames or sources of heat that could ignite materials in the work area. This kind of work may cause the building's fire alarm system to be activated or create an unwarranted fire risk condition.

- 3.4.2 All personnel involved in the hot work procedure, including facilities staff, *Contractors* or *Subcontractors* should complete the *FM Global Hot Work Training* on the *FM Global Training website*. The person or persons performing the work must present a valid certification of completion prior to the start of the work: <https://training.fmglobal.com/>.
- 3.4.3 Refer to [Hot Work Policy & Permit, Appendix 'H.4'](#) for the Hospital and FM Global's joint *Hot Work Policy* prior to beginning any of this work. A sample blank *FM Global Hot Work Permit* form has been provided for reference in this appendix. A FM Global Hot Work Permit Form shall be obtained by the *Contractor* through the *Project Manager*, filled out and submitted directly back to the *Project Manager* who will obtain final signed approval from the *Facilities Project Manager* for the permit to be issued.
- 3.4.4 The Hot Work Permit must be posted in the area of work or attached to the equipment so that it is easily visible by the person or persons performing the work and returned to the *Facilities Project Manager* via the *Project Manager* upon completion of the work.
- 3.4.5 Prior to welding, the Fire Alarm System shall be by-passed. The *Project Manager* or Maintenance & Engineering Services Manager will notify the communications control center in writing, as to which fire zone is being *by-passed*. Once both the permit and the appropriate communication has been achieved, the work can begin.

'By-Pass': Indicates when the entire fire alarm system for the Hospital premises is off-line.

3.5 **Fire Watch Procedures:**

- 3.5.1 While any life safety device/fire detection system and annunciation system are not operational, the *Contractor* is responsible for maintaining a fire watch.
 - **Fire Watch:** A qualified person or persons physically conducting inspections for any occurrence of fire during times when fixed fire protection systems are intentionally taken out of operation.

- **Competent Person:** *A person who is qualified due to knowledge, training and experience to organize the work and its performance, is familiar with the OHSA and its regulations that apply to the work, and has knowledge of any potential or actual danger to health or safety in the workplace.*

- 3.5.2 This inspection will be conducted by a competent person a minimum of once every hour during the entire period that the protection systems are out of service. This person must complete a [Fire Watch Patrol Log, Appendix 'H.5'](#).
- 3.5.3 If hot work is being performed on the work site, a competent person will be in attendance during the entire operation and until a final inspection has been conducted appropriate to the type and location of the work (e.g. concealed spaces are to be re-examined an hour after work completion).
- 3.5.4 Should the fixed fire protection systems be out of service for an extended period or outside of normal working hours, an extended fire watch must be arranged through the *Hospital's Project Manager*.
- 3.5.5 In all cases staff and/or contractors will complete a 'Fire Watch Patrol Log' (attached as an appendix), to be submitted to the Capital Planning and Redevelopment/Facilities Operations Office or "designate" as soon as possible following each fire watch.
- 3.5.6 Contractors are responsible for any and all costs associated with a fire watch.
- 3.5.7 Whenever a changeover time occurs, which is an outage time of at least a portion of the fire alarm system, the municipal fire department shall be notified of the temporary shutdown and alternative measures shall be devised.
- 3.5.8 **Capping Off Abandoned Water Piping:** Facilities that have undergone extensive renovations over time often contain redundant pipework/dead legs in which water can stagnate. When capping off unused or abandoned water lines, to minimize the potential of bacterial contamination of water supplies, water lines shall only be capped off directly adjacent to active, free-flowing water lines. Water systems shall be designed to prevent stagnant sections therefore Dead leg sections of plumbing pipe shall be avoided. Minimising dead legs in domestic water plumbing is perhaps the most widely recommended Legionella preventive measure. Refer to CSA Z317.1-09 & CSA:6.7.2(f), 21. CAN/CSA-Z317.2-15. Hot water distribution systems shall also be designed to ensure that distribution temperatures are maintained in accordance with CSA Z317.1-09
- 3.5.9 If the water system has a dead leg more than 100mm, the excess must be cut off to prevent the water from stagnating and to ensure the water remains safe. Recirculation lines should return water from a point as close as possible but not further than 150 cm from each distal point. Drainage shall comply with local codes and municipal bylaws.

3.6 **Drilling, Coring, Saw Cutting and Excavation:**

- 3.6.1 **Precautions** are to be taken before the drilling/penetration of/excavation of existing construction or sites to ensure that any building services (e.g. conduits, gas/water lines, etc.) are not interrupted or that workers or building occupants are exposed to unsafe conditions. Refer to project specifications (where applicable) for specific requirements to take precedence over this policy.
- 3.6.2 The following are potential implications from failure to follow this procedure:
- **Core Drilling:** Cutting into slab *Contractors* hits a waterline and leaks on an electrical panel below and causes power outages.
 - **Electrical:** Cutting into slab *Contractors* hit a buried conduit causing loss of power to several key areas of the *Hospital*.
 - **Cross wiring:** Shorting several beds in a clinical area, incurring heavy replacement costs.

- **Plumbing:** Adding services to existing infrastructure and shutting down water lines without permission and not turning system back on, resulting in clinical care delay.
- 3.6.3 Special precautions must be taken before the drilling/sawing of walls, ceilings and floors to ascertain the location of conduits, electrical cables, water lines, gas lines and other services. Scanning and/or X-Ray of slabs and walls is to be undertaken by the *Contractor* at their expense for this purpose prior to coring. Employ services of experienced operator. Confirm with Consultant, before coring, saw cutting or drilling, location of reinforcing steel and raceways that may be present.
- 3.6.4 A request in writing to the *Facilities Project Manager* must be approved a minimum of 10 Working Days prior to commencing such work. Safety clearances are required before any core drilling or saw cutting begins.
- 3.6.5 The impact to the structural integrity of the building and/or any of its components is to be assessed prior to any cutting and/or coring taking place via a professional engineer at the expense of the *Contractor*. Do not core structural beams or cut conduits or reinforcing steel without written permission from *the Consultant* in consultation with a professional Structural Engineer.
- 3.6.6 Perform coring and drilling after normal working hours, unless specified otherwise.
- 3.6.7 Dry core drilling and saw-cutting is acceptable. Do not use wet core procedures without prior written approval of the *Consultant*.
- 3.6.8 Holes or voids created in assemblies for penetrating mechanical, electrical, or sprinkler service items, shall be of sufficient size to accommodate the penetrating item as well as additional required fill materials, such as sealants, firestopping and smoke sealants, insulation, and the like, without exceeding the maximum opening allowable by the manufacturer of the additional required fill material.
- 3.6.9 Where concrete slab on grade is required to be cut, adequate inspection and testing by a reputable inspection and testing company shall be required at the *Contractor's* expense to ensure continuity of waterproofing material.

4. GENERAL HEALTH AND SAFETY RULES AND RESTRICTIONS

- 4.1 **Safety Rules:** Obey all operating area's safety rules. If in doubt, request an explanation of the area safety rules from the *Hospital's Project Manager* before entering a particular area.
- 4.2 **Safety Meetings:** The *Contractor* shall provide copies of the *Contractor's* regular internal safety meetings to the *Hospital's Project Manager*. *Contractors* required to chair project construction meetings are required to table all health and safety and Infection Prevention and Control (IPAC) updates at the start of every meeting.
- 4.3 **First Aid Stations:** The *Contractor* shall ensure that first aid stations are in place within the construction area and site trailer (if applicable) in accordance with the requirements outlined in the *Workplace Safety and Insurance Act (WSIA)*.
- 4.4 **Ministry of Labour, Immigration, Training and Skills Development (MLITSD) Orders:** If the MLITSD issues a *Contractor* or *Subcontractor* an order of violation under OHSA, the *Contractor* will provide a written copy of the order to the *Hospital's Project Manager* within 24 hours. The *Hospital's Project Manager* shall be notified if MLITSD is on site.
- 4.5 **Personal Protective Equipment (PPE):** Approved PPE is required on all work sites as per OHSA and its *Construction Regulations*.
- 4.6 **Disruption of Utilities:** If it is necessary to disrupt any *Hospital* services for any reason, refer to [Section B: Interference and Interruption of Utilities Procedures](#).
- 4.7 **Powder Activated Fasteners:** Powder activated fasteners shall not be used on any portion of the work.
- 4.8 **Driving:** Use caution when driving vehicles on *Hospital* property. Obey all traffic signs and posted speed limits (generally 25 kph). Do not leave engines idling when parked.
- 4.9 **Construction Barriers:** The *Contractor* shall erect impermeable barriers, rope off, barricade, or otherwise demarcate all work areas as appropriate, such that there will be no danger of exposure to work site hazards by building occupants, or contamination of adjacent areas by construction dust, debris or hazardous materials. Appropriate signage shall be installed restricting access to said work areas. Include appropriate warning signage. All barriers are to be reviewed and signed off by IPAC and People Safety, in coordination with the *Hospital's Project Manager* before work begins.
- 4.10 **Overloading:** *Contractors* are responsible for ensuring that all precautions are taken to prevent overloading of any part of the structure/temporary structures, false work, elevators or scaffolding during operations. If doubt exists, obtain approval from the appropriate inspector from the *MLITSD* or another appropriate agency.
- 4.11 **Elevators:** As per the *Elevating Devices Act*, *Contractors* are not permitted access to *Hospital* elevator control rooms. Furthermore, no person shall construct, install, alter, repair, maintain or test an elevating device or part thereof except in accordance with this *Act*.
- No person shall enter any machine room at the *Hospital* other than a *Technical Standards and Safety Authority (TSSA)* elevator inspector or a licensed elevator mechanic for the purposes of inspections, tests, repairs, maintenance, or alterations, unless authorized to do so by *TSSA* and accompanied by a licensed elevator mechanic.
 - Authorization to enter any elevator machine room will be made through the *Facilities Project Manager*.
 - Obey loading requirements for elevators and do not exceed noted weight capacity.

- 4.12 **Confined Spaces:** Refer to Confined Space Program, [Appendix 'H.5'](#) for the Hospital's confined space program. If work involves accessing a confined space as defined under the Confined Space Regulation, Contractors and their employees, agents or subcontractors will be required to complete a Confined Space Permit and Confined Space Contractor Coordination Form to be submitted to the *Hospital's Project Manager* who will obtain final signed approval from the *Facilities Project Manager* for the permit to be issued. The Confined Space Entry Permit must be posted in the area of work so that it is easily visible by the person or persons performing the work and returned to the *Facilities Project Manager* via the *Hospital's Project Manager* upon completion of the work.
- 4.13 **Working at Heights:** The *Contractor* will ensure that all employees, agents, or *Subcontractors* working at heights (e.g. ladders, scaffolding, rooftop, raised equipment) have received working at heights training, and have a fall protection plan in place. *Contractors* must supply their own certified equipment.
- 4.14 **Storage in Utility Areas:** Storage of job site materials in electrical/mechanical/utility rooms, and IT closets or similar is strictly forbidden.
- 4.15 **Blocking Open Doors/Door Propping:** Do not block doors, passageways, firefighting or safety equipment and electrical panels. Do not prop/wedge open doors to mechanical/electrical/IT (communications) or utility rooms. Maintain perimeter security and building environments by not propping or wedging open exterior doors. Propping or wedging of any doors is prohibited.
- 4.16 **Keep Corridors Clear:** Corridors, walkways, and doorways must be kept clear of vehicles, work materials and debris at all times.
- 4.17 **Work Site Cleanliness:** Occupied areas of building affected by the work (construction) will be always kept clean and orderly and shall be left in, or restored to, an "as found" condition after each shift, and/or upon completion of work. The *Contractor* is responsible to ensure that all work areas are vacuum-cleaned and/or wiped down to the satisfaction of the *Hospital's Project Manager*. Contractor shall abide by the construction permit authorized by IPAC and People Safety.
- 4.18 **Fit for Work Assessment:** Each worker shall assess if they are fit to perform work on *Hospital* premises. It is important that while working within the existing *Hospital* and in close proximity to patients, that you remain free from communicable diseases. Examples include active tuberculosis, chicken pox, shingles, eye infections, flu, gastric type viral illness, rashes, or unknown origin. Symptoms of infectious illness include fever (over 38 degrees in the last 24 hours), chills, shakes, nausea, vomiting or diarrhea, new or worsening cough. THP recommends keeping your immunizations up to date. This includes annual flu vaccine, hepatitis B, Tuberculin skin testing, rubella, and measles.
- 4.19 **Minimum Age of Workers:** All *Contractors*, their employees, agents, or *Subcontractors* on *Hospital* premises must be a minimum of 18 years of age.
- 4.20 **Noisy Work:** Always execute work as quietly as possible in and around the existing building. Schedule noisy operations and work that may cause vibration to minimize the disturbance to occupants. Hours when noisy work can be performed shall be coordinated with the *Hospital's Project Manager* with at least (10) days notice prior to commencement. The hospital has the right to stop work if it is affecting hospital operations.
- 4.21 **Scents:** Refrain from applying scented products (e.g. perfumes, aftershaves, hairspray, personal care products, etc.) which can have a negative effect on patient health and the health of others. Trillium Health Partners is a scent-free organization. Make every effort to use low and/or non-scented cleaning and building products whenever possible and use low VOC (volatile organic compound) paints.
- 4.22 **Safety Data Sheets:** Constructor is responsible to provide Safety Data Sheets. Reference specifications, WHIMIS 7.3.

- 4.23 **Waste Management:** Waste management procedures (e.g. location of waste bins, bin cover requirements for dust and/or hazardous material control, etc.) must be determined with the *Hospital's Project Manager* prior to work start. Refer to [Section C, Waste Management: Environmental Protection and Sustainability](#) for the *Hospital's* waste management protocols.
- 4.24 **Theft/Damage:** Theft or willful damage to *Hospital* property is strictly forbidden.
- 4.25 **Alcohol and non-prescription drugs** including cannabis and THC products are not permitted anywhere on the premises, Site Supervisor to immediately remove anyone from the construction site who appears impaired or under the influence. The *Hospital* is not obligated to explain or debate his or her opinion that a worker may be impaired or under the influence of alcohol or drugs.
- 4.26 **Smoking (tobacco, cannabis, e-cigarettes and vapourizers)** is strictly prohibited anywhere on THP property, including personal vehicles. In Ontario, it is illegal to smoke on *Hospital* property and anyone found smoking on a *Hospital* site can be fined. Public Health officers may visit THP property without notice and will issue fines to any individual found smoking. Security will be contacted if an individual fails to cooperate. Refer to [Smoke Free Policy, Appendix B](#) for permitted smoking zones outside of *Hospital* property.
- 4.27 **Use of Non-Public Areas:** The *Contractor's* employees must not go into any non-public area of the *Hospital* other than that where they are working. Workers utilizing vending machines, cafeteria and public or contractor designated toilet facilities (if not provided on the work site) must abide by all posted signs, keep to marked aisles and take the most direct route. Specific details regarding worker traffic will be discussed with and approved by the *Hospital's Project Manager* through the *People Safety & Support* prior to work starting on each contract. Refer to [Section D – Worker Identification and Access Cards](#) for access policies and the *Hospital's Identification Policy, Appendix 'G'*.
- 4.28 **Use of Hospital Equipment:** Hospital phones (except during emergency), computer equipment, photocopiers, office equipment, etc. are not to be used by the *Contractor* or its employees or agents.
- 4.29 **Personal Electronics:** Use of personal music and or/audio delivery devices (cell phones or portable speakers with headphones or ear buds) is not permitted on work sites. Sound systems that may negatively impact the delivery of *Hospital* services and/or disrupt/distract *Hospital* employee or *Contractor* productivity or safety are not permitted.
- 4.30 **Photographing or recording video:** Photographing or recording video of staff, guests or patients without their expressed permission on *Hospital* premises is strictly forbidden and will result in immediate and permanent removal from the site. Refer to [Section C: Privacy](#).
- 4.33 **Obey Signage:** All posted signs must be observed. Signs warning of potential dangers must be posted.
- 4.34 **Clean Work Sites:** *Contractors* are required to maintain working areas in a reasonably clean and tidy condition, as set out herein and in accordance with Health and Safety requirements pursuant to the *OHSA* and its *Regulations*. This includes ensuring that: nails in lumber must be removed or clinched, material must be safely and neatly piled or stacked, and sites must be cleaned up daily. The *Contractor* must take care to ensure that *Hospital* building occupants are not exposed to hazards during any construction. Refer to [Section B: Infection Prevention and Control](#) for specific measures. The *Contractor* is responsible for providing all required cleaning equipment and supplies. Work site mud, drywall dust or other debris shall not be tracked off the work site. The *Contractor* must diligently apply appropriate dust/dirt control measures, e.g. walk-off mats, sticky pads, and wash floors as necessary to keep surrounding areas clean.
- 4.35 **Cleaning at Contract Completion:** On completion of the contract, the work site must be cleared and cleaned to the satisfaction of the *Hospital's Project Manager*. *Contractors* are expected to arrange for and remove their own refuse and arrange for and recycle materials, both at their cost as per the

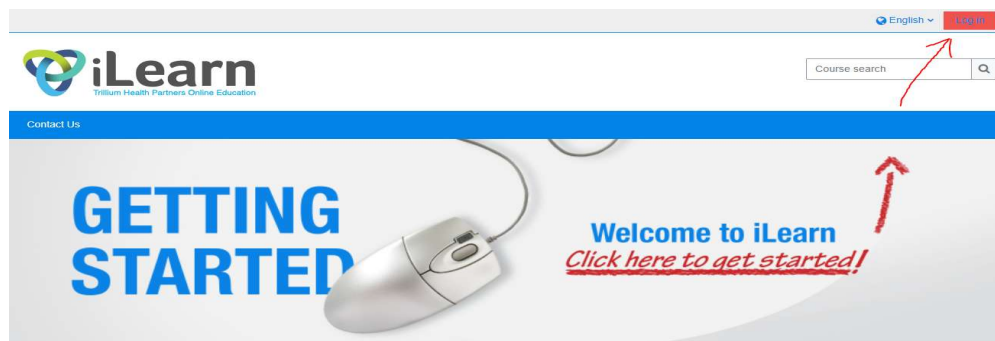
cleaning and waste management procedures outlined in [Section C: Waste Management: Environmental Protection and Sustainability](#).

5. **CONTRACTOR ORIENTATION E-LEARNING MODULE:**


To complete the mandatory Trillium Health Partners **iLearn Contractor Onboarding**, follow these steps:

Step 1: Visit the following website for *Contractor* orientation: <https://thp.dualcode.com/>


Step 2: Locate the **red Log-In** button on the top right-hand corner and click once.



Step 3: Use the below credentials to log-in




Complete eLearning




THP managers and the Learning department are available to assist with any issues throughout this process.


2. Complete Contractor Orientation e-learning module




Log into iLearn using:
Employee ID: contractor1
Password: Trillium1



Using the course catalogue, search for
"Contractor Orientation"




Launch course and complete all actions



Course ends with sending user to JotForm to complete attendance and completion

* iLearn hosts the learning content whereby JotForm stores all completion records for external contractors



Step 4: The **Contractor's Project Manager** and **Site Superintendent** must sign the [Statement of Understanding, Appendix 'Q'](#) once this '**Contractor Handbook**' and online '**eLearning Module**' is complete and forward to your Construction *Project Manager* prior to construction start. The Construction *Project Manager* shall forward the completed forms to the *Hospital's Project Manager*.

6. INFECTION PREVENTION AND CONTROL (IPAC)

6.1 Objectives:

This section outlines the process to assess risk and prevent nosocomial infections associated with construction and renovation outlined in the Health Canada and CSA guidelines. The primary objectives are to control the level of dust generated to a minimum and to protect patients, visitors, staff, volunteers, and Contractors from occupational exposure to potential disease-causing microorganisms.

6.2 Governance:

The ***Infection Prevention and Control Professional***, hereafter referred to as “***IPAC***” is the *Hospital* representative responsible for development, implementation, evaluation, and education related to policies, procedures, and practices that impact the prevention of infections at the *Hospital* premises.

The ***People Safety & Support***-officer Specialist, hereafter in this section referred to as “***People Safety***” is the *Hospital* representative responsible for development, implementation, evaluation, and education related to policies, procedures, and practices that impact the Hospital’s broader Health and Safety Program. The program is a specific plan of action to prevent workplace accidents, injuries, and occupational diseases.

6.3 IPAC Implementation Policy:

Additional precautions are necessary to reduce risk of exposure and infection during construction, particularly from organisms spread in dust (airborne), water leaks (mould) or stagnant water. Read and be governed by the conditions of the Contract/Purchase Order, Supplemental General Conditions to the Contract, Division 01 of the Specifications (if applicable). *Contractors, Subcontractors* and their agents must adhere to the latest, most stringent standards, guidelines and/or practices as outlined in the following documents (as they change over time).

- *CSA Z317.13-2022 Infection Control During Construction, Renovation and Maintenance of Health Care Facilities*
- *Health Canada “Construction Related Nosocomial Infections in Patients in Health Care Facilities” 2001*
- *CSA Z317.10:2021-F01 Handling of Waste Materials in Health Care Facilities and Veterinary Health Care Facilities*
- *CCA - CSA Mould Guidelines for the Canadian Construction Industry, 2018*
- *Public Hospitals Act*

6.4 Patient Area Access Policy:

If required to work in an active patient room or patient area, *Contractors, Subcontractors*, and their agents are required to check in at the designated care station closest to the area of work prior to or upon entering the designated work area. The nursing staff will identify any additional precautions that must be taken when working in the room/area. The nursing staff shall give direction in consultation with *IPAC, People Safety* and the *Hospital’s Project Manager* to supplement any further risks established at the outset of the project. The *Site Superintendent* who is responsible for site safety must notify the *Hospital’s Project Manager* immediately of any additional precautions required.

6.5 Pre-Construction Procedures:

6.5.1 Risk Assessment: Prior to the start of any project, a determination of risk will be undertaken by the *Hospital* during the planning stage which will guide the need for barriers and other infection control measures and procedures that are included in the Tender documents and must be in place before any construction work begins.

6.5.2 The following steps outline the *Hospital’s IPAC* risk assessment procedure:

Step 1: The *Hospital's Project Manager* shall assess the *Hospital's IPAC* risks within the area of work and adjacent corridors by completing the following sections within the [IPAC Construction Permit, Appendix 'K.1'](#):

Section 1: Population Risk Group

Section 2: Construction Activity

Section 3: Preventative Measures Checklist (per CSA Z317.13-2022)

Hospital's Project Manager will identify Preventative Measures Level in bid documents for the Contractor to include in their bid price.

Step 2: The *Hospital's Project Manager* will coordinate a pre-construction meeting with IPAC, People Safety, and the awarded contractor to discuss infection prevention and control procedures for the project.

Note: This meeting is not to be confused with the *IPAC Site Inspection* that occurs after IPAC measures are already in place.

Step 3: Prior to Construction mobilization, the *Contractor* shall submit a *Construction Hoarding/Path of Travel Plan* for each phase of construction to the *Project Manager*.

Step 4: The completed IPAC permit form and Contractor Construction Hoarding / Contractor Access Route Plan will be submitted by the *Hospital's Project Manager* to IPAC and People Safety & Support for pre-approval. If IPAC and People Safety & Support have feedback on the contractor's submission this will be circulated back to the contractor to adjust plan. Upon pre-approval, the Contractor shall begin mobilizing IPAC measures on-site.

Step 5: Prior to construction commencing on-site a physical walk commencing on-site a physical walkthrough of the contract area will be arranged by the *Hospital's Project Manager* with IPAC Practitioner and Safety Specialist. IPAC and People Safety and Support will use the attached [Pre-Construction Preventative Measures Checklist, Appendix 'K.4'](#) to evaluate the site readiness. After on-site review, any deficient items will be identified for resolution before a final approved permit will be issued. After any deficiencies are resolved the *Hospital's Project Manager* will provide the approved permit to the Contractor to allow the start of construction. The permit must be posted at the entrance of the hoarding, reference 1.7.

6.6 During the course of the Work, *IPAC* may require an additional risk assessment to be undertaken by the *Contractor* to ensure compliance related to the specifics of the Project. If the project has multiple phases, *IPAC* may require subsequent controls and inspections which will be coordinated through the *Project Manager*. *IPAC* may attend construction meetings at specific milestones, especially on projects of mid-high complexity.

6.7 **Pre-Construction IPAC and People Safety Meeting**

6.7.1 At the Pre-Construction meeting infection prevention and control procedures and health and safety measures and procedures for the Project are discussed either virtually or on-site. Subjects to be reviewed during the Pre-Construction IPAC meeting include, all items noted on the IPAC Construction Permit and typically include the following:

1. The exact location, the type of construction activity, and the start and end dates of the construction work (where possible) is to be identified by the *Contractor*.
2. General information on infection prevention and control procedures.

3. Identification of patient populations that may be at risk.
4. Prevention measures for essential services that may be disrupted.
5. The integrity of the facility's exterior structure, spatial separations, ventilation and water supplies for any infection control problems.
6. Methods for dust containment and removal of construction debris.
7. Traffic patterns for construction workers, construction activities, and supply delivery routes will be established to minimize risk to patients, staff, and visitors per the *Hospitals* requirements and as indicated. Patient traffic should be redirected away from construction work sites.
8. Whenever possible, dedicated elevators will be made available for workers working in dust-generating activities. Otherwise, elevators used in conjunction with construction work shall be cleaned and disinfected following each usage.
9. The need for increased filter changes during construction is reviewed and determined prior to the commencement of construction.
10. The need to close down dampers temporarily to reduce circulation of contaminated air or fumes is assessed, in consultation with the *Project Manager* and will require a [Utility Shutdown Request Form, Appendix 'H.3'](#), and implemented prior to the commencement of construction.
11. The *Contractor* will undertake all work required to ensure that air handling systems can provide the correct air exchange rates and pressure relationships in critical areas within and adjacent to the area of construction.
12. The following precautions, as a minimum, shall be taken when working on existing walls, ceilings, floor spaces, ducts and piping systems as the dust and dirt collected in these areas may contain disease causing germs:
 - a. Prior to work being done or the removal of ceiling tiles, or opening of ceiling access hatches, erect floor to ceiling dust tight partitions and enclosures as described above to completely enclose the area where such work is being performed.
 - b. Remove acoustical ceiling panels keeping horizontal, and vacuum clean the panels immediately prior to removal.
 - c. Existing air ducts, conduits, and spaces above the ceiling shall be vacuum cleaned prior to the start of work in such areas.
 - d. Vacuums shall be commercial grade complete with HEPA filters. HEPA filter shall be changed as recommended by the manufacturer or required by use. Maintain a filter change log at the Place of the Work, available for review by the Owner.
 - e. Breaches in Infection prevention measures that place staff, visitors and/or patients of the Hospital at risk may result in "stop" construction order and Hospital's Project Manager to be contacted immediately.
 - f. The schedule of field reviews required by IPAC shall be outlined. Disinfecting and cleaning requirements will be established at the initial stage of the Project. During construction, IPAC will enhance surveillance as appropriate. Field review of the work will be conducted on a regular basis with the *Contractor* as necessary.
 - g. A site review by IPAC and People Safety is required prior to the removal of any infection control measures. Dust tight partitions and enclosures shall be removed prior to the start of Hospital working

day, and remove marks left by tape or studs, and enclose ceiling areas with no obstructions to mechanical and electrical devices in the ceiling space.

6.8 Dust Tight Partitions and Enclosures (Hoarding)

- 6.8.1 Provide dust tight partitions and/or enclosures to localize dust generating activities, and for the protection of workers, *Hospital* staff, patients, the public, and finished areas of the *Work*. Refer to [IPAC Infection Control Barrier Configurations, Appendix 'K.5'](#) for construction requirements. Dust tight partitions and enclosures and construction anterooms shall be in accordance with CAN/CSA Z317.13-17 – Infection Control during Construction, Renovation and maintenance of Health Care Facilities.
- 6.8.2 ***Dust Tight “Partitions”*** are temporary, weather tight, dust tight, and lockable partitions between occupied areas of the existing *Hospital* and areas where the *Work* is being performed, and include treatment of joints, cracks, and openings in partitions to prevent dust from entering occupied areas of the *Hospital*. Dust tight partitions shall be assemblies with 1-hour fire resistance rating complete with doors and frames having 3/4-hour fire resistance ratings.
- 6.8.3 ***Dust Tight “Enclosures”*** are temporary, dust tight polyethylene sheeting mobile or fixed containment systems used where minor isolated alteration work occurs in the existing building and a dust tight partition is not feasible.
- 6.8.4 If a mobile tent containment system is provided, the following characteristics shall be implemented:
1. Extends floor to ceiling where full-height containment is required.
 2. Fabricated of an adjustable aluminum frame, vinyl enclosure with pressure porthole, wheelbase platform, and disposable plastic liner, and sized as required.
 3. Provide HEPA filter vacuum device and manometer and connect to pressure porthole. HEPA units will be current and certified at all times. Any asbestos abatement work will be overseen by an abatement consultant and will provide a comprehensive specification. People safety to review specification to ensure it aligns with requirements.
 4. A site review by IPAC and People Safety is required prior to the removal of any infection control measures. Dust tight partitions and enclosures shall be removed when work is finished or prior to the start of *Hospital* working day, and remove marks left by tape or studs, and enclose ceiling areas with no obstructions to mechanical and electrical devices in the ceiling space.
 5. Vacuum clean interior of dust tight partitions and enclosures prior to their removal.

6.9 Negative Pressurization:

- 6.9.1 Areas where work is being undertaken shall be isolated from occupied areas of the *Hospital* using dust tight partitions and enclosures as described above.
- 6.9.2 The Place of the Work will be always maintained under negative pressure in relation to the occupied areas of the existing building to prevent dust and airborne pathogens from entering the occupied areas of the existing building.
- 6.9.3 Negative pressure shall be achieved through the use of dedicated (window or otherwise) exhaust units or, if direct access cannot be achieved, by HEPA filtered certified recirculation units that transfer filtered air from the Place of the Work into the occupied areas. Exhaust points will be reviewed with the *Project Manager* and IPAC to ensure that the exhaust air from the *Place of the Work* is not affecting pedestrian routes and is not re-entrained back into the existing building through fresh air intakes.
- 6.9.4 Air systems serving only the *Place of the Work* will be shut down and all supply, return and exhaust openings shall be sealed to prevent dust and construction debris from entering the air system. As a further precaution, the air system will be reviewed at the end of the Work to determine if cleaning is required. Refer to [IPAC Recommendations: HVAC Shutdowns, Appendix 'K.4'](#)

- 6.9.5 Supply and return air ducts entering the *Place of the Work* are to be fitted with a pre-filter unit and sealed within the *Place of the Work* near point of entry or exit prior to the start of disruptive activity to prevent dust and construction debris from entering the air system. As a further precaution, the air system will be reviewed at the end of the *Work* to determine if cleaning is required.
- 6.9.6 During construction, the seal only on the supply air duct may be removed after demolition and clean-up to permit ventilation within the construction area provided no other means is available.

6.10 Ventilation

- 6.10.1 Work shall also include temporary ventilation, ducted directly to the exterior of building, of interior areas of the existing building where noxious or odorous fumes exist, so that building occupants are unaffected by the work. Provide negative air ventilation in all work areas complete with a HEPA filter and exhausted to the exterior. Ensure that ducting to the exterior is sufficiently distant from air intakes. It is imperative that proper sealing and means are in place to ensure that positive pressure is maintained in the *Hospital* and negative pressure is maintained in the construction area. If exhausting to the exterior is not possible, the Hospital's Project Manager to work with People Safety and IPAC on a strategy plan.
- 6.10.2 Maintain and relocate dust tight partitions and enclosures until dust generating work is complete, or until directed otherwise in writing by the *Consultant* in consultation with the *Hospital*.

6.11 Construction Notice Signage Board

- 6.11.1 The following notices and documents are to be printed and posted by the *Contractor* in a clear plastic holder at the main entrance door to the Construction Site:
1. "Construction Zone" signage with minimum 75 mm (3") letters.
 2. Construction Notice Bulletin, provided by the Hospital's Project Manager via email.
 3. The approved [IPAC Construction Permit, Appendix 'K.1'](#) provided by the Project Manager via email.
 4. Municipal Building Permit Notice (where applicable), provided by *the Consultant* via email.
 5. MLITSD Notice of Project (where applicable).
 6. PPE Requirements

6.12 Pre-Construction IPAC Site-Inspection

6.12.1 Utility Disruptions

Infection prevention procedures and measures are the responsibility of the *Contractor* and shall be undertaken when essential services (e.g., water, ventilation systems, electricity etc) are disrupted. The integrity of the *Hospital's* exterior structure, spatial separations, ventilation, and water supplies for any infection control problems are to be reviewed and assessed prior to the commencement of construction. Refer to [IPAC Recommendations: Water Shutdowns, Appendix 'K.2'](#) and [IPAC Recommendations HVAC Shutdowns, Appendix 'K.3'](#) for infection control recommendations.

7. **HAZARDOUS MATERIALS MANAGEMENT**

- 7.1 A hazardous material is any chemical or other material that could be harmful to your safety or your health. For example, unless they are handled safely, some chemicals can cause fires or explosions; others can cause health problems or serious illnesses.
- 7.2 **Definitions:**

- **Hazardous Material:** Biological or chemical agent named or described in the regulations as a hazardous material

7.3 Workplace Hazardous Materials Information System (WHMIS)

- 7.3.1 **WHMIS**, is the Workplace Hazardous Materials Information System which outlines the requirements for the hazard classification and communication for workplace chemicals. The *Contractor*, their employees, agents and *Subcontractors* shall be trained in WHMIS and comply with WHMIS and be able to submit proof of training if so, requested by the *Hospital*.

WORKPLACE HAZARDOUS MATERIALS INFORMATION SYSTEM (WHMIS)

- 7.3.2 The *Contractor* must ensure that if hazardous products with the new labels and safety data sheets are brought into the worksite, that their employees, agents and *Subcontractors* are trained on the **WHMIS** requirements.
- 7.3.3 The *Contractor* shall provide **SDSs** at the site office for all materials of all trades being used on the site. *The Capital Planning and Redevelopment/Facilities Operations Office* shall be supplied with the *SDSs* prior to the presence and use of the material(s) onsite.
- 7.4 **Storage of Solvents, Paints, Oils, Gases and Gasoline:**
- 7.4.1 When not in use, solvents, mixed gas cylinders, paints and oils must be stored in a separate enclosed fire-proof locked container. Place a fire extinguisher adjacent to the container. The *Contractor* shall not store gasoline or any volatile liquids or gases (e.g. propane) in the *Hospital* building.
- 7.4.2 Propane tanks and other pressurized tanks shall be capped when not in use and cleaned and/or stored outside of the building in a protected area designated by *Hospital's Project Manager*. All such tanks shall be properly secured in an upright position.
- 7.4.3 Storage of any work site materials shall not be in *Hospital* corridors or rooms unless as assigned by the *Hospital's Project Manager* or *Facilities Manager*.

7.5 Hazardous Materials Spills:

- 7.5.1 Any uncontrolled release of hazardous materials is considered a spill. *Contractors* are responsible for all hazardous materials clean-up and removal. Contain and clean up any spills immediately in an appropriate manner and using the proper materials. Dispose of materials per *OHSA Section 17 (Environmental Protection)* in compliance with all applicable environmental legislation, bylaws, standards and codes and in consultation with the *Hospital*. The *Contractor* shall notify the *Hospital's Project Manager* immediately of any spills involving chemicals, solvents, oils, biologicals, or other potentially harmful substances.

The Ministry of Environment, Conservation and Parks has established a 24-hour emergency telephone to handle reports of spills in the environment **Spills Action Centre 1-800-268-6060:**

- 7.6 **Hazardous Waste:** [Refer to Section C: Waste Management](#) for Hazardous Waste Disposal Requirements.

7.7 Asbestos Management

- 7.7.1 Inhalation of friable *Asbestos-Containing Materials (ACM)* within the lungs is dangerous to human health and has serious consequences. Breathing in asbestos fibres can cause *Asbestosis* (scarring of the lungs making it difficult to breathe), Lung cancer or *Mesothelioma* (cancer in the lining of the chest and/or abdomen).
- 7.7.2 The *Hospital* has identified the presence of various friable and non-friable ACM at Queensway Health Centre and Mississauga Hospital. Every attempt has been made to either remove or encapsulate such material. The *Hospital* actively manages and rigorously controls all ACM in *Hospital* buildings and all

activities which may disturb such materials. The *Hospital* maintains an *ACM* inventory for all of its applicable hospital buildings and conducts annual inspections in accordance with *OHSA* and the *Asbestos Regulation (O. Reg. 278/05)*. When appropriate The *Hospital* will provide a designated substance report on the contract area prior to the start of the project.

7.7.3 *Contractors* are advised to review inventory reports outlining the location, type and amounts of such material prior to starting alterations to existing premises. These inventories with accompanying floor plans will be made available through the *Hospital's Project Manager*

7.7.4 All *Contractors* must ensure that their employees, agents or *Subcontractors* who, during their normal duties may be exposed to, or accidentally disturb asbestos-containing materials, are properly informed/trained regarding the potential hazard. No *ACM* shall be disturbed without the prior notification of the *Hospital's Project Manager*. Any suspected exposure/disturbance shall be immediately reported to the *Hospital's Project Manager*. The following table outlines the risk level for each *ACM* type

ACM TYPE	RISK	ABATEMENT
Type 1	Low	ACM are non-friable. The fibres in the material are locked in by cement, vinyl, or another binding agent. <u>Warning:</u> cutting, grinding, abrading, sanding, breaking, drilling, or vibrating the material may be enough to release the fibres.
Type 2	Medium	ACM can be "friable" or "non-friable." Medium risk that workers will be exposed to asbestos. Since exposure can occur, workers must take precautions.
Type 3	High	ACM can be "friable" or "non-friable": High risk that workers will be exposed to asbestos. Since exposure can occur, workers must take precautions.

7.8 Mould Management

7.8.1 Infection control personnel (IPAC) must review, approve, and monitor the mould remediation procedures. As a minimum, in all Canadian Healthcare Facilities, the requirements of the following Health Canada standard must be followed: "*Construction Related Nosocomial Infections in Patients in Healthcare Facilities – Decreasing the Risk of Aspergillus, Legionella and Other Infections,*" Canada Communicable Disease Report, Volume 2752, July 2001.

Mould remediation poses a greater potential risk in hospital facilities due to the high proportion of occupants with heightened sensitivities to mould. When mould is discovered, the *Hospital's Project Manager* shall be notified immediately, and the *Hospital's Project Manager* will notify IPAC and an environmental consultant to specify remediation.

7.8.3 Ceiling Tile and Ceiling Plenum Access
If mould is discovered when accessing the ceiling, refer to [IPAC Limited Time Ceiling Entry Procedure, Appendix 'K.6'](#)

8. SAFELY SECURING THE PLACE OF WORK

- 8.1 The *Contractor* shall be solely responsible for securing the Place of the Work, implementing temporary life safety protocols and for securing areas used for the storage of products or construction machinery and equipment. The *Hospital* shall have no responsibility in this regard. The following procedures shall be followed:
- Provide and maintain digital keypad lockset provide code to *Hospital's Project Manager* who will also provide that information to *Security Operations and Facilities* for emergency access purposes. Premises to be locked at all times
 - Maintain access to service and delivery entrances, and for maintenance and inspection services.
 - Provide and/or maintain emergency lighting and exit signs and essential life safety systems as required in accordance with the requirements of authorities having jurisdiction and the *Ontario Fire Code*.
 - Inspect and protect temporary wiring, drop cords or temporary extension cables frequently for defective insulation or connections and correct/repair immediately. Remove temporary wiring after completion of job. All wiring must be in accordance with the *Ontario Fire Code*, the *Ontario Electrical Safety Code (ESA)* and safety requirements.
- 8.2 Provide security for the Place of the Work by methods compatible with the security system for the existing building.
- 8.3 The *Hospital's Project Manager* shall notify *Security Operations* if there are any precautions required for entering a construction site and be provide the proper equipment to respond accordingly in the event of an emergency. Contractor must provide appropriate signage on door regarding PPE.
- 8.4 Construction site including all mechanical/electrical/utility rooms and IT closets are locked and **must remain locked at all times**. No doors are to be propped/wedged open. The *Contractor* will pay for all associated damage to doors, frames, hinges, closers, door operators caused by such propping/wedging open.
- 8.5 **Security Incidents:**
- 8.5.1 To report a violent incident, or threat to public safety within the place of work, utilize the Emergency Code reporting system by **dialing 5-5-5-5** from a hospital land line, or if outside the building dial 9-1-1. All security incidents relating to the project, project personnel or area of work must be reported to the *Hospital's Project Manager* immediately after reporting to *Security Operations* and/or *municipal authorities*. For vandalism, property damage (not due to *Contractor* negligence) or trespassing, contact *Security Operations* directly at the corresponding Hospital location:
- Credit Valley Hospital:** 905-848-7678 or ext. 82-7678
The security office is located in block 2G in room 2G108 to the left of the emergency entrance adjacent to the information desk
 - Mississauga Hospital:** 905-848-7678 or ext. 82-7678
The security office is located on the Main level at room 1734A to the right of the emergency entrance
 - Queensway Health Centre:** 905-848-7678 or ext. 82-7678
The security office is located on the main level inside the Urgent Care entrance to the right of the entrance in room 1809

Section C: Additional *Contractor* Obligations

1. WORKPLACE VIOLENCE, HARASSMENT & DISCRIMINATION

- 1.1 The *Hospital* has a zero-tolerance practice for violence, harassment, and discrimination in the workplace, including all acts or threats of verbal or physical behaviour that are or could be perceived as harassing or violent.
- 1.1.1 Please note that at a minimum, the *Contractor*, its agents, and *Subcontractors* is to meet the standards as set out in the following:
- ['Respectful Workplace Policy, Appendix 'C'.](#)
 - ['Workplace Violence Prevention Policy', Appendix 'D'](#)
 - ['Equity, Anti-Racism and Inclusion Policy', Appendix 'E'](#)
 - ['Code of Conduct', Appendix 'L'](#)

2. MEDIA RELATIONS:

- 2.1 All Media inquiries about the *Hospital* are coordinated through the *Hospital's* Communications & Public Affairs (CPA) Department. *Contractors* are not to provide information to the Media concerning the *Hospital* or its activities unless previously arranged for and approved by the Communications & Public Affairs (CPA) Department
- 2.2 Photographing or recording video: Photographing or recording video of staff, guests, or patients without their expressed permission on *Hospital* premises is strictly forbidden and will result in immediate and permanent removal from the site.

3. TOOLS AND EQUIPMENT:

- 3.1 All equipment and tools required to complete the Contract shall be provided by the *Contractor*. The *Hospital* will not provide the *Contractor* with any tools or equipment whatsoever.
- 3.2 All tools and equipment must be used and stored in a safe manner and maintained in a safe working condition.
- 3.3 All tools and equipment (and personal belongings) are not to be left in non-secure locations. Lost or stolen items will not be the responsibility of the *Hospital*.
- 3.4 *Contractor* tools shall be stored in locked job boxes belonging to the *Contractor* and placed in an area designated by the Capital Planning and Redevelopment/Facilities Operations Office.
- 3.5 *Hospital* resources such as Ladders, equipment, machinery, consumable materials will not be available to *Contractors* for use at any time.

4. PRIVACY

- 4.1 The *Hospital* recognizes that Personal Health Information and patient identification deserves to be treated with respect, dignity, and sensitivity to ensure it remains secure and confidential. Always maintain confidentiality and privacy.
- 4.2 The way the *Hospital* collects, uses, and discloses personal information is governed by the *Freedom of Information and Protection of Privacy Act* (FIPPA). The hospital ensures that personal health information is held securely in confidence in accordance with the *Personal Health Information Protection Act, 2004* (PHIPA)
- 4.3 If you have any questions about privacy, or believe that your personal information has been used or disclosed inappropriately, please do not hesitate to contact the Privacy Office directly:

Telephone: 905-848-7580 extension 7548

Email: Privacy@thp.ca

5. ALTERATIONS TO EXISTING WORK:

- 5.1 **Material Re-Use:** Where materials are to be removed for re-use or where existing finishes are to be cut and later made good, qualified tradesmen skilled in the handling of each material shall be employed.
- 5.2 **Damage:** Damage to the existing building components or contents due to construction work shall be made good at the cost of the *Contractor*. New work within the existing building shall conform to requirements or applicable trade sections.
- Should the *Contractor* damage any *Hospital* equipment or service in the course of their work, no repairs shall take place without the approval of the *Hospital's Project Manager*.
- 5.3 **Affected Services:** All services affected by work shall be cut off and properly capped or diverted. Interruption of services to or within existing buildings shall not take place without prior consultation with the *Hospital's Project Manager* and the issuance of a [Utility Shutdown Request Form, Appendix 'H.4'](#).
- 5.4 **Electrical Lock-Out Procedures:** Proper lock-out procedures must be followed whenever there is a potential hazard as per the [Electrical Lock-Out Procedures, Appendix 'J'](#). The *Contractor* must notify the *Hospital's Project Manager* a minimum of 10 business days in advance of any requirement for locking out or tagging out, or isolation of hazardous energy sources.
- 5.5 **Testing Involving Radiation:** Any non-destructive testing of a building, facility or service that requires the use of x-ray or gamma radiation emitting devices, must be done in conformance of federal, provincial, and other governing legislation, policies or procedures, including those of the Canadian Nuclear Commission and shall not take place without prior consultation with the *Hospital's Project Manager*.
- 5.6 **All mechanical/electrical/utility rooms and IT closets** are locked and must remain locked at all times. No doors are to be propped/wedged open. The *Contractor* will pay for all associated damage to doors, frames, hinges, closers, door operators caused by such propping/wedging open.

6. WASTE MANAGEMENT: ENVIRONMENTAL PROTECTION AND SUSTAINABILITY:

- 6.1 The *Hospital* is committed to protecting the environment maintaining an Environmental Management System (EMS) that meets the ISO 14001 standard – an international standard for an EMS.

6.1.1 The Hospital will minimize undue risk and adverse environmental impacts on human health and the natural environment. In doing so, the Hospital shall as a minimum, comply with, or when possible, exceed, all legal and other requirement and encourages Contractors to do the same.

6.2 **Contractor's Waste Management Responsibilities:**

6.2.1 While the *Contractor* is working on *Hospital* premises, the *Contractor* shall have the following responsibilities:

1. Location of *Contractor Only* waste bins, bin cover requirements for dust and/or hazardous material control, etc.) must be determined with the *Hospital's Project Manager* prior to work start. The existing garbage containers are not available for use, at any time.
2. Store materials in a manner such that damage and waste will be minimized.
3. Fires and burning of rubbish on site are not permitted.
4. Keep all windows closed, except where approved for HEPA exhaust.
5. Conserve energy where possible. Lights shall be turned off when rooms are left unoccupied. Turn off non-essential equipment when not in use and especially overnight (lights, equipment etc.)
6. Conserve water. Do not let taps or hoses run between tasks during work. Don't leave water running. Avoid leaking hoses. Report any water leaks that you notice and that are out of your control to your THP Project Manager.
7. Atmospheric air pollution (including noise) must be managed for pollution prevention and also to prevent infiltration of polluted air to indoor spaces.
8. On completion of the contract, the work site must be cleared and cleaned to the satisfaction of the Hospital's Project Manager. Contractors are expected to arrange for and remove their own refuse, hazardous materials and arrange for and recycle materials, at their cost. Contractors, Subcontractors or service persons are refrained from using the Hospital's waste or recycling bins at any time. No dumping and no unused materials shall be left on site.

6.3 **Waste Handling Collection Procedures**

6.3.1 During work activities on site, ensure waste handling efforts are in effect that are ethical and responsible using the following methods:

1. Branches and trees from site clearing shall be chipped to create landscaping mulch and removed from the site unless otherwise directed by the Hospital's Project Manager.
2. Larger pieces of leftover lumber (6' or greater) can be donated to Habitat for Humanity.
3. Drywall should be purchased in optimal dimensions to minimize cut-off waste. All unused and waste drywall shall be recycled.
4. During construction, separate metals for recycling, including copper piping, wire and flashing, aluminum siding, flashing and guttering, iron and steel banding from bundles, nails and fasteners, galvanized flashing and roofing, and rebar, lead chimney flashing, etc. Lead and other metals shall be kept out of landfills as they could leach into groundwater.
5. Clean materials that are contaminated before placing in collection containers.
6. Deliver materials free of dirt, adhesives, solvents, petroleum contamination, and other substances deleterious to recycling process.
7. Arrange for collection by or delivery to the appropriate recycling or reuse facility.

8. Separate non-salvageable materials from salvaged items. Transport and deliver non-salvageable items to licensed disposal facility.
9. Prevent contamination of materials to be recycled and salvaged and handle materials consistent with requirements for acceptance by designated facilities.
10. Where materials must be co-mingled, take to a processing facility for separation off site.
11. Deliver materials in accordance with recycling or reuse facility requirements (e.g., free of dirt, adhesives, solvents, petroleum contamination, and other substances deleterious to recycling process).

6.4 Hazardous Waste Handling Procedures

- 6.4.1 Hazardous waste poses an immediate threat to humans, the environment and the community as a whole. The following restrictions must be followed:
 1. Hazardous, Chemical wastes sent for disposal should not be mixed with biohazardous or radioactive wastes.
 2. Hazardous liquids must not be flushed down drains as a method for disposal. This practice is illegal and may lead to dangerous reactions and damage to the draining system as well as create a potential hazard to trades personnel working on the system. Solid or liquid waste chemicals must not be mixed with general garbage.
 3. In order to avoid explosions, fires or spills, incompatible combinations of chemicals must not be mixed in a single container
- 6.4.2 Dispose of hazardous materials, including but not limited to chemicals, oils, solvents, excess paint, sealants, batteries, nickel cadmium batteries from portable power tools, asbestos etc., legally and appropriately utilizing a licensed hazardous waste management company.
- 6.4.3 Any *Contractors*, and their employees, agents, or *Subcontractors* will follow the *Occupational Health and Safety Act, 1990 OHSA* and the *Asbestos Regulation (O. Reg. 278/05)* and any and all asbestos containing waste shall be packaged and disposed of in accordance with Ministry of Environment Conservation and Parks requirements.
- 6.4.4 Any Contractor will follow Transportation of Dangerous Goods regulations as set out by Transport Canada. Trillium Health Partners must not be named as the Receiver/Consignee in any Manifest.

Section D: Project Start-Up; Contractor 'On-Boarding'

1. **LIABILITY INSURANCE/WORKPLACE SAFETY INSURANCE BOARD:**

- 1.1 The *Contractor* must maintain general liability insurance coverage for any one occurrence or claim of at least \$5,000,000 (or as outlined in the Tender/RFP/RFQ documents), and automobile liability coverage in an amount not less than \$3,000,000 as will fully protect both the *Hospital* and itself from any and all claims resulting during the performance of, or as a result of the work being performed.
- 1.2 *Contractors* are advised that specific unique project requirements [e.g. insurance coverage limits] may be contained in RFPs or contract documentation and shall take precedence over **Article 1.1** above. Questions or clarifications regarding this document should be directed to the Trillium Health Partners *Project Manager* or as otherwise indicated.
- 1.3 The *Contractor* shall provide a "Clearance Certificate" from the *Workplace Safety Insurance Board of Ontario (WSIB)* or other proof satisfactory to the *Hospital*, stating that the *Contractor* has complied with the requirements of the *Workplace Safety and Insurance Act* and has an account in good standing with *WSIB* as of the date of the certificate/proof. This information will be required on a quarterly basis with submission of progress draw payments (good for 90 days).
- 1.4 The *Contractor* agrees to maintain the required liability insurance coverage and *Workplace Safety and Insurance (WSIB)* coverage in good standing for the duration of the contract and shall fully indemnify the *Hospital* for any and all costs or claims arising as a result of any claim brought against the *Hospital* in connection with the *Contractor's* performance of the contract.
- 1.5 The *Contractor* shall ensure that all agents or *Subcontractors* hired by the *Contractor* comply with the terms of this document and all *Hospital* policies, including the requirement for liability insurance and *Workplace Safety and Insurance Board (WSIB)* coverage and all requirements under the *Workplace Safety and Insurance Act (WSIA)*.

2. **PERMITS, FEES AND REGULATORY REQUIREMENTS:**

- 2.1 Building and related permits, if required, must be clearly posted prior to commencement of any work at the *Hospital*. The *Contractor* shall post a copy of the Permit(s) at the entrance to the job site, with copies retained by the *Contractor* and the original(s) shall be retained by the *Hospital's Project Manager*.
- 2.2 All work shall be executed, and all materials shall conform to and be inspected in strict accordance with all the laws, rules and regulatory requirements of the local, provincial and/or any other authorities having jurisdiction.
- 2.3 Each *Contractor* may be required to obtain all necessary permits and notices, pay all fees in order that the work may be carried out and shall furnish any certificates necessary as evidence that the work installed conforms with the laws and regulations of all authorities having jurisdiction before final payment certificates are approved. Any *Contractor* performing electrical work must obtain an inspection/registration work order number, within 24 hours of commencing work on site. When work has been completed, the *Contractor* is required to obtain a "*Certificate of Inspection*" from the appropriate inspection agency and submit this with the progress draw for payment.
- 2.4 All changes and alterations required by an authorized inspector of any authority having jurisdiction shall be carried out without charge or expense to the *Hospital*. All equipment supplied must have approval of the *National Fire Protection Association, Canadian Standards Association and Underwriters Laboratories Canada, Ontario Electrical Safety Code, Technical Standards and Safety Authority (TSSA)* and any other authorities having jurisdiction.

3. WORKER IDENTIFICATION & ACCESS CARDS

- 3.1 . All persons providing service on-site at the *Hospital* must, at a minimum, have an employer issued photo identification or a THP issued badge) Refer to the Hospital's [Identification Policy, Appendix 'G'](#) for requirements.
- 3.2 If required to work in an active patient room/area, *Contractors, Subcontractors* and their agents are required to check in at the nursing station prior and identify themselves prior to or upon entering the work area.

4. CONTRACTOR DELIVERIES, EQUIPMENT AND MATERIAL STAGING AREAS:

4.1 Deliveries:

- 4.1.1 The use of *Hospital* elevators for the delivery of project materials must be pre-approved by the *Hospital's Project Manager*. Where permission has been granted to a *Contractor* to use an elevator, the *Contractor* shall be responsible for providing protection to the cab and shall be responsible for repairing any damage caused during the use of the elevator. The repair must receive prior approval from the *Hospital's Project Manager* and meet all existing *Hospital* standards.
- 4.1.2 Shipping and receiving must be used for all deliveries, unloading and loading of equipment and/or materials.
- 4.1.3 Vehicles making deliveries or pick-ups greater than 30 minutes are subject to parking fines, unless prior arrangements are made with the *Parking & Security Operations Office* through the *Hospital's Project Manager*. Fire routes and restricted, emergency, accessible and other designated parking areas must be respected at all times. Any vehicles parked illegally will be tagged and/or towed at the owner's expense.
- 4.1.4 Access points for *Contractor* deliveries will be determined prior to the start of any work in consultation with the *Hospital's Project Manager*.

4.2 Staging & Storage:

- 4.2.1 Storage for construction materials will be within the area of work only unless approved otherwise by the *Hospital's Project Manager*.
- 4.2.2 Outdoor staging areas, as designated by the *Hospital*, must be enclosed with protective fencing and have an appropriate access gate. Security must have clearly tagged keys to the gate to access the site in case of an emergency.
- 4.2.3 If any exterior roads, sidewalks or grass areas will be used as part of the construction work site, consult with the *Hospital's Project Manager*. If work will take place on public roads, follow all traffic safety requirements outlined in the OSHA and Construction Regulations.

5. CONTRACTOR PARKING:

- 5.1 There is no *reserved* or *free parking* for *Contractors*. All *Contractors*, and any of their employees, agents and *Subcontractors*, are required to pay for parking after 30 minutes. These costs will not be billed as an extra to any project. Parking is not allowed anywhere on the *Hospital* property other than in parking lots, except for delivery or pick up of materials, tools or equipment.
- 5.2 Keep ambulance bay, police parking and surrounding areas clear at all times. Do not block spaces reserved for patients, visitors and accessible parking spaces.
- 5.3 The parking program is provided and managed by an external third-party provider who also oversees specific Policy and Procedures for various aspects of the program. Any questions or concerns pertaining to the parking program can be directed to the parking kiosk or the specific *THP Parking Office* at the respective location. Motor vehicle collisions, or loss/damage to property must be communicated to the appropriate individuals immediately.
- 5.4 All individuals who are operating a motorized vehicle on THP property must abide by the rules, regulations, laws and posted signage. Enforcement of these rules and regulations on the THP property is conducted by the Security Operations Dept in combination with a contracted external company, and the city by-law enforcement. Vehicles in violation will be subject to fines for the violation. Violations include: By-law infractions, failure to park in designated locations and improper parking.
- 5.5 Incidents and Investigations: Any incidents or negative occurrences on THP property need to be communicated to the Security and Parking Services team for investigative purposes. Security and Parking Services are available to support with regards to gathering information and piecing together the events that took place.
- 5.6 All parking rules and regulations of the *Hospital* and the City of Toronto and City of Mississauga bylaws must be adhered to. Failure to comply with these regulations may result in vehicles being tagged and/or towed at the owner's expense.
- 5.7 Any violations issued are under the auspices of the City of Toronto or City of Mississauga and as such, any appeals shall be between the violator and the City, not the *Hospital*.
- 5.8 *Contractors* shall not park on City streets adjacent to any *Hospital* premises.
- 5.9 Contractors may obtain daily or multi-use parking passes for their vehicles at Mississauga Hospital, Credit Valley Hospital and Queensway Health Centre. Passes are obtained through the Parking Office Kiosk or Pay station. Parking may be paid at a pay station (in the parking lot or lobby) or at exit with Credit Card.
- 5.10 **Visitor Parking Information:** Visit [Parking \(thp.ca\)](https://parking.thp.ca) for parking rates (daily and HPASS), pay stations, instructions to obtain passes and frequently asked parking questions.
- 5.11 **HPASS Multi-Use Parking Passes:** Monthly parking options for contractors are available for purchase at the parking office.
- 5.12 **Parking Office locations: (See Maps Below)**
- **Credit Valley Hospital** – Emergency exterior (beside parking structure)
 - **Mississauga Hospital** – Parking Garage (ground level, East side of new parking garage)
 - **Queensway Health Centre** – Parking Garage (East Entrance)



Figure 1 **Credit Valley Hospital** – Emergency exterior (beside parking structure)



Figure 2 **Mississauga Hospital** – Parking Garage (northwest corner)



Figure 3 **Queensway Health Centre** – East Entrance of parking garage

Section E: Project Close-Out

1. **AS-BUILT DRAWINGS, OPERATING AND MAINTENANCE MANUALS:**

- 1.1 The *Contractor* shall submit to the Hospital's Project Manager (unless specified otherwise in contracts under close-out documentation):
- One (1) electronic copy in PDF format of Operating, Maintenance and Repair Manuals for all supplied equipment and their components via email or file sharing service authorized by the *Contractor*.
 - One (1) electronic copy in AutoCAD format (including .ctb files) and one (1) electronic copy in a legible PDF format of all as- built contract drawings via email or file sharing service authorized by the *Contractor*.

2. **WARRANTIES:**

- 2.1 The *Contractor* shall submit to the *Hospital's Project Manager*, as part of the maintenance manuals, all specific warranties, extended warranties, and free manufacturer extended warranties as apply to each individual section. The warranty period(s) shall commence on the date of ***Substantial Completion*** of the project and be valid for the full duration specified. Warranties, operating and source manuals and requested drawings are to be sent to the *Hospital's Project Manager* prior to Final Payment Certification. Refer to the closeout procedures within the Project Specifications (where applicable) which take precedence over this document.

3. **DEMONSTRATION OF SYSTEMS:**

- 3.1 The *Contractor* shall provide training to the *Hospital's* Maintenance and Operations personnel, during regular work hours, on the care, operation and maintenance of all equipment and systems as specified in the applicable sections of the contract documentation. (Please note that training sessions may be recorded at the *Hospital's* discretion for any future training purposes.)

4. **RETURN OF ACCESS CARDS:**

- 4.1 All keys, access cards and applicable parking permits in possession of the *Contractor*, its agents or *subcontractors* must be returned to the *Hospital's Project Manager*. Refer to the Hospital's [Identification Policy, Appendix 'G'](#) for further requirements.

5. **DAMAGE TO EXISTING FACILITIES, SERVICES, LANDSCAPING OR CONTENTS:**

- 5.1 Damage to existing building components, services, landscaping or contents due to construction work shall be made good at the cost of the *Contractor* unless otherwise specified. Restoration work is to be completed by skilled trades workers specializing in the area of work to be performed.
- 5.2 Specifically, all damage to doors, frames, door closures, door operators, etc. and any associated hardware/security devices resulting from adjacent construction activity shall be made good at the cost of the *Contractor*.
- 5.3 Specifically, interior furnishings and equipment (e.g. chairs, desks, file cabinets, computers) that have been used by tradespersons in the performance of the construction in place of proper equipment (e.g.

step ladders) or damaged due to improper protection measures being taken (e.g. drop cloths) shall be replaced at the cost of the *Contractor*.

6. CONSTRUCTION SITE CLEAN-UP:

- 6.1 On completion of the contract, the work site must be cleared and cleaned to the satisfaction of the *Hospital's Project Manager*. *Contractors* are expected to arrange for and remove their own refuse, hazardous material and arrange for and recycle materials, at **their cost** as per [Section C: Waste Management, Environmental Protection Procedures](#)

A: Occupational Health and Safety Policy

Effective Date: 2018/01/01

Purpose/Rationale:

Trillium Health Partners, hereafter referred to as the "*Hospital*", is committed to providing a safe and healthy working and healthcare environment to all members of the *Hospital* community. It is the goal of the *Hospital* and its employees to construct every structure plan every activity and perform all tasks in a manner that minimizes risks, promotes the health, safety, and wellbeing of all individuals, and prevents occupational injuries or illnesses.

Scope:

Health and safety is a joint responsibility shared by all members of the *Hospital* community. This policy applies to all employees, patients, visitors and *Contractors* of the *Hospital* and off-site locations.

Policy:

1. The *Hospital* will maintain and promote a safe and healthy working and learning environment by implementing health and safety programs and procedures that meet or exceed the requirements of the Occupational Health and Safety Act and its Regulations, and other applicable legislation and codes.
2. All employees, *Contractors*, landlords, patients, and visitors shall comply with all relevant legislation and all *Hospital* policies and procedures regarding health and safety.
3. Every employee shall use safe work practices as governed by the *Hospital's* policies and procedures. It is the responsibility of the worker to report unsafe conditions and workplace injuries to their supervisors and immediately notify the *Capital Planning and Redevelopment Office* or "delegate."

References:

- Occupational Health and Safety Act of Ontario, and its Regulations
 - ✓ [Occupational Health and Safety Act](#)
 - ✓ [O. Reg. 213/91: Construction Projects](#)
 - ✓ [O. Reg. 67/93: Health Care Facilities](#)

B: Smoke-Free Policy

Effective Date: 2018/01/01

Purpose/Rationale:

Trillium Health Partners, hereafter referred to as the “*Hospital*” strives to create a healthy and healing environment for our staff and patients. This includes ensuring that our environment is smoke free as smoking and second-hand smoke are the leading causes of lung cancer, chronic pulmonary diseases such as asthma and other respiratory conditions.

The purpose of this Policy is to ensure support for a healthy environment for the *Hospital* Community and ensures compliance with the Smoke-Free Ontario Act, 2017, the Cannabis Control Act, 2017 and local by-laws. Failure to comply may result in fines as issued by a Municipal By-law Enforcement Officer. Individuals may be subject to personal fines levied due to non-compliance.

Scope:

This Policy applies to all patients, employees, learners, *Contractors*, visitors, leasehold tenants, *Contractors* or other persons on *Hospital* Property or in *Hospital* owned vehicles.

Definitions:

‘Hospital Property’: Any property, including grounds and buildings, structures and facilities, which are owned or leased, or used under the direction of the *Hospital*. This includes any vehicle used by the *Hospital*. **Refer to *Hospital* site maps below for sidewalk areas designated for smoking outside of the *Hospital* property.**

‘Smoking’: Smoking tobacco or other materials and holding lit tobacco or other materials intended for smoking (e.g.: cigarettes, cannabis); includes all types of e-cigarettes, vaping or any other implement or device used to emulate the act of smoking which involves the production of any airborne contaminants or substances including the use of pipes, water pipes, hookahs, holders, or other instruments used for similar purposes.

Policy:

1. Smoking (see definition above) is prohibited on *Hospital* Property including all, buildings, parkades, parking lot, grounds, including all other property owned or leased by the *Hospital*, subject to the exceptions outlined below. All grounds of *Hospital* facilities were designated as completely smoke-free as of January 1, 2018.
2. The sale and/or promotion of cigarettes, e-cigarettes, vapour products, tobacco, tobacco products including flavoured tobacco products, cannabis, cannabis products, and smoking products on *Hospital* Property is prohibited.

Exceptions to this Policy:

3. Special exemptions, as defined by the Smoke-Free Ontario Act, 2017, are considered in relation to an Indigenous event, ceremony, or other request, for the use of tobacco, sage, sweet grass or other material and permits the use in approved spaces of the *Hospital*, (e.g.: smudging ceremony). In the case of an Indigenous event, a designated space on *Hospital* grounds shall be approved for use by the *Hospital* following consultation with the Occupational Health & Safety only for purposes in relation to an Indigenous ceremony.
4. Members of the *Hospital* Community that have been prescribed medicinal cannabis that request medical accommodation may be accommodated on the *Hospital* grounds on a case-by-case basis following a review of the request and in accordance with applicable laws and *Hospital* Policy.

Designated Smoking Areas:



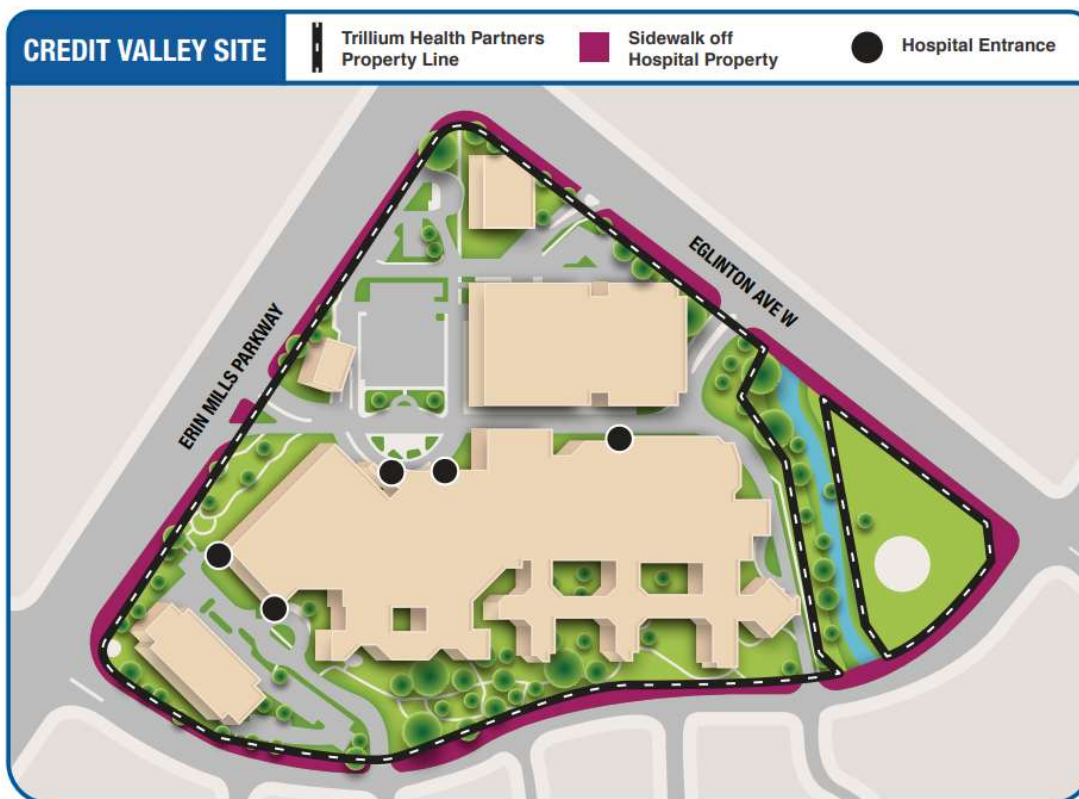
NO SMOKING, PLEASE

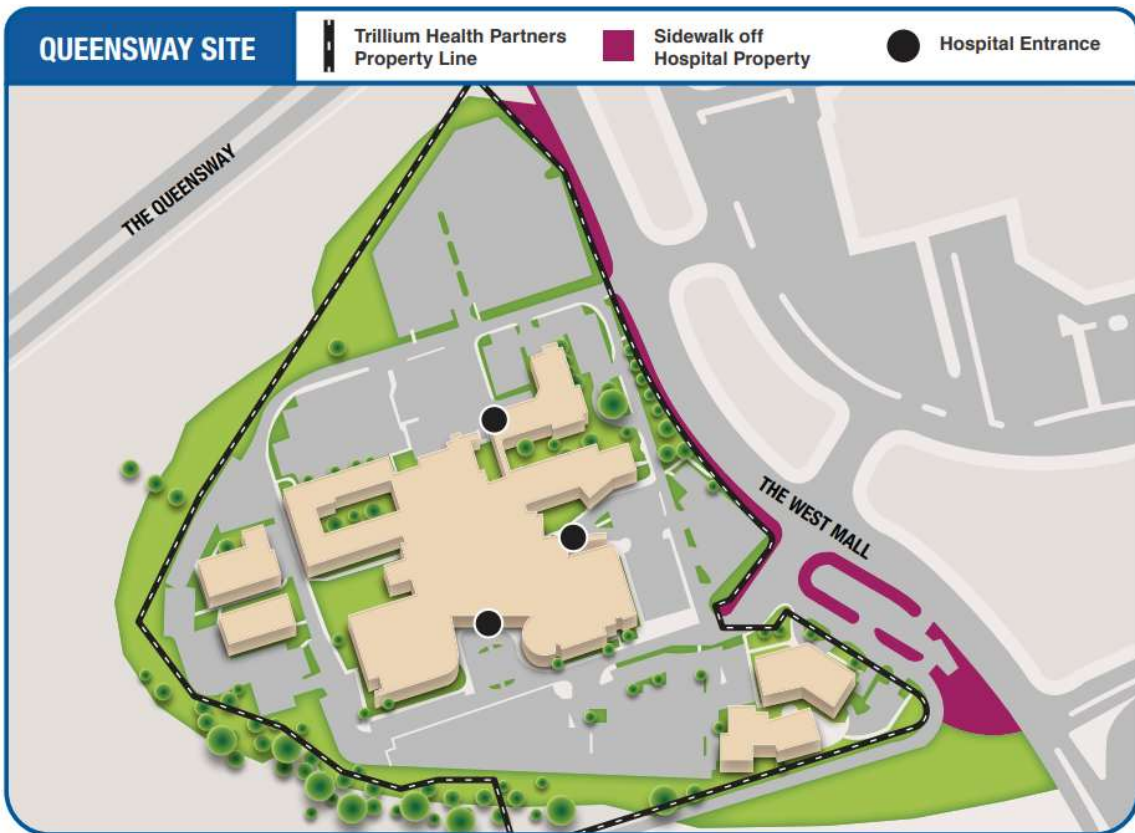
ON TRILLIUM HEALTH PARTNERS PROPERTY

Smoking, including e-cigarettes and vapourizers, is prohibited anywhere on Trillium Health Partners property in accordance with the Smoke-Free Ontario Act.

Smoking on hospital property can result in a fine for you and the hospital.

Smoking is permitted outside of hospital boundaries as indicated on the map.





C: Respectful Workplace Policy

Effective Date: 2022/03/23

Purpose/Rationale:

Trillium Health Partners, hereafter referred to as the *Hospital*, strives to create a healthy, safe and respectful environment for healing that is based on our values compassion, excellence and courage. To be Better Together, we commit to fostering a respectful workplace culture that promotes a safe and supportive environment for everyone who provides care, supports caregiving, receives care or visits the hospital.

Scope:

1. All employees, Professional Staff, volunteers, students/learners, independent and external contract workers, and all individuals who represent THP are bound by this policy. They will herein be referred to as "Individuals" & are expected to adhere to the principles of this policy & contribute to a respectful workplace.
2. This policy is in effect during working and non-working hours and at work-related or other functions, on or off THP's premises. This includes all locations where Individuals conduct THP business or social activities and/or where their behaviour may have a subsequent impact on work relationships, the work environment and/or one's performance. Disrespectful behaviour that occurs by way of electronic communications (e.g. phone calls, email, voice mail or social media, including the display of offensive materials) may also be considered to have occurred in the workplace.

Policy:

1. Individuals are entitled to, and expected to contribute to a respectful workplace, and no form of discrimination, harassment, sexual harassment, or bullying will be tolerated. At THP, Individuals regardless of their position, will engage one another in a positive and respectful manner, even when there is a difference of opinion. Incidents shall be reported directly to the *Hospital's Project Manager* who will contact *Human resources*.

Definitions:

1. **Respectful Workplace:** *a positive, safe, healthy, respectful and healing workplace that fosters and maintains one's dignity. It also supports an Individual's physical, emotional and social well-being.*
2. **Disrespect:** *Disrespect must not be confused with legitimate comment, advice or direction from a manager and/or supervisor regarding workplace performance, assignment of duties and/or other legitimate workplace requirements. Disrespect involves a range of behaviours including, but not limited to:*
 - *Unprofessionalism*
 - *disruptive behaviour*
 - *profound rudeness*
 - *shouting or swearing*
 - *outbursts of anger*
 - *shaming of others*
 - *demeaning comments or intimidation*
 - *unsolicited and unwelcome conduct or comments (oral or written)*
 - *gestures or contact which is reasonably known to cause offense, physical or emotional harm to either the target of such acts or bystanders.*

3. **Discrimination:** the differential treatment and/or judgment of an individual, based on prohibited grounds. Discrimination can be either intentional or unintentional and is the result of personal prejudices and stereotypical assumptions in breach of the **Ontario Human Rights Code**.
4. **Harassment:** engaging in a course of vexatious comment or conduct that is known or ought reasonably to be known to be unwelcome. More than one incident is usually required to establish harassment. However, a single significant incident may be sufficiently offensive to be considered harassment. Harassment is not defined by intent, but rather by perception of the behaviour. Behaviours which constitute harassment include, but are not limited to:
- physical actions, such as touching, leering;
 - patronizing or condescending behaviour or language which reinforces stereotypes and undermines self-respect;
 - comments, such as inappropriate jokes, psychological abuse, name-calling;
 - displays of offensive materials, offensive emails or offensive use of social media;
 - behaviours which create an environment which is hostile or offensive or which contribute to a poisoned work environment; or
 - bullying
5. **Known or Ought Reasonable to be Known:** Even if an individual is not aware that his/her behavior is unwelcome (subjective), if a reasonable person in the same situation would have known that the behavior was unwelcome, then that person “ought reasonably to have known” that the behavior was unwelcome.
6. **Workplace:** includes all locations where Individuals conduct THP business or social activities and/or where their behaviour may have a subsequent impact on work relationships, the work environment and/or one’s performance. Disrespectful behavior including harassment, discrimination and/or abuse that occurs by way of electronic communications (e.g. phone calls, email, voice mail or social media, including the display of offensive materials) may also be considered to have occurred in the workplace.
7. **Workplace Sexual Harassment:** engaging in a course of vexatious comment or conduct against a worker in a workplace because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome.
- It also includes making a sexual solicitation or advance where the individual making the solicitation or advance is in a position of authority to confer grant or deny a benefit or advancement to the worker and the individual knows or ought reasonably to know that the solicitation or advance is unwelcome or threatening. Sexual harassment is prohibited under both the Ontario Human Rights Code and the Ontario Occupational Health and Safety Act.*

D: Workplace Violence Prevention Policy

Effective Date: 2022/03/03

Purpose/Rationale:

Trillium Health Partners, hereafter referred to as the *Hospital* has enacted a Workplace Violence Prevention Policy to provide clear expectations and standards, and a process by which incidents or threats of workplace violence can be prevented, reported and are addressed at THP. This includes how we support victims of violence, including bystanders, as well as, safely securing the workplace after an incident has occurred.

Scope:

1. All employees, Professional Staff, volunteers, students/learners, independent and external contract workers, and all individuals who represent THP are bound by this policy. They will herein be referred to as "Individuals" and are expected to adhere to the principles of this policy and contribute to a workplace that is free of violence.
2. This policy is in effect during working and non-working hours and at work-related or other functions, on or off THP's premises. This includes all locations where Individuals conduct THP business or social activities and/or where their behaviour may have a subsequent impact on work relationships, the work environment and/or one's performance. Disrespectful behaviour that occurs by way of electronic communications (e.g. phone calls, email, voice mail or social media, including the display of offensive materials) may also be considered to have occurred in the workplace.

Policy:

1. Individuals are entitled to, and expected to contribute to a respectful workplace that is free of violence. No form abusive or aggressive behavior, acts of violence or threats of harm will be tolerated.
2. THP will take all reasonable and practical steps to prevent and/or respond to abusive or aggressive behavior or acts of workplace violence or threats of harm wherever it may occur or originate, including domestic violence.
3. THP will implement measures to prevent workplace violence and investigate all formal complaints of workplace violence in a timely manner. THP will also explore suspected policy violations should they occur.
4. In the event of a substantiated claim of workplace violence, THP will implement corrective measures where appropriate, up to and including termination of employment, loss of privileges, and/or cancellation of hospital placement, with the possibility of police involvement and criminal charges being laid.
5. Socially inappropriate public behaviour (offensive language, swearing, racial slurs, sexual advances, etc.) will not be tolerated.

References:

- *Workplace Violence & Harassment Prevention Amendments to the OHSA Participant Workbook, OSACH, 2010*

E: Equity, Anti-Racism and Inclusion Policy

Effective Date:

Purpose/Rationale:

In 2020, Trillium Health Partners, hereafter referred to as the *Hospital*, launched the Equity, Anti-Racism and Inclusion Office with a dedicated focus on learning, unlearning and dismantling anti-Black racism, racism and white supremacy at the *Hospital*, while making way for improvements for all equity-deserving groups and creating an inclusive environment that leaves no one behind.

The *Hospital* has committed to building an antiracist, equitable and inclusive workplace and organization that holds true to our values of Compassion, Excellence and Courage. We are committed to integrating anti-racism, diversity, equity and inclusion best practices into the *Hospital's* full operations.

Equity, anti-racism and inclusion work requires intentional behavioral change, recognizes the cost of doing nothing and understands the power of transformational change. Through listening, unlearning and learning, we can action items that will allow us to dismantle systems of oppression, remove barriers and rebuild broken processes. We understand meaningful action and change takes time and we are committed to ensuring that it remains a priority. We value your participation in our collective journey towards becoming a more equitable and inclusive organization for each other, our patients, and our community.

Vision:

Empowering diverse voices that fosters a culture where diversity, inclusion and equitable outcomes are infused into everything we do.

Mission:

Promote awareness, Inspire change and support with intention. We will champion respectful and safe workspaces for all and where everyone can thrive.

F: Accessibility Policy

Effective Date: 2023/01/23

Vision:

At Trillium Health Partners, hereafter referred to as the *Hospital*, is an organization that strives to leave no one behind. We acknowledge that one of the ways people are left behind is due to physical, auditory, visual, and cognitive barriers that prevent access and inclusion for persons with disabilities. One way we strive to address this is through compliance with the [Accessibility for Ontarians with Disabilities Act](#) (AODA) and the [Ontario Human Rights Code](#).

Mission:

The *Hospital* is committed to treating people with disabilities in a way that allows them to maintain their dignity and independence and that fosters equality of opportunity. The organization does so by removing and preventing barriers to accessibility, including through Multi-Year Accessibility Plans and operational processes, and by meeting accessibility requirements under AODA and all relevant accessibility laws and regulation.

The *Hospital* is committed to meeting its current and ongoing obligations under the Ontario Human Rights Code respecting non-discrimination. We understand that obligations under AODA and its accessibility standards do not substitute or limit its obligations under the Ontario Human Rights Code or obligations to people with disabilities under any other law.

Policy:

1. Notice of Temporary Disruption

The Hospital is aware that the operation of its services and facilities is important to the public. However, temporary disruptions at its facilities and services may occur due to reasons that may or may not be within its control or knowledge. It is recognized that these disruptions could impede the ability of individuals with disabilities to access the Hospital and its services.

The Hospital will make reasonable effort to provide advance notice of the disruption to the public, including information about the reason for the disruption, its anticipated duration and a description of alternative facilities or services, if any, that may be available.

The notice will be made available by posting the information on the premises and/or on the Hospital's website or by such other method as is reasonable under the circumstances. In the event of an unexpected disruption, advance notice will not be possible. In such cases, the Hospital will provide notice as soon as possible.

In the event of a planned or unexpected disruption to services or facilities for customers with disabilities, this organization will notify customers promptly. This clearly posted notice will include information about the reason for the disruption, its anticipated length of time, and a description of alternative facilities or services, if available.

2. Design of Public Spaces:

The Hospital will meet accessibility laws when building or making major changes to public spaces. Public spaces include outdoor public rest areas; accessible parking; service-related elements like fixed queueing lines and waiting lines; and publicly accessible garden areas. The Hospital puts procedures in place to minimize service disruptions to publicly accessible spaces. In the event that a service disruption is required, notification of the service disruption is provided and alternatives made available (if applicable).

3. Service Animals:

The Hospital welcomes people with disabilities and their service animals. Service animals are allowed on those parts of the premises that are open to the public and third parties.

4. Assistive Devices:

People with disabilities may use their personal assistive devices when accessing goods, services or facilities. In cases where the assistive device presents a significant and unavoidable health or safety concern or may not be permitted for other reasons, other measures will be used on a case-by-case basis to ensure the person with a disability can access our services or facilities.

5. Accessible Transportation:

The Hospital meets all applicable accessibility laws when making transportation services accessible. Accessible transportation services include a free accessible shuttle bus service for patients, visitors and staff, between the Mississauga Hospital and Queensway Health Centre, with an additional stop at the PCL Building 2085 Hurontario Street, and between the Mississauga Hospital and Credit Valley Hospital. The scheduled service runs Monday to Friday 7:30 a.m. to 5 p.m.

6. Procurement:

The Hospital incorporates accessibility criteria and features when procuring or acquiring goods, services or facilities, including self-service kiosks. If it is not possible and practical to do so, an explanation will be provided upon request.

G: Identification Policy

Effective Date: 2016/04/26

Background:

At Trillium Health Partners, hereafter referred to as the "*Hospital*", all *Contractors*, service persons and vendors conducting approved work at the *Hospital* are required to wear an Identification Badge adorned in a visible location while on *Hospital* property. Identification is required to ensure safety of everyone working at the *Hospital*.

Policy:

Contractors/Vendors

1. All persons providing service on-site at the Hospital must, at a minimum, have some form of employer issued photo identification and/or proof of employment by the Contractor or his Subcontractor(s) immediately available to present should Security personnel, staff members or other authority request to view identification. Those individuals who cannot present such identification will be asked to leave the Hospital property immediately.
2. All persons providing service on-site at the Hospital should, where practical, be wearing clothing/ uniforms that are easily identified with the Contractor, its employees, agents or Subcontractors, e.g. clothing with a company logo. Such clothing should be reasonably clean and free of dust and in generally good repair. All clothing on work sites shall comply with the Occupational Health and Safety Act (and associated Regulations).
3. *Contractors* who require card reader access while on the Hospital premises are recommended to obtain a Smart Card Photo ID badge. *Contractors* who do not require card reader access may use their company issued ID or request a Temporary Identification Badge. All ID badge access shall be submitted and approved by the *Hospital's Project Manager* the *Contractor* is working directly with. For *Contractors* that need access to specific areas of the Hospital not covered by a generic access badge, the *Hospital's Project Manager* must fill out an access request form on the Hub for the respective *Contractor* or Service Person.
4. Photo ID Badges are **only** available from the following *Security Operations Offices* for a small fee. The Security Operations hours are Monday to Friday Between 9am to 5pm. The ID Badge will take affect as soon as you receive it.

Hospital	Phone	Security Office Location
Credit Valley Hospital	905-813-1100 x ext. 2525 or 905-813-3974	Main level, 2 nd floor Block 2G in room 2G108 to the left of the emergency entrance adjacent to the information desk.

5. All individuals receiving an Identification Badge must sign off on a *terms and conditions form* prior to being issued the Identification Badge. The ID Badge will have the first and last name of Workers and the Employer name of the individual.
6. *Contractors* will be required to provide official government issued photo ID prior to receiving an identification badge and a receipt from the cash office prior to picking up the badge.
7. Everyone with an authorized *Hospital* Identification Badge is responsible for taking care of the Badge. There will be a replacement fee for lost and missing Smart Card Identification Badges and for non-smart Card Identification Badges. Damaged Identification Badges will be assessed to determine whether the replacement fee will be waived. Lost cards are to be reported to Security Services immediately.
8. Photo ID cards are the property of Trillium Health Partners and must be returned upon request.
9. Any previously issued cards must be returned prior to receiving a new card. Multiple cards are not permitted.
10. When a Contractor is no longer working with the Hospital the identification card must be returned to the Mississauga Hospital or Credit Valley Hospital Security operations Offices and the badge will be immediately deactivated. If a Contractor does work at the Hospital on a regular basis, the badge may be kept however any special access will be removed for areas no longer required for the project.

Definitions:

- **Smart Card Identification Badge:** *This is an Identification Badge card that has technology embedded in it to allow access into secure doors and the parking areas.*
- **Non – smart Card Identification Badge:** *This is an Identification Badge with no technology embedded in the card.*
- **Identification Badge:** *A plastic card with a colour photograph of the Authorized Person and other relevant data or unique identifiers, which is visibly displayed while conducting business as a representative of a Trillium Health Partners.*
- **Temporary Identification Badge:** *A plastic card without a photograph but which clearly identifies the holder as a “Visitor” or “Contractor” providing work-related service at Trillium Health Partners.*
- **Access Card:** *A programmable card which allows access to a facility and/or specific areas within a facility.*
- **Authorized Persons:** *physicians, staff, employees, volunteers, students, Contractors or any other individual(s) identified by a customer organization.*

H.1: Building Systems Interruption Policy

Purpose/Rationale:

At Trillium Health Partners, hereafter referred to as the “Hospital”, our facilities are protected by *fire and life safety systems* for the benefit of all building occupants. It is essential, should these systems be rendered non-operational in any location for any reason, that such instances be communicated and closely monitored, and that alternate systems be put in place to ensure the ongoing safety of all occupants. This may also involve construction activities classified as ‘hot works’.

Planned utilities interruptions occur due to demolition, construction/installation, or maintenance with impacts to essential Hospital services. A temporary or permanent shutdown may pertain to fire protection services or services including but not limited to hot and/or cold water, medical gas, nurse call, HVAC, RTLS, power and data communications. For Operational systems, life safety systems and hot works, refer to [Section B: Interference and Interruption of Utilities](#) for **Building System Interruption Procedures**.

Definitions:

‘Fire and Life Safety Systems’: Life safety systems are comprised of any wiring, components, equipment, or communications devices comprising an integral part of building and/or occupant fire or fire alarm notification systems or firefighting/suppression equipment, including, but not limited to, public address systems, smoke and heat detectors, fire pull stations, cooking fire suppression systems, sprinkler systems, fire hose cabinets, blocking of access to same, etc.

‘Hot Work’: is defined as work using open flames or sources of heat that could ignite materials in the work area. This kind of work may cause the building's fire alarm system to be activated or create an unwarranted fire risk condition.

Policy:

Under no circumstances will employees, leasehold tenants, Contractors, or service personnel engage in any work on Hospital premises affecting the full and complete operation of any life safety systems without:

7. The prior knowledge of a person or persons in authority from the Hospital’s Project Manager with Approval from the Facilities Operations
8. Obtaining authorization to interfere with any life safety system or device from those authorities **a minimum of ten (10) business days in advance;**
9. Following the detailed Building Systems Interruption Procedure associated with this policy.

Related Procedure(s):

1. [Section B: Interference and Interruption of Utilities Procedures](#)
2. [Hot Work Permit, Appendix 'H.4'](#)
3. [IPAC Recommendations: Water Shutdowns, Appendix 'K.2'](#)
4. [IPAC Recommendations: HVAC Shutdowns, Appendix 'K.3'](#)

H.2: Utility Shutdown Precaution Checklist

The Contractor's Responsibility is to ensure:

- ☐ A [Utility Shutdown Request Form, Appendix 'H.4'](#) and/or [Hot Work Permit, Appendix 'H.3'](#) (where applicable) is completed and submitted to the *Hospital's Project Manager* with a minimum of 10 days notice provided to the *Facilities Hospital's Project Manager*.
- ☐ A [Fire Watch Patrol Log, Appendix 'H.5'](#) is completed and submitted to the *Hospital's Project Manager*.
- ☐ Appropriate fire extinguishing equipment is on scene if water service is interrupted.
- ☐ All fire exits (if modified) have been clearly marked.
- ☐ Excavation/work areas have been properly isolated and marked (if applicable).
- ☐ Electrical equipment has been properly tagged as appropriate (if applicable).
- ☐ Cutting and welding equipment is in good repair (if applicable).
- ☐ Hot Work Precautions are provided within 15 meters of work area:
- ☐ Floors are swept clean of combustibles.
- ☐ Combustible floors have been wet down and covered with damp fireproof sheets.
- ☐ No combustible materials or flammable liquids are located within the work area.
- ☐ Combustibles and flammable liquids have been protected with fireproof tarpaulins or a metal shield.
- ☐ All wall and floor openings have been covered.
- ☐ Fireproof covers have been applied within the work area to collect sparks.
- ☐ Fireproof covers have been applied within the work area to collect sparks.
- ☐ Fire separation doors are kept closed.
- ☐ The designated area is by-passed.
- ☐ Systems are not turned off without assistance from the *Hospital's Project Manager*
- ☐ ALL requests are endorsed by the *Hospital's Project Manager* through the *Facilities Project Manager*

H.3: Utility Shutdown Request Form:

Part A – To be filled out by the Requester:

Contact Information:

Company:		Contact Number:	
Requested By:		Date:	
		Time:	
Project Name:		Project Number:	

Shutdown Information:

Type of Shutdown:	<input type="checkbox"/> Power	<input type="checkbox"/> Domestic Water	<input type="checkbox"/> Steam
	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Sprinkler/Standpipe	<input type="checkbox"/> Hot Work
	<input type="checkbox"/> Other (please specify):		
Shutdown Date(s):		Shutdown Start Time:	
		Shutdown End Time:	
Area(s) Affected:			
Reason:			
Required?*	<input type="checkbox"/> RISK	<input type="checkbox"/> IPAC	<input type="checkbox"/> Fac. Work Request
<i>* Please submit appropriate documentation as required.*</i>			

Requester Signature:		Date:
-----------------------------	--	--------------

Part B – To be filled out by the THC Authority (Security/Facilities):

Authorizations:

Time:		Date:	
Authorized By (Redevelopment Office):			
Time:		Date:	
Authorized By (Facilities Services Office):			

Final Inspections:

<input type="checkbox"/> Inspection required upon completion	<input type="checkbox"/> Not required by Security & Life Safety	<input type="checkbox"/> Next working day	<input type="checkbox"/> Not required by Facility Services
--------------------------------------------------------------	-----------------------------------------------------------------	-------------------------------------------	------------------------------------------------------------

For Administration Use Only:

Shutdown Has Been Entered into Calendar?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the Work Request Been Received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

H.4: Hot Work Policy & Permit

Hot Work Management

If work requires the use of an open flame or there is the potential of hot sparks such as when involving welding, grinding and/or cutting, the *Contractor* or service person must obtain a Hot Work Permit. Fires and/or explosions caused by hot work or conditions that may lead to hazardous events are not tolerated at the *Hospital*. The following Hot Work Policy is to be implemented for all hot work activities at existing facilities or new construction sites. The policy mandates thorough and effective hot work procedures which describes a mandatory, supervised, step-by-step, hot work permit system and applies to all employees and *Contractors*.

'Hot Work' is defined as work using open flames or sources of heat that could ignite materials in the work area. This kind of work may cause the building's fire alarm system to be activated or create an unwarranted fire risk condition.

Policy

It should be mandated that *Contractors* should be in possession of an approved Hot Work Permit obtained from the *Hospital's Project Manager* before hot work begins. The first step is to ensure alternatives to hot work are always considered and encouraged (i.e. cold work options). Contractors hired to do work potentially involving hot work must comply with all requirements of the hot work permitting process and should be overseen by the *Facilities Project Manager* through the *Hospital's Project Manager*.

The following FM Global Hot Work Permit outlines the key items for the Contractor or Serviceperson to consider in mitigating the hazards associated with hot work. See the following 4 pages for a sample copy of the **FM Global Hot Work Permit** with the original form obtained from the **Facilities Project Manager** through the **Hospital's Project Manager**. Some of the key steps of the FM Global Hot Work Permit System include:

1. Prohibit hot work where conditions are severe beyond correction (i.e. lint or dust accumulations or presence of flammable liquids/vapours).
2. Available fire protection is verified to be in service and operable.
3. The 35-foot rule (10 m): Keep combustible materials at least 35 ft (10m) away from the hot work. Use FM Approved blankets, weld pads, or curtains to cover any combustible construction and/or nonremovable combustibles within a 35 ft radius.
4. Enforce all job-specific precautions as listed on the Hot Work Permit. Notify FM Global and/or HIROC if you have any questions about hot work activity.
5. Issue Part 2 of the Hot Work Permit to the person doing the job. Ensure fire watch is provided during and for 60 minutes after work. Hot work should be monitored for 3 additional hours after hot work has been completed (unless your FM Global engineer has provided an exception to the monitoring period based on the risk matrix). Keep Part 2 on file for future reference, including signed confirmation that the post-work fire watch and monitoring have been completed.
6. Sign off the final check on Part 2 of the Hot Work Permit through the *Hospital's Project Manager*. Keep records for review by the *Facilities Project Manager* and FM Global.

All personnel involved in the hot work policy procedure, including facilities staff, *Contractors* or *Subcontractors* should complete the FM Global Hot Work training on the FM Global Training website and present a certification of completion prior to the start of the work: <https://training.fmglobal.com/>

HOT WORK PERMIT

STOP!

Avoid hot work or seek an alternative/safer method, if possible.

This *Hot Work Permit* is required for any temporary operation involving open flames or producing heat and/or sparks. This includes, but is not limited to: brazing, cutting, grinding, soldering, torch-applied roofing and welding.

Part 1

Instructions

1. Firesafety supervisor:

- Verify precautions listed at right (or do not proceed with the work).
- Complete and retain Part 1.
(Part 1A is for quality assurance documentation, if necessary.)
- Issue Part 2 to person performing hot work.

Hot work by

- ☐ Employee
☐ Contractor

Date

Job number

Location/building and floor

Nature of job

Name (print) and signature of person performing hot work

I verify the above location has been examined, the precautions checked on the Required Precautions Checklist have been taken to prevent fire, and permission is authorized for this work.

Name (print) and signature of firesafety supervisor/operations supervisor

Permit Expires

Date

Time

a.m.
p.m.

Note: Emergency notification on back of form. Use as appropriate for your facility.

To order additional hot work permits or other FM Global resources, order online 24 hours a day, seven days a week, at www.fmglobalcatalog.com.

FM Global

F2630 (REV. 6/07) Printed in USA (6/07)
© 2003-2007 FM Global
All rights reserved.

Required Precautions Checklist

- ☐ Available sprinklers, hose streams and extinguishers are in service/operable.
☐ Hot work equipment in good working condition.

Requirements within 35 ft. (11 m) of hot work

- ☐ Flammable liquid, dust, lint and oily deposits removed.
☐ Explosive atmosphere in area eliminated.
☐ Floors swept clean.
☐ Combustible floors wet down, covered with damp sand or fire-resistive sheets.
☐ Remove other combustible material where possible. Otherwise, protect with FM Approved welding pads, blankets and curtains, fire-resistive tarpaulins or metal shields.
☐ All wall and floor openings covered.
☐ FM Approved welding pads, blankets and curtains installed under and around work.
☐ Protect or shut down ducts and conveyors that might carry sparks to distant combustible material.

Hot work on walls, ceilings or roofs

- ☐ Construction is noncombustible and without combustible covering or insulation.
☐ Combustible material on other side of walls, ceilings or roofs is moved away.

Hot work on enclosed equipment

- ☐ Enclosed equipment cleaned of all combustible material.
☐ Containers purged of flammable liquid/vapor.
☐ Pressurized vessels, piping and equipment removed from service, isolated and vented.

Fire watch/hot work area monitoring

- ☐ Fire watch will be provided during and for 60 min. after work, including any break activity.
☐ Fire watch is supplied with suitable extinguishers, and where practical, a charged small hose.
☐ Fire watch is trained in use of equipment and in sounding alarm.
☐ Fire watch may be required in adjoining areas, above and below.
☐ Monitor hot work area for an additional three (3) hours after the 60-min. fire watch.

Other precautions taken:


- ☐ _____

HOT WORK PERMIT

STOP!

Avoid hot work or seek an alternative/safer method, if possible.

This *Hot Work Permit* is required for any temporary operation involving open flames or producing heat and/or sparks. This includes, but is not limited to: brazing, cutting, grinding, soldering, torch-applied roofing and welding.

Instructions		Part 1A	Required Precautions Checklist
1. Firesafety supervisor: A. Verify precautions listed at right (or do not proceed with the work). B. Complete and retain Part 1. (Part 1A is for quality assurance documentation, if necessary.) C. Issue Part 2 to person performing hot work.			
Hot work by <input type="checkbox"/> Employee <input type="checkbox"/> Contractor			
Date	Job number		
Location/building and floor			
Nature of job			
Name (print) and signature of person performing hot work			
I verify the above location has been examined, the precautions checked on the Required Precautions Checklist have been taken to prevent fire, and permission is authorized for this work.			
Name (print) and signature of firesafety supervisor/operations supervisor			
Permit Expires	Date	Time	a.m. p.m.
Note: Emergency notification on back of form. Use as appropriate for your facility.			
To order additional hot work permits or other FM Global resources, order online 24 hours a day, seven days a week, at www.fmglobalcatalog.com .			
		F2630 (REV. 6/07) Printed in USA (6/07) © 2003-2007 FM Global All rights reserved.	

☐ Available sprinklers, hose streams and extinguishers are in service/operable.
☐ Hot work equipment in good working condition.
Requirements within 35 ft. (11 m) of hot work
☐ Flammable liquid, dust, lint and oily deposits removed.
☐ Explosive atmosphere in area eliminated.
☐ Floors swept clean.
☐ Combustible floors wet down, covered with damp sand or fire-resistive sheets.
☐ Remove other combustible material where possible. Otherwise, protect with FM Approved welding pads, blankets and curtains, fire-resistive tarpaulins or metal shields.
☐ All wall and floor openings covered.
☐ FM Approved welding pads, blankets and curtains installed under and around work.
☐ Protect or shut down ducts and conveyors that might carry sparks to distant combustible material.
Hot work on walls, ceilings or roofs
☐ Construction is noncombustible and without combustible covering or insulation.
☐ Combustible material on other side of walls, ceilings or roofs is moved away.
Hot work on enclosed equipment
☐ Enclosed equipment cleaned of all combustible material.
☐ Containers purged of flammable liquid/vapor.
☐ Pressurized vessels, piping and equipment removed from service, isolated and vented.
Fire watch/hot work area monitoring
☐ Fire watch will be provided during and for 60 min. after work, including any break activity.
☐ Fire watch is supplied with suitable extinguishers, and where practical, a charged small hose.
☐ Fire watch is trained in use of equipment and in sounding alarm.
☐ Fire watch may be required in adjoining areas, above and below.
☐ Monitor hot work area for an additional three (3) hours after the 60-min. fire watch.
Other precautions taken:
☐
☐



WARNING!

HOT WORK IN PROGRESS. Watch for fire!

Instructions

1. **Person performing hot work:** Indicate time started and post permit at hot work location. After hot work is completed, indicate time and leave permit posted for fire watch.
2. **Fire Watch:** Watch area during hot work and for 60 min. after completion. Prior to leaving area, perform final inspection, sign, leave permit posted and notify firesafety supervisor.
3. **Monitor:** Monitor area for additional three (3) hours. Perform final inspection, sign and return to firesafety supervisor.

Hot work by

☐ Employee

☐ Contractor

Date

Job number

Location/building and floor

Nature of job

Name (print) and signature of person performing hot work

I verify the above location has been examined, the precautions checked on the Required Precautions Checklist have been taken to prevent fire, and permission is authorized for this work.

Name (print) and signature of firesafety supervisor/operations supervisor

Time started

Time finished

☐ a.m. ☐ p.m.

Permit
Expires

Date

Time

☐ a.m. ☐ p.m.

a.m.
p.m.

Fire watch signoff: Work area and all adjacent areas to which sparks and heat might have spread were inspected during the watch period and were found firesafe.

Signed: _____

Final checkup: Work area was monitored for three (3) hours following completion of the 60-min. fire watch and found firesafe.

Signed: _____

PART 2

Required Precautions Checklist

☐ Available sprinklers, hose streams and extinguishers are in service/operable.

☐ Hot work equipment in good working condition.

Requirements within 35 ft. (11 m) of hot work

☐ Flammable liquid, dust, lint and oily deposits removed.

☐ Explosive atmosphere in area eliminated.

☐ Floors swept clean.

☐ Combustible floors wet down, covered with damp sand or fire-resistive sheets.

☐ Remove other combustible material where possible. Otherwise, protect with FM Approved welding pads, blankets and curtains, fire-resistive tarpaulins or metal shields.

☐ All wall and floor openings covered.

☐ FM Approved welding pads, blankets and curtains installed under and around work.

☐ Protect or shut down ducts and conveyors that might carry sparks to distant combustible material.

Hot work on walls, ceilings or roofs

☐ Construction is noncombustible and without combustible covering or insulation.

☐ Combustible material on other side of walls, ceilings or roofs is moved away.

Hot work on enclosed equipment

☐ Enclosed equipment cleaned of all combustible material.

☐ Containers purged of flammable liquid/vapor.

☐ Pressurized vessels, piping and equipment removed from service, isolated and vented.

Fire watch/hot work area monitoring

☐ Fire watch will be provided during and for 60 min. after work, including any break activity.

☐ Fire watch is supplied with suitable extinguishers, and where practical, a charged small hose.

☐ Fire watch is trained in use of equipment and in sounding alarm.

☐ Fire watch may be required in adjoining areas, above and below.

☐ Monitor hot work area for an additional three (3) hours after the 60-min. fire watch.

Other precautions taken:

☐ _____



WARNING!

HOT WORK IN PROGRESS

Watch for fire!

In case of emergency:

Call: _____

At: _____

WARNING!



H.5: Confined Space Coordination Form and Permit

Where the confined space entry is conducted by a subcontractor, Trillium Health Partners must complete this coordination form. By signing this form, the subcontractor(s) acknowledge they shall adhere to all applicable legislative requirements regarding confined spaces in addition to the requirements of Trillium Health Partners' health and safety requirements.

Confined Space Location:			
Date of Entry:			
Notes:			
A copy of Trillium Health Partners Confined Space Procedure given to all other employers and contractors. Yes <input type="checkbox"/> No <input type="checkbox"/>			
A copy of the hazard assessment for the relevant Confined Space and the training certificates for the person who carried out the hazard assessment given to all other employers, contractors. Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have all workers received training on the task-specific safe work procedure(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have all workers involved with the Confined Space received adequate training? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Proof of training provided? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Attendants to be provided by Trillium Health Partners? Yes <input type="checkbox"/> No <input type="checkbox"/>			
CSE training/ proof of training/ expiry date			
Atmospheric testing to be performed by:			
Ventilation and Purging to be performed by (if required):			
I have received: <ol style="list-style-type: none"> 1. A copy of Trillium Health Partners Confined Space Program, 2. A copy of the hazard assessment for the relevant Confined Space 			
Employer	Name	Signature	Date (mm/dd/yy)

Revision Number: 00

Approved By:

Revision Date: November 2023

Page: 1

Confined Space Entry Permit

Permit #:	Permit Time:	
Location of Confined Space		
Work to be done:		
Additional permits required and/or attached: Hot Work, Energy Control/ Lockout, Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Print Name	Signature
Entry Supervisor (if applicable)		
Attendant		
Entrant(s):		

By signing above, I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this confined space and that it will remain safe.

Date and time of entry	Anticipated date and time of exit	Authorized Duration of Permit

Hazard Assessment Form	
Slips, trips, and falls	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fall exceeding 10 feet	Yes <input type="checkbox"/> No <input type="checkbox"/>
Potential presence of vapours or flammable gas greater than 10% LEL	Yes <input type="checkbox"/> No <input type="checkbox"/>
Potential presence of toxic gas or vapours greater than PEL	Yes <input type="checkbox"/> No <input type="checkbox"/>
Potential of unacceptable oxygen levels - less than 19.5 or greater than 23	Yes <input type="checkbox"/> No <input type="checkbox"/>
Potential presence of airborne substance (i.e., dust) greater than 10% LEL	Yes <input type="checkbox"/> No <input type="checkbox"/>
Presence of liquid in which Entrant may drown	Yes <input type="checkbox"/> No <input type="checkbox"/>
Presence of free flowing solid in which Entrant maybe entrapped	Yes <input type="checkbox"/> No <input type="checkbox"/>
Potential entry of liquid, free flowing solid or hazardous substance - engulfment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Material or substances harmful to skin	Yes <input type="checkbox"/> No <input type="checkbox"/>
Electrical shock hazards	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mechanical hazards	Yes <input type="checkbox"/> No <input type="checkbox"/>
Temperature extremes	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other, specify	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 1 – Atmospheric Testing				
Tested by (Print Name)		Time	Multi-gas monitor used	Date of last calibration
Permissible Exposure Limits	CO: 0 to 25ppm H2S: 0 to 10ppm O2: 19.5 to 23% LEL: 0 to 10%		Test Results	CO: _____ H2S: _____ O2: _____ LEL: _____

Section 2 – To Be Checked By Attendant	
2.1 Has the space been properly ventilated, tested, and found safe?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.2 Have arrangements been made to prevent the entry of liquid or hazardous substances into the space?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.3 Have arrangements been made to continue ventilation during occupancy of the space and at breaks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.4 Have arrangements been made to repeat testing at regular intervals during occupancy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.5 Are rescue and resuscitation equipment available for immediate use at the entrance of the space?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.6 Have arrangements been made to have a trained attendant to constantly monitor the entrance to the space?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.7 Has a system of communication between attendant and those entering the space, been arranged, and tested?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.8 Is access and illumination adequate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.9 Are portable lights and other equipment to be used, of the appropriate type?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 3 – To Be Checked By Entrant	
3.1 Are you aware that you should leave the space immediately in the event of ventilation problems, communication failure, or if your gas alarm is activated?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.2 Are you satisfied that all relevant checks in sections 1 and 2 have been completed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.3 Do you understand the arrangements made for communications between yourself and the attendant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.4 Have you been given permission by the attendant to enter the space?	Yes <input type="checkbox"/> No <input type="checkbox"/>

- THIS PERMIT MUST BE POSTED AT SPACE ENTRANCE
- PERMIT GOOD ONLY FOR THE DURATION OF THE JOB
- NO LIMIT ON HAZARD-CONTROLLED OR FORCED-VENTILATION SPACE UNLESS HAZARDS CHANGE
- CHECK BEFORE ENTRY

Narrative Log		
Time	Remarks	CO
		H2S
		O2
		LEL
Time	Remarks	CO
		H2S
		O2
		LEL
Time	Remarks	CO
		H2S
		O2
		LEL
Time	Remarks	CO
		H2S
		O2
		LEL
Time	Remarks	CO
		H2S
		O2
		LEL
Time	Remarks	CO
		H2S
		O2
		LEL
Time	Remarks	CO
		H2S
		O2
		LEL
Time	Remarks	CO
		H2S
		O2
		LEL
Time	Remarks	CO
		H2S
		O2
		LEL
Time	Remarks	CO
		H2S
		O2
		LEL
Time	Remarks	CO
		H2S
		O2
		LEL

END ENTRY (For all spaces)

I have checked the space to make sure no one is in it, and all measures required to return it back to normal service have been performed. I authorize the return of this confined space to normal service.

Problems that occurred:

Suggestions for improvements :

Reported to the Supervisor/ Management? _____ Yes _____ No

Entry Supervisor Printed Name: _____

Signature: _____

Date/Time: _____

Date: [YY/MM/DD]	Project Ref. No (If Available)
Start Time:	Brief Description of Work:
Estimated Duration:	
Contractor:	
Fire Watch is being conducted by:	Location:
<input type="checkbox"/> Contractor	Site:
<input type="checkbox"/> Security	Building:
<input type="checkbox"/> Occupational Health and safety	Room No.

Fire Watch Patrol Log 2024.02.15

Page 65 of 104

J: Electrical Lock-Out Procedure

Effective Date: 2017/10/13

Purpose/Rational:

To provide a procedure that establishes the minimum requirements for the lockout and tagout of energy sources that has the potential to cause injury to personnel as outlined by the Occupational Health and Safety Act (O. Reg. 67/93, s.66).

To ensure all equipment and/or circuits that have the potential to harm the safety of staff be locked out using an isolating device such as a lock to protect against accidental or inadvertent equipment operation and tag the equipment in appropriate manner as to identify the type of work being performed, and the time and date in which the energy source was disconnected (O. Reg. 67/93, s. 67).

Policy:

The primary responsibility of proper lockout of equipment and/or circuits on a project belongs to the Hospital's Project Manager and/or Team Leader. However, this does not alleviate the field employees from ensuring that proper lockout procedures are followed at all times. The Manager and/or Team Leader will ensure that each employee is properly instructed in the safety significance of lockout procedures.

Any employee found to be working, or causing others to work on, equipment and or/circuits that, in the opinion of management should have been locked out, will be subject to severe disciplinary actions up to and including termination.

Users:

- Facilities Project Manager / Team Leads
- Facilities Frontline Personnel
- Contractors

Responsibilities:

The Supervisor shall:

- Develop specific procedures for controlling hazardous energy for each piece of equipment that falls under this procedure;
- Identify *Hospital* employees requiring training, including re-training;
- Communicate procedures to affected workers or *Contractors* and ensure compliance;
- Monitor the testing of equipment to ensure the effectiveness of the energy controlling measures;
- Provide and maintain any required material e.g. locks, tags, wedges, etc. in order to isolate equipment from energy sources;
- Ensure lock-out documentation is completed and filed for future reference by officials; and
- Take all reasonable precautions necessary to protect the safety of workers as required under the terms of the *Occupational Health and Safety Act, Ontario Electrical Code* and related regulations.

The Worker shall:

- Evaluate hazards of the work to be performed and confirm a zero state of energy has been achieved. Eliminate the possibility of any release of stored energy;
- Ensure the safety of themselves and others by adhering to the lockout procedures;
- Advise their Supervisor of any alterations or changes that would require the addition/change of a lock-out device;
- Advise Supervisor if lock-out device(s) is not available or will not function;
- Participate in mandatory lock-out training. *Hospital* contract employees are not required to attend training, but are required to adhere to *Hospital* policies and procedures at all times;
- Workers shall not remove, interfere or disturb any locks or tags that are not their own;
- Report to the Supervisor any hazards that he/she becomes aware of; and
- Work in compliance with the *Occupational Health and Safety Act*, *Ontario Electrical Code* and related regulations.

Procedure:

Solitary Lockout / Tagout

1. The employer shall notify all affected staff with instruction and reason that a lockout is required on a specific piece of equipment and/or circuit.
2. If the equipment is in operation, after obtaining approval, shut it down by the normal stopping procedures. Only workers knowledgeable in the operation of the specific equipment should perform shutdown or re-start procedures.
3. Operate the switch, valve, or any other energy isolating device so that all energy sources (electrical, mechanical, hydraulic, gravitational, or pneumatic) are disconnected or isolated from the equipment and/or circuits. Stored energy, such as that in capacitors, springs, elevated machine members, rotating flywheels, hydraulic systems, and air, gas, steam, or water pressure must also be dissipated or restrained by methods such as grounding, repositioning, blocking, or bleeding down.
4. Where the lockout procedure is complex, a written sequence in checklist form should be prepared for equipment access, lockout/ tagout, clearance, release and start-up. If a written sequence is not required, proceed to step 5.
5. After ensuring that no personnel are exposed to the equipment / circuit and an additional check verifies that the energy source is disconnected, operate the push button or other normal operating controls to make certain the equipment will not operate. Pulling out a fuse is not a substitute for locking out a device.
6. All affected employees are then required to lockout the energy devices with their own individual lock. In the event that electrical circuits have already been locked out, ensure that the circuits are de-energized by applying an appropriate voltage tester that has been tested on live circuits. If this is not required, proceed to step 7
7. Apply a tag on the equipment/ circuit being locked out clearly indicating the name of the person who applied the lockout device, the current date and time, and the reason for the lockout. This helps identify who is servicing the machinery or equipment.

Group Lockout / Tagout

1. Follow steps 1 – 5 from the previous procedure.

2. If more than one worker is working on the same piece of equipment and/ or circuit at the same time (e.g. facilities staff and contractor), each person should lock out the equipment by placing a personal lock and tag on the group lockout device before beginning work. If this is not feasible, a designated individual of the work crew such as a Hospital's Project Manager or Team Lead with complete knowledge of who is on the crew may act as the individual responsible for carrying out all steps of the lockout procedure. That individual will inform the work crew when it is safe to work on the equipment and/ or circuit.
3. In the event that electrical circuits have already been locked out, ensure that the circuits are de-energized by applying an appropriate voltage tester that has been tested on live circuits. If this is not required, proceed to step 4.
4. The equipment and/or circuits are now locked out
5. Each person working on the equipment / circuit must apply a tag on the equipment/ circuit being locked out clearly indicating the name of the person who applied the lockout device, the current date and time, and the reason for the lockout. This helps identify all who are servicing the machinery or equipment.

Restoring Equipment and/ or Circuits to Service

1. Before locks and tags are removed and energy is restored to the machine or equipment, inspect the work area to ensure that all non-essential items have been removed and that the machine or equipment components are operationally intact. In cases of a group lockout, this can be done by the designated lead.
2. Ensure all workers are a safe distance from any potential hazard
3. Locks and tags should be removed from the energy isolating device by the worker who applied the lock and tag. In the case of group lockout, each person must verify they have completed their portion of work and only remove their own lock and tag. This must be verified by the designate lead individual before re-energizing the equipment / circuit.
4. In the event that the worker who applied the lock and tag is absent, or otherwise unavailable to remove his or her personal lock(s), the supervisor may remove their employee's lock by taking the following steps:
 - Employer must verify that the authorized employee who placed the lock and tag is not in the facility.
 - Employer must make all reasonable efforts to contact the authorized employee to inform them that their lock device will be removed.
 - Employer must inform the authorized employee that their lock has been removed before they resume work at the facility.
 - Supervisor must provide a form to document the steps taken during the entire process of removing their employees lock device.
5. Notify all affected workers that locks and tags have been removed, and only when determined safe, re-energize the equipment/ circuit
6. For further information regarding this procedure, contact the Hospital's Project Manager to request information from the Director, Facilities Operations.

References:

- [Occupational Health and Safety Act - Electrical Equipment O.Reg.67-93](#)

K.1: IPAC Construction Permit

Preface: Complete **Sections 1 to 3** to establish a Risk Group. If the Preventative Measures Level (PML) indicates a Class III or Class IV area of work, an IPAC Construction Permit will be required to be completed by the Hospital's Project Manager and signed off by the Hospital's Infection Prevention and Control "Designate" (IPAC) and by People Safety & Support "Designate".

Note: An IPAC Permit is also required when construction activities need to be carried out in corridors adjacent to Class III and Class IV areas. Typically, the completed IPAC Construction Permit is included within the project specifications as part of the RFQ/RFP documents.

IPAC & People Safety & Support - Construction Permit (June, 2023)

Hospital Site

☐

M

☐

C

☐

Q

Background

Construction can be a cause of *Hospital* outbreaks that lead to significant infections and even deaths. Workers need to be aware of the risks and the necessary precautions when they are working in a health care facility that has a large proportion of seriously ill and immunocompromised patients. Even non-patient care areas within the *Hospital* can impact on patients, e.g., contaminated air ducts, bandages, pharmacy supplies. Therefore, it is most important that the guidelines below are followed during construction. Please note that occasionally during construction, modifications are made to the original specifications. If these will change the level of construction activity, this assessment could need to be updated.

PLEASE COMPLETE ALL BLANKS UP TO IPAC & People Safety SECTION

Permit submitted by:

Extension:

Department:

Date:

Project location:

Department
manager:

Project name:

Estimated duration:

Start date:

End date:

Contractor/Company:

Team Leader/ Project
Manager:

Phone number:

Phone number:

Project reason and scope:

SECTION 1: Population and Geographic Risk Groups (please check (✓) appropriate group)

Group 1 Lowest Risk	<input type="checkbox"/> Office areas <input type="checkbox"/> Unoccupied wards <input type="checkbox"/> Public areas
Group 2 Medium Risk	<input type="checkbox"/> All other patient care areas unless stated in Group 3 or 4 <input type="checkbox"/> Outpatient clinics (except for oncology & surgery) <input type="checkbox"/> Admission/discharge units
Group 3 Medium to High Risk	<input type="checkbox"/> Emergency room <input type="checkbox"/> Radiology/MRI <input type="checkbox"/> Post anesthesia care units <input type="checkbox"/> Birthing Suites/Mother and baby (non-operating room) <input type="checkbox"/> Normal newborn nurseries <input type="checkbox"/> Day surgery <input type="checkbox"/> Nuclear medicine <input type="checkbox"/> Physiotherapy tank areas <input type="checkbox"/> Echocardiography <input type="checkbox"/> Laboratories (specimens) <input type="checkbox"/> General med/surg wards other than those listed in Group 4 <input type="checkbox"/> Pediatrics <input type="checkbox"/> Geriatrics
Group 4 Highest Risk	<input type="checkbox"/> All ICUs <input type="checkbox"/> All ORs <input type="checkbox"/> Labour & delivery ORs <input type="checkbox"/> Anesthesia and pump areas <input type="checkbox"/> Oncology units and outpatient clinics for patients with cancer <input type="checkbox"/> Transplant units and outpatient clinics for patients who have received bone marrow or solid organ transplants <input type="checkbox"/> Wards and outpatient clinics for patients with AIDS/immunodeficiency <input type="checkbox"/> Dialysis units <input type="checkbox"/> Tertiary care nurseries <input type="checkbox"/> All cardiac catheterization & angiography areas <input type="checkbox"/> Cardiovascular/cardiology patients <input type="checkbox"/> All endoscopy areas <input type="checkbox"/> Pharmacy admixture rooms <input type="checkbox"/> Sterile processing rooms

SECTION 2: Construction Activity Type

CONSTRUCTION ACTIVITY TYPE (please check (✓) all that apply)	
Type A	Inspection and non-invasive activities. <u>Includes, but is not limited to:</u> <ul style="list-style-type: none"> <input type="checkbox"/> activities that involve a single controlled opening in a wall or ceiling for minor work or visual inspection, that is accessed by <ul style="list-style-type: none"> • removing no more than one ceiling tile; or • opening of an access panel on a wall or ceiling <input type="checkbox"/> painting (but not sanding) and wall covering. <input type="checkbox"/> electrical trim work <input type="checkbox"/> minor plumbing work that disrupts the water supply to the localized patient care area (i.e., one room) for less than 15 min <input type="checkbox"/> other maintenance activities that do not generate dust or require cutting of walls or access to ceilings other than for minor work or visual inspection as described in the first bullet above
Type B	Small-scale, short-duration (e.g., less than 2h) activities creating minimal dust. <u>Includes, but is not limited to:</u> <ul style="list-style-type: none"> <input type="checkbox"/> activities that require access to and use of chase spaces <input type="checkbox"/> cutting a small opening in a contained space where dust migration can be controlled, e. g., cutting of walls or ceilings to provide an access point for installing or repairing minor electrical work, ventilation components, telephone wires, or computer cables <input type="checkbox"/> sanding or repair of a small area of a wall <input type="checkbox"/> plumbing work that disrupts the water supply of one or more patient care areas for less than 30 min
Type C	Activities that generate a moderate to high level of dust, cause a moderate service disruption, require demolition, require removal of a fixed facility component (e.g., a sink) or assembly (e.g., a countertop or cupboard) or cannot be completed in a single work shift. <u>Includes, but is not limited to:</u> <ul style="list-style-type: none"> <input type="checkbox"/> activities that require sanding of a wall in preparation for painting or wall covering <input type="checkbox"/> removal of floor coverings, ceiling tiles and casework <input type="checkbox"/> new wall construction <input type="checkbox"/> minor ductwork <input type="checkbox"/> electrical work above ceilings <input type="checkbox"/> major cabling activities
Type D	Activities that generate high levels of dust, activities that necessitate significant service disruptions, and major demolition and construction activities requiring consecutive work shifts to complete. <u>Includes, but is not limited to:</u> <ul style="list-style-type: none"> <input type="checkbox"/> soil excavation <input type="checkbox"/> new construction that requires consecutive work shifts to complete <input type="checkbox"/> activities that involve heavy demolition or removal of a complete cabling system <input type="checkbox"/> Plumbing work that disrupts the water supply of one or more patient care areas for 1 h or more

SECTION 3: Preventative Measure Level

Enter Preventative Measure Level (I, II, III, IV): _____

Preventative Measures Analysis: A permit is required for all shaded areas (III, IV)

	Construction Activity			
Risk Group	Type A	Type B	Type C	Type D
Group 1	I	II	II	III or IV
Group 2	I	II	III	IV
Group 3	I	III	III or IV	IV
Group 4	III	III or IV	III or IV	IV

SECTION 4: Surrounding Areas

From CSA Z317.13:22 Annex C: Project Analysis and Infection Control Risk Assessment (ICRA) during the planning stages

1. Multidisciplinary Team, hereafter referred to as **MDT** to identify the areas surrounding the project area, assessing potential impact:

Unit Below	Unit Above	Lateral Left	Lateral Right	Behind	Front
Risk Group	Risk Group	Risk Group	Risk Group	Risk Group	Risk Group

2. MDT to consider location of high-risk patients in relation to construction activity. Do any populations need to be relocated?
3. MDT to identify the specific site of activity (e.g., patient room, medication room) assessing potential impact:
4. MDT considers current HVAC systems, air quality, and filtration. Do the *Contractors* need to supply their own HVAC to the construction site? Will they be permitted to utilize base building HVAC for heating and cooling needs?
5. MDT to consider what air monitoring (if any) will be required for the project. Discuss the requirement for the collection of baseline samples prior to project start.
6. MDT to identify and discuss potential issues related to ventilation, plumbing, and electrical in terms of occurrence of probable outages shutdowns and tie-ins, and coordinate arrangements with clinical department manager, operation and maintenance managers, and infection prevention and control. Determine work hours in consultation with clinical area manager, plant maintenance, and infection prevention and control.

7. MDT to identify containment measures, using prior assessment. Identify types of barriers and consider how they may impact spaces and operations (e.g., solid walls, 6 mil poly):
8. MDT to consider potential risk of water damage. Is there a risk due to compromising structural integrity (e.g., wall, ceiling, roof)?
9. MDT to discuss designated substance concerns and reports, including asbestos, mould, and lead:
10. MDT to plan to discuss the following containment issues with the project team:
 - a) Traffic flow: considerations for patients, health care workers, and *Contractor*, including separation of clean and dirty activities:
 - b) Housekeeping: specific cleaning requirements in the specified area (e.g., operating rooms (ORs), medical device reprocessing department (MDRD), pharmacy):
 - c) Material deliveries and debris removal (how and when?), including path of travel and loading dock access.
11. MDT to discuss the use of HCF amenities (e.g., washrooms, cafeteria). Will the *Contractor* be given permission to use services inside the facility?
12. MDT to be aware of material delivery and storage. Will there be a designated storage area provided to the *Contractor*?

Identify and communicate the responsibility for project monitoring that includes infection prevention and control concerns and risks. The ICRA may be modified throughout the project but shall be accepted by infection prevention and control and the Capital Planning and Redevelopment *Project Manager*.

Section 5: Additional Precautions (IPAC): ☐ See additional recommendations

People Safety Requirements (OHSA O.Reg. 67/93):

What are the potential work hazards?	How will you control them to minimize risk?
<input type="checkbox"/> Exposure to biological hazards (mould, viruses, bacteria, etc.)	
<input type="checkbox"/> Noise	
<input type="checkbox"/> Chemicals/Noxious odours (Provide MSDS/SDS to PS for review prior to project start)	
<input type="checkbox"/> Possible exposure to hazardous building materials (asbestos, lead, etc.)	
<input type="checkbox"/> High energy sources (electrical, pressure, steam, etc.)	
<input type="checkbox"/> Fire hazard (sparks from open flame, welding, cutting, etc.)	
<input type="checkbox"/> Working at height	
<input type="checkbox"/> Risk of falling objects	
<input type="checkbox"/> Heavy equipment / materials	
<input type="checkbox"/> Working in an area with high risk of violence	
<input type="checkbox"/> Confined space entry	
<input type="checkbox"/> Other:	

Projected utility outages impacting IPAC: *(Check (✓) all that apply and provide details including length of time and all areas affected)*

☐ Electrical ☐ Water (Refer to [Appendix 'K.2'](#)) ☐ HVAC (Refer to [Appendix 'K.3'](#)) ☐ Other _____

Please indicate if additional documents are attached: (Phase schedules, floor plans, etc.)

☐ Additional document(s) attached:

Traffic

- 1) Proposed traffic pattern for *Contractors* and equipment/supplies:

- 2) Proposed traffic pattern and time for garbage disposal:

- 3) Disposal site:

- 4) Proposed traffic pattern for healthcare workers, patients and public:

Communication

Those requesting the permit are responsible for organizing the following communications:

Communications are required to re-route traffic: ☐ Yes ☐ No

1) Construction zone signs are required: ☐ Yes ☐ No

2) Manager of affected area(s) aware of project details and dates: ☐ Yes ☐ No

IPAC and People Safety approval sign off

(This permit is to be signed and posted at the construction site)

Permit approved by:	Initials:
_____	_____
Department:	Extension:
_____	_____
Date:	

Permit approved by:	Initials:
_____	_____
Department:	Extension:
_____	_____
Date:	

SECTION 6: Preventative Measure Level (PML) - Description

PML I: PML I measures shall be followed

1. Review infection control construction agreement before work begins.
2. Execute work by methods to minimize raising dust from construction operations.
3. Protect patient care equipment and supplies from dust exposure.
4. Immediately replace any ceiling tile displaced for visual inspection.
5. Report discoloured water and water leaks to maintenance.

PML II: PML I and II measures shall be followed

1. Determine a safe route for the transportation of clean or sterile supplies and equipment away from the construction area.
2. Establish traffic patterns for construction workers that avoid, or at the minimum reduce, adverse impacts on patient care areas.
3. Provide active means to prevent airborne dust from dispensing into atmosphere.
4. Water mist work surfaces to control dust while cutting.
5. Seal unused doors with tuck tape.
6. Block off and seal air vents.
7. Wipe work surfaces with disinfectant.
8. Contain construction waste before transport in tightly covered containers.
9. Vacuum the area (with HEPA-filtered vacuum) and wet mop area daily with a hospital-grade low-level disinfectant.
10. Place dust mat at entrance and exit of work area.
11. Remove or isolate HVAC system in areas where work is being performed.
12. Flush potable water lines in the construction area and adjacent areas before reuse.

PML III: PML I, II and III measures shall be followed

1. Obtain infection control permit before construction begins.
2. Isolate HVAC system in area where work is being done to prevent contamination of duct system.
3. Complete all critical barriers or implement control cube method from floor to true ceiling (includes the areas above false ceilings) before construction begins.
4. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units.
5. Do not remove barriers from work area until complete project is thoroughly cleaned by housekeeping.
6. Vacuum the area (with a HEPA-filtered vacuum) and wet mop area daily with a hospital grade low-level disinfectant.
7. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction.
8. Contain construction waste before transport in tightly covered containers.
9. Cover transport receptacles or carts. Tape cover in place.
10. Remove or isolate HVAC system in areas where work is being performed.
11. Consider hyper-chlorinating or superheating stagnant potable water
12. Some areas (e.g. public corridors) may be exempt in consultation with IPAC.

PML IV: PML I, II, III and IV measures shall be followed.

13. Construct anteroom at access points to the construction area if access is from within the health care facility.
14. Place walk off mat outside the anteroom in patient care areas and inside the anteroom.
15. Ensure construction workers:
 - a) leave the construction area through the anterooms so they can be vacuumed using a HEPA vacuum cleaner before leaving work site; or
 - b) wear protective clothing that is to be removed each time they leave the construction area and before going into patient care areas.
16. Repair holes in walls within 8 h or seal them temporarily.
17. Ensure that ventilation systems are working properly in adjacent areas.

K.2: IPAC Recommendations: Water Shutdowns

Hot and Cold Water Shutdowns - Infection Prevention and Control (IPAC) Recommendations

Preface: All planned and unplanned hot and/or cold water shutdowns should be scheduled in advance (for planned). Location, scope of work and duration will be obtained before starting any planned shutdowns. Recommendations will be obtained prior to commencement of scheduled work. The following recommendations outlined in this document should be adhered to. Work should be performed during periods of low user activity.

Effective Date: March 9 2017

Submitted to: Responsible Hospital's Project Manager, Risk, Safety Specialist, Manager of affected unit, Corporate Services, Facilities, infection control

Prepared by: Infection Prevention and Control

Planned Hot and Cold Water shutdown	
Scope of Work:	
Projected Date, time and duration:	
Affected Areas:	
Areas with NO hot and cold water:	
Areas where NO hot water, cold water is not affected:	

IPAC makes the recommendations contained in this document based on the following assumptions:

- Contractor to provide a synopsis of the work being done to the Hospital's Project Manager in order to Inform IPAC and Facilities.
- Unit Managers of affected areas are alerted of the project and scope through the Hospital's Project Manager. Communication to staff are completed prior to commencing and after completion of the work.
- Water will be available for performing hand hygiene with soap and water for visitors, staff and patients of areas affected.
- Patients' showers/ bath, if required during the shutdown, should be postponed until hot and cold water supply is back

IPAC RECOMMENDATIONS:

Material/Water Stagnation

- Don't use material i.e. gaskets that would support Legionella growth
- Don't use faucet aerators
- Maintain dry work environment
- Ensure no water discoloration
- Avoid stagnate water i.e. do not use collection tanks or long pipes
- Hyperchlorinate or superheat domestic water systems or sections of systems that have been stagnant > 30 minutes
- In the event that the water supply is stagnate for > 30 minutes or water repressurization occurs, the water lines in the construction area and adjacent patient care areas shall be flushed before reuse.

Hand Hygiene

- Units will be provided with large jugs of water, to be designated for hand hygiene **only** and kept in a clean area at the nursing station.
- Hand hygiene must be performed as follows:
 1. Before patient environment contact
 2. After patient or patient environment contact
- Perform hand hygiene using soap and bottled water if hands are visibly soiled

References:

- *CSA Z317.13-12 Infection control during construction, renovation, and maintenance of health care facilities-Section 6.8 and 7*
- *CSA Z317.1-09 Special requirements for plumbing installations in health care facilities Section 4*

K.3: IPAC Recommendations: HVAC Shutdowns

Infection Prevention and Control during Air Handling Unit Shutdown Recommendations

Preface: Planned and Unplanned Air Handling Unit (AHU) Shutdowns in the following Critical Areas shall adhere to the recommendations as outlined in this document.

General Recommendations:

- Except for maintenance, repair, testing of emergency backup capacity or new construction, Heat, Ventilation and Air Conditioning (HVAC) systems should not be shut down in any patient care areas.
- Planned AHU shutdowns are recommended to occur after-hours or weekends to mitigate risk to staff/patients.

Specific Recommendations:

- During repair to the ventilation system the following areas are recommended to be closed: Operating Rooms/PACU/MDR/Reprocessing/Cardiac Procedures/L&D/CSR/NICU
- In circumstances where unavoidable emergency procedures are required:
 - Grill Mask will be placed over all ventilation grills in affected procedure rooms. Ensure humidifiers are shut down during maintenance/repair to avoid excess moisture and humidity. Ensure Grill masks are clean and arrive on site in sealed packaging and stored appropriately.
 - Avoid all unnecessary traffic in affected areas and keep doors closed.
- Ensure a Policy and Procedure is in place for regular maintenance of Portable HEPA Filtration Units
- Ensure humidifiers are shut down during maintenance/repair to avoid excess moisture and humidity
- Ensure humidity and temperature are monitored in OR's, Sterile Core and Clean Utility rooms in OR & MDR

Affected Area	Planned AHU Shutdown	Unplanned AHU Shutdown
<ul style="list-style-type: none"> • Negative Pressure Rooms • Intensive care units (ICU, NICU, CVICU) • Operating rooms (including prep, induction, post-anesthetic care unit (PACU) + scrub areas) • Anesthesia storage areas and workrooms • Oncology units and outpatient clinics • Transplant units and outpatient clinics • Dialysis units • Birthing suite operating rooms • Cardiac catheterization and angiography areas • Interventional radiology, Diagnostic imaging • Cardiovascular and cardiology patient areas • Endoscopy • Pharmacy admixture rooms • Medical device reprocessing areas • Central sterile supply, Clean and sterile storage 	Procedure <ul style="list-style-type: none"> • Remove all unnecessary equipment and supplies • Apply "Grill Mask" to all open ventilation grills (shut down AHU and humidifiers to affected areas) • Keep all doors closed to this area • Ensure no unnecessary traffic • Once work has been completed in the affected critical area, a minimum of 20 minutes settle time is required after the AHU has been turned back on followed by a horizontal 	OR rooms: <ul style="list-style-type: none"> • Send all opened or exposed (stored on open shelving) sterile sets and reusable instruments to MDR for reprocessing. • Sterile sets stored in a closed cabinets will be visually inspected by trained SPD or OR staff for breaches in sterility (i.e. moisture, dust and holes). If sterile integrity of sets has been breached, they must be sent for reprocessing/discarded.

<ul style="list-style-type: none"> • Tissue culture laboratories • Bronchoscopy • Cystoscopy • Pacemaker insertion rooms • Dental procedure room 	<p>clean or terminal if walls or ceiling are visibly soiled with dust</p>	<ul style="list-style-type: none"> • Complete safety event report
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------	----------------------------------------------------------------------------------

K.4: IPAC Pre-Construction Preventative Measure Checklist

Preface: The following checklist shall be completed by the Infection Prevention and Control Office and People Safety & Support representatives as part of inspections for Preventative Measures III and IV prior to Construction start. The document has been included for reference purposes only. [Add more here](#)

Date: _____ Time: _____ Project name/location: _____

Project Manager/Team Leader: _____ Contractor: _____

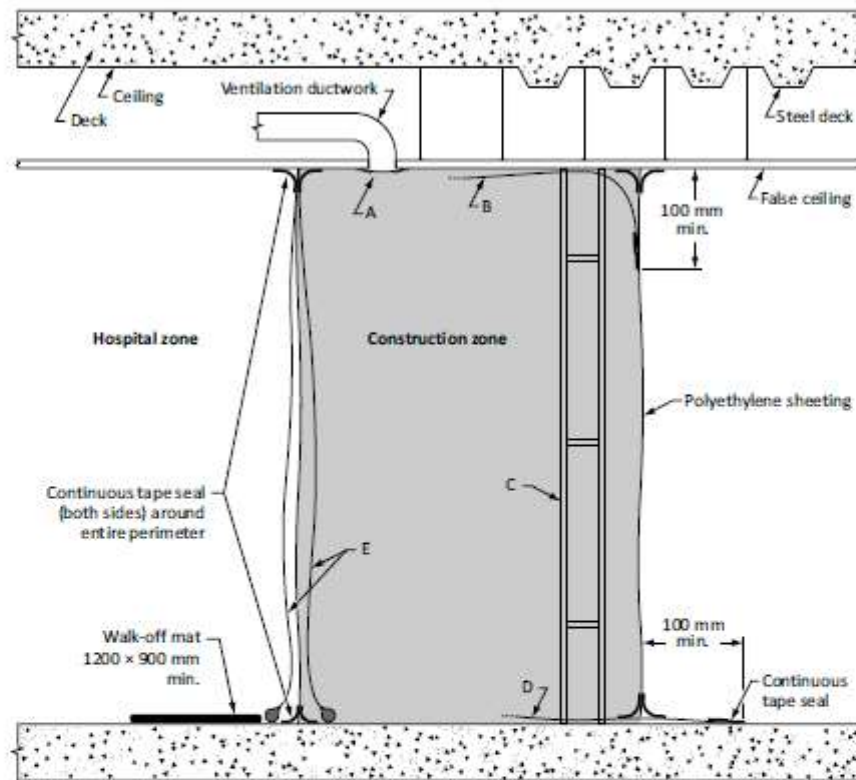
Pre Inspection by: _____

Infection Prevention and Control and People Safety (Occupational Health and Safety) Intervention	Compliant	Non-Compliant	N/A	Comments
<ul style="list-style-type: none"> HEPA Vacuum, coveralls, booties, cleaning supplies available at the work zone entrance. 				
<ul style="list-style-type: none"> Any pre-existing risk of exposure to biological hazards (mould, viruses, bacteria, etc.) 				
<ul style="list-style-type: none"> Impermeable dust barrier erected from floor to the true ceiling, consisting of two layers of 6 mil fire retardant poly and gypsum wallboard protective layer. The composition of the barrier requirements may change dependent on risk level. The polyethylene membrane shall be present under all circumstances to maintain the required pressurization. 				
<ul style="list-style-type: none"> Permit posted at work area 				
<ul style="list-style-type: none"> Hollow metal lockable doors. Frame and bottom sealed with weatherstripping. Weatherstripping flap at base of exterior anteroom door in contact with floor at all times. The strip is placed on the opposite side of the walk-off mat to avoid interference with the walk-off mat. Door closer for both interior and exterior, lockable hardware. Door specifications met: weather stripping, door closer (both interior & exterior), lockable hardware, door sweep. 				
<ul style="list-style-type: none"> IPaC Permit posted. 				

• Traffic restricted to construction personnel and traffic control signs posted and intact.				
• New designated entrance/exits are identified (if required)				
• Fire routes free of obstructions				
• Fire extinguisher available in construction zone				
• Construction personnel using designated entrance/exits and are following designated travel routes.				
• Walk-off/tack mats are at entrance/exit to site.				
<ul style="list-style-type: none"> • Negative air pressure (7.5 Pa or 0.03 in wc) maintained, logged, and posted outside of ante room. • Note: The monitoring device shall be no closer than 5 m of the entrance to the construction site and be located on the adjacent or exterior side of the dust barrier. This distance may be reduced if the configuration of the site does not permit a 5 m separation. 				
• All windows closed behind barrier.				
• HVAC system supply and return/exhaust air ducts/diffusers are sealed or isolated.				
• Patient care equipment and supplies have been removed for protected.				
• No tripping hazards to staff, patients or visitors				
• Doors and openings have been sealed with construction grade tape or poly.				
• All seams/penetrations to work area are sealed (doors, plumbing, electrical outlets, screw heads, etc.) including those above false ceilings.				
• CAHUs that will be used in a PM III or PMIV construction project shall be DOP tested and verified at the beginning of the project and certification sticker displayed on each unit.				
• Air is exhausted to the outside unless previously permitted by the multi-disciplinary team (in permit).				
• All noise controls in place				
• Posting of MOL Notice of Project (project cost exceeding \$50k) including OHSA and emergency contact				

K.5: IPAC Infection Control Barrier Configurations

Figure E.1
 Preventive measure II infection control dust barrier, elevation view
 (See Clause 7.3.2.2.)



Legend:

- A = Windows, doors, shafts, access panels, electrical outlets, intakes, grilles, exhausts, vents, plumbing drains, and all other penetrations in the floor, walls, and ceilings are sealed.
- B = Textured, perforated, or drop ceilings are covered with polyethylene to be placed on the inside of vertical sheeting and taped with a continuous seal. Work above the false ceiling requires a barrier extending to the true ceiling.
- C = Polyethylene sheeting is reinforced where necessary with framing (metal or wood), zip wall poles, or schedule 40 PVC piping.
- D = Carpeted or textured floors have polyethylene sheeting of a minimum 12 mil thickness or two 6 mil sheets one on top of the other. Vertical sheeting overlaps the horizontal base sheet of polyethylene.
- E = Double-flap polyethylene sheeting of a minimum true 6 mil thickness weighted at the bottom. Each door covers the entire cross-section of entrance to work area and opens in both directions.

Figure E.2
Preventive measure II infection control dust barrier, plan view
 (See Clause 7.3.2.2.)

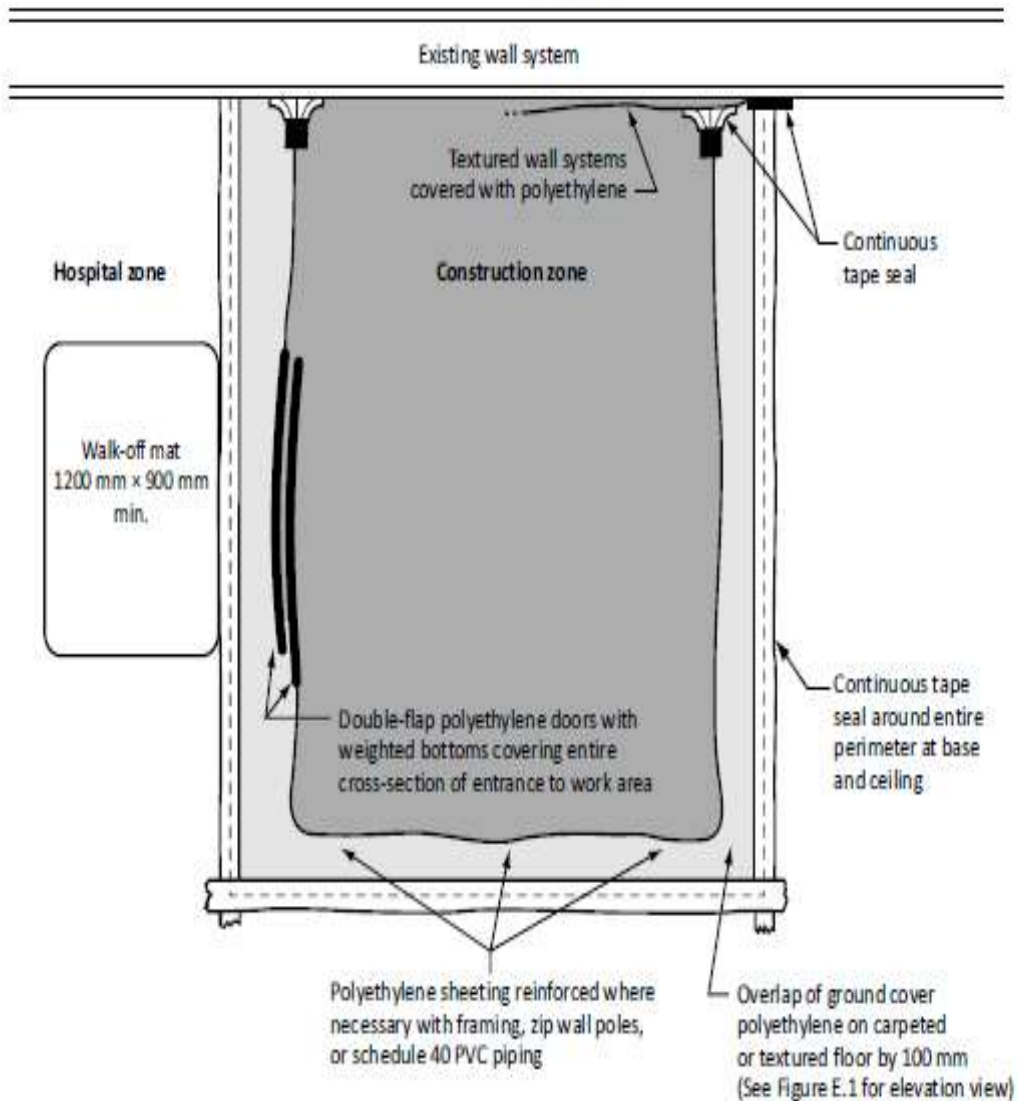


Figure F.3
Preventive measures III and IV infection control solid dust barrier wall details,
elevation section view
 (See Clauses 7.3.3 and 7.3.4.)

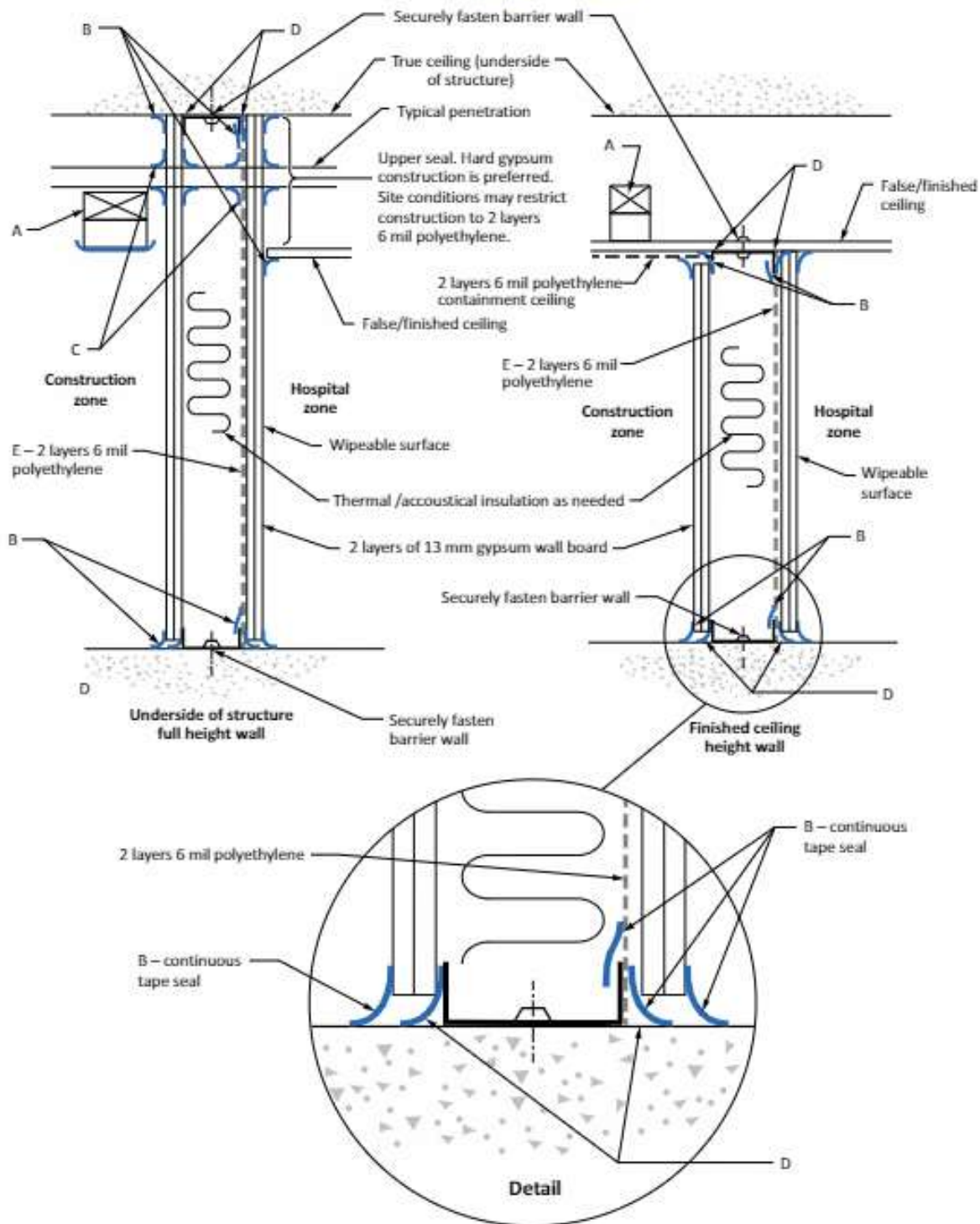


Figure F.3 (Concluded)

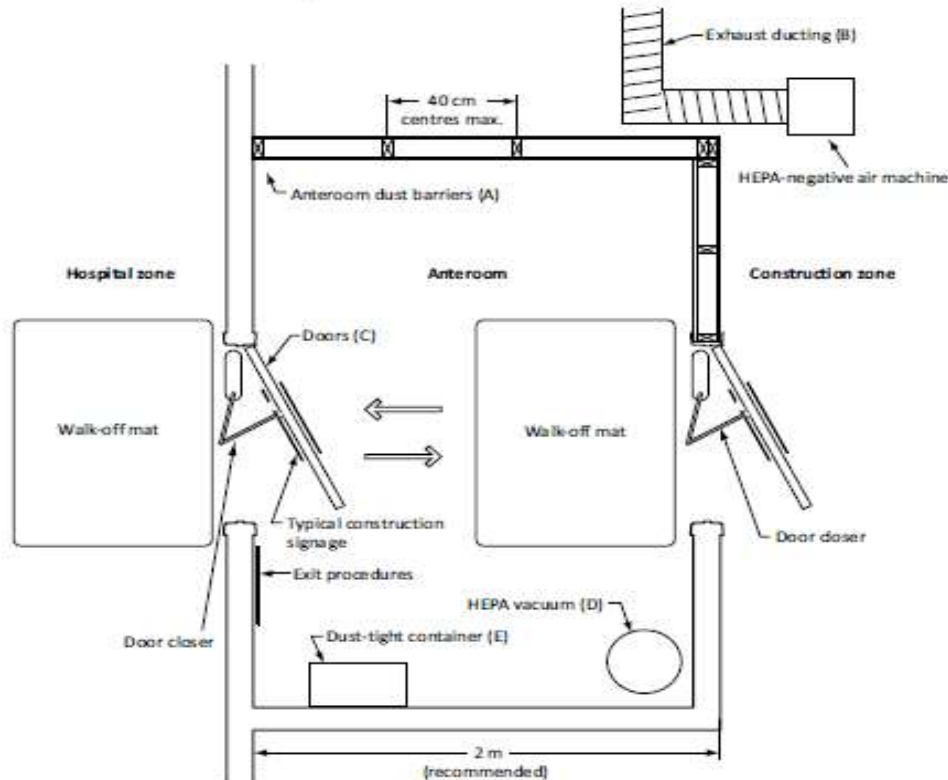
Legend:

- A = Seal windows, unused doors, shafts, access panels, electrical outlets, intakes, grilles, exhausts, vents, air supply and return vents, unused plumbing drains, and all other penetrations and sources of potential air leaks in the floor, walls, and ceilings.
- B = Seal the entire perimeter with continuous tape seal.
- C = Continuous tape seal on both sides of penetration through polyethylene.
- D = Adhere continuously both sides of top and bottom track with tape to floor and ceiling [i.e. false/finished ceiling, true ceiling (underside of structure)].
- E = Two layers of continuous polyethylene sheeting, minimum 6 mil thickness with lapped joints, extending from true ceiling (underside of structure) to the floor.

Notes:

- 1) *Wall construction comprises 92 mm deep metal studs on 13 mm gypsum wallboard (both sides).*
- 2) *Install gypsum wallboard with a gap of no less than 7 mm from the floor to prevent wicking of water.*
- 3) *Ensure that the surface closest to the hospital zone is a wipeable surface.*
- 4) *Create and maintain a negative pressure of 7.5 Pa within the construction zone.*
- 5) *Where deemed appropriate by the MDT, the composition of the barrier may be modified to suit time, space, or impact constraints. Alternative forms of construction or containment products may be used if they can be shown to provide an equivalent barrier.*
- 6) *For modular containment products used in lieu of on-site construction consult Clauses [6.6.2.1](#), [6.6.2.2](#), and [7.3.3.2.1](#).*
- 7) *Based on site conditions and construction methods, the locations and configurations of the continuous tape seal may vary provided an adequate continuous and durable seal is provided and maintained on both sides of penetrations and barriers.*

Figure E.4
Preventive measure IV infection control dust barrier anteroom, plan view
 (See Clauses 6.6.1.9 and 7.3.4.)



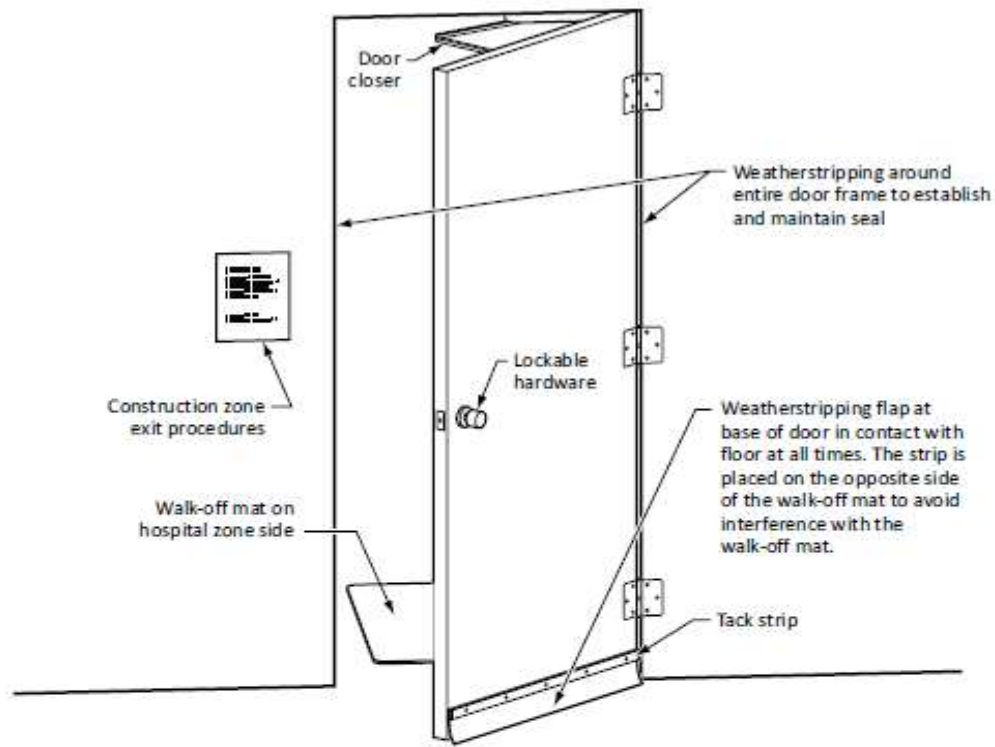
Legend:

- A = Anteroom dust barriers extend to the true ceiling or have their roofs constructed in the same manner as PM III barriers (see Clause 7.3.3.2). The roof needs to be constructed in a manner that protects against overhead hazards.
- B = Exhaust ducting is exhausted to the exterior of the building and directed away from air intakes, occupied areas, or other building openings.
- C = Hollow metal lockable doors. Frame and bottom sealed with weatherstripping.
- D = Assigned and dedicated HEPA vacuum for personal decontamination and daily or more frequent (if needed) cleaning of anteroom.
- E = Dust covers, body suits, and dust masks (for visitors only) hung at wall in a covered dust-tight container.

Notes:

- 1) Ceiling height should allow space for the manipulation of construction materials coming through the anteroom. A 2.5 m height is recommended.
- 2) The anteroom is the only means of entering and exiting the construction zone. It should be large enough to accommodate the materials that will be moved through it. If both doors must be open to accommodate large items passing through, this should be done under controlled conditions.

Figure E.5
Preventive measures III and IV infection control dust barrier door details, elevation
view
 (See Clauses 7.3.3 and 7.3.4.)



Legend:

- A = Seal windows, unused doors, shafts, access panels, electrical outlets, intakes, grilles, exhausts, vents, air supply and return vents, unused plumbing drains, and all other penetrations and sources of potential air leaks in the floor, walls, and ceilings.
- B = Seal the entire perimeter with continuous tape seal.
- C = Continuous tape seal on both sides of penetration through polyethylene.
- D = Adhere continuously both sides of top and bottom track with tape to floor and ceiling [i.e., false/finished ceiling, true ceiling (underside of structure)].

Figure F.5 (Concluded)

- E = Two layers of continuous polyethylene sheeting, minimum 6 mil thickness with lapped joints, extending from true ceiling (underside of structure) to the floor.

Notes:

- 1) *Hollow metal non-combustible door and frame construction with securing device. Seal door frame and bottom with weatherstripping.*
- 2) *Where deemed appropriate by the MDT, the composition of the barrier may be modified to suit time, space, or impact constraints. Alternative forms of construction or containment products may be used if they can be shown to provide an equivalent barrier.*
- 3) *For modular containment and/or anteroom products used in lieu of on-site construction, consult Clauses [6.6.2.1](#), [6.6.2.2](#), and [7.3.3.2.1](#).*

Figure F.6

Preventive measures II to IV infection control dust barrier signage

(See Clauses [7.3.2.2](#) and [7.3.3.](#))



K.6: IPAC Limited Time Ceiling Entry Procedure

Purpose/Rationale:

- Movement of ceiling tiles can cause release of dust particles from the chase space. These dust particles can carry airborne *Aspergillus* spores, which pose potential risk to immunocompromised, the elderly, and the very young in a hospital setting. In order to reduce the disruption of dust particles, the following steps will be followed before displacing any ceiling tiles.

Procedure:

- Consult with *Hospital's Project Manager* and IPAC practitioner and complete a Risk Assessment form for Preventative Measures III and IV. Discuss and establish patient and staff traffic pattern during the project.
- The *Hospital's Project Manager* shall instruct users to remove all items from the construction area to prevent contamination (e.g. equipment, personal protective equipment from the wall mounted brackets, etc.)
- Remove only tiles that are necessary to accomplish the job. Never have more than one tile open at a time.
- Slowly lift the ceiling tile and HEPA vacuum the space above the tile.
- Do not leave ceiling exposed. Replace each ceiling tile when work area is unattended or as soon as the work is completed.
- HEPA vacuum work area after work is completed.
- Cube required for work in ceiling greater than 30 minutes.


Ceiling tiles with visible moisture/discoloration or damaged

Using personal protective equipment such as gloves, eye and respiratory protection (e.g. N-95 disposable respirator) should be considered if assessment work might disturb mould. Efforts should also be made to minimize the generation and migration of any dust and mould. The work area should be unoccupied. If mould is identified, replace with clean, dry tile immediately and report to the *Hospital's Project Manager* as a risk assessment needs to be re-evaluated. To prevent uncontrolled ventilation, any ceiling tiles that are either missing or damaged should be promptly replaced with clean, dry tiles.

- Discuss and establish patient and staff traffic pattern during the project with the *Hospital's Project Manager*.
- The *Hospital's Project Manager* shall instruct users to remove all items from the construction area to prevent contamination (e.g. equipment, personal protective equipment from the wall mounted brackets, etc.) if unable to remove supplies the Contractor shall use a use cube.
- Slowly lift the ceiling tile and HEPA vacuum the space above the tile.
- Do not leave ceiling exposed. Replace each ceiling tile when work area is unattended or as soon as the work is completed.

- HEPA vacuum work area after work is completed.
- Cube required for work in ceiling greater than 30 minutes

L: Code of Conduct

 <p>Trillium Health Partners Better Together</p>	
Title:	Code of Conduct - POL INT
Folder Name:	Management System\Trillium Health Partners\Corporate Policies and Procedures\Human Resources\Policies\Integrated\
Date of Issue:	30/11/2022
Policy Sponsor:	Kerry Pond, VP
Next Revision:	29/11/2025

CONTENTS

(Ctrl + click on links below to go directly to each section)

1. [Purpose and Application](#)
 - 1.1 [Application](#)
2. [Guiding Principles](#)
3. [Policy and Procedures](#)
 - 3.1 [Professional Conduct](#)
 - 3.2 [Honest, Lawful and Ethical Conduct](#)
 - 3.3 [Criteria for Ethical Decision-Making](#)
 - 3.4 [Confidentiality and Privacy](#)
 - 3.5 [Conflict of Interest](#)
4. [Disclosure of Conflicts](#)
5. [Electronic Monitoring](#)
6. [Violations of Code of Conduct: Reporting, Investigation and Resolution](#)
7. [Support for Individuals](#)
8. [Responsibility](#)
9. [Education/Communications](#)
10. [Review](#)
11. [Related Policies and Procedures](#)
12. [Approved By](#)
13. [Supersedes](#)

1. PURPOSE AND APPLICATION

At Trillium Health Partners (“**THP**”) we aspire to create a healthy, safe and respectful environment for healing that is based on our values compassion, excellence and courage. To be *Better Together*, we *commit* to fostering a respectful workplace culture that promotes a safe and supportive environment for everyone who provides care, supports caregiving, receives care or visits the hospital.

A respectful workplace is a positive, safe, and healthy environment that promotes mutual respect for the dignity and worth of each individual. The THP Respectful Workplace policy provides the overarching structure to support the THP Respectful Workplace Program and is supplemented by the THP Declaration of Respect and the THP Code of Conduct, Workplace Violence Prevention and Respectful Behaviour by Patients, Families and Visitors policies.

The purpose of the THP Code of Conduct is to provide a set of principles, rules and ethical standards to be used as a guide for the people at THP and the day-to-day operations of the hospital.

1.1 Application

All employees, Professional Staff, volunteers, students/learners, independent and external contract workers, and all individuals who represent the THP are bound by this Policy. For the purposes of this Policy, everyone included in the scope of this Policy will be referred to as "**Individuals**". All Individuals must be aware of and observe the THP Code of Conduct or Professional Staff Code of Conduct. Compliance with these codes of conduct is mandatory and is a condition of continued employment and/or privileges at THP.

2. GUIDING PRINCIPLES

This policy provides a set of principles, rules and ethical standards to be used as a guide for the people at THP and the day-to-day conduct of hospital operations. This policy cannot directly address every situation in which Individuals find themselves and does not preclude the use of common sense and good judgment.

Implementation of this policy will be guided by the following principles:

- THP complies with all relevant laws, regulations and practice standards.
- All policies support and embody the THPs vision, mission and core values of compassion, excellence and courage.
- THP maintains high standards of business and ethical conduct and applies these standards to all matters of hospital operations.
- Individuals act in good faith and in the best interest of THP. They set the standard for accountability, transparency, honesty, integrity and ethical behavior, focused on quality of patient care.
- Individual privacy and confidentiality will be protected to the maximum extent possible.
- Individuals are encouraged to raise concerns, without fear of reprisal.

3. POLICY AND PROCEDURES

Individuals of THP shall perform their duties and functions with integrity, impartially, responsibly, diligently, and in a manner that both represents THP's core values of excellence, compassion and courage and bears public scrutiny. It is our expectation that Individuals engage and behave in a way that fosters a healthy, safe and respectful environment for healing.

To support Individuals in contributing to a healthy, safe and respectful environment for healing, the **THP Declaration of a Respectful** sets our shared expectations of how we treat one another.

THP Declaration of Respect - Our Commitment to One Another

As patients, staff, medical professionals, volunteers, learners, family members and visitors we are **Better Together**. We commit to living our values of compassion, excellence and courage, creating a healthy, safe and respectful environment for healing.

Together, we developed our shared expectations of how we treat one another and commit as a hospital community to:

- Respect others and treat them as they would want to be treated.
- Listen and engage to build trust and mutual understanding.
- Involve one another and work as a team.
- Take accountability for our actions and the impact they have on others.
- Learn from our experiences and continuously improve.

THP expects that all Individuals abide by the THP Declaration of Respect in all interactions and contribute to a healthy, safe and respectful environment for healing.

In addition to complying with these behavioural standards, Individuals must adhere to the conduct and ethical standards of the professional organizations/regulatory bodies to which they belong. Where these standards differ from this policy, Individuals must always comply with the higher standard.

Leaders have a legal obligation to exercise reasonable supervision over Individuals reporting to them to ensure that their Individuals' conduct is in accordance with this policy.

3.1 Professional Conduct

All Individuals are expected to be compliant with all THP policies, procedures and practices. In addition, it is expected that all those working at THP will perform their duties competently and in a manner consistent with THP values.

Conduct that is contrary to this standard of professionalism includes, but is not limited to:

- Reporting for work unfit for duty, including but not limited to, being sick, being under the influence of alcohol, cannabis, non-prescription drugs, or prohibited substances;
- failing to report to work as scheduled;
- failing to conduct a daily self-screen and coming to work with communicable symptoms;
- reporting for work without the required uniform and/or proper attire;
- sleeping on the job;
- insubordination or disrespect;
- theft of THP property, including information;
- willful violation of safety or IPAC rules and procedures, including but not limited to failing to wear the appropriate personal protective equipment (PPE);
- inappropriate use of personal or work electronic communication devices for personal use while on duty including phones, tablets etc.;

- possession of guns, weapons or explosives on THP premises;
- violence, threats of violence, discrimination, harassment, sexual harassment, intimidation or coercion.
- smoking on THP premises (including e-cigarettes);
- engaging in personal sexual relationships with patients or direct reports;
- crossing the boundaries of therapeutic/professional relationships at work;
- failing to meet the expectations of professional organizations/regulatory bodies to which employees may belong; and
- making a frivolous or false complaint under this or any other THP policy in bad faith.

3.2 Honest, Lawful and Ethical Conduct

THP expects that all Individuals working for, and on behalf of the organization, do so in a truthful and lawful manner in accordance with the highest ethical and professional standards.

3.3 Criteria for Ethical Decision-Making

Before embarking on any course of action, we need to ask ourselves these questions:

- Is it legal?
- Does it feel fair and honest?
- Does it compromise trust or integrity?
- Could I justify it to the public?
- If disclosed, would it cause embarrassment or concern for an Individual or THP?

Individuals must comply with all relevant laws, regulations, practice standards, policies and collective bargaining agreements. They are expected to act in good faith and in the best interest of THP and those we serve. This code sets the standard for accountability, transparency, honesty, integrity and ethical behaviour.

3.4 Confidentiality and Privacy

The relationship THP has with patients, staff members, professional staff, students/learners and the community is based on trust and respect. Preserving privacy and maintaining the security of confidential information, both on and off the job, is paramount to sustaining this trust. All personal information, whether in print, on computer or in any other electronic form is to be secured at all times.

3.5 Conflict of Interest

The term "conflict of interest" refers to a situation where financial, professional or other personal considerations may compromise, or have the appearance of compromising, an Individual's judgment in carrying out their duties for THP. Individuals are expected to make decisions that benefit patient care and the operational effectiveness of THP in an impartial manner. In so doing, they are to be free from undue influence and not act, or appear to act, in a manner which suggests financial gain or any other benefit for themselves, family, friends, or business interests.

A conflict exists when an Individual is in a position where they are, or could be, personally influenced as a result of personal gain when performing their duties. In such cases, there is a risk the Individual

may not act in the best interests of the organization. All Individuals must also avoid the *appearance* of a conflict of interest. This may be characterized as Individual bias, a rush to judgment, close mindedness or an effort to influence a decision. When considering whether or not a conflict of interest exists, it is important to consider whether there are any grounds for a reasonable person to think that a conflict exists.

Conflicts of interest that should be avoided include but are not limited to:

- ***Obligation to others:*** Individuals must not place themselves in a situation where they may be under obligation to someone who has business dealings with THP, and who would benefit from special consideration or treatment.
- ***Special advantage/disadvantage:*** When Individuals can gain special advantage because of their position or when THP is disadvantaged as a result of the other interests of Individuals. This includes:
 - Individuals must not expect or request preferential treatment for themselves, a family member, business associate or friend because of their position at THP. This includes any action or comment that could reasonably lead a patient to believe that they are seeking preferential treatment.
 - Employees and Professional staff will not hire, transfer, promote or place a relative where a direct supervisory relationship will exist. Relative includes any of the following, whether related by marriage or a common-law relationship:
 - Spouse (including same-sex partner);
 - Child and step-child;
 - Parent, step-parent and legal guardian;
 - Father/mother-in-law, brother/sister-in-law, son/daughter-in-law
- ***Bribery:*** Individuals must not accept money/valuables intended to influence a decision made or potential decision on behalf of THP.
- ***Gifts/Honoraria:*** Individuals must not accept gifts, gratuities, or benefits other than a "token" of nominal value from a person/organization having or seeking a business association with THP, for the purposes of, or which may be perceived to be for the purposes of, influencing an act or decision. Individuals' who are uncertain if a conflict of interest is present, must discuss the situation with their leader prior to accepting the token gift. Professional Staff are expected to speak with their Program Chief and Medical Director, and Program Administrative Director.
- ***Entertainment:*** Individuals are not to accept excessive or extravagant entertainment. This does not preclude the exchange of normal social amenities, hospitality or courtesies, between individuals doing business together. Any form of entertainment accepted from a business contact or supplier must have an appropriate business reason, Vice President approval and should be accepted only because it is in the best interest of THP and those we

serve. Individuals accepting an outside engagement, even when it is unpaid, should remain vigilant that a conflict of interest does not exist. This can occur if the Individual's performance of duties for THP are adversely impacted; such as when any such activity encroaches on THP work hours or creates a situation where judgment is affected.

- **Confidential information:** Individuals must not use Confidential Information gained through their official position for the purpose of securing a private benefit for themselves or for any other person. Confidential Information includes information that is:
 - Not available to the public at large.
 - Obtained in the course of an Individual's employment and/or hospital privileges.
 - Provided confidentially to THP by third parties.
 - Prepared confidentially for the internal use of THP.
 - Obtained through research projects conducted on behalf of THP.
 - Obtained through the participation in speaking engagements or forums on behalf of THP.
- **Outside Engagement:** Individuals who are considering outside employment, contract work or any business/undertaking that relates in any way to the business of THP or that might conflict, or appear to conflict, with their duties at THP must notify and seek the approval of their leadership in writing. Conflict of interest would result:
 - If the Individual's performance of duties for THP are adversely affected.
 - When outside activities encroach on THP working hours.
 - If the engagement results in an obligation which could affect the Individual's judgment or ability to act in the best interests of THP.
 - If the Individual solicits business from patients, staff or visitors to support
 - outside engagements.
- **Political Activities:** As private citizens, Individuals have the right to take part in political activities, but not as a representative of THP. Political activities must not interfere with the Individual's performance at THP, nor should they occur on, or at, work or pose a conflict with THP's interests.
- **Political Contributions:** In accordance with the *Broader Public Sector Accountability Act*, THP does not permit direct contributions to political campaigns, lobbyist activities, or to any elected officials, made on behalf of the organization.
- **Personal Business:** Individuals are not permitted to engage in any "for profit", "not for profit" business venture in the workplace, and are not permitted to use THP equipment, materials or facilities for any personal business. Individuals are not to participate in a competitive bidding process where a potential or perceived conflict of interest exists.

Where an actual or perceived conflict does or may arise, the Individual must disclose the issue to their leader or to their Program Chief and Medical Director, and Program Administrative Director as it pertains to Professional staff, in writing, at the earliest opportunity. If the Individual is uncertain whether a conflict exists, the Individual is expected to err on the side of disclosure. When an issue is raised, the leader will provide a decision to the Individual in writing. If there is no conflict, the Individual may proceed. If there is a potential or perceived conflict, the Individual must cease the activity immediately. Appropriate remedial action may be taken, up to disciplinary action as outlined in this Policy. If the leader cannot come to a decision, it will be referred to the senior executive accountable for Human Resources or his/her delegate for a final decision.

If the Program Chief and Medical Director, and (as it pertains to Professional Staff) cannot come to a decision, the matter will be referred to the Chief of Staff and Chief Executive Officer for a final resolution.

4. DISCLOSURE OF CONFLICTS

Individuals must make a full and immediate disclosure to their leader of any direct or indirect conflict of interest (whether actual or potential), underlying personal bias or external influences which may impact their judgment or decision-making in performing their work duties at THP. If in doubt as to whether a conflict of interest exists, the Individual should consult with their leader at the earliest possible opportunity.

Where an actual or perceived conflict of interest exists, the Individual must disclose the issue of concern to their leader in writing at the earliest opportunity.

Upon receiving notice, the Individual's leader will review and investigate the circumstances, providing a written response as soon as possible. If there is a potential or perceived conflict of interest, the Individual will be required to cease the activity of concern immediately. In cases where the Individual is deemed not to be in conflict, they may proceed. If a conflict of interest exists, appropriate disciplinary action may be taken, up to and including termination of employment and/or loss of THP privileges.

Leaders, to whom a conflict of interest is reported, should consult Human Resources in advance of a determination. Where there is a difference of opinion regarding a determination or next steps, the final decision making will rest with senior executive accountable for Human Resources. For Professional Staff, where the Program Chief and Medical Director, cannot come to a decision, the matter will be referred to the Chief of Staff and Chief Executive Officer for a final resolution.

5. ELECTRONIC MONITORING

THP routinely collects information electronically and accesses it on an as-needed basis. This includes the capability for live, recorded, and digital records of work. Information collected through electronic monitoring methods may be used for a variety of purposes including: to protect the interests, safety and security of THP and its Individuals and to limit THP liability and risk. Specifically, THP electronically monitors the following nonexhaustive activities and procedures:

- Access and attendance (e.g. key fobs, electronic timecard systems, parking access);
- Name Badge access (access to THP facilities and parking);
- Location (e.g. GPS tracking of company vehicles, phones and/or devices);
- Networks and systems (e.g. email and Internet usage, network logins, application usage, equipment sensors, voicemails, , network threat detection tools);

- All mobile devices and network activity including Hospital issued lap tops, tablets and smart phones;
- Closed Circuit Television (CCTV) cameras and surveillance (e.g. video or audio recording);
- Use of all Hospital software including but not limited to: Epic, PACS, BD Pyxis, Computrition, Chartmaxx, Meditech and Telstrat. Information and data collected may be used for a variety of reasons and may include:
 - Network cyber monitoring and diagnostics (e.g. Firewalls, Antivirus Software, Email Security, Security Information and Event Management (SIEM))
 - When complying with a Freedom of Information request for data or possible breach;
 - Where necessary to carry out urgent operational requirements during an individual's absence when alternative arrangements have not been made;
 - For performance management purposes;
 - For system proficiency, training, and efficiencies;
 - For health and safety reasons that may include staff or public safety or otherwise;
 - For an investigation into an allegation of usage that contravenes any existing THP Policy and procedure and/or the law;
 - To investigate or review a Complaint or matter involving individuals;
 - To identify information relevant to a proceeding.

All information collected through electronic monitoring will be securely stored and protected. If any personal information is collected, its use and disclosure will be limited to achieve the stated purpose of its collection. The Hospital will adhere to all privacy and confidentiality legislation that applies to the collection, use, and disclosure of personal information or personal health information obtained by electronic monitoring.

This Policy does not provide employees any new privacy rights or a right to not be electronically monitored. Nothing in this Policy affects or limits the hospitals ability to conduct, or use information obtained through, electronic monitoring.

In the event the hospital collects any personal information, as defined in the *Freedom of Information and Protection of Privacy Act* (FIPPA), when using the electronic monitoring tools listed above, the hospital shall collect, use and disclose personal information in accordance with applicable legislation, including, but not limited to, FIPPA.

This section of the Code of Conduct policy was prepared on October 11, 2022 and will apply effective immediately until further notice. THP shall ensure employees are aware of this policy and will be provided a copy within 30 days of any changes made to this policy. At all times THP will continue to comply with its obligations under the Ontario *Employment Standards Act*.

6. VIOLATIONS OF CODE OF CONDUCT: REPORTING, INVESTIGATION AND RESOLUTION

THP encourages and enables all Individuals to immediately report any known or suspected violations of this Policy and provides a process to report suspected incidents, which may include but not limited to:

- questionable financial dealings

- inadequate or lack of internal accounting controls and/or audit practices,
- concerns regarding quality of care or malpractice,
- environmental issues that could negatively impact health and safety,
- violations of Human Resource policies and procedures, □ suspected illegality and/or contravention of legislation, and
- breach of contract and/or negligence.

Individuals who identify a violation of the Code of Conduct should discuss their concerns with their leader immediately or at the first opportunity. The leader, at their discretion, may discuss the matter with Human Resources, and/or their Director. Within a reasonable period, the leader will investigate the complaint, consulting with relevant parties to determine if a breach of conduct occurred. Individuals who are suspected of potential violations of the code of conduct may be placed on a paid leave of absence pending the outcome of the investigation.

If the Individual feels that they cannot discuss the complaint with their immediate leader, they may discuss the complaint to the next higher level of leadership.

The conclusions based on the investigation will be communicated by the leader to the relevant parties in writing. Individuals who are found to have breached the THP Code of Conduct may be subject to disciplinary action up to and including termination of employment and/or loss of THP privileges.

THP will, where able, maintain the confidentiality of those reporting suspected wrongdoing under this policy.

THP will take all reasonable steps to ensure that Individuals who report allegations of wrong-doing, or who act as a witness in an investigation, are not targets of retaliation. Retaliation and reprisal against a complainant or reporting Individual is strictly prohibited and will result in appropriate disciplinary action up to and including termination of employment.

This policy may not be used to bring fraudulent or malicious complaints against any Individual. Any complaint found to be made in bad faith will result in disciplinary action being taken against the Individual lodging the fraudulent or malicious complaint, up to and including termination of employment.

If reporting incidents of Professional Staff misconduct, please also refer to the ***Professional Staff Code of Conduct – POL-PRO INT.***

Discipline

The purpose of discipline is to rectify unacceptable behaviour, and to communicate THP's expectations for conduct in the workplace. Leaders need to enforce these expectations through the application of discipline, in a consistent and fair manner, where warranted.

Under normal circumstances, discipline will be progressive in nature and in the form of verbal warnings, written warnings, suspension and ultimately in discharge if the Individual fails to correct the behaviour that lead to the discipline. Some situations may call for immediate dismissal on a first offence, depending on the nature of the offence. The manager must consult with HR on matters of discipline. All recommendations for dismissal must be reviewed by the Director and the Vice President.

All incidents, including verbal warnings, must be documented in the Individual's file.

The documentation and management of reported Professional Staff inappropriate and/or disruptive behaviour will be in accordance with the ***Professional Staff Code of Conduct – POL-PRO INT.***

Whistleblower Program

The Whistleblower program encourages and enables the reporting of alleged or potential wrongdoing and violation of policies related to ethical behaviour or business conduct without fear of reprisal. For further information please refer to the **Whistleblower – POL PRO INT** located on the HUB.

7. SUPPORT FOR INDIVIDUALS

Employees involved in a dispute or an investigation may wish to use the confidential counseling service that is available through THP's Employee and Family Assistance Program.

ComPsych
Call: 1.88.355.9451
Online: guidanceresources.com
App: GuidanceNowSM
Web ID: THPEFAP

8. RESPONSIBILITY

All leaders, employees, professional staff, volunteers, students/learners, independent and external contract workers, and all Individuals who represent THP are responsible for ensuring compliance with this policy, unless otherwise stated in this policy.

The Senior Vice President, Strategy, People and Corporate Governance is responsible for monitoring compliance with the policy, and revising the policy as needed.

Type of Policy	Policy Sponsor	Endorsing Authority	Approval Authority
Corporate administrative policies	Vice President, People Services & Chief Human Resources Officer	Director, Human Resources Services	Hospital Operations Enterprise Committee

9. EDUCATION/COMMUNICATIONS

There will be a broad communication and engagement plan. The policy will be posted on THP's intranet site(s) and on Employee Health, Safety & Wellness (EHSW) and Joint Health and Safety Committee ("JHSC") boards. On an annual basis, THP will communicate reminders to Individuals about expectations under this policy and the reporting of complaints through an annual mandatory learning module.

10. REVIEW

This policy will be developed and maintained with the JHSC. This policy will reviewed as often as necessary and no less than annually.

11. RELATED POLICIES AND PROCEDURES

- Professional Staff Code of Conduct – POL-PRO INT
- Whistleblowing – POL-PRO INT
- Workplace Violence Prevention - POL INT
- Professional Staff Conflict Resolution – POL-PRO INT

- Privacy – POL INT

12. APPROVED BY

2022/11/02 Hospital Operations Enterprise Committee

13. SUPERCEDES

2022/11/23 Code of Conduct - POL INT (Document ID#71647)

Q: Contractor Statement of Understanding

SIGNATURE REQUIRED BY THE FOLLOWING CONTRACTOR PERSONNEL PRIOR TO START OF ANY WORK

☐ Project Manager ☐ Site Superintendent

I, _____ representing _____
[Please Print Name of Company Representative] [Please Print Company Name]

have reviewed and understand the **Trillium Health Partners Capital Planning and Redevelopment / Facilities Contractor Handbook: Guidelines, Policies and Procedures** document and have completed the online [iLearn Contractor E-Learning Modules](#). I acknowledge that my company and/or its employees/agents and subcontractors, will abide by the requirements contained therein. I agree that we have a good working knowledge of the *Occupational Health and Safety Act* (and the *Regulations* thereto) and the associated safe work practices required on any construction site.

I understand that non-compliance with any of these guidelines, policies and procedures as described will result in immediate work stoppage. Work will not commence again until a resolution to any such non-compliance has been determined in consultation with the *Hospital's Project Manager*.

I further understand and acknowledge that any additional costs incurred due to such non-compliance with said policies and procedures will be borne solely by my company or its agents/*Subcontractors*.

[Signature of Contractor PM or site super]

[Please Print Title of Signing Officer]

[Date (YY/MM/DD)]

*This form is to be signed and returned to the **Project Manager** prior to the Contractor and/or any of its employees/agents/Subcontractors beginning work on the premises.*

Revised 2024 12 31

THP Receipt Acknowledgement

[Signature of *Hospital* Project Manager]

[Date (YY/MM/DD)]

R: Revisions to Contractor Handbook

Revisions to <i>Contractor Handbook</i>			
Revision #	Description	Date	Authors
R0	Development of <i>Contractor Handbook</i>	2024 03 04	TJ, RO, CS
R1	Revisions	2024 11 24	MM
R2	Revisions	2024 12 31	MM