

COMMUNITY WELLNESS BUS PLAYBOOK

**A guide to Community Wellness Bus services in Sault Ste. Marie, Ontario and area**

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# Background for the [insert project name]

The [insert OHT] highlighted both mental health and addictions and unattached patients as target populations as part of its application. This work has been done in partnership with [list partners], as well as community partners.

Partners recommended developing the [insert project name], a model of care that is internationally validated. This will be a piece of the health care puzzle to support the continuum of health and social services that aims to improve health access, patient outcomes, and reduce the gaps in the addictions & mental health continuum of care. It is meant to provide an outreach service, including primary, mental health, and preventative care, directly to underserved community members located in [insert area] who are some of the community's most marginalized members. While providing essential health services, the bus will also send referrals where deemed appropriate, provide necessities, and build community relationships while improving community safety by being a welcoming presence.

Key discussion points for the background:

* Purpose
* Priority population
* Partners
* Overall objectives

[Insert partner logos]

## Vision

The primary focus of the [insert project name] is to meet individuals in the community where they are physically and mentally, providing basic levels of care and interventions from nursing, addictions, and peer support perspective. A heavy focus on engaging visitors in further services based on their needs will attribute to the visitors receiving the appropriate level of care at the right time, thus reducing unnecessary emergency department visits and escalation in acuity of needs due to inaccessibility.

The [insert project name] will provide a safe and welcoming presence, particularly in the underserved locations where people struggle to access services and overcome various barriers to care. We expect program growth through an increased scope of care, integration of community partners, and increased hours and availability.

## Goals

The [insert project name] program will:

1. Improve access and outcomes for underserved community members living with mental health and addictions.
2. Improve health care for individuals with conditions better managed in the community and improve community well-being.
3. Align with the gaps in the current health system and be a way to support individuals.
4. Aid underserved community members in their continuum of care in the community and provide an opportunity to reintegrate back into the health care system in other means than the hospital system.
5. Run amongst the identified partners and provide project management.
6. Deploy trained clinical staff to provide care, information, and essentials to the community in different locations.

# Confidentiality and PHIPA – FIPPA – MFIPPA

The respect and confidentiality of the visitor is utmost important. Members will follow protocols for sharing of information as per their respective agency guidelines.

The [insert project name] members are also bound to the guiding principles to confidentiality found under the Freedom of Information and Protection Act (FIPPA), the Personal Health Information Protection Act (PHIPA) and the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA).

Information in a visitor’s file should not be released to any other third partners except with:

* Appropriate informed consent;
* Under court order for the purpose of assessment or treatment orders;
* Where there is legal authority to share personal health information under the Personal Health Information Protection Act (PHIPA), such as when there is significant risk.

# Service Coordination & Referrals

Some visitors may need access to some additional services and supports on their road to wellness maintenance/recovery. Staff shall develop a plan of services collaboratively with the visitor. Each plan may vary from each visitor and may involve some of the following:

* Work with the visitor to assess and determine their service needs;
* Coordinate referrals or access to services/supports the visitor needs from across the Mental Health and Addictions system and other social service systems;
* Provide visitors with information and education about mental health, addictions, and available services;
* Collaborate with other health service providers; and
* Monitor and encourage a visitor’s engagement.

## Interim Primary Care Referral Process

* **Urgent matters:** Call 911 and get an ambulance on scene immediately.
* **Visitor should be seen today:** Call a cab and get visitor to the Emergency Department or wherever required (i.e. Northway Wellness Centre). If required, provide the person with a taxi chit slip. Please call the location prior to sending the visitor to provide a verbal report of transfer and ensure capacity. Have the person sign the referral form.
* **Visitor needs to be seen soon (avoiding ED visit):** Have the visitor sign a multi-agency consent form and give them an appointment from the dedicated times held by [insert primary care organization if applicable].

# Team Based Approach

The members of [insert project name] will make every effort to keep their team members apprised of their work on any given day. Effective communication, mutual respect, and shared accountability are essential components of a successful team-based approach. Consideration for a communication binder to be housed on the bus.

## Supervisor Schedule

Supervisors will be available each day to support the team. The team is expected to use their discretion when deciding if a report of any developments from that shift are to be made.

Please add all supervisor phone numbers to your phone to ensure you have the information readily available in case of emergency.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Supervisor Schedule\*** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Supervisor Name** |  |  |  |  |  |
| **Supervisor #** |  |  |  |  |  |

\*add days of the week as required

## On-bus Staff

This following outlines the basic staffing model:

1. Nurse to assess, stabilize, screen, offer harm reduction and health teach.
2. Mental Health and Addictions Worker/Social Worker/Psychotherapists provides their expertise in community partnering, referrals, and treatment planning.
3. Peer Support Worker who contributes with community engagement, one-on-one support, outreach and planning, and communicating with community partners.

[see roles and responsibilities below]

|  |  |  |
| --- | --- | --- |
| **Registered Nurse/Registered Practical Nurse** | **Certified Peer Support Worker** | **Additional Mental Health and Addictions/SW/RP Workers** |
| Brief medical assessments regarding basic health concerns  Referrals to ED/primary care/walk-in clinics, as appropriate  Basic treatments, such as wound assessment and dressings per scope of practice  Health teaching: harm reduction, sexual/reproductive health, withdrawal symptoms, medication, diabetes etc.  Orders medical supplies | Promote positive and supportive attitude toward peers to provide empowerment  Engage with peers in completing recovery support plans, crisis plans, OCANs and OPOCs  Organizing and distributing comfort items, clothing, food, drinks  Assisting with flow of traffic and flow of services  Provide information, support and assistance to individuals as they enter, flow through, and depart the bus  Engaging patients and promoting the bus, involving other peers at social events in the future  Identify gaps in service, trends and changes in service needs that are not being met in the system  Collecting analytics data (re: visitors and supplies) | Depending on scope of practice for worker, the following assistance can be provided:  Case management and connection with other community partners  Maintenance of ID bank  Developing and implementing community treatment plans including follow ups from the mobile unit  Distributing comfort items and education  Completing treatment assessments and referrals if appropriate  Housing and/or anti-human trafficking support |

# Workplace Health and Safety

Given the very nature of the program, staff may be exposed to hazardous situations. It is important to complete advance training with your respective organization and review the handling and protocols of emergencies outlined in this Playbook. Staff have access to necessary protective equipment, and take part with safety audits and risk assessments at each shift to address potential hazards promptly. In addition to notifying on-call supervisors, please ensure a workplace hazard incident with your respective employer is submitted when these situations are discovered. Promoting a culture of safety, awareness and encouraging open communication about concerns is all of our responsibility and important for maintaining a safe work environment.

In addition, please ensure to refer to mitigation strategies as outlined in Risk Assessment and Violence Risk Assessment, review weekly, and action as necessary.

# Documentation

Initially, staff will document their assessment, complete any Authorization for Disclosures, complete and send necessary referrals, as well as ensure Transfer of Accountability within their current Home Organization systems.

Staff will be supported through a rotating supervisor schedule (one main contact for all staff; a hard copy of this schedule will be available on the bus).

## Ensuring Confidentiality/Privacy

All staff should adhere to their own policies and procedures regarding confidentiality and privacy as well as their designated registration.

It is a person’s right to have their personal health information protected and kept private. This applies regardless of location.

All documents containing a visitor’s personal health information need to be locked up in your office in a secure cabinet. If staff write rough notes of an interaction/assessment of a person in a notebook, it is pertinent that once the notes have been entered, they should immediately shred the pages from their notebook. This way, if your notebook was misplaced, we have mitigated some of the privacy breach.

## Obtaining Informed Consent

Staff will have the visitor sign an Authorization for Disclosure Of Personal Health Information form to facilitate referrals and release information to any agency recommended to the visitor as part of the safety plan that is not within the visitor’s circle of care.

## Releasing of Information Process

Health Records through each organization can be contacted to process the release of health. Visitor written and informed consent will be required, along with any applicable fees for such records.

## Duty to Report

All staff have a duty to report if they believe a child’s safety may be at risk.

“A person who believes on reasonable grounds that a child is or may be in need of protection shall forthwith report the belief and the information upon which it is based to a Society.” – Child and Family Services Act

If you learn that a child may be at risk of danger, contact the Children’s Aid Society immediately, even if you are told that someone else has already contacted them or will do so. It is important to act promptly in such situations as our partners, despite having good intentions, may forget to make the necessary call.

Current schedule is as follows (include date of last update)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Salvation Army** | **Gore Street** | **N/A - No service** | **Soup Kitchen** | **Gore Street** |
| 12:30 pm-3:00pm | 11am-1:30pm | N/A | 11am-1:30pm | 11am-1:30pm |

# Work Location

The workplace of the [insert project name] & hours of operation will evolve and expand in time. Revisions to the Playbook will be made as developments occur.

The team will begin and end their shift at [insert address].

## Hours of Operation

The [insert project name] will operate with the following schedule (adjust as appropriate for evening shifts):

* Bus setup (including stock as required), team huddle (including completion as scheduled for AED, vehicle, and mileage)
* Drive to location
* On location providing services
* Drive back to hub
* Clean bus, re-stock, any follow-up referrals/documentation

**Please wait at [insert address] until the entire team has arrived unless otherwise notified.**

# Communications

## Internal Communications

Please ensure that you have been added to the WhatsApp Team Chat to stay informed on updates and developments regarding the project. Reminder: Please do not share patient information or identifiers in the WhatsApp chat.

The [insert project name] has a committed leadership team and working group that guides planning and operations. The working group meets every week to address any staffing or operations challenges.

The Peer Support Workers, with support from other staff, have a responsibility each shift to record activity and collect defined data including visitor services and the number of people seen. This data is crucial for identifying trends, evaluating the effectiveness of our services, and securing future funding opportunities. The activity sheets are to be reported to co-lead Supervisor after each shift.

## External Communications

You can find our public-facing information on Facebook @[insert project name/social media handle] or on our webpage at [insert website name].

# Reporting Absence

If a staff member requires to call in sick for a scheduled shift, staff are to give appropriate notice where possible when they are not available and are to make attempts to find someone to replace them. After this has been exhausted, it will be up to the organization to try to replace shift.

In addition, please call your Supervisor to advise as soon as possible.

As long as there are three staff available for the shift, the bus may proceed and adjust the services according to the scope of the staff roles on the bus.

# Resources

[Best Practice Recommendations for Canadian Harm Reduction Programs](https://www.catie.ca/en/programming/best-practices-harm-reduction)

[Connecting: A Guide to Using Harm Reduction Supplies as Engagement Tools](https://ohrn.org/connecting/)

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*Document updated by June 4, 2024 Elsie Ivic RN, Patient Care Manager Addiction Services.*

# Draft Operational Procedural Guidelines

## Appendix A: Emergency Medical Response Procedure

**Purpose:**

This protocol applies to all urgent medical situations where a “Medical Emergency” is recognized for those visitors accessing support **in the immediate area** of the bus. The goal of this protocol is to ensure adequate personnel respond to the situation with appropriate equipment. All emergency supplies referred to in this protocol will have a standard composition (supplies outlined in Appendix A). Both Real and Mock/Drill Medical Emergencies will utilize the same steps for recognition, activation, deployment and post procedures.

**Recognition:**

A “Medical Emergency” is called when anyone accessing support on the bus or in the immediate area of the bus is experiencing:

* Chest pain
* Respiratory distress
* Anaphylaxis
* Syncope (partial or complete loss of consciousness, fainting)
* Seizure
* Overdose
* Any other serious/life threatening medical condition

**Activation and Development:**

The response steps to an emergency medical situation are as follows:

1. Staff member identifies a situation requiring an emergency medical response.
2. The first Basic Cardiac Life Support (BCLS) trained staff member on the scene leads the emergency response, unless they hand over to another staff member.
3. A staff member will need to obtain the Emergency Medical Kit and bag valve mask and AED if needed and bring it to the location of the emergency.
4. All staff on the shift will respond as outlined below:

* Staff will bring the Emergency Kit, bag valve mask and AED (if needed)
* Most responsible person (MRP)/Code Leader will be identified
* MRP directs staff to call 911
* Time keeper records the following (See Appendix B for Emergency Recording Sheet). Copies will be kept in the playbook binder.
* MRP will direct management of airway, breathing, circulation etc.
* A staff person will be designated to meet with paramedics
* Prior to departure of EMS – the last set of vitals taken along with the visitor’s medical history, current medications and allergies (if available) will be printed and supplied for the paramedics to accompany the visitor to the hospital (when possible)
* If an emergency occurs around the bus, staff should ask any visitors on the bus to leave so that the bus can be locked up (never leave without locking). Staff are not to be left alone on the bus with visitors. The last staff member off the bus is to lock it.

**After the Medical Emergency Incident:**

* Lead staff person fills out the incident report
* Medical staff restocks the emergency supplies and documents supplies used/replaced items on the Emergency Itemized Stock Check List
* All emergency incidents require a debriefing. This will occur as soon as possible after the incident. The staff can call the supervisor on call to conduct the debriefing.

**Medical Emergency Supply Maintenance and Monitoring:**

* Emergency Medical Kit and Maintenance duties will be assigned to the medical staff of the bus – they will ensure the kit is kept in the designated spot at all times
* Emergency Medical supplies will be checked monthly by staff (see Appendix A.1 for itemized list)
* Expiry dates of all medications contained in the Emergency Kit will be monitored and recorded by the medical staff who will replace as needed
* Additional copies of the Emergency Recording Sheet and Emergency Checklist will be kept in the bottom drawer of the medication cart.

### A.1 Emergency Itemized Checklist

(TO BE CHECKED MONTHLY AND AFTER USE)

|  |  |  |  |
| --- | --- | --- | --- |
| **Quantity** | **Item** | **Initial** | **Date** |
|  | AED DEFIBRILATOR |  |  |
|  | AED DEFIBRILATOR PAD AND CPR MASK – check exp. date |  |  |
|  | CLIPBOARD WITH CHECKLIST |  |  |
|  | AMBU BAG WITH MASK (1 adult) |  |  |
|  | STETHOSCOPE |  |  |
|  | ASA CHEWABLES 81mg |  |  |
|  | NITROGLYCERIN SPRAY 0.4 |  |  |
|  | GLUCOSE TABS |  |  |
|  | EPIPEN (adult) |  |  |
|  | INTRANASAL NALOXONE 4mg/0.1ml x 4 units |  |  |
|  | NALOXONE INJECTABLE 0.4mg/ml (3vials) and DOSING CHART |  |  |
|  | ALCOHOL SWABS X 10 |  |  |
|  | SALBUTAMOL INHALER WITH AEROCHAMBER X 1 |  |  |
|  | GLUCOMETER MACHINE |  |  |
|  | GLUCOMETER STRIPS |  |  |
|  | LANCETS |  |  |
|  | PEN LIGHT (ensure batteries checked) |  |  |
|  | DISPOSABLE GLOVES - MEDIUM |  |  |
|  | DISPOSABLE GLOVES - LARGE |  |  |
|  | DISPOSABLE GLOVES - XLARGE |  |  |
|  | [add items as needed] |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### A.2 Emergency Recording Sheet

|  |  |
| --- | --- |
| **Emergency Recording Sheet** | |
| **Date** |  |
| **Location** |  |
| **Recorder** |  |
| **Time Code Called** |  |
| **Time Medications Given** |  |
| **Vitals** |  |
| **Heart Rate** |  |
| **Blood Pressure** |  |
| **Temperature** |  |
| **Respiratory Rate** |  |
| **O2** |  |
| **Notes** |  |

### A.3 Emergency Response Record

|  |
| --- |
| **Emergency Response Record** |
| **Person designated to meet paramedics:** |
|  |
| **Those involved in emergency response:** |
|  |
| **Provide visitor’s information for EMS including problem list, medications, allergies, next of kin, etc. (if possible and record if done):** |
|  |
| **Were vitals taken and provided to EMS:** |
|  |
| **Was there a debriefing post emergency:** |
|  |
| **Who attended debriefing:** |
|  |
| **Any changes to procedures based on outcome of debriefing:** |
|  |

## Appendix B: Alternating or Cancelling Health Bus Stops Protocol

**Purpose:**

The [insert project name] will honour its commitment to attend all community stops regularly to ensure consistent services for visitors. This is also essential to maintain our commitment to our community partners. There are, however, circumstances where it may be necessary to modify or cancel a stop due to extenuating circumstances.

### B.1 Running a Modified Stop

**Unable to take bus to location**

There may be times when the health bus itself is unable to be taken to the partner location for service delivery. Circumstances when this may be necessary:

* When the bus is unable to be driven due to mechanical or safety issues that require immediate attention
* When due to inclement weather such as snow or freezing rain and program workers do not feel it is safe to drive the bus

In this case the stop should be modified as appropriate and as outlined below:

* If safety is in question and it is not imminent danger, contact the on-call supervisor immediately for direction. In the event that you cannot reach the on-call supervisor, contact the supervisor from your home organization for next steps.
* Arrangements will be made during time of agreement of service with partner organizations
* The partner organization should be communicated with by either staff or Supervisor/Manager on-call to let them know of the change

### B.2 Cancelling the Bus

**Cancellation Steps**

1. Staff requests cancellation from supervisor on call (or vice versa)
2. Supervisor on call alerts working group and leadership team
3. Supervisor on call alerts lead organization staff for social media
4. Supervisor on call alerts location, if possible/appropriate

**Weather**

Occasionally, severe weather conditions may require the bus to cancel their day or wrap up early. If there is inclement and/or extreme weather that poses a risk for staff to travel or develop while on location, the stop will be cancelled. Inclement weather includes extreme cold or heat alerts, high winds, heavy rain, lightning, hail or precarious driving conditions. It is important to advise on call supervisor so that communication can be fanned out to appropriate community partners and social media platforms.

**Clothing Considerations**

When working in an outreach position it is essential to be prepared for the changing weather conditions. It is recommended to dress in layers to easily adjust to varying temperatures throughout the shift. Opt for moisture-wicking fabrics to stay dry and comfortable. Closed-toe footwear is essential for safety and protection. Consider wearing versatile pieces that can easily transition from indoor to outdoor settings. This will help you focus on your outreach work effectively.

**Staffing Shortages**

Should replacement of staff not be possible the stop will be cancelled. There must be a minimum of two staff on the bus at all times, but preferably three (especially at busy locations).

**Partner Agency Cancels a Stop**

There may be circumstances when it is necessary for a partner agency to cancel a stop. The partner agency is responsible for informing the supervisor on call with as much advance notice as possible of any cancellation.

## Appendix C: Operating Safety Protocol and Procedure

**Purpose:**

The purpose of this protocol is to guide the staff, students, peers or others on board how to maximize their safety when working on the bus.

**Driving the Bus**

All staff members who are driving the bus will have a valid Ontario G driver’s license and be aware of the necessary functions of the vehicle. Staff driving the vehicle must also follow start-up and shutdown procedures and complete necessary paperwork. New drivers must ensure that their driver’s license is on file and that their name has been added to the insurance. Co-leading organizations will have our up-to-date list of insurers to drive the bus.

The driver is responsible for:

* Safely operating the vehicle before, during and after travelling to stop locations
* Adhering to transportation safety act regulations (ex. Maintaining and not exceeding speed limits, signaling and braking in advance of turns, not operating any electronic mobile devices while the vehicle is in motion)
* Awareness of the status of the vehicle gauges and any warning lights on the dashboard
* Leading startup and shutdown procedures

**General Safety Procedures**

The bus will not leave with fewer than two staff members, in addition to students or other volunteers, to ensure the safety of everyone.

* Visitors should never be brought into the cab area of the vehicle
* Visitors should never be left alone on the bus
* Staff will make sure to close the door when stepping outside the bus so that a visitor is not able to enter the vehicle
* A minimum of two staff will be on board the bus while a visitor is present – one staff member may be on the bus with one visitor if other staff are immediately outside and all staff feel comfortable with the plan
* If the need arises for a staff member to step outside of the bus they will ensure they communicate this to others on the bus before leaving
* All staff will carry a personal alarm – these are available on the bus and are to remain on the bus for ongoing use
* The RN has a company phone available for emergency calls/calls to supervisors

**Getting Gas**

Co-lead organization/Lead Supervisor will meet the team monthly on a Friday at the beginning of shift to fill up the tank with the corporate card. The bus must be filled with diesel. Gas station choice is up to the team.

**Crisis Situations**

A situation may arise either on the bus or outside the bus where a visitor is agitated or upset.

* The staff will not intervene physically if the visitor is waiting outside of the bus
* The staff members are expected to make every reasonable effort to de-escalate the situation. Staff may ask partnering organization to assist when necessary
* Staff should utilize a graduated system for dealing with disrespectful or disruptive visitors:
* Warning: state the nature of the unacceptable behaviour and ask the person to desist. If it is serious in nature (offensive language, harassment or threats) state that the person will be asked to leave if it continues
* Ask the visitor to leave the bus: tell them to leave and they may return at a later time
* If the situation continues to escalate further and efforts to de-escalate the crisis are ineffective, the visitor is angry and threatening, staff should never take unnecessary risks
* If the person will not leave the area, continues to show threatening or violent behaviour call 911. Ensure the other visitors are moved to safety and leave the scene or ensure you are out of range of the visitor
* Please ensure an incident report is filed with your organization

**Calling 911**

911 calls are made in any case of emergency involving staff, volunteers or visitors. When there is an emergency on the bus all other visitors should be directed to a safe place. Intakes should be paused until the crisis has passed

When calling 911:

* Specify whether you need fire, ambulance or police assistance
* Give a brief description of the situation as well as the exact location of the bus and a description of the vehicle
* Give the operator the cell phone number on the bus in case they need to call back. If it is a medical emergency, the medical staff can make the call if available to explain the problem in greater detail
* Keep an eye out for the emergency vehicle and be prepared to flag it down if necessary
* If police are involved, get a badge number and name

Following an incident/crisis staff on board the bus will make the collective decision whether to resume the rest of the service. If it is not possible or safe, the partnering agency will be informed and staff should return to Hub location

By the end of the shift, all 911 calls must be documented by the delegated staff. Supervisor/Manager on-call (current state) must be informed.

**Completing an Incident Report (Current State)**

Incident reports must be filled out when any safety or security event occurs that results in or has the potential to result in negative outcomes for visitors, staff, students and volunteers including:

* 911 calls
* Workplace accident on the bus
* Incidents involving verbal or physical assault to staff, visitors, students or volunteers
* Matters that compromise visitor care or result in visitor injury
* Matters that compromise staff safety and result in staff injury
* Damage to the vehicle (see accident and incident procedures and bus damage reporting)

The Supervisor/Manager on-call (current state) must be informed of incidents that occur while on board the bus.

**Team Debriefing**

A team debriefing should occur after any incident and involve (when possible) all those who were on duty at the time, and either the Supervisor/Manager on-call (current state). The debriefs will allow staff to go over the incident and any safety concerns as well as address any concerns around staff and visitor well-being. Debriefing will also provide an opportunity to have a discussion about how things can be improved.

### C.1 Health and Safety Incident Report Forms

|  |  |
| --- | --- |
| **The Incident** | |
| Reported by: | Department: |
| Email: | Phone: Ext.: |
| Date of occurrence: | Time: |
| Exact location: | |
| Accident ☐ Incident ☐ Near miss ☐ Violence ☐ Ill health ☐ Safety ☐ | |
| **What happened? Report any details that may have contributed to the incident (i.e. poor lighting). Use additional paper as necessary and attach to form.** | |
|  | |
| **Describe the outcome: harm/health effects/damage** | |
|  | |
| **Describe corrective measures taken to address immediate hazards related to incident** | |
|  | |

|  |  |
| --- | --- |
| **The Affected Person** | |
| Worker ☐ Other (visitor, visitor, etc.) ☐ | Name: |
| Address: | Date of birth: |
| Email work: | Email home: |
| Employer’s name if other than worker: | Address:  Phone: |
| **Witness Details** | |
| Name(s) and contact information: | Name(s) and contact information: |
| **First Aid** | |
| First Aid Provided: Yes ☐ No ☐ N/A ☐ | |
| Time of attendance:  By whom:  Contact information:  Details of provision: | |

|  |
| --- |
| **Post incident** |
| **Where did the person involved in the incident go to next?** |
| To the hospital ☐ Home ☐ Returned to work ☐ Other ☐ |
| Was a member of the Joint Health and Safety Committee notified? Yes ☐ No ☐  Name: |
| Was the Supervisor/Manager on-call notified? Yes ☐ No ☐  Name: |
| Additional notes: |

## Appendix D: Bus Start Up and Shut Down Checklist

**(Fill out this form weekly and submit to supervisor)**

|  |  |  |
| --- | --- | --- |
| Date: | Driver: | Other staff on shift: |

**BUS START UP AT BASE:**

1. Walk around the bus to check the following:
   1. Firm tire pressure and safe condition
   2. No exterior damages/scratches
   3. No fluids under the bus

If any concerns with above, please make note below and inform Executive Directive to ensure is safe to operate.

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1. Unplug the power cord from the bus and make sure battery is in inverter mode (back up camera will not work otherwise)
2. Turn on the bus to check the following :
   1. Dash warning lights
   2. Emergency lights
   3. Horn
   4. Headlights functioning
   5. Brakes and brake lights
   6. Wipers and wiper fluid
   7. Right and left turn signal
   8. Reverse lights and sound
   9. Accessible ramp

If any concerns with above please make note below and inform the Leader on Call to ensure is safe to operate

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1. Ensure the following supplies are on the bus and all electronics working
   1. Medical supplies (will be done by medical staff)
   2. Cell phone/Tablet/laptops
   3. Printer (if applicable)
   4. Wifi
   5. Condoms
   6. Naloxone (once available)
   7. Injection kits (as applicable)
   8. Any available hygiene supplies, socks, snacks etc
2. Secure the following items:
   1. Chairs
   2. Stool
   3. Outdoor tents or supply cart
   4. Laptops/tablet/cell phone
   5. Emergency exit/vent
   6. Cupboards
3. Ensure doors are locked, area around bus is clear. If it is safe to depart please sign below.

**Driver sign below:**

|  |
| --- |
|  |

**BUS START UP AT PROGRAM STOP:**

Reminders:

* Parking brake on, wheel chocks (in cabinet under bus) behind back wheels and pylons around bus
* Put easel out to let visitors know who is working today

**BUS SHUT DOWN AT BASE:**

1. Turn off bus and complete the following:
   1. Parking brake on
   2. Check for exterior damage
   3. Inverter switch off
   4. Make note if any concerns

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1. Remove all the following from the bus:
   1. Medical supplies that are temperature sensitive (medical staff to take care of this)
   2. Hazardous materials (blood) (medical staff to take care of this)
   3. Wifi hub, cellphone/tablets and other electronics as necessary
   4. Condoms
   5. Naloxone (once available)
   6. Injection kits (as applicable)
   7. Anything else that is weather sensitive
2. Complete the following:
   1. Vehicle plugged in
   2. Generators off (if applicable)
   3. Ceiling vent (emergency exit) closed
   4. Interior/exterior lights off
   5. Doors closed and locked
   6. Wheel chucks back under bus, pylons/vests are back behind driver’s seat
3. If gasoline is below 1/4 tank, make arrangements with to fill up (see “Getting Gas” in Appendix C).
4. Return keys to office. Plug in tablet.

**Driver sign below:**

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