SD83 WORK EXPERIENCE 12B TRAINING BOOKLET

Checklist:

- ○ WorkSafe BC Workplace Clearance letter
- ○ Complete the On-line Work Experience 12B document
- ○ "Work Experience Training Plan" (including all signatures)
- ○ Current Transcript
- ○ Resume
- ○ Training Plan
- ○ "New Worker Orientation"
- ○ "See It, Think It, Do It"
- ○ "Oath of Confidentiality"
- ○ Work-site Teacher Visit
- ○ Employer Performance Review Form
- ○ Student Reflection
- ○ Hourly Log Book
- ○ Teacher Evaluation/Document

All the paperwork/WCB Clearance Letter/Site Checks must be completed before student begins their work placement.

Work Experience 12B Training Plan

NOTE: Student's must be working at a site that has *WorkSafe BC coverage* in order to be eligible for Work Experience credit. Employers...please provide your *Legal Business* name below.

Student Name: _____ **Student Phone Number:** _____

Employer/Business: _____ **Employer Phone Number:** _____

1) Describe the skills at school that transfer to your work have progressed from 12A to 12B (see - Employability Skills)

- _____
- _____
- _____
- _____

2) Identify how the skills or duties from this job or placement will help with your *area of interest or future career plans*

_____

3) Describe how your workplace responsibilities (what you do) and expectations placed on you (i.e. confidentiality, conduct, personal protective equipment (PPE), time management, proper clothing, ...) are new and/or progressing from 12A to 12B. If this is a new job just describe how their 12A experience will help you with this job.

- _____
- _____
- _____
- _____
- _____
- _____

REQUIRED SIGNATURES

By their signatures, the parties signify their agreement with the terms of the Training Plan above.

_____ **Career Co-ordinator**

_____ **Student**

_____ **Employer Contact**

_____ **Parent/Guardian**

_____ **Employer WorkSafeBC Account No.**

_____ **Date: day/month/yr**

FOR OFFICE USE ONLY Check that the following has been completed. Fill in details where applicable.	FOR OFFICE USE ONLY	FOR OFFICE USE ONLY
☐ **Initial Work Site Visit:** **Conducted By** (date): _____	☐ Teacher to review **evaluation process** with student and employer	☐ Teacher to review on-line **"Work Experience Student Completion Document"** with student
☐ **Work Experience** is effective from: _____, 202___ to _____, 202___. (use specific day/month/year)	☐ **Work Site** is **Worksafe BC** Compliant ☐ **WCB Clearance Letter**	**Career Coordinator Signature** and **Date** (acknowledging that the above tasks have been completed): **Signature:** _____ **Date:** _____

New Worker Orientation

Contact Information

Employee's Name:	
Business Name:	
Supervisor's Name:	
Phone:	Email:

If <u>any</u> of the following applies, complete and document a workplace orientation. Worker is:

- *A new worker under 25 years old*
- *New to the workplace*
- *Returning to a workplace where hazards have changed during their absence.*
- *Affected by a change in the hazards of the workplace.*
- *Relocated to a new workplace with different hazards from the previous workplace*

Employer Responsibilities

Your **employer has the responsibility** to:

- Ensure workers' health and safety
- Establish a health and safety program
- Inform workers of the hazards in their workplace (WHMIS....)
- Ensure that you are properly trained, educated and supervised to protect your health and safety
- Inspect the workplace to correct unsafe conditions
- Provide first aid should you be injured
- Investigate reports of injury and disease, near-misses, and complaints of unsafe conditions

Orientation must be completed before a worker begins work at a workplace.

Worker Rights

You **have the right to**:

- A safe work environment
- Health and safety information, instruction, and training
- Know the hazards to which you are likely to be exposed
- Equipment, including personal protective (PPE)
- Be represented by and participate in health and safety activities
- Refuse *unsafe* work
- Not be discriminated against (i.e. fired or disciplined) for exercising any right or carrying out a health and safety responsibility (i.e. refusal of unsafe work, reporting a hazard or injury, or filing a claim

Employees Need to Know the Following EMERGENCY PROCEDURES:

First Aid:

- *Know when to call first aid*
- *Demonstrated how to call for first aid*
- *Showed location of first aid room*
- *Identified the first aid attendant(s)*

Fire:

- *How to respond to fire or smoke*
- *Evacuation procedures*

Chemical and Body Fluid Spills:

- *Know when and how to alert help*
- *Demonstrated spill clean-up procedures and supplies*

Other:

- *Severe seasonal weather*
- *Natural disaster*
- *Power failure*

Work Safe Hazard Recognition Activity

SEE IT! THINK IT! DO IT!

Your Rights and Responsibilities: You have the right to refuse work if you have reasonable cause. Do not stop working or go home! Report any problems immediately to your employer.

Student Name: _____ **Date:** _____

Briefly describe the worksite you will be at (office, construction site, etc...)

_____

_____

Circle or highlight any hazards below that may be present in your work placement.

Office Work and Civil Service (including: Medical, Veterinarian, Nursing, Teaching...) Slips, trips and falls Improper use of equipment Faulty equipment Lifting Human conflict situations	**Hospitality or Culinary Arts** (Chef, Hotel Management...) Burns Lifting Cuts with knives Working with slicers Bio-hazards
Construction Trades (Carpentry, Cabinet Making, Construction, Plumbing, Sheet Metal, Electrical...) Power tools (skill saw...) Fall from heights Objects falling from above Stepping on nails Electric shock	**Industrial Trades** (Welder, Mechanic, Machinist, Pipe Fitter, Steel Fabricator...) Power Tools: bench/angle grinders, lathes, tire machine... Falling objects Chemical burns Eye injury (arc welding/flying particles) Improperly lifting vehicles on jacks/hoists

Common Hazards:

Faulty equipment	Trip hazards	Reaching/lifting
Falling/flying debris	Electric shock	Clothing snags
Eye injuries	Equipment left running	Fumes
Drowning	Improper lock out	

I have reviewed (with a Career Staff member) the above **prior to the start of my Work Experience placement.**

Student Name: _____ **Student Signature:** _____ **Date:** _____

Career Name: _____ **Career Signature:** _____ **Date:** _____

Worker Responsibilities

You have to **responsibility to**:

- ☐ Follow safe work procedures and safety rules
- ☐ Use protective clothing, devices, and equipment appropriately
- ☐ Report hazards and unsafe situations to your supervisor
  - In person
  - By phone or email
  - With a hazard/incident report form

- ☐ Refuse any task you believe poses undue risk
  - Immediately report the situation to your supervisor (you might be assigned to other work)
  - If you feel the work continues to be unsafe, contact your worker safety representative to investigate
  - If you feel the work still continues to be unsafe and you have not been assigned to other work, contact WorkSafe BC for a determination

- ☐ Not engage in horseplay or work while impaired

- ☐ Report injuries or disease immediately to your supervisor and follow your company's reporting procedure
  - Seek first aid, and
  - If necessary, seek further medical attention. Tell your doctor that your injury was work related

Workplace Hazards, Safety Policies, Procedures, and Practices

☐ ***Overexertion from patient and material handling (Leading to back, shoulder or arm injuries):***
- *How to assess risk*
- *Use of equipment*
- *Safe handling techniques (including manual lifting restrictions)*

☐ ***Falls (slipping and tripping):***
- *High risk areas (hallways, bathrooms, parking lots, sidewalks, stairs)*

☐ ***Working alone:***
- *Check in procedure*

☐ ***Exposures:***
- *Blood and body fluids (BBF)/ infectious diseases (HIV/AIDS…)*
  - *Standard precautions, incl. protective equipment, hand–washing*
  - *What to do if exposed to BBF (including getting to a hospital within 2 hours of being stuck by a needle)*
- *Chemical hazards (latex, cleaners…)*
  - *Safe practices to minimize exposure*
  - *WHMIS symbols, labels, Material Safety Data Sheets*

☐ ***Violence (the attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker, and includes any threatening statement or behavior that gives a worker reasonable cause to believe that she or he is at risk of injury):***
- *Informed of history of violence by client or at site*
- *Procedures to maintain risk/respond to violent incidents*

I have reviewed (with a Career Staff member) the above **prior to the start of my Work Experience placement.**

Student Name: _____ **Student Signature:** _____ **Date:** _____

Career Name: _____ **Career Signature:** _____ **Date:** _____

Confidentiality

Students: Read the following.

Confidentiality means not revealing information.

"What you hear on the job stays on the job."

Confidential Information **may include** information about:

- **Customers/Clients** – This includes very private information, such as health records, credit history or criminal records. It could also include information you may not consider personal, such as contents of a person's home.
- **Company Finances** – This is information about company earnings, profit, wages and salaries.
- **Employees** – This may include personal records or attendance records.

Guidelines to Privacy and Confidentiality

- Is it legal?
- Does the behavior make sense? (Could someone be harmed physically or mentally?)
- Are you being fair to everyone involved?
- Will the people in authority at your work site approve?
- How would you feel if someone did the same thing to you?
- How do others (supervisors and co-workers) feel about it?
- How would you feel if the whole world knew about it?

Personal Information That Must Be Kept Confidential

- Name, address and telephone number
- Health care history
- Educational, financial, criminal or employment history
- Anyone else's opinions about the individual concerned
- What you see, hear or read pertaining to someone else's information

Oath of Confidentiality: I must at all times – even after I have left the company – *maintain secrecy* with regard to the *company's business and the business of its customers*, and that, unless authorized, I must not make public any information relative to this company.

Please **sign** that you have read this form and agree with the "**Oath of Confidentiality**":

Student Name: _____ **Student Signature:** _____ **Date:** _____

Career Name: _____ **Career Signature:** _____ **Date:** _____