



SD83 WORK EXPERIENCE 12A TRAINING BOOKLET

Checklist:

- ☐ WorkSafe BC Workplace Clearance Letter
- ☐ Complete the On-line Work Experience 12A document
- ☐ "Work Experience Training Plan" (including all signatures)

- ☐ Current Transcript
- ☐ Resume
- ☐ "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 paperwork/WCB Clearance Letter/Site Checks must be completed before student begins their work placement.



Work Experience Training Plan

NOTE: Student 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: _____

Major duties to be performed by the student (i.e. What will the student be doing?):

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

Major skills to be used by the student (i.e. use of specific tools/equipment, computer software programs, cooking skills...):

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

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.

FOR OFFICE USE ONLY		
Check that the following has been completed. Fill in details where applicable.		
☐ 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: _____, 201__ to _____, 201__. (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): Name: _____ Signature: _____ Date: _____

New Worker Orientation



Contact Information

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

If any 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

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: _____



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: _____



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: _____