

# Fire Services Health and Safety Meeting Monthly Meeting Agenda / Minutes

Fire/Rescue Department: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_ Time: \_\_\_\_\_ hrs

Meeting Chaired by: \_\_\_\_\_

**Attendees:** (Attendance sheet can be attached to the Minutes, or listed below)

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

**Old Business:**

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**Accident/Incident Investigation Report(s):** (copy of "Accident/Incident Investigation" reports to be attached to the minutes)

Comments: \_\_\_\_\_

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**"Near Miss" Report(s):** (copy of "Near Miss" reports to be attached to the minutes)

Comments: \_\_\_\_\_

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**Inspection(s) of fire hall site/equipment:**

Comments: \_\_\_\_\_

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**First Aid Report and/or Minor Incidents/Safety Matters to Report**

*Incident One:* Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ hrs

Contributing factors: \_\_\_\_\_

\_\_\_\_\_

Actions Taken/Required: \_\_\_\_\_

Responsible person(s): \_\_\_\_\_

*Incident Two:* Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ hrs

Contributing factors: \_\_\_\_\_

\_\_\_\_\_

Actions Taken/Required: \_\_\_\_\_

Responsible person(s): \_\_\_\_\_

*Incident Three:* Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ hrs

Contributing factors: \_\_\_\_\_

\_\_\_\_\_

Actions Taken/Required: \_\_\_\_\_

Responsible person(s): \_\_\_\_\_

**Discuss Correspondence:** WorkSafe BC, Fire Fighter Close Calls, Safety Notices

**New Business**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Meeting Adjourned:** Time: \_\_\_\_\_ hrs

Minutes must be posted in the fire/rescue hall and a copy of the minutes forwarded to the RDFFG, including all "Near Miss" and Accident/Investigation reports. Send minutes to [aimee.alspaugh@rdffg.bc.ca](mailto:aimee.alspaugh@rdffg.bc.ca).

NOTE: All WCB Forms must be completed by the RDFFG as the "employer"; please contact Manager of Human Resources at [hr@rdffg.bc.ca](mailto:hr@rdffg.bc.ca) within 24 - 48 hours of the incident occurring.

### **Meeting/Agenda Instructions**

The Agenda/Minutes form has been designed to provide a template for fire/rescue departments to use to conduct the Fire/Rescue Department's Health and Safety Meeting. There is sufficient space provided to record the information presented at the meeting. This form will act as the agenda and minutes for the meeting.

Meetings are to be held once a month. Many fire/rescue departments conduct the Health and Safety Meeting during the first or last fifteen (15) minutes of the first practice each month. Minutes of the Health and Safety Meeting are to be recorded on this form, the original is to be kept at the fire/rescue hall and a copy forwarded to the RDFFG.

**Attendees:** list all fire/rescue department members attending the Health and Safety Meeting. An attendance sheet can be attached to the Agenda/Minutes instead of listing each member in attendance.

**Old Business:** any business from previous meetings that needs further discussion. If there are action items from the previous meeting, updates can be provided under Old Business.

**Accident/Incident Investigation Reports:** includes any incident where:

- The worker loses consciousness following the injury.
- The worker is transported or directed by a first aid attendant or other employer representative to a hospital or other place of medical treatment or is recommended by such persons to go to such place.
- The injury is one that obviously requires medical treatment.
- The worker has received medical treatment for the injury.
- The worker is unable or claims to be unable by reason of the injury to return to his or her usual job function on any working day subsequent to the day of injury.
- The injury or accident resulted, or is claimed to have resulted, in the breakage of an artificial member, eyeglasses, dentures or a hearing aid.

The fire chief, or designate, must inform the RDFFG within 24-48 hours of the incident occurring so that the necessary VFIS and/or WCB Forms can be completed by the RDFFG and submitted. The RDFFG is required to submit the documentation to WCB within 3 days of the incident. The fire chief, or designate, must follow-up by investigating the incident to determine cause of injury and actions to be taken to prevent similar injuries from occurring again. The Accident/Incident Investigation reports are to be discussed at the monthly meeting and attached to this form and become part of the minutes. Template "Accident/Incident Investigation" reports have been provided by the RDFFG. The RDFFG will provide a summary each month of Accident/Incident Investigation Reports filed for the RDFFG Fire/Rescue Services. The summary will not contain personal information or fire/rescue department name; the intention is to share safety lessons learned.

**"Near Miss" Report:** "Near Miss" reports must be completed for all incidents which had the potential to cause serious injury. "Near Miss" reports are to be discussed at the monthly safety meeting and attached to this form and become a part of the minutes. Template "Near Miss" report forms have been provided by the RDFFG. The RDFFG will provide a summary each month of Near Miss Reports filed for the RDFFG Fire/Rescue Services. The summary will not contain personal information or fire/rescue department name; the intention is to share safety lessons learned.

**Inspection(s) of fire hall site/equipment:** confirm walk through of fire hall conducted and any safety matters are noted. Note other inspections conducted.

**First Aid Report and/or Minor Incidents/Safety Report:** First Aid and/or Minor incidents are incidents that are minor in nature and do not require a WCB report. Document all first aid and minor incidents that are reported.

**Correspondence:** the RDFFG will provide on a monthly basis any information relating to Fire Services from WorkSafe BC, Fire Fighter Close Calls, Safety Notices, etc. Correspondence is to be reviewed and discussed if applicable.

**New Business:** an opportunity for fire department members to bring forward any issues or concerns that deal with health and safety issues.