



Health and Safety Bulletin

WSIB Safety Accreditation Update

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As we all know, hospital accreditation can be a long and expensive process. At times accreditation can feel like little more than a paper chase. On the other hand, a good accreditation standard is one that sets real and achievable goals. Typically, accreditation has been the domain of larger, mature businesses and institutions. WSIB's intent is to have a safety accreditation standard that is accessible for even the smallest business in Ontario.

In general the following principles have been agreed to by the Ontario Business Coalition (OBC) and have gone forward to the WSIB:

- ◆ Accreditation should be voluntary for employers.
- ◆ It should be based on a meaningful financial incentive.
- ◆ Accreditation should not replace experience rating or impact the financial incentives currently available from experience rating, but an employer should be eligible for both experience rating and accreditation.
- ◆ Accreditation is the next logical step after an employer has completed the Safety Group program.
- ◆ WSIB should recognize equivalence for accreditation very broadly, including certification from other provinces.
- ◆ There should be no increase in WSIB premium rates to finance the incentives

in accreditation *per se*.

- ◆ WSIB should consider how the Health and Safety associations will be used for accreditation. OBC did not take a position but did note that the Health and Safety Associations (HSA) should not be involved in the accreditation audit. HSA should be involved in providing education activities that will assist a business to attain safety accreditation. Further, that the HSA should provide this service at "no charge" or on a "cost - only" basis.
- ◆ WSIB should not do testing itself but should recognize assessors.
- ◆ Accreditation may not be conducive to small firms and further discussion on this is required.
- ◆ Accreditation should not be subject to MOL inspections. *[The MOL inspectors should not assess a business's safety accreditation nor should they order safety accreditation as a means for compliance with the OHS Act].*

The WSIB is currently reviewing the responses to the consultation paper. An announcement on WSIB Safety Accreditation is expected sometime in June 2007. More details will be given as they become available.

The Ontario Hospital Association is a full participating member of the OBC.

2007 OHA Safety Group: Update

The OHA sponsored the first Safety Group Program for hospitals in 2003, with a total of 69 participants. Over the years, the number of participating organizations has increased. This year, there are 92 organizations in the OHA Safety Group. The OHA hosted 2 successful Safety Group meetings in Toronto on Monday February 5, 2007 and Monday May 7, 2007. Working together, Safety Group members pool resources, share best practices and help each other develop and manage effective health and safety programs.

Along with improving workplace safety, members can work together to reduce their WSIB premiums and earn financial rebates. This year's common element is Safety - Engineered Medical Sharps (SEMS), including safety needles and sharp objects. The remaining meetings for 2007 are: **June 18, 2007** Region 1, **September 2007:** Region 4, OHA HealthAchieve: Health and Safety Professionals Session, **November 6, 2007, November 26, 2007:** Final Meeting, Toronto, WSIB Concourse Level Meeting Room.



Provincial Health & Safety Advisory Committee - HSAC

The **Health and Safety Advisory Committee** is responsible for advising the OHA on advocacy, policy and legislative issues related to Occupational Health, Safety, Wellness and Workplace Safety and Insurance Board Issues. The committee assists the OHA in monitoring and addressing issues and recommendations for change regarding Occupational Health and Safety, in promoting safety culture within the hospital environment, and with facilitating information flow between the committee and OHA members. One member is appointed from each Region of the province with terms being reviewed every three years.

Health and Safety Advisory Committee Members:

Chair: Marilyn Reddick, Vice President, Human Resources Sunnybrook Health Sciences Centre	John Pellegrino, Senior Consultant, Occupational Health and Safety Niagara Health System
Jane Parr, Vice President, Human Resources Peterborough Regional Hospital	Joy McGuire, Director, Occupational Health and Safety Hospital for Sick Children
Robert Morse, WSIB Claims Consultant St. Joseph's Health Care, London	Peter Clancy, Joint Director, Occupational Health, Safety and Wellness Lakeridge Health Corporation and Rouge Valley Health System
Gilles Guillemette, Occupational Health and Safety Coordinator Timmins and District Hospital	Janet DeActis, Director, Occupational Health and Safety Services Chatham -Kent Health Alliance and Bluewater Health

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Protecting the Clinical Laboratory Worker's Family

A combination of safe practices and protective gear will help you keep infectious material away from your home and in the lab, where it belongs.

Working in today's clinical laboratory is a critical, challenging and exciting job. However, when you work in the laboratory you must protect yourself and your family from exposure to potentially life threatening diseases. Not only can you be exposed to blood-borne pathogens, such as hepatitis and HIV, you also risk exposure to other infectious agents, such as viruses or bacteria. Even chemicals can be tracked home on your shoes or clothing. Follow safe work practices and use the proper equipment so you don't accidentally bring your work home with you.

The following work habits will help keep hazardous material away from your body, your eyes and your mouth.

- ◆ In the lab, never eat, drink, chew gum or apply cosmetics, such as lipstick or eye shadow.
- ◆ When handling chemicals or infectious agents, use the chemical fume hood or biological safety cabinet. These will help to protect you from spills, splashes and exposures.
- ◆ Keep biological safety cabinets clean and clean up spills immediately.
- ◆ Do not use the chemical fume hood work surface as storage space; keep the air exhaust duct clear of obstructions.
- ◆ Wear a lab coat and keep it buttoned to protect against spills and burns.
- ◆ Choose gloves that are right for the job. If you are working with biological materials or strong acids,

heavy duty chemical - resistant gloves are necessary.

- ◆ Wear safety glasses or face shields to protect your eyes or face from splashes of chemical and biological materials. Wear eye protection even when you work in a hood. If you are working on a project that could produce splashes or sprays, a combination of safety glasses and a face shield may be necessary.

In addition to following routine precautions, you should also wear appropriate clothing and footwear to cover and protect your legs and feet. Consider using either a dedicated pair of shoes for work or shoe covers, so that your shoes don't track home infectious materials that endanger your family.

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2006 - 2007 OHA Absence Survey

The Call for Participation for the OHA's 2006 - 2007 Absence Survey was distributed to all Chief Executive Officers, Chief Human Resource Officers and Occupational Health and Safety Contacts on Wednesday May 23, 2007.

We are pleased to bring you this year's survey on the web for the third consecutive year. This interactive format will again assist you in accurate completion of the survey and will in turn contribute in saving a great deal of time for all participating

organizations.

The deadline for completion of the survey is July 31, 2007 and the final report for this year's OHA Absence survey will be released in late October 2007. An individual benchmark report will be included in each participant's copy of the final report.

For the 2006 - 2007 OHA Absence Survey Final Report we have added some new categories for comparison and benchmark data. In addition to the OHA Regions, we have included the local health integrated networks

(LHINs) and Hospital Classification into this year's survey.

These new additions will provide data on the average sick time for each of the 14 LHINs as well classification by Hospital type. (i.e Teaching. Community. Small. Specialty)

If you have any questions or if you would like to participate in the 2006 - 2007 OHA Absence Survey, do not hesitate to contact Joanne Philipose at (416) 205-1414 or jphilipose@oha.com.

Synopsis of Recommendations – Ergonomic Report – Synography

Recommendations were created by the Joint Central Committee on Health and Safety (JCCHS).

There were four participating Hospitals in the ergonomic survey: Brockville General Hospital, Chatham-Kent Health Alliance, Hawkesbury and District General Hospital, and Grey Bruce Health Services. The surveys were carried out by ergonomic specialists from the Occupational Health Clinics for Ontario Workers. The surveys were completed over the period from June to December 2006.

The surveyers made the following recommendations:

- ◆ The main issue appears to be that there are too few sonographers for the volume of work, therefore, whenever and wherever possible the number of sonographers per patient should be increased. E.g., going from approximately 8 patients scans/sonographer/day to between 4 and 6 patients scans/sonographer/day. If it is not possible to increase the number of sonographers then reduce the number of scheduled clinic patients.
- ◆ The sonographers must be directly involved in the selection of all new equipment.
- ◆ When preparing the schedule, mix the types of procedures so the sonographers are not doing the same procedure one after another.
- ◆ Ensure that all equipment is functioning correctly and that repairs are made in a timely fashion.
- ◆ Ensure that the staff have been properly trained on the ergonomic features of the equipment as well as the imaging functions.

- ◆ Rooms should be ergonomically designed, e.g., adjustability of monitors, control panels, keyboard trays, chairs, beds, and the use of voice activated screens/menus, etc.
- ◆ Use supports such as pillows or "a block" to reduce strain when doing certain procedures. This should be incorporated in the written procedures as well as part of new staff training and refresher courses.
- ◆ Sonographers need to be trained on the body mechanics of patient lifts and positioning to prevent injury. Where possible mechanical lifting device should be employed.
- ◆ Where possible the sonographer can modify their technique in ways that will help reduce the amount of time in static positions.
- ◆ Use gloves designed specifically for sonographers to make their hands more comfortable.
- ◆ Encourage manufactures to design more ergonomic transducers.
- ◆ Sonography departments should network with each other in order to share best practices.

Links to the WSIB / MOL - MSD initiative:

[http://www.wsib.on.ca/wsib/wsibobj.nsf/LookupFiles/DownloadableFileMSDGuideline/\\$File/OntMSDPrevGuideline.pdf](http://www.wsib.on.ca/wsib/wsibobj.nsf/LookupFiles/DownloadableFileMSDGuideline/$File/OntMSDPrevGuideline.pdf)

[http://www.wsib.on.ca/wsib/wsibobj.nsf/LookupFiles/DownloadableFileMSDResourceManual/\\$File/ResourceManualMSDPrevGuideline.pdf](http://www.wsib.on.ca/wsib/wsibobj.nsf/LookupFiles/DownloadableFileMSDResourceManual/$File/ResourceManualMSDPrevGuideline.pdf)

Communicable Diseases Surveillance Protocols Committee (CDSPC): Update

In accordance with Regulation 965, Section 4 of the Public Hospitals Act, the Communicable Diseases Surveillance Protocol Committee (CDSPC) produces protocols which apply to all persons carrying on activities in hospitals.

The Chair of the CDSPC is Dr. Mary Vearncombe, Medical Director, Infection Prevention and Control at Sunnybrook Health Sciences Centre. Committee membership includes physicians and nurses with expertise in infectious disease, as well as specialists in occupational health, microbiology and public health. The CDSPC meets three times per year in order to review existing protocols and make revisions as required. This committee also develops and publishes new protocols as required.

The antibiotic resistant organisms protocol and the cytomegalovirus protocol were reviewed and revised in January 2007. The new pertussis protocol was published in February 2007. The CDSPC is currently reviewing both the tuberculosis protocol and measles protocol. We are pleased to inform you that a new protocol for mumps is expected to be published shortly.

All communicable diseases surveillance protocols are available on the OHA website under "Programs - Health and Safety - Communicable Diseases Surveillance Protocols" For further information, please contact Terry Siriska at 416-205-1397 or tsiriska@oha.com

OHA HealthAchieve2007

OHA HealthAchieve2007 is taking place at the Metro Toronto Convention Centre on November 5, 6 and 7, 2007. Join leaders on the world stage, more than 8 300 health care professionals and over 300 exhibiting companies as they gather this November. See the latest in technology, listen to some of the most dynamic leaders in our industry and participate in sessions covering many of the issues facing health care today.

This year the Health and Safety Professionals Session will be held on the afternoon of Tuesday November 6. So mark your calendars now! (Remember that attendance at this event counts toward the Safety Group requirements). Visit our website at www.ohahealthachieve.com for further information, including; the show's theme, registration fees, exhibition information and the list of speakers. See you there!

Keeping a Lid on Compressed Gas

Compressed gases are used in many departments throughout the hospital. They supply oxygen for patients, liquid helium is used to cool MRI equipment and a variety of gases are used in the laboratory, both research and clinical. Compressed gases such as acetylene are used in plant operations by welders in the work shop and in other areas of the hospital.

These gases serve many important functions, but they can be dangerous. Whether the gas is stored in a large or a small tank, it is under a tremendous amount of pressure and, if handled incorrectly, can turn from a harmless container into a missile. Simply through mishandling, tanks have blasted through walls, and employees have been seriously injured in explosions or exposed to toxic gases. You need to know the rules about how to use, safely transport and store cylinders of compressed gases.

Name that gas

Cylinders must be marked with a WHMIS supplier label. Also, some gases are associated with a recognized colour code (e.g., green for oxygen, black for nitrogen, red for hydrogen, silver or gray for carbon dioxide). Get to know the codes used by your supplier, so that you can tell at a distance what type of gas you are dealing with. Please note that shades and location of the colour code will vary with each supplier.

Transporting

Compressed gas tanks should always be transported

using appropriate carriers, such as wheel carts, dollies or hand trucks. Never try to roll or drag the compressed gas cylinders, and don't try to move more tanks than room permits by laying them on top of one another. Tanks should be transported only in their appropriate holders in an upright position. Make sure the cover over the nozzle is screwed on to prevent accidental rupture of the valve.

Storage

Each tank needs to be stored upright in an individual holder that is secured at all times so that the tank will not fall over or be accidentally tipped over. Even empty cylinders must be stored in this fashion. Do not store compressed gas cylinders on their sides (except in a properly designed rack). It is also important to consider storage compatibility. Store together only those gases that will not create a hazard if mixed. For example, do not store flammable gases with oxidizing gases. Refer to the Material Safety Data Sheets (MSDS) for the gas to get detailed storage information.

Dispose of empty gas cylinders appropriately, typically by returning them to the supplier. Remember, even an "empty" tank contains some gas under pressure, and it still requires careful handling. *Finally, make sure that you do not smoke or allow others to smoke near compressed gas cylinders.*

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The Precautionary Principle

In Justice Archie Campbell's final report on SARS, *Spring of Fear*; the first recommendation was to apply something called the **precautionary principle (PP)**. Justice Campbell borrowed one definition for the precautionary principle from the Krever Report and applied it to SARS: Where there is reasonable evidence of an impending threat to public health, it is inappropriate to require proof of causation beyond a reasonable doubt before taking steps to avert the threat. The precautionary principle is not new. It has been expressed in numerous ways in a wide range of human endeavors.

A good plan violently executed, now, is better than the perfect plan a week from now.

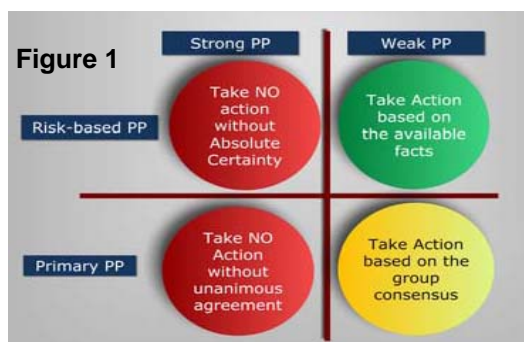
— **General George S. Patton Jr.**

In more simple everyday terms it is usually stated as, "Err on the side of caution" or in its most basic form, "Safety First". Vorsorgeprinzip was the original German expression used in environmental law. The German term is most often translated into English as the Foresight Principle. The principle has been divided into six elements: Preventative, Safeguarding, Proportionality, Duty, Promoting and Paying. Thus, when applying the precautionary principle, each of these elements must be considered and weighed in the circumstances. Bottom line - act prudently when there is insufficient scientific evidence, where action can be justified on reasonable judgments of cost effectiveness and where inaction could lead to potential irreversibility or demonstrated harm to the defenders and future generations.

The application of the precautionary principle can be thought of as a gradient from very strong to very weak. The very strong application of the PP requires a very high degree of certainty whereas a weak PP assumes an increasing degree of uncertainty.

"If a path to the better there be, it begins with a full look at the worst."
-- **Thomas Hardy**

When science is disconnected from the typical processes of diagnosis and treatment, it openly acknowledges uncertainty. Uncertainty arises in two ways: the first is risk, which is an event with a known probability (such as the risk of losing your life in your car - the accident and death rates are known). Then there is true uncertainty, which is an event with unknown probability. For example, no one can predict what will happen to your immune system if you are exposed day after day to the chemical soup in the air we breathe. The effect of such combined exposures on your immune system is simply unknown and unpredictable.



Some people consider the principle of "reverse onus" as inherent in the precautionary principle. The principle of reverse onus says that the burden of proof for safety belongs on the proponent of a technology or chemical, not on the general public. In other words, new chemicals and technologies should be considered dangerous until proven otherwise.

Unfortunately, the precautionary principle does not specify what should trigger action, nor does it specify the degree of action to be taken. It is, therefore, vague and difficult to craft into workable policies.

Protect the public from reasonable foreseeable threats even in the face of uncertainty!

— **Justice Archie Campbell, *Spring of Fear***

One way to deal with the uncertainty is by risk assessment. Even when there is paucity of information or facts, one can still reason out actions based on past experience by applying the

concepts inherent within the precautionary principle. This is sometimes called an "educated guess" or perhaps "best estimate" as it does have some basis in evidence.

Another approach to dealing with uncertainty is the use of collective or group consensus or the Primary PP. This is sometimes thought of as the anti-technology or the democratic model of the precautionary principle. In its more prosaic form it is often voiced as, "If it isn't broken don't fix it."

The Primary PP is congruent with the "Internal Responsibility System" The IRS looks to the combined experience of the workers and supervisors in the workplace to determine the level of risk and the degree of safety needed in a given situation. However, unlike the IRS it does not require scientific evidence or absolute certainty in order to make a decision. The problem with this approach is that if the group has no experience on which to base its decision the PP becomes

indistinguishable from the Strong PP with a high level of uncertainty. In that case the PP is to take no action as the safest course.

Finally, as we see in **Figure 1**, the precautionary principle that best fits Justice Campbell's recommendation is the model that applies both a Weak PP with a risk assessment. In health care, the most efficacious way of applying the precautionary principle is, "In the event where there is little scientific evidence available, employ the highest level of protection." While this may not prove satisfactory to all parties and may not always provide the "best solution," it is better than being frozen into inaction.

1. The Krever Report, p. 295 & p. 989-994.

2. Bodansky, Daniel: "The Precautionary Principle in US Environmental Law," In: Timothy O'Riordan and James Cameron, editors, *Interpreting The Precautionary Principle*, Earthscan Publications, London, p.p. 203-228, 1994.

3. Costanza, Robert and Cornwell, Laura: "The 4P Approach to Dealing With Scientific Uncertainty," *ENVIRONMENT*, Vol. 34, No. 9, 12-20, 42, November 1992.

CDC and WHO HCW Flu Precautions Overview

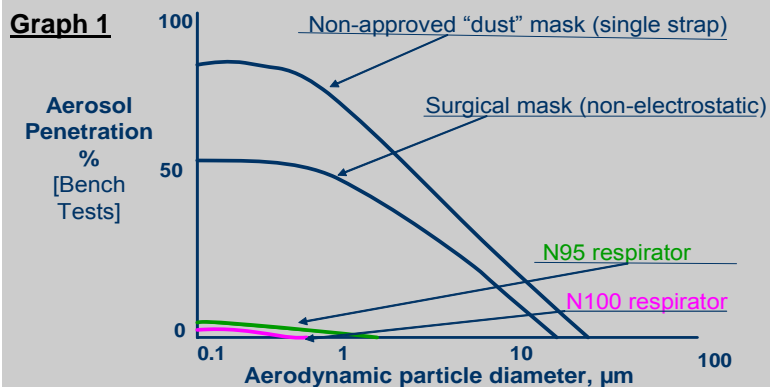
The table below shows the current recommendations from the CDC and WHO regarding the use of N95 respirators and surgical masks in various circumstances. Please note that surgical masks are not recommended as protective equipment for health care workers. Also note that WHO and CDC disagree as to the course of action to be taken in the case of pandemic flu. The CDC has elected to apply the precautionary principle and has recommended the use of N95 respirator in a pandemic flu. (Courtesy Dr. L. Genesove, Ministry of Labour)

NOTE: PPE is only one component of the hierarchy of infection prevention and control measures required for HCW protection.	Seasonal Influenza ♦ Includes ILI* ♦ no risk factors for airborne diseases or H5N1 avian flu ♦ In patient room	Pandemic Influenza ♦ Includes ILI ♦ close patient contact	Pandemic Influenza Aerosol generating procedures ♦ Includes ILI	H5N1 Avian influenza ♦ Suspect or confirmed human cases ♦ in patient room
Precautions	Routine/Droplet/Contact ♦ AIIR [†] not required	Routine/Droplet/Contact ♦ AIIR not required	Routine/Droplet/Contact/Airborne ♦ AIIR required	Routine/Droplet/Contact/Airborne ♦ AIIR required
Hand hygiene	Yes	Yes	Yes	Yes
Gloves	If indicated by Routine Practices	If indicated by Routine Practices	If indicated by Routine Practices	Yes
Gown	If indicated by Routine Practices	If indicated by Routine Practices	If indicated by Routine Practices	Yes
Surgical mask for HCW	Yes – If indicated by Routine Practices	—	—	—
N95 respirator for HCW (fit-tested)	Not routinely	CDC: Yes – Precautionary Principle WHO: Not routinely	CDC & WHO: Yes UK HSE: FFP3 (N99)	Yes
Eye Protection	If indicated by Routine Practices	If indicated by Routine Practices	Yes	Yes
Surgical Mask on Patient	At triage and if outside of room	At triage and if outside of room	If outside of AIIR and if outside of room	If outside of AIIR

*ILI - Influenza-like illness;

†AIIR - Airborne infection isolation room

Masks and Respirators: Filtration Efficiencies



Level of Protection:

Graph 1 is a compilation of data from over 50 papers on the level of protection provided by dust masks, surgical masks, and the N95 and N100 respirators. From the graph, it is clear that a surgical mask provides very limited protection from respirable particles (0.1 to 1.0 µm); the particle size that is generated by an aerosol.

(Courtesy Dr. L. Genesove, Ministry of Labour)

2007 Healthy Hospital Innovators Award

The OHA, in partnership with the National Quality Institute (NQI), created the Healthy Hospital Innovator's Award in 2004. The purpose of this award is to recognize OHA member organizations for their commitment to implementing a comprehensive and strategic approach to the development and sustainability of a healthy workplace. It also serves to recognize health care organizations that demonstrate their willingness to participate in the transfer of knowledge regarding their program successes and challenges. The 2007 call for participation will be sent out in the middle of June.



sustainability of a healthy workplace. Organizations are required to submit an electronic copy of their application to kburrows@oha.com, as well as a CEO - endorsed hard copy to the OHA by September 1, 2007. (Applications received after September 1st will not be considered). A selection panel comprised of OHA committee members at the OHA/ NQI will be reviewing the applications to determine which organizations will be successful. All successful applicants will receive:

- ◆ an OHA 2007 Healthy Hospital Innovators Award Crystal Pyramid;
- ◆ NQI PEP Healthy Workplace Level One Certificate (Approx. \$2 000.00 value)

For national recognition, winners of the Healthy Hospital Innovators Award also receive Level One Certification from NQI's Healthy Workplace Progressive Excellence Program (PEP), as the OHA 2007 Healthy Hospital Innovators Award is based on NQI Healthy Workplace Criteria. The NQI program is a four - step implementation process that provides organizations with a roadmap to build on current achievements. The NQI program links to the Canada Awards for Excellence Program (healthy workplace category) and is Canada's most prestigious award for the development and

- ◆ Recognition of your organization at OHAHealth Achieve2007 and in publication materials.

For assistance in deciding whether to apply for the Award, the OHA/ NQI have created a short self - assessment tool.

If you are interested in receiving further information, please contact Kim Burrows at kburrows@oha.com or by phone at (416) 205-1387.

Upcoming Education Sessions/Conferences:

- ◆ OHA Safety Group -
 - Region 1 - June 18, 2007
 - Region 4 - September, 2007
 - OHA Health Achieve2007– November 6, 2007
 - Toronto– November 26, 2007

- ◆ Healthy Hospital Innovator's Symposium - September 14, 2007
- ◆ OHAHealthAchieve2007 – November 5,6 and 7

For additional information please visit: www.oha.com

Health and Safety Websites

Toronto Public Health: www.city.toronto.on.ca/health/
 Government of Ontario– MOHLTC: www.health.gov.on.ca/
 Health Canada: www.hc-sc.gc.ca/english/index.html/
 Centres for Disease Control: www.cdc.gov/
 World Health Organization: www.who.int/en/
 Canadian Centre for Occupational Health and Safety: www.ccohs.ca/
 Canadian Health Network: www.canadian-health-network.ca/
 NAOSH: www.naosh.ca/
 Canadian Society of Safety Engineering: www.csse.org/
 Ontario Safety Association for Community and Healthcare: www.osach.ca/
 Emergency Management Ontario: www.mpss.jus.gov.on.ca/
 Public Safety and Emergency Preparedness Canada: www.psepc-sppcc.gc.ca/



Your feedback is important and valued. Please email your comments to safetygroup@oha.com