Upcoming:
BC Healthcare - Workplace Health, Safety & Wellness Conference, September 16–18, 2007, Kelowna, BC
www.bchealthauthoritiesconference.com

OHSAH

health & safety news

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inside

Don't Forget! Spring Training classes start soon. Register now! For more information, see page 3.

In 2001, British Columbia healthcare employers and unions agreed to eliminate unsafe manual handling of patients in BC healthcare facilities. A large number of ceiling lifts have since been installed across the province to reduce the risk of musculoskeletal injury (MSI) to workers. The value of these installations is supported by evidence showing that the use of mechanical devices to move and transfer patients significantly reduces risk of injury when compared to manual methods.

CEILING LIFTS

A preliminary evaluation of mechanical ceiling lifts in Vancouver Coastal Health and Providence Health Care

Since then, multiple evaluations have demonstrated – and anecdotal reports from workers suggest – that the introduction of ceiling lifts reduce the risk of worker MSI (see Table 1 on page 3).

Vancouver Coastal Health & Providence Comprehensive Evaluation

Vancouver Coastal Health is one of the six health authorities across the province that have installed ceiling lifts in many of its facilities. Together with OHSAH, an evaluation was conducted in one extended care facility of VCH and 3 extended care facilities of Providence to determine whether the positive results reported in other ceiling lift evaluations have also taken place here. In the preliminary analysis, OHSAH: (1) assessed the frequency, rate and days lost for resident handling injuries over a ten year period before and after ceiling lifts were installed; and (2) evaluated the costs and benefits of ceiling lift program.

Key Findings – Preliminary Evaluation

- There is a downward trend in MSI rate after ceiling lifts were installed in both VCH and Providence facilities.
- The ceiling lift program has a payback period from 10 to 18 years for the VCH facility, and 6 to 9 years for the Providence facilities, if only direct savings are included in the calculation.
- Including estimated indirect savings, the pay back periods are 3 to 6 years for the VCH facility, and 2 to 3 years for the Providence facilities.

...continued on page 3, Ceiling Lifts

Inside OHSAH

What's new at OHSAH?

OHSAH's Board of Directors would like to announce to all our external stakeholders that at the end of January, 2007, Dr. Annalee Yassi left the position of Chief Scientific and Medical Director with the Occupational Health and Safety Agency for Healthcare (OHSAH) in BC. Dr. Yassi combined her work at OHSAH with ongoing roles as a Tier 1 Canada Research Chair at UBC and a specialist in both Community Medicine and Occupational Medicine. Dr. Yassi recently advised the Board that she had also taken on the challenge of establishing a Division of Occupational Medicine in UBC's Department of Medicine, and was asked by the WHO to assist in several global health projects. Given Dr. Yassi's increasing other interests, she and the OHSAH Board mutually decided that Dr. Yassi would step down from her OHSAH position. OHSAH's Board of Directors wishes to acknowledge and express its appreciation for Dr. Yassi's significant role as founding executive director in shaping the organization from its inception and leading the Agency to considerable success. We wish Dr. Yassi well in her new exciting endeavours.

OHSAH is pleased to announce the interim appointment of Dr. Jaime Guzman to the role of Chief Scientific and Medical Officer. Dr. Guzman, who has extensive experience in work-related disability prevention, originally joined OHSAH in August 2006, coming from Toronto. He is an Assistant Clinical Professor of Medicine at the University of British Columbia. At OHSAH, he is also the Scientific and Medical Director for Disability Prevention, responsible for PEARS program design, delivery and evaluation.

Under the leadership of Dr. Guzman and Sid Segal, OHSAH's Chief Financial and Administrative Officer, OHSAH is looking forward to continuing to carry out its mandate of promoting safe and healthy workplaces in British Columbia's healthcare sector.

If you have any questions,
please contact OHSAH at 778-328-8000.

Dr. Jaime Guzman
Chief Scientific and Medical Officer (interim)

Dr. Jaime Guzman received his medical degree from the University of Guanajuato in Mexico, subsequently specializing in Internal Medicine and Rheumatology. He then moved to Canada where he received a Master of Science degree in Clinical Epidemiology from the University of Toronto and completed a specialty in Physical Medicine and Rehabilitation at the University of Manitoba. He has published more than 25 research papers and book chapters. His medical practice involves assessment and rehabilitation of people with musculoskeletal injuries and diseases, and his current research interests relate to preventing disability in people with musculoskeletal injuries (MSI). His most recent publications deal with how to obtain sustainable disability prevention in MSIs through collaborative action research and how to best integrate the perspectives of different stakeholders. Dr. Guzman joined OHSAH in August 2006, coming from Toronto. He is currently Assistant Clinical Professor of Medicine at the University of British Columbia. At OHSAH he is also the Scientific and Medical Director for Disability Prevention, responsible for PEARS program design, delivery and evaluation.

OHSAH's MISSION

To work with all members of the healthcare community to develop guidelines and programs designed to promote better health and safety practices and early return-to-work

To develop new measures to assess the effectiveness of programs and innovations in this area

To promote pilot programs and facilitate the sharing of best practices

Please send your comments, ideas, or suggestions to **editor@ohsah.bc.ca**

...continued from page 1, Ceiling Lifts

Conclusion

Anecdotal evidence suggested that staff are satisfied with ceiling lifts. The analysis provides evidence suggesting that overhead lifting devices are effective in reducing the risk of musculoskeletal injury (MSI) to patient care staff, and that the savings of this type of intervention outweigh the associated costs. The payback period advocates for the continued use of ceiling lifts as one method of reducing occupational injuries related to patient handling.

The Way Forward

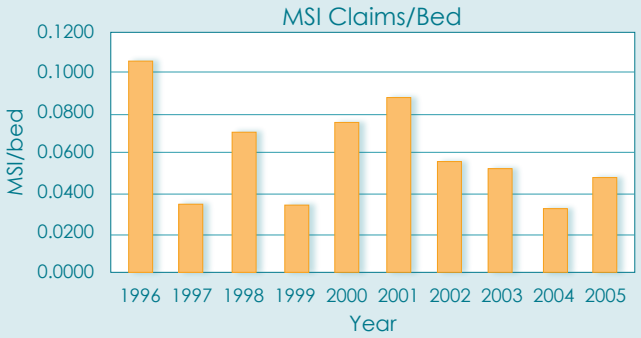
A comprehensive full-scale ceiling lift evaluation is now underway. In addition to a complete cost-benefit analysis, it will provide both quantitative and qualitative evidence from health care workers' and patients' perspectives in acute and extended care facilities of Vancouver Coastal Health Authority (VCH).

Table 1: Previous Ceiling Lift Evaluation Results

Location	Interior Health (1998–2003)	St. Joseph's Hospital (1995–2002)
Decrease in average days lost (manual lift and transfer)	72%	—
Claims Costs Decrease (manual lift and transfer)	77%	82%
Payback period	1.3–5.3 years	< 4 years

** To view full findings, please visit the OHSAH website (www.ohsah.bc.ca) or contact OHSAH directly.*

Figure 1: MSI/bed from 1996-2005 (VCH-Minoru)



SPRING TRAINING IS MORE THAN BASEBALL!

How can you improve the effectiveness of your Joint Occupational Health and Safety (JOHS) Committee? How do you know what the most important health and safety issues are at your worksite? What should you do when someone gets hurt on the job?

These are some of the questions answered in the Spring training sessions offered by OHSAH's Healthcare Education and Learning Program (HELP). Our six modules are focused on occupational health and safety issues faced by Joint Occupational Health and Safety Committees, supervisors, and frontline workers.

Training will take place from April through June, 2007. A schedule has been drafted for each Health Authority at several different locations.

AVAILABLE TRAINING MODULES:

Intro to OH&S	Half Day
Joint Committee Boot Camp	Full Day
Hazard Risk + Inspections	Half Day / Full Day
Incident Investigation	Half Day / Full Day
Violence Prevention Planning	Half Day
Prevention & Management of Aggressive Behaviour	Half Day

For more details on course content, please see the descriptions on the OHSAH website at www.ohsah.bc.ca. If you are interested in attending training in your area, contact your Health and Safety Advisor at your site or in your area to see what specific dates and courses are being considered. You can also submit a training request online using OHSAH's online training request form.

PROPOSED TRAINING DATES* FOR EACH HEALTH AUTHORITY:

Affiliates Week in the Lower Mainland	March 5 – 9
Vancouver Coastal Health Authority	April – June
Interior Health Authority	May
Fraser Health Authority	April – June
Vancouver Island Health Authority	May
Northern Health Authority	Fall, 2007

* For specific training dates, please refer to the OHSAH website. You can also send an email to train@ohsah.bc.ca, or contact Jolene Simpson directly at 778.328.8032.

PEARS Research Project Recruiting Participants

Participants Sought In Fraser Health Authority And Vancouver Island Health Authority

A new research study at the University of British Columbia is looking for healthcare workers who have experienced a workplace injury or other incident resulting in acute pain and who have registered in a PEARS program within Fraser Health Authority or Vancouver Island Health Authority. Participants' identities will be kept strictly confidential, and neither the participant's employer nor any PEARS personnel will have access to the information collected.

The research will help health authorities and other healthcare organizations provide the best care possible to their employees by showing how such factors as pain, depression, health beliefs, and sleep patterns affect a healthcare worker's return to work after a workplace injury.

Who: Any health care worker registered in a PEARS program offered through Fraser Health Authority or Vancouver Island Health Authority.
What: Three interviews or online surveys.
When: A total of about 1.5 hours of off-work time over an eight-month period.
Why: Help improve PEARS services by contributing to knowledge on how pain, depression, sleep patterns, and other factors can affect a health care worker's ability to get back to work quickly and safely.
How: Contact Marilyn Barz at 604-822-9499 or mjbarz@interchange.ubc.ca, or contact your PEARS program.

PEARS Provincial Meeting

January 31 – February 1, 2007

OHSAH hosted the 3rd annual meeting of the Prevention and Early Active Return to Work Safely (PEARS) program, January 31 – February 1, 2007. Participants representing all the PEARS programs across British Columbia heard from a variety of speakers through the day. Anne Harvey, Vice President of Employee Engagement with Vancouver Coastal Health (VCH), discussed employee engagement to address the dual challenge of a declining healthcare workforce and increasing workload. Lynn MacDonald, Regional Manager of Employee Health Services at Northern Health and Karlene Dawson, Fraser Health PEARS Program Leader, each presented on the successes and challenges faced by the program in their health authorities. Renee-Louise Franche, Scientist with the Institute of Work and Health, discussed evidence-based research for workplace interventions in mental health (see full story on page 6). Participants also heard from Sharon Saunders, OHSAH union liaison and BCNU Provincial OH&S Representative, about the importance of visible and meaningful union involvement in the development and implementation of PEARS. Jill Rihela, HSA Representative for PEARS Fraser Health, added to the discussion by looking briefly at the history of PEARS at Royal Columbian Hospital.

Participants listening during the PEARS meeting.

During the second day of the PEARS annual meeting, working groups were set up between PEARS leaders, union representatives, and OHSAH to discuss the strategic direction of PEARS over the next five years.

More details about meeting results will soon be available in the PEARS section of the OHSAH website: www.ohsah.bc.ca

Glacier View Lodge Focuses Attention On Staff Wellness

Shiela Acford, Care Manager at Glacier View Lodge, wanted to do something fun and different for North American Occupational Safety and Health (NAOSH) 2006: "It is way more fun to do something a bit different, rather than a standard video on something." Not even a bout of Norwalk could derail plans to celebrate at the complex care facility in Courtenay, BC. After the virus had passed through, the 140 staff revived planned activities a few weeks later.

The event focused on wellness, featuring fun activities to get people talking about health and wellness. Staff were handed lollipops labeled "Safety begins with me" and licorice twizzlers with the message, "Don't twist your back." They ran nutrition and health and safety quizzes, with prizes of memberships donated by local gyms. They also received a presentation from the Heart and Stroke Foundation, as well as a pilates demonstration. Over the course of the week, staff also stretched as a group before shifts.

Staff at Glacier View Lodge break to stretch during NAOSH week.

Acford says, although it can sometimes be a challenge to have people take time out of their day to participate in activities, feedback about the week has been very positive and there are plans to do something again in 2007. When asked about the long-term impact of NAOSH week activities, Acford replies, "We find we talk about fitness a lot more, and staff talk about wellness more than we did." Many of the staff who won passes to local fitness centres have continued with a fitness regimen and one staff member lost 33 lbs!

Her advice to other groups that want to put on similar wellness activities: "Stay light. Part of wellness is to be happy and content in your work and I think rather than make it feel like a job, it needs to be something that is a joy to attend."

Safety & Health: A Commitment For Life – Start Today!

Plan For NAOSH Week May 6 – 12, 2007

The North American Occupational Safety & Health (NAOSH) Week was launched in June 1997, as a joint agreement between Canada, the United States, and Mexico. It is an annual initiative led by the Canadian Society of Safety Engineering, and focuses on the importance of preventing injury and illness in the workplace, at home, and in the community.

Some of the benefits of participating in NAOSH Week include:

- Improved attitudes towards safety
- Heightened awareness of safety risks and issues
- Increased cooperation/team building, and improved communication between employees, safety committees, and safety professionals

Here are some things that your organization can do to promote and participate in NAOSH week this year:

- Create a safety calendar highlighting safe practices
- Produce a series of posters on "what to do, and what not to do" regarding workplace safety
- Provide safety training sessions for employees
- Conduct reviews on workplace safety practices
- Sponsor a NAOSH Week BBQ with prizes, activities, and information

FOR MORE INFORMATION

Check out these sites for more information and ideas about NAOSH Week:

www.naosh.org
www.worksafebc.com/news_room/campaigns/naosh_week/

Changing Minds: Putting Mental Health Into Workplace Health

Addressing Mental Health In Integrated Work Disability Prevention

Mental health conditions are a major concern for healthcare workers. They experience many work stressors including heavy workload, long work hours, shift work, and high exposure to physical and emotional demands. But what can a worker do when suffering from mental health conditions (MHC)? Although 34% of Canadians have suffered from one at a given point in time, there remains a stigma attached to MHCs. In addition, as MHCs are more often linked to presenteeism (i.e. a worker is present at work, but is not fully functioning) than absenteeism, their presence may be harder to identify.

Renee-Louise Franche, a scientist at the Institute for Work and Health in Toronto, spoke at OHSAH's 3rd Annual PEARS Provincial Meeting (January 31, 2007) on this topic. Franche looked at what current evidence says about the inclusion of mental health conditions in integrated work disability prevention programs, particularly those aimed at musculoskeletal injuries (MSI). She noted this is supported by the "large overlap in work conditions associated with incidence of both [musculoskeletal] injuries and psychological distress/MHCs."

Renee-Louise Franche at the 2007 PEARS meeting.

Franche reviewed the literature regarding effective work-focused interventions related to MHCs and found several key success factors. These include use of elements of cognitive-behavioural therapy, enhancing the work focus of interventions, and supporting good guideline-consistent treatment. Franche added that, although targeting individuals appears necessary when addressing work-related MHCs, it is also important to look at the organizational context. This component, however, is often missing from previous research conducted in this area.

Franche also looked at how successful workplace-based interventions for musculoskeletal injuries (MSI) might be adapted to include MHCs. The evidence base suggests a number of key elements in successful interventions, such as the Prevention and Early Active Return to Work Safely (PEARS) program. These include, but are not limited to, work accommodation, early contact between the workplace and worker, contact between the workplace and healthcare provider, and the presence of return-to-work coordination. While there is evidence this has been a successful model for addressing MSI, integrating MHCs presents unique challenges:

- There is a need for tools to guide work accommodation for mental health conditions.
- MHCs are more associated with presenteeism than MSIs.
- There is a stigma associated with MHCs.
- With regard to MHCs, there is a need to include "self-care" and community follow-up.

There are several promising avenues to explore for providing integrated services, including practicing a multilevel approach that includes individual, organization, and community level approaches to MHCs; training supervisors and case managers to recognize MHCs; developing and evaluating tools to design work accommodation for MHCs; and consolidating the link between healthcare providers and the workplace.

WorkSafeBC Regulation Review Of "Bio-Hazardous Materials"

An Update On The Most Recent Proposed Changes And What This May Mean "At The Front Line"

WorkSafeBC has recently proposed further amendments to its regulations (Part 5 and Part 6), designed to expand the definition of bio-hazardous materials beyond blood and body fluids to also include infectious agents such as SARS, tuberculosis, and Legionnaires Disease, among others. Of particular relevance to the healthcare community, the proposed definition also includes the influenza virus (once identified) associated with pandemic. The proposed changes also aim to clarify the appropriate control measures for such hazards.

The proposed amendments:

- Broaden the definition of a hazardous biological exposure from "blood borne pathogens" to "infectious agent[s] and infectious material".
- Reference and require the development of an exposure control plan (ECP) (part 5.54) for preventing occupational exposures to infectious agents or materials. Of the required elements of an ECP, the proposed changes emphasize the following:
  - > Conducting a risk assessment which considers all potential routes of transmission
  - > Implementing engineering and work practice controls followed by the use of PPE.
  - > If available and appropriate, the provision of vaccine to all employees who may be occupationally exposed to Hepatitis B and other infectious agents
  - > Providing labels and identifications of all potentially infectious materials, education and training for safe handling, and all necessary medical support after an exposure to these hazards,
  - > Require consideration of potential transmission from all routes (contact, droplet, and airborne).

The consultation phase of the regulation amendments is ongoing and provides an opportunity for stakeholders to submit feedback and comments. Several information sessions have already been held, and full public hearings are scheduled for late spring and early summer. The final wording related to these regulation changes is expected in the fall.

REGULATIONS & REQUIREMENTS

The first round of WorkSafeBC OHS regulation changes related to the use of safety engineered needles and sharps in BC healthcare workplaces was adopted and went into effect January 1, 2007. Affected healthcare facilities must be in compliance by January 1st, 2008.

Besides the proposed amendments discussed at left, health authorities also need to prepare for and meet the requirements regarding implementing Safety Engineered Medical Sharps (Board proposed deadline Oct 1, 2008).

Visit WorkSafeBC for more information: http://www2.worksafebc.com/publications/OHSRegulation/Part6.asp

A Tale Of Two Cities

Ontario SARS Commission Reports On The Different Impact Of SARS In Toronto And Vancouver

On March 7, 2003 two cases were admitted to hospital unknowingly infected with the SARS virus, one in Ontario, the other in BC. In Ontario, more than 375 people became infected. Of these, 169 of the known infections (45%) were among healthcare workers. In BC, however, there were only three further cases beyond the initial case, with one of those being a healthcare worker. It is important to note that containment in BC was effective both where the case was initially admitted, and where the patient was subsequently transferred.

The SARS Commission identifies several systemic problems in Ontario, which reflect the common problems and themes regarding province-wide emergency preparedness, infection control and worker safety issues. In contrast, "A combination of a robust worker safety and infection control culture at Vancouver General, with better systemic preparedness ensured that BC was spared the devastation that befell Ontario."

"SARS demonstrated over and over the importance of the principle that we cannot wait for scientific certainty before we take reasonable steps to reduce risk."

One of the most contentious issues during SARS was the use of the N95 respirator. By law (both in Ontario and BC) anyone using an N95 must be properly trained and fit tested to ensure full protection. The SARS Commission identified that [in Ontario] deep structural contradictions in hospital worker safety, including the profound lack of awareness of safe work practices and principles within the health system were factors leading to the lack of compliance on issues such as using of fit tested N95 respirators, and the failure to protect front line healthcare workers during SARS[1].

The Commission recognized that the BC experience was due largely to the collaborative efforts and contributions of the Workers' Compensation Board (now WorkSafeBC), the provincial disease control center (BCCDC), the health authorities such as Fraser Health and Vancouver Coastal Health, and the provincial occupational health and safety agency (OHSAH). Among the approaches undertaken in BC, the Commission identified several key success factors:

- Consistent regulation and proactive inspection of workplaces provided by the WCB
- Effective communication and information distribution among involved infection control, health and safety and other professionals
- Clearly stated policy and practice of applying the highest level of precaution including using a N95 respirator among health authorities.

According to the final report, "Perhaps the most important lesson of SARS is the importance of the precautionary principle. SARS demonstrated over and over the importance of the principle that we cannot wait for scientific certainty before we take reasonable steps to reduce risk."

While the commission concludes that the healthcare system in Ontario is safer now than it was then, it emphasizes that, "we are not yet as safe as we should be."

[1]SARS Commission Executive Summary: Volume One Page 10

The entire report is available at: www.sarscommission.ca

SARS COMMISSION

The independent Commission to Investigate the Introduction and Spread of Severe Acute Respiratory Syndrome (SARS) was created by the Government of Ontario to investigate how the SARS virus came to the province, how it spread and how the province responded. The 3rd and last part of the SARS Commission report was released in early January of this year.

Asthma Study Update

The WorkSafeBC funded project "Reduction of asthma risks among cleaners in the BC healthcare industry: Protocol Development" has reached the final stages – knowledge translation and report writing. The goal of the project was to identify feasible control measures most likely to be effective in reducing the risk of asthma among cleaners in the healthcare industry. Initially, the representatives from all stakeholders including health authorities, unions, WorkSafeBC, and housekeeping contractors were invited to join in the Project Advisory Team (PAT). While the initial discussions with the PAT were promising, the contractor employer rescinded support in May, 2006. Without their participation it was no longer possible to include their employees in this project, nor was it possible to investigate work procedures and controls from a worker perspective.

The research focus of this project was then modified to investigate potential respiratory risks associated with cleaning agents used for infection control. The result will be a guidance document for health authorities to complement their infection control policies, and to alert them to potential respiratory hazards related to cleaning and housekeeping activities in their workplaces. With the support of several health authorities, data collection is complete. Risk assessment results will be available to all stakeholders electronically and a research report on the use of housekeeping cleaning products in BC health authorities is expected to be available in mid-2007.

Infection Control Module Available Online

As part of Vancouver Coastal Health and Children's and Women's Health Centre overall strategy to reduce hospital infections, and to keep healthcare workers safe, the infection control module is available online for all healthcare staff, physicians, nurses, and students. Developed with funds from the Canadian Nursing Advisory Council, this course uses graphics, animations and video clips to teach basic infection control principles and how to use personal protective equipment properly.

Vancouver Coastal Health, and Children's and Women's Health Centre (Provincial Health Services Authority) in partnership with the Occupational Health and Safety Agency of BC, the University of British Columbia and the BC Centre for Disease Control, are jointly funded by the Canadian Institutes of Health Research, to study whether the online course on Infection Control is effective.

The course is available at http://ccrs.vch.ca.

Three staff have won $100 prizes in the draw of survey entries on the Infection Control Basic online module.

Congratulations to:

- Anne Vivekananthan
- Andrea Cockroft
- Amy Wagner

The survey is still open and there will be another draw of three $100 prizes in the spring of 2007. Any questions, please contact: Deirdre.Maultsaid@vch.ca

8 Tips For Effective Meetings

How To Make Your Joint Committee Meetings More Effective

Joint Occupational Health and Safety Committees (JOHSC) play an important role in improving workplace health and safety. But how do you ensure your committee is reaching its goals? Start with effective and productive meetings.

Meetings will be productive if they are seen as problem solving sessions that use the best knowledge and experience available.

1 Set the ground rules. If you set clear ground rules at the beginning, it will be easier to keep the meeting on track.

- One person speaks at a time; let people finish what they are saying.
- Give everyone an opportunity to contribute, and if someone isn't participating, ask them what they think.
- Remember – there are no bad ideas in brainstorming sessions.
- If someone steers off course, acknowledge the valuable information in what was contributed but show how it can be applied to the topic at hand.
- Put telephones on "do not disturb" and turn off mobile phones or set to vibrate.

2 All meetings must have clear objectives. For example the objectives of JOHSC meetings are to discuss and make recommendations on health and safety issues that are brought forward. Issues can be brought forward through inspections, investigations, individual complaints, hazard analysis.

3 Provide an agenda beforehand. Agendas for meetings are usually prepared by the co-chairs. They are essential to the success of a meeting and should be circulated in advance. Also provide any background information that committee members will need to make an informed decision. The Agenda should include:

- Date, time, and place of the meeting
- List of topics to be covered and a list stating who will address each topic and the time allocated for each item.

4 Assign meeting preparations. If committee members feel they have an active role in the meeting, they are more likely to participate.

5 Assign action items. Do not finish any discussion in the meeting without deciding how to act on it. If you defer an item to the next meeting, this should trigger an action item to ensure it will be addressed at the next meeting. Assigning tasks and projects as they arise during the meeting increases the likelihood that your follow-through will be complete. It is helpful to have at the table people who can make immediate decisions and act on them, such as a Maintenance Manager if a maintenance issue is discussed.

6 Keep on topic and stay on track. At times topics will arise or there will be discussion about topics outside the agenda or outside of the objectives of the committee. Put these points on a "parking lot" to be discussed further at another meeting or maybe as part of another discussion group.

7 Examine your meeting process. It is a good idea for the group to sometimes have an open discussion on how problems are to be solved and rules of conduct. For newly formed committees it is a valuable exercise to create a terms of reference. This will set the standard for how your committee will operate. The Terms of Reference sets out the duties of the committee.

8 Add an element of fun to each meeting. Share a snack, bring in pizza, present safety posters/tips, invite guest speakers, incorporate icebreakers, energizers, team building exercises.

COMMON GRIPES ABOUT MEETINGS:

"We meet but nothing gets accomplished."

"People use the meeting as a forum to complain."

"Everyone is late."

"They don't take it seriously."

"Some just sit there because they've been told to be there."

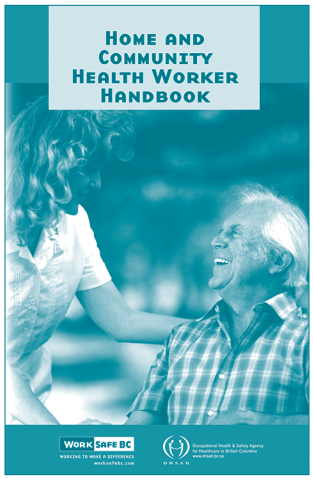
WORKERS COMPENSATION ACT EXCERPTS AND SUMMARIES

PART 3 DIVISION 4

Joint committee procedure:
131 (2) A joint committee must meet regularly at least once each month, unless another schedule is permitted or required by regulation or order.

Time from work for meetings and other committee functions:
134 (1) A member of a joint committee is entitled to time off from work for (a) the time required to attend meetings of the committee, and (b) other time that is reasonably necessary to prepare for meetings of the committee and to fulfill the other functions and duties of the committee.
(2) Time off under subsection (1) is deemed to be time worked for the employer, and the employer must pay the member for that time.

Home & Community Health Worker Handbook



The newly-revised Home and Community Health Worker Handbook is now available. The handbook was written to help home and community health workers identify the types of activities that put them at risk of injury and illness; prevent injuries and illnesses; know what to do if they are hurt or ill; know their workplace rights and responsibilities; and know where to find more information.

From the handbook:

Transferring or repositioning clients

- Use transfer assist devices such as transfer belts or low-friction slide sheets.
- Remove obstacles from around beds and chairs so that you can position yourself close to the client.
- Never let your client hold onto you.
- When posssible, work in pairs or teams to lighten the load.
- Use proper techniques: Shift your body weight using your legs during the transfer or reposition task. Don't pull with your arms or back.
- Ensure a strong base of support:
    1) Keep your feet shoulder-width apart.
    2) Position one foot forward and one foot back.
    3) Bend your knees.
    4) Keep your back straight.
- Never try to hold a client in a standing position.
- Never try to stop a client from falling. Control the client's fall to the floor as trained.
- Use a strong power grip. Avoid pinch grips.

This publication was produced out of the collaborative efforts of the Home and Community Care Steering Committee (OHSAH, WorkSafeBC, union and employer representatives from the home and community care sector, and BCIT).

This handbook is available for free download on the websites of OHSAH (www.ohsah.bc.ca) and WorkSafeBC (www.worksafebc.com). Hard copies are available to order through the WorkSafeBC online store: www.worksafebcstore.com.

ask the expert

Have a healthcare question?

OHSAH has experts in a variety of health and safety areas. Submit your questions or concerns to editor@ohsah.bc.ca

If we already have the Material Safety Data Sheet (MSDS) for a product used at our worksite, does it have to be updated?

Under WHMIS legislation, suppliers of controlled products must provide an MSDS not more than three years old to purchasers on or before the day of purchase. Suppliers must provide an updated MSDS when significant new information becomes available or every three years, whichever comes first. Even if product ingredients remain unchanged, ongoing study of chemicals reveals new information which can affect the health and safety information provided on an MSDS. It is the employer's responsibility to ensure that current MSDSs (no more than three years old) are readily available at the worksite in a file, binder or computer database accessible at all times by all workers.

Some of the MSDSs for controlled products at our worksite have revision dates greater than 3 years old. Is it acceptable to use another supplier's MSDS with a more current revision date?

Employers who use controlled products are required, by WHMIS legislation, to temporarily store a product for which a current MSDS is not available while he or she is actively seeking a proper MSDS from the supplier or manufacturer. If a proper MSDS cannot be obtained, the employer must continue to store the product and, if in BC, must contact the WorkSafeBC Prevention Information Line (1-888-621-7233 toll-free within BC) for further direction.

An employer may use an MSDS prepared by someone other than the supplier or manufacturer of the purchased product; however, the employer is then legally responsible for all of the information on that MSDS. This includes ensuring the information is accurate, complete, and current and is reviewed at least every three years.

The information used to answer the above questions is taken from "WHMIS at Work", a WorkSafeBC publication (available online at www.worksafebc.com.).

OHSAH'S MSDS DATABASE

Since 2002, OHSAH's Material Safety Data Sheet (MSDS) Database has become the principal source of MSDS information for BC health authorities. The system allows healthcare visitors to search and view MSDSs via the internet and substantially reduces the amount of time and effort needed to find, establish and maintain an MSDS library. OHSAH is in continual contact with manufacturers and suppliers of controlled products used throughout BC healthcare to obtain current MSDSs for these products. To find more information, to search for controlled products used in your workplace, or to request the addition of an MSDS to the database, follow the MSDS Database links at www.ohsah.bc.ca.

More questions? Contact the MSDS Database Coordinator by email at msdsrequest@ohsah.bc.ca, or by phone at 778-328-8000.

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