PRINCE GEORGE
HOSPICE
PALLIATIVE CARE
SOCIETY

HEALTH AND SAFETY
Policies and Procedures

For Employees, Volunteers, and Contractors

Contents

Definitions

"contaminant" means a harmful or irritant material, or nuisance dust, foreign to the normal composition of a substance, or a material that varies the normal proportions of components in a mixture such as air;

"CHPCA" refers to Canadian Hospice Palliative Care Association

"NL" means Nurse Lead

"discriminatory action" includes any act or omission by an employer or union, or a person acting on behalf of an employer or union that adversely affects a staff member with respect to any term or condition of employment, or of membership in a union.

"flammable liquid" means a substance which meets the criterion for WHMIS Class B Division 2 flammable liquid (a flash point less than 37.8°C (100°F);

"hazard" means a thing or condition that may expose a person to a risk of injury or occupational disease;

"incident" includes an accident or other occurrence which resulted in or had the potential for causing an injury or occupational disease;

"*material safety data sheet"* or "*MSDS"* means a document disclosing the information referred to in section 13(a)(i) to (v) of the *Hazardous Products Act* (Canada) and section 12(1) to (3) of the *Controlled Products Regulations* (Canada);

"medical sharp" means a needle device, scalpel, lancet or any other medical device that can reasonably be expected to make parenteral contact;

MSDS means Material Safety Data Sheets. These are a legal requirement on the Canadian supplier of a WHMIS controlled product

Musculoskeletal injury or "MSI" means an injury or disorder of the muscles, tendons, ligaments, joints, nerves, blood vessels or related soft tissue including a sprain, strain and inflammation, that may be caused or aggravated by work.

"OH&S" means Occupational Health and Safety

"occupational exposure" means reasonably anticipated contact with a biological agent, that is designated as a hazardous substance in section *OH&S Regulation 5.1.1*, resulting from the performance of a staff member's duties;

"practicable" means that which is reasonably capable of being done;

"ppm" parts per million

"qualified" means being knowledgeable of the work, the hazards involved and the means to control the hazards, by reason of education, training, experience or a combination thereof;

"risk" means a chance of injury or occupational disease;

"Routine Practices" refers to the practice of avoiding contact with patients' bodily fluids

and contaminants by means of careful hand washing and handling of soiled linens and equipment. Medical instruments, especially scalpels and hypodermic needles should be handled carefully and disposed of properly in a sharps container. Routine Practices should be practiced in any environment where staff members are involved in health care.

"WORKSAFEBC Act" means Workers Compensation Act

"safety-engineered needle" includes a self-sheathing needle device and a retractable needle system.

"supervisor" means a person who instructs, directs and controls staff members in the performance of their duties;

"Team Leader" means the member of the Care Team designated as in-charge for each shift. This person, an RN, is responsible for attending to first aid needs or critical incident situations.

Policy:	**H&S 2.00** **Occupational Health and Safety**
Date Approved:	February 2018
Revised:	June 2022

Overview:

PGHPCS promotes safe and healthy working conditions. Ensuring that staff members have a safe and healthy working environment is the responsibility of the employer and staff.

The Policy

1. Employer Responsibility:

a) An active Health & Safety Program (including an OH&S Committee and supporting documents) will be established and maintained in accordance with Workers Compensation Board Requirements and Prince George Hospice Palliative Care Society's policies and procedures.

b) A current copy of the *WCB Act*, Regulations and relevant forms are to be available on the care staff computer desktop.

c) All work must be carried out without undue risk of injury or occupational disease to any person.

d) Where compliance is required, if there is any conflict between WorkSafeBC regulations and PGHPCS Health and Safety Policy, the WorkSafeBC *OH&S Regulation* will prevail.

e) An educational program relating to occupational health and safety will be established and maintained by management. PGHPCS commits to offering mandatory health and safety training annually.

f) A worksite safety inspection is performed every 6 months by the OH&S Committee and the results are posted on the PGHPCS server. In the event that an order or directive is issued by WorkSafeBC, PGHPCS will comply promptly or by the time set out in the order or directive. In this situation, the inspection report will be posted as a "Notice to Workers" for at least 7 days, or until compliance has been achieved, whichever is the longer period. When PGHPCS is required to provide notification of compliance in response to an inspection report PGHPCS will ensure that a copy of the notification is posted next to the originating inspection report until compliance has been achieved.

g) A Basic First Aid Kit is available at the care station. This kit is maintained by RNs.

h) There will be an investigation of all reported accidents/incidents, completion of all necessary documentation in the way of forms (i.e., Accident/Incident Report Form) and, if injury has been sustained, completion of the appropriate

WorkSafeBC Forms.

i) There will be accurate maintenance of records and statistics, including reports of inspections and incident investigations, with provision for making this information available to the OH&S Committee, and upon request, to the BCNU shop stewards at PGHPCS.

j) There will be a prompt investigation of all staff members' concerns regarding unsafe work conditions or practices.

k) An employer or union, or a person acting on behalf of an employer or union, must not take or threaten discriminatory action against a staff member.

l) New staff members will be given health and safety orientation and training specific to PGHPCS's worksite and the new staff member's job (See PGHPCS Orientation pkg.) Record is to be maintained of all staff orientation and training.

2. Staff Members:

a) Are responsible for monitoring each worksite for safety hazards and to report any safety or health hazards to the immediate supervisor.

b) Are required to participate in and complete annual mandatory occupational health and safety training. If staff members are unable to attend one of the three scheduled training sessions, they will be unable to work until they have taken the training.

c) A staff member with a physical or mental impairment which may affect their ability to safely perform assigned work must inform his or her immediate supervisor of the impairment, and must not knowingly do work where the impairment may create an undue risk to themselves or anyone else.

d) Staff members are to report all accidents/incidents to their Immediate Supervisor, complete the appropriate Accident/Incident Report form and, if injury is sustained, complete the required WorkSafeBC Forms.

e) At least two union staff members will be members on the PGHPCS Occupational Health & Safety Committee.

f) All staff members have the right to refuse to work under unsafe conditions.

3. The Occupational Health & Safety Committee will:

a) Establish goals and objectives for the Safety Program.

b) Promote standards of safe work practices for all staff members.

c) Evaluate and make recommendations on systems of reporting, recording, investigating and analyzing hazardous acts and conditions which have resulted or may result in injury or illness.

d) Recommend to the Immediate Supervisors appropriate steps necessary to correct unsafe work practices or working conditions.

e) Identify and recommend to the Immediate Supervisors appropriate education programs necessary to create awareness for a safe workplace.

f) Develop an evaluation process by which the effectiveness of the Health and Safety Program will be assessed.

Reference:
Workers Compensation Act Part 3 Division 4 – Joint Committees and Worker Representatives
http://www2.worksafebc.com/Publications/OHSRegulation/WorkersCompensationAct.asp?ReportID=19389

WorkSafeBC: Part 3 Rights and Responsibilities
http://www2.worksafebc.com/publications/OHSRegulation/part3.asp

Policy:	**H&S 2.01** **Personal & Protective Clothing and Equipment**
Person Responsible:	Immediate Supervisor
Date Approved:	February 2018
Revised:	June 2022

Overview:

An evaluation of workplace conditions will determine appropriate personal protective clothing or equipment, and will be done in consultation with the PGHPCS OH&S Committee and with the staff members who will use the equipment.

The Policy:

1) The Immediate Supervisor will ensure that appropriate protective equipment is available to staff members when necessary.
2) If the personal protective equipment provided by PGHPCS causes allergenic or other adverse health effects, PGHPCS will provide appropriate alternate equipment or safe measures.
3) The personal clothing of a staff member must be of a type and in a condition which will not expose the staff member to any unnecessary or avoidable hazards.
4) Footwear worn by staff members must be of a design, construction, and material appropriate to the protection required.
5) PGHPCS will assess each staff member's exposure to worksite dangers and ensure footwear is of a type and construction which minimizes, as far as is practicable, the risk of injury to staff.
6) The personal protective equipment program will be reviewed annually by the PGHPCS OH&S Committee and based on recommendations in the Interior Health Authority's *Infection Prevention and Control Manual* and other Workplace Health and Safety Policies.

Procedures:

1) PGHPCS procedures for PPE are based on the latest edition of the Interior Health Authority's *Infection Prevention and Control Manual* (March, 2015).http://www.interiorhealth.ca/AboutUs/QualityCare/Documents/InfectionControlManual.pdf

Reference
WorkSafeBC Part 8 Personal Protective Clothing and Equipment
http://www2.worksafebc.com/publications/ohsregulation/part8.asp

Policy:	**H&S 2.02** **Working Alone or In Isolation**
Date Approved:	February 2018
Revised:	June 2022

Overview:

Staff members or volunteers are considered to be working alone or in isolation when they do not have assistance that is readily available in case of emergency, injury, or ill health. If staff cannot be seen or heard by a person capable of providing assistance in a timely manner, then they should be regarded as working alone or in isolation.

The Policy:

1) Before staff members or volunteers are assigned to work alone or in isolation, PGHPCS will identify any hazards to that staff member.
2) PGHPCS will take measures to eliminate the hazard.
3) When the hazard cannot be eliminated, PGHPCS will minimize the risk of hazard through the use of more than one monitoring system to ensure that assistance is readily available.
4) PGHPCS will develop and implement a written procedure for checking the well-being of staff assigned to work alone or in isolation.

Procedures:

1) The following procedures have been established to minimize the risk of hazards from working in isolation.
    a) The procedure for checking staff member's or volunteer's well-being must include the time interval between checks and the procedure to follow in case they cannot be contacted, including provisions for emergency rescue.
    b) A person must be designated to establish contact at predetermined intervals and the results must be recorded by the person.
    c) In addition to checks at regular intervals, a check at the end of the work shift must be done.
    d) The procedure for checking-in, including appropriate time intervals between the checks, will be developed in consultation with the joint committee.
    e) The preferred method for checking is visual or two-way voice contact, but where such a system is not practicable, a one-way system which allows personnel to call or signal for help and which will send a call for help if the device is not reset after a predetermined interval is acceptable.
    f) *For administrative staff*: when working alone in the society office the office door is

to be closed and locked.

g) *For the Grief & Bereavement Counsellor*: there will be access to phones when working alone with clients. If you have any concerns or issues relating to danger, call 911.

h) *For the Client Support Services Manager*: when making home visits, text/email location of visit, anticipated length of time for visit and cell phone number to the ED. Text/email notification when visit completed.

i) *For Care Staff*: all Care Staff are required to carry with them a portable phone. The portable phone allows staff members to alert their co-workers and/or 911 in the event they require assistance. Additionally, all resident rooms have call bells which can be accessed by staff if needed.

Reference:

WorkSafe BC Guidelines Part 4 – Working alone or in isolation
http://www2.worksafebc.com/Publications/OHSRegulation/GuidelinePart4.asp?ReportID=34868

Policy:	**H&S 2.03** **Workplace Conduct**
Person Responsible	Immediate Supervisor
Revised:	June 2022

Overview:

Staff members must not engage in any improper activity or behaviour that might create an occupational health and safety hazard

The Policy:

1) "Improper activity or behavior "includes:
   a) the attempted or actual action by a staff member towards a co-worker of any physical force so as to cause injury, and includes any threatening statement or behaviour which gives the co-worker reasonable cause to believe they are at risk of injury;
   b) horseplay, practical jokes, unnecessary running or similar conduct.
   c) Any verbal remarks that could be interpreted as bullying
2) Improper activity or behaviour must be reported and investigated as required.

Reference:
Workers Compensation Act, Sec. 4.25
http://www2.worksafebc.com/Publications/OHSRegulation/Policies-Part4.asp#SectionNumber:R4.25-1

Policy:	**H&S 2.04** **Violence in the Workplace**
Date Approved:	February 2018
Revised:	June 2022

Overview:

"Violence" means the attempted or actual exercise by a person, other than a staff member, of any physical force so as to cause injury to a staff member, and includes any threatening statement or behaviour which gives a staff member reasonable cause to believe that he or she is at risk of injury.

Verbal abuse or harassing behaviour is not included in the definition of violence for the purpose of this policy (see H&S 2.06) unless it includes threats or behaviour which gives the staff member reasonable cause to believe that the staff member is at risk of injury.

According to WorkSafeBC, a threat against a staff member's family that is a result of the staff member's employment is considered a threat against the staff member under this policy.

The Policy:

1) The OH&S Committee at PGHPCS will perform an annual Violence in the Workplace risk assessment since a risk of injury to staff members from violence arising out of their employment in our organization may be present.
2) The risk assessment will include the consideration of:
    a) previous experience of violence at PGHPCS,
    b) occupational experience in similar workplaces, and
    c) the location and circumstances in which work will take place.
3) If a risk of injury to staff members from violence is identified by an assessment, PGHPCS will:
    a) establish procedures, policies and work environment arrangements to eliminate the risk to staff members from violence, and
    b) If elimination of the risk is not possible, establish procedures, policies and work environment arrangements to minimize the risk to staff members.
4) PGHPCS will inform staff members who may be exposed to the risk of violence of nature and extent of the risk.
5) PGHPCS will instruct staff members who may be exposed to the risk of violence in
    a) the means for recognition of the potential for violence,

b) the procedures, policies and arrangements which have been developed to minimize or effectively control the risk,

c) the appropriate response to incidents of violence, including how to obtain assistance, and

   i. procedures for reporting, investigating and documenting incidents of violence.

6) PGHPCS will ensure that staff members reporting an injury or adverse symptom as a result of an incident of violence are advised to consult a physician of choice.

Procedures:

7) As per WorkSafeBC regulation (Workers Compensation Act, sections 172-176), the procedures for reporting, investigating and documenting incidents of violence are as follows:

   a) The Immediate Supervisor will immediately notify the WorkSafeBC of the occurrence of violence at work involving a staff member.

   b) All Guests admitted to RHH will have an aggression risk assessment completed, and charted.

   c) The Immediate Supervisor and/or appointed investigator will immediately undertake an investigation into the cause of the incident.

   d) The investigation into a violent incident at work will be carried out by people knowledgeable about the type of work involved and, if they are reasonably available, with the participation of PGHPCS or a representative of PGHPCS and a staff member representative (i.e., BCNU shop steward). As far as possible, the investigation must:

      i. Determine the cause or causes of the incident

      ii. Identify any unsafe conditions, acts or procedures that contributed in any manner to the incident, and

      iii. If unsafe conditions, acts or procedures are identified, recommend corrective action to prevent similar incidents.

   e) PGHPCS will make every reasonable effort to have available for interview by a person conducting the investigation, or by an officer, all witnesses to the incident and any other persons whose presence might be necessary for a proper investigation of the incident.

   f) PGHPCS will record the names, addresses and telephone numbers of people referred to above.

   g) PGHPCS will, as part of an investigation required by WorkSafeBC, ensure that an incident investigation report is prepared in accordance to the regulation and will provide a copy of the report to the OH&S Committee and WorkSafeBC.

   h) Following an investigation, PGHPCS will undertake any corrective action

required to prevent recurrence of similar incidents. PGHPCS will prepare a report of the action taken and provide a copy of the report to the OH&S Committee, and WorkSafeBC.

References:
WorkSafeBC Regulations sections 4.28 to 4.31
http://www2.worksafebc.com/Publications/OHSRegulation/Policies-Part4.asp#SectionNumber:R4.25-1

Policy:	**H&S 2.05** **Domestic Violence in the Workplace**
Date Approved:	February 2018
Revised:	June 2022

Overview:

Workplace violence can arise from a variety of sources, including domestic violence. As an employer, PGHPCS is committed to addressing violence in the workplace that puts our residents, clients, families, guests, staff, and volunteers at risk.

Domestic Violence describes a range of behaviours or actions taken by a person to control and dominate another person. Domestic violence is characterized by abusive, coercive, forceful, or threatening acts or words used by one member of a family, household, or intimate relationship, against another. Domestic violence may take the form of physical, emotional, sexual, financial, and/or spiritual abuse. Domestic violence can enter the workplace when an abuser attempts to harass, stalk, threaten, or injure a victim at work. This can endanger co-workers, clients, volunteers as well as victims, putting an entire workplace at risk.

The Policy:

1) As an employer, PGHPCS has a duty to provide a safe working environment which includes protecting staff members from the risk of violent attacks.
2) PGHPCS also accepts that we have a duty to promote a safe and healthy working environment and to provide support to *any* staff member who is a victim of domestic violence and to protect staff members from the risk of violent attacks while at work.

Procedures:

1) Staff members are encouraged to seek help from their Immediate Supervisor with safety planning and/or support for domestic violence.
2) A risk assessment will be performed by the Immediate Supervisor if there is interaction between staff members and people other than co-workers that might lead to threats or assaults.
3) The risk assessment may include:
    a) the assistance from a professional, and
    b) the completion of the WorkSafeBC risk assessment tool www.worksafebc.com/domesticviolence
4) If the threat of violence is imminent, the Immediate Supervisor will:
    a) contact the police immediately.

b) take steps to eliminate or minimize the risk to staff members.

5) When non-imminent threats exist, PGHPCS will establish procedures, policies, and a work environment to address the risk (the Regulation, s4.49).

6) If PGHPCS learns of a domestic violence risk from a staff member, PGHPCS supervisors will inform any staff member who may encounter the individual in the course of their employment about the person's identity, the nature and extent of the risk, as well as the necessary controls (the Regulation, s4.30). Only those staff members who are likely to encounter the individual in the course of their work will be informed.

7) Staff members who are likely to encounter the individual in the course of their work will be instructed on:

   a) how to recognize the potential for violence,

   b) the policies, procedures, and arrangements in place to address the risk,

   c) how staff members should respond,

   d) how to obtain assistance,

   e) how to report, investigate, and document any incidents of violence (the Regulation, s4.30)

8) The Immediate Supervisor will ensure that any staff members reporting an injury or adverse symptom as a result of an incident of domestic violence are advised to consult a physician of choice.

9) As with other work-related exposures and/or injuries, staff members who experience a violent incident at work due to domestic violence must use the same procedures for reporting, investigating and documenting incidents of violence to WorkSafeBC as outlined in H&S 2.04.

10) When both partners in a violent relationship work for the same organization, PGHPCS will respond appropriately to both the victim and the perpetrator. The WorkSafeBC Regulation states that "A person must not engage in any improper activity or behaviour at a workplace that might create or constitute a hazard to themselves or to any other person" see H&S Policy 2.03. Violence or threats between staff members will be investigated and responded to as required.

References:

WorkSafe BC. Addressing Domestic Violence in the Workplace: A Handbook for Employers
http://www2.worksafebc.com/Topics/Violence/Resources-DomesticViolence.asp

Policy:	**H&S 2.06** **Work Area Requirements**
Date Approved:	February 2018
Revised:	June 2022

Overview:

Buildings, structures, excavations, machinery, equipment, tools and workplaces must be maintained in such a condition that staff members will not be endangered.

The Policy:

1) There will be a safe way of entering and leaving each place where work is performed at PGHPCS and staff members will not be expected to use another way.
2) All work areas will be arranged to allow the safe movement of people, equipment and materials.
3) Hazardous areas not intended to be accessible to staff members will be secured by locked doors or equivalent means of security, and will not be entered unless safe work procedures are developed and followed.
4) If a door installed at PGHPCS swings towards a stair, the full arc of its swing will be over a landing.
5) A double-acting swing door will permit a person approaching the door to see any person approaching from the opposite side so as not to endanger their safety.
6) Any glass or transparent doors will have hardware or markings so that its presence is readily apparent. Any transparent panel or window, which could be mistaken for a doorway, will have bars or markings so that its presence and position are readily apparent.
7) Floors, platforms, ramps, stairs and walkways available for use by staff members will be maintained in a state of good repair and kept free of slipping and tripping hazards.
8) Refuse, spills and waste material will not be allowed to accumulate so as to constitute a hazard.
9) If any equipment requires an operation or maintenance manual, the manual will first be obtained and standards identified to which the equipment has been manufactured.

Reference:
OHS Regulation Part 4 General Conditions
http://www2.worksafebc.com/Publications/OHSRegulation/Part4.asp?reportID=17998

Policy:	**H&S 2.07** **Emergency Lighting**
Date Approved:	February 2018
Revised:	June 2022

Overview:
In the event of a failure of the lighting system, an emergency lighting system is available for the workplace and exit routes in order to minimize conditions dangerous to the health and safety of staff members, clients or visitors.

The Policy:

1) An emergency lighting system will provide dependable illumination while the primary lighting system is off to enable all emergency measures to be carried out.
2) The emergency lighting system will meet the requirements of the *BC Building Code* with regard to:
    a. Illumination level,
    b. use of recessed fixtures,
    c. duration of emergency lighting,
    d. the use of self-contained emergency lighting units,
    e. Emergency electrical power supply.

References:
OHS Regulation 4
Section 3.2.7 BC Building Code (*Lighting and Emergency Power Systems*)
http://www2.worksafebc.com/publications/ohsregulation/part4.asp#SectionNumber:4.69

Policy:	**H&S 2.08** **Storing and Handling Materials**
Date Approved:	February 2018
Revised:	June 2022

Overview:
Material and equipment will be placed, stacked or stored in a stable and secure manner.

The Policy:

1) Hazardous areas not intended to be accessible to staff members will be secured by locked doors or equivalent means of security, and must not be entered unless safe work procedures are developed and followed.
2) Stacked material or containers will be stabilized as necessary by interlocking, strapping or other effective means of restraint to protect the safety of staff members.
3) An area in which material may be dropped, dumped or spilled must be guarded to prevent inadvertent entry by staff members, or protected by adequate covers and guarding.

References:
OHS Regulation 4- Storing and Handling Materials
http://www2.worksafebc.com/Publications/OHSRegulation/Part4.asp?ReportID=18000

Policy:	**H&S 2.09** **Ergonomics (MSI) Requirements**
Date Approved:	February 2018
Revised:	June 2022

Overview:
PGHPCS will eliminate or, if that is not practicable, minimize the risk of musculoskeletal injury to staff members.

The Policy:

1) Factors in the workplace that may expose staff members to risk of musculoskeletal injury (MSI) will be identified in an annual risk assessment conducted by the OH&S Committee.
2) Staff members who may be exposed to the risk of MSI will be educated in risk identification related to the work, including the recognition of early signs and symptoms of MSIs and their potential health effects.
3) When factors that may expose staff members to the risk of MSI have been identified, the risk will be assessed, considering:
    a) the physical demands of work activities, including
        a. force required,
        b. repetition,
        c. duration,
        d. work postures, and
        e. local contact stresses;
    b) aspects of the layout and condition of the workplace or workstation, including
        a. working reaches,
        b. working heights,
        c. seating, and
        d. floor surfaces;
    c) the characteristics of objects handled, including
        a. size and shape,
        b. load condition and weight distribution, and
        c. container, tool and equipment handles;

   d) the environmental conditions, including cold temperature;

4) PGHPCS will monitor the compliance with the *Ergonomics (MSI) Requirements* and will review them annually. Any identified deficiencies will be corrected without undue delay.

5) There will be consultation with the joint committee with respect to the following when they are required by the *Ergonomics (MSI) Requirements*:

   a) risk identification, assessment and control;

   b) the content and provision of staff member education and training;

   c) the evaluation of the compliance measures taken.

6) PGHPCS will, when performing a risk assessment, consult with

   a) staff members with signs or symptoms of MSI, and

   b) a representative sample of the staff members who are required to carry out the work being assessed.

Reference:
OHS Regulation Part 4 Ergonomics (MSI) Requirements
https://www2.worksafebc.com/publications/ohsregulation/Part4.asp?ReportID=18001

Policy:	**H&S 2.10** **Indoor Air Quality**
Date Approved:	February 2018
Revised:	June 2022

Overview:

PGHPCS will ensure that the indoor air quality of the workplace meets the Standards of the Occupational Health and Safety Regulations.

The Policy:

1) To maintain acceptable air quality an effective preventive maintenance program for the ventilation system will be established and include:
   a) regular inspections
      i. of all critical components of the ventilation system, such as dampers, fans, belts, baffles, ductwork, diffusers and control systems, and
      ii. for conditions which would promote the growth of micro-organisms, such as water leaks or stagnant water pools,
   b) correction of any deficiencies found during the inspections,
   c) repair or replacement of malfunctioning and consumable components, such as filters and belts, and the cleaning of air distribution systems, ducts and dampers when necessary to correct an indoor air quality deficiency,
   d) adequate treatment of open water systems associated with ventilation equipment such as cooling towers and humidifiers, to control biological growth, and
   e) maintenance of combustion sources, such as furnaces, space heaters and water heaters to assure proper burning and exhausting of waste gases so that recirculation of gases to the workplace will not occur.
2) PGHPCS will ensure that the indoor air quality is investigated:
   a) when complaints are reported,
   b) when renovations involving significant changes to the ventilation system occur.
3) An air quality investigation will include
   a) assessment of the ventilation rate, unless the indoor carbon dioxide level is less than 650ppm above ambient outdoor levels,
   b) inspection of the ventilation system as required in section 4.78(2),
   c) sampling for airborne contaminants suspected to be present in concentrations

associated with the reported complaints, and

d) a record of the complaint, the findings of the investigation, and any actions taken.

4) PGHPCS will ensure that the temperature and humidity levels within the indoor work environment are maintained within acceptable comfort ranges, as far as it is practicable.

Reference:
WorkSafeBC OHS Regulation & Guidelines Indoor Air Quality Part 4: General Conditions
http://www2.worksafebc.com/Topics/IndoorAir/RegulationAndGuidelines.asp

Policy:	**H&S 2.11** **Environmental Tobacco Smoke**
Date Approved:	February 2018
Revised:	June 2022

Overview:

Prince George Hospice Palliative Care Society will ensure a smoke-free environment for its staff members, guests and visitors. However, due to the stress and anxiety that end-of-life creates for some guests, a designated outdoor smoking area will be provided for them. Utilization of Smoking room is also provided for guests only

The Policy:

1) Smoking in Hospice House is prohibited, other than in designated smoking room.
2) Hospice has two designated smoking areas-the indoor smoke room and the outdoor gazebo.
3) Guests may smoke outdoors in the designated area only in daylight hours. After dusk, the building is secured and locked. Any guests going outside at this time do so at their own risk; this activity must be charted by staff members.
4) If a guest requires assistance to get to the designated smoking area, the guest will make arrangements with family or friends to provide the assistance.
5) When a guest is no longer able to smoke, they will be assessed regarding the need for a nicotine-substitute patch. The guest (if possible), family and physician need to be consulted to assess the level of dependence and potential discomfort when the smoking stops.

Reference:
OHS Part 4: General conditions: Environmental Tobacco Smoke
https://www2.worksafebc.com/publications/OHSRegulation/GuidelinePart4.asp?reportID=22354
Interior Health Smoke Free Policy

Policy:	**H&S 2.12** **Occupational Environment Requirements**
Date Approved:	February 2018
Revised:	June 2022

Overview:

PGHPCS will provide a healthy environment for all staff members,

The Policy:

1) An area suitable for the storage and consumption of food will be provided.
2) Washroom facilities will be maintained in proper working order, kept clean and sanitary, and provided with the supplies necessary for their use.

Reference:
WorkSafeBC OHS Regulation Part 4 General Conditions Occupational Environmental Requirements
http://www2.worksafebc.com/Publications/OHSRegulation/Part4.asp?ReportID=18008

Policy:	**H&S 2.13** **Security**
Date Approved:	February 2018
Revised:	June 2022

Overview:
PGHPCS is committed to providing a safe and secure environment for its staff members, clients and visitors. Security is the responsibility of all staff.

The Policy:

1) All staff members will work in a prudent and safe manner and report any real or potential safety hazard to their Immediate Supervisor.
   a) Immediate Supervisors will ensure that all staff members are adequately trained in safe working practices.
   b) Security procedures will be in place to ensure a safe workplace and the prevention of loss or damage to property.

Procedures:

1. Staff Security

a) All petty cash and staff valuables will be placed out of sight in designated locked areas.

b) If a robbery should occur, staff members are to provide intruders with the petty cash and/or drugs they demand and allow them to escape with it. Staff members are not to offer drugs unless demanded.

c) In an emergency staff will call 911 immediately.

2. Site Security

a) All security concerns will be brought to the attention of the Immediate Supervisor or if unavailable, the Executive Director. If urgent, 911 will be called or the alarm keypad used.

b) Staff members ensure that the building is secured and alarms set according to our security checklists

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c) Staff members ensure all confidential information and documents received are treated as confidential at all times.

d) Staff members wear their nametags while on duty.

e) Staff members encourage residents not to bring valuables to Hospice House.

f) Staff members report the loss of any Hospice property (including keys and access fobs) to their Immediate Supervisor as soon as the item has been discovered to be lost. Lost keys are reported immediately to the Immediate Supervisor and a *Worker Accident/Incident Report* must be completed (indicating that a “Violation of PGHPCS H&S Policy” has occurred) – See H&S Policy 2.21

Policy:	**H&S 2.14** **Orientation and Training**
Date Approved:	February 2018
Revised:	June 2022

Overview:
PGHPCS provides training to ensure awareness of potential hazards and safe work practices.

The Policy:

1) Staff members receive appropriate training and instruction to avoid and lessen hazardous situations.
2) Immediate Supervisors are responsible for ensuring that all new staff members start out with appropriate orientation.

Procedures:

1) Every staff member receives an orientation to the safe work practices and attitudes necessary to protect him/herself and others from injury within the work environment. The safety orientation checklist will be in accordance with WorkSafeBC OH&S Regulation and will include:
    a) name and contact information of Immediate Supervisor
    b) employee rights and responsibilities under the Workers Compensation Act and this Regulation, including the reporting of unsafe conditions and the right to refuse to perform unsafe work
    c) PGHPCS workplace health and safety rules
    d) hazards to which the new staff member may be exposed, including risks from robbery, assault or confrontation
    e) working alone or in isolation and violence in the workplace
    f) personal protective equipment, as required depending on position
    g) location of first aid facilities and means of summoning first aid
    h) reporting procedure for hazards, illnesses and injuries
    i) emergency procedures
    j) orientation to work tasks and processes
    k) PGHPCS's health and safety program
    l) review of WHMIS
    m) contact information for the PGHPCS OH&S Committee

2) PGHPCS will provide a new staff member with additional orientation and training if
    a) Workplace observation reveals that the new staff member is not able to perform work tasks or work processes safely, or
    b) requested by the new staff member.
3) Yearly mandatory staff training will be offered in emergency preparedness, fire extinguisher usage, WHMIS and equipment operations.

Reference:
WorkSafeBC OHS Regulation Part 3 Rights and Responsibilities - Young or New Workers
http://www2.worksafebc.com/Publications/OHSRegulation/Part3.asp#SectionNumber:3.23

Policy:	**H&S 2.15** **WHMIS**
Date Approved:	February 2018
Revised:	June 2022

Overview:
PGHPCS is committed to providing a safe and secure environment for its staff members, clients and visitors.

1) The Policy:

2) A Workplace Hazardous Materials Program is implemented and maintained to ensure that PGHPCS identifies all hazardous substances.
3) All hazardous substances are properly labeled and added to the *Safety Data Sheets* (SDS) prior to their use at PGHPCS.
4) The SDS sheets are easily accessible to all staff members.
5) All staff members are educated about labels, SDS and safe handling procedures.
6) Staff members receive appropriate training and instruction regarding working with hazardous products.
7) Staff are trained to identify the label symbols and understand the risks and precautions of the product
    a) to access, read and understand the appropriate (highlighted) sections of the SDS
    b) in safe working procedures related to the handling, storage, disposal of hazardous products
    c) in emergency procedures where necessary
8) PGHPCS will maintain a written record of staff member's WHMIS training session.
9) Staff members are required to:
    a) attend orientation and annual training relating to WHMIS
    b) know which products used in the workplace are identified as WHMIS- hazardous products
    c) follow safe work procedures in handling hazardous products.

Notes:

1) WHMIS 2015

a) The Workplace Hazardous Materials Information System (WHMIS) provides

information on the safe use of hazardous products in Canadian workplaces.

b) WHMIS 2015 is an updated system to reflect elements of a United Nations initiative called the Globally Harmonized System of Classification and Labelling of Chemicals (GHS). The updated WHMIS program aligns Canada's hazard classification and communication requirements with those used in the United States and other major trading partners.

c) For the sake of clarity, the original WHMIS is now referred to as WHMIS 1988. The updated version is called WHMIS 2015.

d) The federal WHMIS legislation came into effect on February 11, 2015 to align WHMIS with the GHS. British Columbia will amend the WHMIS sections of the provincial Occupational Health and Safety Regulation in June 2015.

e) What's changing in WHMIS 2015

i) Hazard classes and categories — the classification criteria have changed. There are some new hazard classes, such as "Aspiration hazard."

ii) Pictograms and labels

iii) Safety data sheets (SDSs) — these will use a standard 16-section format. Some new information is required.

f) What's staying the same in WHMIS 2015

i) The current roles and responsibilities of suppliers, employers, and workers remain unchanged in WHMIS 2015.

g) Transitioning from WHMIS 1988 to WHMIS 2015

i) Health Canada announced on February 11, 2015 that the revised Hazardous Products Act (HPA) and the new Hazardous Products Regulations (HPR) which regulate suppliers (importers, manufacturers, and distributors), are now law in Canada. The HPR set out specific hazard classification criteria. If a product covered by the HPA meets the criteria to be included in a hazard class or category, it is considered to be a "hazardous product".

ii) British Columbia will amend the WHMIS sections of the provincial Occupational Health and Safety (OHS) Regulation in June 2015 to be consistent with these changes.

iii) To allow time for suppliers, employers, and workers to adjust to the new WHMIS 2015 requirements, a multi-year transition plan is in effect. During the transition period (February 11, 2015 to November 30, 2018), both the original WHMIS 1988 and WHMIS 2015 may be used in the workplace.

References:
OHS Regulation: Sections 5.3 to 5.19 - ***Workplace Hazardous Materials Information System*** *(WHMIS) Requirement*

WorkSafeBC WHIMIS 2015

\http://www2.worksafebc.com/Topics/WHMIS/WHMIS2015.asp

Policy:	**H&S 2.16** **Blood & Body Fluid Exposure**
Date Approved:	February 2018
Revised:	June 2022

Overview:

PGHPCS is committed to preventing exposure to blood and body fluids and providing appropriate medical care and support in the event of exposure to blood and body fluids.

The Policy:

1) Immediate Supervisors will ensure that all required staff members are familiar with blood and body exposure guidelines and they are properly trained in and comply with workplace policies and procedures.
2) Staff members follow Universal Precautions (see *Procedures*) to control their risk of contact with blood and body fluids that may be infected.
3) Care staff members know and use safe work procedures and use needles and other medical sharps in a safe manner.

Procedures:

1) Any medical procedure that involves the use of hollow bore needles now requires safety engineered needles or needleless systems. These procedures include:
    i. withdrawal of body fluids
    ii. accessing a vein or artery
    iii. administration of medications or fluids
    iv. any other procedure involving the potential for an exposure to accidental parenteral contact for which a needleless system or safety-engineered needle system is available
2) If a staff member has been exposed to the human immunodeficiency virus (HIV), hepatitis B virus or any other biological agent designated as a hazardous substance in *OH&S Section 5.1.1*, PGHPCS must advise the staff member to seek immediate medical evaluation.
3) If any of the following occur:
    i. A bite or scratch occurs that results in significant bruising, abrasion or breakage of skin
    ii. a needle-stick injury

iii. an invasive exposure to blood and body fluids

iv. eye-splash

a) Staff members are to:

v. report the incident to their Immediate Supervisor

vi. go directly to the Emergency Dept. of the hospital

vii. complete a WorkSafeBC Form 6 to submit to WorkSafeBC and submit a *Worker Accident/Incident Report* to their Immediate Supervisor.

References:
B.C. Reg. 106/2007, effective July 26, 2007
Rev. January 1st, 2008

Policy:	**H&S 2.17** **Work Related Injuries or Exposure**
Date Approved:	February 2018
Revised:	June 2019

Overview:

All work-related injuries and occupational diseases must be reported to PGHPCS as soon as possible, or in the case of exposure, as soon as identified.

The Policy:

1) All staff members are entitled to apply for WorkSafeBC benefits after sustaining a work- related injury or exposure to an occupational hazard or disease.
2) First Aid procedures will be maintained by PGHPCS.
3) From Monday to Friday 8:00-4:00, the Leadership Team and Administrative staff are the Occupational First Aid attendants for staff members.
    a) RNs are the First Aid Attendants for PGHPCS residents and guests.

Procedures:

1) PGHPCS has an Industry Hazard Rating of Low (i.e., less than 20 minutes to travel to hospital by road) during working hours. Monday to Friday during society office hours when there are more than 10 staff members on site, we will have an Occupational First Aid Level One certified attendant available and a Level One First Aid Kit. On evenings, nights and weekends when we have less than 10 staff members on site, we will have a Level One First Aid Kit on site. Any necessary transportation of a staff member to hospital will be at PGHPCS's expense.
2) A First Aid Record will be completed at PGHPCS for any staff member receiving first aid on site for work-related exposures and/or injuries.
3) It is the responsibility of PGHPCS to provide access to First Aid reports for inspection by an officer of the WCB. A First Aid Record is to be filled in for each incident/use of supplies in the kit. The First Aid Record will be kept according to PIPA Guidelines for a period of 3 years.
4) A reportable injury is an injury arising out of and in the course of employment, or which is claimed by a staff member to have arisen out of and in the course of employment, where one of the following conditions is present or subsequently occurs:
    a) The staff member loses consciousness following the injury.
    b) The staff member is transported or directed by a first aid attendant or other PGHPCS representative to a hospital or other place of medical treatment, or

is recommended by such persons to go to such place.

c) The injury is one that obviously requires medical treatment.

d) The staff member has received medical treatment for the injury.

e) The staff member 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.

f) The injury or accident resulted or is claimed to have resulted in the breakage of an artificial member, eyeglasses, dentures or a hearing aid.

g) The staff member or WorkSafeBC has requested that an employer's report be sent.

5) Where none of the conditions listed above are present, an injury is a minor injury and not required to be reported to WorkSafeBC unless one of those conditions subsequently occurs.

6) If an injury needs to be reported to WorkSafeBC, the staff member must complete an *Application for Compensation and Report of Injury or Occupational Disease* (Form 6) and submit it to WorkSafeBC (either manually or electronically). The staff member must also fill out a PGHPCS *Worker Accident/Investigation Report* and submit it to their Immediate Supervisor who will investigate the incident.

7) After the investigation is completed, PGHPCS will submit an *Incident and Injury Report* (Form 7) or an *Incident and Injury Report* online to WorkSafeBC. WorkSafeBC will be notified within 3 business days of the injury's occurrence or within three business days of becoming aware of the injury.

8) WorkSafeBC offers three options for reporting a work-related injury and filing a claim:

a) Call the Teleclaim Centre — The fastest and easiest way to report an injury and file a TIME-LOSS CLAIM is to call 1 888 WORKERS (1-888-967-5377)
   - Report the injury online — Go to WorkSafeBC.com and select “Report an Injury or Illness” to input your information.
   - Submit the paper form

   For more information and to access the form, visit http://www.worksafebc.com/claims/report_injury/worker_incident_injury_report/default.asp

   The *Incident and Injury Report* must be submitted online, or *Incident and Injury Report* (Form 7) must be emailed, faxed or mailed, to WorkSafeBC as soon as possible. Acceptance of a claim and provision of benefits is determined by WorkSafeBC.

Note: Conscientious and accurate reporting of injuries and exposures enables PGHPCS to:

i. meet the legal requirements of WorkSafeBC

ii. facilitate health promotion and accident prevention programs

iii. protect staff members from complications potentially arising from injury or exposure

Policy:	**H&S 2.18** **Handling and Disposal of Sharps**
Date Approved:	February 2018
Revised:	June 2022

Overview:
PGHPCS is committed to protecting staff members, clients and visitors from the risk of injury or infection due to sharps exposure.

The Policy:

1) The Nurse Leader or designate ensures that all staff members are familiar with protocols for handling and disposing of sharps and they are properly trained in and comply with workplace policies and procedures.

Procedures:

1) All sharps are disposed of at the point of use, uncapped directly into the designated, labeled, puncture-resistant container provided.
2) Sharps containers are removed and replaced when they are filled to the designated “full” level.
3) Contaminated sharps are disposed of with gloved hands and if possible, indirectly with forceps.

Policy:	**H&S 2.19** **Keys and Access Control**
Date Approved:	February 2018
Revised:	June 2022

Overview:
PGHPCS staff members are responsible for the control of keys and access equipment relating to the physical security of the building and the protection of its assets.

The Policy:

1) Staff members may be issued keys and access codes upon the recommendation and approval of their supervisor and where there is a demonstrated need.
2) Keys are to be issued for Hospice-related business only and are not transferred between individuals. –RNs and RCAs always transfer between shifts.

Procedures:

1) Staff members entering or leaving a locked area are responsible for securing the door(s).
2) Prior to going on a scheduled leave (vacation or LOA), staff members are required to leave their PGHPCS keys with their Immediate Supervisor.
3) Staff members who are terminated or resign will return PGHPCS keys and access information to their Immediate Supervisor prior to or on their last day of employment.
4) Master keys are stored securely and there is an auditing system in place to account for all keys and access information.
5) Broken or damaged keys will be replaced on presentation of the defective key.
6) If keys are determined to be lost, this must be reported immediately to the Immediate Supervisor and a *Worker Accident/Incident Report* must be completed (indicating that a “Violation of PGHPCS H&S Policy” as occurred).

Policy:	**H&S 2.20** **Safety Inspections**
Date Approved:	February 2018
Revised:	June 2022

Overview:
Safety inspections are conducted biannually to identify unsafe work practices and conditions that may lead to an accident or an occupational disease, and to make recommendations to correct the unsafe practice or condition.

The Policy:

1) Inspections to be performed are:
   a) **Workplace inspection** - PGHPCS must ensure that regular inspections are made of the workplace, including buildings, structures, grounds, excavations, tools, equipment, machinery and work methods and practices, at intervals that will prevent the development of unsafe working conditions.
   b) **Safe machinery and equipment** – PGHPCS must ensure that each tool, machine and piece of equipment in the workplace is capable of ~~safety~~ safely performing the functions for which it is used and is selected, used and operated in accordance with the manufacturer's instructions and safe work practices. Unless specified by the OHS Regulation, the installation, inspection, testing repair and maintenances of a tool, machine or piece of equipment must be carried out in accordance with the manufacturer's instructions and any standard the tool, machine or piece of equipment is required to meet.
   c) **Emergency lighting** – The emergency lighting system must be inspected, tested and maintained to meet the BC Fire Code requirements.
   d) **Ventilation system** - To maintain acceptable air quality, PGHPCS must establish an effective preventive maintenance program for the ventilation system.
   e) **Lifts** - Operation, inspection, repair, maintenance and modification of a lift or other support must be carried out by maintenance according to the manufacturer's instructions. Through regular maintenance, PGHPCS ensures the safe operating condition of the equipment.
   f) **Slings** - Slings and attachments must be visually inspected before use on each shift, and defective equipment must be immediately removed from service.
   g) **Below-the-Hook Lifting Devices** - Spreader bars and other specialized below-the-hook lifting devices must be constructed, inspected, installed, tested, maintained and operated according to the requirements of ASME B30.20-1993, Below-the-Hook Lifting Devices
   h) **Evacuation and Rescue** - Ropes and associated equipment must be inspected visually and physically by qualified staff members after each use for rescue,

evacuation or training purposes.

2) A *Medication Safety Self-Assessment Survey* will be completed by a multi-disciplinary team according to *ISMP Canada*. Care Staff will read *ISMP Canada Bulletins.*

Procedures:

1) The PGHPCS Health & Safety Committee conducts the inspection twice a year.
2) The Committee reviews each inspection report and accident statistics for the previous year to review problem areas. The inspection reports are forwarded to the Executive Director.
3) A special inspection must be made when required by malfunction or accident.
4) A Safety Checklist is used for the inspection to identify common hazards.
5) There is accurate maintenance of records and statistics, including reports of inspections and incident investigations, with provision for making this information available to the Health and Safety Committee, and upon request, to the union representing the staff members at the workplace or, if there is no union, the staff members at the workplace.
6) The Nurse Leader receives recommendations from the Committee on the inspection report and follows up to ensure the problem is corrected.
7) On-going problems are brought to the attention of the Executive Director.

Regulations:
OHS Regulation section 3 and 4
BC Fire Code: section 6.8
http://www.ismp-canada.org/hmssa/hmssainst.htm

Policy:	**H&S 2.21** **Emergency Preparedness Plan for Critical Incidents**
Date Approved:	February 2018
Revised:	June 2022

Overview:

PGHPCS is committed to the safety of our residents, families, guests, staff members, and volunteers.

The Policy:

1) Emergency and critical incidents in the workplace can affect people physically and psychologically, and affect program continuity at PGHPCS.
2) When a disaster or emergency situation arises, the primary aim of the emergency preparedness plan is to ensure the safety of all people on the premises, preserve life and protect property.

Procedures:

1) All Critical Incidents will be dealt with immediately in the following way:
   a) Immediate response by staff members to notify the RN Team Leader.
   b) All staff members are responsible for the safety of volunteers, residents, families, and guests.
   c) All staff members will work with the RN Team Leader to ensure the immediate safety and well-being of volunteers, residents, families, and guests either by isolation and/or evacuation.
   d) The RN Team Leader will ensure the immediate notification of appropriate authorities Police, Fire Department, Ambulance.
   e) The RN Team Leader will ensure notification by phone (cell or home phone) of Nurse Leader and Executive Director if not already aware of the situation.
   f) The RN Team Leader will respond to the Critical Incident as outlined in specific policies for specific threats (see Emergency Preparedness Policies). If there is a Critical Incident that occurs which is not covered under existing policies, staff members will respond immediately with the type of assistance required by the specific circumstance and in conjunction with the authorities (such as the RCMP).
   g) Critical Incidents will be recorded on the appropriate Incident Report (PGHPCS Worker/Incident Report; WorkSafeBC Report of Injury or Occupational Disease; Interior Health Incident Report; Volunteer/Visitor Incident Report) once the threat has past and the safety of residents, families, guests, staff, and volunteers is

assured.

h) All Critical Incidents will be investigated by the Executive Director in conjunction with the Immediate Supervisor of the program that was involved in the Critical Incident.

2) Procedures for evacuation are found in the *Emergency Preparedness Procedure Manual*.

Policy:	**H&S 2.22** **Impairment**
Date Approved:	February 2018
Revised:	June 2022

Overview:

PGHPCS is committed to safety. This policy is to protect our residents, clients, families, guests, staff, and volunteers from the potential adverse effects of impairment, including the inappropriate use of alcohol and drugs. PGHPCS and its staff members have a responsibility to ensure the workplace remains free from adverse health effects. Staff members are responsible for taking steps to resolve any physical and mental impairment that might put those in the workplace at risk.

The Policy:

1. **Physical or mental impairment**
    a) A staff member with a physical or mental impairment (including fatigue) which may affect their ability to safely perform assigned work must inform his or her Immediate Supervisor or designate of the impairment, and must not knowingly do work where the impairment may create an undue risk to themselves or anyone else.
    b) A staff member must not be assigned to activities where a reported or observed impairment may create an undue risk to themselves or anyone else.
2. **Impairment by alcohol, drug or other substance**
    a) A staff member must not enter or remain at PGHPCS while their ability to work is affected by alcohol, a drug (prescription and non-prescription) or other substance so as to endanger themselves or anyone else.
    b) PGHPCS will not knowingly permit a staff member to remain at work while the staff member's ability to work is affected by alcohol, a drug or other substance so as to endanger the staff member or anyone else.
    c) A person must not enter or remain at PGHPCS if the person's behaviour is affected by alcohol, a drug or other substance so as to create an undue risk to staff members.

Procedures:

1) If an Immediate Supervisor or designate suspects a staff member at work is impaired or unfit to work:
    a) The Immediate Supervisor or designate will investigate to determine if the staff member is fit for duty. If the staff member is a member of the BCNU, the supervisor will meet with the staff member in the presence of a shop steward, if

present, and a witness. If the staff member is not a member of BCNU, the supervisor and witness will meet with the staff member.

b) The Immediate Supervisor will check for indicators of impairment or evidence that the staff member is unfit to perform his/her duties (see the Impaired Performance Incident Checklist). The supervisor will ask the staff member about his/her fitness to perform his/her duties, impairment, physical or emotional condition or whatever is causing the Immediate Supervisor concern.

c) If the Immediate Supervisor determines that the staff member may be impaired and/or unfit to perform the duties, then the supervisor will advise the staff member that he/she is being removed for the remainder of the shift.

d) In situations where the staff member is uncooperative and/or acting inappropriately, the police will be called.

e) If it is suspected that the staff member is impaired due to substance use, paid transportation will be arranged for the staff member to return to his/her residence or to the care of another person and it will be determined if the staff member needs to be accompanied. PGHPCS staff members are not permitted to transport the staff member.

f) If there is concern about the staff member's immediate health status, transportation to medical treatment (i.e., hospital or clinic) will be arranged.

g) The Immediate Supervisor will document observations and actions taken on the Impaired Performance Incident Checklist.

h) The staff member will be paid for the lost hours of work for that shift, regardless of whether there is evidence of impairment or not.

i) The Immediate Supervisor or designate will contact the staff member the next business day or as soon as possible following the incident to schedule a follow-up meeting with the Executive Director and the union (if applicable). The purpose of this meeting will be to assess if there is a medical condition and to discuss the return-to-work process. If the situation is a repeat occurrence, the Executive Director will advise the Immediate Supervisor if a different course of action should be taken.

Regulations:
OHS Regulation Part 4 General Conditions - Impairment
https://www2.worksafebc.com/Publications/OHSRegulation/Part4.asp?ReportID=17994

Policy:	**H&S 2.23** **Vaccination**
Date Approved:	February 2018
Revised:	June 2022

Overview:
PGHPCS is committed to the safety of our staff members.

The Policy:

1) PGHPCS will offer vaccination against hepatitis B virus to all staff members who are at risk of occupational exposure to that virus.
2) As a condition of employment, all staff members are required to either be vaccinated against influenza each year or, for those staff members unable or unwilling to receive immunization, wear a surgical mask when in resident areas, during the designated “vaccination required period,” typically from the end of November to the end of March. Please refer to E-P 6.13 Influenza Control Policy.
3) If the *Communicable Disease Control Immunization Program Manual* issued by the BC Centre for Disease Control, as amended from time to time, lists a vaccine that protects against infection by a biological agent that is designated as a hazardous substance, PGHPCS will offer the vaccination at no cost to all staff members who are at risk of occupational exposure to that biological agent.
4) Vaccinations offered under subsections (a) and (b) must be provided without cost to staff members.

Policy:	**H&S 2.24** **Needlestick Injury**
Date Approved:	February 2018
Revised:	June 2022

Overview:

Any needlestick injury will be reported to the RN Team Leader and the NL.

Procedures:

1) A *Worker Accident/Incident Report* and a WorkSafeBC *Application for Compensation and Report of Injury or Occupational Disease* (Form 6) are to be completed immediately.
2) VJH Emergency Department is to be called, describing the incident and inquiring if the injured person should proceed to emergency department. If the answer is affirmative, that person will report to VJH Emergency with a copy of the *Worker Accident/Incident Report* Form and follow the recommended protocol.
3) If it is the RN on duty who has the injury, staff coverage needs to be arranged prior to the RN going to VJH.
4) NL will follow up as necessary.

Policy:	**H&S 2.25** **Footwear**
Date Approved:	February 2018
Revised:	June 2022

Overview:

Where the staff member's job activity or work environment contains danger of injury to the toes or metatarsal area, footwear must incorporate means to protect against the danger.

The Policy:

1) Dangers to feet may be materials or equipment dropping or rolling onto the toes or top of the foot. If one or more of these dangers are present, staff members must wear footwear with the necessary protective features meeting the requirements of a standard authorized under section *8.22(3) OHS Act*.
2) Other dangers against which protection is required include: slipping, dampness, heat, cold, uneven ground or work surfaces that could twist the ankle, harmful materials that could contact the skin of the foot, ankle or lower leg, abrasion or hits to the ankle. The Immediate Supervisor will assess each staff member's exposure to dangers and ensure footwear is of a type and construction which minimizes, as far as is practicable, the risk of injury to the staff member.
3) Footwear must not impede a staff member's ability to retreat quickly in a dangerous situation.

Procedures:

1. Society Staff

a) Society staff will occasionally push a wheelchair on level ground where there would not be danger of injury.

b) If they assist someone outside, they need to have training from a Hospice House RN/RCA for safe maneuvering over the raised thresholds. Society staff would need to wear closed-toed shoes for taking a resident in a wheelchair outside.

2. Care Team Staff

a) Move beds, wheelchairs, furniture, do lifts and transfers of residents.

b) Care staff members require closed toed shoes that provide good support and stability.

Policy:	**H&S 2.26** **Body Mechanics and Lifting Techniques**
Date Approved:	February 2018
Revised:	June 2022

Overview:

The staff members at PGHPCS use sound principles of Body Mechanics when transferring residents or lifting objects.

Procedures:

1) A staff member who cannot safely transfer or lift a resident or object will seek assistance from another person and/or use a mechanical lift.

2) The admitting RN is responsible for:

a) Using the NHA Guidelines to determine the residents' baseline safety transfer method as per procedure.

b) Recording the base transfer method into the resident's Care Plan.

3) All Care Staff are responsible for:

a) On-going assessment of residents' condition according to NHA Guidelines to determine appropriate transfer techniques.

b) Following appropriate transfer techniques.

c) Refusing to singly transfer a client when it is unsafe to do so according to the NHA Guidelines. Utilizing a mechanical lift and/or 2-person transfer techniques when appropriate.

d) Reporting immediately to NL any problem or injury related to lifting, filling out required WorkSafeBC injury forms (see H&S Policy 2.19) and, if necessary, consulting his/her doctor within the timeline specified by WorkSafeBC.

Policy:	**H&S 2.27** **Routine Practices**
Date Approved:	February 2018
Revised:	June 2022

Overview:

Routine Practices are designed to protect health care workers and clients from potential or actual disease. The goal of these precautions is to isolate the potential or actual disease rather than the resident.

The Policy:

1) Staff members at Hospice House follow Routine Practices at all times, whether a resident is known to be harboring an infection or not.
2) NHA's *Infection Control Guidelines* will be used in determining appropriate course of action for specific circumstances.
3) Routine Practices include procedures in the following categories:
   a) Hand washing
   b) Placing a physical barrier between the resident's body fluids and the health care worker by wearing protective apparel as needed.
4) Proper hand hygiene is the most important means of preventing the spread of infection. Fingernails must be kept short and clean and jewelry removed.

See: Universal Precautions Procedures - for hand washing and protective barrier procedures

Policy:	**H&S 2.28** **Employer Incident Investigations**
Person Responsible:	Immediate Supervisor
Date Approved:	February 2018
Revised:	June 2022

Overview:

The Workers Compensation Act requires that an employer immediately investigate the cause of certain incidents. These include incidents that the employer is required to report to WorkSafeBC. The employer must also investigate any incidents that resulted in injury to a staff member requiring medical treatment or that had the potential for causing serious injury to a staff member.

PGHPCS is committed to ensuring investigations are conducted thoroughly in order to determine the cause or causes of the incident, to identify any unsafe conditions, acts, or procedures that contributed to the incident, and to recommend corrective action to prevent similar incidents.

The Policy:

1) PGHPCS will immediately notify WorkSafeBC of the occurrence of any incident that
   a) resulted in serious injury to or the death of a staff member,
   b) involved a major structural failure or collapse of the building, temporary support system or excavation,
   c) involved the major release of a hazardous substance, or
   d) was an incident required by the regulation to be reported?
2) Except as otherwise directed by an officer of the WorkSafeBC Board or a peace officer, a person must not disturb the scene of an accident that is reportable except so far as necessary to
   a) attend to persons injured or killed,
   b) prevent further injuries or death, or
   c) protect property that is endangered as a result of the accident.
3) PGHPCS will conduct a preliminary investigation and a full investigation into any accident or other incident that
   a) is required to be reported (see point a)
   b) resulted in an injury to a staff member requiring medical treatment,
   c) did not involve injury to a staff member, or involved only minor injury not requiring medical treatment, but had a potential for causing serious injury to a staff member, or

d) was an incident required by regulation to be investigated?

e) An investigation required will be carried out by the Immediate Supervisor knowledgeable about the type of work involved and, if they are reasonably available, the Executive Director or designate, and a staff member representative.

f) PGHPCS will make every reasonable effort to have available for interview by a person conducting the investigation, or by an officer, all witnesses to the incident and any other persons whose presence might be necessary for a proper investigation of the incident. PGHPCS is required to record the names, addresses and telephone numbers of people interviewed.

4) Preliminary Investigation, Report and Follow-up Action:

a) PGHPCS will prepare and complete a report of the preliminary investigation *within 48 hours* of the occurrence of the incident. Upon request, the employer will provide a copy of the preliminary report to WorkSafeBC.

b) If PGHPCS takes interim corrective action, a report is required. PGHPCS's corrective action report must include information such as the unsafe conditions, acts, or procedures that resulted in the corrective action, the interim corrective action taken, and the date that corrective action was completed.

c) The report must be provided to the joint committee, worker rep, or posted in the workplace, as applicable.

5) Full Investigation. Report and Follow-up Action:

a) **Incident Investigation Process**: PGHPCS will undertake a full investigation immediately following the completion of the preliminary investigation. PGHPCS will determine the cause or causes, and identify unsafe conditions, acts, or procedures that significantly contributed to the incident.

b) **Incident Investigation Report**: PGHPCS is required to submit their full investigation report to WorkSafeBC *within 30 days* of the incident. An initial extension and additional extensions to that time period may be granted by WorkSafeBC where PGHPCS can demonstrate that delays in its ability to complete the investigation by the deadline are due to factors outside its control.

6) PGHPCS will provide a copy of the report that outlines their full investigation's corrective action to the joint committee or post the report at the workplace, as applicable. This report will also include the following:

a) the unsafe conditions, acts, or procedures that made the corrective action necessary

b) the corrective action taken to prevent the recurrence of similar incidents

c) the names and job titles of the persons responsible for implementing the corrective action following the full investigation

d) the date the corrective action was taken

7) WorkSafeBC may request a copy of either of the corrective action reports from PGHPCS.

Reference:

WorkSafeBC
http://www2.worksafebc.com/Topics/AccidentInvestigations/faq.asp?ReportID=34106

Excerpts from: A Model to Guide Hospice Palliative Care

Principles and Norms of Practice
For each of the principal and basic functions of an organization, the CHPCA has developed principles and norms of practice.

Operations

Principles

P9.1 Standards of practice, policies and procedures, and data collection/documentation guidelines guide all of the organization's activities.

P9.2 Individuals within the organization are also guided by the standards of professional conduct for their discipline.

P9.3 Data and documentation record all of the activities of the organization.

P9.5 Adequate staff, who are appropriately trained and receive continuing hospice palliative care education and evaluation are essential for the organization to develop its infrastructure and principal activities.

P9.6 Ongoing support to ensure the staff's physical, psychological and spiritual wellbeing is integral to the provision of hospice palliative care.

P9.7 Readily accessible records and information resources are integral to the provision of hospice palliative care.

P9.8 Adequate physical resources are integral to the provision of hospice palliative care.

P9.9 Safety, security and emergency systems are essential to ensure the integrity of the organization.

Norms of Practice

N9.2 The organization uses the best available preferred practice guidelines, which are ideally based on evidence or expert opinion, to guide the development of its policies and procedures.

N9.7 The organization has sufficient human resources to support its activities.

N9.8 The organization has policies and procedures to guide staff recruitment and retention, credentialing, orientation and education, staff support, staffing,

incentive/recognition programs, and employment termination/outplacement.

N9.9 The organization's staff and volunteers reflect the cultural diversity of the community it serves.

N9.10 There are ongoing programs to orient, train, support and ensure the competency of the formal caregivers, including volunteers, and other staff members.

N9.12 Formal caregivers have the knowledge and support they need to be able to respect the personal boundaries that are an integral part of effective therapeutic relationships.

N9.13 The staff members and volunteers are satisfied with the support they receive from the program.

N9.16 There are continuous efforts to identify and minimize occupational risks and stresses.

N9.18 The organization has policies and procedures to guide purchasing, storage, maintenance and disposal of information resources and resource directories.

N9.22 New knowledge is disseminated in a timely manner to the appropriate individuals within the organization, and where appropriate, it is integrated into day-to-day activities.

N9.23 The organization has sufficient physical resources to support its activities.

N9.24 The organization has policies and procedures to guide purchasing, stock control, maintenance and disposal of its physical resources.

N9.27 The safety, security and emergency systems support all aspects of the organization's activities.

Policy:	**H&S 2.29** **Animal Assisted Therapy/Pet Visitation**
Person Responsible:	Volunteer Coordinator
Date Created:	August 2020
Last Revised:	June 2021

Overview:

- Prince George Hospice Palliative Care Society (PGHPCS) in fulfilling its functions has a legal duty to provide access and to accommodate the needs of clients, employees, physicians, students, volunteers and members of the public with disabilities. PGHPCS is also responsible for providing a healthy and safe environment in which individuals can work. Consequently, PGHPCS recognizes the need to accommodate on sites specially trained animals that assist persons with disabilities, as well as animals used for therapeutic purposes in residential settings.

- PGHPCS recognizes the need to minimize the potential health and safety risks to employees and guests that may result from the presence of other animals/pets on the sites.

- Animals have been found to benefit people socially, psychologically, and physiologically.

- The goal of personal family/friend pets, pet visitations and pet therapy programs is to promote and improve wellness and independence by providing opportunities for recreational, motivational, and therapeutic benefits.

- As animals can transmit infectious diseases to humans and humans can transmit infectious diseases to animals, it is necessary to minimize these risks.

- Service animals are permitted in all PGHPCS facilities and are exempt from the screening process and regulations outlined in this document for pet therapy and pet visitation animals.

Policy:

PGHPCS will make\ reasonable effort to facilitate and/or accommodate therapy animals and pet visitation.

The Nurse Lead and/or operations manager will be the lead in coordinating therapy animals and pet visitation. The Volunteer coordinator will ensure recognized therapy animals meet criteria.

All visiting animals must:

Note: For the purpose of this policy, dehydrated animal treats (e.g., rawhide, etc.) are not considered to be part of a raw diet that excludes the animal from visiting. This is due to the fact that the process of dehydration takes places at a high enough temperature to kill pathogenic bacteria that may be present in raw meats.

- Not be allowed in dining rooms during meal times, where clean supplies (including linen) or chemicals are being stored, medication rooms, where any medical/care procedures are being completed, and/or any other area as identified specifically by individual facilities.

- Not permitted in PGHPCS vehicles

- Staff that are working cannot bring in animals while on shift. Staff and Volunteers may bring their animals into RHH when they are not currently on shift.

Therapy animals must:

- Be certified and temperament tested by a recognized pet therapy program, such as the Therapy Dog Program offered through St. John Ambulance, and/or by a Certified Pet/Dog Trainer.

- Therapy animals will be re-evaluated for suitability at least every three years by the Therapy Dog Program Coordinator or designate;

- Be declared to be in good general health and free of contagious disease by a licensed veterinarian at minimum annually (ideally every six months), and have all vaccinations up to date. Documentation is to be collected and maintained by Volunteer Coordinator (e.g., St. John Ambulance contact, or designate);

- Carry identification or other clearly visible sign that identifies it as a therapy animal;

- Animal handlers or owners must be healthy and free of symptoms that may indicate a communicable disease (e.g., cough, diarrhea or fever).

- Effects/responses to animal assisted therapy must be reported to appropriate personnel to allow for effective documentation and record-keeping. Questions may include:

    Did the individual enjoy the experience of pet visitation? Why? What was the best part?

    - What was the individual's affect throughout the session?

    - How did the individual respond to the animal (e.g., afraid, withdrawn, enthusiastic, emotional etc.)?

- Does the individual wish to continue to receive visits?

Visiting pets must:

- All pertinent information including immunization records to be kept in back of chart and pet and verification of vaccines on Kardex
- Must stay within the guest's rooms unless being taken out for a walk;
- Be groomed, nails trimmed, and if applicable, bathed on a regular basis;
- If guests are in isolation no pets allowed
- Guest family must arrange for a pet to be walked and picked up after.
- A guest's room door must be identified as having a pet inside by a magnet on door,

Owner/Handler Responsibilities:

- Permission must be obtained from the guest or Substitute Decision Maker prior to interacting with an animal.
- Every effort shall be made to keep animals away from guests with allergies, phobias, dislikes, or those who are significantly immune suppressed. Handlers shall be notified of such individuals prior to visitation.
- Place a sign outside the door indicating "Pet Therapy/Visit in Progress" when visits are taking place in a guest room. This will ensure awareness of the presence of an animal and reduce the risk of interruptions and the possibility of startling the animal.
- RHH Staff may have their pets attend RHH to visit guests for limited times, considering that constantly attending to the pet, as required by this policy, would interfere with the staff member's work. Staff and their pets must meet all the same conditions as visiting animals required by this policy.

Note: An "accident" may be a sign of animal distress and therefore, the visit should end.

- Guests, patients, family, staff, visitors, and volunteers must practice hand hygiene (washing thoroughly with soap and warm water or using alcohol hand sanitizer) before and after handling/touching the pet.
- Owners/handlers must practice hand hygiene between residents when there is direct contact (e.g., shaking hands) and after direct contact with the pet and their waste.

- Where possible, if guests are going to hold animals or wish to have animals on their beds, a disposable or washable barrier such as a soaker pad, towel, or sheet (available from the facility) should be placed between their clothes/blankets and the animal. After the visit, the barrier must be disposed of or placed in the laundry; a separate barrier must be used for each resident/patient.

- If an animal bites, scratches, or displays any other inappropriate behaviour, the visit must be stopped immediately. Any such incident must be reported to staff for follow-up and treatment of any injuries. In the case of accidental scratches, measures must be put in place to prevent this situation from reoccurring. All incidents must have the appropriate incident report completed.

- If an animal should develop symptoms of any illness following a facility visit, the handler will immediately notify the facility for follow up with the Infection Control Department.

- Visits must be cancelled immediately if the animal is experiencing any of the following symptoms:

  a. Episodes of vomiting or diarrhea
  b. Urinary or fecal incontinence
  c. Episodes of sneezing or coughing of unknown origin
  d. Open wounds
  e. Ear infections
  f. Skin infections
  g. Orthopaedic conditions
  h. Heat stress
  i. Enteric parasites

Note: The animal must be symptom free for one week prior to their next visit.

- Visits must be cancelled if the owner/handler is experiencing any signs or symptoms of illness. The individual should be symptom free for a minimum of 72 hours prior to their next visit.

- The following animals are considered to be high risk species and will not be suitable for pet visitation:

  1. Rodents, reptiles and amphibians; and
  2. Exotic, wild, stray, or recent shelter animals (due to possible unpredictability).

DEFINITIONS

Animal Assisted Therapy: A goal-directed intervention directed and/or delivered by a health/human service professional with specialized expertise, and within the scope of practice of their profession.

Animal Assisted Activities: The casual “meet and greet” activities that involve pets visiting people.

Guide Animal: This term refers to an animal, usually a dog, which is in working harness and is certified to guide blind or hearing-impaired person by an accredited canine school that is engaged in this specific type of training.

Service Animal: This term refers to an animal, usually a dog, which is certified to assist disabled people by an accredited canine school that is engaged in this specific type of training.

Therapy Animal: Animals that are brought by specially trained professionals, paraprofessionals, and/or volunteers to provide opportunities for motivational, educational, recreational, and/or therapeutic benefits to a guest's quality of life.

Pet Visitation Animal: Any animal which belongs to a patient/resident, family member, staff member, and/or volunteer, and whose presence in the facility is requested by the patient/resident and/or their physician/health care worker.

Resident Pet: Any pet that resides within the healthcare facility or visits on a regular (e.g. daily) basis.

Pet Visitation Coordinator: The individual or group/department designated by each facility/unit to oversee all Animal Assisted Therapy and Pet Visitation activities, including communication of rules and regulations as well as collection and maintenance of pertinent documentation as necessary.

REFERENCES

Brodie, S., Biley, F., & Shewring, M. (2002). An exploration of the potential risks associated with using pet therapy in healthcare settings. *Journal of Clinical Nursing, 11* (4), 444-456.

Buettner, L., Fitzsimmons, S., & Barba, B. (2011). Animal-Assisted Therapy for Clients with Dementia. *Journal of Gerontological Nursing, 37* (5), 10-14.

Capital Health Authority Infection Prevention and Control Manual. (2011). Policy/Procedure IC 06-060: Therapy Dog Visitation.

DiSalvo, H., Haiduven, D., Johnson, N., Reyes, V., Hench, C., Shaw, R., & Stevens, D. (2005). Who let the dogs out? Infection control did: Utility of dogs in health care settings and infection control aspects. *American Journal of Infection Control, 34(5),* 301-307.

Ernst, L. (2012). Animal-assisted therapy: Using animals to promote healing. *Nursing 2012, October*, 54-58.

Five Star Dog. Retrieved on January 18, 2013 from www.5stardog.com/dehydrated-dog-food-faq.asp.

Giuliano, K., Bloniasz, E., & Bell, J. (1999). Implementation of a Pet Visitation Program in Critical Care. *Critical Care Nurse, 19* (3), 43-50.

Interior Health Authority Infection Prevention and Control Manual. (2010). Guideline IX0400: Pet Therapy and Visitation.

Khan, M, & Farrag, N. (2000). Animal-assisted activity and infection control implications in a healthcare setting. *Journal of Hospital Infection, 44*, 4-11.

Lefebvre, S., Golab, G., Christensen, E., Castrodale, L., Aureden, K., Bialachowski, A., Gumley, N., Robinson, J., Peregrine, A., Benoit, M., Card, M., Van Horne, L, & Weese, J. (2008). Guidelines for animal-assisted interventions in health care facilities. *American Journal of Infection Control, 36* (2), 78-85.

Matuszek, S. (2010). Animal-Facilitated Therapy in Various Patient Populations: Systematic Literature Review. *Holistic Nursing Practice, July/August 2010,* 187-203.

Provincial Infection Control Network of British Columbia. (2009). *PICNet Infection Control Guidelines: Providing Health Care to the Client Living in the Community*, 19.

Saskatoon Health Region Policies & Procedures. (2009). Policy 50-30: Pet Visitation and Pet Therapy Program.

Saskatoon Health Region Policies & Procedures. (2010). Policy 50-50: Resident Pets, Personal Family/Friend Pets, Pet Visitation and Pet Therapy Program – LTC.

Winkle, M. & Jackson, L. (2012). Animal Kindness: Best Practices for the Animal-Assisted Therapy Practitioner. *Occupational Therapy Practice Magazine*, April 2012, 10-14.

Attached Documents:

- Pet Visitation Screening Checklist (# 10-300-7025)
- Acknowledgement of Volunteer Status

Pet Visitation Screening Checklist

Acknowledgment of Volunteer Status