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A Family Health Team's Guide to Workplace Health, Safety and Wellness

Developed through the *“Creating a Healthy Workplace
Culture to Support Organizational Wellness for
Interprofessional Family Health Team (FHT) Members”
Project*

Sponsored by:
South East Toronto
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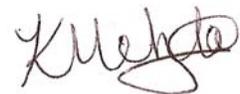
Introduction

In December 2009, South East Toronto Family Health Team (SETFHT) was awarded with a HealthForceOntario *Healthy Work Environments Innovation Fund Grant* with the intent to develop a framework for a physically and mentally healthy workplace for Family Health Team (FHT) employees that will set the benchmark for other FHTs and primary care practices.

Evidence shows that healthy workplaces improve recruitment and retention, workers' health and wellbeing, quality of care and patient safety, organizational performance and societal outcomes (Shamian & El-Jardali, 2007). While there has been a lot of work done by many jurisdictions and organizations on developing a healthy workplace, very little has been done in primary health care, especially in new models of interprofessional collaboration. These characteristics are absolutely essential in ensuring that FHTs remain as competitive as their health care counterparts in recruiting employees that have an interest in patient-centric care in the primary care setting.

It is with that knowledge that we are pleased to share with you resources and tools that you can adapt and use to create your organization's health and safety policies and procedures. Ontario is in the middle of a health human resources crisis so it is imperative we keep the workers we do employ as happy and healthy as possible so that we can retain the talent we have worked so hard to develop. Collectively, we will make Family Health Teams an employer of choice for any one interested in working in health care.

A special thank you to Pat Fryer and Lisa Fryer for their guidance, advice and hard work in developing these very valuable resources – it was very much appreciated by all project participants! We hope you find the resources valuable to your FHT as you work on developing your health and safety program.



Kavita Mehta
Executive Director, SETFHT

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Section I - Occupational Health & Safety Legislation in Ontario

In Ontario, workers are protected by the Occupational Health & Safety Act (OHSA). Employers are responsible for ensuring the health and safety of all workers at their site. Workers are responsible for ensuring the health and safety of themselves and other workers while conducting their work at the work site.

The Occupational Health & Safety Act:

- Sets minimum standards to protect and promote the health and safety of workers in Ontario;
- Defines the obligations of employers and workers;
- Establishes the powers and authority of government officials to enforce the law;
- Specifies maximum penalties; and
- Establishes broad rules of procedure in the case of a workplace incident.

Who is Covered under the OHS Act?

The OHS Act affects most workers and employers in Ontario including the healthcare industry and physicians.

The exceptions are:

- Work performed by the owner, occupant or servant of a private residence;
- Farming operations;
- Teachers; and
- Self-employed persons – *note: sections of the act apply with necessary modifications.

Who is an Employer?

Under the OHS Act the definition of an “**employer**” is:

“a person who employs one or more workers or contracts for the services of one or more workers and includes a contractor or subcontractor who performs work or supplies services and a contractor or subcontractor who undertakes with an owner, constructor, contractor or subcontractor to perform work or supply services”

Based on this definition, if a physician in private practice employs a secretary, then the physician is considered an employer and is required to be in compliance with the OHS Act. Similarly, in a Family Health Team environment, the Board of Directors and Executive Director are responsible as the “employer” of all employees employed by the Family Health Team.

Roles and Responsibilities

Employer Responsibilities

Under the OHS Act employers are responsible for ensuring the health and safety of all workers at the work site. Specific requirements are outlined throughout the OHS Act and Regulations depending on the work that is being done.

Employer responsibilities include but are not limited to:

- Providing information, instruction and supervision to a worker to protect the health and safety of the worker;
- When appointing a supervisor, appointing a competent person;
- Acquainting workers with any hazard in the work and in the handling, storage, use, disposal and transport of any article, device, equipment or biological, chemical or physical agent;
- Ensuring that the equipment, materials and protective devices as prescribed are provided;
- Ensuring that the equipment, materials and protective devices provided by the employer are maintained in good condition;
- Ensuring the measures and procedures prescribed are carried out in the workplace;
- Ensuring that the equipment, materials and protective devices provided by the employer are used as prescribed;
- Affording assistance and co-operation to a committee and a health and safety representative in the carrying out of their functions;
- Taking every precaution reasonable in the circumstances for the protection of the worker;
- Posting in the workplace, a copy of the OHS Act;
- Preparing and reviewing at least annually a written health and safety policy and develop and maintain a program to implement that policy;
- Posting in a conspicuous location in the workplace, a copy of the health and safety policy;
- Providing to the health and safety committee or representative the results of a report respecting occupational health and safety; and
- Responding to written recommendations from the health & safety committee or representative within 21 days, to include a timetable for implementing the recommendations and reasons for disagreement with any recommendations in the report.

⇒ A sample **Health & Safety Policy Statement** is included in this package and should be posted in the workplace.

⇒ A sample **Health & Safety Policy** is included in this package.

Directors and officers of a corporation also have responsibility under the OHS Act and are required to take all reasonable care to ensure that the corporation complies with:

- a. The OHS Act and regulations;
- b. Orders and requirements of inspectors; and
- c. Orders of the Minister.

Worker Responsibilities

Under the OHS Act a “**worker**” is defined as:

“a person who performs work or supplies services for monetary compensation...”

Based on this definition, in the Family Health Team environment, a physician who is contracted to provide services out of the FHT workplace is considered a “worker” and is required to comply with the OHS Act. ***It would be a best practice to include compliance with the OHS Act in written physician contract agreements.***

Workers have responsibilities under the OHS legislation as well. These are outlined throughout the OHS Act and Regulations and include but are not limited to:

- Working in compliance with the provisions of the OHS Act and the regulations;
- Using or wearing the equipment, protective devices or clothing that the employer requires;
- Reporting to his or her employer or supervisor the absence of or defect in any equipment or protective device, which may endanger him/herself or another worker;
- Reporting to his or her employer or supervisor any contravention of the OHS Act or regulations; and
- Reporting to his or her employer or supervisor the existence of any hazards.

In addition, no worker shall:

- Remove or make ineffective any protective device required by the regulations or by his or her employer;
- Use or operate any equipment, machine, device or work in a manner that may endanger him/herself or any other worker; and
- Engage in any prank, contest, feat of strength, unnecessary running or rough or boisterous conduct.

Under the OHS Act, a worker also has the right to refuse work where he or she believes there exists an imminent danger. Upon refusing to work or do particular work the worker is required to report the circumstances of the refusal to the employer or supervisor. The worker, as well as a health and safety committee member or representative may be present while the employer investigates the report. Should the worker continue to believe that a danger exists after the investigation and/or corrective action by the employer, he/she may follow the steps set out in section 43 of the OHS Act with contacting an inspector.

Workers have the:

Right to Participate

Right to Know

Right to Refuse

Joint Health & Safety Committee (JHSC) and Representatives

A joint health and safety committee is required at a workplace where at which 20 or more workers are regularly employed.

The composition of the joint health and safety committee must include the following:

- At least 2 persons for a workplace where fewer than 50 and 20 or more workers are regularly employed **or** at least 4 persons for a workplace where 50 or more workers are regularly employed;
- At least half the members of the committee must be workers who do not exercise managerial functions;
- The members who represent the workers are to be selected by the workers they represent (if a union exists, by the union);
- The employer must select the remaining members from among persons who exercise managerial functions;
- The committee is to be co-chaired by one worker member and one management member;
- An employer must ensure that at least one worker member and one management member of the committee be certified; and
- An employer must post the names and work locations of the committee members in a conspicuous place.

Responsibilities of the Joint Health & Safety Committee

The joint health & safety committee has the function and power to:

- Meet at least once every three months;
- Identify hazards;
- Make recommendations to the employer for the improvement of health and safety for the workers;
- Keep minutes of committee proceedings;
- Designate a worker member(s) to inspect the physical condition of the workplace at least once a month;

- Obtain information from the employer concerning any testing of equipment, devices or biological or chemical agents in the workplace for the purposes of occupational health and safety;
- Be consulted about and have a worker member present at the beginning of any testing; and
- Designate one or more worker members to investigate cases where a worker is killed or critically injured.

**note – if a workplace is under the provisions of a collective agreement, the committee may have functions and powers in addition to those listed under section 9 of the OHS Act*

⇒ A sample **Inspection Form** is included in this package.

Under the OHS Act and Regulations “critically injured” means an injury of a serious nature that:

- a. places life in jeopardy;*
- b. produces unconsciousness;*
- c. results in substantial loss of blood*
- d. involves the fracture of a leg or arm but not a finger or toe;*
- e. involves the amputation of a leg, arm, hand or foot but not a finger or toe;*
- f. consists of burns to a major portion of the body; or*
- g. causes the loss of sight in an eye*

⇒ A sample of **JHSC Terms of Reference** is included in this package.

Health & Safety Representative

In a workplace where no committee is required and where the number of workers regularly exceeds 5, the employer must have the workers select at least one worker, who does not hold managerial functions, to act as the health & safety representative. The health & safety representative (s) will have the same functions and responsibilities as a committee, with the exception of holding meetings and producing minutes.

Identifying and Controlling Hazards

Hazard identification, assessment and control is at the foundation of occupational health and safety. The workplace must be inspected at regular intervals to prevent the development of unsafe and unhealthy working conditions.

What is a Hazard?

A hazard is any situation, condition or thing that may be dangerous to the health and safety of workers.

Hazards are generally grouped into four main categories:

Physical Hazards	<ul style="list-style-type: none">• Slipping and tripping hazards (e.g. slippery floors, cables/cords across floor)• Sharps• Equipment• Fire• Lifting hazards (e.g. heavy boxes)• Inadequate lighting• Extreme temperatures
Chemical Hazards	<ul style="list-style-type: none">• Solvents• Cleaners• Medications• Sterilizing agents such as glutaraldehyde• Bleach• Dusts• Fumes• Gases such as oxygen• Liquid nitrogen• Formaldehyde• Mercury• Hydrogen peroxide• Latex
Biological Hazards	<ul style="list-style-type: none">• Viruses such as influenza• Bacteria• Moulds• Blood and body fluids• Sewage• Respiratory airborne pathogens
Psychosocial Hazards	<ul style="list-style-type: none">• Working conditions• Stress• Fatigue

	<ul style="list-style-type: none"> • Working alone • Workplace violence
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Employers should conduct an initial hazard assessment by walking around the workplace, looking at how work is done and identifying any obstacles, equipment, products or conditions that may be unsafe for workers. It is advisable to ask the workers what they consider to be a hazard, what could go wrong with something that people may have worked with or around for years. Regular inspections and assessment should be continued by members of the health & safety committee or health & safety representative.

Controlling Hazards

When at all possible, hazards should be eliminated from the workplace. If this is not possible, they must be controlled. **Control** means reducing the hazard to levels that do not present a risk to the worker. There are three methods of controlling hazards, in order of preference below:

Engineering Controls (Preferred)	<ul style="list-style-type: none"> • Eliminating the hazard – removing trip hazards, disposing of chemicals • Substituting the hazard with something safer – less toxic substances, smaller lifting loads • Isolate the hazard – using barriers to shield from radiation • Use of mechanical lifts • Ventilation
Administrative Controls	<ul style="list-style-type: none"> • Safe work procedures • Training and supervision for workers • Regular maintenance of equipment • Limiting exposure times • Staff immunization programs
Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> • Gloves • Hearing and eye protection • Protective clothing, proper footwear • Ensure that: <ul style="list-style-type: none"> - PPE fits properly - Workers are trained in the use of PPE - PPE is in good condition - Workers are fit tested for use of respiratory protective equipment
Combination of Controls	<ul style="list-style-type: none"> • Engineering • Administrative • PPE

Biological and Chemical Agents

Legislation related to biological and chemical hazards and toxic substances is found under Regulation 860 – Workplace Hazardous Materials Information System (WHMIS). This regulation applies to employers and workers in respect to all controlled products used, stored and handled in the workplace.

A “controlled product” is a product, material or substance determined in accordance with Part IV of the Controlled Products Regulations (Canada) to be included in a class listed in Schedule II of the Hazardous Products Act (Canada).

Every controlled product is designated as a hazardous material.

Employer and Worker Responsibilities under WHMIS

- The employer must ensure that a worker who works with or in proximity to a controlled product is informed about all hazard information concerning its use, storage and handling.
- The employer must ensure that every worker who works with or in proximity to a controlled product is instructed (OSACH is one provider) in all of the following:
 - The contents required on a supplier label and workplace label and the purpose of that information;
 - The contents required on a material safety data sheet and the purpose of the information on a Material Safety Data Sheet (MSDS);
 - Procedures for safe use, handling, storage and disposal;
 - Procedures to be followed when fugitive emissions are present; and
 - Procedures to be followed in case of an emergency involving a controlled product.
- The employer must ensure that every contained of controlled product received from a supplier is labeled with a supplier label.
- No employer or worker may alter a supplier label.
- If the supplier label is damaged or a controlled product is transferred to another container, the employer must ensure that the container have a workplace label -
 - A workplace label must disclose:
 - a. a product identifier;
 - b. if an MSDS is available; and
 - c. risk phrases, precautionary measures, and first aid measures applicable to the controlled product.
- The employer must obtain an MSDS for the controlled product and make it available to workers -
 - Many supplier MSDS are available on supplier websites.

The complete WHMIS regulation is available in the Occupational Health and Safety Act and Regulations pocket guide, including a list of controlled substances and exposure limits for biological and chemical agents.

Reporting and Investigating Incidents/Injuries

Everyone at the workplace has a role to play in incident reporting and investigations. Injuries and incidents must be reported and investigated in order to fulfill legal requirements, ascertain compliance with applicable safety regulations and assist in taking steps to remedy hazardous conditions and prevent recurrence.

Workers have the responsibility to report incidents, injuries and near misses to their supervisor. It is advised that the workplace have a standard Incident/Injury Report Form that is easily available to all workers. The incident report should include the following details:

- Names of individuals involved with contact information;
- Date and time of incident;
- Location of incident;
- If first aid or medical attention was required;
- An account of the incident/injury;
- Conditions or causes that contributed to the incident; and
- Recommendations to prevent recurrence of incident.

⇒ A sample **Incident Report Form** and sample **Incident Reporting Policy** are included in this package.

Supervisors have the responsibility to ensure that the worker receives immediate first aid or medical attention as required. It is also the supervisor/employers responsibility to ensure that a follow-up investigation and corrective action take place.

Any workplace that is insured through the Workplace Safety and Insurance Board (WSIB) must follow additional reporting requirements to the WSIB. This includes a report on a Form 7 to the WSIB within 72 hours for any incident that results in an injury that requires medical attention.

Further reporting details and forms are available on the WSIB website at www.wsib.on.ca.

Critical Injury or Death

In the event of a death or critical injury of a worker from any cause at the workplace, the OHS Act requires that a Ministry of Labour inspector be contacted immediately, as well as the health & safety committee or representative. The employer must send a written report of the circumstances of the occurrence to the Director within 48 hours. The scene of the accident must be preserved with the exception of as required for life saving measures.

***The province-wide, toll-free telephone number for OHS inquiries at the Ministry of Labour is
1-800-268-8013***

Investigations

Employers should promptly investigate all accidents and near-misses. While a near-miss incident is an event which does not result in injury or damage, they should be investigated because they point to conditions or work practices that should be changed to prevent future incidents.

Everyone in the workplace has a role to play in incident investigations. Workers must report incidents and supervisors or employers should promptly start investigations. If possible, one employer rep and one worker rep from the JHSC should participate in the investigation. Certified members will have received training in accident/incident investigation. An investigation may involve interviewing employees who witnessed the event, recording observations at the scene of the incident, taking photographs of the scene and/or creating drawings of the scene. Once the investigation is complete, an investigation report must be completed.

Investigations of incidents should be completed in a non-punitive fashion and be part of a Quality Improvement initiative.

First Aid

First Aid is the immediate and temporary care given to an injured or ill person at a work site using available supplies, including treatment to sustain life, to prevent condition from becoming worse or to promote recovery.

Employers must provide first aid services and supplies that meet the requirements outlined in Regulation 1101 of the OHS Act. These requirements include:

- First aid box containing the items required by the Regulation;
- A notice board displaying:
 - certificates of qualification of the first aid responders
 - first aid box inspection form signed and dated
- First aid box must be in the charge of a worker who works in the vicinity of the box and who is qualified in first aid to the standards required;
- First aid boxes must be located as to be easily accessible for prompt treatment;
- First aid box must contain at least the minimum first aid items required by the Regulation and all items must be maintained in good condition;
- Every employer must keep a record (or log) of the date, time, location, circumstances and nature of treatment when first aid treatment is given; and

- The contents of the first aid box must be inspected at least quarterly and an inspection form must be signed and dated.

⇒ A sample **First Aid Log** is included in the package and is required.

The contents of the first aid box are outlined under the Regulation and vary based on the number of employees in the workplace.

⇒ Samples of **First Aid Inspection Forms** for **5 – 15 workers** and **16 – 200 workers** are included in this package.

Worker Competency and Training

Employers and workers have a responsibility to ensure that workers have adequate training and are competent to perform their work functions in a safe manner.

*A **competent** worker is adequately qualified, suitably trained, and with sufficient experience to safely perform work without supervision or with only minimal supervision.*

Employers must ensure that workers:

- Are competent to work in a safe and healthy manner;
- Are informed of workplace hazards;
- Are trained in the safe operation of equipment and tools;
- Are trained in procedures for working with hazardous substances (WHMIS);
- Are trained in the use of PPE;
- Understand their roles and responsibilities under the OHS Act; and
- Are educated about all FHT policies and procedures.

Workers must:

- Participate in and apply the training provided by the employer; and
- Not perform work they are not competent to perform.

Ergonomics

Ergonomic-related issues are an important hazard to identify in the workplace as ergonomic-related injuries account for approximately one-third of all workplace injury claims. Through basic ergonomic training, workers can take responsibility for their own injury prevention. Work methods, equipment and environment should be compatible with the physical and behavioural characteristics of the worker.

It should be noted that there are no furniture or equipment standards that deem products as ergonomic, so a product labeled “ergonomic” may only be ergonomically correct if it fits the worker and he/she uses it properly. Generally, the more adjustable the piece of furniture or equipment, the easier it is to adjust to individual needs.

Some common ergonomic issues in an office environment are:

- Incorrect chair height;
- Incorrect chair depth;
- Poor sitting posture;
- Lack of seat padding;
- Prolonged sitting;
- Desk or keyboard is too high;
- Armrests are too high;
- Mouse and keyboard are at different levels;
- Dual tasking (holding phone between ear and shoulder while typing); and
- Incorrect monitor height or distance.

Taking regular short breaks to stretch can help prevent repetitive strain injuries. Generally, for continuous desk/computer work, one five-minute break per hour is recommended.

Exercise Balls

Although exercise balls improve core strength, there are drawbacks to using them instead of an office chair. Sitting on a ball for long periods of time increases the pressure on the back more than sitting in a stool and can cause greater discomfort in the lower back. Slumping while sitting on a ball is even worse than in a chair, as it does not give any lower back support.

A chair should be used for most of the workday. If a workers wants to use a ball it should only be used occasionally during the day and additional safety issues should be considered such as, is there room for a ball and a chair in the office space, it can be a hazard if workers must step over or around it; make sure the ball is burst resistant; and make sure the ball is the right size so that knees are at a 90 degree angle.

Preventing Workplace Violence and Harassment

Information courtesy of *Dykeman/Dewhirst/O’Brien Health Law - Toronto, Ontario*.

On December 15, 2009, the workplace violence and harassment legislation, which is an amendment to Ontario’s OHS Act, received Royal Assent. The law will take effect on June 15, 2010

and places obligation on employers in Ontario to take specific action to anticipate and minimize/eliminate workplace violence and harassment. Employers subject to this new legislation include Ontario's health care organizations.

Corporations and supervisors/managers have duties and responsibilities under these workplace violence and harassment amendments to the OHS Act. Penalties for failure to abide by these new rules range from a maximum of a \$25,000 fine and/or twelve (12) months imprisonment for individuals and \$500,000 fine for corporations.

The summary below is separated into workplace violence and workplace harassment. Although there are many similarities in how the legislation addresses these two issues, there are substantial differences.

Workplace Violence

Definition:

- *The exercise or attempt to exercise physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker*
- *A statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.*

Employer obligations under the OHS Act:

1. Conduct a risk assessment;
2. Develop a policy;
3. Develop a program;
4. Inform and instruct employees;
5. Address domestic violence; and
6. Disclose information regarding persons with a history of violence.

1. Risk Assessment

- Assess the risks of workplace violence that may arise from:
 - The nature or the work;
 - The type of work; or
 - The condition of the work.
- The assessment must take into account circumstances that would be:
 - Common to similar workplaces ; and

- Specific to the workplace.
- The employer must advise the Joint Health and Safety Committee (JHSC) or the Health and Safety representative or workers if there is no JHSC of the results of the assessments and provide a copy of the assessment if it is in writing.
- Reassess the risks of workplace violence as often as necessary and advise the JHSC, H/S rep or workers as set out above.

Note: While the assessment/reassessment does not have to be in written form unless so ordered by a Ministry of Labour inspector, for purposes of effectiveness and due diligence, it is recommended all assessments be in written form.

2. Policy

- Develop a written policy with respect to workplace violence;
- Post the policy at a conspicuous place in the workplace; and
- Review the policy at least once a year or more often if necessary.

The foregoing provisions regarding the policy do NOT apply if there are five (5) or fewer employees in the workplace, unless an inspector orders otherwise.

⇒ A sample **Violence Prevention Policy** is included in this package.

3. Program

- Develop and maintain a program to implement the policy:
 - To control the risks identified in the assessment as likely to expose the worker to physical injury;
 - For summoning immediate assistance when workplace violence occurs or is likely to occur;
 - For workers to report incidents of workplace violence to the employer or supervisor; and
 - Explaining how the employer will investigate and deal with incidents or complaints of workplace violence.

4. Inform and Instruct Workers on the Contents of the Policy and Program

- Train “at risk” employees on the manner of implementing the preventive measures set out in the program.

5. Address Domestic Violence:
 - Take every precaution reasonable to protect a worker where the employer becomes aware (or ought reasonably to be aware) that domestic violence that would likely expose the worker to physical injury may occur in the workplace.

6. Disclose information regarding Persons with a History of Violence:
 - Employers must provide workers with information, including personal information, related to the risk of violence from a person with a history of violence behaviour if:
 - The worker can be expected to encounter that person in the course of his/her work; and
 - The risk of workplace violence is likely to expose the worker to physical injury.

Note: Employers must NOT disclose more personal information than is necessary to protect the worker from physical injury.

In addition to employers' obligations as set out above, the current Right to Refuse Work provisions of the Ontario Occupational Health & Safety Act continues to apply to situations involving workplace violence.

Workplace Harassment

Definition:

- *The act of engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome.*

Employer obligations:

1. Develop a policy;
2. Develop a Program; and
3. Inform and instruct employees.

1. Policy

- Develop a written policy with respect to workplace harassment;
- Post the policy at a conspicuous place in the workplace; and
- Review the policy at least once a year or more often if necessary.

The provisions regarding a written policy do not apply if there are five (5) or fewer employees in the workplace, unless an inspector orders otherwise.

2. Program

- Develop and maintain a program to implement the policy;
- The program shall include measures and procedures:
 - For workers to report incidents of workplace harassment to the employer or supervisor; and
 - Explaining how the employer will investigate and deal with incidents or complaints of workplace harassment.

3. Inform and Instruct Workers on the contents of the policy and program

- This requires employers to train “at risk” employees on the manner of implementing the preventive measures set out in the program.

Section II – Emergency Response

While it is not a legislated requirement under the OHS Act, it is considered a best practice to develop and train employees on an emergency response plan.

*An **emergency** may be defined as any situation or occurrence of a serious nature, developing suddenly and unexpectedly, and demanding immediate attention.*

Employers should establish an emergency response plan in case of an emergency that may require rescue or evacuation, such as fire, gas leak, bomb threat, natural disaster, etc. The plan should be written and consultation with the JHSC would be ideal.

Components of an Emergency Management Program:

Mitigation – actions taken to eliminate or reduce the degree of long-term risk to human life, property, and the environment from natural and technological hazards. Mitigation assumes the facility is exposed to risks whether or not an emergency occurs. Mitigation measures include, but are not limited to, hazard identification and risk assessment, monitoring, inspection, public education, policies and procedures, building design and legislation.

Preparedness – actions taken in advance of an emergency to develop operational capabilities and facilitate an effective response in the event emergency occurs. Preparedness measures may include, but are not limited to, business continuity planning, emergency alert systems, emergency communication systems, emergency command centers, emergency response plans, exercise of plans, mutual aid agreements, resource management, training for staff and warning systems.

Response – actions taken immediately before, during or directly after an emergency occurs, to save lives, minimize damage to property and the environment, and enhance the effectiveness of recovery. Response measures may include, but are not limited to, emergency response plan activation, emergency alert system activation, emergency medical assistance, emergency instructions to the public, staffing the emergency command centre, senior management alerting, reception and care, evacuation, resource mobilization and warning systems activation.

Recovery – activity to return to vital support systems to minimum operating standards and long-term activity designed to return life to normal or improved levels, including some form of economic viability. Recovery measures may include, but are not limited to, crisis counseling, damage assessment, debris clearance, computer systems restoration, decontamination, disaster loans/grants, disaster unemployment assistance, public information, reassessment of emergency response plans, reconstruction, and full-scale business resumption.

Scope for Planning for Major Emergencies and Disasters:

Crises, major emergencies and disasters are infrequent, but they can and do occur. This plan identifies the activities and responsibilities that would be needed to cope with these unusual conditions.

- Communications – how information and instructions are passed to and from operationally – deployed resources.
- On site and General Public Information – “getting word” to staff, patients/clients, physicians as well as other interested members of the community; how we work with the media to advise the general public about the event and the steps that are being taken to deal with the effects of the event.
- Evacuation – a framework and methodology for evacuating all or part of the facility site.
- Recovery – describes the tracing mechanisms, which will be used to record events, decisions, actions and costs for post-emergency compilation, studies and reporting purposes. Also, insurance appraisal and recovery mechanisms.

Fire Safety Plan

Building operators are ultimately responsible for ensuring that their building complies with the Ontario Fire Code, Fire Protection section of the Ontario Building Code and municipal regulations. This includes the development and implementation of a Fire Safety Plan. In addition, the building operator must perform the maintenance requirements of the fire protection equipment within the building as outlined in the Fire Safety Plan.

As an occupant of a building, an employer should also have a Fire Safety Plan that is in line with the building plan and includes details related to the occupied space. The basic elements of a Fire Safety Plan include:

1. ***Workplace Assessment*** – evaluate the workplace for:
 - Fire hazards – appliances, hazardous materials, ventilation, exits, fire detectors;
 - Effectiveness of controls – work practices, containers, extinguishers; and
 - Emergency Preparedness.

2. Fire Prevention and Control

The best way to protect employees, property and the environment is to prevent a fire from happening. If a fire does occur, however, immediate steps should be taken to control it, and prevent it from spreading.

Fire prevention and control are achieved by combining engineering, work practice and administrative controls:

- Engineering controls -
 - Process alteration;
 - Substitution with less hazardous materials; and
 - Workplace design – ventilation, fire doors, fire detectors, proper storage.
- Work practices -
 - Unobstructed aisles and exits;
 - Adequate waste disposal;
 - No smoking;
 - Spill control;
 - Maintenance of equipment; and
 - Proper selection, inspection and use of fire extinguishers.
- Administrative controls -
 - Fire safety plan;
 - Standards;
 - Fire inspections; and
 - Employee training.

3. Emergency Plan

A fire emergency plan outlines the sequence of steps to be taken when a fire strikes. Its purpose is to ensure the safety and health of employees and visitors and to minimize the damage to property. The plan should provide for a “worst case” scenario.

The emergency fire plan should assign responsibilities for the following areas:

- Communications -
 - Alerting occupants;
 - Making contact with emergency services;
 - Clear marking of exits; and
 - Testing communication system regularly.
- Fire Extinguishing -
 - Proper procedures;
 - Use of extinguishers;
 - Use of emergency lighting and power sources; and

- Shutdown of processes.
- Safety of People -
 - Make sure exits are accessible;
 - Plan and drill for evacuation – removal of all persons including the handicapped;
 - Ensuring all persons are accounted for; and
 - First aid.

4. Fire Inspections

Fire inspections should be included in the regular workplace inspections conducted by members of the JHSC. This will help to detect any deviations from, or shortcomings in control standards and emergency procedures.

Section III – Infection Control

The primary goal of an infection control program is the prevention and control of exposure to infectious diseases and their spread among individuals who work and/or visit the FHT.

Two **Best Practices** documents are available on the MOHLTC website and are applicable to physician's offices:

* **Routine Practices and Additional Precautions in All Health Care Settings**

* **Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings**

http://www.health.gov.on.ca/english/providers/program/infectious/pidac/pidac_mn.html

Infection control activities shall involve investigation, effective management of communicable infections and illnesses, waste management, cleaning, disinfection and sterilization of equipment and of the environment, hand hygiene, use of appropriate personal protective equipment (PPE), surveillance, monitoring, client and staff education and training.

⇒ A sample **Infection Control Checklist** is included in this package.

All staff, and/or persons engaged in activities at the FHT, particularly those engaged in direct patient care will be instructed in correct infection prevention techniques and be familiar with all infection control policies and procedures.

Infection control should be part of the FHT's Quality Improvement Program.

Performance indicators are monitored to identify breaches in infection control practice and when corrective interventions are required, and are evaluated for effectiveness. Key infection control indicators should include:

1. Staff Pre-placement;
2. Annual Infection Control staff education/training; and
3. Staff Mask Fit Testing.

Surveillance should be done on:

1. Staff Sharps Injuries; and
2. Staff and Client Hand hygiene.

⇒ A sample **Sharps Safety Checklist** is included in this package.

Pandemic Planning

In an influenza pandemic, primary care physicians and their office staff will be in the front lines of response. This checklist has been developed to help FHT's plan their response to an influenza pandemic to protect workers, their families and the community.

1. *Pre-pandemic/Interpandemic Period*

Critical to the response will be the ability to continue to provide services.

- Confirm adequate, current personal liability insurance;
- Understand current clinical information about the recognition, treatment and prevention of transmission of influenza;
- Provide annual influenza vaccination to all office staff each fall; and
- Provide annual influenza vaccination to all eligible patients each fall.

2. *Pre-pandemic and Pandemic Periods*

Developing routines now that reinforce good hygiene practices will help prevent the spread of seasonal and pandemic influenzas.

- Post signage advising patients to check in with reception upon arrival;
- Separate reception staff from patients with Plexiglas or minimum three (3) meter separation;
- Post cough/sneeze etiquette signage in the waiting room;
- Have an area designated as a "cough corner";
- Provide alcohol based hand sanitizer for staff and patients including at the office entrance;
- Provide disposable tissues and no touch waste receptacles in waiting area;
- Provide surgical masks to be worn by patients with influenza-like illness who are coughing and/or sneezing;
- Wash or sanitize your hands before and after every patient encounter;
- Wear a fit-tested N95 mask (respirator) when face to face with suspected TB patients and patients with emerging pathogens suspected to be transmitted by the airborne route;
- Wear gowns, gloves and eye protection only as needed to avoid contact with blood or other infectious body fluids;
- Provide paper sheeting for examination tables and changes between patients;
- Clean and disinfect medical devices, such as stethoscopes, between patients;
- Clean and disinfect exam rooms and waiting areas daily;
- Monitor staff illness and make sure that staff with influenza-like illness remain off work; and

- Develop a contingency plan to address staff shortages.

3. Pandemic Period

Enhance hygiene practices and social distancing will be important to prevent the spread of pandemic influenza.

- Assign a staff member to coordinate pandemic planning and to monitor public health advisories;
- Maintain copies of pandemic educational materials for patients;
- Telephone triage all patients requests for visits;
- Postpone all non-essential visits, such as routine check-ups;
- If possible, schedule all patients with influenza-like illness during designated time slots;
- If possible, provide a separate entrance and waiting area for patients with influenza like illness or separate them by three (3) meters from others in the waiting rooms;
- Remove all books, magazines, toys from the waiting areas;
- Eliminate or decrease the use of shared items by patients, such as pens, clipboards, phones;
- Minimize the amount of item spent in the waiting room by patients with influenza-like illness;
- If possible, designate one exam room for all patients with influenza-like illness;
- Assign staff who have recovered from pandemic influenza to care for patients with influenza-like illness;
- Plan for disposition of all patients with influenza-like illness;
 - Home with instructions for Care
 - Home with home care
 - Referral to alternate care site
 - Admission to acute care facility
 - When referring patients with influenza-like illness, notify the receiving facility in advance
- Clean waiting areas, exam rooms for patients with influenza-like illness and frequently touched surfaces such as door knobs, light switches, etc at least twice daily and when visibly soiled;
- Ensure cleaners avoid vacuuming and dry dusting; “damp “dust only; and
- Maintain at least two weeks’ supply of soap, paper towels, hand sanitizer, cleaning supplies and surgical masks.

Additional Steps:

1. Develop a Business Continuity Plan that covers infectious disease situations that will sustain business activities with reduced staff.

2. Ensure sick leave and absentee policies are up to date.
3. Maintain a healthy work environment by ensuring adequate air circulation

Staff Immunization – Flu

There have been a number of arbitration awards in the unionized work setting on this issue. Many of the cases have upheld the employer's mandatory flu shot policy. However, no arbitration cases have been decided consistently and some grievances have been upheld on the basis that a mandatory flu shot policy is outside the employer's management rights.

In the non-unionized environment, if an employee disputes or refuses to comply with an employer's flu shot policy, his/her recourse would be to the Ministry of Labour, the Ontario Human Rights Tribunal or the courts. To date, there does not appear to be any decisions in any of these forums that have rendered a decision regarding the right of management to impose a flu shot policy.

However, if a policy is to be implemented, the policy should follow the format of these policies that have traditionally been upheld in the unionized work setting.

1. The policy is applicable only when the local public health office declares an outbreak of influenza in the community.
2. Employees who refuse to take the vaccination due to religious or health reasons would be provided with modified work that would not put them in contact with patients. If such work was not available, they would be put on paid leave of absence.
3. Employees who refuse to be vaccinated on any other grounds, would be prohibited from attending work and be permitted to take vacation or overtime.
4. Proof of vaccination would be a requirement for attending work during the period in which the policy was in effect. Of course, the collection of such information would be subject to Personal Health Information Protection Act (PHIPA).
5. If an employee takes issue with the policy, do not take any disciplinary action against the employee until legal counsel has been consulted.

Section IV – Return to Work

A return to work plan lays out the steps that need to be taken to return an employee to his or her pre-injury/illness job. The plan should be developed jointly by the injured worker, the worker's supervisor and the worker's health care provider (through the provision of restrictions). Staff from the WSIB may also be involved.

A return to work plan includes the following:

- The goals of the plan – milestones for the worker to reach a return to pre-injury employment.
- The action required to achieve these goals – responsibilities of the worker, supervisor and any co-worker who will assist the worker.
- Time frames for achieving these goals – clearly defined graduated work.
- Health care needs – work restrictions and coordination of time off to attend medical appointments.

Physical Demands Analysis

A Physical Demands Analysis is a useful tool for managers and health care providers to utilize in determining if a worker will be able to perform the demands of his/her job when returning from and injury or illness.

Physical Demands Analysis (PDA) is defined as the investigation and collection of information surrounding work tasks for the purpose of making a step by step comparison between the demands of the task and the capabilities of the worker.

The emphasis of the analysis is on the physical demands required to perform each job task. Work environment issues must also be considered.

To conduct a PDA the job must be broken down into separate units of work and each unit of work analyzed for physical requirements. The analysis must include a description of each task, the tools, machines and equipment used, postures required, and the height and weight of objects lifted and/or moved. Also to be considered are endurance factors, such as strength required for lifting; how long one has to walk, stand and sit; and the physical demands placed on shoulders, back, arms and legs. The level of analysis focuses attention on the majority of potential problems.

PDA's can identify possible areas for ergonomic and workplace modifications so that work environments can be adapted to fit the needs of the injured worker. A thorough PDA will also help identify potential accidents thereby assisting in the prevention of future workplace injuries.

⇒ Two sample **PDA's** are included in this package.

Functional Abilities Form

A Functional Abilities Form (FAF) can be used as a tool to facilitate return to work discussions between an employer and injured/ill worker. It is completed by the treating health professional, and provides a common frame of reference about the worker's functional abilities to identify jobs that are suitable for the worker.

The employer or the worker can request that the form be completed by the worker's health care provider. The form will outline restrictions and timelines for the worker to return to work.

⇒ A sample **Functional Abilities Form** is included in this package.

Section V – Workplace Wellness

There are many benefits to employees and employers that commonly arise from having a wellness program in place, such as:

- Improved employee health;
- Better employee morale;
- Higher employee productivity;
- Higher employee retention rates;
- Lower absenteeism; and
- Fewer short-term and long-term disability claims.

There is no single right way to approach a workplace wellness program, but successful programs share some common factors that should be included:

- Commitment from management;
- Employee involvement;
- Adequate resources; and
- Clear policies on workplace health, safety and wellness that align with the corporate mission, vision and values.

Planning a wellness program

Benchmark information should be gathered before the program begins to be able to prove that the wellness program is beneficial. Common items to look at are:

- Employee satisfaction;
- Turnover rates;
- Absenteeism rates;
- Stress levels;
- Drug costs; and
- WSIB expenses (if applicable).

Employees should be involved in planning wellness programs and activities; this can be done through surveying employees on their needs and interests or through staff meetings. Current wellness offerings should be reviewed and their effectiveness assessed to determine how to continue and incorporate those existing activities into future wellness programming.

A communication plan should be developed to ensure that there is ongoing communication to regularly update all employees about program highlights and successes. This can foster goodwill and excitement about the wellness program.

Some common elements included in workplace wellness programs include:

1. *Employee Assistance Plans (EAP)*

Employee Assistance Plans can help employees with problems that may interfere with their productivity, including alcohol and drug abuse, emotional or behavioural problems among family members, and financial or legal problems. EAP may be provided as part of a health benefits plan or on its own and many will also provide onsite sessions on a variety of topics.

2. *Health Benefits*

Providing a health benefits plan to workers will aid in the recruitment and retention of employees and also enable employees to prevent health problems with subsidies for dental care, make recovery from illness or injury faster and easier with subsidies for prescription drugs or physiotherapy, and reduce stress caused by the financial impact of health problems of employees and their families.

3. *Stress Management*

Stress management programs educate workers about the causes and consequences of stress, and teach relaxation and coping skills for managing physiological and psychological symptoms. This may include relaxation training that involves muscle relaxation and breathing exercises such as yoga; meditation, which focuses on quieting the mind; or massage therapy for physical relaxation.

4. *Smoking Cessation*

It is estimated that smokers are absent approximately 40% more than non-smokers; this can provide an economic incentive to provide smoking cessation assistance. Smoking cessation programs should include a combination of: education, group support, counseling, behavioural change techniques and subsidized pharmaceutical aides.

5. *Nutrition and Weight Control*

Nutrition programs generally include two forms: educational programs that give information on the basics on the selections of food and meal planning AND making healthy food available at the workplace such as providing healthy snacks and beverages, and having the facilities to enable workers to bring and re-heat their lunch rather than buying fast food.

Weight control programs may be offered in conjunction with established weight-loss programs such as Weight Watchers (must meet enrollment numbers) or may be done with a group of employees who support each other and may prepare healthy meals at work together.

6. *Physical Fitness*

Fitness programs can be implemented at different levels:

- I. Focus on awareness – typically including newsletters, health fairs, posters, and screening sessions such as blood pressure screening. These programs are not aimed at change but rather at making individuals aware of the need for change and the resources available to them.
- II. Formation of specific health-related habits – programs that last at least 8 to 12 weeks and attempt to obtain a long-term effect. This may include offering specific fitness courses such as Pilates at lunchtime, training for and entering a charity race or offering subsidized memberships at fitness facilities.
- III. Creating a health work environment – supporting individual change by promoting a healthy lifestyle. Ensuring healthy food is available, providing bike racks or locker facilities and eliminating candy jars from the office are some examples.

7. *Family Friendly Workplace*

Family friendly policies attempt to assist employees balance their work and family responsibilities. A growing number of employees have both childcare and eldercare responsibilities in addition to their work responsibilities. A common approach is to offer flexible work arrangements such as a compressed work week (40 hours in 4 days) or flextime (variable start and finish times).

8. *Program Evaluation*

The workplace wellness program should include mechanisms to regularly monitor progress and evaluate the success of the program. The number of participants in a given activity or the number of employees who indicate support for some components of the program can be tracked along with the measurable indicators mentioned previously.

Resources

Legislation

- Ontario Occupational Health & Safety Act (RSO 1990) [http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90o01_e.htm]
- Workplace Hazardous Materials Information Act (WHMIS) [<http://www.hc-sc.gc.ca/ewh-semt/occup-travail/whmis-simdut/index-eng.php>]
- Workplace Safety Insurance Act (For those insured through WSIB) [<http://www.wsib.on.ca/wsib/wsibsite.nsf/public/homepage>]

Training Providers

- OSACH – Ontario Safety Association for Community and Healthcare [<http://www.osach.ca/>]
- Occupational Safety Group – Education [www.osg.ca]
- Ontario WHMIS Training [www.ontariowhmistraining.com]
- Red Cross – WSIB approved First Aid Training [www.redcross.ca]
- Safety Training Canada [www.safetytrainingcanada.com]
- St. John’s Ambulance – WSIB approved First Aid Training [www.sja.ca/ontario]

Websites

- Canadian Centre for Occupational Health and Safety [www.ccohs.ca]
- Community and Hospital Infection Control Association – Canada [www.chica.org]
- Ontario Government – WHMIS information [www.ontario.ca/en/information_bundle/plastics/STEL02_119223]
- Ontario Hospital Association – health and safety information [www.oha.com/Services/HealthSafety/Pages/HealthandSafety.aspx]

- Ontario Safety Association for Community & Healthcare – education and resources [www.osach.ca]
- Ministry of Health and Long-Term Care – infection control information [http://www.health.gov.on.ca/english/providers/program/infectious/pidac/pidac_mn.html]
- Ministry of Labour [www.labour.gov.on.ca]
- Workplace Safety & Insurance Board (WSIB) – information and forms [www.wsib.on.ca]