



HOME AND COMMUNITY CARE RISK ASSESSMENT TOOL RESOURCE GUIDE

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The Occupational Health & Safety Agency for Healthcare in BC

OHSAH

About OHSAH

The Occupational Health and Safety Agency for Healthcare in BC (OHSAH), initiated in an Accord between healthcare employers and union representatives, was incorporated on July 5, 1999. OHSAH's Board of Directors consists of representatives from union and employer organizations.

OHSAH's mission is to:

- work with all members of the healthcare community to develop guidelines and programs designed to promote better health and safety practices and safe early return to work
- promote pilot programs and facilitate the sharing of best practices
- develop new measures to assess the effectiveness of health and safety programs and innovations in healthcare

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**Risk Assessment Tool
Resource Guide**

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Introduction

The Home and Community Care (HCC) sector is fundamental to healthcare in British Columbia (BC). Community Health Workers (CHWs) are a workforce that provides healthcare and other services, such as assistance with activities of daily living, to clients in their own homes.

Those responsible for ensuring the health and safety of CHWs face unique challenges because the workplace is a client's home. Imposing measures to eliminate or reduce exposure to occupational hazards in a private home is more challenging than in a long-term care or acute care setting where the work environment is more controllable.

On an average work day, a CHW may see many individuals with different levels of care and home settings. They usually work alone, sometimes in the evenings, and sometimes in remote locations.

Occupational risks for CHWs include:

- Musculoskeletal Injury (MSI) related to client care or household cleaning.
- Exposure to chemical hazards, biological hazards, and infectious diseases.
- Violent behaviour from clients and others.
- Working alone.
- Exposure to general hazards in and around the home.

Ensuring a safe work environment is an employer's responsibility. Collaboration between CHWs, Joint Occupational Health and Safety Committees (JOHSC), clients and their families, regulating agencies and employers is essential for developing an effective health and safety program in this sector.

INTRODUCTION

The Risk Assessment Tool and Resource Guide

The *OHSAH Home and Community Care Risk Assessment Tool* (RAT) is based on the requirements of the *BC Workers Compensation Act* (WC Act) and the *BC Occupational Health and Safety Regulation* (OHSR). The WC Act and OHSR specify the minimum requirements for a safe work environment, regardless of the worksite. HCC agencies are encouraged to use the *Risk Assessment Tool* as a step in their process to meet WC Act and OHSR requirements when providing care in the home environment.

Using the Resource Guide

This resource guide is divided into the same sections as the RAT. Each section contains a summary of the regulatory requirements for the subject area and brief descriptions of the types of occupational hazards that exist for CHWs. Step by step instructions are provided for each section, and include an illustrated example.

The RAT is provided in Appendix A. Additional resources can also be found in the appendices.

Assessors

Staff assigned to complete assessments using the RAT must have specialized occupational health and safety (OH&S) knowledge and training to identify and eliminate hazards and risks. Possible assessors could be agency supervisors, licensed staff, or an employer and union/worker representative from the JOHSC.

Under the WC Act, supervisors are legally responsible for ensuring the health and safety of workers under their direct supervision. It is essential that all supervisors are aware of the risks to CHWs associated with each client and each client's home, and the control measures that should be implemented. In addition, supervisors should also know how to respond to and support CHWs who report:

- Health and safety concerns.
- Early signs and symptoms of injury.
- Workplace injuries, or
- Who refuse unsafe work.

Assessment and reporting procedures should state the conditions that require a reassessment, the person responsible for completing the assessment, and how that process is initiated. Involving the JOHSC in the communication process, the assessment or reassessment, the process for developing controls, and during revision or development of policies and procedures is required in the OHSR and collective agreement.

Timing

The WC Act and OHSR require hazards of a task be identified and controlled before assigning a worker to the task. Complete the RAT for each new client and implement control measures prior to assigning a CHW to the home. If the recommended controls cannot be implemented immediately, use interim measures with firm timelines for implementing the permanent control.

The following events or conditions should trigger a reassessment.

- When a client's personal needs, behaviour, or condition changes.
- When a client's living conditions or environment changes.
- When a client acquires new equipment.
- When a CHW reports:
 - a hazard or a health and safety risk
 - a sign or symptom of an injury or illness
 - an injury during work activities or
 - an exposure to violent or aggressive behaviour.
- When injury trends or hazard reports indicate a health and safety risk associated with a specific client or environment.
- At the recommendation of the JOHSC.
- As a result of an incident investigation or inspection.

Control Measures

Once the RAT has identified hazards in the home, control measures are required. Control measures are grouped into one of several categories, listed below from most effective to least effective. Whenever possible, eliminate the hazard first. In general, personal protective equipment should not be considered a long-term control, and should only be used if engineering or administrative controls are ineffective.

- **Elimination and substitution** removes the hazard from the workplace.
- **Engineering controls** physically change the work environment to permanently address a hazard or risk.
- **Administrative Controls** alter either the way work is performed, or the organizational factors that support the way work is performed. Administrative controls include work practices and policies that reduce exposure to a hazard or risk. They rely on changes in techniques and may require ongoing training and supervision.
- **Personal Protective Equipment (PPE)** is any physical device or clothing that is specifically designed to protect a worker against hazards and risks when worn.

A variety of control measures may be considered to address a specific problem. In some cases, one control measure may address multiple hazards; in other cases, several control measures may be needed to control one hazard. The resource guide often suggests control measures that fall into several categories, and includes training and hazard communication suggestions.

INTRODUCTION

Communication

The WC Act and OHSR require employers to inform workers of the hazards and risks at their workplace, and of the measures in place to protect their health and safety.

It is essential that CHWs are informed of the hazards and control measures for each client or client's home.

- Consult with your JOHSC to identify effective methods to communicate hazards, risks, and controls to your CHWS.
- Use the “Summary of Hazards and Control Measures Form,” provided with the RAT, to inform CHWs of the hazards and controls for each client or client's home. The form can be provided to CHWs or left in communication books.

Sample forms are available for CHWs to communicate new hazards to supervisors. See Appendix A for the Summary of Hazards and Control Measures form and a CHW Hazard Report form.

A Team Approach

Use a team approach when determining and implementing appropriate control measures. Involving CHWs, the client, the family, rehabilitation specialists (such as occupational therapists), case managers, and the JOHSC in the consultation process will ensure a consistent approach. Each member of the team will be aware of his/her responsibilities regarding CHW safety, and will be able to provide their perspectives, insights, and expertise on tasks, hazards, and sustainable solutions. Consultation demonstrates the importance of each team member in protecting CHW safety during the provision of quality client care. It is an important step in generating the team's support for and commitment to use control measures.

Resources

The *Resource Guide* has been designed to provide practical suggestions and guidelines to address each of the hazards identified on the RAT. Further information and resources are available from WorkSafeBC (www.worksafebc.com), OHSAH (www.ohsah.bc.ca), the BC Government and Service Employee's Union (BCGEU), the United Food and Commercial Workers (UFCW), other HCC unions, and the health authorities. For details, see Appendix F – References and Resources.

The Home and Community Health Worker Handbook, available through WorkSafeBC, is a practical resource for CHWs that provides information on common home and community care hazards, how to report injuries and where to find further information. Use it as a companion to this resource guide, and provide it to your community health workers.

Finally, if you are a unionized work site covered by the Community Health Subsector Agreement, there are a number of occupational health and safety provisions, found in Article 22, to which employers have agreed. These include:

- Promoting safe working conditions and safe work practices, and the prevention of accidents, workplace injuries, and industrial diseases.
- Providing CHWs with information that you or your organization has regarding a client that is necessary for a CHW to safely carry out his/her duties. Upon admission, transfer, or assignment, the employer will make every reasonable effort to identify the potential for aggressive behaviour.

- Providing CHWs with orientation or in-services necessary for safe work performance, safe use of equipment, safe techniques for lifting and supporting clients, and safe handling of materials and products.
- Providing CHWs with emergency travel kits for work in isolated areas with hazardous road conditions (with agreement at the local level) where CHWs must use their own or the employer's vehicle for work.

The article describes specific steps employers must take to provide for CHW safety. Refer to Article 22 when identifying hazards and planning controls. Article 22 of the agreement is provided in Appendix B.

Confidentiality

Issues of confidentiality and freedom of information must be respected. While issues of confidentiality and freedom of information must meet statutory requirements, employers are legally required to meet the obligations of the WC Act and, with due diligence, inform workers of health and safety risks. Information directly related to the provision of care to the client and protection of a CHW's health and safety remain within the guidelines of this legislation and the collective agreement.

Section A – MSI Risk Assessment

In this section:

- A.1. Introduction to Section A of the Risk Assessment Tool.
- A.2. How do I complete Section A of the Risk Assessment Tool?
- A.3. What conditions do I look for and what control measures could I use?
 - Personal care
 - Client handling
 - Delegation of Tasks
 - Meals
 - Outside of home
 - Cleaning and household activities

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A.2. How do I complete Section A of the Risk Assessment Tool? to Section A of the Risk Assessment Tool

Approximately 50% of all work injuries suffered by CHWs are musculoskeletal injuries (MSIs) caused by over exertion or repetitive movement (WorkSafeBC Home and Community Health Worker Handbook, 2005).

MSIs

An MSI is an injury or disorder of the muscles, tendons, ligaments, joints, nerves, blood vessels, or related soft tissue. MSIs include sprains, strains, and inflammation that may be caused or aggravated by work.

A.1.1. The Regulation

The purpose of the requirements described in Sections 4.46-4.53 of the OHSR, is to eliminate or, if that is not practicable, minimize the risk of MSI to workers.

To meet the ergonomic requirements employers must implement a musculoskeletal injury prevention (MSIP) program that:

- identifies factors in the workplace that may expose workers to a risk of MSI. Descriptions of ergonomics risk factors for home and community care are found in Appendix C
- ensures that each risk is assessed, consulting with workers who have signs and symptoms of MSI and workers who carry out the work being assessed
- implements control measures that eliminate or, if that is not practicable, minimize the risk of MSI to CHWs
- educates CHWs to recognize ergonomics risks in their work, signs and symptoms of MSIs (see page 14), and their potential health effects
- trains CHWs in control measures (such as assistive devices, mechanical aids and procedures) and reporting procedures, and
- monitors the effectiveness of measures taken to comply with the regulation, ensure they are reviewed at least annually, and corrects deficiencies without undue delay.

The regulation requires consultation with the JOHSC or the union/worker OH&S representative on (1) risk identification, assessment and control, (2) the content and provision of worker education and training, and (3) the evaluation of the compliance measures taken. The collective agreement also outlines the mandate of the JOHSC to make recommendations on the processes to safely perform work, including ergonomic adjustments.

See Appendix F for additional resources to assist with developing an MSIP program.

A.1.2. About Section A of the Risk Assessment Tool

Use Section A of the RAT as part of your MSIP program to identify conditions that expose CHWs to the risk of MSI in a home. This section of the resource guide provides a list of potential control measures (not exhaustive), and includes training suggestions. Quick reference sheets are provided in Appendix D to remind you of the conditions to look for as you complete Section A. For additional information, see the Community Health Worker Handbook and Appendix F.

A.1.3. Other considerations

Assessing client handling tasks

All client handling tasks are high risk. It is essential that a client's functional mobility is assessed through demonstration to determine the level of assistance that he/she requires and the type of equipment that will ensure both CHW and client safety. Rehabilitation specialists (such as occupational or physical therapists) can assist with assessments and equipment recommendations.

Consider arranging an assessment with a rehabilitation specialist to recommend assistive devices or ceiling lifts¹ if:

- CHWs report injuries (or near misses) while transferring or repositioning.
- CHWs report that transferring or repositioning a client is physically demanding.
- A client is increasingly resistive to care, or is displaying aggressive behaviour, during transfers or while being repositioned.
- A client's ability to perform transfers is becoming inconsistent, or his/her ability to complete transfers or follow directions is fluctuating during the day.
- The client's condition is changing due a progressive disease that affects his/her ability to transfer or follow directions.
- There is limited working space to safely transfer or reposition a client.

Using assistive devices and ceiling lifts can benefit everyone and have a positive impact on everything from continuity of care and retention of CHWs, to improving a client's quality of care or increasing their independence. Consider the following (pages 12-13) when discussing a transfer plan and ceiling lift use with a client, or their family members, rehabilitation specialists, and case managers (printed with permission from the Ceiling Lift Criteria and Assessment Form, Interior Health Assisting Client Care Ensuring Staff Safety Program Report, September 2005).

¹ Adapted with permission from the Interior Health Assisting Client Care Ensuring Staff Safety Program Report, September 2005 (<http://www.interiorhealth.ca/NR/rdonlyres/C64B1633-DC83-4926-A2B8-EF1101691980/4551/April30CHWManual.pdf>)

Home Environment

Consider the impact a ceiling lift would have on the client's ability to remain at home.

- Would probably allow client to remain at home for the foreseeable future with HCC and caregiver support.
- Would delay need for facility placement for an estimate of at least 6 months, if condition remains stable.
- Would allow client to remain at home independently/with family caregiver support only, for the foreseeable future.
- Would result in decreased physical demands for the caregiver, enabling him/her to maintain the client at home longer.
- Would minimize concerns with flooring and/or bed and/or working space available for transfers and other care tasks.
- An installed lift would enable the long term client to bathe at home.

Service Requirements

Consider the impact a ceiling lift would have on HCC service resources.

- Current transfer (manual or floor lift) and/or repositioning requires that 2 CHWs assist.
- Service is currently at (or is approaching) maximum number of home support hours.
- Current transfer and/or repositioning requires 1 CHW and a family caregiver, who is not always able to assist.
- Incontinence issues result in frequent added transfers and/or bathing assist for scheduling.
- Number of transfers per visit or per day and/or frequency of service is impacting CHW safety and availability.
- A ceiling lift would allow decreased frequency of service as client/family caregivers could assume more of the care.
- Previous CHW injury or reported physical demand has resulted in fewer workers willing to attend the client.
- A ceiling lift would reduce the need for extensive training of complex transfers to CHWs.
- Decreased need for Delegation of Task documentation, training and monitoring for this client.
- Location of client's home makes frequent training sessions for complex transfers and monitoring difficult to justify.

SECTION A – MSI RISK ASSESSMENT

Introduction to Section A

Client Condition

Consider the relationship of the client's condition to the care provided by HCC, CHWs and/or any family caregiver:

- Fluctuation in ability to perform transfers/repositioning or follow directions between visits, CHWs, or time of day.
- Progressive disease affecting ability to transfer or follow directions, requiring frequent (>1/12) care plan changes.
- Client abilities have resulted in staff injury (or reported near misses), requiring care plan changes.
- Client very resistive/aggressive during transfers or repositioning causing increased physical demand and risk of injury.
- Altered tone/rigidity results in physically demanding transfers, which are unsafe to perform manually.
- Incontinence issues—poor ability to assist with repositioning or turns for peri-care and/or bed changes.
- Client size and weight significantly impacts his/her ability to assist with transfers or repositioning required.

Clinical Considerations

Consider the care needs of the client which are impacted by the current transfer / repositioning plan.

- The client has skin integrity issues which are made worse by manual transfers/repositioning or the current sling or lift.
- The client has symptoms of dementia which are made worse by close physical contact during transfer/repositioning.
- The client's anxiety level varies with the approach, size, and/or familiarity etc. with the caregiver, leading to inconsistent transfers.
- The client experiences an increase in pain level using current manual transfer or repositioning techniques.

Signs and Symptoms of MSI

Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they are experiencing signs and symptoms of an MSI, or if they are unable to make any of the recommended changes/adjustments due to limitations of the work environment or equipment.

Signs and symptoms of MSIs that a CHW may experience are:

Signs of injury are SEEN	Symptoms of injury are FELT
Redness	Pain (shooting, dull, sharp, aching, or throbbing)
Swelling	Tenderness
Loss of normal joint movement	Weakness
Muscle wasting	Numbness or cramping
	A feeling of heaviness
	Pins and needles
	Heat or burning sensation
	Cold sensation

Train supervisors in the procedure to respond to reports of unsafe conditions, and to reports of signs and symptoms of injury. Ensure each supervisor is aware of the hazards and risks identified in a home, as well as the control measures that are in place.

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SECTION A – MSI RISK ASSESSMENT

Instructions

A.2. How do I complete Section A of the Risk Assessment Tool?

To complete Section A of the Risk Assessment Tool, perform a walk-through of the client’s home. Refer to the example below to complete these steps:

1. If this is a reassessment, check the “This is a reassessment” box in the top right corner of Section A - MSI Risk Assessment. See **1** in the example form below.
2. Tick the column titled CHW Assists (✓), to indicate the tasks the CHWs will perform. See **2** in the example below.
3. For each task, identify conditions that are a potential risk for MSI. Tips for what to look for are provided on the reference sheets in Appendix D.
 - a) If a hazard is present, describe it in the 2nd to last column on the RAT labelled “Identify hazards, injury prevention control measures and instructions to CHW”. See **3** below.
 - b) List the corrective actions, control measures, and instructions to CHWs. Obtain input from CHWs and the JOHSC, review current agency policies and procedures, and refer to the suggestions in this guide starting on page 16. For example, when determining control measures for “Personal Care – Bathing, Bed Bath/Sponge Bath” on the RAT, go to page 16 and review the control measures listed. Develop or amend policies or procedures as required. See **3b** below.
 - c) If no hazards are identified for the task, check the “No issues” box in the last column to the right. See **3c** below.
 - d) Repeat these steps for each area in the home that the task (checked off under the 2nd column “CHW Assists” on the RAT) is performed.
4. Transfer the hazard and risk information, corrective actions, and instructions for CHWs to the client care plan and/or the Summary of Hazards and Control Measures form for the client’s communication book.

EXAMPLE - Section A

Section A - MSI Risk Assessment

1 This is a reassessment.

TASK		✓ CHW Assists	Identify hazards, injury prevention control measures, and instructions to CHW	✓ No issues
Personal Care	Bathing			
	Bed bath / sponge bath	2	3a 3b	3c
	Bath tub / shower	✓	Reach – Install held shower – client to assist. Reduce bending to assist client in tub, provide stool for CHW to sit on.	

A.3. What conditions do I look for and what control measures could I use?

Hygiene & Bathing

- Risk factors include awkward posture, static posture with force, repetition, and contact stress.
- Bathing clients often requires CHWs to adapt to the layout of the bathroom and can cause them to reach and bend excessively, or use other extreme postures.
- CHWs may have to:
 - Support the client (or the client’s leg or arm) in one position for a long time and the weight of the body or body part may require them to use high force.
 - Use the same sets of muscles over and over, without a chance to rest them.
 - Kneel on and lean against surfaces that can stress those body parts in contact with the hard surface.

ALL CLIENT HANDLING TASKS ARE HIGH RISK.

If a rehabilitation specialist’s mobility assessment of a client has determined that bed care is safer for the CHW, use the following table to identify conditions that place CHWs at risk for MSIs during bed care tasks, as well as possible solutions to eliminate or minimize the risk.

Bed Care:

Bed/Sponge Bath, Skin Care, Shampoo/Shave, Mouth Care, Perineal Care, Toileting

What to look for	Control Measures
<p>Bed height</p>	<p>Ensure the bed can be adjusted to mid thigh and hip height for CHWs to reduce reaching and bending excessively or for long periods. Request that the client or family:</p> <ul style="list-style-type: none"> • Install a height-adjustable, electric bed. • Install bed raising blocks to raise the bed height. <p><i>For low or non adjustable beds:</i></p> <ul style="list-style-type: none"> • Provide a stool for CHWs to sit at client height for light tasks. <p>Provide CHWs with instruction on bed height adjustments, and risks for bending and reaching.</p>
<p>Water basins and supplies - Height and location</p>	<p>Limit reaches beyond arm length or above shoulder. Place basins/supplies close to the bed where CHWs will work, and at mid thigh to hip height. Request that the client or family:</p> <ul style="list-style-type: none"> • Provide a height adjustable stool or table.

SECTION A – MSI RISK ASSESSMENT

Control Measures – Personal Care


What to look for	Control Measures
	<ul style="list-style-type: none"> • Provide a stool or table that is level with the height of the bed. • Clear enough space for the table or stool to be on either side of the CHWs. • Provide CHWs with instruction on height adjustments (mid thigh to hip height) and placement of water basins and supplies.
<p>Obstacles</p> <ul style="list-style-type: none"> - Bed rails, furniture, trash cans, clutter or other obstacles around bed <p>Small working spaces</p>	<p>Eliminate or reduce excessive reaching, bending or awkward postures. Request that the client or family:</p> <ul style="list-style-type: none"> • Install bed rails that can be lowered. • Remove obstacles, such as furniture, to clear the space around the bed. <p>Check that bed rails can be lowered easily and are in good working condition.</p> <p>Train CHWs to:</p> <ul style="list-style-type: none"> • Sit on the edge of the bed to get closer to the client for light tasks. • Correctly use repositioning devices to shift the client closer to the edge of the bed. • Move to the opposite side of the bed, rather than reach. • Clear the space around the bed to prevent reaching or twisting.
<p>Additional notes:</p> <ul style="list-style-type: none"> • Provide CHWs with the Home & Community Health Worker Handbook. • Provide client specific instructions and information on injury risks to CHWs performing bed care tasks. • Train CHWs to take short breaks periodically to reduce fatigue in muscles and soft tissues. • Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they are experiencing signs and symptoms of MSI, or if they are unable to make any of the recommended changes/adjustments due to limitations of the work environment or equipment. • Train supervisors in the procedure to respond to reports of unsafe conditions, and signs and symptoms of injury. Ensure each supervisor is aware of the hazards and risks identified in a home, as well as the control measures that are in place. 	

SECTION A – MSI RISK ASSESSMENT
Control Measures – Personal Care

ALL CLIENT HANDLING TASKS ARE HIGH RISK.

If a rehabilitation specialist’s mobility assessment has determined that a client can be safely transferred in the bathroom, document the level of assistance required from the CHW and the recommended equipment. Use the following table to identify high-risk conditions and possible solutions to eliminate or minimize the risk for injury during tasks in the bathroom, depending on the level of assistance required.

Bathroom:
Bathing, Showering, Skin Care, Shampoo/Shave, Mouth Care, Toileting

What to look for	Risks and Control Measures
<p>Client height</p> <ul style="list-style-type: none"> - Seated height for shave, mouth care, skin care - Seated height in tub 	<p>Ensure CHWs can assist client at comfortable working height between mid thigh and hip level if standing.</p> <p><i>Client seated height:</i></p> <ul style="list-style-type: none"> • Request that the client or family provide a stool for CHWs to sit at client height. • Raise or lower the surface the client is sitting on for this task. <p><i>Tub:</i></p> <ul style="list-style-type: none"> • Eliminate or reduce bending and static postures while washing feet, turning on taps, assisting with shower head, or assisting client with soap or washcloths. Request that the client or family provide: <ul style="list-style-type: none"> ▪ A stool for CHWs to sit at client height for light tasks. ▪ A folded towel or pad to kneel on, or knee pads. • Train CHWs to sit on tub edge to complete tasks such as turning on taps. 
<p>Doors</p> <ul style="list-style-type: none"> - Narrow - Raised door jam 	<p>Request that the client or family:</p> <ul style="list-style-type: none"> • Take off the door (replace with a curtain). • Install wide swing hinges. • Install a ramp or small incline on both sides of the door jam. Prefabricated ramps are available for purchase from equipment suppliers. For further information on inclines see: <ul style="list-style-type: none"> ▪ OHSAH “Using carts in Healthcare: a resource guide for reducing musculoskeletal injury” Part 5: Environmental Conditions – Inclines page 66.


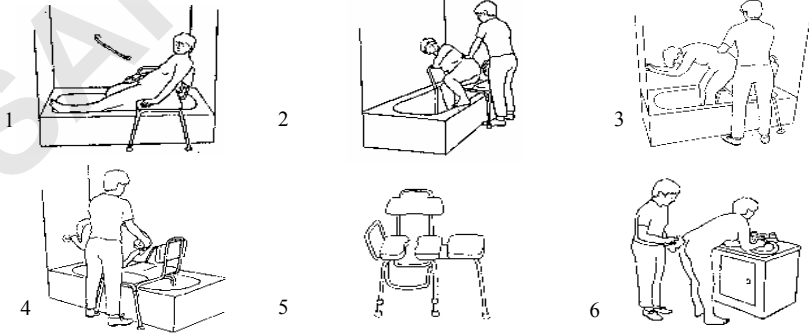
SECTION A – MSI RISK ASSESSMENT
Control Measures – Personal Care

What to look for	Risks and Control Measures
<p>Floors</p> <ul style="list-style-type: none"> - Hard - Slippery 	<p>Request that the client or family:</p> <ul style="list-style-type: none"> • Provide padding for CHWs to kneel on when required (such as when assisting client with washing feet). • Install non-slip tub mats in the tub. • Install mats with non-slip backing on the floor outside the tub.
<p>Shower head</p> <ul style="list-style-type: none"> - Fixed - No mounting brackets - Mounted above shoulder 	<p>Eliminate or reduce excessive reaching, bending or awkward postures.</p> <p>Request that the client or family:</p> <ul style="list-style-type: none"> • Install hand held shower head. Ensure flexible tubing is long enough to reach all sides of the client without CHWs bending or twisting. • Install shower head mounting brackets at waist level. • Provide waterproof apron to prevent CHWs from having to reach around the shower curtain. <p>Train CHWs to use shower head to rinse wash cloths, rather than bending to reach faucet.</p>
<p>Supplies/Basins</p> <ul style="list-style-type: none"> - Shampoo, soap-height and location 	<p>Eliminate or reduce excessive reaching, bending or awkward postures.</p> <p>Request that the client or family:</p> <ul style="list-style-type: none"> • Place cleaning items on side of tub closest to CHWs. • Remove any obstacles from around the client. • Provide a table or stool to position supplies closer and at comfortable height.
<p>Obstacles</p> <ul style="list-style-type: none"> - Trash cans, laundry hampers, scales or other obstacles 	<p>Eliminate or reduce excessive reaching, bending, or awkward postures.</p> <p>Request that the client or family:</p> <ul style="list-style-type: none"> • Remove obstacles to ensure as much free working space as possible for transfers and assistance while bathing. • Relocate wall-mounted towel racks to provide more clearance and working space. <p>Arrange with the client to dress in a larger room (such as bedroom).</p>
<p>Sliding doors in front of tub</p>	<p>Request that the client or family remove sliding doors and metal frames.</p>
<p>Step up into tub or shower</p>	<p>Request that the client or family install grab bars for client to hold on to, if required for safe transfer.</p>
<p>Toilet close to wall</p>	<p>Request that the client or family install grab bars along the wall adjacent to toilet. If using a raised toilet seat, consider installing one with grab bars attached.</p>

SECTION A – MSI RISK ASSESSMENT
Control Measures – Personal Care

What to look for	Risks and Control Measures
<p>Toilet seat</p> <p>- Height and location</p>	<p>Have a rehabilitation specialist assess the use of mechanical equipment or assistive devices to eliminate or reduce risk for lifting, excessive reaching, bending or awkward postures. Choice will depend on mobility assessment. Ensure CHWs receive training in equipment/device use.</p> <p>For example:</p> <ul style="list-style-type: none"> • Ensure that the chair or toilet is not below the client’s knee height or above mid-thigh height. <ul style="list-style-type: none"> <i>If lower than client's knee, install a raised toilet seat.</i> <i>If seat is higher than client's knee, install a lower seat (when possible).</i> • Install a toilet safety frame (grab bars attached to the toilet) if the toilet is not located near a wall. • Use a commode with grab bars in a more accessible transfer location. • Have client use a urinal while seated.
<p>Transfers</p> <p>- From chair to toilet</p> <p>- From toilet to chair</p> <p>- From chair to tub</p> <p>- From tub to chair</p>	<p>Have a rehabilitation specialist assess the use of mechanical equipment or assistive devices to eliminate or minimize the risk of lifting, awkward postures, and the use of force during transfers. Choice will depend on rehabilitation specialist mobility assessment. Ensure CHWs receive training in equipment/device use.</p> <p>For example:</p> <ul style="list-style-type: none"> ▪ A chair that is slightly higher than knee height of client. ▪ Grab bars - top of bar should be level with client’s elbow. ▪ A floor-ceiling support pole. ▪ A transfer belt. ▪ A battery/water powered bath lift. ▪ Ceiling lift equipment. ▪ Toilet seats, transfer boards, benches, or shower chairs as appropriate to ensure that toilet seat, chair or tub is not below client’s knee height or above mid-thigh height. <ul style="list-style-type: none"> • Provide toileting with a grab bar equipped commode in a room with more space. • Provide bath and toileting in bed. <p>Inform CHWs of transfer risks and correct techniques for client.</p> <p>Train CHWs in correct techniques and correct use of equipment.</p>

SECTION A – MSI RISK ASSESSMENT
Control Measures – Personal Care

What to look for	Risks and Control Measures
<p>Water taps - Height</p>	<p>Eliminate or minimize bending and awkward postures. Request that the client or family provide a stool for CHWs to sit on (close to the tub). Train CHWs in neutral postures.</p> <p>Train CHWs to sit on tub edge to turn on taps.</p> 
<p>Washing genital and anal area</p>	<ul style="list-style-type: none"> • Assist the client in washing him or her self on the toilet before getting into the tub. • Have the client sit on the edge of the transfer bench, body leaning back, legs apart, with one foot on the side of the tub.¹ • Have the client sit on the bench close to the CHW, resting the side of his body on the far armrest or grab bar, and have him or her place one foot on the side of the tub with buttocks facing CHW.² • If the client’s legs are strong enough, ask him or her to hold onto a horizontal grab bar at the front end of the tub³; buttocks should remain over the bench at all times.⁴ • Use a transfer bench with an opening in the middle or front.⁵ • Have the client support his or her weight on the sink or counter; an effective option with very obese people.⁶  <p>Provide CHWs with instructions and information on injury risks.</p> <p>Train CHWs in correct techniques.</p>
<p>Wipe client or check stool</p>	<p>Have the client support him/herself with the grab bars.</p> <p>Request that the client or family install a bidet-seat with dryer.</p>

Additional Notes:

- Provide CHWs with the Home & Community Health Worker Handbook.
- Provide client specific instructions and information on injury risks to CHWs performing personal care tasks.
- Train CHWs to take short breaks periodically to reduce fatigue in muscles and soft tissues.
- Train CHWs to advise their supervisor immediately if they are experiencing signs and symptoms of an MSI, or if they are unable to make any of the recommended changes/adjustments due to limitations of the work environment or equipment, or changes in a client's condition.
- Train supervisors in the procedure to respond to reports of unsafe conditions, and signs and symptoms of injury. Ensure each supervisor is aware of the hazards and risks identified in a home, as well as the control measures that are in place.

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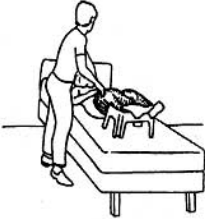
SECTION A – MSI RISK ASSESSMENT
Control Measures – Patient Handling

Dressing/Changing

- Risk factors include awkward posture and static posture with force.
- Dressing clients often requires CHWs to reach and bend excessively, or use other extreme postures.
- They may have to support the client (or the client’s leg or arm) in one position for a long time and the weight of the body or body part may require them to use high force.

ALL CLIENT HANDLING TASKS ARE HIGH RISK.

Use the following table to identify conditions that place CHWs at risk for MSIs during dressing/changing tasks, as well as possible solutions to eliminate or minimize the risk. Choices will depend on the level of assistance a client requires to reposition themselves and may require a mobility assessment from a rehabilitation specialist.

What to look for	Control Measures
<p>Bed height Chair height</p>	<p>Ensure the bed can be adjusted to between mid thigh and hip height for CHWs to reduce reaching and bending excessively or for long periods. Request that the client or family:</p> <ul style="list-style-type: none"> • Install a height-adjustable electric bed. • Install bed raising blocks to raise the bed height. • Provide a stool for CHWs to sit on for light tasks (not supporting limbs). • Provide a small stool or other elevated surface to raise the client’s thighs off bed while pulling on pants and putting on socks. Train CHWs in dressing techniques. • Have the client sit in a higher chair for dressing. <p>Provide CHWs with instruction on bed or chair height adjustments.</p> 
<p>Obstacles - Bed rails, furniture, trash cans, clutter or other obstacles around bed or chairs Small working spaces</p>	<p>Eliminate or reduce excessive reaching, bending or awkward postures. Request that the client or family:</p> <ul style="list-style-type: none"> • Install bed rails that can be lowered. • Remove obstacles, such as furniture, to clear the space around the bed or chair. <p>Check that bed rails can be lowered easily and are in good working condition.</p> <p>Train CHWs to:</p> <ul style="list-style-type: none"> • Sit on the edge of the bed to get closer to the client. • Correctly use repositioning devices to shift the client closer to the edge of the bed. • Move to the opposite side of the bed, rather than reach. • Clear the space around the bed to prevent reaching or twisting.

SECTION A – MSI RISK ASSESSMENT
Control Measures – Patient Handling

Pants, socks, and shoes

- Request that the client or family provide:
 - A small stool or other elevated surface to elevate thighs off bed.
 - A stool for CHWs to sit on while assisting with socks and shoes.
- Request that the client use adaptive clothing.
- Request that the client use assistive devices to increase independence with dressing.
- Ask the client to assist by raising legs if possible.



Train CHWs in dressing techniques such as starting with the weaker side or completing several tasks at once when the client is in a position to do so.

Additional notes:

- Provide CHWs with the Home & Community Health Worker Handbook.
- Provide client specific instructions and information on injury risks to CHWs performing personal care tasks.
- Train CHWs to take short breaks periodically to reduce fatigue in muscles and soft tissues.
- Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they are experiencing signs and symptoms of an MSI, or if they are unable to make any of the recommended changes/adjustments due to limitations of the work environment or equipment, or changes in a client's condition.
- Train supervisors in the procedure to respond to reports of unsafe conditions, and signs and symptoms of injury. Ensure each supervisor is aware of the hazards and risks identified in a home, as well as the control measures that are in place.

SECTION A – MSI RISK ASSESSMENT
Control Measures – Patient Handling

Assisted Walking

What to look for	Control Measures
<p>Floors: - Slippery</p>	<p>Request that the client wear non-slip shoes & install non-slip mats or rugs.</p>
<p>Obstacles - cords, clutter, throw rugs, items stored in walkways, etc.</p>	<p>Request that the client or family:</p> <ul style="list-style-type: none"> • Remove any obstacles from the path to prevent tripping. • Secure throw rugs and loose tiles.
<p>Supporting client while walking</p>	<p>Have a rehabilitation specialist assess the use of mechanical equipment or assistive devices to eliminate or minimize the risk of lifting, awkward postures, and the use of force while supporting walking. Choice will depend on mobility assessment. Ensure CHWs receive training in equipment/device use.</p> <p>Examples of assistive devices include: a transfer belt, gait belt, or walking aids (cane, 4-point cane, walker, wheeled walker, or crutches).</p> <p>Use cueing.</p> <p>Ensure CHWs receive appropriate training to respond to:</p> <ul style="list-style-type: none"> • A client’s attempt to hold CHWs while walking. • A client fall. <p>Train CHWs in cueing and techniques for assisted walking.</p>

Additional notes:

- Provide CHWs with the Home & Community Health Worker Handbook.
- Provide client specific instructions and information on injury risks to CHWs who assist clients with walking.
- Train CHWs to take short breaks periodically to reduce fatigue in muscles and soft tissues.
- Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they are experiencing signs and symptoms of an MSI, or if they are unable to make any of the recommended changes/adjustments due to limitations of the work environment or equipment, or changes in a client’s condition.
- Train supervisors in the procedure to respond to reports of unsafe conditions, and signs and symptoms of injury. Ensure each supervisor is aware of the hazards and risks identified in a home, as well as the control measures that are in place.

Transferring or repositioning clients

- Risk factors include force and awkward posture.
- Transferring or repositioning clients without using equipment puts CHWs at risk of injury because most people are too heavy for manual lifting.
- Transferring or repositioning clients can also require CHWs to reach or bend excessively and to twist their upper body.
- The risk increases when a client resists being moved or is unable to assist.

ALL CLIENT HANDLING TASKS ARE HIGH RISK.

It is essential that a client’s functional mobility is assessed through demonstration to determine the level of assistance they require and the type of equipment that will ensure both CHW and client safety. Rehabilitation specialists can assist with assessments and equipment recommendations.

Repositioning in Chair or Bed

What to look for	Control Measures
<p>Bed height</p>	<p>Ensure the bed can be adjusted to between mid thigh and hip height for CHWs to reduce reaching and bending excessively or for long periods. Request that the client or family:</p> <ul style="list-style-type: none"> • Install a height-adjustable electric bed. • Install bed raising blocks to raise the bed height. <p>Provide CHWs with instruction on bed height adjustments.</p>
<p>Obstacles - bed rails, furniture, trash cans, clutter, or other obstacles around bed or chairs</p> <p>Small work spaces</p>	<p>Eliminate or reduce excessive reaching, bending or awkward postures. Request that the client or family:</p> <ul style="list-style-type: none"> • Remove obstacles, such as furniture, to clear the space around the bed or chair. • Arrange furniture in the room to provide as much working space as possible for repositioning/turning. • Install bed rails that can be lowered. <p>Check that bed rails can be lowered easily and are in good working condition.</p> <p>Train CHWs to:</p> <ul style="list-style-type: none"> • Correctly use repositioning devices to shift the client closer to the edge of the bed. • Move to the opposite side of the bed, rather than reach. • Clear the space around the bed to prevent reaching or twisting.

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<p>Risk of lifting or bending excessively when repositioning client</p>	<p>Have a rehabilitation specialist assess the use of mechanical equipment or assistive devices to eliminate or minimize the risk of lifting, awkward postures, and the use of force during repositioning. Choice will depend on mobility assessment. Ensure CHWs receive training in equipment/device use.</p> <p>Examples of assistive devices are: ceiling lifts, low-friction draw sheets, or slider tubes.</p> <p>Train CHWs in correct techniques and use of equipment.</p>
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Additional notes:

- Provide CHWs with the Home & Community Health Worker Handbook.
- Provide client specific instructions and information on injury risks to CHWs who reposition clients.
- Train CHWs to take short breaks periodically to reduce fatigue in muscles and soft tissues.
- Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they are experiencing signs and symptoms of an MSI, or if they are unable to make any of the recommended changes/adjustments due to limitations of the work environment or equipment, or changes in a client’s condition.
- Train supervisors in the procedure to respond to reports of unsafe conditions, and signs and symptoms of injury. Ensure each supervisor is aware of the hazards and risks identified in a home, as well as the control measures that are in place.



SECTION A – MSI RISK ASSESSMENT
Control Measures – Patient Handling

Use of Mechanical Lift: Floor Lift

What to look for	Control Measures
Equipment condition	To reduce the force required when using or moving the floor lift: <ul style="list-style-type: none"> • Check that it is in good working condition – especially wheels and handles. • Replace/repair any damaged parts.
Flooring - Carpeting - Floors	To reduce the force required when using or moving the floor lift. Request that the client or family: <ul style="list-style-type: none"> • Remove carpeting, if possible. • Install a ceiling lift.
Narrow doorway	Request that the client, family, or building manager: <ul style="list-style-type: none"> • Take off the door (replace with a curtain). • Install wide swing hinges.
Obstacles around the toilet or under/around bed Small work space	Eliminate or reduce bending, twisting, or reaching excessively. <ul style="list-style-type: none"> • Request that the client or family remove obstacles from around the toilet or from under or around the bed to ensure as much free working space as possible for transfers. • Toilet in larger room with commode.
Raised door jam	<ul style="list-style-type: none"> • Request that the client/family install a ramp or small incline on both sides of the door jam. Prefabricated ramps are available for purchase from equipment suppliers. For further information on inclines see: <ul style="list-style-type: none"> ▪ OHSAH “Using carts in Healthcare: a resource guide for reducing musculoskeletal injury” Part 5: Environmental Conditions – Inclines page 66.
Risk of using force - When moving floor lift - When positioning client in sling	See equipment condition and flooring (above). See Use of Mechanical Lift: Slings on Floor or Ceiling Lifts section (below) Train CHWs in correct techniques to: <ul style="list-style-type: none"> • Use the floor lift. • Move the floor lift with the client in it.

SECTION A – MSI RISK ASSESSMENT
Control Measures – Patient Handling

Use of Mechanical Lift: Ceiling Lift

What to look for	Control Measures
Equipment condition	Check that ceiling lift is in good working condition.
Obstacles - bed rails, furniture, trash cans, clutter, or other obstacles around bed or commode Small working spaces	Eliminate or reduce bending, twisting, or reaching excessively. Request that the client or family: <ul style="list-style-type: none"> • Install bed rails that can be lowered. • Remove obstacles, such as furniture, to clear the space around the bed. Check that bed rails can be lowered easily and are in good working condition.
Risk of lifting, bending, or reaching excessively when positioning client in sling	Train CHWs in correct techniques to: <ul style="list-style-type: none"> • Use the ceiling lift. • Position the clients in a sling. • Move the client in a lift (manual motion on track).

Use of Mechanical Lift: Slings on Floor or Ceiling Lifts

What to look for	Control Measures
Client factors	Ensure the bed can be adjusted to between mid thigh and hip height for CHWs to reduce reaching and bending excessively or for long periods. Request that the client or family: <ul style="list-style-type: none"> • Install a height-adjustable electric bed. • Install bed raising blocks to raise the bed height. Provide CHWs with instruction on bed height adjustments. Request a rehabilitation specialist assessment for a powered positioning device to place the client in upright position.
Equipment condition	Check condition of sling fabric and straps. Look for tears and signs of wear.
Obstacles - bed rails, furniture, trash cans, clutter, or other obstacles around bed, commode, toilet or tub Small working spaces	Eliminate or reduce bending, twisting, or reaching excessively when attaching/removing slings. Request that the client or family: <ul style="list-style-type: none"> • Install bed rails that can be lowered. • Remove obstacles, such as furniture, to clear the space around the bed or transfer locations. • Provide space on each side of the bed for CHWs to move to each side of the client when attaching sling. Check that bed rails can be lowered easily and are in good working condition.

SECTION A – MSI RISK ASSESSMENT
Control Measures – Patient Handling

Risk of lifting, bending, or reaching excessively when positioning client in sling

Train CHWs in correct techniques to:

- Position the client in slings.
- Position the client in bed or a chair (transfer location).

Additional notes:

- Provide CHWs with the Home & Community Health Worker Handbook.
- Provide client specific instructions and information on injury risks to CHWs using mechanical lift devices.
- Train CHWs in correct use of mechanical lift devices.
- Train CHWs to take short breaks periodically to reduce fatigue in muscles and soft tissues.
- Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they are experiencing signs and symptoms of an MSI, or if they are unable to make any of the recommended changes/adjustments due to limitations of the work environment or equipment, or changes in a client's condition.
- Train supervisors in the procedure to respond to reports of unsafe conditions, and signs and symptoms of injury. Ensure each supervisor is aware of the hazards and risks identified in a home, as well as the control measures that are in place.

SECTION A – MSI RISK ASSESSMENT
Control Measures – Patient Handling

Manual Transfers: Bed-to-Chair or Chair-to-Bed (as per mobility assessment)

What to look for	Control Measures
<p>Chair or commode height Bed height</p>	<p>Ensure that bed or chair is not below the client’s knee height or above mid-thigh height (bed should be low enough so that the clients’ feet are in contact with the floor prior to transfer).</p> <p>Request that the client or family:</p> <ul style="list-style-type: none"> • Install a height-adjustable, electric bed. • Provide furniture blocks to raise the height of the bed or chair. • Provide seat raisers. <p>Request a rehabilitation specialist assessment for chairs with powered height adjustment.</p> <p>Provide CHWs with instruction on correct bed or chair height adjustments.</p>
<p>Obstacles - bed rails, furniture, trash cans, clutter, or other obstacles around bed, chair or commode Small working spaces</p>	<p>Eliminate or reduce bending, twisting, or reaching excessively.</p> <ul style="list-style-type: none"> • Remove obstacles, such as furniture, to clear the space around the bed and chair (or commode). <p>Train CHWs to:</p> <ul style="list-style-type: none"> • Clear the space around the bed and chair to prevent reaching or twisting. • Position themselves as close to the client as possible.
<p>Risk for lifting during transfer</p>	<p>Have a rehabilitation specialist assess the use of mechanical equipment or assistive devices to eliminate or minimize the risk of lifting, awkward postures, and the use of force during transfers. Choice will depend on mobility assessment. Ensure CHWs receive training in equipment/device use.</p> <p>Examples of assistive devices are: transfer belts or floor to ceiling transfer poles.</p> <ul style="list-style-type: none"> • Have the client assist as much as possible. <p>Inform CHWs of correct transfer technique to use with each client.</p> <p>Ensure CHWs receive training to perform the transfer technique correctly.</p> <p>Ensure CHWs receive training in cueing and use of assistive devices.</p> <p>Ensure CHWs receive appropriate training to respond to:</p> <ul style="list-style-type: none"> • A client’s attempt to hold CHWs while transferring. • A client fall.

Additional notes:

- Provide CHWs with the Home & Community Health Worker Handbook.
- Train CHWs in correct transfer techniques.
- Provide client specific instructions and information on injury risks to CHWs who transfer clients manually.
- Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they are experiencing signs and symptoms of an MSI, or if they are unable to make any of the recommended changes/adjustments due to limitations of the work environment or equipment, or if there are changes in a client’s condition.
- Train supervisors in the procedure to respond to reports of unsafe conditions and signs and symptoms of injury. Ensure each supervisor is aware of the hazards and risks identified in a home, as well as the control measures that are in place.

Manual Transfers: Chair-to-Bath or Bath-to-Chair

What to look for	Control Measures
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See **Transfers** in *Personal Care – Bathroom* on page 20.

Manual Transfers: Chair-to-Toilet or Toilet-to-Chair

What to look for	Control Measures
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See **Transfers** in *Personal Care – Bathroom* on page 20.


SECTION A – MSI RISK ASSESSMENT
Control Measures – Delegation of Task

Delegation of Task (DOT)


DOT tasks include, but are not limited to, performing range of movement exercises, giving eye drops, completing bowel care, applying condom catheters, completing colostomy care, and pulling on thromboembolic deterrent (TED) stockings. While some tasks will be completed as part of bed care, others can be accomplished with a client seated. When identifying risks, consider where the task will be completed. Be sure any transfer and repositioning tasks associated with the DOT are assessed as required on page 26.

- Risk factors include force, static postures, awkward postures, repetition, and contact stress.
- The risks increase when a client resists being moved or is unable to assist.

ALL CLIENT HANDLING TASKS ARE HIGH RISK.

What to look for	Control Measures
Bed height	<p>Ensure the bed can be adjusted to between mid thigh and hip height for CHWs to reduce reaching and bending excessively or for long periods.</p> <p>Request that the client or family:</p> <ul style="list-style-type: none"> • Install a height-adjustable, electric bed. • Install bed raising blocks to raise the bed height. • Provide a small stool or other elevated surface to raise the client’s thighs off bed while pulling on pants and putting on socks. <p><i>For low or non adjustable beds, Request that the client or family:</i></p> <ul style="list-style-type: none"> • Provide a stool for CHWs to sit at client height, for light activities. <p>In addition, provide CHWs with instruction on bed height adjustments. Train CHWs in dressing techniques.</p>
Chair height	<p>Ensure CHWs can work at a height that reduces reaching and bending excessively or for long periods.</p> <p>Request that the client or family:</p> <ul style="list-style-type: none"> • Provide a stool for CHWs to sit on. • Have the client sit in a higher chair for dressing. <p>Provide CHWs with instruction on chair height and working height adjustments.</p> 
Water basins and supplies - Height and location	<p>Limit reaches beyond arm length or above shoulder. Place basins/supplies close to the bed where CHWs will work, and at mid-thigh to hip height.</p> <p>Request that the client or family:</p> <ul style="list-style-type: none"> • Provide a height adjustable stool or table.

SECTION A – MSI RISK ASSESSMENT
Control Measures – Delegation of Task

	<ul style="list-style-type: none"> • Provide a stool or table that is level with the height of the bed. • Clear enough space for the table or stool to be on either side of the CHW and the bed. <p>Provide CHWs with instruction on height adjustments and placement of water basins and supplies.</p>
<p>Obstacles</p> <p>- bed rails, furniture, trash cans, clutter, or other obstacles around bed</p> <p>Small working spaces</p>	<p>Eliminate or reduce excessive reaching, bending or awkward postures.</p> <p>Request that the client or family:</p> <ul style="list-style-type: none"> • Install bed rails that can be lowered. • Remove obstacles, such as furniture, to clear the space around the bed. <p>Check that bed rails can be lowered easily and are in good working condition.</p> <p>Train CHWs to:</p> <ul style="list-style-type: none"> • Sit on the edge of the bed to get closer to the client, for light tasks. • Correctly use repositioning devices to shift the client closer to the edge of the bed. • Move to the opposite side of the bed, rather than reach. • Clear the space around the bed to prevent reaching or twisting.
<p>TED stockings</p> <p>Compression stockings</p>	<p>Request that the client or family:</p> <ul style="list-style-type: none"> • Provide a small stool or other elevated surface to elevate thighs off bed. • Provide an assistive device for CHWs to apply compression stockings or use one to increase client independence with applying compression stockings. • Provide a stool for CHWs to sit on if assisting the client in a seated position. 
<p>Repositioning during DOT task</p>	<ul style="list-style-type: none"> • See assessment and equipment recommendations on page 26 (Repositioning) in chair or bed.
<p>Risk for force during DOT, such as range of movement exercises</p>	<ul style="list-style-type: none"> • See bed height and obstacles/small working spaces, above. • Have a rehabilitation specialist assess the use of mechanical equipment or assistive devices to reduce the force and awkward postures required during exercises. Ensure CHWs receive training in equipment/device use.

SECTION A – MSI RISK ASSESSMENT
Control Measures – Delegation of Task

- Explore alternative methods for providing exercises such as engaging family members, and/or using techniques for reducing client spasticity, such as medications or heating pads.
- Request reassessment of the task with a rehabilitation specialist and involve CHWs.

In addition, train CHWs in correct techniques for exercises.

Additional notes:

- Provide CHWs with the Home & Community Health Worker Handbook.
- Provide client specific instructions and information on injury risks to CHWs performing DOT tasks.
- Train CHWs to take short breaks periodically to reduce fatigue in muscles and soft tissues.
- Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they are experiencing signs and symptoms of an MSI, or if they are unable to make any of the recommended changes/adjustments due to limitations of the work environment or equipment.
- Train supervisors in the procedure to respond to reports of unsafe conditions, and signs and symptoms of injury. Ensure each supervisor is aware of the hazards and risks identified in a home, as well as the control measures that are in place.

Prepare Meals

- Risk factors include force, awkward and static posture.
- Cutting with blunt knives can increase the force required to cut food.
- Preparing and cooking food on a surface that is too high can require CHWs to use awkward wrist and shoulder postures.
- Preparing and cooking food on a surface that is too low can require them to bend over and put stress on the back.

What to look for	Control Measures
Storage	Eliminate or reduce reaching for any items stored above shoulder or below knee height. Request that the client or family: <ul style="list-style-type: none"> • Provide storage for heavy items between hip and waist height. • Provide a single step step-stool to reach light items from shelves that are above shoulder height. (If shelving is still beyond safe reach, Request that the client store items elsewhere.)
Counters - Height	Eliminate or reduce awkward wrist and shoulder postures; ensure countertops are at a comfortable working height. Request that the client or family: <ul style="list-style-type: none"> • Provide lower working surfaces as required (e.g. a lower table or counter). • Provide stools to sit on at low counters. Provide CHWs with instruction on correct working surface heights.
Equipment - Utensils, appliances	Reduce force. Request that the client or family: <ul style="list-style-type: none"> • Provide knives that are sharp and in good condition. • Provide an electric can opener.

Assisting Client with Eating

What to look for	Control Measures
Client factors - Seated height	Eliminate or reduce reaching, bending, and static postures. Request that the client or family: <ul style="list-style-type: none"> • Provide a stool for CHWs to sit on while assisting the client. • Elevate or lower height of the client with different chairs. • Remove any obstacles that impede access to the client.

SECTION A – MSI RISK ASSESSMENT

Control Measures – Meals

Additional notes:

- Provide CHWs with the Home & Community Health Worker Handbook.
- Provide information on injury risks to CHWs who prepare meals or assist clients with eating.
- Train CHWs to take short breaks periodically to reduce fatigue in muscles and soft tissues.
- Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they are experiencing signs and symptoms of an MSI, or if they are unable to make any of the recommended changes/adjustments due to limitations of the work environment or equipment.
- Train supervisors in the procedure to respond to reports of unsafe conditions, and signs and symptoms of injury. Ensure each supervisor is aware of the hazards and risks identified in a home, as well as the control measures that are in place.

SECTION A – MSI RISK ASSESSMENT
Control Measures – Out of Home

In-Out of Cars

What to look for	Control Measures
<p>Transfers</p> <ul style="list-style-type: none"> - Chair to car - Car to chair 	<ul style="list-style-type: none"> • Arrange for HandiDART or accessible taxis to transport clients who use wheelchairs. • Have a rehabilitation specialist assess the use of assistive devices to reduce the force and awkward postures required during transfers. Assistive devices include a transfer belt or board. Train CHWs in correct transfer procedure and use of assistive devices. • Have the client assist as much as possible.
<p>Loading wheelchairs or walkers into cars</p>	<ul style="list-style-type: none"> • Have family members or taxi drivers load wheelchairs or walkers. • Require the client find alternative accessible transportation (see above). <p>If CHW assistance is required to load or remove equipment from cars, assess the task. Eliminate or minimize the risks. Consider a rehabilitation specialist assessment, provide assistive devices, and train CHWs in correct techniques to complete the task safely.</p>

Additional notes:

- Provide information on injury risks and correct techniques to CHWs who assist clients in and out of cars.
- Train CHWs to take short breaks periodically to reduce fatigue in muscles and soft tissues.
- Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they are experiencing signs and symptoms of an MSI, or if they are unable to make any of the recommended changes/adjustments due to limitations of the work environment or equipment, or changes in the client’s condition.
- Train supervisors in the procedure to respond to reports of unsafe conditions, and signs and symptoms of injury. Ensure each supervisor is aware of the hazards and risks identified in a home, as well as the control measures that are in place.

Walking Outside

What to look for	Control Measures
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See **Assisted Walking** in Patient Handling on page 24.

SECTION A – MSI RISK ASSESSMENT
Control Measures – Out of Home

Grocery Shopping

What to look for	Control Measures
<p>Distances to/from client to grocery store</p>	<ul style="list-style-type: none"> Assess how far a CHW is expected to travel to pick up groceries. Is the CHW walking, driving, or taking the bus? Is this travel method safe with groceries (ex. how far does he/she have to walk with grocery bags?).
<p>Floors</p> <ul style="list-style-type: none"> - Uneven or sloped surfaces - Wet or slippery surfaces 	<ul style="list-style-type: none"> Request that the client, family, or building manager install: <ul style="list-style-type: none"> Railings on ramps or stairs. Non-slip mats at doors. Request city/building owners repair broken steps, uneven sidewalks etc.
<p>Grocery bags</p> <ul style="list-style-type: none"> - Bag handles - Weight 	<ul style="list-style-type: none"> Request that the client provide bags with comfortable grip surfaces (such as fabric handles). Ensure grocery bags can be carried easily, and that requested items can be split into several bags to distribute the weight.
<p>Storage</p>	<p>Eliminate or reduce reaching for any items stored above shoulder or below knee height. Request that the client or family:</p> <ul style="list-style-type: none"> Provide storage between hip and waist height for heavy items. Provide a single step step-stool to reach light items from shelves that are above shoulder height. (If shelving is still beyond safe reach, Request that the client store items elsewhere.)

Additional notes:

- Provide CHWs with the Home & Community Health Worker Handbook.
- Provide information on injury risks to CHWs who assist with grocery shopping.
- Train CHWs to take short breaks periodically to reduce fatigue in muscles and soft tissues.
- Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they are experiencing signs and symptoms of an MSI, or if they are unable to complete the tasks as recommended due to limitations of the work environment or equipment.
- Train supervisors in the procedure to respond to reports of unsafe conditions, and signs and symptoms of injury. Ensure each supervisor is aware of the hazards and risks identified in a home, as well as the control measures that are in place.

SECTION A – MSI RISK ASSESSMENT
Control Measures – Out of Home

Adult Day Care/Routine Appointments

What to look for	Control Measures
<p>Floors</p> <ul style="list-style-type: none"> - Uneven or sloped surfaces - Wet or slippery surfaces - Carpets 	<ul style="list-style-type: none"> • Request installation of railings on stairs/ramps. • Request non-slip mats at doors. • Request/locate parking near entrances to minimize distance traveled on a sloping surface. • Request that city/building owners repair broken steps, uneven sidewalks, torn or bunched carpets, or loose floor tiles. • Request that carpeting be removed. <p>In addition, train CHWs in correct techniques to push a wheelchair up or down a ramp.</p>
<p>Doors</p> <ul style="list-style-type: none"> - Narrow - Heavy - Spring loaded door closers - Raised door jams 	<ul style="list-style-type: none"> • If wider doors are available, assign an alternate entrance. • Install a ramp or small incline on both sides of the door jam. Prefabricated ramps are available for purchase from equipment suppliers. For further information on inclines see: <ul style="list-style-type: none"> ▪ OHSAH “Using carts in Healthcare: a resource guide for reducing musculoskeletal injury” Part 5: Environmental Conditions – Inclines page 66. • Provide door stoppers to prop door open before pushing a wheelchair through. • Request installation of automatic doors.

Additional notes:

- Provide CHWs with the Home & Community Health Worker Handbook.
- Provide information on injury risks to CHWs who assist with routine appointments.
- Train CHWs to take short breaks periodically to reduce fatigue in muscles and soft tissues.
- Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they are experiencing signs and symptoms of an MSI, or if they are unable to make any of the recommended changes/adjustments due to limitations of the work environment or equipment, or changes in the client’s condition.
- Train supervisors in the procedure to respond to reports of unsafe conditions, and signs and symptoms of injury. Ensure each supervisor is aware of the hazards and risks identified in a home, as well as the control measures that are in place.

SECTION A – MSI RISK ASSESSMENT
Control Measures – Cleaning and Household Activities

Bed Changes

- Risk factors include awkward posture and grip force.
- Tucking in sheets often requires CHWs to bend over at the waist and reach forward.
- Gripping sheets and bed covers using a pinch grip increases the force required.

What to look for	Control Measures
<p>Obstacles: Wide bed, bed rails, furniture, trash cans, clutter, or other obstacles around bed</p> <p>Small working spaces - space around the bed (e.g. one side of bed against the wall)</p>	<p>Eliminate or reduce bending, twisting, or reaching excessively. Request that the client or family:</p> <ul style="list-style-type: none"> • Remove obstacles, such as furniture, to clear the space around the bed. • Rearrange furniture to provide space to work on both sides of the bed if possible. <p>Train CHWs to remove obstacles to prevent bending or reaching when making the bed.</p>
<p>Bed</p> <p>Large or heavy bed or mattress that must be moved during bed change</p>	<p>Request a family member provide assistance, if possible.</p> <p>Provide training on correct body mechanics to push/pull bed away from the wall.</p>

Additional notes:

- Provide CHWs with the Home & Community Health Worker Handbook.
- Provide information on injury risks to CHWs who make beds.
- Train CHWs to take short breaks periodically to reduce fatigue in muscles and soft tissues.
- Ensure CHWs receive training to kneel on carpeted floors or squat, rather than bend at the waist when making a bed.
- Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they are experiencing signs and symptoms of an MSI, or if they are unable to make any of the recommended changes/adjustments due to limitations of the work environment or equipment.
- Train supervisors in the procedure to respond to reports of unsafe conditions, and signs and symptoms of injury. Ensure each supervisor is aware of the hazards and risks identified in a home, as well as the control measures that are in place.

SECTION A – MSI RISK ASSESSMENT
Control Measures – Cleaning and Household Activities

Laundry

- Risk factors include awkward posture with repetition and grip force.
- Loading or unloading laundry from washers and dryers can require CHWs to repeatedly bend forward while twisting.
- Lifting dry laundry using a pinch grip can increase the force required by the small muscles in the hand and forearm.
- Lifting wet laundry can require even greater force to grip and lift.

What to look for	Control Measures
<p>Counter Height for folding linen</p>	<p>Eliminate or reduce excessive reaching, bending, or awkward shoulder and wrist postures. Ensure work surface can adjust between waist and elbow height. Request that the client or family:</p> <ul style="list-style-type: none"> • Provide a step stool to stand on. • Provide a high stool to sit on. • Provide a table to sit at. <p>Assign task at a lower/higher surface. Provide CHWs with instruction on adjusting working surface heights.</p>
<p>Laundry bags or baskets - Weight - Handles - Size</p>	<p>Eliminate or reduce force and contact stress. Request that the client or family:</p> <ul style="list-style-type: none"> • Provide bags or baskets with handles. • Provide smaller bags or baskets (with handles). • Limit the number of loads or the size of loads. <p>Provide training on correct body mechanics for lifting and lowering, and techniques for reaching into a washer or dryer. (See the Home and Community Health Worker Handbook and OHSAH's Laundry Handbook.)</p>
<p>Obstacles - (cords, clutter, throw rugs, items stored in walkways, and stairwells etc.)</p>	<p>Request that the client or family:</p> <ul style="list-style-type: none"> • Remove any obstacles from the path to prevent tripping. • Secure throw rugs and loose tiles.
<p>Stairs</p>	<p>Request that the client or family or building manager (as appropriate):</p> <ul style="list-style-type: none"> • Install or repair railings. • Install lighting. <p>Provide flashlights.</p>

SECTION A – MSI RISK ASSESSMENT

Control Measures – Cleaning and Household Activities

Additional notes:

- Provide CHWs with the Home & Community Health Worker Handbook.
- Provide information on injury risks to CHWs who do laundry.
- Train CHWs to take short breaks periodically to reduce fatigue in muscles and soft tissues.
- Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they are experiencing signs and symptoms of an MSI, or if they are unable to make any of the recommended changes/adjustments due to limitations of the work environment or equipment.
- Train supervisors in the procedure to respond to reports of unsafe conditions, and signs and symptoms of injury. Ensure each supervisor is aware of the hazards and risks identified in a home, as well as the control measures that are in place.

SECTION A – MSI RISK ASSESSMENT
Control Measures – Cleaning and Household Activities

Vacuumping

What to look for	Control Measures
<p>Vacuum</p> <ul style="list-style-type: none"> - Heavy - Awkward shape - No handles or gripping surfaces 	<ul style="list-style-type: none"> • Limit vacuuming to the floor the vacuum is stored on (prevent lifting and carrying up/down stairs). • Request that the client or family purchase light weight vacuum for additional floors.
<p>Room size</p>	<p>Reduce repetition.</p> <ul style="list-style-type: none"> • Assign an alternate task to be completed between each room being vacuumed. • Train CHWs to alternate arms when using the vacuum.
<p>Stairs</p>	<p>Request that the client or family or building manager (as appropriate):</p> <ul style="list-style-type: none"> • Install or repair railings. • Install lighting in stairwells. <p>Limit vacuuming to the floor the vacuum is stored on (as above).</p>

Additional notes:

- Provide CHWs with the Home & Community Health Worker Handbook.
- Provide information on injury risks to CHWs who vacuum.
- Train CHWs to take short breaks periodically to reduce fatigue in muscles and soft tissues.
- Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they are experiencing signs and symptoms of an MSI, or if they are unable to make any of the recommended changes/adjustments due to limitations of the work environment or equipment.
- Train supervisors in the procedure to respond to reports of unsafe conditions, and signs and symptoms of injury. Ensure each supervisor is aware of the hazards and risks identified in a home, as well as the control measures that are in place.

SECTION A – MSI RISK ASSESSMENT

Control Measures – Cleaning and Household Activities

Cleaning

- Risk factors include awkward posture, static posture with force, and contact stress.
- Cleaning the floors, the toilet, or the bathtub causes CHWs to bend over or kneel, and cleaning overhead may require them to reach overhead for a long time. Scrubbing with force while bending or reaching increases the risk.
- Kneeling on hard surfaces can put pressure on their knees.

Cleaning:

Defrost/Clean Fridge, Oven, Kitchen/Bathroom, Floors, Interior Windows, Other

What to look for	Control Measures
<p>Work surface height</p> <p>- counters, cupboards, shelving, fridge interiors, oven, inside windows</p>	<p>Eliminate or reduce excessive bending, awkward shoulder postures, and repetitive movements (for example: reaching above shoulder height, scrubbing etc.). Request that the client or family:</p> <ul style="list-style-type: none"> • Provide a long-handled cleaning device. • Remove any obstacles. • Provide a step stool to stand on when reaching positions above shoulder. • Provide a stool to sit on when cleaning below waist level. <p>Provide CHWs with instruction on use of cleaning devices and correct working surface heights.</p>
<p>Floors</p> <p>- Hard</p> <p>- Slippery</p>	<p>Eliminate or reduce contact stress and slip hazards. Request that the client or family:</p> <ul style="list-style-type: none"> • Provide padding for CHW to kneel on. • Install mats with non-slip backing.

Additional notes:

- Provide CHWs with the Home & Community Health Worker Handbook.
- Provide client specific instructions and information on injury risks to CHWs who complete cleaning tasks.
- Train CHWs to take short breaks periodically to reduce fatigue in muscles and soft tissues and shoulders.
- Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they are experiencing signs and symptoms of an MSI, or if they are unable to make any of the recommended changes/adjustments due to limitations of the work environment or equipment.
- Train supervisors in the procedure to respond to reports of unsafe conditions, and signs and symptoms of injury. Ensure each supervisor is aware of the hazards and risks identified in a home, as well as the control measures that are in place.

Section B – Assistive Devices

In this section:

- B.1. How do I complete Section B of the Risk Assessment Tool?

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Section 1.01 B.1. How do I complete Section B of the Risk Assessment Tool?

It is essential to assess a client’s functional mobility through demonstration to determine the level of assistance they require and the type of equipment that will ensure both CHW and client safety.

Use Section A of the RAT to identify tasks that place CHWs at risk for MSI. Complete Section B to identify assistive devices that will eliminate those risks. Contact a rehabilitation specialist for an assessment and equipment recommendations.

Section A is required to complete Section B of the RAT. Use the example below to complete these steps:

1. If this is a reassessment, check the “This is a reassessment” box in the top right corner. See **1** in the example to the right.
2. If the equipment listed in the left column is currently in place, check (✓) the 2nd column labelled “If in Place”. See **2**. Document the following in the “comments” column to the right:
 - a. Verify the equipment is in good working order (wheels, handles, slings, tethers). Is it the correct equipment for the task? Has the CHW been trained to use the equipment with this client? See **2a**.
 - b. If equipment requires repairs, identify who is responsible for implementation and what the terms of service will be until repairs are complete. See **2b**.
 - c. Identify who will follow up on repairs and when. See **2c**.
 - d. If no issues are identified with the equipment, check (✓) the last column on the right labelled “No issues”. See **2d**.
3. If equipment listed in the left column needs to be purchased and installed for CHW safety, check (✓) the 3rd column labelled “If Needed”. Document the following in the “comments” column to the right:
 - a. Identify the interim control measures or “terms of service” until installation is complete. See **3a**.
 - b. Identify who is responsible for assessment (if required), implementation and when. See **3b**.
 - c. Identify who will follow up on purchase, install, and CHW training, and when. See **3c**.
4. Transfer the risk information, corrective actions, and instructions for CHWs to the client care plan and/or the Summary of Hazards and Control Measures form for the client’s communication book.

EXAMPLE - Section B

Section B – Assistive Devices

1 This is a reassessment.

EQUIPMENT	✓ If in Place	✓ If needed	Comments: Does equipment need repair? Does equipment need to be installed? Who is responsible? Implementation date? Who will follow up and when?	✓ No issues
Wheelchair(s): Manual	2	3	2a 2b 2c or 3a 3b 3c	2d
Powered	✓		Requires batteries – Family to call repair shop and arrange to have new batteries installed within the week. Rehabilitation specialist to follow up.	✓

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Section C – Chemical Hazards

In this section:

- C.1. Introduction to Section C of the Risk Assessment Tool.
- C.2. How do I complete Section C of the Risk Assessment Tool?
- C.3. What are the hazards and health effects of common cleaning products?
- C.4. What control measures could I use?

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C.1. Introduction to Section C of the Risk Assessment Tool.

Chemical hazards are ingredients in products that can cause adverse health effects and pose a risk to CHWs. Exposure can occur when a CHW uses the product or when there is an accident (such as a spill). While a spill may cause an immediate injury to the CHW, exposure through routine work can take a number of years to adversely affect health. Because chemical hazards are not always an immediate risk, the necessary precautions are not always put in place.

C.1.1. The Regulation

According to the general information requirement for Chemical and Biological Substances (OHSR Section 5.2), if a worker is exposed to a chemical or biological substance that could cause an adverse health effect, the employer must ensure that:

1. Products are clearly marked with labels, signs, or tags that specify:
 - the identity of a product,
 - its hazards and health effects, and
 - safety precautions.
2. The information and its meaning are clearly communicated to the CHW.
3. Effective written procedures to prevent exposure, as well as emergency and cleanup procedures in the event of a spill or release of the substance, are implemented.
4. The supervisor and the CHW are trained in and follow the procedures for safely handling (including use of PPE), using, storing and disposing of the substance, including reporting and emergency procedures.

Most chemical hazards encountered in a client's home will be consumer products. While the Workplace Hazardous Materials Information System (WHMIS), material safety data sheets (MSDS) and WHMIS labelling are not required, the general information requirements include education and training.

See Appendix F for additional resources on chemical hazards.

C.1.2. About Section C of the Risk Assessment Tool

Use Section C to identify (1) the products CHWs will encounter or use in the home, (2) their potential hazards or health effects and control measures, (3) the required education and training, and (4) the specific instructions or procedures. For additional information see the Community Health Worker Handbook and Appendix F.

C.1.3. Other considerations

Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they experience signs or symptoms of exposure (page 53), or are unable to make any of the recommended changes/adjustments due to limitations of the work environment, equipment, or products provided.

Possible signs and symptoms of chemical exposure are:

<ul style="list-style-type: none">• Dry or red skin• Blisters• Itchiness• A burning sensation	<ul style="list-style-type: none">• Stinging eyes• Coughing• Dry throat• Shortness of breath	<ul style="list-style-type: none">• Headache• Nausea• Dizziness• Blurred vision
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Train supervisors in the procedure to respond to reports of unsafe conditions and to reports of the signs and symptoms of potential exposure listed above. Ensure each supervisor is aware of the hazards and risks identified in a home, as well as the control measures that are in place. See the Community Health Worker Handbook for more information.

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SECTION C – CHEMICAL HAZARDS
Instructions

C.2. How do I complete Section C of the Risk Assessment Tool?

To complete Section C of the Risk Assessment Tool, perform a walk-through of the client’s home. Use the example below to complete these steps:

- 1) If this is a reassessment, check the “This is a reassessment” box in the top right corner of Section C – Chemical Hazards. See **1** in the example below.
- 2) In the left column list all the chemical products the CHW will use or be exposed to. See **2** in the example below.
- 3) In the middle column:
 - a. Identify the hazards and health effects of the product, using the consumer labels, information from this resource guide, as well as product MSDSs. See **3a** below.
 - b. List the corrective actions, control measures, and instructions to CHWs. Obtain input from CHWs and the JOHSC, review current agency policies and procedures, and refer to the suggestions in this guide starting on page 58. Develop or amend policies or procedures as required. See **3b** below.
- 4) If no issues are identified with the product, check (✓) the column on the right labelled “No issues”. See **4** below.
- 5) Transfer the hazard and risk information, corrective actions, and instructions for CHWs to the client care plan and/or the Summary of Hazards and Control Measures form for the client’s communication book.

EXAMPLE - Section C

Section C - Chemical Hazards

1 This is a reassessment.

Product Name: List products CHW will use in home	Indicate health hazard, injury prevention control measures, and instructions to CHW. Attach additional page if more space is required.	✓ No issues
2 Tilex	<p style="text-align: center;">3a May irritate eyes and skin. Can trigger asthma.</p> <p style="text-align: center;">3b Control measure: DO NOT USE. Instructions to CHW: DO NOT USE Tilex.</p>	4

C.3. What are the hazards and health effects of common cleaning products?





Using cleaning products or insecticides in a client’s home can put CHWs at risk of exposure to chemicals. Chemicals in cleaning products can be breathed in, absorbed through the skin, or swallowed. Some chemicals in household products can irritate or burn the eyes and skin, irritate the lungs, affect the nervous system, or cause cancer.

To identify and document the hazards and health effects of a product:

1. Review the hazard and health effect information provided on the consumer label. See Section C.3.1. for more information on consumer labels.
2. See Section C.3.2. for a list of potentially hazardous ingredients found in household cleaning products.
3. Look at additional resource information on the chemical hazards of household products (see Appendix F).
4. Review the product MSDS for additional hazard and health effect information as well as the PPE required, first aid instructions, and spill instructions. Have the MSDSs readily available. OHSAH has an online MSDS database; contact us about MSDSs for consumer products or contact the manufacturer for corresponding MSDS data.

C.3.1. Consumer labels – What do the symbols mean?

General information is provided below. For more details, see the Health Canada Consumer Product Safety web page at http://www.bc-sc.gc.ca/cps-spc/index_e.html

	CORROSIVE The product can burn your skin or eyes. If swallowed, it will damage your throat and stomach. The frame around this symbol means the contents of the container are dangerous.
	FLAMMABLE The product or its fumes will catch fire easily if it is near heat, flames or sparks. Rags used with this product may begin to burn on their own. The frame around this symbol means the contents of the container are dangerous.
	POISON If you swallow, lick, or in some cases, breathe in the chemical, you could become very sick or die. The frame around this symbol means the contents of the container are dangerous.
	EXPLOSIVE The container can explode if heated or punctured. Flying pieces of metal or plastic from the container can cause serious injury, especially to eyes. The frame around this symbol means the container is dangerous.

SECTION C – CHEMICAL HAZARDS

Hazards and Health Effects

Every hazard symbol will have one of the following three “signal words” beneath it:

- CAUTION means temporary injury may be frequent. Death may occur with extreme exposure.
- DANGER means may cause death, or temporary or permanent injury.
- EXTREME DANGER means exposure to very low quantities may cause death or temporary or permanent injury

C.3.2. Potentially hazardous ingredients found in common household cleaners

The Labour Environmental Alliance Society² has identified 10 chemical ingredients, representative of those commonly found in household cleaning products, which are carcinogens, endocrine disrupters (chemicals that tend to disrupt the function of natural hormones) or known or suspected reproductive toxins. The 10 ingredients are listed below with a description of their health effects. See the resources in Appendix F for information on additional ingredients that are potentially hazardous.

Ingredient	Health Effects
2-butoxyethanol Examples: Tilex Total Bathroom, as well as room and toilet bowl fresheners	2-butoxyethanol, also known as ethylene glycol butyl ether, can be inhaled or absorbed through the skin. It may cause (1) blood disorders, (2) liver and kidney damage, and (3) reproductive damage with long term exposure.
Ethoxylated nonyl phenols (NPEs) Examples: Used in laundry detergents and other cleaning products	NPEs are endocrine-disrupting chemicals. They have been declared toxic under the Canadian Environmental Protection Act. They are eye and skin irritants.
Methylene chloride Examples: paint strippers, as well as stain and scuff removers	International Agency for Research on Cancer (IARC) lists methylene chloride as a possible human carcinogen (Group 2B).
Naphthalene and Paradichlorobenzene Examples: moth balls, and some room deodorizers	Naphthalene is a substance "known to the state to cause cancer," according to California's Office of Environmental Health Hazards Assessment. The IARC lists paradichlorobenzene as a possible human carcinogen.
Silica Examples: Ajax cleanser with bleach and Comet powder with Chlorinol	Silica is carcinogenic when in a fine dust that can be breathed in. It's found in a dust form in abrasive cleaners around the home.
Toluene Examples: solvents and paint strippers	Toluene is a potent reproductive toxin and may cause harm to a developing foetus. It's used as a solvent in numerous products.

² As quoted on their website: “LEAS is a unique environmental organization, based on an alliance model that brings together workers and environmentalists, unions and environmental groups to find solutions to environmental problems based on social justice. LEAS projects are particularly effective because of that alliance – they mobilize workers around environmental issues, often by demonstrating the link between human health and the environment.” For more information, visit <http://leas.ca/>

SECTION C – CHEMICAL HAZARDS
Hazards and Health Effects

<p>Trisodium nitrilotriacetate (NTA) Examples: all laundry soaps</p>	<p>The IARC lists NTA, a laundry detergent builder, as a possible human carcinogen (IARC 2B).</p>
<p>Xylene Examples: 3M Scotchguard outside fabric, and some spot removers and floor polishes</p>	<p>Xylene is a suspected reproductive toxin that has shown reproductive harm in laboratory experiments. It is also a neurotoxicant that can cause memory loss on repeated exposure. Xylene is found in scuff removers, spray paints and some adhesives.</p>
<p>Bleach (Sodium hypochlorite)</p>	<p>When bleach is mixed with:</p> <ul style="list-style-type: none"> • Acids (typically found in toilet bowl cleaners), <i>chlorine</i> gas is formed. • Ammonia, <i>chloramine</i> gas is formed. <p>Bleach may be required in some circumstances for disease control; however, washing counters and other surfaces with soap and water removes most bacteria. Consider oxygen-based alternatives for laundry.</p> <p>Note: Ammonia can irritate the eyes and mucous membranes, and may cause breathing difficulty, wheezing, chest pains, pulmonary edema and skin burns. High exposure can lead to blindness, lung damage, heart attack or death.</p>
<p>Phosphates Example: dishwasher detergents</p>	<p>Found in some laundry products, and in dishwasher detergents, which may also contain high levels of chlorine-based sanitizing ingredients.</p>

C.4. What control measures could I use?

What to look for	Control Measures
<p>Chemical Hazards</p> <ul style="list-style-type: none"> - Health Risks - Products in unlabelled containers - Products stored unsafely or incorrectly - Leaking containers 	<ul style="list-style-type: none"> • Prohibit the use of the hazardous household cleaning product. • Use a less toxic or non-toxic substitute. Hazards or health effects can exist with an alternative, and will also need control measures. Communicate hazard and control information to CHWs. Examples of less toxic substitutes: <ol style="list-style-type: none"> 1. Ecover, Nature Clean, and Seventh Generation manufacture consumer cleaning products that use non-toxic ingredients. See the Labour Environmental Alliance Society website for further information (Appendix F). 2. Homemade alternatives such as in Appendix E. (For more ideas on homemade alternates, see Appendix F.) • Provide PPE for CHWs to use: <ul style="list-style-type: none"> ▪ Rubber or neoprene gloves (elbow length) are generally recommended. ▪ Chemical splash protection is also recommended. ▪ Respirators if required. <p>Provide all CHWs with training to safely handle the product, including spill clean up procedures, emergency contacts, first aid treatment, as well as information on how to identify signs and symptoms of exposures, report spills or exposures, and how to use PPE correctly.</p> <p>Provide all CHWs with hazard information and effective work procedures to prevent exposure.</p> <p>Make chemical hazard information available to CHWs. MSDSs are available on the internet and from suppliers. OHSAH also has an online MSDS database, as well as online WHMIS education.</p>

Additional notes:

- Provide CHWs with the Home & Community Health Worker Handbook.
- Provide information on injury risks and specific instructions to CHWs who use chemical products.
- Train CHWs on the hazards of chemicals, the correct use of the products, the correct use of PPE, and procedures to follow in case of exposure.
- Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they experience signs or symptoms of exposure, or are unable to make any of the recommended changes/adjustments due to limitations of the work environment, equipment, or products provided.
- Train supervisors in the procedure to respond to reports of unsafe conditions, and signs and symptoms of exposure. Ensure each supervisor is aware of the hazards and risks identified in a home, as well as the control measures that are in place.

Section D – Biological Hazards and Infection Control

In this section:

- D.1. Introduction to Section D of the Risk Assessment Tool.
- D.2. How do I complete Section D of the Risk Assessment Tool?
- D.3. What are the routes of transmission for diseases?
- D.4. What conditions do I look for and what control measures could I use?
- D.5. Additional resources
 - Standard Precautions for Infection Control
 - Procedures for Disinfecting
 - Hand Washing Procedure
 - Gloves
 - Selecting Personal Protective Equipment

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D.1. Introduction to Section D of the Risk Assessment Tool.

A **BIOHAZARD** is a disease-causing organism or a material contaminated with a disease-causing organism. Healthcare workers are at a greater risk of contracting an infectious disease than the general public. Many of the duties CHWs perform involve being in close contact with the client, increasing their risk of exposure to infectious disease or biohazardous waste. Pets in the home and vermin droppings are also potential sources of infectious diseases.

D.1.1. The Regulation

The general information requirement outlined in “Section C - Chemical Hazards” (page 52) also applies to biohazards. Part 5 and Part 6 of the OHSR provide the specific requirements related to Chemical and Biological Substances.

Employers are required to develop and implement an exposure control plan when it is reasonable to expect that workers will have contact with blood or body fluids, or other potentially biohazardous materials, during the performance of their work. As described in Section 5.54 of the OHSR, an exposure control plan must incorporate the following elements:

- (a) A statement of purpose and responsibilities
- (b) Risk identification, assessment and control
- (c) Education and training
- (d) Written work procedures, when required
- (e) Hygiene facilities and decontamination procedures, when required
- (f) Health monitoring, when required
- (g) Documentation, when required.

In addition, the plan must be reviewed at least annually and updated as necessary by the employer, in consultation with the JOHSC or the union/worker OHS representative, as applicable.

See Appendix F for additional resources to assist with developing an exposure control plan.

D.1.2. About Section D of the Risk Assessment Tool

Section D of the risk assessment tool can be used as part of your exposure control plan. Use it to identify (1) tasks or conditions that expose workers to biohazards, (2) potential control measures, (3) required education and training, (4) specific instructions or procedures, and (5) areas for improvement in elements of your exposure control plan. For additional information see the Community Health Worker Handbook and Appendix F.

D.1.3. Other Considerations

Employers and supervisors can refuse to accept an unsafe referral, and CHWs have the option of accepting or declining the assignment.

When assigning a client with a known communicable disease, employers and supervisors are required to:

- Inform every CHW assigned
- Ensure CHWs are aware of how the disease is transmitted
- Provide education and training in safe work procedures and correct use of PPE
- Provide the necessary protective equipment.

Encourage and support a culture of reporting. Train CHWs in the procedure to follow if exposed to BBF (such as a needlestick injury), and to advise their supervisor immediately if they are unable to make any of the recommended changes/adjustments due to limitations of the work environment or equipment.

Train supervisors in the procedure to respond to reports of unsafe conditions, and reports of exposure (such as needlestick injuries). Ensure each supervisor is aware of the hazards and risks identified in a home, as well as the control measures that are in place.

D.2. How do I complete Section D

To complete Section D, perform a walk-through of the client’s home, and review relevant medical documentation. Use the example to the right to complete these steps:

1. If this is a reassessment, check the “This is a reassessment” box in the top right corner of Section D - Biological Hazards and Infection Control. See **1** in the example to the right.
2. In the box labelled “Infectious diseases source”, identify with a check (✓) the person with the infectious disease: the client or other household member.
 - a. On the next two lines (see **2a** in the example to the right), name/describe the disease and its transmission routes. Refer to the disease descriptions and transmission routes starting on page 64 of this guide. Other resources are provided in Appendix F. (If no infectious diseases are identified, check (✓) “No Issues”. See **2** in the example to the right.)
3. In the left column labelled “CHW exposure risk identification”, check (✓) potential exposures based on observation and consideration of the tasks CHWs will be assigned. See **3**.
4. In the middle column labelled “Preventative control measures” (see **4**), check (✓):
 - a. All control measures to be implemented*
 - b. The PPE to be provided to CHWs
 - c. Any additional controls to be implemented *. Describe these controls in the space under “Other Controls”.
5. In the right column, labelled “Additional instructions to CHW” specify:
 - a. The safe work procedures to be used (see **5a** to the right)
 - b. Any additional training that the CHW requires (see **5b**)
 - c. Other instructions (see **5c**)
6. For the last 3 items on the form: “Food safe” **6a**, “Pet waste” **6b**, and “Vermin” **6c**, describe the hazard, control measures, corrective actions, and instructions for CHWs. Obtain input from CHWs, review current agency policies and procedures, and refer to the suggested control measures in this guide (starting on page 72).

* Obtain input from CHWs and the JOHSC, review current agency policies and procedures, and refer to the suggestions in this guide starting on page 68. Develop or amend policies and procedures as required.

SECTION D – BIOLOGICAL HAZARDS AND INFECTION CONTROL
Instructions

EXAMPLE – Section D

Section D – Biological Hazards and Infection Control

1 This is a reassessment.

Infectious diseases source: <input type="checkbox"/> Client <input type="checkbox"/> Other household member <input type="checkbox"/> No Issues 2 Name/describe the disease: Potential transmission route: 2a		
CHW exposure risk identification 3	Preventative control measures 4	Additional instructions to CHW
Airborne pathogens: <input type="checkbox"/> Infectious client sneezing/coughing <input type="checkbox"/> Sneezing/coughing on handled objects <input type="checkbox"/> Disrupted dust/animal waste Blood and body fluids <input type="checkbox"/> Sharps (needles, razors) in the home <input type="checkbox"/> Catheter care / pericare <input type="checkbox"/> Handling biohazardous waste <input type="checkbox"/> Handling contaminated laundry/bedding <input type="checkbox"/> Handling of Other Potentially Infectious Materials (OPIMs) <input type="checkbox"/> Presence of cytotoxic drugs	<input type="checkbox"/> Safety engineered devices <input type="checkbox"/> Use designated sharp container <input type="checkbox"/> Compliance with Universal Precaution <input type="checkbox"/> Hygiene practice <input type="checkbox"/> Hand washing technique <input type="checkbox"/> Use double gloves where appropriate Use PPE, including: <input type="checkbox"/> Gloves <input type="checkbox"/> Gowns <input type="checkbox"/> Mask or respirator <input type="checkbox"/> Goggles <input type="checkbox"/> Face shields <input type="checkbox"/> Shoe covers <input type="checkbox"/> Other controls, specify:	<input type="checkbox"/> Required safe work procedures. Specify: 5a <input type="checkbox"/> Training and education required. Specify: 5b <input type="checkbox"/> Other instructions: 5c
Food Safe: cross contamination in food preparation	6a	
Pet waste:	6b	
Vermin (e.g.: rodents, insects)	6c	

SECTION D – BIOLOGICAL HAZARDS AND INFECTION CONTROL
Routes of Transmission

D.3. What are the routes of transmission for diseases?

Disease	Description	Transmission
AIDS/HIV	Human Immunodeficiency Virus Acquired Immunodeficiency Syndrome	Contact with contaminated blood or other body fluids through needle sticks or having blood or body fluids come in contact with mucous membranes or other non-intact skin of the CHW.
Avian Flu	Viral infection	Contact with live infected birds or their droppings.
E Coli	Food borne bacteria	Contact with the bacteria in stools of infected persons or through: eating uncooked beef or other food in contact with raw meat, eating sprouts, lettuce, salami, unpasteurized milk and juice, drinking sewage-contaminated water.
Giardia	Parasite that causes diarrhoea	Contact with the stool of infected persons Swallowing Giardia picked up from soil, food, water, or surfaces (such as bathroom fixtures, changing tables, and raw food) contaminated with stool from an infected person/animals.
Hantavirus	Virus that causes Hantavirus Pulmonary Syndrome	Breathing in virus particles from disturbed materials contaminated with mouse droppings, urine or nesting materials.
Hepatitis A	Viral disease of the liver	Contact with food, water, or materials contaminated with feces from infected people – transmitted hand to mouth.
Hepatitis B	Viral disease of the liver	Contact with contaminated blood or other body fluids, through needle-sticks, bites, or blood contact with non-intact skin.
Hepatitis C	Viral disease of the liver	Contact with contaminated blood or other body fluids, though needle-sticks, or blood contact with non-intact skin.
Herpes	Virus	Contact with open sores on and around the genitals, contact with non-intact skin.

SECTION D – BIOLOGICAL HAZARDS AND INFECTION CONTROL
Routes of Transmission

Disease	Description	Transmission
Impetigo	Contagious bacterial skin infection	Contact with infected skin or other items, such as clothing, towels, and bed linens that have been touched by infected skin.
Influenza	Virus that causes respiratory illness	<p>Breathing in droplets coughed or sneezed into the air by someone who has the flu.</p> <p>Contact with the droplets landing directly on the eyes.</p> <p>Contact with the hands of people with the flu and on surfaces they have touched.</p>
Lyme Disease	Bacteria (ticks)	Bites from infected ticks.
Measles	Virus	Breathing in droplets coughed or sneezed into the air by an infected person. The measles virus can survive in the air for several hours.
Rubella – German measles	Virus	Breathing in droplets coughed or sneezed into the air by an infected person, or close contact.
Mumps	Virus	<p>Breathing in droplets coughed or sneezed into the air by an infected person.</p> <p>Direct contact with articles that have been contaminated with infected saliva, contact with non-intact skin.</p>
Ringworm	Fungi	Skin-to-skin contact (people or animals) or by contact with contaminated items such as combs, unwashed clothing, and shower or pool surfaces.

SECTION D – BIOLOGICAL HAZARDS AND INFECTION CONTROL
Routes of Transmission

Disease	Description	Transmission
SARS	Severe Acute Respiratory Syndrome (Virus)	Contact with respiratory secretions and body fluids of an infected person (handling infected objects, sharing food). Breathing in droplets coughed or sneezed into the air by an infected person.
Scabies	Infestation of the skin by parasitic mites	Skin contact with an infected client. Contact with bed sheets or towels or wearing the clothes of an infected person.
Staphylococcal Disease	Bacteria	Direct contact with an open wound in which pus is present, or with a contaminated article such as a dressing, or through the air, on contaminated surfaces, or from person to person.
Streptococcal Disease	Bacteria (causes mild illnesses such as strep throat and impetigo to severe illness such as necrotizing fasciitis)	Breathing in droplets coughed or sneezed into the air by an infected person. Direct contact with infected surfaces or objects.
Super-bugs: VRSA VRE MRSA	Antibiotics resistant bacteria - three most common forms: VRSA (vancomycin-resistant staphylococcus aureus) VRE (vancomycin-resistant enterococcus) MRSA (methicillin-resistant staphylococcus aureus)	See - Streptococcal Disease.
Tuberculosis (TB)	Bacteria	Long exposure in a closed environment with an untreated tuberculosis patient who was coughing and who had numerous lung secretions.

SECTION D – BIOLOGICAL HAZARDS AND INFECTION CONTROL
Routes of Transmission

Disease	Description	Transmission
Varicella (Chicken pox and Shingles)	Virus	<p>Breathing in droplets coughed or sneezed into the air by an infected person.</p> <p>Contact with the fluid from the chickenpox blisters, or the saliva of a person who has chickenpox.</p>
West Nile Virus	Virus that can cause West Nile Fever (infection), meningitis, or encephalitis	<p>Mosquito bites.</p> <p>West Nile season in BC is approximately May to September.</p>

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D.4. What conditions do I look for and what control measures could I use?

Airborne pathogens and other diseases

Airborne pathogens and other infectious diseases, such as flu, TB, measles, and chicken pox, may be spread when CHWs:

- Touch a person or object (e.g., table, door knob, or telephone) contaminated with the disease, and then touch their eyes, nose, or mouth.
- Breathe in the very small airborne drops of saliva or mucous made when an infected person coughs, sneezes, or speaks very close to them.

CHWs may be exposed to these types of diseases when providing direct client care, such as dressing or bathing, or cleaning and cooking for infected clients.

Airborne pathogens:

What to look for	Control Measures
<input type="checkbox"/> Infectious client sneezing/coughing <input type="checkbox"/> Sneezing/coughing on handled objects <input type="checkbox"/> CHW tasks that will disrupt dust/animal waste	Discuss susceptibility with CHWs before they provide care to infectious clients. If vaccines exist, provide CHWs access to them. Avoid scheduling non-immunized personnel with infectious clients. Provide appropriate PPE (see page 79) Request that the clients wear surgical masks during care, in addition to CHW using PPE. Require safe work procedures: <ul style="list-style-type: none"> • Hygiene practice. • Hand washing technique (see page 77) Provide training on safe work procedures (i.e. hygiene practices, hand washing technique, and correct use of PPE)

Additional notes:

- Provide CHWs with the Home & Community Health Worker Handbook.
- Provide client specific instructions and information on injury risks to CHWs who may be exposed to airborne diseases.
- Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they have been exposed to an airborne disease, or are unable to make any of the recommended changes/adjustments due to limitations of the work environment or equipment.
- Train supervisors in the procedure to respond to reports of unsafe conditions, and reports of exposure. Ensure each supervisor is aware of the hazards and risks identified in a home, as well as the control measures that are in place.

SECTION D – BIOLOGICAL HAZARDS AND INFECTION CONTROL
Control Measures – Blood-borne Diseases

Blood-borne Diseases

Blood-borne diseases, such as hepatitis B, hepatitis C, and HIV, are diseases that are spread through direct contact with contaminated blood and body fluids of a person with the disease. These kinds of diseases are not spread by mosquito bites or by casual contact, such as shaking hands, or using the same facilities and equipment (e.g., toilets, sinks, telephones, and dishes) as a person with the disease.

CHWs are at risk of exposure to these diseases if:

- Infected blood or body fluids come into contact with the tissues lining their eyes, nose, or mouth.
- Infected fluids come in contact with a cut in their skin.
- They are poked with a needle that is contaminated with infected blood.

Blood and body fluids:

What to look for	Control Measures
<ul style="list-style-type: none"> <input type="checkbox"/> Sharps (needles, razors) in the home <input type="checkbox"/> Catheter care/pericare <input type="checkbox"/> Handling biohazardous waste <input type="checkbox"/> Handling contaminated laundry/bedding <input type="checkbox"/> Handling of Other Potentially Infectious Materials (OPIMs) <input type="checkbox"/> Presence of cytotoxic drugs 	<p>Discuss susceptibility with CHWs before they provide care to infectious clients.</p> <p>If vaccines exist, provide CHWs access to them.</p> <p>Avoid scheduling non-immunized personnel with infectious clients.</p> <p>Request that the client use safety engineered devices. <i>Note: As of January 1, 2008, hollow-bore needles must be replaced with safety engineered needles or needle less systems to provide the highest level of protection from a needle stick injury. (OHSR Section 6.36)</i></p> <p>Request that the client:</p> <ul style="list-style-type: none"> • Provide appropriate sharps containers • Use appropriate procedures for sharps disposal <p>Educate the client on safe use and disposal of sharps.</p> <p>Provide a designated sharps container in an accessible location. Prevent the container from tipping. Train CHW in sharps disposal procedures.</p> <p>Establish disposal procedures for sharps containers that are 3/4 full. Educate CHWs and clients on the procedures.</p> <p>Provide appropriate PPE (see page 77).</p> <p>Require safe work procedures, including:</p> <ul style="list-style-type: none"> • Universal Precaution. • Hygiene practice. • Hand washing technique, page 75. • Use of double gloves, page 76. • Disinfecting equipment, shared objects, and/or soiled laundry, page 76. • Handling & disposal of biohazardous waste, soiled laundry, other potentially infectious materials.

SECTION D – BIOLOGICAL HAZARDS AND INFECTION CONTROL
Control Measures – Blood-borne Diseases

- Handling laundry and materials.

Provide training on safe work procedures & correct use of PPE.

Cytotoxic Drugs

According to the OHSR Section 6.57, any excreta from a patient being treated with cytotoxic drugs that is handled by a worker must be treated as cytotoxic drug-related waste. Waste disposal requirements include leak-proof containers and plastic bags.

For the first 48 hours after clients are treated with cytotoxic (chemotherapy) drugs:

Provide CHWs with:

- Nitrile gloves.
- Plastic backed absorbent pads if changing the client, providing personal care, or completing DOT tasks.
- Leak proof waste containers.
- Sealable plastic bags for waste disposal (for gloves and other materials such as absorbent pads and incontinence pads etc).

Inform clients to double flush toilets after use for 48 hours after receiving chemotherapy. Resources also suggest rinsing the toilet with 2 cups of undiluted bleach and letting it stand 15 minutes after each use (See Appendix F).

Educate CHWs on the risks associated with cytotoxic drugs.

Train CHWs in safe work procedures.

Train CHWs to double flush toilets before using them.

If CHWs are responsible for washing clothing, towels, or bed linens:

- Train CHWs to use nitrile gloves to handle all soiled laundry.
- Train CHWs to wash items separately from other items.
- If items can't be washed immediately, train CHWs to seal items in plastic bags.

For further information visit: www.WorkSafeBC.com and the References in Appendix F.

SECTION D – BIOLOGICAL HAZARDS AND INFECTION CONTROL
Control Measures – Blood-borne Diseases

Additional notes:

- Provide CHWs with the Home & Community Health Worker Handbook.
- Train CHWs in required safe work procedures, as well as the procedure to follow if exposed to BBF.
- Provide client specific instructions and information on injury risks to CHWs who may be exposed to BBF.
- Encourage and support a culture of reporting. Train CHWs in response procedures if exposed to BBF, and to advise their supervisor immediately if they are unable to make any of the recommended changes/adjustments due to limitations of the work environment or equipment.
- Train supervisors in the procedure to respond to reports of unsafe conditions, and reports of exposure (such as needlestick injuries). Ensure each supervisor is aware of the hazards and risks identified in a home, as well as the control measures that are in place.

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SECTION D – BIOLOGICAL HAZARDS AND INFECTION CONTROL
Control Measures – Food Safe

Food Safe:

What to look for	Control Measures
<ul style="list-style-type: none"> <input type="checkbox"/> Infectious client sneezing/coughing. <input type="checkbox"/> Sneezing/coughing on handled objects. <input type="checkbox"/> Clients that require a combination of personal care and food preparation/meal assistance. <input type="checkbox"/> CHWs who are likely to consume food or water provided by the client, or prepared in the client’s home. 	<p>If vaccines exist, provide CHWs access to them.</p> <p>Avoid scheduling non-immunized personnel with infectious clients.</p> <p>Provide appropriate PPE, see page 79.</p> <p>Provide training on safe work procedures and correct use of PPE.</p>

Additional notes:

- Provide client specific instructions and information on injury risks to CHWs who are handling food.
- Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately of unsafe conditions, or if they are unable to make any of the recommended changes/adjustments due to limitations of the work environment or equipment.
- Train supervisors in the procedure to respond to reports of unsafe conditions, and reports of exposure. Ensure each supervisor is aware of the hazards and risks identified in a home, as well as the control measures that are in place.

SECTION D – BIOLOGICAL HAZARDS AND INFECTION CONTROL
Control Measures – Pet Waste and Vermin

Pet Waste and Vermin:

What to look for	Control Measures
<p>Litter boxes.</p> <p>Evidence of rodents (mice, rats).</p> <p>Sources of standing water.</p> <p>Homes with densely wooded/shrubbed areas, tall grass, or wood piles near the home.</p> <p>Indoor – outdoor pets.</p> <p>Bed bugs:</p> <ul style="list-style-type: none"> • In cracks or crevices in walls, floors, bed frames, and furniture. • Behind or under base boards. • In seams of mattresses and box springs. • Behind headboards. 	<p><i>Litter boxes:</i></p> <p>If CHWs are required to clean up after pets, provide appropriate PPE (such as gloves) and training in procedures.</p> <p>To eliminate the risk of exposure to Toxoplasmosis, do not assign pregnant CHWs to clean up litter boxes. Inform them of the risks.</p> <p><i>Rodents:</i></p> <p>Rodent control in and around the home remains the primary strategy for preventing hantavirus infection. Clean up requires specific training and equipment. If you find evidence of mice living in and around a client’s home, do not assign the clean up task to a CHW. Ensure that clients and their family are aware that CHWs are not responsible for clean up. Before providing service:</p> <ul style="list-style-type: none"> • Request that the client, family or building manager hire a licensed company with certified staff to clean up the home. • Contact the local public health office. <p>Request that the client, family or building manager:</p> <ul style="list-style-type: none"> • Reduce the availability of food sources and nesting materials. • Use traps and seal points of entry into buildings. • Cut grass, brush and dense shrubbery around homes and outbuildings. • Elevate woodpiles. <p>For more information, contact an Environmental Health Officer at the local public health unit.</p> <p><i>Standing water:</i></p> <p>Request sources of standing water be emptied or install a method for drainage (such as drainage holes).</p> <p><i>Bedbugs</i></p> <p>Request that the client, family or building manager:</p>

SECTION D – BIOLOGICAL HAZARDS AND INFECTION CONTROL
Control Measures – Pet Waste and Vermin

- Hire a licensed pest control company to chemically treat infestations.
- Remove clutter, including items under bed.
- Move beds away from walls.
- Replace infested mattresses, pillows etc.
- Permanently encase mattresses in special mattress bags designed for this purpose.
- Caulk or seal cracks and crevices.
- Wash and dry clothing and bedding in hot cycles (minimum 120 degrees Fahrenheit; approximately 50 degrees Celsius) for 20 minutes.

Provide CHWs with disposable coveralls, tyvek or painter suits and shoe covers, as well as plastic bags to seal personal belongings while in the home and to dispose of suits after use. See resource materials in Appendix F.

For more information, contact the local public health unit.

Additional notes:

- Provide client specific instructions and information on injury risks to CHWs who are working in areas with rodents or bedbugs.
- Encourage and support a culture of reporting. Train CHWs to report evidence of rodents or bed bugs to supervisors.
- Train supervisors in procedure to respond to reports of unsafe conditions. Ensure each supervisor is aware of the hazards and risks identified in a home, as well as the control measures that are in place.

D.5. Additional resources

Standard Precautions for Infection Control

Standard precautions or special precautions for infection control are designed to protect workers from exposure to diseases spread by blood and body fluids. Instruct CHWs to handle all blood and body fluid materials as if they were infectious and prevent contact with the fluids.

PREGNANT CHWS

Pregnant CHWs are not known to be at greater risk of contracting infectious diseases than other CHWs. Pregnant CHWs should adhere to body fluid precautions to minimize exposure, as usual.

To eliminate the risk of exposure to Toxoplasmosis (a parasite cats pick up from the stool of other infected cats or from eating raw meat) pregnant CHWs should not change litter boxes.

EXUDATIVE SKIN LESIONS

CHWs who have exudative lesions or weeping dermatitis on exposed parts of the body (especially the hands) should refrain from all direct client care contact and from handling client care equipment until the condition resolves.

SECTION D – BIOLOGICAL HAZARDS AND INFECTION CONTROL

Additional Resources

Procedures for Disinfecting

DISINFECTATION OF SOILED SURFACES

Carefully wipe up body fluid spills using gloves and disposable paper towels.

Biohazardous Waste Disposal

A separate container lined with a plastic bag should be available in the client's room for waste such as dressings, tissue and other disposable items. The plastic bag should be removed, secured and placed in a second plastic bag before discarding with the household garbage. Double bag if waste is soiled with blood or other body fluids.

Bleach Solution for Decontamination Purposes

One (1) part household bleach (example: Javex, Clorox) mixed with ten (10) parts cold water *prepared fresh daily*. This solution should sit on contaminated surfaces for ten (10) minutes. (Commercially available chemical germicides may be more compatible with medical devices that might corrode by repeated exposure to bleach, especially to the 1:10 dilution).

Precautions with Equipment

- (a) Thermometers: Avoid contact with saliva. Wash thermometer with cool soapy water. Wash hands after contact. Wrap the bulb end of the used thermometer in tissue if unable to cleanse immediately after use. Soak in 70% alcohol or bleach for ten minutes, dry and store.
- (b) Reusable equipment such as commodes, bedpans, and urinals: Clean with bleach solution (diluted 1:10 as above).

HOUSEKEEPING

Surfaces such as walls and floors are not associated with transmission of bloodborne infections to clients or CHWs. In general, horizontal surfaces like floors should be cleaned on a regular basis, and when soiling or spills occur. Vertical surfaces like walls, blinds and curtains should be cleaned if they are visibly soiled.

LAUNDRY

Although soiled linen has been identified as a source of large numbers of certain pathogenic microorganisms, the risk of actual disease transmission is very small. Soiled linen should be handled as little as possible with minimum agitation to prevent gross microbial contamination of the air and of persons handling the linen.

- Linen soiled with blood or body fluids should be placed and transported in leak proof bags.
- Large fecal matter should be emptied in the toilet.

If hot water is used, linen should be washed with detergent in water at least 71°C (160°F) for twenty-five (25) minutes. If low-temperature (70°C or 158°F) laundry cycles are used, chemicals suitable for low temperature washing should be used at proper concentration.

Hand Washing Procedure

Risks:

CHWs exposed to:

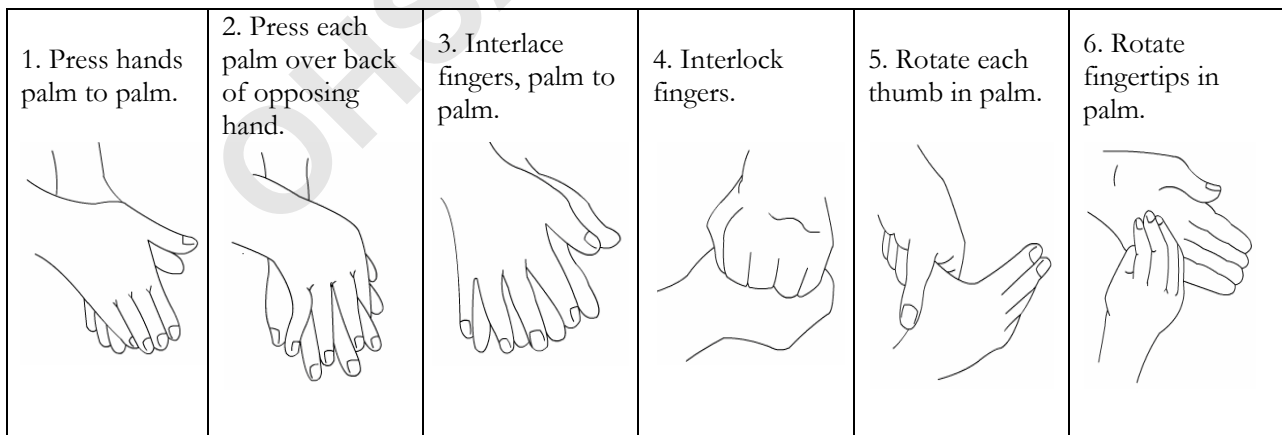
- Food (preparation)
- Bloodborne pathogens
- Airborne pathogens
- Pet waste
- Biohazardous waste or other potentially infectious materials (OPIMs)
- Contaminated laundry
- Vermin in the workplace

Hand washing is one of the best ways to minimize the risk of getting or spreading infection. By removing disease-causing material from their hands, CHWs avoid infecting themselves when touching their eyes, nose, or mouth. They also avoid contaminating common objects (e.g., phones, keyboards, and doorknobs) and infecting others.

The hand washing procedure requires access to soap and warm running water. If water is not available, provide a waterless hand cleanser that has at least 70% alcohol.

Educate CHWs to wash their hands immediately:

- After arriving and before leaving each client’s home.
- After unprotected contact with blood or other potentially infectious materials.
- Before putting on and after removing personal protective equipment (for example, gloves, respirators, and goggles).
- Before and after direct contact with clients.
- When hands are visibly soiled.
- Before and after preparing food.



SECTION D – BIOLOGICAL HAZARDS AND INFECTION CONTROL

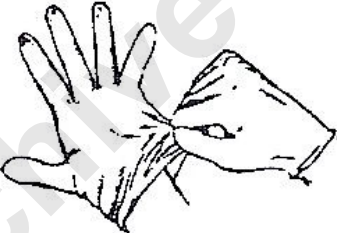
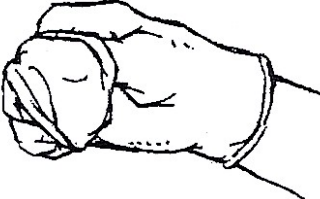
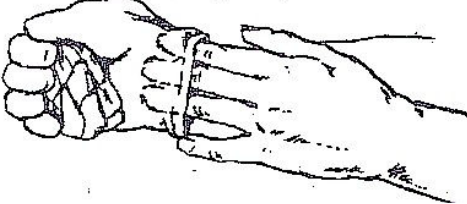
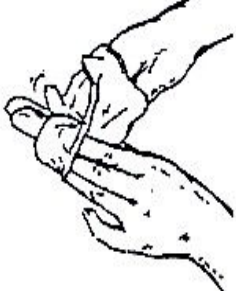
Additional Resources

Gloves

Gloves are the most common type of personal protective equipment provided to CHWs. Gloves should be waterproof, disposable, of good quality, and suitable for the task.

Educate CHWs to:

- Remove their gloves as soon as possible if they become damaged or contaminated, and after they have completed the task requiring gloves.
- Remove their gloves before leaving the work area.
- Use new gloves for each new task. Do not wash or reuse.

Removing gloves	
1. With both hands gloved, grasp the outside of one glove at the top of your wrist.	
2. Peel off this first glove, peeling away from your body and from wrist to fingertips, turning the glove inside out. 3. Hold the glove you just removed in your gloved hand.	
4. With your ungloved hand, peel off the second glove by inserting your fingers inside the glove at the top of your wrist.	
5. Turn the second glove inside out while tilting it away from your body, leaving the first glove inside the second. 6. Dispose of the entire bundle promptly in a waterproof garbage bag. Do not reuse! 7. Wash your hands thoroughly with soap and water as soon as possible after removing gloves and before touching any objects and surfaces.	

Selecting Personal Protective Equipment

► Gloves

Risks:

CHWs exposed to:

- Bloodborne pathogens
- Airborne pathogens
- Pet waste
- Vermin in the workplace
- Biohazardous waste or OPIM
- Contaminated laundry
- Cytotoxic waste

Selection of Disposable Gloves

The recommendation for medical gloves includes those marketed as sterile surgical or non-sterile examination gloves made of latex or vinyl. If latex gloves are chosen, low protein or unpowdered latex gloves should be selected. Nitrile gloves are required for CHWs working with clients who are receiving chemotherapy drugs.

General guidelines for use:

- a) Use disposable gloves when in contact with mucous membranes and body fluids
 - Emptying Foley catheter drainage bags
 - Pericare
 - Applying condom drainage equipment
 - Performing mouth care
 - Cleaning contaminated supplies or areas
 - When the CHW has a burn blister, broken skin or open areas around hand(s)
 - **Double glove** (put two gloves on each hand) when handling blood and body fluids, i.e. bloody fecal material (stools), urine, respiratory secretions from coughing, spitting or nasal discharge, wound drainage, and sanitary napkins or tampons
- b) Use general purpose utility gloves (e.g. rubber household gloves) for housekeeping chores, and for instrument cleaning and decontamination procedures. General purpose utility gloves may be washed with hot, soapy water, and reused; however, they should be discarded if they had potential blood contact, are peeling, cracked or discoloured, or if they have punctures, tears or other evidence of deterioration.

Be aware, when general purpose utility gloves are disinfected with phenol or phenol-containing compounds such as the product tricholophenol TCP (a mild antiseptic) they may become more permeable to fluids without showing signs of deterioration.

SECTION D – BIOLOGICAL HAZARDS AND INFECTION CONTROL

Additional Resources

▶ Gowns

Risks:

CHWs exposed to:

- Bloodborne pathogens
- Biohazardous waste or OPIM
- Contaminated laundry from infectious client

Provide CHWs with isolation gowns to wear over their clothes if there is a possibility of spillage or soiling with infective fluids (including excreta).

▶ Respirators

Risks:

CHWs exposed to:

- Airborne pathogens
- Exposed to or handling biohazardous waste or other potentially infectious materials (OPIMs)

Respirators are recommended for those in close contact with clients who are coughing, with copious amounts of sputum. Advise the client to cough into a tissue with his/her head turned away from caregiver or other person(s) or request that they wear surgical masks during care.

Provide CHWs with respirators (NIOSH N95) to protect them from airborne infectious diseases, such as TB.

▶ Protective Eye Wear

Risks:

CHWs exposed to:

- Exposed to bloodborne pathogens
- Exposed to or handling of biohazardous waste or OPIM

Safety glasses or goggles provide adequate protection. Protective eye wear is unlikely to be required in the home environment but should be worn when there is a potential for splattering of blood and/or body fluids, such as sputum when a client coughs. If safety glasses or goggles become splattered, rinse with warm soapy water and dry.

Section E – Violence and Working Alone: E1 - Violence

In this section:

- E.1.1 Introduction to Section E1 of the Risk Assessment Tool.
- E.1.2 How do I complete Section E1 of the Risk Assessment Tool?
- E.1.3 What conditions do I look for and what control measures could I use?

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SECTION E – VIOLENCE AND WORKING ALONE: VIOLENCE

Introduction to Section E (Violence)

E.1.1 Introduction to Section E1 of the Risk Assessment *Tool*

In British Columbia, workplace violence refers to the attempted or actual exercise of physical force that causes injury to a worker, as well as any threatening statement or behaviour that gives workers reasonable cause to believe that they are in danger. This definition is also applied to *aggressive behaviour* in the Collective Agreement.

Because CHWs work closely with clients (and their families, friends, and pets) and often work alone under difficult circumstances, or in isolated locations, CHWs can be at risk of violence. Recognizing this risk to CHWs, employers are required to implement a violence prevention program as part of their general health and safety program.

E.1.1.1. The Regulation

As described in Section 4.27 to 4.32 of the OHSR, and WorkSafeBC policy statements, the following must be developed and implemented to meet the requirements of a violence prevention program:

- 1) A policy statement acknowledging any risk of injury from violence.
- 2) A risk assessment, with procedures and control measures to eliminate the risk, or, if that is not practicable, minimize it.
- 3) Written supplementary instructions, as well as worker and supervisor training to ensure that CHWs:
 - a. Have the knowledge, skills, and training to recognize the potential for violence.
 - b. Know the procedures, policies and work environment arrangements that have been developed to minimize or effectively control the risk of violence to them.
 - c. Know the appropriate response to incidents of violence, including how to obtain assistance, and the procedures for reporting and documenting incidents of violence.
- 4) Procedures and documentation for incident reporting, investigation, and incident follow-up.
- 5) Provisions for an annual program review.

The OHSR requires the program to be developed in consultation with the JOHSC or the union/worker Occupational Health & Safety representative.

In addition, as stated in the collective agreement, employers have agreed to:

- 1) When aware a client has a history of aggressive behaviour, provide CHWs with information necessary for them to safely carry out their duties.
- 2) Identify the potential for aggressive behaviour with clients who are admitted, transferred or assigned.
- 3) Provide CHWs at risk from aggressive behaviour with instruction and adequate training on how to respond.
- 4) Ensure sufficient staff are present for treatment or care, and
- 5) Make critical incident stress debriefing available and known to CHWs.

See Appendix F for additional resources to assist with developing a violence prevention program.

E.1.1.2. About Section E1 of the Risk Assessment Tool

Low risk behaviour in clients may not require any control measures, but all CHWs should be made aware of any potentially violent behaviour that exists prior to providing service. Moderate and high risk behaviours require interim and long term control measures prior to initiating services. High risk behaviours could prompt service being withheld or refused, depending on the ability to implement appropriate controls to reduce identified risks.

Use the RAT as part of your organization’s violence risk assessment process. The tool will assist you to identify person-related risk factors (clients or others in the home), pet-related risk factors, and environmental risk factors for violence. Suggested strategies and control measures are included. For additional information see the Community Health Worker Handbook and Appendix F.

E.1.1.3. Other considerations

Encourage and support a culture of reporting. Many home and community care workers do not report to their supervisors, co-workers, or union/worker Occupational Health & Safety representatives when their clients act aggressively or are violent toward them because they feel that it is “part of the job.” Being exposed to violent or aggressive behaviour is not part of the job. It is not okay.

Train CHWs to advise their supervisor immediately if they feel uncomfortable with a client or their family/friends, a pet, the neighbourhood, or if procedures are not working.

Train supervisors on how to respond to reports of violent and aggressive behaviour, how to identify signs of post traumatic stress, and to provide the critical incident stress debriefing resources available for CHWs. Ensure each supervisor is aware of the hazards and risks identified in a home, as well as the control measures that are in place.

Client Confidentiality

As outlined on page 8, and supported in the collective agreement, protection of confidentiality does not exempt an employer from warning CHWs of anticipated dangers related to a client’s behaviour. The duty to inform a CHW of a potentially violent situation related to a client’s behaviour supercedes client confidentiality.

E.1.2 How do I complete Section E1 of the Risk Assessment *Tool?*

To complete Section E1 (Violence), perform a walk-through of the client’s home, observe the client, and review client documentation. Use the example to the right to complete these steps:

1. If this is a reassessment, check the “This is a reassessment” box in the top right corner of Section E1 Violence. See **1** in the example.
2. Based on observations and client records:
 - a. Check (✓) if the risks are client related and/or non-client related. See **2a**.
 - b. Check (✓) any identified risks in the second column labelled “present or history column”. See **2b**.
3. In the 3rd column (see **3**) describe the risk, control measures and instructions for the CHW. Use additional sheets if required.
 - While at the home, assess the client, family, and household member’s:
 - Attitude toward provision of home support and mood.
 - Signs of intoxication and/or heavy alcohol/drug use.
 - Level of orientation.
 - Review the client’s record/referral documentation for history of violence (victim of/perpetrator of), substance abuse, mental illness, frequent job changes, other family or personal stressors
 - Note any pets in the home and document control measures for CHW safety. See **5**.
 - Obtain input from CHWs and the JOHSC, review current agency policies and procedures, and refer to the measures suggested in this guide starting on page 87.
4. For the row labelled Community Profile and Unauthorized visitors complete the following:
 - In the left column, check (✓) and describe the risks identified at the client’s location. See **6a** and **7a** as an example.
 - In the middle column, (see **6b** and **7b**), list the corrective actions, control measures, and instructions to CHWs. Obtain input from CHWs and the JOHSC, review current agency polices and procedures, and refer to the suggestions in this guide starting on page 90. Develop or amend policies or procedures as required.
5. If no issues are identified, check (✓) the last column on the right labeled “No issues”. See **4**.
6. Transfer the hazard and risk information, corrective actions, and instructions for CHWs to the client care plan and/or the Summary of Hazards and Control Measures form for the client’s communication book.

**SECTION E – VIOLENCE AND WORKING ALONE: VIOLENCE
Instructions**

EXAMPLE – Section E1 - Violence

Section E – Violence and Working Alone

1 This is a reassessment.

VIOLENCE - Risks Client related <input type="checkbox"/> Non client related <input type="checkbox"/> 2a	<input checked="" type="checkbox"/> present or history 2b	Describe risks, injury prevention control measures, and instructions to CHW. Identify who the risks apply to. 3	<input checked="" type="checkbox"/> No Issues 4
Verbal aggression against CHW			
Aggression with/against objects			
Physical aggression against CHW			
Sexual Abuse			
Other (state type)			
Pets: 5			
Community Profile 6a <input type="checkbox"/> Evidence of obvious criminal activity. Description	6b		
Unauthorized visitors 7a <input type="checkbox"/> Yes <input type="checkbox"/> No Description:	7b		

E.1.3 What conditions do I look for and what control measures could I *use*?

Client related risks

- Clients may have a history of violent behaviour.
- Clients may act aggressively, or feel frustrated or angry because of:
 - Their medical conditions or medications.
 - Poor communication with health care providers.
 - Their dependence on others.
 - Drug or alcohol addiction.
 - Language and cultural barriers.

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**SECTION E – VIOLENCE AND WORKING ALONE: VIOLENCE
Control Measures**

What to look for	Risks and Control Measures
<p>Verbal Aggression Against CHWs:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Makes loud noises/shouts angrily <input type="checkbox"/> Yells mild personal insults <input type="checkbox"/> Moderate threats to others and self <input type="checkbox"/> Makes clear threats of violence <p>Aggression With or Against Objects:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Slams doors, scatters clothing, makes a mess <input type="checkbox"/> Throws things down, kicks furniture, marks walls <input type="checkbox"/> Breaks objects, smashes windows, throws objects <input type="checkbox"/> Sets fires <p>Physical Aggression Against CHWs:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Makes threatening gestures (e.g. swings at people) <input type="checkbox"/> Strikes out, kicks, pushes, pulls hair (without injury) <input type="checkbox"/> Attacks others causing mild injury (e.g. bruising) <input type="checkbox"/> Attacks others causing severe physical injury <p>Sexual Abuse</p> <p>Other</p>	<ul style="list-style-type: none"> • Have a clear policy on violence, harassment, and abuse, including the procedures CHWs should follow in the event of workplace violence. • Define behaviour expectations with the client and family – including services provided, working conditions, and violence, harassment and abuse policies. • Inform the client of CHW’s right to refuse work if there is any threat of aggressive behaviour or violence. • Keep CHWs consistent, where possible. • In high crime areas/buildings, schedule morning visits, when neighbours are more likely to be asleep^{3,4}. • Develop a check-in procedure (see “Remote or Rural control measures, page 97). • Use the buddy system: assign two CHWs to work in the home at the same time. • Arrange with family or police to provide escort to and from the home. • Inform CHWs of known irritants and triggers of the client, or others in the home who are identified as risks. • Ensure CHWs have a clear, unobstructed escape route. • Ensure all CHWs entering the home are informed of the specific risks related to a client and have adequate training to respond to those risks. • Provide training in all safe work procedures such as what to do if an unauthorized family member is present or what to do if they feel threatened.

³ Thobaben, M., *A safe and healthy work environment*. Home Care Provid, 1996. 1(2): p. 91-6.

⁴ Snow, D.A. and Kleinman, L.S., *The impact of crime on home care services*. Am J Public Health, 1987. 77(2): p. 209-10.

SECTION E – VIOLENCE AND WORKING ALONE: VIOLENCE

Control Measures

Non client-related risks

- Family members and visitors may have a history of violent behaviour.
- They may become argumentative because of their frustration with the client’s behaviour or the care arrangements.

What to look for	Risks and Control Measures
See client related risks – previous page	<p>If required, place non-client member’s name on the “Unauthorized Visitors” list.</p> <p>Request visitors NOT be present while CHW provides service.</p>

Additional notes:

- Provide CHWs with the Home & Community Health Worker Handbook.
- Ensure all CHWs entering the home are informed of the specific risks related to a client, the family or visitors and have adequate training to identify and respond to those risks.
- Provide training in safe work procedures for prevention of violent and aggressive behaviour, as well as the procedure to follow if a CHW feels threatened or is exposed to violence or aggressive behaviour.
- Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they feel uncomfortable with a client, the family or friends, or if procedures are not working.
- Train supervisors in the procedure to respond to reports of violent and aggressive behaviour. Train supervisors to identify signs of post traumatic stress. Ensure each supervisor is aware of the hazards and risks identified in a home, as well as the control measures that are in place.
- Provide Critical Incident Stress Debriefing (CISD), a requirement of the Community Health Subsector Agreement, to CHWs who are exposed to violent or aggressive behaviour, or a traumatic incident. Obtaining timely CISD, optimally within 24-72 hours, can significantly reduce a CHW’s chance of developing post traumatic stress disorder.

To access WorkSafeBC’s Critical Incident Response program, please contact the Critical Response Liaison:

Toll-free within B.C. at 1 888 621-7233 local 4052

Urgent or after-hours at 1 888 922-3700

**SECTION E – VIOLENCE AND WORKING ALONE: VIOLENCE
Control Measures**

Household Pets

What to look for	Risks and Control Measures
<p>Dogs (threatening or aggressive)</p> <ul style="list-style-type: none"> • Growling, barking or biting. • Standing tall, with raised ears, stiff tail, raised hackles (back hair), staring, and/or growling with lips pursed and teeth exposed. • Being protective of food or toys. • Showing fear. • Snapping and snarling when petted or lifted. • Frequent attempts to chase moving objects. • Repeated escapes from home. 	<p>Instruct client to:</p> <ul style="list-style-type: none"> • Keep dog in a contained area outside during visits. • Keep dog secured in a separate room. • Secure dog in a kennel, dog crate, or pen. • Use a leash and secure tie down. <p>Ask the client what scares the dog (or “triggers”) such as people wearing hats or the sound of the doorbell; and how the dog responds (e.g. barks).</p> <p>Inform CHWs of the dog's triggers and signals to watch for: such as raised hair and bared teeth, and its tail is raised or between its legs.</p>
<p>Cats (aggressive: biting and scratching)</p> <ul style="list-style-type: none"> • Tail-lashing or thumping. • Skin rippling. • Growling, hissing or cessation of purring. • Ear flicking or rotation sideways. • Shifting their position. • Get “big”; puffing their fur. 	<p>Instruct client to:</p> <ul style="list-style-type: none"> • Keep cat outside during visits. • Keep cat secured in a separate room. • Secure cat in a kennel or appropriate travel container. <p>Ask the client about the cat’s triggers and responses.</p> <p>Inform CHWs of the cat’s triggers. For example, the cat does not like its ears scratched.</p>
<p>Sick or abused animals</p>	<ul style="list-style-type: none"> • Talk to the owner. • Call the SPCA, or animal control.

Additional notes:

- Ensure all CHWs entering the home are informed of the specific risks related to a client’s pets and have adequate training to respond to those risks. Inform CHWs of the control measures that are in place.
- Train CHWs in the procedure to follow if he/she feels threatened by a client’s pet.
- Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they feel uncomfortable with the pet, or procedures are not working.
- Train supervisors in the procedure to respond to reports of unsafe conditions. Ensure each supervisor is aware of the hazards and risks identified in a home, as well as the control measures that are in place.

SECTION E – VIOLENCE AND WORKING ALONE: VIOLENCE Control Measures

Community Profile

What to look for	Risks and Control Measures
<ul style="list-style-type: none"> • Know the crime profile of your service areas (high number of car thefts, break-ins, drug activity - check with local police departments) • Know the high crime or high risk areas in your service area (maintain a list) 	<ul style="list-style-type: none"> • Work with local police departments to identify risks and appropriate control measures for the area. • Develop a check-in procedure (see “Remote or Rural control measures, page 97). • Use the buddy system: assign two CHWs to travel together. • Arrange with the client, family or police to escort CHWs to/from the home. • Establish a relationship with the local police to drive through the area during CHW visit times to increase police visibility, and establish a link for CHW to call if personal safety is threatened. • Provide security escorts. • In high crime areas/buildings, avoid visits in hours of darkness. In addition, consider scheduling morning visits, a time when neighbours or the neighbourhood is more likely to be asleep ^{5,6}. • Provide CHWs with a taxi or other accompanied transportation. • Ensure area to/from parking and home is well lit. Request that the clients, the family or building managers improve lighting. Contact the city for municipal lighting improvements. • Request building managers install corner mirrors in elevators and hallways. • Provide personal alarms, cell phones, satellite phones, or other alert or communication devices to CHWs who are providing service in high-risk areas. • Identify and inform CHWs of the location of nearby police stations, public telephones, or other public buildings such as a hospital or restaurant.

Additional notes:

- Provide CHWs with the Home & Community Health Worker Handbook.
- Ensure all CHWs are informed of the specific risks related to a client’s neighbourhood and have adequate training to respond to those risks. Inform CHWs of the control measures that are in place.
- Train supervisors in the procedure to respond to reports of unsafe conditions, as well as violent or aggressive behaviour. Ensure each supervisor is aware of the hazards and risks identified in a home, as well as the control measures that are in place.

⁵ Thobaben, M., *A safe and healthy work environment*. Home Care Provid, 1996. 1(2): p. 91-6.

⁶ Snow, D.A. and L.S. Kleinman, *The impact of crime on home care services*. Am J Public Health, 1987. 77(2): p. 209-10.

**SECTION E – VIOLENCE AND WORKING ALONE: VIOLENCE
Control Measures**

Unauthorized Visitors

What to look for	Risks and Control Measures`
<p>Based on violence assessment completed in Section E1:</p> <ul style="list-style-type: none"> • Known family members, friends, or neighbours etc. who should not be in the home while the CHW is present. • Assess the possibility of neighbourhood elements entering client’s homes during scheduled CHW visits. 	<ul style="list-style-type: none"> • Document who should NOT be in the home while the CHW is present. • Establish procedures for CHWs if unauthorized visitors are present or arrive during CHWs’ visit and train CHWs in procedures. • Communicate this expectation with the client and the CHW. • Inform CHWs of the names of those people who should NOT be in the home during service delivery.

Additional notes:

- Provide CHWs with the Home & Community Health Worker Handbook.
- Ensure all CHWs are informed of the specific risks related to an unauthorized visitor and have adequate training to respond to those risks.
- Train supervisors in the procedure to respond to reports of unsafe conditions, as well as violent or aggressive behaviour. Ensure each supervisor is aware of the hazards and risks identified in a home, as well as the control measures that are in place.

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Section E – Violence and Working Alone: E2 - Working Alone

In this section:

- E.2.1. Introduction to Section E2 of the Risk Assessment Tool.
- E.2.2. How do I complete Section E2 of the Risk Assessment Tool?
- E.2.3. What conditions do I look for and what control measures could I use?

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E.2.1. Introduction to Section E2 of the Risk Assessment Tool.

Home and Community Care presents unique OH&S challenges to both employers and CHWs because CHWs almost always work alone and often in isolation. All CHWs travel between clients. Many CHWs take their breaks sitting alone in their parked cars. Some CHWs have faced serious incidents of road rage. In high crime or remote areas, standard communication systems are not always available (e.g. cellular dead zones).

E.2.1.1. The Regulation

Section 4.20.1 - 4.23 of the OHSR defines “working alone or in isolation” as working in circumstances where assistance would not be readily available to a worker in case of emergency or in case a worker is injured or in ill health.

Before assigning a CHW to work alone or in isolation, employers are required to identify any hazards to CHWs and take measures to eliminate or minimize them. A written procedure to check the well-being of a worker assigned to work alone or in isolation is also required.

The procedure for checking the well-being of workers who work alone or in isolation must include:

- The time interval between checks.
- The procedure to follow in case the worker cannot be contacted.
- Provisions for emergency rescue.
- A designated person to establish contact with the worker at predetermined intervals; and to record the contacts.
- A check at the end of the work shift.

The OHSR requires that each component of the written procedure outlined above be developed in consultation with the JOHSC or the union/worker OH&S representative, and that both CHWs and the designated contact person are trained in the procedure.

At a minimum, the program should be reviewed annually, with more frequent reviews if a change in work arrangements could adversely affect a CHW’s well-being or if there is a report that procedures are not working effectively.

Finally, the OHSR states: High risk activities require shorter time intervals between checks. 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 the worker to call or signal for help and which will send a call for help if the worker does not reset the device after a predetermined interval is acceptable.

See Appendix F for additional resources to assist with developing a check-in procedure.

E.2.1.2 About Section E2 of the Risk Assessment Tool

Use this section of the RAT to identify risks to CHWs working alone, and identify all communication methods available to them. This section of the resource guide lists potential control measures to supplement your working alone check-in procedure, and includes training suggestions. For additional information see the Community Health Worker Handbook and Appendix F.

E.2.1.3 Other considerations

Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they feel procedures are inadequate due to limitations of the work environment.

Train supervisors in the check in procedure, to respond to reports of unsafe conditions, and to identify the risks of working alone. Ensure each supervisor is aware of the hazards and risks identified in a home or environment, as well as the control measures that are in place.

SECTION E – VIOLENCE AND WORKING ALONE: WORKING ALONE

Instructions

E.2.2. How do I complete Section E2 of the Risk Assessment Tool?

To complete Section E2 – Working Alone, perform a walk-through of the client’s home and observe the local neighbourhood. Refer to the example below to complete these steps:

- 1) If this is a reassessment, check the “This is a reassessment” box at the top right corner of Section E - Violence and Working Alone on the RAT. See the previous example on page 85.
- 2) For the row labelled Isolated Workplace complete the following:
 - a. In the left column, check (✓) and describe the risks identified at the client’s location. See **2a** in the example below.
 - b. In the middle column, (see **2b** below), list the control measures and instructions to CHWs. Obtain input from CHWs and the JOHSC, review current agency policies and procedures, and refer to the suggestions in this guide starting on page 97. Develop or amend policies or procedures as required.
 - c. If no issues are identified, check (✓) the last column on the right labelled “No issues”. See **2c** below.
- 3) On the last line, check (✓) all methods of communication available to the CHW. Provide instructions to CHW in areas where communication limitations are identified. See **3** below.
- 4) Transfer the hazard and risk information, corrective actions, and instructions for CHWs to the client care plan and/or the Summary of Hazards and Control Measures form for the client’s communication book.

EXAMPLE – Section E2 – Working Alone

E2 WORKING ALONE – Risks	Describe risks, injury prevention control measures, and instructions to CHW	✓ No issues
<p>Isolated Workplace? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Description: (i.e., remote, rural, limited communications, etc) 2a</p> <p><input type="checkbox"/> Location remote or rural.</p> <p><input type="checkbox"/> Location off the main roads, at a dead-end, or has limited daily traffic.</p> <p><input type="checkbox"/> Parking is more than one block away or in an underground garage.</p> <p><input type="checkbox"/> Limited or unreliable communications.</p> <p><input type="checkbox"/> No safe location from which to call for assistance.</p> <p><input type="checkbox"/> Limited access by walking or bus (transportation); evening/night visits.</p> <p><input type="checkbox"/> Obstructions/entrapment areas that limit ability to get away safely (e.g. shrubs, fences, yard clutter, etc.)</p>	<p>2b</p>	<p>2c</p>
<p>CHW is able to communicate with the supervisor or employer via (tick all that apply)</p> <p><input type="checkbox"/> Telephone at client’s home <input type="checkbox"/> Cell phone <input type="checkbox"/> Pay phone located @ _____ <input type="checkbox"/> Other (state): 3</p>		

E.2.3. What conditions do I look for and what control measures could I use?

Isolated Workplace

What to look for	Risks and Control Measures
Remote or rural	<p>In the event of injury or illness, is assistance readily available?</p> <ul style="list-style-type: none"> • Develop a check-in procedure (OHSR Section 4.21.0 – 4.23) • Post emergency numbers in each client’s home. • Assign daytime shifts. • Use the buddy system: assign two CHWs to travel together • Arrange with the family or police to provide an escort to and from the home. • Establish criteria for clients* who live in remote areas to alert supervisors if CHWs do not arrive as scheduled. <i>(*Consider each client’s capacity to evaluate an “emergency” in their remote location. Consider their medical diagnosis and attitude toward homecare service.)</i>
Off the main roads, at a dead-end, or has limited daily traffic	<p>Is the client’s home off main roads or difficult to locate? See suggestions above.</p> <p>Request that the client, family, building managers or appropriate authority:</p> <ul style="list-style-type: none"> • Install visible house and apartment numbers. • Install lighting.
Obstructions to exits Entrapment areas	<p>Is the property well lit? Are there “entrapment areas” such as shrubs, fences, or clutter that could delay a safe exit?</p> <ul style="list-style-type: none"> • Provide CHWs with flashlights. • Assign daytime shifts. <p>Request that the client, family, building manager, or appropriate authority:</p> <ul style="list-style-type: none"> • Clear pathways outside. • Install lighting. • Remove obstructions and clutter from exits and yards.
Parking - More than one block from client's home - Underground garage	<ul style="list-style-type: none"> • Locate secure parking near-by. Check to see if security personnel patrol the lot regularly. Inform CHWs of preferred parking locations. • Avoid scheduling visits during hours of darkness if possible. • Ensure area to/from parking and home is well lit. Request that the

SECTION E – VIOLENCE AND WORKING ALONE: WORKING ALONE
Control Measures

	<p>clients, building manager, or appropriate authority improve lighting. Contact city for municipal lighting improvements.</p> <ul style="list-style-type: none"> • Use the buddy system: assign two CHWs to travel together. • Arrange with the client, family, or police to escort CHW to and from car. • Provide CHW with a cell phone. • Provide CHW with taxi or accompanied transportation.
Transportation:	Assess transportation options for CHWs traveling to and from the client’s home.

Worker is able to communicate with the employer or supervisor:

CHW is able to communicate with the supervisor or employer via (tick all that apply):

- Telephone at client’s home Cell phone Pay phone located @ _____ Other (state):

What to look for	Risks and Control Measures
<p>Access to communication:</p> <ul style="list-style-type: none"> • Location from which worker can call for assistance • Access to landline • Extent of cell phone service • Limited or unreliable communications 	<p>Identify all communication methods between CHWs and supervisors.</p> <p>Is there a serviceable phone in an open/common area?</p> <p>Is the site isolated (see Isolated Workplace, page 97)</p> <p>Suggested control measures:</p> <ul style="list-style-type: none"> • Request a family member escort the CHW and/or be present during the service period. • Use the buddy system: assign two CHWs to work together. • Inform CHW of communication options in areas where there are limitations. • Provide cell phones, pagers, satellite phones, walkie-talkies, or other forms of non-phone contact. • Provide phone numbers for police, fire, and ambulance, the supervisor, the union/worker OH&S representative, and agency emergency contact information.

Additional notes:

- Provide CHWs with the Home & Community Health Worker Handbook.
- Ensure all CHWs are informed of the specific risks related to communication limitations and have adequate training. Train CHWs in check-in procedures.
- Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they feel procedures are inadequate due to limitations of the work environment.
- Train supervisors in the procedure to respond to reports of unsafe conditions, as well as violent or aggressive behaviour. Train supervisors in check in procedures and to identify the risks of working alone. Ensure each supervisor is aware of the hazards and risks identified in a home or environment, as well as the control measures that are in place.

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Section F – General Hazards

In this section:

- F.1 Introduction to Section F of the Risk Assessment Tool.
- F.2 How do I complete Section F of the Risk Assessment Tool?
- F.3 What conditions do I look for and what control measures could I use?

OHSAH Archive

F.1 Introduction to Section F of the Risk Assessment Tool.

General Hazards are circumstances or conditions in and around the home that may cause harm to or have an adverse effect on a CHW. Conditions include road access, building exterior and interior, stairs, air quality, oxygen equipment, fire safety, and firearms.

F.1.1. The Regulation

Part 4 of the OHSR defines the general condition requirements for ensuring safe premises, building structures, machinery, and equipment. As with any occupational hazard, employers are required to: identify and assess the risks, implement effective controls, communicate risk and control information to CHWs, provide education and training, monitor conditions, and review annually.

Consultation with the JOHSC regarding general hazards is recommended, and in some cases is required by the OHSR (such as for air quality) or the collective agreement.

See Appendix F for additional resources to assist with understanding and eliminating general hazards.

F.1.2. About Section F of the Risk Assessment Tool

Use the RAT to identify general hazards that may expose a CHW to a risk of injury. Refer to this section of the resource guide for suggested strategies and control measures for ensuring CHW safety. For additional information see the Community Health Worker Handbook and Appendix F.

F.1.3. Other considerations

Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they encounter unsafe conditions.

Train supervisors in the procedure to respond to reports of unsafe conditions. Ensure each supervisor is aware of the hazards and risks identified in a home or environment, as well as the control measures that are in place.

F.2. How do I complete Section F of the Risk Assessment Tool?

To complete Section F, perform a walk-through of the client’s home. Use the example below to complete these steps:

- 1) If this is a reassessment, check the “This is a reassessment” box in the top right corner of the page. See **1** in the example below.
- 2) In the left column, check (✓) if the hazard or condition is present in the CHW’s environment. See **2** in the example below.
- 3) In the middle column:
 - a. Describe the hazard/condition and its exact location. See **3a**.
 - b. List the corrective actions, control measures, and instructions to CHWs. Obtain input from CHWs and the JOHSC, review current agency policies and procedures, and refer to the suggestions in this guide starting on page 104. Develop or amend policies or procedures as required. See **3b**.
- 4) If no issues are identified, check (✓) the last column on the right labelled “No issues”. See **4**.
- 5) Transfer the hazard and risk information, corrective actions, and instructions for CHWs to the client care plan and/or the Summary of Hazards and Control Measures form for the client’s communication book.

EXAMPLE - Section F

SECTION F - General Hazards		1 <input type="checkbox"/> This is a reassessment.
GENERAL HAZARDS – check all that apply 2	For any ✓: describe hazard, injury prevention control measures, and instructions to CHW	✓ No Issues
Road access: <input type="checkbox"/> Affected by weather <input type="checkbox"/> Poor repair	3a and 3b	4

F.3. What conditions do I look for and what control measures could I use?

Road Access

What to look for	Risks and Control Measures
<p>Roads:</p> <ul style="list-style-type: none"> - Affected by weather (slippery, icy, foggy) - In poor repair 	<ul style="list-style-type: none"> • Establish criteria and procedures for rescheduling or cancelling appointments in the event of dangerous driving conditions. Provide instructions to CHWs on criteria and procedures. Inform the client or family of criteria. • Contact local municipal offices (listed in the blue pages of your phone book) to report road hazards and maintenance issues on municipal streets. • Communicate risks to CHWs and provide them with information on recommended routes. • Train CHWs on check-in procedures, car safety, and how to check road conditions.
<p>Additional notes:</p> <ul style="list-style-type: none"> • Provide information on injury risks to CHWs. • Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they encounter unsafe conditions. • Train supervisors in the procedure to respond to reports of unsafe conditions. Ensure each supervisor is aware of the hazards and risks identified in a home or environment, as well as the control measures that are in place. 	

**SECTION F – GENERAL HAZARDS
Control Measures**

Exterior

What to look for	Risks and Control Measures
<p>Cluttered entrances/doorways:</p> <ul style="list-style-type: none"> - Repair of doors, pathways, entrances - Trip/slip hazards to entrance - Address not visible - Poor lighting 	<p>Request that the client, family, or building manager:</p> <ul style="list-style-type: none"> • Clear clutter from entrances and provide storage. • Repair broken door handles or windows, etc. • Provide non-slip mats at entrances with slippery surfaces. • Repair uneven surfaces or trip hazards when possible, or mark them with high visibility paint/stickers. • Install address numbers on the home or building and ensure that they are visible from access roads. • Improve lighting. <p>Identify an alternative entrance for CHW to use.</p> <p>Contact the local municipal office or highway departments to repair non-functioning streetlights.</p>
<p>Walkways and entrances:</p> <ul style="list-style-type: none"> - In use and exposed to weather conditions - No salt available 	<p>Request that the client, family, or building manager:</p> <ul style="list-style-type: none"> • Sand or salt ice/snowy entrances and access routes. • Shovel snow from building access routes and entrances.
<p>Stairwell access only:</p> <ul style="list-style-type: none"> - Poor lighting - Trip hazards - Clutter or storage on stairs 	<p>Request that the client, family, or building manager:</p> <ul style="list-style-type: none"> • Improve lighting (install, increase wattage, clean bulbs/covers). • Remove other hazards and provide appropriate storage. • Install parabolic mirrors that allow people to see around corners.
<p>Unsafe ramp/steps/walk ways:</p> <ul style="list-style-type: none"> - Steep or wooden ramps - Stairs in poor repair - Uneven sidewalks - Slippery walking surfaces - Trip hazards - Clutter 	<p>Request that the client, family, or building manager:</p> <ul style="list-style-type: none"> • Install non-slip surfaces on ramps. • Provide non-slip mats or non-slip tape on slippery/wet surfaces. • Repair uneven surfaces or trip hazards when possible, or mark them with high visibility paint/stickers. • Install, repair, or secure railings. • Remove clutter or trip hazards.

SECTION F – GENERAL HAZARDS

Control Measures

Exit doors/evacuation paths: <ul style="list-style-type: none">- Inaccessible/unmarked- Exit doors not easily opened	Request that the client, family members, or building manager: <ul style="list-style-type: none">• Remove clutter or trip hazards from exits.• Mark exit routes. Contact appropriate authority for assistance (local Fire Department).
Key or lockbox unavailable	<ul style="list-style-type: none">• Establish entry procedures and train CHWs.• Recommend keyless entry.

Additional notes:

- Provide information on injury risks and control measures to CHWs.
- Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they encounter unsafe conditions or if they are unable to make any of the recommended changes/adjustments due to limitations of the work environment.
- Train supervisors in the procedure to respond to reports of unsafe conditions. Ensure each supervisor is aware of the hazards and risks identified in a home or environment, as well as the control measures that are in place.

Interior Building

What to look for	Risks and Control Measures
<p>Floors:</p> <ul style="list-style-type: none"> - Slippery - Uneven - Trip hazards 	<p>Request that the client, family members, or building manager:</p> <ul style="list-style-type: none"> • Provide non-slip mats on slippery walking surfaces. • Repair uneven surfaces or trip hazards when possible, or mark them with high visibility paint/stickers. • Remove trip hazards. • Secure carpets and rugs to prevent slipping. • Route wires/cords against walls and furniture and secure them (avoid running them across doors or under rugs).
<p>Poor lighting</p>	<p>Request that the client, family members, or building manager:</p> <ul style="list-style-type: none"> • Add lighting (e.g. lamps). • Replace broken/burned out bulbs and clean covers. • Increase bulb wattage (within specified limits). • Open drapes/blinds.
<p>Elevator in poor repair</p>	<p>Contact the building manager or appropriate maintenance personnel to repair elevator. Ensure that the client knows who to contact if the elevator breaks down.</p> <p>If elevator function and maintenance is unpredictable, communicate the risk to CHWs and have them use the stairs.</p>
<p>Additional notes:</p> <ul style="list-style-type: none"> • Provide information on injury risks and control measures to CHWs. • Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they encounter unsafe conditions. • Train supervisors in the procedure to respond to reports of unsafe conditions. Ensure each supervisor is aware of the hazards and risks identified in a home or environment, as well as the control measures that are in place. 	

SECTION F – GENERAL HAZARDS
Control Measures

Stairs

What to look for	Risks and Control Measures
- No or unsafe handrails	Request that the client, family members, or building manager install, secure, or repair railings.
- Low ceiling	Request that the client, family members, or building manager install a low ceiling warning sign.
- Obstacles/Trip hazards	Request that the client, family members, or building manager eliminate all obstacles and tripping hazards.
- Narrow/Steep	Communicate risks to CHWs; give an alternative route if possible.
	<i>Other considerations:</i> locked stairwell doors (obtain keys for CHWs), blind corners (request installation of parabolic mirrors), crime (see violence section).

Additional notes:

- Provide information on injury risks and control measures to CHWs.
- Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they encounter unsafe conditions.
- Train supervisors in the procedure to respond to reports of unsafe conditions. Ensure each supervisor is aware of the hazards and risks identified in a home or environment, as well as the control measures that are in place.

Air Quality

What to look for	Risks and Control Measures
<p>Smells and sources:</p> <ul style="list-style-type: none"> - Smell/odour - Scents or dust - Smokers in the home - Obvious presence of moulds, dust, or other allergens - Solvents - Animal dander - Outdoor air pollution entering into the home. - Poor ventilation 	<p>Attempt to schedule CHWs who have no allergies.</p> <p>Request that the client and family members:</p> <ul style="list-style-type: none"> • Remove the source of the allergens wherever possible. • Keep paints and solvents in a well vented area, preferably to the outside. • Request that the client, family or visitors minimize the use of fragrances. • Keep house clean, dry and well ventilated. <p>Smoking</p> <ul style="list-style-type: none"> • Inform the client and family members of OHSR section 4.81 – 4.83 that protects all CHWs from harm due to second hand smoke. • Inform the client and family members that CHWs can leave and/or service may be withdrawn if smoking (client/others in home) occurs in presence of CHW. • Request that the client and family members not smoke for 1-2 hours before service. • Request that the client and family members open windows prior to service/during service (in addition to not smoking.) • Communicate risks to CHWs. • Consult with the local JOHSC for additional strategies.

Additional notes:

- Provide client specific instructions and information on injury risks to CHWs. Inform CHWs of the control measures that are in place.
- Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they are unable to make any of the recommended changes/adjustments due to limitations of the work environment, or if client is resistant to agreed upon procedures.
- Train supervisors in the procedure to respond to reports of unsafe conditions. Ensure each supervisor is aware of the hazards and risks identified in a home or environment, as well as the control measures that are in place.
- Educate CHWs to report air quality issues to their supervisor and union/worker OH&S representative for investigation* (*as required in OHS Regulation Part 4.79)

SECTION F – GENERAL HAZARDS
Control Measures

Electrical

What to look for	Risks and Control Measures
<p>Appliances & cords:</p> <ul style="list-style-type: none"> - Appliances broken or in need of repair - Frayed electrical cords - Overloaded electrical sockets 	<p>Identify all appliances that are broken or in need of repair.</p> <p>Identify all frayed cords or overloaded/inaccessible sockets.</p> <ul style="list-style-type: none"> • Request that the client or family repair appliances, replace cords, and redistribute load on sockets. • Provide service within the limits of usable safe appliances.
<p>Additional notes:</p> <ul style="list-style-type: none"> • Provide information on injury risks and control measures to CHWs. • Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they encounter unsafe conditions. • Train supervisors in the procedure to respond to reports of unsafe conditions. Ensure each supervisor is aware of the hazards and risks identified in a home or environment, as well as the control measures that are in place. 	

Oxygen Equipment

What to look for	Risks and Control Measures
<p>Equipment:</p> <ul style="list-style-type: none"> - Not stored safely - Poor condition - Faulty connections, metering or shut off devices, or poorly secured tanks <p>Presence of flammable substances</p> <p>No signs posted</p>	<p>Request that the client and family members:</p> <ul style="list-style-type: none"> • Post NO SMOKING signs in the home when oxygen is being used. • Keep all flammable substances away from where oxygen is being used. • Not use acetone, alcohol, cigarettes, lighters, or matches when oxygen is in use. • Not smoke around oxygen delivery equipment. • Not use the equipment around an open flame. <p>Communicate risks to CHWs.</p> <p>Inform clients that CHWs may leave if the client refuses to exercise caution around this equipment and will notify their supervisor immediately. Train CHWs in this procedure.</p>

<p>Additional notes:</p> <ul style="list-style-type: none"> • Provide information on injury risks and control measures to CHWs. • Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they encounter unsafe conditions. • Train supervisors in the procedure to respond to reports of unsafe conditions. Ensure each supervisor is aware of the hazards and risks identified in a home or environment, as well as the control measures that are in place.
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SECTION F – GENERAL HAZARDS
Control Measures

Fire Safety

What to look for	Risks and Control Measures
<p>Exits:</p> <ul style="list-style-type: none"> - Inaccessible - Evacuation routes blocked - Windows or doors don't open easily <p>Smoker in home</p> <p>Electrical hazards identified</p> <p>Oxygen in use</p> <p>Smoke detectors</p> <p><input type="checkbox"/> None <input type="checkbox"/> Non-functional</p> <p>Fire extinguishers</p> <p><input type="checkbox"/> None <input type="checkbox"/> Non-functional</p> <p><input type="checkbox"/> Inaccessible</p>	<p>Request that the client, family members, or building manager:</p> <ul style="list-style-type: none"> • Clear areas behind doors and to doors. • Lubricate window locks, hinges, and sliding tracks. • Install smoke detectors if none present. • Test smoke detectors or replace batteries on initial assessment. • Post emergency numbers. • Correct electrical hazards. • Assess oxygen safety. <p>Inform the client of smoking policies.</p> <p>Communicate risks to CHWs.</p> <p>Train CHWs on response to fire, as well as agency policies and procedures for emergencies.</p> <p>Inform CHWs of escape routes and emergency numbers.</p> <p>Instruct CHWs to report natural gas smells to the utility company and supervisor immediately.</p>
<p>Additional notes:</p> <ul style="list-style-type: none"> • Provide information on injury risks and control measures to CHWs. • Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they encounter unsafe conditions. • Train supervisors in the procedure to respond to reports of unsafe conditions. Ensure each supervisor is aware of the hazards and risks identified in a home or environment, as well as the control measures that are in place. 	

Firearms

What to look for	Risks and Control Measures
<p><input type="checkbox"/> Firearms in the home</p> <p>If <input checked="" type="checkbox"/> above: and</p> <p><input type="checkbox"/> The ammunition is not stored separately</p> <p><input type="checkbox"/> Or weapon is not secured/stored safely</p> <p><input type="checkbox"/> Or other potential weapons exist</p> <p><input type="checkbox"/> Or there is a history of violence in home (see section E)</p>	<p>Request that the client or family members:</p> <ul style="list-style-type: none"> • Lock guns in a cabinet with ammunition securely locked in a separate area. • Store other potential weapons securely. <p>Consult local police or RCMP for additional information or assistance.</p> <p>Train CHWs to report any unsecured weapons to their supervisor immediately, and then their union/worker OH&S representative.</p>

Additional notes:

- Provide client specific instructions and information on injury risks to CHWs. Inform them of the control measures that are in place.
- Encourage and support a culture of reporting. Train CHWs to advise their supervisor immediately if they are unable to make any of the recommended changes/adjustments due to limitations of the work environment, or if client is resistant to agreed upon procedures.
- Train supervisors in the procedure to respond to reports of unsafe conditions, as well as violent or aggressive behaviour. Ensure each supervisor is aware of the hazards and risks identified in a home or environment, as well as the control measures that are in place.

Appendix A: Risk Assessment Tool and Summary of Hazards and Control Measures Form

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Section A - MSI Risk Assessment

This is a reassessment.

TASK		✓ CHW Assists	Identify hazards, injury prevention control measures, and instructions for CHW	✓ No issues
Personal Care	Bathing			
	Bed bath/Sponge bath			
	Bath tub/Shower			
	Skincare			
	Shampoo/Shave			
	Mouthcare			
	Toileting			
Perineal care				
Patient Handling	Dressing/Changing			
	Assisted walking			
	Repositioning in chair			
	Repositioning in bed			
	Use of lift equipment: floor lift or ceiling lift			
	From: To:			
	From: To:			
From: To:				
DOT				



Client Name: _____

Assessed by: _____

Date: _____

This is a reassessment.

TASK		✓ CHW Assists	Identify hazards, injury prevention control measures, and instructions for CHW	✓ No issues	
Meals	Prepare meals				
	Assist client with eating				
	Assist client	In and out of vehicles			
		Walking outside			
	Grocery shopping				
	Adult day care				
Routine appointments					
Cleaning and Household Activities	Bed change				
	Laundry				
	Dusting				
	Vacuuming				
	Defrost and clean fridge				
	Clean oven				
	Kitchen cleaning/floor				
	Bathroom cleaning/floor				
	Interior window				
	Other cleaning tasks				



Section B – Assistive Devices

This is a reassessment.

EQUIPMENT		✓ If in Place	✓ If needed	Comments: Does equipment need repair? Does equipment need to be installed? Who responsible? Implementation date? Who will follow up and when?	✓ No issues	
Wheelchair(s):	Manual					
	Powered					
	Scooter					
Walker: standard or wheeled						
Cane						
Crutches						
Raised toilet seat						
Toilet rail						
Commode						
Hand-held shower						
Hospital bed (circle) Manual/electric With rails/without rails						
Transfer/Reposition Devices:	Grab bars					
	Bath/shower: Bench or stool					
	Bed ladder					
	Transfer slide sheet					
	Transfer board					
	Transfer belt					
	Transfer disc					
	Transfer pole(s)					
	Floor lift					
	Ceiling lift					
	Other					



Client Name: _____

Assessed by: _____

Date: _____

Section C - Chemical Hazards

This is a reassessment.

Product Name – List products CHW will use in home	Indicate health hazard, injury prevention control measures, and instructions for CHW. Attach additional page if more space is required.	✓ No issues

Section D – Biological Hazards and Infection Control

This is a reassessment.

Infectious disease source: <input type="checkbox"/> Client <input type="checkbox"/> Other household member <input type="checkbox"/> No Issues Name/describe the disease: Potential transmission routes:		
CHW exposure risk identification	Preventative control measures	Additional instructions to CHW
Airborne pathogens: <input type="checkbox"/> Infectious client sneezing/coughing <input type="checkbox"/> Sneezing/coughing on handled objects <input type="checkbox"/> Disrupted dust/animal waste Blood and body fluids <input type="checkbox"/> Sharps (needles, razors) in the home <input type="checkbox"/> Catheter care/pericare <input type="checkbox"/> Handling biohazardous waste <input type="checkbox"/> Handling contaminated laundry/bedding <input type="checkbox"/> Handling of Other Potentially Infectious Materials (OPIMs) <input type="checkbox"/> Presence of cytotoxic drugs	<input type="checkbox"/> Use safety engineered devices <input type="checkbox"/> Use designated sharp container <input type="checkbox"/> Compliance with Universal Precaution <input type="checkbox"/> Hygiene practice <input type="checkbox"/> Hand washing technique <input type="checkbox"/> Use double gloves where appropriate Use PPE, including: <input type="checkbox"/> Gloves <input type="checkbox"/> Gowns <input type="checkbox"/> Mask or respirator <input type="checkbox"/> Goggles <input type="checkbox"/> Face shields <input type="checkbox"/> Shoe covers <input type="checkbox"/> Other controls, specify:	<input type="checkbox"/> Required safe work procedures. Specify: <input type="checkbox"/> Training and education required. Specify: <input type="checkbox"/> Other instructions:
<input type="checkbox"/> Food Safe: cross contamination in food prep		
Pet waste:		
Vermin (e.g.: rodents, insects)		



Client Name: _____

Assessed by: _____

Date: _____

Section E – Violence and Working Alone

This is a reassessment.

VIOLENCE - Risks Client related <input type="checkbox"/> Non client related <input type="checkbox"/>	<input checked="" type="checkbox"/> present or history	Describe risks, injury prevention control measures, and instructions for CHW. Identify who the risks apply to.	<input checked="" type="checkbox"/> No issues
Verbal aggression against CHW			
Aggression with/against objects			
Physical aggression against CHW			
Sexual abuse			
Other (state type)			
Pets:			
Community Profile <input type="checkbox"/> Evidence of obvious criminal activity. Description:			
Unauthorized visitors <input type="checkbox"/> Yes <input type="checkbox"/> No Description:			
WORKING ALONE - Risks			<input checked="" type="checkbox"/> No issues
Isolated Workplace? <input type="checkbox"/> Yes <input type="checkbox"/> No Description: (i.e., remote, rural, limited communications, etc) <input type="checkbox"/> Location remote or rural <input type="checkbox"/> Location off the main roads, at a dead-end, or has limited daily traffic <input type="checkbox"/> Parking is more than one block away or in an underground garage <input type="checkbox"/> Limited or unreliable communications <input type="checkbox"/> No safe location from which to call for assistance. <input type="checkbox"/> Limited access by walking or bus (transportation); evening/night visits <input type="checkbox"/> Obstructions /entrapment areas that limit ability to get away safely (e.g. shrubs, fences, yard clutter, etc.)			
CHW is able to communicate with the supervisor or employer via (tick all that apply) <input type="checkbox"/> Telephone at client's home <input type="checkbox"/> Cell phone <input type="checkbox"/> Pay phone located @ _____ <input type="checkbox"/> Other (state):			

Signature: _____

Date: _____



SECTION F - General Hazards

This is a reassessment.

GENERAL HAZARDS – check all that apply	For any ✓: describe hazard, injury prevention control measures, and instructions for CHW	✓ No Issues
Road access: <input type="checkbox"/> Affected by weather <input type="checkbox"/> Poor repair		
Exterior: <input type="checkbox"/> Cluttered entrance <input type="checkbox"/> Poor repair <input type="checkbox"/> Trip/slip hazards <input type="checkbox"/> Address not visible <input type="checkbox"/> Poor lighting <input type="checkbox"/> Not covered from weather (i.e. snow)/no salt available <input type="checkbox"/> Stairwell access only <input type="checkbox"/> Unsafe ramp/steps/walking surface <input type="checkbox"/> Exit doors/evacuation paths inaccessible/unmarked <input type="checkbox"/> Key or lockbox unavailable		
Interior: <input type="checkbox"/> Floors slippery <input type="checkbox"/> Floors uneven <input type="checkbox"/> Trip hazards <input type="checkbox"/> Poor lighting <input type="checkbox"/> Elevator in poor repair		
Stairs: <input type="checkbox"/> No or unsafe handrails <input type="checkbox"/> Low ceiling <input type="checkbox"/> Narrow/steep <input type="checkbox"/> Obstacles/Trip hazards <input type="checkbox"/> Other		
Air Quality: <input type="checkbox"/> Poor ventilation <input type="checkbox"/> Smell/odor <input type="checkbox"/> Scents or dust <input type="checkbox"/> Smokers in the home <input type="checkbox"/> Obvious presence of moulds, or other allergens		
Electrical Hazards: (list locations/appliances affected) → <input type="checkbox"/> Appliances broken or in need of repair <input type="checkbox"/> Electrical cords are frayed <input type="checkbox"/> Electrical sockets are overloaded		
Oxygen Equipment: <input type="checkbox"/> Concentrator <input type="checkbox"/> Oxygen tank walker <input type="checkbox"/> Liquid oxygen <input type="checkbox"/> Equipment not stored safely <input type="checkbox"/> No signs posted <input type="checkbox"/> Poor repair		
Fire Safety: <input type="checkbox"/> Exits inaccessible (clutter/blocked) <input type="checkbox"/> Oxygen in use <input type="checkbox"/> Electrical hazards <input type="checkbox"/> Smoker in home <i>Smoke detectors</i> <input type="checkbox"/> None <input type="checkbox"/> Non-functional <i>Fire extinguisher</i> <input type="checkbox"/> None <input type="checkbox"/> Non-functional <input type="checkbox"/> Inaccessible		
Firearms: <input type="checkbox"/> Firearms in the home If ✓above: <input type="checkbox"/> Ammunition not stored separately <input type="checkbox"/> Not secured/stored safely <input type="checkbox"/> History of violence in home (see Section E)		
Other:		

Is Client aware of the CHW's obligation to refuse unsafe work? Yes No



SUMMARY OF HAZARDS and CONTROL MEASURES FORM

CHW Name: _____

Client Name: _____ Date: _____

Client Address: _____

MSI Hazards	Control Measures
TRANSFERS: From: to: From: to:	
Chemical Hazards	Control Measures
<i>Product Name:</i>	

Biological Hazards	Control Measures
Violence	Control Measures
Working Alone	Control Measures
General Hazards	Control Measures



COMMUNITY HEALTH WORKER HAZARD REPORT FORM

CHW Name: _____ Date: _____

Client Name: _____

Client Address: _____

If you observe hazards (conditions in your workplace that may place you at risk of injury), you must report them to your supervisor. Your employer must respond to any such reports to ensure that the potential health and safety risk is eliminated or minimized to make the work safe.

Use this form to report hazards to your Supervisor and/or Union OHS Representative for follow up and reassessment. Do not use this form to report an injury.

MSI Hazards	
<input type="checkbox"/> Experiencing pain or discomfort <input type="checkbox"/> Change In client's level of ability <input type="checkbox"/> Tasks are physically demanding: <ul style="list-style-type: none"><input type="radio"/> transferring<input type="radio"/> repositioning<input type="radio"/> personal care<input type="radio"/> cleaning <input type="checkbox"/> Other	<i>Describe:</i>
Chemical Hazards	
Consumer Product Name	What do you use it for?



COMMUNITY HEALTH WORKER HAZARD REPORT FORM

CHW Name: _____ Date: _____ Client Name: _____

Biological Hazards and Infection Control

- Needles
- Incontinence of bowel or bladder
- Pet waste
- Vermin / infestations
- Other:

Describe:

Violence

- Verbal treats or abuse*
- Physical assaults or aggression*
- Sexual advances criminal activity*
- Pets
- Unsafe environment (blocked exits)
- Other :

*can be from client, family, neighbors

Describe:

Working Alone

- No communication method
- No set check-in procedure
- Other:

Describe:

General Hazards

- Poor road conditions
- Poor lighting
- Clutter present
- Slip and trip hazards present
- Stairs or walkways in poor condition
- Air quality concerns (eg. smoking, mould)
- Electrical or fire hazards present
- Weapons present
- Other:

Describe:



COMMUNITY HEALTH WORKER PAIN and DISCOMFORT REPORT FORM

CHW Name: _____ Date: _____

Use this form to report any pain or discomfort to your Supervisor for reassessment of the related work task. Contact your Union/Worker OHS Representative for assistance and follow up.

Comment on the movement or activity that aggravates the pain or discomfort (e.g. *rolling the resident in bed*).

BODY MAP Shade in body parts where you have pain or discomfort	TASK Check (✓) tasks that cause pain or discomfort
<p style="text-align: center; margin-top: 10px;">FRONT BACK</p>	<p>Personal Care:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mouthcare <input type="checkbox"/> Shampoo/Shave <input type="checkbox"/> Skincare <input type="checkbox"/> Dressing <input type="checkbox"/> Perineal care <input type="checkbox"/> Catheter care <input type="checkbox"/> Toileting <input type="checkbox"/> Bathing/Bed care <p>Client Handling</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dressing/Changing <input type="checkbox"/> Assisted walking <input type="checkbox"/> Turning in bed <input type="checkbox"/> Use of mechanical lift <p><i>Repositioning:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> In bed <input type="checkbox"/> In chair <p><i>Transferring:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> from: _____ to: _____ <input type="checkbox"/> from: _____ to: _____ <input type="checkbox"/> from: _____ to: _____ <p>Meals/Activities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prepare meals <input type="checkbox"/> Feeding client <input type="checkbox"/> Grocery shopping <input type="checkbox"/> Adult Day Care <input type="checkbox"/> On-going appointments <p>Cleaning/Household:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bed change <input type="checkbox"/> Laundry <input type="checkbox"/> Vacuuming <input type="checkbox"/> Cleaning: _____ <input type="checkbox"/> Floors (kitchen/bath)

- Is your pain or discomfort persistent?
- Getting worse?
- Does it affect your ability to work?
- Is it new and related to a specific incident?

Appendix B: Community Health Subsector Agreement Article 22

22.1. Statutory Compliance

The Employer and employees recognize the need for a safe and healthful workplace and agree to take appropriate measures in order that risks of accidents and/or occupational disease are reduced and/or eliminated.

The Employer and the Union agree to cooperate in the promotion of safe working conditions, the prevention of accidents, the prevention of workplace injuries and industrial diseases and the promotion of safe working practices. There shall be full compliance with all applicable statutes and regulations pertaining to the working environment.

22.2. Client Information

The Employer shall provide employees with information in its possession regarding a client, resident or client's home which is necessary for the employee to safely carry out his/her duties.

22.3. Occupational Health and Safety Committee

(a) The Parties agree that a Joint Occupational Health and Safety Committee will be established. The Committee shall govern itself in accordance with the provisions of the Occupational Health and Safety Regulations made pursuant to the *Workers' Compensation Act*. The Committee shall be between the Employer and the Union, with equal representation, and with each Party appointing its own representatives. The Union agrees to actively pursue with the other Health Care Unions, where more than one (1) Union is certified with the Employer, a Joint Union/Employer Committee for the purposes of the Occupational Health and Safety Regulations.

(b) Employees who are members of the Committee shall be granted leave without loss of pay or receive straight-time regular wages while attending meetings of the Joint Committee. Employees who are members of the Committee shall be granted leave without loss of pay or receive straight-time regular wages to participate in joint workplace inspections and joint accident investigations at the request of the Committee pursuant to the WCB Occupational Health and Safety Regulations. Committee meetings, workplace inspections and accident investigations shall be scheduled during normal working hours whenever practicable.

(c) The Occupational Health and Safety Committee shall have as part of its mandate the jurisdiction to receive complaints or concerns regarding workload problems which are safety-related, the right to investigate such complaints, the right to define the problem and the right to make recommendations for a solution. Where the Committee determines that a safety-related workload problem exists, it shall inform the Employer. Within twenty-one (21) days thereafter, the Employer shall advise the Committee what steps it has taken or proposes to take to rectify the safety-related workload problem identified by the Committee. If the Union is not satisfied with the Employer's response, it may refer the matter to the Industry Troubleshooter for a written recommendation.

(d) No employee shall be disciplined for refusal to work when excused by the provisions of the *Workers' Compensation Act* or regulations.

APPENDIX B

Community Health Subsector Agreement Article 22

(e) The Occupational Health and Safety Committee may use the resources of the Workers' Compensation Board and/or the Health Care Occupational Health and Safety Agency to provide information to the Committee members in relation to their role and responsibilities. The Committee will assist in increasing the awareness of all staff on such topics as: workplace safety, safe lifting techniques, dealing with aggressive clients/residents, WHMIS and the role and function of the Occupational Health and Safety Committee. The Committee will assist in fostering knowledge and compliance with the Occupational Health and Safety Regulations by all staff.

(f) The Employer, in consultation with the Occupational Health and Safety Committee, shall institute a written procedure for checking the well-being of employees assigned to work alone or in isolation under conditions which present a risk of disabling injury, if the employee might not be able to secure assistance in the event of injury or other misfortune. This procedure will be reviewed by the Committee as it deems necessary.

(g) The Employer will provide orientation or in-service which is necessary for the safe performance of work, the safe use of equipment, safe techniques for lifting and supporting clients/residents and the safe handling of materials and products. The Employer will also make readily available information, manuals and procedures for these purposes. The Employer will provide appropriate safety clothing and equipment.

The Employer will promote processes that provide the most effective ways to safely perform work. These processes will include consideration of safety measures such as timely risk assessment tools, environmental ergonomic adjustments, care design and redesign for clients, sufficient staffing, and in-services/team meetings. The Occupational Health and Safety Committee shall have as part of its mandate the jurisdiction to make recommendations on these measures, supported by available resources (e.g. from OHSAH, WCB).

(h) The Occupational Health and Safety Committee may make recommendations on ergonomic adjustments and on measures to protect pregnant employees as far as occupational health and safety matters are concerned.

22.4. Aggressive Behaviour

(a) Aggressive behaviour means the attempted or actual exercise by a person, other than an employee, of any physical force so as to cause injury to an employee, and includes any threatening statement or behaviour which gives an employee reasonable cause to believe that the employee is at risk of injury.

(b) When the Employer is aware that a client/resident has a history of aggressive behaviour, the Employer shall provide employees with information in its possession regarding a client or resident which is necessary for the employee to safely carry out his/her duties. Upon admission, transfer or assignment the Employer will make every reasonable effort to identify the potential for aggressive behaviour.

(c) Where employees may be at risk from aggressive behaviour, in-service and/or instruction on how to respond to aggressive behaviour will be provided by the Employer. The Occupational Health and Safety Committee shall be consulted on the curriculum. Where a risk of injury to employees from violence is identified in accordance with Section 8.90 of the Protection of Workers from Violence in the Workplace Regulations, the Employer will, in consultation with the Committee, establish appropriate physical and procedural measures to eliminate or, where that is not possible, minimize risk. The Employer shall make every reasonable effort to ensure that sufficient staff are present when any such treatment or care is provided. It is understood that this provision is at no cost to the Employer.

(d) Critical incident stress defusing shall be made available and known to employees who have suffered a serious work related traumatic incident of an unusual nature. Leave to attend such a session will be without loss of pay.

22.5. Vaccination and Inoculation

(a) The Employer agrees to take all reasonable precautions to limit the spread of infectious diseases among employees, including in-service seminars for employees. Where the Employer or Occupational Health and Safety Committee identifies high risk areas which expose employees to infectious or communicable diseases for which there are protective immunizations available, such immunizations shall be provided at no cost to the employee. The Committee may consult with the Medical Health Officer. Where the Medical Health Officer identifies such a risk, the immunization shall also be provided at no cost. The Employer shall provide Hepatitis B vaccine, free of charge, to those employees who may be exposed to bodily fluids or other sources of infection.

(b) An employee may be required by the Employer, at the request of and at the expense of the Employer, to take a medical examination by a physician of the employee's choice. Employees may be required to take skin tests, x-ray examination, vaccination, and other immunization (with the exception of a rubella vaccination when the employee is of the opinion that a pregnancy is possible), unless the employee's physician has advised in writing that such a procedure may have an adverse effect on the employee's health.

22.6. Video Display Terminals

The Employer shall ensure that any new office equipment or facility required for use in conjunction with VDT's shall meet the standards recommended by the Workers' Compensation Board.

22.7. Transportation of Accident Victims

Transportation to the nearest physician or hospital and return transportation to the worksite or the employee's residence for employees requiring medical care as a result of an on-the-job accident shall be at the expense of the Employer. Return transportation to the employee's home shall not be provided by the Employer where someone at the employee's home can reasonably provide such transportation.

22.8. Injury Pay Provision

(a) An employee who is injured on the job during working hours and is required to leave for treatment or is sent home for such injury shall receive payment for the remainder of his/her scheduled and assigned hours on that day provided the injury results in the employee being approved for a Workers' Compensation Board claim.

(b) Employees eligible for sick leave coverage pursuant to Article 28 shall have the option to access such coverage for the first day of absence due to injury. Where an employee is subsequently approved for a WCB claim for the same injury, the sick leave credits paid for the first day of injury shall be reinstated to the employee.

22.9. Investigation of Accidents

(a) Except in the case of a vehicle accident occurring on a public street or highway, the Employer must immediately initiate an investigation into the cause of every accident which resulted in injury requiring medical treatment by a medical practitioner or had a potential for causing serious injury.

(b) Accident investigations must be carried out by persons knowledgeable of the type of work involved and, if feasible, include the participation of one (1) Union Occupational Health and Safety Committee member or, if not available, a Union steward, and one (1) Employer representative.

(c) Copies of the accident investigation reports must be forwarded without undue delay to the Occupational Health and Safety Committee.

(d) In the event of a work related employee fatality, the Employer shall notify the Union designate of the nature and circumstances of the accident as soon as possible.

22.10 Emergency Travel Kit

Where employees are required to use their personal, or the Employer's, vehicle for work in isolated or areas with hazardous road conditions, and where there is agreement at the local level regarding the provision of an emergency travel kit, the Employer will provide such a kit. The Occupational Health and Safety Committee will make recommendations on the contents of the emergency kit.

22.11. Employee Workload

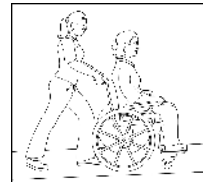
The Employer shall ensure that an employee's workload is not unsafe as a result of employee absence(s). Employees may refer safety related workload concerns to the Occupational Health and Safety Committee for investigation under Article 22.3.

Appendix C: Ergonomics Risk Factors in Home and Community Care

Risk factors are parts of a work activity or environment that can cause or contribute to an injury. To prevent overexertion injuries, you need to know what risk factors CHWs may come across. Five (5) main types of risk factors that cause or contribute to MSIs are:

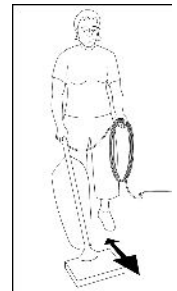
1. Force

Force is the effort put into moving or gripping something, whether it's a person or an object. When a CHW's body has to work harder and his/her muscles, tendons, ligaments, and joints are physically stressed, he/she is at greater risk of injury.



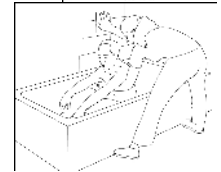
2. Repetition

Repetition is when a CHW makes the same movement or does the same task over and over again, using the same muscle groups. Performing any task or a series of similar tasks without sufficient rest tires the muscles and increases the risk of injury.



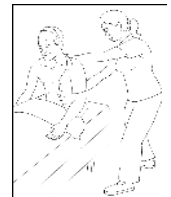
3. Awkward posture

Awkward posture occurs when any part of the body bends or twists excessively, outside a comfortable range of motion. Working in an awkward posture increases the stress on muscles, tendons, ligaments, and joints. A CHW is at greater risk of injury if he/she has to hold the posture for a long time, or if other risk factors, such as force, are present.



4. Static posture

Static posture occurs when a CHW holds one position for a long time. The level of risk from static posture depends on the posture being held, and the level of effort required to hold the posture.



5. Contact stress

Contact stress happens when a body part, especially a bony part like the knees or elbows, is pressed against a hard or sharp surface. Contact stress can injure the nerves and tissues beneath the skin by interfering with normal blood flow and nerve function.



Appendix D: Tips for Completing Section A – MSI Risk Assessment

OHSAAH Archive

APPENDIX D
Tips for Completing Section A – MSI Risk Assessment

Risk Factors	Hazard Conditions		
Height of working surface (more than 30 sec)	<p>Lower than waist <i>Risk factor:</i> awkward trunk posture if CHW bends at waist <i>Body part at risk:</i> low back</p>	<p>Higher than elbow <i>Risk factor:</i> awkward shoulder posture (shrug shoulder to lift arms) <i>Body part at risk:</i> shoulders</p>	
Height of client transfer point	<p>Lower than client’s knee <i>Risk factors:</i> awkward trunk posture and increased lifting/lowering force as CHW bends far at waist (client is in a poor position to assist with their legs) <i>Body parts at risk:</i> low back, upper back and shoulders</p>	<p>Higher than client’s mid-thigh <i>Risk factor:</i> lifting force to lift the client to higher surface. <i>Body parts at risk:</i> low back, upper back and shoulders</p>	
Height of bed for turning or repositioning	<p>Lower than worker’s mid-thigh <i>Risk factors:</i> awkward trunk posture and lifting force as CHW bends far at waist; (client in poor position to assist) <i>Body parts at risk:</i> low back, upper back, shoulders</p>	<p>Above worker’s hip <i>Risk factors:</i> awkward shoulder posture (flex shoulders); lateral movement (legs are limited in ability to assist with weight transfer) <i>Body parts at risk:</i> shoulders, upper back</p>	
Repetitive reaching or lifting	<p>Beyond arm length <i>Risk factors:</i> awkward trunk and shoulder postures (fully extended arms/shoulders); lifting/lowering force <i>Body parts at risk:</i> low back, upper back and shoulders</p>	<p>Heavy objects from ABOVE shoulder <i>Risk factors:</i> awkward shoulder postures; lifting/lowering force <i>Body parts at risk:</i> shoulders, upper back</p>	<p>Heavy objects from BELOW knee <i>Risk factors:</i> awkward trunk postures (if worker bends at waist); increased lifting & lowering force <i>Body part at risk:</i> low back</p>
Obstacles & small work spaces	<p>Around the bed, bath, shower, toilet, or other client transfer points <i>Risk factors:</i> awkward trunk and shoulder postures, when reaching, bending, twisting; lifting/lowering forces; creates trip/slip hazards <i>Body parts at risk:</i> low back, upper back, shoulders, wrists</p>		
Doorways & walking surfaces	<p>Narrow doorways <i>Risk factors:</i> awkward trunk and shoulder postures, and lifting/lowering force when transferring clients or carrying items <i>Body parts at risk:</i> low back, upper back, shoulders, wrists</p>	<p>Raised door thresholds; uneven/sloped surfaces <i>Risk factors:</i> increased pushing/pulling force; lifting/lowering force when manoeuvring transfer devices; trip hazards. <i>Body parts at risk:</i> low back, upper back, shoulders</p>	<p>Carpeting/wet or slippery surfaces <i>Risk factors:</i> pushing/ pulling forces to move equipment; slipping on wet surfaces <i>Body parts at risk:</i> low/upper back, shoulders</p>
Equipment (including grab bars)	<p>Heavy (e.g. vacuum cleaner) <i>Risk factors:</i> increased pushing/pulling force, increased lifting/lowering force <i>Body parts at risk:</i> low back, upper back and shoulders</p>	<p>Requires repairs (i.e. cracked or damaged wheels) <i>Risk factors:</i> increased push/pull force <i>Body parts at risk:</i> low back, upper back and shoulders</p>	<p>Poorly designed or non existent handles <i>Risk factors:</i> increased gripping force and awkward postures when lifting/carrying <i>Body parts at risk:</i> fingers, wrist, elbow</p>
Object characteristics (also apply to client)	<p>Awkward size and shape <i>Risk factors:</i> awkward trunk, shoulder, and wrist postures; increased gripping & lifting/lowering force <i>Body parts at risk:</i> wrist, elbow, shoulders, upper back, trunk</p>	<p>Heavy loads <i>Risk factors:</i> increased lifting/lowering or pushing/pulling force [Never assign lifting of loads weighing more than 20 kg (44 lbs).] <i>Body parts at risk:</i> low/upper back, shoulders</p>	<p>Unstable loads <i>Risk factors:</i> increased lifting/lowering or pushing/pulling force if load shifts while being lifted or carried <i>Body parts at risk:</i> low/upper back, shoulders</p>
Surfaces	<p>Sharp edges <i>Risk factor:</i> contact stress when gripping or leaning against objects with sharp edges <i>Body part at risk:</i> any</p>	<p>Hard surfaces <i>Risk factor:</i> contact stress when kneeling or leaning on hard surfaces <i>Body parts at risk:</i> any (often knee, wrist, elbow)</p>	

APPENDIX D

Tips for Completing Section A – MSI Risk Assessment

Task	Identify hazards
Bed bath/sponge bath Bed care: Skin care, Shampoo/Shave, Mouth care, Perineal care, toileting	<i>Eliminate or reduce force, excessive reaching, bending or awkward postures.</i> What to look for <ul style="list-style-type: none"> • Height of work surfaces: bed, water basins and supplies • Location of equipment or supplies (ex. long reaches) • Obstacles/small working spaces
Bath tub/shower Bathroom: Skin care, Shampoo/shave, Mouth care, Toileting	<i>Eliminate or reduce excessive reaching, bending, awkward or static postures, force, contact stress.</i> <i>Transfer equipment will depend on mobility assessment needs.</i> What to look for <ul style="list-style-type: none"> • Working heights: client seated height; supplies/basins; water taps, shower head • Floors: hard, slippery • Obstacles/small working spaces/narrow doors • Risk of lifting or bending when transferring
Dressing/changing	<i>Eliminate or reduce excessive reaching, bending, awkward or static postures, and force</i> What to look for <ul style="list-style-type: none"> • Bed height/chair height • Obstacles/small working spaces • Type of clothing
Assisted walking	<i>Eliminate or reduce force, awkward postures, and potential for falls/ loss of balance</i> What to look for <ul style="list-style-type: none"> • Floors: slippery • Obstacles (cords, clutter, throw rugs, items stored in walkways, etc.)
Repositioning in chair Repositioning in bed	All client handling tasks are high risk. <i>Eliminate or reduce force, reaching, bending or awkward postures when repositioning client.</i> What to look for <ul style="list-style-type: none"> • Bed/chair height • Obstacles/small work spaces
Use of lift equipment: - Floor lift or ceiling lift	<i>Eliminate or reduce bending, twisting, or reaching excessively when, positioning client in sling, chair, or bed with lift equipment. Reduce the force required when using or moving a floor lift.</i> What to look for <ul style="list-style-type: none"> • Equipment condition (including slings) • Flooring: carpeting • Obstacles/small work space; narrow doors • Considerations for floor lifts: raised door jams and carpeting
Transfers	All client handling tasks are high risk. <i>Eliminate or reduce force, reaching, bending, twisting, and lifting when transferring a client.</i> What to look for <ul style="list-style-type: none"> • Bed/chair height • Obstacles/small work spaces
Delegation of task	All client handling tasks are high risk. <i>Eliminate or reduce force, static postures, awkward postures, repetition, and contact stress.</i> What to look for <ul style="list-style-type: none"> • Bed/chair height • Height of work surfaces: bed, water basins and supplies • Obstacles/small work spaces • Risks from repositioning (see above) • Assistive devices for TED stockings

APPENDIX D
Tips for Completing Section A – MSI Risk Assessment

Task	Identify hazards
Prepare meals	<i>Eliminate or reduce reaching, as well as awkward wrist and shoulder postures.</i> What to look for <ul style="list-style-type: none"> Storage/counter: height Equipment condition: utensils, appliances
Assist client with eating	<i>Eliminate or reduce, reaching, bending, and static postures.</i> What to look for <ul style="list-style-type: none"> Working heights: table & client seated height Obstacles/small work space around client
Assist client In and out of vehicles	<i>Eliminate or reduce, force and awkward postures.</i> What to look for <ul style="list-style-type: none"> Risk of lifting and awkward postures to transfer client Loading wheelchairs or walkers into cars
Walking outside	<i>See assisted walking</i>
Grocery shopping	<i>Eliminate or reduce reaching, lifting, and carrying (force).</i> What to look for <ul style="list-style-type: none"> Distances to/from client to grocery store (if required to walk with groceries) Floors: uneven or sloped surfaces, wet or slippery surfaces Grocery bags: weight, bag handles Storage: heights
Adult day care/ routine appointments	<i>Eliminate or reduce force and awkward postures.</i> What to look for <ul style="list-style-type: none"> Floors: uneven or sloped surfaces, wet or slippery surfaces, carpets Doors: narrow, heavy, spring loaded door closers, raised door jams
Bed change	<i>Eliminate or reduce force and excessive bending, twisting, or reaching.</i> What to look for <ul style="list-style-type: none"> Obstacles: wide bed, bed rails, furniture, trash cans, clutter, or other obstacles Small working spaces - space around the bed (e.g. one side of the bed against the wall) Bed: large or heavy bed or mattress that must be moved during bed change
Laundry	<i>Eliminate or reduce force and excessive reaching, bending, or awkward shoulder postures.</i> What to look for <ul style="list-style-type: none"> Counter: height for folding linen below waist or above elbow height Laundry bags or baskets: weight, handles, size Obstacles (cords, clutter, throw rugs, items stored in walkways, and stairwells etc.) Stairs: clutter, lighting, repair, handrails
Vacuuuming	<i>Eliminate or reduce repetition and force.</i> What to look for <ul style="list-style-type: none"> Vacuum: heavy, awkward shape, no handles or gripping surfaces Room size/number of rooms to vacuum Stairs: clutter, lighting, repair, handrails
Cleaning: <ul style="list-style-type: none"> Dusting Defrost and clean fridge Clean oven Kitchen cleaning/floor Bathroom cleaning/floor Interior window 	<i>Eliminate or reduce excessive reaching, bending, awkward postures, contact stress, and force.</i> What to look for <ul style="list-style-type: none"> Work surface height: counters, cupboards, shelving, interior fridge, oven, inside windows Floors: hard or slippery Equipment: water buckets

Appendix E: Non-toxic Alternatives

Recipes for Less Toxic Alternatives (See References - Appendix F for more information)
Baking soda (deodorizer and scouring cleanser): Use on non-scratch surfaces. Sprinkle baking soda on a wet sponge. If the baking soda leaves a residue, rinse with white distilled vinegar diluted in water, and dry with a cloth.
Borax-water (disinfectant): Mix 1/2 cup Borax with 1 gallon hot water. Use spray bottle, damp sponge, or cloth.
Lemon juice-oil (furniture polish): Mix 1 part lemon juice with 2 parts olive or mineral oil. Use spray bottle or cloth.
Lemon juice-water (glass and window cleaner): Mix 1 tablespoon lemon juice with 1 quart of water. Use spray bottle or damp cloth.
Soap-water (general cleaner): Mix vegetable-based liquid soap (such as castile soap) with water (about 2 tablespoons liquid soap with 1 quart, or 4 cups, of water). Use spray bottle, damp sponge, or cloth.
Vinegar-oil-lemon juice (wood floor polish): Mix 1/2 cup white vinegar, 1/2 cup vegetable or mineral oil, and 1 tablespoon lemon juice.
Vinegar-water (all purpose cleaner): Mix 1/2 cup of white vinegar with 1 gallon water. Use spray bottle, damp sponge, or cloth. For abrasive, use salt on the sponge or cloth.

Appendix F: References and Resources

Association of Canadian Ergonomists

<http://www.ace-ergocanada.ca/>

On-line resources:

- Find a certified professional ergonomist (CCPE).
- Events listings for ergonomics conferences and forums.
- Ergonomics news.

ASSTAS – The Association for Health and Safety in the Workplace, Social Affairs Sector

<http://www.asstsas.qc.ca/english/default.asp>

Publications, training manuals, videos, and on-line resources

B.C. Federation of Labour

<http://www.bcfed.com/>

Publications, training, and on-line resources

BC Government and Service Employees' Union

<http://www.bcgeu.bc.ca/>

Publications, training, and online resources.

BC Health Guide from BC Ministry of Health

<http://www.bchealthguide.org/healthfiles/>

Online resources:

- BC Health information.
- BC Nurseline contact information.
- Searchable databases and *Health Files*, including: common illnesses, environmental health concerns, problems with pests, and health and safety tips.

APPENDIX F

References and Resources

BC Injury Research and Prevention Unit

<http://www.injuryresearch.bc.ca>

Publications and online resources:

- Best practices for injury prevention strategies.
- Best practices for fall prevention programs.
- Examples of fall prevention programs throughout Canada.
- Manual for evaluation of an injury prevention program.
- Injury prevention literature reviews.
- Injury prevention fact sheet.
- Injury prevention cycle poster.

British Columbia Institute of Technology

<http://www.safetyandsecurity.bcit.ca>

Publications and online resources:

- MSI prevention program guidelines.
- Occupational health and safety policies.
- General guidelines for occupational health and safety programs.

Canadian Centre for Occupational Health and Safety (CCOHS)

<http://www.ccohs.ca>

Online resources:

- Basic occupational health and safety program elements.
- Patient handling guidelines.
- Implementing a successful joint occupational health and safety committee.
- MSI information — definitions and risk factors.
- Various health and safety and MSIP resources.
- Ergonomics guidelines for office work.

Canadian Standards Association (CSA)

<http://www.csa.ca>

Canadian standards publications and resources.

Centers for Disease Control and Prevention

<http://www.cdc.gov/ncidod>

Online resources:

- Searchable database: infectious disease information.
- Health information.
- Workshop/teaching resources.

City of Boulder – Boulder Area Sustainability Information Network

<http://bcn.boulder.co.us/basin/local>

Online resources:

- Hazards of household cleaning products.
- List of alternatives for household cleaning supplies.

City of Toronto Public Health – Bedbug Fact Sheet

<http://www.toronto.ca/health/bedbugs.htm#4>

Environmental Health Association of Nova Scotia

<http://www.lesstoxicguide.ca/index.asp?fetch=household>

Online resources:

- Hazards of household cleaning products.
- List of alternatives for household cleaning supplies.

Family Doctor – The American Academy of Family Physicians

<http://familydoctor.org/>

Online resources:

- Searchable disease database.
- Health information resources.

Fraser Health

<http://www.fraserhealth.ca>

Publications and online resources.

Harvard School of Public Health – Bedbugs “Biology and Management”

<http://www.hsph.harvard.edu/bedbugs/>

Health Canada

http://www.hc-sc.gc.ca/index_e.html

Publications and online resources:

- Searchable disease & conditions database.
- Health information.
- Workplace health and safety resources.
- Consumer product information: http://www.hc-sc.gc.ca/cps-spc/index_e.html.

APPENDIX F

References and Resources

Health Care Health and Safety Association (HCHSA) of Ontario

www.hchsa.on.ca

Publications and online resources:

- Developing occupational health and safety programs.
- Making joint occupational health and safety committees effective.
- Roles and responsibilities for occupational health and safety.
- Ergonomics resource guide, including MSI education and program implementation.
- Ergonomics guidelines for office work.

Hospital Employees' Union

<http://www.heu.org/>

Publications, training, and online resources.

Industrial Accident Prevention Association

<http://www.iapa.ca/>

Publications and online resources.

- Ergonomics.
- Violence prevention.

Institute for Work & Health

<http://www.iwh.on.ca/>

Publications and online resources.

Interior Health

<http://www.interiorhealth.ca/default.htm>

Publications and online resources, including:

- A Practical Guide to Moving & Assisting Clients in Home Care.

Labour Environmental Alliance Society

<http://leas.ca/>

Publications, workshops and online resources:

- Toxins in Household Products.
- Workplace Cleaners and Toxins.
- Resources for environmental health and safety.

Manitoba Labour: Workplace Safety and Health Division

www.gov.mb.ca/labour/safety

Publications and online resources:

- Guideline for MSIP program development and implementation.
- Guide for setting up a workplace health and safety program.
- Elements of a health and safety program.

Mayo Clinic

<http://www.mayoclinic.com/>

Publications and online resources:

- General health information and health tools.
- Searchable database: diseases and conditions.
- Education and research resources.

Medline Plus

<http://www.nlm.nih.gov/medlineplus>

US National Library of Medicine and the National Institutes of Health Publications and online resources:

- Searchable databases including: health topics (diseases/conditions, a medical encyclopedia, and a medical dictionary).
- Current health news.
- Interactive online tutorials.

National Institutes of Health

http://clinicalcenter.nih.gov/ccc/patient_education/pepubs/handhaz.pdf

Online resources such as:

- Handling Hazardous Drugs Safely at Home.

National Institute for Occupational Safety and Health (NIOSH)

<http://www.cdc.gov/niosh/>

Publications and online resources:

- Elements of an MSIP program.
- Effective MSIP programs.
- MSI prevention resources.
- Evaluating risk factors — NIOSH lifting equation www.cdc.gov/niosh/pdfs/94-110.pdf.
- Searchable bibliographic database of various health and safety topics.
- Ergonomics guidelines for office work.

APPENDIX F

References and Resources

Nemours Foundation – Kids Health for Parents

<http://kidshealth.org/parent/infections>

Online resources:

- General health information.
- Searchable database: infections.

New Zealand Department of Labour

www.osh.dol.govt.nz

Publications and online resources:

- Preventing back injuries in healthcare.
- Guidelines for prevention and management of overuse injuries.
- Workplace risk evaluation checklists.
- Treatment of overuse injuries.
- Ergonomics guidelines for office work.

New Zealand Injury Prevention Strategy

www.nzips.govt.nz

Publications and online resources:

- Outline for an injury prevention strategy.

Northern Health Authority of British Columbia

www.northernhealth.ca

Publications and online resources.

Occupational Safety and Health Administration (OSHA)

www.osha.gov

Publications and online resources:

- Ergonomics guidelines and tips.
- Web-based ergonomics training tools.
- Examples of MSIP programs.
- Framework for comprehensive occupational health and safety program for nursing homes.
- Ergonomics guidelines for office work.

Occupational Health and Safety Agency for Healthcare (OHSAH) in BC

www.ohsah.bc.ca

Publications, workshops, and online resources:

- Patient handling guide books and resources, such as:
 - Home and Community Health Worker Handbook.
 - Using carts in Healthcare: a resource guide for reducing musculoskeletal injury.
- Ergonomics, disease prevention, and violence prevention resources.
- Joint occupational health and safety committee resources.
- Health and safety workshops.
- Online WHMIS and infection control education modules.

Premier, Inc.

www.premierinc.com

Online resources:

- Preventing back injury in patient care.
- Developing an injury prevention program.
- Various checklists and resources.

Providence Healthcare

www.providencehealthcare.ca

Publications and online resources.

Provincial Health Services Authority of BC

<http://www.phsa.ca/default.htm>

Publications and online resources.

Public Health Agency of Canada

<http://www.phac-aspc.gc.ca/>

Publications and online resources:

- Searchable databases: infectious diseases and chronic conditions.
- Resources for injury prevention, health promotion, immunization and vaccination.
- Pandemic Influenza planning information.

Royal College of Nursing

www.rcn.org.uk

Publications and online resources:

- Code of practice for patient handling.
- Patient handling assessment for wards and residences.

APPENDIX F

References and Resources

The Safety Groups Program (Ontario)

www.safetygroups.ca

Publications and online resources:

- Handbook for an ergonomics risk control program.

Saskatchewan Labour

www.labour.gov.sk.ca

Publications and online resources:

- Elements of an occupational health and safety program, including descriptions of main components and development guidelines.
- Health and safety orientation

United Food and Commercial Workers Canada

<http://www.ufcw.ca/>

Publications, training, and online resources.

University of British Columbia Department of Health, Safety, and Environment

<http://www.hse.ubc.ca/>

Online resources:

- MSI risk factors.
- MSI prevention principles.
- Various checklists and posters.
- Ergonomics guidelines for office work.

University of Kentucky, College of Agriculture – Entomology Bedbug Facts

<http://www.ca.uky.edu/entomology/entfacts/ef636.asp>

Vancouver Coastal Health

<http://www.vch.ca/>

Publications and online resources.

Vancouver Coastal Health and WorkSafeBC – Bedbugs Presentation

http://www2.worksafebc.com/PDFs/healthcare/June9_Info_Session/Presentation4_Bedbugs.pdf

Vancouver Island Health Authority

www.viha.ca

Publications and online resources.

Victorian WorkCover Authority

www.workcover.vic.gov.au

Online resources:

- Manual handling code of practice.
- Transferring people safely.

Washington State Department of Labor

<http://www.lni.wa.gov/>

Publications, videos, and online resources:

- MSIP awareness educational resources.
- Searchable database of ergonomics solutions and ideas.
- MSI risk factor definitions and illustrations.
- Criteria for analyzing and reducing MSI.
- Cost-benefit analysis of an ergonomics health and safety regulation.
- Various health and safety posters.

Workers' Compensation Board (WCB) of New Brunswick

www.whscc.nb.ca

Publications, videos, and online resources:

- Health and safety policies and plans.
- Hazard and risk management.
- Health and safety education.
- Health and safety resource kit, including occupational health and safety fundamentals, posters, and various tools and checklists.
- Ergonomics guidelines for manual handling and office work.

WorkSafeBC

www.worksafebc.com

Publications, videos, and online resources:

- Transfer Assist Devices for the Safer Handling of Patients.
- Home and Community Health Worker Handbook.
- Patient handling resources.
- Joint Occupational Health and Safety Committee resources.
- Various health and safety checklists.
- Guidelines for ergonomics, chemical hazards, biohazardous materials, infection control, violence prevention, working alone, and general hazards.

OHSAH Archive

"Making healthcare a healthier place to work."
www.ohsab.bc.ca

ABOUT THIS DOCUMENT

The Occupational Health and Safety Agency for Healthcare (OHSAH), which operated from 1998-2010, was a precursor to SWITCH BC. Conceived through the Public Sector Accord on Occupational Health and Safety as a response to high rates of workplace injury, illness, and time loss in the health sector, OHSAH was built on the values of bipartite collaboration, evidence-based decision making, and integrated approaches.

This archival research material was created by OHSAH, shared here as archival reference materials, to support ongoing research and development of best practices, and as a thanks to the organization's members who completed the work.

If you have any questions about the materials, please email hello@switchbc.ca or visit www.switchbc.ca