

COMMUNITY LIVING DURHAM NORTH

EMPLOYEE HEALTH & SAFETY

Policy No: C-9 (Human Resources)

Effective Date: May 31, 2010

Last Revision/Review: Sept. 24, 2018

Rationale:

To ensure the health and safety of everyone who works and/or volunteers at Community Living Durham North.

Policy Statement:

COMMUNITY LIVING DURHAM NORTH is committed to providing a safe and healthy work environment for all staff and volunteers. CLDN will make every reasonable effort to ensure compliance with the measures and procedures prescribed by the *Occupational Health and Safety Act*, its regulations and other relevant legislation concerning health and safety. CLDN is committed to accommodating disabled employees in terms of both occupational and non-occupational disabilities.

A comprehensive health and safety program has been established to promote an awareness of health and safety issues and to ensure that everything possible is done to establish an accident and injury free environment. All managers and employees must be dedicated to the objective of reducing the risk of injury and illness.

Managers have an obligation to ensure that employees work in the manner, and with the protective devices, measures and procedures, required by the *Occupational Health and Safety Act* and its regulations. This includes Managers ensuring appropriate safety procedures are followed by employees and, advising employees of the existence of any potential or actual danger to their health and safety of which the Manager is aware. Managers must also take every precaution reasonable in the circumstances for the protection of an employee.

Employees, including Managers, must be knowledgeable about their actual working conditions and must appreciate that they have an obligation to report any safety hazards to their immediate manager, so that any safety hazards or contraventions can be remedied. *Without ongoing participation of every employee in helping to achieve the objectives, the policy will not succeed.*

All employees at Community Living Durham North must accept their responsibilities concerning the provision of a safe work environment. Employees who fail to meet their obligations concerning health and safety or violate safety rules will face discipline, up to and including termination.

This policy will be reviewed by the Board of Directors on an annual basis and re-posted by October 1<sup>st</sup> of each year.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
for the Board of Directors

## COMMUNITY LIVING DURHAM NORTH

### EMPLOYEE HEALTH & SAFETY

Procedure No: C-9-1

Effective Date: Sept. 1, 2009

**Responsibilities under the Act**

Last Revision/Review: Jan. 17, 2017

- The Occupational Health and Safety Act states that every employee within an organization is obligated to do his part in order to keep the workplace safe. Different components of an organization have different responsibilities.
- It is the responsibility of all CLDN employees to:
  - Work in compliance with CLDN Health and Safety policies and procedures, and with the *Occupational Health and Safety Act*.
  - Use or wear any equipment, protective devices or clothing that is provided by CLDN to safeguard your health or safety.
  - Report in writing any health and safety concerns to your manager (or to any manager) immediately.
  - Report in writing to your manager (or to any manager) any equipment or protective device that is missing or defective.
  - Report in writing all incidents/accidents.
  - Report in writing any known violation of CLDN Health and Safety policies and procedures, and any violation of the *Occupational Health and Safety Act*.
  - Not perform work in a manner that might endanger any other person.
  - Not operate equipment in a manner that might endanger any other person; not remove equipment, or render ineffective any equipment.
  - Not engage in pranks, contests, feats of strength, unnecessary running or rough and boisterous conduct.
- It is the responsibility of CLDN managers to:
  - Work in compliance with CLDN Health and Safety policies and procedures, and with the *Occupational Health and Safety Act*.
  - Instruct, inform and supervise employees for the protection of their health and safety, through:
    - ✓ Ensuring that employees comply with CLDN Health and Safety policies and procedures.

- ✓ Advising employees of any potential or actual health and safety dangers known to the manager.
  - ✓ Providing employees with written procedures when necessary, as prescribed by the Ministry of Labour following a workplace investigation and/or by CLDN management.
  - ✓ Responding promptly to all health and safety concerns brought to their attention.
  - ✓ Ensuring that incidents and Serious Occurrences are reported via proper procedures and on the appropriate forms.
  - ✓ Liaising with the Joint Health and Safety Committee and assisting it to perform its duties.
  - ✓ Taking every reasonable precaution, in any particular circumstance, for the protection of employees.
- Ensure that each location is equipped with:
- ✓ Written emergency exits and safety rules specific to the location.
  - ✓ A floor plan showing emergency exits, fire extinguisher locations, etc.
  - ✓ A fully stocked First Aid kit and accompanying First Aid Checklist.
  - ✓ A copy of the WSIB *In Case of Injury* poster or “sticker.”
  - ✓ A copy of the *Occupational Health and Safety Act*.
  - ✓ A copy of the CLDN Policy & Procedure manual
  - ✓ A hazardous materials inventory, where applicable, and Safety Data Sheets.
  - ✓ Emergency numbers that are posted in proximity to telephones.
- It is the responsibility of CLDN’s Board and senior management to:
    - Work in compliance with CLDN Health and Safety policies and procedures, and with the *Occupational Health and Safety Act*.
    - Establish, assist and work cooperatively with a Joint Health and Safety Committee.
    - Together with the Joint Health and Safety Committee, ensure that CLDN is in compliance with the regulations of WSIB and the *Occupational Health and Safety Act*.
    - Ensure that every part of the physical structure of the workplace is safe and in compliance with all legal requirements.
    - Take every reasonable precaution for the protection of staff.
    - Respond to any recommendations of the Joint Health and Safety Committee regarding ways to improve workplace safety.
    - Ensure that sufficient and appropriate information, instruction, and training are available for employees so that they are properly informed around CLDN Health and Safety policies and procedures, and the *Occupational Health and Safety Act*. As a specific example, each employee, upon hire, will receive “**Employee Competency Training**” and this training will also be provided annually, at site meetings.
    - When appointing managers, appoint competent people, within the meaning of the Act.

- In compliance with the *Occupational Health and Safety Act*, CLDN has established, and continues to support, a *Joint Health and Safety Committee*. All Ministry of Labour requirements with respect to this Committee are observed.
- A sub-section of the agency's website is devoted to the work of this committee and to matters of health and safety in general. Go to the top right hand corner of our Home Page and enter employee (for user name); the password is cldninfo. Then click on "Health & Safety."
- A copy of the Joint Health & Safety Committee's entire *Handbook* can be accessed on the website. A hard copy is also included in each program's Health & Safety Binder.
- The Joint Health and Safety Committee is an advisory body composed of equal employee and management representation. One management rep and one employee rep will act as co-chairs. The names of all representatives will be posted.
- A management rep and an employee rep (not necessarily the co-chairs) will also be trained and certified through WSIB – "Part I, Basic Certification" and "Part II, Workplace-Specific Hazard Training."
- The committee will meet at least quarterly (four times each year) and will keep minutes (which will be posted).
- Committee members are responsible for maintaining rules of confidentiality, except where disclosure of information is specifically required by law.
- The Joint Health and Safety Committee is a forum for management and employees to work together to:
  - Prevent accidents;
  - Identify and reduce health hazards;
  - Promote health and safety;
  - Ensure that employees are properly trained;
  - Investigate unsafe conditions;
  - Participate in the investigation of critical injuries, in accordance with the *Occupational Health and Safety Act*; and
  - Make recommendations to management regarding health and safety.
- To assist the committee to carry out its work, the Association will:
  - Provide the committee with supplies, secretarial support and a location for its meetings;
  - Inform the committee of any work related accidents or illnesses;

- Provide the committee with copies of any reports or statistical roll ups that it compiles, pertaining to health and safety in the workplace;
  - Provide the committee with a written response to its recommendations, within 21 days.
- Also mandated by the *Occupational Health and Safety Act*, but not formally connected to the JHSC, is the Health & Safety Representative situated within every workplace. This is a non-management employee elected by his or her colleagues within each particular workplace. Once elected, the Health & Safety Rep is trained by the agency in the roles and responsibilities of the position. He or she performs regular in-house health and safety audits (see below), and employees within the location can take health and safety concerns to their rep *if* these are not being appropriately dealt with by the location's Manager.

Procedure No: C-9-3

Effective Date: Sept. 1, 2009

**Workplace Inspections**

Last Revision/Review: Aug. 10, 2016

- In compliance with the *Occupational Health and Safety Act*, CLDN's several workplaces are examined closely on a regular basis for the purpose of identifying and recording potential and actual hazards associated with buildings, equipment, environment, processes and practices. The inspections also identify any hazards that require attention and recommend corrective action.
- Every worksite must be inspected by the site Health & Safety Representative, monthly, using the "Monthly Interior and Exterior Grounds Checklist."
- Beyond these in-house inspections, the Joint Health & Safety Committee will develop a schedule of planned inspections to be carried out throughout the year and this schedule will be posted on the agency's server.
- Inspections carried out in the name of the JHSC will be conducted by one employee rep and one management rep and a standardized "JHSC Audit Form" will be used to document their findings.
- Completed inspection reports will be copied to the Program Manager and the JHSC co-chairs and saved on the server under Agency Wide\Health and Safety\Audit Info.
- Where a report raises a concern or problem of a routine nature, the Manager will endeavour to address it promptly, advising one or both co-chairs of the action taken prior to the upcoming meeting of the JHSC.
- Where the issues raised are questionable or problematic, they will be referred to a Director and he or she will respond in a timely manner to the two co-chairs.
- Where an issue raised in a report is not acted upon to the satisfaction of the committee, it may forward a written recommendation directly to the CEO. He or she will

then respond to the co-chairs within 21 days. Unfavourable replies will be accompanied by a full explanation.

- A review of inspection reports and of responses to inspection reports shall be conducted at each meeting of the JHSC.

Procedure No: C-9-4  
**Fatal or Critical Injuries**

Effective Date: Sept. 1, 2009  
Last Revision/Review:

- Regulations attached to the Occupational Health and Safety Act define a critical injury as one that is serious and:
  - Places life in jeopardy;
  - Produces unconsciousness;
  - Results in substantial loss of blood;
  - Involves the fracture of a leg, arm, hand or foot, but not a finger or toe;
  - Involves the amputation of a leg, arm, hand or foot, but not a finger or toe;
  - Consists of burns to a major portion of the body;
  - Causes loss of sight in an eye.
- In the event of a fatal or critical injury, CLDN must notify the following, immediately, by telephone or by other direct means:
  - A Ministry of Labour Inspector;
  - The Joint Health and Safety Co-Chairs;
  - The trade union (CUPE 2936).
- And, within 48 hours, the director of the appropriate branch within the Occupational Health and Safety Division of the Ministry of Labour.
- All fatal or critical injuries will be immediately investigated by two members of the JHSC, one being a certified worker rep and the other a certified management rep, or designate. The two parties will submit a signed *Accident Investigation Report* to management and to the JHSC.
- The *Accident Investigation Report* will be included in CLDN's communication to the Ministry of Labour Director, within 48 hours of the incident.
- If the two JHSC investigators are not unanimous, the worker representative has the right to submit a separate dissenting report (which would then also be re-directed to the MOL).
- The Joint Health and Safety Committee will meet as soon as possible after the completion of the *Accident Investigation Report* (within hours if at all possible) in order to review its findings and management's responses or plans to respond. The committee may also make such recommendations as it deems appropriate.

- Notwithstanding the need to investigate promptly, the area where the accident occurred must be cordoned off and the scene left undisturbed until the Ministry of Labour can inspect the site. Only in order to save life or relieve human suffering can the site be disturbed.

Procedure No: C-9-5  
**Health and Safety Postings**

Effective Date: September 1, 2009  
 Last Revision/Review: January 17, 2017

- CLDN will ensure that its employees' access to health and safety information meets or exceeds legislated requirements. Towards this end, the following items will be available in all program locations and/or maintained current on the agency's website:
  - The handbook of the Joint Health & Safety Committee.
  - A copy of the Occupational Health and Safety Act (the above mentioned little green booklet, which is hole-punched and can be hung from a bulletin board).
  - This Health and Safety policy (C-9) – a policy manual is in every workplace.
  - A copy of the most recent minutes of the Joint Health and Safety Committee;
  - A floor plan identifying all exits is posted at each exit in every location.
  - Safety Data Sheets pertaining to any hazardous materials used in particular locations.
  - An annual summary detailing the number of workplace accidents, lost work days, etc. that occurred during the previous year.
  - A copy of any notices or inspection reports issued by the Ministry of Labour.

Procedure No: C-9-6  
**WSIB and Return to Work Program**

Effective Date: Sept. 1, 2009  
 Last Revision/Review: March 29, 2018

- When an employee suffers an injury at work, he or she must report the injury to a manager and, unless incapacitated, must complete an *Incident Report on AIMS*.
- In the event of head injuries, bites, car accidents and needle pricks it is mandatory to seek medical attention.
- The Manager's responsibilities, in the immediate aftermath of the incident, are as follows:
  - If the worker needs to interrupt his work day and go home, and/or indicates that he will seek Health Care, the Manager must ensure the employee takes a Return to Work package with them.
  - If an employee suffers an incapacitating illness or injury, Management will ensure they are transported to seek medical attention and remain with the employee until they are admitted under the care of the hospital or family arrives.
  - Immediately report the incident to the Human Resources department if medical attention is being sought.

- Within four days notify the Joint Health and Safety Committee that an employee has sought medical attention. Provide written notice of the prescribed information and particulars by including the incident report in the notification.
- The Employee's responsibilities, in the immediate aftermath of the incident, are as follows:
  - Immediately report the injury to their Manager or designate.
  - If an employee is seeking medical attention it is their responsibility to take the return to work package to the physician (or, in appropriate circumstances, to the chiropractor or physiotherapist). Once presented to a physician, he or she is under a legal obligation to complete the WSIB *Functional Abilities* form. Finally, the employee is responsible for the completion of the H-19 Staff Injury form and WSIB Form 8 which is included in the Return to Work Package. Staff must return all forms, within 2 calendar days to the Human Resources department or designate.
- The Union's responsibilities, in the immediate aftermath of the incident, are as follows:
  - Investigate and review the incident with the manager or HR.
  - Provide follow-up with the employee to ensure their needs are supported.
  - Work with the HR department to ensure a collaborative return to work plan is in place.
- The responsibilities of the HR department or designate, in the immediate aftermath of the incident, are as follows:
  - Report the incident to WSIB, within three calendar days, via the Form 7, if the worker loses time from work, or earns less than a regular day's pay as a result of the injury, or gets health care treatment.
  - Log the injury in the appropriate database and file the *Incident Report*.
  - Collaborate with employee, union representative and Program Manager to create a letter of offer for modified workplace accommodations, where this is possible. This could include conducting independent assessments, independent Medical Examinations, Functional Abilities Evaluations and/or Physical Demands Analysis.
  - Notify the Program, Team Leader and Manager of the required accommodations, duties and restrictions. Only relevant information will be shared to protect the privacy of the employee.
- If the returned *Functional Abilities* form suggests that the employee will be off work for more than a few days, or that some kind of workplace accommodation might be necessary, the HR department will take the lead in monitoring the "Return to Work file," and in liaising with WSIB.



- In making every reasonable effort to modify the employee's duties, CLDN will observe the following hierarchy of accommodation:

Pre-injury job tasks

Pre-injury job with accommodations

Suitable duties in the pre-injury program

Suitable duties in other programs

Any other available work within the workplace.

- Following the spirit of the hierarchy of accommodation CLDN will include provisions for transitional work, graduated return to work and work hardening.
- The agency is not required to tolerate "undue hardship" in crafting a return to work protocol. The modified work must be productive, time limited and designed to assist the employee to return to his regular duties as soon as possible.
- In developing the modified work, the HR department may communicate with the treating physician and may also, with the approval of a director, arrange for a third party assessment by an outside physician.
- If the worker is unable to perform modified work, and is on paid leave, the HR department will maintain contact with him or her (at least once a week). The HR department will also liaise with the Program Manager so as to be ready with an offer of modified work should that become appropriate.
- The HR department or designate will notify WSIB, the Program Manager and Union Representative of all offers of modified work and all refusals of modified work. An employee who refuses the modified work opportunity will have to justify their decision to WSIB and their Union Representative. WSIB will provide follow-up to the employee and assign a return to work specialist if necessary. CLDN would have to justify its refusal to offer the modified work (i.e. were it to refuse on the grounds of "undue hardship").
- The Program Manager will provide ongoing monitoring of the employee's work performance to ensure:
  - That the modified work continues to be suitable.
  - That no duties are assigned which are outside of the person's medical restrictions.
  - That further programmatic training and education is offered to the injured employee with the focus on injury prevention.
  - That additional duties are added, as the employee becomes capable of doing them, with the objective being a return to 100% of normal work duties.
- Employees who are on modified duties and/or away from work have a continuing obligation to:
  - Be forthcoming about their condition and cooperate with CLDN's attempts to develop modified work opportunities.
  - Contact HR department, immediately, following any injury related medical appointments and provide verbal and written updates.

- Maintain regular and necessary contact, at least weekly, with the HR department or Program Manager.
- The responsibilities of the co-worker, in the immediate aftermath of the incident, are as follows:
  - Provide first aid and adhere to any direction given for the care of the injured worker.
  - Be supportive of co-workers who are on accommodated assignments.
  - Bring forth any concerns they have with assigned modified duties, in a respectful manner, to their Manager or Designate.

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| Procedure No: <u>C-9-7</u> | Effective Date: <u>Sept. 1, 2009</u>       |
| <b>Hazardous Materials</b> | Last Revision/Review: <u>Jan. 17, 2017</u> |

- Hazardous materials are biological, chemical or physical agents (or a combination of such agents) whose presence in the workplace might endanger a person's health or safety.
- The Workplace Hazardous Materials Information System (WHMIS) has been incorporated into the regulations of the Occupational Health and Safety Act, and its purpose is to:
  - Provide information about hazardous materials, and;
  - Ensure consistency of information about hazardous materials, in part by providing a series of universal symbols to identify different hazardous materials.
- Full, external WHMIS training is a component of the mandatory training that is accessed for the certified representatives on the Joint Health and Safety Committee. A brief overview is incorporated into the First Aid training that is mandatory for all staff.
- Apart from training, the key elements of WHMIS are the labels (i.e. the above mentioned universal symbols) on hazardous materials, and the related *Safety Data Sheets* – technical bulletins designed to provide detailed hazard and precautionary information.
- The employer's responsibilities in relation to WHMIS are as follows:
  - Ensure that all controlled products are identified and are properly labelled by the supplier as they enter the workplace.
  - Ensure that *Safety Data Sheets* are in place and are up to date.
  - Ensure that employees have the information that they require in order to safely store, handle, use and dispose of any hazardous materials in the workplace.
  - Create and maintain a hazardous materials inventory.
  - Consult with the JHSC around the maintenance of the inventory and the development and implementation of any necessary training programs.
- The responsibilities of employees in relation to WHMIS are as follows:

- Use, handle, store and dispose of controlled products or hazardous materials in accordance with CLDN procedures.
- Know and understand the significance of information on WHMIS labels and on *Safety Data Sheets*.
- Participate in any training offered by CLDN regarding hazardous materials.

Procedure No: C-9-8

**Safe Use and Disposal of “Sharps”**

Effective Date: June 30, 2011

Last Revision/Review: Dec. 22, 2015

- Sharps are anything with a pointy end, like needles, or a sharp edge, like scissors, that can injure a person and expose him to infection.
- CLDN will take every reasonable precaution in the effort to protect its employees in the use and disposal of sharps.
- Used sharps must be disposed of in a “Sharps container” that is properly labelled and puncture resistant. The agency will purchase them from a local pharmacy. Home made containers are not acceptable.
- When the container has been filled to its “Full Line,” staff will return the container to the pharmacy where it was purchased and order a replacement.
- Some sharps are non-medical items in every day use such as scissors, razor blades (if disposable, the entire razor would go in; if reusable, just the replaceable head would go in), metal wire, pins, kitchen knives and “exacto-blades.” Most items of this kind are designed for repeated use but, when no longer usable, they must be disposed of whole, into the Sharps Container.
- Other sharps are medical in nature and can be used only once. Examples that can be found in CLDN work places are insulin injection needles and blood testing lancets or needles. Insulin tubes are not actually sharp but they are made of glass and should be disposed of into the sharps container. CLDN staff must not use any of these items until trained by a registered nurse, and the safe disposal of these items is a component of the training.
- Staff can protect themselves by discarding used sharps immediately, by keeping a sharps container close to the point of use, and by ensuring that the location is never without a container – note that more than one container can be in use at a time. Razors still in use are to be stored in a hard separate container, clearly labeled for each individual person, and separate from all other personal needs items. Staff must also wear gloves at all times when handling sharps. Staff can also protect themselves by being aware of their immunization status and by staying current in terms of their Hepatitis B and Tetanus vaccinations.
- In the event of a “sharps” injury, clean the area with water and anti-bacterial soap; report the injury to a manager, complete a staff injury report on AIMS and seek medical attention.

Procedure No: C-9-9  
**First Aid and CPR**

Effective Date: June 30, 2011  
Last Revision/Review: Aug. 10, 2016

- Training in First Aid and CPR is mandatory and certification must be renewed every three years.
- It is an expectation that staff will use their training and implement either CPR or first aid measures, when one or the other is the appropriate response to an emergency situation.
- A fully stocked and properly marked First Aid Kit is kept at each program location. The location of the First Aid Kits are identified by a red cross symbol. Its precise location within the home or program is pointed out to each new hire during his or her site orientation (and this step in the orientation process is an entry on the *Site Orientation Checklist* - form H3c). It is an expectation that staff know the location of the First Aid Kit in their work place.
- The Team Leader will ensure that the contents of the First Aid Kit are checked each month in reference to the *First Aid Kit Contents Checklist* (form D-10). The Team Leader will also ensure that any missing or depleted items are replenished, as needed. Note that a First Aid manual is included in the Kit.
- The Joint Health and Safety Committee has parallel responsibilities. The Site representative checks First Aid boxes every month. Designated committee members also perform regular, rotating site inspections and the First Aid box is checked again during these visits.

Procedure No: C-9-10  
**Respiratory Protection Program**

Effective Date: Sept. 15, 2011  
Last Revision/Review: Aug. 10, 2016

- This protocol is designed to protect employees in the event of a pandemic or other contagious illness in the workplace.
- CLDN has selected a CSA-approved respirator (or mask) and we stock multiple types/sizes:
  - 3M 8210
  - 3M 8110 s
  - 3M1860S
  - 9105S
- The respirators are stored in each program site together with other pandemic supplies (typically in a large equipment bag).
- At any given time, at least one CLDN employee will know how to fit people for an appropriately sized mask. This “train the trainer” instruction is provided by the *Public Services Health and Safety Association* (PSHSA).

- Our in-house staff trainer(s) will fit test every agency employee and provide basic instruction in how to don and care for the mask. Employees will be trained and fit tested during their orientation. Employees must be re-fitted if they experience significant weight gain or loss, the addition or removal of facial hair, or some other physical change.
- Written procedures for the proper care and donning of respirators (masks) are located in each location's Program Information Binder.
- It is the employee's responsibility to consult with their physician prior to testing if they suspect that some allergy or other condition might render it problematic. It is also the employee's responsibility to notify their manager, or HR, if they suspect that re-fitting is indicated on account of weight loss or gain, the addition or removal of facial hair, or some other physical change.
- CLDN's HR database will track, and run reports that show, the appropriately sized mask for each employee.
- In the event of a pandemic, external contractors are responsible for their own respiratory protection program.
- Senior staff will review this respiratory protection program on an annual basis.

Procedure No: C-9-11

Effective Date: January 31, 2014

**Early Notification of Health Care Risk  
Factors**

Last Revision/Review: Aug. 10, 2016

- This procedure is not about faulty or inadequate equipment; i.e. beds or bath tubs that are too high or low and are causing back strain. Nor is it about combustibles stored too close to the furnace room or any number of other potential hazards.
- For clarification, "health care risk factors," in the context of this procedure, has a certain specific meaning. The phrase refers to hazardous drugs (medications), as they are brought into the work place. It refers to the situation wherein a supported person or staff has been newly diagnosed with an illness that is on the Reportable Diseases List. And it refers to situations where a supported person, in a group home, is diagnosed with a disease which does not have to be reported to the Medical Officer of Health but which is nevertheless considered to be a communicable disease. Finally it also refers to situations where a supported person is not ill, but has been identified as somehow contagious, as a carrier of a virus, for example, or he/she is found to have lice or bed bugs.
- What all of these circumstances have in common is the fact that they can put staff, roommates and their families at varying degrees of risk. Therefore, prompt notification of everyone concerned is critical.
- For early notification of anyone to occur, it is first necessary that the employee who has taken the person to the doctor or returned with him/her from hospital, and who was informed of a new diagnosis, condition, or medication, understood that message clearly,

recognized its significance, took careful note of it, and then included it in a very clear clinical note upon returning to the program site.

- It is also critical that the employee notify management immediately. It then becomes management's job to ensure that prompt notification is provided to everyone concerned.
- When it is necessary to alert employees to the presence of a new risk factor in the program where they work, the notice will be sent to all staff via the personal CLDN email addresses that have been created for the use of every employee. It is the responsibility of staff to activate their CLDN email addresses and to read the communications that CLDN send to them by this means. Because it is going to employees across the entire agency, the notice may not name the supported person for privacy reasons, but the identity of the person will be readily available to staff as they report to work at the program site.

### **Hazardous Drugs**

Medications within this class are discussed in detail in Policy C-5. To re-cap, staff who fill a prescription are required to enter the new medication in AIMS where they must select it from a drop box. If the medication is not present in the drop box, it is new to the agency and this fact must be immediately reported to management. Management will share the notification with the Joint Health and Safety Committee and conduct the appropriate research, beginning with a review of the *NIOSH List of Antineoplastic and Other Hazardous Drugs in Health Settings, 2010* published by the U.S. National Institute for Occupational Safety and Health (NIOSH). When this research is complete, the program site will be provided with a detailed, case specific protocol regarding the safe use of the drug. AIMS Caution notes and the person's B-10 Support Information will be updated to include this information.

### **Reportable Diseases**

The diseases on the Reportable Diseases List are extremely dangerous and many of them very rare in the developed world; e.g. Plague, Cholera, Leprosy. Others, like Hepatitis B, C and D are more common. The report to the Medical Officer of Health will be made by the diagnosing physician, but it remains our responsibility to notify staff (and roommates and their families).

Given the notoriety of most diseases on this list, the physician/hospital will make it very clear to support staff that the person's diagnosis puts others at risk.

Still, it is critical that the employee also make it clear in their Clinical Note and even more important that they immediately notify management. Only then can management take action.

### **Communicable Diseases**

The diseases on the Reportable Diseases List are communicable, that's why they're so dangerous. But there are a host of communicable diseases, and some of them, like the common cold, are not reportable. All people are potential carriers of any number of infectious germs, and we don't always know when a communicable disease or infection

is present. This is precisely the idea behind Universal Precautions. Since we can never know for sure whether we're at risk or not, it is best to always utilize these precautions. They can take time to get used to, but they soon become habitual. Universal Precautions will help to protect you, your co-workers, and the people you support – without compromising their dignity (see B-9-4 *Universal Practices and Additional Precautions*).

### **Other Risk Factors**

By definition, it is impossible to capture the essence of this “category” in a paragraph or two. As already indicated, the range extends from viruses or bacteria that can be spread by people who may not even feel ill, to lice and bed bugs. And the list will grow; H1N1 and SARS have not always been with us, or known to us.

As always, the key thing is, first, to identify the risk. Typically this must be done by the support staff who communicates with the physician and/or hospital as the diagnosis is made, or as the person is returning home.

Second, the staff must communicate the risk to management.

Finally, management will notify everyone concerned by the means already identified, and will develop and post any necessary protocol.

- CLDN does not typically hire trained health care professionals and it is conceivable, even with this procedure in place, that staff accompanying a person home from hospital, or from a doctor's office, may fail to sound the appropriate alert. If this should occur, any staff who detects the error or oversight must immediately bring it to management's attention.
- Employees of CLDN should be aware that the agency is not a Health Care Provider or Hospital. If one “googles” the protocols that must be carried out in a particular situation, it is important to understand that the response that pops up might be accurate with respect to hospitals or LTC facilities, but inaccurate and misleading in the context of social service agencies funded by MCSS.

In certain circumstances, isolation might be the protocol used in hospital settings, but it is rare that isolation is prescribed in a Home Care setting. And this is not because of differential standards or different levels of concern for the support staff involved.

Infections of Vancomycin-resistant Enterococci (VRE), for example, occur most commonly in healthcare facilities for the simple reason that these are places where sick and very vulnerable people are congregated. People in hospital often have weakened immune systems, they may have been treated with antibiotics, including vancomycin, over prolonged periods. They may recently have had surgery or they may have an invasive medical device like a urinary catheter, and all of these things put them at higher risk of becoming infected with VRE.

- CLDN's management, and its Joint Health and Safety Committee, will determine the appropriate protocol to be put in place when a risk factor is identified. Staff who would like to challenge the protocol may do so via appropriate channels identified in the Policy Manual. However, staff operating behind the scenes to call the posted protocol into

question, based on “googled research,” will be subject to discipline. Such behaviour, to the extent that it creates confusion and uncertainty, puts people at risk.

- Employees should also bear in mind that CLDN faces certain challenges that Health Care facilities do not face. Because we are not a health care provider, and because we are not next of kin either, we are, sometimes, the last to know. In our sector, a parent or other relative can theoretically accompany a supported person into the doctor’s office, or return with him/her from hospital, and forget or decide against sharing valuable information with us. Hospitals routinely share results or outcomes with families and make a point of not doing so with us.

Copies of hospital reports can be obtained but the family’s consent is required, it costs money and a time lag is involved. Nevertheless, where staff teams and management believe that it is important to have copies of hospital reports, we will endeavour to obtain them.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
CEO