Occupational Health Resources for Promoting Healthy Healthcare:
What should be? What is? and Where do we go from here?
PICNet annual educational conference, 2011: Sharing and Growing Together

Annalee Yassi, MD, MSc, FRCPC (Public Health), FRCPC (Occ. Med)
Professor and Canada Research Chair, University of British Columbia
and
Chair, ICOH Scientific Committee for Healthcare
Outline

I. What should be in place?
   • Internationally recognized role for OHS professionals, and resource requirements

II. What is the situation in BC healthcare?

III. What can we learn/share internationally?
   • ICOH, WHO and ILO
   • Technologically-enhanced tools
     • Protect Patty (how was developed, and demo)
     • JOHSC Module (how field guide was developed, and demo)
     • OHASIS (why developed and demo)

IV. Concluding Remarks

V. Open Discussion
I. What should be the role of the OHS professional: international consensus

Occupational Health & Safety (OHS) professionals work to promote and maintain the highest level of physical, mental and social well-being of workers:

“Occupational health should aim at: the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations; the prevention amongst workers of departures from health caused by their working conditions; the protection of workers in their employment from risks resulting from factors adverse to health; the placing and maintenance of the worker in an occupational environment adapted to his physiological and psychological capabilities; and, to summarize, the adaptation of work to man and of each man to his job.”

Source: International Labour Organization (ILO) and the World Health Organization (WHO), Chapter 16 – Occupational Health Services and Practice, revised 1995.
Role of the OHS professional - continued

**Primary prevention** - evaluating risks to the health and safety of employees and devising/implementing/evaluating strategies:– including **providing training**, personal protective equipment (PPE), and **vaccines**, as well as recommending engineering and administrative **controls**.
Role of the OHS professional - continued

Secondary prevention – following up needlestick injuries and other risky exposures to ensure post-exposure prophylaxis, as well as LTBI testing, etc.

Tertiary prevention – i.e. case management is also a role for OHS professionals – but be careful that this does not overshadow primary and secondary prevention. i.e. disability prevention is important – but so are workplace risk reduction activities.
Role of the OHS professional - continued

**OH professionals should work with Infection Control and Public Health practitioners** (OH professional’s role is to look after workers’ health).

….link surveillance activities, sharing data, and ensuring consistent messaging to the public.

Keep in mind that **OHS professionals are generalists** - must provide services for 1º, 2º, 3º prevention re a vast variety of hazards, including musculoskeletal injury, chemical and physical exposures…as well as infectious agents
Role of OHS Professionals re: Biological Event

Pre: train, vaccine, PPE, plan

During:
- Ensure consistent communication
- Reinforce training
- Monitor and record illness (and exposures)
- Provide prophylaxis as appropriate
- Furlough staff as needed

Post:
- Review outcome, review control measures, outline lessons learned
- Follow-up staff
OH professional ratios

OH professional to employee ratios have been proposed but there is no consistent standard.

**OH nurse is usually needed for > 300 employees with one additional OH nurse for every 750 employees thereafter.**

An on-site OH physician is generally agreed to be warranted on a PT basis when the workforce reaches 1000 employees and on a full time basis when the employee population exceeds 2000 employees.

In another source, appropriate OH nurse staffing levels have been identified as **1 FT OH Nurse for every 200-450 employees.**

II. OHS Services in BC’s Healthcare Sector

March 2006, PICNet conducted a needs assessment within the six HAs to systematically gather information on OH department resources, polices and procedures related to the control of occupational infections.

OHS Services in BC’s Healthcare Sector - Findings:

OH departments in BC are under-resourced and understaffed.

Two-thirds of HAs reported OH position vacancies.

Reasons for vacancies included a shortage of qualified professionals; however, none of the HAs reported active recruitment of OH professionals.
OHS Services in BC Healthcare

The ratio of OH nurses to employees was calculated based on available data from the six HAs. Per one OH nurse FTE, there was a range of 1964-7000 employees (median = 2862) – i.e. at least 4 times lower than international standards!

There was no ratio for OH physicians to employees calculated due to the very low usage of occupational physicians in health care across the province.

Has the situation improved since 2006 ????______
Can more be done? _________________
(let’s discuss this)
Occational Health Services in BC: What is (continued)?

In BC, the joint committees have been given the professional oversight role for occupational health and safety

Whilst there is a very important role for H&S committees to play (vital link between workers and management – see Resource Tool http://www.ghrpinnovation.com/johsc/)

there is also a need for occupational health professionals!
III. What can we share & learn internationally?
Why we are working together

**Common concerns:** Healthcare workers worldwide are at high risk for occupational injuries & illnesses

- Biological hazards, stress, chemical and physical hazards, violence

Globalization impacts the healthcare workforce worldwide:

- Largest workforce sector globally; new ever-more-expensive technologies and techniques
- Healthcare resources strained: competition, funding reductions; restructuring of healthcare work; job stress – related to understaffing and poor work environment

Occupational health services and programs under-resourced; **need for capacity building is worldwide** – and we have much to share and learn together!
The Scientific Committee for Occupational Health for Healthcare Workers is a sub-committee of the International Commission on Occupational Health Scientific committee.

**Events**

<table>
<thead>
<tr>
<th>Title</th>
<th>Location</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Regional Meeting on health protection for healthcare workers</td>
<td>Venezuela</td>
<td>September 2009</td>
</tr>
<tr>
<td>International consultation on HIV and TB prevention, treatment and care for healthcare workers</td>
<td>Geneva</td>
<td>September 2009</td>
</tr>
<tr>
<td>The Eighth Meeting of the Global Network of WHO Collaborating Centres for Occupational Health</td>
<td>Geneva</td>
<td>October 2009</td>
</tr>
<tr>
<td>Follow up meeting for the international guidance on HIV and TB prevention, treatment and care for healthcare workers</td>
<td>Virtual meeting</td>
<td>December 2009</td>
</tr>
<tr>
<td>Panel Discussion on Strategies to increase immunization coverage</td>
<td>Virtual seminar</td>
<td>January 2010</td>
</tr>
</tbody>
</table>
PAHO: Prevention of Occupational Transmission of Infectious Diseases among healthcare workers

- **Guyana:** Occupational Health and Infection control in healthcare settings, University of Maryland

- Healthy Hospitals Project, **Ecuador**, UBC

- Caribbean sub-regional, **Trinidad and Tobago:** Occupational Health and Infection control in health-care facilities
  - Occupational health
  - Infection Control
  - Surveillance
  - Laboratory

**Tools Produced**
- Online course on Occupational Health and Infection control
- Training materials for healthcare workers on OH and IC
- Workplace audit to assess and identify hazards
Origin of the “Protect Patti” Exercise


Aim: strengthen Ecuador’s capacity to promote healthier and safer hospitals by reducing occupational transmission of infectious diseases.

SALUD OCUPACIONAL Y CONTROL DE INFECCIONES EN EL SECTOR SALUD
Protecting healthcare workers from infectious diseases in the Caribbean:
1) infection control and occupational health practices;
2) surveillance; 3) laboratory safety; and
4) risk management and communication.
Select Scenario...

Airborne Precautions
Airborne & Contact Precautions
Contact Precautions
Droplet & Contact Precautions
Droplet Precautions

Protect Patti - http://www.ghrpinnovation.com/protectpatti/eng/
WORKPLACE ASSESSMENT
FIELD GUIDE FOR HEALTHCARE
Introduction

What Are Workplace Assessments and Why Are They Important?
Workplace assessments help prevent injuries and illnesses through critical examination of the workplace. Workplace assessments also identify and record hazards for corrective action. Regular workplace assessments are an important part of the overall occupational health and safety program. Joint occupational health and safety committees should help plan, conduct, report and monitor workplace assessments.

The Purpose of the Workplace Assessment Field Guide
This guide is a companion to the workplace assessment checklist. Refer to the field guide if there is something that you are unsure about or that you would like further information on when examining a workplace.
400 Hand Hygiene

Examples:
(S) Sinks have antiseptic soap and paper towels available.
(Hazard) There is no soap or no alcohol and rub available in this area.
(M) Sinks are present in each patient room and are cleaned and well maintained with antiseptic soap, alcohol hand rub and paper towels available.
401 Suitable Personal Protective Equipment (PPE) - Adequate supplies of:

Examples:

(S) Gloves, masks, N95 respirators, protective eyewear, gowns, aprons, booties, boots and hats are available.

(Hazard) The supply of N95 respirators and protective eyewear has run out. Some staff are unsure of when and how to use PPE.

(M) All types of PPE listed above are provided in different sizes, staff are provided PPE training and are instructed to select the proper size of equipment. Supply rooms are regularly checked and extra materials are stored so that workers always have adequate supplies.
g) **Protective eyewear**
- Is there a range of sizes available?
- Is there enough protective eyewear to work safely?
- Are staff knowledgeable of when and how to use protective eyewear?
- *Protective eyewear should be worn whenever there is a risk of droplet exposure to the eyes (eyeglasses are not suitable for this purpose).*

h) **Water impermeable gowns**
- Are there enough gowns and are they stocked in the appropriate areas?
- Are staff knowledgeable of when and how they should use impermeable gowns?
- Are the gowns properly cleaned/disposed of?
- *Gowns should be used to protect uncovered skin, and to prevent soiling of clothing during procedures and patient care activities likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.*
13) Sinks
• Number of sinks present in area
• Sink for each patient room
• Sinks clean and well maintained
• Sink present in clean room
• “Clean” and “Dirty” sink identified
• Antiseptic soap or alcohol hand rub available
• Towels available

14) Suitable Personal Protective Equipment:
• Non-sterile gloves, non-latex
• Sterile gloves, non-latex
• Surgical masks
• N95 respirators supplied
• N95 respirators in adequate amounts
• N95 respirator training on fit checking and/or fit testing
• Protective eyewear
• Water impermeable gowns
• Isolation gowns or aprons
• Booties
• Boots
• Hats
South African public sector strike 'endangering lives'

Army deployed to hospitals as striking workers are accused of blocking entrances, assaulting colleagues and disrupting surgery

David Smith in Johannesburg

guardian.co.uk, Monday 23 August 2010 18.02 BST

Article history

Soldiers attend to a patient at the Chris Hani Baragwanath hospital in Soweto.
Necessity as the mother of invention –
How we developed the Workplace Audit Training
ED TRIAGE AREA

a) Floors slip-proof
   - Are the floors slippery, oily or wet?

b) Floors, walls, doors, windows, shelves and ceilings, clean and intact
   - Is there any loose material, debris, worn carpeting?
   - Are all tiles (carpet, linoleum, ceramic) securely fixed to the floor and undamaged?

c) Floors and doors clear of obstructions
   - Is anything blocking hallways and doors?
MEDICATION ROOM

e) Medication rooms
- Are medications locked up securely?
- Are medications clearly labelled with the patient's name?
- Are medications stored in their proper place?

i) Work areas (e.g. lab benches, maintenance rooms)
- Are work surfaces free of clutter?
- Is there enough space to perform the task required?

a) All chemical containers labelled
- Are all containers clearly labelled with the name of the product, the supplier, the level of risk, precautionary measure and first aid protocol?
- Are spill procedures posted if applicable?
# PART 1: PHYSICAL ENVIRONMENT

## 100 Floors, Walls, Doors, Windows, Shelves and Ceilings

### Examples:

(S) Floors, walls, doors, windows, shelves and ceilings are clean with no evidence of dirt or mould; and shelves are sturdy.

(Hazard) Mould is growing on surfaces; cords are scattered across the floor; and doors are blocked by boxes.

(M) There are railings along each set of stairs and ramps for the disabled in all areas.

### Conditions:

1. **Floors slip-proof**
   - Are the floors slippery, oily or wet?

2. **Floors, walls, doors, windows, shelves and ceilings, clean and intact**
   - Is there any loose material, debris, worn carpeting?
   - Are all tiles (carpet, linoleum, ceramic) securely fixed to the floor and undamaged?

3. **Floors and doors clear of obstructions**
   - Is anything blocking hallways and doors?

4. **Good drainage for spills**
   - Are there drainage grilles or vents present and do they appear to be maintained?

5. **Changes in floor levels clearly marked**
   - Is the floor an even surface with no cracks or holes?
# Record Hazards

## Workplace Assessment Worksheet

### Part 1: Physical Working Environment

<table>
<thead>
<tr>
<th>ITEM</th>
<th>CODE</th>
<th>Detailed Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>100A</td>
<td>Spill on floor not cleaned up.</td>
</tr>
<tr>
<td></td>
<td>100B</td>
<td>Missing floor tile needs repair.</td>
</tr>
<tr>
<td></td>
<td>100C</td>
<td>Wheelchair obstructing the ambulance entrance.</td>
</tr>
<tr>
<td>101</td>
<td></td>
<td>Lighting/Electrical</td>
</tr>
<tr>
<td>102</td>
<td></td>
<td>Ventilation/Air Exchange</td>
</tr>
<tr>
<td>103</td>
<td></td>
<td>Emergency exits and fire protection</td>
</tr>
<tr>
<td>104</td>
<td></td>
<td>Clean and orderly appearance, enough room to work</td>
</tr>
<tr>
<td>105</td>
<td></td>
<td>Signage present and instructions clear</td>
</tr>
</tbody>
</table>

**Code:** S=Satisfactory OR Item Code Number(s) (i.e. 303a and 305g) if there is a concern or a hazard has been identified.
### How dangerous is the hazard?

<table>
<thead>
<tr>
<th>CONSEQUENCES</th>
<th>Very likely could happen anytime</th>
<th>Likely Could happen sometime</th>
<th>Unlikely Could happen but very rarely</th>
<th>Very Unlikely Could happen but probably never will</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kill or cause permanent disability or ill health</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Long term illness or serious injury</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Medical attention and several days off work</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>First aid needed</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

*The number shows you how important it is to do something: 1 top priority - do something immediately, 6 low priority - do something when possible.*
Joint Occupational Health & Safety Committee
Resource Tool

Module 1  Basic occupational health concepts
Module 2  Roles and responsibilities of the committee
Module 3  Conducting an incident investigation
Module 4  Conducting a workplace assessment
Module 5  Formulating and implementing prevention measures

Origin of the Field Guide --
http://www.ghrpinnovation.com/johsc/
Origin of our South African Collaboration:

University of British Columbia

WHO Collaborating Centres in Occupational Health

Occupational Health and Safety Agency for Healthcare

National Institute of Occupational Health

SA Department of Health
Choice of Pelonomi Hospital as pilot site

1. Functional health and safety committees
2. Strong occupational health department
3. Electronic occupational health information system already in use
4. Provincial and academic support
5. Managerial support
6. Positive climate for change
Introducing OHASIS
4. OVERVIEW OF OHASIS
### Contact Information of Person Affected/Involved

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSAL Number</td>
<td></td>
<td>Facility</td>
<td>Select facility...</td>
</tr>
<tr>
<td>First Name</td>
<td></td>
<td>Department</td>
<td>Select department...</td>
</tr>
<tr>
<td>Initial</td>
<td>*</td>
<td>Ward</td>
<td>Select ward...</td>
</tr>
<tr>
<td>Surname</td>
<td>*</td>
<td>Occupation</td>
<td>Select occupation...</td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
<td>Work Status</td>
<td>Select status...</td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisor</td>
<td>*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Incident – Activity

### Incident Cause - Activity

- **Cleaning**
  - Routine Cleaning
  - Bio-Hazard Spill
  - Chemical Spill

- **Material Handling**
  - Lift / Lower
  - Push / Pull
  - Carry

- **Office work**
  - Computer Work
  - General Office Work
  - Chemical Spill

- **Motor Vehicle Accident**
  - Pedestrian
  - Driver
  - Passenger

- **Maintenance**
  - Electrical
  - Plumbing
  - General

- **Sharps Handling**
  - Using Sharp/Needle
  - Re-Capping Needle
  - Sharps Disposal

- **Lab work**
  - Sample Handling
  - Pathogen Culture
  - Cleaning Lab Equipment

- **Operation of Equipment**
  - Machine Operation
  - Driving Machinery

- **Patient Handling**
  - Lifting
  - Transferring
  - Dressing / Changing
  - Washing / Bathing
  - Other

- **Non Specific**
  - Walking / Running
  - Bending
  - Reaching
  - Other

### Incident ID: New
- **Status:** Incomplete
Incident – Contributory Factors

Incident Cause - Contributory Factors - I

Environment
- Temperature
- Workplace Layout/Design
- Limited Workspace
- Floor Slippery
- Excessive Noise
- Renovation/Construction
- Ventilation Inadequate
- Lighting
- Transfering
- Improper Storage of Materials
- Other

Organization / Administration
- Working Alone
- Shift Work
- Lack of Training
- Lack of PPE
- Lack of Policy Enforcement/Lack of Supervision
- Other

Worker
- Inadequate Training
- Time Constraints
- Language Barrier
- Inexperienced
- Fatigued
- Other
- Distracted
- Sick / Medicated
- Pre-existing Injury
- Substance Abuse
- Unable to follow instructions

Equipment / Device
- Poor Design
- Malfunctioning
- Improper Use
- Rushing
- Other
Module 2 - Workplace Inspection
Field Guide and OHASIS Sections

Physical Environment
Specific Occupational Health Practices
Specific Infection Control Practices
Equipment and Procedures
Ergonomics

WORKPLACE ASSESSMENT
FIELD GUIDE FOR HEALTHCARE
Module 3: Workforce Health

- Incident Reporting and Investigation
- Workforce Health
- Workplace Assessments
- Health and Safety Committee
- Infection Control
- OHASIS Analytics

Find an Employee

Reports

Bulk Add Course

Bulk Add Vaccination
Occupational History/Hazards

Current Employee: DIANA ROSE-MARIE ABRAHAMS

Exam Information

Date of Exam: 9/29/2010

Medical Practitioner Name:

Medical Practitioner Email:

Medical Practitioner Telephone:
### Medical History - Part I

<table>
<thead>
<tr>
<th>Condition</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual defects / eye conditions</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Hearing defects / ear conditions</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Recurrent headaches, migraines</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Eczema, dermatitis, or other skin condition(s)</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Severe anxiety, depression, or other psychiatric disorder(s)</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Paralysis or other neurological disorder</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Fainting attacks, blackouts, epilepsy or fits</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Vertigo, giddiness or tinnitus</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Asthma, bronchitis, TB or other chest disease(s)</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Have you had a chest X-Ray in the past 12 months? If so, state the location, date and results.</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>
Vaccinations – some useful information to note

Vaccinations can be “bulk entered” so that if there is a special “vaccine clinic” – a list can be made of the employee numbers and their files automatically updated without individually entering all the information in each person’s file.

Same for Education and Training

We are working with ICOH, WHO, PAHO, NIOH and US NIOSH/CDC to develop standardized fields for all hospitals to use – to be able to compare internationally.
## HIV Module

<table>
<thead>
<tr>
<th>Current Status</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>04/10/2010</td>
</tr>
<tr>
<td>Positive</td>
<td>01/10/2010</td>
</tr>
<tr>
<td>450 count</td>
<td>02/10/2010</td>
</tr>
<tr>
<td>500 copies/mL</td>
<td>02/10/2010</td>
</tr>
<tr>
<td>Prophylaxis: Co-INH</td>
<td>04/10/2010</td>
</tr>
</tbody>
</table>

**Other Status**

- Hepatitis B: **Negative**
- Pregnancy: **No**
- Partner Status: **Negative**
TB Module

Current Employee: [Name]
PERSAL Number: [PERSAL]

Tuberculosis

TB Status:
Current: Active / Re-Infected
Location: TB Pulmonary
Type: Normal

Symptoms
Coughing: 2 Weeks
Night Sweats: 1 Week
Hemoptysis: 1 Week
Fever: 1 Week
Weight Loss: 3 Weeks

Contact History
Work Related: Patient contact in...
Outside of Work: None

Smear: AFB+
Culture: Positive
Sensitivities: Cycloserine
Resistance: Kanamycin

Treatment
Treatment/Drug: Rifampin

LTBI Test
Last Test Date: 01/10/2010
Test Type: Quantiferon
Value: 8889
Result: Positive
INH: Accepted
Active TB: Yes
Follow-up Date: 01/11/2010
### Incident Exposure by Occupation

**Report date:** 14/04/2009  
**From:** 14/04/2008  
**To:** -

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Biological Exposure</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Needle Stick</td>
<td>Other Sharps</td>
</tr>
<tr>
<td>Administration</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Administration-Management</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Allied</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nursing Assistant</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Physician</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>RN/professional nurse</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Support Services</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Technical Support</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
## Incident Activity by Department

**OHASIS Data Report: Workplace Incident Exposure By Department**

<table>
<thead>
<tr>
<th>REPORTING RANGE:</th>
<th>From: 01/01/09 To: 12/31/09</th>
</tr>
</thead>
<tbody>
<tr>
<td>REPORT GENERATED ON:</td>
<td>2/5/2010</td>
</tr>
<tr>
<td>FACILITY:</td>
<td>Pelonomi Hospital</td>
</tr>
</tbody>
</table>

### INCIDENT EXPOSURE

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>Chemical</th>
<th>Biological</th>
<th>Physical</th>
<th>Ergonomic</th>
<th>Other</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admin Services &amp; Operations</td>
<td>5</td>
<td>0.11</td>
<td>3</td>
<td>0.07</td>
<td>25</td>
<td>0.13</td>
</tr>
<tr>
<td>Allied Health Professional Services</td>
<td>4</td>
<td>0.09</td>
<td>1</td>
<td>0.02</td>
<td>6</td>
<td>0.14</td>
</tr>
<tr>
<td>Communication &amp; Marketing</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.02</td>
<td>8</td>
<td>0.67</td>
</tr>
<tr>
<td>Employee Relations &amp; Transformation</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2.03</td>
<td>11</td>
<td>0.16</td>
</tr>
<tr>
<td>Finance &amp; Provisioning Admin</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.01</td>
<td>18</td>
<td>0.19</td>
</tr>
<tr>
<td>Financial Advisory Services</td>
<td>1</td>
<td>0.03</td>
<td>0</td>
<td>0.05</td>
<td>9</td>
<td>0.24</td>
</tr>
<tr>
<td>Nursing Management</td>
<td>10</td>
<td>0.01</td>
<td>26</td>
<td>0.03</td>
<td>15</td>
<td>0.02</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>20</strong></td>
<td><strong>27</strong></td>
<td><strong>17</strong></td>
<td><strong>92</strong></td>
<td><strong>14</strong></td>
<td><strong>170</strong></td>
</tr>
</tbody>
</table>

### Percentage of Incidents By Department

- Admin Services & Operations: 37%
- Allied Health Professional Services: 23%
- Communication & Marketing: 12%
- Employee Relations & Transformation: 8%
- Finance & Provisioning Admin: 7%
- Financial Advisory Services: 6%
- Nursing Management: 5%
- Other: 8%
## Recommended Prevention Measures

**Reporting Range:** From 01/01/09 To 12/31/09  
**Report Generated On:** 02/05/2010  
**Facility:** Pelonomi Hospital

<table>
<thead>
<tr>
<th>Location</th>
<th>Measure Type</th>
<th>Description</th>
<th>Status</th>
<th>Due Date</th>
<th>Responsible Person(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communications &amp; Marketing</td>
<td>Education/Training</td>
<td>Create posters and educational material for...</td>
<td>Completed</td>
<td>8/23/09</td>
<td>Albert Charleston</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Environment</td>
<td>Organize the storage facility...</td>
<td>Completed</td>
<td>3/22/09</td>
<td>Albert Charleston</td>
</tr>
<tr>
<td>Technical Support Services</td>
<td>Education/Training</td>
<td>Create a pamphlet and to educate technical person...</td>
<td>Completed</td>
<td>12/1/09</td>
<td>Albert Charleston</td>
</tr>
<tr>
<td>Technical Support Services</td>
<td>New Equipment</td>
<td>Organize a heavy lifting equipment for storage...</td>
<td>Completed</td>
<td>3/22/09</td>
<td>Albert Charleston</td>
</tr>
<tr>
<td>Finance &amp; Provisioning</td>
<td>Policy/Procedure</td>
<td>Implement a new policy for coordinating...</td>
<td>Completed</td>
<td>4/24/09</td>
<td>Charlotte Caribento</td>
</tr>
<tr>
<td>Administration</td>
<td>Policy/Procedure</td>
<td>Establish a facility wide safe...</td>
<td>In Progress</td>
<td>7/23/09</td>
<td>Deborah Johnston</td>
</tr>
<tr>
<td>Nursing Management</td>
<td>Policy/Procedure</td>
<td>Request an ergonomic assessment...</td>
<td>In Progress</td>
<td>10/29/09</td>
<td>Deborah Johnston</td>
</tr>
<tr>
<td>Nursing Management</td>
<td>Environment</td>
<td>Request an ergonomic assessment...</td>
<td>Completed</td>
<td>10/30/09</td>
<td>Hubert Fulton</td>
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<tr>
<td>Nursing Management</td>
<td>Repair</td>
<td>Repair electrical outlet unit...</td>
<td>Completed</td>
<td>2/3/09</td>
<td>James Delaney</td>
</tr>
<tr>
<td>Patient Care Units</td>
<td>Repair</td>
<td>Arrange for repair of floor...</td>
<td>Incomplete</td>
<td>9/15/09</td>
<td>James Delaney</td>
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<tr>
<td>Finance &amp; Provisioning</td>
<td>Repair</td>
<td>Repair the light fixture above the sink in the...</td>
<td>Completed</td>
<td>9/28/09</td>
<td>James Delaney</td>
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<tr>
<td>Technical Support Services</td>
<td>Repair</td>
<td>Fix the leak in the sink in the patient...</td>
<td>Completed</td>
<td>11/6/09</td>
<td>James Delaney</td>
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<tr>
<td>Pharmacy</td>
<td>New Equipment</td>
<td>Purchase new bookshelf...</td>
<td>Completed</td>
<td>5/13/09</td>
<td>James Delaney</td>
</tr>
<tr>
<td>Finance &amp; Provisioning</td>
<td>Policy/Procedure</td>
<td>Implement a new procedure for handling glasses...</td>
<td>Incomplete</td>
<td>12/31/09</td>
<td>Peter Beaumont</td>
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<tr>
<td>Administration</td>
<td>New Equipment</td>
<td>Purchase surgical gloves for handling...</td>
<td>Completed</td>
<td>2/26/09</td>
<td>Peter Beaumont</td>
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<tr>
<td>Patient Care Units</td>
<td>New Equipment</td>
<td>Purchase N95 Respirators for...</td>
<td>In Progress</td>
<td>4/29/09</td>
<td>Sarah Hanson</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>New Equipment</td>
<td>Purchase additional glass...</td>
<td>In Progress</td>
<td>1/17/09</td>
<td>Sarah Hanson</td>
</tr>
<tr>
<td>Patient Care Units</td>
<td>New Equipment</td>
<td>Purchase additional suture...</td>
<td>In Progress</td>
<td>6/2/09</td>
<td>Sarah Hanson</td>
</tr>
</tbody>
</table>
IV. Concluding remarks:

We can benefit by developing and sharing resources with low-and middle-income countries (LMICs)
...and actually:
**BC has fewer OHS personnel resources than LMICs!**

Promoting health and safety for healthcare workers will benefit all!
V. Let's discuss the way forward!
Acknowledgements

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