



ANNUAL HEALTH AND SAFETY REPORT

APRIL 1, 2015 to MARCH 31, 2016

Prepared by: Candy Sarraf, management co-chair JOHSC

Brain Injury Services

Occupational Health and Safety Report

The agency operates with two Joint Occupational Health and Safety Committees (JOHSC). Both committees report to the chief executive officer.

Brain Injury Services was approved for a Multisite JOHSC on October 20, 2010.

Brain Injury Services operates its health and safety programs to reflect the best practices outlined by the Workplace Safety Insurance Board, the Public Services Health and Safety Association (PSHSA), Public Health Ontario, Workers Health and Safety Centre, Infection and Control Canada (IPAC), Ontario Fire Code, and the Occupational Health and Safety Act to name a few.

The agency subscribes to the following magazines: Safe Angle, Safety Compliance Insider, Safety Smart, and Safe Supervisor for practical, proven tips, ideas and techniques for managing a safer workplace.

The agency is a member and involved in the following external committees:

- Infection Prevention and Control Long Term Infection Control Committee in Hamilton (IPAC LTC ICC)
- Infection Prevention and Control Canada, Central South Ontario (IPAC CSO)
- Community Heat Response and Cold Response Committee
- IPAC Canada - Community Healthcare Interest Group
- Niagara Emergency Preparedness Committee

The committee membership is as follows as of March 31, 2016:

JOHSC for Hamilton	
Candy Sarraf Linda Sacco	Co-Chair, Certified Employer Co-Chair, Certified Employee
Nadine Saliccioli Jennifer Hendry Al Hagen Stephen Ewing David Porter Lorraine Shea Whitney Emerson Dan Corbett Laurie Keefe Kandace Holland	Certified Employer Certified Employee Certified Employee Certified Employee Certified Employee Certified Employee Certified Employee Certified Employee Employer Employee

The Hamilton committee met in April, July, October of 2015, and January 2016.

JOHSC for Niagara	
Candy Sarraf Sarah Ferguson	Co-Chair, Certified Employer Co-Chair, Certified Employee
Lorinda Boudeau Janet Copeland Liz Frank Laurie Keefe	Certified Employee Certified Employee Certified Employee Employer

The Niagara committee met in April, July, and October of 2015 and January 2016.

The JOHSCs identified goals to promote client and staff safety through enhanced safety practices and developed indicators for the committee to monitor (refer to last page).

The JOHSCs have achieved several accomplishments:

- Revising Emergency Response binder and Infection Prevention and Control (IPAC) binder
- Introducing new monthly audits including: MSD compliance, pre use equipment inspections, post use equipment cleaning, hand hygiene compliance in the community, hand jewelry
- Participating in Prospective Risk Analysis (Attending an outdoor festival at a park with a client that is wheelchair bound)
- Certification on new changes to Workplace Hazardous Material Information System (WHMIS) legislation
- Incorporating more education based conversations at service meetings
- Training staff at service meetings on health and safety roles and responsibilities
- Recommending policy changes
- Completing surprise code evacuations and response drills
- Implementing generator equipment guidelines for inspections and use
- Revising Evacuation and Emergency Response Report
- Reviewing and participating in all health and safety investigation reports
- Making recommendations to management based on incident /accident report findings
- Certification on Safe Food Handling
- Completing a mapping process for equipment maintenance
- Revising Equipment Maintenance forms and process
- Introducing equipment maintenance plan and indicators
- Creating mandatory an on-line van training as well as classroom training/ observation testing on-site
- Introducing client hand hygiene compliance

- Revising Employee Hazard, Incident Accident report
- Completing Workstation Ergonomics training

External Consultation and Resources:

Fire Department:

Due to the new designations with Care Occupancy under the Fire Code, all of the agency residential programs, with the exception of Elmhurst Place, have now been identified as Care Occupancy facilities requiring additional changes to the physical environment, annual evacuations observed by the fire department, submission of revised fire safety plans, and monthly evacuations to name a few. Fire inspectors completed annual inspections of the sixhomes with the following written orders:

- Kenny House – files be re-located from under the stairs or a proper separation shall be installed that provides a fire-resistance rating not less than 45 minutes. This order was completed by March 2016.
- Campden Heights – exit facilities from the rear of the building shall be constructed and maintained to ensure safe and unimpeded passage to a place of open public through fare. This order must be completed by October 2016.
- John Reesor Centre- install a fire alarm monitoring system, removing shoes and items from second floor exit staircase, replace door hardware on two exit doors, repair two ceiling areas in basement (basement lounge and furnace area), maintain fire alarm system certificate on site, maintain records of emergency lighting unit system, install an automatic sprinkler system throughout entire building and provide monitoring. This order was completed by March 2016 with the exception of the installation of the sprinkler system which will be completed by July 2016.
- Ravenda Place- no orders issued
- Cathy Wever Place – no orders issued
- Elmhurst (not designated as Care Occupancy but still required an annual review to determine category)– no orders issued

The agency continues to work with the fire department to ensure all fire code requirements are met.

All residential supervisors completed the “Fire Safety Planning: Training for Supervisory Staff” certificate. The management, joint occupational health and safety committee member completed the above certificate as well as the “Owners/Operators of Care, and Care and Treatment Occupancies in Ontario” certificate.

Community Heat Response and Cold Response Committee:

The agency engages in the Community Heat Response and Cold Response plan regarding heat and cold advisories provided through Public Health Services. The

agency receives information and heat/cold advisory alerts; this information is forwarded to staff and clients via email/memo/fax. Safe activities and location suggestions are provided to community clients, and residential programs modify their daily community activities upon notification of a heat/cold alert.

Results of Biannual Agency Health and Safety Audits:

Two audits of all agency locations are completed annually (May and November) to ensure that services comply with health and safety requirements and standards and that staff are aware of their responsibilities relating to health and safety. These agency audits were completed by the management co-chair of the JOHSC and the chief executive officer.

November 2015 Results:

November's health and safety audit winners were:

Highest Overall Score (Tie):	Cathy Wever Place Main Office
Highest Knowledge Score:	Transitional Living Service

Some common areas of improvement/recommendations included:

Health and safety related:

- Missing bed bug covers on mattresses and box springs across programs
- Removing rugs in client's bedrooms (slip/trip hazard)
- Missing information on Health and Safety board (such as Workplace Violence Prevention policies)

Program related:

- Removing unnecessary posted signage
- Updating reading material and programming schedules

May 2015 Results:

May's health and safety audit winners were:

Highest Overall Score:	Kenny House
Most Knowledge on H/S (Tie):	Kenny House Main Office
Most Client Participation	Cathy Wever Place (CWP)

The common areas of improvement/recommendations were similar to those noted in November and included:

Health and safety related:

- Missing yellow Listerine bottle in main first aid box

- Missing bed bug covers on mattresses and box springs across programs
- Inconsistent location of yellow aprons in washrooms or laundry rooms
- Removing rugs in client's bedrooms (slip/trip hazard)
- Missing information on Health and Safety board (to include emergency numbers and mental health)

Program related:

- Removing unapproved posters/signage

Health and Safety Renovations/Improvements

Every year Brain Injury Services completes several renovations based on monthly inspections and biannual audits.

Throughout the year, the residences undergo general repairs and maintenance such as patching and painting walls. The following changes and improvements were completed in the fiscal year 2015 to 2016:

Elmhurst Place

- Purchasing new dryer
- Replacing fire alarms
- Purchasing automatic door closures for kitchen
- Repairing fence, railings and toilets

CWP

- Purchasing new DVR cameras
- Purchasing new kitchen tables
- Purchasing new dryer

Campden Heights (CH)

- Repairing cistern
- Replacing fire extinguishers
- Replacing dishwasher

TLS

- Replacing laminate flooring in some of the apartments
- Replacing all stove burners
- Renovating all balconies
- Painting hallway, replaced flooring and replaced signage

Kenny House

- Purchasing new van
- Replacing kitchen countertops
- Replacing washroom tiles

- Renovating washroom draining system
- Installing a back walk way to parking lot
- Replacing motors in HVAC system

Ravenda Place

- Renovating washroom due to water leaks
- Replacing water heater tank and motors on HVAC system

John Reesor Centre

- Upgrading fire morning system
- Purchasing washer and dryer
- Purchasing family room furniture
- Renovating ongoing water leakage in bathroom
- Converting bath tubs into accessible shower stalls
- Upgrading boiler room
- Purchasing new microwave and refrigerator
- Relocating and renovating the medication room

Main Office

- Installed back splash in kitchen area

Regular ongoing services at residential programs:

- Snow Removal
- Grass Maintenance
- Water Maintenance
- Elevator Repairs
- Waste Removal
- Lawn Sprinkler Maintenance
- Fire Alarm/Monitoring Inspections
- Dryer vents cleaning
- Water cooler maintenance
- Generator maintenance
- Van maintenance

Health and Safety Week May 2015:

The theme for the week was once again “Make Safety a Habit” The focus was on identifying hazards in the workplace. The week was open to staff and clients. Events scheduled throughout the week included:

For Staff:

- “Hazard Identification in Your workplace” presentation and contest

For Clients:

- Hazard Identification in Your Home” presentation and contest

Mandatory Training Sessions

In-house training regarding health and safety topics include:

- WHMIS and Health and Safety
- Client Handling: Transfer and Lift
- Infection Prevention and Control
- Safe Medication Practices
- First Aid/ CPR
- Safe Management
- Respiratory Program and Fitting
- Office Ergonomics
- Van Training

Additional Training

The following additional health and safety training and presentations were offered to staff and clients throughout the year:

Staff

- Flu Vaccination
- Cellulitis
- Wound Care for ABI clients
- Personal Care
- Seizures
- VRE
- MRSA
- Smart Meds Pharmacy training

Clients and families

- Flu Vaccination
- Hand Hygiene
- Safety in the Kitchen
- Snow safety and shoveling
- Fire and related hazards in your home

- Stress- what it looks like, how to reduce it
- Hydration
- Healthy Heart
- Identifying hazards in your home
- Slips and hazards in the community

Clients were provided with monthly health and safety tips on the group services' calendar.

Medication Audits

Medication audits are completed annually in November by the resource nurses to ensure all agency locations comply with the medication safety, security and storage requirements. Overall the agency achieved an average score of 84% which is a decrease from last year's 93%. The decrease in score could be due to increased expectations on the audit. TLS was the residence achieving the highest score.

Some areas which required improvement included:

- Consistency with supervisors completing medication administration duties on a monthly basis
- Accurate completion of Medication Release and Return forms
- Accurate documentation on Client Record Management System (CRMS) related to client health
- Accurate documentation on Emergency and Hospitalization Orb on CRMS
- Accurate documentation on Appointment Summary Note
- Accurate PRN charting
- Providing biohazardous containers for each client's sharps

Areas that staff exceeded included:

- Successful hand washing
- Organization and cleanliness of medication room

During this reporting period, the following was introduced or revised:

- Monthly Medication Audit: revising form to include detailed sections, updated language and names to reflect CRMS changes
- Medication Storage: ensuring medication storage is double locked and medication room doors are automatic locking
- Posting list of High Alert Medication
- Medication Annual System Audit: revising form to include new practices

- Monthly Medication Audit: supervisor accountability for completing outstanding items
- Revising medication related forms
- Revising Health Care Support Plans
- Pharmacy: revising Mars to include client identification number, adding second signature on standard MAR template
- Identifying on daily activity schedule the client of the client's location for medication administration
- Introducing double signatures on all high alert medications

Infection Prevention and Control (IPAC)

Infection Prevention and Control Committee

During this fiscal year an IPAC sub-committee was formed to ensure the organization identifies and tracks infection rates; analyzes the information to identify clusters, outbreaks and trends; and shares information throughout the organization.

The IPAC sub-committee completed the following:

- Reviewing infections/communicable diseases reported by the agency
- Revising IPAC manual
- Reviewing and updating PPE pandemic inventory
- Revising program practices
- One committee member enrolled in the Public Health Ontario's Non-Acute Care Infection Control Professional (NAC ICP) training in program
- Revising the IPAC training for new hires

The agency participated in Infection Prevention and Control week during which education, games and activities were scheduled for both staff and clients. The theme for the week was "Infection and Prevention: Think Globally Act Locally". Events scheduled throughout the week included:

For Staff:

- IPAC lunch and learn
- Daily Information sheets on IPAC with daily contests
- Influenza Vaccination Clinic

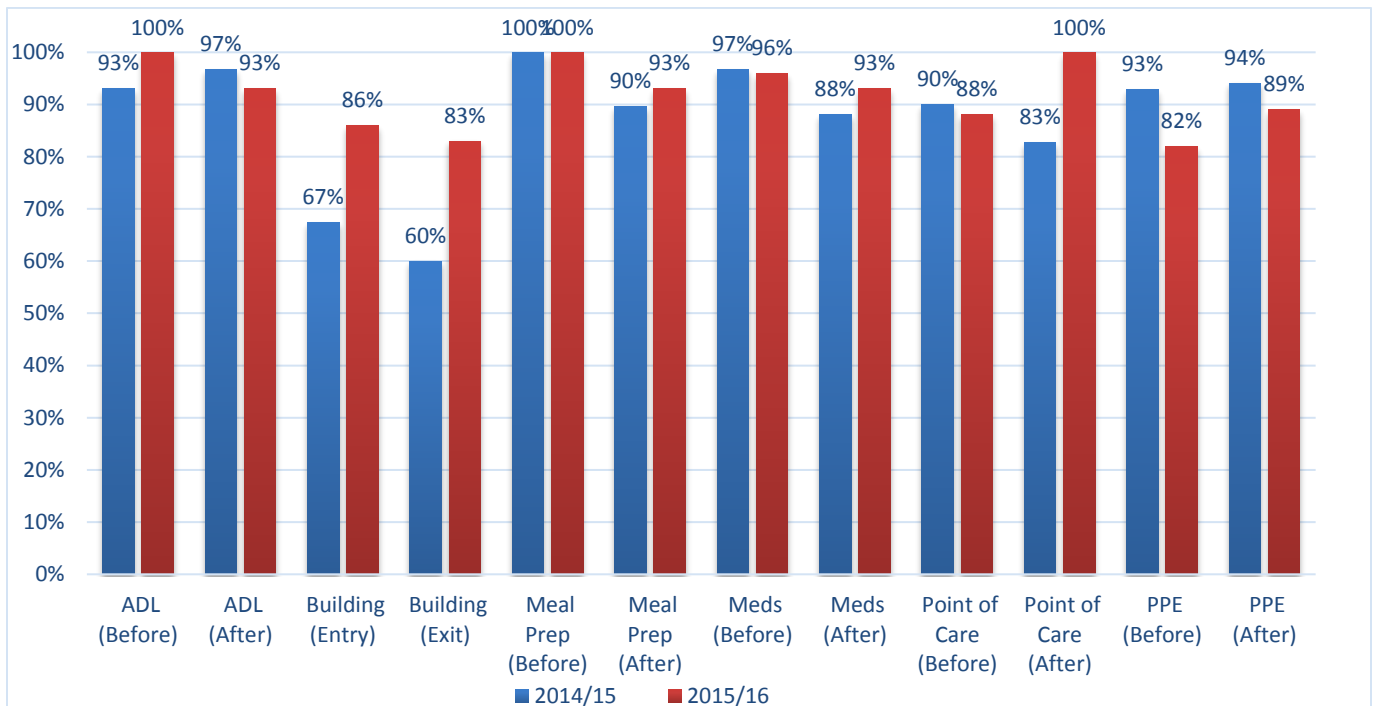
For Clients/Families:

- Hand hygiene demonstration, lunch and games
- Presentation on the flu vaccine
- Hep C

Compliance Audits

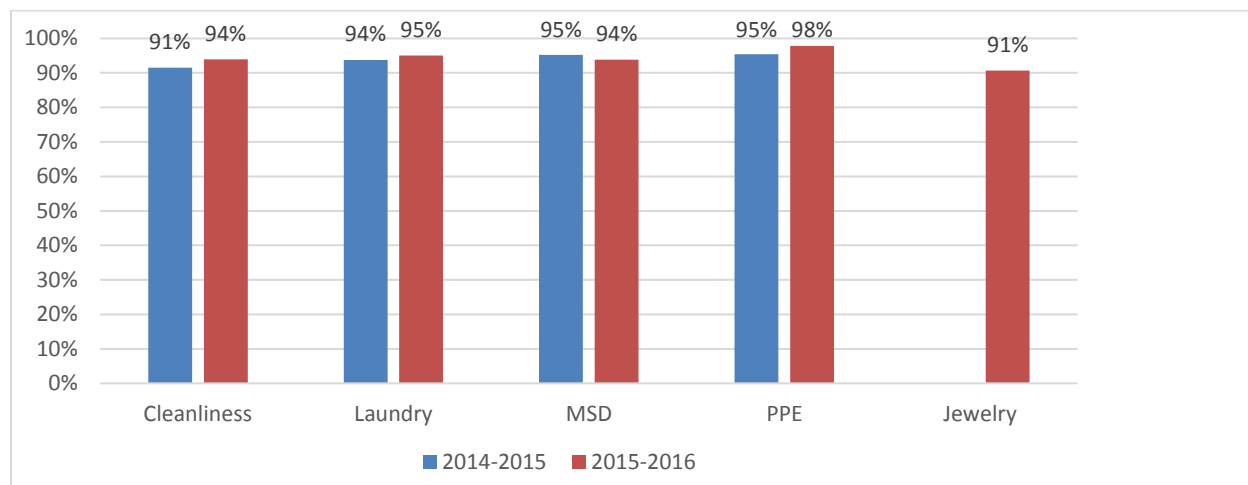
On a monthly basis, supervisors at each location completed hand hygiene audits. The following chart summarizes the results.

Hand Hygiene Compliance



As noted in the chart above staff showed greater success this fiscal year at several points throughout the day requiring proper hand hygiene; however there was a minor decline in the areas of ADL (after), and PPE (before and after). The committee will be focusing on activities and review at staff meetings to emphasize the importance of hand hygiene especially in the areas with a noted decline. The committee also introduced a new hand hygiene compliance audit for clients.

Compliance Audits



Additional monthly compliance audits were completed by the supervisors to address compliance with hand jewelry and MSDs. There has been a slight increase over this past year in all areas; however, the JOHSC determined that this should improve and the audits will continue. Further activities will be reported throughout the year to encourage compliance.

Prospective Risk Analysis

A core team completed a prospective risk analysis after both the JOHSC and management team identified client and staff risk when one staff takes a client, who requires a wheelchair, on an outing to a festival at a main park. The risk analysis document outlines a variety of steps in identifying potential risk and solutions.

The prospective analysis involved:

- Conducting a thorough task analysis of the activity
- Evaluating the risk of each step in the task analysis based on the frequency with which an error could occur and the severity of the error
- Developing plans to deal with the risk

Several policies, procedures and training were in place to address the above; however, after completing this process the committee identified actions to be completed. They included:

- Creating an "Outing Prep" checklist for staff to refer to prior to leaving for an outing.
- Creating an "Outing Prep (for CF planning)" checklist for case facilitators to refer to when planning/scheduling an outing for clients.
- Ensuring clients have a laminated identification card for outings.

- Reviewing client handling training to include more scenarios as well as addressing equipment.
- Arranging for external occupational or physio therapist training on wheelchair use and body mechanics
- Reviewing risk analysis for learning opportunity and problem solving at staff meetings.

All identified actions were completed by January 2016.

Health and Safety Goals

Identified goals and results for 2015-2016.

Goals	Score
• Less than 1.5% of staff experience lost time	1.4%
• Achieve 90% on hand hygiene compliance	93%
• A minimum of one “Code Red” completed monthly at each service	75%
• Achieve 90% compliance of staff wearing proper PPE while completing Soiled laundry	83%
• Achieve 95% cleanliness to environment	93%
• Achieve 95% compliance with MSD practices	95%
• Achieve 95% PPE at point of care	97%
• No more than five falls/slips resulting in injury	3
• Four additional codes drills completed at each site	75%

During the 2016-17 fiscal year, the efforts of the Hamilton and Niagara JOHSCs will be directed to the achievement of promoting client and staff safety through enhanced policies and safety practices. Since some of the previous goals were not achieved the committee decided to continue with the same goals with the addition of equipment maintenance, hand jewelry, and client compliance with hand hygiene. The following goals have been identified for the fiscal:

- Less than 1.5% of staff experience a lost time injury
- 90% compliance with on hand hygiene
- A minimum of one “Code Red” evacuation completed monthly at each service
- 90% compliance of staff wearing proper PPE while completing soiled laundry
- 95% cleanliness of the environment
- 95% compliance with safe MSD practices
- 95% PPE use at point of care
- No more than four falls/slips resulting in injury

- One emergency code at each site completed quarterly
- 85% of clients' tagged out equipment repaired/replaced within 3 business days.
- 85% of agency tagged out equipment is repaired/replaced within 3 business days
- 85% of agency equipment is maintained/certified according to schedule
- 90% client hand hygiene compliance
- 100% staff hand jewelry compliance