



# ANNUAL HEALTH AND SAFETY REPORT

APRIL 1, 2016 to MARCH 31, 2017

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## **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

Both the Hamilton and Niagara committee held meetings in April, July, October of 2016, and January 2017.

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

The JOHSCs have achieved several accomplishments:

- Revising monthly audits including: client hand hygiene compliance and client participation in monthly health and safety bedroom inspections
- Participating in Prospective Risk Analysis (Staff visiting a client in their home for the first time)
- Revising Emergency Response binder and Infection Prevention and Control (IPAC) binder
- Safe Food Handling Certification for committee members
- Recommending policy changes
- Revising health and safety related forms

## **External Consultation and Resources:**

### **Fire Department:**

Under the fire Code and Care Occupancy designation, all of the agency residential programs, with the exception of Elmhurst Place, require 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 five homes with the following written orders:

- Kenny House – no orders issued
- Campden Heights – replacing smoke detectors as well as one fire extinguisher located in one of the vans and exit facilities from 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 July 2017.
- John Reesor Centre- install an automatic sprinkler system throughout entire building and provide monitoring. This order was completed by July 2016.
- Ravenda Place- no orders issued
- Cathy Wever Place – no orders issued

### **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.

### **Health and Safety Week May 2016:**

The theme for the week was once again “Make Safety a Habit” The focus was on food safety and good cleaning habits. The week was open to staff and clients. Events scheduled throughout the week included two safety food handling sessions for staff and clients, site audits, and health and safety training for new employee. There was a staff contest regarding hand hygiene.

### **Additional Training:**

There was additional health and safety training and presentations offered to staff and clients throughout the year. Training to either staff or clients included safety in kitchen, flu vaccination, diabetes, smoking cessation, seizure, wound and skin care, sexual

health, high alert medications and on different illness identified by staff. Clients were provided with monthly health and safety tips on the group services' calendar.

## **Medication Management Committee**

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 88% which is an increase from last year's 84%.

During this reporting period, the committee accomplished:

- Revising Monthly Medication Audit and medication related forms
- Colour coding High Alert Medication and allergies on MARs
- Reducing paper documentation
- Implementing final phases of Smart Link
- Revising process for second signatures on specific medication as well as for second medication person duties

## **Infection Prevention and Control Committee**

The IPAC sub-committee ensures 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 a risk analysis regarding the higher levels of urinary tract infections. The recommendations from the analysis were to have the resource nurses provide more individual training to identified clients, provide training to staff in identified services, create coding for "Level of Supervision" client requires for each activity of daily living and using the codes on the daily activity schedule. All these recommendations were approved and completed by March 2017.

### **IPAC Week 2016:**

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 "The Core of Infection Prevention and Control". Events scheduled throughout the week included training on personal hygiene to staff and clients, safe food handling and flu vaccination. There was a staff contest in which staff were to identify and nominate staff that were doing their part in following infection prevention and control practices.

## Prospective Risk Analysis

A core team completed a prospective risk analysis after both the JOHSC and management team identified potential client and staff risk when it comes to staff visiting a client in their home for the first time. The risk analysis document outlines a variety of steps in identifying potential risk and solutions.

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 and reviewing with staff a “First Time Home Visit Guidelines” checklist for staff to refer to prior to planning a meeting with a client in a new environment.
- Creating a “Fact Sheet” on Client Identifiers

All identified actions were completed by December 2016.

## Health and Safety Goals

Identified goals and results for 2016-2017:

Goals	Score
• Less than 1.5% of staff experience a lost time injury	2.6%
• 90% compliance with on hand hygiene	95%
• A minimum of one “Code Red” evacuation completed monthly at each service	Fail
• 90% compliance of staff wearing proper PPE while completing soiled laundry	92%
• 95% cleanliness of the environment	96%
• 95% compliance with safe MSD practices	97%
• 95% PPE use at point of care	96%
• No more than four falls/slips resulting in injury	6
• One emergency code at each site completed quarterly	Fail
• 85% of clients’ tagged out equipment repaired/replaced within 3 bus days	63%
• 85% of agency tagged out equipment is repaired/replaced within 3 bus days	64%
• 85% of agency equipment is maintained/certified according to schedule	99%
• 85% success reprocessing client equipment	97%
• 90% client hand hygiene compliance	79%
• 100% staff hand jewelry compliance	95%
• 90% of residential clients participate in H&S bedroom safety audits monthly	93%

As some of the previous goals were not achieved the committee decided to continue with the same goals; however, with higher goal percentages. Further the committee will investigate ways to improve scores and identify barriers.

The following goals have been identified for 2017-2018:

- Less than 1.5% of staff experience a lost time injury
- 95% compliance with on hand hygiene
- A minimum of one “Code Red” evacuation completed monthly at each service
- 95% compliance of staff wearing proper PPE while completing soiled laundry
- 95% cleanliness of the environment
- 100% compliance with safe MSD practices
- 100% 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 5 business days.
- 85% of agency tagged out equipment is repaired/replaced within 5 business days
- 100% of agency equipment is maintained/certified according to schedule
- 100% success reprocessing client equipment
- 95% client hand hygiene compliance
- 100% staff hand jewelry compliance
- 100% of residential clients participate in H&S bedroom safety audits monthly