BUSINESS PATHWAYS

Workplace Safety

We are committed to providing a safe and healthy workplace for all staff. A combination of measures will be used to achieve this objective, including the most effective control technologies available. Our work procedures will protect not only our workers, but also anyone who enters our workplace.

All employees must follow the procedures described to prevent or reduce risk of illness or injury. All new employees will be provided with safety training as a part of their initial job training. Policy and procedure reviews will be given annually, or with any updates to the policy.

This clinic's safety procedures are based on guidelines developed by WorkSafe BC and the BC Centre for Disease Control. Every clinic employee is expected to follow these policies and procedures, as an important part of their position at the clinic. These policies and procedures are updated regularly and their use is mandatory.

Each employee is expected to obey safety rules and exercise caution and common sense in all work activities.

Routine Practices to Prevent the Spread of Infectious Disease

The following practices should always be performed to prevent the spread of infection diseases:

- Hand-washing should occur before and after every patient contact. Wash hands with soap and warm water for 15-30 seconds. Waterless, alcohol-based hand-sanitizers are also effective, unless hands are visibly soiled. See CPSBC assessment standards for Hand Hygiene for further details
- Wear disposable, waterproof gloves when touching blood and body fluids, or when handling contaminated items. Gloves should be used in addition to hand-washing, not as a substitute.
- Wear other personal protective equipment (for example, face shields, eye protection, and gowns) if there is a risk of splashes or sprays of blood and body fluids.
- Handle contaminated equipment and linens according to safe work procedures to prevent the transfer of infectious organisms.
- Handle and dispose of sharps according to safe work procedures.

doctors of bc

- Use mouthpieces or other ventilation devices instead of mouth-to-mouth resuscitation, whenever possible.
- Appropriate sterilization and disinfection of reusable equipment and office surfaces (counters and furniture) on a routine basis.

Preventing Transmission Respiratory Infection by of Airborne or Droplet Routes

The following practices should always be performed to prevent the spread of infection by airborne or droplet routes:

- Screen patients when scheduling appointments. Whenever possible, patients suspected of carrying a transmittable respiratory infection should be booked at the end of the day.
- Quickly triage patients suspected of carrying a transmittable respiratory infection out of common waiting room areas.
- Make waterless alcohol-based hand antiseptics and disposable surgical masks available to all patients. Ask patients suspected of carrying transmittable respiratory infections to don a mask and use the hand-sanitizer immediately upon entering the clinic, and again before seeing a doctor or nurse.
- Close the door of examining rooms, limiting access to the patient by visitors and staff members.
- Patients known to be carriers of antibiotic resistant organisms should have this indicated in their medical record, and special care should be taken to prevent the spread of these organisms, including disinfecting all surfaces that have been in direct contact with the patient, immediately after a visit.
- Routine infection control practices (hand-washing, sanitizing surfaces, and using personal protective equipment) are to be used with all patients, regardless of presumed infection or diagnosis.
    - » Assessment standards for infection prevention and control - The College of Physician and Surgeons of BC
    - » Communicable Disease Control Manual - BC Centre for Disease Control

BUSINESS PATHWAYS

Waste Disposal

Biomedical waste:

Municipal and provincial laws regulate the disposal of biomedical waste. There are two categories of biomedical waste:

1. Anatomical – including tissues, organs, and body parts (not including hair, nails, and teeth)
2. Non-anatomical
    - » Human blood and blood products.
    - » Items contaminated with blood that would release liquid if compressed.
    - » Body fluids contaminated with blood, excluding urine and feces.
    - » Sharps.
    - » Broken glass or other sharp objects that would have come into contact with blood or body fluids.

Describe clinic procedures for biomedical waste disposal:

_____

_____

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Pharmaceutical waste:

Pharmaceutical waste (returned medications) is returned to pharmacies or drug company representatives.

Describe clinic procedures for pharmaceutical waste disposal:

_____

_____

_____

Confidential paper waste:

Confidential paper waste is shredded with a two-way shredder and recycled.

BUSINESS PATHWAYS

The Workplace Hazardous Materials Information System (WHMIS):

The Workplace Hazardous Materials Iinforamtion System (WHMIS) is a national hazard communication standard. It includes cautionary labeling of containers of hazardous substances, material safety data sheets (MSDS), which provide specific information about hazardous substances, and worker education programs. Employers are expected to uphold WHMIS standards in the workplace, and employees are expected to be familiar with the system prior to beginning employment.

If staff have not completed WHMIS training, or feel that they would benefit from repeating the course, the practice will support this training.

Handling of cytotoxic drugs:

Cytotoxic drugs are therapeutic agents intended for, but not limited to, the treatment of cancer. They are highly toxic to cells, mainly through their action on cell reproduction.

Based on guidelines from the BC Cancer Society, employees are to be educated on safe handling and exposure documentation of cytotoxic agents within their first three months of employment.

Access to cytotoxic agent storage areas, cytotoxic waste removal, and any handling of cytotoxic agents will be limited to authorized personnel only. These agents are stored separately from other drugs kept onsite, and they will be labeled appropriately. If you feel there is a potential risk in handling of any substance in the office, contact your supervisor immediately, who will assist in a risk assessment.

Do not handle any unauthorized or unknown substances without confirming with a supervisor.

Risks of violence in health care

According to WorkSafe BC, patient violence is a leading cause of injury in the health system. Additionally, upon examination of the incidents, many of the patients were found to have a history or risk of violent behaviour that was not properly communicated in the patient chart. Privacy laws do not prohibit the labeling of patients with a “risk of violence” tag, and consent is not required when information is being disclosed for worker safety. Additionally, it is not a violation of patient privacy for one organization to disclose information to another, if that information is immediately necessary

for the safety of employees. It is important that all employees who are in contact with patients are aware of risks of violence in patients, and any known triggers that may set off a violent event.

If an employee feels that a situation is becoming unsafe, they should leave the area and report to a supervisor. He or she will determine how to control the situation.

Procedures for Sharps Injuries

Used needles and other sharp instruments (sharps) should be appropriately handled to avoid injury, including minimizing contact with used sharps. Sharps should be disposed of in approved puncture-proof containers, located in the same area where the sharp was used.

Sharps disposal containers are located _____

As recommended by WorkSafe BC, if you are stuck by a used needle, follow these steps immediately:

- Let the wound bleed freely.
- Inform a doctor at the clinic.
- Go to a hospital within 2 hours, and inform them you are a health care worker with a sharps injury.
    - » Assessment standards for sharps safety - The College of Physicians and Surgeons of BC