WORKPLACE ASSESSMENT FIELD GUIDE FOR HEALTHCARE

About the Field Guide

This field guide was initially developed under the guidance of Dr. Annalee Yassi (Occupational Health) and Dr. Elizabeth Bryce (Infection Control), with Sydney Scharf of Vancouver Coastal Health and the staff and students of the Global Health Research Program at the University of British Columbia, particularly, Rie Namba, Lyndsay O'Hara, Justin LoChang, Sozan Savehilaghi, Carmen Dyck and Andrea Wilson. The items and checklists were further developed through usage in Vancouver Coastal Health (British Columbia, Canada), and later at Baca Ortiz and Enrique Garcés (Quito, Ecuador), Mauricio Guerrón (Lago Agrio, Ecuador), and Eric Williams Medical Science Complex (Trinidad and Tobago), coordinated by Marie-Claude Lavoie of PAHO. Particularly important revisions came from use at Pelonomi Hospital, (Free State, South Africa), and revisions for use in the National Health Laboratory Service in South Africa..

This guide is a companion to the Workplace Assesment Worksheet and can be used as a stand-alone tool, or used with the on-line Workplace Assessment Module or the Occupational Health and Safety Information System (OHASIS) which also contains this module. For more information see www.ghrpinnovation.com.

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Acknowledgements

We are grateful to the input from all our colleagues in Latin America and the Caribbean as well as from South Africa, especially from the Provincial Occupational Health Unit in Free State, the University of Free State, and the National Institute of Occupational Health (NIOH) in South Africa. We also acknowledge the input provided during the joint WHO-International Labour Office (ILO) meeting in Geneva July 6-9, 2010; and especially for the valuable follow-up comments and materials provided by Dr Shahieda Adams (South Africa), Mary Higgins (Ireland), Dr. Ihor Perehinets (WHO-Ukraine), Julietta Rodriquez (Columbia), and Maria Lioce-Mata (CDC-NIOSH), along with other members of the HealthWise working group.

We especially would like to thank Mona Sykes (formerly BC Government Employee Union) and the representatives from the Public Service International (PSI).

We thank our funders: The Government of Canada, WorkSafe BC, and the Canadian Institute for Health Research (CIHR).

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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 and other people responsible for health and safety in the workplace 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.

How to Conduct A Joint[1] Workplace Assesment

When conducting a workplace assessment, we recommend that you follow the steps below:

1. Prepare and Gather Information
2. Look for Hazards
3. Identify Best Practices & Concerns- Record Your Info!
4. Assess the Risk
5. Identify Control/Prevention Measures
6. Prioritize (Rank) Concerns
7. Summarize Findings
8. Revise and Share
9. Follow Up and Monitor

1 The term "joint assessment" is used to be clear that such assessments work best when they are conducted jointly by both worker representatives and management/union representatives, who work together at the same time.

1: Prepare and Gather Information

- Obtain information on processes, examine a workplace layout and/or floor plan – and walk through in a systematic manner.
- Review applicable sections from the Act & OHS Regulation.
- Review collective agreement language
- Review records, reports, documents, and manuals.
- Map hazards – and be prepared to compare preconceptions with what you will find (e.g. different controls – from what expected).
- Ensure that the right people are with you (the manager, the elected health and safety representative) and are part of the process from start to finish.
- Identify necessary PPE for yourself and your team, and assemble a workplace assessment kit if necessary.
- Assign team member specific responsibilities.
- Determine sequence and timing. The most hazardous processes may not be occurring when you are there.
- Identify yourself to the supervisor in the area and any others you meet.
- Involve health and safety representatives, frontline staff, frontline supervisors and OHS/IC staff.

2: Look for Hazards

Every workplace assessment must examine who, what, where, when and how.

Look at all workplace elements - the environment, the equipment and the process. The environment includes such hazards as noise, vibration, lighting, temperature, and ventilation. Equipment includes materials, tools and apparatus for producing a product or a service. The process involves how the worker interacts with the other elements in a series of tasks or operations.

Things to keep in mind:

- A successful workplace assessment is a fact-finding exercise, not a fault-finding exercise.
- Look for what is right (model practices), as well as for what could be improved and comment on good practices, as well as practices that could be improved.

2: Look for Hazards *continued...*

- Talk to people, ask about concerns but avoid long discussions.
- Look outside the usual eye level – Look Up, Look Down, Look Under, Look Over, Look In, Look Behind…
- Point out dangers for immediate resolution, and for follow up , note other items on the report.
- Follow your plan and use your checklist. Refer to the field guide often.
- Observe work tasks and ask for demonstrations.
- Ask about disposal and storage areas, processing areas, labs, any confined spaces.
- Ask about ventilation intake e.g on the roof of a building, right beside exhaust?
- Be mindful of unique situations that the checklist cannot cover.
- Be methodical and thorough.
- Follow all safety rules and wear PPE as required.
- Observe work practices without disturbing the work.
- Do not touch chemicals, slides, patients, garbage, etc.

3: Identify Best Practices & Concerns- Record Your Info!

- Use the checklist as a guide to provide the structure for the workplace assessment. Add additional notes and/or items as necessary.
- Record all questionable items.

(S) SATISFACTORY: No correction is required at this time.

(IDENTIFIED HAZARD ex: 303a or 305b): Hazard requires correction.
Record the **CODE.** The code should consist of a 3-digit number followed by a letter. Codes are used witht he accompanying checklist - but are also useful if you want to track your hazards using a database such as OHASIS. Ex: If emergency exits are not free from obstruction, you would write **103b** in the "Code" column.

(M) MODEL: This designation is used to highlight exceptional practices.
On the final page of the assessment form, please identify any model practices you observed using the code as described above.

***Specific examples of hazard levels are included below.**

4: Assess the Risk

An occupational health risk assessment is simply a careful examination of what could cause harm in the workplace, so that you can decide whether sufficient precautions have been taken to prevent injury or illness.

In some fields people actually try to calculate a number that describes "risk". This is called "quantitative risk assessment" (and is the sort of thing that insurance companies might do to calculate their liabilities). This is not generally useful to attempt for workplace hazards. It is generally not even necessary to attach a number to the level of risk, as the numbers themselves do not really mean anything, and could just as easily be A,B,C, D etc..

However, it is often useful to try to determine which hazards are more likely to cause harm than others, and how bad the harm could be in order to help determine priorities for action. (This is called a "semi-quantitative" risk assessment). One way to do this is shown in the table below. It requires that you make two assessments – determine the possible consequences of exposure to the hazard – in other words, whether, if the exposure occurs, it may, on the one hand, cause death or permanent illness, or, on the other hand, the consequences would be that First Aid would be needed – or somewhere in between. This will determine in which "row" the hazard belongs in the table. The second assessment is the likelihood that exposure to the hazard will occur- from very likely that it could happen anytime, to probably will never happen – or somewhere in between. This will determine the column the hazard belongs in, in the table below. The number in the square that represents the row and column you assess, would therefore be your assessed risk. Remember, though, even risks labelled "6" should be addressed.

STEP 4: Conduct A Joint Workplace Assesment
Asses the Risk

How dangerous is the hazard?

How dangerous is the hazard?	Very likely Could happen anytime	Likely Could happen sometime	Unlikely Could happen but very rarely	Very Unlikely Could happen but probably never will
Kill or cause permanent disability or ill health	1	1	2	3
Long term illness or serious injury	1	2	3	4
Medical attention and several days off work	2	3	4	5
First aid needed	3	4	5	6
	LIKELIHOOD			

Helpful Hint: Obtain or draw a diagram of your workplace, and as you conduct the inspection, colour or shade in the hazard areas so that you won't forget which areas are most urgent areas to address!

The number shows you how important it is to do something : **1 - Highest Risk:** something to do immediately
6 - Lowest Risk: something to do as soon as feasible

***Adapted from the National Institute for Occupational Health (South Africa)**

5: Identify Prevention and Control Measures

Prevention and control measures may include developing and implementing a new education and training programme, the establishment of a new policy or procedure, purchasing new equipment, repairing equipment or instruments or making changes to the physical work environment. Where a decision has been made to implement a control measure, someone has to be responsible for this and for reviewing its effectiveness. Due to the level of responsibility and authority allocated to managers and supervisors, they should be responsible for the controls implemented in their workplaces. For each control measure, be sure to identify one person who will be responsible for follow up.

Remember too that there are different levels of response. If, for example, there is a problem with the ventilation system and there are no funds to replace it, use interim measures like bringing in fans or keeping the windows and doors open until the full control measure can be implemented.

Some examples of different types of control measures are listed below.

Prevention and Control Measures: Examples

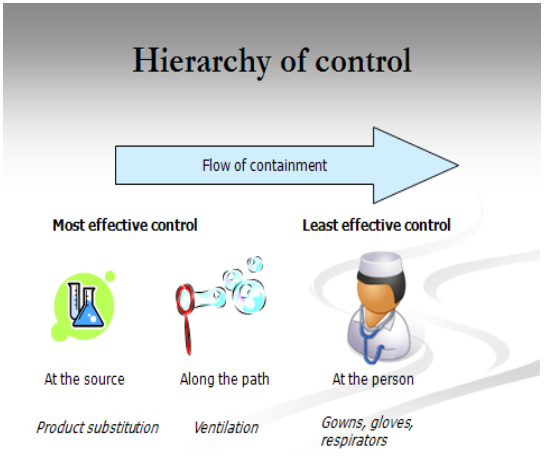
ET Education / Training	• Develop and offer a safe patient handling training program for staff. • Encourage all staff members to participate in an educational session that reviews how to correctly don and doff personal protective equipment.
PP Policy/Procedure	• Revise and update biohazardous waste disposal policy. • Recommend all staff follow the policy of not recapping needles.

Prevention and Control Measures: Examples *Continued*

NEQ New Equipment	• Purchase a new x-ray machine to replace the old, dysfunctional unit. • Purchase ergonomic chairs for staff desks where required
R Repair	• Repair holes in concrete floor to prevent staff and patients from tripping • Request service for autoclave that is malfunctioning
ENV Environment	• Replace lightbulbs in the research office to ensure that staff has adequate lighting in their work area. • Install a securely fixed handrail on the staircase to prevent falls

And do not forget... **The Hierarchy of Controls!**

1. First, CONTROL AT THE **SOURCE**
   - Substitution or elimination
2. Then, CONTROL ALONG THE **PATH**
   - Engineering controls
   - Administrative controls
3. Finally, CONTROL AT THE LEVEL OF THE **PERSON**
   - Personal protective equipment
   - Training
4. SECONDARY PREVENTION



6: Prioritize (Rank) Concerns

Assign a priority level to the hazards observed to indicate the urgency of the corrective action required. It is recommended that you meet as a group to discuss the findings of the workplace assessment. The group should then try to achieve consensus regarding ranking and prioritization of concerns found. Consider what is the quickest, easiest, and offers the most good for the most amount of people.

When ranking concerns, you should consider:

- Risk Level (refer to the Risk Assessment Matrix)
- Prevention or Control Measures (refer to the Hierarchy of Controls)
- Cost
- Feasibility
- Consequences on service delivery, reputation/publicity, etc

7: Summarize Findings

Be sure to complete the **HAZARD SUMMARY AND ACTION PLAN** at the end of the workplace assessment checklist. Record all of the observed unsafe conditions (using the codes) and recommended methods of control and establish a definite correction date and a person who will be responsible for follow up. Also include the agreed upon ranks as discussed above. The purpose of this report is to make management and other healthcare workers aware of the problems in a concise, factual way. Management should be able to understand and evaluate the problems and quickly reach decisions. Take immediate action as needed. When permanent correction takes time, take any temporary measures you can, such as roping off the area, tagging out equipment or posting warning signs.

8: Revise and Share

Each workplace assessment team member should review the findings and final report for accuracy, clarity and thoroughness. The completed Hazard Summary and Action Plan should then be distributed to the manager for the area where the assessment took place, other relevant management, the health and safety committee and any others who have been listed as persons responsible for the recommended control measures. Workplace assessment records are important. Past assessment records show what has been identified. They also show what an assessment team concentrated on and what areas it did not inspect. The assessment report can draw attention to possible hazards. Completed assessment reports can be used to determine whether previous recommendations were implemented.

9: Follow Up and Monitor

The health and safety committee should regularly review the progress of the recommendations. A monitoring programme should be so designed as to provide regular feedback to the health and safety committee as to the appropriateness and effectiveness of the instituted hazard control measures. The health and safety committee should be sufficiently empowered to be able to direct the adaptation of new and more relevant control measures as this becomes necessary.

Review the information obtained from regular workplace assessments to identify where immediate corrective action is needed. Identify trends and obtain timely feedback. Analysis of workplace assessment reports may show the following:

- priorities for corrective action
- need for improving safe work practices
- insight about why accidents are occurring in particular areas
- need for training in certain areas?
- areas and equipment that require more in-depth hazard analysis

***Adapted in part from the Canadian Centre for Occupational Health and Safety**

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.

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?
d)	**Good drainage for spills** • Are there drainage grills or vents present and do they appear to be maintained?
e)	**Changes in floor levels clearly marked** • Is the floor an even surface with no cracks or holes?

f)	**No moulds (eg. Mildew) or fungus** • Is there mould or fungus on any surface? • *Moulds can grow on virtually any substance, as long as moisture or water, oxygen, and an organic source are present, therefore you should look for condensation and wet spots. Even a small amount of mould can be harmful.*
g)	**No cords on floors or other tripping hazards** • Are extension leads and cables routed safely to prevent people from falling?
h)	**Asbestos labelled and properly removed** • Are any areas containing asbestos identified, marked and is there an up-to-date record kept? • Is there a plan for specialist removal of asbestos if it is present?

i)	**Shelves present and adequate to support material** • Is shelving securely fixed to the wall and unlikely to topple over?
j)	**Steps and rails** • Do all staircases have securely fixed handrails?
k)	**Ramps for accessibility** • Are individuals who are mobility impaired able to access all necessary areas in a convenient manner? • Are entrance paths and access ramps in good condition?

101 Lighting / Electrical

Examples:

(S) There are enough lights so that people can work without straining their eyes.

(Hazard) There are no emergency lights or they are not connected to an independent power source.

(M) Natural light is used wherever possible. The emergency lighting system is tested regularly.

a)	**Lighting adequate, maintained** • Is there enough lighting for people to move around and work safely? • Do any lights need to be replaced?
b)	**Task specific lighting present where appropriate** • If required, is additional lighting available?
c)	**Natural lighting adequate** • Is there enough natural light available in an emergency when lights do not work?
d)	**Emergency lighting provided and maintained** • Is the system run by an independent power source? • Are there enough emergency lights to help people move and work if regular lighting is lost?
e)	**Electrical Outlets well located** • Are outlets easily visible and accessible? Are cords/power bars in good condition and out of the way?

f)	**Outlets sufficient to avoid overloading and electrical appliances in proper use** • Do you see any broken plugs, sockets or switches? • Are power bars used when possible to avoid overloading? • Multi-plugs used only on computers • Surge protection present
g)	**Breaker panel and distribution board** • Are fuses clearley labeled?
h)	**Bulb disposal practices are appropriate** • Are bulbs placed in a safe container (so they don't break en route) and dropped off at an approved disposal depot? • Mercury produces a hazardous waste. Every form of it is toxic and yet mercury is an essential element in millions of fluorescent lamps.

102 Ventilation, Air Exchange, Noise and Temperature

Examples:

(S) There are both negative and positive pressure rooms available.

(Hazard) There is not enough clean air moving in different areas. The pressure in isolation areas, the autopsy suite and operating rooms is not checked regularly.

(M) Mechanical exhaust ventilation is in place and regularily inspected to make sure that each part of the system is functioning properly.

a)	**Natural ventilation adequate** • Is fresh, uncontaminated air brought into the workplace and properly circulated in different areas? Are there any obvious smells or areas of dust collection?
b)	**Adequate air exchange(s) for services rendered** • Is there enough clean air circulated to keep the air moving for each specific task? • Are there indoor quality complaints reported and investigated? • Is environmental tobacco smoke exposure controlled so that it does not affect patients or worker environments?
c)	**Negative pressure available in isolation areas, autopsy suite** • Is the pressure checked regularly to make sure it is maintained? • Negative pressure ensures that contaminated air cannot escape to other parts of the facility.

d)	**Positive pressure available in operating rooms** • Is the pressure checked regularly to make sure it is maintained? • Positive pressure maintains a flow of air out of the room, thus protecting the patient and workers from possible contaminants and pathogens which might otherwise enter.
e)	**Mechanical exhaust ventilation for hazard emissions such as sterilizing chemicals** • Are there hoods (to capture chemicals), ducts (to move chemicals), air cleaning devices (if necessary), fans (to move air from room and push it outside) and an exhaust pipe (to push out the air), as well as a way of bringing in clear air?

f)	**Noise level acceptance** • Is the noise uncomfortable – a physical or mental nuisance? • Do employees have to raise their voices to be heard in this area when they 2 meters apart and at normal speaking levels? • Is any noisy equipment in this area? • Do any employees use any noisy equipment and if so do they use it for more than 30 mins each day?
g)	**Temperature control (air-conditioners/heaters) adequate** • Are employees complaining that they are feeling too hot or too cold? • Does the temperature in the workplace fluctuate during a normal working day? • Are there any heat sources in the workplace? • Are workers exposed to external climatic conditions? • Does the air feel too dry or too humid? • Are workers involved in intensive physical activity?

h)	**Dust and fumes minimized** • Are hazardous substances replaced with less hazardous substances when possible? • Is dust visible in the air? • Have workers been trained to understand the need to avoid the risks of dust and fumes? How to use PPE when necessary?

103 Emergency Exits and Fire Protection

Examples:

(S) Emergency exits are clearly labelled. Fire extinguishers are present and regularly checked, and easily accessible.

(Hazard) Emergency signs are missing and/or not working properly. Exists are blocked by boxes and equipment.

(M) A schedule for fire protection equipment inspection is clearly posted and staff regularly inspect to make sure the equipment works.

a)	**Emergency exits visible** • Are exits clearly marked? • Are there enough exits to allow prompt escape? • Are exits and exit routes equipped with emergency lighting? • If doors are locked for security reasons, are keys readily availble and accessible?
b)	**Emergency exits free from obstruction** • Do employees have easy access to exits? • Do signs indicate that no equipment or other items should be blocking the exit at any time?
c)	**Emergency evacuation plan posted and practiced**Is there a clear fire response plan posted for each work area? • Do all workers know the plan? Do workers know where to meet outside of the building? • Are evacuation drills practiced regularly? Is it clear which staff person (i.e. an emergency warden) is in charge in case of emergency?

d)	**Fire extinguisher present** • Are there enough extinguishers available? • Are extinguisher locations clearly marked? • Are extinguishers properly mounted (3 inches above the floor and near exits) and easily accessible? • Are the fire extinguishers appropriate for the workplace?
e)	**Fire extinguishers regularly inspected** • Are all extinguishers fully charged and operable? • Is the annual inspection tag on the extinguisher and labelled with the last date of inspection?
f)	**Fire protection equipment (e.g. hoses and blankets) accessible and maintained** • Is the equipment functional? How often is it checked? • Is relevat training provided on a regular basis?

g)	**Sprinkler system maintained** • Does the sprinkler system undergoe regularly scheduled maintenance?
h)	**Emergency contacts and telephone numbers posted** • First aiders, fire warden, ambulance, fire and security • Are these names and numbers up to date?

104 Clean and Orderly Appearance, Enough Room to Work

Examples:

(S) Hallways are free of clutter and wide enough for both people and stretchers to easily move. Patient rooms are clean. Medication and chemicals are properly labelled and locked up in a secure manner.

(Hazard) Confidential patient files are left on staff desks. Chemicals are left opened and unsecured and medication is left in patient rooms.

(M) Spills and messes are cleaned up immediately. Floors are in good condition. Patient rooms are spotless and lists are regularly updated when new supplies or equipment need to be reordered.

Physical Environment 104
Clean & Orderly Appearance, Enough Room to Work

a) **Hallways and public areas**

- Are walls, floors and ceilings clean?
- Are the floors free of holes or tears? Are floors even?
- Are they clear of clutter?
- Can people and stretchers/beds easily move through the hallway in an emergency?
- Are notice boards kept updated and organized?
- Is signage obvious and easy to read?

b) **Patient rooms**

- Are doors, chairs, curtains (bed and window), walls, floors and ceilings clean?
- If present, are sinks, showers, toilets and bedpans clean?
- Are wastebaskets emptied regularly?

- If there is equipment in the room, is this cleaned regularly?
- Are fresh linens used?
- Are patients' personal items accessible yet out of the way of staff?
- Do the doors open and close easily?

c) **Items organized and labelled**

- Is there a way of documenting which supplies have been removed, who removed it and what needs to be re-ordered?
- Are shelves free of clutter?

d) **Utility rooms**

- Are the supplies well organized?
- Are the floors clean and free of spills?

e) **Medication rooms**

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

f) **Equipment Storage**

- Is the door kept locked?
- Is equipment stored in a safe manner?
- Is the room organized so that items can be easily found?
- Is there a place to document if equipment requires fixing or replacing?
- Are emergency protocols listed in case of equipment malfunction?

g)	**Chemical Storage** • Are chemicals stored in safe manner? • Are chemicals clearly labelled? Are there warning signs posted where appropriate? • Are emergency protocols posted in case of accidental contact with chemicals? • Is the area clean and free of spills? • Is personal protective equipment nearby and easy to find?
h)	**Staff areas** • Is patient information organized and kept confidential? • Are bulletin boards organized and cleared of unnecessary papers? • Are desks arranged in an orderly manner? • Are file cabinets organized so they do not open into traffic areas? Are they secured if they are more than 3 drawers high?

i)	**Work areas (e.g. lab benches, maintenance rooms)** • Are work surfaces free of clutter? • Is there enough space to perform the task required?
j)	**Containers with proper lids** • Are containers closed with properly fitted lids? Are they leaking any contents? • Are containers properly labelled?

105 Signage Present and Instructions Clear

Examples:

(S) Each area has easy to follow instructions posted for the different protocols.

(Hazard) Contaminated equipment and hazardous chemicals are left in open areas. Warning signs are missing or not easy to see. Wet floor signs are not used.

(M) Multiple signs are used in areas where the floor is wet. Warning signs include both bright colours and pictures. Instructions on signage are clear and easy to follow.

a) **Blood Body Fluid Exposure Management**

- Does each area have instructions posted?
- Are proper protocols (i.e. prevention and post-exposure) visible and easy to follow?
- Is contaminated equipment clearly labelled?

b) **Hazardous Chemicals: Labels and MSDSs**

- Are there signs posted with protocols for proper use?
- Are emergency contact numbers included?
- Are chemicals clearly labelled as hazardous? Does the label include the name of the product, the supplier, the level of risk, precautionary measures and first aid protocol?

c) **Restricted Area**

- Does signage indicate that certain areas are restricted?
- Are there enough signs posted?
- Do signs use symbols and pictures?
- Does the sign indicate enough detail (i.e. staff only, high voltage, construction, visitors to report to reception, keep door closed at all times, alarmed area etc.)?

d) **Fire Exits**

- Is the sign marked as “exit” in bold letters?
- Are these signs immediately obvious?
- Are they large enough (at least 6 inches high)?
- Are the letters in a noticeable color (i.e bright red)? Are any bulbs burnt out?
- Are they connected to an independent power source in case of power failure? If batteries used, are they tested and replaced regularly?

e) **Evacuation Routes**

- Are evacuation route signs clearly labelled?
- Are there enough signs to label the evacuation route, especially if there is smoke or reduced lighting? Is the direction of travel given?
- Are the signs in good condition?
- Are evacuation routes updated in case of construction or repairs?

f) **Isolation Signs**

- Are these signs immediately visible? Are they colour coded to indicate the level of risk?
- Are they specific to the type of risk and what precautions need to be taken when entering or exiting the room (i.e. airborne, droplet or contact)?
- Are symbols and pictures used?
- Are signs geared towards both staff and visitors?

g)	**Wet Floors** • Are the signs immediately noticeable? • Are there enough signs to clearly indicate a wet area? • Are there signs at the entrance and then at the border of the wet area?
h)	**Eye wash stations (e.g., in laboratories, chemical storage areas)** • Is the sign easy to see? Is there enough light to see the sign? • Is it close to the eye wash station? • Are directions easy to follow? • Does the sign include emergency contact numbers?

i)	**Instructions for use of Personal Protective Equipment (PPE)** • Do signs clearly provide instructions for use of each type of PPE (i.e. gloves, eyewear, hearing protection, gowns, N95 respirators etc.)? • Do signs include information on how to correctly don (put on) and doff (take off and dispose of) PPE? • Do signs remind staff to wash their hands after removing PPE? • Are instructions for using PPE in a language commonly spoken by most workers?
j)	**Noise protection required** • Do signs clearly indicate when noise protection is required (i.e. during certain activities or a noise threshold level)? • Is contact information posted if staff need to report noise problems? • Do signs list the negative effects of too much noise on hearing

k) **Biohazardous area**

- Are signs posted at the entrance and exit to the area?
- Are they immediately noticeable?
- Do they list proper protocol around how to prevent contact with biohazardous material?
- If contact is made, are emergency protocols and contact numbers listed?
- Do signs include pictures to demonstrate emergency procedures?

l) **Radiation area**

- Does each radiation area have clear signage?
- Does the sign have colours and pictures to indicate danger?
- Do the signs say which staff can be in the radiation area?
- Do the words on the signage indicate caution?
- Are signs posted at entrances and exits, department and hallway doors, at work areas within the radiation area, fume hoods, sinks, shelves, refrigerators, garbage cans, and package labels?

m) **Hand hygiene posters**

- Are signs posted at sinks, restrooms and other areas to remind staff and visitors to wash with soap or use alcohol hand rub on their hands?
- Are hand washing or rubbing instructions given?
- Do signs include pictures to show proper technique?
- Does the sign tell people when they need to wash their hands (i.e. after certain kinds of contact, before touching patients, after removing PPE etc.)?
- Are extra signs posted in surgical areas or when risk of infection is especially high?

n) **"No food or drink" signs posted on doors**

- Is there food in medication fridges? Is there medication in food fridges?

200 First Aid

Examples:

(S) There are first aid kits in every work area and they contain the appropriate contents.

(Hazard) There is no first aid kit available.

(M) There is at least 1 kit in ever work area that is easily accessible and has the appropriate contents; trained personnel are available. The disaster plan is clearly visible and understood by all workers.

a)	**Appropriate contents** • Are there bandages and dressings? Are there scissors and tweezers? • Is there antiseptic? • Are there gloves?
b)	**At least 1 kit per work area present** • Is the kit accessible?
c)	**Kits maintained** • Are the contents updated routinely?
d)	**Easily accessible and location is clearly marked** • Is the kit easily identifiable and within reach?
e)	**Personnel trained in first aid, posted and available** • Is the information for the trained personnel accessible and/or clearly posted? • Do first aid attendants have current certification?

f)	**Disaster plan posted (e.g., fire or emergency evacuation route)** • Is the disaster plan visible and easy to understand? • Does the plan include a map of the exit routes to help staff visualize where they should go? • Do all workers know the plan?
g)	**Notices indicating that workers with injuries must report to them** • Is the incident report protocol accessible and/or clearly posted? • Do staff working know where to go and what to do if they are injured on duty?

201 Occupational Health and Safety Awareness and Compliance

Examples:

(S) Important procedures are posted and incidents are reported and accurate.

(Hazard) Health and Safety complaints are not being reported or not being followed up.

(M) The OHS Reporting Procedures, Workers' Compensation Reporting Procedures, and Basic Conditions of Employment Act are accessible. All incidents are reported in the registers and followed up on. The Health and Safety complaint forms are always available and responded to and every worker has access to them. Minutes of the OHS Committee are accessible to workers and a copy of the compliance certificate is displayed. The Injury On Duty Register is also accessible to all workers.

a)	**Occupational health and safety act is accessible** • Is the Act clearly visible and accessible? • Are employees familiar with the Act?
b)	**OHS Reporting procedures posters displayed** • Are they clearly visible and accessible? • Is the information clear and easy to follow?
c)	**Workers' Compensation reporting procedures posters displayed** • Do workers know how to report? • Are procedures easily accessible?
d)	**Basic conditions of employment Act displayed** • Is the Act clearly visible and accessible?
e)	**Incidents reported, registers kept and investigated** • Are the reports complete and accurate? • Are registers up to date and are reports followed up on?

f)	**Health and Safety complaint forms available, used and responded to** • Do all workers have access to the forms? Are any available on bulletin boards? • Are the colmplaints followed up on?
g)	**Occupational Health and Safety procedures up-to date and accessible** • Are the procedures available to all workers?
h)	**Minutes of OHS/H&S Committee posted or passed out** • Are the minutes accessible through posting and/or distributed to all workers? • Do workers know who their OHS representatives are? • Are meetings held regularly?
i)	**Copy of the compliance certificate displayed** • Is the certificate clearly visible and accessible?

j)	**Injury On Duty register available** • Is the register accessible to all workers? • Do workers know that the On Duty register is available?
k)	**Risk assessment procedures up-to date** • Are risk assessments conducted regularly?
l)	**Medical surveillance records up-to date as appropriate** • Are medical surveillances conducted regularly and recorded?

202 Psychosocial and Well-Being

Examples:

(S) Workplace violence is reported and staff are trained appropriately to respond to aggressive patients.

(Hazard) Sometimes staff work alone and the entrances and exits are not well lit in the evenings and early mornings.

(M) All workplace violence is reported and followed up on. The procedures for handling aggressive patients are clear and staff are trained appropriately. All staff consistently wear identification badges and access is controlled where appropriate. The contact numbers for security are clearly posted and they are responsive and well trained. No staff person works alone and the entrances and exits are well lit and secure, especially in the early morning and late at night.

a)	**Measures in place for reporting workplace violence** • Does the report include the type of behaviour (threatening behaviour, verbal or written threats, harassment, verbal abuse, or physical attacks), where the violence occurred, and any actions taken? • Are reports made immediately following the event so that the details are not forgotten?
b)	**Procedures for handling aggressive patients** • Are policies and procedures in place so that workers are not at risk from aggressive patients? • Are staff able to identify the circumstances in which the use of physical restraint is appropriate and are they appropriately trained?
c)	**Anti-stigma and anti-discrimination policies in place** • Are all staff treated equally and with respect? • Is acceptance of all people of all races, genders, sexual orientation, HIV status, etc. valued and promoted?

d)	**Staff identification badges worn** • Are staff identification badges clearly visible on a consistent basis?
e)	**Contact numbers for Security posted** • Are the numbers posted at the telephone and accessible to all workers? • Are the numbers updated and correct?
f)	**Security available and immediately accessible** • Is the security staff reliable, responsive, and trained appropriately?
g)	**Entrances, exits, parking areas & outside walkways are well lit and secure** • Are these areas consistently well lit and safe? • Are these areas well lit in the early morning and late at night?
h)	**Access is controlled** • Is staff identification used to restrict access to certain areas (e.g. staff only, high voltage, construction, visitors report to reception, keep door closed at all times, alarmed area, etc.)?

i)	**No working alone** • Is there always another staff person available in case of emergency?
j)	**There is a phone available for emergencies (1 per unit)** • Are all staff able to access a phone in a timely manner?
k)	**Staff toilets clean** • All sinks, showers, tubs, toilets seats, urinals, plumbing and fixtures should be cleaned with germicidal detergent inside and out.
l)	**Staff toilets with adequate toilet paper and towels (preferably paper) and soap** • Are appropriate supplies available for staff to wash their hands after using the washroom?
m)	**Staff lounge present and clean with no medical supplies and devices present** • Is the staff area should be neat and free from any patient care items?

n)	**Staff lockers/change area accessible and available** • Is there restricted access to this area?
o)	**Separate changing areas for all staff involved in any clinical ares (e.g. wards, clinics. labs and mortuary)** • Is there restricted access to this area?
p)	**Separate changing areas for all staff involved in managing any form of hazardous waste and/or cleaning** • Is there restricted access to this area?

300 Chemical

Examples:

(S) Chemical containers are labelled and workers know to properly handle them.

(Hazard) Hazardous chemicals are not stored properly and are not labelled. Staff do not know the risks involved in handling these materials.

(M) All of the least hazardous chemicals are used and clearly labelled. Workers have regular, up-to-date training to handle the chemicals and the MSDS is updated and clearly posted.

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?
- Are chemicals labelled in a language commonly used by most workers?
- Chemicals dated on receipt and when opened

b) **All chemicals (including gases) are correctly stored**

- Are gas tanks secured and handled correctly?
- Chemical stored by radioactive class (flamm, acids, bases, etc)
- Incompatible chemical physically separated
- Inspected regularly for leakage, cracked stoppers, etc
- Storage areas labelled with hazard stickers
- Acids/corrosives/solvents stored in compatible trays
- No chemicals stored on bench tops/in fume hoods/under sinks
- Flammable liquid storage cabinet present and labelled

c)	**Material Safety Data Sheets (MSDSs) available and up-to-date** • Are the data sheets accessible, updated and understood by all workers? • A Material Safety Data Sheet (MSDS) is a document that contains information on the potential hazards (health, fire, reactivity and environmental) and how to work safely with the chemical product
d)	**Workers educated and trained about chemical hazards** • Have workers in this area received training focused on chemicals in the workplace? Is this training up-to-date? • If necessary, is there PPE available to handle the chemicals? Do workers know when and how to use PPE?
e)	**More hazardous chemicals are replaced with less hazardous chemicals** • Are newer less dangerous chemicals used when possible? • e.g. Encourage staff to replace glutaraldehyde with Ortho-Phthalaldehyde

f)	**Adequate time for pesticide residue to be residue; Switch to less hazardous types of pest control** • Is a less hazardous pesticide control strategy used in the workplace?
g)	**Spill disposal kits available** • Does the spill kit provide materials for containing the spill, removing and disposing of spilled body fluids and quickly cleaning and disinfecting the spill site? • Are instructions available and is staff adequately trained in how to deal with spills?

301 Radiation

Examples:

(S) Staff are trained to use the radiation equipment safely and the x-ray equipment is sheilded and tested

(Hazard) Workers are using the radiation equipment without training and do not use the appropriate eye protection.

(M) Staff are trained to safely use the radiation equipment (x-ray, theatre, casualty/trauma, and medical wards) and the equipment is checked routinely according to the manufacturerd requirements.

a)	**Lasers shielded, ventilated and eye protection provided** • Are workers trained to use equipment safely? • Do workers know when and how to use eye protection? • Is PPE available and easily accessible?
b)	**X-ray equipment shielded and tested regularly** • Are staff able to operate equipment as indicated by manufacturer safety requirements? • Are equipment malfunctions dealt with in a timely manner?
c)	**Adequate distance of the exposure button from machine (>1m)** • Are workers trained to use the equipment safely? • Do staff practice safe equipment operating techniques?
d)	**Radioactive materials appropriately stored with spill kits and instructions available** • A proper storage with an appropriate retention time is sufficient to prevent radioactivity to spillage in the environment. • Is staff adequately trained in how to properly store radioactive materials and how to deal with spills?

302 Biohazardous Waste

Examples:

(S) Protocols are identified for each type of waste, and instructions are easy to follow. Biohazardous waste bags / containers are labelled.

(Hazard) Protocol signage is not posted, or signs are old and difficult to read. Biohazardous waste bags/containers are not used or properly disposed of.

(M) Waste facility is clean, with no excess garbage, and signs clearly indicate both protocol sand where extra materials can be found. There are different sections for different kinds of waste. All staff are aware of where to find biohazardous waste bags and containers.

a)	**Written biohazardous waste protocol present** • Does the protocol include both prevention measures (i.e. use of PPE) and exposure instruction? • Does the protocol address cultures and stocks, human pathological waste, blood and body fluid wasre, sharps etc? • Do instructions mention when and how often waste should be removed?
b)	**Written regular waste disposal protocol present** • Does the protocol distinguish between biohazardous waste and regular waste? • Are examples of regular waste (office, used gloves, food materials, non-sharp medical equipment) mentioned? • Does the sign mention where the waste should be deposited and how often it should be removed?

c) **Appropriately labelled containers/bags for biohazardous waste**

- Are containers/bags properly labelled with warning symbols and different colours? (ex: regular waste=black bag, biomedical waste=yellow bag with biohazard symbol, sharps=yellow puncture proff container with biohazard symbol, anatomical waste=red, leakproof bag)
- Are the containers/bags easily accessible?
- Are there adequate amounts of bags and containers available?
- Are containers sealed and stored correctly before disposal?

d) **Waste facilities are clean and maintained**

- Is the waste facility clean and well organized? Is waste removed regularly?
- Are protocols listed on the walls
- Are contact persons and numbers included in case of a problem?
- Are there different sections for different kinds of waste?
- Do signs idicate extra waste bag/containers can be found?

e) **Body fluids, feces disposed of in bedpan cleaner**

- Are bedpans disinfected after each use?
- Are they thoroughly cleaned regularly?
- Do signs indicate where they should be emptied (i.e. toilet) and how and where they should be cleaned?
- Are bedpans easily accessible to the patient and staff?

f) **Spill / disposal kits available**

- Does the spill kit provide materials for containing the spill, removing and disposing of spilled body fluids and quickly cleaning and disinfecting the spill site?
- Are instructions available and is staff adequately trained in how to deal with spills?

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.

Specific Infection Control Practices 400
Hand Hygiene

a)	**Number of sinks present in area** • Are there sufficient numbers of hand washing sinks? Are the sinks readily accessible? • Are sinks designed to decrease the risk of splashes?
b)	**Sink for each patient room** • Does each patient room have it's own sink to encourage hand washing? (*Note: Due to hospital design, this may not be possible in all facilities*) • Are sinks designed to decrease the risk of splashes?
c)	**Sinks clean and well maintained** • Are sinks visibly soiled? • Are cleaning solutions prepared daily or as needed, and replaced with fresh solution frequently and according to facility policies and procedures?
d)	**"Clean" and "Dirty" sink identified** • Is the dirty area is marked accordingly and clearly separated from the clean area?

e) **Antiseptic soap available**

- Hands should be washed regularly with soap and water or alcohol hand rub. Hand washing with soap and water is preferred when hands are visibly dirty, soiled with blood or other body fluids, if exposure to potential spore forming organisms is strongly suspected or proven (e.g., C difficile), and during a viral gastroenteritis outbreak.
- Liquid soap pump dispensers is ideal; the dispenser should be disposable or should be rinsed and washed before refilling to avoid contamination

f) **Alcohol hand rub available**

- Are antiseptic hand sanitizer dispensers available near patients to facilitate hand hygiene before and after patient contact, and at the entrances to patient rooms, units, elevators, facilities?
- Antiseptic hand sanitizers (alcohol hand rubs) are excellent substitutions for hand washing and are generally less drying to hands than soap and water (see 400 g for situations where alcohol hand rub is not recommended.

g) **Single use or paper towels available**

- Paper towels are prefered for hand drying and always should be available and reached easily by the health care professional.
- If not disposable, should be changed regularly

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.

a) **Non-sterile gloves, non-latex**
- Are non-sterile gloves and non-latex gloves available in a range of sizes?
- Are they easily accessible?

b) **Sterile gloves, non-latex**
- Are sterile gloves and non-latex gloves available in a range of sizes?
- Are they easily accessible?

c) **Surgical masks**
- Are surgical masks worn to prevent exposure to large infectious droplets?
  - For healthcare personnel to protect patients during aseptic procedures
  - For patients who are severely immunocompromised when it is necessary for them to leave their room (known as protective isolation)
  - For patients on airborne or droplet precautions when it is necessary for them to leave their room.
  - For healthcare personnel when within 2 metres of a patient on droplet precautions.

d) **N95 respirators supplied**

- Are there different brands and styles of N95 respirators available?
- Are staff aware of when and how to use an N95 respirator?
- Respirators are effective barriers for smaller infectious particles produced as aerosols.
- Healthcare workers should wear an N95 respirator when a patient is undergoing a procedure in which the likelihood of the generation of aerosolized particles is considered to be particularly high.

e) **N95 respirators in adequate amounts**

- Are there enough N95 respirators available when needed?
- Are they easily accessible?

f) **N95 respirator training on fit checking and/or fit testing**

- Is fit testing conducted regularly?
- Do staff receive training on fit checking?
- Respirators require fit testing to ensure that the correct size is selected to achieve an adequate seal around the nose and mouth.
- Fit testing should be done annually and as required.
- Workers should only wear the respirator model for which they have been successfully fit tested (it is useful to record the respirator model that is correct for them on the back of their ID tag).

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.

i) **Isolation gowns or aprons**

- Are there enough gowns and are they stocked in the appropriate areas?
- Are staff knowledgeable of when and how they should use isolation gowns or aprons?
- Are staff aware that PPE should only be worn in designated areas (i.e. not in the cafeteria or lunch room)?
- Are the gowns properly cleaned/disposed of?

j) **Booties**

- Are there enough booties and are they stocked in the appropriate areas?
- Are the booties properly disposed of?

k) **Hats**

- Are there enough hats and are they stocked in the appropriate areas?
- Are the hats properly cleaned/disposed of?

402 Sharps Handling

Examples:

(S) Puncture resistant containers are easy to access and are emptied when they are less than 2/3 full.

(Hazard) Used sharps are not discarded immediately and are left out in the open. Waste containers are not puncture resistant and they are not emptied regularly.

(M) Staff remind one another of safe protocols for disposing of sharps. There is a system in place for regular disposal of sharps containers. All staff have completed a safe sharps handling course.

a)	**Sharps disposal container point-of-use** • Are sharps disposal containers available in all areas and easily accessible? • Is there a disposal container at each patient bedside? • Disposable used sharp items should be disposed of immediately in designated puncture-resistant containers located in the area where the items were used.
b)	**Needles not recapped** • A visual check of sharps container is recommended. Look for needles that have been recapped.
c)	**Sharps containers not overfilled (2/3 full)** • Is the sharps container emptied when it reaches 2/3 full?
d)	**No touch technique employed for passing of sharps** • Is the no touch technique understood? • Is this technique consistently used for passing sharps?

e)	**Safety engineered needles available and used** • Are safety engineered needles provided? • Are they accessible? • Are safety engineered needles consistently used?
f)	**Segregation of waste adhered to** • Is correct waste segregation adhered to consistently? • Is waste disposed of in the appropriate bag or container?

403 Isolation Practices

Examples:

(S) Signage is present at each entrance and exit. Signs are noticeable and instructions are clear.

(Hazard) Signs give only a vague warning and do not give specific instructions for different types of precautions.

(M) Signs are regularly replaced once they begin to look worn and are updated with new design so that the instructions are easily noticed and read. Staff remind one another of best practice.

a) **Signage clearly posted outside isolation rooms**

- Is the signage simple and clear?
- Is isolation precautions signage used whenever there is an additional risk of transmission?
- Signs should indicate the following types of precautions:
  - Airborne Precautions (used whenever there is a risk of spread of smaller infectious particles by the generation of respiratory aerosols. Ex: Tuberculosis)
  - Droplet Precautions (used whenever there is a a higher risk of spread of larger infectious droplets usually by coughing or sneezing. Ex: meningococcal meningitis and invasive Group A streptococcus for the first 24 hours of appropriate antibiotic therapy.)
  - Contact Precautions (used whenever there is a higher risk of spread by stool and wound discharge or with antibiotic resistant organisms. Ex: diarrhoea)

b) **Instructions for personal protective equipment posted**

- Are the signs clear and understood?
- Do signs include information on how to correctly don (put on) and doff (take off and dispose of) PPE?

c) **Infection control protocols for categories of isolation available**

- Are the infection control protocols accessible to all staff?
- Do staff know when and how to implement airborne, droplet and contact precautions?

d) **Effective education and training in all infection control procedures**

- Is adequate education/training provided to staff?
- Do staff know how to access additional information if needed?

500 Patient Care Areas

Examples:

(S) Monitoring equipment and patient lifting equipment are well maintained and clean. Bedpans and commodes are available and clean.

(Hazard) Bedpans and commodes are not always available and they are not cleaned properly.

(M) All monitoring equipment (glucometers, oximeters, etc.) is cleaned regularly and well maintained. The patient lifting equipment is available for use and is maintained regularly. Bedpans and commodes are always available and clean for patient use.

Equipment and Procedures 500
Patient Care Areas

a)	**Monitoring equipment such as glucometers, oximeters, clean and well maintained** • Is the monitoring equipment cleaned regularly according to the facility cleaning protocols? • Does all of the equipment work properly?
b)	**Patient lifting equipment available, maintained and clean** • Is the lifting equipment cleaned regularly according to the facility cleaning protocols? • Does all of the lifting equipment work properly?
c)	**Bedpans, commodes available and clean** • Are bedpans and commodes available when needed? • Are bedpans cleaned properly according to facility protocols when needed?

d)	**Equipment manual present** • Does each piece of equipment have a manual present?
e)	**Staff adequately trained in equipment use** • Do staff receive regular training?

501 Laboratory Areas, Pharmacy, and Bloodbank

Examples:

(S) All areas are clean, equipment works properly and is regularly inspected.

(Hazard) Chemical hood does not work. Staff has not been trained to use or maintain equipment.

(M) A schedule is set up to regularly inspect equipment. New staff is assessed for knowledge of proper techniques and are trained on proper usage of equipment, including eye wash facilities, splashguards, and disposal of single use materials.

a)	**Automated equipment clean and well maintained** • e.g. centrifuges, autoclaves, etc. • Are the laboratory/pharmacy/bloodbank equipment regularly cleaned appropriately? • Is the equipment working properly? • Have equipment been inspected, serviced and/or tested in the last year? • Is the equipment properly guarded • Are there proper electrical connections?
b)	**Biosafety cabinets present and regularly inspected** • Is every worker that uses the cabinets trained to use them correctly? • Are the biosafetly cabinets regularly inspected? • Are biosafetly cabinets used for procedures that involve infectious aerosols at potentially high concentrations or large volumes of infectious materials? • Are smoke tests done regularily?

c)	**Chemical hoods present and regularly inspected** • Is every worker that uses the cabinets trained to use them correctly? • Are the chemical hoods regularly inspected? • Chemical hoods (also called “fume hoods”) are used with flammable and toxic chemicals in the laboratory. • It is important that lab personnel are trained to use chemical hoods so that they can avoid exposure to hazardous chemicals.
d)	**Splashguards in place where specimens are opened** • Are splashguards in place?
e)	**Compressed gases secured, regularly inspected and maintained** • Are all compressed gases properly secured? • Are all compressed gases regularly inspected and maintained?

	• All compressed gases are hazardous because of the high pressures inside the cylinders. • When unsecured, uncapped cylinders are knocked over, the cylinder valve can break and the high pressure gas will escape rapidly. (see also section on Handling of Hazardous Substances)
f)	**Chemical flammable safety storage cabinets available and used** • Are the chemical flammable safety storage cabinets available? • Are they consistently used?
g)	**Equipment and supplies designated as single use not reused (e.g. blood tubes)** • Are single use items safely disposed of after use?

h)	**Chemicals clearly labelled** • Are all of the containers clearly labelled? • Does the label include the name of the product, the supplier, the level of risk, precautionary measures and first aid protocol? • Are the labels understood by all the workers? (see also section on Handling of Hazardous Substances)
i)	**Goggles and face shields available** • Are goggles and face shields stocked and available when needed?
j)	**Eye wash facilities and safety showers maintained** • Is the location of every emergency shower or eyewash stations shown with an easily identifiable sign? • Are the eye wash facilities and safety showers regularly maintained? • Immediate attention is required when exposed to a hazardous substance, especially corrosive materials.

k)	**Equipment manual present** • Does each piece of equipment have a manual present?
l)	**Staff adequately trained in equipment use** • Do staff receive regular training?

502 Mortuary

Examples:

(S) Refrigerators are cleaned regularly and the temperature is checked daily.

(Hazard) Showers and handwashing stations do not have soap and are not well maintained.

(M) Cleaning staff check supplies daily to make sure that soap is always available.

a)	**Extractor fan outside and maintained** • Is the extractor fan outside? • Is it regularly maintained?
b)	**Refrigerators are clean** • Are the refrigerators regularly cleaned appropriately?.
c)	**Temperature controlled daily and checklist up to date** • Is the temperature controlled daily? • Is the checklist up to date?
d)	**Register is available and up to date** • Is the register available? • Is the register up to date?
e)	**Showers available** • Are showers available and well maintained?

f)	**Suitable PPE available** • Is suitable PPE available and regularly maintained?
g)	**Hand washing facilities available** • Are there hand washing facilities that consistently have appropriate supplies?
h)	**Competency certificate is available** • Are goggles and face shields stocked and available when needed?
i)	**Equipment manual present** • Does each piece of equipment have a manual present?
j)	**Staff adequately trained in equipment use** • Do staff receive regular training?

503 Radiology

Examples:

(S) Workers wear appropriate eye equipment.

(Hazard) Doors are left open when radiology equipment is in use.

(M) Both regular and unscheduled workplace assessments are in place to make sure that workers have access to proper protective equipment, that they use the equipment properly, and that the equipment is regularly inspected to make sure it is functional.

a)	**Rooms properly marked and only authorized workers permitted in** • Are the radiology rooms clearly identified with appropriate signs? • Is there restricted access to the radiology rooms?
b)	**Room doors closed when equipment in use** • Are the radiology room doors consistently closed when the equipment is used?
c)	**Rooms lead lined** • Are the radiology rooms lined with lead?
d)	**Where portable X ray units used, only patient and authorized worker allowed in room** • Is there restricted access to rooms where patients and authorized workers are using portable X rays units?
e)	**Personal dosimeters worn by workers** • Are dosimeters worn by workers? • Dosimeters measure exposure to ionizing radiation that can be hazardous over long periods of time.

f)	**Exposure levels recorded and analyzed** • Are exposure levels consistently recorded and analyzed?
g)	**Appropriate eye protection provided** • Is adequate eye protection provided to workers that work with the radiology equipment?
h)	**Lead aprons and collars worn** • Are lead aprons and collars available and consistently worn?
i)	**Radiological solutions handled appropriately** • Are workers trained to handle radiological solutions safely?
j)	**Suitable PPE available** • Is suitable PPE available? • So radiology staff know when and how to use PPE?
k)	**Lead aprons clean and intact** • Are the lead aprons cleaned and well maintained?

l)	**Equipment manual present** • Does each piece of equipment have a manual present?
m)	**Staff adequately trained in equipment use** • Do staff receive regular training?

504 Workshop Areas

Examples:

(S) Equipment is regularly inspected to make sure that it works and is safe to use. Workers use protection when operating equipment.

(Hazard) Electrical cords are frayed and split.

(M) Workers regularly approach management to let them know of items that need to be fixed or are not working properly. Equipment is not used if not working properly and workers always use ear protection.

a)	**Motorised equipment maintained and inspected regularly** • e.g. grinders, oxy acetylene equipment, drilling equipment, cutting equipment, welding equipment, spray painting equipment, compressors • Is all of the motorised equipment regularly maintained?
b)	**Electrical tools and cords maintained and grounded** • Are electrical tools and cords regularly inspected and grounded?
c)	**Hand tools maintained** • Are all hand tools regularly inspected?
d)	**Machine guarding provided and maintained** • Is machine guarding provided? • Is the machine guarding regularly inspected?
e)	**Reduce noise at source** • Is noise reduced at the source? (Remember: The Hierarchy of Controls!)

f)	**Ear protection provided** • Is ear protection provided and do workers understand the dangers of exposure to noise?
g)	**Vessels under pressure maintained and regularly inspected** • Is there a certificate of manpower for vessels under pressure? • Is there regular inspections and maintenance?
h)	**Chemicals clearly labelled** • Are all of the containers clearly labelled? • Does the label include the name of the product, the supplier, the level of risk, precautionary measures and first aid protocol? • Are the labels understood by all the workers?
i)	**Proper lock-out (disconnect) system for all equipment** • Is there a lock-out system provided for all of the equipment in the workshop areas?

j)	**Steam, gas and water pipes clearly marked** • Are there signs for the steam, gas and water pipers that are clear?
k)	**Ladders maintained in good condition** • Are all of the ladders regularly inspected and working properly?
l)	**Lifts available and maintained** • Are the lifts regularly inspected and working properly?
m)	**Equipment manual present** • Does each piece of equipment have a manual present?
n)	**Staff adequately trained in equipment use** • Do staff receive regular training?

505 Kitchen and Laundry

Examples:

(S) All walk in refrigerators have handles fitted on the inside.

(Hazard) Knives and sharp tools are washed together with other equipment.

(M) Instead of only cleaning equipment and appliances when they are obviously dirty, there is a regular schedule for cleaning and disinfecting, where appropriate. Staff are also encouraged to rest and drink water, especially when heat is excessive.

a)	**Machines fitted with guards, maintained and used** • Are the guards used consistently? • Is there regular maintenance for the guards?
b)	**Push sticks provided and used for choppers and grinders** • Are there push sticks available and consistently used in the kitchen areas?
c)	**Knives kept sharp and free of grease** • Are knives regularly sharpened and clean?
d)	**Sharp tools collected and washed separately** • Are the sharp tools collected separately and washed separately?

e)	**Deep fat fryer has thermostat and cut-off fryer turned off when fresh oil put in** • Is the deep fat fryer thermostat and cut-off fryer off when oil is replaced?
f)	**Grease traps, hoods and vents cleaned regularly** • Are the radiology rooms lined with lead?
g)	**Pilot lights working properly** • Are all of the pilot lights inspected regularly and working appropriately?
h)	**Electrical equipment and cords grounded and maintained with enough plug-ins** • Is the electrical equipment and cords regularly maintained and grounded? • Are there enough plug-ins?

i)	**Microwaves kept clean, checked for radiation** • Are the microwaves regularly cleaned? • Are the microwaves inspected for radiation?
j)	**Refrigerators fitted with handles inside** • Do the refrigerators have handles fitted on the inside?
k)	**Emergency lighting in walk-in refrigerator** • Do the walk-in refrigerators have emergency lighting?
l)	**Education and training for hazards and safe practices of ammonia** • Do workers in the kitchen have training for the hazards associated with ammonia from the refrigerator?
m)	**Air conditioning provided** • Is there air conditioning in the kitchen areas? • Is there air conditioning in the laundry areas?

n)	**Work-rest regime for exessive heat.** • Is there a work-rest regime in place for workers?
o)	**Workers encouraged to drink lots of water on hot days** • Is there a water fountain or water cooler available to staff? • Water is a critical element of the body, and adequate hydration is a must to allow the body to function. Dehydration occurs because there is too much water lost, not enough water taken in, or most often a combination of the two.
p)	**Equipment manual present** • Does each piece of equipment have a manual present?
q)	**Staff adequately trained in equipment use** • Do staff receive regular training?

600 Work Layout / Work Environment / General Equipment

Examples:

(S) Countertops and workstations are comfortable for staff and can be adjusted if need be.

(Hazard) Workers (including pregnant staff members) are too busy to take breaks to rest while on shift.

(M) The height of the counter is adjusted depending on the type of work. Managers encourage staff to sit or stand whenever necessary.

Ergonomics 600
Work Layout / Work Environment / General Equipment

a) **Countertops and workstations at appropriate height and adjustable**

- Are countertops and workstations at the right height for staff? Can they be adjusted?
- Counters are appropriate height when a person's elbow can relax 90 degrees when sitting or standing. The height of the counter depends on the type of work.
  - If sitting the counter height should be at belly button level.
  - If doing light work, the station can be at elbow level
  - If the material is heavy, adjust it to below the elbow
  - If the staff person is doing work that requires percision and detail, the height should be adjusted above the elbow.

b) **Adequate rest periods for workers to sit**

- Are rest periods built into workers schedules?
- Does the workplace provide adequate rest areas for staff including chairs?

c)	**Pregnant workers don't stand all shift or sit all shift** • Are there policies for pregnant workers? Are they enforced? • A job is classified as physically strenuous if a pergnant woman stands (prolongued) for more than three hours a day. Prolongued standing and sitting are both health risk factors for pregnant women, so it is important that pregnant women change their posture often, with a mix of standing, walking and sitting. Work stations should be adjusted (i.e. backrest, footrests etc.) to suit their needs.
d)	**General office equipment is available and in good working condition** • e.g. photocopier, fax, etc. not in need of repair • manuals are available and accessible
e)	**File cabinets appropriately designed, situated and not over-stufffed** • Are there lock mechanisms for drawers to prevent tipping? • Are filing cabinets not over-stuffed? • Are files stored at waist height?

601 Force

Examples:

(S) Ergonomic lifting devices are available and heavy items are stored at waist height.

(Hazard) Large patient files and some pieces of equipment are stores on shelves close to the ceiling. Accessing these items requires the use of a step ladder and significant stretching.

(M) All staff are aware of and adhere to protocols to improve how people move and lift items. Push carts and lifting devices are used regularly.

a)	**Ergonomic lifting devices available** • What kind of devices are available? Are there enough? • Do staff use them? • If training is necessary, how often is training requierd and delivered? • Are instructions posted in a convenient place?
b)	**Procedures to eliminate or reduce heavy lifting and twisting** • Are there protocols in place to improve how people move and lift items? • How often does training take place? • Are workers regularly reminded of proper procedures?
c)	**Store heavy items at waist height** • Are items stored at waist height? • Are signs posted to remind staff of this storing items?

d)	**Push carts provided with handles at comfortable level, good wheels, and not over-loaded** • Are push carts properly maintained? • Are the handles at a comfortable height? • Are the wheels even or do they pull to one side?
e)	**Turntables and conveyors where material needs to be moved** • Are turntables and conveyprs available? Are they used? • Are turntables and conveyers in good condition? • Is the conveyor speed and height properly adjusted? • Are there protocols about whether a person should be standing or seated for the specific task? • Are conveyors accessible from both sides, both for maintenance and safety reasons? • Is there enough leg and knee clearance?

602 Repetition

Examples:

(S) Workers switch tasks regularly to prevent over-use injuries.

(Hazard) Workloads, staffing levels and supervision are inadequate and do not permit workers to switch tasks regularly.

(M) The manager on duty works with the health and safety representative to make sure that workers switch tasks regularly.

a) **Adequate numbers of staff to reduce overuse injuries**

- Is someone in charge of making sure that staff remember to switch tasks which could lead to overuse injuries?
- Overuse injuries can happen when movements are awkward or too repetitive. This can happen in many contexts, including office work, patient care, labratories and maintenance.
- Use of the same muscles should nor occur over prolonged periods; varying tasks that use different muscles should be incorporated. Changing tasks and using the same muscles will not reduce injury rates. Ensure where there is repetition that there are adequate rest breaks.

603 Awkward Posture / Static Posture

(S) Desks and chairs are ergonomically appropriate.

(Hazard) Tall workers must sit hunched over when working on the computer because the desk is too low.

(M) All work stations have had an ergonomic assessment and ergonomic chairs and foot rests. All workers wear comfortable footwear. Managers encourage staff to take regular short walks.

a) **Suitable ergonomic chairs available and workers encouraged to do at least part of their jobs sitting, if possible**

- Are there ergonomic chairs available? Are workers reminded to work from chairs if possible?
- Good ergonomic chairs swivel, have adjustable seats, adjustable neckrests, proper seat depth and are stable (meaning they do not easily tip over). It may also be useful to have a chair where the seat slopes forward. For computer users, it is helpful to have adjustable armrests. A good chair allows the person to sit in a balanced way, but the person still needs to focus on sitting with good posture.

b) **Foot rests provided for desks and work stations**

- Are foot rests available?
- Foot rests allow workers to change their body position, which can reduce fatigue and strain. They should allow the feet to rest in a flat position.

c)	**Work stations and storage areas designed to reduce excessive reaching** • Are commnly used items (i.e. lab or office equipment, medical supplies on a cart) close to the person so that they do not have to over-reach or turn?
d)	**Reduce requirements to stand in one place** • Do managers encourage workers to move around? • Are workers educated on the health benefits of moving around, and what the risks are of standing in one place?
e)	**Provide anti-fatigue mats, especially for standing jobs** • Are these available? Are they used? Are they in good condition? • Especially where floors are hard (i.e. concrete), anti-fatigue mats should be used for workers who need to stand for long periods of time.These mats can be made of rubber, vinyl, carpeting and wood. Even with the mat, it is helpful for workers to regularly alternate between standing and sitting.

f)	**Comfortable, cushioned footwear provided and worn** • Is proper footware provided? If not, are suggestions given to workers when they go to purchase them? • Ideal footware has insulating soles with insoles that are shock absorbing and non-slip. There should be good arch and heel support and they should be comfortable. This footwear can be used with anti-fatigue mats to reduce strain, but it is important that mats do not present as a tripping hazard.
g)	**Provide tilt bins with hydraulic lifts** • Are tilt bins with hydraulic lifts available? Are they properly maintained? Are there enough? Are they used? • To reduce awkward or heavy lifting or lowering, especially when hands are above the head, or elbow are above shoulders, or where the person is often leaning downward, use a tilt bin with hydraulic lifts.

604 Contact Stress

(S) There are policies in place to ensure that there are not tasks that require repeated or continuous contact with a hard or sharp object.

(Hazard) The workplace requires workers to rest wrists on the sharp edge of a desk or workstation while performing tasks.

(M) All staff are aware of what contact stress is and are discouraged by management from doing tasks that require repeated or continuous contact between sensitive body tissue and a hard or sharp object.

a) **Staff do not lean/rest against edges or sharp corners.**

- Contact stress results from occasional, repeated or continuous contact between sensitive body tissue and a hard or sharp object. Contact stress commonly affects the soft tissue on the fingers, palms, forearms, thighs, shins and feet. This contact may create pressure over a small area of the body (wrist, forearm) that can inhibit blood flow, tendon and muscle movement and nerve function.

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