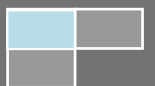


2011

# Handbook of Occupational Hazards and Controls for Homecare Providers

**Government  
of Alberta** ■



### Credits

This document has been developed by the Government of Alberta and derived as a profession-specific summary of information contained in the five volumes of Best Practices in Occupational Health and Safety in the Health Care Industry. Full text of these documents can be found at <http://www.employment.alberta.ca/SFW/6311.html>

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## Table of Contents

|  |    |
|--|----|
| Introduction .....   | 3  |
| Hazard Assessment Process .....                                    | 4  |
| Potential Hazards and Recommended Controls .....                   | 4  |
| Biological Hazards and Controls.....                               | 5  |
| Notes about controls for biological hazards .....                  | 6  |
| Chemical Hazards and Controls .....                                | 15 |
| Notes about controls for chemical hazards .....                    | 24 |
| Physical Hazards and Controls.....                                 | 29 |
| Notes about controls for physical hazards .....                    | 33 |
| Psychological Hazards and Controls .....                           | 42 |
| Notes about controls for psychological hazards .....               | 45 |
| APPENDIX 1 - OHS-related Competencies for Homecare Providers ..... | 52 |
| APPENDIX 2 - Additional Resources .....                            | 56 |
| APPENDIX 3 - Learning Objectives for this Module .....             | 59 |
| APPENDIX 4 - Test Your Knowledge.....                              | 60 |
| INDEX .....  | 63 |

# Occupational Health and Safety Hazards and Controls for Homecare Providers

## Introduction

As part of the Alberta Healthcare Initiative, a series of Best Practice documents were produced by Alberta Employment and Immigration – Workplace Health and Safety to better acquaint healthcare workers (HCW) with workplace hazards and appropriate control measures. Five documents have been produced; each developed with the input of a multidisciplinary stakeholder group. The documents are available on the Alberta Employment and Immigration website <http://www.employment.alberta.ca/SFW/6311.html> as follows:

*Overview of Best Practices in Occupational Health and Safety in the Healthcare Industry Vol. 1*

[http://www.employment.alberta.ca/documents/WHS/WHS-PUB\\_bp009.pdf](http://www.employment.alberta.ca/documents/WHS/WHS-PUB_bp009.pdf)

*Best Practices for the Assessments and Control of Biological Hazards Vol. 2*

[http://www.employment.alberta.ca/documents/WHS/WHS-PUB\\_bp010.pdf](http://www.employment.alberta.ca/documents/WHS/WHS-PUB_bp010.pdf)

*Best Practices for the Assessments and Control of Chemical Hazards, Vol. 3*

[http://www.employment.alberta.ca/documents/WHS/WHS-PUB\\_bp011.pdf](http://www.employment.alberta.ca/documents/WHS/WHS-PUB_bp011.pdf)

*Best Practices for the Assessments and Control of Physical Hazards, Vol. 4*

*Best Practices for the Assessments and Control of Psychological Hazards, Vol. 5*

In an effort to focus the hazard assessment and control information for specific healthcare professions, a series of short summaries of relevant information have been produced using excerpts from the five best practice documents. Readers are directed to the original documents for more details and more comprehensive information. Please note that hyperlinks are provided to reference documents for the convenience of the reader. These links are functional at the time of first availability of this document but, due to the changing nature of web information, may not be functional at a later date. The Government of Alberta does not assume responsibility for updating hyperlinks.

This document focuses on hazards and controls for workers providing client care services in homecare. Much of this information may also be useful for other workers providing client care in homecare or community settings, such as therapists or those providing support services to homecare clients.

## Hazard Assessment Process

Homecare providers may be exposed to a variety of workplace hazards in the course of performing their functions. The type and degree of exposure is dependent upon a variety of individual factors including client-related factors as well as environmental issues. A key component of a health and safety program is to identify and assess hazards and determine appropriate controls. A systematic approach to hazard assessment includes the following steps:

1. List all work-related tasks and activities
2. Identify potential biological, chemical, physical and psychological hazards associated with each task.
3. Assess the risk of the hazard by considering the severity of consequences of exposure, the probability that the exposure will occur and the frequency the task is done.
4. Identify the controls that will eliminate or reduce the risk. The hierarchy of controls should be followed. This means that engineering controls are the most effective, followed by administrative controls (such as training and rules), and followed by personal protective equipment (PPE).
5. Implement the controls for each hazard.
6. Communicate the hazard assessments and required controls to all workers who perform the tasks.
7. Evaluate the controls periodically to ensure they are effective.

## Potential Hazards and Recommended Controls

The following charts summarize potential hazards for homecare providers and recommended controls to reduce the risk of exposure to the hazards.

## Biological Hazards and Controls

In this section the most commonly encountered biological hazards for homecare providers and methods to control them are presented. Employers should carefully evaluate the potential for exposure to biohazardous materials in all tasks and ensure that they have an effective hazard control plan in place. This information will be useful for inclusion into hazard assessments. Please note, this is not designed to be an exhaustive treatment of the subject, but is rather an overview summarizing the biological hazards most frequently encountered by homecare providers.

### Note:

The following chart provides basic information about control strategies for commonly occurring biological hazards. Administrative controls are based on the risk assessment. Worker education and good communication processes are important administrative controls. Any PPE selected must be based upon the risk assessment of the task and the environment in which it is used. All legislation related to the selection and use of controls must be followed.

| Potential Biological Hazards  | Summary of Major Control Strategies   |  |   |
|---|---|--|---|
|   | Engineering   | Administrative   | PPE   |
| Exposure to bloodborne pathogens through needle stick injuries, contaminated items and surfaces, exposure to mucous membranes   | Early detection and communication of infection status. Elimination of use of any unnecessary sharps. Engineered needle stick prevention devices. Availability of sharps containers for disposal. Vaccines | Compliance with all infection prevention and control practices. Immunization program. Worker education.  | Gloves, protective clothing, eye and face protection.   |
| Exposure to airborne biological agents through contact with secretions from infectious clients (coughing, sneezing, etc.) or air contaminated with infectious biological agents | Early detection of infection status. Vaccines   | Exclusion of non-immune workers from visiting infected clients;. Immunization program. Worker education. | PPE based on the risk assessment may include gloves, eye and face protection, respirators, protective clothing. |
| Exposure to droplets containing   | Early detection of infection  | Good housekeeping practices.   | Gloves, protective  |

|  |   |  |  |
|--|---|--|--|
| <b>infectious biological agents through contact with client secretions or contaminated environmental surfaces or equipment</b> | status. Vaccines. Cleaning and decontamination of equipment.  | Compliance with all infection prevention and control practices. Immunization program. Worker education.  | clothing, eye and face protection.   |
| <b>Exposure to environmental biological contaminants from ventilation systems, water or food</b>                               | Maintenance of ventilation systems. Early spill clean-up. Preventive maintenance of ventilation systems and water supply systems with regular testing to ensure proper functioning. Early detection and remediation of mould. | For facilities, infection prevention and control practices related to building maintenance and food preparation. Protocols for construction and renovation projects that reduce contamination. Worker education. | Use of proper PPE when cleaning contaminated environmental surfaces, including gloves, respiratory protection, and eye protection. |
| <b>Exposure to zoonotic disease</b>  | Risk assessment prior to visit.   | Confine animals during visit. Communication procedures. Worker education.  | Gloves, shoe covers and protective clothing for animal excretion contact.  |

## Notes about controls for biological hazards

Exposure to biological hazards may occur for any homecare provider. Controls include any mechanisms to reduce the potential for exposure to infectious agents and the immunization of all direct caregivers against infectious diseases to which they may be exposed.

### *Engineering Controls*

In the hierarchy of controls, the highest level of control is directed at the source. From an occupational health perspective, the highest level of control may be immunization of workers who may come in direct contact with infected clients. Good engineering controls such as the use of needleless systems and engineered needle stick prevention devices, and effective biological waste handling also contribute to minimizing the transmission of infectious agents. Engineering controls, once designed and implemented, are not under the control of the worker, but are directed at the source of the hazard. Engineering controls related to the design of the work area are not often elements that are within the homecare provider's control. However, in some cases, modifications may be suggested that provide a safer environment for both client and provider.

### Safe Needle Devices

Safe needle devices have built-in engineering features that assist in preventing injuries during and after use of the device. Examples of safe needle devices that have built-in engineering features include:

- Needleless connectors for IV delivery systems
- Protected needle IV connectors
- Needles that retract into a syringe or vacuum tube holder
- Hinged or sliding shields attached to syringes
- Self-blunting phlebotomy and winged steel needles
- Blunt tip suture needles
- Retractable finger/heel-stick lancets

While some engineered safe needle devices have been available for some time, new engineered safe needle devices continue to be introduced for the healthcare industry. Sharps disposal containers assist in protecting HCWs from injuries when handling and transporting waste sharps. The CSA standard Z316.6-07 *Evaluation of Single-use and Reusable Medical Sharps Containers for Biohazardous and Cytotoxic Waste* should be consulted when selecting sharps containers.

### Decontamination<sup>1</sup> of facilities and materials

Decontamination is a term used to describe procedures that remove contamination by killing microorganisms, rendering the items safe for disposal or use. All contaminated materials must be decontaminated before disposal or cleaning for reuse. The choice of method is determined by the nature of the material to be treated. Disinfection refers to the destruction of specific types of organisms but not all spores, usually by chemical means. Disinfection is a means of decontamination. Surfaces must be decontaminated after any spill of potentially infectious materials. Work areas, client rooms, and pieces of equipment may also require decontamination.

### General ventilation

Ventilation in homes is most often general ventilation, with furnaces, the use of windows and in some cases air conditioning in the summer. Where humidifiers are in use, accumulations of water could stagnate in humidifier trays and may become potential sources of biological contamination. Regular maintenance of humidifiers is required to reduce the risk of microbial growth. Mould growth in the indoor environment can be affected by relative humidity levels. High relative humidity levels may contribute to an increase in the growth of some moulds and lead to condensation developing on surfaces. Control of indoor relative humidity levels is an important factor in preventing mould growth.

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<sup>1</sup> This section was modified from Laboratory Safety: CSMLS Guidelines, sixth edition; Gene Shematek & Wayne Wood; Canadian Society for Medical Laboratory Science; 2006.



## ***Administrative Controls***

The next level of controls includes administrative controls. Because it is not always possible to eliminate or control the hazard at the source, administrative controls are frequently used for biological hazards in healthcare. Administrative controls focus on ensuring that the appropriate prevention steps are taken, that all proper work procedures are documented, and that homecare providers are trained to use the proper procedures. Administrative controls include policies and procedures that establish expectations of performance, codes of practice, staff placement, required orientation and training, work schedules, and occupational health programs in which baseline immune status is recorded and immunizations are provided.

A comprehensive management system considers the continuum of infection prevention and control efforts across all sites and operations. A comprehensive system should include the following components:

- ☐ A process that ensures site-specific hazard assessments are conducted for all sites, including homecare sites, and tasks and appropriate controls are identified
- ☐ Risk assessment for potential zoonotic hazards for homecare providers
- ☐ An infection prevention and control plan with clear designation of roles and responsibilities
- ☐ Consistent standards for the cleaning, disinfection and sterilization of equipment, procedures, and policies including Routine Practices, Additional Precautions, hand hygiene policies and available materials, client risk assessments, communication protocols, decontamination of clothing and dedicated clothing
- ☐ Outbreak prevention and management
- ☐ Adequate staffing to comply with OHS and IPC policies and procedures; work scheduling
- ☐ Required orientation and ongoing education
- ☐ Biomedical waste handling procedures and policies
- ☐ A comprehensive surveillance and monitoring plan
- ☐ Record keeping and regular reporting of outcomes

### ***Routine practices and additional precautions***

Procedural controls may include procedures that relate to detection and follow-up of infectious diseases, the use of Routine Practices and Additional Precautions as directed, baseline health assessments and periodic screening of workers, hazard identification and control processes, and outbreak management procedures. Awareness of the infectious disease status of clients is another good control, though this is not always possible for homecare providers. All work procedures should include the consideration and control of the risk of exposure to workers. Routine Practices and Additional Precautions (where required) greatly assist in reducing the transmission of infectious agents from both known and unknown client sources by treating all contacts as potential risks.

### Infection Prevention and Control Definitions:

- **Routine Practices** include a recommended pattern of behaviours to form the foundation of limiting the transmission of microorganisms in all health care settings and is generally accepted care for all clients. Elements of Routine Practices are: hand hygiene; risk assessment related to client symptoms, care and service delivery, including screening for infectious diseases; risk reduction strategies through the use of PPE, cleaning environment, laundry, disinfection and sterilization of equipment, waste management, safe sharps handling, client placement and healthy workplace practices; and education of healthcare providers, clients and families, and visitors.
- **Additional precautions** are practices used to prevent transmission of infectious agents that are spread by direct or indirect contact with the client or client's environment that are necessary in addition to Routine Practices for certain pathogens or clinical presentations. These precautions include Contact Precautions, Droplet Precautions, and Airborne Precautions that are based on the method of transmission.

For more information: <http://www.health.alberta.ca/documents/IPC-MRSA-Standards-2008.pdf>

Routine Practices include being attentive to all routes of transmission. Awareness of routes of transmission has led to the development of a variety of transmission-route specific strategies. Most of these are well documented in infection prevention and control plans. In particular, hand hygiene is identified as the single most important administrative strategy in infection prevention and control. Other strategies include additional precautions designed to address infections transmitted through the “airborne” route, those transmitted through “droplets” and those transmitted through “contact”. It should be noted that though some infection prevention and control plans appear to provide sharp demarcations as to what size of particle is transmitted by which route (particularly by airborne and droplet); it is highly likely that there is a continuum of particle sizes produced at any time and the determination of transmission route is more a probability than a certainty. For this reason, one must be careful in defining control strategies based solely on particle sizes.

In some circumstances, identification of the specific organism responsible for the infection may take considerable time, during which client care is required. In these cases, it is prudent to apply the most stringent precautions until evidence indicates that less are required. In cases where the transmission route or organism has not yet been identified, it is prudent to assume all routes of transmission may be possible, as this would drive the highest level of precautions available and appropriate. Once more information is known about the organism, precautions can be revised to take that knowledge into account.

Administrative controls related to the prevention of exposure to biological hazards include the development and implementation of infection prevention and control guidelines, including vehicle and equipment decontamination and safe work procedures.

Surfaces must be decontaminated after any spill of potentially infectious materials. Specific written protocols must be developed and followed for each decontamination process. Homecare providers must be trained in all decontamination procedures specific to their activities and should know the factors influencing the effectiveness of the treatment procedure.

#### Home-specific hazard assessments

Pre-visit assessments of the home environment are an important administrative tool to identify and control hazards. In particular, awareness of other persons in the home as well as any pets should initiate questions as to the possibility of infectious disease transmission. In the case of pets, keeping the pets in a separate room from the client during the homecare worker's visit may be an important control measure to prevent incidents that may expose homecare providers to hazards.

#### Chemical Disinfectants

Chemical disinfectants are used to decontaminate surfaces, reservoirs of infectious material, and to clean up spills of infectious material. The choice of chemical disinfectant must be made carefully based on:

- Types of organisms, suspected or known
- Items or surfaces to be decontaminated
- Hazards posed to the homecare worker by the disinfectant
- Cost of disinfectant
- Corrosiveness of disinfectant
- Shelf life and required dilution of disinfectant
- Material which inactivates the disinfectant

In many cases, the choice of disinfectant for specific uses may be standardized in the organization and made after evaluation by IPC and OHS professionals.

#### Considerations in the use of chemical disinfectants

- Choose the disinfectant carefully. More than one may be required. Keep in mind the items to be disinfected, and the properties and limitations of the various available disinfectants. If more than one disinfectant is required, ensure that those selected are chemically compatible.
- Follow the manufacturer's directions for making the proper dilutions of the disinfectants.
- The effective life of disinfectants can vary depending on the formulations and the conditions of usage. Follow the manufacturer's directions.

- The effective exposure time that the disinfectant must be in contact with the contaminant will also vary with conditions of usage. Often overnight exposure may be recommended to ensure effective decontamination.
- Understand the health and safety hazards that may be posed by a particular disinfectant and ensure appropriate precautions are taken. Wear disposable gloves when using any disinfectants. Wear other personal protective equipment or clothing as necessary, depending upon the disinfectants. Consult Material Safety Data Sheets for details.
- Homecare providers with particular sensitivities to specific disinfectants should avoid using those disinfectants.
- Perform tests of the disinfectants to ensure effective disinfection.

### Spill response procedures

The efficient and effective control of a biological spill requires that all homecare providers are trained in and have practiced the established spill response techniques. The materials and supplies that are necessary for spill clean-up and decontamination must be readily available to ensure timely spill response. Written spill response procedures should outline spill response actions and roles. The actual procedure used will vary with the size of the spill and the location of spill (including materials, equipment or environmental surfaces affected). All spill responses should be documented as incidents.

### To handle biological spills, it is prudent to have these items available:

- Biological liquid solidifying agent
- Disinfectant - small quantities, made fresh daily if phenolics or hypochlorites (such as bleach)
- Forceps for picking up broken glass
- Paper towels, swabs, disposable and heavy-duty gloves
- Metal or polypropylene (autoclavable) dust pan
- Heavy-duty polyethylene bags
- High efficiency particulate respirators, shoe covers or rubber boots and full protective clothing if large spills may occur

### Training

Training in biological hazards and controls should be provided to all health care workers (HCWs). Each HCW must understand the employer's IPC and OHS programs as they relate to their job duties. For newly hired HCWs, all relevant IPC and OHS policies and procedures must be provided before they start work. To ensure that HCWs understand and apply this information to their jobs, specific training should also be provided to address job-specific biological hazards. Periodic refresher training to reinforce policies and procedures and introduce any new practices will benefit all HCWs. Competency assessments should be provided for all training, and training records should be maintained.

### HCW immunization and health surveillance

An immunization policy and program is a proactive mechanism to reduce risk of communicable diseases for HCWs. Each healthcare organization should have an immunization and health surveillance program in place that is appropriate to the size and type of workplace. These programs must be applicable to homecare providers, as appropriate to the risk assessment of their tasks.

Immunization and health surveillance programs should include:

- Education about vaccine-preventable diseases
- Risk assessment to determine the need for immunization or surveillance based on potential exposure
- Administration of immunizations (or referral for immunizations, as appropriate)
- Documentation and follow-up of any baseline health assessments, communicable disease status and immunizations

Ideally, the immunization and surveillance programs should provide easy, authorized access to HCW immune status records for follow up of exposure incidents and outbreaks. In some cases, immunizations or baseline testing may be required prior to commencement of work.

### Post-exposure follow-up management

Post-exposure management includes management of HCWs exposed to, colonized by, or infected with microorganisms; an outbreak management process for exposures and/or HCWs who are symptomatic or colonized with infectious disease; and access by Occupational Health professionals to utilize medical assessment and diagnostic services for timely follow-up for HCW exposures. This is an important procedure for homecare providers, who are most often not working in a healthcare facility when exposure occurs.

### Personal Protective Equipment (PPE)

Personal protective equipment such as gloves, respiratory protection and eye protection should be used based on the risk assessment. PPE is often used in conjunction with other controls (engineering and administrative) to provide additional protection to workers. The primary types of PPE are designed to protect the worker from infectious disease by breaking the chain of infection at the “portal of entry or exit” of the microorganisms. This means that all PPE is designed to reduce exposure via specific routes of transmission. Gloves, gowns and other protective clothing reduce exposure through the dermal (skin) contact route and help contain the microorganisms to the work environment.

### Gloves

Gloves are the most common type of PPE used by homecare providers. Gloves are made from a variety of materials including latex, nitrile, neoprene, copolymer, and polyethylene and are available in various levels of thickness. When dealing with infectious materials, gloves must be waterproof. Most client care activities require non-sterile gloves, whereas any invasive procedure should

be performed using sterile surgical gloves. Latex gloves should be avoided due to the risk of latex allergy unless there is a demonstrated safety requirement for latex to be used. The Canadian General Standards Board (CGSB) certifies medical gloves, which is a key factor in selecting gloves for use in healthcare. The choice of gloves must often balance the needs for protection and dexterity. While thicker gloves (or double gloves) may appear to provide greater protection, it may make tasks more difficult and increase the exposure risk. In Recommendations for Canadian Health Care and Public Service Settings<sup>2</sup>, it is noted that the *“Selection of the best glove for a given task should be based on a risk analysis of the type of setting, type of procedure, likelihood of exposure to blood or fluid capable of transmitting bloodborne pathogens, length of use, amount of stress on the glove, presence of latex allergy, fit, comfort, cost, length of cuffs, thickness, flexibility, and elasticity.”*

### **Safe Practices for Glove Use<sup>3</sup>**

- Wear medical gloves when there is a risk of contact with blood, body fluids or substances, mucous membranes, open wounds or skin lesions.
- Wear gloves that are certified by the CGSB.
- Wear gloves when handling items contaminated with blood, body fluids, secretions or excretions.
- Wear gloves if you have any cuts or lesions on your hands or if you have dermatitis affecting your hands.
- Avoid latex gloves and powdered gloves to reduce sensitization or allergic reactions.
- Ensure that the gloves fit properly.
- Inspect gloves for holes or tears, discarding any damaged gloves.
- Put gloves on just before beginning the task, and remove them promptly when finished and before touching any environmental surfaces.
- Do not touch your face or adjust PPE with contaminated gloves and avoid touching uncontaminated items such as light switches, telephones, etc. while wearing gloves.
- Change gloves when they become soiled, during lengthy procedures, and between clients.
- Remove gloves carefully according to the IPC guidelines and dispose of them properly.
- Wash hands before using and after removing gloves and never reuse or wash single-use disposable gloves.

<sup>2</sup> Recommendations for Canadian Health Care and Public Service Settings; found at <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/97vol23/23s3/index.html>

<sup>3</sup> Modified from information provided in Preventing the Transmission of Blood Borne Pathogens in Health Care and Public Service Settings. Found at <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/97vol23/23s3/index.html> (See Supplement)

PPE is required when there is the potential for exposure of the face to splashes or sprays of infectious material. The selection of eyewear depends upon the tasks being conducted. Types of eye protection most commonly used by homecare providers include safety glasses and goggles. Regular prescription eyewear and contact lenses are not considered effective as PPE. Safety eyewear should fit the wearer, be clean and well maintained and stored. If necessary, goggles may be fitted with prescription lenses or worn over glasses. Masks protect the mucous membranes of the nose and mouth from exposure to large droplets that may contain infectious materials. Masks are commonly used to contain droplets at the source (for example, the HCW or client with a cough). Masks should fully cover the nose and mouth and fit snugly. Masks worn by clients reduce exposure through droplet containment at the source, and respirators worn by health care workers reduce exposure to the respiratory system.

#### *The Difference between a Surgical or Procedure Mask and a Respirator*

| Surgical or Procedural Masks  | Respirators (i.e. NIOSH approved N95)   |
|---|---|
| <ul style="list-style-type: none"> <li>• Surgical Masks are <u>not</u> designed to seal tightly against the HCW's face or certified to prevent inhalation of small droplets/particles.</li> <li>• When the HCW inhales, contaminated small droplets can pass through gaps between the face and surgical mask.</li> </ul>  | <ul style="list-style-type: none"> <li>• A fit-tested NIOSH approved respirator provides a proper seal at the HCW's face, forcing inhaled air to be pulled through the filter material and not through gaps between the face and the respirator.</li> </ul> |
| <ul style="list-style-type: none"> <li>• Surgical masks provide a physical barrier for protection from splashes of large droplets of blood or body fluids.</li> <li>• Surgical masks are used for several purposes including:               <ul style="list-style-type: none"> <li>○ Prevention of accidental contamination of clients wounds with pathogens normally present in mucus or saliva</li> <li>○ Placed on sick clients to limit spread of infectious respiratory secretions to others</li> <li>○ Protection from splashes or sprays of blood or body fluid</li> <li>○ Assist to keep HCWs contaminated hands from contacting their own mucous membranes.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Respirators are designed to reduce HCW's exposure to airborne contaminants.</li> <li>• Fit tested NIOSH approved respirators are used when required, based on hazard assessment.</li> </ul>                        |

\*Adapted from OSHA (2007) *Guidelines on Preparing Workplaces for an Influenza Pandemic*



## Chemical Hazards and Controls

This section will provide a brief overview of selected chemicals that homecare providers may come into contact with. **Note that this list is not extensive or all-inclusive.** In the control column, E, A and P are used to designate Engineering, Administrative and PPE controls. These controls are briefly summarized and the reader should link to the references provided for additional information. The proper choice of control measures must be based on a risk assessment for the specific tasks being performed. Safe work practices are administrative controls necessary for working with all harmful substances and educating workers in the practices is vital. Safe work procedures should be designed to:

- Limit the worker's exposure time
- Reduce contact with the substance through any route of exposure to the worker
- Ensure safe disposal of substances and disposable equipment that comes into contact with harmful substances
- Ensure safe handling and decontamination of reusable equipment
- Require the use of all designated controls

Worker education is critical for safely handling harmful substances.

### General Resources – Chemical Hazards

For more information about specific chemical hazards, consult the following resources:

NIOSH Pocket Guide to Chemical Hazards (<http://www.cdc.gov/niosh/npg/>).

CCOHS Cheminfo (<http://ccinfoweb.ccohs.ca/>).

Alberta Workplace Health and Safety Bulletins (<http://employment.alberta.ca/SFW/136.html> ).

The following charts, taken from Volume 3 – Best Practices for the Assessment and Control of Chemical Hazards in Healthcare, summarize important information about some of the chemical hazards that may be encountered by homecare providers.



### Chemicals used for cleaning and disinfection

| Chemical<br>(category or group)   | Common Uses<br>and Examples   | Exposure and Health<br>Effects Information  | Controls   | For more information:   |
|---|---|---|--|---|
| These are examples of chemicals, uses, health effects and controls. For each chemical used in the workplace, specific information MUST be consulted to determine controls based on what the product is used for, how it is used and the environment it is used in. This may be found on MSDSs, information provided by the manufacturer or supplier, or other sources. Individual reactions to chemicals must also be considered in determining appropriate controls. |   |   |  |   |
| <b>Alcohol hand sanitizers</b>  | Hand hygiene when water is not available and hands are not visibly soiled | May cause skin dryness. Product is flammable.   | <b>A-</b> Appropriate storage of product (away from ignition sources and incompatible products). Provision of hand cream to soothe hand dryness.   | <a href="http://www.ottawa.ca/residents/health/emergencies/pandemic/hand/faq_gel_en.html">http://www.ottawa.ca/residents/health/emergencies/pandemic/hand/faq_gel_en.html</a><br><br><a href="http://employment.alberta.ca/documents/WHS/WHS-PUB_fex002.pdf">http://employment.alberta.ca/documents/WHS/WHS-PUB_fex002.pdf</a><br><br><a href="http://www.municipalaffairs.alberta.ca/documents/ss/STANDATA/fire/fcb/97fcb026.pdf">http://www.municipalaffairs.alberta.ca/documents/ss/STANDATA/fire/fcb/97fcb026.pdf</a> |
| <b>Bowl cleaners</b>  | Cleaning toilet bowls & urinals   | Many have acids and other toxic chemicals that are irritants and are corrosive to the eyes and skin. May react with other products to create hazardous products.  | <b>E-</b> Substitution with less harmful product.<br><b>A-</b> Safe work procedures. WHMIS program and maintenance of MSDSs. Worker education.<br><b>P-</b> Gloves and eye protection.   | <a href="http://www.hercenter.org/hazmat/cleaningchems.cfm">http://www.hercenter.org/hazmat/cleaningchems.cfm</a>   |
| <b>Detergents</b>   | Cleaning a variety of surfaces  | Possible eye, skin, and respiratory irritants. Some products may cause allergic dermatitis or contain sensitizers such as nickel or limonene. May react with other products to create hazardous products. | <b>E-</b> Substitution with less harmful product. Properly designed and maintained ventilation systems. Automatic diluting machines.<br><b>A-</b> Practice to purchase products in ready to use concentrations to minimize handling. Safe work procedures. WHMIS program and maintenance of MSDSs. Worker education. Accommodation for sensitized workers or those with health issues.<br><b>P-</b> Gloves and eye protection. | <a href="http://www.hercenter.org/hazmat/cleaningchems.cfm">http://www.hercenter.org/hazmat/cleaningchems.cfm</a><br><br><a href="http://www.museo.unimo.it/ov/fdrEdete.htm">http://www.museo.unimo.it/ov/fdrEdete.htm</a>  |
| <b>Low Level</b>  | Chlorine  | Most are eye, skin, and   | <b>E-</b> Substitution with less harmful product.  | <a href="http://ehs.virginia.edu/biosafety/bio">http://ehs.virginia.edu/biosafety/bio</a>   |

|   |   |   |  |  |
|---|---|---|--|--|
| <b>Disinfectants</b>                                  | compounds, alcohols, quaternary ammonium salts, iodophors, phenolic compounds, hydrogen peroxide used widely for disinfection; usually prepared and used in low concentrations. | respiratory irritants, particularly when concentrated. Some products may produce sensitization. Toxic effects depending on nature of chemical. May react with other products to create hazardous products.                      | <p><b>A-</b> Safe work procedures. WHMIS program and maintenance of MSDSs. Worker education. Accommodation for sensitized workers or those with health issues.</p> <p><b>P-</b> Gloves and eye protection.</p>   | <p><a href="#">disinfection.html</a></p> <p><a href="http://www.cdc.gov/niosh/topics/chemical.html">http://www.cdc.gov/niosh/topics/chemical.html</a></p> <p><a href="http://cms.h2e-online.org/ee/hazmat/hazmatconcern/steril/">http://cms.h2e-online.org/ee/hazmat/hazmatconcern/steril/</a></p> <p><a href="http://www.mtpinnacle.com/pdfs/disinfectant-selection-guidelines.pdf">http://www.mtpinnacle.com/pdfs/disinfectant-selection-guidelines.pdf</a></p>  |
| <b>Floor care products (polishes, strippers etc.)</b> | Floor maintenance   | May cause skin, eye and respiratory irritation. May cause headaches and dizziness. Individuals with sensitivities may be more adversely affected. May react with other products to create hazardous products. May be flammable. | <p><b>E-</b> Elimination of some floor care activities. Substitution with less harmful product.</p> <p><b>A-</b> Safe work procedures. WHMIS program and maintenance of MSDSs. Worker education.</p> <p><b>P-</b> Gloves (rubber or neoprene), eye protection and protective clothing when skin contact is possible.</p> | <p><a href="http://www.hercenter.org/hazmat/cleaningchemicals.cfm">http://www.hercenter.org/hazmat/cleaningchemicals.cfm</a></p> <p><a href="http://www.ccohs.ca/oshanswers/chemicals/corrosive/corrosive.html">http://www.ccohs.ca/oshanswers/chemicals/corrosive/corrosive.html</a></p> <p><a href="http://www.ccohs.ca/oshanswers/prevention/corrosion1.html">http://www.ccohs.ca/oshanswers/prevention/corrosion1.html</a></p> <p><a href="http://employment.alberta.ca/documents/WHHS/WHHS-PUB_ch013.pdf">http://employment.alberta.ca/documents/WHHS/WHHS-PUB_ch013.pdf</a></p> <p><a href="http://www.sustainablehospitals.org/cgi-bin/DB_Index.cgi">http://www.sustainablehospitals.org/cgi-bin/DB_Index.cgi</a></p> |
| <b>Soaps and waxes</b>                                | General cleaning and floor maintenance  | May cause skin and eye irritation. Some waxes may be a respiratory irritant if ventilation is insufficient. May react with other products to create hazardous products.   | <p><b>E-</b> Elimination of waxes. Substitution with less harmful product.</p> <p><b>A-</b> Safe work procedures. WHMIS program and maintenance of MSDSs. Worker education.</p> <p><b>P-</b> Gloves and eye protection when skin or mucous membrane contact is possible.</p>   | <p><a href="http://www.hercenter.org/hazmat/cleaningchemicals.cfm">http://www.hercenter.org/hazmat/cleaningchemicals.cfm</a></p>   |

### Chemicals used in treatment

| Chemical  | Common Uses; Examples   | Exposure and Health Effects Information  | Controls   | For more information:   |
|---|---|--|--|---|
| These are examples of chemicals, uses, health effects and controls. For each chemical used in the workplace, specific information MUST be consulted to determine controls based on what the product is used for, how it is used and the environment it is used in. This may be found on MSDSs, information provided by the manufacturer or supplier, or other sources. Individual reactions to chemicals must also be considered in determining appropriate controls. |   |  |  |   |
| <b>Antineoplastics, cytotoxic and other hazardous drugs, antibiotics, aerosolized drugs, hormonal drugs</b>   | Antineoplastics used to treat cancer and other neoplasms; antibiotics and aerosolized drugs used to treat infections. Examples – cancer treatment drugs, aerosolized pentamidine or ribavirin | May be mutagenic or carcinogenic, teratogenic or have reproductive effects, or affect target organs. Exposure may occur through inhalation, skin contact, skin absorption, ingestion, or injection. Inhalation and skin contact/absorption exposures may occur when reconstituting or making up the drug, administering the drug, handling contaminated materials, and disposing of drugs or contaminated materials, including client waste. | <b>E-</b> Engineered needle stick prevention devices. Adequate ventilation in dedicated rooms when administering aerosolized drugs. Segregation of contaminated items.<br><b>A-</b> Safe work procedures including spill procedures with consideration to the specific product and manufacturer's instructions. Waste handling procedures. Education of workers in the nature of the hazard. Availability of appropriate equipment and PPE. Accommodation for workers with special needs (pregnant workers, persons with sensitivities or other health issues).<br><b>P-</b> Eye protection and face shields when splashing is possible. Protective clothing (gowns) and gloves. Respirators may be required based on hazard assessment. | <a href="http://www.cdc.gov/niosh/docs/2004-165/2004-165b.html#j">http://www.cdc.gov/niosh/docs/2004-165/2004-165b.html#j</a><br><a href="http://www.cdc.gov/niosh/topics/hazdrug/">http://www.cdc.gov/niosh/topics/hazdrug/</a><br><a href="http://www.cdc.gov/niosh/docs/2004-165/">http://www.cdc.gov/niosh/docs/2004-165/</a><br><a href="http://www.cdc.gov/niosh/topics/antineoplastic/">http://www.cdc.gov/niosh/topics/antineoplastic/</a><br><a href="http://www.mtpinnacle.com/pdfs/safe-handling-hazardous-drugs.pdf">http://www.mtpinnacle.com/pdfs/safe-handling-hazardous-drugs.pdf</a><br><a href="http://www.osha.gov/dts/osta/otm/otm_vi/otm_vi_2.html">http://www.osha.gov/dts/osta/otm/otm_vi/otm_vi_2.html</a><br><a href="http://www.ashp.org/DocLibrary/BestPractices/PrepGdlHazDrugs.aspx">http://www.ashp.org/DocLibrary/BestPractices/PrepGdlHazDrugs.aspx</a><br><a href="http://www.osha.gov/dts/tib/tib_data/tib20011221.html">http://www.osha.gov/dts/tib/tib_data/tib20011221.html</a><br><a href="http://www.irsst.qc.ca/en/publication/nirsst_100390.html">http://www.irsst.qc.ca/en/publication/nirsst_100390.html</a> |

### Other chemicals and substances

| Chemical  | Common Uses; Examples   | Exposure and Health Effects Information   | Controls   | For more information:   |
|---|---|---|--|---|
| These are examples of chemicals, uses, health effects and controls. For each chemical used in the workplace, specific information MUST be consulted to determine controls based on what the product is used for, how it is used and the environment it is used in. This may be found on MSDSs, information provided by the manufacturer or supplier, or other sources. Individual reactions to chemicals must also be considered in determining appropriate controls. |   |   |  |   |
| <b>Compressed gases</b>   | Commonly used for client treatment i.e. oxygen, nitrous oxide. Also commonly used in maintenance activities. Liquid nitrogen is used for tissue preservation and cryo-treatment (e.g. wart removal) | Asphyxiation, anaesthetic effects. Toxicity is dependant on chemical products. Other hazards include explosions, fire hazards, flying projectiles, and release of gas. Cryogenic gases may also cause skin damage through freezing. | <b>E-</b> Proper storage of cylinders.<br><b>A-</b> Appropriate storage of products to decrease exposure and minimize fire and explosion hazards. Safe work procedures including transportation. WHMIS program and maintenance of MSDSs. Worker education. Good housekeeping.<br><b>P-</b> PPE based on hazard assessment. | <a href="http://www.ccohs.ca/oshanswers/chemicals/compressed/compress.html">http://www.ccohs.ca/oshanswers/chemicals/compressed/compress.html</a><br><br><a href="http://www.ccohs.ca/oshanswers/prevention/comp_gas.html">http://www.ccohs.ca/oshanswers/prevention/comp_gas.html</a><br><br><a href="http://www.chem.ubc.ca/safety/safety_manual/hazard_chem_gases.shtml">http://www.chem.ubc.ca/safety/safety_manual/hazard_chem_gases.shtml</a>   |
| <b>Illicit drugs and chemicals used to make illicit substances</b>  | A variety of chemicals found in marijuana growing operations and in the production of illegal drugs (such as methamphetamine).  | Homecare providers may be exposed if providing services to homes which produce these substances. Exposures are primarily through inhalation and skin contact. Other hazards include chemical reactivity and explosions.             | <b>A-</b> Education of workers in the nature of the hazard. Home risk assessment and communication of risk. Provision of services in alternate location. Limitation of workers in the area to those deemed necessary.<br><b>P-</b> PPE as required based on hazard assessment.   | <a href="http://www.ohsonline.com/Articles/2006/11/Coping-with-Meth-Lab-Hazards.aspx">http://www.ohsonline.com/Articles/2006/11/Coping-with-Meth-Lab-Hazards.aspx</a><br><br><a href="http://www.health.state.mn.us/divs/eh/meth/lab/jhughart.pdf">http://www.health.state.mn.us/divs/eh/meth/lab/jhughart.pdf</a><br><br><a href="http://www.uvf.ca/Assets/CCJR/CCJR+Resources/CCJR+Publications/Clandestine_Labs_BC_(English).pdf">http://www.uvf.ca/Assets/CCJR/CCJR+Resources/CCJR+Publications/Clandestine_Labs_BC_(English).pdf</a> |
| <b>Latex</b>  | Used in gloves, medical devices, some respirators,  | Exposure can produce irritant contact dermatitis, allergic contact dermatitis, and  | <b>E-</b> Substitution with less harmful product.<br><b>A-</b> Safe work procedures. Education of workers in the nature of the hazard, hand washing after glove removal, proper  | <a href="http://www.worksafebc.com/publications/health_and_safety/by_topic/assets/pdf/latex_allergies.pdf">http://www.worksafebc.com/publications/health_and_safety/by_topic/assets/pdf/latex_allergies.pdf</a>   |

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|  | elastic bands, balloons, etc.  | allergic responses including immediate hypersensitivity and shock.   | glove donning and removal.<br><b>P</b> -As per hazard assessment.   | <a href="http://www.ccohs.ca/oshanswers/diseases/latex.html?print">http://www.ccohs.ca/oshanswers/diseases/latex.html?print</a>  |
| <b>Mercury</b>                                       | Metallic mercury may be found in thermometers, pressure gauges (manometers), other medical devices and dental fillings, etc.                             | Exposure is through inhalation of vapours, ingestion and skin absorption. Skin sensitizer. Corrosive as liquid. Target effects to the nervous system, kidneys, cardiovascular and eyes.              | <b>E</b> - Elimination of mercury containing equipment. Substitution with less harmful product. Enclosed mercury sources.<br><b>A</b> - Safe work procedures including spill procedures. Education of workers in the nature of the hazard. Appropriate storage of products to decrease exposure.<br><b>P</b> - Protective clothing, gloves, eye and face protection, and respiratory protection based on hazard assessment. | <a href="http://employment.alberta.ca/documents/WHS/WHS-PUB_ch003.pdf">http://employment.alberta.ca/documents/WHS/WHS-PUB_ch003.pdf</a><br><a href="http://www.cdc.gov/niosh/npg/npgd0383.html">http://www.cdc.gov/niosh/npg/npgd0383.html</a><br><a href="http://www.mtpinnacle.com/pdfs/MERCURY-USE-%20HOSPITALS-AND-CLINICS.pdf">http://www.mtpinnacle.com/pdfs/MERCURY-USE-%20HOSPITALS-AND-CLINICS.pdf</a>  |
| <b>Personal care products, scents and fragrances</b> | A wide range of products including personal care items such as shampoos, soaps, perfumes, creams, deodorants, etc. Also contained in, cleaning products. | May cause a variety of mild to severe symptoms. Allergic, asthmatic and sensitive workers may experience reactions.  | <b>E</b> - Elimination of scented products. Substitution with less harmful products.<br><b>A</b> - Development, implementation of scent-free awareness policies. Communication with clients. Worker education.  | <a href="http://www.ccohs.ca/oshanswers/hsprograms/scent_free.html">http://www.ccohs.ca/oshanswers/hsprograms/scent_free.html</a>  |
| <b>Pesticides/ rodenticides/ insecticides</b>        | Pest and rodent control in facilities and residences   | Exposure may occur by inhalation, skin contact and accidental ingestion. Effects are dependent upon specific products used and may include neurological effects. Warfarin may cause liver damage and | <b>E</b> - Substitution with less harmful product.<br><b>A</b> - Safe work procedures. Education of workers in the nature of the hazard. Communication with homecare clients. Awareness of use of products in client's home. Good housekeeping. Good hygiene practices.<br><b>P</b> - Protective clothing, gloves, eye protection based on hazard assessment.   | <a href="http://www.ccohs.ca/oshanswers/chemicals/pesticides/general.html">http://www.ccohs.ca/oshanswers/chemicals/pesticides/general.html</a><br><a href="http://www.hse.gov.uk/pubns/biopesindex.htm">http://www.hse.gov.uk/pubns/biopesindex.htm</a><br><a href="http://www.osha.gov/SLTC/healthguidelines/warfarin/recognition.html">http://www.osha.gov/SLTC/healthguidelines/warfarin/recognition.html</a><br><a href="http://employment.alberta.ca/docum">http://employment.alberta.ca/docum</a> |

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|  |  | impact blood system. Products may also contain solvents as carriers.  |   | <a href="#">ents/WHS/WHS-PUB_ch056.pdf</a>   |
| <b>Second-hand tobacco smoke</b>               | May be present in public places where smoking is permitted. Also may be encountered in homes or establishments where homecare providers or public health workers provide services. | Lung cancer and other cancers. Associated with heart disease, respiratory irritation, aggravation of allergies and other pre-existing conditions. Impacts developing foetus.  | <p><b>E-</b> Isolation of areas where smoking is permitted. Substitution with smoking cessation aids.</p> <p><b>A-</b> Development, implementation and enforcement of no smoking policies and policies related to worker exposure in homes. Collection of client smoking information on client intake forms in home or community settings. Worker education. Good housekeeping. Provision of services in an alternate location if client is uncooperative with no smoking policies.</p> | <p><a href="http://www.lung.ca/protect-protegez/tobacco-tabagisme/second-secontaire/index_e.php">http://www.lung.ca/protect-protegez/tobacco-tabagisme/second-secontaire/index_e.php</a></p> <p><a href="http://www.ccohs.ca/oshanswers/psychosocial/ets_health.html">http://www.ccohs.ca/oshanswers/psychosocial/ets_health.html</a></p>  |
| <b>Vehicle exhaust (e.g., Carbon monoxide)</b> | Carbon monoxide is present in vehicle exhaust and concentrations may vary considerably. Other contaminants present will include particulates, nitrogen and sulphur compounds.      | A variety of components of exhaust produce acute and chronic effects, including irritation of respiratory tract, eye, nose and throat, neurological impacts, and may be carcinogenic; exposure may occur if vehicles are idling or improperly maintained. | <p><b>A-</b> Development and enforcement of policies and procedures that require vehicle engines to be shut off when not in use. Vehicle maintenance to reduce emissions. Education of vehicle operators (workers, clients, clients or residents families, visitors and suppliers) in the nature of the hazard for areas when entrainment of vehicle exhaust into a building may be an issue.</p> <p><b>P-</b> PPE not typically required.</p>  | <p><a href="http://www.osha.gov/SLTC/dieselexhaust/">http://www.osha.gov/SLTC/dieselexhaust/</a></p> <p><a href="http://erd.dli.mt.gov/images/stories/pdf/safety_health/programs/dieselexhaust.pdf">http://erd.dli.mt.gov/images/stories/pdf/safety_health/programs/dieselexhaust.pdf</a></p> <p><a href="http://employment.alberta.ca/documents/WHS/WHS-PUB_ch031.pdf">http://employment.alberta.ca/documents/WHS/WHS-PUB_ch031.pdf</a></p> |

In this section the most common chemical exposure hazards encountered by homecare providers and methods to control them are presented. Employers should carefully evaluate the potential for exposure to chemical hazards in all homecare tasks and ensure that they have an effective hazard control plan in place. This information will be useful for inclusion into hazard assessments. Please note, this is not designed to be an exhaustive treatment of the subject, but is rather an overview summarizing the chemical hazards most frequently encountered by homecare providers.

**Note:**

The following charts taken from Volume 3 – Best Practices for the Assessment and Control of Chemical Hazards in Healthcare provide basic information about control strategies for commonly occurring chemical hazards related to homecare tasks. The selection of controls must be based on a risk assessment of the tasks and environment. Worker education and good communication processes are critical administrative controls. All legislation related to the assessment of hazards, selection and use of controls must be followed.

| Potential Chemical Hazards   | Summary of Major Control Strategies  |  |   |
|--|--|--|---|
|  | Engineering  | Administrative   | PPE   |
| <b>Contact with mercury through broken mercury-containing devices</b>  | Elimination of mercury containing equipment. Substitution with less harmful product. Enclose mercury sources. Maintain adequate general ventilation. | Safe work procedures including spill procedures. Educate workers in the nature of the hazard. Ensure good hygiene practices. Store products appropriately to decrease exposure.  | Protective clothing, gloves, eye and eye protection, and respiratory protection.                    |
| <b>Exposure to hazardous drugs through administration, clean-up or spill response procedures or through contact with contaminated bedding, body fluids and laundry</b> | Proper containment when making up drugs. Engineered needle stick prevention devices. Segregation of contaminated items.                              | Develop safe work procedures including spill procedures with consideration to the specific product and manufacturer's instructions. Develop waste handling procedures. Educate workers in the nature of the hazard. Maintain availability of appropriate equipment (including a homecare spill kit) and PPE. | Eye protection and face shields when splashing is possible. Protective clothing (gowns) and gloves. |



|  |   |   |   |
|--|---|---|---|
| <b>Exposure to latex from contact with latex gloves or components of medical devices</b>                               | Substitution with less harmful product. Maintain adequate general ventilation.  | Purchasing controls to limit latex containing materials. Educate workers in the nature of the hazard, hand washing after glove removal, proper glove donning and removal.       |   |
| <b>Exposure to a variety of disinfecting and cleaning agents in routine cleaning activities related to client care</b> | Maintain adequate general ventilation, including opening windows as necessary.  | Purchase in ready to use concentrations to minimize handling. Worker education. Safe work procedures. WHMIS program and maintenance of MSDSs.                                   | Gloves and eye protection.  |
| <b>Exposure to chemicals that may be present in a client's home</b>  | Controls should be chosen to protect workers based on the chemicals encountered, quantities, concentrations and required tasks. Elimination. Substitution with less harmful product. Maintain adequate general ventilation. | Safe work procedures and worker training. Avoidance of areas where chemicals are being stored or used, if possible.   | PPE as required based on risk assessment. Refer to individual MSDSs and the links provided. |
| <b>Exposure to second hand smoke in client homes</b>   | Eliminate smoking. Substitution with smoking cessation aids. Maintain adequate general ventilation. Isolate areas where smoking is permitted.   | Develop no smoking policies for when the worker is present. Gather client smoking information on client intake forms in home or community settings. Maintain good housekeeping. |   |
| <b>Exposure to scented products that may induce sensitization</b>  | Elimination of scented products. Substitution with less harmful products. Maintain adequate general ventilation.  | Develop scent-free policy for when the worker is present. Educate worker in the nature of the hazard.   |   |



## Notes about controls for chemical hazards

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### Engineering Controls

Many engineering controls are available for controlling the hazard at the source and along the path of transmission. For chemical hazards, common engineering controls include:

- Elimination
- Substitution
- Local exhaust ventilation
- General ventilation (only appropriate for non-toxic chemicals)
- Isolation/enclosed processes
- Proper chemical storage
- Facility design

For homecare providers, many of the usual engineering controls employed in facilities are not feasible. However, chemical exposures may be limited by ensuring the adequate storage for any chemicals used and increased ventilation such as through opening windows when chemicals are used. Where possible, choosing an effective substitute that is less hazardous is a desirable engineering control.

### Elimination

Elimination of a hazardous chemical from a client's home is always desirable but not always possible. For example, drugs must still be prepared and administered, disinfectants are required when biological hazards are present and cleaning solutions are necessary to maintain hygienic conditions.

Some examples of elimination of chemical hazards in healthcare:

- Purchasing fragrance-free products.
- Use of alternative cleaning products that have less hazardous ingredients

### Substitution

Some chemicals are chosen based on tradition or cost. In recent years, efforts have been made to find less hazardous alternatives to some of the chemicals commonly used. Some examples of substitution of chemical hazards in healthcare are the replacement of mercury-containing devices (manometers, thermometers) with non-mercury containing alternatives and the use of hydrogen peroxide-based cleaners rather than chlorine-based cleaners.

When substituting a chemical for one that is currently in use, it is critical to ensure that the new chemical does not have properties that may make it more toxic or more flammable, etc.

## ***Administrative Controls***

### ***Policies and procedures, training***

As administrative controls, policies and procedures should be in place to ensure that there are safe work procedures for storing and using chemicals and discarding chemical wastes appropriately. Homecare providers may come into contact with a number of chemicals through exposure to clients contaminated with chemicals, as well as chemicals that may be used in treatment and disinfection procedures, as well as those contained in the client's home. Workplace Hazardous Materials Information System (WHMIS) training should be provided to all homecare providers. In addition, emergency call lines that provide expertise and advice regarding toxic chemicals should be made available.

### ***WHMIS Program***

A WHMIS program is an administrative control to reduce the risk of exposure to chemicals in the workplace and is a legal requirement for all employers who use controlled products in Alberta. To be effective, a WHMIS program must be relevant to the workplace, presenting information and training specific to the chemicals that are used in the workplace. The components of WHMIS include having access to current Material Safety Data Sheets, ensuring all products are appropriately labelled and ensuring that all workers are instructed on how to use the chemicals safely.

### ***Exposure follow-up – emergency response equipment***

Two types of exposure follow-up are considered as administrative controls. The first is the provision of appropriate emergency response equipment to reduce the impact of the exposure. The second is the medical follow-up for workers who have had a chemical exposure. In the first case, emergency response equipment for homecare providers usually is available using running water available in the client's home.

### ***Medical follow-up of the exposed worker***

A worker who has had a chemical exposure may require medical follow-up. Guidelines are available to provide information on the treatment and monitoring of workers with exposure to specific chemicals.

### Health Surveillance and Medical Monitoring in the Workplace

Health surveillance encompasses two types of individual health assessments. The pre-placement assessment considers the worker's personal health status as it relates to potential workplace exposures. It is useful to identify if workers have any allergies or sensitivities to products that they may need to work with. Another form of health surveillance is the on-going biological monitoring of workers who are exposed to certain chemicals or drugs in the workplace. In some cases, healthcare organizations establish medical surveillance programs to monitor potential exposures to hazardous drugs.

### Chemical Waste Handling and Disposal

Chemical wastes must be addressed with a good chemical waste management system. Municipal and or Provincial codes address appropriate disposal requirements and aim to reduce contamination, possible injuries, illness or reactions related to chemical exposures. Homecare workers should be made aware of how household chemicals can be safely discarded.

### Additional considerations for reducing risk of exposure

It is prudent to be aware of the need for modification of the work environment, conditions or required PPE for workers who may be medically vulnerable to the effects of some substances. Higher risk workers may include pregnant workers, workers with allergies or those who are sensitized to certain chemicals. Some common approaches to accommodate these workers include temporary reassignment to clients, areas, or tasks where the exposure potential is eliminated; work scheduling to reduce the amount of exposure, and changes to the PPE to accommodate limitations.

### Personal Protective Equipment

Personal protective equipment (PPE) is considered the lowest level of protection in the hierarchy of controls. This reflects the reliance on proper selection, fit, use and maintenance of the equipment by the organization and individual HCWs. PPE is often used in conjunction with other controls (engineering and administrative) to provide additional protection to workers. PPE is designed to protect the worker from exposure to chemicals by blocking access to the route of entry into the body. Gloves, aprons and other protective clothing reduce exposure through the dermal (skin) contact route. Eye and face protection reduce exposure through skin and mucous membrane contact. Respirators reduce exposure to the respiratory system.

### Gloves

The most frequently used PPE by homecare providers to prevent exposure to chemicals is gloves. When choosing gloves, the following must be considered:

- The nature and concentration of the chemicals
- The amount of time the gloves will be exposed to the chemical
- Dexterity required to perform the task
- Extent of protection needed (to wrist or higher)
- Decontamination and disposal requirements

#### Rules for glove use for chemicals<sup>5,6</sup>

- Wear the appropriate gloves for the task when needed; for reusable gloves, follow the manufacturer's guidelines for care, decontamination and maintenance. Choose gloves resistant to holes and tears.
- Ensure gloves fit properly and are of the appropriate thickness to offer protection; ensure adequate supplies of gloves in appropriate sizes.
- Avoid using latex gloves (due to latex allergies).
- Do not use worn or defective gloves.
- Wash hands once gloves have been removed.
- Disposable gloves must be discarded once removed. Do not save for future use.
- Dispose of used gloves into the proper container.
- Non-disposable/reusable gloves must be washed and dried, as needed, and then inspected for tears and holes prior to reuse.
- Remove gloves before touching personal items, such as phones, computers, pens and one's skin.
- Do not wear gloves into and out of client homes. If gloves are needed to transport anything, wear one glove to handle the transported item. The free hand is then used to touch door knobs, elevator buttons, etc.
- Do not eat, drink, or smoke while wearing gloves. Gloves must be removed and hands washed before eating, drinking, or smoking.
- If for any reason a glove fails, and chemicals come into contact with skin, remove the gloves, wash hands thoroughly and obtain first aid or seek medical attention as appropriate.

#### Eye and Face Protection

For most homecare providers who use chemicals, goggles may be necessary. In most cases, goggles are considered re-usable. All reusable PPE must be properly decontaminated and maintained. Selection of protective eyewear should take into account:

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<sup>5</sup> OSH Answers- Chemical Protective Clothing – Gloves; <http://www.ccohs.ca/oshanswers/prevention/ppe/gloves.html>

<sup>6</sup> Glove Use in Laboratories; University of Florida Chemical Hygiene Plan; <http://www.ehs.ufl.edu/Lab/CHP/gloves.htm>

- Level of protection required
- Comfort of the wearer
- Secure fit that does not interfere with vision or movement
- Ease of cleaning and disinfection
- Durability
- Compatibility with prescription glasses and other PPE that must be worn at the same time (e.g. respirators)

### Protective Clothing

Chemical protective clothing is available as gowns, aprons, uniforms, and foot covers. The choice of protective clothing relies on an accurate hazard assessment. Should protective clothing become contaminated with a chemical or damaged, the clothing must be removed and handled according to organizational procedures (disposal or proper decontamination). Residual chemicals such as acids on clothing may continue to present an exposure hazard. Workers must not wear clothing that is contaminated with chemicals home, as this may pose a danger to themselves and others.

### **Worker Decontamination**

If a worker is contaminated by a harmful substance at the worksite, the employer must ensure that only those items that have been properly decontaminated or cleaned are taken from the worksite by the worker.

OHS Code, Part 4, Section 23

## Physical Hazards and Controls

There are many potential physical hazards to which homecare providers may be exposed. The nature of the work may pose ergonomic hazards, the potential for slips, trips and falls, exposure to environmental conditions, driving hazards, hazards related to the storage and use of compressed gas cylinders, cuts, and electrical hazards.

In this section the physical hazards most commonly encountered by homecare providers and methods to control them are presented. Employers should carefully evaluate the potential for exposure to hazards for all homecare tasks and ensure that they have an effective hazard control plan in place. This information will be useful for inclusion into hazard assessments.

### Note:

The following chart provides basic information about control strategies for commonly occurring physical hazards in homecare work. The selection of controls must be based on a risk assessment of the tasks and environment. Worker education and good communication processes are critical administrative controls. All legislation related to the assessment of hazards, selection and use of controls must be followed.

| Potential Physical Hazards  | Summary of Major Control Strategies                                    |   |  |
|---|--|---|--|
|   | Engineering  | Administrative  | PPE  |
| <b>Ergonomic hazards associated with client handling, particularly related to the providing care in the home setting</b><br><br>Refer to the “No Unsafe Lift Workbook” at <a href="http://employment.alberta.ca/documents/WHS/WHS-PUB_nounsafelift_workbook.pdf">http://employment.alberta.ca/documents/WHS/WHS-PUB_nounsafelift_workbook.pdf</a> | Availability of adequate sizes and types of client handling equipment. | A comprehensive client handling program that incorporates the principles of the “No Unsafe Lift Workbook”. Safe work procedures for client handling activities. Worker education and awareness sessions. Risk assessment system for client handling tasks. Early reporting of signs and symptoms of ergonomic concerns. Stretches and micro-breaks. Purchasing standards for client handling equipment. Maintenance of client | Appropriate footwear with gripping soles and good support. |

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| <b>Ergonomic hazards associated with computer use or workstation design</b>  | For work in facilities, ergonomically designed workstations, chairs and equipment. Incorporate adjustable workstation to accommodate shared use by employees of various sizes.           | <p>handling equipment.</p> <p>Adjustment of workstation and chair to fit user. Worker education regarding ergonomic hazards and control strategies. Self assessment tools to assist workers in identifying and controlling risk factors. Safe work procedures. Early reporting of signs and symptoms of ergonomic concerns. Stretches and micro-breaks. Purchasing standards for ergonomically designed computer workstations, chairs and equipment. Ergonomic assessments. Maintenance of workstations, chairs and equipment.</p> |
| <b>Ergonomic hazards associated with driving include sustained postures (and potentially awkward posture) and duration</b> | Select an appropriately designed vehicle which incorporates ergonomic and adjustable features. Consider a retrofit back support if the lumbar support in the vehicle seat is inadequate. | Adjust the seat and other features of the vehicle to fit the worker. Follow safe work procedures. Early reporting of signs and symptoms of ergonomic concerns. Stretches and micro-breaks. Vary driving position and vary tasks, when possible. Maintain vehicle.  |
| <b>Exposure to microwave radiation through the use of microwave ovens</b>  | Ensure proper maintenance of equipment (including periodic verification of any leaks). Interlock systems to ensure microwaves not generated when oven doors are open.                    | <p>Worker education. Safe work procedures that incorporate ensuring the worker uses distance as a control measure.</p> <p>Heat resistant gloves for removing items from the oven.</p>  |
| <b>Falling hazards associated with slips, trips and falls in client homes</b>  |  | <p>Safe work procedures for working in client homes. Train workers to check outdoor walkways and entrances for tripping hazards. Keep shoes on while working. Check indoor environment for tripping hazards and put controls in place (e.g. close drawers, tuck</p> <p>Appropriate footwear with gripping soles and good support.</p>  |

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|  |   | cords out of the way, etc.). Use handrails while climbing stairs. Carry loads in both hands to keep your balance, and look where you are going.  |  |
| <b>Falling hazards associated with slips, trips and falls</b>                                    | Install slip resistant flooring..<br>Ensure adequate lighting.  | Request that driveways and walkways are cleared of ice and snow when required. Perform regular maintenance on flooring, stairwells, hallways, handrails, etc. Inspect ladders prior to use. Worker education. Implement a spill cleanup program that includes prompt spill cleanup, use of warning signs, etc. Maintain good housekeeping practices and minimize clutter and tripping hazards. | Appropriate footwear with gripping soles and good support. |
| <b>Cuts from sharp instruments, including medical instruments, household items, and scissors</b> | Avoid use of sharps when not required. Replace sharps with Safety Engineered Medical Devices. Proper storage of sharps. | Worker education. Safe work procedures.  |  |
| <b>Cuts from broken glass or other sharp materials</b>   | Racks and carts to carry breakable items.   | Worker education. Safe work procedures including using dustpan and brush to pick up broken items, draining sink before removing broken glass.  | Use of cut-resistant gloves or thick utility gloves.       |
| <b>Exposure to environmental heat from traveling outdoors</b>                                    | Well maintained vehicles with adequate air conditioning.  | Worker education about the effects of environmental heat exposure. Communication system in case of emergency. Work scheduling to avoid long periods of exposure to heat. Provision of water. Awareness of and job modification for workers with vulnerability to heat. Emergency response procedures/equipment for exposures.  | Light-weight clothing if possible.                         |
| <b>Exposure to environmental cold from</b>   | Well maintained vehicles with   | Worker education about the effects   | Multiple layers of clothing                                |



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| <b>traveling outdoors</b>   | adequate heating.  | of environmental cold exposure. Communication system in case of emergency. Work scheduling to avoid long periods of exposure to cold. Awareness of and job modification for workers with vulnerability to cold. Emergency response procedures/equipment for exposures. | with inner layer of a “wicking” fabric, head cover, warm gloves (mittens if dexterity not required), warm and water proof footwear, face protection as necessary. |
| <b>Burns from handling hot equipment or materials in client homes</b>                               |  | Worker education. Safe work procedures including use of proper containers, safe handling procedures.   | Insulated oven mitts.   |
| <b>Fire, projectiles, or physical injury if Oxygen gas cylinders damaged, dropped or mishandled</b> | Install protective valve caps when cylinder is not in use if the cylinder is equipped with a means of attaching caps. Secure and restrain cylinders. | Safe work procedures that includes use, care, maintenance, storage and transport. Worker training.   |   |
| <b>Electrical hazards arising from use of electrical cords and appliances</b>                       | Ground fault circuit interrupters when used close to water sources.  | Safe work procedures that include use of electrical cords, power bars and appliances that includes facility approval requirements. Worker training.  |   |
| <b>Motor vehicle collisions from driving vehicles</b>   | Well designed vehicles with good safety features   | Safe work procedures for driving including the issue of cell phone use. Confirm driver qualifications. Driver training. MVA incident reporting process. Owner maintains and inspects vehicle. Work scheduling to prevent fatigue.                                      |   |

## Notes about controls for physical hazards

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### *Engineering Controls*

#### Ergonomic hazards

One of the most commonly encountered physical hazards for homecare providers is the use of awkward body positions when providing services, and lifting and transferring when moving clients. Engineering controls include client lifting devices appropriate to the required lift and for the client and the use of ramps where possible. Hazards of manually handling residents could be reduced by a program that includes:

- Policies for risk assessment and control
- Having adequate equipment, including client lifting devices and well designed bathrooms that include safety rails and non-slip finishes.
- Ongoing client handling training
- Management commitment
- Staff involvement
- Incident investigation, follow-up and communication

According to the No Unsafe Lift! Workbook,<sup>7</sup> three key risk assessments are required to determine what procedures or equipment should be used for client handling. These are a workplace assessment, a client assessment and a task assessment. For workplaces, key considerations include:

- Types of client
- Special needs client
- Equipment available and accessible
- The existence of client care plans that include handling requirements
- Languages required for effective communication
- Workers wearing appropriate clothing and footwear
- Communication protocols for client status information
- Client lifting and transfer plans
- Trained staff
- Preventive and reparative maintenance programs for equipment in place

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<sup>7</sup> No Unsafe Lift! Workbook, Alberta Employment and Immigration. Available at [http://employment.alberta.ca/documents/WHS/WHS-PUB\\_nounsafelift\\_workbook.pdf](http://employment.alberta.ca/documents/WHS/WHS-PUB_nounsafelift_workbook.pdf)

- Sufficient space to perform tasks, including use of mechanical lifts
- Walkways free of clutter
- Floor surfaces in good order
- Stable, suitable furniture
- Adjustable beds
- Adequate lighting for tasks

For clients, key factors include;

- Capability to bear weight, move normally, tolerate basic tasks
- Client conditions that may impact risk such as history of falls, impaired movement, pain, loss of sensation, skin issues, communication issues, medical equipment used, surgical conditions, sensory deficiencies, mental state (confusion), aggression, etc.
- Types and frequency of transfers, lifts, repositioning required

For a task assessment, consideration should be given to whether the task needs to be done, as well as the risks associated with the tasks. These may include

- Static positions that may be required
- Duration of task
- Awkward postures for caregivers
- Task requiring extended reach
- Inflexibility of time for task

Other engineering controls related to manual materials handling include:

- Eliminate the need to push/pull/carry
- Use mechanical aids such as carts
- Avoid carrying wide or tall (bulky) loads

### *Trips, Slips and falls*

Trips, slips and falls are common injuries for homecare providers. In order to prevent slips, trips and falls, adequate lighting should be available. Cords and other tripping hazards should not be in the path of traffic. Ensure that driveways and outdoor walkways are cleared of snow and ice. Avoid the use of throw rugs that do not have slip-resistant backings. The following are common engineering controls used to reduce the risk of slips, trips and falls in client care areas:

- Layout equipment to minimize cords and avoid creating tripping hazards.
- Position the client with adequate space to accommodate portable equipment without creating tripping hazards.
- Keep hallways clear of obstructions.
- Suggest cord covers over electrical cords, as necessary.
- Where possible, suggest the use of non-slippery surfaces on the whole steps or at least on the leading edges.
- Ensure nothing is sticking out of surfaces on the stairs, handrails or banisters (e.g. nails or splinters).
- Maintain lighting levels.

### Cuts

The most effective controls to reduce cuts are engineering controls. Common engineering controls include

- Substitution of medical sharps with safety engineered medical devices (SEMDs)
- Substitution of a sharp instrument with a less sharp alternative (e.g. engineered sharps injury prevention devices)
- Safety cutters as bag and box openers
- Carts or carrying trays for carrying breakable items
- Proper storage and disposal of sharps

### Temperature Extremes

To protect workers from environmental temperature extremes, ensure that vehicles are well maintained and that heating and air conditioning systems are working properly.

Heat-related burns may occur through contact with hot surfaces, fire, or steam. Engineering controls are aimed at reducing contact with hot surfaces or steam. These include reducing proximity to hot surfaces, providing sufficient space to work and move around hot equipment, auto shut-off features of equipment and mechanical devices (tongs, etc.) for manipulating hot items.

### Pressure

Compressed gas cylinders are designed to safely hold their contents during regular use and the demands expected to be placed on them. Regulators, fittings and delivery systems must likewise meet manufacturers' requirements. Oxygen cylinders should be stored away from any heat sources or combustible material; they should be stored upright and not be able to move freely or fall.

Protective valve caps are an engineering control to protect the valve head from damage when the cylinder is not in use. All cylinders must be restrained from tipping by means of racks or other suitable means.

### Electrical Hazards

Insulation protects workers from contact with electricity. All equipment, wiring and cords must be maintained and used in a manner that keeps electrical insulation intact.

Electric appliances and equipment are protected from overloading by means of electric overloading devices such as fuses or circuit breakers. Although these devices will stop the flow of current when too much current flows through them, they are intended to protect equipment but not workers. All overloading devices must be of sufficient ratings. Ground fault circuit interrupters (GFCIs) are safety devices that will interrupt the flow of current by monitoring the flow of current to and from the device. GFCIs are important engineering controls that should be used in wet environments and to power tools and equipment outdoors.

Another important engineering control is grounding. Grounding of electrical equipment refers to creating an electrical path to earth (ground). Grounding provides some protection to equipment operators if there is a fault in the equipment or insulation that energizes the equipment housing; electricity would flow to ground rather than through the worker. Grounding for equipment that is plugged into electrical receptacles can be identified by the third prong on the electrical plug. Similarly electrical cords commonly have a third prong on the plug end. The third prong that facilitates grounding must not be removed or defeated. The housings of all equipment should be suitably grounded. Some electrical cords for tools or other equipment do not have a third grounding prong. This equipment is double insulated, meaning that it has been designed with additional insulating considerations to prevent the housing of the device from becoming energized.

### Motor Vehicle Collisions

Employers should provide information and encourage the use of safety features in all vehicles used for homecare. When selecting new vehicles, collision-worthiness and overall safety rating should be part of the selection criteria. Engineering controls to prevent collisions are often designed into vehicles. Vehicles should be chosen that have safety features. Vehicles should be well maintained to ensure all safety features function properly. Snow tires are an important consideration for vehicular safety in Alberta in the winter.

## ***Administrative Controls***

### ***Ergonomic hazards***

Controls that focus on how work is performed and organized are administrative controls. Administrative controls include policies, procedures, work practices, rules, training, and work scheduling, including:

- Ensure all aspects of a No Unsafe Lift! Program<sup>8</sup> applicable to homecare providers are implemented.
- Provide procedures for client assessments.
- Conduct user trials to test new equipment and tools with input from workers.
- Maintain equipment, vehicles and tools to optimize their operation.
- Provide training programs to educate workers regarding biomechanical risk factors, signs and symptoms and safe work practices (including proper lifting methods and proper use of lifting devices).
- Provide self assessment tools to identify and control biomechanical hazards.
- Optimize work shift scheduling to minimize extended work hours and overtime.
- Encourage monitoring and early reporting of the signs and symptoms of musculoskeletal injuries (MSIs).

### ***Manual Handling from a Motor Vehicle***

Homecare workers often transport materials (equipment, supplies, computers, etc) in a vehicle as part of their regular job duties. Manual handling from a vehicle is a potential risk factor for MSIs and may incorporate factors such as high forces and awkward postures. Useful strategies to reduce the risk associated with manual handling from a vehicle include;

- Use safe postures when handling a load. Obtain training if you are unsure of recommended lifting postures.
- Organize the trunk so that items can be moved with minimal reaching.
- Get as close to the material as possible to decrease forces.
- Use wheeled carts or suitcases to minimize the forces required to move the load.
- Consider making two or more trips to decrease the weight of each load.
- Ask for assistance if another person is available to help.
- Check the carrying path to ensure there are no tripping hazards.

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<sup>8</sup> No Unsafe Lift! Workbook, Alberta Employment and Immigration. Available at [http://employment.alberta.ca/documents/WHS/WHS-PUB\\_nounsafelift\\_workbook.pdf](http://employment.alberta.ca/documents/WHS/WHS-PUB_nounsafelift_workbook.pdf)

### *Trips, Slips and falls*

Administrative controls to prevent slips, trips and falls include:

- Education of workers and enforcement of the use of proper footwear
- Timely clean-up of any spills
- Eliminate the use of extension cords that may pose tripping hazards
- Keep walkways free of clutter

### *Cuts*

Administrative controls widely used to reduce the potential for cuts include

- Worker education
- Safe work procedures
- Keeping sharp edges away from the body
- Use of tools correctly
- Choice of appropriate tool
- Safe disposal of all sharps, including broken glass.

### *Temperature Extremes*

Administrative controls for cold environments include allowing an occupational health program to identify medical conditions that may pre-dispose workers to exposure.

Administrative controls used in hot environments include scheduling of work (to times of day when there is less heat), reducing the physical demands on the worker by lowering the pace or intensity of the work, altering the duration of work, providing water and worker education about the effects of heat and how to recognize symptoms of exposure.

To reduce the risk of burns, administrative controls include worker education, established safe work practices, assessment of work area to identify potential sources of burns, and equipment maintenance programs.

### *Pressure*

Compressed gas cylinders must be handled, maintained and stored carefully to prevent cylinders from falling or a gas release. Proper transportation of cylinders must also be considered whether it be by vehicle or within a work area by use of a hand cart or other means. A safe work procedure should be developed for the use, transport, storage and maintenance of compressed gas cylinders in the workplace.

### Electrical Hazards

A major component of an electrical safety program is worker training. Extension cords are used in many applications for temporarily supplying power. Considerations to follow when using extension cords include:

- Protect cords from damage; do not allow vehicles to drive over cords.
- Never keep an extension cord plugged in when it is not in use.
- Do not use a damaged extension cord.
- Extension cords and most appliances have polarized plugs (one blade wider than the other). These plugs are designed to prevent electric shock by properly aligning circuit conductors. Never file or cut the plug blades or grounding pin of an extension cord.
- Do not plug one extension cord into another. Use a single cord of sufficient length.

Hazard assessments should guide the development of work procedures to assess and control electrical hazards.

### Motor Vehicle Collisions

Healthcare employers should consider a workplace driving safety program that targets driving safety in the workplace as well as outside working hours. Key components of a driving safety program include senior management commitment and employee involvement, written policies and procedures, driver qualifications, driver agreements, incident reporting and investigation, vehicle maintenance and inspection, driver training and communication and work scheduling.<sup>9</sup>

- ❑ **Senior Management Commitment and Employee Involvement** – Safe driving is a vital element of an effective occupational health and safety program and therefore warrants senior management support and commitment. Consider establishing a key senior manager as the leader of the safe driving program. Senior management is responsible to provide leadership, approve policies and allocate budget to create a safe driving culture. Encourage workers to participate in the safe driving program and to spread the safe driving information to family members and friends.
- ❑ **Written Policies and Procedures** – Develop a written policy expressing the organization's commitment to reducing the risk of workplace traffic collisions. Design a set of clear and comprehensive safe driving policies and procedures and communicate the policies to employees. Specific policy issues to consider include winter driving safety, driving in remote areas and working alone requirements. Communicate to workers that a violation of a safe driving policy is serious and will result in enforcement activities.
- ❑ **Confirm Driver Qualifications** – Check the driving records of all employees who drive for work purposes (using a company or personal vehicle). Ensure that no worker is assigned to drive on the job if he or she does not have a valid driver's license that is

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<sup>9</sup> United States Department of Labor - OSHA; *Steps to Workplace Driving Safety*; January 26, 2009;  
<http://blog.nationalsafetycompliance.com/2009/01/steps-to-workplace-driving-safety-part.html>



appropriate to the type of vehicle being driven. Obtain driver's abstracts for all employees who drive on behalf of the organization and confirm that they have a valid license and screen for employees with poor driving records. Driver's abstracts should be reviewed periodically to ensure that drivers maintain good driving records. Clearly define performance standards as it relates to demerit points and driving violations that a driver can have before losing the privilege of driving for work and define re-training requirements.

- ❑ **Driver Agreements** – Develop a written driving agreement to be signed by each employee who drives on behalf of the company. The agreement acknowledges that the driver is aware of the organization's safe driving policies and procedures, driver performance expectations, vehicle maintenance and inspection requirements and the reporting of vehicle incidents and traffic violations. Consider reviewing and signing the driving agreement on an annual basis as a strategy to keep safe driving in the minds of all drivers. Employers may consider requiring drivers to provide periodic documentation of vehicle insurance.
- ❑ **Reporting Incidents and Traffic Violations** – Educate employees to report all motor vehicle incidents as well as traffic violations. Full investigations should be completed on motor vehicle incidents in an effort to identify the immediate and root causes. The goal is for the organization to learn from motor vehicle incidents and develop strategies to prevent future losses.
- ❑ **Maintenance and Inspection** -Workers who operate personal vehicles on behalf of the organization should be educated regarding the Alberta OHS Code S290.1 requirement that the worker ensure that the "vehicle is maintained in sound mechanical condition."
- ❑ **Driver Training and Communication** – Provide driving safety training to new and existing employees as a strategy to improve safe driving habits and driver attitudes. Provide training to any workers who operate specialized motor vehicles. Consider practical, performance based training for new employees who will drive on behalf of the organization. Teach workers strategies to recognize and manage driver fatigue and in-vehicle distractions. Emphasize the link between driver safety at work and driver safety at home. Lessons learned on the job can help to increase the awareness of workers to safe driving outside of work hours.
- ❑ **Work Scheduling** – Develop work schedules and driving routes that allow workers to obey all speed limits. Organizations should not require workers to drive irregular hours or work far beyond their normal working hours in an effort to minimize fatigue as a risk factor.

The use of winter tires is recommended to improve safety during winter driving conditions. Workers should prepare for potential emergencies by having a winter driving emergency kit in their vehicles.

## ***Personal Protective Equipment Controls***

### **Ergonomic hazards**

The most important personal protective equipment to control ergonomic hazards is appropriate footwear with gripping soles and good support.

### **Trips, Slips and falls**

The use of appropriate footwear by homecare providers is essential to prevent trips, slips and falls. Workers should be required to wear flat shoes with non-slip soles that offer good support. (To prevent chemical exposure in the event of a spill, footwear should cover the entire foot and be of non-porous material.) In many cases, homecare providers use a pair of “indoor shoes” dedicated for work in client homes.

### **Cuts**

Eye protection is important if there is any possibility that fragments of glass or other sharps may enter the eyes, and footwear must protect the wearer from accidental exposure to sharps. Gloves are usually required as PPE to protect workers from cuts. The selection of gloves depends on the nature of task. Cut-resistant gloves are available that are made from a variety of materials including Kevlar, Dyneema, HexArmor, stainless steel and wire mesh.

### **Temperature Extremes**

For traveling in cold environments, PPE includes layers of clothing, mittens rather than gloves if possible, head and face covers, insulated footwear. All PPE should be kept dry. Water repellent clothing is important for workers who may be exposed to cold and wet conditions.

PPE for hot environments must take into account the work that is being done, the dexterity required, and the safety factors related to clothing and personal equipment.

PPE is often used to prevent burns. Insulated gloves, potholders, protective clothing, foot protection, and eye/face protection should be chosen based on the hazard assessment.

## Psychological Hazards and Controls

Each homecare division or agency should systematically conduct hazard assessments for tasks performed by homecare personnel and identify if and where the potential exists for psychological hazards. In this section, examples are provided of psychological hazards that may be encountered by homecare providers, and possible control measures will be suggested. This information will be useful for inclusion into hazard assessments. Please note, this is not designed to be an exhaustive treatment of the subject, but is rather an overview summarizing the some of the reported psychological hazards in healthcare settings.

### Note:

The following chart provides basic information about control strategies for commonly occurring psychological hazards. The selection of controls should be based on a risk assessment of the tasks and environment. Worker tolerance to stressors varies considerably. Most controls listed here relate to organizational controls, with some mention of personal controls that may be useful in controlling risk. Worker education and good communication processes are critical administrative controls. All legislation related to the assessment of hazards, selection and use of controls should be followed.

| Potential Psychological Hazards or Effects of Workplace Stressors | Summary of Major Control Strategies |  |  |
|---|-------------------------------------|--|--|
|   | Engineering                         | Administrative   | Personal   |
| Abuse by clients or members of the public                         | Alarm systems and panic devices.    | Management policies and procedures related to no tolerance of violence or abuse. Worker education in violence awareness, avoidance and de-escalation procedures. Liaison and response protocols with local police. Working alone policies. Reporting procedures for incidents and near misses. | Ability to request support. Use of counselling services. |

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| <b>Abuse by co-workers</b>   | Alarm systems and panic buttons. Video surveillance.                                 | Management policies and procedures related to no tolerance of violence or abuse. Worker education in violence awareness, avoidance and de-escalation procedures. Working alone policies. Reporting and investigation procedures for incidents and near misses.   | Assertiveness training. Use of mediation and/or counselling services.   |
| <b>Hazards related to working alone</b> <ul style="list-style-type: none"> <li>• Threat of violence</li> <li>• Medical emergencies when alone</li> </ul> | Communication devices. Vehicle design considerations. Panic alarms. Bright lighting. | Scheduling to avoid having workers work alone. Worker training. Working alone policies.  |   |
| <b>Stress related to critical incidents</b>  |  | Training to increase awareness of signs and symptoms of critical incident stress. Critical incident stress team to respond to incidents. Communication and call procedures to mobilize team. Defusings and debriefings as appropriate.   | Development of support systems to assist in dealing with stress. Use of counselling services.   |
| <b>“Technostress” related to the introduction of new technology</b>  | Design of instruments or equipment with user-friendly features.                      | Selection procedures to ensure user-friendly technology choices. Provision of sufficient training for workers. Worker participation in selection and implementation of new technology. Provision of problem solving resources and support workers. Back-up plans in the event of failures. Change management strategy for introduction of new technology. Realistic expectations regarding use of communication technology. Limit use of technological monitoring of worker productivity. Setting and communication of priorities. | Self-education concerning new technologies. Time management strategies. Open communication about stress related to change. Healthy lifestyles. Setting realistic goals. Limiting the need to multi-task. Technology “time outs”. E - vacations. |
| <b>Substance abuse as a response to excessive workplace stressors</b>  |  | Worker involvement in substance abuse policy and procedures development. Worker education about substance abuse. Training workers and supervisors to recognize the signs   | Increase awareness of substance abuse signs and symptoms. Communication with counsellors. Report to   |

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|  |   | of substance abuse. Procedures to limit individual access to narcotics. . Provision of counselling services and return to work plans.   | family physician. Participate in treatment programs and return to work programs.   |
| <b>Depression, anxiety, sleep disorders, other mental illness as a response to excessive workplace stressors</b> |   | Worker education about the signs and symptoms of depression, anxiety, sleep disorders, other mental illness. Elimination of workplace risk factors for depression, anxiety, sleep disorders, other mental illness. Provision of support services and programs. Benefit plans provision. Effective return to work programs.  | Programs to maintain or build resilience or coping skills. Development of support system. Communication with family physician.   |
| <b>Hazards related to impacts of aging on workers</b>  | Mechanical devices and power equipment for lifting / moving. Vehicle design – storing objects at appropriate heights, packing in smaller quantities or containers. Supportive, adjustable seating and workstations. Cell phones and pagers that incorporate vibration. Proper lighting. | Management policies and procedures that ensure no age discrimination. Proactive policies to accommodate aging workers. Training opportunities for aging workers. Education for all workers on intergenerational communication. Aging workers as trainers/mentors. Flexible work arrangement. Job redesign to accommodate aging workers.   | Healthy lifestyle. Use of client and material handling equipment. Adequate sleep. Awareness of potential side effects of medication.   |
| <b>Hazards related to shiftwork, excessive workload and hours of work</b>  | Appropriate lighting levels. Lighting levels that are adjustable by workers. Appropriate thermal environment.   | Management policies and procedures to address working hours and shift design. Worker involved in design of shift schedule. Limit hours of work and overtime. Shifts designed so workers get enough rest between shifts. Split shifts are avoided, if possible. Train workers and management in fatigue and shift work issues. Work shift schedules designed to minimize fatigue (e.g. maximum number of consecutive night shifts, forward rotation, etc.). Quality breaks are in place. Policies to encourage the reporting of concerns associated with fatigue. Thorough investigation of incidents and near | Appropriate sleep schedule and sleep environment. Strategies in place to promote sleep. Diet adjusted to accommodate shift schedule. Healthy lifestyle. Physical exercise. Safe plan for commute to work. Plan for family and friends. Use of stimulants and sedatives are minimized. Alertness strategies are utilized (e.g. bright |

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|   |                           | misses with fatigue as a possible cause.   | lighting levels, regular short breaks, communication with co-workers, etc.).   |
| <b>Stress related to work-life conflict</b>                                   |                           | Management policies and procedures that support work-life balance (e.g. voluntary reduced hours, voluntary part-time work, phased in retirement, telecommuting, job sharing, paid and unpaid leaves, dependent care initiatives, etc.). Work designed to address workload and work demands issues. Reliance on paid and unpaid overtime is reduced. Supportive management culture. Work-life balance policies are communicated to workers. The use and impact of work-life balance policies is measured. | Time log used to track time. Work-life balance programs are utilized. Work activities are isolated from home time. Time is effectively managed. Days off are protected. Appropriate sleep habits. Social support system is in place. |
| <b>Exposure to nuisance or irritating noise levels that may induce stress</b> | Well maintained vehicles. | Communication with clients to request noise reduction strategies during caregiver activities.  |  |
| <b>Exposure to poor indoor air quality that may induce stress</b>             | Good vehicle maintenance. | Selection of low-pollutant cleaning chemicals. Cleaning schedules. Infection prevention and controls standards. Communication to enable frank and timely discussion of IAQ issues with client.   |  |

### Notes about controls for psychological hazards

Potential psychological hazards and controls vary greatly in jobs, locations and organizations and are only briefly discussed here. Personal factors impact how stressors are viewed and addressed. A comprehensive discussion of causes and impacts of psychological stressors on workers and on the organization can be found in Best Practices for the Assessments and Control of Psychological Hazards – Vol. 5. Included in the topic are environmental factors such as noise and indoor air quality and their impacts on personal health, as well as outcomes of workplace stress that may impact personal health such as substance abuse,

depression, anxiety, sleep disorders and other mental illness, and age-related factors. This section includes controls for homecare providers both in client homes as well as in facility work areas where they may spend a portion of their time.

#### *Program elements for preventing or controlling violence and abuse towards workers in the workplace*

Because the scope of abuse of workers is broad, with a wide range of potential internal and external perpetrators and a myriad of individual considerations, prevention of abuse of workers is multi-faceted. This list of prevention procedures and control techniques is not all-inclusive, but rather a sample of the complexities that should be considered in a program for homecare personnel:

- ☐ Development, communication and enforcement of policies that indicate no tolerance for any form of violence, harassment, or abuse including bullying. Awareness sessions for all workers on abuse and violence in the workplace, reporting procedures and controls.
- ☐ Staff identification to reduce unauthorized access to areas – this includes a requirement of all workers to wear identification badges. It is suggested that information that is not necessary not be shown on the front to the badge to reduce risk to workers.
- ☐ Client intake information gathering processes that include a risk assessment.
- ☐ Client guidelines and signage to emphasize that abuse will not be tolerated – this may include the preparation and dissemination of client information guidelines, in which client behaviour is discussed, the commitment to no tolerance for abuse against workers and the encouragement of mutual respect are covered.
- ☐ Working alone guidelines and communications protocols. Working alone guidelines are required by Alberta occupational health and safety legislation (OHS Code, Part 28), and must include a written hazard assessment as well as communication protocols for workers who must work alone.
- ☐ Alarm systems and emergency communication devices (panic buttons, etc.). Identification of workers or locations that should be provided with alarm strategies and panic buttons should occur. Once any alarm systems are provided, all workers should be trained on how to use them and how to respond to alarms.
- ☐ Identification and correction of high risk site issues (e.g., isolated areas, parking lots, low lighting, no escape routes, etc.). There are many risk factors posed by the client location. The homecare employer should identify risk factors and work to reduce the risk in the areas. A checklist would be useful for departments to help identify facility issues contributing to worker risk.
- ☐ Training programs that include non-violent crisis intervention and assault management techniques.

### Working alone

Working alone is addressed in the Alberta OHS Code 2009.

#### **Controls required**

Employers must, for any worker working alone, provide an effective communication system consisting of

- radio communication,
- and land line or cellular telephone communication, or
- some other effective means of electronic communication that includes regular contact by the employer or designate at intervals appropriate to the nature of the hazard associated with the worker's work.

If effective electronic communication is not practicable at the work site, the employer must ensure that

- the employer or designate visits the worker, or
- the worker contacts the employer or designate at intervals appropriate to the nature of the hazard associated with the worker's work.

Alberta OHS Code 2009, Part 28

### Work-Life balance, including reduction of excessive workloads

An employer should strive to develop policies and programs that support work-life balance. The following is a list of general work-life balance policies and programs to consider:

- Flexible time arrangements including alternative work schedules, compressed work week, voluntary reduced hours / part-time work and phased in retirement
- Flexible job design through job redesign, job sharing
- Wellness programs
- Flexible benefits including paid and unpaid leaves for maternity, parental care giving, educational and sabbatical leaves
- Employer sponsored childcare and eldercare practice and referral services



A work-life conflict issue recognized in healthcare is often brought on by workload and work demands. Some strategies to reduce the impact of increased workloads and work demands include the following:

- Identify methods to reduce worker workloads. According to research, special attention is required for managers and professionals.
- Track the costs associated with understaffing and overwork (paid and unpaid overtime, increased turnover, employee assistance program use, increased absenteeism).
- Strive to reduce the amount of time workers spend in job-related travel by choosing schedules and routes optimally.
- Reduce reliance on paid and unpaid overtime.
- Consider a “time in lieu” system to compensate for overtime.
- Develop norms regarding the use of technology (e.g. cell phones, PDA, laptops, email) outside of work time.
- Allow workers to say “no” to overtime without repercussions.
- Provide a limited number of days of paid leave per year for caregiver responsibilities (childcare and eldercare) and personal problems.
- Measure the use of work-life practices (e.g. job sharing, compressed work week, etc.) and reward sections of the organization with high usage. Investigate sections where usage is low.
- Increase supportive management. Specifically, organizations should increase the extent to which managers are effective at planning the work to be done, make themselves available to answer worker questions, set clear expectations, listen to worker concerns and give recognition for a job well done.

#### Technostress (stress resulting from the introduction of new technologies)

The primary controls an organization employs to reduce the potential of technostress are administrative controls. While major engineering control opportunities exist in the design and development of technology to make it easier to use, an employer’s choice of technology is an administrative control.

Administrative controls an organization can use to reduce the risk of technostress include:

- Selection of technology that is designed to be easy for the user
- Worker participation in selection, trial and implementation of technology and the provision of feedback as to its use
- Sufficient worker training to ensure that workers feel confident and competent to use the technology

- Provision of problem-solving resources and support to workers
- Back-up plans in the event of technology failure
- Influential, credible supporter for the introduction of the new technology (executive support)
- Use of a change management strategy for organization-wide technology change
- Setting of realistic expectations for the use of communication technology
- Reduced use of technological monitoring of worker productivity
- Setting and communicating priorities to relieve stress in multi-tasking
- Updates of hazard assessments each time new technology is introduced

Personal controls for reducing the risk of technostress include:

- Self-education concerning new technologies
- Open communication about stress related to change
- Time management
- Setting priorities
- Healthy lifestyle including good nutrition, exercise and getting enough sleep
- Setting realistic goals
- Limit the need to multi-task
- Technology “time-outs” (avoiding being “plugged in” continually)
- Relaxation, meditation and taking vacations (especially e-vacations)

### Shiftwork

The following guidelines will assist in reducing the psychological impacts of shift work.

## Good Practice Guideline for Shift Work Schedule Design<sup>10</sup>

- ☐ Plan a workload that is appropriate to the length and timing of the shift.
- ☐ Strive to schedule a variety of tasks to be completed during the shift to allow workers some choice about the order they need to be done in.
- ☐ Avoid scheduling demanding, dangerous, safety-critical or monotonous tasks during the night shift, particularly during the early morning hours when alertness is at its lowest.
- ☐ Engage workers in the design and planning of shift schedules.
- ☐ Avoid scheduling workers on permanent night shifts.
- ☐ When possible, offer workers a choice between permanent and rotating shifts.
- ☐ Use a forward-rotating schedule for rotating shifts, when possible.
- ☐ Avoid early morning shift starts before 7 AM, if possible.
- ☐ Arrange shift start/end times to correspond to public transportation or consider providing transport for workers on particular shifts.
- ☐ Limit shifts to a maximum of 12 hours (including overtime) and consider the needs of vulnerable workers.
- ☐ Limit night shift to 8 hours for work that is demanding, dangerous, safety critical or monotonous.
- ☐ Avoid split shifts unless absolutely necessary.
- ☐ Encourage and promote the benefit of regular breaks away from the workstation.
- ☐ Where possible, allow workers some discretion over the timing of breaks but discourage workers from saving up break time for the end of the workday.
- ☐ In general, limit consecutive working days to a maximum of 5-7 days.
- ☐ For long work shifts (>8 hours), for night shifts and for shifts with early morning starts, consider limiting consecutive shifts to 2-3 days.
- ☐ Design shift schedules to ensure adequate rest time between successive shifts.
- ☐ When switching from day to night shifts (or vice versa), allow workers a minimum of 2 nights' full sleep.
- ☐ Build regular free weekends into the shift schedule.

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<sup>10</sup> Adapted from Government of the U.K; Health and Safety Executive; Managing shift work HSG256; 2006;  
[www.hse.gov.uk/pubns/priced/hsg256.pdf](http://www.hse.gov.uk/pubns/priced/hsg256.pdf)

For a more detailed discussion of controls to prevent or reduce psychological hazards, please consult Best Practices for the Assessments and Control of Psychological Hazards – Vol. 5.

current to January 2011

## APPENDIX 1 - OHS-related Competencies for Homecare Providers

### **OHS – related Competencies for Health Care Aides**

Alberta Health and Wellness provides these competencies related to OHS in the Competency Profile for Health Care Aides. For more details, please consult [www.health.alberta.ca/documents/HC-Aides-Competency-2001.pdf](http://www.health.alberta.ca/documents/HC-Aides-Competency-2001.pdf)

| Competency  |
|---|
| A-3-1 Recognize the importance of personal wellness:  |
| A-3-2 Understand stress management techniques   |
| B-2-1 Demonstrate appropriate conflict management skills  |
| D-1-1 Demonstrate proper body mechanics:  |
| D-2-1 Use equipment safely  |
| D-3-1 Recognize safety hazards and dangerous conditions in the work environment   |
| D-4-1 Comply with infection control practices   |
| D-4-2 Recognize preventative initiatives and follow-up procedures of occupational hazards   |
| D-5-1 Dispose of hazardous wastes safely  |
| D-6-1 Follow guidelines for the prevention of fire and electrical accidents   |
| D-7-1 Respond appropriately to emergency situations:  |
| D-8-1 Report incidents and accidents  |
| H-3-1 Assist with positioning <ul style="list-style-type: none"> <li>Take relevant safety precautions to minimize risks to client, self and other staff members (e.g., apply principles of good body mechanics).</li> </ul>   |
| H-5-1 Assist client with lifts and transfers <ul style="list-style-type: none"> <li>Take safety precautions to protect self during lifts and transfers, including:               <ul style="list-style-type: none"> <li>applying principles of good body mechanics</li> <li>requesting assistance when activity required is beyond one's ability or job description.</li> </ul> </li> </ul> |
| I-11-1 Practice safe household waste disposal <ul style="list-style-type: none"> <li>Identify and observe relevant safety techniques (e.g., WHMIS &amp; Standard Practice)</li> </ul>   |

### **OHS – related Competencies for Licensed Practical Nurses**

The College of Licensed Practical Nurses of Alberta provides these competencies related to OHS in the Competency Profile for Licensed Practical Nurses. For more details, please consult

<http://www.clpna.com/Members/ContinuingCompetencyProgram/CompetencyProfileforLPNs2ndEdition/tabid/149/Default.aspx>

| Competency  |
|---|
| C-1-1 Demonstrate ability to apply critical thinking and clinical judgment in response to a fire emergency.   |
| C-1-2 Demonstrate knowledge of fire safety policy, procedures, and staff responsibilities in the event of a fire in the health care setting.  |
| C-1-2 Demonstrate knowledge of fire safety policy, procedures, and staff responsibilities in the event of a fire in the health care setting.  |
| C-1-4 Demonstrate knowledge and ability to respond to a fire situation, e.g., (REACT)   |
| C-2-1 Demonstrate ability to apply critical thinking and clinical judgment in response to a disaster emergency.   |
| C-2-3 Demonstrate knowledge to initiate the appropriate response to the emergency.  |
| C-2-6 Demonstrate knowledge of policy, procedures, and staff responsibilities in the event of a disaster in the health care setting.  |
| C-2-11 Demonstrate ability to recognize that personnel directly involved in facility response may require critical incident stress debriefing.  |
| C-3-2 Demonstrate knowledge and ability to adhere to agency policy regarding a bomb threat.   |
| C-5-1 Demonstrate knowledge and ability to properly use personal protection devices while interacting and providing care to clients, visitors, and families.  |
| C-5-2 Demonstrate the knowledge and ability to properly remove, clean and / or dispose of contaminated personal protection devices.   |
| C-5-3 Demonstrate knowledge and ability to use protective / safety equipment  |
| C-6-1 Demonstrate knowledge and ability to demonstrate the application of the principles of standard precautions:   |
| C-8-1 Demonstrate knowledge of the facility / organization policy for disposal of sharps.   |
| C-8-3 Demonstrate knowledge and ability to use precautions in handling of sharps and follow agency protocol regarding: <ul style="list-style-type: none"> <li>• disposal of needles</li> <li>• removal of needles from disposable syringes</li> <li>• removal of scalpel blades from handle.</li> </ul> |
| C-8-4 Demonstrate knowledge and ability to immediately report needlestick injury to appropriate personnel as per agency   |

|  |
|--|
| protocol.  |
| C-9-1 Demonstrate knowledge and ability to apply Workplace Hazardous Materials Information System (WHMIS) guidelines and regulations |
| C-10-2 Demonstrate knowledge of agency policies regarding handling of bio-medical waste.   |
| C-13-1 Demonstrate the knowledge and ability to comply with workplace policies regarding Occupational Health and Safety.             |
| C-13-4 Demonstrate knowledge and ability to apply self protection / prevention techniques.   |
| C-13-7 Demonstrate knowledge and ability to apply the principles of non-violent crisis intervention.                                 |

### **OHS – related Competencies for Registered Nurses**

The College and Association of Registered Nurses of Alberta provides these Entry to Practice Competencies related to OHS for Registered Nurses. For more details, please see <http://www.nurses.ab.ca/Carna-Admin/Uploads/Entry-to-Practice%20Competencies.pdf>

| <b>Competency</b>  |
|--|
| Professional Accountability and Responsibility<br>11. Uses basic conflict resolution strategies in which situations of conflict are transformed into healthier interpersonal interactions.   |
| 13. Protects clients through recognizing and reporting unsafe practices when client or staff safety and well-being are potentially or actually compromised.  |
| 16. Identifies, reports and takes action on actual and potential safety risks to clients, themselves or others.  |
| Specialized Body of Knowledge<br>23. Has a knowledge base about workplace health and safety including body mechanics, safe work practices, prevention and management of aggressive or violent behaviour.                                     |
| 30. Knows how and where to find evidence to ensure personal safety and safety of colleagues in the workplace.  |
| Collaborates with Clients to Develop Plans of Care<br>50. Anticipates potential staff safety concerns and initiates appropriate action.  |
| Provides Registered Nursing Care<br>71. Consistently applies safety principles, evidence-informed practices and appropriate protective devices when providing nursing care to prevent injury to clients, self and other health-care workers. |

|  |
|--|
| 72. Implements preventive strategies related to the safe and appropriate use and administration of medication.   |
| 73. Implements preventive and therapeutic interventions safely (e.g., positioning, managing intravenous therapies, drainage tubes, skin and wound care).   |
| Service to the Public  |
| 104. Uses safety measures to protect self and colleagues from injury or potentially abusive situations (e.g., aggressive clients, appropriate disposal of sharps, lifting devices, low staffing levels, increasing workload and acuity of care). |
| 106. Uses health-care resources appropriately to ensure a culture of safety (e.g., client lifting devices, safer sharps).  |
| Professional Self-Regulation   |
| 115. Understands the significance of the concept of fitness to practice in the context of individual self-regulation and public protection.  |



## APPENDIX 2 - Additional Resources

The following are useful references and links to relevant resource materials. For complete reference lists, please consult the Best Practice documents developed by Alberta Employment and Immigration available at

<http://www.employment.alberta.ca/SFW/6311.html>

Alberta Employment and Immigration; No Unsafe Lift! Workbook; 2008 [http://employment.alberta.ca/documents/WHS/WHS-PUB\\_nounsafelift\\_workbook.pdf](http://employment.alberta.ca/documents/WHS/WHS-PUB_nounsafelift_workbook.pdf)

Alberta Government legislation related to chemicals in the workplace may be accessed through the Government website at <http://employment.alberta.ca/SFW/307.html>

Alberta OHS Code 2009, Part 18 – Personal Protective Equipment

Alberta Workplace Health and Safety *Preventing Violence and Harassment at the Workplace*, Bulletin VAH001, 2006, retrieved from <http://www.employment.alberta.ca/documents/WHS/WHS-PUB-VAH001.pdf>

American Chemical Society – Chemical Storage Resources

[http://portal.acs.org/portal/acs/corg/content?nfpb=true&pageLabel=PP\\_ARTICLEMAIN&node\\_id=2231&content\\_id=WPCP\\_012310&use\\_sec=true&sec\\_url\\_var=region1&uuid=dae6dbb6-9d03-4590-8995-5325374e8844](http://portal.acs.org/portal/acs/corg/content?nfpb=true&pageLabel=PP_ARTICLEMAIN&node_id=2231&content_id=WPCP_012310&use_sec=true&sec_url_var=region1&uuid=dae6dbb6-9d03-4590-8995-5325374e8844)

American College of Surgeons; Statement by the American College of Surgeons – *Statement on Sharps Safety; October 2007*

[http://www.facs.org/fellows\\_info/statements/st-58.html](http://www.facs.org/fellows_info/statements/st-58.html)

BC Centre for Disease Control – A Guide for the Selection and Use of Disinfectants <http://www.mtpinnacle.com/pdfs/disinfectant-selection-guidelines.pdf>

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Canadian Centre for Occupational Health and Safety (CCOHS), *OHS Answers: Fatigue* July 2007; Retrieved from [www.ccohs.ca/oshanswers/psychosocial/fatigue.html](http://www.ccohs.ca/oshanswers/psychosocial/fatigue.html)

Canadian Centre for Occupational Health and Safety (CCOHS), *OSH Answers – Safety Glasses and Face Protectors*; <http://www.ccohs.ca/oshanswers/prevention/ppe/glasses.html>

Canadian Centre for Occupational Health and Safety (CCOHS), *OSH Answers- Chemical Protective Clothing – Gloves*; <http://www.ccohs.ca/oshanswers/prevention/ppe/gloves.html>

Canadian Centre for Occupational Health and Safety (CCOHS), *OSH Answers: Substance Abuse in the Workplace*, Retrieved from [www.ccohs.ca/oshanswers/psychosocial/substance.html](http://www.ccohs.ca/oshanswers/psychosocial/substance.html)

Canadian Centre for Occupational Health and Safety (CCOHS), *OSH Answers – How Do I Work Safely with Compressed Gasses?* Updated July 8, 2008; [http://www.ccohs.ca/oshanswers/prevention/comp\\_gas.html](http://www.ccohs.ca/oshanswers/prevention/comp_gas.html)

Canadian Centre for Occupational Health and Safety (CCOHS), *OSH Answers – Electrical Safety Basic Information*; updated June 1, 2000; [http://www.ccohs.ca/oshanswers/safety\\_haz/electrical.html](http://www.ccohs.ca/oshanswers/safety_haz/electrical.html)

Canadian Centre for Occupational Health and Safety (CCOHS), *OSH Answers – Fatigue* July 2007; Retrieved from [www.ccohs.ca/oshanswers/psychosocial/fatigue.html](http://www.ccohs.ca/oshanswers/psychosocial/fatigue.html)

Canadian Centre for Occupational Health and Safety (CCOHS), *OSH Answers – OHS Legislation in Canada; Basic Responsibilities*; <http://www.ccohs.ca/oshanswers/legisl/responsi.html>

Canadian Centre for Occupational Health and Safety (CCOHS), *OSH Answers – OHS Legislation in Canada; Due Diligence*; <http://www.ccohs.ca/oshanswers/legisl/diligence.html>

Canadian Centre for Occupational Health and Safety (CCOHS), *OSH Answers – OHS Legislation in Canada; Internal Responsibility System*; <http://www.ccohs.ca/oshanswers/legisl/irs.html>

Canadian Centre for Occupational Health and Safety (CCOHS) *OSH Answers: Substance Abuse in the Workplace*, Retrieved from [www.ccohs.ca/oshanswers/psychosocial/substance.html](http://www.ccohs.ca/oshanswers/psychosocial/substance.html)

Canadian Centre for Occupational Health and Safety; *OSH Answers – Microwave Ovens*; last updated November 2, 2004; [http://www.ccohs.ca/oshanswers/phys\\_agents/microwave\\_ovens.html](http://www.ccohs.ca/oshanswers/phys_agents/microwave_ovens.html)

Centers for Disease Control and Prevention: *Guideline for infection control in health care personnel*, USA; [http://www.cdc.gov/ncidod/dhqp/gl\\_hcpersonnel.html](http://www.cdc.gov/ncidod/dhqp/gl_hcpersonnel.html)

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Health Canada, Nosocomial and Occupational Infectious Section; *Development of a resource model for infection prevention and control programs in acute, long term, and home care settings: Conference proceedings of the Infection Prevention and Control Alliance*; Am J Infect Control 2004;32:2-6.

NIOSH; *Alert Preventing Needlestick Injuries in Healthcare Settings*; 2000-108, November, 1999.  
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WCB of BC Worksafe. *Handle with Care: Patient Care and the Application of Ergonomics (MSI) Requirements*. July 2003;  
[http://www.healthandsafetycentre.org/pdfs/healthcare/HWC/HWC\\_L.pdf](http://www.healthandsafetycentre.org/pdfs/healthcare/HWC/HWC_L.pdf)

WorkSafeBC; *Understanding the Risks of Musculoskeletal Injury (MSI)*; 2008;  
[http://www.worksafebc.com/publications/Health\\_and\\_Safety/by\\_topic/assets/pdf/msi\\_workers.pdf](http://www.worksafebc.com/publications/Health_and_Safety/by_topic/assets/pdf/msi_workers.pdf)

### APPENDIX 3 - Learning Objectives for this Module

1. Understand the need for and the procedure for conducting site hazard assessments and risk evaluations.
2. Identify significant biological hazards that may impact homecare providers.
3. Identify significant chemical hazards that may impact homecare providers.
4. Identify significant physical hazards that may impact homecare providers.
5. Identify potential psychological hazards that may impact homecare providers.
6. Identify the hierarchy of controls that should be implemented to control hazards in the workplace.
7. Identify engineering controls and describe how they work.
8. Provide examples of administrative controls.
9. Describe the important considerations when selecting personal protective equipment.
10. For each type of hazard, identify possible engineering, administrative and personal protective equipment controls.

## APPENDIX 4 - Test Your Knowledge

1. In what way can homecare providers be exposed to biological hazards?
2. What is meant by the “hierarchy of controls”?
3. What controls can be used to reduce the risk of slips, trips and falls in client homes?
4. Give three examples of administrative controls.
5. Give three examples of personal protective equipment.
6. What are the major physical hazards that homecare providers may be exposed to?
7. List at least five factors that should be considered in risk assessments related to client lifts and transfers.
8. Name the five criteria for choosing the proper gloves to use.
9. Name the six criteria for selecting appropriate eye protection.
10. What administrative controls can be put in place to reduce the risk of exposure to hazardous chemicals?

### **Test Your Knowledge - Answers**

1. Homecare providers may be exposed to biological hazards through contact with clients and their families or pets, or through contaminated products or contaminated home environments.
2. The hierarchy of controls refers to a preferred order of controls for implementation. The highest level is engineering controls, because these control the exposure at the source. The next level is administrative controls, which relies on worker compliance. The least effective and lowest level of control is personal protective equipment, because if the equipment fails the worker is likely to be exposed.
3. Trips, slips and falls can be prevented by ensuring there are non-skid surfaces, removal of rugs that do not have non-slip backings, ensuring there are no cords or clutter posing tripping hazards, wearing appropriate footwear that has non-slip soles, ensuring that ice and snow are removed from driveways and walkways, etc..
4. Training, policies, safe work procedures, restricted access, appropriate staffing, purchasing diluted solutions, signage, purchasing standards, etc.
5. Protective eyewear, gloves, gowns, dedicated footwear, etc.
6. Ergonomic, slips, trips, falls, motor vehicle collisions
7. Workplace factors including:
  - Type of clients
  - Special needs clients
  - Equipment available and accessible
  - The existence of client care plans that include handling requirements
  - Languages required for effective communication
  - Workload issues
  - Workers wearing appropriate clothing and footwear
  - Communication protocols for client status information
  - Client lifting and transfer plans
  - Trained staff
  - Preventive and reparative maintenance programs for equipment in place
  - Sufficient space to perform tasks, including use of mechanical lifts
  - Walkways (indoors and outdoors) free of clutter
  - Floor surfaces in good order
  - Stable, suitable furniture, including bathrooms with grab bars, etc.
  - Adjustable beds

- Adequate lighting for tasks

Client factors including:

- Capability to bear weight, move normally, tolerate basic tasks
- Client conditions that may impact risk such as history of falls, impaired movement, pain, loss of sensation, skin issues, communication issues, medical equipment used, surgical conditions, sensory deficiencies, mental state (confusion), aggression, etc.
- Types and frequency of transfers, lifts, repositioning required

Task factors including

- Static positions that may be required
- Duration of task
- Awkward postures for caregivers
- Task requiring extended reach
- Restrictions posed by protective equipment
- Inflexibility of time for task

8. Criteria for glove selection include:

- a. The nature and concentration of the chemicals.
- b. The amount of time the gloves will be exposed to the chemical.
- c. Dexterity required to perform the task.
- d. Extent of protection needed (to wrist or higher).
- e. Decontamination and disposal requirements.

9. Criteria for the selection of eye protection include:

- a. Level of protection required.
- b. Comfort of the wearer.
- c. Secure fit that does not interfere with vision or movement.
- d. Ease of cleaning and disinfection.
- e. Durability.
- f. Compatibility with prescription glasses and other PPE that must be worn at the same time (e.g. respirators).

10. Administrative controls may include safe work procedures including spill procedures with consideration to the specific product and manufacturer's instructions; waste handling procedures; education of workers in the nature of the hazard; availability of appropriate equipment and PPE; accommodation for workers with special needs (pregnant workers, persons with sensitivities or other health issues).

## INDEX

### A

Abuse 43-4, 47  
Additional Precautions 9-10  
Alberta OHS Code 47-8, 57  
Allergies 22, 27  
Antineoplastics 19  
Appropriate footwear 30-2  
Appropriate storage of products 20-1  
Assessments 3, 11, 46, 52  
    client risk 9

### B

Biological hazards 2, 6-7, 9-10, 12, 25, 60-2  
Blood 14-15  
Body fluids 14-15, 23  
Body mechanics 53  
Burns 33, 36, 39, 42

### C

Carbon monoxide 22  
Carts 32, 35-6  
Chemical Disinfectants 11  
Chemical disinfectants □ 11  
Chemical hazards 2-3, 16, 23, 25, 60  
Chemical protective clothing 29  
Chemical Waste Handling and Disposal 27

### Chemicals

    cleaning 46  
    toxic 17, 26

Chemicals home 29

Client care 4, 10, 24

Client care plans 34, 62

Client handling 30, 34

Client handling equipment 30

Client homes 24, 28, 31, 33, 41, 47, 61

Client intake forms 22, 24

Client lifting devices 34, 56

Client smoking information 22, 24

### Clients

    homecare 4, 21

    infected 6-7

Collisions, motor vehicle 33, 37, 40, 62

Control 3, 6-7, 9-10, 16, 23, 30, 39, 46, 52, 62

Control plans 9-10

    effective hazard 6, 23, 30

Control strategies 6, 23, 30-1, 43

Cords, electrical 33, 36-7

Cuts 32, 36, 38, 42

Cylinders 20, 33, 37, 39

### D

Decontamination 7-9, 12, 16, 28-9, 63

Depression 45, 47

Devices, engineered needle stick prevention 6-7, 19, 23



Disinfectants 11-12, 18, 25, 57  
Disinfection 8-10, 17-18, 29, 63  
Drivers 40  
Driving 31, 33, 39-40  
Drugs 19, 23, 25, 27  
    hazardous 19, 23, 27

## E

Early detection of infection status 6  
Effects of Workplace Stressors 43  
Electrical Safety Basic Information 58  
Elimination of scented products 21, 24  
Environment 6, 17, 19-20, 23, 30, 43  
Ergonomic hazards 30-1, 34, 38, 41  
Exposure 5-7, 10, 13-17, 19-24, 26-7, 30-3, 39, 46, 62  
    chemical 25-7, 41  
    environmental cold 33  
    environmental heat 32  
    skin contact/absorption 19  
Extension cords 38-9  
Eye protection 7, 13, 15, 17-19, 21, 23-4, 42, 61, 63

## F

Fatigue 33, 41, 45-6, 57-8  
Footwear 41-2, 62

## G

GFCIs (Ground fault circuit interrupters) 33, 37  
Gloves 6-7, 13-14, 17-21, 23-4, 27-8, 42, 58, 61-3

Goggles 15, 28

## H

Hand hygiene 10, 17  
Handrails 32, 36  
Hazard assessments 3, 5-6, 9, 11, 15, 19-21, 23, 29-30, 39, 42-3, 47, 50  
Health surveillance 13, 27  
Homes 8, 11, 20, 22, 24, 41  
    client's 21, 24-6  
Hours 40-1, 45, 51  
Humidifiers 8

## I

Immunization program 6-7  
Immunizations 7, 9, 13  
Incidents 11-12, 40, 43-5, 53  
Indoor air quality 46  
Infection prevention 6-7, 9-10, 46, 59  
Infectious materials 8, 11, 13, 15  
Inhalation 15, 19-21

## L

Latex gloves 14, 24, 28  
Lifting, client status information ☐ Client 34, 62  
Lighting, adequate 32, 35, 63

## **M**

Masks 15  
Surgical 15  
Mercury 21, 23

## **N**

New technologies 44, 49-50

## **O**

Orientation, required 9  
Outdoors 32-3, 62

## **P**

Panic buttons 44, 47  
Physical hazards 2-3, 30, 34, 60-1  
Policies 9, 12, 22, 26, 38, 40, 43-5, 47-8, 54, 62  
smoking 22, 24  
Post-exposure management 13  
Potential Physical Hazards and Suggested Controls 30  
Potential Psychological Hazards and Suggested Controls 43  
PPE (personal protective equipment) 5-7, 10, 12-16, 19-20,  
22-4, 27, 29-30, 42, 57, 61-3  
Products  
chemical 20  
cleaning 21, 25  
contaminated 62  
controlled 26

hazardous 17-18

Programs, safe driving 40  
Protective clothing 6-7, 12-13, 18-19, 21, 23, 27, 29, 42

## **R**

Risk assessment 6-7, 10, 13, 16, 23-4, 30, 34, 43, 47, 61  
Routine Practices and Additional Precautions 9

## **S**

Safe driving policies 40  
Safe work procedures 10, 16-21, 23-4, 26, 30-3, 38-9, 62-3  
Scented products 21, 24  
Scheduling workers 51  
SEMDs (safety engineered medical devices) 32, 36  
Sensitivities 18-19, 27, 63  
Sharps 6, 32, 36, 39, 42, 54, 56  
Shift schedule 45, 51  
Skin contact 18-21  
Sleep disorders 45, 47  
Smoking 22, 24, 28  
Spill procedures, including 19, 21, 23, 63  
Storage 20, 30, 32-3, 36, 39  
chemical 25, 57  
Stress 14, 44, 46, 49-50  
Substance abuse 44-6, 58  
Substance abuse signs 44  
Surfaces, hot 36

## **T**

Temperature Extremes 36, 39, 42  
Training 5, 9, 12, 26, 38, 41, 44-5, 62  
Transmission, routes of 10, 13  
Tripping hazards 31-2, 35-6, 62  
Trips 30-2, 35, 38, 41, 58, 61-2

## **V**

Vehicle exhaust 22  
Vehicle incidents, motor 41  
Vehicle maintenance 22, 40  
Vehicles 22, 31, 33, 36-9, 41  
    personal 40-1  
Violence 44, 47

## **W**

WHMIS (Workplace Hazardous Materials Information System)  
    18, 26, 55  
Work-life balance policies 46  
Workers  
    aging 45  
    pregnant 19, 27, 63