



Health and Safety Flyer

Safety is an integral part of all care and services provided at this facility.

There is an active **Occupational Health and Safety / Infection Control Committee** with representation from all departments. This committee meets quarterly and reviews audit information, outbreak information, infection rates, safety and risk issues, near misses in the facility and any concerns which are related to safety for our residents or staff. There is a joint recorded **physical inspection** of the workplace done monthly, by members of staff and management. All concerns are addressed immediately.

Minutes of the Occupational Health and Safety and Infection Control Committee are posted so that all staff are aware of committee activity. Operational concerns are forwarded to the appropriate manager for immediate follow-up.

Fire Drills are held on all three shifts each month giving staff an opportunity to practice safety precautions. A **Witnessed Fire Drill** is held annually with the local fire department present. A mock **Evacuation Exercise** is held every three years to allow staff and community partners an opportunity to practice safe evacuation procedures. The building is equipped with fire and smoke detectors which are monitored 24 hours by a monitoring company which is linked to the fire department. If you are visiting during a fire drill please adhere to staff instructions.

All residents, families, volunteers and staff are expected to participate in creating a safe and healthy working environment and to be knowledgeable about safety in the home.

1. Do not use equipment until you are trained to use it and feel comfortable using it.
2. Always work in a safe manner, look around you and be aware of your surroundings.
3. Report safety hazards immediately to your supervisor or the nearest charge nurse.
4. Be familiar with the WHMIS program and ensure you understand the proper use of and precautions for every chemical you are asked to use.
5. Use the Material Safety Data sheets (MSDS) to review chemicals and toxic substances that you are not familiar with.
6. Ensure all chemicals and toxic substances are kept in a locked cupboard or in the locked housekeeping cart.
7. There should be no hand mixing of chemicals on the premises. All chemicals are automatically dispensed through automatic dispensers in the housekeeping, dietary and laundry departments.
8. Wear personal protective equipment as per MSDS sheets when handling chemicals or toxic substances.
9. Wear protective clothing as per policy when caring for or cleaning resident rooms where there may be an infection.
10. Every staff member must know the facilities fire and disaster plan.

Hazards to watch for

1. *Wet floors...* housekeeping or other staff who are mopping the floor must post a wet floor sign in that area. Only one half of a hallway or occupied resident room is to be mopped at a time.
2. *Spills...* all spills must be wiped up immediately by any staff.
3. *Needles, blades, and broken glass...* needles, syringes, blades or broken glass must be properly disposed of in appropriate sharps containers. All injuries involving sharps must be reported to the supervisor immediately.
4. Ensure hallways and doorways are kept free of clutter at all times. Position carts and equipment so they do not interfere with traffic flow and sure they are only on one side of the corridor.

5. Work areas are to be kept clean and free from clutter. Ensure all equipment is properly cleaned and is put away after each use.
6. All electrical equipment brought in for resident use must be approved and checked by the facility.
7. Staff have been trained in proper start up procedures and cleanup procedures for all electrical equipment.
8. Residents and families who have any concerns are to identify those concerns to a staff member immediately.

Incident Investigation and Reporting

1. All incidents are to be reported to the employee's supervisor immediately.
2. Investigation to be completed immediately.
3. Employees involved, all witnesses including residents and families will be questioned.
4. Appropriate documentation to be done by the supervisor using the appropriate reporting MOH forms.
5. Some incident reports may require immediate reporting to the MOH by the DOC or Administrator. (There is a chart of what reports need to go where and when at the nursing station for the charge nurse to reference.)
6. Any unsafe condition discovered during an investigation is to be reported immediately for corrective action or repair.
7. Please ensure Near Misses are reported for the same follow up as an incident to ensure we have all preventative measures in place.
8. All incidents are reviewed at the OH&S Committee looking at



type of incident



type of injury



place of incident



type of incident



time of incident



employee(s) involved



residents/families involved



witnesses



report completion



notifications

Infection Control

Preventing and controlling the spread of infections in the home is a priority. Our staff monitor the residents on a daily basis for signs and symptoms of infections.

You can help stop the spread of infection by observing a few simple protocols:



Do not visit if you are feeling unwell. Do not bring ill children into the Home.



Wash your hands using the alcohol-based hand sanitizer at the front door when you enter.



Sign our visitor registry at the front door when you enter so that we can follow up with you if there is an infection identified within the next few days, or to identify who is in the building in the case of a fire.



Use the hand sanitizer found in various locations in the hallway and in each resident room.



If your family member is unwell visit only with your family member and not with other residents who might get infected.



Cover your mouth and nose when you cough or sneeze.



Cough into a Kleenex which can be disposed of immediately or into your sleeve. Do not cough onto your hands which then could spread germs to other residents or items that you might touch.



If you are assisting your family member with any personal care, wash your hands before you begin and once you finish.



Please clean your hands using the alcohol-based sanitizer as you exit the building

The facility has a number of policies regarding immunization and screening for potential infectious diseases. These include policies and procedures for immunization against influenza, pneumonia, tetanus/diphtheria/pertussis, shingles and screening for tuberculosis. Upon admission, a registered staff member will talk to you regarding these vaccines and their importance.

Hand washing is of extreme importance whether it is using soap and water in the sink or alcohol-based hand sanitizers. Staff are trained on a regular basis on the most effective hand washing techniques.

Medication Administration

All medications for residents are dispensed by registered staff to ensure the highest level of competency and safety. Medications are reconciled upon admission and readmission to the facility and closely monitored by the medical team. This medical team includes the pharmacist, the physician and registered staff.

Residents and families are encouraged to ask questions about the medications residents are receiving. Should you have any questions please speak with the registered nurse who will answer your questions or make arrangements for you to speak directly with the physician or pharmacist.

Prior to the start of any new medications, the physician or registered nurse will consult with you regarding the recommended drug and any potential drug reactions or interactions with other drugs the resident may be taking.

Prior to receiving any medications, the registered staff will verify your identity. This may be done through the use of a photo or asking your name. If you're asked to state your name it is to verify your identity as per policy.

Alcohol may interact with various medications. The physician will assess if it is appropriate for the resident to consume alcohol and write the appropriate orders for any alcohol. All alcoholic beverages are stored at the nursing station and will be distributed by the registered staff. (Residents must provide their own alcoholic beverages.)

Over-the-counter medications must be prescribed by the resident's physician. No medication is to be left at the resident's bedside for the safety of both the resident and other residents who might wander into rooms.

All medications are kept in a locked cart or cupboard.

Falls Prevention

A single fall can have severe consequences for residents, therefore we have in place of Falls Prevention Program. All residents are assessed for the risk of falling by a physiotherapist on admission, quarterly and with any change in the resident's condition. Residents who are at risk for falling are identified and the interdisciplinary team puts in place a plan to assist the resident with improving their strength, muscle tone and endurance. Resident safety is monitored on a regular basis.

There are a number of lifts and mobility devices used throughout the facility. All staff have been appropriately trained on the proper use of equipment. Please do not attempt to use equipment that you have not been trained to use. A staff member will always be more than pleased to help you.

Safety, Safety Checks and Smoking

The nurse in charge makes safety rounds at the beginning of each shift and regularly throughout their shift during the day, evenings and nights.

All exit doors are alarmed. Keypads are in place to permit visitors to enter and exit the building while at the same time preventing residents who wander from exiting the building unsupervised.

Water temperatures are monitored and controlled for the safety of our residents.

Smoking is not permitted in the building or within 9 m of an entrance or exit from the building. Residents who do smoke are assessed for safe smoking

on admission and on a regular basis. All smoking material must be supervised by the nursing staff and residents are not allowed to keep smoking materials on their person or in their room.

Resident photographs are taken on admission and placed in various places throughout the home to ensure staff are able to easily identify all residents. Photographs are placed on the medication administration record and used each time a medication is dispensed to a resident.

Staff members wear identification name tags to ensure both residents and family members can easily identify the caregivers. Visitor sign in books also allow us to know who is in the building in case of fire.

Each medication administration or treatment requires two resident identifiers, photograph, wristband, resident stating their name or identification by another staff member.

Restraints

We believe in a least restraint environment. We believe that restraints should only be used as a last resort to prevent harm to the resident or others. Before any restraints are applied an assessment will be done of the resident's to ensure appropriate interventions are being applied. All options will be discussed with the physician, resident and family members and a consent will be obtained before a restraint is applied. We assess the need for ongoing restraints regularly and will discontinue restraints as soon as possible. Restraints can be seatbelts, wheelchair trays and full length siderails on the bed. If a resident cannot undo these devices on their own they are considered a restraint.

Departmental Reference Information

Administrator/Q.I Coordinator/Laundry/Maintenance Supervisor : Anita Garland, RN
Director of Care/Infection Control: Dana Anderson, RN, CIC
Administrative Assistant: Kathleen Petto
Ward Clerk: Cathy Moore
Activity Director/Volunteer Coordinator: Kathy Brinklow
Food Service/Housekeeping Supervisor: Shirley Runnalls
QI/RAI/Staff Development: Deena Gowanlock, RPN
Assistant RAI Coordinator: Cathy Gilbert, RN
Maintenance : Mark Gorman

Contracted services

Advisory Physician: Dr Hamilton
Physiotherapy Services: Achieva
Pharmacy Services: Medical Pharmacies
Music Therapy: Elizabeth Heslinga
Hair Dresser: Angie Ibbotson
Barber: Katlin Moore