



O H S A H

HEALTH & SAFETY news

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SARS Prevention: Train-the-Trainer

The emergence of Severe Acute Respiratory Syndrome (SARS) poses a new challenge to Canadian healthcare workers.

In Canada, many of those who have been infected with SARS were providing front-line care for patients with SARS symptoms. Although transmission of SARS is not yet entirely understood, it is suspected that failure to follow recommended infection control precautions may have caused SARS to be transmitted to healthcare workers.

British Columbia has not been a major site of SARS transmission: there have been only four probable cases, one of which was a healthcare worker. Nevertheless, SARS has focused attention on the need to improve training and protective measures for all airborne or droplet-spread infectious diseases, including but not limited to SARS (e.g. tuberculosis).

To address this issue, OHSAH, in collaboration with the Workers' Compensation Board, the BC SARS Science Committee, and other provincial healthcare stakeholders, has developed a new training module: *Protecting Healthcare Workers from Airborne & Droplet-Spread Transmission of Infectious Diseases*. It covers topics such as good infection control practices, personal protective equipment (PPE) requirements in various high-risk situations, respirator fit testing, and proper procedures for the donning and removal of PPE.

The module was developed to:

- Provide BC healthcare facilities and their staff with accurate and up-to-date information regarding recommended exposure control measures

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The BC SARS collaboration between OHSAH and its stakeholders on risk levels and protective measures was recently presented in the British Medical Journal (June 21, 2003) www.bmj.com

OHSAH HEALTH AND SAFETY FORUM

Stay tuned for information regarding OHSAH's Health and Safety Forum, taking place in the Lower Mainland on November 27th.

Please check the OHSAH website for updates www.ohsah.bc.ca.



A Message from the Founding Executive Director

The SARS outbreak continues to cause major disruption and tragedy for people in Toronto, Asia and beyond.

In addition to highlighting the critical importance of the health of the healthcare workforce, SARS is providing both a challenge and an opportunity to use medical knowledge, health research, and collaboration.

New relationships and partnerships have allowed us to develop sensible guidelines on the proper use of appropriate personal protective equipment (a prerequisite to preventing SARS in the healthcare workplace). The extensive collaboration with healthcare unions and their front-line workers, employers who must overcome logistical challenges to implementation, and regulators who enforce workplace hazard control measures, have led to the creation of risk-based procedural guidelines that are considered world-class (published in the British Medical Journal – June 21st 2003)

OHSAH wishes to acknowledge and thank BC Ambulance Service, Workers' Compensation Board of BC, Health Authorities, and BC healthcare unions for their contribution in the development of this new collaborative program. We feel confident the resulting information and guidelines will be of benefit in many areas of infection control as well as the protection of healthcare workers from the transmission of SARS.

Annalee Yassi, MD, MSc, FRCPC

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SARS PREVENTION: TRAIN-THE-TRAINER

- Minimize the spread of airborne or droplet-spread infectious diseases in the healthcare setting

Training sessions will be coordinated through OHSAH's health authority contacts. First steps involve training for Occupational Health and Safety coordinators and infection control practitioners at the health authorities.

If you would like more information about these sessions, please call OHSAH at **604.775.4034** or, toll-free at **1.800.359.6612**.

Handouts on procedures for respiratory and other personal protective equipment (developed for these training sessions), are now available on OHSAH's website, www.ohsah.bc.ca.

YOUR COMMENTS PLEASE!

As you may have noticed, OHSAH's Health & Safety News has a new look. We would like to hear from you!

What topics would you like to see covered in future issues? Your feedback will help to ensure future newsletter issues include articles and information that are timely, useful and relevant to you, the reader.

Please send your comments, ideas or suggestions to editor@ohsah.bc.ca, or by mail to OHSAH, Health & Safety News, 301-1195 West Broadway, Vancouver BC, V6H 3X5.

OHSAH MISSION STATEMENT

- To work with all members of the healthcare community to develop guidelines and programs designed to promote better health and safety practices and early return-to-work
- To promote pilot programs and facilitate the sharing of best practices
- To develop new measures to assess the effectiveness of programs and innovations in this area

OHSAH Launches New Website

OHSAH launched its new website on May 1st, and it is already proving popular with visitors.

OHSAH invites you to visit the new site which can be found at www.ohsah.bc.ca. Key features of the new site include:

A NEW LOOK

The most obvious change to the site is its look and feel - the modern interface design is inviting and more accessible to visitors - and, the new site has been streamlined and reorganized; visitors no longer have to scroll through pages of text to find the information they need.

IMPROVED INFORMATION ORGANIZATION

Content on the new OHSAH site is now better organized. Information has been divided into easy-to-find categories. All pages on the site offer a user-friendly menu bar that expands as visitors follow links deeper into the site. This allows for easy access to new information from any part of the site.

ACCESS TO OHSAH PUBLICATIONS AND INFORMATION

Many of OHSAH's publications are now available for downloading. Manuals, handbooks, and project updates are available in PDF format, and can be printed for use as reference material. In addition,



OHSAH posters and publications can now be viewed and ordered through the website.

OHSAH PROGRAMS AND PROJECTS

Information regarding all OHSAH programs and projects are easy to access through the new website. To learn more about specific programs or projects, please visit the OHSAH website.

IMPROVED SEARCH FUNCTION

One of the key features of the new website is improved search functionality; all content can be searched for specific words and phrases. Some program sections now offer search capabilities. For example, OHSAH's Partnership Initiatives, which can be found in the Ergonomics Department, can be searched by health authority, facility, or other relevant key words. The MSDS and latex databases are also searchable, and can be found in the 'On-line Resources' section.

If you have any comments or suggestions for OHSAH's website, we would like to hear from you. Please contact the site's webmaster at webmaster@ohsah.bc.ca.

BC SARS Science Committee Guidelines for the Acute Management of the patient with SARS in the Hospital Setting is available through the OHSAH website.

Important WHMIS MSDS Database Update

As noted in the April newsletter, the WHMIS MSDS database has been upgraded with improved access, security, and search capabilities. Please note – In order to limit public access to sensitive department-specific information contained within the database, a login feature has been added. To receive a login ID that will allow full access to the database, please contact the MSDS Project Coordinator at MSDSrequest@ohsah.bc.ca.

A Pro-Active Approach: St. Paul's Lab Technologists Assist with Design of Ergonomic Work Station

A history of repetitive strain concerns in the histology laboratory of St. Paul's Hospital prompted a pro-active approach from the lab's technologists and the hospital musculoskeletal injury prevention advisor.



The histology workstation cut-out reduces reaches and allows closer access to equipment

Under the umbrella of OHSAH's Partnership Initiatives Program, the technologists and MSIP advisor at St. Paul's Hospital initiated a project to design an ergonomic workstation which would help to reduce risk of injury and alleviate pain. Thanks to their extensive input, the partnership has resulted in a newly modified workstation.

Shirley Harrington, one of the technologists participating in the project, needed only a week on the laboratory's new workstation to notice a reduction in pain. "For the five days I have been at the new workstation, I have been very busy doing a lot of cutting", says Harrington. "Normally, I would be sore, but I don't find that I'm sore at all." Harrington is the first technologist to use the workstation. During the project assessment phase, each technologist will have an opportunity to use the new station for a three-week period.

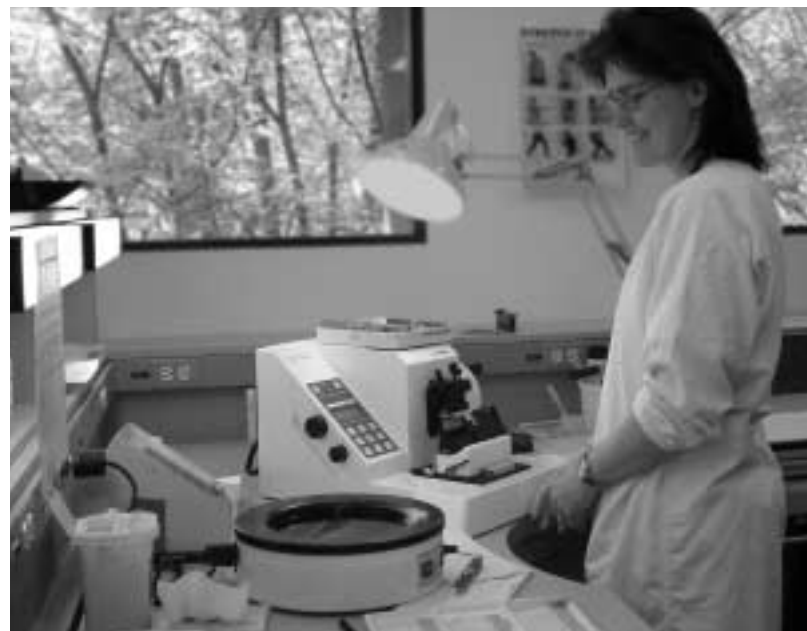
The workstation features a rounded cut-out, designed to reduce reaches and allow for closer access to equipment. Harrington notes this feature will make a significant difference for the lab's technologists. "We can move around to access equipment, rather than reach," she explains. The six foot tall Harrington goes on to say that the hydraulic height-adjustable workbench, which can

accommodate the various heights of the technologists, is a feature which she especially appreciates.

Harrington also finds the new automated microtome (an instrument for cutting slices of tissue) a helpful modification, as it allows her to switch easily between automated and manual tasks. All in all, it seems the many changes to the workstation add up to less pain on the job for Harrington who, after ten years as a histology technologist, suffers from shoulder and upper back pain as well as reduced range of motion in her neck.

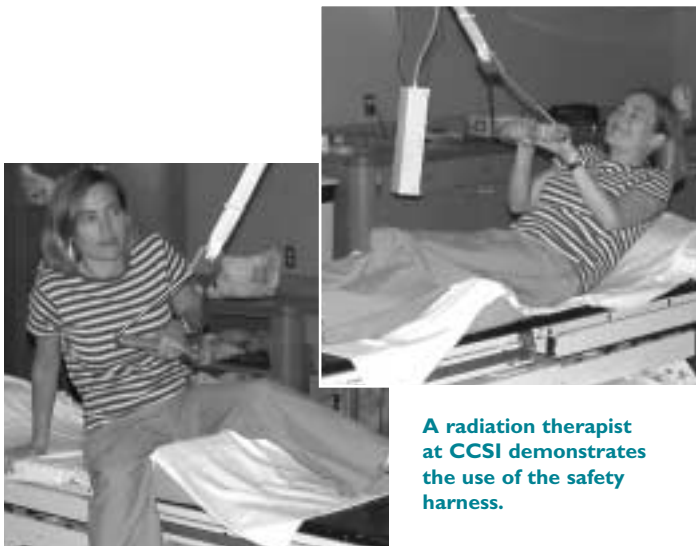
Upon completion of the workstation evaluation phase, histology staff will rotate at the station for short, set periods of time. Staff are already looking forward to using the workstation on a more regular basis.

Study results will be available this fall. Check the OHSAH website for updates.



Safety Harnesses Give Radiation Therapists a Lift

Radiation therapists at Kelowna's Cancer Centre for the Southern Interior (CCSI) assist patients on and off radiation therapy beds up to 40 times in a single day!



A radiation therapist at CCSI demonstrates the use of the safety harness.

To reduce the physical stress and strain of moving patients, CCSI installed safety harnesses in four treatment rooms. The harnesses provide a solid anchor for patients while minimizing the level of physical assistance required from radiation therapists. Having proven successful at the Vancouver Cancer center, the harnesses are proving equally effective at the Kelowna facility. Initial feedback regarding harness installment has been extremely positive.

A Project Update will be available later this summer.

Scheduled Toileting Program at Queen's Park Care Centre



Residents living in long-term care often have difficulty going to the washroom without assistance because of cognitive impairment or a lack of mobility. Therefore, caregivers must clean residents in bed, an activity that can be demeaning for the resident and involves risk of injury for the caregiver.

A scheduled toileting plan is a strategy in which residents are regularly transferred to a toilet, based on individual habits. Scheduled toileting has been shown to:

- Decrease urinary incontinence
- Improve resident hygiene and skin care
- Improve resident dignity and well-being
- Reduce resident frustration, agitation, and violence towards care staff

Queen's Park Care Centre, which is a long-term care facility in the Fraser Health Authority, implemented a scheduled toileting program in a 75-bed unit in the facility. Each resident was put on a personalized toileting schedule, based on an assessment of their needs. OHSAH assisted in examining the effectiveness of the program.

Key findings of this project were:

- The toileting program reduced staff injuries related to resident handling as a result of new patient handling practices
- The toileting program reduced resident agitation expressed as verbal behaviours and emotional upset
- The change in practice increased the mental and physical workload of care staff
- Clear communication, mentoring, and monitoring throughout the toileting program were crucial for its success

For detailed information about this study, contact OHSAH at 1.800.359.6612 for the Scheduled Toileting Program Project Update (also available online: www.ohsah.bc.ca).

Inspection Training

"To look is one thing. To see what you look at is another. To understand what you see is another. To learn from what you understand is something else. But to act on what you learn is all that really matters." - Winston Churchill

What is an Inspection?

By definition an inspection is a checking or examination which is purposeful and which involves the use of guidelines and criteria.

Why is Inspection Important?

Inspection is one of the best tools for uncovering problems and assessing risks before accidents/incidents or other losses occur¹. An inspection is a necessary and critical part of the joint occupational health and safety committee program, by which a workplace is examined closely on a regular basis.

A well-managed inspection program can:

1. Identify hazards which require immediate attention;
2. Identify existing and potential hazards;
3. Monitor hazard controls (engineering, administrative, personal protective equipment);

4. Listen to concerns of workers and supervisors;
5. Gain a further understanding of tasks;
6. Set standards;
7. Recommend corrective action.

Learning More about Inspections

"Inspections" is one of several courses offered by OHSAH to healthcare facilities in BC. There is no registration fee. Upon completion of a one-day session, committee members are better able to:

- Understand the reason and purpose of an inspection
- Apply WCB Act and Regulations to workplace requirements

- Understand the different types of inspections
- Prepare for inspections
- Conduct planned inspections
- Make recommendations and prepare reports

The course focus is on the process of inspections and their effect upon the reduction in hazards, prevention of disabilities, and reduction of human and financial costs.

¹ Bird, F.E, and Germain, G.L., Practical Loss Control Leadership, Revised Edition, 1996

DID YOU KNOW?

OHSAH is pleased to note that since JCED training began just over two years ago, there has been a high degree of province-wide participation!

Day 1 Training – 2100 participants from 399 facilities

Day 2 Training – 1286 participants from 272 facilities

JCED Training - It's On Us!

There is no registration fee for BC healthcare facilities that wish to receive any of the following JCED training modules:

1. Day 1 & 2 Training
2. Incident Investigations
3. Inspections
4. Hazard and Risk Identification
5. Prevention of Violence in the Workplace
6. Interest based Problem Solving

If you are interested in more information on OHSAH training please contact Bobbi Hatter, Program Manager (bobbi@ohsab.bc.ca).

Evaluating Occupational Health Risks Associated with High-Level Disinfectants in Hospitals

Gluteraldehyde, a high-level disinfectant, has been widely used in hospitals for the past forty years.

Studies have shown that up to 26 per cent of people who use gluteraldehyde develop respiratory symptoms such as asthma, while approximately 40 per cent develop skin problems. Two new disinfectants, Cidex OPA® and Compliance™, which may provide an alternative to gluteraldehyde, have recently entered the market. Both products are being promoted as safer alternatives and until recently there was little evidence to support this claim.

A study funded by the Community Alliance for Health Research (CAHR) sought to predict the relative health effects of the new products compared with gluteraldehyde. Graduate student, Karen Rideout, working alongside UBC researchers and OHSAH, discovered that the structure and reactive properties of chemicals contained in Cidex OPA® and Compliance™ may also pose a health risk to workers. However, both products appear to be less risky than gluteraldehyde. It was determined that further investigation is necessary.

The study also revealed that current workplace regulations place more focus on whether a chemical will serve its intended purpose, than on employee health. Study results indicated a need

for stricter regulatory requirements which take into consideration the effects of chemical disinfectants on employee health. A detailed report of this study will soon be available on the OHSAH website.

OHSAH would like to take this opportunity to congratulate Karen Rideout on completing her MSc in Occupational and Environmental Hygiene and wish her every success in the future.

Latex Alert!

Need to know exactly which products at your workplace contain latex? OHSAH's latex database is being updated daily with products found in healthcare workplaces. Access the database through our on-line resources on the new OHSAH website www.ohsah.bc.ca.



BLOOD AND BODY FLUID EXPOSURE CONTROL - UPDATE



The Vancouver Island Health Authority (VIHA) Exposure Control Plan (ECP) is intended to prevent healthcare workers from exposure to blood and body fluids. Key components of the project include:

- Awareness campaign within VIHA
- Risk identification: reviewing previous injury data; surveying at-risk staff and performing workplace audits
- Introduction of control measures: new engineering technologies; best practice safe work procedures; and personal protective equipment
- Evaluation of project effectiveness and assessment of workers' perceptions of the ECP

Contact VIHA's OH&S department or visit OHSAH's website, www.ohsah.bc.ca, for updates and more information.

Reducing MSI Risk for Sonographers

As an occupational group, sonographers have been identified as a high risk group for developing work-related musculoskeletal injuries (MSI).

In addition to eye strain, irritation, and fatigue, there are various other injuries commonly experienced by sonographers. A few common injuries are:

- Carpal Tunnel Syndrome
- Tendonitis
- Tension Neck Syndrome
- Bursitis

There are several direct risk factors for developing an MSI, the most common of which are awkward and extended static postures of the wrist, neck, and back.

There are various controls that can be implemented to minimize these risk factors. Engineering changes could include workstation redesign with an adjustable patient bed, keyboard, console and monitor. Administrative controls could include task rotation (for different types of scans) and education and training.

There are also a number of things that an individual sonographer can do to reduce his/her risk of MSI, particularly with respect to posture and body position. These may include:

- Keep head and trunk in an upright posture, and keep arms close to body (avoid reaching)
- Vary posture throughout your shift but always try to maintain a good working posture
- Politely encourage patient to move as close to the edge of the bed as is safe
- Position the chair as close to the patient and console as possible
- Alternate standing with sitting while scanning to reduce the compression on the vertebral discs of the lower back
- Alternate scanning hand to reduce the stress placed on one side of the body and to allow for recuperation.
- Stretch muscles slowly and regularly (every hour) throughout your shift while breathing deeply.

These are only a few examples of ways to reduce the risk of MSI.

For more detailed information, please check related OSHTips at the OHSAH website, where there is a literature review, Q&A, abstracts, and references, as well as a Project Update on an ergonomic redesign of a sonography workstation. www.ohsab.bc.ca

DID YOU KNOW?

Accidental punctures by contaminated needles can inject blood or other body fluids into the body through the skin.

The approximate risk of transmission after exposure to an infected source is:

HIV	0.3%
Hepatitis C	3.0%
Hepatitis B	30.0%

Source: Hasselhorn et. al., 1999

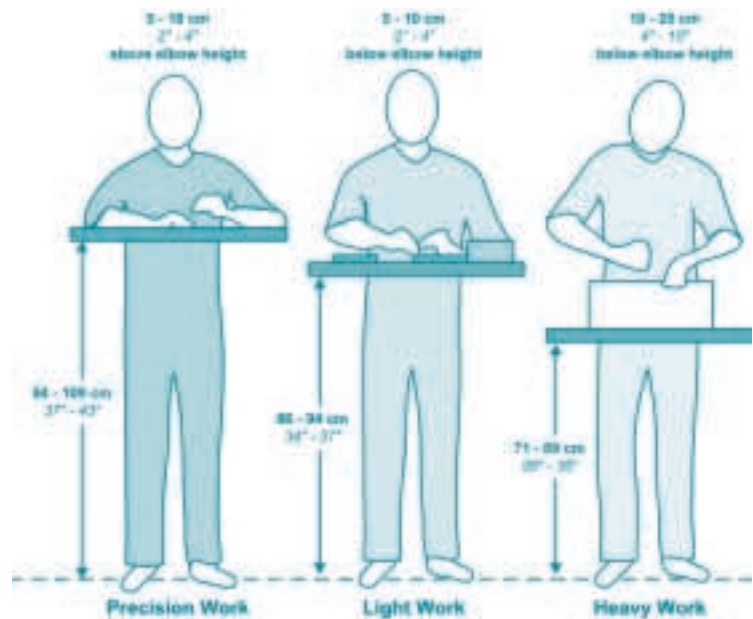
Choose the right working height!

The height at which you perform your job tasks influences the body postures you will adopt when working. This also influences your risk for injury. Work surface height is affected by both the elbow height of the worker and the type of work being performed.

Choose the working height most appropriate to the task:

- The more **PRECISE** the work is, the **HIGHER** the work surface should be.
- The **HEAVIER** the work is, the **LOWER** the work surface should be

These guidelines for working height are widely referenced in publications and literature. Always consult with staff when choosing working heights for different job tasks.



Incident/Injury Tracking Promotes Prevention

Tracking all workplace incidents and injuries can help prevent future injuries.

An effective OH&S program needs to: track incidents and injuries as they occur; ensure there is follow-up; instigate workplace change based upon information learned from incidents.

Tracking workplace incidents/injuries helps to provide data used to calculate facility injury statistics and track injury trends. Among other things, this can help to:

- Identify training needs, problems with work procedures, and any need for personal protective, safety, and emergency equipment
- Collect needed information for investigation and insurance reports, and for compliance with regulatory requirements

WHAT TYPE OF INCIDENTS SHOULD BE REPORTED?

All incidents should be reported to the department dealing with injury tracking and reporting, regardless of whether a compensation claim is being filed. Detailed records help track incidents/injuries, identify potential problem areas, and assess the safety performance of a facility.

For further information about Injury Tracking or Incident Investigations visit the OHSAH website at www.ohsah.bc.ca.

Healthy Hospital Kitchens: Developing an Ergonomics Guide for Kitchen Workers

Facility focus groups provide insight into kitchen health and safety.



Residents and staff would probably agree that a smoothly functioning hospital kitchen is an important component in a well-run healthcare facility. However, kitchen workers are often at risk of injury from repetitive tasks and frequent reaching and lifting. To help address these issues, OHSAH is developing an ergonomics handbook specifically for kitchen workers.



In order to ensure the handbook accurately identifies risks and suitable ergonomic improvements, OHSAH worked with kitchen staff at four Lower Mainland healthcare facilities: Fairhaven United Church Homes in Vancouver and Burnaby, Menno Hospital, and St. Paul's Hospital. During the month of May kitchen staff participated in focus groups, providing OHSAH with excellent suggestions for improving the handbook, as well as insight into what makes kitchens safer places to work.

An Ergonomics Guide for Kitchens in Healthcare will be available in early August. Check our website for updates or contact OHSAH directly for your copy (604.775.4034 or 1.800.359.6612).

DID YOU KNOW?

- From 1994 to 1998, 12% of time loss claims in healthcare facilities occurred in food preparation and kitchen workers.
- 33% of these claims resulted from overexertion due to manual materials handling.
- From 1996 to 2000, the WCB paid out \$13,610,018 for kitchen-specific healthcare claims.

Related Publications for Kitchen Staff

Project Updates

- 1 Low-Cost Food Cart Modification
- 2 Evaluating the Effect of an Automated Pot Washer on Reducing Risk of Musculoskeletal Injury in a Healthcare Kitchen

Resource and Publication Catalogue

OHSAH now has a resource and publication catalogue available.

The catalogue categorizes and lists all of OHSAH's publications, including peer-reviewed articles and conference proceedings. The catalogue will be updated on a regular basis.

For a copy of the catalogue, please visit the publications section of our website or contact us directly.

**Watch for An Ergonomics Guide for
Hospital Pharmacies, coming this fall!**

New Project Updates

OHSAH recently published four new Project Updates regarding the status and outcomes of various Partnership Initiatives.

They are:

1. Evaluation of Portable Ceiling Lifts for Patient Handling in Diagnostic Imaging

Find out how nuclear medicine technologists at Burnaby General Hospital benefited from the installation of portable ceiling lifts in their camera rooms.

2. Ceiling Lifts in an Extended Care Facility
Reduce Injury

Read about the impact of ceiling-mounted lifts in an extended care unit at Saanich Peninsula Hospital.

3. Scheduled Toileting Program in Long-Term Care

This Project Update describes the results of a comprehensive scheduled toileting program in a long-term care facility.

4. Laundry Cart and Bin Modifications

Pleasant View Care Home was the location for a project which demonstrated the success of low-cost modifications to existing laundry carts and bins in helping to reduce ergonomic risk factors for laundry staff.

These and other Project Updates are available on the OHSAH website at www.ohsah.bc.ca, or by calling 604.775.4034.



Copies of publications and resources listed on this page are available free of charge to healthcare facilities in BC.

Contact OHSAH (604.775.4034) to place your order.

Patient Handling: Online Resources

There are numerous useful patient-handling resources available online. In addition to those listed below, others can be found on OHSAH's website. OHSAH has also recently added to its site a list of over 90 patient-handling references, which are being used in the HEALNet Patient Handling Tool Project.

BACK TO BASICS FOR HEALTH-CARE WORKERS

www.ohsah.bc.ca/media/backtobasics.pdf

CANADIAN CENTRE FOR OCCUPATIONAL HEALTH AND SAFETY: ERGONOMIC PATIENT HANDLING POLICY GUIDELINES

www.ccohs.ca/oshanswers/hsprograms/patient_handling.html

OSHA DRAFT GUIDELINES FOR NURSING HOMES

www.osha.gov/ergonomics/guidelines/nursinghome

VETERANS HEALTH ADMINISTRATION: PATIENT CARE ERGONOMICS RESOURCE GUIDE

www.patientsafetycenter.com

Health and Safety Tips

Washing your hands is one of the most important steps you can take to prevent the spread of infection.

The following is a recommended procedure for washing your hands.

GENERAL HAND WASHING PROCEDURES



1 Remove all jewelry.*



2 Turn on warm water.



3 Wet your hands. Keep fingertips pointed down.



4 Apply soap from dispenser.



5 Rub hands together (10-15s), creating a lather.



6 Pay particular attention to areas between your fingers.



7 Rub fingernails against palm of opposite hand. Clean nails with brush if soiled.



8 Rinse hands from the wrist to fingertips. Keep fingers pointed down.



9 Dry hands with a paper towel.



10 Use a clean, dry paper towel to turn off faucet. Do not touch faucet with your hand.



11 Discard paper towel.

ALCOHOL HAND RUB

When using alcohol hand rub, follow steps 1, 4 (applying alcohol hand rub, rather than soap), 5, 6, & 7. Allow hands to air dry.

* It is preferable not to wear jewelry to work. However, remember to put jewelry back on after Step 11.

This hand washing procedure was developed as a handout for the SARS Train-the-Trainer module: *Protecting Healthcare Workers from Airborne and Droplet-Spread Transmission of Infectious Diseases*.

The handout is available through our website, or contact OHSAH for a copy (604.775.4034 or 1.800.359.6612).



O H S A H

The Occupational Health and Safety Agency for Healthcare in British Columbia is a non-profit bipartite organization, dedicated to providing excellence in caring for caregivers.

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