



O H S A H

HEALTH & SAFETY news

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Amendments Toughen Workplace Liability

It is important that health and safety remains a priority in these difficult labour relations times. Bill-C45, which toughens workplace liability in Canada, is a new piece of legislation that will go a long way in ensuring that workplace health and safety is a priority. The legislation establishes for the first time in Canadian history a duty to ensure workplace health and safety under the Criminal Code. This is an important piece of new legislation, as it imposes a legal duty for all those who direct work, including employers, to take reasonable measures to protect employee and public safety. The report states: "Everyone who undertakes, or has the authority, to direct how another person does work or performs a task is under a legal duty to take reasonable steps to prevent bodily harm to that person, or any other person, arising from that work or task".

Taking "reasonable steps" under Bill C-45 includes, at minimum, full compliance with

applicable occupational health and safety (OHS) legislation and regulations. Those developing OHS programs must also consider and incorporate best practices and industry standards.

"This new corporate criminal liability means that directors, senior officers, and managers must be vigilant in establishing and maintaining a solid health and safety program, including implementing policies, and providing ongoing training and supervision of workers," the report states.

Passage of Bill-C45 emerged out of a review of workplace safety and corporate liability, initiated in response to the 1992 Nova Scotia Westray mine disaster.

For more information, visit the Canadian Centre for Occupational Health and Safety: <http://www.ccohs.ca/headlines/text120.html>.

FRASER HEALTH AND VIHA PILOT INNOVATIVE INCIDENT TRACKING SYSTEM

Fraser Health (FH) will soon begin piloting the Workplace Health Indicator Tracking and Evaluation (WHITE) system. Fraser Health staff completed WHITE training in the OHSAH offices over the first week of April. WHITE, which is a web-based health and safety system, was developed by OHSAH in collaboration with Fraser Health and Vancouver Island Health Authority (VIHA). The system will facilitate analysis of workplace incidents and injuries and provide healthcare stakeholders with comparative performance indicators on workplace health and safety. Over the next few months, pilots are expected to be underway in VIHA, Interior Health, and Northern Health.



Fraser Health employees receive WHITE training (March 29)



One of the screens in the Incident Investigation Module



A Message from the Executive Director

In these difficult labour relations times, it is important not to lose sight of the public health imperative for protecting the well-being of healthcare workers. This last year drew attention to the link between public health and the health of the healthcare workforce, sparked by the outbreak of Severe Acute Respiratory Syndrome (SARS) last spring. In the “post-SARS” era, newly-emergent diseases as well as those with which we are more familiar, such as influenza and methicillin resistant Staphylococcus aureus (MRSA), continue to be major concerns in the health sector. It is increasingly apparent that a healthy healthcare workforce is key to protecting the health of the general public.

Despite this increasingly recognition, there are important barriers to implementing proper procedures to protect healthcare workers from these diseases - as was discussed at a recent meeting of the Health Officer’s Council of BC, in which OHSAH participated. In our recently-completed research report on protecting the “faces” of healthcare workers (funded by the Change Foundation), key knowledge gaps and research priorities around infection control procedures were identified. And we were recently informed that the Canadian Institutes of Health Research (CIHR) has awarded us with a grant to work collaboratively with the various stakeholders in the province to identify and address the barriers to implementing protective measures for healthcare workers.

We also had the opportunity to speak to the deputy ministers of health across the country about these issues on April 14th, 2004. This, and the Knowledge Translation in Action award we received from CIHR (Page 3) is a clear indication that the health of the healthcare workforce is an issue that draws national attention. On both a provincial and national level, the time is right to put the measures in place to protect healthcare workers - because health care workers deserve it - and to ensure the health of the public for years to come.

Former OHSAH Employees Receive Michael Smith Foundation Scholarships

Congratulations to three former OHSAH employees who have been awarded grants to pursue their graduate work. Dawn Mackey and Sarah Manske have each been awarded the Michael Smith Foundation for Health Research Junior Graduate Studentship. Mackey, who is studying fall prevention in the elderly at Simon Fraser University (SFU), also holds a Julie-Payette-NSERC Research Scholarship. Manske, who was last year awarded a Canada Graduate Scholarship, is studying in the Bone Health Research Lab at the University of British Columbia (UBC). Rahul Chhokar has been awarded the Michael Smith Foundation for Health Research/Workers’ Compensation Board of British Columbia Junior Graduate Trainee Award. Chhokar was also awarded a Natural Sciences and Engineering Research Council postgraduate scholarship, and is studying occupational health at UBC. Mackey, Chhokar, and Manske worked at OHSAH while completing their undergraduate training.

YOUR COMMENTS PLEASE!

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 awarded CIHR Knowledge Translation Award

Joint health and safety efforts by BC healthcare employers and unions win national recognition

The Canadian Institutes of Health Research (CIHR) has awarded OHSAH with the prestigious Knowledge Translation in Action Award. OHSAH's Founding Executive Director, Dr. Annalee Yassi, attended the March 16th Canadian Celebration of Excellence in Health Research in Ottawa. Dr. Yassi accepted the award on behalf of OHSAH, acknowledging that the



Dr. Annalee Yassi delivers her award speech on behalf of OHSAH, March 16th.

award is a recognition of the importance of putting evidence-based measures into practice to improve health and safety for our healthcare workforce.

“This award really goes to the partners that created OHSAH – the forward thinking healthcare leaders from the Health Employers Association of BC, the BC Nurses’ Union, the

continued on page 11...

From the Grassroots to the Ceiling

A local success story: Pouce Coupe Care Home raises \$35,700 to install ceiling lifts

To reduce patient handling injuries and improve worker health and safety, staff at Pouce Coupe Care Home, an extended care facility in the northern BC town of Pouce Coupe, fundraised money to install ceiling lifts. They raised such a large amount of money that the Northern Health Authority was persuaded to match funds raised, giving the care home enough money to cover 30 of 52 residents with lifts.

A Plan of Action

Two years ago, Pouce Coupe care staff were using obsolete and worn-out equipment which predisposed staff to injuries while transferring and repositioning patients. Kay Kettner, a care aide who was a member of the Pouce Coupe Musculoskeletal Injury Prevention (MSIP) committee, recalls that “we were originally looking to reduce injuries on the job but we realized that we didn’t have the proper equipment. There was no way that we could reduce injuries.”

The MSIP committee visited two Fort St. John facilities that had installed ceiling lifts and spoke with staff regarding their perceptions of the lifts. The committee quickly realized that installing ceiling lifts would be ideal for Pouce Coupe Care Home, yet it was also immediately apparent that they did not have the initial investment required to install the lifts.

“We discovered that fund raising would be our biggest obstacle,” says Robyn Broad, another of the care aides on the MSIP team. Kettner adds, “I think other facilities have people who work full time as fundraisers and we never realized what we were getting into.”

Grassroots Fundraising

After conducting a four-month trial of a single ceiling lift, to which staff and residents responded positively, the MSIP committee determined that the

continued on page 8...

Automated Pill Crusher Being Trialed in BC Healthcare Facilities

This month, OHSAH's automated pill crusher will be piloted in the six British Columbia Health Authorities. OHSAH is providing each Health Authority with one automated pill crusher; these will be trialed for a two month period in both long term and acute care settings.

Staff members who participate in the pilots will then be asked to provide feedback on the usability of the new pill crusher. OHSAH will use participant focus group feedback to improve and finalize its design.

The usability trials mark the next stage of a long development process. The initial pill crusher prototype was designed in collaboration with the British Columbia Institute of Technology, and improved upon with feedback from participants in a September 2002 focus group. Modifications to the initial



prototype recently took place with an external engineering company, in an effort to maximize the efficiency of the pill crusher and keep it affordable for healthcare facilities across the province.

The current prototype crushes most pills into powder form within 10 seconds, controls powder dispersal into the air, prevents cross contamination of different medications, and requires minimal force to operate. The new prototype is safe, easy to operate, quiet, and is easily cleaned and maintained.

OHSAH continues to investigate options for commercialization. The automated pill crusher is expected to ultimately be available to all healthcare facilities in the province.

For information about the development process of the automated pill crusher and medication cart, contact OHSAH for the Pill Crusher and Medication Cart Update.

Northern Health Committed to Musculoskeletal Injury Prevention

Early 2004 marked the establishment of a Musculoskeletal Injury Prevention (MSIP) Steering Team in Northern Health. The MSIP team will support and guide the development and improvement of a sustainable MSIP process throughout the health authority. It is expected that the efforts of the team will have a positive impact on the health of Northern Health employees and improve the safety of their work environment

At present, the team is facilitating two main initiatives: the Prevention and Early Active Return To Work Safely (PEARS) program, which is funded

through OHSAH, and the Safe Lift project, funded through the Workers' Compensation Board (WCB).

The MSIP team includes Management and Union (HSA, HEU, BCNU, BCGEU) representation, as well as expertise from occupational therapy, physiotherapy, community health, program development, nursing, worker health and safety, HBT, OHSAH, and the WCB.

For more information about the Northern Health MSIP team, please contact Northern Health Workplace Health and Safety (250.565.2715).

A Healthy Hospital Kitchen

Ashcroft Hospital and OHSAH work together to reduce injuries in the kitchen dish room

For most of us, washing dishes is a task that we perform only a few times a day with a small number of dishes. Kitchen workers in large healthcare facilities, however, wash many large and heavy loads of dishes each day and face a real risk of musculoskeletal injury (MSI).

Kitchen staff at Ashcroft Hospital in the BC Interior took a proactive approach to address these MSI concerns. Hospital staff and management, along with an MSIP advisor from Interior Health, worked together with OHSAH to identify and address MSI risk factors, and to design and put in place cost-effective dish room modifications to reduce the risks associated with washing dishes.

Previously, kitchen staff manually cleaned dishes and loaded them onto racks which were then lifted from the cleaning area to the sanitizer (12-16 racks per kitchen shift). After being sanitized, the dishes were manually removed from the dish racks and put away.

OHSAH conducted an ergonomic analysis of the dish room in February 2003 and identified several tasks that presented risk of injury. These included:

- repeated lifting and handling of full dish racks
- activating the handle arm of the sanitizer
- awkward postures when manually cleaning dishes
- work flow issues

The group worked together with commercial kitchen vendors to develop a design plan for the new dish cleaning process. The new equipment was installed in December 2003. The most important change is the replacement of the sanitizer with a dishwasher, which reduces the amount of dish-handling required of workers. Other new features include:



The dish room, before and after. Note the new dishwasher and gravity feed rollers in the new design.

- Gravity feed rollers, which reduce the force required to move full dish racks along the dish cleaning line
- New standard and cutlery soak sinks
- New dish tables, which optimize working heights and use of space
- Levers on both sides of the dishwasher, which allow workers to alternate arms to turn on the machine

The new dish cleaning process also:

- Eliminates lifting of dish racks and manual cleaning of dishes
- Improves work flow by making more space to hold clean dish racks
- Reduces chemical use and release into the environment

An evaluation of the new dish cleaning line is expected to be conducted this spring. To get a copy of the report when it becomes available, contact OHSAH.

For information on how to improve ergonomics in your facility kitchen, contact OHSAH for a copy of An Ergonomics Guide for Kitchens in Healthcare.

Plugging Your Safety Program

A joint health and safety committee is a forum for bringing internal responsibility into practice.

A committee consists of labour and management representatives who meet regularly to discuss health and safety concerns, review progress, and make recommendations. The role of the joint health and safety committee is a significant and powerful one. Committee members should be active participants in developing, implementing, and monitoring all phases of the health and safety program.

As a committee member you are dedicated to health and safety. It is up to you and the committee to get your co-workers to believe in something you are trying to promote – the safety program. In addition to well trained staff and proper equipment, the success of the program rests on whether or not your co-workers embrace and support that program. How can you encourage them to do so? Your committee is the perfect forum to come up with new ideas to promote your health and safety program.

Common tactics used in healthcare facilities include posters, signs, and bulletin boards. However, your committee should evaluate whether or not these forms of advertising are effective and, if yes, for how long.

ROTATE YOUR POSTERS

Do you change your safety posters a few times each year? Rotating different posters is a simple way to increase their impact. Vary the types and subjects of posters (contact OHSAH for a selection).

USE TEASERS

Post the words “More than \$5,000,000” for a few weeks without any explanation. This is a teaser meant to heighten interest in a later message. In this example, you would follow up with the message: “...the amount we paid out to WCB last year in premiums”. This technique is useful for getting across strong messages, but is best used sparingly.

SAY SOMETHING DIFFERENT

How many times have you heard the phrase, “Safety First”? It may have had an impact the first dozen times but, over time, the same repeated message loses its impact. Spend a few minutes at your next committee meeting brainstorming new slogans and ideas to get across an awareness of the importance of workplace health and safety.

BE CREATIVE, BE DARING, BE FUNNY AND MOST OF ALL, BE DIFFERENT.

WHAT CAN YOU DO?

These are just a few examples of how front line workers can take responsibility for their own safety:

- Use personal protection and safety equipment as required by the employer
- Follow safe work procedures
- Know and comply with regulations
- Report any injury or illness immediately
- Report unsafe acts and unsafe conditions
- Participate in joint health and safety committees

10 Ways to Protect Yourself and Your Co-workers From Sharps

1. Plan safe handling and disposal before beginning any procedure using needles; ideally there should be a sharps container at each bedside!
2. Avoid recapping needles.
3. Participate in bloodborne pathogen training.
4. Ensure that you have received all 3 doses of the Hepatitis B vaccination.
5. Participate in the selection and evaluation of safer needle technology.
6. Use devices with safety features when available.
7. Ensure you have been trained on how to use these safer devices!
8. Dispose of used needle devices promptly in sharps disposal containers; replace containers when necessary.
9. Tell your supervisor or manager about sharps-related hazards you have identified.
10. Report all needlestick and other sharps related injuries promptly to ensure you receive appropriate follow-up care.

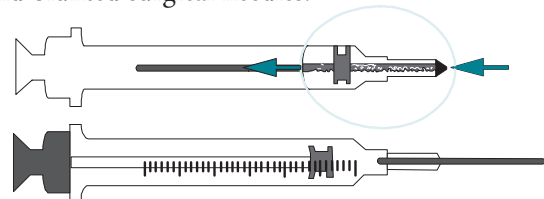
[adapted from the NIOSH Injury Prevention document]

Q: What is safer needle technology?

A: This is needle technology with built-in safety features designed to prevent needlestick injuries before, during, and/or after use. These features should:

- (1) allow or require the worker's hands to remain behind the needle at all times;
- (2) have safety features integral to the device itself rather than as accessories;
- (3) be present before disassembly and remain present after disposal to protect downstream workers;
- (4) be simple and easy to operate.

Some examples of safer needle technology include: needleless IV connectors, self re-sheathing needles, and blunted surgical needles.



An example of safer needle technology. This is a syringe with a retractable needle. After the needle is used, an extra push on the plunger retracts the needle into the syringe, removing the hazard of needle exposure.

FRASER HEALTH ANNOUNCES NEW SAFETY SYRINGE CONTRACT

Fraser Health will soon introduce new technology in the area of safety needles, syringes and intravenous catheters, which is expected to dramatically decrease risk of accidental needlesticks for healthcare workers. This will make Fraser Health the first health authority in Canada to embrace broad-scale standardized use of new needle-stick prevention devices with engineered sharps protection. New safety syringes, IV and winged steel needles will be introduced across the authority in Acute Care, Residential Care, and Home/Community Care.

What's in that chemical?

OHSAH MSDS Database expands

OHSAH is working closely with Vancouver Coastal Health to list all Material Safety Data Sheets (MSDS) within the health authority. There are already several MSDS lists from various facilities; these are in the process of being added and linked in the online database. Sites throughout the organization will be added in the near future.

The online MSDS database is available to all BC healthcare workers searching for specific MSDS. A login ID is not necessary, and the search process is quick and easy. You can send questions about the database to msdsrequest@ohsah.bc.ca.

FROM THE GRASSROOTS TO THE CEILING

...continued from page 3

cost of installing lifts would be approximately \$7,000 per room. They “opened the phone book,” explains Broad, and sent over 300 letters to businesses and clubs in Chetwynd, Dawson Creek, and Pouce Coupe asking for tax-deductible donations towards the purchase of the lifts. In the letters, “we laid out how much per room it costs to install a lift, how many rooms we have, and that the lifts make it safer for both residents and staff members,” says Broad.

Their grassroots approach raised \$35,700 from residents and their families, Dawson Creek Hospital Auxiliary, Lakeview Credit Union, and various other local clubs and businesses. The Pouce Coupe Community Foundation donated an additional \$13,000, and the Northern Health Authority matched funds raised with \$35,000.

Ceiling Lifts in 24 Rooms

Installation began in May 2003 and ceiling lifts were installed in 24 rooms over a period of six months. Staff response has been extremely positive, the incidence of injury has decreased, and, says Kettner, “our residents are really happy with them.”

Congratulations to Pouce Coupe Care Home for the extraordinary initiative and hard work they demonstrated throughout this process. Their accomplishments illustrate what is possible when there is a dedicated commitment to health and safety from staff, residents, and the community.

Thanks to Kay Kettner, Robyn Broad, and Blanche Sandy, who were instrumental to the success of the Pouce Coupe Care Home ceiling lift fundraising drive. Questions about this initiative can be directed to Blanche Sandy at 250.786.5791.



Did you know?

Research shows that regular physical activity:

- Lowers blood pressure
- Improves cholesterol levels
- Prevents heart disease and stroke
- Prevents osteoporosis
- Prevents back pain

For a complete literature review and Q&A about the benefits of physical activity, check out OSHTips > General Health and Safety.

What's new in OSHTips?

– Policy and Procedure

The occupational health and safety programs at your facility should include written instructions that are easily accessible and available for review by all workers. Each facility should consider the specific needs of each department and develop appropriate policies and procedures.

OSHTips now contains a selection of sample policies and procedures, which your facility can use as a starting point when developing your own. Sample documents are available for general safe work procedures, emergency response, violence prevention, among others.

These documents can be found at the OHSAH website (www.ohsah.bc.ca) in OSHTips > Policy and Procedure.

Health and Safety Voices

In this series, OHSAH profiles front-line people who are actively working to improve workplace health and safety in healthcare.

Five years ago, Margo Wilton knew very little about occupational health and safety. When she started learning about OH&S during BCNU Steward training, however, Wilton's interest was immediately piqued: "I just liked the idea that there was a process for making sure the work environment was safe and healthy for everybody, and that there were avenues to address concerns."

Wilton, who is a Registered Nurse in the Emergency Room of Victoria General Hospital (VGH), is now a BCNU OH&S Steward and South Island Regional OH&S Representative. She also sits on the Blood and Body Fluid (BBF) and PEARS joint steering committees, as well as the VGH joint OH&S committee.

Her primary role on each of the committees is to ensure that nursing concerns are included and addressed. One of her major projects is the BBF Exposure Control Plan in Vancouver Island Health Authority, which is important to Wilton because BBF is such a concern for nurses: "It is certainly a huge concern to nurses and healthcare workers in general. Within my role as a steward, we perform accident investigations, and I was hearing about nurses getting poked. It's a huge concern and there are things that can be done to improve it." Her presence on the BBF committee is a way of ensuring that those concerns are heard.



Margo Wilton

Wilton says that among the greatest challenges she has faced as a health and safety champion are the ongoing cutbacks taking place in healthcare. With dwindling resources and time, it has become increasingly challenging to get nurses back to work safely, in an environment where workers seem to be "doing more and more with less and less."

In the years that she has been involved in OH&S Wilton says there have been improvements in healthcare workplaces, primarily in education and awareness. She

sees nurses reporting incidents more often and following policy more consistently. There is still a long way to go, Wilton argues, and the VGH joint committee of which she is a part is specifically

focusing on education and awareness within the hospital.

What is key to a safe and healthy workplace? Wilton argues that having the necessary tools and staff is crucial: "We have to have the staff and the equipment. And we have to have support from the employer. To my way of thinking, every room should have overhead lifts. There

should be an engineered device everywhere possible to prevent pokes. There should be enough staff so that everybody feels that they can do everything safely and that the patient gets good care."

"There should be enough staff so that everybody feels that they can do everything safely and that the patient gets good care."

Adaptive Clothing Resource Guide



In 2002, two healthcare facilities in the Interior Health Authority put an Adaptive Clothing and Dressing program into place. Adaptive clothing helps decrease the amount of resident repositioning required by staff, and minimizes resident joint

movements – thus reducing pain and discomfort for both employees and residents.

The Adaptive Clothing Resource guide is meant to be used as a guide by facilities that intend to develop a similar program. It outlines the process you should take to ensure a successful program and also contains various tools and resources, such as sewing instructions and sample evaluation surveys. You can use, copy, or modify these tools to suit your specific needs when implementing your program.

Special thanks to Pleasant Valley Manor and Juniper Court of Interior Health Authority for the vision to create and implement an adaptive clothing program. This resource guide was developed from the excellent work and ideas of these two facilities.

For a copy of the Adaptive Clothing Resource guide, contact OHSAH.

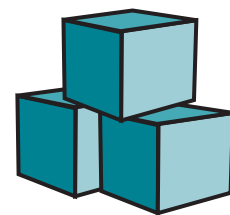


Shield Yourself!

Proper protection will shield you from blood and body fluids as well as chemical exposures to the eyes and mouth.

This 11”x17” informational poster highlights the importance of using facial protective equipment in healthcare workplaces. It also presents three kinds of protective equipment commonly used in healthcare settings. To order your copy, contact OHSAH.

Block by Block: Building an Effective Health and Safety Program



OHSAH is bringing a health and safety workshop to your community!

“Block by Block” is an exciting one day workshop sponsored by OHSAH for the 300 affiliate healthcare facilities that do not fall under one of the six provincial health authorities. This workshop is filled with interactive sessions, health and safety resources, and opportunities to network and exchange ideas with other healthcare stakeholders and safety professionals.

Block by Block is intended to provide attendees with a solid foundation of knowledge and practical tools to build effective health and safety programs. This workshop will give attendees the chance to discuss what health and safety resources are available to them and to also ask questions about specific health and safety concerns in their facility. If you are a senior manager, supervisor, joint occupational health and safety committee member, union safety representative, or occupational health and safety professional, then this workshop is for you!

WORKSHOP DATES:

April 20	Prince George
April 29	Kelowna
May 26	Nanaimo
May 27	Victoria

Lower Mainland dates to be determined.

*Contact OHSAH for more information
604.775.4034*

11TH ANNUAL CONFERENCE

Occupational Hazards to Health Care Workers



*May 18-20, 2004 at
the Best Western
Richmond Hotel and
Convention Centre,
Richmond, BC Canada*

The healthcare industry employs millions of Canadian and US workers. These workers care for the sick and injured, yet they are also exposed to a wide variety of hazards while

performing their jobs. The University of British Columbia (UBC) School of Occupational and Environmental Hygiene and the Department of Environmental and Occupational Health Sciences at the University of Washington are co-organizing a three day conference on these occupational hazards.

The 11th Conference on Occupational Hazards to Healthcare Workers, being held in Richmond, BC, Canada from May 18-20th, will feature a wide range of speakers, including Dr. Annalee Yassi, Tony Gilligan, and Dr. Phillip Bigelow from OHSAH.

For more information regarding registration, plenary and workshop sessions, and speaker information, please contact the School of Occupational & Environmental Hygiene, UBC. (604.822.9599 or web: www.soeh.ubc.ca)

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

To place your order, contact OHSAH (604.775.4034).

OHSAH AWARDED CIHR KNOWLEDGE TRANSLATION AWARD

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Hospital Employees' Union, the Health Sciences Association of BC, and the BC Government and Service Employees' Union – who put their ideological differences aside to commit themselves to acting on evidence for the common purpose of decreasing injuries and improving the well-being of healthcare workers,” said Dr. Yassi.

The Knowledge Translation Award recognizes merit in an exceptional individual or team currently involved in a collaborative health research or development project that aims to advance and expand the understanding of knowledge translation and also leads to improved health for Canadians, more effective health services and products, and a strengthened healthcare system.

“We especially salute our colleagues in the health authorities – the manager and front-line healthcare workers who took the time to participate in the research and promote the uptake of its findings,” added Dr. Yassi.

PHOTOGRAPHER: MELANIE PROVENCHER, UNIVERSITY OF OTTAWA



Dr. Annalee Yassi receives the Knowledge Translation award from Sonya Corkum (right), VP of Partnerships and Knowledge Translation at CIHR, and Monique Bégin.

Scent-free Workplaces: Online Resources

There are numerous useful online resources about scent-free workplaces. In addition to those listed below, others can be found through OHSAH's website.

CCOHS: SCENT-FREE POLICY FOR THE WORKPLACE

http://www.ccohs.ca/oshanswers/hsprograms/scent_free.html

CANADIAN LUNG ASSOCIATION: DEVELOPING A SCENT-FREE POLICY FOR THE WORKPLACE

http://www.lung.ca/cando/content/developing_a_scent-free.pdf

NO SCENTS MAKE GOOD SENSE

<http://www.nf.lung.ca/noscents.html>

Health and Safety Tips

Stretch it Out!

Regular stretching can help to reduce muscle tension and risk of injury. Perform each stretch slowly and without bouncing. If you feel pain, stop the stretch and consult your physician. Hold each stretch for 15-20 seconds.



SIDE OF NECK



BACK OF NECK



CHEST



SHOULDER



TRICEPS



FOREARM AND WRIST



CALF



FRONT OF THIGH



BACK OF THIGH

This stretch series is adapted from the OHSAH poster, Stretch it Out!, available free of charge to healthcare facilities in BC.

Meet the Board



Dave Keen has been the Director of Workplace Health, Fraser Health, for the past two years. Dave has 10 years of health and safety leadership experience within healthcare including roles as the Workplace Health Team Leader for the South Fraser Health Region and the OH&S Manager for Children's and Women's Health Centre of BC. Dave has 13 years of experience in public sector

occupational health and safety and is presently an alternate on the OHSAH Board of Directors. Dave has been Chair of the Healthcare Safety Professionals Association for three separate terms. Dave has been providing leadership in the development of the WHITE system for OHSAH in addition to other projects on which Fraser Health has partnered with OHSAH.



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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