

Work Safe with MHA

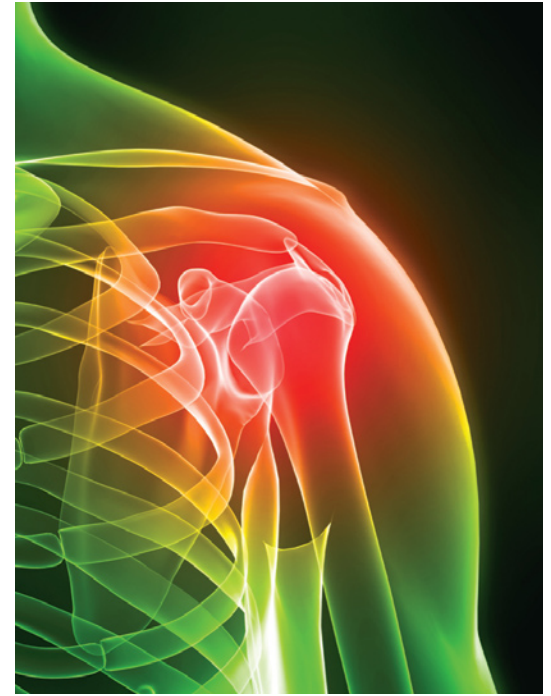
Back Injuries Part 1

By Andrew King
MHA Safety Officer

The overwhelming majority of reported health and safety incidents at the MHA involve overexertions. These include muscle sprain or strain caused by, for example, overreaching, overstressing, excessive force or repetitive action.

One type of overexertion in hospitals is that produced by patient handling activities. These include lifts, transfers, repositions and ambulating. A patient's size and mobility will impact patient handling activities, but in all cases, patient handling activities can be safely managed by following these practices.

- Assess each patient prior to each activity to assess if mobility status has changed. The Occupational Health and Safety Department has a Patient Handling Assessment procedure and flow chart in order to make these decisions consistently reliable.
- Consider your own characteristics when preparing for a patient handling activity (i.e., height, strength, skills, training, age, health and work experience). You may need to raise or lower the bed or request additional support, for example.
- Consider the weight and shape of the person being handled – this will impact your choice of lifting apparatus. Always know the maximum weight capacity of such equipment.
- Consider the whole task, assessing the twisting or bending involved so that it can be minimized as much as possible.
- Plan your path and clear any obstructions beforehand to make the activity as direct as possible.
- In the event of a patient collapse remain calm and do not bear the entire weight of the patient. Gain control of the patient's fall and use your body to guide them to the floor protecting their head. The patient can then be lifted utilizing the appropriate handling devices.



The MHA has a number of devices to assist in the safe handling of patients. Under the MHA Minimal Lift Procedure the use of patient handling devices/aids is mandatory where deemed necessary to reduce the risk of injury.

Follow these guidelines to effectively decrease our patient handling accidents - keep yourself safe from aggravating sprain and strains!

If you have any comments or concerns related to safety at MHA, please direct them to Andrew King, Safety Officer at extension 5935.

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395 Carrie Street
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For more information,
please visit our web site:

www.mhalliance.on.ca

Work Safe with MHA

MHA Improves Staff Safety and Security

*By Andrew King
MHA Safety Officer*

Workplace violence and aggression are serious issues in any workplace. Some studies show that health-care workers face 16 times more risk of experiencing violence than other service workers.

The Middlesex Hospital Alliance (MHA) recognizes the potential for violence in the workplace, and is striving for a safe and healthy working environment. Here are some examples of recent efforts:

VOCERA Implementation: This system – which improves staff communication, productivity and teamwork by enabling instant voice communication among workers – is currently implemented at Four Counties Health Services (see story below). It was also noted to improve communication during an emergency, such as our mock Code Black in April 2008.

Video-Surveillance Installation: Additional security cameras have been installed in 2 South and other areas of the hospital to serve as a deterrent to crime and provide extra security to staff.

Swipe-Card Accessibility: Since keys can easily be lost, some doors at FCHS and Strathroy Middlesex General Hospital are now accessible with a badge instead of a key.

External Lighting Improvement: New lighting has been installed in our parking lots to spread light farther and more evenly across the property.

These are some of the controls the MHA has implemented to protect staff, but the most important control is self control. Any form of discrimination, or verbal, physical or sexual abuse is unacceptable at the MHA. Staff are encouraged to report when any of these occurs in our workplace – whether it's from a patient, a visitor or a member of our hospital staff. An investigation will be conducted and appropriate action will be taken (see Workplace Violence Prevention Program and Discrimination and Harassment Policy C7).

If you have any comments or concerns related to areas which you feel are unsafe or require attention, please direct them to Andrew King at extension 5935.

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Work Safe with MHA

Smoke Free!

Our Team Confirms Compliance

New Safety Initiatives

By Andrew King
MHA Safety Officer

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A Smoke-Free Environment Issues team at the Middlesex Hospital Alliance (MHA) is reviewing the existing smoke-free policy to ensure compliance with the current legislative requirements of the Tobacco Control Act as well as the municipal bylaw.

Our current Smoke-Free Environment Policy states:

"In accordance with provincial legislation and municipal bylaw, the Hospital does not permit smoking or holding lighted tobacco in the Hospital or within nine metres of Hospital entrances. Every person on Hospital premises is required to comply with this policy."

The team comprises one member, each, from the Joint Health Safety and Environmental Committee, the Patient Safety Committee and the Human Resources Department, plus one representative, each, from Nursing, Clinical Services and Four Counties Health Services.



The team's work will include a review of our existing signage, smoking areas and security related to the protection of staff and patients while outdoors.

If you have any questions or comments about the team or this review, please contact Andrew King at ext. 5935.



The Safety Groups program, which is administered by the Workplace Safety and Insurance Board (WSIB), promotes health and safety in the workplace and rewards member firms that incorporate prevention measures into their daily business.

The program groups similar organizations so staff can share their experiences in implementing

injury-and-illness prevention programs. Each Safety Group has a sponsor that guides the process by organizing workshops and assisting with the development of action plans. The Ontario Hospital Association is the sponsor of the Middlesex Hospital Alliance (MHA).

In addition to maintaining previously implemented initiatives, the MHA selects five new initiatives, each year, to add to our current practices.

2008 MHA Safety Group initiatives

Lock Out/Tag Out A policy and procedure is currently in development to meet legislative requirements and ensure the safety of employees who work with equipment that could become energized during maintenance or service.

Health and Safety Policy As a result of the SARS Commission Report, this initiative is mandatory for all Safety Groups. It requires the MHA to post its commitment to protect employees when there is reason to believe a hazard exists although scientific certainty (through evidence such as lab results) is not yet available.

Return to Work Self-Assessment Guide The MHA Human Resources Department has employed the WSIB Return to Work Self-Assessment Guide to identify gaps in our existing program.

Supervisor Competency A training session for all directors, managers and supervisors will review the duties and responsibilities legislated under the Occupational Health and Safety Act to establish due diligence within their areas of responsibility.

Records Review and Analysis A new written standard will regulate the periodic review of Occupational Health and Safety documents such as hazards reports, incident investigations and near-miss reports. These regular reviews will identify improvements or process changes that can be made to provide a safer work environment or practices for MHA employees.

Work Safe with MHA

Needle Safety

By Andrew King
MHA Safety Officer



Every day, Middlesex Hospital Alliance (MHA) uses medical equipment required to provide quality care to our patients. Although it's used to improve the health of our patients, this equipment can present a health hazard to MHA staff if they come into contact with patients' blood and body fluids.

Blood and body fluids (BBF) can carry infectious-disease agents such as the HIV virus, hepatitis B virus and hepatitis C virus. Exposure may come from a splash or spray onto open skin surfaces and mucous membranes, as well as from cuts and punctures (percutaneous injuries) from sharp objects contaminated with BBF. In Canada, the Alliance for Sharps Safety and Needlestick Prevention, a coalition of manufacturers and worker groups, estimates that approximately 21,264 percutaneous injuries occur annually. Based primarily on data from the hospital sector only, this is an underestimation.

As a result of the potential for BBF exposures to health-care workers through needlesticks, the Ontario government has approved the new Needle Safety Regulation 474/07, and will begin to enforce it in September 2008.

This legislation mandates that when a worker is required to use a hollow-bore needle, the employer shall, where feasible, provide the worker with a safety-engineered needle appropriate for the work. The regulation further defines a safety-engineered

needle as a hollow-bore needle that is designed to eliminate or minimize the risk of a skin-puncture injury to the worker and is licensed as a medical device by Health Canada, or that is a needle-less device that replaces a hollow-bore needle and is licensed as a medical device by Health Canada.

Examples of such devices currently in use at the MHA include but are not limited to:

- Safety Glide needles,
- Safety Vacutainers,
- Safety butterfly IV sets, and
- Autogard IV sets.

These and any future products which enter the MHA have been selected for their ability to protect the health and safety of our staff and physicians. The market for safety-engineered devices is growing quickly, and with this growth comes the opportunity for future improvements to protect our staff and physicians.

If you identify a hollow-bore needle which does not incorporate a safety-engineered feature, please contact me directly at 519-245-5295, extension 2406 or Andrew.King@mha.tvh.ca. A review will be conducted and appropriate precautions taken if a suitable safety alternative cannot be sourced.

Your safety is important – and your co-operation will make the MHA a safer place to work.

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