

Introduction



This guide is a resource for anyone working in Alberta's health care industry. It addresses some of the basic provincially legislated requirements of employers and workers. It also provides at-a-glance information about some common health and safety issues people working in health care should know — and think about — every day on the job.

Within this handbook the term “health care worker” includes anyone who provides care or services related to health care. That includes everyone from medical professionals, management, administrators, support workers and volunteers in both public and private health care-related settings.

If you have questions about anything covered here, speak to your supervisor or your union's health and safety representatives. For general information check out the Ask an Expert section online at work.alberta.ca/ohs-contact or reach out to the Alberta Occupational Health and Safety Contact Centre at **1-866-415-8690**.

Know the law



Alberta's occupational health and safety laws outline rights and responsibilities of workers and employers. Your employer is required to inform you of your rights and responsibilities. Get to know how the legislation relates to you. It can help keep you healthy and safe when you're at work.

As a worker, you've got rights and responsibilities under the law.

You have a right to a safe and healthy workplace. You have the right to know about:

- hazards related to the tasks you perform on the job
- controls in place to protect you from those hazards

You share the responsibility of staying healthy and safe on the job. **You must:**

- take good care to protect yourself and others in the workplace
- participate in the training provided by your employer and apply what you learn
- co-operate with your employer's health and safety policies and procedures
- report hazards (i.e. unsafe conditions or equipment) if and when you see them

Your employer has responsibilities too

Employers must do everything they reasonably can do to protect your health and safety at the workplace. This involves making sure:

- safety is maintained at the workplace
- you are trained and have the proper knowledge and skills to perform your job safely
- you know your duties and responsibilities for keeping the workplace safe



Refuse unsafe work



You must refuse to do anything you believe presents imminent danger beyond what is normally required of you or someone in your position.


You cannot be punished or penalized in any way for refusing to do unsafe work in a situation of imminent danger.

You are required to notify your employer immediately of the refusal and the reason for the refusal.

Employers are required to provide workers with a written record of the worker's notification, the investigation and action taken.



Follow these **five steps** if you believe the task you are being asked to perform poses imminent danger to your health and safety, or that of your co-workers:



1 Don't do the work.

2 Tell your employer what you're refusing and why.

3 Do other work your employer assigns you.

4 Review your employer's written report on how the danger has been addressed.

5 If your employer doesn't address the situation, call the Occupational Health and Safety Contact Centre at **1-866-415-8690**.

Reporting incidents



In the world of occupational health and safety, an **incident** is the negative outcome of an uncontrolled hazard. For example, a slippery floor that's left unaddressed is a hazard. If somebody then slips and falls — or even if they almost fall — that's an incident. Another example would be a needle stick injury that exposes someone to a biological hazard.

A **near miss** is an incident that almost happened. It's that “Whew!” moment when somebody realizes they came “this close” to getting hurt on the job. Every near miss represents a second chance to make things right. It's an opportunity to control a hazard before somebody gets hurt. **Follow your employer's process to report a near miss. Report it.**

When incidents happen and somebody does get hurt, your first priority is to get the injured or ill worker medical assistance as required. From there, you should **follow your employer's defined response/reporting procedures.**

Report it to your employer as soon as possible. Depending on the nature of the incident or its consequences, your employer may be legally required to report to Alberta Occupational Health and Safety and/or the Workers' Compensation Board.

Approach your employer with any occupational health and safety concerns. Your employer is responsible for looking into your concern. If your employer does not address your concern, you should contact the Occupational Health and Safety Contact Centre. If you ask to remain anonymous, Occupational Health and Safety will keep your name confidential.



Occupational Health and Safety Contact Centre

1-866-415-8690

work.alberta.ca/ohs-help

Workers' Compensation Board

1-866-922-9221

wcb.ab.ca/claims/report-an-injury/for-workers.html



Your workplace may have a health and safety committee that you can consult. You may also seek help from your union or other worker advocates.



Alberta's *Occupational Health and Safety Act* requires employers to report an injury or accident that results in death, or that results in the worker being admitted to a hospital for more than two days. An incident investigation is required and the employer must prepare a report.

Hazard assessment and control



A workplace hazard is “a situation, condition or thing that may be dangerous to the safety or health of workers.”

There are hazards related to **health** and to **safety**.

A **health hazard** is anything that could cause harm to someone's health, either right away or over an extended period of time.



radiation
exposure



communicable
diseases



loud noises



chemicals

A **safety hazard** is anything that could cause injury or damage (usually immediately).



slippery floors



falling objects



moving or
lifting patients



workplace
violence

Know the hazards

Knowing the hazards related to your job can help you avoid, or at least minimize associated risk. Every employer is required to conduct hazard assessments. It's the law.

The law also requires that affected workers be included in the hazard assessment and control process. Workers doing the work are in the best position to provide insight.



A written hazard assessment for your position or job tasks must be readily available. We all need to know what we have to do to work safely. If you haven't seen the hazard assessment for your position, ask your supervisor.



Control the hazards

When hazards are identified they must be addressed. Try to eliminate a hazard wherever you can. When elimination is not possible, it must be controlled.

There's a hierarchy of controls that must be followed:

FIRST CHOICE:

Engineering controls – control the hazard at the source.



mechanical lifts



microfiber
mop heads
(lightweight)



carts/dollies/
pulleys



adjustable
height beds

SECOND CHOICE:

Administrative controls – control the hazard along the path (i.e. between the hazard and the workers).



safe work
practices and
procedures



training and
supervision
for workers



signage



job rotation
to limit
exposure time

THIRD CHOICE:

Personal Protective Equipment – control at the worker.



gloves



protective
clothing



respirator



eye
protection



head cover
(facial hair cover,
if applicable)



shoe
covers

Note: If the hazard cannot be eliminated, or controlled by using a single control method, **a combination of engineering, administrative and personal protective equipment can work together to promote worker health and safety.**

Hazard identification and control

Make it part of your routine.

1



SPOT
the hazard.

2



FIX IT
if you can.

3



REPORT IT
if you can't
fix it.

4



DISCUSS IT
with your
supervisor
and
co-workers.

What follows are common hazards in health care, with quick-reference ideas on what to do about them.

Musculoskeletal injury (MSI)



What is this?

Musculoskeletal injuries (MSIs) are one of the most common types of injury for workers in just about every profession, including health care. These soft tissue injuries (i.e. injury to muscles, tendons or joints) can affect various parts of the body, including the neck, back, shoulders, arms, hands and legs. They can be the result of a one-time traumatic event (e.g. a slip, trip or fall resulting in a sprain), or from repeated strain to the same body part over an extended period of time (e.g. carpal tunnel syndrome, tendinitis).



The pain associated with MSIs can limit a worker's ability to perform specific tasks. If the problem is not addressed early on, chronic pain may develop and can detract from an individual's quality of life — indefinitely.

The earlier a worker recognizes, reports and seeks treatment for an MSI the better. The best possible outcome would be full recovery, and the prevention of similar injuries in the future.

Know the signs

An MSI resulting from a traumatic event such as a trip or a fall is usually easy to recognize. The gradual, cumulative damage from repetitive movements tends to be subtle. Symptoms of MSI can include:

- **swelling**
- **redness**
- **difficulty moving**
- **numbness**
- **tingling**
- **pain**



Report an injury right away



The earlier a worker reports and receives treatment for symptoms of an MSI, the greater the likelihood of a full and timely recovery.

Workers must report any work-related injury to their supervisor as soon as possible.

The employer must investigate and identify work-related causes of the injury, and introduce controls to prevent future injuries.



Ergonomics is the science of fitting the job to the worker. In modifying the design or setup of work, workspaces and equipment to meet the needs of individuals, ergonomics helps lower the risk of MSIs.



Get related training

When there's a possibility that workers could be exposed to MSIs on the job, the employer is legally required to ensure workers are trained so they can:



- identify the factors that could lead to an MSI
- recognize the early signs and symptoms of MSIs and their potential health effects
- take preventative measures with the use of:
 - altered work procedures
 - mechanical aids
 - personal protective equipment



Patient/resident handling



What is this?

Patients or residents in a health care environment often have issues with mobility. They might require assistance with everyday tasks like getting in and out of bed or a wheelchair, or accessing bathroom facilities. Health care workers are often called upon to provide that assistance. Without safe patient/resident handling practices, workers are prone to suffer musculoskeletal injuries (MSIs).



Safe patient/resident handling means lifting, transferring, or repositioning by the use of engineering controls, lifting and transfer aids or assistive devices, by lift teams or other trained staff rather than by sole use of worker body strength.

Common challenges:



awkward positioning of patient/resident or health care worker



size/weight of load



sudden shift in position/centre of gravity



extended reach
(i.e. out from handler's body)



twisting and bending



repetitive tasks
(i.e. same lift repeated for multiple patients/residents)



inadequate space to move/use equipment



inadequate time
(i.e. rush to move; immediate vs. planned)

Common controls:

ENGINEERING

- patient/resident handling equipment (e.g. lifts, slider sheets)
- modified design of patient/resident spaces (i.e. walk-in shower vs. bathtub, commode over toilet)
- use available technology (e.g. electric bed, stretcher, wheeled equipment)

ADMINISTRATIVE

- safe patient/resident handling protocols and procedures
- ergonomic purchasing standards
- training and refresher training in safe patient/resident handling practices
- training to educate workers regarding risk factors, signs and symptoms of MSI
- rotating tasks/schedules so the same worker isn't required to repeat the same manual activity during every shift
- tidy, clutter-free patient/resident rooms/areas and corridors (i.e. restrict personal items/furniture in rooms)

Five things to think about before patient/resident handling



Characteristics of the load

(e.g. mobility, size, weight, ability to co-operate and fall risk)



Worker capabilities

(e.g. language, training, physical abilities, stress and fatigue)



Equipment available

(e.g. lifts, slider sheets)



Planning your move

(i.e. what has to be done, how and when)



The environment

(e.g. facility design, staffing levels, culture and resources)

Manual materials handling



What is this?

Health care workers may be required to perform a variety of tasks such as lifting, lowering, pushing, pulling and carrying objects. Many of these activities are performed repeatedly. Back injuries are the most common here, though injuries to the upper and lower extremities are also possible.



Common challenges:



excessive force

(e.g. lifting/lowering heavy equipment, pushing carts)



awkward shape of load

(e.g. wide, tall, bulky, imbalanced)



contact stress

(e.g. counterbalancing, extended reach, leaning on hard surface/tool pushing against body)



duration of lift

(i.e. distance travelled with load)



repetition

(i.e. the number of times the load must be moved)



extended reach

(e.g. performing ultrasound – shoulder strain)



gripping

(e.g. dental equipment, laboratory tubes, surgical equipment)

Common controls:

ENGINEERING

- appropriate equipment (e.g. carts, dollies, pulleys)
- castors or handles on all larger containers/conveyors
- specialized equipment to minimize manual handling
- adjustable equipment
- ergonomically designed workspaces

ADMINISTRATIVE

- work processes designed to reduce exposure to hazard
- reduce the size and/or weight of the load and shorten the distance to be travelled
- education (awareness) and training in safe work practices
- ergonomic purchasing standards for equipment and office fittings
- workspace reorganized so items used most frequently are within easy reach
- job rotation or expansion to minimize repetition of tasks
- adequate staffing levels so help is available when required
- encourage early reporting of musculoskeletal injuries
- equipment maintenance schedule as per manufacturer specifications
- ergonomic assessments to identify hazards and introduce controls

Five things to think about before every materials lift



Characteristics of the load

(e.g. size, weight, balance, grip-ability)



Worker capabilities

(e.g. training, physical abilities, stress and fatigue)



Equipment available

(e.g. carts, dollies)



Planning your move

(i.e. what has to be done, how and when)



The environment

(e.g. facility design, staffing levels, culture and resources)

Workspace setup



What is this?

A workspace includes the immediate physical environment where one's work is performed. The workspace should be designed with ergonomic principles to minimize the risk of musculoskeletal injuries in the performance of day-to-day job tasks.



Common challenges:



awkward/poor/static posture (e.g. tall stool, low work surface, monitor to the side, bent wrists)



repetitive movement (e.g. lab work, data entry, mopping floors, ladling soup)



force/contact stress (e.g. poorly maintained equipment, layout independent of process design/user characteristics)

Common controls:

ENGINEERING

- ergonomically designed equipment and furniture
- workstation layout designed to support work processes (i.e. place items used most often closest to worker)

ADMINISTRATIVE

- ergonomic purchasing standards and ongoing assessments
- awareness of and training in ergonomics for all workers
- a maintenance schedule for equipment, and repair or replace as necessary

Employers should:



- ensure adequate staff coverage to allow workers to take micro-breaks throughout their shift
- promote healthy lifestyle practices
- promote early recognition and reporting of musculoskeletal injuries

Blood and body fluids exposure



What is this?

Also known as BBFE, blood and body fluids such as vomit, saliva, urine, feces and sweat are known to have the potential to transmit various diseases from one person to the next. You should consider and treat all blood and body fluids as though they were infectious.



Exposure routes



Poked, cut or scratched by an object (e.g. needle, scalpel, broken glass, cutlery) that has someone else's blood or body fluids on it.



Cleaning up blood or body fluids, or items contaminated with blood or body fluids, with bare hands. Even small scratches or skin irritations could create a gateway into your body.



Splashed by blood or body fluids. Contaminants can enter your body through scratches, skin irritations, or mucous membranes in your nose, eyes or mouth.



Bitten by someone.



Inhaling airborne particles (not common in an occupational setting).

Common controls:

ENGINEERING

- safety engineered devices (e.g. retractable needles)
- specially designed sharps containers
- biological safety cabinets (laboratories) for storing/handling specimen
- biohazard bags

ADMINISTRATIVE

- training and education
- handwashing
- routine safe work practices (e.g. sharps safe handling procedures, spills response protocol, infection control guidelines, good housekeeping/disposal guidelines)
- immunization programs against diseases (e.g. influenza, hepatitis B)

PPE

- wearing disposable gloves, aprons/gowns, eye and face protection (e.g. shield/mask) appropriate to the task
- respiratory protection (e.g. N95 respirator)

Response to exposure

Your employer must have a post-exposure response plan to BBFE. **Follow the plan.**

Among other things, it may direct you to:

1 **SEEK** immediate medical attention, and

2 **REPORT** the incident to your employer as soon as possible.

You should know



If you've been exposed, there are medications you can take that can prevent you from getting sick.

Report the incident right away. Effective treatment can be time sensitive.

Chemicals/medications



What is this?

Chemicals and medications may be harmful to workers. The severity of the hazards is based on several factors including the type of chemical/medication, the amount present, the route of exposure and the time frame over which the exposure occurs. Frequent exposure to low levels of hazardous medications, or a single exposure to a high level can put workers at risk of negative health effects.

Chemicals or medications can be in the form of liquid, solid or gas. Their physical state influences the route they enter the body.



Exposure routes



Inhalation. This is the most common form of occupational exposures. Once a chemical reaches the lower levels of the lungs it can pass into the bloodstream and travel to target organs from there.



Absorption. Many chemicals and medications can be absorbed directly through the skin upon contact.



Injection. The chemicals involved here are most often medications that would be handled, dispensed or delivered through a needle.



Ingestion. Not common in an occupational setting, but possible if good housekeeping and handwashing practices are not followed as a matter of routine.



Exposure to medications can be hazardous and can occur at any point in the medication circuit. This includes receiving, preparing and administering the medication, handling contaminated supplies and materials, disposing of medications and handling contaminated materials such as patient waste.

Think about the chemicals in your workplace



Chemicals used for cleaning and disinfection

(e.g. alcohol hand sanitizers, glutaraldehyde)



Chemicals used in diagnostic tests

(e.g. acids/bases, organic solvents)



Chemicals used in treatment

(e.g. anaesthetic gases, cytotoxic drugs)



Chemicals used in maintenance activities

(e.g. paints, battery acids)



Chemical wastes

(e.g. laser plumes/surgical smoke, waste anaesthetic gases)

Common controls:

ENGINEERING

- substitute with less harmful product (where possible)
- proper containment (e.g. automated dispenser, closed system drug transfer devices, waste storage and disposal, etc.)
- properly designed and maintained ventilation systems
- local exhaust ventilation (e.g. fume hoods)

ADMINISTRATIVE

- proactive purchasing practices (e.g. ready-to-use concentrations, inventory control)
- safe work practices and procedures (e.g. storage, handling and spills)
- training and education (i.e. in nature of hazards, safe work practices and procedures, WHMIS, personal protective equipment)
- routine exposure monitoring as required
- special accommodations for sensitized workers or those with health issues
- good hygiene practices
- control access to work area

- Use personal protective equipment such as gloves, eye protection, a face shield, chemical-resistant clothing, proper footwear and a respirator, based on the hazard assessment and information in safety data sheets/drug monographs.



gloves

protective
clothing

respirator

eye
protectionhead cover
(facial hair cover,
if applicable)shoe
covers

Note: All disposable personal protective equipment used in medication preparation and handling is considered hazardous waste. Dispose of these in appropriate hazardous waste containers.

Response to exposure

Different chemical exposures require specific response protocols. Always refer to the safety data sheet or drug monograph for the chemical to which you've been exposed. Then follow your employer's emergency response protocol. Among other things, it will direct you to:



1 **SEEK** immediate medical attention, and

2 **REPORT** the incident.

You should know



Employers are required to train their workers on the hazards and the controls associated with chemicals and medications specific to their work site. All chemicals on site must be properly labelled. Safety data sheets must be readily available for each hazardous chemical product present in the workplace. Medications do not always have safety data sheets. They will have a drug monograph. Ask your supervisor.

Fatigue



What is this?

Fatigue is the state of feeling tired or weary. It can be something we suffer from on and off, based on our work and lifestyle at the time, or it can be ongoing.



Signs of fatigue may vary between workers, and can include tiredness, sleepiness, irritability, depression and loss of appetite.

You should know



Fatigue can hamper our ability to perform our jobs safely by slowing down our reaction time, impairing our ability to make good on-the-spot decisions, and raising our tolerance for risk taking. **Parallels can be drawn to blood alcohol levels:**

- **17 hours awake** is equivalent to a blood alcohol content of **0.05**
- **24 hours awake** is equivalent to a blood alcohol content of **0.10**

Common causes:



shift work that prevents us from developing regular sleep patterns



high levels of **stress or anxiety** over an extended period of time



long hours of work



boring or repetitive work



short staffing resulting in increased workload



lack of adequate sleep



travel across time zones

Common controls:

ENGINEERING

- good lighting and temperature levels
- controlled noise levels
- access to the same amenities available to day and night shift workers (e.g. exercise room, cafeteria, dedicated sleep rooms)
- good ventilation (e.g. fresh air in buildings and vehicles)

ADMINISTRATIVE

- regular breaks during shifts
- adequate staffing
- job rotation to stimulate variety in tasks
- work schedules to allow adequate rest periods
- healthy work-life balance

Sleep tips



Embrace physical fitness (finish exercise at least three hours before bedtime) and other healthy lifestyle choices.



Make sleep a priority. Don't skip it in favour of some other activity.



Adopt a routine to help you unwind before going to bed. If you practice a consistent routine, your body will pick up on the signals and sleep may come easier.



Set up an environment that promotes sleep. Use blackout shades to help create a dark, comfortable room. Consider wearing earplugs to muffle noises that could disrupt sleep.



Avoid screen time at least two hours before bed.



Turn off your phone so you won't be disturbed.



Keep to a regular sleep schedule, even on the days that you don't work.

Road safety



What is this?

If you need to drive as part of your job, your vehicle is considered a moving work site. For this reason the hazard assessment requirements that apply to your work site also apply when you operate a vehicle for the purposes of work. Whether you're a driver or a pedestrian, conditions are continuously changing. Road safety requires ongoing assessment of hazards, and implementation of appropriate controls.



Common challenges:



road conditions – weather, time of day, wildlife, traffic volume, pedestrians/cyclists, road construction, paved/gravel



vehicle – not suited for task, poorly maintained, poor ergonomics, unsecured load



driver – not properly licensed, fatigued, medicated, stressed, rushed or distracted



The task of identifying hazards and determining and implementing appropriate controls starts even before getting into a vehicle and continues after getting out of one. Parking lots can be slippery. A mix of foot traffic, vehicle traffic and limited visibility requires everyone to be alert and responsive to potential hazards.

Drive with care

Accidents can happen if a driver isn't paying attention to the road or the rules of the road. Major contributors to traffic accidents include:

- following too closely
- distracted driving
- driving off the road
- turning left across the path of oncoming traffic
- stop sign violation
- disobeying traffic signals



Common controls:

ENGINEERING

- vehicle is suitable for the job and type of driving (e.g. road conditions)
- proper containment of dangerous goods for transportation (e.g. lab specimen)
- secure loads (e.g. medical equipment)

ADMINISTRATIVE

- plan/schedule enough time to drive safely and arrive on time (i.e. so not rushed)
- driver training (e.g. defensive driving program)
- a safe driving policy
- regular vehicle inspections and maintenance
- spill kits on board when appropriate
- check weather and road condition information prior to departure
- road safety and first aid kits in vehicles
- check surroundings before reversing a vehicle

Safe driving tips



Always drive within the **speed limit**



Wear your **seat belt**



Stop at stop signs and obey all traffic signals



Prepare for and adapt to **road and weather conditions**



Never drive while impaired by alcohol or drugs
(prescription, non-prescription or illicit)



Take a rest break when tired



Avoid distractions (i.e. talking or texting on cell phones)



Plan your route ahead of time

Slips, trips and falls



What is this?

Slips, trips and falls are one of the most common reported causes of workplace injuries. Slipping and tripping hazards can result in falls at ground level, with injuries ranging from sprains, bruises and cuts to fractures and head injuries. Falling from heights can also lead to serious pain and suffering.



Common causes:



wet or icy surfaces
(e.g. spills, leaks, weather)



uneven floors/walking surface
(e.g. steps, carpet runners, varying surface treatments)



waxed floors



clutter in walking path



poor lighting/visibility



improper use of equipment
(e.g. ladders, step stools, chairs)



equipment in poor condition
(e.g. broken rung on ladder, cracked stool)



improper footwear
(e.g. flip flops, high heels)

Prevent slips, trips and falls

Follow these basic safe work practices:

- walk – don't run
- keep your workspace clean and clear of debris
- watch your step when carrying things
- use handrails when on stairs
- use a step stool or ladder to reach up high
- maintain three-point contact on a ladder
- pay attention when walking (i.e. stay off your cell phone)



Common controls:

ENGINEERING

- proper flooring (e.g. level surface with some grip/friction, mats)
- handrails along ramps and stairs
- work areas with adequate lighting and clearance for foot traffic
- cleared, salted and sanded walkways and parking lots

ADMINISTRATIVE

- appropriate housekeeping practices
- signage to indicate wet/slippery floors
- report slippery conditions on walkways and in parking lots
- inspect and maintain equipment in good working order (e.g. ladders, step stools, stairs)
- use the right equipment for the job (i.e. a ladder or step stool instead of a chair)
- use the equipment as per manufacturer's specifications (i.e. proper setup for ladder)
- worker training in safe work practices (i.e. don't carry bulky objects that block vision, three-point contact on ladders)

PPE

- wear appropriate footwear

Housekeeping tips



Clean all spills immediately



Set up **warning signage** to identify slippery floors



Mop or sweep debris from floors



Keep walkways free of clutter



Secure floor mats and rugs (tacking, taping, etc.) so they lay flat



Close file cabinets and storage drawers after use



Cover any cables or cords across walkways



Maintain good lighting in work areas and walkways

Safe winter walking tips



Use available handrails



Stay off your cell phone when walking



Use care getting in and out of your vehicle



Do the Penguin Shuffle (i.e. take short shuffle-like steps)



Wear boots with non-slip tread



Allow yourself sufficient time



Keep your arms free (i.e. use a backpack or shoulder bag)



Stay on designated walkways (Assume all wet, dark areas on pavement are slippery and icy.)

Working alone



What is this?

A worker is considered to be working alone at a work site if assistance is not readily available in the event of an emergency or if the worker is injured or becomes ill. Working alone is a hazard under Alberta's occupational health and safety laws.



Common working alone scenarios:



health care workers who travel to meet clients in the community (e.g. public health nurse, home care worker, laboratory collection drivers)



those who work in isolated areas away from public view (e.g. x-ray technician, lab techs/researchers, workers in medical facilities after hours, laundry workers, kitchen workers/bakers)



While **working alone is a hazard in itself**, various settings and circumstances introduce varying levels of risk. The physical characteristics of the work environment (e.g. lighting, accessibility, visibility, vulnerability), the hazards of the task being performed and the worker's current health status are examples of things to consider when determining necessary controls.

You should know



Alberta law requires employers to provide an effective communication system so anyone working alone can reach out for assistance if they need it. Since electronic communication isn't a viable option in all locations (i.e. no cell coverage), the law accepts other measures of contact, including physical visits to the worker or intermittent worker check-ins.

Common controls:

ENGINEERING

- communication devices (e.g. cell phone, satellite phone, two-way radio)
- GPS tracking devices
- restricted access (i.e. keys or key cards required for entry)
- panic alarms
- bright lighting
- mirrors mounted to see around hallways
- monitored surveillance cameras

ADMINISTRATIVE

- worker training
- working alone policies and procedures (e.g. check-in/check-out procedure, communication protocols, equipment inspections and drills)
- client intake and screening processes
- working in teams/adequate staffing

Checklist for workers who meet clients off-site

Worker training

	YES	NO	N/A
Are workers trained and competent to work alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do they receive training in how to recognize potentially violent situations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do they receive training in non-violent responses to threatening situations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have they been instructed on safe work procedures for meeting clients at their premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Safe work procedures

	YES	NO	N/A
Are safe work procedures based on hazard assessments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do they consider client behaviour and the location of the premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are workers required to check in and out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a plan in place to maintain contact with the office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a safe visit plan for high-risk situations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can high-risk visits be postponed until proper safety measures can be met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communication

	YES	NO	N/A
Is there an effective means of communication available so workers can request immediate assistance if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the communication system ensure regular contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a check-in/check-out process in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do communication practices adjust to the needs of varying situations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Workplace harassment/bullying



What is this?

Workplace harassment or bullying is behaviour intended to intimidate, offend, degrade or humiliate a particular person or group. Although it can include physical abuse or the threat of abuse, harassment/bullying usually causes psychological rather than physical harm.



Why it's not okay

Workplace harassment/bullying is a serious issue. It creates an unhealthy work environment and can make it impossible to perform one's job.

Workplace harassment/bullying can include:



unwelcome conduct, comments, gestures or contact which causes offense or humiliation (e.g. name calling, sexual touching/fondling, spreading rumours)



physical or psychological bullying which creates fear or mistrust or which ridicules or devalues the individual (e.g. fist shaking, yelling)



exclusion or isolation of individuals



intimidation (i.e. standing too close or making inappropriate gestures/comments)



cyber-bullying (e.g. social media, email)



setting the individual up to fail (e.g. making unreasonable demands, setting impossible deadlines, interfering with work)



withholding information or giving the wrong information



taking away work or responsibility without cause

People harass or bully others to:

- sideline someone they feel is a threat (the target)
- further their own agenda at the expense of others
- deny responsibility for their own behaviour
- mask their lack of confidence and low self-esteem

When it is considered discrimination



It is considered discrimination when the behaviour focuses on an individual's race, colour, ancestry, place of origin, religious beliefs, gender, gender identity, gender expression, age, physical disability, mental disability, marital status, family status, source of income or sexual orientation. Discrimination is a human rights violation and addressed by the Alberta Human Rights Commission. For more information visit albertahumanrights.ab.ca.

Common controls:

ADMINISTRATIVE

- workplace harassment/bullying policy and procedures
- worker training on how to recognize and address incidents

Are you being harassed/bullied?

Because workplace harassment/bullying is often psychological, it can be hard to recognize.



Below are a few scenarios that could indicate you're being harassed on the job. Ask yourself:

	YES	NO
Your co-worker or supervisor seems irritated or angry with you at least twice a week, although you always try your best to do quality work on time.	<input type="checkbox"/>	<input type="checkbox"/>
You often feel confused because your co-worker/supervisor responds to your work efforts with criticism even when you have tried your hardest to do everything right.	<input type="checkbox"/>	<input type="checkbox"/>
You constantly wonder, "What is wrong with me? No matter how hard I try, I always feel that I have done something wrong."	<input type="checkbox"/>	<input type="checkbox"/>
Your co-worker/supervisor rarely includes you in the plans for work but expects you to understand what to do and why.	<input type="checkbox"/>	<input type="checkbox"/>
Your supervisor or co-worker is either angry or "doesn't know what you are talking about" when you attempt to discuss work issues.	<input type="checkbox"/>	<input type="checkbox"/>

YES NO

Others at work have been told to stop working, talking or socializing with you.

You constantly feel agitated and anxious, experiencing a sense of doom, waiting for bad things to happen.

Your frustrated family demands that you stop obsessing about work at home.

If you agreed with any two of the above statements you are probably being harassed/bullied at work.



What you can do about it

If your organization has an anti-harassment/ bullying policy, follow it. If not, **consider taking the following steps:**



1

KEEP A JOURNAL of events. Record the date, time, witnesses, what happened (in as much detail as possible) and the outcome (what impact/ consequences the incident had). Record the number and frequency of events to establish a pattern of harassment/bullying.

2

KEEP COPIES of any letters, emails, memos or texts you receive from the bully.

3

REPORT the problem (a written report is best) to your supervisor or, if your supervisor is the bully, to the individual your supervisor reports to. You may also be able to find support from the human resources department or your union or professional association.

Workplace violence



What is this?

Violence, whether at a work site or work related, means the threatened, attempted or actual conduct of a person that causes or is likely to cause physical injury. **Alberta's occupational health and safety legislation considers workplace violence a hazard. It must be addressed during a hazard assessment.**



Workplace violence can include:



physical assault or aggression

(e.g. being bitten, hit, pushed, spit on, etc.)



threats of physical harm

Four types of violence



Criminal intent



Patient/resident/client or visitor violence



Co-worker violence



Violence related to domestic issues

Contributing factors in a health care setting:

- unrestricted access and movement of the public in the facilities
- poorly lit parking lots/hallways/rooms, poor sightlines
- long waits for service leading to frustration
- working alone
- overcrowded, uncomfortable waiting areas
- presence of drugs or money at pharmacies, hospitals and clinics (makes them a possible target for robberies)
- presence of gang members, drug or alcohol abusers or distraught family members
- presence of weapons
- clients displaying aggressive behaviour
- inadequate security
- lack of worker training in how to recognize aggressive behaviour early on and de-escalate volatile situations

Common controls:

- visible security measures, including restricted access to vulnerable locations, monitored surveillance cameras (with signage) and uniformed security guards
- alarm system to announce threat and call for internal and external (i.e. police) support
- bright lighting in public areas and parking lots/garages
- clear sightlines
- crime prevention through environmental design (CPTED)
- mirrors to provide view around corners
- transparent enclosures around nursing stations/triage desks

- clear management policy stating that abuse will not be tolerated
- procedures for regular room checks, emergency evacuations, use of restraints, and identifying, monitoring and sharing information on aggressive clients
- worker education on violence awareness, avoidance, prevention and de-escalation techniques
- visitor controls including restricted hours, sign-in procedures, restricted visitor list, etc.
- patient/client hazard assessment at intake stage and reassessment as required
- report inappropriate placement of patient/client to management
- safe practices for storing/handling valuables and drugs
- worker training in response protocol

Response to workplace violence

Follow your employer's response protocol for workplace violence. Among other things, it will advise you to:



1

SEEK immediate attention from a health professional of your choice, if required.

2

REPORT the incident to your supervisor as soon as possible.

Report an incident to the police as appropriate.

You should know



Alberta legislation requires employers to develop a policy and procedures that address the potential for workplace violence. Employers must ensure workers are instructed in the organization's workplace violence policy and procedures, and are trained in how to recognize, respond to and follow up on violent incidents at work. Workers must also be instructed in how to obtain assistance.



Do you know what you need to know?

YES NO

How to **recognize** workplace violence.

The **policy, procedures** and workplace arrangements that effectively minimize or eliminate workplace violence.

The **appropriate response** to workplace violence, including how to obtain assistance.

The **procedures for reporting**, investigating and documenting incidents of workplace violence.

Workplace violence continuum



Addressing issues early on can prevent acts of bullying and harassment from progressing to acts of physical violence. Each of these behaviours is unacceptable. A healthy workplace culture will not excuse any of them.

Occupational health and safety legislation



This guide is current to March 2017. It references:

Occupational Health and Safety Act, Chapter O-2, R.S.A. 2000
(current as of January 1, 2016)

Occupational Health and Safety Regulation, AR 62/2003
(with amendments up to AR 182/2013)

Occupational Health and Safety Code 2009

Occupational Health and Safety Code Explanation Guide 2009

The current occupational health and safety legislation is available on the website at:



work.alberta.ca/ohs-legislation

Official printed versions of the *Occupational Health and Safety Act*, Regulations and Code Handbook, and the OHS Code Explanation Guide may be purchased from Alberta Queen's Printer:



qp.alberta.ca



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This guide is current to March 2017. The law is constantly changing with new legislation, amendments to existing legislation, and decisions from the courts. It is important that you keep up with these changes and keep yourself informed of the current law.

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