



NON-HOSPITAL MEDICAL AND SURGICAL FACILITIES
ACCREDITATION PROGRAM

Accreditation Standards

Occupational Health and Safety



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INTRODUCTION

The accreditation standards relating to occupational health and safety include those most critical to staff safety in the non-hospital setting; however, they do not encompass all of the requirements under the *Workers Compensation Act* of British Columbia. Medical directors are encouraged to review section 115 of the Act and the associated Occupational Health and Safety Regulation to ensure they are meeting all regulatory requirements in British Columbia. Questions specific to the Act and the associated Occupational Health and Safety Regulation should be directed to WorkSafeBC for interpretation, advice and direction.

OHS1.0 OCCUPATIONAL HEALTH AND SAFETY

OHS1.1	<p>The health and safety of staff is supported through an established occupational health and safety program.</p> <p><i>Guidance: In accordance with Occupational Health and Safety Regulation (OHSR), the program must include safety inspections to ensure prompt action is undertaken to correct any hazardous conditions found, appropriate written instructions for reference by all workers, periodic management meetings for the purpose of reviewing health and safety activities, incident trends and for the determination of necessary courses of action, prompt investigation of incidents to determine the action necessary to prevent their recurrence, and the maintenance of records and statistics, including reports of inspections and incident investigations.</i></p>
OHS1.1.1	<p>M There is a joint occupational health and safety committee, a health and safety representative or monthly staff meetings.</p> <p><i>Guidance: In accordance with OHSR, if the facility has 20 or more employees, a joint occupational health and safety committee (JOHSC) must be in place. If the facility has between 10 and 19 employees, the workers must select a person to be their health and safety representative. A health and safety representative carries out the same functions as the committee in a larger facility. For facilities with less than 10 employees, the facility is required to hold regular monthly meetings with staff to discuss matters related to maintaining a healthy and safe workplace. The members of the JOHSC or the name of the health and safety representative is formally identified in the documentation of the occupational health and safety program. Records of health and safety inspections, meetings, investigations and actions taken are maintained. Records of the last three (3) safety meetings are available.</i></p>

OHS1.1.2	<p>M The occupational health and safety program includes monthly safety inspections of the facility, equipment, work methods and practices to identify and resolve safety hazards.</p> <p><i>Guidance: Safety audits/inspections are conducted and the inspection results are reviewed at the occupational health and safety committee meetings by the health and safety representative or at staff meetings (who/how the results are reviewed is determined by the number of employees). The safety inspections should include but are not limited to: assessing firefighting equipment and alarms, eyewash stations, availability of procedures and materials for managing hazardous spills, assessing the storage of hazardous products and the availability of current SDSs, assessing decontamination and disposal procedures, completing audits of work practices (e.g. hand hygiene, use of PPE, patient repositioning, waste handling), and assessing the occupational first aid program. The safety audit/inspection reports for the last 12 months are on file at the facility. Monthly reviews of the audit/inspection reports are recorded in the minutes of the occupational health and safety committee meetings and formally acknowledged by the health and safety representative (i.e. report signed and dated), or recorded in staff meeting minutes.</i></p>
OHS1.1.3	<p>M The occupational health and safety program includes an exposure control plan for biological agents.</p> <p><i>Guidance: An employer must develop and implement an exposure control plan based on the precautionary principle that includes: a risk assessment conducted by a qualified person to determine if there is a potential for occupational exposure by any route of transmission; a list of all work activities for which there is a potential for occupational exposure; engineering (i.e. safety-engineered sharps) and administrative controls (i.e. policy and procedures, hepatitis B vaccination) to eliminate or minimize the risk; infection prevention and control practices including use of personal protective equipment; and a record of all training and education provided to workers regarding safe work practices. WorkSafeBC defines a qualified person as a medical or non-medical professional including infection control practitioners, registered nurses and physicians, occupational hygienists, microbiologists, or other individuals with specialized training in the area of biological agents designated as a hazardous substance under the regulation. Incidents of occupational exposure must be documented and retained by the employer. Incidents may be documented through an accident/incident report, first aid treatment record, or claim form. Records of vaccination and other exposure records should be kept for the period of employment plus 10 years.</i></p>
OHS1.1.4	<p>M The occupational health and safety program includes an exposure control plan for chemical agents, as appropriate.</p> <p><i>Guidance: An employer must develop and implement an exposure control plan for chemical agents, as appropriate. For example, facilities with cytotoxic drugs (e.g. mitomycin) or gases that can cause an oxygen deficient atmosphere (e.g. argon, nitrogen) are required to have an exposure control plan. Refer to the Table of Exposure Limits for Chemical and Biological Substances (see WorkSafeBC Guidelines – Part 5 – Controlling Exposure) to determine if there are other chemical and/or biological substances at the facility which may require an exposure control plan (e.g. formaldehyde). Exposure control for cleaning detergents and disinfectants (e.g. environmental, reprocessing) is usually covered through an effective Workplace Hazardous Materials Information System (WHMIS) program. The exposure control plan has been developed by a qualified person and includes a risk assessment and controls (i.e. what is the nature of the hazard, what are the possible effects of exposure, who is at risk for exposure, what are the control measures in place to reduce the risk of exposure (i.e. oxygen depletion alarm)), the education and training of workers, and written work procedures. WorkSafeBC defines qualified person as a person who is knowledgeable of the work, the hazards involved, and the means to control the hazards through education, training, experience or a combination thereof. The plan must be reviewed at least annually and updated as necessary.</i></p>

OHS1.1.5	M	The occupational health and safety program includes reducing the risk of musculoskeletal injury. <i>Guidance: An employer must identify factors in the workplace that may expose workers to a risk of musculoskeletal injury (MSI) (i.e. physical demands of work activities, layout condition of the workplace or workstation, characteristics of object handled) and eliminate or minimize the risk of MSI to workers. Documentation of the risk assessment is on file and the risk assessment is reviewed annually to ensure it covers any new risks (i.e. identification of a risk factor not previously considered, a new or changed piece of equipment, new work stations or work processes, MSI reports). In addition, the employer must ensure that a worker who may be exposed to a risk of MSI is trained in risk identification related to their work, including the recognition of early signs and symptoms of MSIs and their potential health effects. Because all work has a physical component to it (i.e. from moving a patient to sitting at a desk), most workers will need education under this provision.</i>
OHS1.1.6	M	The occupational health and safety program includes retention of records and statistics, including reports of safety inspections and staff incident investigations. <i>Guidance: Prompt investigation of staff related safety incidents including near misses is undertaken to determine the action necessary to prevent recurrence and resolve any health and safety concerns. A near miss is an incident that did not result in injury, illness or damage but had the potential to do so. Records of occupational health and safety incidents and near misses including their investigation and action(s) taken should be kept for the period of employment plus 10 years.</i>
OHS1.1.7	M	There is a form for the reporting of occupational health and safety incidents and near misses. <i>Guidance: Records of occupational health and safety incidents should be kept for the period of employment plus 10 years.</i>
OHS1.1.8	M	The occupational health and safety program is reviewed annually. <i>Guidance: The occupational health and safety program is reviewed annually and updated as appropriate. Annual review is documented in a log (i.e. medical director signature and date).</i>
OHS1.2	An occupational first aid program is in place.	
OHS1.2.1	M	A first aid kit is readily accessible. <i>Guidance: The first aid equipment and supplies are assembled in a kit that is readily accessible at all times.</i>
OHS1.2.2	M	The first aid kit is appropriate for the number of workers per shift and level of injury risks. <i>Guidance: The Occupational Health and Safety Regulation – Schedule 3-A – Minimum Levels of First Aid outlines the minimum first aid kit requirements. In accordance with WorkSafeBC, facilities need to conduct a risk assessment to determine the workplace’s specific first aid requirements to determine which level of first aid kit a facility will need (e.g. basic first aid kit, level 1 first aid kit).</i>
OHS1.2.3	M	The first aid attendant holds a current first aid certificate at the required level, as appropriate. <i>Guidance: The Occupational Health and Safety Regulation – Schedule 3-A – Minimum Levels of First Aid outlines the minimum certificate level of first aid held by the first aid attendant. In accordance with WorkSafeBC, facilities need to conduct a risk assessment to determine the workplace’s specific first aid requirements to determine which level of first aid attendant a facility will need. Some facilities will need a first aid attendant with a current level 1 certificate.</i>
OHS1.3	An effective Workplace Hazardous Materials Information System (WHMIS) program has been established and is maintained.	

OHS1.3.1	M	Hazardous products are properly labelled. <i>Guidance: Hazardous products or the container of a hazardous product is attached or printed with a supplier label. Supplier labels are not to be removed, defaced, modified or altered as long as any amount of a hazardous product remains in the workplace in the container in which it was received from the supplier. If the supplier label becomes illegible or is accidentally removed from the hazardous product or container, it is replaced with either a supplier label or a workplace label. If a hazardous product is decanted into a container other than the container in which it was received from the supplier, it is appropriately labeled with a workplace label. A workplace label must include the name of the hazardous product as it is named on the hazardous product's safety data sheet, information on the safe handling of the hazardous product, and the availability of a safety data sheet.</i>
OHS1.3.2	M	Safety data sheets (SDS) are available and current for all hazardous products. <i>Guidance: There is a supplier SDS for each hazardous product in use, handled or stored at the workplace. Hazardous products include but are not limited to chemicals, gases, dyes and coolants used in equipment (e.g. lasers). The SDS must be readily available to the workers who may be exposed to the hazardous product. SDSs must be up to date. When the supplier SDS for a hazardous product is three years old, the employer must obtain from the supplier an up-to-date SDS.</i>
OHS1.3.3	M	Hazardous substance containers are in good condition to securely contain the substance. <i>Guidance: Any material used to contain, transfer or convey a hazardous substance must be reasonably resistant to the substance. If an open container of a hazardous substance could pose a hazard, the container must be kept sealed or covered when not in use.</i>
OHS1.3.4	M	Hazardous products are stored in an appropriate manner. <i>Guidance: Hazardous products are stored in a manner that ensures they will not readily fall, become dislodged, suffer damage or be exposed to conditions of extreme temperature. Hazardous liquids are stored below eye level. The amount of hazardous products in the work area should not exceed the quantity reasonably needed for routine tasks. Bulk or reserve quantities should be stored in a designated area separate from the work area.</i>
OHS1.3.5	M	Workers follow the instructions on the label and the safety data sheet when using a hazardous product.
OHS1.4	Risk control measures have been implemented.	
OHS1.4.1	M	Safety-engineered sharps or devices that have built-in safety mechanisms are used. <i>Guidance: The Occupational Health and Safety Regulation requires the use of needleless systems or devices that have safety-engineering features (i.e. retractable needles, blunt-tip suture needles, shielded scalpels) unless the use of the required device, needle or sharp is not clinically appropriate in the particular circumstance or the required device, needle or sharp is not available in commercial markets.</i>
OHS1.4.2	M	There is safe handling and disposal of sharps. <i>Guidance: Safe work procedures are implemented (i.e. immediate disposal of sharps after use, prohibiting the recapping of sharps and making use of a neutral zone or hands-free technique for passing sharp instruments, blades and needles).</i>
OHS1.4.3	M	Personal protective equipment (PPE) required to safely perform work is provided. <i>Guidance: PPE appropriate for the task being performed is readily available in the work area(s) throughout the facility.</i>

OHS1.4.4	M	Personal protective equipment (PPE) is properly worn when required. <i>Guidance: PPE required to safely perform work is worn.</i>
OHS1.4.5	M	Transfer and repositioning aids are available and used, as appropriate. <i>Guidance: According to Occupational Health and Safety Regulation, if a patient requires any help transferring or repositioning, control measures to reduce MSI risks must be implemented and all workers responsible for a transfer or repositioning task must receive instruction and have access to written guidelines for the chosen control method. Control measures include slider sheets, transfer boards, and lifts.</i>
OHS1.4.6	M	Emergency eyewash stations are provided within the facility. <i>Guidance: Emergency eyewash stations are provided within a work area where a worker's eyes may be exposed to harmful or corrosive materials or other materials which may burn or irritate. Eyewash stations may be plumbed or portable and are located within 10 seconds walking distance of the hazard area but not further than 30 metres (100 feet). The emergency eyewash station is clearly identified with signage as to its location and provides clear directions for use. Plumbed eyewash stations are tested monthly for a sufficient length of time to completely flush the branch of the water line supplying the eyewash.</i>
OHS1.4.7	M	Chemical and biological spill kits are readily available. <i>Guidance: The type and number of spill kits required will depend on the variety of chemicals and biological agents in the facility as well as the quantities that are typically in use. If there are cytotoxic drugs at the facility (e.g. mitomycin), a spill kit is kept near the cytotoxic drug preparation, administration and storage areas.</i>
OHS1.5		Cytotoxic drugs are handled in a manner that ensures the safety of staff.
OHS1.5.1	M	Cytotoxic drug containers and the shelf or bin in which they are stored are labelled as cytotoxic. <i>Guidance: If a cytotoxic drug is received, prepared, administered, stored or disposed of at a workplace, the employer must maintain and make readily available to workers information on its acute and chronic toxicity, including any potential reproductive hazard, acute exposure treatment, and safe handling.</i>
OHS1.5.2	M	Staff who prepare or administer cytotoxic drugs receive education and training about cytotoxic drugs. <i>Guidance: Education and training includes information about the storage, preparation, administration and waste handling of cytotoxic drugs, as well as cytotoxic spill and cytotoxic exposure procedures. Cytotoxic drug training records are on file at the facility.</i>
OHS1.5.3	M	Cytotoxic exposure records are maintained for all staff who prepare or administer cytotoxic drugs. <i>Guidance: The Occupational Health and Safety Regulation requires that cytotoxic exposure records be maintained including a record of all workers who prepare or administer cytotoxic drugs, the name of the drug handled, and when practicable, the number of preparation or administration of cytotoxic drugs per week. These records are maintained for the duration of employment plus 10 years.</i>
OHS1.5.4	M	Cytotoxic drug-related waste is placed in a leak-proof cytotoxic waste disposal container. <i>Guidance: Cytotoxic drug-related waste is placed in a designated cytotoxic waste disposal container. Cytotoxic waste containers are labeled with the cytotoxic hazard symbol.</i>

OHS1.6	Policies and procedures contain all the information necessary for the safety of patients, staff and visitors. <i>Guidance: Policies and procedures ensure that activities/procedures are performed consistently and accurately by all personnel within the non-hospital facility.</i>
OHS1.6.1	M There is policy and procedures for the reporting and investigation of staff safety incidents including near misses. <i>Guidance: The facility's policy and procedures outline the required documentation including a detailed description of the incident, potential causes and assessment, and a review or analysis (i.e. root cause analysis) by management, the safety committee or safety representative that includes recommendations for prevention of future incidents and actions taken. Staff safety incidents include injuries, accidents and occupational illness such as blood and body fluid exposure (e.g. needle stick injuries), chemical exposure (e.g. splash to eye), musculoskeletal injuries, and violent or aggressive behaviour. Incidents that require reporting to regulatory authorities (i.e. WorkSafeBC) are reported when required.</i>
OHS1.6.2	M There is policy and procedures for providing first aid. <i>Guidance: The facility's policy and procedures must comply with provincial occupational health and safety regulation requirements for written first aid procedures including: the equipment, supplies, facilities, first aid attendants and services available; the location of and how to call for first aid; how the first aid attendant is to respond to a call for first aid; the authority of the first aid attendant over the treatment of injured workers and the responsibility of the employer to report injuries to WorkSafe BC; who is to call for transportation for the injured worker and the method of transportation called; and pre-arranged routes in and out of the workplace and to medical treatment.</i>
OHS1.6.3	M There is policy and procedures for managing exposures to blood and body fluids. <i>Guidance: The facility's policy and procedures outline what to do in the event of an exposure to blood or body fluids involving non-intact skin or mucous membranes including getting first aid, promptly reporting the incident, seeking immediate medical attention (within two hours of exposure), the prompt investigation of the incident, and reporting of the incident to WorkSafeBC. Following first aid, it is preferable that personnel seek immediate medical attention by going to an emergency department as they have the necessary medications on site if indicated.</i>
OHS1.6.4	M There is policy and procedures for hazardous products. <i>Guidance: The facility's policy and procedures outline the safe handling, use, storage and disposal for each hazardous product in use, handled or stored at the workplace.</i>
OHS1.6.5	M There is policy and procedures to control and clean up chemical spills. <i>Guidance: The facility's policy and procedures outline safe work procedures including the required personal protective equipment and any material or equipment necessary for the control, clean up and disposal of the hazardous substance.</i>
OHS1.6.6	M There is policy and procedures for cleaning up blood or body fluid spills. <i>Guidance: The facility's policy and procedures outline safe work procedures including required personal protective equipment and any material or equipment necessary for the control, clean-up and decontamination of the area(s).</i>

OHS1.6.7	M	There is policy and procedures for cytotoxic drugs, as appropriate. <i>Guidance: The facility's policy and procedures include information on the cytotoxic drugs within the facility, their acute and chronic toxicity including any potential reproductive hazard, acute exposure treatment, safe handling, preparation, administration and storage of the cytotoxic drug, personal protective equipment required, appropriate waste disposal, and emergency procedures to address spills.</i>
OHS1.6.8	M	There is policy and procedures for recommended vaccinations. <i>Guidance: The facility's policy and procedures for vaccinations includes guidelines for recommended immunizations and a statement that the employer will provide vaccination against hepatitis B virus to all workers who are at risk of occupational exposure to that virus as well as vaccination to all workers who are at risk of occupational exposure to any other biologic agent where the BC Centre for Disease Control's Communicable Disease Control Immunization Program Manual, as amended from time to time, lists a vaccine that protects against infection by this biological agent.</i>
OHS1.6.9	M	There is policy and procedures to prevent musculoskeletal injury (MSI) during patient handling. <i>Guidance: The facility's policy and procedures outline the hazards related to patient handling and safe work procedures for patient lifting, transferring and repositioning, including use of transfer/lift devices, the roles and responsibilities of employers, supervisors and workers in eliminating or minimizing the risks, and the reporting and investigation of incidents.</i>
OHS1.6.10	M	There is policy and procedures to protect staff working alone or in isolation, as appropriate. <i>Guidance: "To work alone or in isolation" is defined as working in circumstances where assistance is not readily available to a worker in case of emergency or in case the worker is injured or in ill health. If a worker cannot be seen or heard by persons capable of providing assistance in a timely manner, then they should be regarded as working alone or in isolation. An example is night-shift employees. The facility's policy and procedures should outline the risks identified (as determined through a risk assessment) and how these risk are minimized or eliminated through physical arrangements (e.g. protective barriers) and administrative controls (e.g. staffing levels, check-in procedures).</i>
OHS1.6.11	M	There is policy and procedures to manage violent and aggressive behaviour, as appropriate. <i>Guidance: Aggressive behaviour is defined as any expression of hostile behaviour or a threat directed towards others that hurts or causes harm through verbal, physical, psychological or sexual means. Violent behaviour is defined as the attempt or actual exercise by a person of any physical force so as to cause injury or harm to another person and includes any threatening statement or behaviour which gives reasonable cause to believe that the worker is at risk of injury. In accordance with Occupational Health and Safety Regulation, if a risk of violent or aggressive behaviour is identified through a risk assessment, the employer must establish policy and procedures to manage violent and aggressive behaviour. If required, the facility's policy and procedures outline the roles and responsibilities of employers, supervisors and workers in eliminating or minimizing the risks, the reporting of incidents of violent or aggressive behaviour, and the investigation of incidents.</i>

OHS1.6.12	<p>M There is policy and procedures to prevent and address workplace bullying and harassment.</p> <p><i>Guidance: WorkSafeBC's Occupational Health and Safety Regulation policies use the phrase "bullying and harassment" as a single term which includes any inappropriate conduct or comment by a person towards a worker that the person knew or reasonably ought to have known would cause that worker to be humiliated or intimidated. The facility's policy and procedures must clearly declare that workplace bullying and harassment is unacceptable and will not be tolerated, as well as outline the roles and responsibilities of employers, supervisors and workers in preventing or minimizing bullying and harassment, the reporting of incidents or complaints of bullying and harassment, and the investigation of incidents or complaints. The bullying and harassment prevention program is reviewed annually and updated as appropriate (i.e. regulation updates, bullying and harassment incident investigation actions).</i></p>
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Summary of changes	
2019-06-28	<p>Policies and procedures</p> <ul style="list-style-type: none">• Working alone or in isolation added.• Managing violent and aggressive behaviour added.• Preventing and addressing workplace bullying and harassment added. <p>Other</p> <ul style="list-style-type: none">• Substantial format changes and guidance added.



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