Climate-related Illnesses

During the heat wave, many LTC facilities suffered with excessive heat. While facilities were doing what they could, even watering roofs etc...what additional mitigating efforts are being done in LTC to minimize the effects of excessive heat for staff and residents?

FMO and LTC management have worked pre-emptively to ensure appropriate ventilation and cooling for sites. Some facilities may have still found cooling to be challenging during the summer heat waves, but any additional mitigating efforts would have been at the discretion of the site. This could have included obtaining additional fans and performing a point-of-care risk assessments to determine the safest course of action for staff or patients.

First Aid

We struggle in the community to get "volunteers" to take on the role of the first aid attendant and especially the # that WorkSafeBC recommends. Any thoughts as to how to make this a more attractive role?

There have been managers in the past that have worked with their first aid attendants (FAA) to help incentivize the role and to make it more appealing. That has however been left to the discretion of the manager.

I work in the OR at VGH. The practice is if a staff gets injured, we go straight to Emergency, then report it at the provincial health call center or vice versa. We never call first aid. Please advise if the practice has changed or if we are doing it wrong.

At VGH, LGH, RH and UBC, locations where we have multiple security guards, they have been contracted to be our designated first aid attendants. They are the ones that keep all the first aid documentation required by WorksafeBC. The process has not changed. If a staff member has been injured they should be calling first aid, in the case of VGH, security/first aider would need to be called. Once they have had a chance to speak with the injured party, if it is within their scope as a first aider, they would address the workers injury. If they could not, they would then send them to the ER where it would be deemed a “medical aid” and would be looked at.
The difference between first aid and medical treatment is that a first aid case can be dealt with at the scene, whereas a medical treatment case needs to be done by a medical practitioner (Doctor or a nurse). In the work environment, a first aid treatment results in no lost time whereas a medical case COULD lead to lost time injury.

What is the process for accessing first aid for clinicians who are working alone in client homes or community settings? Would we drive to the nearest hospital and ask for security for instance?

Yes, if a staff member is working away from a medical facility and requires first aid, they should drive to the nearest facility and request to see a First Aid Attendant. Depending on who is the first aid provider is at that particular location, either a staff member or security, they would provide first aid. Remember if you drive to a non VCH facility then you would be entering as a member of the public and not a staff member.

What is the staffing ratio for first aid required for on site for VCH?

The number of workers per shift would determine the supplies, equipment, and level of first aid certificate required for the first aid attendant.

Scenario: If someone needs assistance outside of VCH property (e.g. on sidewalk across street), will WCB cover any injury sustained by VCH First Aid attendant who responds during work hours (e.g. if attendant trips on way to scene)?

Yes, WSBC would cover any injuries you sustain during working hours in the performance of your duties as an assigned first aid attendant.

For the medical imaging sites at non VCH hospitals, do you still need first aiders on site or does it fall to the facility to provide?

It would fall on the facility to provide first aid throughout the site.

General

Will the presentation be available to review?

Yes, we will post the presentations and send the link as soon as practicable.

If we were the ones that logged in do we need to fill in the attendance form?

The Zoom webinar already provides a participant report. You only need to fill out the attendance form if you are attending in a room with multiple people or watching the recordings after September 15, 2021.
What if there are errors on JOHSC membership list?
   Update list using the change membership form, in cooperation with your JOHSCS co-chair

How do we know who our advisor is?
   Safety and Prevention Phone List

Incident Investigations

I've been receiving a daily push notifications in my VCH webmail but I cannot open it even though I already asked the IT help. Is there any way that they can send the push notifications for easy access?
   Anyone accessing the report must log in from a corporate workstation not from personal/external workstation or phone via webmail. They need to be logged into workstation with their own AD account (e.g. VCH\elorenzo). If still having the issue, send a screenshot of error or message (full window) and send it to PeopleSafety@vch.ca for further follow-up.

What is the rationale for posting workplace incidents that are not applicable to the work site?
   I am not sure I understood “not applicable to the worksite”. A copy of the corrective actions following an incident investigation should be posted at worksite (OH&S Board) to communicate and implement corrective actions. If not posted, communicate through safety huddles, safety meetings, one-on-one or group training or at the JHSC meeting safety moments.

JOHSC Evaluations

Is there a place where we can view how our JOHSC evaluation results compared to those of other departments (e.g. effectiveness of meetings, etc...)?
   Yes, you can compare evaluation results provided someone has uploaded Evaluation Reports to the SharePoint Page. The SharePoint page is the one stop shop for committee documentations. Your Safety Advisor can direct you there if you have not yet used it. You can take for example, COC – Corporate, Vancouver Community Regional Office 520 W. 6th, Annual Evaluations, and find previous reports. Another example, COC – Richmond for example and select a JOHSC. Within a JHSC Evaluations
folder, you can find some sample evaluation reports. I recommend speaking with your Safety Advisor if you have difficulty locating previous evaluation reports.

Is there a standard month that they need to be done (JOHSC evaluations)?
There is no standard month that they need to be done, but with good planning and it is well promoted, it is recommended that the evaluation be completed by your February meeting for approval. The earlier it is completed, the better. If a committee delays completing the evaluation, the committee will have less time to work on recommended corrective actions for continuous improvement in the year.

Is an evaluation to be done every month or once a year?
Once per year

PPE

Such a pity the staff are not aware of all of this detailed work - could you present at a town hall? If staff knew this was going on in the background, I think the anxiety and concerns staff have would decrease so much!
Thanks for the comment and the great idea. We are definitely working on some communication pieces to staff to discuss the PPE Testing lab and the steps VCH has taken to ensure staff safety with regards to PPE. I believe the PPE Testing lab has been mentioned in passing at one or a few town halls, but we will see if we can have a more focused town hall explaining about the lab.

By creating & providing an ISO certified provincial lab in the lower mainland - was there an increase in the number of local production facilities?
Great question. We can’t say if it was because of the lab, or simply in response to PPE shortages that were reported in the media, but we have seen a number of local companies begin to produce PPE and some of them have received the appropriate certifications for their products. The VCH PPE Testing lab has helped support some of these companies with testing services to help received certification, which has really helped strengthen our PPE supply chain!
Can you comment on the use of Stoggles and if they will be approved for use? I see them everywhere in my hospital and they have side protection and anti-fog lens. Given that everyone already seems to be using them are there plans to approve?

Currently Stoggles have not been approved for use, as they are only approved by ANSI, not CSA. While the most important aspect of safety glasses is fit, when our team tried one style of the Stoggles, we found that it tended to have larger gaps than other forms of eye protection in circulation. We continue to suggest that all staff procure their eye protection from our supply chain.

Could you please comment on Crocs? Even though their closed toes, the backs are usually open and I have to constantly remind people that they are not acceptable. Thank you.

In more patient care / clinical areas, Crocs are not suggested as some models have holes throughout (offering next to no protection). For the models with the closed front, the back is also open, exposing the back to hazards (e.g. BBF, sharps, etc.). Staff should follow the VCH Footwear Standard and wear closed toe (and back) shoes with good grip on the soles. Crocs can be worn in office settings where there is essentially no risk to staff.

During the pandemic and supplies shortages, some facilities may have to purchase PPE themselves, how do we make sure those PPEs are safe to use (should they be submitted to the testing lab to test? or can facilities access a list of already tested/safe PPE) and can they be fit tested (in case of respirators, etc.)?

There is a provincial database of PPE products that have been vetted for use within the BC health authorities. If you have concerns about a product, please reach out to our team and we can cross reference against the database.

For PPE that cannot be reprocessed, for example the simple medical grade mask used in community health care centres, is the team looking at biodegradable masks and looking at companies within BC that supply them instead of increased use of single use masks that are not biodegradable?

Absolutely. In addition to the performance of PPE, the environmental footprint of single-use PPE is an important consideration we're looking at and how to support environmentally friendly products.
Respiratory Protection

Are the masks that non-medical staff buy just as safe as what we have?

If you order your masks via PHSA Supply Chain or VCH Central Supply, then all masks have been assessed and found to meet ASTM standards to be considered medical masks. These masks are just as safe as those used in acute care settings.

When immunizing long term clients with covid-19 vaccine in long term facilities should immunizers be wearing N95? Since there are some positive clients in the facility while immunizers are there but may not be on isolation or testing results pending.

Use of N95 is determined by a Point of Care Risk Assessment at this time. As immunizers are unlikely to be interacting with clients/residents/patients on airborne or AGMP precautions, in most situations, a N95 is not necessary. Even if a person tests positive for COVID-19, if these procedures aren’t occurring, you should continue to follow contact and droplet precautions (i.e. gown, eye protection, gloves, medical mask, and proper hand hygiene).

Have there been any studies to determine the efficacy of local trainer testing (using the hood & subjective spray detection) versus professional testing? (in the provincial PPE lab for example)

At VCH, we primarily use qualitative testing (hood and spray) by a department trained fit tester or People Safety staff. In rare circumstances (e.g. person cannot taste the solutions) we move onto quantitative fit testing using a machine. Both methods are equally valid per the CSA standard and WorkSafeBC. The PPE Testing Lab is set up to ensure that the PPE we use meets the prescribed standards of quality (i.e. they work as we expect them to); the lab doesn’t fit test people on respirators for their annual fit testing for work purposes.

When will the 1870+ respirators be available in quantities of more than 12 at a time? Area Supply currently brings only a few in a bag when requested. We can run out quickly and replenishment isn't instant.

Please have a conversation with Area Supply. The 1870+ respirator stock has increased quite a bit this last while so you should be able to order from the Langley Fulfilment Centre via ePro; order numbers can be found here.
Self-Care Impact on Safety

Does VCH have a workload assessment form?
I do not believe that a workload assessment form has been developed. However, that could be an excellent suggestion to bring to the discussion table.

Can we have a copy of Humberto’s presentation on self-care?
Yes, all presentations will be made available online by next week. JOHSC will be informed on where to find them.

I liked the point you made about recognizing some answers to contributing factors indicating burnout. However the investigation template does not lend itself well to that interpretation. Also I would say that there is an organizational reluctance to introduce burnout as a contributing factor to injury. Rightly or wrongly there is a perception that people should be able to cope with their jobs and that and that resources are not available to make the workload manageable. I think that investigation training for JOHSC members should address the issue of how to include those kind of environmental factors into their investigations.

Thank you for your comment. That is a very valid point. I guess the option should be selecting "other" and type burnout as a contributing factor, let’s make it visible. On the other hand, the shift from a compliance culture to a safety culture can be only managed over time, but we need to start these conversations. We need to have these topics on the table. We need to discuss safety at work and home.

Sleep and Occupational Safety

Is there a VCH fatigue risk policy?
PHSA Fatigue Management Policy

Are there links to the studies referenced in the presentation?


Slider Sheets

We do not have ceiling lifts in 80 percent of our inpatient rooms. How do we get additional lifts and who is responsible for the capital cost? To move a lift from one room to another requires calling FMO. Alternatively we have to move patients around to accommodate those needing a lift. The inpatient rooms referred to are on one particular unit.

This is interesting and definitely a concern if FMO is has to be involved to move lifts from one room to another. I have a few follow up questions. Are you referring to 80% of inpatient rooms with no lifts versus no track? Is 20% sufficient for the patient population needs? Has there been an assessment to determine the needs? Have you had a chance to speak with the manager about costs? Thanks

Has a root cause been identified for repo slings not being used?

Repositioning slings are being used but we want to encourage additional use. There is no one root cause to why repositioning slings are being used sparingly, the problem is multi-factorial. In general, lack of knowledge, gaps in education and equipment are main challenges. We are developing ongoing education, working with professional practice, and working with operations on inventory.

How do we get swings or mobile lifts for community Clinics who support Clients in wheelchairs?

Hey Bobby, not sure at what capacity you are asking from. Have you had an opportunity to ask the clinic manager on the process?

We do not have ceiling lifts in 80 percent of our inpatient rooms. How do we get additional lifts and who is responsible for the capital cost? To move a lift from one room to another requires calling FMO. Alternatively we have to move patients around to accommodate those needing a lift.

Please relay your question to Viara who may be able to answer this better.

Safety and Prevention Phone List
Violence Prevention Education

Some of our staffs noticed an increase of verbal violence related to racial discrimination and COVID mandate, etc. around the workplace; even when we work in a low risk setting (no direct care with patients and clients, etc.); if a worker was the subject of such violence, should such incident be reported (or just the VPD since it is not directly workplace related)

It needs to be reported to workplace Health as it occurred while you are at work. The context of Violence is broad but it would still be classified as “Violence in the workplace”. As for police involvement, again it’s circumstantial whether a crime has been committed.

With working in the DTES we are always working with clients who have a history of verbal abuse but if we stop to file reports then we don’t see clients. How do we manage?

Reporting verbal abuse does not necessarily mean that we will STOP seeing the Client immediately. We will develop a behavioral care plan with the Client to work with them. However, depending on the level of Abuse, it could lead to escalated violence from the Client, which could jeopardize their care as VCH will not allow/permit any abuse/violence towards Patients/Clients/Residents/Visitors/Staff/Contractors within VCH Jurisdiction.

Did you say all reports from BC provincial health call center goes to either safety advisor or you?

They go to the designated Safety Advisor and other delegates for that worksite. The reports have a filter classification so it would only involve individuals/groups who are relevant.

What if don’t do personal care but you do work in residents rooms, are you still low risk?

Yes, as you are not providing any direct care for patients/clients/residents.

As a follow-up to the question on racial profiling, are protesters against the vaccine mandate also considered as being a code white?

As long as they are refraining from verbal or physical violence and are not putting anyone’s safety at Risk, they will not be causing a Code White.

Do you have cards that have the 4 point of care risk assessment that can be attached to clinicians ID that they wear daily? It is a great reminder and would be easy for clinicians to review when clinicians feel they need it.

Yes, they are available. Please reach out to Dzuy Nguyen or your site safety advisor.
Hi at 601 West Broadway, we have security- do they know what a code white is? If we need to call one, can we just say code white and level?

Yes, all security working in the healthcare sector are trained in the different Codes used and can respond accordingly.

The Role of VPS at VCH

Hi Scott, I worked in the OR at JPPOR dept. My question is how you can prevent violence on staff while Patient is waking up or post-surgery induced anesthesia. We have a recent incident that involves staff. The code white team was not immediately available. Thank you very much.

The way we prevent is by monitoring and recording behaviors as they occur. In the moment, all we can do is ensure the client is safe by way of not having access to weapons of opportunity. A recommendation is to call security as soon as we see slight agitation to allow time for them to respond rather than wait until the situation is in a crisis. What is important to remember is if a certain medication is being used, one of the side effects may be agitation and so we need to prepare for that ahead of time. There is no simple or standard resource but rather try to be preventative, e.g. call security if necessary.

You mentioned that annual refresher is required for Violence Prevention Education. Is this mandated through WorkSafe? For clinical staff or all staff? LearningHub doesn't send out auto reminders for staff to do this, does it? I get reminders for IPAC, Confidentiality, but not PVPC. So, for clarification, to answer your first question, only high risk levels are required to do the annual refreshers. Is this mandated through WorkSafe? No, this is mandated by the province. About Learning Hub, they will send an email to your work account 1 year after your orientation to remind you to take your annual refresher course. If you don’t receive it, check your junk email folder to see if you received the reminder. We’ve recently confirmed this with Learning Hub. I’ve also included a link from OneVCH intranet page that delves more into the questions that you have. You can also find this by clicking on the Violence Prevention Education section under Safety, Health, and Wellness. I hope this helps!

https://one.vch.ca/working-here-site/Documents/Provincial-Requirements-for-Violence-Prevention-Training.PDF
On the Sunshine Coast as a rural area, I have heard from staff across our facilities, offices, vaccine clinics and COVID testing site about concerns about anti-vaxx/mask protesters. Is there standard procedures for dealing with this, especially since most of our sites have no security? Security is only in place at our hospital.

Currently, there is no safety standard specifically designed for Covid-19 pertaining to protestors. However, you can access the “Safety Moments” and click on the “Covid-19” section off the OneVCH intranet site that quickly reiterates de-escalation strategies. I’ve attached the link below for your convenience. Thanks for your concern and please stay safe! [https://one.vch.ca/working-here/health-safety-wellness/health-safety-at-work/safety-moments](https://one.vch.ca/working-here/health-safety-wellness/health-safety-at-work/safety-moments)

Thanks so much for this helpful overview of VPS! Does VPS include TIP as part of the regular and ATR education? And do the IPS staff also receive ATR and TIP etc. in VCH?

Thanks for that question, Anon. By TIP, Trauma Informed Practice, we do NOT teach this as an education piece in ATR training. This is a separate piece that is not a part of our curriculum. Also, IPS staff do NOT receive this training, either. I believe this is an on-line piece and some of the other Health Authorities throughout the province have some in-person education on this piece. I hope this helps, stay safe!