

Quick Response Orientation Booklet

Employee Safety Orientation Booklet



Nova Scotia Health + Community Services Safety Association

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ABOUT THIS TEMPLATE:

The purpose of this document is to provide your organization with a quick reference orientation training template in order to provide safety information for outside personnel deployed to assist in providing services during a pandemic.

Each section of the template will have suggested information on what you need to consider when customizing that particular section. This template is only intended as a guide and should not be used as a “as is” document. In order to be both effective and legislatively compliant, it will require your organization to customize the information to reflect your specific policies, procedures, processes and strategies. To do this, your organization may wish to enter its policies or procedures directly into each section of the template or may wish to add (or make available) each specific policy/procedure that corresponds to the topics.

We at AWARE-NS understand that developing and delivering training material can be daunting and challenging. If your organization needs assistance please contact one of our OHS Coordinators at info@awarens.ca or phone at 1-877-538-7228 and they will make arrangements to help you customize this template.

WHY THE NEED FOR SAFETY?

[Organization Name] is committed to ensuring that you and other workers are safe while at work.

In order to do this, everyone must be ready and able to identify hazards and assess the risks when working at the workplace. Employers and workers both need to understand how they can individually and collaboratively reduce the risks and keep themselves and others safe.



[Your organization may wish to add a copy of its safety policy here]

OH&S ACT AND THE INTERNAL RESPONSIBILITY SYSTEM

The Nova Scotia Occupational Health and Safety Act is the primary legislation governing occupational health and safety in Nova Scotia. It lists the broad duties and responsibilities for all people at the workplace using a proactive approach to preventing incidents, injuries and disease.

The Internal Responsibility System is the underlying philosophy of the Nova Scotia OH&S Act. It is based on the principle that all workplace parties (employers, managers, supervisors and employees) have shared responsibility where everyone takes the initiative, both individually and cooperatively, to solve problems and make continuous improvements for health and safety at your workplace.

EVERYONE IN THE WORKPLACE
NEEDS TO UNDERSTAND WHAT
THE INTERNAL RESPONSIBILITY
SYSTEM IS AND HOW IT
SHOULD WORK.

The Act also recognizes that workers, like you, are more knowledgeable of your workplace and are in a better position to determine the best way to keep yourself and everyone safe at your workplace than someone outside of your agency.

ROLES AND RESPONSIBILITIES

While everyone - workers, managers, supervisors and employers - share the responsibility for health and safety in their workplace, different positions within the organization have specific roles and responsibilities. Below are some of the safety roles and responsibilities for each of these positions:

[Your organization should outline the various titles and/or positions and their specific roles and responsibilities. The text below is there to serve as a guide only]

[ORGANIZATION NAME]

- providing and maintaining equipment with proper safety devices
- providing employees with training, information and supervision
- informing employees about any health or safety hazards in the workplace
- making sure employees wear personal protective equipment (PPE) and know how to use it properly
- establish and co-operate with the Joint Occupational Health and Safety Committee or Health and Safety Representative and with Health and Safety Officers from the Department of Labour and Advanced Education
- preparing and maintaining an occupational health and safety policy and/or program, where required by legislation
- preparing a list of hazardous chemicals present in the workplace
- following the Occupational Health and Safety Act and Regulations and ensuring that employees also follow them

SUPERVISORS AND MANAGERS

- informing workers about actual or potential dangers
- directing or organizing work and how that work is performed
- ensuring workplace inspections and incident investigations are done, as required
- taking every reasonable precaution to protect workers
- ensuring workers use or wear the protective equipment or clothing
- applying corrective action
- ensuring employee follow-up

EMPLOYEE

- reporting anything in the workplace that may be dangerous
- co-operating with the employer and fellow employees to protect health and safety
- wearing personal protective equipment and following safety procedures
- co-operating with the Joint Occupational Health and Safety Committee or Health and Safety Representative and with Health and Safety Officers from the Department of Labour and Advanced Education
- following the Occupational Health and Safety Act and Regulations

EMPLOYEE RIGHTS

The IRS entitles all workers in Nova Scotia three basic rights - ***the right to know, the right to participate and the right to refuse.***

THE RIGHT TO KNOW

You have a right to be provided the information, instructions, education, training and supervision you need to keep yourself safe at the workplace. To do this, **[Organization Name]** will ensure that workers:

- have access to all current and up-to-date policies and procedures
- communicate when policies and procedures change
- have adequate supervision
- are given the appropriate training for the tasks they are asked to perform
- have the ability to ask questions about issues that affect their health and safety

DON'T BE AFRAID TO ASK

THE RIGHT TO KNOW ABOUT JOB RELATED HAZARDS ALSO MEANS THAT THE WORKER HAS A RIGHT TO ASK ABOUT HAZARDS, AND THE EMPLOYER HAS A RESPONSIBILITY TO IDENTIFY ALL HAZARDS AT THAT WORKPLACE

THE RIGHT TO PARTICIPATE

You have a right to have input into the various issues concerning health and safety at work. Some ways workers can exercise their right to participate include:

- participating as a member of the health and safety committee
- reporting any health and safety matters that could cause harm
- making suggestions to the committee or employer on how to make your workplace safer

THE RIGHT TO REFUSE

[The following procedure is based on the Work Refusal process, as outlined in Section 43 of the NS OHS Act. Your organization should replace/add any Right to Refuse processes here. Note: Work refusal in Nova Scotia is a legislative process that must be adhered to and therefore any changes must conform to the current legislative process].

As a worker in Nova Scotia, you have the right to refuse work if you have ***“reasonable grounds”*** to believe that the work you are asked to perform endangers the health and safety of yourself or others. The right to refuse can only be used for matters pertaining to health and safety.

“REASONABLE GROUNDS” MEANS A WORKER HAS AN HONEST BELIEF THAT THE TASK(S) THEY ARE ASKED TO PERFORM ARE UNSAFE

If you feel you need to exercise the right to refuse unsafe work, you must follow these steps:

STEP 1: Immediately report the unsafe condition to your supervisor so they can investigate and correct the hazard. You should stay at work, but find a safe place where you are not in contact with the hazard. Only leave work if you are instructed to do so by your employer or if the workplace is unsafe to stay.

STEP 2: If you are unsatisfied with how your supervisor corrected the hazard and still believe the task to be unsafe, you should then report the issue to a member of your Joint Occupational Health and Safety Committee. The committee will then investigate the matter and render a recommendation.

A “UNANIMOUS VOTE” MEANS THAT ALL INVESTIGATING MEMBERS OF THE JOHSC MUST ALL AGREE.

If all the members of the JOHS Committee investigating the refusal unanimously believe the work does not pose any health or safety issue, the JOHSC will advise you to return to work. If they do not come to a unanimous decision, then the matter must go forward to the NS Department of Labour and Advanced Education.

STEP 3: If you are unsatisfied with the JOHS Committee’s decision and you still feel the task is unsafe, then the worker can report the matter to the NS Department of Labour and Advanced Education who will then investigate the matter and render a decision.

REASSIGNMENT OF WORK, WAGES, AND DISCRIMINATION

While the work refusal process is being conducted, your supervisor can assign you to other tasks you have been trained to do. In addition, **[Organization Name]** will provide you with the same pay and benefits you would normally receive until the work refusal process is completed. An employer is not allowed to, or threaten to, take any discriminatory action against anyone because of a work refusal. Your supervisor can also re-assign the work that you have refused to another person as long as they have:

- informed the worker there has been a refusal;
- informed the worker the reason for the refusal; and
- that they have the right to refuse the work if they have reasonable grounds for believing the work is unsafe

JOINT OCCUPATIONAL HEALTH AND SAFETY COMMITTEE (JOHSC)

One of the key aspects of the Internal Responsibility System is that everyone has the right to participate in matters of health and safety that affect them at the workplace. One way to do this is through your Joint Occupational Health and Safety Committee.



PURPOSE OF THE JOHS COMMITTEE

In Nova Scotia, any organization with 20 or more employees at a workplace is required to have an established Joint Occupational Health and Safety Committee. The purpose of **[Organization Name]** committee is to help identify health and safety issues, provide recommendations and solutions to **[Organization Name]** and assist you and others at the workplace with health and safety related issues.

[ORGANIZATION NAME] JOINT OCCUPATIONAL HEALTH AND SAFETY REPRESENTATIVES

[Your organization should consider outlining who is on the committee and their contact information]

COMMITTEE MEMBER	CONTACT INFORMATION

HAZARD MANAGEMENT

[Your organization should outline what it feels the employee needs to know about the hazard management process. The text below is there to serve as a guide].

HAZARDS

A **hazard** is any source of potential **physical harm**, or **adverse health effects** on you, someone or something at your workplace. Hazards can be things like water on the floor (conditions) or aggressive behaviors (acts).

HAZARD CATEGORIES

Even though you will encounter a multitude of hazards at your workplace, hazards typically fall into 5 categories.

The following chart outlines examples of different types of hazard categories.

RISK

Unlike hazards, which are conditions and activities that can **cause harm**, risk looks at the chance or likelihood of **being harmed** and **how much harm** will be created if exposed to a hazard.

FACTOR	EXAMPLES
BIOLOGICAL	<ul style="list-style-type: none">infectious diseases such as bacteria and virusesmoldbloodfeces and urine – human and animal
CHEMICAL	<ul style="list-style-type: none">disinfectantsantisepticsdetergentscleanersmedications
ERGONOMIC	<ul style="list-style-type: none">improper lifting and transferring clientsimproper lifting boxes, laundry, garbageprolonged standing or sitting
PHYSICAL	<ul style="list-style-type: none">clutteredwalkwayshot or cold environmentsfamily and friends of clients
PSYCHOSOCIAL	<ul style="list-style-type: none">violence or aggression from residents, or employeesforms of physical, emotional and /or mental abusestressfatiguecompassion fatigue

MANAGING SAFETY

[The text below is a general guide based on industry best practices and should be updated to reflect your organization's specific policies, procedures and processes. The following text serves as a guide only]

R.A.C.E

R.A.C.E is a concept you can use to help manage hazards that you will encounter every day while at work. It consists of four basic steps that, if followed in order, will help you manage hazards and keep you and everyone safe. These steps are as follows:



STEP 1- RECOGNIZE

First, you need to recognize what hazards are present. Ask yourself what hazards can I see and what hazards may be present.

STEP 2 - ASSESS

Next you need to assess the hazard to determine what level of risk the hazard may pose to you and others. Ask yourself:

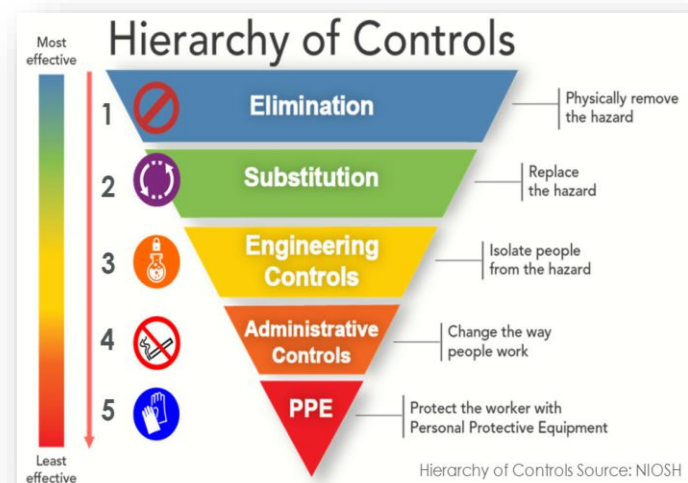
- What are the chances I could get hurt?
- What type of injury could I get if I do this?
- How much harm will I or others receive if I continue doing this?

STEP 3 - CONTROL

After you have determined the risk you then need to apply a control. When applying controls you should apply the hierarchy as outlined in the following diagram.

[Organization Name] will provide you with the appropriate controls for managing hazards.

In the event you are having difficulties determining the best control to use, contact a supervisor for assistance



STEP 4 - EVALUATE

The last step is to go back and evaluate.

HAZARD REPORTING

[Your organization should outline its specific hazard reporting procedures here. The text below is there to serve as a guide.]

[Organization Name] has developed a system that allows you to report hazards that you encounter. As an employee, you have a responsibility to use the reporting system to report all hazards to a supervisor.

FORMS OF HAZARD REPORTING

Some common ways to report hazards include:

- face to face
- over the phone
- in writing (i.e., care plan), and by modern methods of communication such as e-mail or text message
- specific software programs



INCIDENTS

Incidents are unplanned and unwanted events that can or could lead to a negative impact. Incidents can range from minor - like a bruise or a small cut - to major - like a physical assault or even death. Regardless of the type, you and **[Organization Name]** both have a responsibility in dealing with these incidents.

NEAR MISSES

Near misses are incidents or hazardous conditions that did not result in injury, but could have under different circumstances. They are the “almost” or “close call” situations. Near misses are important and you need to treat them the same as any other incidents at your workplace.

TODAY'S NEAR MISSES
COULD BE TOMORROW'S
INJURIES

INCIDENT REPORTING

[Your organization should outline its specific reporting procedures here. The text below is there to serve as a guide.]

Some common ways to report hazards include:

- face to face
- over the phone
- in writing (i.e., care plan), and by modern methods of communication such as e-mail or text message,
- specific software programs

EMERGENCIES

[Your organization will need to outline its various specific emergency procedures. Some of these situations may include:

- fire
- evacuation
- Code White / Silver
- bomb threat
- chemical spills
- natural disasters

Your organization may have additional emergency procedures that need to be addressed and added. Your organization may wish to include these protocols in this document or attach each protocol as a separate document.]

While it is always the goal to try to work safely and prevent harmful incidents, a sudden turn of events can quickly create an emergency situation.

DEALING WITH EMERGENCIES

When emergencies happen it is important you know what steps you need to take to keep yourself and everyone safe. Your agency will train you on their specific emergency procedures. In general, when an incident or emergency occurs, you should:

- **Find a safe place** - if possible, find a safe place for yourself or others that is away from any harm. If this is a situation of violence and the violent person is still present then leave and find a safe location.
- **If needed, seek and/or provide additional assistance** - if needed, provide any first aid or medical help. You may need to contact 911 and follow dispatcher's instructions.
- **Report any injuries to your supervisor**- when it is safe to do so, contact your immediate supervisor to report any injuries you have and follow their instructions.
- **Do not disturb the incident scene** - unless needed to assist another individual, you should not disturb the scene of the incident as other agencies (RCMP, Department of Labour and Advance Education) may need to conduct an investigation.

FIRE EMERGENCIES

[Your organization will need to add its specific protocols for dealing with fire situations. The following text is a guide.]

Fire Orders are the written procedures that are to be followed upon the discovery of a fire or the activation of the fire alarm. It is important to know the basic response to fire alert situations in any of the **[Organization Name]** sites.

FIRE SAFETY PROCEDURES

Fire procedures are posted in every building and all staff are expected to be familiar with them and carry out the procedures in any fire alert situation. It is the responsibility of all workers to know the proper response to a fire situation.

Workers should:

- Know where the closest fire extinguishers are located.
- Know where the closest fire alarm pull station is located.
- Know where the emergency fire exits are located.
- Know the fire alert procedures for their work site



EVACUATION

[Your organization will need to add its specific protocols for dealing with evacuation situations. The following text is to be used as a guide only.]

CODE WHITE / SILVER

[Your organization will need to add its specific protocols for dealing with Code White and Code Silver situations. The following text is for guidance.]

Code White refers to a trained team response to a threat that is a behavioural emergency involving a client, resident, person supported, and family member or outside intruder. In the event that a Code White is initiated at the facility, all staff of **[Organization Name]** will follow the area-specific procedures.

CODE SILVER

[Your organization will need to add its specific protocols for dealing with Code Silver situations. The following text is for guidance.]

Code Silver is a planned response to ensure the safety of all health care workers, residents and visitors at **[Organization's Name]** when an individual is in possession of a weapon and an enhanced police response is required. Code Silver should be called if there is a threat, attempt, or active use of a weapon to cause harm, regardless of the type of weapon. Code Silver will not result in other staff coming to assist, as it is designed to keep people away from harm. Police will be contacted as soon as a Code Silver is called.

BOMB THREAT

[Your organization will need to add its specific protocols for dealing with bomb threat situations. The following text is for guidance.]

CHEMICAL SPILLS

[Your organization will need to add its specific protocols for dealing with chemical Spill situations. The following text is for guidance.]

NATURAL DISASTERS

[Your organization will need to add its specific protocols for dealing with bomb threat situations. The following text is for guidance.]

INJURIES

INJURY REPORTING

[Your organization should outline its specific injury reporting procedures here. The text below is there to serve as a guide.]

If you are injured at work you need to:

- Get first aid or medical help when needed
- As soon as reasonably safe to do so, report the injury to your supervisor and follow their instructions
- Complete any injury reports and depending on the nature of the injury, you and your agency may need to fill out any Workers Compensation forms and reports.



Sometimes injuries may not be apparent the moment they occur and symptoms may not appear until hours or days afterward. In the event you decide to seek medical attention after work hours, it is still important that you report the injury to your supervisor. **[Organization Name]** has a responsibility to report workplace injuries to the WCB within 5 day of them being reported.

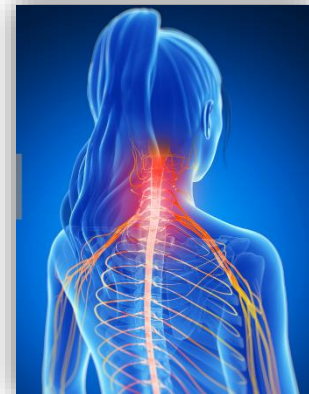
COMMON INJURIES

[The following outlines three of the most common injuries found in health care - MSI, slip, trip and falls, and infectious diseases. Your organization should customize this section to reflect its most common injuries.]

MUSCULOSKELETAL INJURIES (MSI)

MSIs are injuries or disorders that effect muscles, tendons, joints, ligaments, bones, nerves and blood vessels. They account for 80% of all injuries in the health care sector and are related to both client handling and non-client handling activities and can happen quickly due to a sudden movement or may appear over a long period of time. MSIs can include:

- sprains and strains
- injuries due to overexertion
- soft tissue injuries
- repetitive strain injuries



SOURCES OF MSIs

Sources for MSIs may come from activities that have:

- repetitive movements
- forceful exertions
- awkward or sustained postures
- prolonged duration of contact stress to a part of the body
- gripping forces

SIGNS AND SYMPTOMS

Signs include:

- redness
- swelling
- loss of normal joint movement

Symptoms include:

- pain – (dull, sharp, aching, etc.)
- tenderness
- weakness
- numbness or cramping
- feeling of heaviness
- pins or needles sensation
- heat or cold sensation



PREVENTING MSIs

To reduce your risk of getting an MSI, you need to follow *[Organization Name's]* safe handling and mobility program and general safety practices.

SLIPS, TRIPS AND FALLS

[The following provides some general information on slips, trips and fall hazards. Your organization should customize this section to include any slip, trip and fall hazards that are present in the workplace and make reference to any Slip, Trip and Fall Prevention Programs.]

Slips, trips and falls are another significant injury. These injuries occur due to hazards seen both inside and outside of the workplace.

SOURCES OF SLIP, TRIP AND FALLS

Some sources of slips trips and falls may include

- Uneven floors
- Slippery or cluttered hallways
- Electrical cords
- Uneven or slippery walkways
- Poor lighting
- Poor footwear



PREVENTING SLIP, TRIP AND FALLS

Some common ways you can prevent slip, trip and fall injuries is to:

- keep your shoes on while working
- ensure you are using the correct footwear for the activity
- watch for uneven walkways
- use alternate entrances if main entrance is too unsafe to use

- use handrails when needed
- do not carry more items in your hand than you can carry safely
- tuck or secure electrical cords in a manner that reduces tripping
- if safe to do so, clean up any spills or wet areas you may encounter

INFECTIOUS DISEASES

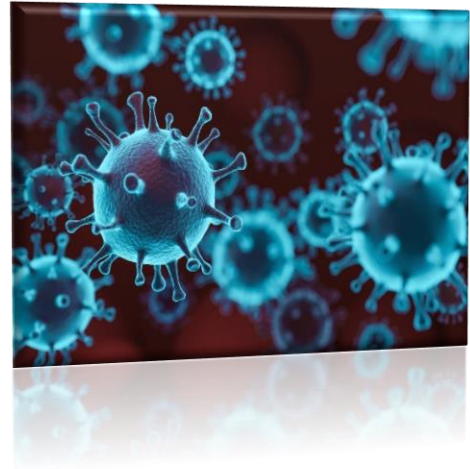
[The following provides some general information on infectious disease hazards. Your organization should customize this section to include your organization's specific infectious disease protocols.]

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.

SOURCES OF INFECTIOUS DISEASES

Some ways you may become exposed to infectious diseases include:

- poked, cut or scratched by an object that has someone else's blood or bodily fluid on it
- cleaning up blood or body fluids, or items contaminated with blood or body fluids, with bare hands
- splashed by blood or body fluids.
- bitten by someone
- inhaling airborne particles (not common in an occupational setting)



PREVENTING EXPOSURE

Some ways you can prevent exposure to infectious disease include:

- proper handwashing
- wearing proper PPE (gloves, gowns, face protection, respiratory protection)
- proper immunizations
- safety needles and containers
- biohazard bags
- following proper training and safe work practices and procedures

HANDWASHING

Proper handwashing is one of the best methods in preventing exposure and spread of infectious disease. Follow proper handwashing by using soap with warm running water. If water and soap and is not available, then use a waterless hand sanitizer that uses at least 70% alcohol.



PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment is used by healthcare workers to aid in reducing the exposure and spread of infectious diseases. You should always wear the appropriate personal protective equipment when dealing with any bodily fluids.

FORMS OF PERSONAL PROTECTIVE EQUIPMENT

Some different types of PPE that you may be required to wear include:

- Gloves
- Gowns
- Face shield
- Safety glasses
- Masks



USING PERSONAL PROTECTIVE EQUIPMENT

When using PPE, you should:

- use the correct type and size of PPE
- correctly don and doff any PPE
- dispose of any used PPE in the correct disposal area
- never re-use PPE unless it is designed for reuse

DON AND DOFFING

[Your organization will need to add its specific processes, procedures and best practices for the donning and doffing of PPE used at your organization. The following text is for guidance only. Organizations should consider having each worker complete the Donning & Doffing of PPE Online Learning at awarens.ca]

In addition to selecting the correct PPE, understanding the correct methods for donning and doffing is also a vital part of ensuring the health and safety of workers. Incorrect donning and doffing practices can lead to potential exposure for the ***[client/resident]*** and for the health care worker. Always follow ***[Organization's Name]*** for the correct donning and doffing policies and procedures.

DONNING

Before donning PPE, the following should be considered:

- have the correct PPE ready and available
- have hand hygiene products present
- if needed, have a second person available
- inspect the PPE for any defects

When donning PPE, the following steps should be performed:

1. Hand hygiene
2. Put on gown - use 2 gowns if needed to cover entire person. Use a second person to help if needed.
3. Put on mask and/or face shield
4. Put on gloves

DOFFING

Doffing (taking off) should be done carefully and thoughtfully to help reduce the risk of exposure after providing care.

Before and while doffing PPE, the following should be considered:

- Always attempt to take PPE off from the dirtiest to cleanest
- Should be done slowly and deliberately to help reduce exposure
- Hand hygiene
- Have appropriate waste receptacle available

When doffing your PPE, the following steps should be performed:

1. Remove gloves and dispose in waste receptacles
2. Hand Hygiene
3. Remove gown
4. Hand hygiene
5. Remove mask and/or face shield

WORKPLACE VIOLENCE

[The following chart provides some general workplace violence hazards information. Your organization should customize the following section to include any workplace violence hazard policies and procedures. This should also include location and specific information on your organization's Workplace Violence Prevention Plan and Policy.]

WHAT IS WORKPLACE VIOLENCE?

In Nova Scotia, workplace violence is considered:

"Threats, including a threatening statement or threatening behaviour that gives an employee reasonable cause to believe that the employee is at risk of physical injury." -Workplace Violence Regulations of Nova Scotia

SOURCES OF WORKPLACE VIOLENCE

Many of the individuals you provide care for may have cognitive behaviours that lead to uncontrollable acts of aggression and violence. Many of these incidents originate from unintentional triggers which can be more subjective and are not easily noticeable.

The following chart lists some common areas and examples of workplace violence.

LOCATION	EXAMPLES	PRECAUTIONS
RESIDENTS	Residents may have a violent history that stems from poor communication skills, dependency on others, drug or alcohol abuse and language or cultural barriers.	<ul style="list-style-type: none">• Assess the resident for violence when you arrive• Tell resident what you are going to do before you do it• Be sensitive about cultural aspects• Try communicating in different ways• Maintain a clear exit at all times

<p>FAMILY AND VISITORS</p>	<p>Family and/or visitors may have a history of violence and may be frustrated or angry over their loved one's current health issues</p>	<ul style="list-style-type: none"> • Assess the family for violence • Explain to family what you are doing for the resident • Advise resident of what is allowed and is not allowed • Maintain a clear exit at all times
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WORKPLACE VIOLENCE PREVENTION POLICY AND PLAN

[Organization Name] recognizes that everyone at the workplace - workers, client/residents and visitors - have the right to be protected from threats of workplace violence. For this reason *[Organization Name]* has developed a workplace violence prevention policy and plan that outlines our commitment and strategies for ensuring the everyone at the workplace is protected from threats of workplace violence.

[Your organization may wish to consider placing a copy of the workplace violence policy here. In addition, your organization may also consider including where the workplace violence prevention plan is located.]

REPORTING OF WORKPLACE VIOLENCE

If you encounter workplace violence you need to:

- leave immediately and find a safe location
- get any external help that you may need - police or medical - and follow their instructions
- as soon as it's safe to do so, contact your supervisor and report the incident
- follow any and all workplace violence procedures you've been trained on

DEALING WITH AGITATED OR AGGRESSIVE CLIENTS

Some suggestions when dealing with clients who are exhibiting agitated and/or aggressive behaviour include:

- Prior to commencing care, assess your client's history, care plan, current communications (such as incident reports, especially the reported causes and solutions) and the client's mood before you start your duties.
- Be aware of what factors trigger, calm or otherwise affect a client's behavior.
- Tell your client what you are going to do before you do it.
- Only one staff to speak to client at a time.
- Approach client calmly and confidently while avoiding sudden movements
- Keep your stance relaxed.
- Avoid holding eye contact; this can be seen as aggressive.
- Offer client time to share their concerns and react in a non-judgemental way.
- Do not touch client without their express permission to do so.
- When appropriate, keep space between you and your client.
- Know where the exits are - avoid letting your client come between you and an exit from the room.
- Be aware that your client may become more aggressive when you are assisting with personal care or toileting.
- Be sensitive of cultural or language barriers.

- Reassess whether the task needs to be performed immediately or whether it can wait until the situation has calmed down.
- If behaviour is escalating (i.e. becoming more agitated, combative, etc.):
 - Stay calm and do not argue or raise your voice.
 - Try to leave at least two metres (six feet) between you and the person and stay off to one side.
 - Watch for signs that the person may strike out (i.e. a reddening or other change in skin color, fast breathing, finger pointing, yelling).
 - If appropriate, reassure the person that his or her concerns will be dealt with as soon as possible.
 - Tell your supervisor about the situation as soon as it is safe to do so.

P.A.C.E

WHAT IS P.A.C.E?

PACE is an acronym for a point of risk assessment strategy that aids you in recognizing, assessing and controlling hazards while providing care for clients. It uses four different strategies that will aid you before you decide if and how you will interact with your client. The letters in PACE stand for **Physical (P), Agitation and Aggression (A), Communication (C) and Environment (E)**.

The following chart provides a summary of the description, sample questions and assessment results of each element:

The following chart summarizes how to use PACE to determine how to proceed when providing care:

PACE ELEMENT	DESCRIPTION	SAMPLE QUESTIONS	ASSESSMENT
ENVIRONMENT	<ul style="list-style-type: none"> • Considers inside physical environment for any hazards that may cause harm. <p>For example: clutter</p>	<p>Ask yourself:</p> <ul style="list-style-type: none"> • Is the environment, clear of obstacles? • Is there enough space use necessary equipment? • Is all necessary equipment present? • Is the mattress surface safe for the person to perform assessment activities? 	<ul style="list-style-type: none"> • No obstacles • Movable obstacles • Obstacles
COMMUNICATION	<ul style="list-style-type: none"> • How you are communicating with your resident and if they are able to understand what you are trying to communicate. • Considers verbal and non-verbal communication. • Looks at barriers of communication including language barriers as in any hearing or speech impairments. 	<p>Can they:</p> <ul style="list-style-type: none"> • Answer simple questions (ex., how are you doing today?) • Follow your instructions (ex. can you bend your knees for me?) 	<ul style="list-style-type: none"> • Sufficient communication • Can follow commands • Limitations • Cannot communicate
AGITATION AND AGGRESSION	<ul style="list-style-type: none"> • This looks at if your resident has known and/or exhibiting any aggressive or agitated behaviours 	<p>Does the person have:</p> <ul style="list-style-type: none"> • Clipped or angry speech? • History of agitated/aggressive behaviour? 	<ul style="list-style-type: none"> • Non-aggressive • Unpredictable • Moderate
PHYSICAL	<ul style="list-style-type: none"> • This looks at your resident physical abilities which may include their ability to reposition themselves, sit, stand and/or walk 	<p>Can they</p> <ul style="list-style-type: none"> • Roll onto their side in bed • Sit up on edge of bed from side lying position • Sitting on the edge of the bed upright with hands in their lap • Weight bearing ability while seated • Stand-up and initiate a step 	<ul style="list-style-type: none"> • Independent • Minimal assistance • Moderate-maximum assistance

PACE Element	OK To Proceed 	Proceed with Caution 	Stop Get Assistance 
ENVIRONMENT	Client's residence has no obstacles	Client's residence has easily moveable obstacles	Client's environment contains unmovable obstacles
COMMUNICATION	Client is able to understand and follow commands	Client has manageable communication limitations	Communication with the client is not possible
AGGRESSION/AGITATION	Client shows no signs of aggression or agitation	Client has history of aggressive behaviour but is not currently exhibiting any	Client is showing moderate signs of aggression or agitation
PHYSICAL	Client can function and move independently	Minimal assistance is required for client's mobility	Client has moderate to maximum requirement for mobility

WHMIS

[Your organization should consider customizing this section to its WHMIS program elements. Legislation requires that ALL employees MUST have WHMIS training. The information here is intended as a 'quick reminder' of the essential WHMIS topics only, and does not replace or meet WHMIS certification criteria. Organizations should consider ensuring employees are WHMIS certified before entering the workforce and are trained specifically on the various hazardous products they will be using, handling and storing.]

WHMIS stands for *Workplace Hazardous Material Information System*. It is a communication system that provides everyone at the workplace health and safety information on the use, handling, and storage of hazardous products in the workplace. WHMIS has been in effect since 1988. In 2015, it was updated to align with the Globally Harmonized System of Classification and Labelling of Chemicals (GHS)

The WHMIS program uses a variety of ways to communicate health and safety information about hazardous products including product classification, labels, SDS Sheets and worker education and training.











PRODUCT CLASSIFICATION

WHMIS 2015 applies to two major groups of hazards:

- **Physical hazards group:** based on the physical or chemical properties of the product
- **Health hazards group:** based on the ability of the product to cause a health effect

Each hazard group includes hazard classes which are ways of grouping together products that have similar properties. Each hazard class has a corresponding **pictogram** as outlined in the figures below.

WHMIS 2015

	Expanding bomb (for explosion or reactivity hazards)		Flame (for fire hazards)		Flame over circle (for oxidizing hazards)
	Gas cylinder (for gases under pressure)		Corrosion (for corrosive damage to metals, as well as skin, eyes)		Skull and Crossbones (can cause death or toxicity with short exposure to small amounts)
	Health hazard (may cause or suspected of causing serious health effects)		Exclamation mark (may cause less serious health effects or damage the ozone layer*)		Environment* (may cause damage to the aquatic environment)
	Biohazardous Infectious Materials (for organisms or toxins that can cause diseases in people or animals)				

* The GHS system also has a skull and crossbones hazard symbol for acute toxicity to aquatic species. WHMIS 2015 however only uses the environmental hazard symbol on Labels and Safety Data Sheets (SDS). For more information on aquatic hazards allowed by WHMIS 2015.

WHMIS 1988



LABELS

WHMIS regulations require that all products that are classified as hazardous have a label. There are two types of WHMIS labels.

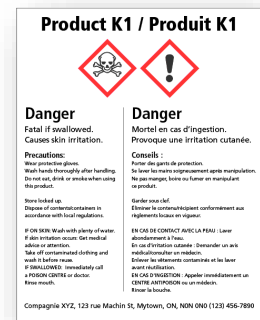
Supplier Labels - These labels have information about the product's safety hazards and any safety precautions needed. They also will have a pictogram, a signal word (like danger) and a hazard statement that will be grouped together.

Workplace Labels - Workplace labels are less detailed than supplier labels. These labels contain the product identifier, safe handling information and reference to an SDS.

A workplace label is required when:

- a hazardous product is produced (made) at the workplace and used in that workplace,
- a hazardous product is decanted (e.g., transferred or poured) into another container, or
- a supplier label becomes lost or illegible (unreadable).

If you find a container that has no label, or if the label is illegible, then report this to your supervisor so they can make ensure that a new label is put on the container.



SDS SHEETS

All products classified as being a hazardous product under WHMIS 2015 at the workplace need to have a Safety Data Sheet (SDS). SDS provide information on:

- the hazards of the product
- how to use the product safely
- what will happen if not used correctly
- what PPE is required
- signs and symptoms of exposure
- and what to do in the event of an emergency

As a worker, you have the right to have access to these SDSs. In the event you are unable to locate an SDS sheet for a particular product, immediately report the issue to a supervisor.

WHMIS TRAINING

Every worker who works with, or in proximity to a hazardous product must have Workplace Hazardous Materials Information System (WHMIS) training. **[Organization Name]** will provide workplace-specific training and instructions for each of the hazardous products in the workplace.

USING THE WHMIS PROGRAM

It will be your responsibility to ensure that you use any WHMIS training provided by **[Organization Name]**. This means ensuring you use any and all hazardous products in a safe manner as laid out in your training and information provided on SDSs. In the event you encounter a hazardous product that you are not familiar with (and cannot locate an SDS for), you must immediately report the issue to a supervisor for further instructions. ***Under no circumstance should you use or handle any hazardous product unless you have the necessary training or information.***

ORIENTATION CHECKLIST FOR EXTERNAL SUPPORT STAFF

Name: _____ Agency: _____

Date: _____

Review the following resident and safety items on arrival. Please initial that you have located or are familiar with the following items.

Pass this sheet in to the Charge Nurse at the end of the shift.

Report	Initial	Date Completed
Location of Fire doors, Fire Checklists, Pull stations, Fire Extinguishers		
Locate Safety Data Sheets for chemicals used		
Location of Eye wash and Clean Up kits		
Use of telephone. Ensure you are able to use the phone and have access to the phone list.		
Ask for Charge Nurse phone number: _____		
Clean/dirty utility rooms		
Location of supplies, linens, incontinence products		
Resident meal-time procedures		
Resident smoking procedures		
Laundry – items to be washed and/or dried machines – Hip Protectors, Slings		
CCA & Nursing staff only – please initial to indicate you are familiar with the following skills:		
Use of mechanical lift		
Use of sit/stand lift		
Transfer logos for all residents		
Use of tubs and showers		
Documentation – daily care needs, flow sheets, charts, Hourly checks, BM records		
Mandatory education complete:		
<i>Donning and Doffing of PPE (AWARE-NS)</i>		

REFERENCES

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