

## **ODA ASM Speaker Handout: CSI 2 – “Office Implementation”**

### **Section 1 - OHSA:**

Regulations you need to know – 474/07 needles; 833 Ana. Gas testing; 851 eyewash stations; 860 WHMIS; 1101 First Aid; 67/93 personal protective equipment, ladders, ventilation, heating, lighting, compressed gas.

Workers’ rights and responsibilities: 1. To know the hazard,s 2. To participate in making recommendations, and 3. To refuse to work if it endangers their health and safety.

Employer Duty – OHSA, Part III, Section 25 (2) (h) – “An employer shall take every precaution reasonable in the circumstances for the protection of the worker.”

2011 Court Case – Confirmed that both employees and independent contractors are to be counted as workers in determining how many workers you have.

You have a responsibility for the safety of contractors specific to how their job involves them in your office. Record their name, qualifications, what was covered with them and who trained the. Date and have them sign it.

December 2013: Bill 146 – Temporary workers and students will be covered by health and safety legislation.

\*Slips trips & falls sample policy is a handout as a separate document.

**Ontario Regulation 297/13 – Occupational Health and Safety Awareness Training:**  
**Filed November 2013 and takes effect July 1, 2014**

**Workers Basic Occupational Health & Safety Awareness Training:**

An employer shall ensure that a worker completes a basic occupational health and safety awareness training program as soon as practicable that meets the following requirements and includes instructions on the following:

1. The duties and rights of workers under the OHSA.
2. The duties of employers and supervisors under the OHSA.
3. The roles of health and safety representatives and joint health and safety committees under the OHSA.
4. The roles of the Ministry, the WSIB and entities designated under section 22.5 (2012) of the Act with respect to occupational health and safety.
5. Common workplace hazards.
6. The requirements set out in Regulation 860 (WHMIS) with respect to information and instruction on controlled products.
7. Occupational illness, including latency.

These requirements do not apply if the worker previously completed a basic occupational health and safety awareness training program and provides the employer with proof of completion of the training and the employer verifies that the previous training meets the requirements.

**Supervisors Basic Occupational Health and Safety Awareness Training:**

An employer shall ensure that a supervisor completes a basic occupational health and safety awareness training program, within one week of working as a supervisor, that meets the following requirements and includes instruction on the following:

1. The duties and rights of workers under the OHSA.
2. The duties of employers and supervisors under the OHSA.
3. The roles of health and safety representatives and joint health and safety committees under the OHSA.
4. The roles of the Ministry, the WSIB and entities designated under section 22.5 (2012) of the Act with respect to occupational health and safety.
5. How to recognize, assess and control workplace hazards, and evaluate those controls.
6. Sources of information on occupational health and safety.

These requirements do not apply if the supervisor previously completed a basic occupational health and safety awareness training program and provides the employer with proof of completion of the training and the employer verifies that the previous training meets the requirements.

### Employee Incident Report

Date of Incident	Date Reported	Employee Name	Incident Type #	Witness	Description	First Aid	Action # Taken


Incident Type		Action Taken	
1 Cut/Struck	6 Fire	1 Educational Instruction	6 New Safety Device
2 Substance/Chemical	7 Other	2 Correct Congestion	7 Manufacturer inst.
3 Slip/Trip/Fall		3 Improve Procedure	8 Reassignment
4 Muscle Related		4 Improve PPE	9 Discipline
5 Physical/Verbal		5 Equipment Repair	10 Other

## **Duties Summary**

### **Worker duties shall include:**

- Comply with OHSA, various Regulations and Office Policies and Procedures
- Know hazards, controls, safe work procedures (including WHMIS)
- Report hazards, incidents or “close calls”
- Report workplace injuries or illnesses
- Use Personal Protective Equipment (PPE)
- Apply appropriate H&S training to safe work practices
- Assist with workplace inspections

### **H&S Representative/Committee duties shall include:**

- Identify hazards or potential hazards
- Gather information regarding equipment, materials, and procedures as required
- Regular workplace inspection completion and recommendations to employer regarding equipment, PPE, and procedures
- Investigation of concerns, complaints, and incidents
- Accompany M of L inspectors during in office inspections
- Sign if in agreement with compliance of M of L orders

### **Additional duties if Committee:**

- Quarterly formal committee meetings
- Minutes of meetings posted for workers
- Co-chair or alternately chair meetings
- Complete specific certification training course (2 parts)
- Preferred to investigate critical injury, dangerous circumstance, or work stoppage

## **Section 2 - WHMIS:**

Employers' duty: all products labeled, Material Safety Data Sheets present, educate workers

Employees' duty: training, use personal protective equipment, report missing or defective labels, know where MSDS's are

Suppliers' duty: classify and label products, provide MSDS information

Workplace labels: Product name, safe handling information, must say "refer to MSDS". Exception is single employee use.

An inspector can order you to stop using a product until you have an MSDS.

GHS – Globally Harmonized System. New hazard classification system with 28 categories versus the current 8 (plus current 5 consumer categories). MSDS will become SDS (Safety Data Sheet) with 16 sections as opposed to the current 9 sections. To be implemented 2015 to 2016.

\*Spills response sample policy is a handout as a separate document.

### **Section 3 – Inspections:**

A - Ministry of Labour inspects based on blitzes, complaints, random visits and follow up visits. Employers and employees must co-operate. H & S Rep to accompany inspector during inspection. Can take photos, ask for copies of records or take original records and give you a receipt for them. Can order you to do more assessments, change or develop procedures and policies, or install equipment.

B – Public Health inspects based solely on complaints. After consultation with RCDSO and CDHO PHO now using two checklists to assess dental offices. Office closures have been due to inadequate sterilization procedures or inadequate monitoring. Proper chemical and biological monitoring requirements need to be met.

## **Monthly Inspection Checklist**

### **Air System**

Ventilation

Temperature

Humidity

### **Building**

Plumbing

Occupancy use

Doors

Stairways

Ramps

Guardrails

Floor coverings

Salt

Shovels

**Controlled Substances**

Products labeled

Containers labeled

MSDS

Sharps container

Storage

X-ray solutions

X-ray materials

Lead aprons

**Emergency Equipment**

Emergency lighting

Emergency exit

Fire extinguishers/testing

Eyewash unit/testing

First aid kit

Oxygen tank

**Equipment**

Guards/screens/shields

PPE signs/use

Cabinetry

Chairs

Desks

Computers

Crowding

Ladders

X-ray machines

X-ray developer

**Floors/coverings**

Slippery

Loose

Worn

Damaged

**General**

Wiring

Cords

Fixtures

Waste disposal

Waste baskets  
Stools  
Storage drawers/doors  
Materials secure  
Storage stacking

**Lighting**

Bulbs  
Lamp shields

**Material Storage**

Piled  
Overhanging  
Overcrowded  
Heavy/low  
Large/low  
Passageways  
Work areas

**Sanitation**

Washrooms  
Staff food areas  
Refrigerators  
Staff clothing areas

**Security**

Entry/exit procedures  
Emergency protocols

**Signs**

Hand hygiene  
Sterilization area  
Laboratory  
Laundry/bleach  
Staff  
Patient

**Stairways/aisles**

Clear  
Well lit  
Handrails  
Flooring

\*Room checklist/operator cleanup is a handout as a separate document

**Section 4 – W.V & H.:**

\*Incident Report Form is a handout as a separate document

**Section 5 – X-Ray Safety:**

Quality assurance (QA) program: daily number of retakes record by you and yearly testing outside source

\*Annual Testing Results sheet is a handout as a separate document.

\*Portable x-ray unit procedures is a handout as a separate document.

**Section 6 - MDS:**

Regulation 297/13 now requires minimum mandatory training that includes knowledge of occupational illnesses and that they can be latent in nature.

WSIB is optional for dentists as employers but does have some advantages for both employers and employees. Dentists can register by contacting WSIB.

**Section 7 - SENS:**

Both the RCDSO and ODA have good recommendations regarding sharps.



## Responsibilities and Safety

### EXPOSURE INCIDENT REPORT FORM

Instructions:

1. Complete all sections of this form;
2. Make a photocopy for your own records; and
3. Within 14 days of the injury ensure that the completed form is received by the Infection Control Officer:

Injured Employee (Last, First)

Social Insurance Number#

Phone/E-Mail

Department

Supervisor (Last, First)

Phone/E-Mail

1. Date & Time of Injury

2. Location of incident

3. Body part injured

4. Job Classification of injured employee

5. Procedure being performed at time of injury

6. Describe how the incident occurred

7. Extent of the Exposure:

a. Blood  Saliva  Other Body Fluid  Chemical

Identify Sharp involved (if known)

Describe \_\_\_\_\_

Type: \_\_\_\_\_

b. Percutaneous Injury:

Depth of Wound: \_\_\_\_\_ Gauge of Needle: \_\_\_\_\_

Brand: \_\_\_\_\_

Was Fluid Injected: Yes  No

c. Skin or mucous membrane exposure:

Estimated volume of liquid: \_\_\_\_\_

Model: \_\_\_\_\_

Duration of contact: \_\_\_\_\_

(e.g., 18g needle/ABC Medical/ "no stick" syringe)

Condition of skin: Intact  Chapped  Abraded

8. Source Person Information: \_\_\_\_\_ Known Infectious disease \_\_\_\_\_

HIV: Yes  No  Possible  Anti-retroviral Therapy: Yes  No  Viral load: \_\_\_\_\_

9. Injured employee's opinion as to whether there are any other engineering, administrative or work practice controls that could have prevented the injury.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments/Follow-up (place additional comments on back)

## **Section 8 – Eyewash Stations:**

ANSI standard Z358.1-2009 applies:

- 15 minutes of continuous water flow.
- Flush both eyes simultaneously
- Tepid water, 16-38 degrees C
- Must reach station in 10 seconds
- Turn on in 1 second or less
- Hands free once activated
- Unobstructed path to unit
- Requirements regarding height and clearance from wall

\*Company model numbers of various types is a handout as a separate document.

## **Section 9 – WAGS:**

Four articles to check out:

1. [www.osha.gov/dts/osta/anestheticgases/](http://www.osha.gov/dts/osta/anestheticgases/)
2. [www.cdc.gov/niosh/docs/hazardcontrol/hc3.html](http://www.cdc.gov/niosh/docs/hazardcontrol/hc3.html)
3. [www.osach.ca/products/resrcdoc/N2O.pdf](http://www.osach.ca/products/resrcdoc/N2O.pdf)
4. <http://jada.ada.org/content/143/2/134-143>

Measurements – Time weighted average exposure value (TWAEV), short term exposure value (STEV), Ceiling exposure value (CEV)

Testing for leak prevention, scavenger unit and dilution prevention every 6 months

## **Section 10 – First Aid/Emerg:**

\*Fire Extinguisher types and procedures is a handout as a separate document.