

1.6.1 INFECTION CONTROL PLAN

Routine practices are a set of infection control guidelines and standards designed to protect staff, clients and others from exposure to potential sources of infections and diseases, and are intended to stop the spread of pathogens (germs). Staff follow routine procedures (risk assessment, hand hygiene, personal protective equipment, environmental controls, and administrative controls) in all areas of the Centre, at family homes and in community settings.

In order to maintain a healthy working environment, staff will practice appropriate behaviours to reduce the risk of infection. Staff members should understand the importance of infection control in their day-to-day practices, such as proper hand hygiene, cleaning and disinfection of toys and equipment and food preparation. Good practice will limit the spread of bacteria and viruses and will promote a healthy work environment. Infection control policies and procedures are intended to prevent, control and manage the spread of infection.

Infection control procedures are reviewed with all new staff during their orientation and annually at the OH&S Tea. In addition, information is included on a regular basis in the Centre Scene Newsletter.

A. How common types of illnesses are spread

The most common illnesses that people acquire can be categorized depending on how they spread:

Airborne: Respiratory infections such as colds and influenza are responsible for most illnesses, and are spread by coughs or sneezes or by secretions from the mouth or nose. Other diseases that are spread by airborne droplets include chickenpox, hand foot and mouth disease, measles, mumps, whooping cough and rubella.

Fecal/oral: Intestinal infections such as viral enteritis, C difficile, VRE, hepatitis A and salmonella may be caused by viruses, bacteria or parasites. In these cases, infections are transmitted from person to person directly usually by way of hands that are not properly washed following a bowel movement, changing a diaper or changing incontinence products, to the mouth; or indirectly when contaminated food, water or other objects enter the mouth.

Blood/body fluids: MRSA, HIV, Hepatitis B and Hepatitis C are transmitted by direct contact between the blood and or/body fluids of an infected person and an uninfected person.

Direct Contact: Skin infections and infestations such as impetigo, lice, scabies, ringworm, and herpes simplex are generally transmitted through direct contact. Also, direct contact with nasal and oral secretions of an infected person can spread infections such as chicken pox, influenza, measles, meningococcal meningitis, mumps, whooping cough, rubella and pink eye.

B. Routine Practices

1. Risk Assessment:

- All programs ask a standardized question at intake to determine if anyone in the household has a communicable/infectious disease.
- Information regarding communicable/infectious disease is entered in the medical alert section of the ECR
- At every appointment, prior to providing direct client care, staff assess if there is any risk of coming into contact with blood, body fluids, feces, excretions, mucous membranes and/or non-intact skin. If there is a risk, staff follow procedures regarding use of gloves and gowns
- Staff visiting/meeting with clients in hospitals check in at the nursing station prior to contact with the client to determine if there any exposure/infection control procedures in effect.

2. Hand Hygiene:

Why? One of the most important factors in infection control is careful hand hygiene by staff, clients and their families. Evidence clearly shows that proper hand hygiene aides the prevention of the spread of germs. Written hand washing routines are posted throughout the Centre above sinks to encourage consistency in hand washing practice.

[Hand washing techniques are found here](#)

Soap and Water:

1. Remove hand and arm jewelry you are wearing and wet your hands with warm running water.
2. Apply soap to your hands and rub together. Bar soaps are not as hygienic as liquid soaps because they stay moist and can attract germs. If a bar soap is the only option it should be stored on a rack so that the bar doesn't sit in water.
3. Rub your hands together for 20 seconds so you produce lather. Make sure you scrub between your fingers, under your fingernails and the backs of your hands.

4. Rinse your hands well with clean running water for at least 10 seconds using a rubbing motion. Try not to handle the faucets once your hands are clean. Use a paper towel to turn off the water.
5. Dry your hands with paper towel or a clean hand towel. If you use a hand towel be sure to change it daily.
6. Use hand lotion to put moisture back into your skin if your hands are dry.

Alcohol Based Hand Cleansers

In situations where there are no hand-washing facilities, waterless alcohol based hand cleanser is an effective alternative to use. Waterless hand cleansers are available to clinical staff for their use in the field.

1. Choose a product that is at least 60% alcohol
2. If there is visible soil on your hands, first remove this using a paper towel or towelette.
3. Apply the product to the palm of one hand. Use enough product to cover all surfaces of both hands and fingers.
4. Rub the product over all surfaces of your hands and fingers until the product has evaporated, and your hands are dry. Make sure you rub the backs of your hands, between your fingers and under your fingernails.
5. If the product is gone in less than 20 seconds, you have used too little product.

When do I clean my hands?

- Before and after direct contact with clients. Use alcohol based hand cleanser if soap and water are not accessible.
- Before and after conducting examinations of the mouth, or therapy involving the mouth, e.g., therapy related to eating, feeding, or oral motor skills
- Before and after feeding a client
- Before and after performing personal care for clients
- Before preparing, handling, eating or serving food
- After changing diapers or helping a child to use the toilet
- After gloves have been worn and removed
- After loading the dishwasher and before unloading the dishwasher
- After personal bodily functions such as using the toilet or blowing one's nose
- After handling animals or their waste
- When hands are visibly soiled
- As you leave work
- As soon as you get home at the end of the day

- Whenever in doubt

3. Personal Protective Equipment:

Gloves:

Disposable copolymer gloves are worn to:

- Provide an additional protective barrier between the hands and blood, feces, bodily fluids, secretions, excretions and mucous membranes.
- Reduce the potential transfer of micro-organisms from infected clients to staff members, and from client to client via staff members' hands

Disposable copolymer gloves are worn when:

- Staff are directly working with a client known to be colonized or infected with an antibiotic resistant organism (MRSA, VRE, Cdifficile)
- There is a risk of contact with blood, body fluids, feces, excretions, secretions, mucous membranes and non-intact skin.
- Cleaning up blood spills and other contaminated areas
- Using bleach solutions for cleaning equipment, toys and other surfaces
- Handling contaminated clothing or laundry
- Changing incontinence products

Masks:

Disposable masks are used to:

- Help block large-particle droplets, splashes, sprays or splatter that may contain germs (viruses and bacteria) from reaching your mouth and nose
- Reduce exposure of staff's saliva and respiratory secretions to others

Gowns:

The routine use of gowns for basic client care is not necessary.

Disposable gowns are used to:

- Protect staffs' clothing
- Help prevent contamination between staff and clients

4. Environmental Controls:

When a Client is ill

- Children: Parents of children served are advised to cancel appointments or participation in a group when their child is sick. Information about what to do if your child is sick is included in the parent orientation material given to new families admitted to a program offered at the Centre.
- Adults: Persons served are advised to cancel appointments or participation in a group if they are ill. Information about what to do if they are sick is included in the consumer handbook for Vocational Services.

C. Special precautions to prevent the spread of disease when handling blood or other bodily fluids

Precautions will be employed to reduce or eliminate the risk associated with blood and bodily fluids to prevent the spread of disease.

Most of the time you can not tell if a person is infected with HIV, Hepatitis B, Hepatitis C, or any number of blood borne diseases. The best response is to treat the blood and bodily fluids of **every person** as potentially infectious.

The best way to control the spread of any infection is to follow routine practices. When blood is involved, it is also important to use standard precautions – those measures that have been developed specifically to deal with blood-borne diseases like HIV (Human Immunodeficiency Virus) and Hepatitis B and Hepatitis C.

The following are standard precautions to deal with blood born diseases:

- Do not get blood on your skin, but if it happens, wash it off immediately with soapy water.
- Cover cuts and any open skin lesions with a bandage.
- Use absorbent material to stop bleeding
- Wear disposable gloves when there is a lot of blood, or if you are dealing with open cuts. Wash hands immediately with soapy water after removing gloves.
- Immediately clean blood-soiled surfaces as much as possible with disposable rags or paper towels. Place blood-stained materials in sealed plastic bags and discard into garbage bin. Then wash the area with a soapy detergent, rinse and apply a sanitizing solution and allow to air dry.
- Machine wash blood-stained clothing and laundry separately in hot, soapywater.

HIV is transmitted from one person to another by sperm, vaginal secretions, breast milk, blood, and body fluids containing blood. Usually this transmission is through unprotected sexual intercourse or the sharing of contaminated needles. It is also transmitted from mother to child during pregnancy or delivery or by breast-feeding. Simple contact between blood and intact skin is not enough to transmit HIV. Three conditions are necessary for transmission:

- the blood must be fresh
- there must be sufficient quantity
- it must have a route of entry into the bloodstream of the uninfected person

Exposure may occur in the following situations:

- a person has been struck/pricked with a used/dirty needle or syringe
- a person has an open wound that has been splashed with blood or body fluids
- a person has blood or saliva (tainted with blood) splashed in their eyes or mouth
- a person is bitten by another person

If you are accidentally exposed as described above, the following steps will be taken:

- cleanse thoroughly with soap and water
- promote passive bleeding if possible
- report the incident to your supervisor.
- go to the nearest hospital emergency department within two hours of exposure. Tell them it is a work related injury.
- as soon as possible fill out an incident report and the necessary WorkSafeBC forms.

D. Immunization

It is recommended that all client immunizations be current. It is the parent's responsibility to provide information to the Centre about their child's immunization, including if their child is not immunized. As preventable childhood diseases are easily transmitted among children, it is important for staff to know if the children they are working with are immunized. Parents will be encouraged to keep their child's immunizations up to date. Parents will be advised that non-immunized children may be excluded from groups or individual therapy during their period of communicability.

Staff who work with children should review their own immunization records and childhood illness history, because they may be exposed to many common illnesses. Staff who are not sure about what immunizations they have received should consult with their individual health care providers.

E. Food and Food Preparation

- Food preparation, serving and storage areas must be kept clean, dry and separate from playing, toilet, and diapering areas.
- Food contact surfaces (e.g., dishes, cutting boards) must be free of cracks and chips
- Food contact surfaces and surfaces of equipment or furniture which come into contact with food from hands (tabletops, small chairs, etc.) should be wiped clean and sanitized after each use.
- When serving food to clients, disposable paper plates, cups and plastic cutlery will be used and then disposed of after use.

Dishes and Cutlery:

- The preferable method of dishwashing is in the dishwasher.
- If the dishwasher is not available, dishes and utensils must be hand washed with hot soapy water, rinsed, and air-dried on dish-racks or paper towels. Using a dishtowel to dry dishes can move organisms from one plate to another.
- Wash hands after loading the dishwasher and before unloading the dishwasher

F. Disinfection of Contaminated Objects and Surfaces

Toys and Equipment

- All toys and equipment are cleaned and disinfected before use with another client
- Cleaning is always done before sanitizing. For dirty surfaces or large spills, you should first wash the surface with a soapy detergent, then rinse, then apply the sanitizing solution, leave solution on surface for at least 30 seconds, rinse and finally let the surface air-dry.
- **Sanitizing Solution** *as recommended by the *Canadian Paediatric Society**

For general housekeeping purposes:

Use 1 tablespoon of household bleach per 1 gallon of water or 1 teaspoon of household bleach per 1 litre of water. Mix this solution, as it is needed, as it loses its potency after 24 hours.

Smaller quantity (for squirt or spray bottle):

Use 1 teaspoon of household bleach in 2 cups of water (5 ml bleach in 500 ml water). Mix this solution, as it is needed, as it loses its potency after 24 hours.

Caution: Keep bleach and any bleach solution (or other sanitizing solutions) in clearly marked, sealed containers in a locked cupboard, out of childrens' reach

Bathrooms:

- Bathrooms at BCCFA offices are cleaned nightly by the janitor and as needed by the maintenance worker.
- Surfaces soiled with blood, feces or body fluids are cleaned immediately and disinfected (see above)

Infection Control



BC Centre for Ability

Felicity Hemming RN,BSN
Infection Prevention and Control
Educator
Communicable Disease Control
Vancouver Coastal Health

Outline

- o Routine Precautions
- o Chain of Infection
- o Specific Diseases
 - Hepatitis B and C
 - H.I.V.
 - Tuberculosis
 - Influenza
- o How to Protect Yourself

Routine Precautions

- Previously known as Universal Precautions
- Basic Assumptions:
 - Blood and Body Fluids contain pathogens
 - Any one can have these pathogens
 - Some people may have symptoms and some DO NOT
 - You do NOT know who may be infectious to others

Routine Precautions

- Protect yourself from:
 - all blood and body fluids secretions,excretions,mucous membranes and non intact skin, all the time, regardless of diagnosis

Routine Precautions

- Hand Washing – single best way to prevent spread of germs.
- Gloves – wear when handling blood, BF, or when cleaning cuts or wounds.
- Aprons/Gowns – moisture resistant disposable apron or gown when there is potential for splash or spray of blood or BF.

Hand washing

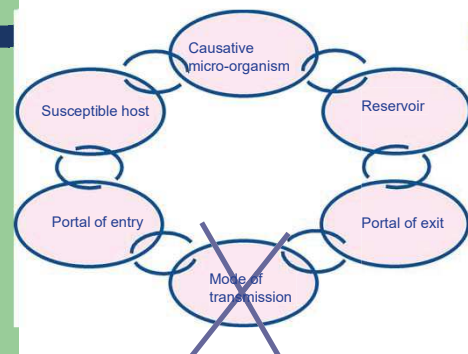
- When you arrive and before you leave work
- Before and after client contact
- When hands are visibly soiled
- After using the toilet
- Before eating, drinking or handling food



Hand washing

- most effective way to prevent spread of germs from one person to another
- Key Components -soap, warm water, friction & time:
(wash for at least 15-20 seconds)
- No sink available: efficient to use an alcohol-based (60%) waterless antiseptic agent

Chain of Infection



Breaking any link in the chain will assist in preventing the spread of micro-organisms

Hepatitis

- Hepatitis is an inflammation of the liver
- Many drugs and infectious agents can cause hepatitis
- Main infectious agents are Hepatitis A, B, and C

Hepatitis A

- Spread via the fecal-oral route
- contaminated food and water
- causes acute liver disease (not chronic)
- high risk groups: travelers, MSM
- Prevention: good hygiene (hand washing) and vaccine available

Hepatitis B

- Virus that affects the liver – can cause permanent liver disease – cirrhosis or liver cancer
- 40,000 chronic Hep B cases in BC
- Spread via blood and body fluid route
- sexual contact, sharing needles
- causes acute and chronic liver disease (cirrhosis, liver cancer)
- Prevention: safe sex, clean needles and vaccine available (pre and post exposure)

High Risk Groups for Hep B

- Immigrants from countries where hepatitis B is endemic (Asia, Africa, Eastern Europe)
- Household and sexual contacts of cases/carriers
- Infants born to carrier mothers
- Injection drug users
- Men who have sex with men
- Dialysis patients, hemophiliacs
- Health care workers

Hepatitis C

- Virus that affects the liver
- Can cause permanent liver damage
- 40,000 cases of chronic Hep C in BC

Transmission of Hep C

- Contact with infected blood or body fluid
- Easily transmitted parenterally (e.g sharing needles)
- Sexual transmission can occur
- Mother-infant risk 6-10%
- Needle stick injury risk 2%
- Increased risk to household members
- Role of saliva, breast milk not clear

HOW HEPATITIS B AND C are NOT spread

- Sneezing
- Coughing
- Hugging
- Sharing dishes, cutlery, toilets etc

- Hep B is vaccine preventable
- No vaccine for Hep C

Human Immunodeficiency Virus (HIV)

- Virus affects immune system
- Leads to AIDS (Acquired Immunodeficiency Syndrome)
- 10,000 people have tested positive in BC
- Intravenous drug users have a high rate
- Increasing in gay male population
- Increasing in heterosexuals

HIV Exposure Factors

- Unprotected sexual activities
- Sharing needles & rigs
- Blood & blood products
- Vertical -mom to babe
- Occupational exposure

Relative Risks of Occupational Exposure

- Needle stick from:

● Hep B+ source	1:3
● Hep C+ source	1:10
● HIV+ source	1:300
● known IDU	1:800
● known gay man	1:1600
● unknown male	1:64,000
● unknown female	1:660,000



Tuberculosis

- Bacteria spread through coughing by an infected person
- Can damage lungs
- Can occur in other areas of body – bones, joints, glands, kidneys
- Infection vs. disease
- 303 active cases in BC in 2004



Symptoms of TB

- Loss of appetite
- Weight loss
- Fatigue
- Fever
- Night sweats
- Cough



TB Exposure

- TB Control or Public Health usually call contacts of an infectious case
- TB Skin Test
- Antibiotics for TB if needed

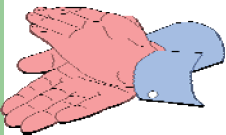
Influenza

- Viral infection – highly contagious
- Severe illness lasting 7-10 days
- Cough, sore throat, fever, aches, headache, bedridden



How to Stop the Spread of Influenza

- Wash your hands frequently
- Annual influenza vaccine
- “cough etiquette”
- Stay home when you are sick



Antibiotic Resistant Organisms (AROs)

- They are not superbugs!
- MRSA → Methicillin-Resistant *Staphylococcus aureus*
- VRE → Vancomycin-Resistant Enterococci

Staphylococcus Aureus

- 30% nose or skin carriage in general pop.
- Causes impetigo, skin infections, abscesses, wound infections, invasive infections
- Resistant to penicillin (penicillinase)
- Infections: Penicillinase-resistant antibiotic

MRSA Infections

- Is MRSA more likely to cause infections than other *S. aureus*? **No**
- Does MRSA cause more serious infections than other *S. aureus*? **No**

Where MRSA is found:

- Nose Axilla
- Wounds or ulcers Urine
- Perineum Sputum
- Entry points for invasive devices

VRE

- Enterococci: Common GI bacteria
- Usually non-pathogenic
- Vancomycin: Antibiotic for treating multi-drug resistant enterococci

Where VRE is found:

- Bowel
- Female genital tract

MRSA/VRE Transmission

- **Hands of healthcare worker** - transiently colonized
- Contaminated environmental surfaces
- Contaminated medical devices

How to Prevent Spread:

- Hand washing
- Routine precautions

How to Protect Yourself

- Hand washing
- Vaccines
- Use gloves if cleaning up a spill
- Use other protective equipment if there is a risk of exposure (gowns, masks)
- Dispose of needles properly if found in community

Needle Stick or Splash



Cleanse:

- Mucous membrane or eye: flush well with running tap water and/or normal saline
- Skin: wash well with soap and water
- Do not promote bleeding by squeezing, cutting etc
- Do not apply bleach to the wound or soak the wound in bleach

First aid

What to do if an exposure occurs

- Go to emergency department ASAP (preferably within 2 hours)
- Risk is assessed for type of exposure and risk of source
- Hep B vaccine if needed
- Antivirals can be started if necessary for HIV
- Follow up testing at 3,6 and 12 months

Immunizations

- Tetanus/diphtheria (every 10 years)
- Hepatitis A, Hepatitis B
- Influenza vaccine (yearly)
- Pneumococcal (high risk groups)
- Chickenpox (varicella)
- Measles/Mumps/Rubella



Summary

- Appropriate interventions **can** reduce transmission of infection although isolated incidents can't be foreseen
- Let common sense guide you - barrier between your skin, mucous membranes and blood/body fluids
- **Always assume that all blood/body fluids of every person are potentially infectious**

Handwashing

It is the single most important way of preventing the spread of infection!!



Resources

- Vancouver Coastal Health www.vch.ca
- BC Centre for Disease Control www.bccdc.org

1.6.3 HEALTH AND SAFETY INFORMATION FOR EMPLOYEES

Employee Emergency Preparedness

The BC Centre for Ability has developed a booklet called “**Employee Emergency Preparedness**” to assist employees in being prepared to handle the effects of a potential emergency or disaster. A copy of this booklet is provided to all staff. Emergency Procedures are reviewed with staff upon hire, and on an annual basis. Please review the booklet regularly so that you are familiar with these important safety procedures.

Emergency Procedures when Clients are on site: Staff are responsible for ensuring the safety of clients when they are in the Centre. Please follow the same procedures outlined in the Employee Emergency Preparedness booklet and ensure the clients you are working with are with you as you evacuate the building. If clients are not able to evacuate the building, escort them to a refuge area and alert emergency personnel and/or the Fire Safety Director as to their whereabouts.

Emergency Preparedness Drills:

Staff are required to participate in simulated drills and/or quizzes that test knowledge of emergency procedures on an annual basis.

Occupational Health and Safety

The Centre has an Occupational Health and Safety (OH&S) Committee, which meets regularly to provide input and recommendations in order to ensure the establishment and maintenance of systems to address occupational health and safety. The OH&S Committee reviews results of regular safety inspections and incident reports, ensures staff input is sought and makes recommendations for establishment and maintenance of systems to address occupational health and safety.

OH&S Committee minutes are saved in [N:\Public\Committees\OH&S\Minutes](#). An OHS binder, which provides further information, is available in the First Aid Room and at each satellite office. Three months of OH&S minutes are posted on the OH&S bulletin board in the lunch room.

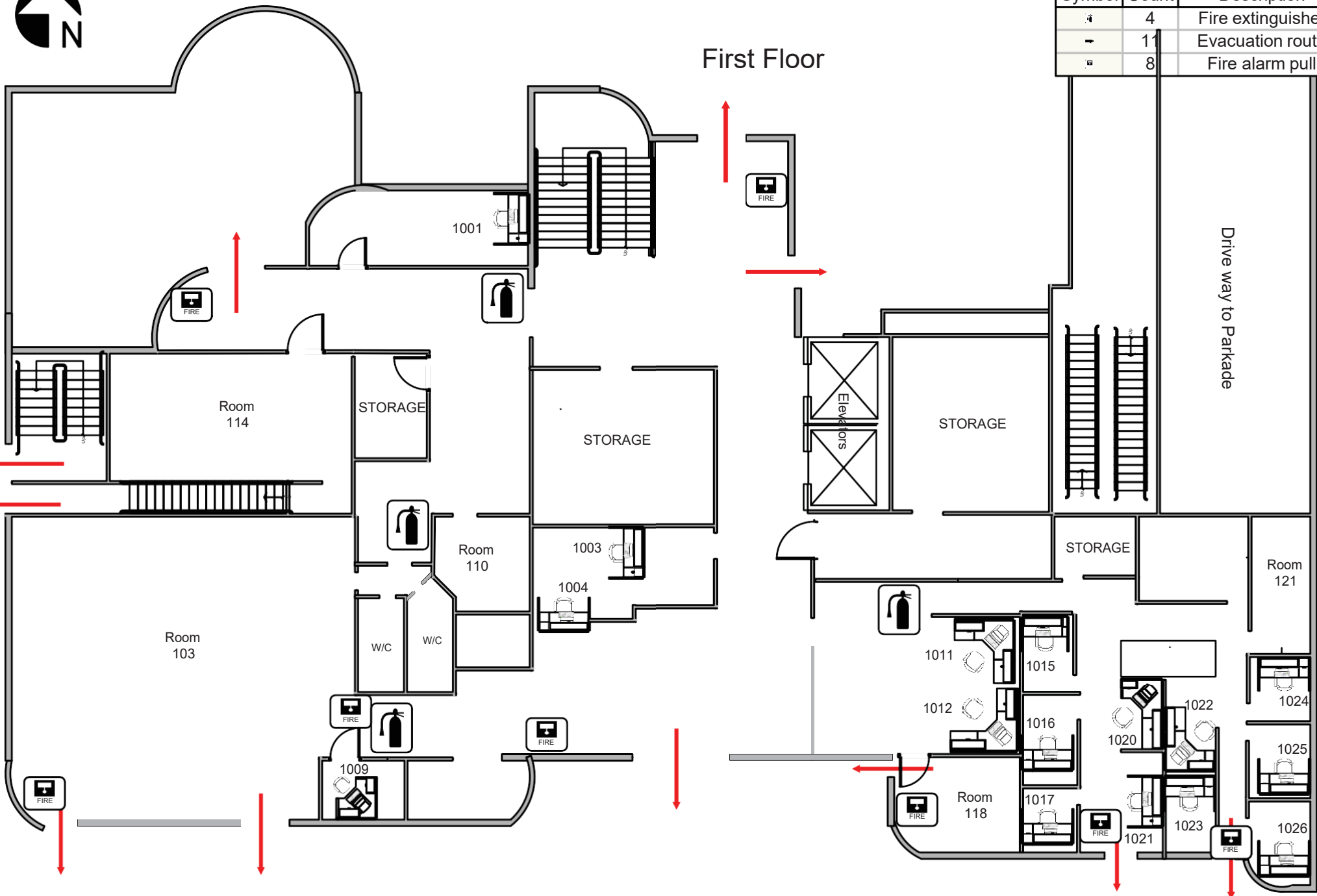
BCCFA is a scent-free work environment. Please be considerate of staff members and clients who are sensitive or allergic to the chemicals in scented products by not wearing perfumes, colognes, or other scented products to work.

Please refer to section 3 of the Policy and Procedure Manual – Safety, Security and Health for specific policies on:

- 3.1 Infection Control
- 3.2 First Aid Assistance
- 3.3 Incident Reporting
- 3.4 Reporting Incidents and Injury to WorkSafeBC
- 3.5 Reporting Hazards
- 3.6 Working Alone or in Isolation
- 3.7 Distracted Driver
- 3.8 Respectful Workplace
- 3.9 Driving in Snow and Ice
- 3.10 Theft or Loss of Property
- 3.11 Safe Handling of Hypodermic Needles and Syringes



First Floor



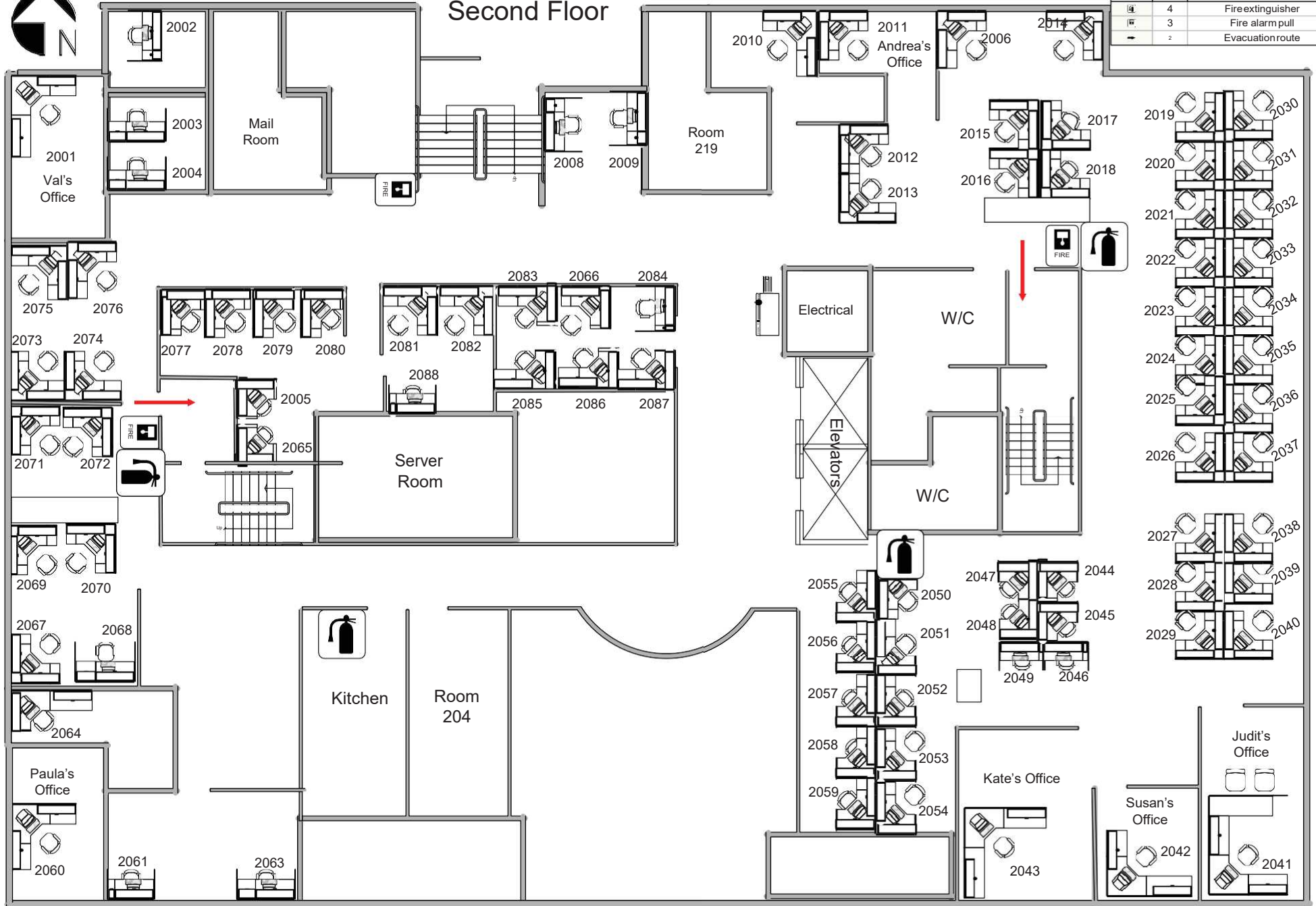
Legend		
Symbol	Count	Description
	4	Fire extinguisher
	11	Evacuation route
	8	Fire alarm pull

Drive way to Parkade



Second Floor

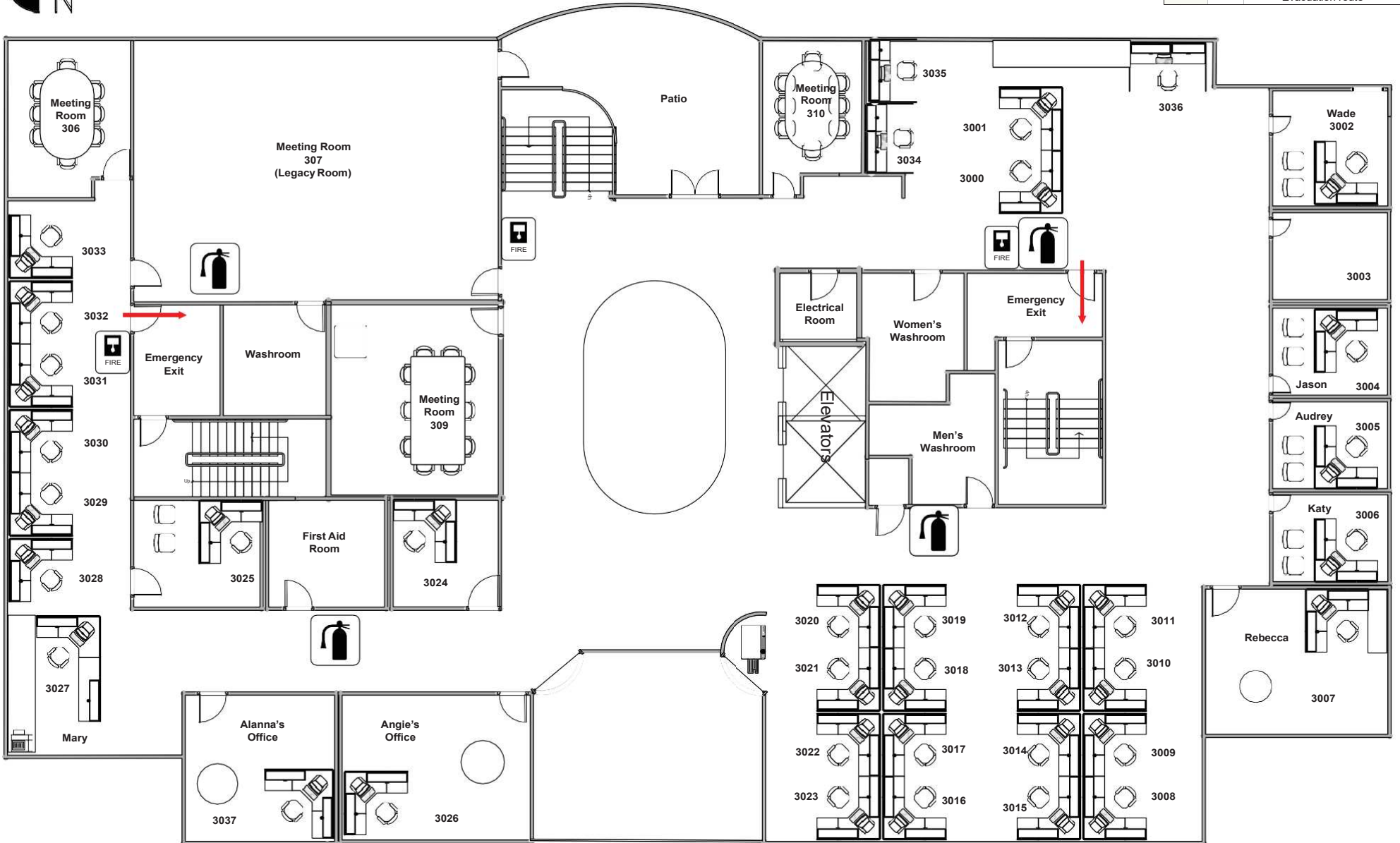
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Symbol	Count	Description
	4	Fire extinguisher
	3	Fire alarm pull
	2	Evacuation route





Third Floor

Legend		
Legend Subtitle		
Symbol	Count	Description
	4	Fire extinguisher
	3	Fire alarm pull
	2	Evacuation route



1.6.5 EMPLOYEE SAFETY

Please refer to BCCFA Policy 3.6 Working Alone or In Isolation for procedures on recording your schedule and checking in if ending your day working alone away from the BCCFA office.

Staff members should make themselves familiar with the following procedures designed to reduce risks to themselves while working at the office and during home and community-based service-delivery.

In situations where staff members feel potentially unsafe while delivering services in homes and community settings, they should trust their instincts and leave the situation immediately. Staff safety is paramount.

IN THE PRESENCE OF AN AGITATED PERSON

- Use non-violent crisis intervention methods to protect yourself when appropriate
- If you begin to sense a potentially violent encounter, stand up and assume a non-aggressive posture as you continue to talk
- If you are in an office or room with the door closed – open it
- Avoid turning your back to the potentially violent person
- Make sure you have a clear exit.
- Let the person talk. Do not feed the anger/anxiety by parroting, agreeing, or judging, or making provocative statements
- Be calm and cooperative
- Use culturally appropriate eye contact
- Let the person know you are listening
- If pertinent, advise the client of our Complaints Process
- Try to maintain a distance of six feet between you and the agitated person
- Watch the person's body language closely
- Try to end the discussion calmly and set up another meeting
- Allow an agitated individual a clear path of escape
- If violence is threatened, call 9-1-1

IN THE CENTRE

- If you are at reception or in the ground floor admin area and feel at risk, sound the panic alarm.
- If you hear the panic alarm (sounds like a doorbell) immediately report to reception.
- If you are elsewhere in the Centre, call out for help or phone reception to request assistance from a supervisor.
- Ask the person to leave; informing him/her that you will continue another day.
- Leave the area if you fear for your safety.

- Immediately report any violent (or potentially violent) situations to your immediate supervisor.
- Document and flag any violent situations in the ECR

IN THE COMMUNITY

- If you feel there is any potential risk in making a community visit, take a colleague with you, schedule visits at the Centre and/or take a Centre cell phone with you.
- When working in the community, be alert and aware of your surroundings. Scan the neighbourhood when you arrive and park your vehicle facing an exit route.
- Ensure that your daily schedule at reception is accurate and includes location and time of visit.
- Keep your car keys easily accessible.
- Whenever possible, have a cell phone with you and keep it turned on.
- Sign out a Centre cell phone if you are unsure about a community visit.
- Know where the nearest phone is in the home or building.
- Always position yourself so you are closest to the door.
- Identify the safest location in a client's home to provide care, but still enable an easy exit.
- If you begin to sense a potentially violent encounter, stand up and assume a non-aggressive posture as you continue to talk.
- If you are in a room with the door closed – open it.
- Avoid turning your back to the potentially violent person.
- Allow a violent individual a clear path of escape.
- Call out for help.
- Leave the area if you fear for your safety.
- Always leave yourself an exit route
- During a home visit, if you think you might have to leave quickly, leave your shoes on.
- Immediately report any violent (or potentially violent) situations to your immediate supervisor.
- Document and flag any violent situations in the ECR
- Report any suspicious activities to the police.

Safety during Initial Home Visits

- Speak to the referring colleague or other community-based professional whenever possible before your initial home visit to find out if there are any potential safety issues.
- If, for any reason, you feel there is any risk, do the following:
 - take a colleague with you to the initial home visit
 - schedule the visit at the Centre or a public setting
 - sign out a cell phone to take with you to the visit
 - arrange to phone a colleague or your supervisor to check in and out, immediately before and after the home visit

- When you enter a home, ask to be introduced to everyone present.
- Stay near the door or maintain an open exit route.
- Do not take your shoes off in a home if you think you might need to leave quickly.

Infection Control during home and community visits

- Adhere to universal precautions. Always wash your hands or use a hand cleanser between clients.
- Disinfect toys after each use.
- Avoid sharing toys between homes/visits without disinfecting.
- Take special precautions in response to known infections/medical conditions (e.g. gloves, gowns)

Driving

- Keep your car in good repair.
- Do not use a cell phone while driving.
- Practice defensive driving. Pay attention to the road. Avoid in-depth conversations that can distract you.
- Check your vehicle's gas gauge before leaving for a home visit.
- Drive with vehicle locked.
- When leaving a home, ask to be escorted to your car if it is not close by – or ask a family member to watch until you are safely in the car.
- If someone is loitering near your car, go back into the house.

In the event of a vehicle breakdown

- If your vehicle breaks down, remove it from the traffic flow, if possible, and turn on the emergency flashers.
- On your cell phone, call BCAA or someone else to come and help. Then call the Centre to notify them of your whereabouts.
- Do not leave the vehicle if you do not feel safe. Instead, remain in the vehicle, lock all doors, and call the police.

Parking in the community

- Park in well-lit areas. Avoid alleys, wooded areas, and tunnels.
- Use caution in underground parking lots. Always enter with doors locked and windows rolled up. Scan the surroundings before exiting or entering the car.
- Have everything ready when you are about to enter or exit the car.
- Park as close to the house/community setting as possible.
- Park so that no one can block your car.
- If an unrestrained animal concerns you, honk your horn to attract the attention of the owner. If there is no response, call the person on your cell phone. If no response, leave. Call later.
- Keep your car keys with you.

In the Centre parking lot after hours/at night

- Keep your cell phone turned on and handy. Even though you may not be able to use it in the parkade, it should be ready to use immediately when you exit the parkade.
- Scan the area for suspicious persons.
- Have your keys in your hand to use as a weapon if needed and appropriate.
- When you are in the car, immediately lock the door and roll up the windows.

In the event of a violent situation

- If faced with violence, threatened violence, a domestic dispute or with people who are intoxicated or on drugs, leave immediately.
- Seek medical attention if required.
- Call **9-1-1**.
- Contact your supervisor immediately after you have gotten to a safe place i.e. your car, a neighbour's house, a public place.

Staff Training

The Centre provides access to training on a regular basis for staff in these areas:

- Non-Violent Crisis Intervention
- Safety in the Community
- Back Care
- Emergency procedures

1.6.6 CREATING A CHILD SAFE ENVIRONMENT

Creating a safe environment for children is an ongoing process. Planning for children's safety is the most effective tool for preventing injuries.

BCCFA GUIDELINES

Lobby

- Gate behind kite statue is locked
- Electrical outlets have child safe covers
- Waiting area has no small items (choking hazards) included with toys
- Area remains clutter free

Room 103:

- Equipment not in use is neatly stored in therapy cupboards
- Chairs are stacked against outer walls, children are supervised to prevent climbing on chairs
- Tables are stacked in south west corner, children are supervised to prevent climbing on tables
- Folding bed is secured to wall with two hooks when not in use
- Electrical outlets have child safe covers
- Door to washrooms and kitchen is closed
- Area remains clutter free

Large Therapy Room:

- Equipment not in use is neatly stored in therapy cupboards
- Cupboard doors are locked
- First Aid room door is closed and locked
- Door to outdoor play area (storage area) is closed and locked
- Door to Therapy Aide's office and kitchen door are closed.
- Electrical outlets have child safe covers
- No small items (choking hazards) are out
- Area remains clutter free

Small Therapy Room:

- Area remains clutter free

Laminators:

- No laminator is left unattended while it is warming up or cooling off
- Laminator is turned off immediately after use

Casting and Splinting Room:

- All tools and supplies are stored appropriately, not left out on the counters
- Cupboards are kept closed when not in use
- Exacto blades are retracted, knives/saws are sheathed when stored
- BCCFA Staff remain present with families/children in the casting and splinting room at all times

Toy lending Cupboards:

- Toys are organized on shelves
- Heavier/larger items are kept on lower shelves
- Floor is kept free of clutter
- A step ladder is available for removing objects from shelves
- All returned toys are checked for safety/repair and disinfected prior to being returned to shelves.

Kitchen:

- Ensure that all toxic materials such as bleach or cleaning products remain in their original labelled containers, well out of children's reach.
- Locate any small appliances such as kettles, hot water/coffee dispensers or toasters away from counter edges.
- Keep scissors and knives in drawers, out of children's reach.
- Wipe up any spills immediately to prevent slipping.
- Store plastic bags, which can be the cause of suffocation, well away from children's reach.

Home and Community Visits:

- Ensure your briefcase and/or purse are stored out of reach of children as they may contain hazardous materials such as medications, skin preparations, nail polish, cigarettes, matches, lighters, pen-caps, jewellery or other hazards.

GENERAL GUIDELINES

A systematic approach to creating a child safe environment includes:

- Active and Positive Supervision – some things to consider:
 - Know each child's abilities
 - Establish clear and simple safety rules.
 - Be aware of potential hazards.
 - Position yourself strategically.
 - Scan and circulate.
 - Focus on the positive rather than the negative.
 - Redirect.
- Safe Space Arrangement – some helpful suggestions:
 - Consider traffic flow.
 - Define play spaces.
 - Plan for flexibility.
- Developmentally Appropriate Programming and Activities – some helpful strategies:
 - Provide appropriate activities.
 - Consider size and manageability.

CHILD PROOFING INDOOR SETTINGS

While the potential for injury is always around us, these practical suggestions can help to child proof the environment:

Furnishings:

As young children love to hop and jump and therefore are vulnerable to falls, bumps and bruises, minimize the risk of injury by:

- Rounding the corners and edges of equipment such as cabinets, shelves, and tables to 1/2" (1.27cm radius).
- Keep furniture in good repair and free of sharp edges, splinters and pinch or crush points
- Use double-sided tape on area rugs so that they lay flat and stay in place.
- Store heavy objects on lower shelves.
- Teach children to sit at tables when using small or pointed objects such as pencils or scissors

Windows:

- Keep drapery and blind cords out of children's reach.

Plants:

- Ensure that there are no hazardous or poisonous plants within children's reach:
 - Some common household plants can be poisonous if young children chew on or eat their leaves. Philodendron, for instance, is highly toxic if swallowed and can also cause skin irritation. Dieffenbachia or dumb cane and poinsettia can have similar effects. A leaf of either plant can produce severe mouth pain and swelling of the tongue.

Hazardous Materials:

A wide variety of materials can pose hazards to young children:

- Check labels to avoid hazardous ingredients when purchasing art supplies
- Supervise children closely to ensure they don't put paint, brushes, crayons, pencils, pens or play-dough in their mouths.
- Ensure that all toxic materials such as bleach or cleaning products remain in their original labelled containers, well out of children's reach.
- Be sure that ceilings and walls have no cracked or broken plaster and that there is no peeling or chipped paint.
- Ensure careful supervision when children are using toys with small parts or craft objects less than 1 1/2" (4 cm) in diameter which could lodge in their throats, noses or ears.
- Provide safe storage for purses, tote or diaper bags which may contain hazardous materials such as medications, skin preparations, nail polish, cigarettes, matches, lighters, pen-caps or jewellery.

Wiring, Electrical Plugs and Appliances:

Prevention and planning related to anything electrical is critical:

- Teach children safety rules regarding wiring, plugs and appliances
- Make certain that children do not have access to pieces of metal such as tweezers, hairpins or wire that they could push into contacts of electric plug outlets.

- Check periodically that safety covers for electric plug outlets are securely in place.
- Be very careful when electric plugs outlets are located close to grounding surfaces such as hot air or hot water registers. In these situations, childproof electric plug outlets are recommended.
- Protect children from coming in contact with space heaters and radiators hotter than 110 degrees F. or 43 degrees C.
- Place any space heaters at least 3' (90 cm) from curtains, paper or furniture
- Locate any small appliances such as radios, kettles or toasters well away from sinks, tubs or water.
- Keep electrical fans out of children's reach.

Toys:

Toys bring delight, fun and learning to children, but they can also be a source of injury:

- Check that toys are in good repair and free of sharp edges, pinch points, splinters and broken parts.
- Repair or discard toys immediately so that scratches, cuts and scrapes are avoided.
- Err on the side of caution when purchasing toys with small parts for young children.
- Avoid the possibility of choking by supervising very carefully when children are using small objects such as crayons, marbles, small balls and beautiful junk!
- Ensure that young children do not have access to toys with strings or cords longer than 6" (15 cm) to prevent strangulation.
- Consider using festive streamers rather than balloons that can break and lodge in children's throats.
- Avoid toy boxes with hinged lids as these can cause injury by falling and pinching.
- Teach children to replace toys in baskets, plastic tubs, cupboards or shelves to eliminate tripping and falling over scattered items.

Kitchens and Food:

- Store caustic detergents and all poisonous substances such as bleach and cleaning solutions in cupboards with a lock or childproof safety latches.
- Keep scissors, knives, needles and pins out of children's reach.
- Wipe up any spills immediately to prevent slipping.
- Store plastic bags, which can be the cause of suffocation, well away from children's reach.
- Take extra care if using Styrofoam cups and plates or plastic utensils as chewed or broken off pieces could lodge in the child's throat causing choking.
- Avoid offering children under 4 years of age foods that increase the risk of choking, such as peanuts, hard candy, popcorn, seeds or lumps of peanut butter.
- Be certain that hot dogs, raw fruits or vegetables are cut in pieces too small to lodge in children's throats.

Gross Motor Areas:

When children are involved in vigorous play, it is always a challenge to prevent injuries from falls and collisions:

- Make sure that equipment is stable and has no sharp edges, points, corners or splinters.
- Check climbers, slides, rocking toys, and other equipment for protruding nails, screws or bolts and loose parts.
- Arrange equipment to prevent collisions and ensure a safe traffic flow.
- Set up climbing equipment away from furniture, windows and walls to prevent children from falling against them.
- Place resilient matting under and around structures that are higher than 2' (60 cm) to protect children who may fall.

1.6.7 DEALING WITH MEDICAL EMERGENCIES AT BCCFA

DEALING WITH MEDICAL EMERGENCIES AT BCCFA

- Step 1: Shout that you need immediate assistance.
- Step 2: Ask for someone to call Reception to have a first aid attendant paged to the location of the incident.
- Step 3: First aid attendant takes appropriate action. If someone is injured, accident record log in first aid room must be completed.
- Step 4: If immediate medical attention is required, First Aid Attendant calls ambulance for emergencies or advises staff to seek follow up medical attention at their doctor's office.
- Step 5: If an employee is injured, they must complete an incident form and the WorkSafeBC Workers Report, Form 6 ASAP and submit to their immediate supervisor.
- Step 6: Employee's Supervisor will initiate the Employers Report, Form 7 and :
- Make recommendations
 - If necessary, develop action plan to prevent further injury.
- Step 7: HR Completes Form 7 and submits to WorkSafeBC
- Step 8: OH&S Committee submits annual summary reports of incidents to the Operational Leadership Team for review and follow-up.

For full procedures, please refer to BCCFA Policies:

3.2 First Aid Assistance

3.3 Incident Reporting

3.4 Reporting Incidents and Injury to WorkSafeBC

1.6.8 SUICIDE PREVENTION AND PROTOCOL

SUICIDE PREVENTION

Risk Factors may include:

- adverse life events (e.g. Recent death/loss of a loved one, relationship break-up, etc.)
- one or more mental health disorders or substance abuse disorder
- family history of mental or substance abuse disorder
- family history of suicide
- family violence, including physical or sexual abuse
- prior suicide attempt
- exposure to suicidal behaviour of others, including family peers, or in the news or fiction stories
- aggressive/disruptive behaviour (youth)

Warning signs to be aware of:

- changes in behaviour
- feelings of despair and hopelessness
- problems in school
- themes of death
- drug or alcohol abuse
- a previous suicide attempt
- verbal statements
- giving away possessions
- rehearsing suicide – discussing methods, etc.
- poor coping skills
- physical complaints
- hyperactivity
- beginning to feel better (person's energy and planning capabilities may return before suicidal thoughts disappear)

The above listing may take the form of:

- a) A person verbalizing thoughts about suicide using phrases like 'life is not worth living', 'I feel like crawling into a hole and pulling the dirt over the top of me', 'I have no feelings – I feel like I am in a vacuum or void', or 'I have a big black hole inside of me'.
- b) The person may be displaying 'flat' affect or little emotional or physical expression.
- c) The person may appear to be or express being overwhelmed emotionally, appear anxious, crying frequently, mood swings.
- d) The person may seem to have difficulty concentrating or making daily life decisions.
- e) The person may talk about or actually report giving away possessions.
- f) The person may talk about actually how they might plan to commit suicide.

SUICIDE PROTOCOL

How to help:

- be a good listener
- express empathy and concern; show you care
- be direct
- don't minimize or ignore the problem
- don't tell them they have a lot to live for, argue or lecture
- stress that the person's life is important to you and to others
- be prepared for anger
- get help
- take care of yourself

What to do:

1. If a client or family member indicates that they are contemplating suicide:

- Do not leave the person alone
- Offer to take accompany the person to go to the closest Emergency Department of a hospital.
- If the person refuses, tell them you are very concerned about them and are going to call 911for assistance.
- Find out if there a close friend or relative that can meet them at the hospital.
- Note that you may override issues of confidentiality if suicide appears imminent
- After ensuring the safety of the person and after other professionals have become involved, inform your direct supervisor, complete critical incident reporting and make case file notes.

1.6.9 Reporting Hazards

Protect yourself and your co-workers by looking out for hazards.

Work Hazards

A hazard is anything that can hurt you or make you ill. You face hazards everyday – driving, playing sports, or just walking across the street. To protect yourself against workplace hazards, you first need to know how to recognize them.

Recognizing Hazards

A workplace hazard is any condition, practice, or behaviour that could cause injury or illness to a person or damage to property.

Types of Injuries and Illnesses: Acute and Chronic

Some hazards – like slippery floors or boiling water – cause injuries right away. But other hazards take longer.

Immediate injuries are called ACUTE. Examples of acute injuries are cuts, burns, fractures, bruises.

Illnesses that develop over a long period of time are called CHRONIC. Examples of chronic illnesses include repetitive strain and hearing loss.

Types of Hazards

How can you recognize the hazards in your workplace? It helps to know that hazards come in several forms. They are generally grouped into four basic types:

- Physical Hazards** include unsafe equipment and environmental conditions. Examples are constant loud noise, knives in sink, scissors on counter, tools left out in casting and splinting room.
- Biological Hazards** are produced by living things. They often come from working with animals and people. Examples include blood, viruses and animal and bird droppings.
- Chemical Hazards** include materials that are flammable, explosive or poisonous. Examples are cleaning products, pesticides and perfumes.
- Ergonomic Hazards** are caused by poorly designed workplaces or processes. Examples are poor lighting, workstations that are too high or low for you or a job that requires you to repeat the same movement over and over.

An important way to keep the workplace safe is to report all hazards you discover and/or experience. Please use the Hazard Report Form to track hazards and bring potential hazards to the attention of the Building and IT Coordinator. Please refer to Policy 3.5 Reporting Hazards in the P&P Manual.

Hazard forms are saved on the network for your use: <N:\Public\Forms and Documentation\Forms\Staff Drawer Forms\OHS\Hazard Reporting Form.pdf>

1.6.10 REPORTING INCIDENTS

What is an Incident?

BCCFA follows WorkSafeBC's definitions of an Incident and a Critical Incident:

Incident: A workplace event involving staff, clients, students or volunteers— an accident or other occurrence – which resulted in or had the potential for causing an injury, occupational disease or breach of privacy.

Critical Incident: A workplace event involving staff, clients, students or volunteers – like a serious injury, fatality or robbery – that causes emotional or psychological trauma in people exposed directly or indirectly to the incident. It is a sudden, powerful event outside the range of normal experience – and outside the workers' control.

- The following incidents must be reported on a Incident/Accident Report Form:
 - Incidents involving significant physical injury to staff or persons served
 - Medical emergencies
 - The spread of communicable disease or infection that could cause serious harm
 - Violence or aggression against a staff member or person served, including the use of or threatened use of a weapon
 - Abuse or harassment of staff
 - Elopement and/or wandering of a child or adult served by the agency
 - Biohazardous incidents i.e. needle stick injury, bite
 - Use of licit¹ or illicit² substances by staff, clients, families or community partners
 - Allegations of abuse or neglect
 - Vehicular accidents during work hours, while on work related business that results in injury.
 - Sexual assault that occurs during the course of performing work related duties
 - Other sentinel³ events including sudden death or attempted or completed suicide.

What is NOT a critical incident?

- Incidents that take place outside working hours
- Minor injuries - these need to be documented in the First Aid log, but are not considered Incidents.

What is your responsibility as a staff member?

All BCCFA staff members are expected to know:

- what is an incident
- how to respond to each different kind of incident
- how and when to report an incident: **see P&P 3.3 Incident Reporting**

¹ A licit substance is legal but potentially dangerous such as over-the-counter medication, prescription drugs or pepper spray. Licit substances should be kept secure and out of the hands of children.

² Illicit substances are illegal and include street drugs and any drugs deemed illegal by The Criminal Code of Canada.

³ *Sentinel* events are unanticipated occurrences that result in death or serious physical or psychological injury, that require immediate investigation and response and those that may be subject to litigation.

Reporting Abuse and Neglect

What to Report:

How to Report:

Please see [Policy 8.1 Duty to Report Suspected Child Abuse and Neglect](#)

A copy of the policy is available on the network at [N:\Public\Policy and Procedures Manuals\Centre Wide](#)

Definitions of Abuse and Neglect

Physical Abuse	Any deliberate application of force to any part of a child's body resulting in injury to the child; may include bruises, cuts, welts, fractures, burns, or internal injuries. Physical abuse can be one or two isolated incidents or can occur over a long period of time.
Sexual Abuse	Any sexual contact between a child and a caregiver or stranger; may include sexual suggestiveness, voyeurism, sexual touching, sexual acts, or sexual penetration.
Emotional Abuse	Occurs when actions of a parent or caregiver deprive a child of a nurturing environment. These acts include constant yelling, demeaning remarks, rejecting, ignoring, isolating, or terrorizing a child. Emotional abuse is often difficult to identify and prove.
Neglect	When a caregiver fails to provide essential needs such as adequate food, sleep, safety, supervision, clothing, or medical treatment; may also include accidental injury due to inadequate supervision.

Reporting Incidents Involving Injury

Preventing Injuries

Although the BCCFA Occupational Health and Safety Committee takes the lead in promoting a safe and healthy work environment at BCCFA, each staff member is responsible for contributing to a safe environment. Please report any potentially unsafe situations to the Building/IT Coordinator or to the person responsible immediately.

Reporting Injuries

If a staff member, client, volunteer, or visitor is physically injured while at work and/or on the premises, follow these steps:

1. If a staff member is injured at work, treat as a potential WSBC claim:
 - a. The First Aid Attendant or the first responder completes the Accident Log in the First Aid Room.
 - b. The injured worker completes the WCB Worker's Report of Injury or Occupational Disease (available on-line at <http://www.worksafebc.com/forms/assets/PDF/6a.pdf> or in the First Aid Room) and forwards it to his/her Program/Department Manager.
 - c. The Program/Department Manager completes the Employers Report of Injury or Occupational Disease (available on-line at <http://www.worksafebc.com/forms/assets/PDF/7.pdf> and completes any necessary follow up actions.
 - d. Follow Policy 3.4 Reporting Incidents and Injury to WorkSafeBC
 - e. Follow Policy 3.3 Incident Reporting
2. If a non-staff member is injured while on BCCFA premises:
 - a. The First Aid Attendant or first responder completes the Accident Log in the First Aid Room.
 - b. If a child is injured, and the parent or guardian is not present, contact them immediately.
 - d. If the incident involves a client, file the Incident/Accident Report form on his/her main client file.
 - e. If the incident involves a visitor, file the Incident/Accident Report form in an administration file.

See BCCFA Policy & Procedure 3.2 First Aid Assistance

See BCCFA Policy & Procedure 3.3 Incident Reporting

See BCCFA Policy & Procedure 3.4 Reporting Incidents and Injury to WorkSafeBC

REPORTING A COMMUNICABLE DISEASE OR INFECTION

What is a Communicable Disease or Infection?

Communicable diseases and infections include colds, flu, lice, scabies, ringworm, chickenpox, measles, pertussis, mumps, tetanus, tuberculosis, AIDS, SARS, e-coli infections, Hepatitis A, B, and C, as well as a wide variety of other lesser-known diseases.

Preventing the Spread of Communicable Disease or Infection

See the BCCFA Infection Control Plan in this Handbook to learn ways to minimize the risk of infection.

Also see **Policy & Procedure 3.1: Infection Control**

What to Report

The common cold and flu are not considered reportable communicable diseases or infections unless they place a person served or staff member with a compromised immune system at risk.

Communicable diseases and infections become critical incidents only when they place a staff member or persons served at a significant health risk. Examples of a reportable critical incidents in this category would be:

- A staff member is diagnosed with SARS or the equivalent
- The blood of a staff member diagnosed with HIV is passed to someone with an open wound
- A staff member sustains an needle stick injury

How to Report

Follow the procedures outlined in **Policy & Procedure 3.3: Incident Reporting**.

REPORTING THE USE OF OR POSSESSION OF WEAPONS OR LICIT/ILLCIT SUBSTANCES

What is a weapon?

A weapon can be a firearm, a knife, or any item that is used to harm or threaten someone.

What is a licit substance?

A licit substance is legal but potentially dangerous such as over-the-counter medication, prescription drugs or pepper spray. Licit substances should be kept secure and out of the hands of children.

What is an illicit substance?

Illicit substances are illegal and include street drugs and any drugs deemed illegal by The Criminal Code of Canada.

Preventing the Use of or Possession of Weapons or Licit/Illicit Substances

Staff should be vigilant in immediately reporting the use or possession of weapons or substances to the Executive Director or a Department Director.

What to Report

Staff should report the following events and circumstances:

- They witness the use of a weapon against anyone on BCCFA premises or against staff members during their working hours, regardless of location
- They witness the possession of a weapon during the course of their work
- They witness the use or possession of licit or illicit substances by another staff member, person served, or visitor to the workplace and that use or possession poses an immediate or potential danger to others

How to Report

Follow the procedures outlined in **Policy & Procedure 3.3: Incident Reporting**.

REPORTING VIOLENCE OR AGGRESSION IN THE WORKPLACE

What is “Violence in the Workplace”?

Violence is a continuum of behaviours which jeopardize one’s physical and/or psychological well-being. The intent is to control or dominate, to injure or destroy, or to deprive a person of dignity.

Workplace violence takes place in the work place or during work hours or is in some other way related to work. For example, workplace violence would include receiving a threatening phone call at home from a client or staff member.

Violence can include but is not limited to:

- a threat or a perceived threat to life – verbal or written
- a physical attack
- verbal abuse – e.g. name-calling, racial or religious slurs, persistent and unwelcome ‘teasing’
- an attack on one’s property

Relevant BCCFA Policies and Procedures

Policy & Procedure 3.8: Abuse and Harassment of Staff

Policy & Procedure 2.10: Discrimination and Harassment

See Section 1.6.5 Employee Safety in this Handbook

What and How to Report

- **Reporting Discrimination or Harassment by a staff member**
Discrimination and harassment are prohibited by BC Human Rights legislation and our collective agreements. Both have procedures in place for dealing with these allegations. **See Policy & Procedure 3.8 Respectful Workplace** for guidelines on responding to and reporting discrimination and harassment in the workplace.
- **Reporting Abuse and Harassment by a person served**
For guidelines on how to respond to and report abuse and harassment of a staff member by a person served see **Policy & Procedure 3.8 Respectful Workplace**
- **Reporting all other acts of violence or threats of violence**
For all other incidents where any person is threatened or attacked in any way during work hours or in connection to work, follow the protocol described in **Policy & Procedure 3.3: Incident Reporting**.

REPORTING SENTINEL EVENTS

What to Report

Sentinel events are those that require immediate investigation and response and those that may be subject to litigation. They include unexpected death, sexual abuse and serious physical or psychological injury or the risk thereof. The Executive Director must report all sentinel events to CARF.

How to Report

Reporting of sentinel events will depend on the nature of the event, but will always be thorough. Some sentinel events will be handled by the Board of Directors and/or Executive Director, especially those that are subject to litigation. In addition to any other documentation and reporting requirements, staff should follow the procedures described in **Policy & Procedure 3.3: Incident Reporting**.

REPORTING CLIENT ELOPEMENT AND/OR WANDERING

What to Report

Report any incident where a child or a client who is cognitively impaired and under the supervision of a staff member or other person inadvertently leaves the care and custody of that person and could be in harm's way.

How to Report

Follow the procedures outlined in **Policy & Procedure 3.3: Incident Reporting**.

REPORTING VEHICULAR ACCIDENTS

What to Report

Report vehicle accidents that take place while you are engaged in work-related activities if:

- You or a staff member with you is injured or you suspect future complications from the accident

How to Report

Follow the procedures outlined in **Policy & Procedure 3.3: Incident Reporting**.

REPORTING SUICIDE OR ATTEMPTED SUICIDE

What to Report

Staff should report any witnessed suicide attempt or any completed suicide of a staff member or client or family member that takes place on BCCFA premises or during their work hours.

The attempted or completed suicide of a staff member is a **sentinel** event that requires clear and thorough documentation. Reporting should be handled by the Executive Director or a Program/Department Manager.

How to Report

Follow the procedures outlined in **Policy & Procedure 3.3: Incident Reporting**.

REPORTING BIO-HAZARDOUS AND CHEMICAL INCIDENTS

What is a bio-hazardous material?

A bio-hazardous material is a pathogenic organism that, due to its known or reasonably believed ability to cause disease in humans, is considered to be hazardous. Sources of biological hazards include blood and bodily fluids, bacteria, viruses, insects, plants, birds, animals, and humans. These sources can cause a variety of health effects including skin irritation, allergies, infections (e.g., tuberculosis, AIDS), and cancer.

What is a chemical product?

Potentially hazardous **chemical products** include:

- Bleach
- Disinfectants and cleaning agents
- Latex

What to Report

Report any incident where exposure to a bio-hazardous material or chemically-based substance may have caused harm to a staff member, client, or visitor.

How to Report

Follow the procedures outlined in **Policy & Procedure 3.3: Incident Reporting**.