

## 1. PURPOSE

To identify potential hazards that may affect employees of the Catholic District School Board of Eastern Ontario (CDSBEO).

Definition: A hazard is a condition, practice, behaviour or situation, or a combination of these that can cause injury or illness in people, or damage to property. Uncontrolled hazards may cause problems that range from minor nuisances to serious consequences and even death.

## 2. ACRONYMS

MOL - *Ministry of Labour*

CSA - *Canadian Standards Association*

OOHSA - *Ontario Occupational Health and Safety Act*

JHSC - *Joint Health and Safety Committee*

## 3. RECOGNITION

Hazards are broken into two distinct categories.

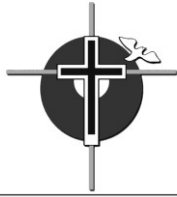
- i. *Health Hazards*, which may include but is not limited to:
  - Chemical: compressed gases, solvents
  - Physical: noise, vibration, heat, cold, radiation
  - Ergonomic: workplace design, repetitive motion, force and posture
  - Biological: bacteria, viruses, fungi, parasites, insects, blood
- ii. *Safety Hazards*, which may include but is not limited to:
  - Machine: moving parts, rotating shafts, belts, pulleys, blades, saws
  - Energy: pneumatics, hydraulics, steam, heat, electricity, kinetic
  - Material Handling: manual and mechanical handling (hand carts, conveyors)

## 4. WORK PRACTICES

Deviation from safe work practices or contributing factors that cause hazards include:

### a. People

The actions people take, or do not take, can create hazards in the workplace. Knowledge of and training in appropriate procedures are critical to avoid unsafe behaviours. Appropriate administration, leadership and supervision help ensure procedures and safe practices are followed. All employees should be aware of and regularly consult existing procedures in order to avoid unknowingly creating a hazard in the workplace.



**b. Equipment**

The tools and machines people work with, including fixed machines, vehicles, material handling devices, hand tools, protective equipment and personal gear (if used incorrectly) can create a hazard risk. Look for unsafe or unhealthy conditions such as:

- inadequate guarding or barriers
- defective tools and equipment
- incorrect tools and equipment for the job
- inadequate warning systems

**c. Materials**

The materials people work with including raw materials, donated, reused or recycled products, and hazardous chemicals, exposure to toxic chemicals and physical agents may be hazardous. Employees must read all labels and operating procedures and consult Safety Data Sheet information for proper handling procedures.

**d. Environment**

The environment is every part of your workplace. Employees should be conscious of:

- The condition of all surfaces on which people walk or where things are placed
- overcrowding and/or poor ventilation
- hazards caused by physical agents, such as light, temperature and noise
- housekeeping hazards such as blocked exits, debris on stairs or floors, and floors or stairs in need of repair

**e. Recognizing Hazards**

Hazards may be recognized and assessed through:

- identification by a knowledgeable skilled person
- inspections
- investigations
- examining records
- task and process analysis

**f. Assessing Hazards**

Once an actual or potential safety hazard has been identified, the next step is to have the hazard assessed. The assessment compares the hazardous condition against standards.

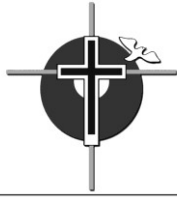
Compare collected data to existing standards such as:

- applicable Acts and Regulations
- applicable CSA Standards
- MOL Standards/Guidelines
- Manufacturer's recommendations

**g. Control Activities**

When a safety concern is assessed as a hazard, it must be controlled. Control means eliminating the hazard or minimizing exposure to safe levels. Prevention must be attained through:

- immediate response to issue items



- minimize, substitute, and eliminate worker's exposure to harmful effects of hazards (See appendix A - control process for bloodborne pathogens).
- effective return to work programs

## 5. PROCEDURE FOR RECOGNIZING HAZARDS

- a. Observation and Worker Concerns
- b. Inspections
- c. Investigations
- d. Examining Records
- e. Task and Process Analysis

### a. Observation and Worker Concerns

The CDSBEO acknowledges that the most common method of recognizing hazards is by general observation and addressing worker concerns. Individuals in the workplace may notice hazards or have concerns regarding potential hazards. These concerns must be immediately reported to their **manager or supervisor**. Workers, who become aware of hazards, are required under the **Ontario Occupational Health and Safety Act (OOHSA)**, to report these hazards to their manager or supervisor.

The existence of hazards indicates inadequate, substandard or deteriorated control, practices or working conditions. Managers and supervisors are required to be competent persons and act in a duly diligent manner respecting health and safety issues, as prescribed by legislation in the **Ontario Occupational Health and Safety Act Part III, Section 28(1), subsections (c) and (d)**, and to take every precaution reasonable to protect workers. Managers and supervisors, therefore, should address workers concerns to determine if there is a hazard, or if control should be improved.

### b. Workplace Inspections

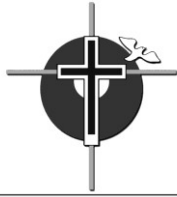
The CDSBEO will utilize monthly workplace inspections as a regular method of recognizing hazards. Workplace inspections will be conducted by the JHSC Site Representative at each Board facility, to identify hazards that could endanger the health and safety of anyone in the workplace.

### c. Investigations

The CDSBEO will utilize information gathered from an investigation as an important method of recording hazards. Investigations will be conducted to gather information on the root causes of an incident or situation that may have caused an illness, injury, or damage to property.

### d. Examining Records

The CDSBEO will examine records to assist in recognizing patterns and frequencies of injuries and illnesses. Trends may become apparent and proactive prevention methods will be focused on in these areas.



- i. Workplace records include:
  - First Aid reports
  - WSIB claims
  - Incident reports
  - JHSC Inspection report
  - Investigation reports
  - SDS (Safety Data Sheets)
- ii. Information gathered from examining records will be used to:
  - identify injuries illnesses and trends
  - measure the effectiveness of the CDSBEO Health & Safety Program
  - raise awareness of health and safety
  - assist the JHSC in making and prioritizing recommendations
  - support decisions affecting health and safety

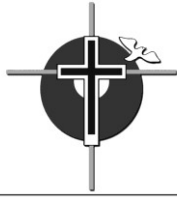
**e. Task or Process Analysis**

The CDSBEO supports task and process analysis as an excellent method of recognizing potential occupational hazards.

- i. Task Analysis:

Task analysis involves breaking a job or process down into individual steps, and carefully looking for hazards at each step, by examining the specific step and its relationship to the other steps. Task analysis looks at the individual tasks of a single job. Task and process analysis will include the persons doing the jobs, as these persons can provide valuable information on how work is performed and where problems or concerns may exist.
- ii. Process Analysis:

Process analysis looks at the sequence of jobs or the relationship between jobs that make up the complete process of providing the service, or making the product from beginning to end. The impact and involvement of the contributing factors (people, equipment, materials, environment, and process) at each step is included in the analysis.



Appendix A: Control Process for Bloodborne Pathogens

This process is to protect employees and limit occupational exposure to blood and other potentially infectious materials, or pose a risk of slip or fall injury. It applies to all employees where their job duties may include contact with blood or other potentially infectious materials.

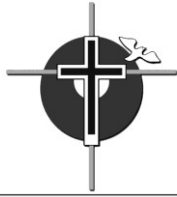
**1. Methods of Compliance**

Universal Precautions

- 1.1 All blood and other potentially infectious materials will be handled as if they are infectious. This means that whenever an employee is performing first aid or cleanup of an area they will wear protective apparel (PPE) in accordance with the training they are provided and this bloodborne pathogen procedure.
- 1.2 It is recommended that contaminated material be handled as little as possible to minimize the risk of exposure (through breaking of the skin, or splashing of soaked materials).

**2. Work Practice Controls**

- 2.1 Put on gloves, gown and facial protection (mask and eye protection or face shield).
- 2.2 Confine and contain the spill; wipe up any blood or body fluid spills immediately using either disposable towels or a product designed for this purpose. Dispose of materials by placing them into regular lined waste receptacle, unless the soiled materials are so wet that blood can be squeezed out of them, in which case they shall be placed into the a biohazard waste container (i.e. red bag) and then thrown into a lined waste receptacle
- 2.3 Wipe up the area again using disposable towels and discard into regular waste.
- 2.4 Soiled garments from accidents (first aid) are to be collected in a separate plastic bag, and then double bagged and given to injured persons family member for laundering or disposal.
- 2.5 Infectious sharps (needles) must be contained for disposal in a leak-proof, rigid, puncture-resistant container.
- 2.6 In the event that blood or body fluid is on the floor or work surfaces, a trained custodial staff member will clean spills immediately using specific clean up procedures set out by Plant and Maintenance Department. This will involve disinfecting the entire spill area with an approved disinfectant and allowing it to stand for the amount of time recommended by the manufacturer.
- 2.7 After removing gloves, gown, mask and face protection and/or when there has been contact with blood or other potentially infectious materials, hands and other skin surfaces must be washed thoroughly and immediately with soap or other disinfectant in hot water.



- 2.8 If employees have questions regarding any decontamination procedure or any contamination incident, their supervisor/manager and/or the Occupational Health and Safety Coordinator should be contacted.

### **3. Definitions**

#### Cleaning

The physical removal of foreign material (e.g. dust, soil) and organic material (e.g. blood, secretions, excretions, microorganisms). Cleaning physically removes rather than kills microorganisms. It is accomplished with water, detergents, and mechanical action.

#### Disinfection

The inactivation of disease-producing microorganisms. Disinfection does not destroy bacterial spores. Equipment/devices must be cleaned thoroughly before effective disinfection can take place.

#### Biohazardous waste

Blood and blood components (excluding urine and faeces). Sharps; and broken glass which has come in contact with blood or bodily fluids.

#### Eye Protection

A device that covers and protects the eyes when it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions or excretions, or within two meters of a coughing person. Eye protection includes safety glasses, goggles or face shields.

#### Facial Protection

Personal protective equipment that protects the mucous membranes of the eyes, nose and mouth from splashes or sprays of blood, body fluids, secretions and excretions. Facial protection may include a mask in conjunction with eye protection/face shield that covers eyes, nose and mouth.

#### Hand Hygiene

A general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using soap and running water or an alcohol-based hand rub (ABHR).

#### Disinfectant

A low-level disinfectant that has a drug identification number (DIN) from Health Canada indicating its approval for use.