



# Regional Orientation Package



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**MESSAGE** from the Chief Executive Officer  
**Jane Curtis**

*Welcome to the  
Southern Health-Santé Sud  
Team!*

Southern Health-Santé Sud brings together a vibrant collage of rich cultures and talented, rugged people with histories that run as deep and proud as the flowing waters of the Red River that joins them. The physical characteristics of Southern Health-Santé Sud are impressive. The Region covers over 27,000 km<sup>2</sup> and is home to over 216 253 residents. This is a great place to live, which is probably why Southern Health-Santé Sud is the most populated RHA outside of the City of Winnipeg.

*Uncompromising Integrity, Healing Compassion, Pursuit of Excellence, Respect for all and Purposeful Innovation* are the “core values” that serve as a foundation in all that we do. I thank you in advance for your commitment to keep these values close at heart and to journey with us using the region’s Vision as our roadmap, “*Healthier people. Healthier communities. Thriving together*”. I look forward to working collaboratively as we deliver the promise to enhance and preserve the health and well-being of our clients, employees, physicians, volunteers and stakeholders.

Remember, it is dedicated health care staff such as you that make a difference in the lives of our clients. Your commitment to care, customer service and accountability will touch the lives of so many throughout your career. Know that you are valued and appreciated and I hope to meet you in my travels.

Thank you for choosing Southern Health-Santé Sud!

Sincerely,

Jane Curtis  
Chief Executive Officer





## MESSAGE de Jane Curtis, directrice générale

*Bienvenue à l'équipe de  
Southern Health-Santé Sud!*

Southern Health-Santé Sud rassemble une riche mosaïque de cultures dynamiques et de gens talentueux et acharnés ayant des origines aussi fières et profondes que les courants de la rivière Rouge qui les relie. Les caractéristiques de Southern Health-Santé Sud sont impressionnantes. La région couvre plus de 27 000 km<sup>2</sup> et compte plus de 216 253 résidents. Il s'agit d'un endroit où il fait bon vivre, ce qui explique probablement pourquoi Southern Health-Santé Sud est l'ORS le plus peuplé à l'extérieur de la ville de Winnipeg.

*L'intégrité sans compromis, la compassion guérissante, la poursuite de l'excellence, le respect envers tous et l'innovation intentionnelle* constituent les « valeurs fondamentales » qui servent de fondement à tout ce que nous accomplissons. Je vous remercie à l'avance de vous engager à tenir ces valeurs à cœur et à cheminer avec nous, guidés par la vision de la région qui sert de feuille de route, *Le mieux-être des gens. Le mieux-être des communautés. Prospérons ensemble.* Je me réjouis à la perspective de collaborer avec vous afin de réaliser notre promesse d'améliorer et de préserver la santé et le bien-être de nos clients, de nos employés, de nos médecins, de nos bénévoles et de nos intervenants.

Gardez à l'esprit que ce sont des membres de l'équipe de soins dévoués comme vous qui font la différence dans la vie des clients. Votre engagement envers les soins, le service à la clientèle et l'obligation de répondre de vos actes touchera la vie de nombreuses personnes au cours de votre carrière. Sachez qu'on vous estime et qu'on vous apprécie, et j'espère faire votre connaissance lors de mes futurs déplacements.

Merci d'avoir choisi Southern Health-Santé Sud!

Sincèrement,

Jane Curtis  
Directrice générale



## **Vision, Mission, and Values**

### **Our Vision**

Healthier people. Healthier communities. Thriving together.

### **Our Mission**

Partnering with our communities, we provide safe, accessible and sustainable people-centred health care.

### **Our Values**

#### **Uncompromising Integrity.**

We build trust through accountability, authenticity and responsiveness in everything we do.

#### **Healing Compassion.**

We empower hope for the whole person, being there along the journey with kindness, generosity, and empathy for another's reality.

#### **Pursuit of Excellence.**

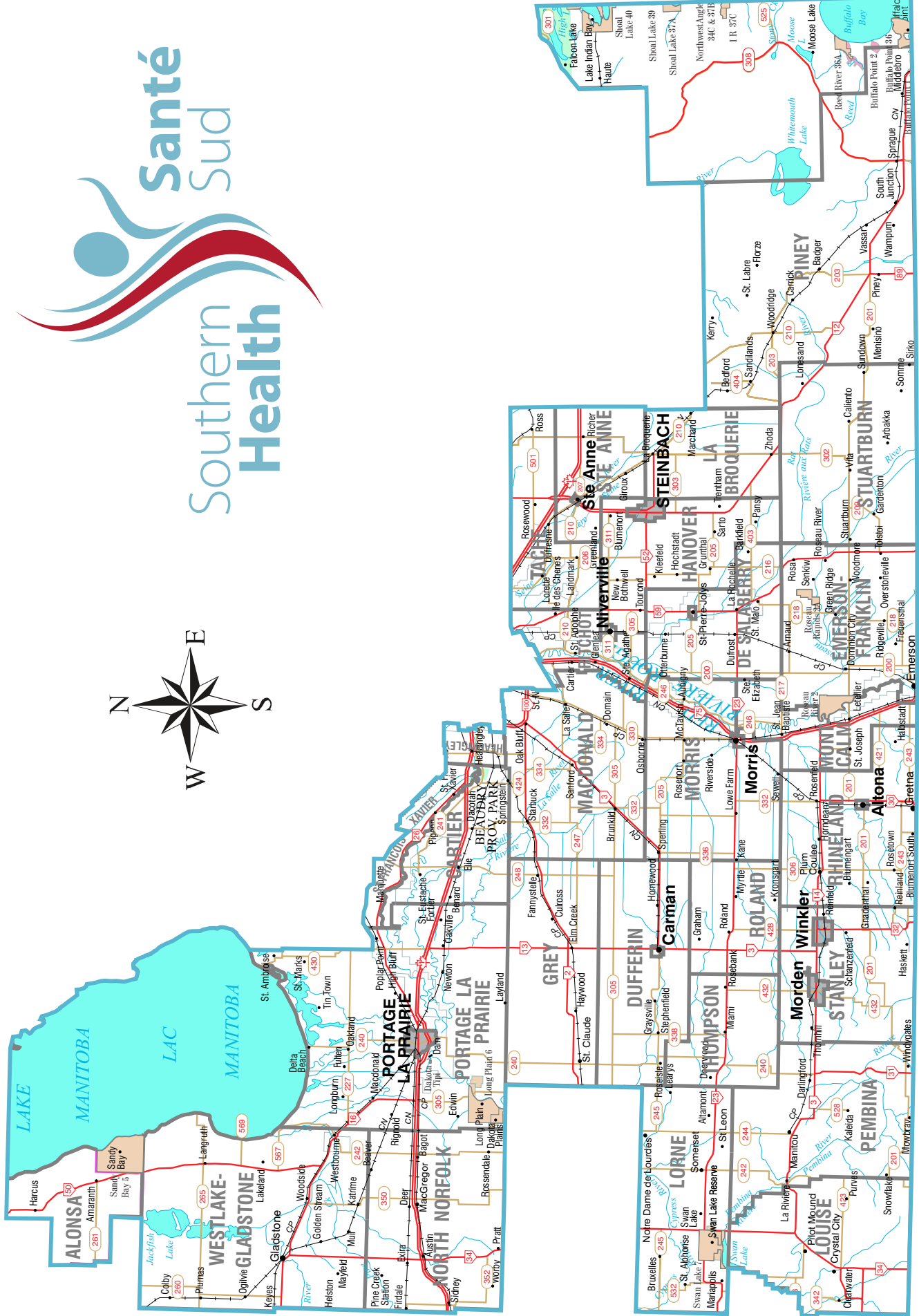
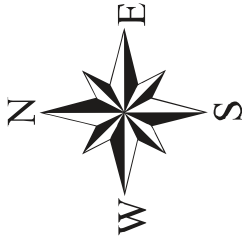
We put forth our personal and professional best in our commitment to the highest standards of safety, quality, and service.

#### **Respect for all.**

We commit to inclusion and equity, and embrace diversity of culture, traditions, identity, ability and thought.

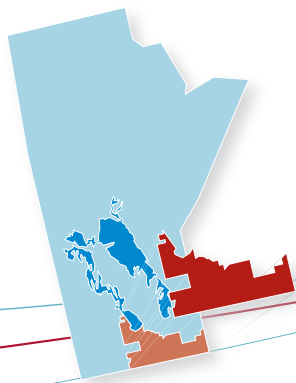
#### **Purposeful Innovation.**

We courageously create new opportunities and collaboratively generate solutions for a sustainable future.









Southern Health–Santé Sud offers a wide range of health care opportunities to its more than 6 000<sup>1</sup> employees who collaborate to deliver a full continuum of programs, services and community health. We are proud to partner with the many communities in our region in delivering quality health care.

One of the five Regional Health Authorities in the province, Southern Health-Santé Sud spreads over 27 025 km<sup>2</sup> with 20 Rural Municipalities, 7 Municipalities, 4 cities, 4 towns and 1 village. Southern Health-Santé Sud is home to 7 First Nation communities, Métis communities, Hutterite colonies, many Francophone communities, a growing large Mennonite population as well as many other cultures. A progressive and responsive designated bilingual health authority, we are proud to serve 216 253 residents - the fastest growing population in Manitoba.

<sup>1</sup> 4 800 Southern Health-Santé Sud employees; 1 200 Affiliate & Community Owned Not for Profit sites.

### So why consider Southern Health-Santé Sud?

Hands down it's for the balance between challenging opportunities and great lifestyle. In many ways, it's truly the best of both worlds! Providing all services across the continuum of care, our team thrives in an atmosphere of innovation and success while still enjoying a relaxed, healthy rural lifestyle complete with a strong sense of community and all the modern conveniences. In southern Manitoba, you'll enjoy rural life at its best - complete with great opportunities, balanced lifestyles, breathtaking landscape and brilliant skies!

### Contact us:

#### Recruitment & Retention - Human Resources

180 Centenaire Dr, Southport Manitoba ROH 1N1  
 T 1-800-742-6509 | F 204-428-2782  
[humanresources@southernhealth.ca](mailto:humanresources@southernhealth.ca)

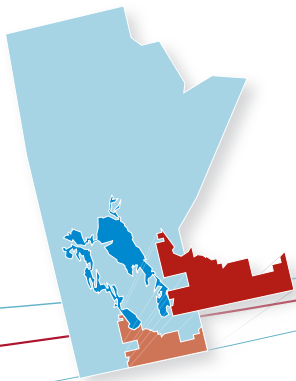
#### Indigenous Employment

180 Centenaire Dr, Southport Manitoba ROH 1N1  
 T 1-800-742-6509 | F 204-428-2782  
[humanresources@southernhealth.ca](mailto:humanresources@southernhealth.ca)

[www.southernhealth.ca](http://www.southernhealth.ca)

	# of beds
<b>Altona</b> Altona Community Memorial Health Centre/Eastview Place	22 acute, 65 long term care
<b>Carman</b> Boyne Lodge Personal Care Home Carman Memorial Hospital	79 long term care 25 acute
<b>Crystal City</b> Rock Lake Health District Hospital*	16 acute
<b>Emerson</b> Emerson Health Centre	20 long term care, 4 transitional
<b>Gladstone</b> Gladstone Health Centre Third Crossing Manor	14 transitional 50 long term care
<b>Grunthal</b> Menno Home for the Aged *	40 long term care
<b>MacGregor</b> MacGregor Health Centre	20 long term care, 6 transitional
<b>Manitou</b> Pembina Manitou Health Centre	18 long term care, 8 transitional
<b>Morden</b> Boundary Trails Health Centre Tabor Home Inc.*	<i>See Winkler</i> 60 long term care
<b>Morris</b> Morris General Hospital Red River Valley Lodge	23 acute 40 long term care
<b>Niverville</b> Heritage Life Personal Care Home **	80 long term care
<b>Notre Dame de Lourdes</b> Centre de santé - Foyer Notre Dame Centre de santé Notre-Dame Health Centre	60 long term care 10 acute
<b>Pilot Mound</b> Prairie View Lodge* Rock Lake Health District Personal Care Home*	30 long term care 24 long term care
<b>Portage la Prairie</b> Douglas Campbell Lodge Lions Prairie Manor Portage District General Hospital	60 long term care 136 long term care 88 acute
<b>St. Claude</b> Centre de santé St. Claude Health Centre	18 long term care, 10 transitional
<b>St. Pierre-Jolys</b> Centre médico-social De Salaberry District Health Centre Repos Jolys	14 acute 22 long term care
<b>Ste. Anne</b> Hôpital Ste-Anne Hospital Villa Youville*	21 acute 66 long term care
<b>Steinbach</b> Bethesda Regional Health Centre Bethesda Place Crisis Stabilization unit Rest Haven Care Home*	73 acute 60 long term care 8 acute 96 long term care
<b>Swan Lake</b> Lorne Memorial Hospital	18 transitional
<b>Vita</b> Vita & District Health Centre Vita & District Personal Care Home	10 acute 44 long term care
<b>Winkler</b> Boundary Trails Health Centre Eden Mental Health Centre* Salem Home Inc.*	94 acute 30 acute 146 long term care

\* Affiliate Health Corporations  
 \*\* Community Owned Not for Profit



Southern Health-Santé Sud offre de très nombreuses possibilités à ses quelque 6 000 employés qui fournissent tous ensemble un large éventail de programmes, services et santé communautaire. Nous sommes fiers de travailler en collaboration avec les nombreuses communautés dans notre région pour livrer des soins de santé de qualité.

Faisant partie des cinq Offices régionaux de la santé de la province, Southern Health-Santé Sud dessert un territoire de plus de 27 025 km<sup>2</sup> qui compte 20 municipalités rurales, 7 municipalités, 4 villes, 4 localités et 1 village. On trouve dans le Southern Health-Santé Sud 7 communautés des Premières Nations, communautés Métis, des colonies huttériennes, plusieurs communautés francophones, une importante population mennonite en plain essor, ainsi que de nombreux autres groupes culturels. Le Southern Health-Santé Sud est désigné bilingue et se veut progressiste et réceptif. Nous sommes fiers de desservir une population de 216 253 résidents, soit la population manitobaine qui connaît la croissance la plus rapide.

<sup>1</sup> 4 800 employés du Southern Health-Santé Sud; 1 200 employés de corporations de santé affiliées et organisation communautaire à but non lucratif.

### Pourquoi donc s'intéresser à Southern Health-Santé Sud?

Exactement en raison, c'est pour l'équilibre qu'on y trouve entre les défis à relever et la qualité de vie. De bien des façons, on y trouve le meilleur des deux mondes! Notre équipe fournit tous les services du continuum de soins, dans une atmosphère d'innovations et de réussites tout en profitant d'un mode de vie sain et relaxant en milieu rural, du sentiment d'appartenance à la communauté et de toutes les commodités modernes. Dans le Sud du Manitoba, vous profiterez des plaisirs de la vie à la campagne, y inclus d'excellentes opportunités, un mode de vie équilibré, des paysages éblouissants et le ciel étoilé. Soyez des nôtres!

### Veillez communiquer avec :

#### Recrutement et Maintien de l'effectif

180 rue Centenaire, Southport Manitoba R0H 1N1  
T 1-800-742-6509 | F 204-428-2782  
humanresources@southernhealth.ca

#### Emplois autochtones

180 rue Centenaire, Southport Manitoba R0H 1N1  
T 1-800-742-6509 | F 204-428-2782  
humanresources@southernhealth.ca

[www.southernhealth.ca](http://www.southernhealth.ca)

#### Altona

Altona Community Memorial Health Centre/Eastview Place

#### Carman

Boyne Lodge Personal Care Home  
Carman Memorial Hospital

#### Crystal City

Rock Lake Health District Hospital \*

#### Emerson

Emerson Health Centre

#### Gladstone

Gladstone Health Centre  
Third Crossing Manor

#### Grunthal

Menno Home for the Aged \*

#### MacGregor

MacGregor Health Centre

#### Manitou

Pembina Manitou Health Centre

#### Morden

Boundary Trails Health Centre  
Tabor Home Inc.\*

#### Morris

Morris General Hospital  
Red River Valley Lodge

#### Niverville

Heritage Life Personal Care Home \*\*

#### Notre-Dame-de-Lourdes

Centre de santé - Foyer Notre-Dame  
Centre de santé Notre-Dame Health Centre

#### Pilot Mound

Prairie View Lodge\*  
Rock Lake Health District Personal Care Home\*

#### Portage-la-Prairie

Douglas Campbell Lodge  
Lions Prairie Manor  
Portage District General Hospital

#### St-Claude

Centre de santé St. Claude Health Centre

#### St-Pierre Jolys

Centre médico-social De Salaberry District Health Centre  
Repos Jolys

#### Ste-Anne

Hôpital Ste-Anne Hospital  
Villa Youville\*

#### Steinbach

Bethesda Regional Health Centre  
Bethesda Place  
Unité de stabilisation en cas de crise  
Rest Haven Care Home\*

#### Swan Lake

Lorne Memorial Hospital

#### Vita

Vita & District Health Centre  
Vita & District Personal Care Home

#### Winkler

Boundary Trails Health Centre  
Eden Mental Health Centre\*  
Salem Home Inc.\*

#### N° de lits

22 actif, 65 longue durée  
79 longue durée  
25 actif  
16 actif  
20 longue durée, 4 transition  
14 transition  
50 longue durée  
40 longue durée  
20 longue durée, 6 transition  
18 longue durée, 8 transition  
*Voir Winkler*  
60 longue durée

23 actif  
40 longue durée  
80 longue durée  
60 longue durée  
10 actif  
30 longue durée  
24 longue durée  
60 longue durée  
136 longue durée  
88 actif  
18 longue durée, 10 transition  
14 actif  
22 longue durée  
21 actif  
66 longue durée  
73 actif  
60 longue durée  
8 actif  
96 longue durée  
18 transition  
10 actif  
44 longue durée  
94 actif  
30 actif  
146 longue durée

\* Corporations de santé affiliées

\*\* Organisation communautaire à but non lucrative

## **Statement of Commitment: The Accessibility for Manitobans Act**

Consistent with our core values of integrity, compassion, excellence and respect, Southern Health-Santé Sud is committed to ensuring equal access and participation for all people, regardless of their abilities. As a people-centred organization, we consider the diversity of our community as a source of strength and richness and we embrace the opportunity to identify, remove and prevent accessibility barriers by meeting requirements of *The Accessibility for Manitobans Act*. We foster an inclusive organizational culture and strive at all times to provide services in a way that respects the dignity and independence of all people. In fulfilling our vision, mission and Board ENDS we believe in working together with our community and partners in a shared effort to provide an accessible environment for all.

### **Accessibility for Manitobans Act**

Nearly one in six Manitobans is disabled by barriers where they work, live and play. Barriers to accessibility come at an enormous cost – to persons with disabilities, to their family and friends, to their communities, and also to business. By learning how to eliminate barriers, everyone benefits.

Accessibility legislation builds on this progress. *The Accessibility for Manitobans Act* (AMA) outlines a clear and proactive process to identify, remove and prevent barriers in five key areas of daily living including: (Accessibility web page)

- Customer Service
- Information and Communication
- Built Environment
- Employment
- Transportation

The AMA requires public agencies including Regional Health Authorities to have accessibility plans that will identify, remove and prevent barriers to accessing services.

### **Accessibility Committee**

The Southern Health-Santé Sud created an Accessibility Committee in January 2016. The purpose of this committee is to ensure Southern Health-Santé Sud complies with *The Accessibility for Manitobans Act* (AMA) by identifying and facilitating the removal of barriers to equal access among persons with disabilities, including patients, their families, visitors, employees, physicians and volunteers.

The Committee consists of Southern Health-Santé Sud staff that have a passion for health equity as well as experience and expertise in their areas of practice such as communications, construction, staff education, human resources and patient care.

Membership is reviewed annually with the goal to include ad hoc representation from community groups based on the AMA standard under development.

### **Consultation Activities**

A survey was developed to gain insight from patients, families and staff to provide feedback on personal experiences of the different types of barriers, both visible and invisible. These barriers can be architectural or structural, information and communication, technology, systemic and attitudinal in nature.

The results of the survey will be used to identify priorities and the ongoing development of future Accessibility Action Plans.

**Availability of the Action Plan**

The Action Plan is posted on the public website, [www.southernhealth.ca](http://www.southernhealth.ca). Alternate formats are available upon request.

**Planned Accessibility Action Items**

The Accessibility Planning Committee has created an action plan to track the current goals and accomplishments currently underway within the Region.

**Additional Information and Feedback**

For additional information or to request an alternate format of the Accessibility Action Plan, please contact Southern Health – Santé Sud at 1-888-742-6509 or go to <http://www.southernhealth.ca/clientinfo.php> to provide your feedback on the plan or your experiences, both the successes and challenges, related to Accessibility.

## **Baby Friendly Initiative (BFI) for Southern Health-Santé Sud**

Refer to Breastfeeding Policy ORG.5810.PL.001

### **What is Baby Friendly Initiative (BFI)?**

- BFI is a World Health Organization (WHO) and UNICEF global standard. It is an important designation awarded to health organizations.
- BFI was developed because the WHO and UNICEF recognized a higher incidence worldwide of illness and death of non-breastfed babies.
- BFI is inclusive of **all babies**, regardless how they are fed.
- A designation that this Region is committed to achieving.

### **Why Breastfeed?**

- To provide a normal and optimal nutrition for babies.
- To increase baby's natural immunity.
- To provide protection for many illnesses and diseases for both mom and babies.
- Breastmilk is continually changing to provide what the baby needs throughout the day, week or month.

### **Infant Formula – Did You Know...**

- Provides no immunity and does not protect against infections.
- It is difficult to digest and can cause bacterial infections.
- Errors can be made when preparing formula

### **The WHO International Code of Marketing of Breastmilk Substitute:**

- Provides the minimum requirements that a region has to show related to infant feeding. It is unbiased, fact based and free from commercial influences.
- Applies to all of the Region's messaging about infant formula, other milks, infant teas or juices, bottles, artificial nipples and pacifiers. \*no advertising statement-keep or delete
- Encourages families to make informed decisions using evidenced based information on how to feed their babies.
- Refers to: <http://www.breastfeedingcanada.ca/TheCode.aspx>

### **What is your role? All Southern Health-Santé Sud staff will:**

#### **1. Create a welcoming environment for breastfeeding families.**

- All families who wish to breastfeed or pump breastmilk can do so in all Southern Health-Santé Sud facilities. Breastfeeding families are encouraged to breastfeed where they are comfortable and do not need to cover up or be asked to feed in another area.
- Offer a clean space with comfortable chairs.
- Provide a private place if requested and available.
- No displays of posters, pamphlets, resources etc. showing the use of infant formula, other milks, infant teas or juices, bottles, artificial nipples and pacifiers.

#### **2. Know the basics of the Breastfeeding Policy and Procedures**

- Southern Health-Santé Sud supports exclusive breastfeeding for the first six months and sustained for up to two years or longer with appropriate complementary feeding after six months of age.

- Ensure that materials distributed to the public meet BFI Standards and Code, no commercial advertising.

**3. Direct mothers who have questions or need help with infant feeding:**

- To contact their Public Health Nurse or the 24-hour Breastfeeding Hotline **204-788-8667** or toll free **1-888-315-9257**.

**References**

Breastfeeding Committee for Canada (BCC). (2020) Electronic copy retrieved from

<https://breastfeedingcanada.ca/en/>

Southern Health-Santé Sud Breastfeeding Policy CLI.5810.PL.001

<https://www.southernhealth.ca/assets/documents-library/11fe48c0f2/Breastfeeding.pdf>



## **French Language Services ... our commitment**

Southern Health-Santé Sud is a designated bilingual Regional Health Authority.

This means we are legislatively responsible to provide bilingual health care services (English and French) within, but not limited to designated bilingual areas throughout our region. Regardless of your role and where you work: we all share the responsibility to assist clients seeking services in French.

## **Active Offer – the cornerstone to providing bilingual services**

Active Offer is a set of measures taken to ensure that French language services are:

- Readily available;
- Easily accessible; and
- Comparable to that of services provided in English.

In other words, it means informing the client at first point of contact that bilingual (English/French) services are available. The objective of Active Offer is to ensure that the client feels completely welcome and comfortable to communicate in the official language of choice. Active Offer applies to verbal, print and digital communications.

*Active Offer* starts with a smile and by simply saying ... “Hello/Bonjour”!

## **FLS and YOU ... what you can do!**

Ask your supervisor for more information regarding:

- Opportunities to register for French language training
- How to have *Je parle français!* inscribed on your Personal ID Badge (if you speak French)
- Options to find a French speaking colleague to assist you if you are unable to serve a client
- Access various supports and tools available on the Health Providers’ Site.

## **FLS Greeting Tool/Contact Us!**

For more information on French Language Services or, if you are in a designated bilingual position and would like a copy of our Greeting Tool that serves as a checklist to show how you can set Active Offer in motion, please call the located at the Regional Office – La Broquerie or email [rritchot@southernhealth.ca](mailto:rritchot@southernhealth.ca)



## Corporate Communications

### Our Focus: Creating Positive Health Care Experiences

As a region, we recognize ‘how we communicate’ is as important as ‘what we communicate’. It is important to choose words wisely with clients and with the public. Put people first. Communicate in a way that reflects our core values. This will result in positive client experiences.

### Media Intake Line

Southern Health-Santé Sud works closely with people and solid partnerships to ensure ongoing connection and transparency with our communities. One of these partners is the media. In order to manage calls consistently, refer all media calls to the Southern Health-Santé Sud Media Intake Line: 204-424-2329.

### Graphics Standards Manual/Contact Us!

For more information on Communications or, if you are an administrative position and require a Graphic Standards Manual that provides direction and access to files regarding our brand and identity, please contact the Communications Team located at the Regional Office – Notre Dame or email [srobidoux@southernhealth.ca](mailto:srobidoux@southernhealth.ca)

### Ways that you can remain informed:

- In person – supervisor, co-workers, meetings
- [www.southernhealth.ca](http://www.southernhealth.ca)
- [STAFF Communiqué](#) (with option to subscribe)
- Support from co-workers
- Other – email, memos or bulletin boards
- Health Providers’ Site (HPS)
  - All staff have access to the HPS which can be accessed from home, mobile phone, tablet or within the Southern Health-Santé Sud network.
  - Don’t forget to subscribe to all your favorite sections of the HPS to get notices right into your inbox regarding: job postings, education events, Southern Perks and the STAFF Communiqué

.... See next page for more info on the HPS!

## Health Providers' Site (HPS)




### Job Postings

- ▶ click the 'Human Resources' tab on the HPS
- ▶ or scan this code 

✓ **SUBSCRIBE** and receive new job postings in your inbox

### Paystubs & T4's


- ▶ see HPS Home page
- ▶ or scan this code 
- ▶ Quadrant Self Service (QSS) requires a separate username and password from the HPS for security reasons
- ▶ If you do not know your login, contact your Payroll Clerk or supervisor
- ▶ for support, email: [payrollsupport@southernhealth.ca](mailto:payrollsupport@southernhealth.ca)

✓ **UPDATE** your preferences to receive your T4 electronically




## Health Providers' Site (HPS) (online info for all staff)

### Find staff communications, job postings, training resources and more...

- ✓ Access the HPS on any device (computer, tablet, phone) from home or work
- ✓ HPS requires a separate username and password from your main network login for security reasons; if you are a 'New HPS User' and do not have a login, ask your supervisor
- ✓ To log in to the HPS, visit [www.southernhealth.ca](http://www.southernhealth.ca); click 'login' on the top menu bar or click on this code 
- ✓ If you have forgotten your username or password, click on 'I've lost my username' or 'I've lost my password' and follow the instructions
- ✓ For support, email: [hpsaccess@southernhealth.ca](mailto:hpsaccess@southernhealth.ca)

### Training resources & Learning Management System (LMS)

- ▶ click the 'Staff Resources' tab on the HPS
- ▶ or scan this code 
- ▶ LMS requires a separate username and password, different from the HPS for security reasons
- ▶ ask your local educator or supervisor for more information
- ▶ for support, contact: 866-999-9698 or email [servicedesk@sharedhealthmb.ca](mailto:servicedesk@sharedhealthmb.ca)

### STAFF Communiqué

- ▶ see HPS Home page
  - ▶ or scan this code 
- ✓ **SUBSCRIBE** and receive monthly publications in your inbox

Visit the Southern Health-Santé Sud public website ([www.southernhealth.ca](http://www.southernhealth.ca)) for information on sites, programs or services and featured stories!



## Confidentiality of Personal Health Information

The Personal Health Information Act (PHIA) is a Manitoba law that protects the privacy of all personal health information that can identify an individual client/resident.

### Purpose:

1. The Act ensures that personal health information is protected so that individuals are not afraid to seek health care or to disclose sensitive information to health professionals.
2. Personal health information is protected during the collection, use, disclosure, storage and destruction according to PHIA regulation.
3. Each individual has the right to examine and receive a copy of his/her personal health information.
4. The Act provides a right to request corrections to personal health information.

### Key Points:

1. Use or disclosure of personal health information is authorized on **a need to know basis only.**
2. Discussion regarding personal health information shall not take place in presence of persons not entitled to such information or in public places (elevators, lobby, cafeterias, off premises, etc.).
3. All employees, medical staff, students, volunteers and any visitors on business must sign a confidentiality agreement at the onset of their employment, business or work experience.
4. Unauthorized use, disclosure or snooping of confidential information may result in disciplinary action. Possible outcomes include employment termination and/or a fine of up to \$50,000 if convicted. Breaches of confidentiality must be reported to your supervisor/manager and an Occurrence Report completed.
5. A record must be kept of personal health information sent to another facility or other third party. A "Record of Disclosure" form must be completed and placed in the client's/resident's health record.

### Where can I find PHIA policies?

PHIA policies are located in the Health Provider Site under Policies, Forms and Guidelines. Please refer to the following PHIA policies:

ORG.1411.PL.101 Access to Personal Health Information

ORG.1411.PL.102 Access, Disclosure and Correction to the Clinical Record under The Mental Health Act

ORG.1411.PL.104 Correction of Personal Health Information

ORG.1411.PL.201 Confidentiality of Personal Health Information

ORG.1411.PL.203 Reporting of Security Breaches Related to Personal Health Information and the Corrective Procedures to be followed

ORG.1411.PL.301 Completion of Privacy Impact Assessment

ORG.1411.PL.302 Privacy Requirements for Electronic Information Systems/Databases

ORG.1411.PL.404 Security and Storage of Personal Health Information

ORG.1411.PL.407 Transmission of Personal Health Information Via Facsimile Fax

ORG.1411.PL.502 Use and Disclosure of Personal Health Information

ORG.1411.PL.502.SD.01 PHIA Definitions

ORG.1411.PL.504 Disclosure of Personal Health Information Requested for Legal Proceedings

ORG.1411.PL.505 Disclosure of Personal Health Information to Police

ORG.1411.PL.506 Disclosure of Personal Health Information for Health Research

**Where can I go if I have questions about PHIA issues?**

You should discuss the concern with your manager/supervisor. You may also contact the Regional Officer – Privacy & Access at (204) 822-2655, or your facility/program Privacy Officer/Advisor or Health Information Management Professional within your facility/program.



**Personal Health  
Information Privacy  
and Access**

## Human Resources

Human Resources (HR) Professionals are charged with making sure the employer-employee relationship is one of shared value, supporting our region's Vision and Mission.

In particular Human Resources is involved in corporate programs which include recruitment and development of staff, staff appreciation events, staff training, employee/labour relations, benefit administration and Workplace Safety and Health (WS&H). These services and others can be found in our Human Resources Contact List.

### Human Resources Contact List

The [Human Resources Contact List](#), also found in the Resource Directory located on the Health Provider Site (HPS), has the names and numbers of staff that can give additional help in the following areas:

- Recruitment and Retention
- Benefits
- Workplace Safety and Health
- Collective Agreement Questions
- Scheduling
- Staff Development
- Return to Work/Illness Supports
- Bursaries
- Career Development

### Labour Relations

Labour relations are of particular interest to those who, as a condition of their employment, must become members of a union. Union members are covered by a collective agreement which is a legally binding contract that reflects the negotiated working conditions and benefits of their particular employee group. Southern Health-Santé Sud has the following unions represent employees:

- Manitoba Nurses Union (MNU)  
Represents all employees working as nurses within the region.
- Canadian Union of Public Employees (CUPE)  
Represents all employees working as support within facilities in the region.
- Manitoba Government Employees Union - Community (MGEU)  
Represents all employees working as support in community, including Direct Service Workers in the Home Care Program.
- Manitoba Government Employees Union - Professional Technical (MGEU)  
Represents all community and facility employees working in a technical/professional capacity within the region.

We encourage you to get to know your collective agreement along with the applicable personnel policies. Policies are located in the Regional Administration Policy Manual available in each facility and community office as well as on Health Provider Site (HPS).

The Labour Relations Officer can help both management and employee to explain what the collective agreement means and how it is applied. The Labour Relations Officer is tasked to keep the integrity, intent and consistency of the collective agreements along with strengthening the relationship with the unions and support the progress of human resources to all employees within the region.

If you have any questions, please call the Labour Relations Officer in your area.

## Social Media Tips & Tricks

Social Media has become a pervasive method of sharing a lot of information to a wide audience with the click of a button. Employees of a public body and members of professional regulatory bodies have a responsibility to protect confidential information and ensure their online presence is a positive reflection of them, their employer and their profession. When employees of Southern Health-Santé Sud use Social Media inappropriately, they may breach the privacy of their clients or co-workers, reduce public trust in regional health services, and violate professional standards and codes of ethics, placing them at risk of disciplinary action. Following these best practices will allow Southern Health-Santé Sud employees to enjoy using Social Media appropriately, while reducing their personal and professional risk.

DO...	DON'T...
<ul style="list-style-type: none"> <li>➤ DO assume that everything you post is public and not anonymous.</li> <li>➤ DO think before you interact online with coworkers.</li> <li>➤ DO be careful which sites you join and contribute to as you are creating an electronic footprint for yourself.</li> <li>➤ DO check and double-check your privacy settings. Privacy settings are not a shield nor an excuse.</li> <li>➤ DO remember that info you learn at work – about clients, coworkers, and the region’s business – is considered confidential.</li> <li>➤ DO think before you post...how would you feel?</li> <li>➤ DO make your profile private and accessible only by people you know and trust.</li> <li>➤ DO create strong passwords and change them frequently.</li> <li>➤ DO remember that online behaviour can be judged and examined in the same way as in-person conduct.</li> <li>➤ DO present yourself in a professional manner in photos, videos and postings.</li> <li>➤ DO think before you click: “What if my client/employer/licensing body reads this?”</li> <li>➤ DO remember that Southern Health-Santé Sud may monitor, review, and access user activity without notice.</li> <li>➤ DO review the Human Resources Social Media Policy (ORG.1510.PL.016) for more information about the use of Social Media in the workplace.</li> </ul>	<ul style="list-style-type: none"> <li>➤ DON'T use social media while on work time.</li> <li>➤ DON'T “Friend” or “Follow” current or former clients or their representatives or accept requests from them.</li> <li>➤ DON'T use social media to interact in any way with clients.</li> <li>➤ DON'T post on behalf of Southern Health-Santé Sud unless you are authorized to do so.</li> <li>➤ DON'T engage in any behavior that could be interpreted as a breach of respectful workplace guidelines or professional code of ethics/standards of practice. (e.g. negative or disrespectful comments/opinions about others)</li> <li>➤ DON'T take photos of clients and post them online or share them with co-workers or friends.</li> <li>➤ DON'T blog or comment about work or clients on social media sites, or comment on similar posts by others.</li> <li>➤ DON'T use social media to bully and/or intimidate clients, coworkers, or colleagues.</li> <li>➤ DON'T share passwords with friends or coworkers.</li> <li>➤ DON'T distribute sexually explicit material.</li> <li>➤ DON'T share confidential information learned at work: an unnamed client may be identifiable by the content of your post.</li> <li>➤ DON'T give health-related advice; this could lead to professional liability.</li> <li>➤ DON'T create private/secret groups/societies that include a work context.</li> </ul>
<p><b>Remember, posting the following is strictly prohibited:</b></p> <ul style="list-style-type: none"> <li>➤ Information about clients or coworkers, including personal health information and images.</li> <li>➤ Defamatory comments about Southern Health-Santé Sud, its services, employees, or associates.</li> <li>➤ Confidential Southern Health-Santé Sud business information.</li> <li>➤ Content that could be damaging to the reputation of Southern Health-Santé Sud.</li> </ul>	

*Adapted from Prairie Mountain Health - Access and Privacy*

## Employee Assistance Program (EAP)

The Employee Assistance Program is a free, valuable resource and can help employees and their families. Because it is private, it is up to you to phone EAP to access their services.

Knowing and asking for help is a sign of strength. We encourage you to contact EAP when you have problems or want to improve something in your life. EAP helps employees and their families through the promotion of standards, teaching, information and support.

Areas of personal counseling, which provide an unbiased sounding board, include the following:

- Marital and Relationship
- Family and Parenting
- Addictions
- Emotional or Behavioural
- Anxiety and Depression
- Occupational Stress and Adjustment
- Violence or Abuse
- Information and/or Referral
- Critical Incident or Trauma

To make an appointment or for more information, please call the Manitoba Blue Cross Employee Assistance Centre. Have your ID Card ready when you call. You will be asked for your group and contract numbers. The Employee Assistance Centre is accessible 24 hours a day, 7 days a week at (204) 786-8880, TTY (204) 775-0586 or Toll Free at 1 (800) 590-5553.



Provided by



## Workplace Safety and Health

Southern Health-Santé Sud is committed to the safety and health for all staff, physicians, volunteers, contractors, clients, residents and visitors through the implementation of a Workplace Safety and Health (WS&H) program that meets the requirements of the Workplace Safety and Health Act and its applied Regulations.

We believe that safety is a shared responsibility of all members of our organization. Management is committed to do everything possible to prevent injuries, respects and appreciates that the greater the authority, the greater the level of responsibility in safety and health.

Safety is achieved through various means:

### 1. Compliance to the WS&H Act

General Duties and Responsibilities of:

- Employers (Management)
  - Provide written policies and procedures to ensure all workers and supervisors are aware of the hazards within the workplace.
  - Demonstrate a commitment to safety by providing and maintaining a safe work environment.
  - Provide the necessary training to protect worker's safety and health.
- Supervisors
  - Ensuring workers comply with safety and health policy and procedures.
  - Ensuring staff have personal protection equipment (i.e.: gloves, masks, eye protection, aprons, safety footwear, etc.).
- Employees (Workers)
  - Take reasonable care to protect themselves and others.
  - Use proper lifting techniques and proper care in operating equipment.
- Contractors & Agency Staff or Self Employed Persons
  - Follow established safety guidelines of the facility.
  - Cooperate with facility staff in regards to safety and health matters.

### 2. Workplace Safety and Health Committee and Representatives

- There are Workplace Safety and Health Committees and designated representatives in facilities and community programs throughout the region. These groups meet regularly (quarterly).
- WS&H Committee minutes, Safe Work Bulletins, other safety initiatives are posted on specific bulletin boards within each facility.
- All staff are encouraged to report safety and health concerns to their immediate supervisor or workplace safety and health representative.



3. Workplace Safety and Health Program
  - Includes identifying hazards within each job position through Job Hazard analysis (JHA) and Safe Work Procedures (SWP).
  - Establish an effective WHMIS program.
  - Training plan for supervisors and workers.
  - Develop procedures for investigating incidents and dangerous occurrences and refusals to work.
  
4. Violence Prevention Program

Refer to Violence Prevention Program for Health Care Workers Policy ORG.1513.PL.001

  - Healthcare workers (broad term referring to all people working in any capacity within the region) are among the highest risk groups for becoming a victim of violence while on the job.
  - Awareness, screening, orientation, and training for early intervention are keys to injury prevention for all healthcare workers and individuals we care for. Health care workers are highly committed to their clientele and often endure behaviour that they would not tolerate under any other circumstance.
  - The Provincial Violence Prevention Training Program is designed to equip employees to deal with potential violence in the work setting. Violence Prevention Program (VPP) training is offered in Southern Health-Santé Sud on a regular recurring basis.



USE CARE  
Caution And Respect Everyday



## Employee Injury

Southern Health-Santé Sud will work cooperatively with employees to provide a safe environment in all facilities and community offices.

All Regional employee and contract employee work-related injuries and near-misses must be reported using the Southern Health-Santé Sud Occurrence Report, which can be located on the Health Provider Site (HPS).

### Critical Occurrences

A critical occurrence is an occurrence involving substantial risk or harm and is defined as a workplace injury that must be reported to Manitoba-Growth, Enterprise, and Trade (GET); Labour & Regulatory Services-Workplace Safety & Health. The employee must report a Critical Occurrence to the Manager/Supervisor or Designate as soon as it is safe to do so, but by no later than the end of their shift.

Critical Occurrences include:

- Fracture/ Dislocation
- Permanent or temporary loss of sight
- Burn – Third Degree
- Any injury resulting in paralysis
- Internal hemorrhage
- Amputation
- Poisoning or Asphyxiation
- Electrical contact
- Loss of consciousness
- Cut/Laceration requiring medical treatment at hospital
- Any other injury likely to endanger life or cause permanent disability
- Death while on Southern Health-Santé Sud property (even if not on duty)

For employee related Critical Occurrences, the Manager/Supervisor or Designate is to immediately report to:

1. Director of Health Services or Regional Manager/Director (depending on Program).
2. Manitoba- GET- Labour & Regulatory Services – WSH toll free 1-855-957-7233 (SAFE). Select Option “1”.
3. Regional Manager, Workplace Safety & Health Program 204-346-2467.
4. Regional Patient Safety Coordinator (204) 428-2743 or (204) 326-6411 ext. 2097.
5. Your designated payroll contact.
6. For all serious injuries, a WS&H Investigation Summary Report) must be completed. This form can be found on the Health Provider Site (HPS).

## **All Other Occurrence and Near Miss Incidents**

An occurrence is a circumstance that resulted in an unintended, undesired outcome and may result in minor injury to an individual. For all other Workplace injuries or near-misses, the employee must provide their report within 24 Hours. Examples of Occurrences / Near Misses include:

- Bite – Animal/ insect
- Bruise/ Crush/ Abrasion
- Burn/ scald
- Chemical Exposure
- Concussion
- Cut/ Laceration (minor)
- Dermatitis/ Rash
- Exposure to Cold/ Heat
- Contact/collision with equipment, wall or door
- Physical and/or verbal violence
- Sprain/strain
- Blood/Body Fluid/Chemical Exposure
- Transferring/Lifting/Carrying an object or client
- Motor Vehicle Accident when travelling between clients while on duty
- Potential Hazard/close call
- Miscellaneous

***This list is not all inclusive***

## **Reporting Procedure for all Employee Injury Occurrences**

1. Report verbally to manager/designate and obtain an Occurrence Report Form.
2. Complete Sections A and C and give to manager/designate.
3. With assistance of manager/designate complete Section C.
4. If you miss time from work or seek medical attention because of a work-related injury, report the accident to the WCB by phone. Call 1 (204) 954-4100 or toll-free 1-855-954-4321 and a Claim Information Representative will take accident details and open a file.
5. If requiring time off due to the injury, please ensure the facility/ program is aware it is a WCB situation and not regular sick time.
6. If making a WCB claim, you must also contact your benefits administrator to ensure continuation of benefits coverage during any period of time loss. As well if WCB is cancelled or denied, you may be eligible for coverage under an alternate third party insurer plan, such Healthcare Employee Benefits (HEB).
7. Report to payroll specific to your site/ program.

**For Staff Related Occurrences, the Manager/Supervisor or Designate is to provide Section C of the completed Occurrence Report to:**

1. Workplace Safety & Health – Email [wsh@southernhealth.ca](mailto:wsh@southernhealth.ca) or via fax at (204) 424-9401.
2. Applicable Departments/ Programs.

### **How to file a claim with WCB**

1. Report the accident to your employer as soon as possible.
2. If you miss time from work or seek medical attention because of a work-related injury, report the accident to the WCB by phone. Call 1 (204) 954-4100 or toll-free 1-855-954-4321 and a Claim Information Representative will take accident details and open a file.
3. The Worker Compensation Act requires employers to provide the WCB with a fully completed Employers Report of the Injury within 5 business days of becoming aware of a workplace injury.

For additional information, please refer to the Regional Policy or the Disability Management documents, located on the Health Provider Site (HPS).



## Workplace Safety & Health – Everyone’s Responsibility

The Workplace Safety and Health Act supports every worker’s right to a safe and healthy workplace. It assigns responsibility to each person in the workplace for creating and maintaining a safe and healthy workplace, to the extent that they have the authority and ability to do so. Everyone has a personal and shared responsibility to work together cooperatively to prevent workplace injuries and illness. Refer to *Workplace Safety and Health Act (W210) Part 39*.

### General Duties under the Act

**Employers:** Because they have the greatest degree of authority and control over the operations of the workplace, employers have the greatest degree of responsibility for workplace safety and health. Employers’ legal safety and health responsibilities include:

- Taking necessary precautions to ensure the safety, health and welfare of workers;
- Providing and maintaining a safe workplace, equipment, tools and systems;
- Ensuring all workers and supervisors are aware of hazards in the workplace as well as the precautions necessary for their protection;
- Providing workers with competent supervision;
- Providing the necessary training to protect workers’ safety and health before they begin a new job;
- Taking necessary precautions to ensure that other persons are not exposed to safety or health risks due to the activities of the workplace;
- Consulting and cooperating with the workplace safety and health committee or representative;
- Cooperating with other people on workplace safety and health matters.

**Supervisors** have the responsibility and authority to oversee a group of workers within a workplace. *The legal safety and health duties of supervisors’ include:*

- Taking necessary precautions to protect the safety and health of workers under their supervision;
- Ensuring that workers comply with safety and health procedures and use safety equipment, clothing, and devices;
- Advising workers of safety and health hazards in the work area;
- Cooperating with the workplace safety and health committee or representative
- Cooperating with other people on workplace safety and health matters.

**Workers** are responsible for their own actions or inaction. *Workers’ legal safety and health responsibilities include:*

- Taking reasonable care to protect themselves and others who may be affected by their actions or omissions;
- Proper use of safety equipment, clothing, and devices;
- Cooperating with the workplace safety and health committee or representative;
- Cooperating with other people on workplace safety and health matters.

**Contractors** are described under the Act as persons who hire an employer or self-employed person on contract and direct their activities. *Contractors’ legal safety and health duties include:*

- Taking necessary precautions to ensure that activities and hazards within their control do not create a safety and health risk;
- Cooperating with other people on workplace safety and health matters.

**Prime Contractors** are required on construction projects where more than one employer or self-employed persons are involved. *The legal safety and health responsibilities of prime contractors include:*

- Coordinating, organizing and overseeing the work on the project to ensure the safety and health of workers and others who may be affected by activities on the project (this includes coordinating the safety and health programs of employers working on the project);
- Setting up an effective system to ensure everyone working on the project fulfills their legal safety and health responsibilities;
- Cooperating with other people on workplace safety and health matters.

**Self-Employed Persons** are responsible for their own actions or inaction. *Their legal safety and health duties include:*

- Taking necessary precautions to ensure that their activities do not create a safety and health risk to themselves or others who may be affected by their activities;
- Cooperating with other people on workplace safety and health matters.

**Owners** of buildings or land used as a workplace have *legal safety and health responsibilities which include:*

- Taking necessary precautions to ensure that property under their control does not create a risk to safety and health;
- Cooperating with other people on workplace safety and health matters.

**Suppliers' legal safety and health duties include:**

- Taking necessary precautions to ensure that tools, equipment and other materials supplied to a workplace are safe when used according to instructions provided;
- Cooperating with other people on workplace safety and health matters.

**Workplace Safety & Health Committees and Representatives** play an important role by providing input and advice to employers on safety and health matters, however they are not responsible for managing safety and health in the workplace.

- Employers are required to establish a safety and health committee in workplaces with 20 or more workers;
- In workplaces with 10 to 19 workers (or on a construction project), employers are required to designate a worker as the safety and health representative;
- Prime contractors are required to establish a project safety and health committee on construction projects expected to last more than 90 days where 20 or more workers are expected to work.

*The legal responsibilities of committees and representatives include:*

- Making safety and health recommendations to the employer;
- Dealing with safety and health concerns of workers;
- Participating in developing and promoting of safety and health precautions, as well as safety and health education and training programs;
- Conducting regular workplace inspections;
- Participating in safety and health investigations;
- Cooperating with other people on workplace safety and health matters.

**Smoke Free Environment Policy**

- Smoking shall not be permitted by the public, patients, residents or employees and volunteers in owned or leased facilities, offices, clinics or vehicles
- No smoking within a minimum distance of 9 meters (30 feet) of the buildings
- Exemption: If patient or resident safety is of immediate concern, designated smoking areas can be created but must be a minimum of 3 meters (9) feet from any entrance, window or air intake.
- It is to be noted that the policy defines tobacco to include vaping and e-substances.
- We all own and are responsible to operationalize the policy.

For specific requirements, please refer to the Workplace Safety and Health Act (W210).

## Workplace Safety and Health – Workers Rights & Responsibilities

Every worker in Manitoba has basic rights, protected by law, when it comes to safety and health at the workplace. At the same time, every individual at the workplace has a personal and shared responsibility to prevent occupational injuries and illness.

### Worker Rights

Every worker has the following rights:

- ***The Right to Know*** about hazards in the workplace, and what precautions must be taken to prevent injuries or illness from these hazards.

Employee education under the Workplace Hazardous Materials Information System, as well as job-specific training on chemical/controlled products at the workplace, is an example of the right to know, supported by the Workplace Safety and Health Act.

- ***The Right to Participate*** in safety and health activities at the workplace, including involvement in the joint workplace safety and health committee, or as a worker representative, for example.
- ***The Right to Refuse*** any task that the worker has reasonable grounds to believe is dangerous to his/her safety and health or the safety and health of other persons.

Workers carrying out duties or exercising rights, as set out under the Workplace Safety and Health Act, are protected from discriminatory action.

### Worker Responsibilities

Workers' legal safety and health responsibilities include:

- Taking reasonable care to protect themselves and others who may be affected by their actions or omissions.
- Proper use of safety equipment, clothing, and devices.
- Cooperating with the workplace safety and health committee or representative.
- Cooperating with other persons regarding workplace safety and health matters.

"Cette information existe également en français au  
[www.gov.mb.ca/labour/safety/index.fr.html](http://www.gov.mb.ca/labour/safety/index.fr.html)"



## **Occupational Health**

CLI.8011.SG.004 Occupational Health-Infectious Disease and Upper Extremity Supportive Device Work Restrictions

The purpose of this policy is to provide guidelines for work restrictions that are necessary when an employee, volunteer or student is known to be colonized or infected with a communicable organism or has an upper extremity condition that requires the use of a supportive device.

The Occupational Health Program promotes health and well-being, ensures safety and makes every effort to minimize the risks related to illness transmission.

### **Infectious Diseases**

If an employee is ill or injured and concerned that it is due to a contagious illness or condition, they or their manager are encouraged to consult this policy and the Infection Control/Occupational Health Nurse or designate prior to returning to work.

### **N-95 Respirators**

An N95 respirator can filter out 95% of airborne particles that are 0.3 microns or more, protecting the user from inhaling airborne hazards. While, a surgical/procedure mask is designed to protect the nose and mouth from sprays or splashes.

N-95 respirators are designed to be worn for single use of 8 hours or as long as it remains able to protect you from respiratory hazards. It should be changed and discarded if it becomes damaged or deformed; no longer forms an effective seal to the face; breathing through it becomes more difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids.

### **What is Fit Testing?**

A Tester using a Portacount machine determines what size and model of N95 respirator provides an acceptable seal to your face. It is required by legislation for staff who have a reasonable expectation of exposure to airborne infectious materials. Staff need to be fit tested every two years or if there is a significant change in facial structure. This could be from weight gain/loss or broken bones.

### **Health Immunizations for Health Care Workers**

The purpose of this policy is to protect patients/clients/residents and health care workers from infections that may be transmitted within health care practice settings in Southern Health-Santé Sud by:

- Identifying the immunization status of staff.
- Administering vaccines to staff in accordance with recommendations from the Canadian Immunization Guide and the National Advisory Committee on Immunizations.
- Verifying through lab work if necessary, the staff member has immunity to a particular disease.

## Safe Client Handling and Injury Prevention Program (SCHIPP) – Module I

CLI.4110.PL.003 Safe Client Handling and Injury Prevention Program

Injuries or disorders involving muscles, tendons, ligaments, joints, blood vessels, nerves and other soft tissues are known as **Musculoskeletal injuries or MSI's**. Examples include sprains, strains and inflammation. They are among the most common injuries that occur throughout all areas of healthcare.

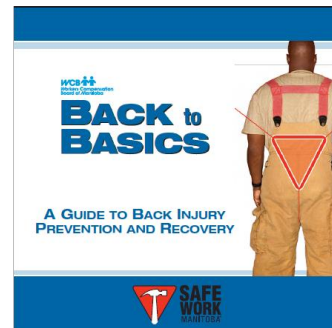
**Signs and Symptoms** of an MSI may include:

- Muscle fatigue or aches which subside during rest.
- Tight bands of pain across shoulders or back.
- Pain or stiffness when changing positions or rising from bed in the morning.
- Difficulty gripping items.
- Loss of sensitivity to touch or to temperature extremes.
- Numbness, tingling, burning, weakness, pain.

When we use more than a low level of effort with manual lifting techniques, we put ourselves at risk for **Musculoskeletal injuries (MSI)**. Excessive force gradually wears out soft tissues and may result in serious health problems. In short term there is a higher risk of pain, stiffness and injuries.

Not all injuries are preventable; however you can minimize unnecessary strain to your back by using good technique, maintaining flexibility and being prepared for the task.

Please refer to the [Back to Basics: A Guide to Back Injury Prevention & Recovery](#) booklet provided in your orientation package. It looks at the anatomy of your spine, good posture and body mechanics techniques and exercises to maintain flexibility and strength.



Ultimately, we want to **maintain the natural curves of our back** and we also want to slightly contract the stomach muscles to add substantial **stability** to the back. This is something we can do when we are doing any activity. We need to reinforce good movement patterns in all of our activities. Just as an athlete practices the same motion over and over, you must also practice neutral spine and other good body mechanics.

### **Remember that practice makes permanent!**

It's your health and your responsibility to work safely to protect it.

### **How to be Healthy Employees:**

- Remain mindful of our body's structure and function
- Practice good body mechanics.
- Choose safer practices, even if they take a bit longer
- Remember to check for client transfer status (refer to logo).
- Use verbal or physical communication when assisting a client.
- Report any changes you observe to ensure safest process is being used when planning any future transfers.
- **Support and promote a safe work culture for ourselves and our co-worker!**

## Workplace Hazardous Material Information System (WHMIS)

### WHMIS Introduction

The overall purpose of WHMIS (Workplace Hazardous Materials Information System) is to help to ensure a safer, healthier workplace. WHMIS provides information to keep workers safe when working with hazardous materials. Hazardous materials can be chemical or biological.

A hazardous material is a substance that has the potential to cause harm, damage or adverse health effects to someone or something. Exposures to hazardous product(s) can cause or contribute to a variety of health effects such as irritation, burns, sensitization, organ toxicity and damage, and cancer. Some materials may also be physical safety hazards that can contribute to fires, explosions and other accidents if improperly stored or handled.

WHMIS first became law in 1988 and was aligned with the Global Harmonization System in 2015. WHMIS is now often referred to as WHMIS 2015.

Before working with any hazardous materials workers need to know the following:

- Where can I get information about this product?
- What are the hazards?
- How can I use it safely?
- What do I do if something goes wrong?

### Roles and Responsibilities

Everyone has a role to play to ensure safety.

- Suppliers are to provide labels and Safety Data Sheets (SDSs) to customers
- Employers are to ensure that:
  - All hazardous products in the workplace are properly labeled
  - SDS for hazardous products are up-to-date and readily available to employees
  - Employees are provided with proper education and training
  - Ensure appropriate control measures are in place to protect the health and safety of employees
- Employees are to:
  - Participate in WHMIS training programs
  - Take necessary steps to protect themselves and other employees
  - Participate in identifying and controlling hazards in the workplace

### Elements of WHMIS

WHMIS provides hazard information on hazardous materials and the required precautions and control measures to protect workers through

- Education
- Classification
- Labels
- Safety Data Sheets (SDS)

### Hazardous Products (Controlled) and Products not covered by WHMIS (Non controlled)

The term “Hazardous Product” has replaced the term “Controlled Product” in WHMIS 2015. This refers to a substance provided by a workplace supplier that has a hazard associated with it. The hazardous classification criteria are more complete and improves the ability to show the severity of hazards. Some products are not covered under WHMIS 2015 and are referred to as “Non-Controlled” products.

## Routes of Entry

The effects of hazardous materials vary with their route of entry into the body. A hazardous material may be harmful by one route and not by another.











- Inhalation (breathing in)
- Ingestion (swallowing)
- Eye Contact
- Skin Contact
- Skin Absorption
- Injection

*To minimize exposure to hazardous products, wear the appropriate personal protective equipment (PPE), as required. Always check with your Supervisor or the product's SDS to ensure that you have the right PPE.*

## Classification of Hazards

WHMIS has established rules for suppliers to classify hazardous products based on their properties. Hazardous products are assigned to hazard groups and then into classes and categories. Hazardous products are divided into two hazard groups (Physical and Health Hazard). The two hazard groups are further divided into hazard classes. Hazard classes are a way of grouping together products that have similar properties. The hazard class identifies the property or nature of the hazard associated with the product. There are 19 physical hazard classes and 12 health hazard classes. Each hazard class contains at least one category. The two (2) Hazard Groups for WHMIS are Physical Hazards Group and Health Hazards Group.

## WHMIS Pictograms

WHMIS 2015 Pictograms			
	<b>Environmental Hazard</b> - Aquatic Toxicity. Canada did not adopt this pictogram into WHMIS 2015 but you might see it on a label. May cause damage to the aquatic environment		<b>Exclamation Mark – Health Hazard</b> Harmful to skin, eyes, respiratory system. Fatal in large quantities
	<b>Flame Over Circle</b> - Oxidizing Materials. May cause fire or enhance the combustion of other materials		<b>Gas Cylinder</b> - Compressed gas/gases under pressure. May explode if heated, punctured or dropped.
	<b>Corrosion</b> - Corrosive Materials. Causes severe skin burns and eye damage. Corrosive to metals.		<b>Flame</b> - Flammable (gases, liquids, solids). Catches fire spontaneously if exposed to air or water
	<b>Skull and Crossbones</b> - Acute Toxicity. Harmful or fatal even in small quantities		<b>Health Hazard</b> - may cause allergic reactions, cancer, birth defects, damage organs or harm fertility or unborn children
	<b>Exploding bomb</b> - Unstable/ Reactive. Explosion or reactivity hazard. Risk due to fire, shock, friction, heat or puncture		<b>Biohazardous Infectious Material</b> - for organisms or toxins that can cause diseases in people or animals.

## Oxygen Tanks

Smoking around oxygen is prohibited and a safety risk. We must know where both full oxygen tanks and empty oxygen tanks are kept on the ward. It is very important that an empty tank not be mistaken for a full tank. *Always ensure that the tank that you are taking is full and not empty.*

If you are responsible to transport a patient with an oxygen tank to and appointment, always double check before doing the transfer to ensure that there is enough oxygen for the entire transfer. Charts are available where oxygen tanks are kept to help predict the time remaining in the tank. If tanks are empty, ensure maintenance is notified so that they can take the empty tanks and bring in full ones.

Oxygen tanks must be stored safely. They must be stored either upright in a specific holder or laid flat on the floor. They cannot be left freestanding because of the risk of knocking them over.

## Supplier Labels

Supplier labels require pictograms, signal words, and standardized hazard statements and precautionary statements. A pictogram, signal word, and hazard statement are now assigned to most hazard classes and categories.

- The supplier label must be bilingual (English/ French), easy to read, and durable.
- The supplier label must include:
  - Product Identifier
  - Hazard Pictograms
  - Signal Word
  - Hazard Statements
  - Precautionary Statements
  - Supplier Identifier

## Workplace Labels

The employer or employee produces workplace labels in the workplace in certain circumstances:

- The supplier label is missing or illegible
- The contents were transferred from the original container to another container, in part or in full
- A hazardous product is produced (made) at the workplace and used in that workplace
- Generating hazardous waste

In these cases, workplace labels must be applied to the container prior to filling the container. The following information must be included on a workplace label:

- Product name matching the SDS product name
- Safe handling precautions
- May include pictograms or other supplier label
- Reference to the SDS








## Consumer Products

Consumer products are generally used for personal, family and household purposes and are available to the public through the retail system. In the workplace, they are used extensively in home care, group homes, retirement homes and child care environments.

Consumer products have their own unique labels. If further information is required, ask the manufacturer using the contact information that may be found on the consumer label or manufacturer's website.

Labels on consumer products may display a border or shape that indicates the degree of risk and a symbol or pictogram inside the border that indicates the type of hazard. If the consumer label becomes illegible or if the product is decanted from the supplier container, a WHMIS workplace label must be affixed to the container. Employers must provide training to employees on how to handle, use, store and dispose of consumer products.

### CONSUMER SYMBOLS

DEGREE OF HAZARD		TYPE OF HAZARD	
	<b>WARNING</b> Special hazard/ special requirements	Flammable 	<ul style="list-style-type: none"> <li>• Fire hazard</li> <li>• Will ignite if exposed to a spark or flame</li> <li>• Store away from heat</li> <li>• Use in a ventilated area</li> </ul>
	<b>DANGER</b> Severe hazard/ immediate harm	Poison 	<ul style="list-style-type: none"> <li>• Potentially fatal if inhaled or swallowed</li> <li>• May have serious long-term health effects</li> <li>• Wear gloves/face mask</li> <li>• Wash after using</li> </ul>
	<b>CAUTION</b> Moderate hazard/long-term or hidden harm	Explosive 	<ul style="list-style-type: none"> <li>• Handle container with care</li> <li>• May explode if heated or dropped</li> <li>• May react violently with other materials</li> </ul>
		Corrosive 	<ul style="list-style-type: none"> <li>• Causes skin/eye burns</li> <li>• Do not breathe in fumes</li> <li>• Wear gloves and eye protection</li> </ul>

### Safety Data Sheets

A Safety Data Sheet (SDS) is a document that provides detailed and comprehensive information on hazardous products. Every product that is classified as a “hazardous product” under WHMIS that is intended for use, handling or storage in a workplace in Canada must have a Safety Data Sheet.

The information is used to:

- identify the product and supplier
- identifies the hazards of the product
- to inform of the precautions to work safely with this material
- to inform of what do in the case of an emergency

Employers will be required to make sure that all hazardous products (as defined by the Hazardous Products Regulations) have an accurate SDS at the time of sale. The SDS must be updated when the supplier becomes aware of any “significant new data”.

A SDS must be updated when:

- There is new information that changes how the hazardous product is classified
- There are changes to how the product is handled or stored and the precautions for protection from overexposure

<b>WHMIS 2015 Safety Data Sheet</b>	
Section 1: Identification	Section 8: Exposure Controls/Personal Protection
Section 2: Hazard Identification	Section 9: Physical and Chemical Properties
Section 3: Composition / Ingredients	Section 10: Stability and Reactivity
Section 4: First-aid measures	Section 11: Toxicological information
Section 5: Fire-fighting measures	Section 12: Ecological Information
Section 6: Accident Release Measures	Section 13: Disposal Considerations
Section 7: Handling and Storage	Section 14: Transport Information
Section 8: Exposure Controls/Personal Protection	Section 15: Regulatory Information

**Your responsibilities**

- Familiarize yourself with any hazardous materials such as chemicals or biological hazards that you may be using, or that others are using around you in your work area. Refer to the SDS, and be especially aware of the Personal Protective Equipment (PPE) required and fires aid measures
- Familiarize yourself with your department or office WHMIS inventory, SDS’s and their location. You should be able to find a specific SDS in less than 1 minute
- If there are any hazardous materials in your work area that do not have an SDS, bring it to the attention of your supervisor. Make sure all chemicals, including decanted products, have WHMIS labels.



## Ethics

Southern Health-Santé Sud recognizes that ethical dilemmas in health care are a reality and therefore has adopted a Framework for Ethical Decision Making. This Framework promotes ethical processes thereby supporting our core values of integrity, compassion, excellence, and respect. Ethical issues that cannot be resolved at the local level will be addressed in accordance with the Ethics Resource Algorithm ORG.1810.PL.005.SD.01.

Southern Health-Santé Sud is committed to providing quality compassionate care to the community it serves. Ethical principles and values are incorporated into the way that decisions are made and how care is delivered every day.

The Ethical Decision Making Tool is to be applied when clinical and/or organizational dilemmas arise to address what we should do and why.

Common ethical issues may include situations when:

- Client goals conflict with the health care team goals.
- Family goals conflict with the health care team goals.
- Staff member goals conflict with the physician's goals.
- Co-workers' actions conflict with your beliefs.
- Competing demands for human, financial, and/or physical resources.

Each site or program conducts guided learning about the framework and how to use it. A laminated copy of the Ethical Decision Making Framework is posted in a location where staff and physicians can readily visualize it (e.g. nursing station, information board, etc.).

Reference Ethical Decision Making ORG.1810.PL.005



## Respectful Workplace

Refer to Policy Respectful Workplace ORG.1510.PL.005

### What is a respectful workplace?

A respectful workplace supports the physical, psychological and social well-being of all employees. In a respectful workplace

- employees are valued
- communication is polite and courteous
- people are treated as they wish to be treated
- conflict is addressed in a positive and respectful manner
- disrespectful behaviour and harassment are addressed

### What is Harassment?

Harassment is abusive and unwelcome behaviour or comments toward an individual because of a group to which they belong or appear to belong. It can also be unwelcome sexual advances. The Manitoba Human Rights Code prohibits harassment in employment and other situations.

### Why do we need a respectful workplace?

We all deserve a respectful workplace. When people at work offend, embarrass or humiliate us, it hurts our dignity and well-being. It also hurts our working relationships and can lower our productivity. Over time, disrespect in the workplace can lead to an unhealthy work environment and a high rate of employee turnover.

### Who is responsible to prevent disrespect?

Everyone has a responsibility to prevent disrespect.

**Source** The person whose action offends others. If you think your behaviour offends someone else, stop the behaviour.

**Target** Tell someone if their behaviour offends you. Ask them to stop. Give a respectful response and avoid blaming. If the behaviour continues or is serious, report the incident to the appropriate person in the workplace.

**Observer** The person who sees disrespectful behaviour occur. You are not innocent. You have a responsibility to call attention to the disrespectful behaviour. Offer suggestions for more respectful behaviour.

**Person with Authority** Supervisors and managers should address disrespect immediately. Ultimately, it is the employer's responsibility to provide a respectful and harassment-free workplace.

## What can your employer do?

Your employer is responsible to provide a healthy work environment. Some ways employers can build a respectful workplace are:

### Training

- provide training on respectful workplaces to all workers and management
- hold orientations with all new employees and review their rights, responsibilities and obligations toward other employees
- provide diversity training
- provide conflict resolution training and make sure all management and supervisors are skilled in handling conflict

### Policies & practices

- review policies & practices to make sure they encourage respect
- develop a respectful workplace policy with the involvement of workers
- support and encourage people who practice respectful behaviour

### Build accountability

- hold management and workers responsible for their behaviour
- investigate all complaints of disrespect and harassment
- assess respectful behaviour in performance evaluations

## What can you do?

You can model respect by practicing the following behaviours:

- try to understand the other person's point of view
- accept values and opinions that are different from your own
- identify your own feelings before you share your concerns with another person
- do not blame, threaten or name call even if you are angry or hurt
- report abuse, discrimination or harassment

**Please refer to the Respectful Workplace Manual that is available on the Health Provider Site.**

### For more information contact:

Employee Assistance Program  
Madison Square  
1610 Ness Avenue  
Winnipeg, MB R3E 2T2  
Phone: (204) 786-8880  
Toll Free: 1 (800) 590-5553  
Website: [www.mb.bluecross.ca](http://www.mb.bluecross.ca)

MFL Occupational Health Centre  
102-275 Broadway  
Winnipeg, Manitoba  
Phone: (204) 949-0811  
Toll Free: 1 (888) 843-1229 (Manitoba Only)

Mediation Services  
302-1200 Portage Avenue  
Winnipeg, Manitoba  
Phone: (204) 925-3410  
Toll free: 1 (866) 925-8681

Manitoba Human Rights Commission  
700-175 Hargrave Street  
Winnipeg, Manitoba  
Phone: (204) 945-3007  
Toll free: 1 (888) 884-8681  
Website: <http://www.manitobahumanrights.ca/>

April 2003 revised December 2015

**SOURCE:** Adapted from MFL Occupational Health Centre, Inc. [www.mflohc.mb.ca](http://www.mflohc.mb.ca)

## Cultural Diversity

We have a diverse group of people in our region; it is goal of the Region to create an environment that is culturally sensitive, and an organization that is safe and respectful of employees and the people we serve.

### What is Culture?

Culture means different things to different people. It is shared beliefs of a group of people who have agreed on what is right and wrong and what values they choose to live by. Culture is a work for the 'way of life of groups of people, meaning the way they do things.

[www.livescience.com](http://www.livescience.com) July 13, 2017

### What is Diversity?

Diversity: "includes all the way people are unique and different from others. It refers to the unique characteristics that distinguish individuals from each other and/ or identify individuals as belonging to a group or groups.

Alberta Health Services Diversity Awareness Self-Reflection Tool

### What are the **benefits** of Cultural Diversity in the Workplace?

- Added language skills
- Increased cultural awareness and sensitivity
- Unique talents
- Creative problem solving
- Promote and enhance the holistic approach to care

### What are the challenges of Cultural Diversity in the Workplace?

- Communication issues (second languages)
- Fear of offending – can lead to isolation
- Meeting the needs of the group vs individual
- Inability to leave comfort zone
- Change is difficult

### Building Cultural Respect in the Workplace

- Acknowledge your own prejudice and stereotypes
- Pay attention to language (verbal and body)
- Be sincere and respectful of feelings
- Make people feel welcome
- Know self and own cultural background
- Be non judgmental
- Ensure inclusive healthcare environment. People are heard, feel safe, and are comfortable.
- Do not make assumptions about a persons' culture, gender, identity or sexuality based on their appearance or how they dress. Communicate in terms that are gender and relationship neutral. For example using "partner" rather than "boyfriend" or "girlfriend". Use non-gendered pronouns (i.e., "they", "them," and "their," even when referring to an individual) or use the person's name in place of a gendered pronoun (i.e., instead of saying, "That belongs to her," say "That belongs to Sam"). Ask the person's preferred pronoun in a respectful and inclusive way.
- Keep an open mind

## **Building Cultural Respect in the Workplace**

- Education, training
- Aboriginal Retention and Recruitment Coordinator
- French language services
- Employee focus groups
- Liaison meetings with members of the First Nation Communities
- Employee profiles include languages spoken to assist with interpreters where needed

## **Customer Service**

Customer service can be as natural as child's play. You can get your work done and also be warm and friendly. Even thanking a customer for choosing your healthcare organization demonstrates good customer service. For an organization to succeed, it needs to service its customers well.

### **Internal Customer Service**

Whether in hospital, nursing home, outpatient facility, or home healthcare setting, clients are obviously your "customers". However, have you considered your co-workers and employees from other departments to be your "customers?"

When interacting with "internal" customers, make sure you are:

- Courteous
- Provide prompt service
- Meet or exceed their expectations

The benefits of treating co-workers and other departments as customers include:

- Elevated morale
- Increase productivity
- Makes life easier for everyone

### **Importance of First Impressions**

The importance of first impressions should not be underestimated. Customers want to be treated like people, not like a number. Keep in mind that impressions are not just made at the initial contact between client and healthcare facility. Throughout the cycle of care, a client is usually evaluating the level of care and service, especially if that service is poor.

### **Employing the Golden Rule**

"Treat others the way you would like to be treated."

Let's face it. The Golden Rule still applies today. Your customers should be treated the way you would want to be treated. Or consider how you might want your mother, spouse or best friend to be treated.

- Be caring and compassionate in your communication with clients
- Always knock or announce your presence before entering a client's personal space. This shows that you value a client's privacy and dignity.
- Verbally greet clients, looking them in the eye and using their name.
- Be sensitive to other cultures by respecting their ways and customs.

### **Golden Rule for Internal Customers**

**Please refer to Respectful Workplace ORG.1510.PL.005**

Co-workers are not just a means to an end. They are real people who appreciate good customer service – just as you probably do. Therefore, the Golden Rule also applies to internal customers as well as clients.

- Treat others fairly
- Speak respectfully
- Value others' time
- Keep a positive attitude

You'll notice that others will be more willing to help if you follow these principles.

Know the basics of your job and understand how it fits into the big picture. We're not just cogs in a machine. Each of us has an important part to play, which impacts many other people. Knowing how your job fits and what others do as well will help you provide better customer service, both internally as well as with clients.

### **Effective Communication: Keep it Simple**

Clients expect their information to be kept confidential. Discussing private information in a public area violates the client's trust and could cause serious problems for the client if their information gets into the wrong hands. On top of that, PHIA regulations mandate that you must keep client information confidential.

Finally, be honest with your customers, whether they are clients or co-workers.

### **Handling a Problem**

Recognizing, recovering from and defusing problems is critical to good customer service. Recognizing a problem can be easy; recovering from one is usually the difficult part.

- Take responsibility for resolving a problem and working with a customer
- Have a "can-do" attitude to put clients at ease
- Apologize for an issue, even if you were not directly at fault. It won't mean you, personally did something wrong, but it does show that you understand what the other person is going through.
- Encourage your client to talk about a problem or even just a potential issue; this may help keep it from escalating. It also gives you a chance to fix what's wrong.

"Defusing" the situation is done by quickly getting to the heart of the matter. Watch a customer's non-verbal cues, listen to changing tones of voice, but most importantly, try to find out exactly what the problem is. After all, that's what good customer service is all about – serving and satisfying your customers.

### **Summary**

Showing good customer service doesn't have to be difficult or time consuming. Simply treat customers, as you want to be treated, whether they are clients, co-workers, or people from other departments. Be courteous, caring, compassionate, and communicate thoroughly. Display the kind of care and compassion that a child does when playing "doctor". After all, customer service can be as natural as child's play.

### **SOURCE:**

*Customer Service: Natural as Child's Play, Coastal Training Technologies Corp. 2004*  
Southern Health-Santé Sud Respectful Workplace ORG.1510.PL.005

## Quality, Patient Safety & Risk

Southern Health-Santé Sud has an active approach to Quality Improvement, Risk Management and Patient Safety practices. Quality Improvement, Risk Management and Patient Safety are the responsibility of all employees in the region with the overall direction provided by the Director, Quality, Patient Safety & Risk. To achieve the organizational goals related to quality and risk it requires a team approach and each employee is a member of that team.

Southern Health-Santé Sud supports the philosophy of Continuous Quality Improvement. We are a learning organization seeking experiences and encouraging client feedback to enhance growth within the organization. The feedback provides us with another opportunity to improve the delivery of our care and services. We continuously review these services and programs making improvements where appropriate using evidence informed information.

The Board of Directors is the leadership team that provides the overall direction to the region and includes the Chief Executive Officer. The Regional Leadership Team includes all Vice Presidents and Executive Directors within Southern Health-Santé Sud. The Region is dedicated to quality improvement activities in the healthcare system (managing medications, infection control, etc). There are regional program teams such as acute care (surgical, medical, critical care), obstetrics, mental health, home care, public health and long term care to name a few. These teams meet on a regular basis at Quality Council.

Program teams, which include representation from sites, evaluate the regional services against a set of national standards as part of the accreditation process. Plans are developed to address opportunities for improvement in care or services that are identified by the team. Other statistics are also collected by program teams which inform decisions for the system as a whole.

Accreditation is certification by a recognized body as meeting a certain set of standards. The focus of accreditation is to improve the quality and safety of services. The process involves examining everyday activities and services both by self-assessments and an external assessment. During the four year accreditation cycle the organization works towards meeting the Accreditation Canada standards. Every four years there is an on-site survey visit by a team of reviewers that make recommendations where applicable. The recommendations help to focus our resources for improvement.

## Client Identification

One of the ways to minimize risk to clients and families is to make certain the clients receive the service or procedure intended for them. This helps prevent and avoid harmful incidents such as privacy breeches, allergic reactions, discharge of clients to the wrong families, medication errors, and wrong-person procedures. Staff will use at least **two** person-specific identifiers to confirm the identity of the client. These may vary, depending on the population served. Examples of person-specific identifiers include the client's full name, home address (when confirmed by the client or family), date of birth, personal identification number, or an accurate photograph.

## Lean-Six Sigma

Lean-Six Sigma is an improvement approach that is used within Southern Health-Santé Sud and other health regions within the province. Lean methodology focuses on reducing waste by streamlining processes while Six Sigma focuses on reducing defects and variation. Together these complimentary quality improvement approaches increase efficiency and effectiveness. Working towards improvement in the healthcare system is everyone's responsibility and each person's contribution towards improvement is valued. There are opportunities for training and participation in Lean-Six Sigma projects. Contact your manager or the Quality Patient Safety & Risk Department for more information on how you can be involved.

## Reporting of Events

Southern Health-Santé Sud recognizes the importance of safety and the learning potential from critical incidents, critical occurrences, occurrences, near misses and complaints in our Region. The organization promotes a culture of safety so the review of events and complaints focus on process improvement, rather than casting blame. Southern Health-Santé Sud protects all staff against reprisal from reporting of a critical incident, critical occurrence, occurrence or a near miss.

## Occurrence Reporting and Managing Critical Incidents/Critical Occurrences/Occurrences/Near Misses

Critical Incidents and Critical Occurrences are reported in accordance with the requirements set out by the Minister of Health.

Southern Health-Santé Sud must document information about occurrences in or related to the region in accordance with the Occurrence Reporting and Managing Critical Incidents, Critical Occurrences, Occurrences and Near Misses Policy, ORG.1810.PL.001.

TYPE OF OUTCOME	
Near Miss (NM)	An event that happened but did not reach the client or employee.
Occurrence (O)	An event or circumstance where there may be minor injury to an individual and/or damage to, or loss of, equipment or property.
Critical Occurrence (CO)	An occurrence involving substantial risk or harm to employees, medical staff, volunteers, students, visitors and others associated with the organization or to reputation, security, or property damage of a potential financial loss greater than \$25,000.
Critical Incident (CI)	An unintended event that occurs when health services are provided to an individual and result in a consequence to him or her that is serious and undesired such as death, disability, injury or harm, unplanned admission to hospital or unusual extension of a hospital stay <u>and</u> does not result from the individual's underlying health condition or from a risk inherent in providing the health services.

## Complaint Management

A complaint process is available to clients and their representatives to address concerns. Refer to Complaint Management and Monitoring ORG.1810.PL.003. This policy outlines with detail how to manage complaints in a standardized manner across the region. There are standardized letters/checklists/templates available, which are to be used when managing complaints.

## **Manitoba Health Standards**

In the Province of Manitoba, nursing homes/long term care facilities are referred to as personal care homes (PCH's). Manitoba Health is responsible for setting fees and inspecting PCH's utilizing legislated standards and regulations. Manitoba Health is responsible for monitoring and reviewing the PCH every two (2) years, coordinated with each Regional Health Authority. Upon the completion of an inspection, the inspector will verbally review the findings with the administration and staff. This will be followed by a written report. Where applicable, a corrective action plan may be required and a follow-up visit may occur. PCH's are also subject to unannounced review which are conducted at approximately 1/3 of the facilities in the province. All personal care homes must be licensed. In addition, they shall be accredited by Accreditation Canada.

## **Protection for Employees: It's Safe to Tell**

Refer to Public Interest Disclosure (Whistleblower Protection) Policy ORG.1510.PL.008

The Province of Manitoba has legislation to protect employees in public service agencies that report wrongdoing in their workplaces. The legislation helps us to ensure that reports of wrongdoing in the Region will be handled objectively, confidentially and promptly, and that employees who make reports of wrongdoing will be protected from reprisal.

### **What is a wrongdoing?**

According to the Public Interest Disclosure Act (Whistleblower Protection), a wrongdoing is defined as:

- An act or omission that is an offence under any Act or regulation.
- An act or omission that creates substantial and specific danger to the life, health or safety of persons or the environment, but does not include dangers inherent to the employee's job.
- Gross mismanagement, including of public funds or a public asset.
- Knowingly directing or counselling a person to commit any of the above.

### **How do I report the wrongdoing?**

Disclosures must be received in writing and must include:

- A description of the wrongdoing,
- The name of the person(s) alleged to have committed or be about to commit the wrongdoing,
- The date of the wrongdoing,
- And whether or not the wrongdoing has already been submitted and responded to.

### **Who do I report a wrongdoing to?**

You can report a wrongdoing to your supervisor or the Region's designated Disclosure Officer, VP Human Resources, Mr. René Ouellette at (204) 428-2748. You can also report directly to the Provincial Ombudsman at 1 (800) 665-0531 (toll-free).

### **How do I know my identity will be protected once I make the disclosure?**

Upon receipt of a written submission by your supervisor or designated officer, all information will be protected and kept confidential to the fullest extent possible. The process used to receive, discuss and investigate the disclosure will reflect the importance of maintaining confidentiality.



**Will I be protected from reprisal?**

It is illegal to take reprisal against an employee who, in good faith, has sought advice about making a disclosure, actually made a disclosure or otherwise cooperated in an investigation under the Public Interest Disclosure Act (Whistleblower Protection). A person who takes reprisal against the disclosing employee can be prosecuted under the Act.

**What are my responsibilities if I receive a disclosure as a supervisor?**

You must review the disclosure for required information, meet with the disclosing employee, ensure that all pertinent information is confidentially handled and notify your designated officer for further action.

**For further information refer to the Public Interest Disclosure (Whistleblower Protection) Policy ORG.1510.PL.008 on the Health Provider Site (HPS) or in your Administration Manual.**

<http://web2.gov.mb.ca/laws/statutes/ccsm/p217e.php>

References:

Adopted from WRHA (Winnipeg Regional Health Authority).

## **Zero Tolerance of Abuse**

Expected Outcome: Residents will be safeguarded and free from abuse.

The Southern Health-Santé Sud will strive to provide an environment where no client is subject to abuse of any kind. Where there is alleged abuse *of a client in our care by a staff member*, a thorough investigation will be conducted and appropriate remedial action taken where deemed necessary. Any staff or physician witnessing or having information regarding an abusive situation is obliged to report the incident to their supervisor (as per the above Admin policies) or they could be guilty of neglect of their responsibilities.

The rights of clients prevail during application of this document.

***In accordance with The Protection for Persons in Care Act, The Child and Family Services Act, and for clients with a mental disability as defined and covered by The Vulnerable Persons Living With Mental Disability Act in Manitoba, it is mandatory to report suspected abuse.***

## **Protection for Persons in Care**

Manitobans benefit from a high-quality health care system that is among the world's best. Regional Health Authorities, professional associations and regulatory bodies, and health facility staff and management cooperatively monitor and maintain this high standards of care, ensuring a safe environment for patients and residents.

The Protection for Persons in Care Act is an extra safeguard built into Manitoba's health care system.

### **Protecting Adults in Care**

The Act is a law to help protect adults from abuse while receiving care in personal care homes, hospitals (including emergency departments) or any other designated health facility.

### **Defining abuse**

Under this law, the definition of abuse includes physical, sexual, mental, emotional and financial mistreatment. Any of these, alone or in combination, is considered "abuse" if the mistreatment causes or is reasonably likely to cause death, serious harm or significant loss of property.

### **Duty to report**

In Manitoba, it is mandatory to report suspected abuse promptly. This means that anyone who has a reasonable basis to believe abuse has occurred, or is likely to occur, must report these concerns as soon as possible.

### **How to report**

The Protection for Persons in Care Office (PPCO) of Manitoba Health, Healthy Living and Seniors receives and investigates reports of suspected patient/resident abuse.

If a person's life or well-being is in immediate danger, take steps to ensure the person's safety first, then call the PPCO's confidential, toll-free line at 1-866-440-6366 (outside Winnipeg) or 204-788-6366 in Winnipeg.

If you're not sure whether a situation needs to be reported, call the PPCO for assistance.

### **Reporting safeguards**

When suspected abuse is reported in good faith, the Act prohibits:

- Any interruption in the care and services provided to patients and residents; and
- Any action or proceedings against any person, including health facility employees, for reporting suspected abuse.

The Act also protects caregivers and others who work with persons in care against malicious reporting.

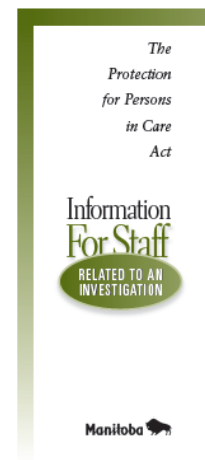
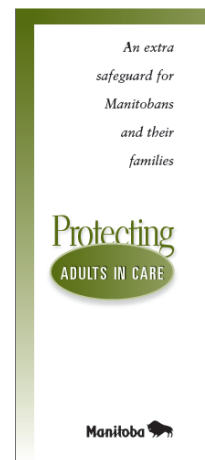
## The reporting and investigation process

Here's how the process works:

- After receiving a report of suspected abuse, the Protection for Persons in Care Office inquiries into the matter.
- Where there is reason to believe that abuse has occurred, or is likely to occur, the matter is quickly investigated.
- Under the law, a health facility operator may be required to take action as a result of this investigation.
- Where necessary, referrals may be made to a professional regulatory body for further review of the actions of professionals identified as persons who have abused.
- Any failure to comply with the Act, including intentionally making a false report, may result in charges being laid and fines imposed.

### For more information, please contact:

The Protection for Persons in Care Office  
300 Carlton Street  
Winnipeg, Manitoba  
Phone: (204) 788-6366  
Toll-free: 1 (866) 440-6366



## Definitions of Patient/Resident Abuse

1. Financial Abuse or Exploitation is the illegal or inappropriate use of another person's money or property. It includes behavior such as:
  - Persuading, tricking, or threatening the senior out of money, property or possessions
  - Influencing them to change their will
  - Use of the senior's money for purposes other than that intended by the senior
  - Cashing of cheques without authorization
2. Sexual Abuse is any sexual behavior, assault or harassment directed toward a person without her or his consent. It may include:
  - Pain, bruising, lacerations, bleeding, or abnormal discharge in genital area
  - Bloody or torn clothing
  - Difficulty walking or sitting
3. Psychological or Emotional Abuse is any action, verbal or non-verbal, that lessens a person's sense of dignity and self-worth. It may include:
  - Fear, isolation, infantilization, low self-esteem, humiliation
  - Withdrawal, passivity, apathy and depression
  - Signs of anxiety
  - Reluctance to participate in decision-making
4. The types of neglect include:

- **Active:** The deliberate withholding of care or the necessities of life such as withholding or inadequately providing for physical or emotional needs e.g. food, housing, emotional support, respect.
  - **Passive:** The failure to give proper care because of a lack of knowledge, experience or ability e.g. lack of awareness of community resources.
5. Medical Abuse includes medical procedures or treatments done without the informed consent of a patient or resident or the recognized advocate. It may include:
    - Signs of hyperactivity or depression
    - Reduced physical / mental activity in the absence of a disease or illness
    - Over or under medicated, or non-compliance with prescriptions
  6. Physical Abuse includes any act of violence or rough handling that may or may not result in physical injury. It may include:
    - Unexplained injuries such as bruises, burns or injuries in various stages of healing
    - Injuries incompatible with medical history or with the explanation of the cause of injury
    - Delay in seeking treatment to untreated injuries
    - Patterned or clustering of injuries which may indicate gripping or shaking
  7. Systemic Abuse occurs when facility operations create or facilitate harmful situations. This may include strict facility timelines.
  8. Violation of Human Rights is the unlawful or unreasonable denial of the fundamental rights and freedoms normally enjoyed by adults. It may include:
    - Denial of information, privacy, visitors, opportunity for religious worship
    - The right to provide informed consent to medical treatment
    - Interference with mail



## **Resident Bill of Rights**

- The resident's right to privacy, dignity and confidentiality is recognized, respected and promoted.

### **Every resident has the right to information and freedom of expression:**

- To be informed of those matters which directly concern him or her within the centre.
- To be informed of his or her medical condition, treatment and proposed course of treatment.
- To have access to his or her health record in accordance with centre policy.
- To give or refuse consent to treatment, including medication, and to be informed of the consequences of giving or refusing treatment.
- To expect staff to identify themselves and the role they serve.
- To have access to the procedures for initiating complaints or commendations.
- To have access to any law, rule, or policy affecting the operation of the centre.
- To own and display personal property in his or her room adhering to safety requirements and the rights of other residents.

### **Every resident has the right to privacy:**

- To be afforded privacy in treatment and in caring for his or her personal needs.
- To communicate or meet in private with any person without any interference.
- To send and receive correspondence without any interference.
- To expect that his or her personal, financial and medical records will be kept confidential and will be revealed only when essential.

### **Every resident has the right to hold responsibility and to participate:**

- To make choices about his or her personal life or to designate a responsible party to act on his or her behalf in the event that health conditions preclude personal representation.
- To retain his or her autonomy and to receive assistance towards independence consistent with his or her abilities.
- To choose whether or not to participate in activities and to participate at a pace appropriate to him or her.
- To organize or belong to an association and to express his or her opinions, recommendations and suggestions in the form of a Resident's Council.
- To pursue social, cultural, religious and other interests.
- To exercise the rights of a citizen to raise concerns without any form of reprisal.
- To manage his or her finances in accordance with the law.

### **Every resident has the right to respect and dignity:**

- To be treated with courtesy, dignity and respect in a way that fully recognizes the client's uniqueness and individuality. Indicative of this respect is to honor the wish of the resident to be addressed as he or she desires.
- To be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
- To live in a clean, safe, and home-like environment.
- To be free from all forms of abuse.
- To die in peace with dignity and comfort in the presence of his or her family and friends.
- To enjoy outdoor activity through access to protected areas on the facility property.

## Bill of Rights for Patients/Clients

A bill of rights has been developed for patients/clients and residents in all healthcare facilities in the region. These documents are prominently displayed in each facility so that they are visible to patients/clients, residents, their families and staff members.

These rights assist the patient/client or resident to maintain control of their care and promote cooperation between patients/clients or residents, family and staff.

It is the responsibility of each care provider to be informed of and practice the patient/client or resident bill of rights.

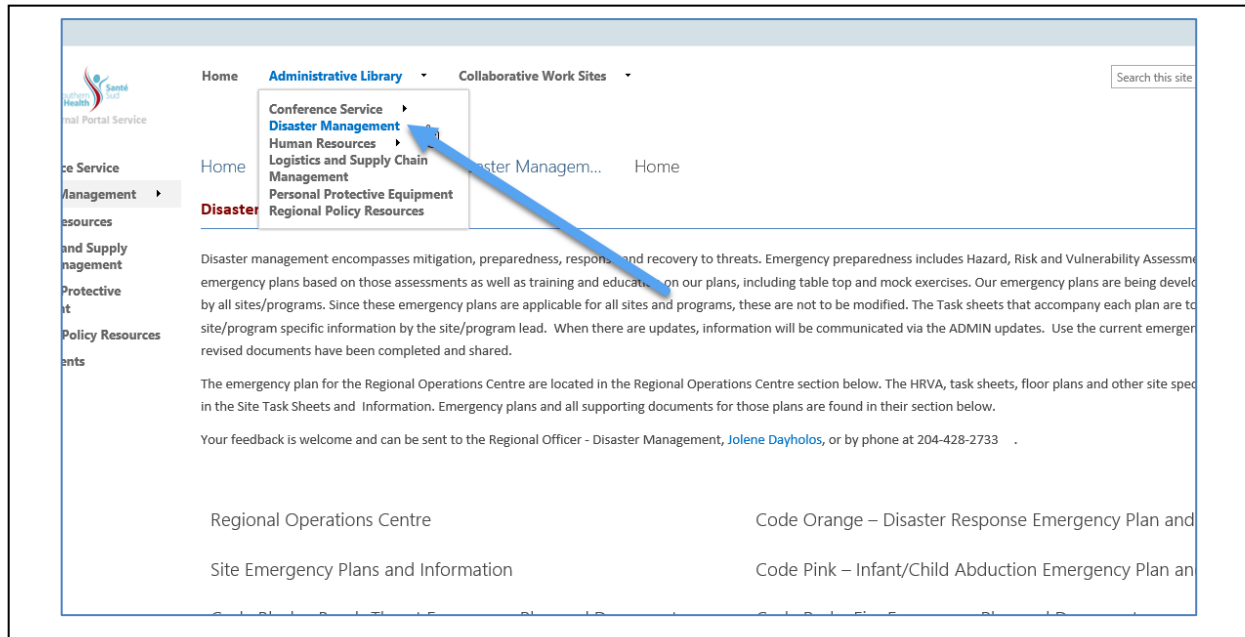
### Patients/Clients have the right to:

- Receive considerate and respectful care;
- Receive information in terms they can understand so that they may give informed consent prior to any treatment;
- Obtain current information about their care in terms they can understand;
- Refuse treatment and be informed of the consequences;
- Have privacy;
- Expect confidentiality as outlined in the Personal Health Information Act;
- Expect service within the capability of the health care facility/program;
- Expect reasonable continuity of care;
- Receive an explanation of costs related to their care;
- Know what rules and regulations apply to their conduct; and,
- Access their health information as outlined in the Personal Health Information Act.



## Disaster Management and Emergency Preparedness

Disaster Management program creates the emergency plans and task sheet templates (except Code Blue). The emergency plans, site task sheets and information are stored on the Portal:



### Accessibility

If you have a disability and believe you may need help during an emergency, let your supervisor know.

### Safety is the first priority

For all emergency plans, if it is not safe to enter an area DO NOT enter. Staff must ensure their safety first before entering or remaining in an area.

### Site Leadership Disaster Management Responsibilities

Site Leadership Disaster Management Responsibilities is a document and education that is to be reviewed when staff start in a leadership role and again yearly. This document is for anyone that may be in charge of an area of a site or an entire site, even temporarily.

### Emergency Plans

#### Code White - Violence/Code Purple - Hostage

- If you are involved in a hostage taking or with an assailant, try to stay calm. Call 911 if possible
- Avoid doing anything that may escalate the situation. Do not threaten, intimidate, or argue with the assailant. Avoid abrupt or sporadic movements.
- Cooperate with the assailant, comply with any demands if people's safety is at risk
- If you hear a Code Purple or Code White announced listen carefully so that you do not enter a dangerous situation
- If possible, clear the area of staff, clients, and visitors.
- Assist with Site Lockdown
- Information is also covered in VPP



## Code Red – Fire

- Know where the fire extinguisher and pull stations are in your site
- If you hear Code Red announced, you or someone from your area needs to report to the Site Operations Centre, take a fire extinguisher.
- When you leave a room and have verified it is empty, unlock and close the door. Mark the door with a tag or tape (whichever is that site's practice)
- You need to be prepared to respond whether it is as a fire searcher, keeping clients calm, recording information, etc.
- A Code Green – Evacuation may need to be called
- Do NOT use an elevator if there may be a fire. It can act as a chimney
- If you see a fire or smoke, follow R.A.C.E and P.A.S.S.



## Code Blue – Cardiac Arrest/Medical Emergencies

A Code Blue identifies events where persons are pulseless and/or breathless, or are at high risk of having a cardiac and/or respiratory arrest.

- If a Code Blue is announced, it will include the location
- Designated staff must respond
- Provide assistance to the patient up to your level of training (CPR or first aid)
- Consult your site's Code Blue plan for more information

## Code Green – Evacuation

- If a Code Green is announced, listen carefully.
- If you are near the area where the threat is, remove people from danger
- Use the Code Green Task Sheets.
- Report or have someone in your area report to the Site Operations Centre and get more instruction.

### **Code Yellow – Missing Client**

- Confirm client is not on leave
- Notify supervisor and announce Code Yellow
- Check likely locations and any dangerous areas
- If you hear Code Yellow announced, report (or have someone in your area) to the Site Operations Centre
- Access the task sheets
- A search of the site and ground will be completed
- Police will be called to assist

### **Code Pink – Infant/Child Abduction**

- If you confirm a child is missing and not with their family, announce a Code Pink, have someone call 911 and notify your supervisor.
- Code Pink will be announced including a description of the child and/or abductor if known.
- Access the task sheets
- Two staff need to immediately be located at every exit and two need to do a sweep of the parking lot. Make sure the Site Operations Centre is notified if you are covering an exit or parking lot.
- All staff are to look for:
  - people that match the description
  - anyone carrying a child
  - People looking to use back hallways or exits
  - People with large packages or items that could hide a child
  - Anyone with unusual bulges or bulky clothing
- Work with another staff to check all rooms, bathrooms, patient rooms, stairwells, tunnels
- If you find discarded clothing, do not touch it

### **Code Brown – Chemical Spill**

- Know where the spill kits are at your site
- If a chemical spill occurs, notify your supervisor
- Remove people from the area if safe to do so
- A Code Brown will be announced.
- Access the task sheets
- Staff will turn off the HVAC
- If the chemical is able to be cleaned with the spill kit, do so. If the chemical has mixed or is unknown, call 911
- A Code Green – Evacuation may be called.

### **Code Grey – External Air**

If there is external fumes or gases near your site that may be dangerous a Code Grey – External Air Emergency Plan may be called.

- If a Code Grey External Air is announced staff will access the task sheets.
- Staff will shut down the HVAC.
- All staff is to ensure doors and windows are shut.
- Have someone in your area report to the Site Operation Centre.
- Code Orange – Disaster Response may be called if the site may see an influx of people presenting with injuries or illness from the incident and harmful effects.
- Code Green – Evacuation may be called

### **Code Orange – Disaster Response**

A Code Orange is called when an event happens in a community and multiple people need medical assistance.

If you hear a Code Orange announced, report and await direction. You may be asked to assist with:

- Setting up an additional triage area
- Locating and moving stretchers, equipment
- Calling in staff
- Acting as a recorder
- Assisting with security
- Moving clients

### **Code Black – Bomb Threat**

- Bomb threats can be received as:
  - written threats, mailed or dropped off or delivered in person to the site
  - verbal threats, over the phone or in person
  - suspicious item
- If you see a suspicious item, do not touch. Notify your supervisor.
- Do NOT use cell phones or two way radios. These devices use a signal that could cause an issue
- If you receive a threat or a see suspicious item:
  - Call 911
  - Notify your supervisor
  - Complete the Bomb Threat Checklist

### **What you need to know**

A more in-depth review of the emergency plans will be completed on an on-going basis. **Here are the things you need to know now:**

- If an event happens, listen closely to the announcement, report to your supervisor or the Site Operation Centre for more instructions
- If you are in an area with a threat, if able, remove people from any danger and notify someone immediately.
- Find out where the task sheets are located at your site. Review the ones that pertain to your position.
- Learn where to find the emergency kit in your site.
- Know where the fire doors and evacuation/muster points are located.
- Know where the pull stations, fire extinguishers and annunciator panels are located.
- Talk to your coworkers to find out where to find these items, and talk with your supervisor if you have any questions or concerns.

## Infection Prevention and Control

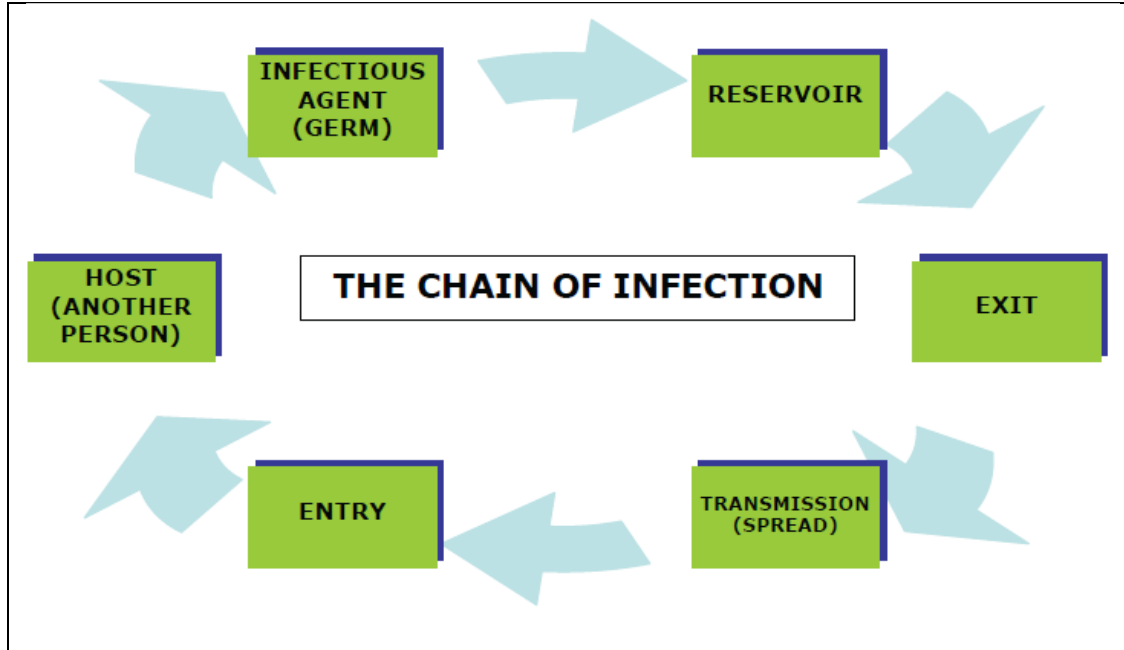
The goal of Infection Prevention and Control (IPAC) is to prevent infections and as a result improve client care in all settings. Infection Prevention and Control is everyone's responsibility; no matter where you work in Southern Health-Santé Sud, YOU play an important role in the safety and protection of the clients in our care. **The single most effective procedure HCWs can do to prevent the spread of infections is to perform hand hygiene.**

This section will provide you with basic Infection Prevention and Control knowledge required to safely perform your job. You will learn about:

1. Preventing the Spread of Infection;
2. The Five Categories of Microorganism Transmission;
3. Routine Practices;
4. The 4 Moments For Hand Hygiene;
5. Respiratory Hygiene;
6. Cleaning and Disinfection
7. Additional Precautions;
8. Your Role in Infection Prevention and Control; and,
9. Infection Prevention and Control Resources.

### 1. Preventing the Spread of Infection

One way to understand how infections are spread is to refer to the 6 links of the Chain of Infection.



Breaking any one of the links in the Chain of Infection will prevent infection from occurring or spreading. The following provides a brief description of each link and actions that can be taken to break the chain

## The 6 links in the chain of infection are:

### Infectious Agent (Microorganism/Germ)

- Bacteria, viruses, fungi, parasites and prions.
- 🦠 Antimicrobial treatment, disinfectants, hand hygiene.

### Reservoir

- Where microorganisms can grow and multiply, e.g., in humans, animals and the environment.
- 🦠 Hand hygiene, preoperative skin preparation, cleaning the environment.

### Portal of Exit

- The routes by which an infectious agent leaves the reservoir.
- 🦠 Reduction of excretions or secretions, or covering portals of exit, e.g., dressing on wounds, covering your cough.

### Routes of Transmission

- How the microorganisms “travel”. The routes of transmission of infectious agents are categorized into five routes (see below).
- 🦠 Use of appropriate barriers and adherence to hand hygiene.

### Portal of Entry

- The route by which an infectious agent enters the host.
- 🦠 Cover wounds, wear PPE, use sterilized equipment when required, and perform hand hygiene.

### Susceptible Host

- An individual who is susceptible to the infectious agent.
- 🦠 Ensure host defences are maximized, e.g., through immunization, optimal nutrition, reduction of smoking, control of diabetes, etc.

## 2. The Five Categories of Microorganism Transmission

Routes of transmission of infectious agents (microorganisms) are conventionally categorized into five routes. The routes of transmission vary with the microorganisms involved. Some microorganisms can be transferred by more than one route.

### Contact (Direct and Indirect)



Direct

#### Direct contact

When the transfer of microorganisms results from direct physical contact between a contaminated source and a host.

Example: Touch of body surface to body surface without a barrier such as shaking hands.

### Indirect contact



Indirect

Passive transfer of microorganisms to a host via an intermediate object.

Example: Contaminated hands not cleaned between client care, contaminated client care equipment, surfaces such as bedrails that are not cleaned and disinfected between clients, computers, toys.

### Droplet



Droplets that contain microorganisms are propelled a short distance (within 2 metres) through the air and are deposited on the mucous membranes of a host. Droplets may also contaminate the immediate environment when they settle on surfaces and may contribute to indirect contact transmission.

Example: Infected source who coughs, sneezes, talks or undergoes aerosol-generating medical procedure (AGMP).

### Airborne



Small particles with viable microorganisms generated and propelled over short or long distances on air particles, and inhaled by a susceptible host.

Example: Infected source who coughs, sneezes, talks or undergoes aerosol-generating medical procedure (AGMP) and a susceptible host inhales the microorganisms. The host may not necessarily be close to the infectious person to become infected.

### Common vehicle



One contaminated source infects multiple persons.

Example: Contaminated food, water, multi-dose vials, intravenous fluids or equipment.

### Vector borne



An insect or other organism that transmits a pathogenic microorganism.

Example: West Nile Virus transmitted by mosquitoes, rabies transmitted by an animal.

## 3. Routine Practices

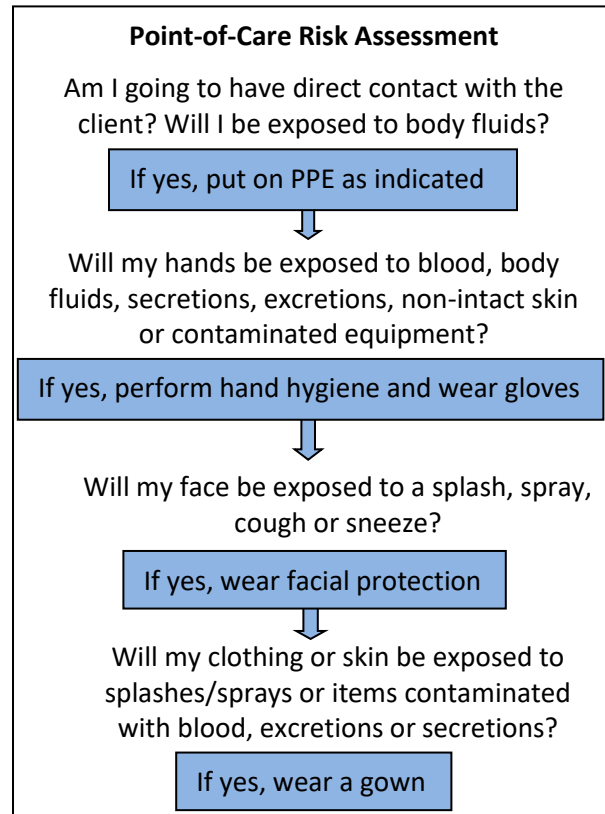
Health care-associated infections (HAIs) are defined as infections that are transmitted within a health care setting during the provision of health care.

Routine Practices are the infection prevention and control practices for use in the routine care of **ALL** clients at **ALL** times in **ALL** healthcare settings. The aim of Routine Practices is to minimize or prevent health care-associated infections (HAIs). Microorganisms may be transmitted from symptomatic and asymptomatic individuals, emphasizing the importance of adhering to Routine Practices at **all times** for **all clients** in **all healthcare settings**. All HCWs are responsible for complying with Routine Practices. **No one is exempt from complying with Routine Practices.**

Important Element of Routine Practices:

- **Point of Care Risk Assessment** – activity whereby a HCW (in any healthcare setting across the continuum of care) evaluates the likelihood of exposure to an infectious agent and chooses the appropriate actions/PPE needed to minimize the risk of exposure.

- **Hand Hygiene** – is the primary measure to reduce the spread of microorganisms. In healthcare the use of alcohol-based hand rub (ABHR) is recommended as best practice except when the hands are obviously dirty or contaminated with bacteria spores such as *C.difficile*. The use of ABHR has been shown to reduce the HAI rates. Hand hygiene with point of care ABHR is the standard of care expected in all healthcare settings and of all HCWs.
- **Source Control** – methods to contain microorganisms from spreading from an infectious source. May include; signage at entrances to health care settings for early recognition of symptoms, separate waiting areas, physical barriers/partitions, airborne infection isolation rooms (AIIRs), triage, early diagnosis and treatment, respiratory hygiene, and process controls for aerosol generating medical procedures (AGMPs).
- **Client placement, accommodation and flow** – assessment of client’s needs and choosing the best possible area to provide care to help reduce opportunities for transmission of disease. For example giving priority to clients with uncontained wound drainage or uncontained diarrhea into a single room or placing a client with suspected or confirmed airborne infection into an AIIR with the door closed.
- **Aseptic technique** – the purposeful prevention of transfer of microorganisms from the client’s body surface to a normally sterile body site or from one person to another by keeping the microorganism count to an irreducible minimum.
- **Personal Protective Equipment (PPE)** – gowns, gloves, masks, facial protection or respirators that can be used by a HCW or other staff to provide a barrier that will prevent potential exposure to infectious microorganisms
- **Sharps, Safety and Prevention of Bloodborne Transmission** – prevention of sharps injury and HCW exposure to blood and body fluids (BBF).
- **Management of the Client Care Environment** – cleaning of the environment, cleaning and disinfection of non-critical client care equipment, handling of linen, waste, dishes and deceased bodies.
- **Education of Clients, Families and Visitors** – HCWs should provide instructions to clients, families and visitors regarding hand hygiene and respiratory hygiene.
- **Visitor Management and Education** – visitors with symptoms of acute infection should not visit unless the visit is essential, in which case they should be instructed, supervised and compliant in precautions to take to minimize transmission of infection.



#### 4. The 4 Moments for Hand Hygiene

Each year in Canada, 8,000 to 12,000 clients die as a result of complications of health care acquired infections. Hand hygiene is the most important measure to avoid the transmission of harmful germs and prevent infection.

Hand hygiene lowers the number of microorganisms on the hands. It is the single most important procedure for preventing the spread of disease. Please refer to the Hand Hygiene Policy CLI.8011.PL.001 which you can find in the Regional Infection Prevention and Control Manual and the Health Provider Site (HPS). As employees of Southern Health–Santé Sud, we are expected to follow the hand hygiene procedures, in accordance with the 4 Moments for Hand Hygiene. Hand hygiene can be achieved with an ABHR, or soap and water. **The use of ABHR is the preferred method for hand hygiene in healthcare.** Hand hygiene posters are strategically placed in the workplace to serve as reminders to perform hand hygiene, to do it at the right moments and to do it well.

#### General Hand Hygiene Indications

BEFORE	<ul style="list-style-type: none"> <li>➤ Initial contact with each client or items in their environment;</li> <li>➤ Putting on gloves;</li> <li>➤ Performing an invasive/aseptic procedure;</li> <li>➤ Moving from a contaminated body site to a clean body site during health care;</li> <li>➤ Preparing and administering medications;</li> <li>➤ Handling food*;</li> <li>➤ Group activities*</li> </ul>
AFTER	<ul style="list-style-type: none"> <li>➤ Care involving contact with blood, body fluids, secretions and excretions of a client, even if gloves are worn;</li> <li>➤ Removing gloves and before moving to another activity;</li> <li>➤ Contact with a client or items in their immediate surroundings, when leaving the room/bed space, even if the client has not been touched;</li> <li>➤ Group activities*;</li> <li>➤ Personal body functions;</li> <li>➤ Handling food*.</li> </ul>

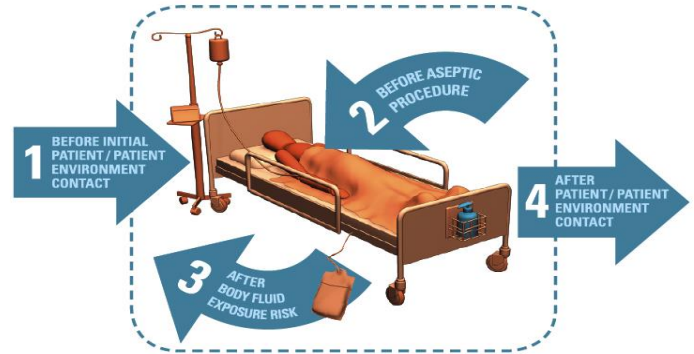
\* Employees, physicians, students, and volunteers are responsible for teaching and reminding clients, family members and visitors about the importance of and proper technique for effective hand hygiene.



## Essential Indications for Hand Hygiene – The 4 Moments for Hand Hygiene

Essential indications for hand hygiene are the four moments listed below, where the risk of transmission of microorganisms via the hands is highest.

4 Moments for Hand Hygiene in Health Care
1. BEFORE initial client/client environment contact
2. BEFORE aseptic procedure
3. AFTER body fluid exposure risk
4. AFTER client/client environment contact



### Hand hygiene procedure posters

#### How to Hand Rub Comment se nettoyer les mains

**Apply a dime-sized amount (2-3 ml) of product into palms of dry hands**  
Mettre une quantité de produit de la grosseur d'une pièce de 10 sous (2-3 ml) dans la paume de vos mains sèches

**Rub product into hands palm to palm**  
Frotter le produit avec la paume des mains

**Rub fingertips of each hand in opposite palm**  
Frotter le bout des doigts de chaque main dans la paume de la main opposée

**Rub between and around fingers**  
Frotter autour et entre les doigts

---

**Rub hands for 15 seconds**  
Frotter les mains pendant 15 secondes

**Rub each thumb clasped in opposite hand**  
Frotter chaque pouce en le prenant dans la main opposée

**Rub back of each hand with opposite palm**  
Frotter le dos de chaque main avec la paume opposée

**RUB HANDS UNTIL DRY before performing another task**  
ASSÉCHER LES MAINS EN LES FROTTANT avant de faire une autre tâche

Southern Health Santé Sud  
CLI.8011.PL.001.SD.02  
Print Date/Date d'impression : 01/2022  
Adapted from/Adapté de : Shared Health/Soins commun

#### How to Hand Wash Comment se laver les mains

**Wet hands under warm running water, apply soap.**  
Passer les mains sous l'eau courante chaude, appliquer du savon

**Rub hands together to create a good lather, palm to palm**  
Frotter les mains ensemble pour produire de la mousse, paume contre paume

**Rub fingertips of each hand in opposite palm**  
Frotter le bout des doigts de chaque main dans la paume opposée

**Rub between and around fingers**  
Frotter autour et entre les doigts

---

**Lather and rub hands for 15 seconds**  
Faire mousser et frotter les mains pendant 15 secondes

**Rub each thumb clasped in opposite hand**  
Frotter chaque pouce en le prenant dans la main opposée

**Rub back of each hand with opposite palm**  
Frotter le dos de chaque main avec la paume opposée

**Rinse hands thoroughly under warm running water, pat hands dry with a paper towel!**  
Rincer les mains à fond sous l'eau courante chaude, assécher les mains en tapotant à l'aide d'une serviette en papier

**Turn off faucet using a paper towel!**  
Fermer le robinet avec une serviette en papier

Southern Health Santé Sud  
CLI.8011.PL.001.SD.02  
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Adapted from/Adapté de : Shared Health/Soins commun

## Healthy Hands

The condition of the hands and the presence of hand jewelry can influence the effectiveness of hand hygiene. HCWs should strive to maintain hand skin integrity to enable effective hand hygiene.

## 5. Respiratory Hygiene

Respiratory Hygiene is a combination of simple measures that everyone can take to minimize the spread of respiratory microorganisms e.g. influenza. HCWs should use respiratory hygiene when they have respiratory symptoms and educate clients, families and visitors when opportunities arise.

Respiratory hygiene includes:

- Contain respiratory secretions using tissues to cover the mouth and nose during coughing or sneezing, followed with prompt disposal into a hands-free waste receptacle.
- Covering the mouth and nose against a sleeve/shoulder during coughing or sneezing, if a tissue is not available.
- Turning the head away from others when coughing or sneezing.
- Wearing a mask when coughing or sneezing.
- Maintaining a spatial separation of two metres between clients symptomatic with an acute respiratory infection and those who do not have symptoms of a respiratory infection. If this cannot be achieved, the clients must be at least one metre apart and the symptomatic patient must wear a mask.

## 6. Cleaning and Disinfection

Minimizing environmental contamination, adequate cleaning and disinfection of client care equipment and of the healthcare environment is essential in preventing and controlling HAIs. Regular cleaning and disinfection should occur as follows:

### Non-Critical Client Care Equipment

- Reusable equipment and other items such as toys and electronic games that have been in direct contact with a client or in that client's environment must be cleaned and disinfected before use in the care of another client.
- Equipment dedicated to an individual client must be regularly cleaned.
- Bedpans and commodes for single client use must be labeled appropriately and cleaned and disinfected before use by another client.
- Manufacturer's instructions for use of products for cleaning and disinfecting must be followed.
- Sterile and clean supplies must be stored in a designated and separate clean, dry area protected from dust.
- In home care, limit the amount of client care equipment and supplies brought into the home. Whenever possible, leave reusable client care equipment in the home until client is discharged from home care services. Discard or leave unused disposable equipment or supplies in the home following discharge from home care services (do not reuse for other clients). Place contaminated reusable items in a plastic bag for transport and subsequent cleaning and disinfection.
- In prehospital care, clean and disinfect response bags following use and if heavily soiled or contaminated with blood and/or body fluids remove from service and launder as per policy.

## Environmental Cleaning

- Surfaces that are likely to be touched and/or used should be cleaned and disinfected on a more frequent schedule compared to other surfaces. This includes surfaces that are in close proximity to the client (e.g. bedrails, overbed tables, call bells) and frequently touched surfaces in the client care environment such as door knobs, surfaces in the client's bathroom and shared common areas for dining, bathing, toileting.
- In home care, educate clients about the importance of environmental cleaning.
- In prehospital care, perform a terminal clean following client care and transport.
- More frequent cleaning and disinfection of the environment may be recommended in the event of outbreaks.

## 7. Additional Precautions

Additional Precautions are additional measures implemented when Routine Practices alone may not interrupt transmission of an infectious agent. Additional Precautions are used in addition to, not in place of Routine Practices and are initiated based on condition/clinical presentation and diagnosis. Additional Precautions are required for patients with suspected or known infections or colonization with microorganisms for which Routine Practices are insufficient to prevent transmission. Additional Precautions are to be implemented as soon as disease or risk factors are suspected or identified. A confirmed diagnosis is not necessary for Additional Precautions to be applied. The Additional Precautions required is based on the modes of transmission of these microorganisms.

Additional Precautions are conventionally divided into:

- Contact Precautions - for microorganisms transmitted through direct or indirect physical contact. Recommended PPE, gown and gloves.
- Droplet precautions - for microorganisms primarily transmitted by the large droplet route. Recommended PPE, surgical/procedure mask and eye protection.
- Airborne precautions - for microorganisms transmitted by small particles through the air over extended time and distance. Recommended PPE, N95 respirator and eye protection.

Some infections can be transferred by more than one route and require a combination of Additional Precautions such as:

- Droplet/Contact Precautions - Recommended PPE, surgical/procedure mask, eye protection, gown and gloves.
- Airborne/Contact Precautions – Recommended PPE, N95 respirator, eye protection, gown and gloves.

All HCWs are responsible for complying with Additional Precautions (in addition to Routine Practices). No one is exempt from complying with Additional Precautions.

## 8. Your Role in Infection Prevention and Control

Health Care Workers have a responsibility to minimize the risk of exposure to and transmission of microorganisms within health care settings. The following recommendations are applicable to health care workers in all health care settings.

- Perform a Point of Care Risk Assessment before each patient interaction to determine the appropriate Routine Practices and Additional Precautions required for safe client care.
- Use alcohol-based hand rub at the point of care as the preferred method of hand hygiene to prevent the transmission of microorganisms in the health care setting.
- Know and follow the policies and procedures related to Routine Practices and Additional Precautions and who to contact for questions and concerns related to infection prevention and control.
- Know the applications, advantages and limitations of personal protective equipment.
- Provide education to clients, their families and visitors regarding respiratory hygiene, hand hygiene and when necessary, the reason for precautions required for their care.
- Receive annual influenza vaccination and keep up to date with other recommended vaccinations.
- Stay away from work when symptomatic with an infection that may have important consequences if transmitted, such as acute conjunctivitis, acute respiratory infection, gastroenteritis with vomiting or diarrhea, varicella (chicken pox) or extensive zoster (shingles) that cannot be kept covered, or open infected skin lesions on the hands. Inform immediate supervisor/Occupational Health if worked when symptomatic.
- Know and follow the policies and procedures regarding management of occupational exposures. Report immediately to your immediate supervisor.
- Refrain from eating or drinking in areas where direct patient care is provided or in reprocessing or laboratory areas.

**As a health care worker, you play an important role in preventing the spread of infection.**

## 9. Infection Prevention and Control Resources

If you have any Infection Prevention and Control questions, you may refer to the list of resources that follow. If you are unable to find a satisfactory answer, feel free to contact the individuals listed below.

Written and on-line resources:

- The Regional Infection Prevention and Control Manuals on the Health Provider Site (HPS).
- The Manitoba Health Healthy Living and Seniors; Communicable Disease Control, Infection Prevention and Control website at [www.gov.mb.ca/health/publichealth/cdc/ipc](http://www.gov.mb.ca/health/publichealth/cdc/ipc).
- The Infection Prevention and Control – Canada (IPAC-Canada) website at [www.ipac-canada.org](http://www.ipac-canada.org).
- The Public Health Agency of Canada website at [www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca).
- The Centers for Disease Control and Prevention website at [www.cdc.gov](http://www.cdc.gov)
- The World Health Organization website at [www.who.int](http://www.who.int).

Or talk to:

- Your Supervisor or Manager
- Your Clinical Resource Nurse
- Your Public Health Nurse
- Your Regional Infection Prevention and Control Coordinators or Designates
- The Medical Officer of Health

## **Covid-19-Specific Infection Prevention & Control (IP&C) Information**

Each member of our health care team plays an important role in preventing the spread of viruses, especially in times of a pandemic. It is the goal of Southern Health-Santé Sud to ensure that health care workers continue to be protected from potential exposure and infection, while also supporting appropriate use and the preservation of supplies for the duration of the pandemic.

Prior to working every shift, all staff must perform a self-assessment to ensure they are well and fit to work. Please do not present to work if feeling unwell or have symptoms of illness. When staff get to work, they will be expected to sign a 'Self-Screen Declaration Screening Form' which confirms they are well and not exhibiting any symptoms of illness. If staff did not pass the self-screening (i.e. having symptoms of illness or exposure risks), notify their manager and call Occupational Health 204-332-0176 for further direction. If staff come to work sick, they will be sent home. If staff become ill while at work, the appropriate manager is informed and individual is sent home.

Latest evidence is being reviewed on an ongoing basis and guidelines adapt to reflect the current spread of the virus in Manitoba. Most notably, the Personal Protective Equipment (PPE) guidelines have changed accordingly during the pandemic. All staff are encouraged to learn and/or refresh their knowledge on basic IP&C principles like hand hygiene, staying home when sick, as well as the available resources to support appropriate use of PPE. These resources are available on the Southern Health-Santé Sud Healthcare Provider Site at [www.southernhealth.ca](http://www.southernhealth.ca).

To reduce the spread of COVID-19 between staff members while at work, all staff are to ensure that physical distancing occurs between individuals. Physical distancing means that at least 6 feet or 2 meters is maintained between themselves and other staff when wearing a non-medical mask or not wearing medical grade PPE. In cafeterias, break rooms, meeting rooms, recreation or communal areas, hallways, car pooling to work, or any other areas where medical PPE is not worn, physical distancing must occur to help keep staff safe from potential exposure to COVID-19.

While in clinical settings, wear PPE consistently and as directed, including when caring for patients/residents/clients and when consulting with your colleagues. During busy work hours and in busy clinical workplaces, ensuring six feet of separation from your coworkers may not be possible. Wearing your PPE consistently and properly will help protect you and others.

Limit your close contacts and your potential exposure in the community. Wear a mask and wash your hands regularly, physical distance from those not in your household and stay home when you are sick.

Environmental cleaning and disinfection practices are an important component of preventing the spread of infection. Not only in the workplace but personally as well. Ensure that your cell phone and other personal items are disinfected regularly.

In the workplace, clean frequently touched surfaces routinely as scheduled, and additionally as needed, paying close attention to high touch, high risk surfaces (e.g. bed rails, bed headboard and footboard, chair arms, light switches, hand and support rails, toilets, sinks and grab rails, shower chairs, call bell cords and buttons, telephones, white boards). This is required for all staff, all surfaces, in all departments.

As information about Covid-19 evolves and changes, the region will continue to review and adapt guidance to ensure recommendations remain safe, appropriate and current. The health and safety of the physicians and staff who work throughout Southern Health-Santé Sud's health system remain top priorities.

### **Key Messages**

The best way to stop the spread of infection is to clean your hands.

Do your part in breaking the Chain of Infection, clean your hands.

Always follow Routine Practices, no one is exempt.

Remember the 4 Moments for Hand Hygiene. You MUST clean your hands:

1. BEFORE initial client/client environment contact
2. BEFORE aseptic procedure
3. AFTER body fluid exposure risk
4. AFTER client/client environment contact.

Additional Precautions may be required in addition to Routine Practices.

You play an important role in preventing the spread of infection.

If you have Infection Prevention and Control questions, ask.



**Thank you for your attention today. Please ensure that all quizzes have been completed and signed. Complete an evaluation form as we appreciate your feedback.**

**All the best as you begin your career with Southern Health-Santé Sud!**

**Healthier people. Healthier communities. Thriving together.**

**Le mieux-être des gens. Le mieux-être des communautés. Prospérons ensemble.**