**Standard**

Community Nursing Registry of Ottawa will utilize the RACE System to identify, assess and develop strategies to mitigate hazards that exist within the office and community work environments to reduce the risk of injury or illness for employees and members.

It is an expectation that all employees and members be active participants in maintaining the health and safety of the people we work with.

**Definitions**

 **RAC System**

A three-step procedure:

1. **R** - ***Recognizing the hazard*** - To create an inventory list of hazards in the workplace that identifies hazards and dangers to both persons and properties.
2. **A** - ***Assessing the hazard*** – Rate the hazard to prioritize the level of the risk associated with the hazard.
3. **C** - ***Controlling the hazard*** - Safe Operating Practices shall be developed to assist in the elimination, reduction, or control of the identified hazards.
4. **E** – ***Evaluation*** – Follow up to determine the effectiveness of interventions designed to eliminate or control the hazard.

**Control Strategies**

Strategies to reduce the risk of a hazard impacting an employee or member

Control strategies may be implemented in three (3) places

* The source of the hazard
	+ Elimination – remove the item or process that creates the hazard
	+ Substitution – replace a hazardous item or process with one that is less of a risk
* Along the path between the hazard and the employee or member
	+ Engineering Controls – modification of equipment to reduce risk
		- Enhanced ventilation
		- Safety needles
		- Sharps disposal containers
* At the level of the employee or member
	+ Administrative controls such as policies and procedures
	+ PPE
	+ Hand hygiene
	+ Safe work practices.

**Procedure**

***Step 1: Recognize***;

1. Annual Role Hazard Identification and Assessment review completed by the Safety Coordinator and Executive Director.
* Using Appendix A: Routine Work Activities by Work Environment as a guide, identify the risks and hazards associated within each of the CNRO work environments
	+ Office location
	+ Community
	+ Organized facility (Hospital, hospice, residential care facility)
* When identifying risks in a particular work environment consider the following;
	+ People who work there
	+ Equipment used to provide care
	+ Material used to provide care
	+ Environment they work in
	+ Processes used to provide care
	+ The potential for RNs, RPNs and PSWs to be affected by different hazards.
* Consider the following categories when identifying hazards
	+ Physical
	+ Biological
	+ Chemical
	+ Musculoskeletal
	+ Psychosocial
	+ Safety
* Review trends in hazard reporting and incident reporting to identify new or previously low risk trends.
* List the identified hazards on the CNRO Role Hazard Identification Assessment Tool (CNRO C.4.1) and proceed to step 2.
1. Ongoing surveillance that may result in an interim Role Hazard Identification Assessment
* Real-time employee and member reported hazards from the work environment as per CNRO policy C.3
* Monthly Health and Safety Inspections
* Incident reports and near misses to identify hazards and potential causes.
* Initial Service Provider Report submitted by the members following the first visit with a new client.
* Monthly SPR completed by members caring for long term clients.

***Step 2: Assess;***

1. Assess each identified hazard for loss potential using the Role Hazard Assessment Tool (CNRO 4.1)
	1. Score each hazard for the likelihood employees or members will be exposed to the hazard
	2. Score each hazard for the likelihood the hazard will occur and document on the tool.
	3. Using the above scores to determine the probability of each hazard occurring.
2. Consider the following for each identified hazard
	* nature of exposure,
	* time spent exposed
	* number of workers exposed
	* how often they are exposed
	* Previous incidents and historical data
3. Score each hazard on the associated consequences of the hazard reaching the employee or member
4. Using the Probability Score and the Consequences score determine the degree of risk associated with each identified hazard.
5. Proceed to step 3.

***Step 3: Control***

* Identify current mitigation strategies in place
* Develop additional mitigation strategies or modify existing strategies for each identified moderate and high-risk hazard as needed.
* Consider the following levels of control when developing mitigation strategies
	+ Elimination
	+ Substitution
	+ Engineering controls
	+ Administrative controls
	+ PPE

**Training**

* During orientation employees and members are encouraged to scan their work environment as they work to identify hazards and to report any hazard to the RN Coordinator as soon as possible.
* The members receive a copy of the SPR in orientation with instruction on how to complete the form.
* Training as per CNRO policy B.1 Roles and Responsibilities.

**Review**

* The JHSC will review the Role Hazard Identification Assessment and list of high-risk hazards annually seeking input from employees and members as needed.
* Newly identified hazards will be rated for loss potential using the Role Hazard Identification Assessment tool as part of the incident report follow up process as per C.3 Hazard Reporting
* Follow-up on the effectiveness of mitigation strategies as per C.3 Hazard Reporting and during the annual review.

**Communication**

* Communicate the outcome of the assessment is sent to the employees and members by email.
* Employees and members are notified by email when a mitigation strategy is implemented or modified following a review of the Risk Assessment.

 **References**

Section C; C.4.1 - Workplace Hazard Assessment Form

Section C; C.4.2 – List of Member and Employee Activities

CNRO policy C.3 Identification of Hazards and Hazard Reporting.

CNRO policy B.1 Roles and Responsibilities

Appendix A

Routine Work Activities by Work Environment

|  |  |  |
| --- | --- | --- |
| Location | Definition | Activities  |
| Institution* Hospital
* Schools
* Residential Facilities
 | * Care of more than 1 patient at a time by a Member
 | Patient care* Transfers between bed and chair
* Stretcher to stretcher transfers
* Repositioning
* Transfers to and from the Offload Area (hospital only) via stretcher
* Vital Sign measurement
* Bathing and personal care
* Dressing/undressing
* Feeding
* Suctioning
* Dressing changes
* Medication administration
* Application of assistive devices

Equipment* Mechanical Lifts
* Stretchers
* Wheelchairs
* Hospital beds
* Geriatric and or recliner chairs
* Suction machines
* BiPAP machines
* Feeding pumps
* IV poles
* Portable Oxygen

Communication* Receiving report from Paramedics (offload only)
* Receiving report and/or information from facility staff
* Interactions with family
 |
| Community * Private Residences
 | * Care of 1 patient at a time by a Member
 | Patient care* Transfers between bed and chair
* Bathing and personal care
* Dressing
* Feeding
* Suctioning
* Dressing changes
* Application of assistive devices

Equipment* Mechanical Lifts
* Stretchers
* Wheelchairs
* Hospital beds
* Geriatric and or recliner chairs
* Suction machines
* BiPAP machines
* Feeding pumps
* IV poles
* Portable Oxygen

Communication* Interactions with family
 |
| Office* CNRO office
 | * Employees who only work in the office environment.
 | * Computer work
* Sitting at a desk
* Photocopying/faxing
* Occasional Lifting
	+ Water bottles
	+ Paper
	+ Record boxes
* Communication
	+ Members
	+ Clients
	+ Representatives from other agencies.
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