



**Centre de santé
communautaire**

Votre bien-être, notre raison d'être!

HAMILTON | NIAGARA

Policy:	HEALTH AND SAFETY
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GLOSSARY

Employee: a person who has an employment relationship with the CSCHN. In the following text, the masculine and feminine genders are used interchangeably and the choice of one or the other is intended only to lighten the text or to reflect the gender of the position.

Manager: an employee who holds a coordinating or executive position at the CSCHN.

Staff: all those who work at the CSCHN (employees, volunteers, interns, and supernumeraries).

1. HEALTH AND SAFETY

1.1 PREAMBLE

The Executive Director of the Centre de santé communautaire Hamilton-Niagara Inc. (hereafter referred to as CSCHN) takes a keen interest in the health and safety of its staff. Protecting staff from occupational injury and illness is of paramount importance to us. The CSCHN makes every effort to provide a safe and sanitary work environment. Staff must be dedicated to this ongoing goal to reduce the risk of accidents.

This policy shall be **reviewed annually**.

As an employer, the CSCHN is responsible for the health and safety of its employees. It aims to:

- 1) Inform staff of the risks associated with their work and provide them with appropriate training, services, and advice;
- 2) Ensure that health, safety, and environmental guidelines are followed;
- 3) Equip and manage its premises in a safe manner so that they provide an adequate safety environment;
- 4) Identify and take the necessary measures to eliminate risks that may affect the health and safety of personnel;
- 5) Implement fire prevention and safety measures;
- 6) Provide personnel with adequate personal protective equipment and means of protection.

1.2 LEGAL FRAMEWORK AND FOUNDATIONS

This policy is based primarily on the *Occupational Health and Safety Act* (hereinafter referred to as the Act) with respect to prevention and remediation aspects. It also refers to the laws, regulations, and internal procedures in effect.

1.3 RESPONSIBILITIES OF THE STAFF

Managers are responsible for:

- 1) Ensuring that equipment and tools are safe;
- 2) Ensuring that staff adhere to recognized workplace safety policies;
- 3) Train staff properly to perform their duties.

Staff are responsible for:

- 1) Protecting their own health and safety by following the law;
- 2) Adopting safe work practices and policies as established by the CSCHN;
- 3) Being vigilant to detect and report unsafe work conditions.

1.4 STAFF TRAINING AND EDUCATION

Training and education for those working at the CSCHN will include:

- 1) The role of the Joint Health and Safety Committee (hereafter referred to as JHSC);
- 2) Emergency response plans;
- 3) Fire safety procedures and Code White procedures;
- 4) Workplace Hazardous Materials Information System;
- 5) Specific training as needed.

1.5 STAFF RIGHTS

The Act gives staff three basic rights:

The right to participate

Staff have the right to participate in the process by identifying and resolving health and safety concerns in the workplace. This right is expressed through staff participation in the JHSC.

The right to information

Employees have the right to be informed of the risks to which they may be exposed. This includes the right to training and information on tools, equipment, working conditions, methods, and hazardous substances.

The right to refuse to work in case of danger

Employees have the right to refuse to work if they believe it is dangerous to their personal health and safety or that of another employee. The Act outlines the exact procedures for refusing to work in the event of danger and specifies the responsibilities of employers in the event of such a refusal.

2. JOINT HEALTH AND SAFETY COMMITTEE

In accordance with the Act, the CSCHN has established a JHSC at each point of service.

2.1 MANDATE

The JHSC at each site has a minimum of three members, including two members nominated by their sector and representing employees and one member nominated by the Executive Director. The names of the members are posted on the staff bulletin board at each point of service.

- 1) The period of participation is at least two years;
- 2) A member resigns from the JHSC if:
 - at the end of his two-year term, he does not want to renew his mandate;
 - he is not fulfilling his obligations as a member of the JHSC, according to CSCHN staff;
 - he is no longer an employee of the CSCHN;
- 3) JHSC representatives from each service point meet at least once a month or more often as directed by the Ministry of Labour;
- 4) A quorum requires the presence of at least one member representing staff and one member representing the Executive Director. Both groups shall be represented at all meetings;
- 5) Members notify the team if they are unable to attend a meeting so that the meeting date can be changed, if necessary;
- 6) The JHSC is responsible for the preparation and maintenance of minutes of its proceedings. These minutes are kept in a binder accessible to all staff at each point of service and a copy is distributed to each JHSC member;
- 7) Members of the JHSC are required to comply with the confidentiality requirements set out in the Act and in the policies of the JHSC.

2.2 RESPONSIBILITIES OF THE JOINT HEALTH AND SAFETY COMMITTEE

The primary purpose of the JHSC is to ensure that physical health and safety issues are identified and addressed. In general, JHSC members have the following responsibilities and duties:

- 1) Become familiar with the Act and with the occupational health and safety needs of the CSCHN;

- 2) Provide education and promotion of occupational health and safety to all persons on the premises of the CSCHN;
- 3) Identify hazardous situations and make recommendations to the Executive Director regarding health and safety issues; all hazardous situations must be reported immediately to the JHSC member representing the Executive Director. The JHSC will then investigate. The JHSC then makes recommendations and submits them to senior management;
- 4) Be consulted with respect to the storage of hazardous materials and hazardous physical agents;
- 5) Be consulted on the development and review of guidelines and training for personnel who are exposed (or may be exposed) to hazardous materials and physical agents;
- 6) Be consulted on assessment and control programs for controlled substances;
- 7) Be consulted on violence prevention programs and on the assessment of the risk of violence in the workplace;
- 8) Obtain information and be consulted on the verification of equipment installed in the workplace for health and physical safety purposes;
- 9) Be notified of all cases of workplace violence within four days of the incident. The JHSC subsequently reviews the cases and develops recommendations to eliminate potential risks and hazards;
- 10) Conduct an investigation in the event of a serious injury or death and report the results to the Minister of the Ministry of Labour;
- 11) Provide monthly inspection of the physical conditions of the workplace (see section: Premises Inspection);
- 12) Provide appropriate occupational health and safety training to staff members;
- 13) Ensure that individuals occupying the premises of the CSCHN at each point of service are aware of health and safety issues;
- 14) Ensure that all meeting minutes are available to the persons occupying the premises of the CSCHN.

2.3 TRAINING AND ORIENTATION

The CSCHN ensures that any new member of the JHSC receives appropriate training and orientation, including:

- 1) The appropriate training to become a certified member recognized by the Ministry of Labour;
- 2) An orientation to the role of the JHSC;
- 3) Guidance on the policies and procedures developed at the CSCHN in the area of physical health and safety.

2.4 DECISION-MAKING AUTHORITY

In general, the JHSC operates by consensus. The JHSC does not have decision-making authority. The role of the JHSC is to review and determine the merits of issues raised and to make recommendations to senior management to improve physical health and safety. These recommendations are based, for example, on objective facts, incidents, staff health status, and legal requirements. When a JHSC recommendation involves a significant expenditure, the final decision rests with the Executive Director.

While the JHSC plays an important role in ensuring the health and safety of the individuals occupying the premises of the CSCHN, the responsibility and final decisions rest with the CSCHN's Executive Director.

2.5 NOTICE TO THE JHSC

Staff who wish to notify the JHSC of potential hazards, situations or any other health and safety concerns may complete the *JHSC Request for Service* form and submit it electronically to the committee members (form attached).

2.6 PREMISES INSPECTION

JHSC members conduct monthly inspections of their respective sites in order to:

- 1) Identify and record actual and potential risks and hazards;
- 2) Immediately report a hazard to the manager that presents an immediate risk;
- 3) Ensure that all existing health and safety standards are met;
- 4) Ensure that all existing security measures are working and that these measures are sufficient;
- 5) Enable the JHSC to make recommendations to the Executive Director;
- 6) Recommend immediate corrective action, if necessary.

The *Monthly Inspection Sheet* is completed electronically and saved to the committee file on the p:drive/comite_committees.

In addition to monthly inspections, the JHSC performs certain quarterly and annual audits (*Annual Inspection Form*).

3. EMERGENCY RESPONSE PLANS

CSCHN has response plans in place to address various emergencies such as fire, bomb threats, violent behavior, medical emergencies, and pandemics. These plans are reviewed with the JHSC annually and revised as needed.

3.1 RESPONSIBILITIES OF THE CSCHN WITH RESPECT TO SECURITY AND FIRE

All personnel must be alert to fire hazards. Fire hazards must be eliminated as soon as they are discovered.

In the event of a failure of the fire detection equipment, evacuate the work area or perform hourly checks of all areas of the building until the equipment is functional again.

The CSCHN and the JHSC shall ensure that an annual inspection report of the fire protection system is completed by the Executive Director or its delegate.

The JHSC and the Executive Director must conduct a fire drill at least once a year. The purpose of this training is to help staff:

- 1) Activate any smoke control or other emergency system;
- 2) Limit, control and, if possible, extinguish the fire;
- 3) Recognize the various types of fires.

Staff orientation includes a review of fire emergency procedures including, but not limited to:

- The evacuation plan;
- The location of alarms and fire protection equipment;
- The method of activating the alarms;
- How to inform clients that they must exit and direct them to the exit during an evacuation;
- The importance of keeping work areas free of obstructions;

- The importance of reporting any deficiencies in safety equipment or other hazards.

3.2 EVACUATION IN THE EVENT OF A FIRE ALARM

The CSCHN has developed floor plans to facilitate evacuation in case of fire or any other emergency. These plans can be found near the doors of the various exits of the CSCHN.

The following tips are found in the CSCHN Fire Safety Plan at both locations and should be posted on the Health and Safety bulletin board.

If you discover a fire:

- 1) Leave the area immediately;
- 2) Close the doors behind you;
- 3) Warn people around you to leave the building;
- 4) Trigger the alarm closest to you (without putting yourself in danger);
- 5) Call 911 and give the correct address and location of the fire inside the building;
- 6) Leave the building immediately;
- 7) Do not take the elevator;
- 8) Do not enter the building until the fire department has given permission to do so.

If you hear the fire alarm:

- 1) Cease all activity;
- 2) Inform clients/patients to leave the building;
- 3) Show clients/patients the exit to take;
- 4) Check work desks and washrooms in your environment (only if you are safe);
- 5) Proceed to the safest exit and leave the building;
- 6) Do not take the elevator.

Subsequently:

- 1) Re-enter the building only if ordered by the fire department or the CSCHN and if the fire alarm has been turned off;
- 2) The person in charge maintains a logbook for evacuation drills;
- 3) The person in charge writes a report.

3.3 BOMB THREAT AND SUSPICIOUS OBJECTS

All bomb threats should be taken seriously until proven otherwise. It is the responsibility of the police to determine whether or not there is a real threat and to remove or defuse the bomb, if necessary. The Executive Director shall at all times assume full responsibility for the relevant activities associated with the alert. The Executive Director must be kept informed of all facts concerning the progress of the procedures.

When you receive a bomb threat alert: be calm, listen to the caller without interrupting, and write down as much information as possible:

- 1) The exact wording of the threat (the words used);
- 2) The gender of the caller;
- 3) Does this person speak with an accent? Does their voice sound familiar?
- 4) Does the caller know the area?
- 5) Elocution: fast or slow;
- 6) Diction: good, nasal, stuttering;

- 7) The manner: calm, emotional, vulgar, intoxicated;
- 8) The voice: loud, soft, young, old;
- 9) Background noise.

Instructions to follow immediately after receiving the call:

- 1) **Call 911;**
- 2) Subsequently notify the Executive Director;
- 3) Proceed with the announcement and the evacuation plan;
- 4) Police response to a bomb threat is to evacuate the building. No search is to be done; it is to be left to the appropriate authorities,
- 5) **Do not touch or open suspect objects;**
- 6) Never tell people in the building that there is a bomb threat: only insist that the building be evacuated.

A full report should be prepared and submitted to the Executive Director as soon as possible after the bomb threat.

No one shall brief the media except the Executive Director or his/her delegate (e.g., Communications Officer).

3.4 ACTUAL OR POTENTIAL VIOLENT SITUATIONS: CODE WHITE

CSCHN staff should always notify the front desk if there is a risk of danger. Wireless panic buttons are available at the front desk for staff who do not have a fixed button in their office or for those who plan to work in a room that does not have a panic button. Use of a panic button triggers the Code White procedure, which indicates a real and imminent risk of violence to staff, a client, or a member of the public.

Every CSCHN staff member should know how to use the panic buttons and what to do in the event of a Code White announcement.

We recommend that staff members take safety precautions with visitors and clients in their offices or meeting rooms. Always plan an emergency exit route or make sure another staff member knows you have someone in your office or meeting room.

Other precautions for staff to consider include:

- 1) Do not entertain clients with whom you feel unsafe in the evening;
- 2) Do not make an appointment if there is no support at the reception desk;
- 3) Leave the office or exam room door open.

CSCHN and its staff are not required to provide services to clients that pose a safety risk to staff or program participants.

3.5 IN CASE OF INJURY OR MEDICAL EMERGENCY

When a medical emergency occurs, staff or a delegate will call 911 if necessary and contact a medical responder. In the absence of a medical responder, staff will provide the necessary first aid (e.g. CPR) until the ambulance arrives. Ideally, another staff member is asked to meet the paramedics on the first floor and take them to the location of the emergency.

If possible, medical personnel will immediately go to the person in need of assistance to provide first aid.

In all cases where a person is injured, CSCHN will ensure:

- 1) To provide immediate first aid to the person;
- 2) The service provider records the treatment and first aid advice provided to the injured person;
- 3) The **incident and accident report** is completed and the management representative is informed if necessary;
- 4) To provide transportation by ambulance or cab to a hospital, doctor's office, or home, as appropriate
- 5) A full investigation and report is completed and submitted to the CSCHN and the Ministry of Labour in the event of a serious injury or death, as required by the Act. These reports are kept in the Health and Safety binder available to all. The location is posted on the Hamilton and Welland Health and Safety bulletin board.

While this policy applies to the health and safety of CSCHN staff, clients and visitors can also be injured. In this case, the same process is followed and the incident and accident report is completed and provided to the members of the JHSC.

3.6 PANDEMIC

The CSCHN annually revises an influenza or pandemic disease action plan. This plan is shared with staff.

4. ACCIDENT AND INCIDENT REPORT

4.1 DEFINITION

Accident and incident reports should not be used to report an incident of violence, harassment, or discrimination. Refer to the *Workplace Discrimination, Violence and Harassment Policy* and the *Violence, Harassment and Discrimination Reporting Procedure*.

An accident is an unplanned event that caused or could have caused injury or damage.

An incident is an event that is not part of the normal operation of a service and that causes or may cause an interruption or reduction in the quality of services. For the purposes of this policy, the event had or may have had an impact on the health and safety of customers, members of the public, or CSCHN staff, but is not an incident of violence or threat.

CSCHN staff shall complete a report at the time of an event as defined above. In addition, CSCHN staff must complete a report whenever an ambulance, police, or fire department is called for a client, visitor, or staff member. These events always have the potential for some type of follow-up, so the report helps to document all the facts of the situation, witnesses, actions taken to treat the injury, problem, etc. Accident and incident reports help the JHSC review potential risks and prevent future accidents or incidents. The report can also protect staff and the CSCHN from future charges or legal action.

Normally, the report should be submitted to all JHSC members within 24 hours of the incident or accident. In the case of a serious accident or incident, the staff member should also forward it to the Executive Director and his or her manager.

Reports are completed by staff only. A staff member who witnesses an accident or incident must assist in completing the report in the event that the client or another person is unable to do so.

Once the report has been reviewed by the JHSC, it is filed with the JHSC, but recommendations and decisions arising from the incident may be posted on the Health and Safety Bulletin Board. Only JHSC members may post documents on the bulletin board. In the case of a report containing personal or confidential information, the JHSC has the option of not posting the report on the bulletin board. However, all reports must be placed in the Health and Safety Binder.

If the accident resulted in a death or serious injury, it must be reported immediately to a government inspector. In addition, the CSCHN must send a written report to the Ministry of Labour within 48 hours of the accident. The purpose of accident investigations is to determine the cause of the accident and to correct the situation as soon as possible in order to prevent future accidents.

Members of the JHSC shall conduct an investigation at the scene of an accident. In the event of a serious situation, they shall immediately notify the CSCHN Executive Director. The JHSC is authorized to investigate all accidents.

After discussion with all members, actions resulting from the accident and incident report are documented by the JHSC member representing the Executive Director or another JHSC member on the form provided.

5. HAZARDOUS MATERIALS - WHMIS

The Workplace Hazardous Materials Information System (WHMIS) is a Canada-wide program set out in federal and provincial legislation. Its purpose is to ensure that we have a policy with appropriate provisions to protect our staff and the CSCHN, and to ensure that we act in accordance with all laws and regulations regarding the use, handling, and storage of hazardous materials in the workplace.

5.1 TRAINING

The Executive Director ensures that the JHSC conducts annual WHMIS training for all staff. This training enables staff to identify, use, handle, and safely store products that are classified as hazardous materials.

5.2 INVENTORY OF HAZARDOUS SUBSTANCES AND MATERIAL SAFETY DATA SHEETS (HEREINAFTER REFERRED TO AS MSDS)

An inventory of all hazardous substances used by CSCHN staff is maintained and MSDSs are posted on the staff bulletin board.

It is the responsibility of all staff to communicate additions, deletions, or changes to hazardous substances to the JHSC.

The JHSC obtains valid versions of MSDSs from vendors. A "valid" record means that it is not more than three years old.

An inventory of hazardous products and a review of WHMIS training must be done annually. MSDSs must be reviewed annually during WHMIS training.

Before using a new hazardous substance, obtain its MSDS from the supplier and distribute it to the personnel concerned for information purposes. This MSDS must be inserted in the binder provided to the staff.

5.3 THE PURCHASE OF HAZARDOUS PRODUCTS

CSCHN staff may not purchase or take to the workplace any hazardous products without notifying the JHSC. All suppliers of WHMIS products are asked to provide MSDSs prior to shipment or at the time of shipment if we do not have a copy of the MSDS on file. A JHSC representative is notified when there is a change in suppliers of hazardous substances.

If the CSCHN is unable to obtain an MSDS from a supplier, the CSCHN shall notify the Ministry of Labour in writing. The CSCHN shall not purchase hazardous substances from manufacturers or suppliers who refuse to provide the required MSDS. Where several available substances are equally effective and are reasonable product choices, the CSCHN shall select the least hazardous product to perform a given task.

5.4 STORAGE AND LABELING OF HAZARDOUS SUBSTANCES

Whenever possible, keep used hazardous substances in their original containers and do not transfer them to smaller containers. However, homemade labels can be made for use on alternative containers.

Hazardous substances must be stored in the CSCHN according to the safety information on the MSDS. A storage area is indicated for hazardous materials.

6. INFECTION CONTROL

Universal body substance precautions are intended to:

- 1) Protect personnel from unprotected contact with infectious organisms;
- 2) Protect clients from cross-contamination infections.

This policy is based on the premise that all client body substances could be infectious. By adhering to this policy, staff can protect themselves from diagnosed and undiagnosed diseases. Thus, reducing unprotected exposures to these organisms will also result in a decrease in the transmission of these organisms to clients.

Staff members decide what type of precautions to take based on their professional judgment and anticipated exposure to bodily substances in each procedure.

It is the responsibility of the CSCHN to provide the appropriate protective equipment required, including gloves (vinyl or latex), masks, goggles, gowns, resuscitation equipment, and containers or equipment for sharps and biohazardous waste.

For health and safety issues related to the COVID-19 pandemic, please refer to the COVID-19 pandemic policies and procedures in P:Drive.

Principles

- 1) Staff need to think about what they are doing and the type of client they are dealing with (e.g., an uncooperative adult).
- 2) Staff must identify the body substances to which they may be exposed, and the protective equipment or materials required.

- 3) Staff should wear appropriate protective equipment, perform the required procedure, remove and discard the equipment, and then **WASH THEIR HANDS**.

7. VACCINATION

Preamble: The CSCHN recognizes that, with respect to immunizations, the Professional Orders and the rules and/or regulations established by them take precedence in governing the responsibilities of employees (depending on their affiliation).

CSCHN recommends that all employees have the following immunizations up to date:

7.1 VACCINE CONTAINING DIPHTHERIA AND TETANUS TOXOID

Staff are recommended to receive the appropriate series of injections and booster shots. They should then receive a toxoid booster every 10 years.

7.2 HEPATITIS B VACCINE

Where group insurance does not reimburse for hepatitis B vaccination, the CSCHN reimburses expenses incurred by personnel providing primary health care, social services, or children's services who may be exposed to blood or blood products, or who may be at risk of injury from sharp objects.

When a staff member experiences a percutaneous or mucosal exposure from a source that is or may be HBsAg positive, the provider must determine whether to administer the hepatitis B vaccine or an HBIg injection as appropriate. The CSCHN also reimburses these expenses.

7.3 FLU VACCINE

The CSCHN offers a flu vaccination clinic to all staff depending on the availability of vaccines. Vaccinations are given during working hours to all staff members who wish to receive them. Vaccination is not mandatory, but strongly encouraged.

7.4 MEASLES-MUMPS-RUBELLA (MMR) VACCINE

It is recommended that staff members who provide health care receive measles vaccine (in the form of the Measles-Mumps-Rubella [MMR] vaccine) if they were born in 1957 or later, do not have documentation of having been vaccinated against measles, or are known to be HIV negative. In addition, staff members who frequently encounter pregnant women and are likely to expose them to rubella should be vaccinated.

7.5 TB TESTING AND FOLLOW-UP

Tuberculosis has been on the rise in North America since 1985. Active TB is contagious through the air (at a distance of less than one meter) but is treatable in most cases. People with HIV are more vulnerable if they are exposed to the TB bacteria.

A TB test tells us about an individual's TB status. A positive test does not necessarily mean that the person has active TB. People who test positive will need additional tests and appropriate treatment, if needed; this should protect them from having active TB and prevent transmission of the disease to another person.

It is recommended that an employee be screened for tuberculosis following a potential exposure.

No staff member may be denied a position based on the result of the TB test. If the test shows active tuberculosis, the staff member may return to his or her position as soon as the manager receives medical confirmation that the individual is no longer contagious.

7.6 VARICELLA VACCINE

The chickenpox vaccine is recommended for staff members who have never received the vaccine and have never had chickenpox. If you do not know if you have had chickenpox or the vaccine, it is recommended that you get vaccinated. Adults at higher risk of exposure should especially consider vaccination. These include health care workers, as well as others, such as teachers, daycare workers, students, etc.

8. CARDIOPULMONARY RESUSCITATION (CPR) TRAINING

Medical staff members must keep their CPR certification current. The CSCHN offers this training which is provided by a certified CPR instructor. All staff members are encouraged to obtain their CPR certification and maintain their skills; the CSCHN offers this training on a regular basis (usually once a year) depending on budgets.

9. POLICY FOR A FRAGRANCE-FREE ENVIRONMENT

Due to the health risks posed by scented products, the CSCHN strives to provide a scent-free environment for its staff and customers. A sign is posted at the entrance to each location to advise clients entering the facility. The CSCHN asks its staff not to wear scented products to work. Whenever possible, clients are encouraged to do the same.

10. SMOKE-FREE ENVIRONMENT

Under provincial and municipal codes, smoking or vaping is not permitted in the workplace. Smokers and vapers must be at least **nine** metres away from the building if they want to smoke or vape outside the building.