

Coronavirus Safety Advice While Shopping Infographic

Post this infographic to share how you and your workers can be safe while shopping to reduce the spread of infection.



Pandemic Guide For Real Estate Managers

IREM® Pandemic Guide
For Real Estate Managers

Resources for Reopening Your Property

Once the spread of infectious disease has slowed to a manageable level, public health authorities typically begin to lift restrictions on life and business. You need to be prepared for when this happens—and your property must be ready to reopen in a safe and responsible manner.

It's important to remember that reopening your property will not

be a “flip the switch” event. It will require some planning, preparation, and prioritization. Reopening may occur in phases to support social (physical) distancing and other disease prevention measures.

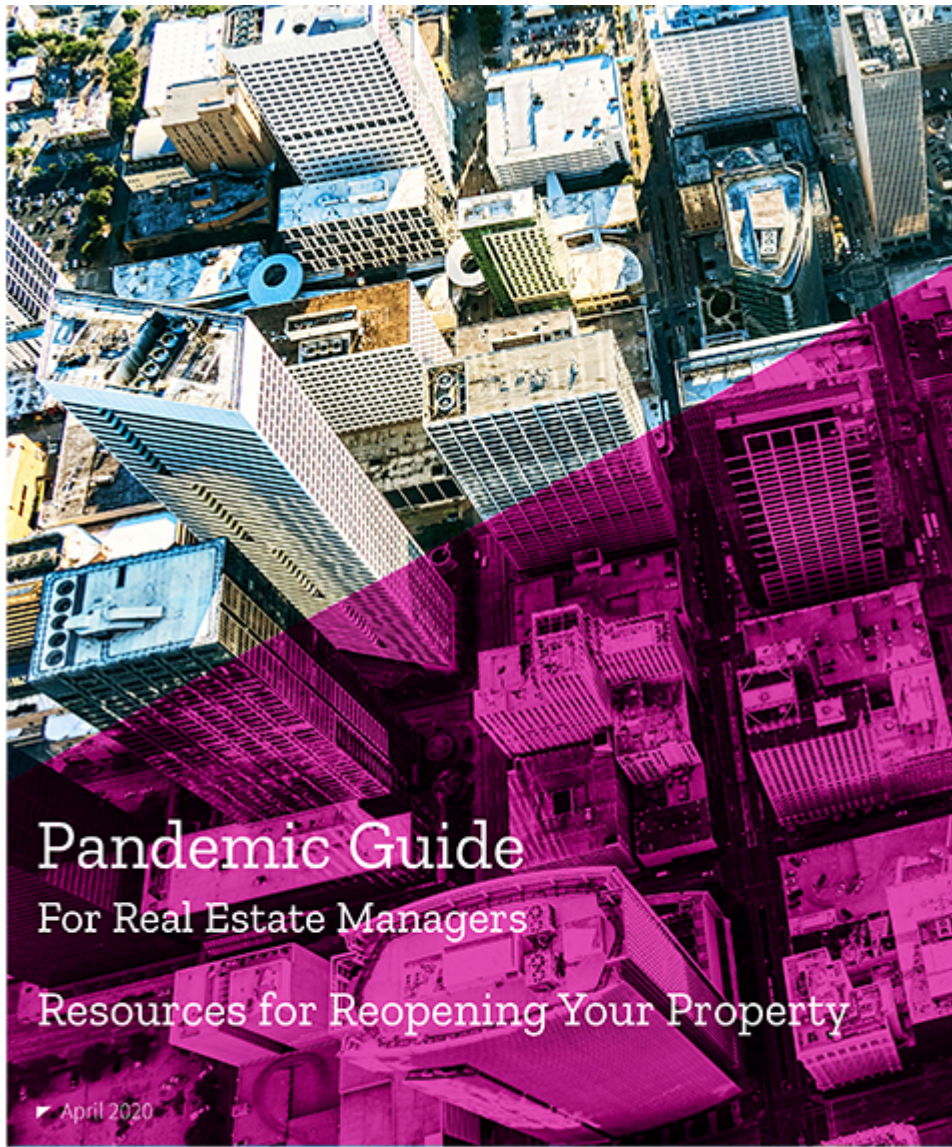
Operations at office, retail, and industrial properties will be different than those under normal circumstances. Balancing how to prevent the spread of disease and meet the needs of tenants will be a challenge. Life on residential properties will move forward in steps as you make areas and amenities, such as clubhouses and swimming pools, available for use again.

You may have had ways of doing things that worked for your property prior to a pandemic and that may work again – but were those ways the best? Or did you discover new, better ways as you shifted on the fly to respond to the pandemic?

Your goal is to end up with the most effective processes in leasing, maintenance, and other areas of operations—those you’d had in place before the pandemic, and those you’ve applied for the pandemic that work even better than previous practices.

You’ll likely need to adjust as there are new developments and guidance from public health authorities. You’ll also adjust as you learn lessons in the initial phases of reopening.

We’ve created this guide to help you navigate these issues. The checklists in the guide serve as a framework for reopening your property and getting back to, if not pre-pandemic operations, a new normal where you and your stakeholders can resume your businesses and lives.



For those who manage to make a difference.™



Symptoms of COVID-19

SYMPTOMS OF COVID-19, COLD, INFLUENZA

SYMPTOMS	COVID-19	INFLUENZA	COLD
Dry Cough	+++	+++	+
Fever	+++	+++	-
Stuffy nose	-	++	+++
Sore Throat	++	++	+++
Shortness of breath	++	--	--
Headache	++	+++	-
Body Aches	++	+++	+++
Sneezing	--	--	+++
Exhaustion	++	+++	++
Diarrhea	-	++	--

+++ Frequent ++ Sometimes + Occasionally - Rare -- Not Observed

Source: WHO, CDC

DOOR NEWS
XYZ
IANS GRAPHICS

COVID-19 Infographic

COVID-19

Coronavirus Disease 2019

BE AWARE.

COVID-19 is a new respiratory illness that was first discovered in Wuhan, China. It is transmitted from person to person.



*Symptoms may appear 1 to 12 days following exposure to the virus

COMMON
SYMPTOMS

SEVERE
CASES



Who is most at risk of becoming seriously ill?

- People over age 60
- People with pre-existing conditions such as diabetes and heart disease



How is it transmitted?

- Through close contact with an infected person
- By an infected person coughing or sneezing
- By touching contaminated objects or surfaces and then touching your mouth, nose or eyes



Currently there is no vaccine or specific treatment. We can only treat the symptoms. Serious cases may require oxygen and ventilatory support.

PREPARE.



Make sure you get your information from a reliable source.



Wash your hands regularly with soap and water or use an alcohol-based gel.



Cover your mouth with the inside of your elbow when you cough or sneeze or use a tissue and dispose of used tissue immediately and wash your hands.

ACT.



Avoid close contact with people who have flu-like symptoms.



Avoid touching your eyes, nose or mouth with unwashed hands.



Avoid sharing cups, plates or other personal items and disinfect all surfaces that are touched frequently.



If you have traveled to areas where COVID-19 is circulating or have been in contact with someone who has it and you experience fever, cough or difficulty breathing, seek medical attention immediately. Do not self-medicate.

Note: Information may change when more is known about the disease. February 2020.

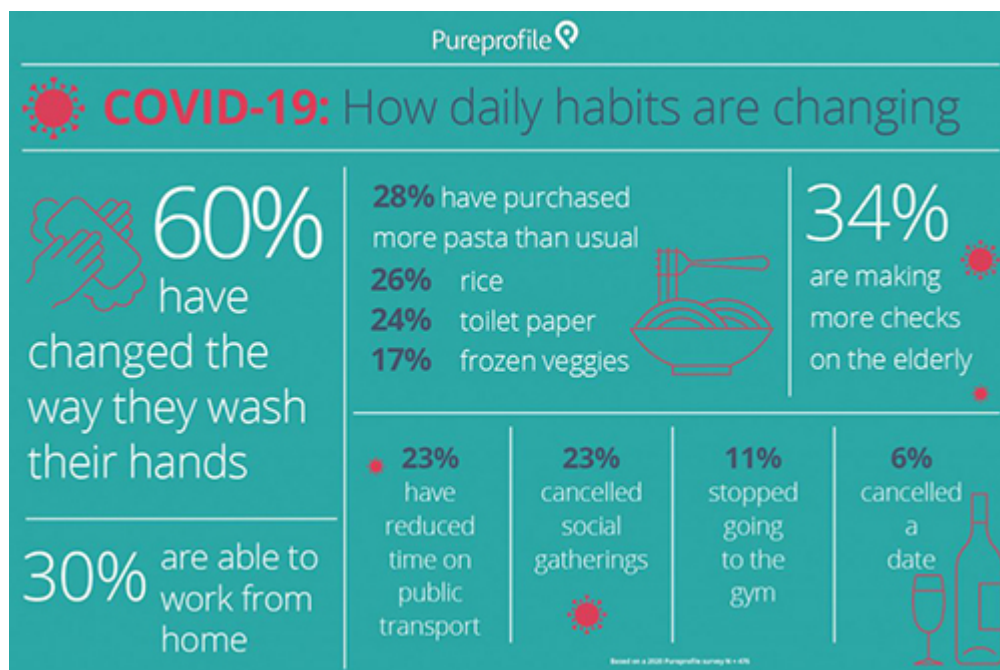
PAHO



BE AWARE. PREPARE. ACT.

www.paho.org/coronavirus

COVID-19: How Daily Habits Are Changing?



Beards Don't Filter the Coronavirus



No matter what style of facial hair you sport, it's our humble opinion that all beards are beautiful. The Centers for Disease Control and Prevention (CDC), however, disagrees.

Not all facial hair is created equal, according to a CDC infographic on the best facial hair styles suited to N95 respirator masks, which are intended to help shield you from airborne particles.

According to the U.S. Food and Drug Administration (FDA), an N95 respirator blocks at least 95 percent of very small airborne particles down to 0.3 microns (one micron = one millionth of a meter). Gases, vapors, and other particles in the air that respirator masks are meant to prevent the wearer from breathing in will take the path of least resistance to bypass the respirators filter.



So, what's the problem with your beard? Can't that just act like another barrier?

Not exactly. While human hair “appears to be very thin to the naked eye,” according to the CDC, it’s actually much larger in size than the particles you want to avoid inhaling. N95 masks protect you from airborne particles down to 0.3 microns, but hair thickness ranges from 1/1500 to 1/500 of an inch in diameter. So if we assume each of your beard hairs are .002 inches thick in diameter, that translates to 50.8 microns. That’s going to create a COVID-19 size entryway.

Overall, the CDC reports that any presence of facial hair that gets in the way of a respirator mask’s seal can cause 20 to 1,000 times more leakage as compared to a clean-shaven mask-wearer.

Fit Testing

If you’ve ever performed QNFT (quantitative) respirator fit testing, you know that the process can sometimes be challenging and interspersed with occasional failed results which require you

to retest.

The reason we perform respirator fit testing is to verify that the user can obtain an effective seal and level of comfort with their chosen respirator. We also want to make sure that the respiratory protection being worn provides the user with the best possible protection when required. The fit test is an opportunity for the user to demonstrate their level of competence with donning, doffing, and user seal check training. CSA Z94.4 requires that we repeat the test every other year or when there is a change to the respirator, physical condition of the user, or PPE being worn.

Here are some tips, tricks, and basic troubleshooting suggestions that we have learned over the years to help with your QNFT fit testing program.

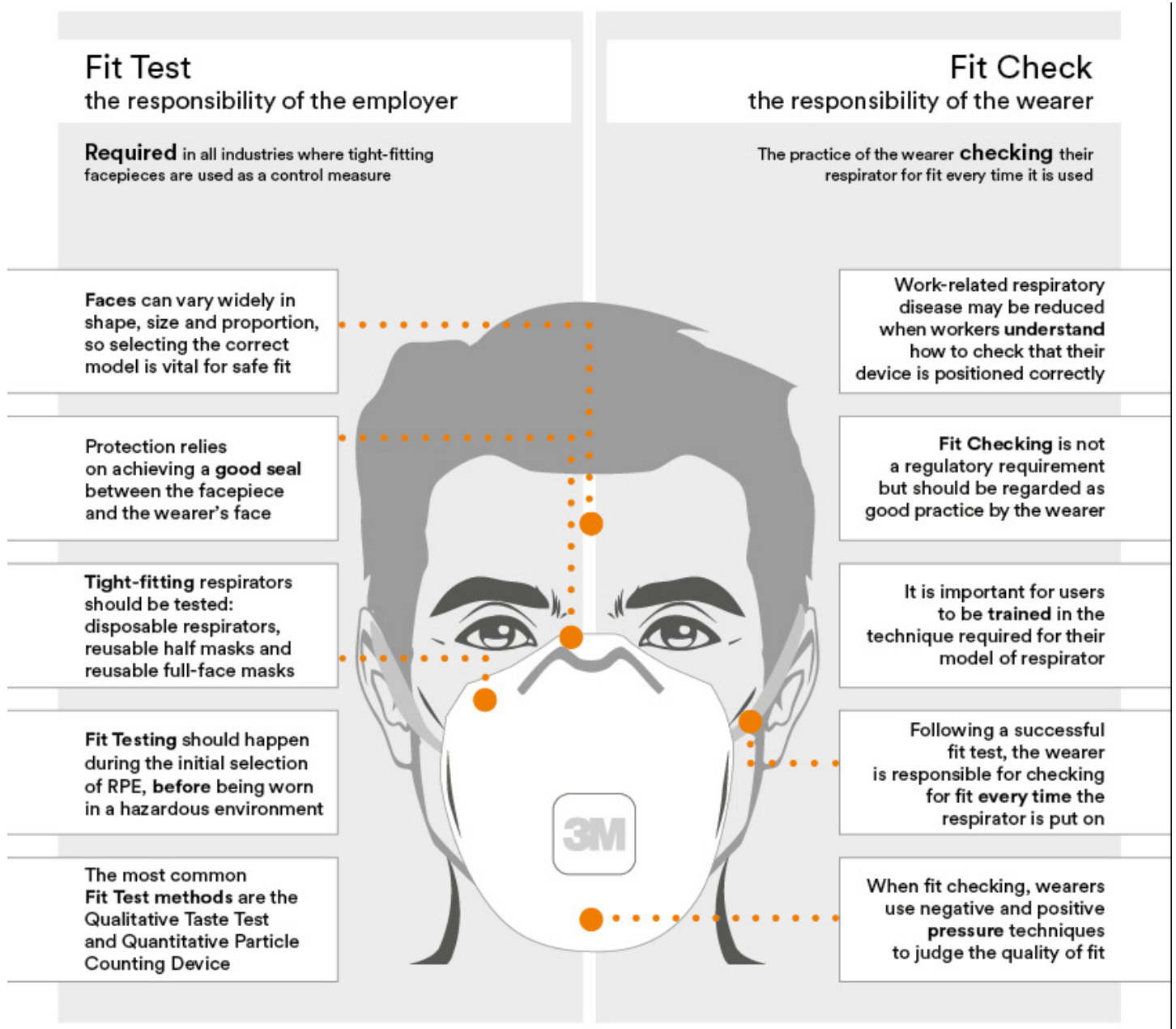
- **A 3M disposable respirator with valve.** So many masks to choose from, so many faces to fit. There is no such thing as one size fits all. A common reason that N95 respirators don't fit (besides being too big or too small) is that the metal nose piece isn't properly fitted. Once a respirator is chosen, proper donning procedures will instruct users to use two hands (two fingers on each hand) to form the metal band evenly over their nose. Using one hand (thumb and index finger) can create an uneven bend resulting in a respirator leak.
- **Filtering Facepiece (N95) Probe Placement** A fit testing probe needs to be installed in order to conduct a fit test on a filtering facepiece respirator. Respirator leaks can be created when installing this probe. It is important that the probe be installed to the left or right of exhalation valves and away from seams in respirator material. Start by inserting the probe to the midway point on the inside of the facepiece. Then, continue while applying pressure on the sealing push nut/rivet. When done correctly, respirator material should be seen around the joint of the 2 components.
- **Beards** First off, CSA Z94.4 stipulates that no facial hair may come into contact with the seal area of the respirator.

Annex M in the Standard provides guidance on what is acceptable. Basically, if facial hair is – or could be – in the mask sealing area, you can't conduct a fit test.

Maintenance & Hygiene

Everyone is aware of the potential transmission of germs and bacteria via our hands. If you're fit testing, here are some useful tips to for the safety of the fit tester and respirator user.

- Wear disposable non-latex gloves when handling someone else's respirator
- If a shared "test" respirator needs to be wiped out between uses, have the person being tested do the wiping. If they bring their own respirator for the test, offer a wipe so it can be cleaned. This promotes respirator hygiene and provides a clean respirator for the test.
- Always verify that all components of the respirator are in place prior to the fit test.
- When putting a mask adapter on a respirator, use new, clean tubing to go from the mask adapter to inside the mask. The fit test adapter kits come with replacement tubing and additional can be ordered as needed.
- Occasionally, moisture can condense in the twin tubes between the respirator fit tester and the mask adapter. This occurs because exhaled breath is humid and can condense in the hose during testing. The easy solution is to carry a spare, 'clean' twin tube that you can swap out on demand. They can also be cleaned and dried as necessary.



Smoking

Smokers inhale a lot of particulate, but it can take at least 30 minutes for all those small particulates to migrate out of the lungs. If you test too soon after smoking, the instrument will count those particles and won't be able to tell if it's a leak or cigarette smoke that is resulting in particles showing up in the test.

Equipment Failure

Sometimes the equipment doesn't work. Not often, but not never. Remember, it's drawing air in when it's turned on, so never let the hose fall to the floor without a filter on it. Dust bunnies are bad for the optics. So is bouncing and bumping – sometimes

this causes an optics misalignment to occur, so the instrument stops counting particles.

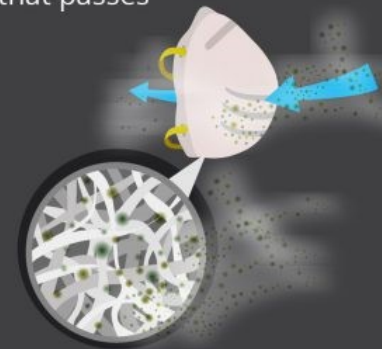
Three Key Factors Required for a Respirator to be Effective



① The respirator must be put on correctly and worn during the exposure.

② The respirator must fit snugly against the user's face to ensure that there are no gaps between the user's skin and respirator seal.

③ The respirator filter must capture more than 95% of the particles from the air that passes through it.



*If your respirator has a metal bar or a molded nose cushion, it should rest over the nose and not the chin area.

Sources

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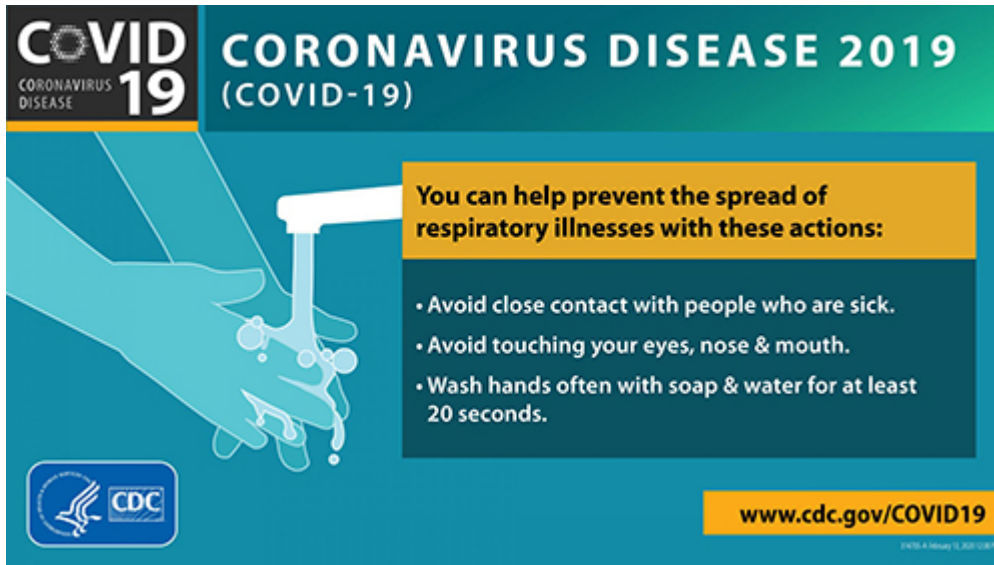
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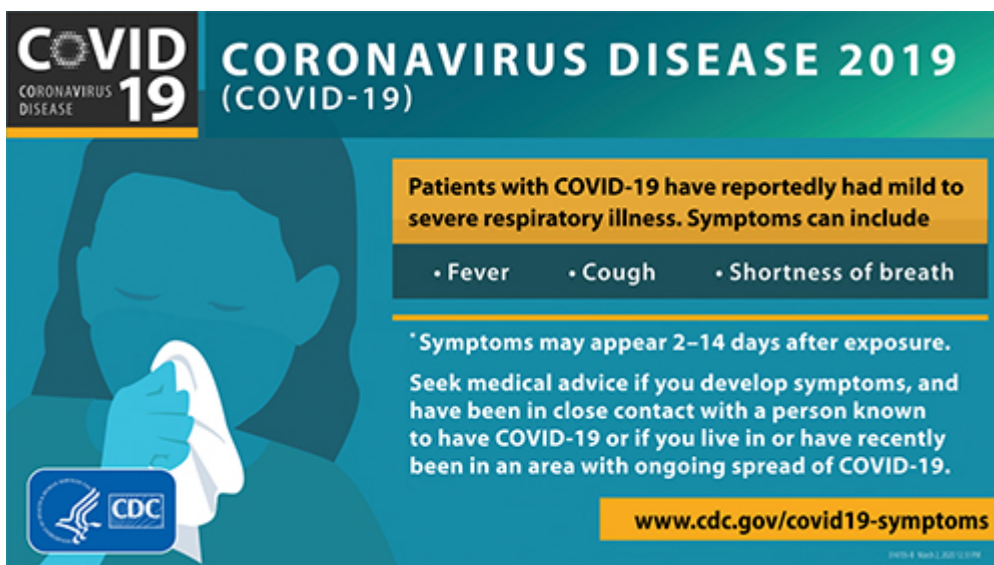
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Coronavirus Disease 2019 (COVID-19) – Prevention



Coronavirus Disease 2019 (COVID-19) – Symptoms



COVID-19: Information for Returning Travelers

COVID-19
INFORMATION
FOR RETURNING
TRAVELERS

SELF-MONITOR
AND PRACTICE
SOCIAL DISTANCING



1. Take your temperature with a thermometer two times a day and monitor for fever. Also watch for cough or trouble breathing.



2. Stay home and avoid contact with others. Do not go to work or school for this 14-day period.



3. Do not take public transportation, taxis, or ride-shares.



4. Avoid crowded places (such as shopping centers and movie theaters) and limit activities in public.



5. Keep your distance from others (about 6 feet or 2 meters).



6. If you need support services during this self-monitoring and social distancing period, call 1-877-PA-HEALTH (1-877-724-3258).

You can return to your regular routine when 14 days have passed since your departure date, provided you remain well and have not been diagnosed with COVID-19. For example, if you left a country with a Level 3 Travel Health Notice on March 1, you can return to work starting on March 15. Employers should not require a doctor's note to return to work.

TAKE EVERYDAY PRECAUTIONS



WASH YOUR HANDS



DON'T TOUCH FACE



AVOID SICK PEOPLE

INFORMATION + UPDATES:
HEALTH.PA.GOV



Created 03/05/2020

US Family First Corona Response Act (Emergency Sick Leave and Emergency FMLA) Poster

EMPLOYEE RIGHTS

PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The Families First Coronavirus Response Act (FFCRA or Act) requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

► PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- ⅔ for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 10 weeks more of paid sick leave and expanded family and medical leave paid at ⅓ for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

► ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). Employees who have been employed for at least 30 days prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.

► QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to telework, because the employee:

- | | |
|---|---|
| 1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19; | 5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or |
| 2. has been advised by a health care provider to self-quarantine related to COVID-19; | 6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. |
| 3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis; | |
| 4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2); | |

► ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

For additional information
or to file a complaint:
1-866-487-9243
TTY: 1-877-889-5627
dol.gov/agencies/whd



WH1422 REV 0320

Word Search – COVID-19

COVID-19 is not only challenging on the work environment but on the mental health of your employees. Share this wordsearch with your team to give them a little time out from all the troubling communications. Keep them informed on the virus.

COVID-19 WORD SEARCH



CORONAVIRUS	FEVER	COUGH	CLEAN
CONTAGIOUS	NOVEL	SPREAD	SYMPTOM:
ISOLATION	COVID	WASH	MASK

Visitor COVID-19 Infection
Waiver of Liability Sign

WAIVER OF COVID-19 LIABILITY



NOTICE TO ALL ENTRANTS AND USERS OF THESE FACILITIES
EXCLUSION OF LIABILITY – ASSUMPTION OF RISK
THESE CONDITIONS WILL AFFECT YOUR LEGAL RIGHTS
INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION
FOR A COVID-19 INFECTION

I am aware that COVID-19 is a highly contagious disease that can result in a serious medical condition requiring hospitalization and possibly death either to myself or others including family members that contract COVID-19 as a result of contact with me. I agree that by entering the facility and using the equipment, tools and materials it contains, I am assuming the risks of contracting COVID-19 and that I agree that I am personally responsible for my safety and actions at all times when I am present at the Facility and will comply with all Company policies and rules. With full awareness and appreciation of the risks involved, and in consideration for being permitted to enter and remain at the Facility and use the tools, equipment or materials inside it, I, for myself and on behalf of my family, spouse, estate, heirs, executors, administrators, assigns and personal representatives, hereby forever release, waive, discharge, and covenant not to sue and indemnify and hold harmless the Company, its board members, officers, agents, servants, independent contractors, affiliates, employees, successors and assigns (collectively the "Released Parties") from any and all liability, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, or injury, including death, that may be sustained by me related to COVID-19, [whether caused by the negligence of] the Released Parties, any third-party using the Facility, or otherwise, while participating in any activity while in, on, or around the Facility.

RE-OPENING SAFELY AFTER THE COVID-19 LOCKDOWN | Award-winning safety training that engages employees and provides consistent, effective, and compliant instruction. Let's get everyone back-to-work, together, with a new focus on workplace safety. | www.SafetyNow.com

[Click Here to Download](#)

Covid-19 Prevention Flyer



SafetyNow



COVID-19 PREVENTION

What is Covid-19?

Coronaviruses are a large family of viruses found mostly in animals. In humans, they can cause diseases ranging from the common cold to more severe diseases such as COVID-19.

Prevention & Risks

There are many things you can do to prevent the spread of COVID-19 in your community. Below you will find preventative measures and actions you can take to stay healthy and prevent the spread of COVID-19.



 (800) 667-9300

 www.SafetyNow.com  sales@SafetyNow.com

RE-OPENING SAFELY AFTER THE COVID-19 LOCKDOWN | Award-winning safety training that engages employees and provides consistent, effective, and compliant instruction. Let's get everyone back-to-work, together, with a new focus on workplace safety. | www.SafetyNow.com

[Click Here to Download](#)

Wash Your Hands Infographic

WASH YOUR HANDS



**STOP THE
SPREADING
NOW**



FIGHT COVID-19 (CORONA VIRUS)

Hand Washing is your
best protection against
Corona Virus.

WASH YOUR HANDS

thoroughly with soap and water
for at least 20 seconds
to prevent passing on germs.

AVOID TOUCHING YOUR FACE



Especially your eyes, nose, and mouth

FOR MORE RETURN TO WORK E-LEARNING: www.SafetyNow.com
 (800) 667 9300  sales@SafetyNow.com

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Health And Safety Concerns For Employees Now Working Remotely

“I spent two years earlier in my career working from home. My office was an unfinished basement at first, and in the last year I moved it to the garage so I could open the door and have a panoramic view of the driveway.

It wasn't easy by any stretch, the fantasy of trading in the commute for a workout at lunch or being able to make “good coffee”

whenever I wanted never came to fruition. Reality was more like 12-hour days that ended with my wife opening the garage door and saying dinner had been ready for a couple of hours and she was tired of hearing “five more minutes.”

Of course, today it is very different. Nobody is actively choosing this pandemic work schedule. The community of remote workers is suddenly enormous—and, for CEOs, so are the non-obvious health and safety concerns for your newly-remote workforce.

I have a unique perspective on this as CEO of SafetyNow, a web-centered information and training tools company that has been in the safety training, compliance, and awareness business since 1929. I can speak from experience in saying that remote work, especially this sudden remote work, and especially while in the midst of a public-health crisis, poses some serious OHS concerns for employees and employers – far beyond what I experienced in my garage for two years...”

In this Special Report you will receive:

- Continue Reading: Health & Safety Concerns for Employees That Are Suddenly Working Remote
- Model Short-Term Telecommuting Agreement
- Temporary Suspension of Nonessential Business Travel
- Social Distancing to Avoid the Spread of COVID-19: What Should Your Business be Doing?
- Get Moving: Why Health & Wellness Matters
- Did you Get the Memo on Office Hazards?
- How to Maintain Cybersecurity for Your Remote Workers
- What You Need to Know About COVID-19
- Are You Doing Enough to Protect Lone Workers?

[Download the latest Special Report](#), written by our CEO, Richard Tobin, and Safety experts.

Dangerous Daze: Handling Negative Emotions

May 22, 2019 | Did you know employees forget 70% of their safety training within 24 hours of learning it? And that over the course of a month their retention decreases to almost 0? This can be prevented, but you need a strong understanding of how to train with retention in mind. In this webinar, learn how leading companies train their employees with methods that make safety STICK. You'll leave with fresh ideas and strategies to ensure your next training session is a memorable one.

Infographic: COVID-19 Safety Advices

What should I do if I might have been exposed?
What should I do if I feel sick?
What should I do if I have a confirmed COVID-19 infection?

COVID-19

SAFETY ADVICES

If you might have been exposed

Self-Monitor

Be alert for symptoms. Watch for fever, cough or shortness of breath. Take your temperature, and follow prevention tips. Act as if you have tested positive to protect your family and community, until you know different.



Fever



Cough



Shortness of Breath

If you feel healthy or sick

Self-Quarantine

Check your temperature twice a day and watch for symptoms. Stay home for 14 days and self-monitor. If at all possible, stay away from people who may be at high risk for getting very sick.



Check Temp



Avoid contacts with other people



Stay at home

If you have symptoms or a diagnosis

Self-Isolate

Stay in a specific sick room, away from people if possible. Use a separate bathroom and follow your health provider's guidance.

Prevention



Wear a mask



Don't touch face



Wash your hands



Avoid handshaking



Avoid contacts with animals



Avoid travelling



Keep objects clean



Cover your mouth with elbow



Practice social distancing



Put tissues in the trash



Maintain a healthy diet



Cover your nose and mouth

RE-OPENING SAFELY AFTER THE COVID-19 LOCKDOWN | Award winning safety training that engages employees and provides consistent, effective, and compliant instruction. Let's get everyone back-to-work, together, with a new focus on workplace safety.

SafetyNow

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COVID-19: Your OHS Responsibilities

To reduce the impact of COVID-19 outbreak conditions on businesses, workers, customers, and the public, it is important for all employers to plan now for COVID-19. For employers who have already planned for influenza pandemics, planning for COVID-19 may involve updating plans to address the specific exposure risks, sources of exposure, routes of transmission, and other unique characteristics of SARS-CoV-2 (i.e., compared to pandemic influenza viruses). Employers who have not prepared for pandemic events should prepare themselves and their workers as far in advance as possible of potentially worsening outbreak conditions.

Responding to COVID-19 in the Workplace: Guidance for Businesses and Employers to Plan and Respond to COVID-19

Businesses are strongly encouraged to coordinate with State/Province and local health officials so timely and accurate information can guide appropriate responses. Local conditions will influence the decisions that public health officials make regarding community-level strategies.

Workplace Inspections – Construction

WHAT'S AT STAKE?

Workplace inspections are a basic necessity of safety programs. They help to prevent incidents, injuries and illnesses.

WHAT'S THE DANGER?

Inspections should be done prior to the start of work as well as periodically throughout the shift and at the end of the work task. Workplace inspections serve the purpose of identifying any hazards in a work area. After hazards are identified, they need to be corrected before work proceeds or continues. There can always

additional hazards present in any work area that were not planned for.

Objects, equipment, people, or even animals find their way into work areas disrupting the work and creating additional hazards. Elimination of hazards is the most effective way to avoid injuries and property damage incidents. It is important to remove any unnecessary people, items, or equipment prior to the start of a work task.

By removing unnecessary personnel from a work area there are less people that have the chance to interfere with the work or be in the line of fire if something were to go wrong. Objects that are not needed in the area create trip hazards or can be struck by moving equipment and should be moved as well. Biological hazards such as insects or wildlife in work areas can pose many hazards to workers. Insects such as ticks or spiders can carry disease or poison that can affect an individual for years. Insects and wildlife can also distract employees from their work which could cause an injury.

But there are different types of workplace hazards / dangers that lurk above and below the surface of the workplace scene.

These include:

- Safety hazards such as those caused by inadequate machine guards, unsafe workplace conditions, unsafe work practices.
- Biological hazards caused by organisms such as viruses, bacteria, fungi and parasites.
- Chemical hazards caused by a solid, liquid, vapor, gas, dust, fume or mist.
- Ergonomic hazards caused by physiological and psychological demands on the worker, such as repetitive and forceful movements, awkward postures arising from improper work methods, and improperly designed workstations, tools, and equipment.
- Physical hazards caused by noise, vibration, energy, weather, heat, cold, electricity, radiation and pressure.
- Psychosocial hazards that can affect mental health or well-

being such as overwork, stress, bullying, or violence.

HOW TO PROTECT YOURSELF

The phrase the “devil is in the detail” is particularly apt in unveiling a plan to implement an effective inspection.

Purpose of inspections:

- listen to the concerns of workers and supervisors
- gain further understanding of jobs and tasks
- identify existing and potential hazards
- determine underlying causes of hazards
- recommend corrective action
- monitor steps taken to eliminate hazards or control the risk (e.g., engineering controls, administrative controls, policies, procedures, personal protective equipment)

What to examine:

- Every inspection must examine the WHO, WHAT, WHERE, WHEN and HOW.

What is the length of an inspection?

Depends on what is found, how many questions are asked, and how large and complex the work area is. Inspections are ineffective when the given time allows for only a quick look.

How often should inspection occur?

It depends on the following factors:

- the frequency of planned formal inspections may be set in your legislation
- past incident records
- number and size of different work operations
- type of equipment and work processes – those that are hazardous or potentially
- number of shifts – the activity of every shift may vary
- new processes or machinery

- legislative requirements for your jurisdiction

Follow – up analysis of inspections:

Review the information from regular inspections to identify where corrective action was needed. Determine if these actions have been taken. Use older reports to identify trends. Analysis of inspection reports may show the following:

- priorities for other corrective action
- need for improving safe work practices
- insight about why incidents are occurring in particular areas
- need for education and training in certain areas
- areas and equipment that require more in-depth hazard analysis

Reports:

Keeping inspection records is important. Past inspection records show what has been previously identified. They also show what an earlier inspection team concentrated on and what areas it did not inspect. Do not simply repeat or copy previous inspection results. Use the older inspection reports to help look for issues, and then determine whether recommendations were implemented. Note if the changes have been effective in sum, from past mistakes, one learns what works and does not work.

Two references to specific and general industry safety inspections are notable.

Construction Industry Safety Inspections

- Conduct routine self – inspections which cover the entire worksite as often as necessary, but at least weekly.
- Ensure that the subcontractor implements a similar self – inspection process.
- More frequent due to dynamic nature.

General Industry Safety Inspections

- Conduct routine self – inspections which cover the entire

worksite with a frequency of at least monthly and the entire worksite covered at least quarterly.

Planning:

- Underscoring all the written material referencing inspections is the theme that without thoughtful and strategic planning, effective inspections will not likely occur.

FINAL WORD

The foundation of a successful and effective investigation starts with strategic and thoughtful planning by all the stakeholders in the management and worker paradigm.

Cold Storage Safety

WHAT'S AT STAKE?

Many of us deal with cold hazards when we work or commute to work in the winter. For some workers, cold is a year-round hazard.

Industries which process, store or use food products have cold facilities. There, workers cut meat, move forklift loads of fish, sort bins of fruit and perform many other tasks.

Kitchens, such as those serving restaurants, industrial cafeterias and healthcare facilities also have cold storage areas where food items are received and kept until ready for use.

WHAT'S THE DANGER?

Food safety is the reason for these cold areas, but they can be

hazardous to your own safety.

You've seen it countless times in the movies, but people in real life do get trapped in walk-in refrigerators or freezers, and sometimes they die. Exposure to cold temperatures can cause hypothermia, a potentially fatal lowering of the body's core temperature. And, if the space is small, lack of oxygen could cause death before freezing does. Spending too long a time in a freezer, or being in continual contact with frozen items, can also cause frostbite, which is tissue damage from freezing. Amputating fingers and toes is sometimes necessary after frostbite.

Another hazard of refrigerators and freezers is wet and slippery floors, leading to slips and falls.

HOW TO PROTECT YOURSELF

How can you work safely around cold rooms? Consider these guidelines:

- Follow a system of checking cold storage areas periodically through the shift and at closing time to make sure no one is trapped inside.
- Make sure doors can be opened from the inside. Inspect them regularly to make sure they still work.
- Wear warm clothing, including a hat, when working in a cold storage area.
- Use insulated gloves when unpacking and sorting frozen foods.
- Use warm, non-slip footwear.
- Be aware that the bulky clothing which you need to keep warm can restrict your ability to move and possibly contribute to over-exertion injuries. The fatigue caused by cold and heavy clothing can also be a factor in injuries.
- You should also be aware not everyone is suited for work in a cold room. The combination of exertion and cold conditions may be unsafe for persons with a history of heart disease.
- Keep floors free of slip hazards, and use non-slip mats where necessary.

- Take extra care when lifting objects in a cold room. Thick gloves may make it difficult to get a good grip on the item. If you slip while carrying something, you can injure your back.
- Use an anti-fog solution on your safety eyewear so you can see well in spite of changing temperatures. Be prepared for that moment of blindness when you leave the cold environment and enter a warm, humid cooking area, causing your glasses to fog up.
- Take your assigned rest breaks outside of the cold area. If possible, rotate from cold room work to less stressful conditions.

FINAL WORD

Cold conditions can increase the hazards of strains and sprains in jobs such as processing poultry, meat or fish. Talk to your supervisor about the correct procedures and equipment to help you work without developing repetitive strain injuries.

What are Potential Eye Hazards in the Workplace That Necessitate Eye Protection?

QUESTION

What are potential eye hazards in the workplace that necessitate eye protection?

- A. Poor housekeeping practices, objects dropped from above, no prevention programs, chemicals.
- B. Radiation, slips and falls, no proper training in use of

dangerous equipment, projectiles.

C. Ill-designed or inappropriate goggles/safety glasses, an administrator not trained or knowledgeable in eye protection, bloodborne pathogens.

D. Projectiles, Chemicals, Radiation, Bloodborne Pathogens.

ANSWER

D. Projectiles, Chemicals, Radiation, Bloodborne Pathogens.

WHY IS IT RIGHT

OHS STANDARD

OHS standards require that employers provide workers with suitable eye protection. To be effective, the eyewear must be of the appropriate type for the hazard encountered and properly fitted. For example, the BLS survey showed that 94 percent of the injuries to workers wearing eye protection resulted from objects or chemicals going around or under the protector.

EMPLOYERS RESPONSIBILITIES

Employers must provide eye protection for employees whenever they are exposed to potential eye injuries during their work if work practice or engineering controls do not eliminate the risk of injury.

Employers must establish and implement a written eye and face protection program with worksite-specific procedures and elements for required eye and face protective equipment use. **The provisions of the program include procedures for selection, medical evaluation, fit testing, training, use and care of eye and face protection.**

Employers Responsibilities

- Know the eye safety dangers at your work.
- Eliminate hazards before starting work by using machine guards, work screens or other engineering controls.
- Use proper eye protection.

- Keep your safety eyewear in good condition and have it replaced if it becomes damaged.

Selection of protective eyewear appropriate for a given task should be made based on a hazard assessment of each activity.

- **Projectiles**(dust, concrete, metal, wood and other particles)
- **Chemicals**(splashes and fumes)
- **Radiation**(especially visible light, ultraviolet radiation, heat or infrared radiation, and lasers)
- **Bloodborne pathogens**(hepatitis or >HIV) from blood and body fluids

Workers experience eye injuries on the job for two major reasons:

- They were not wearing eye protection.
- They were wearing the wrong kind of protection for the job.

TYPES OF EYE PROTECTION THAT SHOULD BE WORN

The eye protection chosen for specific work situations depends upon the circumstances of exposure, other PPE used, and personal vision needs. There is wide variety in the types of protective eyewear, and appropriate selection should be based on a number of factors, the most important of which is the nature and extent of the hazard. Eye protection must be comfortable and allow for sufficient peripheral vision and must be adjustable to ensure a secure fit. It may be necessary to provide several different types, styles, and sizes. Selection of protective eyewear appropriate for a given task should be made from an evaluation of each activity, including regulatory requirements when applicable. These hazard assessments require a clear understanding of the work tasks, including knowledge of the potential routes of exposure and the opportunities for exposure in the task assessed (nature and extent of worker contact). Exposure incident reports should be reviewed to identify those incidents (whether or not infection occurred) that could have been prevented by the proper use of protective eyewear.

Common Types of Eye Protection

Goggles

Appropriately fitted, indirectly-vented goggles* with a manufacturer's anti-fog coating provide the most reliable practical eye protection from splashes, sprays, and respiratory droplets. Newer styles of goggles may provide better indirect airflow properties to reduce fogging, as well as better peripheral vision and more size options for fitting goggles to different workers. Many styles of goggles fit adequately over prescription glasses with minimal gaps. However, to be efficacious, goggles must fit snugly, particularly from the corners of the eye across the brow. While highly effective as eye protection, goggles do not provide splash or spray protection to other parts of the face.

* Directly-vented goggles may allow penetration by splashes or sprays; therefore, indirectly-vented or non-vented goggles are preferred for infection control.

Face Shields

Face shields are commonly used as an infection control alternative to goggles.** As opposed to goggles, a face shield can also provide protection to other facial areas. To provide better face and eye protection from splashes and sprays, a face shield should have crown and chin protection and wrap around the face to the point of the ear, which reduces the likelihood that a splash could go around the edge of the shield and reach the eyes. Disposable face shields for medical personnel made of light weight films that are attached to a surgical mask or fit loosely around the face should not be relied upon as optimal protection.

** In a chemical exposure or industrial setting, face shields should be used in addition to goggles, not as a substitute for goggles (ANSI Z87.1-2003 Practice for occupational and educational eye and face protection).

Safety Glasses

Safety glasses provide impact protection but do not provide the same level of splash or droplet protection as goggles and generally should not be used for infection control purposes.

Full-Face Respirators

Full facepiece elastomeric respirators and powered air-purifying respirators (PAPRs) are designed and used for respiratory protection, but because of their design incidentally provide highly effective eye protection as well. Selection of this type of PPE should be based on an assessment of the respiratory hazard in an infection control situation, but will also provide, as an additional benefit, optimal eye protection.

Combination of Eye Protection and other PPE Should Be Used

Eye protection should be selected in the context of other PPE use requirements. Safety goggles may not fit properly when used with certain half-face respirators, and similarly, face shields may not fit properly over some respirators. Once PPE requirements have been established for a specific infection control situation, the selected PPE should be pre-tested to assure suitable fit and protection when used as an ensemble. Elastomeric, full facepiece respirators and powered air-purifying respirators (PAPRs) have the advantage of incidentally providing optimal eye protection. In situations where all combinations of PPE may not be readily available to workers, judicious selection of complementary PPE is important to allow for appropriate protection.

TRAINING

Training must be provided to employees who are required to use eye and face protection. The training must be comprehensive, understandable, and recur annually, and more often if necessary, and should be done before use:

- Why the eye and face protection is necessary and how improper fit, use, or maintenance can compromise its protective effect.
- Limitations and capabilities of the eye and face protection.
- Effective use in emergency situations.
- How to inspect, put on and remove.
- Maintenance and storage.
- Recognition of medical signs and symptoms that may limit or

prevent effective use.

- General requirements of OSHA's eye and face protection standard. [[29 CFR 1910.133](#)]

Formal Eye and Face Protection Program

The eye and face protection program increases the chances of using equipment correctly. Eye and face Protection will only protect if it is used correctly. Also, OSHA requires a number of written elements for all PPE protection programs.

ADMINISTRATOR

The program must be administered by a trained program administrator who is qualified and knowledgeable in eye and face protection to run all aspects of the program.

WHY IS EVERYTHING ELSE WRONG

How does industry, in general, protect the eyes of its workers?

The first step is to assess work areas for accidents that can be caused by impact, heat, chemicals, dust, glare and optical radiation. The second is to have a good, sound safety program in place that mandates that 100 percent of employees, managers and visitors follow eye safety rules.

BLS reported that more than 50 percent of workers injured while wearing eye protection thought the eyewear had minimized their injuries. But nearly half the workers also felt that another type of protection could have better prevented or reduced the injuries they suffered.

10 ways to prevent an eye injury in your workplace.

1. **ASSESS!**Look carefully at plant operations. Inspect all work areas, access routes, and equipment for hazards to eyes. Study eye accident and injury reports. Identify operations and areas that present eye hazards.
2. **TEST!**Uncorrected vision problems can cause accidents. Provide vision testing during routine employee physical

exams.

3. **PROTECT!**Select protective eyewear that is designed for the specific duty or hazard. Protective eyewear must meet the current standards from the Occupational Safety and Health Act of 1970 and later revisions.
 4. **PARTICIPATE!**Create a 100 percent mandatory program for eye protection in all operation areas of your plant. A broad program prevents more injuries and is easier to enforce than one that limits eye protection to certain departments, areas, or jobs.
 5. **FIT!**Workers need protective eyewear that fits well and is comfortable. Have eyewear fitted by an eye care professional or someone trained to do this. Provide repairs for eyewear and require each worker to be in charge of his or her own gear.
 6. **PLAN FOR AN EMERGENCY!**Set up first-aid procedures for eye injuries. Have eyewash stations that are easy to get to, especially where chemicals are used. Train workers in basic first-aid and identify those with more advanced training.
 7. **EDUCATE!**Conduct ongoing educational programs to create, keep up, and highlight the need for protective eyewear. Add eye safety to your regular employee training programs and to new employee orientation.
 8. **SUPPORT!**Management support is key to having a successful eye safety program. Management can show their support for the program by wearing protective eyewear whenever and wherever needed.
 9. **REVIEW!**Regularly review and update your accident prevention policies. Your goal should be NO eye injuries or accidents!
 10. **PUT IT IN WRITING!**Once your safety program is created, put it in writing. Display a copy of the policy in work and employee gathering areas. Include a review of the policy in new employee orientation.
-

What are the Objectives of Implementing a Safe Patient Handling Program?

QUESTION

What are the objectives of implementing a safe patient handling program?

- A. Train/Evaluate, conduct needs analysis, institute a non-lift policy.
- B. Plan patient maneuvers, avoid patient lifting where possible, train/evaluate.
- C. Standardize patient assessments, consult with patients on lifting, plan patient maneuvers.
- D. Organize a safe-patient handling committee, avoid manual lifting where possible, institute a no lift policy.

ANSWER

- B. Plan patient maneuvers, avoid patient lifting where possible, train/evaluate.

WHY IS IT RIGHT

Patient handling is the top cause of injury among care workers. Care workers who move people are at significant risk of sprains and strain injuries. Physically dependent people need to be assessed, taking into account the task being performed and the space in which the work will take place. Controlling the risk involves providing appropriate mechanical equipment, and training workers on safe work procedures and use of equipment.

This information must be clearly communicated to all staff that may care for the client including staff that may be filling in for workers that are ill or on vacation.

Appropriate symbols and codes can communicate whether the client is capable of an unassisted transfer, can bear his or her weight on at least one leg during an assisted transfer, or requires a mechanical lift.

The ability of the client to communicate with the caregiver to either identify physical limitations or to aid in the transfer will also determine the need for a mechanical lift.

Overexertion injuries among healthcare workers is consistently two to five times greater than the rate of the general workforce. The single greatest cause for these injuries is manual patient handling such as manual lifting, moving and repositioning of hospitalized patients, home-health care patients, and nursing home residents.

Overexertion injuries can cause musculoskeletal injuries such as herniated discs, joint and tendon inflammation and ligament or muscle strains. Many healthcare workers sustain reoccurring, short-term and long-term issues including arthritis and chronic back pain.

Manually handling any heavy item is risky, but humans are often an awkward shape, move independently and can be unpredictable patient's sudden movements can cause even the best planned maneuver to go wrong, resulting in staff and patient injury.

Rates of musculoskeletal injuries from overexertion in healthcare occupations are among the highest of all U.S. industries. Data from the Bureau of Labor Statistics (BLS) show that in 2014, the rate of overexertion injuries averaged across all industries was 33 per 10,000 full time workers. By comparison, the overexertion injury rate for hospital workers was twice the average (68 per 10,000), the rate for nursing home workers was over three times the average (107 per 10,000), and the rate for ambulance workers was over five times the average (174 per 10,000). The single greatest risk factor for overexertion injuries in healthcare workers is the manual lifting, moving and repositioning of patients, residents or clients, i.e., manual patient handling.

Patient Handling Ergonomics

Occupational safety and health programs have fostered research to identify injury risk factors and safety interventions to prevent injuries during patient handling. Evidence-based research has shown that safe patient handling interventions can significantly reduce overexertion injuries by replacing manual patient handling with safer methods guided by the principles of "Ergonomics." Ergonomics refers to the design of work tasks to best suit the capabilities of workers. In the case of patient handling, it involves the use of mechanical equipment and safety procedures to lift and move patients so that health care workers can avoid using manual exertions and thereby reduce their risk of injury. At the same time, patient handling ergonomics seeks to maximize the safety and comfort of patients during handling.

It is clear the healthcare industry must rely on technology to make patient handling and movement safe. Patient transfer and lifting devices are key components of an effective program to control the risk of injury to patients and staff associated with lifting, transferring, repositioning or movement of patients.

Essential elements of such a program include the following:

- Management commitment to implement a safe patient handling program
- Provide workers with appropriate measures to avoid manual handling; worker participation in the assessment and implementation processes evaluation and selection of patient handling devices;
- thorough hazard assessment that addresses high risk units or areas.
- investment in equipment.
- care planning for patient handling and movement
- training for staff; and program review and evaluation processes.

The education and training of healthcare employees should be geared towards assessment of hazards in the healthcare work setting, selection and use of the appropriate patient lifting

equipment and devices, and review of research-based practices of safe patient handling.

The use of assistive patient handling equipment and devices is beneficial not only for healthcare staff, but also for patients. Explaining planned lifting procedures to patients prior to lifting and enlisting their cooperation and engagement can increase patient safety and comfort, and enhance their sense of dignity.

WHY IS EVERYTHING ELSE WRONG

The underpinning of a thoughtful lifting program is it:

- avoid an annual patient handling where possible.
- Plan patient maneuvers
- Train and evaluate

TRANSFER REPOSITION AND LIFTING SERVICES

Once this accomplished, the transfer, reposition and Lifting Services can be implemented successfully. industries where patient handling tasks are performed included:

- Long-Term Care (includes facilities that provide skilled or non-skilled nursing care);
- Acute Care – (includes hospitals, out-patient surgical centers, and clinics);
- Home Healthcare workers; and
- Others – such as physical therapists, radiologists, sonographers, etc.

Mechanical lifts should be available in all situations where the patient or resident cannot bear weight on at least one leg.

The adequate number, variety, and placement of mechanical lifts will need to be determined by the committee undertaking an ergonomic analysis of the workplace.

Training needs should also be assessed by the committee. Are new employees receiving proper training and orientation regarding safe transfer techniques, patient or resident assessment, and the proper use of mechanical lifts. Are current staff receiving on-

going in-service training and refresher training?

Employees should also be informed about the importance of appropriate footwear and clothing. Proper footwear that is slip resistant and clothing that allows unrestricted movement can significantly reduce the chance of injury in transfers. Jewellery such as necklaces or bracelets can become a hazard if the patient grabs at these objects during a fall.

THE DESIGN AND LAYOUT OF A FACILITY IS CRITICAL IN REDUCING RISK FACTORS FOR CAREGIVERS AND CLIENTS.

- The space and design of the patient or resident's room (including the bathroom) must allow for the free movement of the caregiver, resident, lifting devices, walkers, and wheelchairs.
- The layout and space must also enable the caregiver to use proper body mechanics and transfer techniques.
- Furniture should be of sufficient height to safely effect transfers. Furniture and equipment, in particular beds, should be **adjustable** to best insure safe client handling.
- Arms and legs on wheelchairs should be adjustable and removable. Cushions on wheelchairs should be secured so they cannot slip.
- Grab bars should be sufficient in number and placement to aid transfers in the bathroom.
- Commode chairs should have removable arms and leg and foot rests. A well-designed chair should be stable with a lap belt for clients.
- Geriatric chairs should, as well, have removable arm and foot rests to effect transfers.
- Bed rails should be light to allow operation by the caregiver with only one hand to reduce physical exertion.
- Lighting should be adequate to accomplish necessary tasks. Lighting that is too bright however can cause optical strain and stress.
- Colours and black and white contrast that aide the visual perception of the elderly can reduce the chance of accidents during transfers or if the client is ambulatory.

- Wet, highly polished, or otherwise slippery floors can contribute to slip and fall hazards.
- The Proper Approach to the Patient Transfer or Lift
- In addition to the physical layout of the workplace, equipment, staffing, and workload, the approach to the transfer or lift is a key element to reducing caregiver injuries.
- Proper documentation and communication should inform the caregiver of the client's abilities, transfer needs, physical stability, and tendency if any, towards aggressive acts.
- The caregiver should anticipate what actions would be necessary if the client loses balance or falls.
- The procedure for the transfer should be clearly communicated and understood by any other staff assisting and the patient or resident.
- The caregiver should assess the client, even briefly, before every transfer.
- The client should be transported the shortest possible distance by the lifting device. The mechanical lifting device should not be used to transport the patient or resident outside the room.
- In transfers, tighten your abdominal muscles, keep your back straight, and use your leg muscles to avoid injury.
- Do not rotate or twist the spine. Move your entire body in the direction of the transfer.
- Never grab the client under his or her armpits as this could injure the client.
- Position yourself close to the client and assure footing is stable.
- Try to maintain eye contact with the client and communicate while the transfer is in progress.
- Never allow the client to grasp you around the neck as this could result in injury.
- Agree on the timing of the transfer with the client and other caregiver(s) and count together.
- Assure that the path of the transfer or lift is clear from obstructions and that furniture and aids that the client is

being transferred to are properly placed and secure.

No-lift Policy

A no-lift policy would state that all manual handling tasks are to be avoided where ever possible. No-lift policies successfully reduce the risk **only if** the organization has the infrastructure in place (e.g., technical solutions, lifts, equipment) to support the initiative. Training is also necessary for caregivers to recognize the risk in activities, and how to follow appropriate steps to move or transfer a patient safely.

Types of lifts include:

- wheeled hoist/portable floor lift,
- stationary hoist/fixed lift,
- ceiling track complete with motor,
- sit/stand lifting aid, and
- bath lifts.

Hospitals, long term care facilities and private homes use mechanical lifting systems to move or reposition patients/clients with mobility issues. Client lifting poses an injury risk to the attendant, however because the task cannot be eliminated, engineering solutions were created in the form of mechanical lifts.

Mechanical lifting systems have been the source of injury, and even deaths, to clients and attendants, mainly related to the malfunction, failure, or misuse of patient lifts. This hazard alert focuses on the hazards to attendants (workers).

An Ergonomic Safe Patient Handling Program Needs to be Developed

The main reason is to reduce musculoskeletal injuries among direct caregivers. The physical stresses and exertion involved in caring for nursing home and hospital patients has caused rising numbers of back injuries and other musculoskeletal problems.

Musculoskeletal injuries include damage to muscles, ligaments, tendons, nerves, bursae, joints, and cartilage, including intervertebral discs. Symptoms of damage can include:

- Pain and/or swelling.
- Numbness, burning, or tingling sensations.
- Loss of mobility around a particular joint or joints.

These injuries generally result from the long-term cumulative physical effort of patient transfers as well as acute effects, which result from incidents during transfers. They may also develop from a “peak load”. Peak loads occur when a onetime task or event is performed that requires the body to perform above its capacity.

Registered nurses, registered practical nurses, and health care aides experience injury and disability from musculoskeletal injuries.

An ergonomic approach to patient handling that is part of an overall program to reduce musculoskeletal injuries can benefit caregivers and employers alike.

In general, a safe patient handling program will involve the following steps:

- Management approval and commitment to develop and implement a patient handling program.
- Development of a joint program by management, workers, union (if present), health and safety committee, etc.
- Perform a needs analysis.
- Create and standardize patient assessment criteria.
- Develop decision trees to standardize actions.
- Determine which controls are needed to implement specific tasks or patient needs.
- Institute a “no-lift” policy, where possible.

NEEDS ANALYSIS

The **needs analysis** should include to review and document, on an on-going basis, the causes of injuries that occur during patient handling. The impact of caring for aggressive patients and residents also needs to be analyzed. It should document the number of injuries and all the relevant details needed to eliminate hazards and develop work practices that will ensure prevention.

The committee performing the needs analysis should be representative of all areas, shifts, and all groups of employees who have experienced musculoskeletal injuries or those who are likely to be handling patients as part of their work.

An important tool in conducting the needs analysis is a survey to obtain the input of the employees. A written questionnaire that can be completed anonymously can ask for details regarding hazards and proposed solutions. Questions can include workload, jobs, tasks and work environments that the employees perceive as high risk. Many times, these surveys will highlight problems not normally found through other sources.

Assess the Work Environment

Conduct a site visit to observe each work environment or area. The goal is to evaluate injury data and to match it to equipment and space issues, physical layout, storage availability, maintenance or repair issues, and staffing.

Workload Factors

The committee will need to carefully analyze the number of patients or residents assigned to staff members, the number and duration of tasks required for these specific clients, and the time allotted to caregivers in order to fairly gauge workload. Excessive workloads are hazardous to clients as well as to caregivers.

Patient Transfers and Patient Lifts

A critical issue in ergonomic patient handling is the distinction between a patient or resident transfer and a lift.

A transfer is a dynamic effort in which the client aids in the transfer and is able to bear weight on at least one leg.

A lift involves moving a client who cannot bear weight on at least one leg. Lifts should always involve mechanical lifting devices.

Injuries to caregivers during patient and resident transfers usually occur when a patient transfer suddenly becomes a patient

lift. Assessment of the client's capabilities therefore becomes a critical component of any ergonomic patient-handling program. Clients who suddenly lose their balance must be identified to determine whether two caregivers are necessary to affect a transfer or whether a mechanical device is necessary.

The relative sizes of the caregiver and the client must be considered when one is determining the need for additional staff to aid in a transfer or the need for a mechanical lift. The weight and height differences may dictate the necessity of mechanical assistance.

Proper body mechanics alone cannot prevent injuries. Only 3 percent to 25 percent of hospitals have "comprehensive" safe patient-handling programs.

What are the Kinds of Outdoor Workplace Hazards That Expose Workers?

QUESTION

What are the kinds of outdoor workplace hazards that expose workers?

- A. Chemical hazards, physical hazards, workplace hazards.
- B. Traumatic injury hazards, biological hazards, pesticides.
- C. Physical hazards, biological hazards, vector-borne hazards.
- D. Workplace hearing loss hazards, vector-borne hazards, industrial hazards.

ANSWER

C. Physical hazards, biological hazards, vector-borne hazards.

WHY IS IT RIGHT

Most safety hazards involve inanimate objects, chemicals or conditions, such as extreme heat. But living creatures can also pose a threat to workers, particularly when they work outside. Protecting workers from attacks by wild animals and insects may be a little unusual but really involves exactly the same process as addressing hazards such as pinch points in machinery and burns from hazardous substances.

But the duty to deal with the hazards of animal attacks and bug bites is usually covered by the so-called **“general duty” clause**—that is, the part of every OHS statute that requires employers to take every reasonable precaution to provide a safe and healthy workplace and protect workers from known or foreseeable risks. So if you know or should know that workers are at risk of, say, being attacked by a cougar or being bitten by a mosquito, you have a duty to take reasonable steps to protect them from that hazard.

Some jurisdictions have explicitly or implicitly applied the general duty clause to wild animals and insects in safety bulletins or guides.

- Work Safe Alberta released a [safety bulletin on West Nile Virus](#) that says the OHS laws require employers to assess the work site and identify hazards before work begins. When a hazard exists—such as the risk of being bitten by an infected mosquito—it’s the employer’s duty to eliminate or control the hazard. In the case of West Nile Virus, employers can protect outdoor workers by taking steps to reduce their chances of being bitten by infected mosquitoes.
- WorkSafeBC released a [hazard alert on bear attacks](#) as well as [guidelines on training workers on bears](#), which can be applied to other hazardous wildlife and insects.
- [Guide to Workplace Safety for Golf Courses and](#)

[Groundskeeping](#) from the Workers' Compensation Board of PEI notes that working outdoors means having to fend off bees, wasps, stinging ants, mosquitoes and other pests on occasion. It recommends that workers wear protective clothing or insect repellent to help prevent stings and bites from insects.

HAZARDS TO OUTDOOR WORKERS

Outdoor workers are exposed to many types of hazards that depend on their type of work, geographic region, season, and duration of time they are outside. Employers should train outdoor workers about their workplace hazards, including hazard identification and recommendations for preventing and controlling their exposures.

Physical Hazards

Physical hazards to outdoor workers may include extreme heat, extreme cold, noise, and sun exposure. Extreme heat can cause heat stroke, heat cramps, heat exhaustion, heat rash, and other problems. Extreme cold can cause hypothermia, frostbite, and other problems. Repeated exposures to loud noise can lead to permanent, incurable hearing loss or tinnitus.

Biological Hazards

Biological hazards include vector-borne diseases, venomous wildlife and insects, and poisonous plants. Venomous snakes, spiders, scorpions, and stinging insects can be found throughout various geographic regions, and are especially dangerous to workers who have allergies to the animal. Poisonous plants can cause allergic reactions if their oils come in contact with skin. These plants can also be dangerous if burned and their toxins are inhaled.

Vector-borne Diseases

Vector-borne diseases may be spread to workers by insects, such as mosquitoes or ticks. When a mosquito or tick bites a worker, it may transfer a disease-causing agent, such as a parasite, bacterium, or virus.

Outdoor workers may encounter other hazards in addition to the physical and biological hazards described here. They may be exposed to pesticides or other chemical hazards, traumatic injury hazards, or other safety and health hazards depending on their specific job and tasks.

DOG ATTACK INJURIES

The first occupation that comes to many peoples' minds when discussing dog bites on the job is postal carriers. Other occupations that are at higher risk of dog bites are cable installers, police officers, package deliverers, and meter readers. With the sheer number of dogs in the US, there are many other occupations exposed to potential dog attacks. It is important to take into consideration the hazards dogs can pose both on and off the job.

Dog attacks can be as minor as a small single bite to as serious as death. It is estimated that there is 20 to 30 fatalities due to dog attacks every year in the United States. Dogs also carry many bacteria that can be passed on to a human from a bite. [The CDC reports](#) that a dog's mouths can carry over 60 types of bacteria and approximately 18% of all dog bites gets infected. While rabies is a common disease, dogs can also carry Pasteurella, MRSA, and Tetanus. It is important to immediately wash the site of a dog bite with soap and water. Report any strange behavior from a dog that has attacked or been aggressive to Animal Control. It is possible the dog could have rabies. Seek medical attention if you get an infection or have a fever after getting bit by a dog.

Mosquitos

Mosquito season starts as early as mid-April and lasts until the first hard frost in late September or October. But the risk is greatest when the mosquito species that are the primary virus-carriers, are most prevalent, active and biting, which is generally between mid-July to mid-September. In fact, most people get infected in late July and early August.

Mosquito bites are itchy and uncomfortable. But the real danger

comes from being bitten by a mosquito carrying West Nile Virus. Many people who are infected with West Nile don't have any symptoms. But others may develop either:

- West Nile Non-Neurological Syndrome, which can have symptoms including headache, body aches, nausea, vomiting, skin rash and swollen lymph glands that usually resolve within 3-6 days; or
- West-Nile Neurological Syndrome, a severe infection that can include headache, high fever, neck stiffness, stupor, disorientation, coma, tremors, convulsions, muscle weakness and paralysis.

SNAKES

After a natural disaster, snakes may have been forced from their natural habitats and move into areas where they would not normally be seen or expected. When you return to your home, be cautious of snakes that may have sought shelter in your home. If you see a snake in your home, immediately call the animal control agency in your county.

- If you see a snake in your home, immediately call the animal control agency in your county.
- Be aware of snakes that may be swimming in the water or hiding under debris or other objects.
- If you or someone you know are bitten, try to see and remember the color and shape of the snake.
- Do not pick up a snake or try to trap it.

After a natural disaster, snakes may have been forced from their natural habitats and move into areas where they would not normally be seen or expected. When you return to your home, be cautious of snakes that may have sought shelter in your home. If you see a snake in your home, immediately call the animal control agency in your county.

DANGEROUS INSECTS

Bites by dangerous insects can not only be painful in and of themselves but also spread diseases, such as Lyme disease and West

Nile Virus. In addition, workers with allergies can die even if bitten by an uninfected insect. Here are some of the key dangerous insects from which you should protect workers.

Ticks

Ticks live in tall grass and wooded areas, and are usually active April through October, with peak activity from June through August. Preventing tick bites is important because such bites can transmit Lyme disease. This illness is spread by the bite of an infected blacklegged tick (also called a deer tick) or western blacklegged tick, which are very hard to see and much smaller than common dog and cattle ticks.

According to the Public Health Agency of Canada, although not all blacklegged ticks carry Lyme disease, populations of infected blacklegged ticks are growing—meaning the risk of contracting Lyme disease is on the rise across Canada.

Fire Ants

According to [a bulletin from WorkSafeBC](#), European fire ants are small reddish-brown ants native to Europe and Asia. But they're also present in parts of Canada, particularly in BC, and they can pose a threat to workers. Fire ants may be found in places such as:

- Construction sites
- Properties with landscaping
- Equestrian centres
- Garden centres and nurseries
- Urban parks
- Botanical gardens
- Community gardens
- Golf courses.

Fire ants are very aggressive. If their nests are disturbed, they swarm quickly and deliver painful stings that can inject venom under the skin. After a sting, a burning sensation develops and can last from 30 minutes to two hours. The burning is followed by itchiness that can last up to a week. At a minimum, stings cause

swelling, redness and discomfort. In rare cases, they can result in a severe allergic reaction.

Stinging Insects

Attacks by stinging insects such as bees and wasps are a real threat to some workers—and can have very painful consequences. For example, a [U.S. Postal Service worker](#) in Chicago was hospitalized after being attacked by a swarm of hornets while delivering mail. She was stung between 30 and 50 times near her head and neck. A resident called 911 after hearing her screams. Landscapers working nearby may have aggravated the nest and set the hornets in motion.

Being bitten by insects such as bees, wasps and hornets may be especially painful and even deadly for workers who are allergic. So if you know that a worker has, say, a bee allergy, you may have an even greater obligation to protect him from bee stings.

WHY IS EVERYTHING ELSE WRONG

TO ENSURE THAT YOU PROPERLY PROTECT WORKERS FROM WILD ANIMAL ATTACKS AND INSECTS, TAKE THE SAME BASIC APPROACH THAT YOU USE TO DEAL WITH OTHER SAFETY HAZARDS:

Step #1

evaluate the workplace to determine if workers are at risk of being attacked by wild animals or bitten by dangerous insects. If you determine that workers are exposed to such hazards, assess the nature and seriousness of the hazard.

Step #2: Control the Risk

Next, take steps to eliminate or, if that's not practical, control or minimize that risk. For example, give workers bug repellent to spray on themselves while working outdoors to prevent insect bites. Also, remove standing water in or near the workplace to avoid attracting mosquitos. (We'll discuss the measures you can take to protect workers from animal attacks and dangerous insects in more detail below.)

Step #3: Educate and Train Workers

Educate workers on the risks of insect bites and animal attacks, and train them on how to deal with animal encounters and avoid being bitten by bugs.

Step #4: Monitor and Follow Up

As always, you should monitor the effectiveness of your safety measures. For example, investigate all incidents in which workers encountered wild animals. Assess not only actual attacks and why they happened, but also encounters that didn't result in attacks and why they didn't happen. Try to learn from each kind of encounter and modify your safety measures accordingly.

ANIMAL ATTACKS

To determine if an animal attack is a foreseeable risk for your workers, consider:

- Any history or reports of animal attacks against workers or others in the area;
- Knowledge of the presence of dangerous animals in or near the workplace. If your workplace is located in a part of Canada that's home to potentially dangerous animals, it's foreseeable that your workers are at risk of being attacked by such animals; and
- The nature of the work. For example, a worker at a remote oil drilling site is more likely to be exposed to animal attacks than a worker in a manufacturing plant.

If your workers *are* at reasonable risk of attack by wild animals, some of the safety measures you should consider implementing include:

- Giving workers at risk of bear attacks pepper spray, bear repellent, "bear bangers" (which make a loud noise designed to drive bears away) or even guns;
- Ensuring that workers working alone or in remote areas have portable radios, GPS systems and ready access to helicopters so they can quickly be found and removed from areas in which

bears or other dangerous animals have been sighted; and

- Training workers on how to react when they encounter animals such as cougars, bears and wolves.

DOG ATTACKS

How to Avoid a Dog Attack

- Do not try to pet unfamiliar dogs
- Do not enter an area where a dog could be, like a back yard, especially if the owner is not present
- Even if you know the dog they could still bite if they do not recognize you
- Do not get aggressive with playing with a dog
- Never try to take a bone or other object from the dog if it is growling or showing aggression
- Do not let small children play with dogs unattended

If a Dog Keeps Approaching or Attacks

- Stand in place and do not make any sudden movements if an unknown dog approach
- Never run from an approaching dog
- Yell "NO" to attempt to get the dog to back down
- Do not make eye contact or take an aggressive posture towards the dog
- If knocked down, get into a fetal position and cover your head and neck

How to Prevent Snake Bites

- Be aware of snakes that may be swimming in the water to get to higher ground and those that may be hiding under debris or other objects.
- If you see a snake, back away from it slowly and do not touch it.

Signs of Snake Bites

If you have to walk in high water, you may feel a bite, but not know that you were bitten by a snake. You may think it is another kind of bite or scratch. Pay attention to the following snake bite

signs.

Depending on the type of snake, the signs and symptoms may include:

- A pair of puncture marks at the wound
- Redness and swelling around the bite
- Severe pain at the site of the bite
- Nausea and vomiting
- Labored breathing (in extreme cases, breathing may stop altogether)
- Disturbed vision
- Increased salivation and sweating
- Numbness or tingling around your face and/or limbs

What TO DO if You or Someone Else is Bitten by a Snake

- If you or someone you know are bitten, try to see and remember the color and shape of the snake, which can help with treatment of the snake bite.
- Keep the bitten person still and calm. This can slow down the spread of venom if the snake is venomous.
- Seek medical attention as soon as possible.
- Dial 911 or call local Emergency Medical Services (EMS).
- Apply first aid if you cannot get the person to the hospital right away.
- Lay or sit the person down with the bite below the level of the heart.
- Tell him/her to stay calm and still.
- Wash the wound with warm soapy water immediately.
- Cover the bite with a clean, dry dressing.

What NOT TO DO if You or Someone Else is Bitten by a Snake

- Do not pick up the snake or try to trap it (this may put you or someone else at risk for a bite).
- Do not apply a tourniquet.
- Do not slash the wound with a knife.
- Do not suck out the venom.
- Do not apply ice or immerse the wound in water.

- Do not drink alcohol as a pain killer.
- Do not drink caffeinated beverages.

According to [NIOSH](#), here are some ways that workers can protect themselves from insect bites:

- Wear light-coloured, smooth-finished clothing that covers as much of the body as possible;
- Avoid perfumed soaps, shampoos, and deodorants. And don't wear cologne or perfume;
- Wear clean clothing and bathe daily;
- Avoid flowering plants when possible;
- Keep work areas clean. Some insects are attracted to discarded food;
- Remain calm and still if a single stinging insect is flying around. Swatting may cause it to sting;
- If attacked by several stinging insects, run away. (Bees release a chemical when they sting, which attracts other bees.) Go indoors or to shaded areas, which are better than open ones. Don't jump into water. Some insects (such as Africanized honey bees) are known to hover above the water;
- If an insect is inside your vehicle, stop slowly and open all the windows; and
- Workers with a history of severe allergic reactions to insect bites or stings should carry an epinephrine autoinjector and wear medical ID jewelry stating their allergy.

If a worker *is* stung by an insect:

- Have someone stay with the worker to be sure that he doesn't have an allergic reaction;
- Wash the site with soap and water;
- Remove the stinger using gauze wiped over the area or by scraping a fingernail over the area. Never squeeze the stinger or use tweezers;
- Apply ice to reduce swelling; and

Don't scratch the sting, which may increase swelling, itching and risk of infection.

To protect workers from tick bites, tell them to do the following when working in areas where ticks may be present:

- Wear closed-toe shoes, long-sleeved shirts and pants;
- Pull socks over pant legs to prevent ticks from crawling up legs;
- Wear light-coloured clothes to make spotting ticks easier;
- Use insect repellents that contain DEET or Icaridin. Repellents can be applied to clothing as well as exposed skin. Always read and follow label directions;
- Shower or bathe within two hours of being outdoors to wash away loose ticks; and
- Do a daily “full body” check for ticks.

If a worker finds a tick on his skin, removing it within 24-36 hours of the tick bite usually prevents infection. To remove a tick, using clean tweezers, carefully grasp the tick as close to the skin as possible. Pull slowly upward, but try not to twist or crush the tick. If parts of the tick’s mouth break off and remain in the skin, remove them with tweezers.

Once the tick is removed, wash the area with soap and water or disinfect it with alcohol or hand sanitizer. Save the tick in a plastic bag that you can seal or a pill bottle. Record the location and date of the bite. You can store the container for up to 10 days in the refrigerator (for live ticks) or freezer (for dead ticks).

Prevent Mosquito Bites

- Adult mosquitoes do not generally survive high winds during a hurricane.
- Immediately following a hurricane, flooding occurs. Mosquito eggs laid in the soil by floodwater mosquitoes during previous floods hatch. This results in very large populations of floodwater mosquitoes. Most of these mosquitoes are considered nuisance mosquitoes.
- In general, nuisance mosquitoes do not spread viruses that make people sick. The types of mosquitoes that can spread viruses may increase 2 weeks to 2 months after a hurricane,

especially in areas that did not flood but received more rainfall than usual.

The best way to prevent infection from diseases spread by mosquitoes is to prevent mosquito bites. Mosquitoes bite during the day and night. Take the following steps to protect yourself and your family:

- Use [EPA-registered external icon](#) insect repellent
- Wear long-sleeved shirts and long pants
- Take steps to control mosquitoes indoors and outdoors

FIRE ANTS

To help prevent workers from being stung by fire ants, instruct them to wear clothing and footwear that cover exposed skin, such as long-sleeved shirts, long pants, socks, closed-toe shoes and gloves. In addition, workers should tie pants' bottoms or tape them to socks or boots.

If a worker *does* get stung by a fire ant, he should brush the ants away from the skin with a gloved hand or cloth. Don't crush the ants—it'll only encourage more of them to sting. Taking an antihistamine can relieve minor swelling and irritation. Workers should see a doctor if the symptoms get worse.

Spill Prevention and Control

WHAT'S AT STAKE?

Workplace spills go from minor occurrences to catastrophic events. Coffee spilled on the floor of the lunch room to a chemical spill from the same factory that pollutes the river and contaminates the water supply.

WHAT'S THE DANGER?

Spills whatever the source have the same affect. That is, spills present an existential threat to workers, the environment and the community at large. Knowledge is Power. Knowing where spills will likely occur will help coupled with ways to prevent spills.

There is a biblical reference to Seven Deadly Sins to Seven Sources of workplace spills:

1. Chemicals that are not stored or handled correctly.
2. Leaking or ruptured containment vessels.
3. Burst pipes.
4. Faulty equipment.
5. Equipment and piping systems that haven't been properly blocked, drained and locked out before maintenance or repair work is undertaken.
6. Accidents involving tanker trucks, ships and railcars carrying toxic chemicals, oil or gasoline.
7. Human error.

HOW TO PROTECT YOURSELF

To expect spills will not occur flys against reality. Humans error intentionally and intentionally. Therefore, one has to be proactive which means a quick and effective response is needed. Having done so, the damage is limited and contained while protecting workers, the community and the environment.

Here is the template for spill prevention and control:

1. Ask your supervisor whether your company has a spill prevention and control or contingency plan. If the answer is no, ask whether one can be developed and implemented.

- The plan should list storage areas, equipment and processes

that have the potential for spills.

- It should also outline procedures for spill response.

2. Properly store and label all chemicals.

3. Inspect, maintain and repair equipment, machines, vehicles and vessels.

- Regular inspection and maintenance keeps equipment and machines running smoothly and lets you identify potential hazards before they become a problem.
- Install drip pans, containment barriers or drains to safely contain or divert spills.

4. Barricade or mark edges of wet areas and processes to keep people out when containment isn't possible.

5. Request training on what to do in a spill emergency.

- Some spills can safely be cleaned up with the proper training and protective equipment.
- Some spills require special or emergency services for cleanup.

6. Ask your supervisor to set up spill kits and ensure that:

- Kits are clearly marked.
- There are enough kits on site and in all high spill risk locations.
- Kits are stocked with the right type of absorbent and cleaning materials.
- Kits are checked on a regular basis and refilled after a spill incident.

7. Ensure that all spills, regardless of size or material, are cleaned up immediately and reported in accordance with your workplace's spill plan and regulatory guidelines.

FINAL WORD

Remembering common sources of workplace spills and ways to prevent and control them can help make sure spills are more of a minor inconvenience and not a catastrophic event.