

# SUPERVISION in HEALTH CARE

Know your responsibilities



## Discussion Guide

**WORK SAFE BC**

WORKING TO MAKE A DIFFERENCE



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## Introduction

Supervisors play an important role in any industry. They direct the work of staff and develop and implement plans to keep workers from being injured. In British Columbia, the Occupational Health and Safety Regulation defines a supervisor as “a person who instructs, directs and controls workers in the performance of their duties.”

In health care, many believe that a supervisor’s responsibilities are solely clinical in nature and are not aware that a supervisor also has a legal duty to ensure the health and safety of all workers under their direct supervision.

Supervisors in health care can have many job titles—team leader, charge nurse, patient care coordinator—and their job functions can change from day to day. Regardless of job title, when workers are engaged in supervisory activities they are legally responsible for the health and safety of the workers they supervise.

Supervisors are responsible for:

- Knowing the work and the hazards, and the applicable occupational health and safety regulations
- Identifying and correcting unsafe work conditions and practices
- Ensuring workers are aware of the hazards and know how to protect themselves

## About the videos

The videos are intended to raise awareness and generate discussion about the roles and responsibilities of supervisors in preventing injury to health care workers. They do not instruct supervisors on how to deal with specific situations.

There are four videos in the series, *Supervision in Health Care*. These videos are for employers, supervisors, and members of joint occupational safety and health committees. They can be used for safety meetings, incorporated into education and training programs, or supervisor orientation.

The first video is an introduction to supervision in health care, defining who is a supervisor and reviewing their legal responsibilities. The three videos that follow the introduction (*Identification and Assessment of Hazards*, *Control of Hazards*, and *Correction of Unsafe Work Practices*) use dramatization to portray the roles and responsibilities of health care supervisors.

The videos were filmed in a residential care environment, but the concepts illustrated in the videos are applicable to all health care and social service workplaces.

## **About this discussion guide**

This discussion guide contains additional information on the various topics and suggested discussion points for each video.

After viewing each of the videos, engage viewers in a discussion using some or all of the suggested discussion points. Some of the questions include a list of possible answers, while others are left open ended. Remember that there is not one correct answer to any of these questions; they are intended only to promote the sharing of information.

## VIDEO: IDENTIFICATION & ASSESSMENT OF HAZARDS



Supervisors are responsible for ensuring their staff can and do work safely. To do this they must determine where and how staff might be hurt and how likely it is that staff will get hurt. This is known as **identification and assessment of hazards**. Workplace inspections, both informal and planned, are important for identifying hazards; and the information gathered is essential for developing controls to eliminate or reduce the chances of workers being injured.

The primary hazards in health care include:

- Overexertion from lifting, transferring, and repositioning of patients, residents, and clients
- Falls from slips and trips on wet, slippery, or cluttered surfaces
- Violence from patients, residents, clients, family members, or members of the public
- Exposure to agents of infectious disease such as HIV, hepatitis C, tuberculosis, and norovirus

## **Suggested discussion points**

- Besides the four primary hazards, what are some other hazards in your workplace?
  - Chemical exposure—from cleaning and disinfecting agents
  - Hazardous drugs and gases—cytotoxic drugs, nitrous oxide
  - Radiation—from X-ray machines, nuclear medicine
  - Electrical—from tools and equipment
  - Driving
- What are some sources of information for identifying hazards?
  - Patients and their families/friends/visitors
  - Staff and Joint Occupational Health and Safety Committee (JOHSC) members
  - Inspecting workplaces, including observing how work is done
  - Investigating staff concerns and incidents
  - Reviewing injury and incident reports and other data
  - Looking at similar worksites
  - Reviewing care plans, charts, and alerts

- What are some questions that could be asked to assess the risk of injury from a hazard?
  - How much of the hazard is present?
  - How often are staff exposed?
  - How long are staff exposed?
  - How many staff are exposed?
- What else could the supervisor have done differently to avoid this incident?
- What are ways that supervisors can communicate workplace hazards to their staff?
  - Orientation for new staff
  - Casual interaction with staff
  - Staff meetings (e.g., pre-shift meetings, safety huddles, monthly safety meeting)
  - JOHSC meeting minutes
  - Care plans, ADL charts, communication/log books
- Do your intake procedures allow you to identify risks? How can they be improved?
- What are your organization's policies about sharing patient information to prevent worker injuries?

## VIDEO: CONTROL OF HAZARDS



When workplace hazards are identified, supervisors are responsible for putting in place measures to eliminate or minimize the chance that staff will get hurt. Often more than one type of control measure must be used to adequately control the risk. When thinking about control measures, supervisors should consider the following options.

1. Can the hazard be *eliminated* from the workplace? For example, restricting family members with influenza from entering residential care facilities. Elimination is the most reliable of all control measures and should always be considered first.
2. Can *physical changes* to the workplace layout, equipment, or materials reduce exposure to the hazard? For example, using mechanical lifts to raise and reposition patients or using safety-engineered needles, IV catheters, and scalpels. Health and safety professionals call these engineering controls.

3. Can *changing how the work is done* (e.g., changing procedures, scheduling, staffing, and training) reduce exposure to the hazard? For example, screening patients for infectious disease before they arrive at the facility, or using a neutral zone when passing sharps in the operating room. These are sometimes referred to as administrative controls.
4. Can *personal protective equipment* (PPE) provide additional protection from the hazard? For example, using gloves, gowns, face shields, respirators, and goggles when treating patients with infectious disease. PPE is the least effective and reliable of all control measures, and is used only as a last measure.

## **Suggested discussion points**

- Who can you consult with to help define effective control measures?
  - Staff, Joint Occupational Health and Safety Committee, suppliers, similar organizations, senior management, Occupational Health and Safety consultants, WorkSafeBC
- How are corrective measures communicated in your workplace?
- Give an example of a temporary measure that can be put in place until a more permanent solution can be implemented.
- What types of organizational support are necessary when implementing new control measures?
  - Senior management support, policies, appropriate staffing, capital expenditure, training
- Give an example of a situation where you had to eliminate or minimize a workplace hazard.

- What are the infection control procedures in your facilities?
- How would you ensure that the control measures are effective?
  - Follow-up with staff, patients, family members
  - Observe staff and work area
  - Review incident reports and other documentation
- What else could the supervisor have done to avoid this incident?

## **VIDEO: CORRECTION OF UNSAFE WORK PRACTICES**



Supervisors must intervene when their staff are not working safely. When a supervisor observes workers performing an unsafe work practice, she or he must speak to the worker directly and find out why a safe procedure was not being used. The supervisor must then intervene to correct the unsafe practice.

## Suggested discussion points

- What did the supervisor do to make the worker more comfortable?
  - She spoke to the worker outside of the room.
  - She acknowledged the worker's concerns.
  - She expressed concern for the worker's safety.
- What are other ways a supervisor can determine if staff are following safe work procedures?
  - Ask staff if they have any safety concerns, during one-on-one meetings or at staff meetings.
  - Review incident investigations.
  - Follow-up with the Joint Occupational Health and Safety Committee. (For example, "Is there concern about availability of equipment, Personal Protective Equipment?")
- Do you conduct formal or spot inspections? How often do you carry out inspections? What do you look for?
- What else can you do to correct unsafe work practices?
- What are the safe patient handling procedures in your facility?

# Resources

## **WorkSafeBC ([www.worksafebc.com](http://www.worksafebc.com))**

All WorkSafeBC publications and videos, including the Occupational Health and Safety Regulation, are available online and are free for downloading.

## **E-news updates**

WorkSafeBC's health care E-news provides regular notification of new health and safety resources, upcoming conferences, regulation changes, and other topics of interest. To sign up online, go to WorkSafeBC.com (go to Safety at Work, click on "Health Care" and go to Health Care E-news.)

## **WorkSafeBC Prevention Information Line**

The WorkSafeBC Prevention Information Line can answer your questions about workplace health and safety, worker and employer responsibilities, and can help you report a workplace accident or incident. The Prevention Information Line accepts anonymous calls.

Phone 604 276-3100 in the Lower Mainland, or call 1 888 621-7233 (621-SAFE) toll-free in British Columbia.

To report after-hours and weekend accidents and emergencies, call 604-723-7711 in the Lower Mainland, or call 1 866 922-4356 (WCB-HELP) toll-free in British Columbia.

## **WorkSafeBC publications and videos**

Many publications and videos are available for download on the WorkSafeBC web site. The Occupational Health and Safety Regulation and associated policies and guidelines, as well as excerpts and summaries of the *Workers Compensation Act*, are also available on the web site: WorkSafeBC.com.

Some publications and videos are also available for purchase in print:

**Phone:** 604 232-9704

**Toll-free phone:** 1 866 319-9704

**Fax:** 604 232-9703

**Toll-free fax:** 1 888 232-9714

**Online ordering:** [worksafebcstore.com](http://worksafebcstore.com)

To view or download videos, go to:

[www2.worksafebc.com/Portals/HealthCare/Home.asp](http://www2.worksafebc.com/Portals/HealthCare/Home.asp),  
then click on *Videos*.



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