COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

Diagnostic Accreditation Program

ACCREDITATION STANDARDS

General Safety

Diagnostic Accreditation Program
College of Physicians and Surgeons of British Columbia
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Introduction

The accreditation standards relating to occupational health and safety include those most critical to staff safety in the diagnostic service; however, they do not encompass all of the requirements under the *Workers Compensation Act* of British Columbia. Leaders are encouraged to review section 115 of this Act and the associated *Occupational Health and Safety Regulations* to ensure they are meeting all regulatory requirements in British Columbia. Questions specific to the Act and the associated Occupational Health and Safety Regulations should be directed to WorkSafeBC for interpretation, advice and direction.

Management responsibilities

No.		Description	Risk	Reference	Change
DSA1.0		**POTENTIAL HAZARDS AND RISKS TO STAFF, PATIENTS AND VISITORS ARE MINIMIZED.**			
DSA1.1		**There is a safety program in place.**			
DSA1.1.1	**M**	There is a safety program in place that includes the engagement of staff. *Guidance: All diagnostic service staff are encouraged to become involved in the safety program through the sharing of responsibilities, participation in audits, representation on a safety committee, etc.*	M		
DSA1.1.2	**M**	There is a safety program in place that includes monthly safety inspections of the diagnostic service, equipment, work methods and practices to identify and resolve safety hazards. *Guidance: Occupational health and safety regulations require safety audits/inspections to be conducted at least once per month and these inspections must be reviewed by the occupational health and safety committee or health and safety representative.*	M		
DSA1.1.3	**M**	There is a safety program in place that includes reviewing health and safety activities and incident trends.	M		
DSA1.1.4	**M**	There is a safety program in place that includes identifying and implementing courses of action to resolve health and safety concerns.	M		
DSA1.1.5	**M**	There is a safety program in place that includes the prompt investigation of staff-related safety incidents including near misses to determine action necessary to prevent recurrence. *Guidance: A near miss is an incident that did not result in injury, illness or damage but had the potential to do so.*	M		
DSA1.1.6	**M**	There is a safety program in place that includes the retention of records and statistics, including reports of safety inspections and staff incident investigations.	M		
DSA1.2		**A safety manual is readily available to staff.**			

No.		Description	Risk	Reference	Change
DSA1.2.1	**M**	A safety manual is readily available to staff that includes how to access first aid services and/or medical assistance for staff-related injuries. *Guidance: If the diagnostic service is part of a larger facility (over 50 staff), there must be immediate access to an occupational first aid attendant (OFAA) with a minimum of a level 2 occupational first aid certificate. If the facility is self-contained, a level 1 OFAA is sufficient until the total staff surpasses 50. Detailed tables specifying the first aid requirements are found in the Occupational Health and Safety Regulation at the end of Part 3. It must be noted that medical facilities are not exempt from these requirements. Medical facilities may have staff take the appropriate OFA course but some leeway is provided to allow for existing qualification to be considered equivalent.*	M		
DSA1.2.2	**M**	A safety manual is readily available to staff that includes the policy and procedure for investigating and reporting staff safety incidents including near misses.	M		
DSA1.2.3	**M**	A safety manual is readily available to staff that includes exposure control plans, based on existing occupational hazards.	M		
DSA1.2.4	**M**	A safety manual is readily available to staff that includes requirements for use of personal protective and other safety equipment.	M		
DSA1.2.5	**M**	A safety manual is readily available to staff that includes Workplace Hazardous Materials Information System (WHMIS) program information.	M		
DSA1.2.6	**M**	A safety manual is readily available to staff that includes emergency evacuation plans.	M		
DSA1.2.7	**M**	A safety manual is readily available to staff that includes procedures to protect staff working alone or in isolation. *Guidance: "Working alone or in isolation" is defined as working in circumstances where assistance would not be readily available to the worker in case of emergency or if the worker is injured or becomes unwell.*	M		

No.		Description	Risk	Reference	Change
DSA1.2.8	**M**	A safety manual is readily available to staff that includes procedures to manage violent and aggressive behaviour. *Guidance: The procedure for dealing with the prevention of, and response to, incidents of violence must distinguish between incidents involving two workers ("improper conduct") and incidents of aggressive behaviour from a patient or member of the public ("violence"). WorkSafeBC has publications providing guidance on assessing and mitigating hazards. All incidents of improper conduct and violence must be formally investigated, whether any injury occurred or not.*	M		
DSA1.3		**Safety issues are discussed and monitored.**			
DSA1.3.1	**M**	The diagnostic service has a safety committee or health and safety representative. *Guidance: If there are 20 or more employees, a joint occupational health and safety committee (JOHSC) must be functioning. If the diagnostic service is part of a larger facility, a member of the committee must have the responsibility to represent the diagnostic service. If the facility has between 10 and 19 staff, the workers must select a person to be their health and safety representative. This person, in effect, carries out the same functions as the committee in a larger facility. For organizations with less than 10 employees, the employer is required to hold regular meetings with staff to discuss matters relating to maintaining a healthy and safe workplace. Records of these meetings must be kept. Sections 125 to 140 of the Workers Compensation Act provide all the details about committee requirements and function.*	M		
DSA1.3.2	**M**	Minutes of the last three safety committee meetings are posted.	M		

Safety practices and equipment

No.		Description	Risk	Reference	Change
DSA1.4		**Chemicals are used, stored and disposed of safely.**			
DSA1.4.1	**M**	Hazardous liquids such as corrosives are stored below eye level.	H		
DSA1.4.2	**M**	The amount of hazardous liquids in a work area must not exceed the quantity reasonably needed for routine tasks.	H		
DSA1.4.3	**M**	Containers for flammable liquids are kept closed when not in use.	H		
DSA1.4.4	**M**	Flammable liquids are stored in approved cabinets. *Guidance: Refer to the product material safety data sheets (MSDS) for handling and storage.*	H		
DSA1.4.5	**M**	MSDS are available and current for controlled substances subject to WHMIS regulations.	H		
DSA1.4.6	**M**	Controlled substances are labeled appropriately. *Guidance: This applies to both the original supplier issued container and any secondary containers that have a workplace label indicating product name; safe handling procedures; and reference to MSDS.*	H		
DSA1.4.7	**M**	Chemicals are disposed of in accordance with WHMIS requirements.	H		
DSA1.5		**Spills are responded to in an effective and safe manner.** *Guidance: Based upon the chemicals used (e.g. gluteraldehyde) the diagnostic service should consult with WorkSafeBC to determine if spill kits and/or spill control teams are required.*			
DSA1.5.1	**M**	Chemical and biological spill kits are readily available. *Guidance: The type and number of spill kits will depend on the variety of chemicals in the diagnostic service and the quantities that are typically in use.*	H		
DSA1.5.2	**M**	The procedures to control and clean up spills are documented and readily available to staff. *Guidance: As with any emergency situation, staff must have prior training in the procedures and the required personal protective equipment (e.g. P100 or cartridge respirators).*	H		
DSA1.7		**Compressed gas is maintained and stored safely.** *Guidance: An example of a compressed gas would be portable oxygen.*			

No.		Description	Risk	Reference	Change
DSA1.7.1	**M**	Gas cylinders are clearly labeled with the cylinder's contents.	H		
DSA1.7.2	**M**	A pressure-reducing regulator or device is used for all compressed gas cylinders.	H		
DSA1.7.3	**M**	Any gauge whose pointer (or needle) does not go back to the zero point when pressure is removed is replaced.	H		
DSA1.7.4	**M**	Adapters between cylinders and pressure reducing regulators are not used.	H		
DSA1.7.5	**M**	Cylinders not in use are shut off and capped.	H		
DSA1.7.6	**M**	Cylinders are secured to prevent falling during storage, transportation and use.	H		
DSA1.7.7	**M**	Cylinder carts are used to move large cylinders and specifically designed cylinder holders are used to carry small cylinders.	H		
DSA1.7.8	**M**	Empty cylinders are clearly identified.	H		
DSA1.10		**Fire safety measures are implemented.**			
DSA1.10.1	**M**	Appropriate fire extinguishing equipment and procedures are in place.	H		
DSA1.10.2	**M**	Fire drills are conducted at least once per year.	M		
DSA1.11		**Electrical safety measures are implemented.**			
DSA1.11.1	**M**	Equipment and supplies are clearly labelled and comply with electrical safety regulatory requirements (e.g. Canadian Standards Association (CSA) or equivalent).	M		
DSA1.11.2	**M**	Regular inspections are performed to assess electrical safety (e.g. extension cords and surge power bars are assessed for damage and inappropriate use, damaged cords or cables of electrical equipment, etc.).	M		
DSA1.12		**Transportation of patient samples complies with federal regulations.**			Revised
DSA1.12.1	**M**	Staff preparing patient samples for transport to another facility are certified in accordance with Transport of Dangerous Goods (TDG) Regulations.	M		
DSA1.12.2	**M**	Staff transporting patient samples are certified in accordance with Transport of Dangerous Goods (TDG) Regulations.	M		
DSA1.13		**Personal protective equipment is available for staff.** *Guidance: See also infection prevention and control (DIPC).*			

No.		Description	Risk	Reference	Change
DSA1.13.1	**M**	Adequate and appropriate personal protective equipment is available to protect staff from chemical or biological hazards. *Guidance: Personal protective equipment may include gloves, lab coats/gowns and masks.*	C		
DSA1.13.2	**M**	Latex-free gloves are available to staff with latex sensitivities.	H		
DSA1.14		**There are mechanisms in place to prevent staff from assuming postures that could result in musculoskeletal injuries.**			
DSA1.14.1	**B**	There are guidelines for equipment adjustment to ensure optimal ergonomics.			
DSA1.14.2	**B**	There are guidelines for proper body mechanics while performing procedures.			
DSA1.14.3	**B**	Patient positioning and immobilizing devices are available to staff.			
DSA1.14.4	**M**	Adequate assistance and transfer/lift devices are available when moving or lifting patients. *Guidance: Transfer/lift devices include transavers, slider boards and ceiling or mobile patient lifts.*	H		
DSA1.14.5	**M**	The weight limit of lifting equipment is clearly marked.	M		
DSA1.16		**Weight limits on patient tables/surfaces are identified.**			New
DSA1.16.1	**M**	Staff are made aware of table weight limits. *Guidance: Weight limits are labeled directly on the table whenever possible.*	M		New

Appropriate physical environment

No.		Description	Risk	Reference	Change
DSA2.0		**THE DESIGN AND LAYOUT OF THE PHYSICAL SPACE ALLOWS SERVICE DELIVERY TO BE SAFE, EFFICIENT AND ACCESSIBLE FOR PATIENTS, VISITORS AND STAFF.**			
DSA2.1		**The design and layout of the physical space meets laws, regulations and codes.**			
DSA2.1.1	**M**	A professional engineer, responsible for the build, has attested that the new construction or structural changes meet the minimum CSA standards.	H		
DSA2.1.2	**B**	Records of inspection by external authorities (e.g. fire marshal, WorkSafeBC, building Inspections) are maintained. *Guidance: New facilities should maintain a copy of the occupancy permit as issued by a building inspector.*			
DSA2.1.3	**M**	Emergency exit routes are marked and provide unimpeded exit.	C		
DSA2.2		**The location of the diagnostic service is accessible and appropriate to the patient population it serves.**			
DSA2.2.1	**B**	Clear signage is in place to direct patients to the diagnostic service.			
DSA2.2.2	**B**	Patients with special needs can access the location with ease.			
DSA2.2.3	**B**	Patient washrooms are clean, conveniently located and accessible.			
DSA2.3		**The physical environment ensures patient safety and privacy.**			
DSA2.3.1	**M**	Patient areas are safe, clean and private.	H		
DSA2.3.2	**M**	A secure and private location for changing clothing and for the temporary storage of personal items is available.	H		
DSA2.3.3	**M**	Furniture is safe for patient use.	H		
DSA2.3.4	**B**	Confidential or sensitive information is collected from and communicated to patients in an area that does not compromise their privacy.			
DSA2.3.5	**M**	Patient information cannot be viewed by other patients or visitors.	M		
DSA2.3.6	**M**	Patient privacy is not compromised during the diagnostic procedure.	H		

No.		Description	Risk	Reference	Change
DSA2.4		**The design and layout of the space supports safe and appropriate service delivery.**			
DSA2.4.1	**B**	For each activity undertaken within the diagnostic service, there are appropriate furnishings, work surfaces and floor finishes.			
DSA2.4.2	**B**	There is sufficient space to allow unobstructed movement and safe working conditions within the diagnostic service and around large pieces of equipment.			
DSA2.4.3	**M**	Activity, workspace and equipment is designed or positioned to reduce the risks of ergonomic distress disorders and accidents (e.g. musculoskeletal injuries, repetitive stress injuries, etc.). *Guidance: If workers experience symptoms indicating a musculoskeletal injury, the employer must investigate and make appropriate changes to the work area. This might be ergonomically designed chairs, anti-fatigue mats for staff that must stand for most of the workday. The employer must have conducted a risk assessment for the potential for musculoskeletal injury that will include handling of patients who are heavy or have restricted ability to move or the use of awkwardly placed controls on equipment. Controls, including equipment and training, must have been put in place to address all the identified moderate or high-risk situations. WorkSafeBC has two worksheets ("A" and "B") in the Forms & Resources section of the website, which provide a template for conducting the risk identification and assessment.*	M		
DSA2.4.4	**M**	Security measures are in place relative to the threat of theft and tampering with patient samples, drugs, chemicals and confidential information. *Guidance: The threat of theft or tampering is assessed, and based upon that assessment appropriate security measures are implemented.*	M		
DSA2.5		**The physical environment meets the needs of staff.**			
DSA2.5.1	**M**	A secure and private location for changing clothing and for storage of personal belongings is available to staff.	M		
DSA2.5.2	**B**	A separate and comfortable location to rest is available to staff during break times.			
DSA2.5.3	**B**	Washrooms are conveniently located and separate from patient washrooms.			
DSA2.5.4	**M**	Storage and consumption of food and beverages is permitted in designated areas only.	H		

No.		Description	Risk	Reference	Change
DSA2.6		**Sinks and eyewashes are available to staff.**			
DSA2.6.1	**M**	There are clearly labeled hand washing sinks in areas where biological materials are handled. *Guidance: Sinks used for soiled equipment are deemed dirty and not used for hand washing.*	M		
DSA2.6.2	**M**	Hand washing sinks have unimpeded drainage (e.g. not stoppers).	M		
DSA2.6.3	**B**	Access to hand washing sinks is unimpeded. *Guidance: If there is only one sink available and that sink may also be used for other than hand washing there is a process to clean the sink prior to using the sink for hand washing; or a sanitizing gel must be made available to staff to use followed by hand washing at the nearest available clean sink. Unimpeded access means that staff would always be able to access the sink (e.g. a sink located in a washroom is not considered as having unimpeded access).*			
DSA2.6.4	**M**	Eyewash stations are conveniently located and regularly flushed, when appropriate. *Guidance: Consult with WorkSafeBC to determine the type of eyewash station required based upon the chemicals used in the diagnostic service.*	H		
DSA2.7		**Lighting, temperature and ventilation is appropriate.**			
DSA2.7.1	**M**	Lighting provides sufficient illumination for safe working.	H		
DSA2.7.2	**M**	Emergency lighting is available in the event of power failure and tested regularly for effective function. *Guidance: For facilities with back-up power (e.g. emergency generators), an additional emergency lighting system is made available to staff (e.g. flashlight).*	M		
DSA2.7.3	**B**	Ambient temperature and humidity is controlled to a level compatible with staff and patients and does not compromise diagnostic procedures/processes. *Guidance: Temperature and humidity concerns are addressed in the ASHRAE publication Handbook of Fundamentals or in the WorkSafeBC publication Indoor Air Quality.*			

No.		Description	Risk	Reference	Change
DSA2.7.4	**B**	Air flow is monitored to ensure adequate ventilation. *Guidance: The monitoring of air flow (e.g. number of air changes per hour) may be a responsibility of the facility management and may not necessarily be conducted by the diagnostic service.*			
DSA2.7.5	**B**	Ventilation ducts should be isolated from the general workspace in order to avoid dispersion of airborne infections agents or odours in the rest of the workplace. *Guidance: Indoor air quality concerns are addressed in ASHRAE standard 62-1999.*			

Disasters and emergency preparedness

No.		Description	Risk	Reference	Change
					Revised
DSA3.0		**THE MEDICAL IMAGING SERVICE IS PREPARED FOR DISASTERS AND EMERGENCIES.** *Guidance: Disaster and emergency preparedness examines how the service plans to respond to disasters. A disaster may be internal such as a flood, fire, or loss of electrical power; or the disaster may be a community-wide disaster such as an earthquake.*			
DSA3.1		**There is a disaster and emergency preparedness plan that addresses a response to an emergency.**			
DSA3.1.1	**M**	The role and capability of the diagnostic service during a disaster or emergency is identified.	L		
DSA3.1.2	**B**	The plan for response to disasters and emergencies includes but is not limited to a staff recall system.			
DSA3.1.3	**B**	The plan for response to disasters and emergencies includes but is not limited to access to first aid equipment.			
DSA3.1.4	**B**	The plan for response to disasters and emergencies includes but is not limited to alternate service sites if needed.			
DSA3.1.5	**B**	The plan for response to disasters and emergencies includes but is not limited to alternate sources of supplies, utilities and communication.			
DSA3.2		**The disaster and emergency response plan is regularly reviewed to ensure it is valid and updated.**			
DSA3.2.1	**B**	Disaster and emergency plans are reviewed with all staff and they are aware of their roles and responsibilities in the event the plan is implemented.			
DSA3.2.2	**B**	The plan is tested through practice drills. Changes to plans, procedures and training methods are made when necessary.			
DSA3.2.3	**B**	Contact names and phone numbers on fan-out lists are current.			

Bibliography

College of Physicians and Surgeons of Alberta. Non-hospital surgical facility: standards & guidelines – March 2016, v23 [Internet]. Edmonton, AB: College of Physicians and Surgeons of Alberta; 2016. 62 p. Available from: http://cpsa.ca/wpcontent/uploads/2015/03/NHSF_Standards.pdf

College of Physicians and Surgeons of Ontario. Out-of-hospital premises inspection program (OHPIP) - program standards [Internet]. Toronto: College of Physicians and Surgeons of Ontario; 2013 [revised 2017 Oct]. 44 p. Available from: https://www.cpso.on.ca/CPSO/media/documents/CPSO%20Members/OHPIP/OHPIP-standards.pdf

WorkSafeBC. Bullying & harassment [Internet]. Richmond, BC: WorkSafeBC; 2019 [cited 2019 Jan 18]. Available from: https://www.worksafebc.com/en/health-safety/hazards-exposures/bullying-harassment

WorkSafeBC. Joint health & safety committees [Internet]. Richmond, BC: WorkSafeBC; 2018. Available from: https://www.worksafebc.com/en/health-safety/create-manage/joint-health-safety-committees

WorkSafeBC. Occupational health and safety regulation [Internet]. Richmond, BC: WorkSafeBC; 2019. Available from: https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation

WorkSafeBC. OHS guidelines [Internet]. Richmond, BC: WorkSafeBC; 2019. Available from: https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-guidelines