

Divisional Health & Safety Review Committee

MEETING MINUTES

Divisional Health & Safety Review Committee Meeting		
Date of Meeting: December 6, 2017 5757 Coopers Ave 9:30 am-4:00 pm		
Date of Next Meeting:		
Union Members in attendance:	*Status	Position Title
Tony Cunningham Tom Gibson Joscelyn Ross Mike Fallon	Co-chair MERC	Youth Services Officer
Management Members in attendance:	*Status	Position Title
Brad Hoover *	Co-chair	YCDA, RMYC
Mark Mikoluff	CM	Manager, OSPEB
Andy Shepherd	CM	Probation Manager
Randy McAllister	CM	Manager, ISU

Note *: CM – Committee Member A – Alternative

Support: Rupal Patel
Guests: John Scarfo
Observer:
Regrets: Elaine Ellis, Mary Ferreira, Pete Harding

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A copy of these minutes is posted on the Youth Justice Intranet Site

Date of Meeting: December 6, 2017

Reference No.	ISSUE SUMMARY/Update	RECOMMENDED ACTION(s) ACTION REFERRED TO (name if applicable)
NEW BUSINESS		
01-12-06-17	Asbestos in buildings update; review surveys	Employer provided asbestos survey to the committee for the Direct Operated Facilities (RMYC, CFYC, BYC, SYC). Union encourages employer to ensure that there is union presence. Union recommends JHSC review list of devices and systems to be inspected. Union recommends employer remind all JHSCs of the requirements under OHSA to ensure a worker representative is present for all testing.
02-12-06-17	Propose recommendations for head lice on worker policy	Refer back to the local committee.
03-12-06-17	Propose workers fill out near miss forms	Union will report back with a draft document for near misses and will provide legislation to support the use of it. Union provided information document on near misses. Bring forward to next meeting.

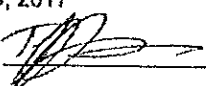
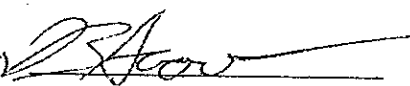
Date of Meeting: December 6, 2017

Reference No.	ISSUE SUMMARY/Update	RECOMMENDED ACTION(s) ACTION REFERRED TO (name if applicable)
04-12-06-17	Ergonomics and new buildings	<p>Union made an ergonomic presentation including a web-based tool available online.</p> <p>Union recommends this tool be shared with local JHSC for their consideration.</p> <p>Union will provide more information with potential office equipment for future new buildings.</p>
05-12-06-17	Review DHS TOR; 6.1(c) to propose revisions. Annually review DHS TOR at last meeting each year	Item to be referred to MERC by union.
06-12-06-17	2018 Meeting dates	<p>March 7, 2018 @ Brampton PO</p> <p>June 14, 2018 @ 5757 Coopers</p> <p>September 12, 2018 @ Brampton PO</p> <p>December 6, 2018 @ 5757 Coopers</p>
OLD BUSINESS		
01-11-29-16	Practical Bio-Hazard Training	All facilities completing bio-hazard/fire extinguisher annual training as of January 1, 2018.
08-03-08-17	Self-Identification Logbooks	<p>Currently under review.</p> <p>Bring forward to next meeting.</p>

Date of Meeting: December 6, 2017

Reference No.	ISSUE SUMMARY/Update	RECOMMENDED ACTION(s) ACTION REFERRED TO (name if applicable)
09-03-08-17	Opioid Response Protocols	<p>Committee recommends JHSC determines location of bio-hazard kits.</p> <p>Union recommends workers be trained immediately to use Narcan to cover night-shifts and holidays.</p>
01-06-08-17	Pepper Spray from PIC 11-12-09-18	<p>DOFB Director spoke to committee regarding the issue.</p> <p>DOFB Director agreed to speak at the DOFB Quarterly Meeting to clarify that the policy is not the obstacle, nor is the Director the obstacle for YCMs to wear OC on their utility belts.</p>
03-06-08-17	Introduction new escort vehicle	To pilot vehicles for approval.
06-06-08-17	Mandatory HS training for workers and supervisors	<p>Union recommends the employer add to the e-learning curriculum. The number one hazard in DO workplaces is injury arising from violence; we need curriculum to reflect that.</p> <p>Employer meets all legislative requirements.</p>
01-09-26-17	Body Scanner Update	Bring forward to next meeting.
02-09-26-17	Protocols for Dignity Assaults; urine, feces and spit	Managers reminded to continue following local procedures to notify police.

Date of Meeting: December 6, 2017

Reference No.	ISSUE SUMMARY/Update	RECOMMENDED ACTION(s) ACTION REFERRED TO (name if applicable)
03-09-26-17	Protocols for YP Exposing themselves to workers	Managers reminded to continue following local procedures to notify police.
05-09-26-17	MCYS Recognition for Employees Completing Level 1 & 2 certification training	Union provided a draft copy of the letter. Employer will forward letter for approval.
06-09-26-17	Forward cert II module list	Union recommends to add 3 modules: i) Stress in the workplace ii) Office work environment iii) Dirty electricity (electrical wiring in home containing frequencies other than electromagnetic frequencies (EMF)
STANDING ITEMS		
	Quarterly report of Critical Injuries	
	New PPE Items	
Date Minutes Signed Off: December 6, 2017 Tony Cunningham (OPSEU Co-Chair)  Brad Hoover (Management Co-Chair) 		

MCYS Div. H&S Meeting

Wednesday, December 6, 2017

OPSEU Regional Office, Coopers Road Mississauga

UNION

Tony Cunningham (Co-chair)
Peter Harding (A)(Regrets)
Tom Gibson
Glenna Caldwell (Regrets)
Mary Ferreira (PO) (Regrets)
Mike Fallon (Guest RMYC L.P Pres.)
Joscelyn Ross (OPSEU Staff)

EMPLOYER

Mark Mikoloff
Brad Hoover (Co-chair)
Randy McAllister
Andy Sheppard
Elaine Ellis (Regrets)

OLD BUSINESS

Practical Bio-Hazard Training

All Facilities shall be completing bio-hazard training and fire extinguisher training on an annual basis. Employer is committed to commence this process in January 2018.

Self-Identification logbooks

Employer is conducting a review of the policy due to changes with the CFSA.

Opioid Response Protocols

The education division is currently working on an educational product for all staff. Committee recommends local JHSC's determine location of bio-hazard kits.

Union recommends workers be trained immediately to use Narcan to cover night-shift and holidays.

Pepper Spray from PIC 11-12-09-16

DOFB (Director of Facilities Branch) attended and spoke to the committee regarding this issue. DOFB clarified the policy does in fact enable YSM's to carry Pepper Foam on their person and the decision to carry or not to carry remains in the hands of local YCA's.

Introduction new escort vehicle

Employer is still exploring options and is hopeful to introduce a new vehicle in the New Year.

Mandatory HS training for workers and supervisors

Union does not believe the current "safe smart" OPS wide training meets the needs of our working environment...specifically with regard to workplace violence. Union recommends the employer add an e-learning curriculum to make workers and managers more aware of the potential for and issues of workplace violence.

Body Scanner Update

Bring Forward

Protocols for Dignity Assaults; urine, feces and spit

Managers have been reminded to continue following local procedures of notifying local police.

Protocols for YP Exposing themselves to workers

Managers have been reminded to continue following local procedures of notifying local police.

MCYS Recognitions for Employees Completing Level 1 & 2 certification training

Union provided a draft copy of a letter. Employer will forward letter for approval.

Forward cert II module list

Union recommends adding the following three (3) modules: Stress in the Workplace; Office Work Environment; Dirty Electricity in the Workplace (EMF's)

NEW BUSINESS

John Scarfo attending to hear about OC

Mr. John Scarfo (D of DOFB) attended this meeting and spoke at length with the committee. Mr. Scarfo agree to speak all the YCA's at the upcoming DOFB quarterly meeting to clarify "...the policy is NOT an obstacle nor is the DOFB an obstacle for the YCM's to wear OC on their utility belts..."

Asbestos in buildings update; review surveys

Employer provided asbestos survey to the committee for the directly operated facilities (RYC, CFYC, BYC, SYC)

Union recommends employer to ensure union representatives are present and all future Asbestos surveys being conducted in the workplace as per OHS 9 (11) b

Proposed revisions to HS cert 2 module list

Union recommends to add the following 3 modules:

- Stress in the Workplace
- Office Work Environment
- Dirty Electricity (EMF's)

Propose recommendations for head lice on worker policy

Discussion referred back to the local committee.

Propose workers fill out near miss forms

Union will report back with a draft document for "near misses" and will provide legislation to support the use of it. Union provided an information document on the topic.

Ergonomics and new builds

Union provided an ergonomic presentation including a web-based tool available on line. (<http://www.ohcow.on.ca/ergotools/newoffice/index.php>) Union recommends this tool be shared with local JHSC's for their consideration. Union will provide more information with potential office equipment for future new buildings.

Review DHS TOR; 6.1(c) to propose revisions.

Annually review DHS TOR at last meeting each year

Item to be referred to the MERC by the Union

STANDING ITEMS

Critical Injury Updates

None to report in this quarter

New PPE

No new items introduced



Healthy Lifestyle

Adult health: Considering a standing workstation? Find out how to safely set it up.

By [Mayo Clinic Staff](#)

If you're using a standing workstation, you've already made a move that might improve your health. Research has linked sitting for long periods with health problems, including obesity and metabolic syndrome — a cluster of conditions that includes increased blood pressure, high blood sugar, excess body fat around the waist and abnormal cholesterol levels.

But have you considered the proper office ergonomics of a standing workstation, such as the correct desk height and where to place your computer? Get started making your standing workstation comfortable with this visual guide to standing workstation ergonomics.

When using a standing workstation, keep your head, neck, torso and legs approximately in line and vertical. Use a footrest to shift your weight from foot to foot. Wear shoes that provide proper support.

Choose a desk deep enough to allow your monitor to fit directly in front of you and at least 20 inches (51 centimeters) away. The desk should allow you to keep your wrists straight and your hands at or slightly below the level of your elbows. A desk with a rounded front will prevent pressure on your wrists. Don't use books or boards to change the height of your desk.

Place the monitor directly in front of you, about an arm's length away. The top of the screen should be at or slightly below eye level. If you wear bifocals, lower the monitor an additional 1 to 2 inches (3 to 5 cm) for more comfortable viewing. Place your monitor so that the brightest light source is to the side.

If you have dual monitors, the location of the monitors depends on the percentage of time you spend on each monitor and the type of work being done. If you use both monitors equally, place them close together on an angle in front of you with their edges touching. If you use one monitor more than 80 percent of the time, place that monitor directly in front of you and the other monitor off to the side.

Place your mouse and keyboard on the same surface and at a distance that allows you to keep your elbows close to your body. While typing or using your mouse, keep your wrists straight, your upper arms close to your body, and your hands at or slightly below the level of your elbows. Use keyboard shortcuts to reduce extended mouse use. If possible, adjust the sensitivity of the mouse so that you can use a light touch to operate it. Alternate the hand you use to operate the mouse by moving the mouse to the other side of your keyboard.

Keep key objects — such as your telephone, stapler or printed materials — close to your body to prevent excessive stretching.

If you frequently talk on the phone and type or write at the same time, place your phone on speaker or use a headset rather than cradling the phone between your head and neck.



Adult health: What are the risks of sitting too much?

Answers from James A. Levine, M.D., Ph.D.

Research has linked sitting for long periods of time with a number of health concerns, including obesity and metabolic syndrome — a cluster of conditions that includes increased blood pressure, high blood sugar, excess body fat around the waist and abnormal cholesterol levels. Too much sitting also seems to increase the risk of death from cardiovascular disease and cancer.

One study compared adults who spent less than two hours a day in front of the TV or other screen-based entertainment with those who logged more than four hours a day of recreational screen time. Those with greater screen time had:

- A nearly 50 percent increased risk of death from any cause
- About a 125 percent increased risk of events associated with cardiovascular disease, such as chest pain (angina) or heart attack

The increased risk was separate from other traditional risk factors for cardiovascular disease, such as smoking or high blood pressure.

Sitting in front of the TV isn't the only concern. Any extended sitting — such as behind a desk at work or behind the wheel — can be harmful. What's more, spending a few hours a week at the gym or otherwise engaged in moderate or vigorous activity doesn't seem to significantly offset the risk.

The solution seems to be less sitting and more moving overall. You might start by simply standing rather than sitting whenever you have the chance or think about ways to walk while you work. For example:

- Stand while talking on the phone or eating lunch.
- If you work at a desk for long periods of time, try a standing desk — or improvise with a high table or counter.
- Walk laps with your colleagues rather than gathering in a conference room for meetings.
- Position your work surface above a treadmill — with a computer screen and keyboard on a stand or a specialized treadmill-ready vertical desk — so that you can be in motion throughout the day.

The impact of movement — even leisurely movement — can be profound. For starters, you'll burn more calories. This might lead to weight loss and increased energy. Even better, the muscle activity needed for standing and other movement seems to trigger important processes related to the breakdown of fats and sugars within the body. When you sit, these processes stall — and your health risks increase. When you're standing or actively moving, you kick the processes back into action.

Near Misses

Generally speaking, a near miss is a condition or unplanned event that didn't result in an injury, illness or damage to equipment or property but had the potential to do so. Focusing on near misses helps you reduce the likelihood of having major incidents or minimize the damage they might cause if they do occur. But many near misses go unreported. And when they are reported, companies don't always respond appropriately. That's why managing near misses is so tricky for safety professionals. So here are answers to frequently asked questions (FAQs) about this often frustrating safety topic.

Q. What's the Best Way to Define "Near Miss"?

A. The term "near miss" may mean different things to different people. So to ensure that everyone in your workplace is on the same page when it comes to near misses, you must first clearly define this term. If the overriding objective is to improve workplace safety, it makes sense for this definition to be broad and encompass a wide range of events. One suggested definition: A near miss is an opportunity to improve health and safety in a workplace based on a condition or an incident with potential for more serious consequences, including:

- Unsafe conditions, such as wet floors;
- Unsafe behaviour, such as a worker modifying PPE for comfort while impacting its effectiveness;
- Minor incidents/injuries that had potential to be more serious;
- Events where injury could have occurred but didn't;
- Events where property damage could have resulted but didn't;
- Events where a safety barrier was challenged, such as a worker bypassing a machine guard; and
- Events where potential environmental damage could have resulted but didn't.

Q. Should Workers Be Required to Report Near Misses?

A. Yes. After all, you can only manage near misses and learn from them if you know about them. So you should require workers to report a near miss, preferably in writing, to a supervisor or other appropriate individual, such as the safety coordinator. Having a clear and simple procedure for reporting near misses will encourage workers to do so.

In addition, the OHS laws require workers to report near misses. All jurisdictions' OHS laws impose duties on workers. And although none of them specifically include a duty to report near misses, they all infer such a duty by requiring workers to either report any hazards or harmful conditions, which arguably includes near misses, or take reasonable care to ensure their own safety and that of their coworkers, such as by reporting near misses.

Q. What Kind of Training Should Workers Get on Near Misses?

A. Workers may be more inclined to report near misses if they understand the importance these events have in improving workplace safety. So to encourage near miss reporting, you should train workers on the value of near misses and their role in properly managing these events. This training should generally cover:

Your definition of "near misses" and how to identify them;

Why near misses are important;

The role of each workplace stakeholder in near miss reporting;

What a near miss management program is, how it works and the responsibilities of all parties in it;

How to report a near miss; and

The consequences of not reporting a near miss.

Q. What Should We Do after a Near Misses is Reported?

A. Taking appropriate action in response to a reported near miss can encourage reporting because it demonstrates to workers that management is really listening to them and taking safety seriously. So once a near miss is reported, you should take the following steps:

Prioritize the near miss. In order to effectively manage near misses, you must accurately prioritize them. All near misses aren't created equal. That is, some near misses are a high priority because, say, they reveal a serious safety hazard, and so should be investigated and addressed immediately. But other near misses are a low priority and thus may not need immediate attention. Note that if a seemingly simple, low priority near miss happens often, it should increase in priority. The priority that you assign to each reported near miss will determine:

The amount of attention that will be given to the incident; The depth of analysis that will be performed in finding its causes; and The amount of resources that will be dedicated to finding and implementing solutions.

Determine its cause. You should next determine both the direct and root cause(s) of the near miss. In many cases, it'll be easy to make this determination. But if the causes aren't readily apparent, you may need to form an investigative team to look into the event. In the end, conducting a root cause analysis of a near miss is really no different than doing one for a safety incident in which a worker was injured or killed.

Identify solutions. For each cause of a near miss, you need to identify a solution. Often near misses can be addressed with a simple solution, such as fixing a pipe so it doesn't leak and form a puddle in which workers could slip. However, there may not always be an easy fix to eliminate the hazards related to the near miss. As with any safety hazard, the safety measures you can implement to address the causes of a near miss, ranked from preferred to least favored, include:

Elimination of the cause of the hazard; Reduction of the potential hazard level or degree of risk of exposure to it; Installation of safety devices; Installation of warning signs to alert people to the hazard; Implementation of new safe work procedures to account for the hazard; and Increased worker awareness of the hazard, such as through safety talks.

Implement and monitor solutions. Implement the necessary solutions and inform anyone affected by the particular near miss, such as the worker who reported it and anyone who works with the equipment involved or in that section of the workplace. If the solution includes new or revised safety procedures, retrain all workers who'll have to use these procedures. And monitor the solutions you've implemented to ensure that they effectively address the causes of the near miss and don't create other unforeseen hazards.

Q. Is a Near Miss Reporting Program Required?

A. The laws don't necessarily require employers to have formal near miss reporting programs. But to effectively manage near misses you need structure and procedures. So the best approach is to set up a near miss management or reporting program or incorporate one into your existing OHS program

Q. Can a Company Be Penalized for Near Misses?

A. If a near miss was caused by a violation of the OHS laws or an unaddressed safety hazard, then the company can be prosecuted for the underlying violation or failing to address the hazard. In addition, if the company doesn't take adequate steps to address the causes of a near miss and a worker is subsequently injured, it can be held liable for failing to prevent the injury and responsible for the related worker's comp costs.

Example: A worker for a temp agency was assigned to operate a drill press by a company. The sleeve of his coverall got caught in the machinery and he was injured. He filed a workers' comp claim for the injury. The temp agency argued that the company should bear the costs of this claim because its negligence led to the incident.

The Ontario Appeals Tribunal agreed. A week before the temp worker was injured, there had been a similar incident involving a different worker whose sleeve also got caught in the press but who fortunately wasn't hurt. In response, the company simply held a safety meeting and warned workers to be cautious of loose clothing and jewellery. But it took no "genuine preventive steps, such as insisting on elastic cuffs or short sleeves and forbidding work by workers" who weren't dressed accordingly, said the tribunal [Decision 1014/04].

BOTTOM LINE

Near misses are a valuable source of information for safety coordinators as they provide an opportunity for you to identify hazards or weaknesses in your OHS program and make corrections to prevent future incidents. So implement a near miss management program and encourage workers to report near misses so you can improve the overall safety of your workplace.



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Material: Nitrile

Overview

Regarded as the highest quality replacement for latex, nitrile continues to grow in popularity. Nitrile provides outstanding resistance against many commonly used chemicals, and is more resistant to puncturing than its latex and vinyl counterparts.

Grades

Nitrile gloves are available in exam grade, foodservice grade, and industrial grade, both sterile and non-sterile.

Quality Standards

ASTM D6319 is the standard for quality of examination grade nitrile gloves. As with latex and vinyl, exam grade nitrile gloves are also regulated by the Food and Drug Administration (*21 CFR 800.20*).

When in direct contact with food, glove components must comply with the provisions of the Federal Food, Drug, and Cosmetic Act (FFDCA).

Applications

Nitrile gloves are best used for applications requiring strong chemical resistance, such as automotive repair. Resistant to puncture, nitrile gloves are also effective to protect hands against sharp objects, such as for use by law enforcement officers in searching suspects.

Colors

Blue remains the most popular color for nitrile gloves, although other colors, such as black and purple, have also been introduced in recent years. Because nitrile gloves are typically used for chemical protection, they tend to be darker in color to hide stains created by the chemicals.

Composition

Nitrile gloves are made from 100% synthetic polymer, consisting of acrylonitrile, butadiene and a carboxylic acid.

Country of Origin

Nitrile gloves are produced in a number of Asian countries, including Malaysia, China and Thailand.

Material: Latex

Overview

Latex gloves offer a unique blend of comfort and protection. Resistant to puncturing, these gloves serve as an optimal barrier against biological contaminants. Latex is also widely considered to provide the greatest fit of any disposable.

Allergy concerns remain latex's biggest drawback. Some states have banned the use of latex gloves in food service, and an increasing number of healthcare providers have switched to an alternative glove type.

Grades

Latex gloves are available in surgical grade, exam grade, foodservice grade, and industrial grade, both sterile and non-sterile.

Quality Standards

ASTM D3577, D3578, and D4679, are widely considered the benchmarks of quality for latex surgical, exam, and industrial grade gloves respectively. Surgical and examination grade latex gloves are also regulated by the Food and Drug Administration (21 CFR 800.20), although the standards set forth by the FDA generally mirror those of ASTM.

When in direct contact with food, glove components must comply with the provisions of the Federal Food, Drug, and Cosmetic Act (FFDCA).

Applications

Latex gloves are suitable for a wide variety of applications because of their strong combination of barrier protection and chemical resistance.

Despite concerns over latex allergy, latex gloves remain the glove of choice for surgical procedures by most healthcare providers. Usage in foodservice, however, has substantially diminished in recent years as the cost of latex grows and as an increasing number of states adopt regulations prohibiting use of the gloves for food preparation.

Colors

Latex gloves are most commonly white in color, but are also sold in black, blue, and an assortment of other colors. White is typically used in healthcare applications to reflect the sanitary environment.

Composition

Latex gloves are made of natural rubber latex, a milky sap-like substance derived from rubber trees (Havva Basillensis). Growers tap the tree to allow the latex to drip into collection containers.

Efforts to develop natural alternatives to Havva Basillensis which do not pose the same allergy risks are underway, but have yet to experience widespread success in the marketplace.

Country of Origin

Because natural rubber latex is primarily grown in Southeast Asia, Malaysia, Thailand, and Indonesia are the leading producers of latex gloves.

Material: Vinyl

Overview

Designed for short-term use, vinyl gloves offer a cost-effective alternative to latex while providing an effective temporary barrier against biological contaminants.

Derived from synthetic PVC resins, vinyl gloves also do not pose the same allergy risk as natural rubber alternatives, making them an attractive option to companies concerned about exposure to customers and employees.

Stretch vinyl gloves, often incorrectly referred to as simply synthetic gloves, are more durable and flexible than traditional vinyl for added tensile strength and elongation. These gloves remain among the highest quality alternatives, in both comfort and protection, to latex.

Grades

Vinyl gloves are available in exam grade, foodservice grade, and industrial grade. Vinyl gloves are typically non-sterile, but sterile vinyl gloves do exist.

Quality Standards

ASTM D5250 is widely regarded as the standard for quality of examination grade vinyl gloves. Exam grade vinyl gloves are also regulated by the Food and Drug Administration (*21 CFR 800.20*).

When in direct contact with food, glove components must comply with the provisions of the Federal Food, Drug, and Cosmetic Act (FFDCA).

Applications

Vinyl gloves are an ideal choice for applications demanding frequent changes, such as in foodservice and non-surgical healthcare procedures, because they provide reasonable protection and relative economy.

Colors

Vinyl gloves are most commonly semi-transparent in color, but are sold in a variety of colors. Use of different colors is especially common in foodservice to prevent cross-contamination.

Composition

Vinyl gloves are produced of polyvinyl chloride (PVC), a thermoplastic polymer used in a wide variety of products ranging from clothing to building materials.

Increasing scientific evidence indicates that Di(2-ethylhexyl) phthalate (as known as DEHP and DOP), a chemical commonly found in vinyl gloves, may pose a significant health risk. While the US Government has not banned use of the chemical in gloves, many leading manufacturers have proactively removed the chemical from their products.

Country of Origin

China controls the vast majority of the world's vinyl glove production, largely due to its competitive labor costs and attractive manufacturing environment.

Nitrile and Other Non-Latex Glove Allergies

Reports of allergic reactions to non-latex gloves like nitrile have become more common in recent years as industries like healthcare shift to latex-free alternatives. While research on the topic remains extremely limited, several theories have emerged suggesting possible causes of allergic reactions.

Possible Causes

Latex Contamination

When reports of reactions first surfaced more than a decade ago, many assumed that since latex gloves were often being manufactured in the same facilities as nitrile gloves, that the nitrile gloves were being contaminated with latex proteins.

Accelerators

Some argue that allergic reactions to non-latex gloves are due to chemicals called accelerators used during production. They believe that accelerators, such as carbonates and thiurams, may cause a delayed (Type IV) reaction to these chemicals. The Food and Drug Administration has approved marketing "accelerator free" nitrile gloves as non-allergenic, but reactions to the gloves have still been reported.

Ventilation

Most gloves are intended to prevent chemicals and other contaminants from permeating in or out of the glove. Consequently, some glove materials offer better ventilation than others. Skin irritation called urticaria (more commonly referred to as hives) can sometimes occur when a glove lacks breathability and moisture builds up under the glove.

Weather Conditions

A variety of weather conditions can cause skin irritation and extremes in weather can intensify these effects. Cold weather can cause skin to become dry, red, itchy, and sore. Heat rash can appear in hot, humid weather when the body's sweat glands become blocked, causing the skin to become red and blistered, and dry weather conditions can cause eczema to flare up.

Hand Washing Practices

Many soaps and cleansers used in businesses and homes alike contain chemicals and fragrances known to cause mild to severe skin irritation. Additionally, because many soaps contain detergents designed to break down grease and oil, they can break down the layer of natural oil on the skin. This oil not only provides a protective barrier, but it also keeps the skin moist. As a result, people who wash frequently or use a great deal of cleansers containing detergents may find their skin becomes red and dry to the point that it may even crack and bleed. Prolonged contact with hot water may have similar effects.

Glove Leakage

Some glove materials will begin to leak if worn longer than they are intended for use. Consequently, some allergic reactions may actually be to chemicals leaking through the glove instead of the glove material itself. These reactions can be prevented by consulting with your glove supplier to determine the proper length of time a glove should be worn, as usage length varies by glove type.

<https://www.theglobeandmail.com/news/national/series-of-fentanyl-exposures-in-three-week-span-puts-canadian-prison-staff-on-high-alert/article35918236/>

Series of fentanyl exposures puts Canadian prison staff on high alert

PATRICK WHITE

AUGUST 8, 2017

The surge of illicit fentanyl endangering lives on Canadian streets has now flooded into the country's prisons, posing a greater threat to those working in an already perilous job.

In the past three weeks, at least nine federal correctional officers have been exposed to the lethal drug, according to one union official, putting staff on high alert for a substance they often can't detect until it's too late. There have been no reported fatalities involving correctional officers, but several inmate deaths owing to fentanyl exposure.

"The problem with fentanyl is that it's so small that it can be easily hidden or mixed in with substances," said Ryan DeBack, the Prairies region vice-president for the Union of Canadian Correctional Officers. **"It can be airborne, it can be in powder form. I could walk into a cell without seeing it and suddenly I'm [exposed]."**

In mid-July, several Correctional Service staff members were exposed while inspecting inmate mail. "Someone was sending fentanyl through institutional mail," Mr. DeBack said. "There were drugs in this one letter that was opened on a desk. Minutes later six staff are exposed." The opioid antidote naloxone was administered to two of the workers.

In another case, fentanyl powder blew into a correctional officer's face as they were inspecting an inmate's book.

Mr. DeBack was informed of another instance in which an inmate's fan blew some fentanyl powder into the air. "An officer breathed that in and down he goes," Mr. DeBack said.

Correctional Service Canada started alerting staff to the dangers of fentanyl exposure as far back as 2012, according to spokesperson Avelly Serin. Last month, the Service instructed staff to use specific protective equipment when the presence of fentanyl or its analogues is suspected. The equipment includes nitrile gloves, masks and safety goggles. Prison medical staff have access to naloxone. "Despite all the best precautions, there may be rare occasions when someone is accidentally exposed to fentanyl or other highly toxic substances," Ms. Serin said.

The union argues that those safe handling requirements only kick in once staff have detected three grams of highly toxic substances, whereas other emergency responders don protective gear when just one gram is detected. "We're saying that's not right," Union of Canadian Correctional Officers national president Jason Godin said. "The problem with fentanyl is that just something the size of a grain of salt can harm you."

Officers working for provincial jail agencies have been exposed to fentanyl as well. Earlier this year at Quinte Detention Centre, near Kingston, several inmates and staff were hospitalized for fentanyl exposure.

Ontario officers have asked for more training about how to perform certain vital tasks in the possible presence of fentanyl. "When we do CPR, for example, we still have a requirement for a mouth-to-mouth component," said Monte Vieselmeyer, chair of the corrections division of the Ontario Public Service Employees Union. "If you're trying to save someone's life, you're not necessarily paying attention to residue on their body or outfit. How we deal with all this is a huge concern for our staff."

Illicit drug use is prevalent among inmates. A 2007 survey of 3,370 inmates found that 17 per cent of men and 14 per cent of women injected drugs in prison. For non-injection drugs, that rate increased to 34 per cent among men and 25 per cent for women.

The fentanyl problem inside prisons is a reflection of the epidemic raging outside. In B.C., 780 people died of illicit drug overdoses in the first half of 2017, with fentanyl being detected in 78 per cent of cases. Between Jul. 27 and Aug. 1, six people died in Toronto from suspected overdoses.

"There is a direct correlation between the increase of fentanyl across the country and what we're now seeing in our institutions," Mr. Vieselmeyer said. "We're still at the early stages. It's only going to get worse."