Dear Colleagues,

As we enter a new academic year I wanted to express my deep thanks for the opportunity to assume the role of Chair of the Department of Medicine. The Department of Medicine is truly the “powerhouse” of the Faculty of Health Sciences and it is with both trepidation and enthusiasm that I step into this role.

Over the coming months I will meet with many of you. I look forward to the opportunity to learn from you how we can make the Department even better than it is today.

I am profoundly aware of the responsibility I have assumed. My pledge is to be singularly focussed on the Department. Together we will build its clinical, research and educational programs while maintaining a sound financial footing and being a good partner for the other Departments, Schools and Faculties at McMaster.

New Faculty

Welcome to the following faculty members whose appointments recently commenced:

**Professor:**
Dr. Erwin Montgomery, Neurology

**Associate Professor:**
Dr. Chris Hayes, Critical Care

**Assistant Professor:**
Dr. Zhihui (Joy) Deng, Physical Medicine and Rehabilitation

**Assistant Clinical Professor:**
Dr. Kyla Caners, Emergency Medicine
Dr. Gihan Perera, Physical Medicine and Rehabilitation
Dr. Krystyna Samoraj, Emergency Medicine
Assistant Clinical Professor (Adjunct):  Dr. Khalid Gazala, Neurology  
Dr. Ananda Ghosh, Infectious Diseases  
Dr. Polly Denise Hart, Nephrology  
Dr. Qin Li, Cardiology  
Dr. Ron McMillan, Emergency Medicine  
Dr. Rosanne St. Bernard, General Internal Medicine / Hematology and Thromboembolism  
Dr. Idra Warren, Cardiology

Lecturer (Adjunct):  Dr. Allahna Elahie, Hematology and Thromboembolism

Awards & Achievements

Dr. Deborah Cook – 2017 Distinguished Lecturer Award in Critical Care Sciences, Canadian Institute of Health Research (CIHR) Institute of Circulatory and Respiratory Health (ICRH) and the Canadian Critical Care Society (CCCS).

Dr. Catherine Demers – Appointed member of the Research Committee, Heart Failure Society of America

Dr. James Douketis – 2017 Dr. David Sackett Senior Investigator Award, Canadian Society of Internal Medicine (CSIM)

Dr. John Kelton – Distinguished University Professor, McMaster University

Dr. Justin Lee – Edmund V. Cowdry Award, Canadian Geriatrics Society

Dr. Alexandra Papaioannou – Ronald Cape Distinguished Service Award, Canadian Geriatrics Society

Dr. Helen Ramsdale – 2016 Meritorious Service Award, Ontario Lung Association

Dr. Gregory Steinberg – 2016 CIHR Gold Leaf Prize; 2017 Outstanding Scientific Achievement Award, American Diabetes Association (ADA)

Internal Medicine Residency Program

New Roles:
The Residency Program welcomes new Deputy Program Directors, Dr. Mohamed Panju and Dr. John Neary

Changes in Leadership:
CTU Director, Juravinski – Dr. Samir Raza
CTU Director, St. Joseph’s Healthcare – Dr. Jason Cheung, moving from co-director to director
Thank you to Dr. John Neary and Dr. Ameen Patel for CTU leadership and Dr. Mark Matsos for Site Director leadership. The program has benefitted greatly from their contributions.

Congratulations to the following residents on their achievements:
ACP Doctor's Dilemma competition: Competing against 50 teams in San Diego this spring, the McMaster team finished in 3rd place. Congratulations to Tooba Ali PGY3, Michael Wang PGY2 and Reza Mirza PGY1.

Division of Geriatrics travel award: Sandra deFreitas PGY2, Christina Reppas PGY1 and Maggie Lovett PGY1.
Alannah Smrke and Rinu Pazhekattu, PGY3, were recently recognized with the Brian Steele Award by the Division of Nephrology based on their performance in the PGY2 Nephrology rotations.

Derek Chu et al have completed an invited book chapter: Initiation, Persistence and Exacerbation of Food Allergy in Allergy Prevention and Exacerbation, Springer.

Congratulations to the following faculty and rotations who were recently recognized with awards at Resident Research Day:
General Internal Medicine Clinical Teaching Award: John You, HGH; Raj Hanmiah, SJH; Richard Sztramko and Samir Raza, JH
Subspecialty Clinical Teaching Award: Dr. Waleed Alhazzani
Community Preceptor Award: Dr. Tom Haffner, Stratford
ER Mentor Award: Dr. Alim Pardhan
Rotation Award: Infectious Diseases, Juravinski site

Finance Update

July 1, 2017 is the start of the new academic year, therefore all GFT and part-time faculty members who are members of the Department of Medicine’s AFP and practice plan will be receiving their 2017/18 Annual Personnel Agreements (APAs) and contracts in early July 2017. The format of the APAs for GFT faculty has changed and details of the changes will be provided with the APA as well on site visits with Annette Rosati and Lisa Greer, which will be scheduled throughout July and August.

The APAs will be sent via internal mail and Canada Post. If you have not received an APA by the end of July 2017, please contact the Chair’s office, Annette Rosati or Lisa Greer. All faculty are required to sign their APAs and return them to the Chair’s office by the dates indicated with the APAs. The signed APAs may be mailed using the return envelope enclosed with the APA, or returned by email via a scanned PDF file, to the attention of Lisa Greer.

The 2016/17 cost of practice year-end reconciliations (July 1, 2016 - June 30, 2017) which will indicate the faculty member's financial position will be provided to GFT faculty by the end of September 2017. Incentive payments will be paid via RMA on October 20th, November 18th or December 20th, 2017. Written authorization from the faculty member is required by the Department of Medicine for the release of the incentive payments. Further information will be provided with the year-end reconciliation package provided to each full-time faculty member.

**IMPORTANT MOSAIC NOTICE effective July 1, 2017**
The Purpose approver for all Travel and Expense reports for the Department of Medicine submitted on or after July 1, 2017 will be Dr. Mark Crowther, Chair, Department of Medicine. His Mosaic user ID is CROWTHRM.

Health and Safety

At the Health & Safety Committee level we have been advised that the Ministry of Labor will be monitoring footwear in all clinic spaces. Please ensure your staff are aware of the HHS Footwear Policy (attached) as clinic spaces fall under the HHS employer and their policies.
Applies to: All HHS staff including Medical, Dental and Midwifery Staff, Hospital Affiliates (Contract Staff, Volunteers, Learners) including the Juravinski Cancer Centre and McMaster Children’s Hospital.

1.0 Purpose & Goals Description
To reduce the risk of accidents and injuries that may result from improper footwear or lack of appropriate personal protective equipment.

2.0 Equipment/Supplies
None

3.0 Policy

3.1 Footwear
3.1.1 Direct patient care areas and areas where there are biological, chemical and physical hazards, employee must wear shoes that meet the following:
   1. Heel height – medium to low
   2. Closed toes and closed heel with a solid upper covering
   3. Flexible non-slip soles
   4. Sturdy construction
   5. Shoe must be maintained in good repair
   6. Staff wearing a walking cast (plastic walking boot or air casts or any other leg support) will be evaluated on an individual basis to ensure they are safe for the work being performed. Responding to emergency situations will be included in any accommodation necessary.

3.1.2 Clerical or Office areas shoes must have:
   1. Heel height – medium to low
   2. Sturdy construction
   3. Flexible, non-slip soles
   4. Shoes must be maintained in good repair

3.1.3 The following workers must wear CSA approved footwear appropriate to the task:
   1. Engineering
   2. Stores/Shipping and Receiving
   3. Any other worker based on a task analysis hazard identification
   4. CSA grade 1 footwear is required on construction sites.

3.2 Personal Protective Equipment (PPE)
3.2.1 Personal Protective equipment is used when there are no engineering or administrative controls available to eliminate or reduce the hazard.

3.2.2 When selecting personal protective equipment, the following factors are to be considered:
   1. Provides adequate protection against the particular hazards for which it is designed
   2. Fits the worker properly to provide adequate protection
   3. Limitations of the equipment have been identified

3.2.3 Personal protective equipment includes but is not limited to:
   1. Safety boots or shoes
   2. Safety glasses, face shields or goggles
Title: HSW - Footwear and Personal Protective Equipment

3. Gloves (chemical resistant or other)
4. Fire retardant clothing
5. Hearing protection
6. Hard hats or bump caps
7. Respiratory protection
8. Impervious gowns and aprons

3.3 Responsibilities

3.3.1 Director
Ensure compliance to the policy.

3.3.2 Manager/Supervisor
1. Complete Job Task Analysis/Hazard Identification for all jobs in the area to identify any potential hazards where PPE is required.
2. Identify and provide appropriate PPE to the worker according to the potential hazards.
3. Provide training on the care, use, storage and limitation of the PPE.
4. Maintain training records.
5. Replace equipment when required.
6. Designate the type of footwear to be worn in the department based on the provisions identified in the policy or on the hazards and safety requirements of your department.
7. Ensure workers comply with the required PPE and footwear requirements.
8. Initiate disciplinary procedures for non-compliance through HHS Progressive Discipline Policy.

3.3.3 Worker
1. Wear the designated PPE and footwear.
2. Participate in the training as required.
3. Inspect PPE prior to use and report any deficiencies.

3.3.4 Health, Safety and Wellness
1. Assist in hazard identification, equipment selection and evaluation of casts as required.

4.0 Documentation
Job Task Analysis Worksheet

5.0 Definitions
Biological Hazards: related to organisms such as viruses, bacteria, fungi and parasites

Chemical Hazard: solid, liquid, vapor, gas, dust, fume or mist

Physical Hazard: potential for penetration of sharp objects, falling objects, carts/beds/stretchers running over feet, heavy or mobile equipment in use such as pallet jacks, forklifts, noise, vibration, high temperature, low temperature, radiations, etc.

Administrative controls: reducing/eliminating hazard exposure through task changes,
scheduling, work practices or work location (i.e. job rotation, standard operating procedures).

Engineering controls: reducing/eliminating exposure by substituting, isolating or equipment modification (i.e. ventilation, safety engineered medical sharps)

Personal Protective Equipment: any additional protective device or clothing that meets approved standards that may be required to ensure the health and safety of workers during the course of their working hours.

Job Task Analysis – Hazard Identification: a systematic review and documentation of every step in the task, identifying hazards and where controls or PPE is required.

### 6.0 Cross References

1. Health and Safety Policy Statement
2. Job Task Analysis – Hazard Identification
3. Progressive Discipline

### 7.0 External References

- R.S.O. 1990 Occupational Health and Safety Act
- O. Reg. 67/93 Health Care and Residential Facilities
- Canadian Standards Association Standard CAN/CSA Z195-02
- O. Reg. 213/91 Construction Projects

### 8.0 Developed By

Health, Safety and Wellness

### 9.0 In Consultation With

Joint Health and Safety Committees
Manager, Human Resources
HR/ER Associates

### 10.0 Approved By

Director – Health, Safety and Wellness
Manager – Safety

### Keyword Assignment

Footwear, personal protective equipment, PPE, shoes, hazard