

Workplace Violence Prevention

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PEI OHS Conference**

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AWARE  NS

Nova Scotia Health + Community Services Safety Association

AWARE-NS

Nova Scotia Health & Community Services Safety Association - established in 2009

Our Mission: Working with stakeholders and partners to promote and improve health and safety in health and community services workplaces

Our Role: To add value to the occupational health and safety agenda and support stakeholders in the Health and Community Services sector to champion safety excellence through programs and services

- Focus: Home Care, Long-Term Care, and Disability Support
- Acute Care accesses our programs and services

Health and Community Sectors

Home Care – 29 Agencies



2800 Home Care Workers
& Nurses

14,000 Nursing / home
support clients authorized for
care daily

Long Term Care 135 Facilities



9000 Employees



6900 Beds

Disability Support Program



Residential /
Community
Based Care



Facility
Based
Care



In Home
Supports



4000 employees



358 Homes
84 Residential Service
Providers

NSH and IWK



25,800
employees



3832 beds



In Home supports

AWARE-NS' Core Services

- Promoted to over 400 organizations throughout Nova Scotia
- Works collaboratively with industry partners – WCB, Dept. of Labour Skills & Immigration Unions, Sector Associations / Councils, through regular communication, and focused engagement opportunities.
- **National Alliance** for Safety in Health and Healthcare (NASHH) - 7 Provincial healthcare focused safety associations

Safety Management System (SMS)

SMS Audits - Special Engagements (TOPs)

JOHS Committee Effectiveness

Safe Handling and Mobility Program

Workplace Violence Prevention

Community / Customized Classroom Training

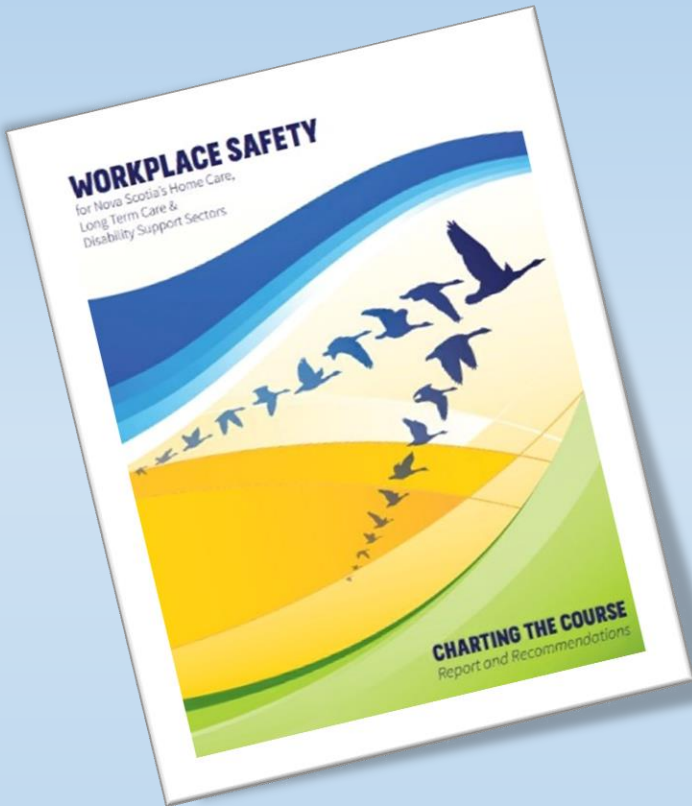
Safety Leadership Training for Supervisors and Managers

WPV- Code White Awareness/Responder Training

Knowledge Hub E-learning

Building Capacity Through Programs & Services
www.awarens.ca

We Know the Way Forward



- Workers in home care, long-term care, and disability support sectors are more likely to be injured on the job than most other kinds of worker in Nova Scotia.
- The Departments of Health, Community Services, Labour, Skills, and Immigration, the Workers' Compensation Board of Nova Scotia, and AWARE-NS lead a multi-stakeholder initiative to address the high number of work-related injuries and illnesses among staff in these sectors.
- The “Charting the Course” report released in June 2018, included 21 Recommendations to improve the occupational health and safety outcomes.
- A road map, outlining key deliverables was developed to enable improvements in the targeted sectors.
- This project defines the program, its supporting governance framework, the portfolio of projects, and related deliverables to support the implementation of recommendations.

R-7 Develop and implement a workplace violence prevention program for all sectors.

Health Care – Caring Profession

Healthcare is evolving in ways that increase the challenge:

- The Client Care Continuum/ Fragmented system issues
- Resident/Client care/safety focused
- Lack of Safety leadership – governance
- Lack of program/policy/training
- Staffing models – staff shortages
- Time and resources constraints
- Competing priorities
- Managers are squeezed
- Workplace Culture-Lack of focus and action

Health care is ‘people who care for people’

Health care workers chose this profession – ‘they care’

Some Research Data -Did you Know?

- 1/3 Nurses worldwide reporting victims of assault
- 2/3 being exposed to non-physical violence at work
- 80% being victims of some form of violence
- Statistics show that 60% of new nurses who experience WPV will resign within 6 months of employment
- Under reporting is a serious concern



Unique Cultural Factors

- Perception within the health care industry that workplace violence is 'part of the job' – acceptance of hazards
- Up-close Personal Care
- poor or non-existent WPV related policies, procedures,
- staff training or supports overly complex
- reporting procedures create a disincentive for reporting
- concern that violence happens so frequently that it's time-consuming to report every event, in addition to a lack of response when time is taken to report fear that reporting will reflect poorly on the individual (victim blaming) belief that some patients cannot be held accountable for their violent actions concern that nothing will be done

PSW Safety in the Community: Dr. Emily King 2017 -Study of factors influencing personal care provider safety

PSWs' reasons for non-reporting of hazards, pain and abuse:

- Skepticism about potential for change
- Fear of losing a client relationship, hours of work, or their job
- Fear of losing status with their supervisor or scheduler
- All exacerbated by precarious personal finances.

Non-reporting led to continued exposure to hazards, unreasonable demands, and repeated abuse.

Opportunity: Support reporting; mitigate factors reducing willingness to report

About Workplace Violence in Healthcare

- 2021 -Ottawa introduced Bill C-3 amending the Criminal Code to recognize violence against health workers as an aggravating factor during sentencing. The legislation would also criminalize intimidating or obstructing health-care workers or patients seeking care.
- Nursing is among the professions with the highest risk of physical assault and injury.
- More than 92 per cent of nurses reported exposure to physical assault at work, according to a study of more than 7,000 Canadian nurses. (Mental Disorders Symptoms Among Nurses, 2020. Nearly half of these nurses reported exposure to physical violence on 11 or more occasions.
- Nearly 1-in-4 nurses reported symptoms consistent with post-traumatic stress disorder (PTSD), a rate much higher than the general population.
- And that was *before* the pandemic.

What does the WCBNS data say?

2020 Health and Social Services Injury Data

Sector	Musculoskeletal Injuries		Workplace Violence Prevention		Slips, Trips & Falls	
	Time loss claims	No time loss claims	Time loss claims	No time loss claims	Time loss claims	No time loss claims
Home Care	↓	↓	↓	↓	↓	↓
Long Term Care	↓	↓	↑	↑	↓	↓
Special Care Homes	↑	↓	↑	↓	↓	↓

Evolution of WPV Prevention Program

In 2014 AWARE-NS, WCBNS and Disability Services Program stakeholders came together to develop a **Workplace Violence Prevention Program**.

2018 – WPSAP: *R-7 'Develop and implement a workplace violence prevention program for all sectors. WPV Standard completed by 2020*

2020 - 2023 - AWARE-NS/LSI Safety Compliance – roll out

2023 – NS Government Funding to support WPV

Evolution of WPV Prevention Program

DOLSI Safety Officers conduct planned inspections focused on:

IRS;

Slips, Trips and Falls;

Safe Handling and Mobility;

Violence in the Workplace;

Covid-19/Pandemic/Infectious Disease Plan

2023 – Funding for WPV training to AWARE-NS : LTC/HC and DSP

- ✓ WPV Program implementation
- ✓ Conduct WPV Training (TT)
- ✓ AWARE-NS supports WPV Risk assessment
- ✓ Coaching support re WPV Program implementation

Workplace Violence Prevention Program



Program
Review/
Perception
Survey



Leadership &
Risk
Assessment



Policies &
Procedures



Reporting,
Investigating
&
Documenting



Education &
Awareness



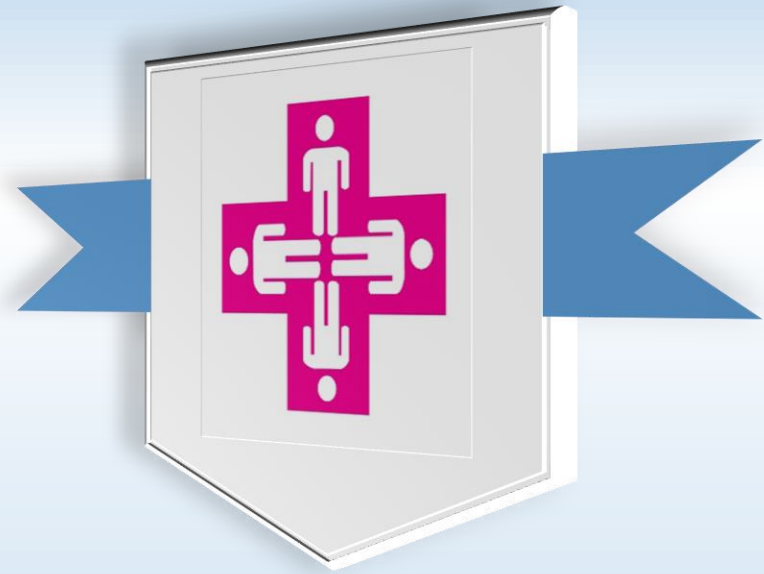
Workplace
Bullying/
Domestic
Violence



Safe and healthy people; safe and healthy workplaces.

CASE STUDY

Peaceful Valley Home for Seniors



Safe and healthy people; safe and healthy workplaces.

Step 1

Defining Workplace Violence



Defining Workplace Violence - Types



- ✓ **External**
- ✓ **Resident, Customer or Visitor**
- ✓ **Worker-to-Worker**
- ✓ **Domestic Violence**

Defining Workplace Violence

**ARE WE ALL
SEEING THE
SAME THING**



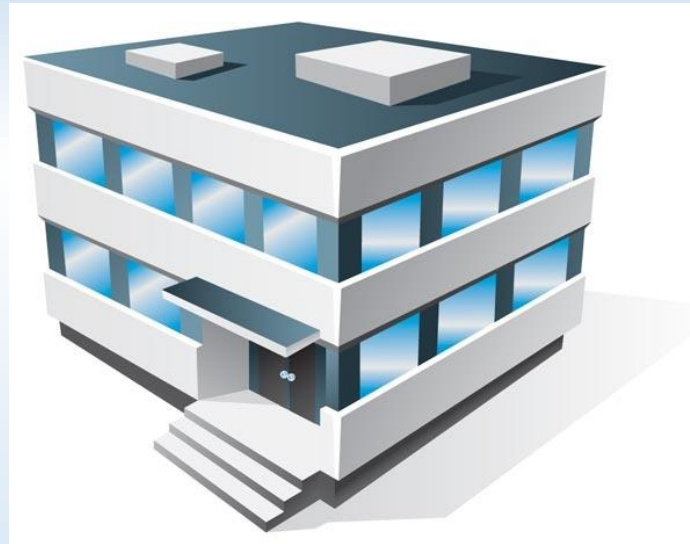
Defining Workplace Violence

Who do we need to consider?

The Law



The Organization



The Staff



Workplace Violence Prevention Program

Getting Started

Risk Assessment Process

Workplace Violence Prevention Plan

Workplace Violent Incident

Education and Awareness

Additional Items to Consider

How does AWARE-NS Support ?

Tool and Resources

Workshops both community and Org. Specific

Assist with the completion of Risk Assessments

Assist with the development of the WVP Plan

Code White/Code Silver program

Code White/Code Silver Train the Trainer

1- Getting Started

Obtain Leadership Commitment

Create a Workplace Violence Committee

Conduct an Employee Perception Survey

Program Review

Perception Survey

12 Questions- Please Complete Key Questions

- What does Workplace Violence mean to you?
- Have you been involved in an incident in the past 2 year?
- Do you report all workplace violent incident?
- Did your supervisor investigate?



Program Review

Gather information and review documents

- Security/Safety Checks
- Existing Policies, Procedures, Work Practices Employee feedback from company "suggestion boxes"
- Incident Reports
- Incident investigations
- Training records
- Minutes from Joint Health and Safety Committee Meetings
- Violence in Similar Workplaces
- Workplace Inspection Reports
- Workers' Compensation Board Claims
- Other relevant records or information

2-Risk Assessment Process

Identify Who will Complete Risk Assessment

Gather Information

Complete Violence Risk Assessment

Document Action Log

Risk Assessment

Two main areas

- Assessing Physical Environment



- Assessing Internal Measures and Procedures



Risk Assessment

The following activities or circumstances may increase the risk of workplace violence:

- Community based work
- Transporting people and/or goods
- Mobile workplaces
- Working with individuals with challenging/responsive behaviours
- Working alone
- Providing care
- Dispensing medications, tobacco and/or alcohol
- Handling cash, protecting or securing valuables
- Making organizational changes



3-Workplace Violence Prevention Plan

Workplace Violence Prevention Statement/Policy

Development of Policies and Procedures

Develop a Workplace Violence Plan/Program

Workplace Violence Prevention Plan

WORKPLACE VIOLENCE

- What is Workplace Violence?
- Types of Workplace Violence
- Workplace Violence Legislation
- Roles and Responsibilities
- Workplace Violence Prevention Statement(policy)

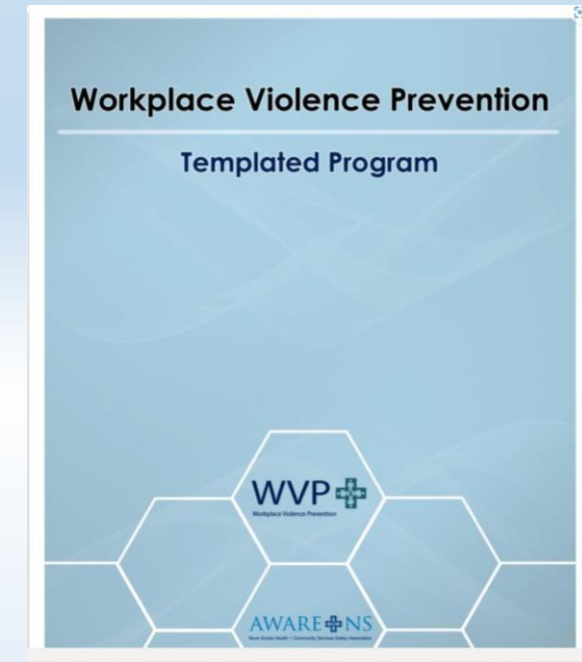
RISK ASSESSMENT

WORKPLACE VIOLENCE POLICIES AND PROCEDURES

- Policies and Procedures update and review
- Reporting
- Documentation and Investigation
- Debriefing
- Education

BEST PRACTICES

- Harassment
- Bullying
- Domestic Violence



4- Workplace Violence Incident

Reporting

Documenting

Investigating

Debriefing

Incident Investigation

Resident/Client risk factors (if the incident of violence involved a resident/client, identify the most appropriate catalyst, cause or influencer of the violent behaviour)

Resident/Client Behaviour

Person exhibiting challenging behavior as a result of a cognitive impairment: (e.g. Dementia, autism, mental health disorder, Alzheimer's.)

Resident/Client Care

Treatment or care being delivered that may cause discomfort or agitation (e.g. physical transfers, toileting, bathing, etc.)

Identify the treatment or care

Incident Investigation

Situational events

- Transition event: Resident/client is between points of care (e.g.: move to different room, location, etc.)
- Intervening event Resident/client restricted in order to keep from harming himself/herself or others.
- Redirecting: helping resident/client to go to a specific location (e.g. their room, cafeteria)

Resident/Client behavior pattern

5- Education and Awareness



Safe and healthy people, safe and healthy workplaces.

6-Additional Subjects to Consider

Workplace Bullying

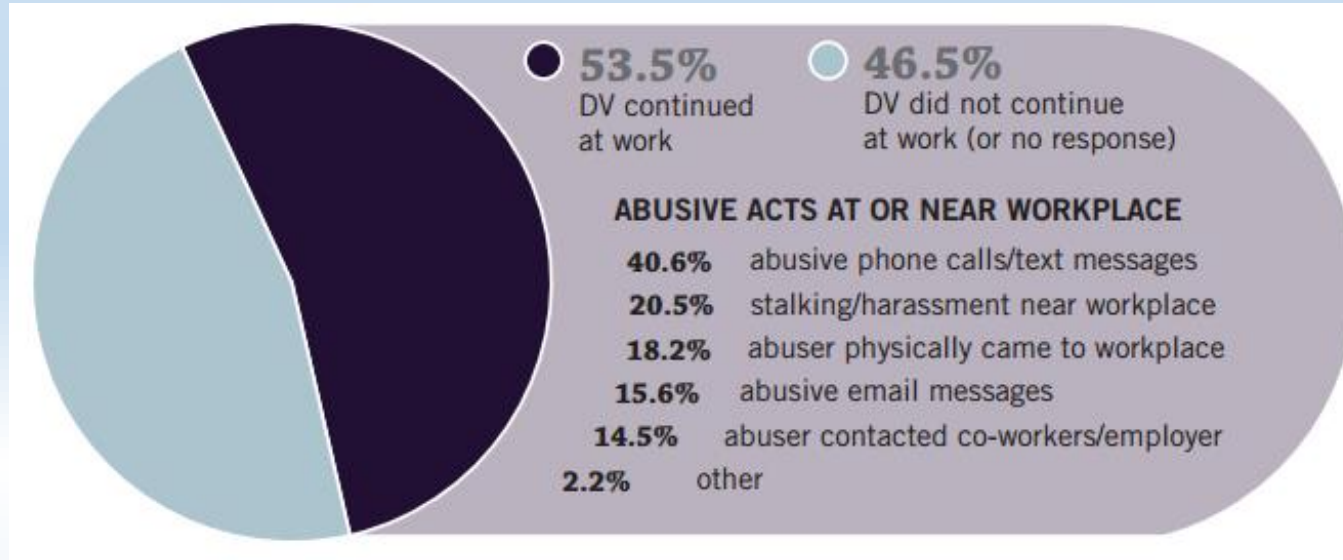
Harassment

Imitate Partner and Domestic Partner Violence

Workplace Bullying



Domestic Violence



Questions



Safe and healthy people; safe and healthy workplaces.

