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Association of Community Services
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Community Services

Survey Results Report

ALIGN OHS Sub-Committee Survey - 2022

ALIGN Association of Community Services

3/6/2023

This survey was undertaken to obtain a realistic, accurate current picture or snapshot story of our sector. This “Our Story”, will become the basis for the direction in supporting and assisting all agencies in the difficult task of shifting their overall culture to appreciate & incorporate OHS principles.



Survey Results Report

*Survey Conducted Monday, February 7th, 2022,
to Monday, April 25th, 2022*

*(Note: Original Survey closure date scheduled for March 7th,
2022 – survey closure date extended)*

Prepared by: ALIGN OHS Sub-Committee

Prepared for: ALIGN Association of Community Services

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EXECUTIVE SUMMARY

From its commencement the ALIGN Occupational Health & Safety (OHS) Working Committee recognized that the valuable work begun via the Community Services Staff Safety Initiative (CSSSI) project needed to continue. The CSSSI project introduced OHS and safety management system resources to address specific needs of the Community Services sector through a training and development focus.

(See Appendix A – for additional details/reference on the CSSSI project and its origin)

Staff Safety in our Sector – Alberta OHS Focused Inspections

The CSSSI project was in response to focused Alberta OHS inspections due to violence and harassment incidents representing approximately 25 per cent of all lost time claims within the sector. The Alberta OHS focused inspection program ran from June 8, 2017, to September 30, 2017. A second sector focused OHS inspection program recently concluded, findings from that report are expected to be disseminated in 2022.

Prior to the inspections there were two fatality inquiries held into Social/ Community Support Service care worker deaths; one completed in 2010 (the Collier report*) and the second released in February 2017, on the death of Camrose care worker Valerie Wolski who was strangled in 2011 by the young man in her care.

Regardless of the fatality inquiry reports and focused OHS inspections, four care workers have been killed in our sector since 2002, the most recent being Deborah Onwu, who was fatally stabbed by a Wood’s Homes client in 2019.

The ALIGN OHS Working Committee maintains more must be done as a sector to address and ensure staff safety.

It is also anticipated that focused government OHS inspections will continue with an emphasis on agencies developing effective Safety Management Systems.

**Sharla Collier, 20, a female youth worker who was sexually assaulted and killed by a 14-year-old boy in her care who suffered from fetal alcohol spectrum disorder in 2002.*

SURVEY OBJECTIVES

Defining “Our Story” ...charting our future

The ALIGN Occupational Health & Safety (OHS) Working Committee was formed to determine how to best identify further challenges, themes, issues, and concerns affecting our members and the sector - as well as opportunities.

It is hoped this survey and results serve to create a realistic, accurate current picture or snapshot story of our sector from which to start. This “Our Story”, will become the basis for the direction in supporting and assisting all agencies in the difficult task of shifting their overall culture to appreciate and better incorporate OHS principles.

PARTICIPANTS

Survey participation remained purely voluntary and those making submissions were not required to identify themselves or their agencies. This was done to encourage dialogue and primarily to help establish a non-judgmental forum for future voluntary consultations. Invitations to complete the survey were limited to the 120 members of the ALIGN Association of Community Services provincially.

Approximately 80% of the contract’s government arranges with front-line intervention and disability services each year are with ALIGN’s member agencies. These members employ 10,000 staff and provide services to over 200,000 vulnerable children and families each year.

Further Sector OHS Challenges

In addition to issues identified by the Alberta OHS “Care Worker Violence Prevention Focused Inspection Program” publication, the ALIGN OHS Working committee members noted the sector is comprised of numerous agencies varying in size and services provided.

Challenges faced by one agency may be different from those another is up against. To be relevant for the whole of the agencies, the survey was developed with the intention to engage a cross-section of the sector on all OHS issues.

METHODOLOGY

The analysis in this report is based on a voluntary survey questionnaire completed by participants after reviewing an attached pre-amble. The pre-amble document and survey questions were developed by the ALIGN OHS sub-committee and approved by the ALIGN OHS Working Committee. Wood's Homes Research department, a member agency, assisted by formatting the content for use electronically. The submission process was designed to ensure responses were anonymized. The survey was conducted using **Survey Monkey**.

The pre-amble document provided context of some of the issues and challenges already impacting the sector (See Appendix A and B for pre-amble context/content shared, Appendix C lists the survey questions). Agencies making survey submissions were requested to have staff most familiar with/managing OHS and WCB issues complete the questionnaire.

Partway through the survey run a further sector leader email was distributed to ALIGN members encouraging increased participation. The original survey closure date was scheduled for March 7th, 2022, it was further extended to Monday, April 25th, 2022.

Sixty-five total survey submissions were received. The ALIGN Association of Community Services represents a diverse cross section of 120 members employing approximately 10,000 staff. Review of the survey data received, specifically question #2., indicate the sixty-five agency respondents employ staff numbering/ranging between 7,800 and 10,750.

DATA COLLECTED

THE FACILITATOR COLLECTED TWO FORMS OF DATA:

- *Qualitative*: Qualitative data including participant comments.
- *Quantitative*: Quantitative data including card sort and category ranking metrics

Note: Appendix C contains a complete list of the survey questions.

RESULTS

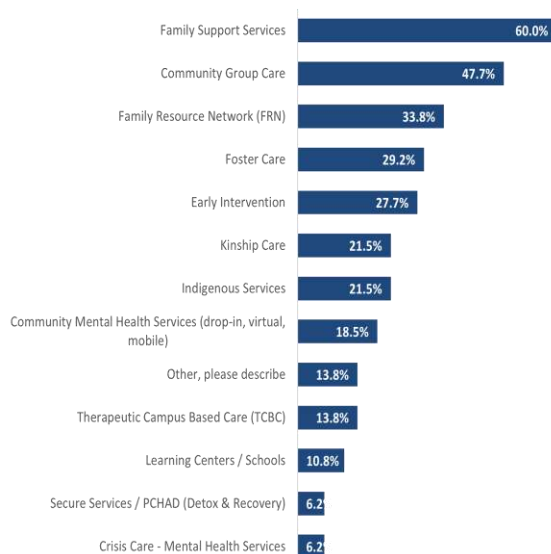
65 SURVEY RESPONDANTS

| Question # | Answered | Skipped |
|------------|----------|---------|
|------------|----------|---------|

| | | |
|-------------|----|---|
| Question #1 | 65 | 0 |
|-------------|----|---|

RESPONSE/RESULTS:

Figure 1. Types of Services Offered by Respondent's Agencies



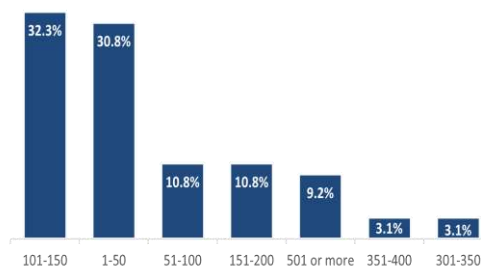
60.0% of respondents said their agency offered Family Support Services and 47.7% offered Community Group Care programs. In contrast, only 6.2% of respondent's agencies offered programs related to Crisis Care or Secure Services.

Other (13.8%) services selected and/or listed include Supported Independent Living, In-home and out-of-home care, FSCD respite support and women's shelter.

| | | |
|-------------|----|---|
| Question #2 | 65 | 0 |
|-------------|----|---|

RESPONSE/RESULTS:

Figure 2. Agency Staff Base



Nearly 3 of 4 (73.9%) respondents said their agency had a staffing base between 1 and 150, while a combined 15.4% of respondents work in agencies with over 300 staff.

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|-------------|----|---|
| Question #3 | 65 | 0 |
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RESPONSE/RESULTS:

Figure 3. WCB Cost Concern



WCB rate/or insurance costs were a concern (too high/ affecting budgets) for 56.9% of respondents.

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| Question #4 | 65 | 0 |
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RESPONSE/RESULTS:

Figure 4. Sector or Agency Insurance Coverage

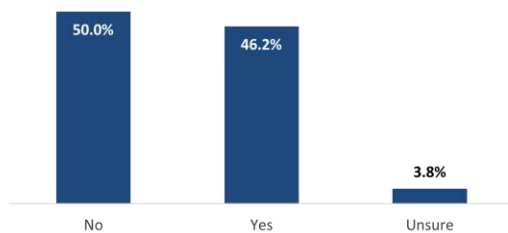


Over 83.1% of respondents indicated that their agency was insured by WCB, while about 16.9% indicated they were WCB exempt or self-insured.

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| Question #5 | 52 | 13 |
|-------------|----|----|

RESPONSE/RESULTS:

Figure 5. Sector Injury Perception



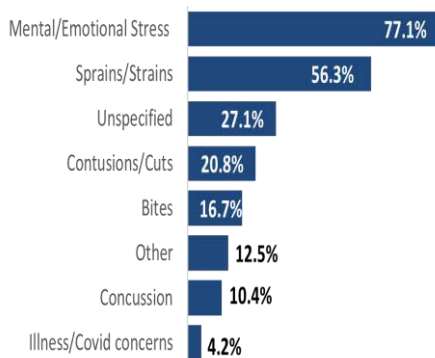
Around 46.2% of respondents agreed the following statement accurately reflects how incidents/injuries are currently perceived within their agency; “Historically, care workers have put the safety of their patient/client/resident before that of their own and have often viewed worksite violence (incidents/injuries) as “part of the job” and therefore are in a sense inevitable.

Of the respondents who chose to provide additional information (n=13), many agreed that while this was the perception in the past, the last few years have seen improvements in conversations around staff safety and staff are now aware and are reminded that their safety is equally important.

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| Question #6 | 48 | 17 |
|--------------------|-----------|-----------|

RESPONSE/RESULTS:

Figure 6: Top Reported Staff Injury



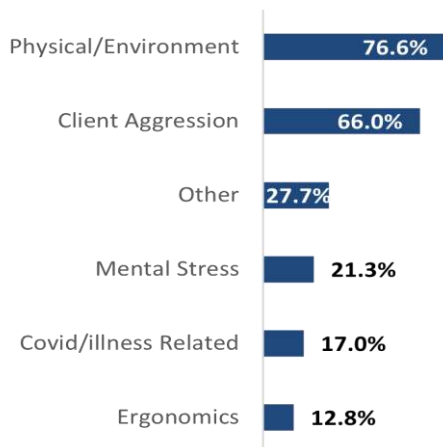
Some of the most reported staff injuries by sector agencies were mental or emotional stress (77.1%), sprains and strains (56.3%), contusions and cuts (20.8%).

Other listed responses (12.5%) include car accidents, burns, bruises and inter-cranial injuries. Responses categorized as unspecified (27.1%) listed mechanisms of injuries and did not specify the exact type of injury sustained. Those responses include workplace violence, physical violence, falls and client caused injuries.

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| Question #7 | 47 | 18 |
|--------------------|-----------|-----------|

RESPONSE/RESULTS:

Figure 7: Top Causes of Reported Staff Injury



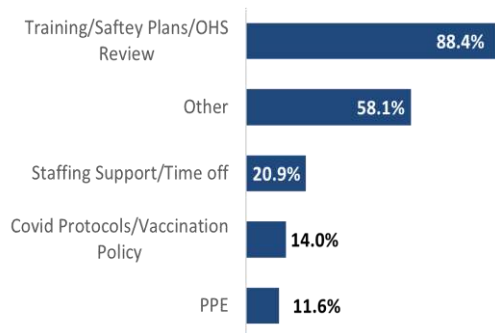
According to agency respondents, the top three causes of reported staff injuries were physical or environmental (slips, trips and falls) (76.6%), client aggression (including biting) (66.0%) and mental stress (21.3%).

Other listed responses (27.7%) include verbal abuse, client AWOL-“ing” and aggression from strangers.

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| Question #8 | 43 | 22 |
|-------------|----|----|

RESPONSE/RESULTS:

Figure 8. Incident Prevention Controls



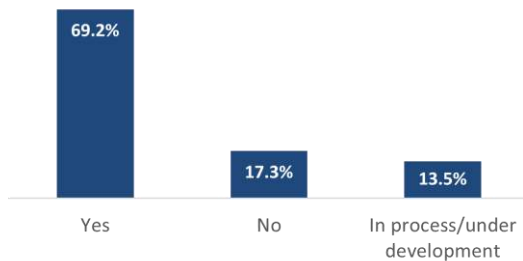
Increased staff training, safety plan implementation and OHS review (88.4%) were the most implemented incident prevention controls according to agency respondents. Other ways agencies prevented incident recurrence include staffing support or time off (20.9%), and Covid protocols and vaccination policies (14.0%).

Other listed responses (58.1%) include implementation of violence and harassment prevention plans, calling 911, weekly selfcare opportunities, risk management, among others.

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| Question #9 | 52 | 13 |
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RESPONSE/RESULTS:

Figure 9. Sector post-OHS related injury support



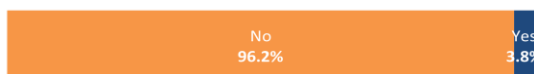
Support for post-OHS related injury is a common practice within the sector, with 69.2% of respondents indicating that their agency provides this support, and a further 13.5% indicating that this process was under development in their agency. 17.3% of respondents, however, replied that their agency does not provide this support.

Of the respondents who chose to provide additional information (n=31), the majority said that support is provided to staff by both in-house and external programs like EFAP.

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| Question #10 | 52 | 13 |
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RESPONSE/RESULTS:

Figure 10. COR/SECOR certification across sector



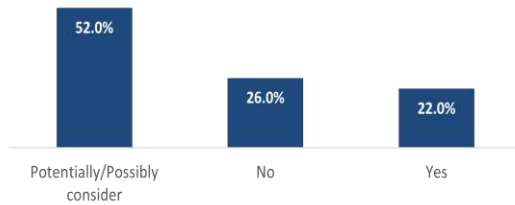
Nearly all respondents (96.2%) indicated that their agency is not COR/SECOR certified.



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| Question #11 | 50 | 15 |
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RESPONSE/RESULTS:

Figure 11. Attitude toward getting COR/SECOR certified



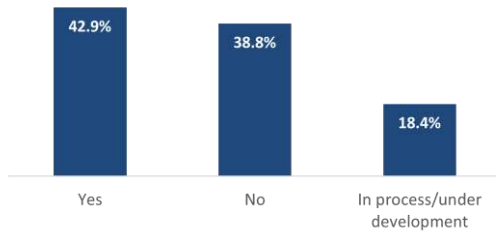
For those not already COR/SECOR certified, 22.0% said this was something their agency was working towards and 26.0% of agencies were not considering this moving forward.

52.0% of agencies would potentially or possibly consider COR/SECOR certification in the future.

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| Question #12 | 49 | 16 |
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RESPONSE/RESULTS:

Figure 12. Prominent display of a Safety Policy and Commitment



42.9% of respondents said a Safety Policy and Commitment is prominently displayed at their agency. A further 18.4% of respondents indicated that their agency's safety document is in process or under development.

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| Question #13 | 49 | 16 |
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RESPONSE/RESULTS:

Figure 13. Organization completed Formal Hazard Assessments for all roles/positions

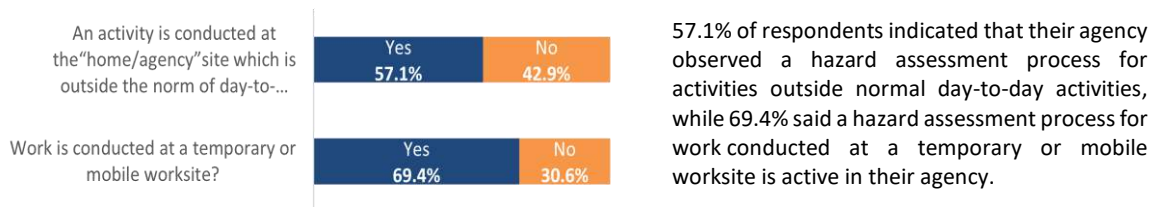


Most (93.8%) respondents said their agency have either completed (67.3%) or are currently in the process of developing (26.5%) a role-specific formal hazard assessment for their programs.

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| Question #14 | 49 | 16 |
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RESPONSE/RESULTS:

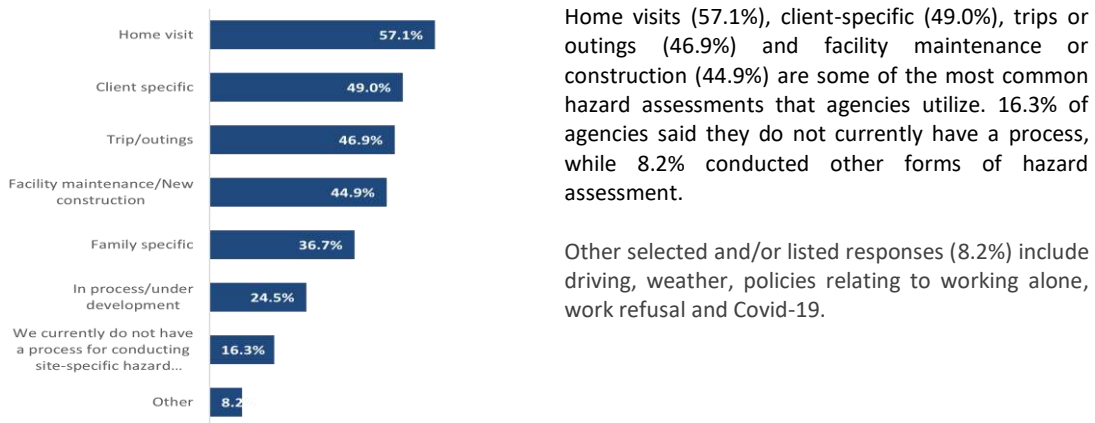
Figure 14. Agency has a process for Site-specific hazard assessments



| | | |
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| Question #15 | 49 | 16 |
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RESPONSE/RESULTS:

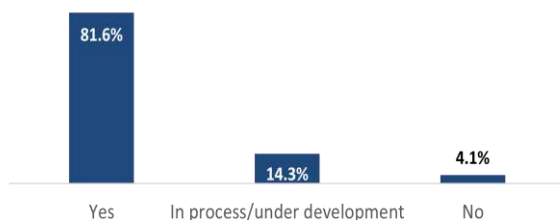
Figure 15 What types of site-specific Hazard Assessments does your Organization utilize?



| | | |
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| Question #16 | 49 | 16 |
|---------------------|-----------|-----------|

RESPONSE/RESULTS:

Figure 16. Agency has a Joint Health and Safety Committee and/or site safety committees established?



Joint Health and Safety Committee are commonplace in the sector as 81.6% of respondents reported that their agency had at least one of these committees established.

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| Question #17 | 36 | 29 |
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RESPONSE/RESULTS:

Figure 17. Is there more than one Safety Committee?



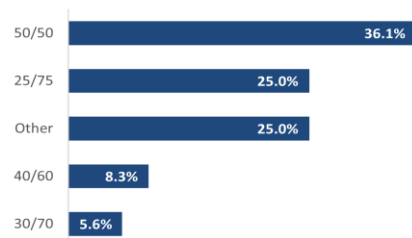
For majority of respondents whose agency had a health and safety committee, their agency had a single (86.1%) committee, however, some agencies (13.9%) reported having more than one committee.

Of the respondents who chose to provide additional information (n=5), the average number of committees was 4, ranging from 2 to 8 committees.

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| Question #18 | 36 | 29 |
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RESPONSE/RESULTS:

Figure 18. Safety Committee Composition



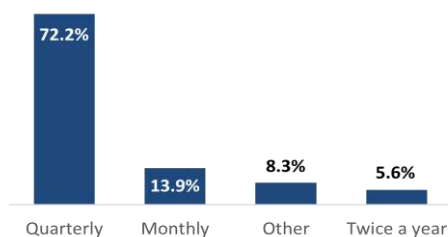
Agencies mostly (36.1%) reported a 50/50 Management/Staff split in their Safety Committee composition. 25.0% both reported a 25/75 composition, and other compositions like 10/90, 20/80 and 60/40.

Of the respondents who chose to provide additional information (n=3), the general sentiment was that the composition was largely affected by staff turnover, which meant that committees were sometimes management heavy.

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| Question #19 | 36 | 29 |
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RESPONSE/RESULTS:

Figure 19. How often does the Safety committee(s) meet?



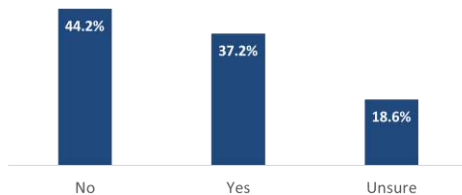
Quarterly safety committee meetings appear to be the most common within the sector, accounting for 72.2% of responses, while semi-annual (5.6%) is the least common meeting frequency among agencies.

Other selected and/or listed responses (8.3%) include bi-weekly, thrice per quarter, every other month.

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| Question #20 | 43 | 22 |
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RESPONSE/RESULTS:

Figure 20. Health and Safety Concerns Impact Hiring/Retention?

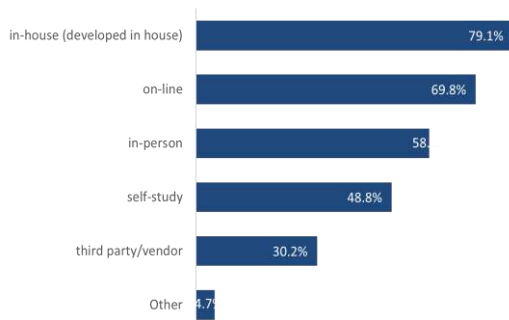


Many respondents (44.2%) did not consider health and safety concerns as a factor impacting staff hiring or retention at their agency. Although over half the respondents indicated that these concerns impacted hiring and retention (37.2%) or were unsure of any correlation (18.6%).

| | | |
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| Question #21 | 43 | 22 |
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RESPONSE/RESULTS:

Figure 21. How are staff on-boarded/provided required OHS training?



In-house OHS training was the most common in the sector, accounting for 79.1% of responses, in contrast, training provided by third-party vendors made up just 30.2% of responses. Training is usually delivered online (69.8%) although in-person training was also common (58.1%).

Other selected and/or listed responses (4.7%) include no OHS training provided to staff and minimal training with program-specific safety policy.

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| Question #22 | 41 | 24 |
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RESPONSE/RESULTS:

Figure 22. Formal OHS related training provided to staff?



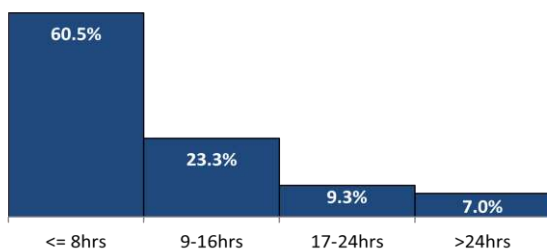
Some of the most common safety training besides WHMIS/GHS, Fire Extinguisher, and First Aid provided to sector staff include working alone (87.8%), incident reporting (82.9%), workplace violence/ harassment (82.9%), de-escalating situations with clients (82.9%) and situational awareness around clients (61.0%).

Other trainings (4.9%) selected and/or listed include food safety and organizational trauma informed care.

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| Question #23 | 43 | 22 |
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RESPONSE/RESULTS:

Figure 23. Annual Number of Hours for OHS Training Received by Staff



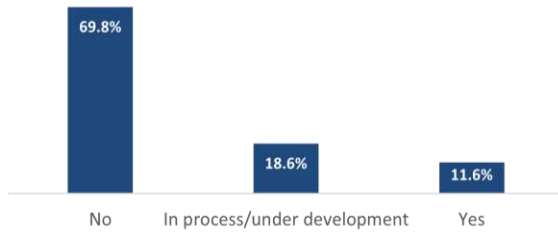
Agency respondents reported that staff receive on average 9 hours of OHS related training annually, with 60.5% reporting 8 or less hours of yearly staff OHS training.



| | | |
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| Question #24 | 43 | 22 |
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RESPONSE/RESULTS:

Figure 24. Visitors, Volunteers and Contractors Receive Formal Safety Orientation

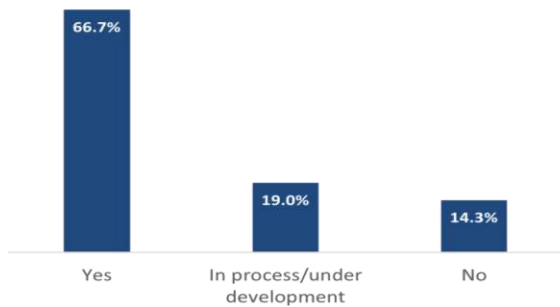


Training for visitors, volunteers or contractors entering worksites is not widely adopted in sector, with 69.8% of respondents saying this is not practiced in their agency, although 18.6% of respondents said this was in process or under development at their agency.

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| Question #25 | 42 | 23 |
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RESPONSE/RESULTS:

Figure 25. Emergency Response Drills Recorded and Completed Regularly

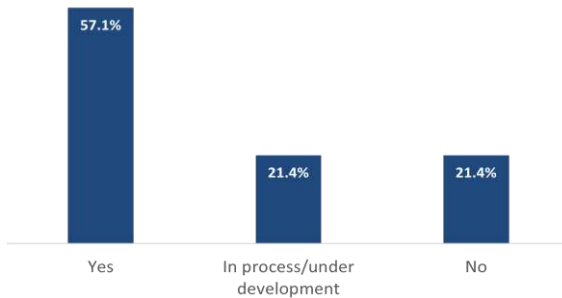


For 66.7% of sector, Emergency drills are regularly conducted and documented at their agency and are evaluated for improvement, while 14.3% of respondents indicated that drills were not regularly conducted or documented at their agency.

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| Question #26 | 42 | 23 |
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RESPONSE/RESULTS:

Figure 26. Staff have Received Emergency Response Training?



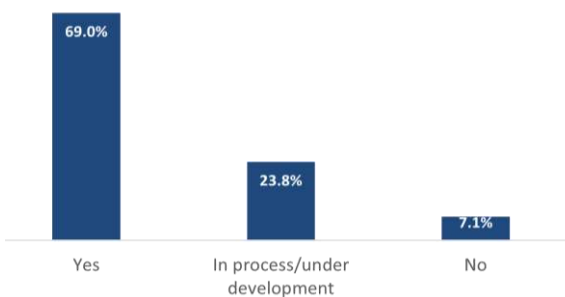
Over 78% of agency respondents said their staffs had received (57.1%) or were in the process of (21.4%) receiving emergency response training appropriate to their individual responsibilities.

21.4% of agencies said their staff had not received training as appropriate.

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| Question #27 | 42 | 23 |
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RESPONSE/RESULTS:

Figure 27. Agency has Documentation Procedures for Investigating Incidents?

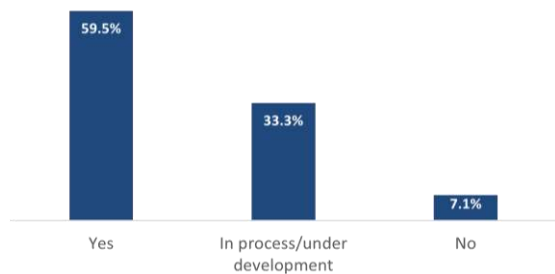


69.0% of respondents indicated that their agency had a documented procedure for reporting and investigating incidents, while just over 31% of respondents indicated that their agency had no procedure (7.1%) or was currently developing one (23.8%).

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| Question #28 | 42 | 23 |
|--------------|----|----|

RESPONSE/RESULTS:

Figure 28. Corrective Actions are Identified in Investigation Reports?



About 59.5% of respondents indicated that corrective actions identified in their agency investigation reports were implemented.

Some of the ways corrective actions are implemented by sector agencies include Quarterly safety incident reviews by safety officer and OHS committee, which is tracked by leadership and managers to ensure completion and compliance.

| | | |
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| Question #29 | 42 | 23 |
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RESPONSE/RESULTS:

Figure 29. Staff in the Last Year Contract Covid-19 at Work and became Ill



61.9% of respondents indicated that staff from their agency had contracted Covid-19 at work within the last year.

Of the respondents who chose to answer (n = 15), the median reported number of staff who contracted Covid-19 at work was 5, ranging from 1 to 100 staff within the last year.

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| Question #30 | 42 | 23 |
|--------------|----|----|

RESPONSE/RESULTS:

Figure 30. Reported Potentially Serious Incidents to Alberta OH&S in the Past Year



76.2% of respondents indicated that their agency had not reported any potentially serious incidents to Alberta Occupational Health and Safety within the last year.

Of the respondents who chose to answer (n = 8), the median reported number of potentially serious incidents was 2, ranging from 1 to 15 reported incidents within the past year.

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| Question #31 | 42 | 23 |
|---------------------|-----------|-----------|

RESPONSE/RESULTS:

Figure 31. Agency Communication Regarding OHS Information

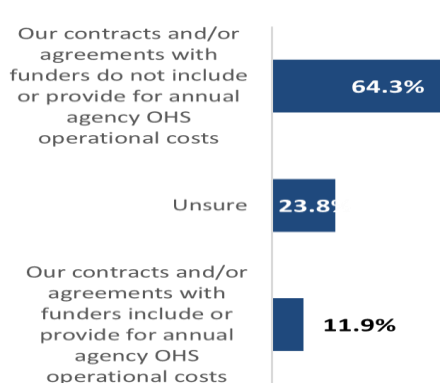


Some of the most common ways sector agencies communicate OHS information include safety alerts/staff emails (71.4%), safety bulletin boards (59.5%), hazard assessments (59.5%), regular staff meetings (59.5%) and training sessions (52.4%). The least common ways include safety dashboards (7.1%) and others, including quarterly town halls (4.8%).

| | | |
|---------------------|-----------|-----------|
| Question #32 | 42 | 23 |
|---------------------|-----------|-----------|

RESPONSE/RESULTS:

Figure 32. Current Funding/Support for OHS Program Requirements

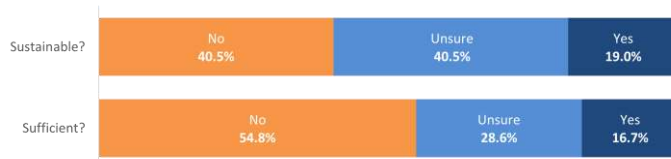


64.3% of agencies indicated that their contracts and/or agreements with funders do not include or provide for annual agency OHS operational costs. About 35% of agencies were either unsure (23.8%) or indicated that their funding accounted for annual OHS operational costs (11.9%).

| | | |
|---------------------|-----------|-----------|
| Question #33 | 42 | 23 |
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RESPONSE/RESULTS:

Figure 33. Perspective on how Agency OHS Program is Funded/ Supported?

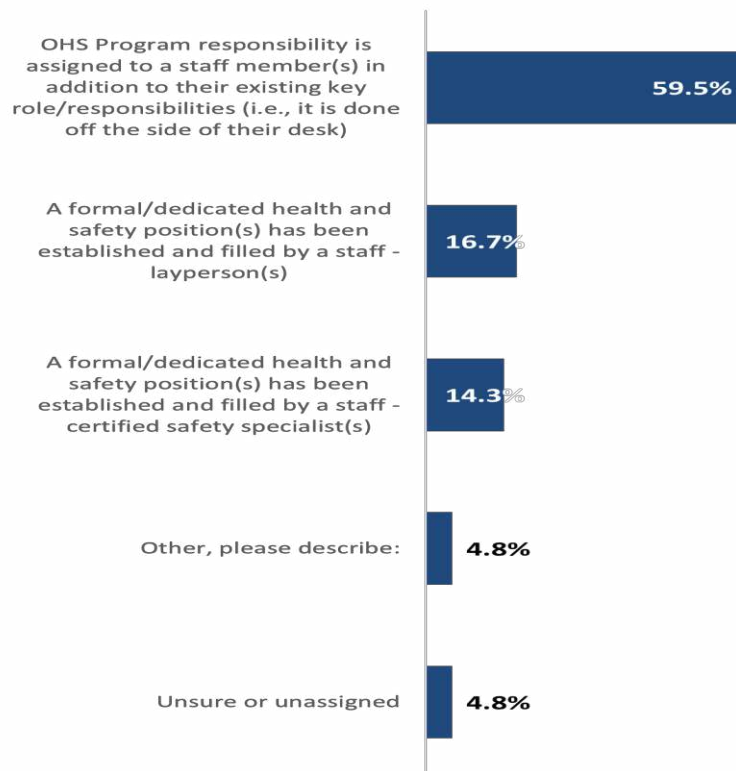


Regarding current OHS program funding, 40.5% of agencies feel it is unsustainable and 40.5% feel unsure if the current design is sustainable. 54.8% of agencies do not feel that how their OHS program is currently funded is sufficient.

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| Question #34 | 42 | 23 |
|---------------------|-----------|-----------|

RESPONSE/RESULTS:

Figure 34. Responsibility to Coordinate/ Manager OHS Program



A majority (59.5%) of agency stated that the OHS program requirements are the responsibility of staff member(s) in addition to existing responsibilities. Few agencies (14.3%) have had formal health and safety positions established and filled by certified safety specialists.

Responses categorized as other identified HR or Program managers as being responsible for the coordination and/or management of their agency's OHS requirements.



| | | |
|--------------|----|----|
| Question #35 | 42 | 23 |
|--------------|----|----|

RESPONSE/RESULTS:

Figure 35. Belief that when Workers are Safe, they are Better able to Support Clients



Agency respondents unanimously agreed (100.0%) that when workers are safe, they are better able to provide support to their clients.

Of the respondents who chose to provide additional information (n =1), there was an agreement with the belief owing to the increasing risk of working in the sector.

| | | |
|--------------|----|----|
| Question #36 | 42 | 23 |
|--------------|----|----|

RESPONSE/RESULTS:

Figure 36. Client’s History of Violence/ Behavioral Issues Available at Intake Consistently and Clearly



A large majority (83.3%) of agency respondents felt that agencies are provided information about a client’s history of violence and/or behavioral issues clearly and consistently upon intake/ placement meetings only some of the time.

| | | |
|--------------|----|----|
| Question #37 | 42 | 23 |
|--------------|----|----|

RESPONSE/RESULTS:

Figure 37. Usefulness of Client’s Prior History



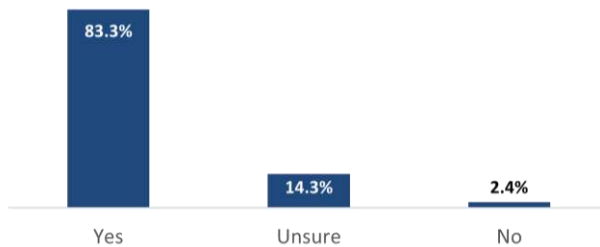
66.7% of agency respondents felt that when a client’s prior history is made available, that the quality can be inconsistent, which sometimes puts the client and staff at risk.

Agency respondents rarely felt (4.8%) that the information provided was unreliable, such that their staff had to develop planned approaches from scratch.

| | | |
|---------------------|-----------|-----------|
| Question #38 | 42 | 23 |
|---------------------|-----------|-----------|

RESPONSE/RESULTS:

Figure 38. Standardized Client Risk History Classification and Disclosure



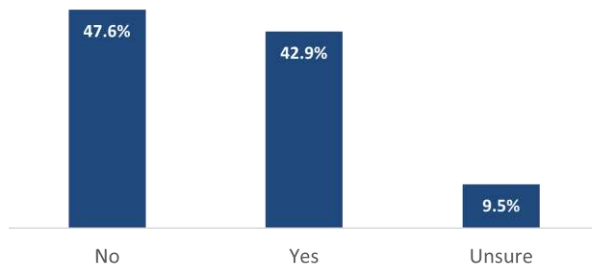
83.3% of agency respondents felt that they would benefit from the sector having a standardized client risk history classification and disclosure.

Respondents who commented (n=5) were mostly positive about the impact of such standards, although concerns were raised about a misuse of the standard if context is not applied to clients' past risk history.

| | | |
|---------------------|-----------|-----------|
| Question #39 | 42 | 23 |
|---------------------|-----------|-----------|

RESPONSE/RESULTS:

Figure 39. Alberta OHS Officer Inspection at Agency in the Past Two Years



47.6% of agencies had not been the subject of an Alberta OHS Officer inspection in the past 2 years, and 42.9% had been.

Of the respondents who chose to provide additional information (n=13), the number of AHS inspections reported ranged from 1 to 13, with a median of 2 inspections within the past two years.

| | | |
|--------------|----|----|
| Question #40 | 18 | 47 |
|--------------|----|----|

RESPONSE/RESULTS:

Figure 40. Type of Alberta OHS Officer Inspection?



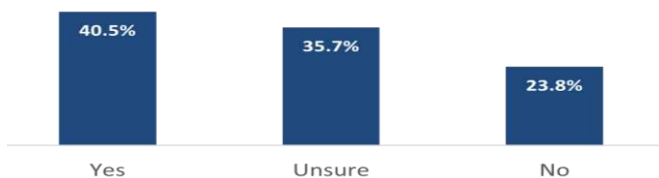
More than half (55.6%) of the agencies who had been subject to an Alberta OHS Officer inspection had a surprise inspection and/or arranged it in advance.

The least common option was an inspection as the result of a staff refusal to work (5.6%).

| | | |
|--------------|----|----|
| Question #41 | 42 | 23 |
|--------------|----|----|

RESPONSE/RESULTS:

Figure 41. Benefit in Learning what to Expect as the Subject of an Alberta OHS Inspection?



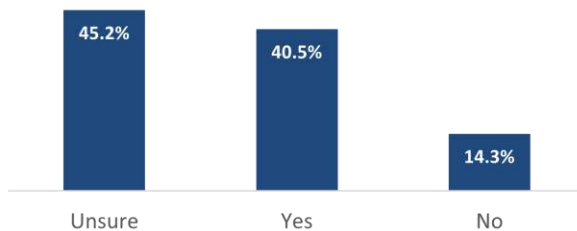
40.5% of agency respondents felt that learning what to expect when they are the subject of an Alberta OHS inspection would be beneficial, along with how to interact with an OHS officer pre and post inspection.

Respondents could leave contact information, which will not be provided here as a result.

| | | |
|---------------------|-----------|-----------|
| Question #42 | 42 | 23 |
|---------------------|-----------|-----------|

RESPONSE/RESULTS:

Figure 42. Prepared to Participate in Developing Effective Controls for Hazards in our Sector



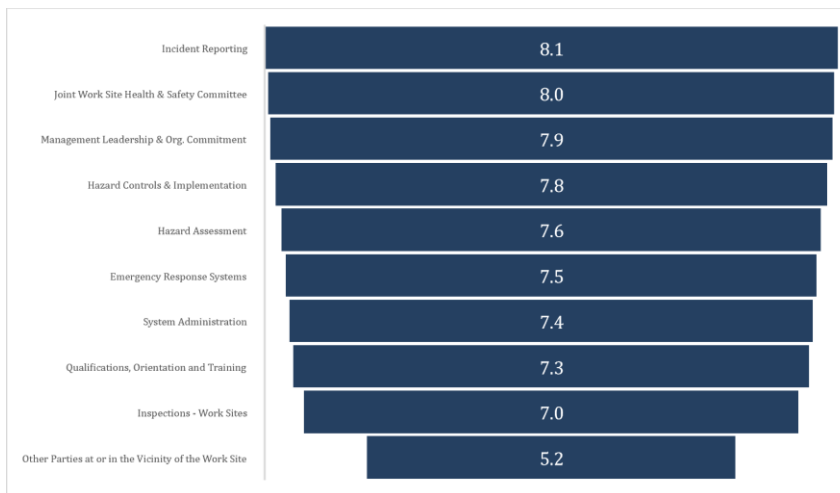
45.2% of agency respondents were unsure if they were prepared to participate, share experience, and best practices to assist in developing pragmatic, effective controls for hazards specific to this sector. 40.5% did feel prepared to participate.

Respondents could leave contact information, which will not be provided here as a result.

| | | |
|---------------------|-----------|-----------|
| Question #43 | 40 | 25 |
|---------------------|-----------|-----------|

RESPONSE/RESULTS:

Figure 43. Continuum of Agency on Safety Management System (where 0 is 'Not at all' and 10 is 'Completed')



When self-ratings were averaged across agency respondents, Incident reporting and investigation had the most progress (8.1), followed by Joint Work Site Health & Safety Committee and/or Safety Representative (8.0).

Agency respondents felt they had the least progress in terms of other parties working at or in the vicinity of the worksite (avg. of 5.2).

| | | |
|--------------|----|----|
| Question #44 | 13 | 52 |
|--------------|----|----|

RESPONSE/RESULTS:

Table 1. Open-ended recommendations for the OHS ALIGN committee to improve sector compliance

In total, 13 respondents (20%) answered the question, offering various suggestions which have been broken down into three main themes: (1) The need for better sector understanding on the path of OHS, (2) The need for joint agency training opportunities, (3) Improved sector OHS funding.

| Theme | Example Responses |
|---|--|
| Better sector understanding from OHS (n = 5) | <ul style="list-style-type: none"> “Please, please, please have OHS materials (policies, laws, training, etc.) that are relevant to our sector and do not read like they are adapted from construction site materials - we still don't wear steel-toed boots and climb scaffolding” “OHS to increase their understanding in our sector” “A leadership OHS conference or learning event that is tailored to our sector needs” “We need OHS and WCB at the table to better understand the themes and risks of our sector and support from our funders to have effective health and safety management systems in all our organizations” “More succinct information about OHS expectations would be beneficial” |
| Joint Agency Training opportunities (n = 3) | <ul style="list-style-type: none"> “Joint Training Opportunities and ability for agencies to audit other agencies.” “A shared sector library of OHS resources and training materials/videos” “Assist in providing relatable training for health and safety reps” |
| Improved sector funding to meet OHS (n=4) | <ul style="list-style-type: none"> “To bring our sector and our funders together is key if we are going to ensure our employees are safe in the workplace” “Please request more dollars for training and wages” “We are completely underfunded to meet OHS and WCB is no longer affordable, and we have to move to insurance” “Money from funders or government to establish this would be wonderful.” |
| Others | <ul style="list-style-type: none"> “Not sure. It is a slow process and so much is still unclear” “At this moment, none I can think of” “I would recommend that an agency has a dedicated OHS person to complete the work. Perhaps this is someone hired to work with multiple agencies who have the same type of work” |

SURVEY RESULTS – Main Themes

The results of the *ALIGN OHS Sub-Committee Survey* tell the story of a sector slowly coming to terms with; the responsibility of ensuring both staff and client safety, needing to meet legislated OHS requirements, and the daunting challenges of how to fund, build and effectively operationalize safety management systems employing pragmatic controls.

Four years have passed since the release of the *Care Worker Violence Prevention Focused Inspection Program* report by the Alberta Government and nearly half (46%) of agencies/staff continue to feel worksite violence is simply “part of the job” and therefore, is in a sense inevitable. This percentage should be of concern to the sector, especially considering work begun by the CSSSI initiative to increase safety and reduce harassment and violence in the workplace, as well as legislated changes assigning employers more responsibilities to ensure the wellbeing of their workers including their mental health (psychosocial hazards).

An indicator of positive sector change is that most (93.8%) respondents said their agency have either completed (67.3%) or are currently in the process of developing (26.5%) a role-specific formal hazard assessment for their programs. Hazard assessments form the foundation upon which safety management systems are built.

Additionally, 69.0% of respondents indicated that their agency had a documented procedure for reporting and investigating incidents, while just over 31% of respondents indicated that their agency was currently developing one (23.8%). Hazard assessments and procedures for reporting and investigating incidents are key components of health and safety systems to support staff to identify, assess and respond to the hazards they face in their day-to-day work.

Respondents identified progress in other areas as well, such as staff in emergency response roles having received training (57.1%) or were in the process of receiving it (21.4%). Additionally, Joint Health and Safety Committee are commonplace in the sector with 81.6% of respondents reporting their agencies have at least one of these committees established. These demonstrate sector agencies are working towards creating formal safety management systems, but much more would be needed to attain best practices/standards for COR or SECOR certification.

Nearly all respondents (96.2%) indicated that their agency is not COR/SECOR certified, 22.0% said this was something their agency was working towards and 52.0% of agencies would potentially or possibly consider COR/SECOR certification in the future.

Major barriers identified to advancing agency safety management systems were limited funding, as well as sector specific, practical tools and resources that agencies can use to implement effective workplace violence prevention programs. A majority (59.5%) of agencies stated their OHS program requirements were assigned to staff member(s) in addition to their pre-existing role and responsibilities. Few agencies (14.3%) have formal health and safety positions established and/or filled by certified safety specialists.

Further, 64.3% of agencies indicated that their contracts and/or agreements with funders do not include or provide for annual agency OHS operational costs. More than half (54.8%) of agencies did not feel that how their OHS program is currently funded is sufficient. Regarding current OHS program funding, 40.5% of agencies stated it is unsustainable and another 40.5% were unsure if their current model is sustainable.

Workplace violence is a complex problem that requires a collaborative, multi-faceted response. Agencies in the community services sector are struggling to balance what might seem like competing governmental department mandates and policies (Children Services, OHS, WCB, Police, Justice, etc.) with an increase in significant societal issues impacting family supports, mental health and addictions.

Policies and procedures must be examined and amended to also ensure improved staff and client safety outcomes. One example, a large majority (83.3%) of respondents felt that agencies are provided information about a client's history of violence and/or behavioral issues clearly and consistently upon intake/ placement meetings only some of the time. The same respondents felt the sector would benefit from having a client risk history classification and disclosure standard.

Negotiating a path forward, where adequate funding and resources are made available to support care and treatment, and client and staff safety is essential for all sector partners to be successful (government and other funders included). More than simply funding changes, working groups need to be assembled to identify concrete ways to strengthen policy, legislations, standards, physical environments, measures and procedures, programs and training.

The CSSSI initiative was developed to specifically support contracted agency workers who provide children's services and disability supports – by providing customized safety information, training and tools for staff, supervisors and employers.

The content developed was a valuable starting point from which to begin to introduce safety systems, but more is required to truly equip agencies with sector specific working examples and tools. The work begun by the initiative must continue but include participation and input from all sector partners to truly achieve the necessary outcomes.



This survey highlights the need to engage ministries, clients and families, front-line staff, Joint Health and Safety Committees (JHSC), health and safety representatives, unions, managers, senior leadership, community-based services, police, professional associations, health and safety associations and the general public — in workplace violence prevention.

Additional issue - Future sector focus

WCB rates increased again for most agencies in 2022, and nearly 57% of survey respondents agreed insurance rates were too high and impacting already tight budgets. Some of the most reported staff injuries by sector agencies were mental or emotional stress (77.1%) placing them within the top three causes of staff injuries.*

* Top three reported causes of staff injuries:

- #1 - Physical or environmental - 76.6% (e.g., slips, trips and falls)
- #2 - Client aggression - 66.0% (including biting)
- #3 - Mental stress (21.3%).

This likely will become a significant issue given that many workers enter our sector work wanting to help others because of having experienced psychological trauma themselves. Where staff do incur a psychological injury, particularly one deemed an aggravation of a pre-existing condition, such claim costs could be substantial due to the sector currently participating in WCB's Industry Custom Pricing, having waived the Cost Relief Option (effective January 1, 2013). As a result, costs related to the aggravation of a pre-existing condition will not be removed from the experience record of employers classified in this WCB industry/sector.

Survey Results

February 7th, 2022

March 7th, 2022

April 25th, 2022

May 9th, 2022

June 13th, 2022

September 12th, 2022

November 21st, 2022

January 23rd, 2023

February 27th, 2023

March 6th, 2023

Data Collection, Review and Recommendation Process

- ALIGN OHS Survey opens. Invite sent to sector membership.
- Initial scheduled survey closure date, extension accommodated.
- Survey closes.
- Preliminary review of key findings from ALIGN OHS Survey with ALIGN OHS Committee members.
- ALIGN OHS Committee consensus to utilize Wood's Homes Research Department assistance in survey data review.
- ALIGN OHS Committee review of "DRAFT" survey report with Research department content incorporated.
- Presentation of sector OHS Survey themes at ALIGN AGM in Red Deer. Input solicited via World Café breakout session.
- ALIGN OHS Committee review of World Café comments/input
- Final request for review and input from ALIGN OHS Committee members with agency recommendation submissions.
- Final Survey Report with recommendations.

RECOMMENDATIONS

Writing our future chapter...

After much consultation a mandate is clear for ALIGN and the OHS Committee to continue telling 'our story' within the broad context of provincial Occupational Health and Safety (OHS) standards and legislation. A key measurement of success will be to engage and foster sustained, active participation and support from all sector partners, including provincial and municipal regulatory bodies, professional associations and community-based services to truly achieve the necessary outcomes.

The intended purpose is to provide understanding, knowledge, support and training to all human service organizations and supporting partners across Alberta so that individual agencies, and the sector more broadly, can integrate OHS principles and practices for the safety and wellbeing of their valued staff, clients served and the communities they support.

To achieve this, the following actions are recommended.

Recommendations for ALIGN OHS Committee

- Expand membership of ALIGN OHS Committee, continue building momentum.
- Carry out another sector Safety survey in 2024.
- Determine a suitably aligned, sector appropriate certifying partner or body – continue efforts.
- Development of pragmatic sector specific tools and procedures - to expand upon the goals and intention of the Community Services Staff Safety Initiative (CSSSI) project.

Recommendations for ALIGN Board

1. Disseminate report to entire sector - ALIGN membership and sector partners.
2. Facilitate practice/showcase days, leading up to H&S Sector specific conference.
3. Facilitate implementation of a sector Learning Management System platform supporting accessible (affordable/free) templates, resources, and best practices.
4. Pursue formal discussion with funders addressing acknowledgement/support for and continuing sustainment of OHS costs/expectations.
5. Engage sector partners* in ongoing conversation with the goal of establishing a recurring table focused on assessing gaps and opportunities and recommending strategies to increase worker safety in our sector while improving client care.

*Peer Agencies, Children Services, Client Advocates, Front-line workers, Clinical Professionals, Researchers, Safety Professionals, Occupational Health, and Safety, WCB, Justice, Police Services, Hospitals and local health integration networks, etc.

APPENDIX A – SURVEY INVITATION AND SECTOR LEADER EMAIL



Sector OHS - "Defining our Story"

Hello everyone,

Our sector clearly recognizes outcomes for those we serve improve dramatically when they are supported and feel safe within their environment. When caregivers don't feel safe or supported at work, client safety cannot help but be affected.

It is time for our sector to acknowledge staff safety as critical to providing clients the best outcomes possible. Staff and Client safety are entwined.

If we are to improve safety across our sector, we must first attain a true understanding of its current state. On the behalf of the *ALIGN Occupational Health & Safety (OHS) Working Committee*, we strongly encourage you and your organization to accept this invitation and participate in the attached survey.

You can access it through the link here:
<https://www.surveymonkey.com/r/28RGMLF>

ALIGN can only be an influencer and a resource when we have information; please take a few moments to complete this short survey so we get "Our Story" directly from those in the field doing the work. Responses provided via the Survey Monkey tool are anonymized and participants IP addresses protected.

For those wishing to further engage, two questions within the survey (questions: #41 and #42) provide respondents the option to share their contact information. Respondents are assured contact information shared in either of these optional questions are collected separately in the survey and cannot be associated with any of the other anonymous questions and answers provided.

Information received will be kept confidential and used only for statistical purposes. A copy of the summary findings will be shared with our members and assist our OHS working committee with our stated objectives as we move forward.

Before taking the survey, you are encouraged to review the attachments provided with this email invite. It offers relevant sector history and will assist to set necessary context for respondents. We have also attached a reference document (tool) in PDF that will allow you to see the entire survey prior to opening the SurveyMonkey Link to complete the survey for your organization.

Thank you for your support and participation,

Bjorn Johansson
Chair ALIGN OHS Committee
CEO - Wood's Homes

Cathy Mitchell
ALIGN Association of Community Services

SURVEY CLOSING MONDAY MARCH 07, @ 11:59 PM

Click on buttons below for the documents

[Preamble Document](#)

[Reference Document](#)

APPENDIX A – SURVEY INVITATION AND SECTOR LEADER EMAIL

(March 17th email reminder to sector leaders)

Hello Sector Leaders,

Thank you to all of you who have taken the time to complete the safety survey. For those of you who have yet not done so, I invite you to take a few minutes and complete this Survey on the behalf of your organization.

I am honored to have taken on the Chair role with our newly created Occupational Health and Safety Working Committee with ALIGN. As a working committee we selected as our first notable objective to “tell our story” as it relates to staff safety in our sector. The survey was created by our committee, involving more than 8 organizations representing our sector, a group committed to improving staff safety.

Currently we are just over 35% of our ALIGN organizations who have filled out the survey. If we are going to truly accomplish our goal to influence and advocate for our sector and those serving the most vulnerable, we need your participation, information, data, facts, opinion, experiences – your voice!

Despite continued focused OHS inspections, enforcement and prevention initiatives, staff continue to be injured and our industry WCB premium rate is 16% higher this year than last. Our sectors’ current trajectory of human and financial cost is untenable. These results point to a need for a strong, provincially coordinated set of standards addressing the issue of occupational health and safety in children and youth mental health care and all aspects of the sectors’ management of client violence, and improved worker protection.

Best practice in staff safety begins with a strong commitment at the highest organizational level and policies to mandate (and resource) a minimum standard of safety practice across all sector organizations. Essential for needed change is a unified sector voice and sustained Ministry partner participation (Children Services, OHS, WCB, Justice, etc.)

If we cannot convey we are serious about the safety of our staff, we will not be successful in creating meaningful and longstanding change.

Please take a few minutes to complete the survey. The information that will come from this survey will be the foundation of our planning, messaging, and priority setting moving forward.

If you have any questions, please do not hesitate to contact me directly at bjorn.johansson@woodshomes.ca

Warmest regards,

Bjorn

Chair – ALIGN OHS Working Committee

APPENDIX B

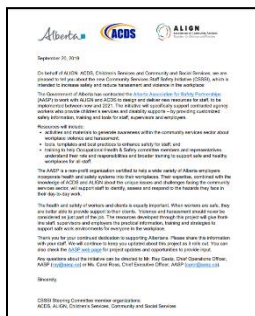
OHS CARE WORKER INSPECTION PROGRAM, WCB COSTS, CSSSI PROJECT

The CSSI Project

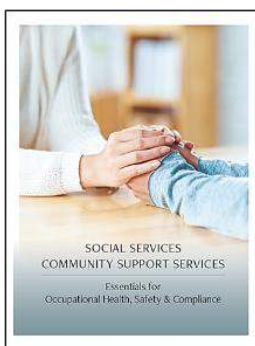
The following links include content from the “Social Services Community Support Services, Essentials for Occupational Health and Safety Compliance” document**** produced by the Alberta Association for Safety Partnerships (AASP) through the work with ALIGN on the CSSI project. This content was used to help set context for participants completing the survey.



**Link to Alberta OHS Care Worker Inspection Program publication: <https://open.alberta.ca/publications/9781460142004>



***Link to CSSI Project Launch/Announcement <https://aasp.ca/wp-content/uploads/2019/09/Community-Services-Staff-Safety-Initiative-Launch.pdf>



****Link to Essentials for OHS Compliance document at AASP <https://aasp.ca/documents/AASP%20Social%20Services.pdf>

WCB Industry Average rates of sector agencies subject to the Alberta OHS Care Worker Inspection

Sector: Municipal Government, Education and Health Services | **Rate Group:** Community/Religious Services

Social/Community Support Services

Industry Code: 89925

Exempt Industry Custom Pricing - CR

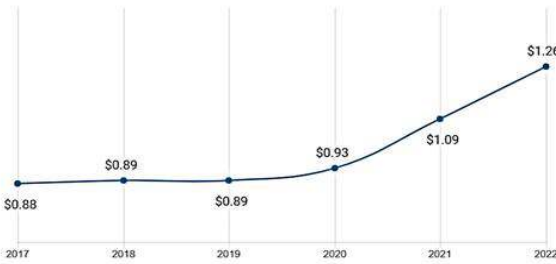
This industry is meant to cover organizations that provide services to individuals experiencing hardships or crisis in their daily lives. These are generally non profit organizations that receive funding through Alberta Social Services or local municipalities.

This may also include companies that have taken over certain functions that were performed by the Alberta government. These companies will operate as a 'for profit' business endeavor.

Operation Details:
The services provided by these organizations may differ, however, the overall objectives of their organizations coincide to provide social and community support services.

This includes organizations/groups that provide support services to various specialty groups that live within the community, i.e., disabled, handicapped, senior citizens, religious groups, etc. It also includes counseling and may include temporary accommodations, i.e., battered persons, delinquent youths, alcoholics, drug abusers.

Premium Rate History:



| Year | Premium Rate |
|------|--------------|
| 2017 | \$0.88 |
| 2018 | \$0.89 |
| 2019 | \$0.89 |
| 2020 | \$0.93 |
| 2021 | \$1.09 |
| 2022 | \$1.26 |

<https://rm.wcb.ab.ca/WCB.RateManual.WebServer/Industry/IndustryDetails/89925>

Sector: Municipal Government, Education and Health Services | **Rate Group:** Disability Rehabilitation

Disability Rehabilitation

Industry Code: 82806

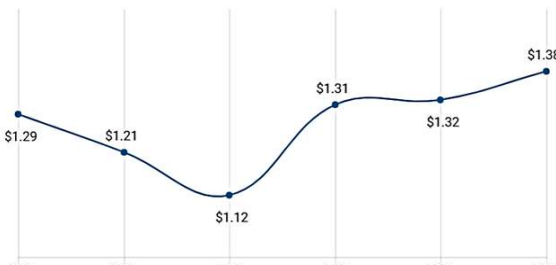
Exempt

This industry covers organizations established to assist in rehabilitating or retraining developmentally delayed children and adults. "Developmentally delayed" refers to mentally and/or physically disadvantaged individuals.

Operation Details:
The goal of organizations in this industry is to help their clients reach their maximum potential in abilities and skills. This can be accomplished through various means: schools teach children and adult clients life skills and basic academic courses (i.e. counting money, reading signs, etc.), vocational training centres provide work experience to prepare clients for work in the community. This could include woodworking, janitorial work, bottle depots, etc. In addition to life skills training and development, organizations may operate group homes to provide room and board for their developmentally delayed clients.

Group homes for delinquent or problem youth or foster children are classified in industry 89925.

Premium Rate History:



| Year | Premium Rate |
|------|--------------|
| 2017 | \$1.29 |
| 2018 | \$1.21 |
| 2019 | \$1.12 |
| 2020 | \$1.31 |
| 2021 | \$1.32 |
| 2022 | \$1.38 |

<https://rm.wcb.ab.ca/WCB.RateManual.WebServer/Industry/IndustryDetails/82806>

Sector: Municipal Government, Education and Health Services | **Rate Group:** Continuing Care and Support Services

Home Support Services

Industry Code: 82704

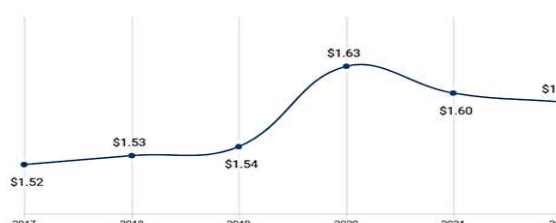
Compulsory

This industry consists of employers who provide personal medical care or assisted living services to convalescing individuals. This will allow families or individuals to remain as independent as possible in their own residences.

Operation Details:
Individuals, such as patients recovering from surgery or illness, senior citizens or handicapped persons, will require some medical or personal care services to return to or remain in their homes. The care will include a medical component such as administering medicine, changing dressings, providing physiotherapy, etc. as well as attending to personal needs such as bathing, grooming and companionship. Extended services will include light housekeeping, meal preparation, child care duties, etc. Care may include 24 hour supervision or may be provided on an hourly basis.

The type of workers employed include homemakers, personal care attendants, licensed practical nurses, nursing aides and/or registered nurses. These workers provide physical, medical and emotional support to their clients.

Premium Rate History:



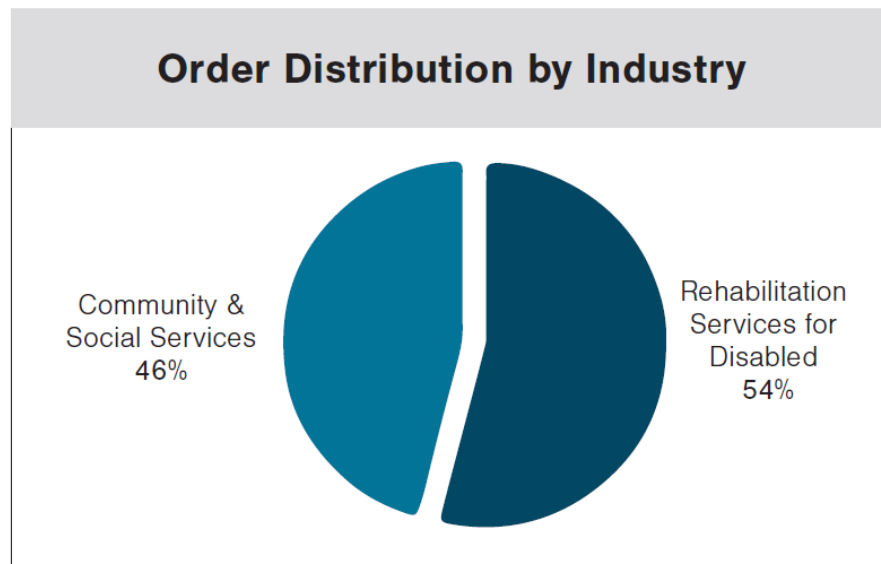
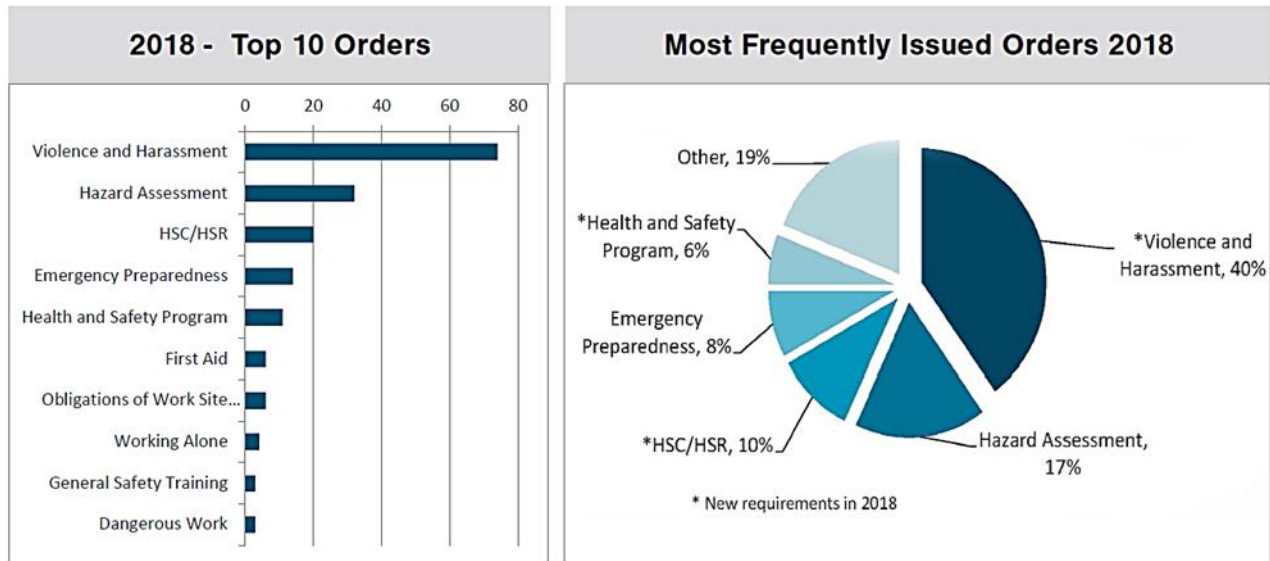
| Year | Premium Rate |
|------|--------------|
| 2017 | \$1.52 |
| 2018 | \$1.53 |
| 2019 | \$1.54 |
| 2020 | \$1.63 |
| 2021 | \$1.60 |
| 2022 | \$1.59 |

<https://rm.wcb.ab.ca/WCB.RateManual.WebServer/Industry/IndustryDetails/82704>

OHS ENFORCEMENT

TOP 10 ORDERS IN 2018

As a result of the proactive inspections conducted of random employers within the community and social services and disability rehabilitation sectors, some of the key areas where OHS officers issued orders for non-compliance included violence and harassment and hazard assessments. See below.



Excerpts this page and next taken from pages 14, 47, and 48 – “Social Services Community Support Services, Essentials for Occupational Health and Safety Compliance” - AASP Publication



BASICS OF A HEALTH & SAFETY MANAGEMENT SYSTEM

A Health & Safety Management System is a comprehensive approach to health and safety that involves management and workers and identifies problem areas and potential solutions. It is more than just a management statement or a company safety guide. It is an in-depth system that looks at all aspects of company operations from a health and safety viewpoint.

■ RIGHT! BUT WHAT IS IT REALLY?

The old view of an Occupational Health & Safety Management System was something separate from the major operation of a company or agency/service provider. Management was interested in improving productivity and keeping costs down, yet some still deemed health & safety as an added expense

A more recent and growing trend is to think of a Health & Safety Management System as an integral part of operations. Health and safety issues are involved with almost every aspect of management, anything from purchasing, marketing, training, facilities planning, human resource allocation, client services, cost control to those more commonly recognized such as health and safety programs, regulatory compliance, and due diligence.

ELEMENTS

Health and Safety Management Systems (HSMS) differ from site to site and industry to industry. However, all management systems have some combination of the same basic elements.

An effective Health & Safety Management System includes, at minimum, the 10 elements listed below. Some Agencies will have more and may refer to them differently. However by implementing these, your agency/service provider will start realizing benefits before long.

| | |
|-----------|--|
| 1 | Management Leadership & Organizational Commitment. |
| 2 | Hazard Assessment - Formal / Site specific and Violence specific |
| 3 | Hazard Controls & Implementation |
| 4 | Joint Work Site Health & Safety Committee and/or Health & Safety Representative |
| 5 | Qualifications, Orientation and Training |
| 6 | Other Parties at or in the Vicinity of the Work Site |
| 7 | Inspections - Work Sites |
| 8 | Emergency Response Systems |
| 8 | Incident Reporting and Investigation |
| 10 | System Administration |



APPENDIX C – SURVEY TEXT – LIST OF QUESTIONS

*** 1. What services or types of programs does your agency provide? Please check all that apply:**

- Therapeutic Campus Based Care (TCBC)
- Community Group Care
- Learning Centers / Schools
- Secure Services / PCHAD (Detox & Recovery)
- Community Mental Health Services (drop-in, virtual, mobile)
- Family Support Services
- Foster Care
- Early Intervention
- Kinship Care
- Crisis Care - Mental Health Services
- Indigenous Services
- Family Resource Network (FRN)
- Other, please describe

*** 2. How many staff does your agency employ?**

- | | |
|-----------------------------------|-------------------------------|
| <input type="radio"/> 1-50 | <input type="radio"/> 51-100 |
| <input type="radio"/> 101-150 | <input type="radio"/> 151-200 |
| <input type="radio"/> 201-250 | <input type="radio"/> 251-300 |
| <input type="radio"/> 301-350 | <input type="radio"/> 351-400 |
| <input type="radio"/> 401-450 | <input type="radio"/> 451-500 |
| <input type="radio"/> 501 or more | |



*** 3. Is the WCB rate/or group self-insurance costs assessed to your agency of concern? (i.e., too high/affecting budgets)**

Yes

No

*** 4. And, Is your agency covered by WCB or self-insured (WCB exempt)?**

Our agency is covered by WCB

Our agency is WCB exempt (self-insured)

*** 5. The Alberta OHS “Care Worker Inspection Program Report” noted that in our sector... “Historically, care workers have put the safety of their patient/client/resident before that of their own and have often viewed worksite violence (incidents/injuries) as “part of the job”. - and therefor, are in a sense inevitable. Is this statement an accurate reflection of how incidents/injuries are generally perceived within your organization?**

Yes

Unsure

No

And/or please comment:

*** 6. What are the top 3 reported type of staff injuries in your agency over the past year? E.g., Contusions, Cuts, Bites, Fractures, Strains, Sprains, Mental stress, etc. Please list:**

One:

Two:

Three:

*** 7. What are the top 3 causes of incidents reported in your agency over the past year? E.g., Client Aggression, Physical Environment (Slips, Trips and Falls), etc. Please list:**

One:

Two:

Three:



8. Optional - What controls were put in place to prevent additional similar incidents occurring?

One:

Two:

Three:

*** 9. Does your agency provide psychological safety supports to staff in response to significant OHS related incidents?**

- Yes
- No
- In process/under development

If "Yes", are the supports provided: in-house, contracted or both?

*** 10. Is your agency currently COR or SECOR Certified? I.E., Certificate of Recognition or Small Employer COR (SECOR) - for businesses with up to 10 employees, from the Alberta Partnerships in Injury Reduction**

- Yes
- No

*** 11. If not, is becoming COR or SECOR Certified something your agency is working towards or considering attaining? (i.e., to reduce staff injuries and agency WCB/insurance rate costs)**

- Yes
- Potentially/Possibly consider
- No



*** 12. Does your agency prominently display a signed Safety Policy and Commitment by senior leadership for staff, contractors, and visitors to read and acknowledge?**

- Yes
- In process/under development
- No

*** 13. Has your organization completed Formal Hazard Assessments for all roles/positions within the agency (i.e., listing tasks for each position, safety hazards associated with each task, and evaluated risk)?**

- Yes
- In process/under development or incomplete
- No, have not begun

*** 14. Does your agency have a process for conducting Site-specific hazard assessments, when:**

| | Yes | No |
|--|-----------------------|-----------------------|
| a) an activity is conducted at the "home/agency" site which is outside the norm of day-to-day activities (e.g., moving offices, renovations) | <input type="radio"/> | <input type="radio"/> |
| b) work is conducted at a temporary or mobile work site? (e.g., visiting private residences, field trips, outings) | <input type="radio"/> | <input type="radio"/> |



*** 15. If your agency has an established process, what type or forms of site-specific hazard assessments does your organization utilize? Please check all that apply:**

- We currently do not have a process for conducting site-specific hazard assessments
- In process/under development
- Home visit
- Client specific
- Family specific
- Trip/outings
- Facility maintenance/New construction
- Other, please describe:

*** 16. Does your agency have a Joint Health and Safety Committee and/or site Safety committees established?**

- Yes
- In process/under development
- No

*** 17. Is there more than one Safety committee?**

- Only one committee
- More than one committee. Please indicate how many:

*** 18. What is the Safety committee(s) composition i.e., management to staff (approximate ratio of representation, e.g., 50/50, 25/75, other?)**

Management/Staff:



*** 19. How often does the Safety committee(s) meet?**

- Monthly
- Quarterly
- Twice a year
- Other, please describe:

*** 20. Staff turn-over is a recognized issue within our sector. Have health and safety concerns been a factor impacting the hiring and/or retention of staff in your agency?**

- Yes
- No
- Unsure

*** 21. How are staff on-boarded/provided required OHS training (both initially and ongoing)? Please check all that apply:**

- Training is delivered in-house (developed in house)
- Training is provided by third party/vendor
- Training is in-person
- Training is on-line
- Training is self-study
- Other, please describe:



*** 22. In addition to WHMIS/GHS, Fire Extinguisher and First Aid, what other type/kinds of formal OHS related training do your agency staff receive? Please check all that apply:**

- General training on OHS and the OHS Act (Three worker rights, Internal Responsibility System, safety responsibilities)
- Training on Agency Workplace Violence and Harassment Policies
- Working alone
- Dealing with dangerous clients/history of violence
- De-escalating situations with clients
- Assessing risks of client interactions (Situational Awareness)
- Assessing risks associated with fieldwork, client home visits
- Building resilience for psychological impacts of your work
- Incident reporting
- Other, please describe:

*** 23. Approximately how many hours of OHS related training do staff receive annually?**

*** 24. Does your organization ensure/require visitors, volunteers and contractors receive a formal safety orientation (with sign off) prior to entering any agency properties or worksites?**

- Yes
- In process/under development
- No



*** 25. Are Emergency Response drills regularly conducted and evaluated for improvement opportunities and records kept? (e.g., test of staff work-alone safety alert system and timed response)**

- Yes
- In process/under development
- No

*** 26. Have staff received emergency response training appropriate to their individual responsibility? (e.g., Fire Wardens)**

- Yes
- In process/under development
- No

*** 27. Does your agency have a documented procedure(s) for reporting and investigating incidents (including near miss), occupational illness and work refusals?**

- Yes
- In process/under development
- No

*** 28. Are corrective actions identified in investigation reports implemented to prevent reoccurrence?**

- Yes
- In process/under development
- No

If "Yes", please explain how this is ensured/tracked to completion?



*** 29. In the last year has your agency had any staff contract the COVID-19 virus through exposure at work and become ill?**

- Yes
- No

(Optional) If "Yes", how many staff have been exposed/infected at your agency to date?

*** 30. In the last year has your agency reported any Potentially Serious Incidents (PSIs) to Alberta Occupational Health and Safety? (reported via the OHS on-line PSI portal or called in)**

- Yes
- Unsure, don't know what represents a PSI
- No

(Optional) If "Yes", how many PSIs have been reported to date?

*** 31. How does your agency communicate and ensure staff are aware of necessary OHS information? (e.g., investigation report findings, OHS legislation updates/changes, etc.,) Please check all that apply:**

- OHS information is communicated within regular staff meetings
- OHS information is communicated in dedicated safety meetings
- OHS information is communicated via Safety bulletin boards
- Safety Alerts/emails to staff
- Hazard Assessments
- Safety Dashboards
- OHS information is communicated via training sessions
- OHS information is posted on the agency intranet or Share Point Safety site
- Shift change documentation
- Client risk assessments (pre-intake and ongoing)
- Safety Stand-downs
- Other forms of communication used:



*** 32. How does your agency currently fund/support its OHS program requirements?**

- Unsure
- Our contracts and/or agreements with funders include or provide for annual agency OHS operational costs
- Our contracts and/or agreements with funders do not include or provide for annual agency OHS operational costs

*** 33. Is how your agency OHS program currently funded/supported:**

| | Yes | Unsure | No |
|--------------|-----------------------|-----------------------|-----------------------|
| Sufficient? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sustainable? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

*** 34. Who is responsible to coordinate and/or manage your agency OHS program requirements?**

- Unsure or unassigned
- OHS Program responsibility is assigned to a staff member(s) in addition to their existing key role/responsibilities (i.e., it is done off the side of their desk)
- A formal/dedicated health and safety position(s) has been established and filled by a staff - layperson(s)
- A formal/dedicated health and safety position(s) has been established and filled by a staff - certified safety specialist(s)
- Other, please describe:

*** 35. Do you agree with the following statement: “When workers are safe, they are better able to provide support to their clients”**

- Yes
- No

And/or please comment:



*** 36. Is a client's previous history of violence or behavioural issues consistently and clearly made available to your agency prior to intake/agreeing to placement?**

- Always
- Sometimes
- Rarely
- Never

*** 37. When a client's prior history is made available how useful is it?**

- Usually detailed and assists to develop a client's care plan and safe staff response
- Quality can be inconsistent, sometimes putting client and staff at risk
- Information provided is unreliable, staff must develop a planned approach from scratch.

*** 38. Would the sector benefit by establishing a standard for client risk history classification and disclosure?**

- Yes
- No
- Unsure

And/or please comment:

*** 39. Has your agency been the subject of an Alberta OHS officer inspection within the last two years?**

- Unsure
- Yes
- No

(Optional) If "Yes", please indicate how many OHS inspections:



*** 40. If you answered “Yes” to the previous question, was the OHS inspection...
Please check all that apply:**

- a surprise inspection?
- arranged by Alberta OHS with your agency in advance?
- the result of an anonymous complaint?
- the result of a staff work refusal?
- the result of a PSI submission?
- the result of a Serious Injury or Incident (Section 40)?

*** 41. Would your agency benefit/or have interest in learning what to expect when
subject to an Alberta OHS inspection and how to interact with an OHS officer
(including pre and post inspection)?**

- Yes
- Unsure
- No

If “Yes”, please provide your name and contact information:

*** 42. Would your agency be prepared to participate, share experience, and best
practice to assist in developing pragmatic, effective controls for hazards specific
to our sector?**

- Yes
- No
- Unsure

If “Yes”, please provide your name and contact information:



*** 43. Where is your agency on its journey to achieving an effective Safety Management System? Place an approximate mark on the continuums below next to each Safety Management System Element - indicating your agency progress/status**

| | 0 (Not at all) | | | | | 5 | | | | | 10 (Complete) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Management Leadership & Organizational Commitment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hazard Assessment - Formal / Site specific and Violence specific | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hazard Controls & Implementation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Joint Work Site Health & Safety Committee and/or Health & Safety Representative | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Qualifications, Orientation and Training | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other Parties at or in the Vicinity of the Work Site | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Inspections - Work Sites | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Emergency Response Systems | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Incident Reporting and Investigation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| System Administration | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



44. Please provide any recommendations you have for the ALIGN OHS Committee to assist your agency and/or the sector to better achieve OHS compliance?

APPENDIX D – SURVEY COMMENTS – PARTICIPANT FEEDBACK TO QUESTIONS

COMMENTS – QUESTION #5

RESPONSE/RESULTS:

46% of respondents agreed the following statement accurately reflects how incidents/injuries are currently perceived within their organizations; “Historically, care workers have put the safety of their patient/client/resident before that of their own and have often viewed worksite violence (incidents/injuries) as “part of the job” and therefor are in a sense inevitable.

50% did not agree with the statement (see comments Appendix D)

| # | AND/OR PLEASE COMMENT: | DATE |
|----|---|--------------------|
| 1 | However not all staff view it that way and management reminds staff that their safety is paramount | 3/23/2022 11:37 AM |
| 2 | not necessarily violence, but staff enter homes that are at times have other unknown people, hoarders and/or unclean. | 3/21/2022 10:16 AM |
| 3 | Overall, our staff would say that physical violence isn't "part of the job", but psychological harm (threats, verbal abuse, severe acting out) | 3/17/2022 5:08 PM |
| 4 | Workplace violence is taken very seriously and will/is not tolerated. | 3/17/2022 1:10 PM |
| 5 | We recognize that violence can occur but work hard to place complete risk assessments/safety plans to minimize risk of injury. | 3/17/2022 9:50 AM |
| 6 | Staff do not consider getting hurt as an acceptable part of their employment. Management do not either. | 3/8/2022 12:37 PM |
| 7 | Some staff have this mindset, but we consistently remind them their health and safety is the utmost importance to us. | 3/8/2022 9:47 AM |
| 8 | the challenge continues to be our ability to create the environment and the procedures that ensure staff safety and treatment and care are intertwined. | 3/8/2022 8:40 AM |
| 9 | This has been the perception in the past. There has been some improvement the past couple of years. Unfortunately there was significant physical harm & emotional distress done to staff, prior to changes | 3/7/2022 4:45 PM |
| 10 | I can see/appreciate how this statement may have come to be the perception of OHS, as we definitely prioritize and speak in terms of 'considering the child's as paramount to the work we do, but I also think that employee safety is and has been equally important. We have historically created policy and a cultural of employee safety i.e. non-restraint policies, licensing requirements that increase safety for both clients AND staff. | 3/4/2022 5:55 PM |
| 11 | this has been the story of the past and we are communicating much differently around this and right to have safe work environment | 3/4/2022 11:01 AM |
| 12 | Safety of staff has always been a priority in our organization | 2/8/2022 7:22 AM |

COMMENTS – QUESTION #38

Would the sector benefit by establishing a standard for client risk history classification and disclosure?

| # | AND/OR PLEASE COMMENT: | DATE |
|---|---|--------------------|
| 1 | Completed standard intake forms would be a definite asset | 3/23/2022 12:32 PM |
| 2 | this is an item that needs attention and joining with our funders and referral sources. We can do better! | 3/8/2022 8:54 AM |
| 3 | if the standardized form was able to put past risk history into context, otherwise, children could be 'labelled' in a manner that is not truly reflective of their past risk and current behaviours . | 3/4/2022 6:21 PM |
| 4 | This would be a benefit to both the client and staff | 3/4/2022 11:29 AM |
| 5 | yes if able to do so we often work with homeless youth and there is no history | 2/7/2022 3:54 PM |

COMMENTS – QUESTION #44

Please provide any recommendations you have for the ALIGN OHS Committee to assist your agency and/or the sector to better achieve OHS compliance?

| # | RESPONSES | DATE |
|----|---|--------------------|
| 1 | Not sure. It is a slow process and so much is still unclear | 3/23/2022 12:38 PM |
| 2 | I would recommend that an agency has a dedicated OHS person to complete the work. Perhaps this is someone hired to work with multiple agencies who have the same type of work. Money from funders or government to establish this would be wonderful. | 3/21/2022 10:31 AM |
| 3 | At this moment, none I can think of | 3/18/2022 1:56 PM |
| 4 | Joint Training Opportunities and ability for agencies to audit other agencies. | 3/17/2022 5:32 PM |
| 5 | More succinct information about OHS expectations would be beneficial. | 3/8/2022 10:06 AM |
| 6 | To bring our sector and our funders together is key if we are going to ensure our employees are safe in the workplace. An opportunity for change and a commitment. We need OHS and WCB at the table to better understand the themes and risks of our sector and support from our funders to have effective health and safety management systems in all of our organizations. Staff safety and good outcomes for those we serve are intertwined. | 3/8/2022 9:00 AM |
| 7 | Please request more dollars for training and wages. | 3/7/2022 8:46 AM |
| 8 | Please, please, please have OHS materials (policies, laws, training, etc.) that are relevant to our sector and don't read like they are adapted from construction site materials - we still don't wear steel-toed boots and climb scaffolding. | 3/4/2022 6:27 PM |
| 9 | -Advocacy: to OHS to increase their understanding in our sector -Advocacy: funding OHS - Consolidation of OHS information/strategies/forms specific to our sector to support implementation of an OHSMS -Strategies and support to obtain CORE | 2/24/2022 8:56 AM |
| 10 | A shared sector library of OHS resources and training materials/videos; a leadership OHS conference or learning event that is tailored to our sector needs | 2/16/2022 2:47 PM |
| 11 | We are completely underfunded to meet OHS and WCB is no longer affordable and we have to move to insurance. | 2/16/2022 1:50 PM |
| 12 | Assist in providing relatable training for health and safety reps | 2/16/2022 9:13 AM |
| 13 | Please let me know if there is anything i can do to help align, i have experience with a certifying partner, training and COR audits - Jeremy Wood, Trellis - jwood@growwithtrellis.ca | 2/7/2022 3:58 PM |



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Report End