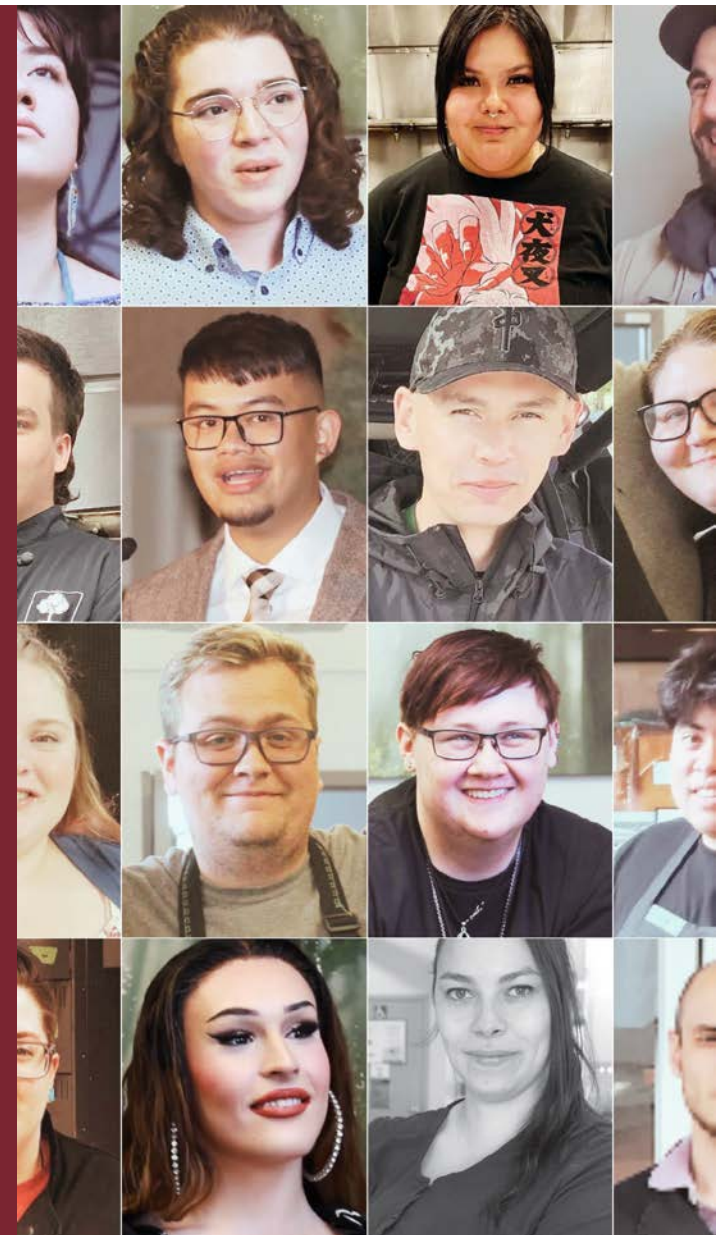Safe Environments.
Healthy Workers.

Shifting the paradigm: Using a collaborative approach in Ontario to tackle workplace violence as an OHS and a Quality-of-Care issue.

Henrietta Van hulle, Vice President PSHSA

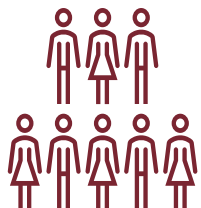Public Services Health & Safety Association™ | **PSHSA.ca**

Safe Environments.
Healthy Workers.

About Us

Established 2009

80 staff

1.67M+ workers

Non-profit

5 sectors served:
- Education
- Healthcare
- Government
- Public Safety
- Indigenous communities

Funding partner of the Ministry of Labour, Immigration, Training and Skills Development

Services:
- Training
- Consulting
- Resources

10,000 organizations

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The Internal Responsibility System: the underlying philosophy of OHS legislation in all Canadian jurisdictions

- Its foundation is that everyone in the workplace - both employees and employers - is responsible for his or her own safety and for the safety of co-workers.

- Acts and regulations hold **employers** responsible for determining steps to ensure the health and safety of all employees.

Defining Workplace Violence

- Alberta:

- Harassment and violence are defined as workplace hazards in Alberta's *Occupational Health and Safety (OHS) Act*.

- Violence, whether at a work site or work related, is defined as the threatened, attempted or actual conduct of a person that causes or is likely to cause physical or psychological injury or harm.

Organizational Risks

- Complacency and acceptance with the current state
- Perception that violence is tolerated
- Dysfunctional IRS and JOHS effectiveness
- Lack of WPV education in curriculums
- Workload -Understaffing/working short
- Lack of risk assessment and risk communication
- Lack of staff training and policies
- Inadequate/ no security
- 24/7 care needs
- Long wait times
- Overcrowding
- Poor team communication
- Lack of safety leadership

Client /Environment Risks

- Lack of risk assessment processes
- Clients with history of violence/ aggressive-responsive behaviors / under the influence of drugs
- Lifting, moving, and transporting patients/clients
- Working alone
- Poor work environmental design - security and surveillance systems
- Poorly lit areas
- Lack of communication systems and devices
- Presence of weapons/ animals
- Working in high crime communities
- Lack of community mental health care

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Paradigm shift

1. Violence needs to be considered a care issue. **When workers aren't safe, clients aren't safe either.**

   - Violence should be viewed first and foremost a medical symptom.

   - Security must be part of the circle of care and viewed as an integral part of the care team.

   - Risk communication is essential: A proactive approach where cues communicate potential risk- NOT a process to label or stigmatize patients.

2. Create Public Awareness of the issue as "unacceptable".

So- Where is the disconnect?

OHS profession   Health services professions

- Hazard   based medical
- Risk
- Hierarchy of   nd family
- PEMEP   care focus
- Employee f   nformed care
                                stigma

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8

The Health Service Work Environment

- Health services are provided by 'people who care for people'
  - HC workers chose this profession because 'they care'
- There are unique cultural factors
  - Under reporting /acceptance of hazards - violence 'part of the job'
  - Urgency
  - Up close personal care
- Risks are increasing:
  - Acuity of persons served
  - Opioid crisis
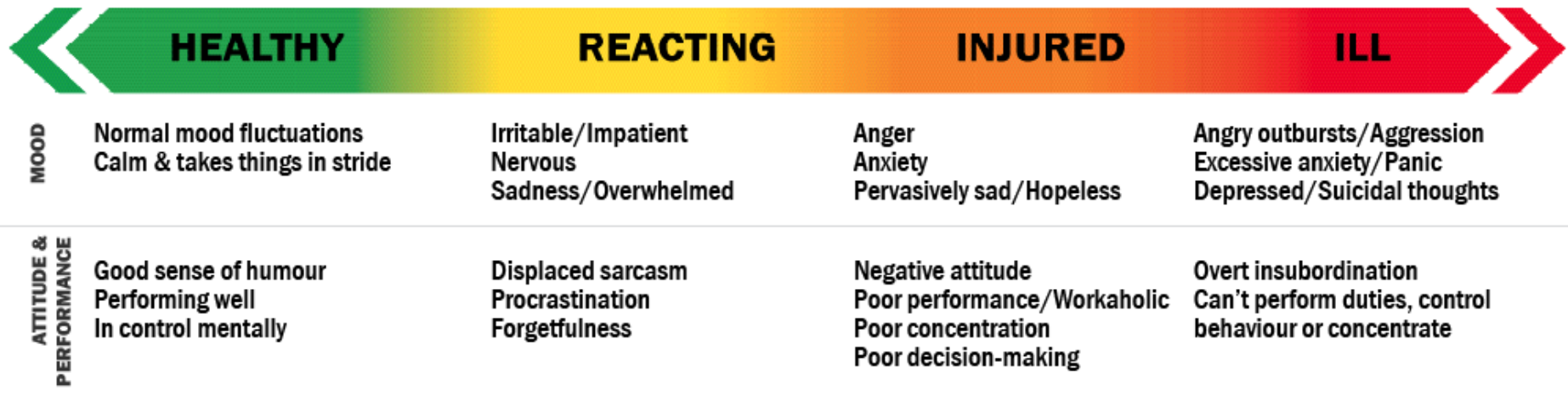 - Public tolerance

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Human Resource challenges

- Recruitment and retention
- Occupational Stress
- Burnout and compassion (and pandemic) fatigue

Mental Health Continuum

	HEALTHY	REACTING	INJURED	ILL
MOOD	Normal mood fluctuations Calm & takes things in stride	Irritable/Impatient Nervous Sadness/Overwhelmed	Anger Anxiety Pervasively sad/Hopeless	Angry outbursts/Aggression Excessive anxiety/Panic Depressed/Suicidal thoughts
ATTITUDE & PERFORMANCE	Good sense of humour Performing well In control mentally	Displaced sarcasm Procrastination Forgetfulness	Negative attitude Poor performance/Workaholic Poor concentration Poor decision-making	Overt insubordination Can't perform duties, control behaviour or concentrate

Thriving "I got this."	Surviving "Something isn't right."	Struggling "I can't keep this up."	In Crisis "I can't survive this."

https://www.canada.ca/en/department-national-defence/services/benefits-military/health-support/road-to-mental-readiness/mental-health-continuum-model.html
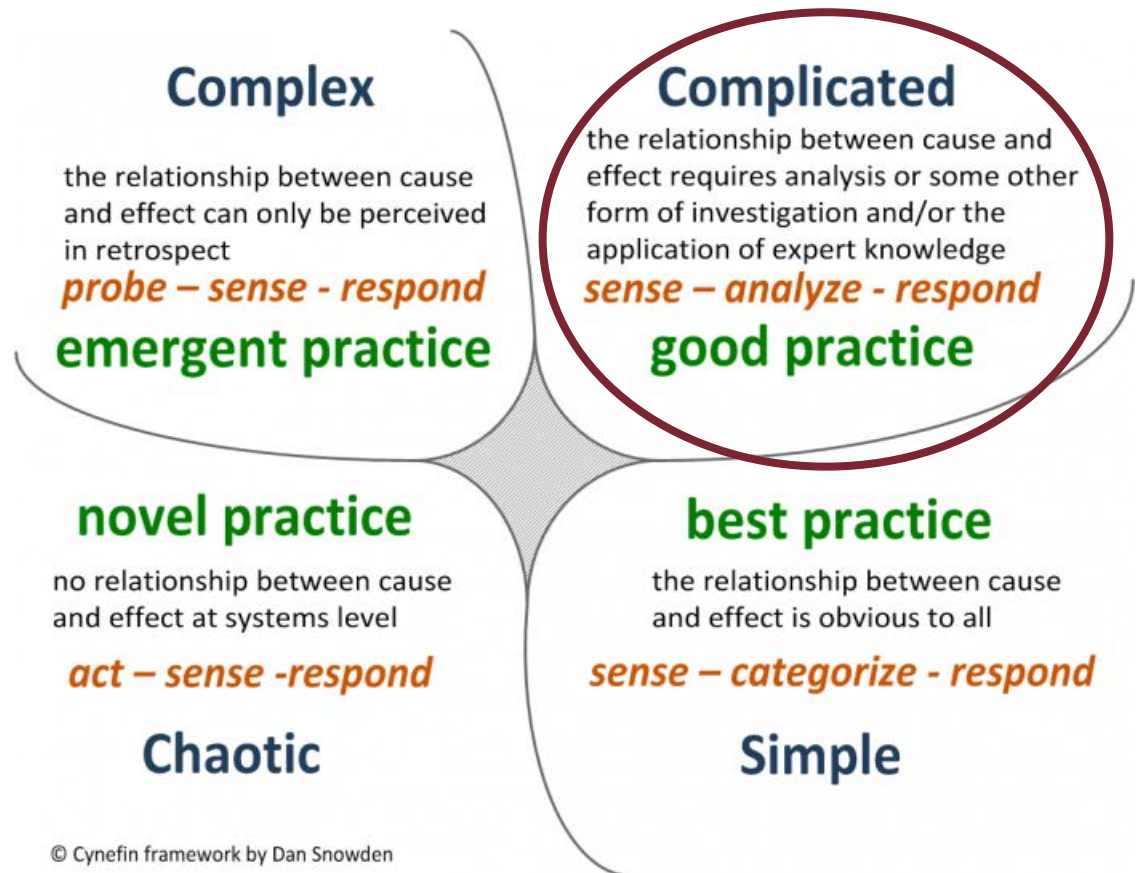
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The PSHSA VARB Project

What we did- and what we learned.

Approach to Workplace Violence Prevention & Management

- **We should approach workplace violence prevention and management from a good practice approach rather than from a best practice approach.**

Complex

the relationship between cause and effect can only be perceived in retrospect

probe – sense - respond

emergent practice

Complicated

the relationship between cause and effect requires analysis or some other form of investigation and/or the application of expert knowledge

sense – analyze - respond

good practice

novel practice

no relationship between cause and effect at systems level

act – sense -respond

Chaotic

best practice

the relationship between cause and effect is obvious to all

sense – categorize - respond

Simple

© Cynefin framework by Dan Snowden

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13

Steering Committee

PSHSA Violence in Healthcare Project

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PSHSA Violence, Aggression & and Responsive Behaviour (VARB) Toolkits

Workplace Violence Risk Assessment

Individual Client Risk Assessment

Communicating the Risk of Violence: Flagging

Security Toolkit

Personal Safety Response System Toolkit

Healthcare Jobs rank among the Top 10 occupations for workplace violence lost time injury claims

(WSIB By the Numbers- 2015)

Workplace violence continues to be a risk to both staff and patients/ residents/ clients in the healthcare sector.

It is a complex hazard that requires a multifaceted approach to address. This website contains resources developed in Ontario to support healthcare workplaces in their efforts to prevent and reduce the risk of workplace violence.

This includes:

- PSHSA Violence, Aggression & Responsive Behaviour (VARB) toolkits and the
- Products from Ontario's Ministry of Labour and Ministry of Health and Long-Term Care joint initiative- **Preventing workplace violence in the health care sector.**

These resources, plus leading practices are available on this website and have also been linked into our Five Step Process for building or evaluating your workplace Violence prevention program.
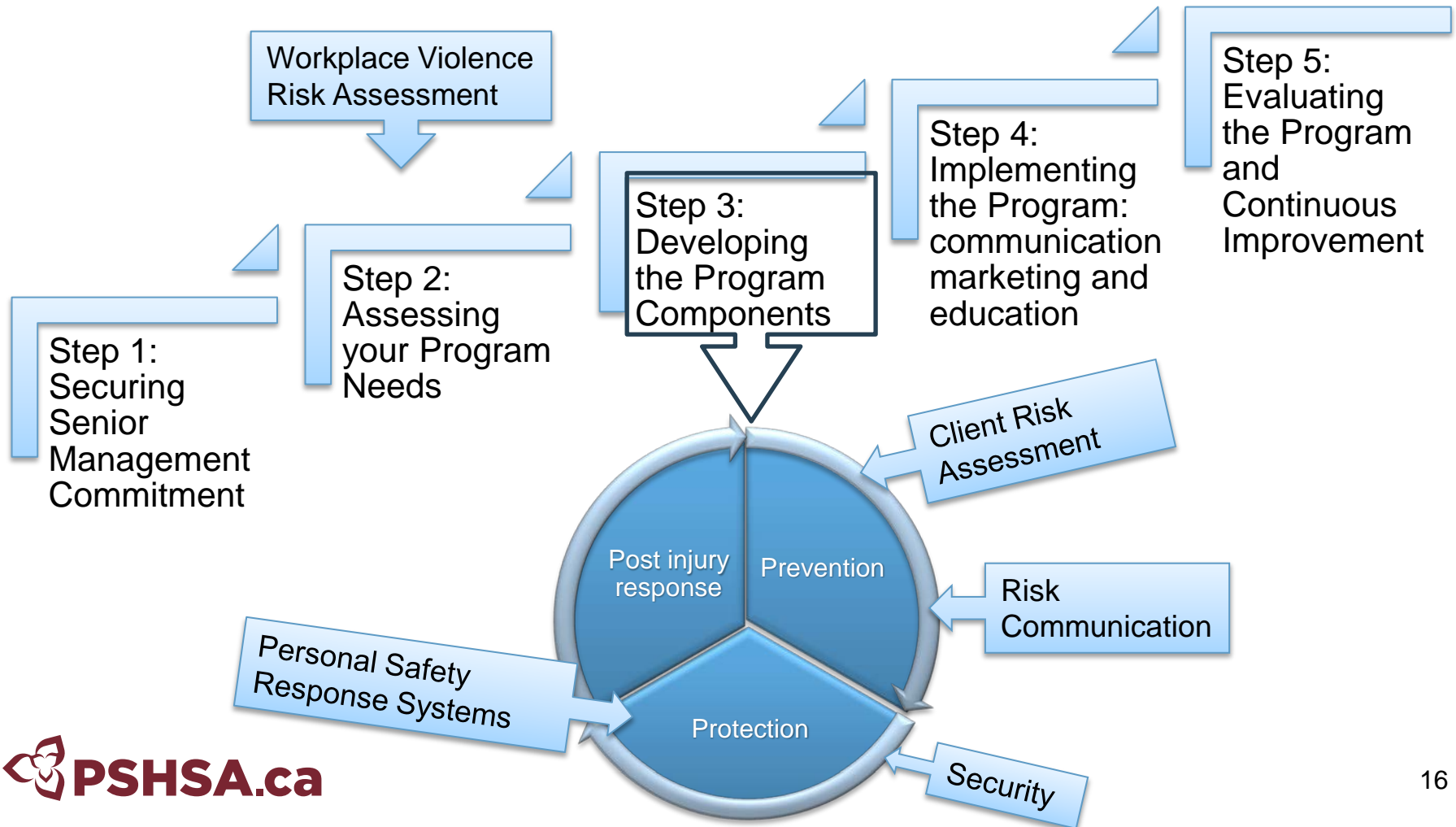
The Five Steps to Building your Workplace Violence Program
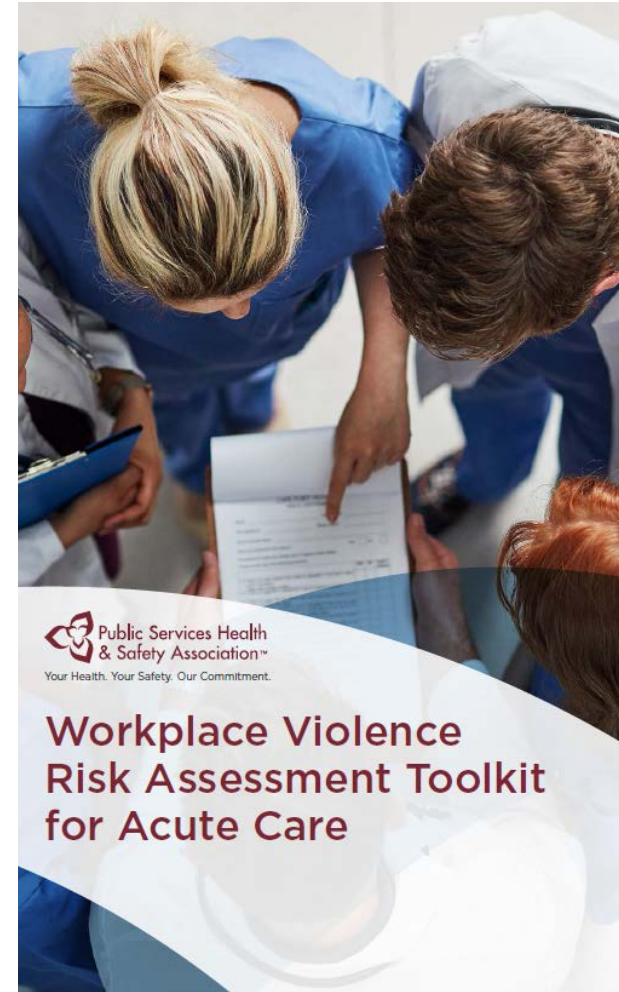
1 2 3 4 5

Learn more about Workplace Violence

Workplace Violence Prevention Framework

Workplace Violence Risk Assessment

Step 1: Securing Senior Management Commitment

Step 2: Assessing your Program Needs

Step 3: Developing the Program Components

Step 4: Implementing the Program: communication marketing and education

Step 5: Evaluating the Program and Continuous Improvement

Client Risk Assessment

Risk Communication

Personal Safety Response Systems

Security

Post injury response

Prevention

Protection

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WV Risk Assessment Toolkit

- Violence risk assessment tool guides a multi disciplinary team through 3 areas
    1. Physical Environment
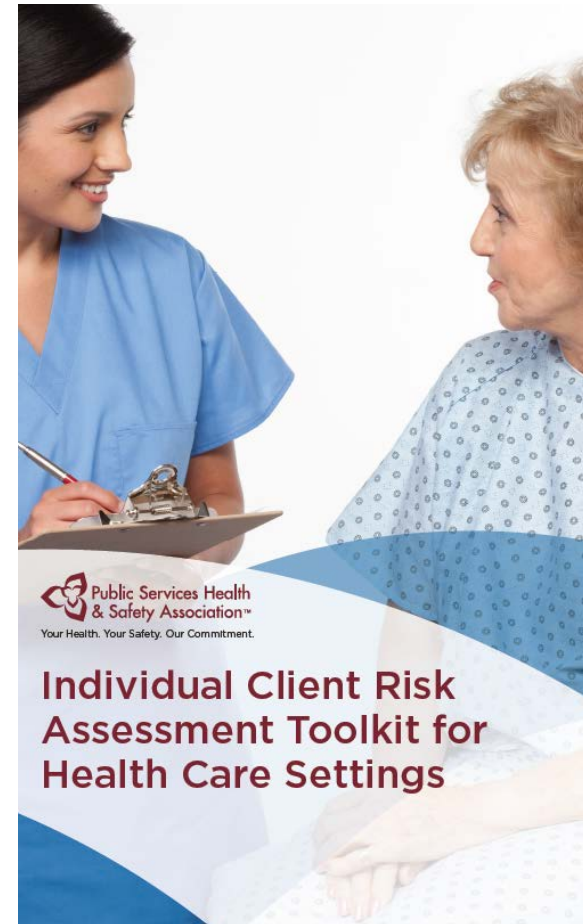   2. Department / Unit-Specific
    3. Direct Care

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Workplace Violence Risk Assessment Toolkit for Acute Care

Individual Client Assessment Tool

Includes a Violence Assessment Tool (VAT) based on observed behaviours
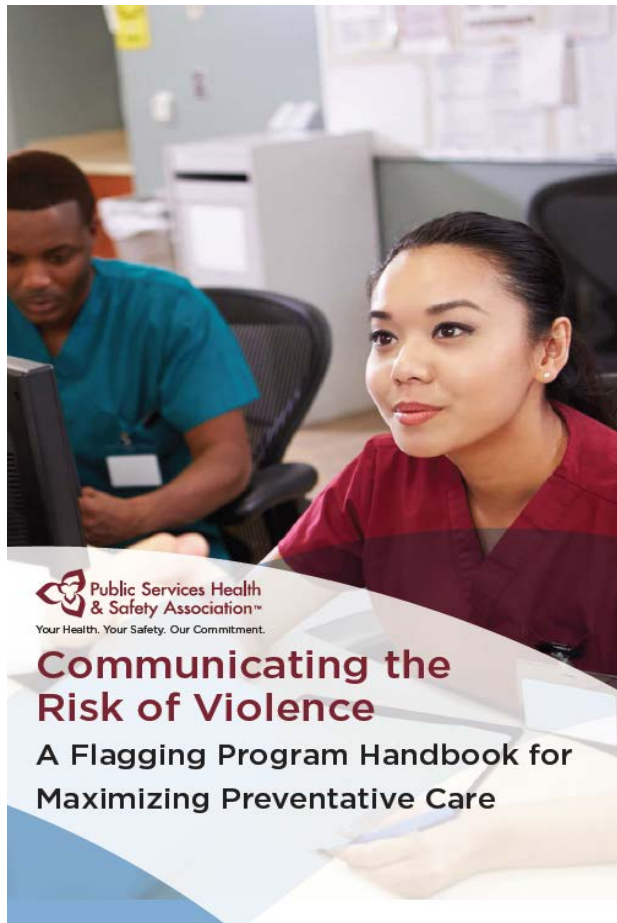
The VAT contains three sections:

1. Risk Indicators
   - History of violence
   - Behaviours Observed
2. Overall risk rating
3. Triggers / Contributing factors

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Individual Client Risk Assessment Toolkit for Health Care Settings

JONA - May 2022 Selecting an Instrument for Assessing the Risk of Patient Violence Across a Healthcare System: The VAT scored the highest of all instruments in the selection matrix.

Risk Communication Toolkit

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**Communicating the
Risk of Violence**

A Flagging Program Handbook for
Maximizing Preventative Care

Example B: Flag Symbols

(implemented in response to individual client risk assessment)

MODERATE RISK OF VIOLENCE

HIGH OR IMMINENT RISK OF VIOLENCE

Example C: Door / Unit Signage

**PLEASE CHECK
WITH
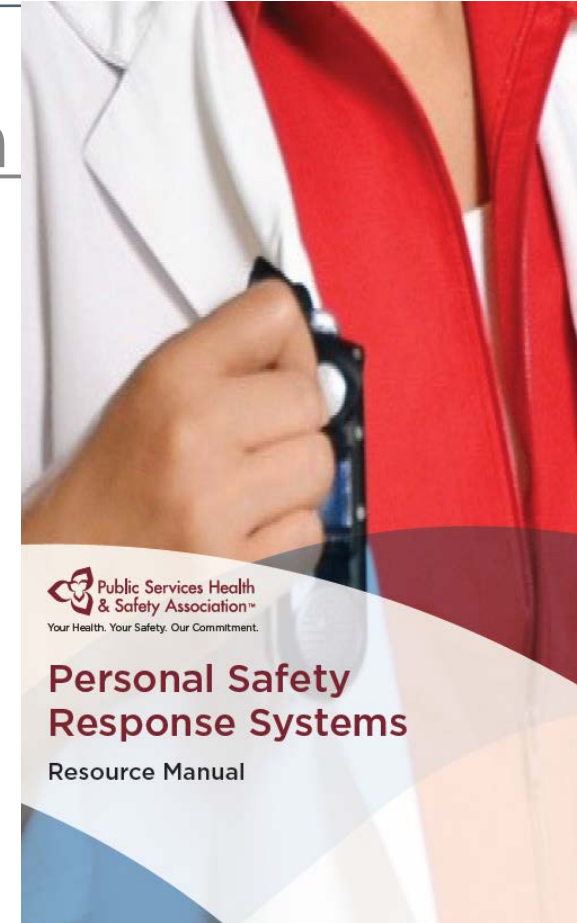NURSE BEFORE
ENTERING**

Security Toolkit

- Assist organizations establish effective security program

- Increase awareness and understanding of:
  - Security functions, roles and responsibilities
  - Security program elements
  - Training requirements

- Tools to identify security program gaps; develop customized action plan

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Security Toolkit
Resource Manual

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Personal Safety Response System

- Designed to help health and community organizations establish an effective Personal Safety Response System (PSRS)
- Define how PSRS is part of existing WPV program components and framework in organizations
- Focus on a system-approach, not device-based approach

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Personal Safety Response Systems

Resource Manual

What this started….

- Ontario's Joint Leadership Table
- House of Commons Standing Committee on Health Report on Workplace Violence
- International Conference on Violence in Healthcare – Toronto- 2018

# High level overall solutions: Federal Standing Committee on Health

- Risk Assessment
  - Physical environment
  - Patient/ client/ resident
- Risk Communication
- Program development
- Training and Education
- Public Awareness
- National Standards
- National Benchmarking

HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

VIOLENCE FACING HEALTH CARE WORKERS IN CANADA

Report of the Standing Committee on Health

Bill Casey, Chair
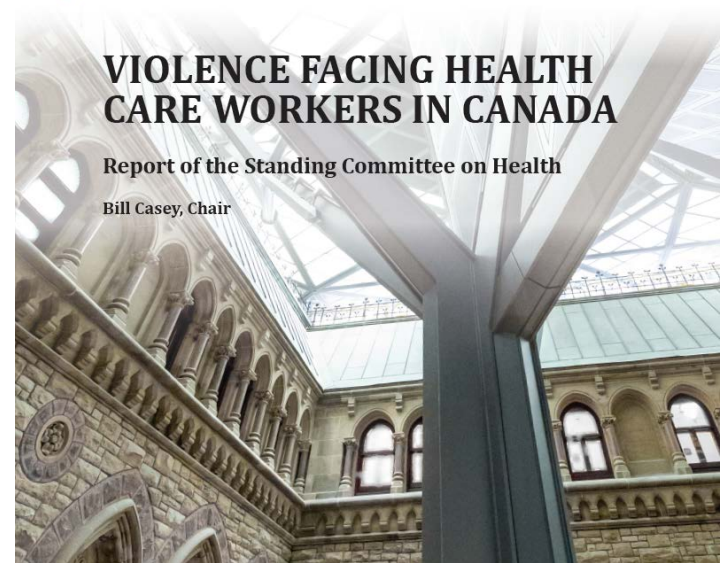
Responsibilities:

- Government
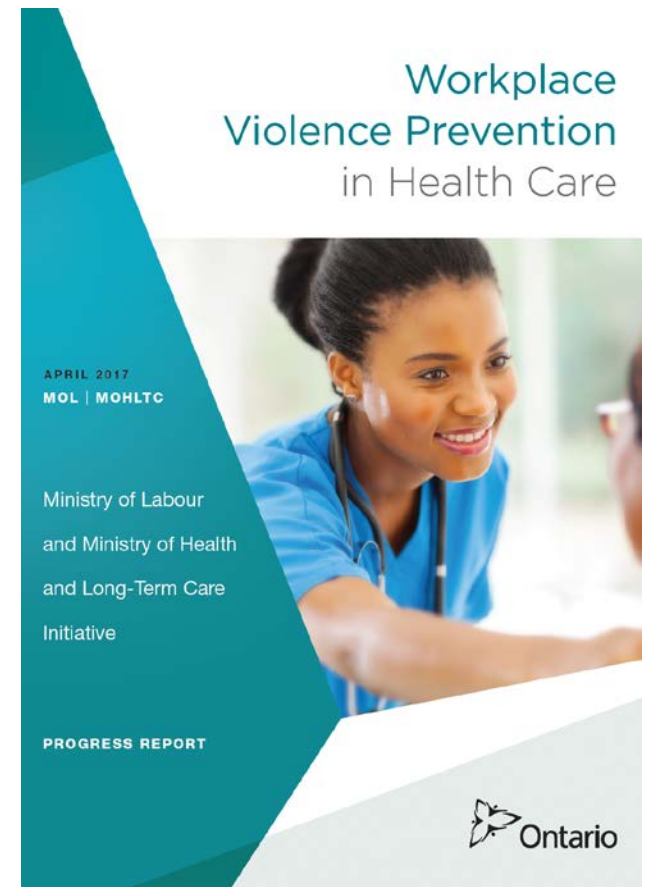- Associations
- Organizations
- Individuals

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Workplace Violence Leadership Table

"Clearly, we need to take concrete steps to change attitudes, provide support for prevention, and make health care workplaces safer and more responsive to incidents of violence."

Message from the Ministers of Labour and Health and Long-Term Care, Workplace Violence Prevention in Healthcare Leadership Table Progress Report, 2017

Joint Ministry Leadership Table Phase 1

Executive Sponsors

Executive Committee

Leadership Table

Advisory Committee

Secretariat
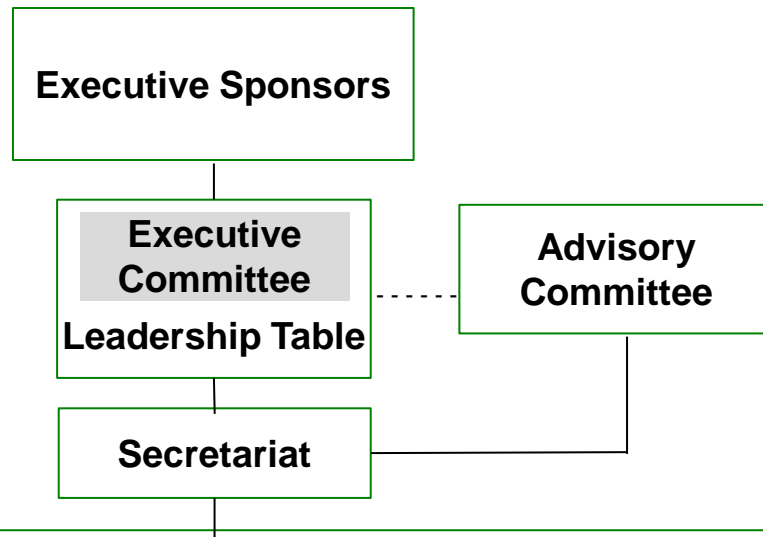
Focus on Nursing in Hospitals
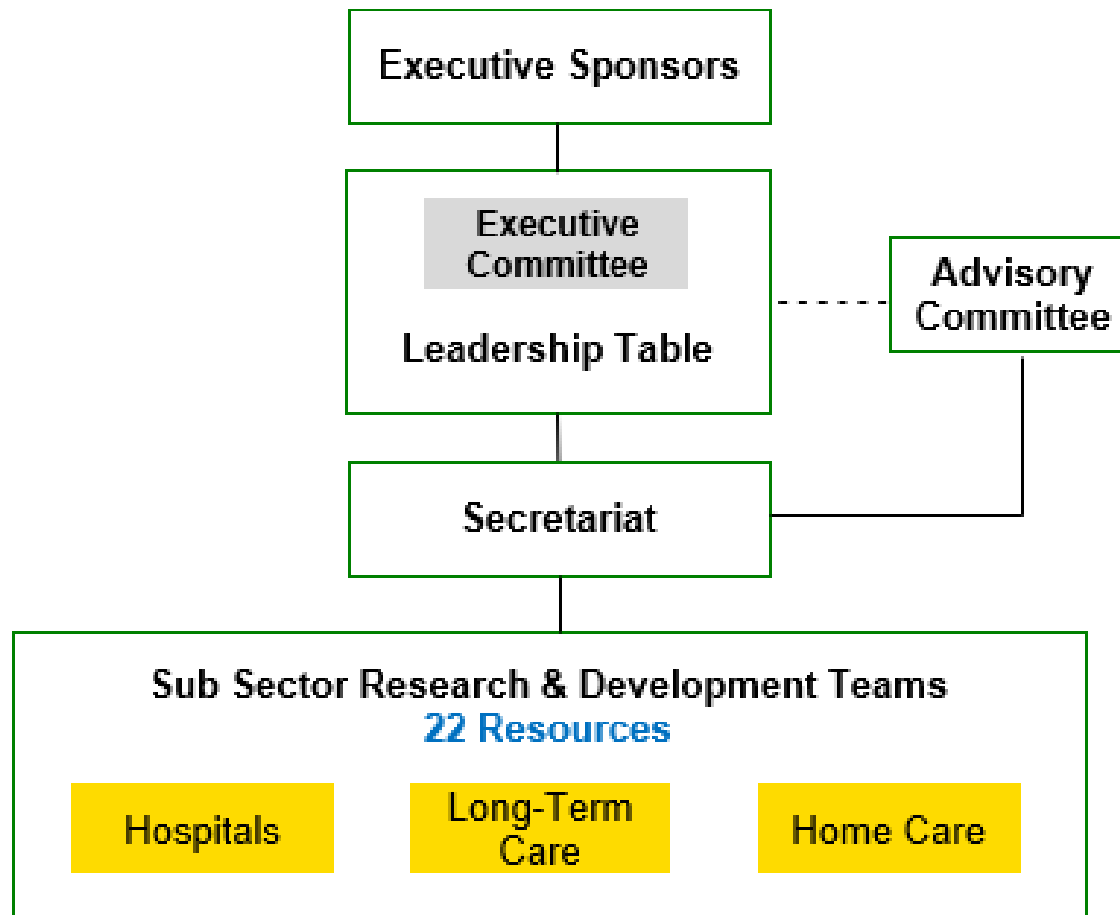**23 Recommendations and 13 Tools**

Leadership & Accountability

Hazard Prevention & Control

Indicators, Evaluation & Reporting

Communications & Knowledge translation

Joint Ministry Leadership Table Phase 2

Where we are now

| 5 **VARB** toolkits	Hospital Resources	LTC Resources	Home Care Resource	Secretariat Resources	4 New **VARB** toolkits
Workplace Risk assessment	4 Leadership and Accountability	4 Leadership and Accountability	Toolkit for Home care	Working Alone	Incident Reporting and Investigation
Client Risk Assessment	5 Hazard Prevention and Control	6 Hazard Prevention and Control		Training Matrix User Guide	Patient Transit and Transfer
Risk Communication	1 Indicators, Evaluation & Reporting	1 Indicators, Evaluation & Reporting		Common Definitions	Code White
Security	3 Communication & KT	3 Communication & KT			Work Refusal
Personal safety response Systems	4 Phase 2 resources				

Sixth International Conference on Violence in the Health Sector

24 - 26 October 2018
Toronto Canada

Final International Conference

Specific objectives of the Sixth International Conference:
- Enhance the understanding of facets of violence in the health sector – such as its root causes and patterns, the impact and consequences, successful strategies and initiatives – which can help advance the delivery of positive practice.
- Learn more about resources such as policy and/or practice initiatives, tool-kits, and instruments which can help advance the delivery of positive practice.
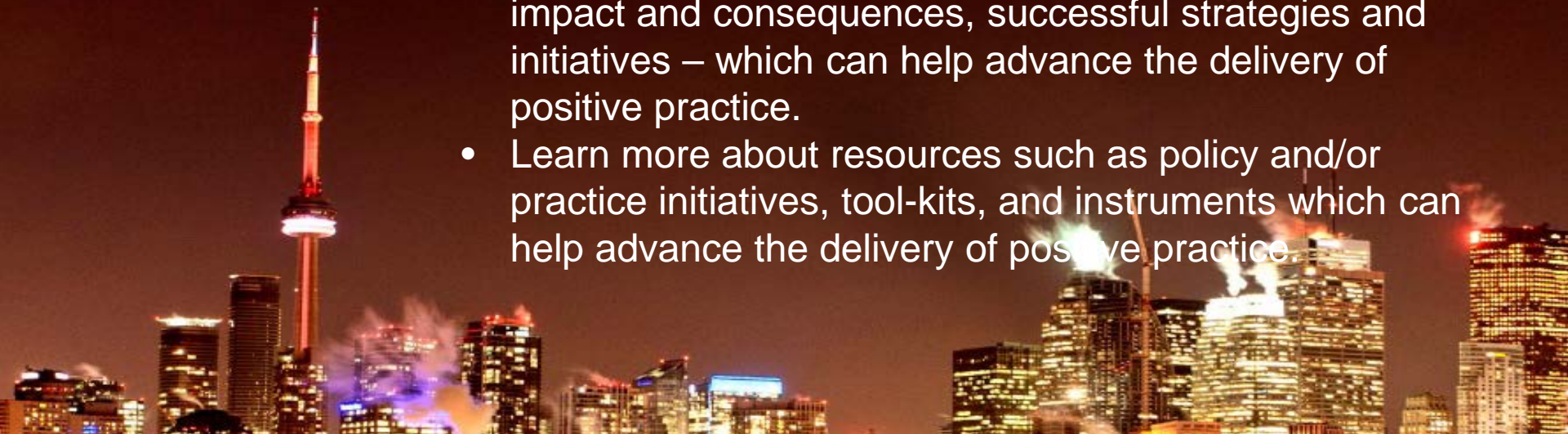
What we learned

Evaluation of PSHSA Toolkits

Workplace Violence Risk Assessment Tool

90% (Reviewed / Used)

- 90% of the respondents used or reviewed the toolkit
- 50% used the toolkit to do a workplace violence risk assessment
- 71% of the toolkit users said it helped them **improve their process for assessing and managing workplace violence**

Individual Client Risk Assessment

68% (Reviewed / Used)

- 68% of the respondents used or reviewed the toolkit
- 43% used the toolkit to assess client risk, identify triggers and de-escalation techniques or evaluate their existing client assessment process and tools
- 55% of the toolkit users said it helped them **improve their process for assessing the level of risk posed by individual clients**

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Evaluation of PSHSA Toolkits

Risk Communication/Flagging

72%
Reviewed / Used

- 72% of the respondents used or reviewed the toolkit
- 47% used the toolkit to evaluate existing or to set up a new risk communication/flagging program
- 47% of the toolkit users said it made it **easier for them to develop or update their flagging program**, and/or helped them **improve how they communicate risks of potentially aggressive behaviour**

Security

51%
Used / Reviewed
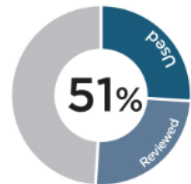
- 51% of the respondents used or reviewed the toolkit
- 68% of the toolkit users said it helped them **identify gaps in their existing security program**
- 42% of the toolkit users said it made it **increased their confidence that their security program is aligned with the latest requirements and standards for a safe and secure workplace**

Personal Safety Response System

55%
Used / Reviewed

- 55% of the respondents used or reviewed the toolkit
- 34% used the toolkit to evaluate existing or to install a new PSRS and devices for the first time
- 42% of the toolkit users said it **increased that their organization is compliant with applicable legislation** and helped them **improve their existing safety response system**

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Lessons Learned

Collaboration

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Focus

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Responsibility & Accountability

Where to go for other resources?

![Safe Environments. Healthy Workers.]

Connect with us:

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in Public Services Health and Safety Association on LinkedIn

▶ YouTube.com/PSHSA

📷 Instagram.com/PSHSA

416.250.2131
1.877.250.7444

THANK YOU

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