Improving Workplace Safety

in Nova Scotia's Community Emergency Departments (EDs)

January 13, 2017

Contents

Workplace violence in emergency departments

The risk of workplace violence in healthcare is significant. Healthcare employees (e.g., physicians, nurses, health professionals, contracted workers, and support staff) in emergency departments see patients and families during difficult and stressful circumstances. Patients and visitors may become violent, aggressive, or responsive due to a medical condition, medication, an established tendency towards violence or aggression, or because of feelings of anger resulting from their current situation. These individuals may be acting on feelings of helplessness or frustration in response to their environment or because of unmet needs. These complex, emotionally charged environments pose an increased risk for violence.

Nova Scotians need to know that they can access care on even their most difficult days and employees need to know that they can provide excellent care in a safe and supportive environment. This report serves as an example of the solutions employers and unions can create when they work together.

How did this working group come about?

On Oct. 21, 2016, Premier Stephen McNeil and Janet Hazelton, president of the Nova Scotia Nurses' Union, announced a working group to examine safety protocols in community emergency departments. The announcement came in response to an incident at Soldier's Memorial Hospital earlier in the month. The working group was tasked with developing recommendations to improve community emergency department safety for employees, patients, and visitors.

What did the working group do?

The group reviewed best practices within the province and in other parts of Canada, and also reviewed available data on violence-related injuries in Nova Scotia emergency departments and hospitals. The group scanned security staffing plans and practices across the province and researched emergency security protocols used in the public school sector.

Why is it important to reduce violence?

Together, the health and community service sectors employ more Nova Scotians than any other sector and they are an important contributor to Nova Scotia's economy. Workers in these sectors are more likely to be injured on the job than any other type of worker and reports of workplace violence have increased between 2013 and 2015. These sectors have the highest rates of injury and the largest number of time-loss claims reported to the Workers' Compensation Board of Nova Scotia. While the reported number of workplace violence incidents is not high, the effects of workplace violence are particularly harmful and, in the most extreme circumstances, could be devastating.

What is being done to reduce violence now?

The Nova Scotia Health Authority (NSHA) and unions agree that creating a safe workplace is a joint responsibility and they are working together to ensure the safety of all employees, patients, and visitors in the NSHA. The NSHA is developing a new workplace violence prevention program to cover the entire organization. This program will replace the programs of the nine former health authorities. The Workers' Compensation Board and AWARE-NS, Nova Scotia's health and community services safety association, are working with government, employers, unions, and other groups to develop a five-year action plan to reduce injuries in the health and social service sectors, including injuries related to violence.

Who took part in the working group?

The following organizations took part in the working group:
- Nova Scotia Health Authority (NSHA), Co-Chair
- Nova Scotia Nurses Union (NSNU), Co-Chair
- Department of Health and Wellness (DHW)
- Nova Scotia Government and General Employees Union (NSGEU)
- Canadian Union of Public Employees (CUPE)
- Unifor
- Workers Compensation Board of Nova Scotia (WCB)
- Department of Labour and Advanced Education (DLAE)
- AWARE-NS
- RCMP
- Paladin Security
- Cape Breton Regional Police Service

Recommendations

A. POLICY AND PROGRAM FRAMEWORK

1. COLLABORATION
Unions and employers will work together to prevent workplace violence. Unions will also encourage their members to take part in training and to participate on JOHS committees.

- Create a provincial occupational health and safety (POHS) group that includes representatives from the NSHA, CUPE, NSGEU, NSNU and Unifor. The group will meet at least once every three months to discuss trends using leading and lagging indicators and to look at issues affecting workplace safety in the province.
- Develop terms of reference for this group that reflect the relationship between the provincial, zonal and site-level occupational health and safety committees.
- Develop a communication strategy so that union partners can be informed when a significant workplace violence incident occurs so staff can receive timely support from both their employer and their union.

When will this happen?
- The POHS group will be established by February 28, 2017.
- The protocols for informing unions of significant workplace incidents will be established and in use by June 2017.

2. WORKPLACE VIOLENCE PREVENTION PROGRAM

Develop and implement a workplace violence prevention program for the NSHA in consultation with safety, health, and labour organizations, and occupational health and safety committees. It will include

- education and training
- a violence-risk -assessment process
- policy and procedures
- reporting structures
- investigation processes
- staff supports including mandatory incident debriefing protocols inclusive of time lines
- data management and monitoring

When will this happen?

- Education and training, including awareness of debrief requirements, and risk assessment process will be in place by April 2017
- Consistent organization wide reporting structures, including investigation and standard debriefing protocol process, will be in place by December 2017

B. DATA MANAGEMENT

3. DATA-MANAGEMENT SYSTEM

Create a single data-management system in which staff can record the following:

- incident reports
- electronic submission of reports to WCB
- hazard assessments
- inspection reports
- injury reports
- investigation information
- training records and expiry dates
- notifications
- immunization records and expiry dates
- health assessment records
- compliance reports
- case management documentation

Use the information from this system to take a proactive approach to planning for a safe and healthy workplace.

When will this happen?

A single data-management system will be in place by December 31, 2017.

C. WORKPLACE VIOLENCE RISK ASSESSMENT

4. WORKPLACE VIOLENCE RISK ASSESSMENTS

A common risk-assessment tool will be developed and used for the entire NSHA. All community emergency departments will consult with their local JOHS committees to conduct a violence risk assessment and prevention plan. Risk assessments will do the following:

- Assess the security needs of the emergency department.
- Recommend checkpoints or procedures to control public access to departments and facilities.
- Include renewal dates as outlined in the Nova Scotia Workplace Violence Regulations.
- Provide ways to work, consult, and share information with law enforcement.
- Audit risk assessments to ensure they are complete and comply with regulations.
- Store compliance reports and share them with local JOHS committees and senior leadership.

When will this happen?

Risk assessments for all community emergency departments will be completed by August 2017.

D. EMERGENCY PREPAREDNESS

5. EMERGENCY RESPONSE

Develop comprehensive (NSHA wide) emergency response and management policies and procedures to help control the environment when there is a situation of violence. Common codes specific to healthcare such as Code White, and tools such as Access Control and Lockdown will help to alert employees to a situation where resources will be deployed to help mitigate risks of violence.

- Training should be developed in consultation with industry stakeholders and according to best practice.
- Employees and other responders should receive adequate and regular training on emergency preparedness policies and procedures.
- Building on existing emergency preparedness structures, the NSHA will consult with law enforcement and the Department of Justice to assist in the development of best practice emergency plans for hospital settings.

When will this happen?

The emergency response policies and procedures will be in place by August 2017. All community emergency department staff will be trained and able to implement the procedures by December 2017.

E. COMMUNICATION, EDUCATION, AND TRAINING

6. EDUCATION AND TRAINING

Use a risk-assessment tool to decide which level of training each employee needs given their job and risk of violence.

- Provide basic education on occupational health and safety including the Internal Responsibility System (IRS) to all employees which includes what employees have a right to know, a right to participate in, and the right to refuse to do.
- Provide hands-on training in non-violent crisis intervention to employees in higher risk areas.
- Offer recertification training to employees to maintain the skills they need as determined by the risk-assessment tool of their work area.

When will this happen?

Education and training is ongoing for all staff however all training as required in accordance with the risk assessment for community emergency department employees will be completed by December 2017.

F. SECURITY, SAFETY, ENVIRONMENT, AND EQUIPMENT

7. SECURITY

Use facility risk assessments at all community emergency departments in the province to decide how many security personnel are needed.

- Ensure all health care employees are aware of the role security can play to support the provision of safe and quality health care.
- Make security part of the care planning team. Train security with other members of the care team. Give them the guidelines for sharing information in keeping with workplace safety and privacy laws. Include them in safety huddles and Joint Occupational Health and Safety (JOHS) committees.
- Make sure security get consistent training and operate to consistent standards.
- Give security the appropriate equipment as determined by the risk assessment.

When will this happen?

Full integration of security into the care team for community emergency departments will be completed by August 2017.

8. EMPLOYEE COMMUNICATION DEVICES

Give employees who may be alone with patients, visitors, or family a tool to contact other staff or to request assistance. Use the risk assessment to decide who should be given such tools.

- Teach staff how to use the communication system.
- Test the communication system regularly.
- While broader risk assessments are being done, each community emergency department will decide which communication tool is best for its employees. The NSHA will ensure that

there are enough such tools for all employees who need them as determined by the violence-risk-assessment process.

- As a stop-gap measure until the comprehensive violence risk assessment can be completed, the NSHA will provide audible mobile personal alarms to employees of community emergency departments who are currently without a communication device and who may be isolated with patients.

When will this happen?
- Audible mobile personal alarms will be provided by February, 2017.
- Upon completion of the violence risk assessments all community based emergency department staff will be provided with the appropriate communication devices as indicated by the assessment by August 2017.

G. DATA MONITORING AND TRACKING

9. REPORTING VIOLENCE IN THE WORKPLACE
Allow staff to report violence in different ways including online, using a mobile phone or tablet, and even on paper.
- The reporting system should allow users to spot trends and areas of particular concern. These would then be reported to the JOHS committee.
- Teach staff to recognize workplace violence and what their obligations are for reporting it, including threats.
- Display a code of conduct in EDs to let everyone know how they are expected to behave and what happens when behaviour is unacceptable.
- The reporting system should be secure so staff understand that they can report incidents in confidence without fear of reprisal.

When will this happen?
The current reporting processes of the former district health authorities will remain in place until the common system is developed. The common reporting system will be implemented by December 31, 2017.

10. VIOLENCE ALERT IDENTIFICATION
Put an NSHA-wide client identification alert system in place to warn staff of potential danger, and to signal that a patient may need additional care. The system may use visual or electronic cues that the healthcare team will recognize. Such a system balances the need for employee safety and patient privacy.
- Develop policies and procedures to decide how to identify and manage alerts.
- Maintain a balance between employee safety and patient privacy as these policies and procedures are being developed and put in place.
- Create and use one patient-assessment tool throughout the NSHA to identify the potential of a patient to be violent. Assess every patient's potential for violence with this tool.

When will this happen?
A patient-assessment tool that identifies the risk of violence will be available and in use across community based emergency departments by April 2017.

Nova Scotia's health system currently has many technology systems that are used by clinicians and support staff to provide patient care across the province. Many of these systems are unable to share information between them. One Patient One Record, a project initiated by the government of Nova Scotia, will modernize Nova Scotia's health information systems by allowing the right information to be available to the right person at the right time. The NSHA will advocate for client identification alerts within this system. In the interim the NSHA is exploring how consistent client identification alert protocols could be accomplished with the different electronic patient charting systems.   The development of policies and procedures to guide patient flagging while balancing ethical and safety considerations will be in place by December 2017.

H. PARTNERSHIPS AND COLLABORATION

11. INFORMATION SHARING BETWEEN HEALTH AND SAFETY INITIATIVES
Health and safety organizations and working groups focused on health and safety should learn from each other:
- Make sure that all work being done to improve workplace health and safety builds upon the violence prevention programs of AWARE-NS and the WCB.
- Make sure the recommendations from this report fit with the overall development of the provincial safety action plan by sharing them with the steering committee for Workplace Safety Action Plan for Nova Scotia's Health and Community Services Sectors.

When will this happen?
This report will be formally shared with the steering committee of the Workplace Safety Action for Nova Scotia's Health and Community Services Sectors immediately upon its release.

12. IMPLEMENTATION
The NSHA will provide an annual report to the Minister of Health and Wellness as an update on the implementation of the recommendations in this report.

When will this happen?
January 12, 2018.

Improving Workplace Safety
in Nova Scotia's Community Emergency Departments (EDs)

Background

On October 21, 2016, Premier Stephen McNeil and Janet Hazelton, president of the Nova Scotia Nurses' Union (NSNU), announced a working group to review safety protocols in Nova Scotia's community emergency departments. The announcement came in response to an incident at Soldier's Memorial Hospital earlier in the month. The working group was tasked with developing recommendations to improve community emergency department safety for employees, patients, and visitors.

The Minister of Health and Wellness invited health, safety, and labour organizations to take part in this work. The group, co-chaired by the Nova Scotia Health Authority (NSHA) and the NSNU, was given until December 30, 2016 to make recommendations.

Why is it important to reduce violence?

The risk of workplace violence in healthcare is significant. Healthcare employees (e.g. physicians, nurses, health professionals, contracted workers, and support staff) in emergency departments see patients and families during difficult and stressful circumstances. Patients and visitors may become violent, aggressive, or responsive due to a medical condition, medication, an established tendency towards violence or aggression, or because of feelings of anger resulting from their current situation. These individuals may be acting on feelings of helplessness or frustration in response to their environment or because of unmet needs. These complex, emotionally charged environments pose an increased risk for violence. It is important that employees understand the risk of violence in their work environment and that they have the right tools, training, and supports in place. Employees need to know what to do when a situation is escalating to ensure their own safety as well as the safety of patients and visitors.

Reports of workplace violence in the health and social services sectors in Nova Scotia have increased between 2013 and 2015. More people work in these two sectors than in any other sector and these workers are more likely to be injured on the job than any other type of worker in Nova Scotia. While the reported number of workplace violence incidents is not high, the effects of workplace violence are particularly harmful and, in the most extreme circumstances, could be devastating.

Researchers found that about a third of nurses have been physically assaulted, bullied, or injured at work. Double that number have experienced threats, threatening behaviour, or harassment. Among healthcare workers, nurses and care assistants experience the highest rates of violence and studies show that emergency department nurses experience more physical assaults than all other nurses. The statistics don't show the whole picture, as researchers believe many such incidents are not reported as nurses do not believe that report-

ing does anything to curb it. This calls for a shift to a "safety for all" culture where employers and employees work together to ensure that everyone understands that workplace violence is not acceptable.

What is violence?

Nova Scotia's Violence in the Workplace Regulations define violence this way:
- threats, including a threatening statement or threatening behaviour that gives an employee reasonable cause to believe that the employee is at risk of physical injury
- conduct or attempted conduct of a person that endangers the physical health or physical safety of an employee

What is being done to reduce violence now?

The Nova Scotia Health Authority (NSHA) and unions agree that creating a safe workplace is a joint responsibility and they are working together to ensure the safety of all employees, patients, and visitors the NSHA. The NSHA is developing a new workplace violence prevention program to cover the entire organization. This program will replace the programs of the nine former health authorities. The Workers' Compensation Board and AWARE-NS, Nova Scotia's health and community services safety association, are working with government, employers, unions, and other groups to develop a five-year action plan to reduce injuries in the health and social service sectors, including injuries related to violence.

Who took part in the working group?

The following organizations took part in the working group:
- Nova Scotia Health Authority (NSHA), Co-Chair
- Nova Scotia Nurses Union (NSNU), Co-Chair
- Department of Health and Wellness (DHW)
- Nova Scotia Government and General Employees Union (NSGEU)
- Canadian Union of Public Employees (CUPE)
- Unifor
- Workers Compensation Board of Nova Scotia (WCB)
- Department of Labour and Advanced Education (DLAE)
- AWARE-NS
- RCMP
- Paladin Security
- Cape Breton Regional Police Service

Process, focus, and research

The working group met weekly beginning October 31, 2016, and held a half-day planning session to discuss recommendations.

What was the focus of the work?

The working group concentrated on community emergency departments located away from major population centres. Some people refer to these as rural emergency departments although their current title is community based emergency departments. These smaller medical settings are staffed differently from those in urban settings (see Appendix A Map of facilities with Community Emergency Departments).

What did the working group do?

The group reviewed best practices within the province and in other parts of Canada, and also reviewed available data on violence-related injuries in Nova Scotia emergency departments and hospitals. The group scanned security staffing plans and practices across the province and researched emergency security protocols used in the public school sector.

An extensive inventory of security measures in place across the NSHA, such as closed circuit televisions and the availability of panic alarms was consolidated and reviewed. The group also reviewed the array of occupational health and safety protocols from the former district health authorities as well as the draft outline of the comprehensive violence prevention program for the entire NSHA.

Together, the working group used the best practice review, the inventory of current programs, and an understanding of what NSHA has in development to develop a series of short-term and long-term recommendations. These recommendations are designed to ensure the right tools and systems are in place to prevent workplace violence in community emergency departments. In addition, the working group made recommendations designed to keep employees safe and other recommendations that would allow the organization to learn from past incidents and to plan for safety improvements in the future.

What does the literature say?

Much of the literature on workplace violence focuses on how common violence is in an emergency setting and what current violent prevention practices are.

A 2004 Statistics Canada report on victimization showed that 17% of all self-reported incidents of violence occurred in the workplace. These incidents included sexual assault, robbery, and physical assault and totalled more than 356,000 violent workplace incidents across Canada's 10 provinces.

The survey showed that some occupations were more at risk than others. For example, a third of all violent workplace incidents involved a healthcare or social services employee. Possible sources of violence include patients, visitors, intruders, coworkers, and family of coworkers.

Violence — The need for a culture shift

Many nurses are, or believe they are, expected to return to work soon after they have been assaulted on the job. Research suggests that nurses expect violence and do not believe re-

porting does anything to curb it. That's why they often fail to report it. Other studies show that those who work in emergency departments are expected to be tough and resilient, keeping a high standard of care in the midst of stressful events.

A 2011 study of the impact of violence on nurses found that, in addition to physical injury, nurses and other front-line workers suffer psychological effects from violence:
- loss of sleep
- nightmares
- flashbacks
- short-term and long-term emotional reactions such as anger, sadness, frustration, anxiety, irritability, apathy, self-blame, and helplessness
- occupational strain
- role stress
- job dissatisfaction
- decreased feelings of safety
- fear of future assaults
- a desire to leave the job and the nursing profession

Research shows that in general, victims of workplace violence are significantly more likely to leave their jobs.

For health authorities, workplace violence comes with the following costs:
- high staff turnover
- absenteeism
- medical and psychological care
- property damage
- increased security
- litigation
- increased workers' compensation claims
- job dissatisfaction and decreased morale

Workplace violence makes it hard for healthcare employees to provide quality care and can even stop them from providing any care at all. The literature suggests that verbal abuse can be a precursor to workplace violence and that preventing violence in the workplace needs to include everyone who works in an emergency department.

The literature shows that much of the violence in emergency departments is preventable. Employees and managers agree that communication between staff and patients, as well as among emergency department staff, is essential for a safe work environment. They agree that it is important to post information in public areas of emergency departments clearly talking about boundaries and intolerance for violence. Limiting access to emergency departments through locked doors and card swipes may also be helpful.

In order to improve, the health system must develop a culture that does not tolerate workplace violence and that values safety for all — employees, patients, visitors, learners, and volunteers. Simply put, violence is not a part of the job for health care workers and it is not part of a quality care experience for patients.

Where do things stand now?

In the NSHA

Since it was created in 2015, the NSHA has been working on standardizing policies and procedures across the province. The new policies will replace the violence prevention programs of each former health authority. Creating a single standardized program takes time, as it is essential to have the engagement of employees and the local hospital Joint Occupational Health and Safety Committees (JOHS). Instead of the mix of programs previously in place across the province, a common program will ensure a standardized risk assessment, with site-specific programs, policies, tools, training, and work practices designed to address the risks.

A working group within the NSHA is developing a Workplace Violence Prevention Program that will apply to every facility in the provincial health authority. This program will be part of the NSHA's centre of expertise for Occupational Health, Safety, and Wellness. This centre already includes the following:
- employee assistance
- occupational health and safety
- fire safety
- radiation safety
- healthy workplace and injury prevention initiatives
- attendance and disability management
- workers' compensation administration

An internal NSHA working group is currently developing an Occupational Health and Safety Management System, which will be the foundation of the overall program. This will include the Workplace Violence Prevention Program.

How is workplace violence reported in Nova Scotia?

Data on violence and threats in emergency departments

The working group explored several possible sources of data including the NSHA, the Workers' Compensation Board, security, law enforcement, and Emergency Health Services Inc., Nova Scotia's ambulance service provider. Because each organization collected data differently, there are gaps in the data. This is true across the NSHA as the nine former district health authorities each had their own way of collecting data. This highlights the critical need for one data collection system across the NSHA. From January to November 2016, 61 incidents of violence and threats were reported in emergency departments. Research shows that not all violence and threats are reported or formally recorded. This is what the available data shows:

Central Zone 9 incidents	**Western Zone** 26 incidents
Northern Zone 4 incidents	**Eastern Zone** 22 incidents

Under the law

Under the Occupational Health and Safety Act employers must take reasonable precautions to protect the health and safety of anyone who is at or near a workplace. They must also have a process to address workplace violence where the problem is most acute.

Anyone who comes across a danger to a person's health or safety at the workplace must report it to a supervisor, and on to a safety committee or a safety representative is the supervisor is unable to resolve it.

To comply with the regulations, employers must
- assess the risk of violence
- put a violence prevention plan in place
- develop a workplace violence prevention statement
- provide information and training for employees
- report incidents of violence
- document, investigate, and take steps to prevent violence
- provide debriefing and help employees affected by violence

Across Canada — Work underway in some provinces

BC — Provincial Workplace Violence Prevention Framework
The British Columbia Ministry of Health, with WorkSafeBC and the Health Authorities, is drafting a Provincial Workplace Violence Prevention Framework.

The framework includes ways to reduce the risk of workplace violence and to strengthen accountability, reporting, and compliance. This work will help the ministry to improve its existing workplace violence prevention policies, develop better ways to report violence, and strengthen ministry oversight.

Alberta — Training Programs
Unions and employers are working together in Alberta to develop a training program for staff at the provincial health authority. They are looking at the non-violent crisis intervention training that is in place and asking these questions:
- How does this program meet the needs of the health authority?
- Is training targeted to the groups who need it?

In addition to the training program, the group is working on a risk-assessment tool and alerts to warn staff of patients who may be violent.

Manitoba — Advisory Group on Violence Prevention for Healthcare Workers
Representatives from Manitoba's health authority, unions, and government have formed an Advisory Group on Violence Prevention for Healthcare Workers. The group does two things:
- Advocates, monitors, and reports on violence prevention programs in health facilities. This includes
  - risk assessment of safety and security
  - measures and procedures to protect workers
  - procedures for at-risk workers who need help

- communication systems
- worker training
- incident investigation, tracking, and follow-up
- Identify and recommend new ways to strengthen safety and security for healthcare workers and ways to invest the new health workplace safety fund.

New Brunswick — Violence Prevention Program

New Brunswick's Horizon Health Network worked with unions to develop a new violence prevention program. This program includes

- a new Code White process and training program
- quick access, through the Horizon Skyline (intra-net), to materials on violence prevention such as
  - posters
  - process flow-charts
  - de-escalation tip sheets
  - updated information on reporting

The health authority is now using the Parklane reporting system, which lets staff report all violent incidents electronically. This includes verbal and emotional abuse and "near miss" potential injuries whether physical or psychological. The health authority also plans to deliver three levels of violence-prevention training to staff. The first level is for all staff. The second level is for managers and supervisors. The third level is for Code White team members and security staff.

Ontario — Published Resources

Ontario has a number of published resources that offer useful information about dealing with violence in healthcare situations. These include:

- *Workplace Violence Risk Assessment Tools, Individual Client Risk Assessment Toolkit,* and *Communicating the Risk of Violence: A flagging program handbook for maximizing preventative care.* All 3 of these are published by the Public Services Health and Safety Association (PSHSA)
- *Preventing and Managing Violence* published by Registered Nurses' Association of Ontario
- *Workplace Violence and Harassment: A guide for ONA members* by the Ontario Nurses' Association

Several facilities in Ontario also have violent-patient flagging protocols developed including

- Southlake Regional in Newmarket
- Michael Garron Hospital in Toronto
- Windsor Regional Hospital
- the Royal Ottawa Health Care Group
- Brockville Mental Health Centre
- Runnymede Health Centre Retirement Home in Toronto

Nova Scotia

A Workplace Violence Prevention Program developed by AWARE-NS and WCBNS provides a framework for organizations to be compliant with NS regulations. This program provides many tools and resources including risk assessment guides, policy development, a process for incident investigations, and other materials that can help to build and strengthen employer-specific programs.

Recommendations

SAFE WORKPLACES: A JOINT RESPONSIBILITY

Health and safety is the responsibility of both employers and employees. In fact, this is the basis of the Occupational Health and Safety Act and Violence in the Workplace Regulations in Nova Scotia.

It is important to remember that local structures exist at individual work sites that are designed to protect workers and promote safer workplaces. Occupational Health and Safety law in Nova Scotia, as in the rest of the country, is based on the concept that employers and employees in the workplace share responsibility for ensuring and promoting health and safety. One central embodiment of this Internal Responsibility System (IRS) is the workplace Joint Occupational Health and Safety (JOHS) Committee. JOHS committees bring workers and managers together on a regular basis to cooperate on health and safety issues, including assessments, hazard identification, policy implementation, work refusals, and workplace accommodations. The recommendations presented in this report are designed to empower JOHS committees and facilitate their work, and not to relegate them to the sidelines.

Best practice in occupational health and safety recognizes that programs and solutions should reflect the individual circumstances of each workplace and work site. The recommendations presented here will need to be implemented at the local level to be fully realized. The recommendations included in this report will help JOHS committees do their work.

A. POLICY AND PROGRAM FRAMEWORK

Occupational Health & Safety Program

The NSHA is developing a provincial violence prevention program that will apply to the entire NSHA. The program will include policies and procedures on such things as how and when to report violence, how to investigate, and how to debrief staff.

A single program for the entire NSHA means staff will receive consistent training, policies, and procedures no matter where they work. The way violence is flagged, reported, tracked, and investigated will also be consistent. Staff can also expect the same rules on debriefing after an incident. This will make it easier to measure how well the program is working and to track compliance. The program will be designed to take into account the distinct nature of each emergency department.

To ensure effective implementation, JOHS committee members require sufficient and quality training concerning their roles and responsibilities. Working groups in other jurisdictions have also developed tools to investigate violent incidents. A common tool that provides a common framework and terminology to investigate violent incidents will be developed for the NSHA.

Recommendation

1. COLLABORATION

Unions and employers will work together to prevent workplace violence. Unions will also encourage their members to take part in training and to participate on JOHS committees.

- Create a provincial occupational health and safety (POHS) group that includes representatives from the NSHA, CUPE, NSGEU, NSNU, and Unifor. The group will meet at least once every three months to discuss trends using leading and lagging indicators and to look at issues affecting workplace safety in the province.
- Develop terms of reference for this group that reflect the relationship between the provincial, zonal, and site-level occupational health and safety committees.
- Develop a communication strategy so that union partners can be informed when a significant workplace violence incident occurs so staff can receive timely support from both their employer and their union.

When will this happen?
- The POHS group will be established by February 28, 2017.
- The protocols for informing unions of significant workplace incidents will be established and in use by June 2017.

Recommendation

2. WORKPLACE VIOLENCE PREVENTION PROGRAM

Develop and implement a workplace violence prevention program for the NSHA in consultation with safety, health, and labour organizations, and occupational health and safety committees. It will include

- education and training
- a violence-risk-assessment process
- policy and procedures
- reporting structures
- investigation processes
- staff supports including mandatory incident debriefing protocols inclusive of timelines
- data management and monitoring

When will this happen?
- Education and training, including awareness of debrief requirements, and risk assessment process will be in place by April 2017.
- Consistent organization wide reporting structures, including investigation and standard debriefing protocol process, will be in place by December 2017.

B. DATA MANAGEMENT

Before the NSHA was formed there were nine district health authorities each with its own data-management system.

Recommendation

3. DATA-MANAGEMENT SYSTEM
Create a single data-management system in which staff can record the following:
- incident reports
- electronic submission of reports to WCB
- hazard assessments
- inspection reports
- injury reports
- investigation information
- training records and expiry dates
- notifications
- immunization records and expiry dates
- health assessment records
- compliance reports
- case management documentation

Use the information from this system to take a proactive approach to planning for a safe and healthy workplace.

When will this happen?
A single data-management system will be in place by December 31, 2017.

C. WORKPLACE VIOLENCE RISK ASSESSMENT

All health service employers in Nova Scotia are required by law to carry out violence risk assessments. They are completed in consultation with local JOHS committees. The committees keep copies of the completed assessments. These assessments must be renewed a minimum of once every five years.

Risk assessments note the following as possible sources of violence:
- intruders
- patients or clients
- employees
- friends and family of employees
- friends and family of patients

Hazards are assigned ratings according to both the likelihood of violence occurring and the estimated impact of that violence. Many different assessments are currently being used.

Recommendation

4. WORKPLACE VIOLENCE RISK ASSESSMENTS

A common risk-assessment tool will be developed and used for the entire NSHA. All community-based emergency departments will consult with their local JOHS committees to conduct a violence risk assessment and prevention plan. Risk assessments will do the following:

- Assess the security needs of the emergency departments.
- Recommend checkpoints or procedures to control public access to departments and facilities.
- Include renewal dates as outlined in the Nova Scotia Workplace Violence Regulations.
- Provide ways to work, consult, and share information with law enforcement.
- Audit risk assessments to ensure they are complete and comply with regulations.
- Store compliance reports and share them with the local JOHS committees and senior leadership.

When will this happen?

Risk assessments for all community based emergency departments will be completed by August 2017.

D. EMERGENCY PREPAREDNESS

The NSHA is working to enhance policies and procedures that keep patients and visitors safe. They are also developing procedures to control access to or lock down facilities. Employees, including contract staff such as security personnel, will need regular, adequate training on these policies.

- Local JOHS committees will help to determine how best to carry out these policies at each location.
- Law enforcement may need to be called in to help handle an emergency situation. In Nova Scotia, emergency plans are in place for schools. These plans include photos, building layout, entrances and exits, and are updated yearly. Similar plans could be developed for healthcare facilities across the province.

Recommendation

5. EMERGENCY RESPONSE

Develop comprehensive (NSHA wide) emergency response and management policies and procedures to help control the environment when there is a situation of violence. Common codes specific to healthcare such as Code White, and tools such as Access Control and Lockdown will help to alert employees to a situation where resources will be deployed to help mitigate risks of violence.

- Training should be developed in consultation with industry stakeholders and according to best practice.
- Employees and other responders should receive adequate and regular training on emergency preparedness policies and procedures.

- Building on existing emergency preparedness structures, the NSHA will consult with law enforcement and the Department of Justice to assist in the development of best practice emergency plans for hospital settings.

When will this happen?
The emergency response policies and procedures will be in place by August 2017. All Community based emergency department staff will be trained and able to implement the procedures by December 2017.

E. COMMUNICATION, EDUCATION, AND TRAINING

Employers in Nova Scotia must, by law, provide information and training to ensure the health and safety of employees. The law does not lay out conditions for this training. Research suggests that healthcare staff should be trained in de-escalation and methods of non-violent crisis intervention. Different employees will need different levels of training based on their likelihood of coming into contact with violence. Some of this training could be offered online to make it accessible to more employees.

Recommendation

6. EDUCATION AND TRAINING
Use a risk-assessment tool to decide which level of training each employee needs given their job and risk of encountering violence.

- Provide basic education on occupational health and safety including the Internal Responsibility System (IRS) to all employees, which includes what employees have a right to know, a right to participate in, and the right to refuse to do.
- Provide hands-on training in non-violent crisis intervention to employees in higher risk areas.
- Offer recertification training to employees to maintain the skills they need as determined by the risk-assessment tool for their work area.

When will this happen?
Education and training is ongoing for all staff however all training as required in accordance with the risk assessment for community emergency departments will be completed by December 2017.

F. SECURITY, SAFETY, ENVIRONMENT, AND EQUIPMENT

SECURITY PERSONNEL
A good security program may result in fewer injuries to staff, patients, and visitors. It helps staff feel supported and results in fewer lost-time incidents.

Security can have a positive impact on patient safety, including the ability to follow a designated care plan. For this reason, security personnel should be considered part of the care team.

The number of security personnel at a location, or available to help at a location, should be based on site risk assessments that consider the following:
- the work setting and building structure
- the number and training levels of staff present
- the community
- the proximity of police services
- the history of incidents
- experience from similar locations

To ensure high quality security personnel, the length and content of security training programs should meet the standards set out by the International Association for Healthcare Security & Safety (IAHSS).

Security personnel must be trained before they work in a healthcare setting. They should be offered ongoing training that is delivered by qualified personnel.

Recommendation

7. SECURITY
Use facility risk assessments at all community emergency departments in the province to decide if and how many security personnel are needed.

- Ensure all healthcare employees are aware of the role security can play to support the provision of safe and quality health care.
- Make security part of the care planning team. Train security with other members of the care team. Give them the guidelines for sharing information in keeping with workplace safety and privacy laws. Include them in safety huddles and Joint Occupational Health and Safety (JOHS) committees.
- Make sure security get consistent training and operate to consistent standards.
- Give security the appropriate equipment as determined by the risk assessment.

When will this happen?
Full integration of security into the care team for community emergency departments will be completed by August 2017.

ALARM SYSTEMS

Healthcare workers need a way to call for help when they are faced with the threat of violence. A good system does the following:
- alerts others to the danger
- alerts security
- lets staff and security talk to each other

All staff should be trained in how to use the alarm system. Personal alarm systems should be tested regularly and be comfortable to wear and use.

Recommendation

8. EMPLOYEE COMMUNICATION DEVICES

Give employees who may be alone with patients, visitors, or family a tool to contact other staff or request assistance. Use the risk assessment to decide who should be given such tools.

- Teach staff how to use the communication system.
- Test the communication system regularly.
- While broader risk assessments are being done, each community emergency department will decide which communication tool is best for its employees. The NSHA will ensure that there are enough such tools for all employees who need them as determined by the violence-risk-assessment process.
- As a stop-gap measure until the comprehensive violence risk assessment can be completed, the NSHA will provide audible mobile personal alarms to employees of community community-based emergency departments who are currently without a communication device and who may be isolated with patients.

When will this happen?

- Audible mobile personal alarms will be provided by February 2017.
- Upon completion of the violence risk assessments all community emergency department staff will be provided with the appropriate communication devices as indicated by the assessment by August 2017.

G. DATA MONITORING AND TRACKING

Reporting systems

The NSHA is developing common reporting systems. At this time, much of the NSHA data on worker injury comes from the Workers' Compensation Board (WCB), which tracks only injuries where compensation is paid. It does not track all forms of violence. For example, threats and near misses are usually not reported to the WCB system.

Reporting violence must be an easy process to get the best data possible. This data will be used to improve worker safety. Staff should know what counts as violence, when violence should be reported, and how it should be reported. Clear categories should identify at least three things:

- The source of the violence: Is it a patient, family member, visitor, staff member, or someone else?
- The nature of the violence: Was it verbal or physical? What was the violent act punching, spitting, sexual assault, or something else?
- The actions taken as a result: Were security or police called? Did someone need medical attention?

Recommendation

9. REPORTING VIOLENCE IN THE WORKPLACE

Allow staff to report violence in different ways including online, using a mobile phone or tablet, and on paper.

- The reporting system should allow users to spot trends and areas of particular concern. These would then be reported to the JOHS committee.
- Teach staff to recognize workplace violence and what their obligations are for reporting it, including threats.
- Display a code of conduct in community emergency departments to let everyone know how they are expected to behave and what happens when behaviour is unacceptable.
- The reporting system should be secure so staff understand that they can report incidents in confidence without fear of reprisal.

When will this happen?

The current reporting processes of the former district health authorities will remain in place until the common system is developed. The common reporting system will be implemented by December 31, 2017.

VIOLENCE ALERT IDENTIFICATION

Violence is a serious and growing problem for healthcare workers. They have a right to know about potential violence. Having this knowledge allows them to take precautions and to provide the best care possible.

Nova Scotia law, and in particular the Violence in the Workplace Regulations, gives employees the right to know about workplace hazards, including risks from patients and families.

Some hospitals and health authorities in other provinces use electronic and visual markers on a patient's chart, in the patient's physical setting, and on the patient themselves (wristbands).

If patients are recognized as potentially violent, additional supports need to be put in place to ensure that the patient and those caring for the patient are safe. Care plans may need to change to reflect the additional supports this patient may require. Security supports may need to be temporarily increased while such patients are being cared for.

Recommendation

10. VIOLENCE ALERT IDENTIFICATION

Put an NSHA-wide client identification alert system in place to warn staff of potential danger and to signal that a patient may need additional care. The system may use visual or electronic cues that the healthcare team will recognize. Such a system balances the need for employee safety and patient privacy.

- Develop policies and procedures to decide how to identify and manage alerts.
- Maintain a balance between employee safety and patient privacy as these policies and procedures are being developed and put in place.
- Create and use one patient-assessment tool throughout the NSHA to identify the potential for a patient to be violent. Assess every patient's potential for violence with this tool.

When will this happen?

A patient-assessment tool that identifies the risk of violence will be available and in use across community based emergency departments by April 2017.

Nova Scotia's health system currently has many technology systems that are used by clinicians and support staff to provide patient care across the province. Many of these systems are unable to share information between them. One Patient One Record, a project initiated by the government of Nova Scotia, will modernize Nova Scotia's health information systems by allowing the right information to be available to the right person at the right time. The NSHA will advocate for client identification alerts within this system. In the interim the NSHA is exploring how consistent client identification alert protocols could be accomplished with the different electronic patient charting systems.   The development of policies and procedures to guide client alert identification while balancing ethical and safety considerations will be in place by December 2017.

H. PARTNERSHIPS AND COLLABORATION

A good way to ensure safe workplaces is to have employers, labour, and safety organizations work together to share the benefits of research, data, best practices, and expertise, and to develop a culture of safety in the workplace. The working group would like to see this kind of collaboration continue in the work ahead.

The NSHA, labour, and safety organizations will work together to put these recommendations into action. The NSHA will report on the implementation of the recommendations, measuring progress, and methods of overcoming obstacles to the Provincial Occupational Health and Safety Committee.

Recommendation

11. INFORMATION SHARING BETWEEN HEALTH AND SAFETY INITIATIVES

Health and safety organizations and working groups focused on health and safety should learn from each other:
- Make sure that all work being done to improve workplace health and safety builds upon the violence prevention programs of AWARE-NS and the WCB.
- Make sure the recommendations from this report fit with the overall development of the provincial safety action plan by sharing them with the steering committee for Workplace Safety Action Plan for Nova Scotia's Health and Community Services Sectors.

When will this happen?
This report will be formally shared with the steering committee of the Workplace Safety Action for Nova Scotia's Health and Community Services Sectors immediately upon its release.

Recommendation

12. IMPLEMENTATION

The NSHA will provide an annual report to the Minister of Health and Wellness as an update on the implementation of the recommendations in this report.

When will this happen?
January 12, 2018.

Nova Scotia Health Authority
Hospitals and Health Centres

Buchanan Memorial
Sacred Heart
Inverness Consolidated Memorial
Harbourview Hospital
New Waterford Consolidated
Northside General
Glace Bay Health Centre
Victoria County Memorial
Cape Breton Regional
North Cumberland Memorial
Lillian Fraser Memorial
Cumberland Regional
Sutherland Harris Memorial
All Saints Springhill
Aberdeen
Strait - Richmond
St. Martha's Regional
Guysborough Memorial
Bayview Memorial
South Cumberland
Colchester East Hants Health Centre
Eastern Memorial
Valley Regional
Musquodoboit Valley Memorial
Western Kings Memorial
Eastern Kings Memorial
St. Mary's Memorial
Soldiers Memorial
Hants Community
Eastern Shore Memorial
Annapolis Community
Cobequid
Twin Oaks Memorial
East Coast Forensic Hospital
Digby General
Dartmouth General Hospital
South Shore Regional
Nova Scotia Hospital
QEII Health Science Centre
Fishermen's Memorial
Queens General
Yarmouth Regional
Roseway

Hospitals and Facilities
- Tertiary Hospital
- Regional Hospital
- Community Hospital
- Community Hospital with Collaborative Emergency Centre
- Community Health Centre

Management Zones
- Western
- Northern
- Eastern
- Central

nova scotia health authority

This map includes hospitals and health centres only and does not reflect all buildings in which NSHA services are provided.   MC0028-02-16

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