

Workplace Violence Prevention in Health Care Brief Organizational Assessment Tool: Ontario Long Term Care Homes

This tool was originally developed for hospitals as part of the Workplace Violence Prevention in Health Care Leadership Table. It has been adapted for long-term care homes to address the needs of the sector.

Long-term care homes are an environment where residents often feel vulnerable and anxious. This can include, for example, aging residents and their caregivers/care partners, individuals experiencing a physical or mental health crisis, those needing addiction support, and residents who have unmet needs they are unable to express. According to the Canadian Institute of Health Information (CIHI) (2015-16), fifty percent of residents with dementia in long-term care exhibit responsive behaviours. Some examples of responsive behaviours include: verbal or physical aggression (striking, self-harm), exit seeking, resistance to personal care, refusal to eat/take medication, etc. These behaviours may be due to a number of factors including an unmet need (e.g. pain, environment (hot/cold), feeling hemmed in, influences of other residents/staff and social history). Despite the fact that an aggressive action stemming from a responsive behaviour may be due to dementia or an unmet need, if it leads to an aggressive action against a worker in a workplace and meets the definition of workplace violence under the *Occupational Health and Safety Act*, (OHSA), it is considered workplace violence (herein referred to as workplace violence). Workplace violence in long-term care homes can originate from a number of sources, including from residents and their families and friends or other external people and/or from any employee associated or formerly associated with the workplace.

In order to prevent workplace violence, employers must implement workplace violence policies, measures, procedures and programs, conduct risk assessments and re-assessments for the risks of workplace violence, establish measures and procedures for: summoning immediate assistance when violence occurs or is likely to occur, reporting violent incidents and investigating incidents and complaints of violence, and providing information, education and training to workers so they may recognize and be protected from workplace violence. Employers, typically represented by senior management, hold the greatest responsibility with respect to worker health and safety within health care workplaces such as long term care homes.

Introduction

This brief assessment tool is to be formally considered diagnostic of deficiencies in policy and practice, and would not be a substitute for a fully structured program audit.

The assessment tool contains fifteen indicators that align to four dimensions of violence prevention programs:

A: management commitment and worker participation (four indicators)

B: workplace violence risk assessment and hazard identification (five indicators)

C: hazard prevention and control measures (five indicators)

D: program evaluation (one indicator)

How to Use the Long Term Care Home Assessment Tool

The response options to each indicator statement are: never, rarely, sometimes, often, always (with the exception of Item D.1, which has a simple yes/no response option).

In the administration of the assessment tool in individual homes it is recommended that Joint Health and Safety Committee Co-Chairs/Health and Safety Representative (HSR) (in workplaces with 6-19 workers) lead committee members in a consensus process to assess the home's performance on each of the fifteen indicators. It is further recommended that worker members and employer members meet separately to assess the home's performance on each of the fifteen indicators, followed by a full committee consensus discussion.

A consensus assessment of an individual indicator statement that is 'never, rarely or sometimes' would indicate a dimension of the violence prevention program that may be appropriate for attention. A home may seek assistance from external resource experts for advice and assistance.

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Response options to items A.1 – C.5: never, rarely, sometimes, often, always

A: Management Commitment and Worker Participation

- A.1 Workplace violence incidents are reported to the Board of Directors, Administrator of the Home, the Director of Care and the Executive Leadership Team (consider sensitivities around disclosure of personal information)
- A.2 Management (Administrator of the Home, Director of Care, and/or the Executive Leadership Team) responds to reports of workplace violence incidents and communicates their plan of action.
- A.2 The Home Administrator, the Director of Care and the Executive Leadership Team demonstrates leadership and commitment to workplace violence prevention
- A.3 The Joint Health and Safety Committee/Health and Safety Representative (in workplace with 6-19 workers) receives and reviews all incident reports of workplace violence in a timely manner
- A.4 The Joint Health and Safety Committee is consulted in the development of measures, procedures and training for workplace violence prevention
- A.5 The Joint Health and Safety Committee/Health and Safety Representative receives a copy of the results of the assessment and reassessment of risks of violence, if it is in writing

B: Workplace Violence Risk Assessment and Hazard Identification

- B.1 Incidents of workplace violence are investigated to identify root causes (e.g. resident triggers) and implement measures and procedures to eliminate reoccurrences
- B.2 The details of events resulting in Code White¹ procedures are consistently recorded and communicated to staff (consider sensitivities around disclosure of personal information)

¹ Some long term care homes may use different code words, other than 'code white', for recording and communicating workplace violence incidents

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- B.3 Residents living in the home are assessed for behaviors that may indicate an increased risk of violence
- B.4 Workplace violence prevention programs should establish procedures to ensure reassessment of the risk of workplace violence is conducted as often as necessary to ensure the policy and program continues to protect workers.
- B.5 We use electronic and visual tools to communicate to workers about violence risk and history of violent behavior in individual residents living in the home. Ensure these indicators are placed in such a way as to prevent a breach in personal health information (i.e. in compliance with PHIPA). These indicators should be updated to reflect if the risk of workplace violence is likely to expose a worker to physical injury.

C: Hazard Prevention and Control Measures

- C.1 The home Administrator, the Director of Care, supervisors and workers have been trained in all workplace violence prevention measures and procedures appropriate to their job, including those related to aggressive and responsive behaviours.
- C.2 Near-miss incidents of workplace violence are investigated in a timely manner.
- C.3 Workers are educated and trained to respond in cases of workplace violence
- C.4 Workers follow procedures concerning reporting of workplace violence
- C.5 Workers are provided with effective mechanisms to summon immediate assistance when violence occurs or is likely to occur.
- C.6 Home leadership acts on workplace violence prevention recommendations from the Joint Health & Safety Committee/Health and Safety Representative in a timely manner.

D: Program Evaluation

- D.1 Home leadership has quality improvement programs in place that incorporate workplace violence prevention that are developed in consultation with the JHSC/HSR (yes/no)
- D.2 Home leadership communicates the results of the evaluation to all workers, (and residents and family) and identify areas of improvement that will be addressed in a timely manner.

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