

Engaging Residents and Families in Workplace Violence Prevention

Background

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.

Engaging Residents and Families in Workplace Violence Prevention: A Guide for Organizational Leaders in Healthcare

Introduction

Long term care (LTC) leaders have workplace violence prevention plans to provide a safe and healthy place for workers and residents. To prevent violence, everyone must help. This guide provides approaches on how long-term care homes can partner with residents and families so they can help prevent violence. The strategy in this guide is built upon the idea that the long-term care home is a sanctuary for residents and a workplace for healthcare workers. As a sanctuary for residents and families, it is important that residents and families work to promote a positive environment for themselves and others. As a workplace, residents and families need to know how they can assist in efforts to make the long-term care home safe and healthy for all who are within the home. The guide describes a partnership approach whereby residents and families can be made aware and are engaged and actively contribute to the LTC home's workplace violence prevention program.

A Long-Term Care Home as a Place of Care

LTC homes are a place with a mandate to provide residents with daily medical care and treatment needs and activities of daily living to promote the wellbeing of residents. Keeping everyone as safe as possible requires thought and effort from all involved.

Why Should Everyone Care About Workplace Violence in Long-Term Care Homes?

- Violence that includes aggressive and responsive behaviours by all persons in the workplace (e.g. residents, visitors, volunteers, physicians, workers, students and other) affects both workers and residents.
- It's the law. The *Occupational Health and Safety Act* (OHSA) requires workplaces to put measures and procedures and programs in place in order to prevent workplace violence.
- Results of workplace violence are devastating to all involved.
- When workers and residents are afraid of violence, it interferes with the care and support that residents have a right to expect and that the worker wants to give. While LTC homes provide residents with daily medical care, treatment and activities of daily living, they can also be stressful places for residents and families where emotions run high, because homes are the landing places for palliative care and chronic disease.
- Preventing workplace violence to make both workers and residents safe is what we strive for. It is what this important guide – Engaging Residents and Families in Workplace Violence Prevention is about.

Sources of Violence

Circumstances of change often result in varied emotions which may bring out expected and unexpected behaviours and actions that lead to resident, family and staff reactions. In LTC homes, residents and families are often faced with experiencing significant health care changes that may be life altering or emergent and sometimes leading to end of life.

Violence can occur at any time, but there are particular situations where they often occur, such as when a resident is denied a request, asked to do something that they do not want to do, or when told to stop doing something they want to do (Bowers et al. 2014). Violence can also occur during the dispensing of medication, after the resident has received bad news, during workers shift change, when workers are unable to respond immediately to resident concerns, longer than anticipated wait times and even when personal care is provided.

Types of Violence

While health and safety legislation defines violence as a threat, an attempt, or the act of doing actual harm, it also identifies harassment and sexual harassment as behavior that must also be addressed.

Workplace Harassment is engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome.

Workplace Sexual harassment is engaging in a course of vexatious comment or conduct against a worker in a workplace because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome. This includes making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the worker, and the person knows or ought reasonably to know that the solicitation or advance is unwelcome.

Bullying is defined as repeated, persistent, continuous behaviour as opposed to a single negative act and is generally associated with a power imbalance between the victim and perpetrator, where the victim feels inferior (Salin 2003).

Workplace Violence means,

- (a) the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker,
- (b) an attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker,
- (c) a statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

Discrimination, according to the Ontario Human Rights Code, means discriminating against another based on race, colour, ancestry, creed (religion), place of origin, citizenship, sex (including pregnancy, gender identity), sexual orientation, age, marital status, family status, disability, and receipt of public assistance.

Violence in the workplace has been broken down into categories, which can be useful for understanding types of violence.

- **TYPE I.** External perpetrator (thefts, vandalism, assaults by a person with no relationship to the workplace)
- **TYPE II.** Client/Customer (physical or verbal assault of an worker by a resident/family member) someone who receives service from the organization
- **TYPE III.** Employment related. The violent person (physical or verbal) has or had some type of job-related involvement with the workplace.
- **TYPE IV.** Domestic violence (personal relationship)

This guide is concerned primarily with **TYPE II** violence. Examples of Type II workplace violence in a long-term care may include:

- Verbally threatening to attack a worker
- Leaving threatening notes at or sending threatening e-mails or calls to a workplace
- Shaking a fist in a worker's face
- Wielding a weapon at work (e.g. contaminated syringe, scissors, knife, cane, walkers, etc.)
- Punching, Hitting or trying to punch or hit a worker
- Throwing an object at a worker
- Sexual violence against a worker
- Spitting at a worker
- Stabbing a worker

Criminal Code Implications

Canada's *Criminal Code* defines assault and its consequences for all who commit the crime. The *Criminal Code* applies everywhere, including long-term care homes.

Section 266 of the *Criminal Code* states that everyone who commits an assault is guilty of an offence.

An assault is defined by criminal statutes as either: an attempted battery, or "an act intended to create a reasonable apprehension of imminent harm that is either harmful or offensive".

For example, attempting to kick someone may be an assault. Similarly, attempting to spit on someone, because spitting is an offensive behaviour.

"Intentional violence" is considered a crime — even in a LTC home. A person could even be convicted of the crime of assault for violence in a LTC home.

Non-intentional Violence in Long-Term Care

It is important to note that non-intentional violence also occurs in LTC homes and may not constitute assault under the *Criminal Code*. Circumstances vary and not all workplace violence — or assaults — that occur in long-term care homes are criminal in nature. However, workplace violence is a violation and is considered a hazard according to *the Occupational Health and Safety Act* (OHSA). Therefore, the workplace must undertake preventative action and react to protect everyone. This includes collecting information regarding triggers and behaviours and implementing controls and interventions so that violence is prevented.

Long-Term Care Homes as a Workplace

LTC homes are workplaces covered under the *Occupational Health and Safety Act* (OHSA). Under the Act, employers, supervisors (may be referred to as managers) and workers have obligations to prevent workplace violence and all parties must act in accordance with their authority to prevent workplace violence. Employers have the greatest responsibility under the OHSA to protect workers, then supervisors (both are responsible to take every precaution reasonable in the circumstances for the protection of a worker) and workers have a legal obligation to report all hazards to their supervisor or employer and work in compliance with the OHSA and its regulations.

The OHSA is very different from the *Criminal Code*. The OHSA is not concerned with the intent of violence. Rather it focuses on the impact of the violence, and the requirement to prevent it, whether intentional or not.

A safe environment is one where:

- Workers, residents and families can, and do, report violence.
- Everyone faces the issue of violence head on and speaks frankly about it.
- Supervisors /Managers listen and adjust practices and protect workers.
- Everyone is working to help build an environment where everyone feels and is kept safe.
- Workers have the training and knowledge they need, with an understanding of all four types of violence and the long-term care home's workplace violence policy, measures and procedures of the program.

Everyone has a Role in Preventing Workplace Violence

Organizational leaders, which can include board members, administrators and CEO's, must take responsibility and prioritize workplace violence prevention. This includes putting in place measures and procedures to ensure the safety of workers and residents. They must create the strong commitment and foundation to preventing violence that will flow down throughout the organization.

Managers/Supervisors

Managers prevent violence by ensuring that LTCH policies are followed and that the measures which have been implemented are working. When violence occurs, an investigation of root-cause analysis and gaps should be conducted by the manager/supervisor including a constant re-evaluation to make sure that learnings from the investigation make workers and residents safer than the day before. A healthy environment is one where workers, residents and families are encouraged to and can report violence, where everyone faces the issue of violence head-on and speaks bluntly about it, where managers/supervisors can hear and adjust practices, and where all can help build an environment where everyone feels safe.

Front-Line Workers

Workers within LTC homes have received training about all four types of violence and on the LTC home's workplace violence policy, measures and procedures contained in the program. Workers have a legal duty—under the OSHA to report any threat or any incident of workplace violence. This progression should create an environment where safety is always improving.

Residents and Families

Residents and families have a role, too. They must know what is expected of them and be aware of what they can do to contribute to a safe and healthy environment for all. They must understand that the long-term care home has zero tolerance for violence and that required action to prevent further occurrences of violence will be taken. Any behavior that they exhibit that is perceived as a threat of physical violence by workers is considered a form of workplace violence.

Partnering with Residents and Families

Partnering with residents for high-quality care is not new in health care. What's new is using the partnership model to prevent workplace violence in the workplace.

A partnership approach builds a safer and healthier atmosphere for both the workers and the residents. Resident Partnership goes by many names: Resident Engagement; Resident Centered Care, Resident Experience; Residents First; and Resident Partnerships. The fundamental characteristics include resident involvement in care and the principle of individualization of care. Research has shown that resident centered interactions promote adherence and lead to improved health outcomes. Each resident has different needs and knows best about those needs. The idea was pioneered to shift focus away from diseases and back to the resident and family. It promotes a better understanding of the experience of illness and of addressing residents' needs. Partnering with resident and families in workplace violence prevention is just as important as including them in care – residents and families know best how workers should interact and assist.

Residents and families are enlisted as allies in designing, implementing, and evaluating care systems. This concept was introduced in the landmark Institute of Medicine (IOM) report *Crossing the Quality Chasm 2* as a fundamental approach to improving health care. The IOM defined patient-centered care as “care that is respectful of and responsive to individual patient preferences, needs, and values” and that ensures “that patient values guide all clinical decisions.” This definition highlights the importance of clinicians, families and residents working together to produce the best outcomes possible.

Residents and families should be welcomed as integral members of the health care team and are viewed as allies for improving quality and safety. Extending this principle to partnering in the prevention of workplace violence means weaving a role for residents and families into an organization’s workplace violence prevention planning.

Workplace violence prevention planning should include steps to make residents and families aware of the long-term care home’s violence prevention program. This can be done in various ways, such as brochures, posters/signage as well as in a one-on-one conversation at intake or admitting points. Long-term care homes should also be communicating risks associated with workplace violence to residents and families and stressing the benefits of preventing violence. Residents’ families should also be engaged in controlling risks to the greatest extent possible.

Some long term care homes may use the term “zero tolerance” for workplace violence. If used, the term should be explained or interpreted to mean that every step will be taken to identify and minimize sources of violence and that when incidents occur, action will be taken in accordance with due process and considering all circumstances of the incident. It does not mean that all outcomes will be the same.

Resident/Substitute Decision-Maker (SDM) and Family Rights and Responsibilities

In partnerships, rights and responsibilities are shared. Residents and families should understand the commitments they can expect and what is expected of them. As an example, the Residents’ and Family councils are vehicles for communicating on a regular basis in accordance with the Long-Term Care Home Act.

Researchers at the Picker Institute identified characteristics of care as the most important indicators of quality and safety, from the perspective of patients:

- Respect for the patient’s values, preferences, and expressed needs;
- Coordinated and integrated care;
- Clear information and education for the patient and family;
- Physical comfort, including pain management;
- Emotional support and alleviation of fear and anxiety;
- Involvement of family members and friends, as appropriate;
- Continuity, including through care-site transitions;
- Access to care.

Resident (and Family) Rights (in Accordance with Resident's Bill of Rights):

- Be treated in a kind and respectful way
- Expect care to include the language of partnership for decisions – language that is welcoming, encouraging, and implied joint decision making. For example, saying: “I need to talk to you about this in order for this visit/interaction to be safe for you and others”
- Receive culturally sensitive care
- Expect that all information about care will be kept private and confidential in accordance with the law
- Be given information in a way that is understandable
- Health care teams share important information with each other
- Participation in making decisions about care
- Able to refuse care as permitted by law
- Know the names and roles of people involved in care
- Know the name of the doctor in charge of care
- Express concerns and get answers to questions
- Be told of the fees not covered by OHIP
- Be made aware of the OHS/A employer obligations to protect workers from workplace violence
- Be made aware that engaging in workplace violence may be a crime under the Criminal Code

Resident/ Substitute Decision-Maker (SDM) and Family Responsibilities While in the Long-Term Care Home

- Be polite and respect other residents, visitors and members of the health care team
- Raise any concerns early in the conversation or interaction
- Recognize how the needs of other residents and families may sometimes be more urgent than your own
- Give accurate information to your health care team to help them plan your care
- Give your health care team the name of the person who will represent you if you cannot make decisions for yourself
- Follow the plan of care the best way you can
- Accept responsibility for the decisions you make about your treatment
- Respect home property and act in a safe and responsible way
- Understand and be responsible for non-OHIP expenses

Resident (and Family) Rights (in Accordance with Resident's Bill of Rights):

- Accept responsibility for the actions you take while in the long term care home
- Advise the health care team of anything that may cause you to become aggressive during your stay.

Helping Residents and Family Members Understand Their Role

Even in times of crisis, families need to understand the consequences of their actions. They are a part of the solution in resolving issues and concerns to prevent workplace violence. Residents, family members and visitors should also understand that violence is not tolerated and that preventing violence in the long-term care home is for their protection, as well. The goal is to make the environment safe for all.

Residents and family members need to understand that providing information on triggers and behaviours will ensure that care is delivered in a way that prevents workplace violence and at the same time is timely and sensitive. Providing this information means that greater likelihood for a violent incident-free stay as managers, supervisors and workers will be made aware of these triggers and behaviours and will be able to customize the delivery of care to ensure safety for all. The triggers and safety interventions will be noted on the chart which could prevent violent incidents from re-occurring. Residents and families should be told how providing trigger and intervention information can help caregivers accommodate the habits of residents, which helps provide the best care possible. For example telling workers that bathing or toileting often leads to physical aggression would allow workers to come up with strategies to help eliminate hazards and reduce the risk of violence. Another example might be informing workers of the trigger of loud noises or television shows depicting war that may trigger physical and verbal violence in a resident who has moderate dementia and possibly post-traumatic stress disorder who had previously served in the army or navy and who is regressing to being on the war front.

Communication is key to establish everyone's health and safety. Important messages to communicate include:

- Workplace Violence will not be tolerated.
- Workers and staff in the LTC home are here to provide you the best care possible.
- Workers need to be informed of any symptoms and of behaviours that you may have while in their care or any history of violent behaviours.
- If the workers know that certain things can trigger violent or emotional reactions in the resident, they can be ready or be able to avoid an incident from occurring.
- If it is not safe for the resident it is not safe for the worker and vice versa.
- Decisions about your care are always informed by current clinical best practice guidelines, as well as principles outlined by regulatory professional colleges, the Occupational Health and Safety Act and other laws.
- Working together keeps everyone safer.

Consequences Taken in Incidences of Violence in LTC- What Residents and Families Need To Know

When violence has first occurred, residents and families will see a response aimed at de-escalating or containing the situation and, if necessary, additional intervention such as restraint. The police may be called to attend to the situation, although resident violence is not always dealt with as a criminal matter. In such circumstances one would first expect that other health care personnel, (security may be included if available) to assist in the emergency. LTC homes may classify-resident action emergencies as Code Whites. When a code white is announced (often over the public address system), personnel respond with the aim of de-escalating or containing the situation with no harm to anyone involved. In the worst situations, i.e. an active assault on a health worker or another resident, workers (or security) may be forced to physically intervene to stop the assault.

Unnecessary restraint is prohibited in LTC homes under the Long-term Care Homes Act (LTCHA). However, if a resident poses a threat of safety to themselves or others the LTCHA does permit short term confinement and use of restraint which would be directed by the most responsible medical provider (i.e. physician or nurse practitioner) and there are clear policies and directions in place with respect to monitoring, application and removal of restraints.

Due to ministry regulations and legislation under LTCHA, police involvement may be required to attend to the situation.

In extreme or sometimes recurrent episodes of violence, a resident may be discharged from the LTC facility, after all appropriate measures have been taken (in accordance with section 145 of the Long Term Care Homes Act and Regulation). With respect to violence stemming from resident's visitors or family members, the visitor or family member may receive a letter from the LTC home that explicitly describes a pattern of behavior which would also clearly indicate that the behaviour needs to stop or that the LTC home will invoke the *Trespass to Property Act* or prohibit entry to all or part of the facility.

Conclusion

Workplace violence will not be tolerated in long-term care. Long-term care homes are a place for care and must be healthy and safe for all those who enter. Long-term care leaders create violence prevention programs with a goal of eliminating and reducing violence. Engaging residents and families in workplace violence prevention is also part of the strategy to work towards safer and healthier long term care homes. Not only will it help to have residents and families know what to expect, but it only makes sense to have them as active participants in the workplace violence prevention program.

References

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Sample Brochure Content

**You need care, but you also have a responsibility:
Keep this long-term care workplace free of violence.**

Why You're Here

You're here because you need to be, either as a resident or to support someone you care about. The health problem you're facing is beyond your own ability to deal with it. Your whole life situation may have just dramatically changed. It's an uncertain time and a vulnerable feeling. But you are in LTC to get better or to cope with a new health reality in your family. The goal – for yourself or a loved one -- is to get the best care possible. That's why our LTC home is committed to stopping workplace violence in all its forms. Health care workers have the right to do their jobs to the best of their ability – free of violence – delivering the highest quality of care.

Why We're Here

Health care workers are part of a team that delivers the right care at the right time. We are busy, focused and efficient, but we chose this work because we want to help. Every day, health care workers see people having the worst days of their life. We come back for every shift because we care. We do our jobs the best we can to help everyone in the home get the care they need.

Everyone in the long-term care home needs to help make it a safe workplace

Violence in this ITC Home Will Not Be Accepted or Ignored

Health care workers often face the risk of violence, but it is never “okay.” There is zero tolerance for workplace violence. Every violent incident involving residents, visitors, family and workers will be reported and investigated. Steps will be taken to address any inappropriate behaviour and to prevent further incidents.

Remember: Violence is not tolerated in society

Long term care home workers want to provide care to anyone who needs it and will work with residents and families who face challenges. However, violence and threats are not tolerated in society, nor will they be tolerated in our long term care home and there can be legal consequences for violent behaviour in a long-term care home, just like any other place.

How You Can Contribute to a Safer LTC Home Workplace

Communication: Health care workers do their best to understand your concerns and needs and act on them. It’s important to communicate. If you’re feeling worried or frustrated, let a health care worker know why. Talk about your needs before you become overwhelmed.

Knowledge: Give accurate information to the health care team to help them plan your care, or that of a family member. If you know that some situations may “trigger” violence, tell someone on the care team, or when the resident is

admitted. If the care team gets to know the resident better as a person, they can deliver care in the way that works best for their personality and background.

Patience: Every resident is a priority. However, priorities, at any given time, differ. The needs of other residents and families may sometimes be more urgent or life threatening than your own. If your needs become too hard to bear, let someone know as calmly as you can.

What are “triggers”? A trigger is something about a resident’s or visitor’s personality or background that can make violence or aggression more likely to happen. It can be something people do or say, or it can be things like loud noises or crowded environments. This information should be shared with the care team so everyone knows how to best care for you, your friend or family member.

Respect: Please be polite and respectful of other residents, visitors and members of the health care team. Respect long-term care home property and act in a safe and responsible way.

Accept responsibility: Be accountable for the decisions you or your substitute decision maker make about your treatment, and for your own behaviour.

What You Should Expect From Us

Kindness: You should be treated and spoken to in a way that is respectful. Your health care team should offer you encouragement and support.

Openness: You should know the names of the people involved in your care team, and the name of the doctor who is directing your care.

Clarity: You should be given information that is understandable. You are allowed to ask questions and should get answers. You should be told in advance of fees not covered by OHIP. You should be told of expected wait times.

Respect for your choices: You should be able to participate in all decisions about your care, and be given reasonable choices. This includes the ability to refuse care, as permitted by law.

Privacy: You should expect that all information about care will be kept private and confidential, in accordance with the law. Residents and visitors must all respect each other's personal space.

Dignity: You should receive care in ways that are sensitive to your culture and background, and expect the health care team to share such information with each other.

We All Have the Same Goal – and Everyone Must Contribute

We count on health care workers to be there when we need them. They need a workplace free of violence to be at their best for us. Violence, or the threat of violence, gets in the way of delivering the best possible care. The long-term care home is a place for trying to make situations better, not worse. We're determined to make this workplace free of violence – everyone must be part of the solution, no incidence of violence will be tolerated.

References

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