Transition Toolkit

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.

Leadership and Accountability

Transition Toolkit

The Transition Toolkit is a resource for Ontario long term care homes (including leadership, and Joint Health and Safety Committees (JHSC)/Health and Safety Representatives (HSR)) (for workplaces with 6-19 workers). It assembles good practices supported by experts in six key Workplace Violence Prevention (WVP) areas:

1. Leadership and Cultural Transformation;
2. Integrated Incident Management;
3. Policies, Programs, Measures and Procedures;
4. Training;
5. Response Teams; and
6. Physical Plant and Structural Impacts

The assembled resources may be adapted to help enhance prevention efforts for each long term care homes unique care environment. Frontline workers, management, resident advocates, JHSC members/HSRs, and unions should be involved in the development and adaptation of materials in these six key areas in order to ensure effectiveness, and a positive workplace culture.

Every long term care employer must embrace and adopt a culture of safety. Preventing violence will only be achieved through collaborative partnerships between members of the board of directors, senior management, unions, JHSCs/HSRs, frontline workers, residents, families, the public, and other local health care facilities. Everyone must be well informed, trained, motivated to collaborate, proactively protect, respond, and learn in order to close any existing gaps that may harm workers.

Employers should aim to exceed the minimum requirements of the *Occupational Health and Safety Act* (OHSA) and its regulations in order to ensure a profound impact in overall safety improvement and culture change.

Leadership and Cultural Transformation

Promoting a culture of safety begins with members of the Board of Directors and senior leadership who provide the stewardship necessary to ensure that the best resident care possible is delivered within a violence-free working environment.

Long term care Board of Directors, Administrators create and implement a strategic plan that places importance on the creation of a working environment free of violence for workers and residents, and members of the board of directors and senior leadership maintain oversight on its outcome.

The strategic plan is shared with everyone in the working environment, targets are set, and achievements towards those targets are also shared and monitored by the most senior committees and the JHSC/HSR. Workplace violence prevention is a clear priority for all.

Increased reporting of incidents is promoted and celebrated, and workers feel supported, heard and protected when reporting hazards. Workers and JHSCs/HSR members also feel supported and heard providing input into policy, measures and procedures, and training that could positively impact worker safety.

Everyone, from the members of the board to residents and families understand how they contribute to a violence-free workplace, and become champions to implement change.

There are several tools that may assist long-term care home employers in planning for a transformation toward a culture of safety and a workplace free of violence.

Accountability Framework

https://www.pshsa.ca/workplace-violence-leadership-table-4

An organizational assessment tool that assists long term care homes in identifying where they are in their workplace violence prevention journey.

https://www.pshsa.ca/workplace-violence-leadership-table-4

Communication Plan for Workplace Parties

https://www.pshsa.ca/workplace-violence-leadership-table-4

Communication Plan for External Stakeholders

https://www.pshsa.ca/workplace-violence-leadership-table-4

Public Awareness Campaign

https://www.pshsa.ca/workplace-violence-leadership-table-4

Health Quality Ontario:

http://www.hqontario.ca/Quality-Improvement/What-Is-Quality-Improvement

Accreditation Canada:

https://accreditation.ca/

Integrated Incident Management

Consistent reporting and data collection provide insights to create a more accurate picture of incident causes, trends, gaps and successes in the existing policies, procedures, measures, training and programs. Results shall be reported to the senior management team, the board of directors, and JHSC/HSRs and unions as applicable. Reporting makes everyone safer.

A set of suggested data collection methods and metrics are provided here:

https://www.pshsa.ca/workplace-violence-leadership-table-4

Health Quality Ontario Tools and Resources:

http://www.hqontario.ca/Quality-Improvement/Quality-Improvement-in-Action

Policies, Programs, Measures and Procedures

Effective workplace violence prevention programs are supported by a clear organizational policy and a commitment to the prevention of workplace violence must be present in the long term care home's strategic plan. Policies must be developed in collaboration with the JHSC/HSR, frontline workers, and partners in the long term care home setting. Once created, the policy must be communicated in language that is accessible, understandable, and engages all parties. The presence of a clear, unambiguous and action-oriented policy lets everyone know that management is committed to reducing violence in the workplace.

Policies, programs, measures and procedures, and guidelines should articulate accountabilities, responsibilities, actions, and highlight awareness. There are several levels of policies, measures and procedures that may prevent incidents of violence or provide a standardized response to incidents of violence or the risk of violence.

Reference Documents from leading organizations:

Workplace Violence Program Assessment Checklist

https://www.pshsa.ca/workplace-violence-leadership-table-4

Pre-risk Assessment Survey

https://www.pshsa.ca/workplace-violence-leadership-table-4

Workplace Violence Prevention Committee - Sample Terms of Reference

https://www.pshsa.ca/workplace-violence-leadership-table-4

Triggers and Care Planning

https://www.pshsa.ca/workplace-violence-leadership-table-4

Engaging Residents and Families in Workplace Violence Prevention for Leaders

https://www.pshsa.ca/workplace-violence-leadership-table-4

Effective Workplace Communications- Safety Huddles Tool

https://www.pshsa.ca/workplace-violence-leadership-table-4

Place Holder for Resource Links

https://workplace-violence.ca/

Behaviour Management Model:

Peel Region Butterfly Home

Peel Region Malton Village's Butterfly Model of Dementia Care believes that all behaviours in people living with dementia result from an unmet need or are due to something in the environment that causes anxiety or irritation. Having staff engage with people living with dementia through activity, conversation or meaningful occupation reduces boredom and increases feelings of well-being. When people are happy and busy they are less likely to engage in negative interactions including violent behaviours. Butterfly homes are filled with

the stuff of people's lives - books, music, kitchen items and baby dolls. Some are involved in activities that support the running of the home such as dusting, sweeping, preparing food, washing dishes and making beds. The key to success in this model is staff engaging with the person during the activity. Through this model we have seen a reduction in violence, which includes aggression and responsive behaviours in the home, a reduction in staff sick time and a reduction in WSIB claims related to workplace violence.

Training

All staff, including management, should be thoroughly trained on all of the long term care home's policies, measures and procedures that are relevant to their work, the goals of the long term care home with respect to workplace violence prevention, and the support structure for reporting, investigation and follow up, and:

- Long term care homes will need to determine appropriate additional training for staff in all areas in order to keep them safe from workplace violence;
- Senior management, members of the board of directors (if applicable), and workers should be trained on their accountabilities through laws and regulations;
- Senior management should ensure adequate self-protection, de-escalation, mental health and dementia care training is provided to all staff.

A training matrix has been developed with the intention to guide employers in providing the most comprehensive training to workers. In completing the matrix, employers are to consider training needs for workers based on their occupation and potential exposure to risk.

Training Matrix

Training Matrix

https://www.pshsa.ca/workplace-violence-leadership-table-4

PSHSA Training

http://www.pshsa.ca/shop/?swoof=1&pa_training-category=training-cat

PSHSA Security Toolkit references training staff should have if there is no security to ensure staff have the skills to intervene in violent situations if necessary.

CAMH Terms of Reference

Centre for Addiction and Mental Health (CAMH)
Workplace Violence Prevention (WVP) Committee
Terms of Reference

Vision:

- CAMH will become the Mental Health Care Sector leader in preventing workplace violence

Values and Principles:

- We have zero tolerance for workplace violence
- We respect the internal responsibility system and the workers' right to participate, and will collaborate with the Unions, management, staff, physicians, and the JHSC to build a WPVP program and a culture of safety
- We approach our work through a lens of the precautionary principle for the protection of workers and patients from physical and psychological harm
- When required, we engage professional internal and external risk assessments and staff training to not only identify risk, but also create capacity to deliver ongoing internal assessments

Shared Goals:

- A culture of transparency and collegiality characterized by timely information sharing and early notification of and consultation with Unions/ Joint Health and Safety Committee (JHSC)on planned projects and initiatives
- Demonstrable leadership from the CAMH executive – cascading through all leadership levels – in the promotion, communication and evaluation of efforts to protect workers and patients from physical and psychological harm
- Consistent root cause analysis of incidents that will guide improvement activities
- An effective, sustainable WVP program that strives to eliminate worker/patient risk of violence while delivering evidence informed care
- Enhanced skills and commitment of CAMH leadership team (including physicians) that reflects competence as per the Occupational Health & Safety Act (OHSA) in consistently and continually identifying hazards, investigating and responding to risks and worker concerns
- CAMH leadership, staff and physicians consistently and continually comply with CAMH's workplace violence prevention measures and procedures
- Heightened awareness of risks with all hazards, near misses and safety related incidents reported and addressed and used to create prevention/learning opportunities
- Consistent and common messaging to all stakeholders

Committee Role:

- Prioritize addressing WVP gaps, including those in communication, investigation, training, flagging, restraints, alarms, security, risk to workers when short staffed, risk assessments, management and physicians' role in protecting workers
- Ensure CAMH compliance with the OHSA and regulations, aiming to exceed the minimum requirements

- Identify gaps in CAMHs WVP policy, program, practices, procedures, equipment, measures, and training
- Recommend and monitor progress on measures to close gaps, resolve concerns, prevent recurrence and mitigate risks
- Identify opportunities for system wide change
- Address WPV issues raised by the JHSC
- In consultation with the JHSC, develop/revise/implement and enhance the WPV Policy and related programs
- Recommend communication initiatives that will support a culture of safety
- Provide oversight for WPV risk assessments and evaluation of effectiveness of interventions
- Identify workplace safety program goals based on policies, procedures, measures, training and best practice both internally and externally
- Identify opportunities and options related to education, training, knowledge exchange, and grant capture
- Prioritize work of task groups and review, approve, operationalize recommendations of task groups
- Maintain, audit and receive updates on a WVP Committee action log tracker to completion.
- Identify and recommend provincial best practices, indicator identification, evaluation, and reporting related to WPV (e.g. Balance Score Card, worker surveys)
- Identify and monitor statistics and trends related to WVP to ensure hazards/risks are proactively identified and eliminated/minimized

Accountability:

- The CEO will chair all meetings and work of the WVP Committee or appoint a senior delegate when absolutely necessary
- The Committee is a subcommittee of the JHSC and accountable to the CAMH Senior Team and to the JHSC through the WVP Committee Chair
- CAMH will rely on the JHSC as a valued partner and resource in Occupational Health and Safety and engage them in the development, review and revisions of policies, measures, procedures, training, equipment, risk assessments, WPVP investigations etc. that may have an impact on worker safety
- The Committee provides timely progress reports and recommendations to the Senior Team, the JHSC, and other committees as appropriate
- The Committee monitors its progress against plan and measures outcomes

Membership:

- WVP Committee members will be reviewed and amended annually based on goals, opportunities, hazards/risks, and desired outcomes
- TBD

Meetings:

- Meetings will be held on designated days on a monthly basis or at the call of the Chair
- This committee will maintain an action log tracker that identifies all actions, most responsible person, and a target completion date
- The updated log will be distributed with the minutes prior to every meeting
- Agenda, minutes and related documents will be circulated in a timely fashion

CAMH policy on training TIDES
(Trauma Informed De-escalation and Self Protection)

TIDES
Collaborating in Care

Introduction:
Training for safety and wellness

The TIDES program stands for trauma-informed de-escalation education for safety and self-protection. It strengthens the relationships underlying crisis prevention, de-escalation and physical intervention. It is holistic, foundational and grounded in a patient-centred philosophy of care.

To be flexible and responsive, the program considers the diverse needs of staff and patients across an array of interventions and treatment approaches, including acute care, inpatient, outpatient and aftercare services. Its development has been motivated and informed by direct feedback from CAMH staff, patients and leaders, as well as reviews of literature and best practices.

VISION

Build a foundation to ensure the safety and wellness of everyone at CAMH.

GOALS

1. Enhance skills and build confidence through team-based learning.
2. Drive fundamental, day-to-day processes proven to keep everyone safe.
3. Bring learning to the point of care.

WHAT ARE YOU LEARNING?

Delivered across three days of training, TIDES emphasizes continuous learning, quality improvement and reflections on practice. Participants explore real-world practice enhancements in the classroom and implement them in the workplace. Each day includes opportunities for team discussions and simulation training to enhance practical and physical skills.
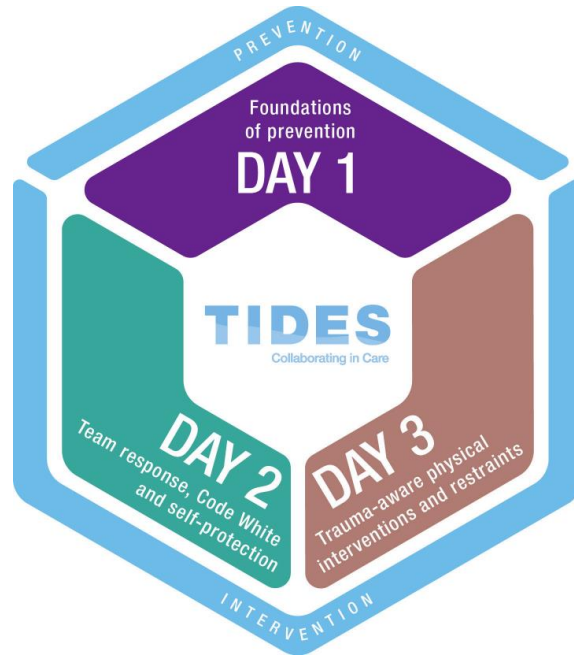
DAY 1 **Foundations of prevention**

1-1 Practice dimensions
1-2 Knowing your patient
1-3 Trauma-informed practice
1-4 Communication and conflict styles
1-5 Rights, autonomy and advocacy
1-6 Communicating with the unit community

DAY 2 **Team response, Code White and self-protection**

2-1 Self-awareness and self-management in the moment
2-2 Assessing risk and responding in the moment
2-3 Code White team response
2-4 Practical and trauma-aware self-protection skills
2-5 Post-event staff debriefing

DAY 3 **Trauma-aware physical interventions and restraints**

3-1 Moral conflict, distress and residue
3-2 Trauma-aware use of emergency restraints
3-3 Trauma-aware physical interventions
3-4 Debriefing
3-5 Self-care

Stay Safe Instructional Programs

Stay Safe are experienced professionals (with both a strong law enforcement and security industry background) their program Managing of Resistive Behaviour (M.O.R.B) has been designed to address the need for a safe and effective method of dealing with people who are displaying various levels of resistance (from passive to active). The program was developed in conjunction with front-line professionals in the health care, educational and security industry to mitigate risk of civil and criminal liability and their methodology employs "best practices" that can be shown to be "Court Defensible".

www.staysafeip.com

Safe Management Group

Provides Crisis Intervention Training recognized by the Ministry of Community and Social Services and endorsed by Public Services Health and Safety Association. Their program is designed to address various levels of risks within agencies/organizations among diverse population groups. Developed by a team of psychologists, behaviour analysts/therapists they use evidence based practices and techniques. Their program is divided into two areas - prevention and management. Prevention focuses on risk management: focusing on various levels of risk; client, staff, agency. Participants will be taught how to assess risk and prepare themselves, their clients and their environment to decrease risk and increase safety. Behaviour risk management will have participants work through a series of questions that will assist them in understanding their client and how the client expresses him/her aggressive behaviour in response to a specific trigger. Participants will be trained in understanding the early non-aggressive warning signs and developing appropriate interventions to prevent and manage an escalating client. Prevention will focus on aggression management. This section of the program describes how to assess the development of an aggressive situation in terms of four phases and how to incorporate these findings into an understandable "escalation continuum". Participants will also create an appropriate "staff response continuum" based on their knowledge of the client. This section recognizes that not all clients escalate the same and that not all responses are appropriate for all individuals.

https://safemanagement.org

Response Team

Responding quickly to prevent or provide assistance when an incident of workplace violence occurs is crucial to keeping workers safe. Workers must feel supported and see visible action to protect them when reporting potential or actual workplace hazards, providing details of an incident of workplace violence or advice to shape policy, measures, procedures or programs, and must receive the appropriate level of after-care.

Response Team Tools and Products

Emergency codes – Code White refers to an emergency response for a violent person to keep staff, visitors and volunteers safe.

http://www.phsa.ca/Documents/Occupational-Health-Safety/GuideGuidelinesCodeWhiteResponse.pdf

Physical Plant and Structural Impacts

Modifying the physical structure and interior design of long term care home spaces may contribute to a violence-free work environment. Some examples may include; restricted access to areas, egress routes, offices designed with alternate exits, intentional furniture placement, personal panic alarms linked to security, safety alarms, centralized help buttons, visual aids (orbs, convex mirrors) at blind corners, and other elements. In the redevelopment of long term care homes or new builds crime prevention by design should be incorporated into building plans to reduce the risk of workplace violence. Person centered care should be incorporated into building plans e.g. use of colours.

A collection of research has been provided below: Crime prevention through environmental design (CPTED) is a multi-disciplinary approach to deterring criminal behavior through environmental design. CPTED strategies rely upon the ability to influence offender decisions that precede criminal acts.

http://cptedontario.ca/

Refer to the Training Matrix Tool

Acknowledgements