A FRAMEWORK FOR MAKING HOSPITALS A SAFER WORKPLACE FREE FROM WORKPLACE VIOLENCE

Health care workers have the right to do their jobs in a safe environment free of violence. Hospitals that are safer workplaces benefit everyone because a safe environment enables health care workers to better meet the evolving needs of all patients.

" …healthy and safe work environments for workers are associated with patient safety and service quality".

Health Quality Ontario, A Framework for Public Reporting on Healthy Work Environments in Ontario Healthcare Settings, 2010

Workplace violence in hospitals can originate from a number of sources, including from patients and their families and friends, other people external to the hospital and with people who are or have been employed with the hospital. . Hospitals are an environment where people feel vulnerable and anxious. This can include, for example, aging patients and their caregivers, individuals experiencing a physical or mental health crisis, those seeking addiction support, and patients who are experiencing pain and anxiety.

The *Occupational Health and Safety Act* (OHSA) establishes legal requirements that provide a foundation for the internal responsibility system (IRS). The IRS is a system within an organization in which everyone has a responsibility for workplace health and safety that is appropriate to one's role and function within the organization.

Employers have the greatest responsibility with respect to health and safety in the workplace. The employer, typically represented by senior management, is responsible to take every precaution reasonable in the circumstances for the protection of a worker and for developing and implementing the workplace occupational health and safety program and ensuring that the IRS is established, promoted, and that it functions successfully to continually audit, evaluate, and improve the program. Strong leadership by senior executives, managers and supervisors is essential to setting the tone and establishing a corporate culture that nurtures the IRS and safety.

In 2016, the Chief Prevention Officer established new standards for JHSC certification training in Ontario. The purpose of the new standard is to ensure quality and consistent training for all certified JHSC members. The new standards have three elements which are; Part One training; Part Two workplace hazard training; and refresher training every three years. Part Two training is required to be on a minimum of six workplace hazards that are recommended to be selected using a workplace hazard assessment. Workplace violence should be included as a hazard for healthcare sector workplaces and all Part two training programs must be approved by the Chief Prevention Officer. This would enable certified members to have the knowledge to recognize, assess, control and evaluate for workplace violence in their workplace.

More action is needed to effect and drive change in preventing workplace violence. Preventing and mitigating violence in the workplace takes a multi-faceted approach. Hospital administrators, nurses, other health care workers, along with the broader public, must appreciate and understand that workplace violence is not part of the job, and every effort must be made to prevent it.

SUSTAINING WORKPLACE VIOLENCE PREVENTION

A framework has been developed to assist organizations in identifying the external and internal support, policy, culture, roles and practices in workplace violence prevention for adoption by Ontario's hospitals. This sustainable framework is intended to be adopted and adapted by hospitals, to address their unique structure and level of risk.

THE IMPORTANCE OF ASSESSING RISK IN EACH HOSPITAL

Preventing workplace violence means understanding the nature of risk and responding with the appropriate supports (policies, measures and procedures, programs, training, etc). All of the following can impact risk:

- size of the hospital;
- patient acuity and the needs of the patient population;
- communication;
- work flow;
- individual client assessment;
- assignment of an inter-professional team with the necessary skill sets and experience to provide quality patient care and a safe working environment;
- characteristics of the local community; and
- physical design of hospital spaces.

Risk can originate in functions, such as the process of moving patients within the hospital or within the system, and it can also arise in situations, such as delivering difficult news to patients and family members.

Risk can originate in various situations. When conducting a risk assessment and determining the control of hazards, the precautionary principle should be considered.

Employers are required under the OHSA to "take every precaution reasonable in the circumstances for the protection of a worker". This is the general duty clause regarding occupational health and safety in Ontario. In complying with this general duty requirement in the Act, it is good practice during the decision-making process to consider the precautionary principle. Further information on the precautionary principle may be found in the Ontario Health Care Health and Safety Section 21 Committee Guidance Note for Workplace Parties # 5 Application of Hazard Control Principles, including the Precautionary Principle to Infectious Agents available at:

http://pshsa.ca/wp-content/uploads/2012/11/Approved-Hazard-Control-Principles-PP-to-Infectious-Agents-eng-GN.pdf

Every hospital employer should:

- Ensure CEO/Board/Senior Leadership commitment to workplace violence prevention as part of the hospital's strategic plan;
- Set milestones for improvement and report progress to the board of directors, to the JHSC, and to all workers;
- Conduct surveys and other assessments to benchmark improvement in the violence prevention program and the reduction of risk;
- Complete assessments of risk and analysis of hazards that engage staff at all levels;
- In consultation with the JHSC and/or workplace violence prevention committee, develop policies, measures, procedures and training to reduce risk, ensure that workers are trained on them, and that they are implemented and evaluated for effectiveness and revised to close any gaps;
- Engage and educate the public (patients and families, family councils, and patient advocates) in their role in workplace violence prevention and hospital expectations for a workplace that is free from workplace violence;
- Require and encourage reporting of incidents, near misses, and hazards;
- Analyze data collected through incident reporting, inspections, investigations and root cause analyses to close gaps where risks are present;
- Provide the commensurate level of training to staff that is relevant to their work at all levels and for members of the board of directors; and
- Engage other health care organizations at the local level to share practices and plans to reduce workplace violence.

IDENTIFYING HAZARDS AND LEVELS OF RISK

The goal of identifying hazards and risks that contribute to workplace violence incidents is so that adequate safety measures are provided to enhance worker safety.

It is important not to lay blame any group of patients or workers, or to place undue responsibility on any group of workers to reduce workplace violence.

Hazard – is a source of potential harm to a worker.

Risk factors — are a circumstance or characteristic that may increase the likelihood that violence may occur, particularly if triggers are also present. Examples might include a history of violence, a history of substance abuse, economic and housing stressors, or certain mental health disorders. It is important to note that risk factors do not make violence a certainty as many people with risk factors will not demonstrate violent behaviour. Other factors may include the workplace physical environment, a surge of patient population or patient acuity, staffing shortages due to sick calls etc.

Triggers — are a circumstance or element that may provoke or negatively impact patient behaviour by increasing the likelihood of a violent or aggressive response or reaction. It precipitates violence.

Examples might include undertreated pain, loud alarms, care to a sensitive part of the body, requests that can't be accommodated or behaviours of patients or visitors in close proximity.

Further information on risks and triggers are detailed in a supplemental document were created through the Workplace Violence Prevention in Health care Leadership Table.

HIGHER-RISK AREAS IN THE HOSPITAL

Hospitals must assess their own environments to identify high risk areas so that specialized supports (e.g., protective services, protocols, etc.) can be deployed to prevent and respond to workplace incidents. Each hospital must individually identify physical places and situations where time and resources need to be invested into workplace violence prevention, commensurate with the level of risk, to protect workers and patients. Environments that are frequently considered high-risk include:

- Emergency departments
- Mental health units
- Behavioural support units, select neurological areas, such as, stroke
- Intensive care units
- Post-anesthesia care units
- High-risk pregnancy wards and neonatal intensive care units
- Geriatric units
- Other in-patient units

LOWER-RISK AREAS IN THE HOSPITAL

Common areas of the hospital, such as lobbies (except for the emergency lobby area), eating areas and other public spaces are not usually the areas where workplace violence and incidents occur; however, there is no place in a hospital setting that represents zero risk of workplace violence. Everyone working within the hospital should have a minimum level of training in preventing and responding to workplace violence.

THE GOAL: WHAT A SAFE ENVIRONMENT FREE FROM WORKPLACE VIOLENCE CAN LOOK LIKE AND FEEL LIKE

- Each hospital's strategic plan, expectations and achievements on prevention of all types of workplace violence is known to the members of the board of directors, supervisors, managers, and to all workers.
- A culture is created that requires reporting, encourages it, and includes an understanding that reporting keeps everyone safer. Incidents and hazards are reported without reprisal, and supervisors act on those reports, both to support workers involved, and to prevent injury and illness and mitigate the risk of future incidents.
- Everyone, from members of the board of directors to patients and their families, understand their rights, responsibilities, and the employer expectations for a workplace that is safe and free from workplace violence.

- Workers at all levels feel supported and engaged, they feel confident in asking for help when needed and help is provided when asked.
- Training is provided so that healthcare workers, and their supervisors, have the knowledge they need to protect themselves and other workers (the training matrix provides a comprehensive guide to employers on training needs).
- Care plans and flagging systems that identify risk of violent behaviour, include patient triggers, responsive behaviours, and prevention, response and mitigation strategies, and Inter-professional healthcare teams work together to keep each other safe by sharing this information and implementing the documented strategies that will protect workers and patients.
- The hospital is continually learning and evaluating the policies, measures, programs, procedures and training that work, and strive to improve in areas where workplace violence persists.
- The hospital engages other healthcare facilities in sharing practices and plans that keep workers and patients safe, and work together, locally, to close gaps.
- The hospital promotes open collaboration and the sharing of information with JHSC and unions for the purpose of promoting trust and to encourage positive change among workers groups.

ACTIVITIES AND PRACTICES THAT CREATE A CULTURE OF SAFETY AND VIOLENCE PREVENTION

UNDERSTANDING RIGHTS, ROLES AND RESPONSIBILITIES

The hospital's CEO, members of the board, and senior leadership have ultimate responsibility to protect workers from workplace violence. They must also engage with patients and the broader community to contribute to preventing workplace violence. Creating safer hospital working environments is a collaborative effort. This means healthcare workers understand their right to a safe violence free workplace, one where every effort is made to prevent violence.

ASKING FOR HELP

Workers must know and trust that they can ask for, and receive help when they identify a hazard and/or feel threatened. The hospitals' policies, measures and procedures should clearly articulate protocols that supervisors implement and monitor and that workers follow when there is a potential or actual risk or incident of workplace violence. All workers should be trained at regular intervals on these policies, measures and procedures and any revisions to them.

The policies, measures and procedures could include escalating the issue to a supervisor, alerting protective services within the hospital, or contacting police, if necessary. Protective services personnel must also appreciate that they have the right to ask for help from police if a violent situation requires those additional resources.

Success Story: Hotel Dieu Grace Healthcare

HDGH's "Prevention of Workplace Violence Policy", first written in 2006 and updated regularly, is considered a best practice in the area of workplace violence. Highlights include:

- **Staff stories, (similar to patient stories shared at the Quality Committee and presented to the Board of Directors). Workplace violence prevention stories are shared with the Workplace Excellence Committee of the Board, which ensures that Governors are attuned to the importance of safety in the hospital.**

- **A Safety Officer proactively works with management on workplace violence prevention. The Safety Officer encourages incident reporting and follow up, ensuring corrective actions are taken to address concerns moving forward. A key function in this role is the reporting of trends and risks through the human resources leadership team directly to the CEO and executive leadership team.**

- **A Safe Workplace Advocate reports directly into the CEO and is primarily accountable for providing a consistent approach to handling conflict in the workplace inclusive of support to staff experiencing domestic violence issues that may arise both in and outside of the workplace.**

RESPONDING AND PROTECTING

Emergency code policies and procedures, and training on these and other workplace violence measures and procedures must be provided to all workers. Mock and tabletop exercises should be conducted regularly to reinforce training and maintain skills. Personal safety devices are used in some hospitals by staff facility-wide or in designated departments to initiate an emergency code in a timely, efficient and effective manner. Protective services/security personnel should be trained to respond professionally and quickly in times of need. Smaller hospitals may not have these measures in place and will need to plan and ensure based on a risk assessment that they have appropriate measures and procedures in place for summoning immediate and effective assistance.

ENHANCING COMMUNICATION

Hospitals must place a strong focus on identifying risk and improving communication between healthcare workers so that information is shared regarding patients who are exhibiting responsive behaviours or have a history of violent behaviour. Every care plan should include an assessment of risk of violence and violent behaviours. The risk should be:

- clearly communicated to all workers in direct contact with the patient;
- flagged; and
- documented, so that, upon discharge and readmission, the information can assist the employer, supervisors, and workers in direct care, in care planning and developing preventive safety measures that protect workers and patients.

Communication also includes engaging patients and families in their role in preventing workplace violence. This means that the hospital's expectations and policies should be posted via signage or other means, and patients and their families should feel safe and be encouraged to describe known

triggers, history of violence and/or responsive behaviours, and suggested interventions to healthcare providers without fear of retribution or refusal of treatment.

Success Story: Michael-Garron Hospital

Michael Garron Hospital and the Ontario Nurses' Association had a successful collaboration on workplace violence prevention. Key features of the program include:

- Leadership's demonstrated commitment
- Zero-tolerance signage
- Comprehensive front-line staff training
- Increased reporting and follow through on investigations
- Senior management engagement of front-line staff post-incident to ensure that essential post-incident care is being provided
- Preventive facility-wide risk assessments
- Improved communication technologies (e.g. personal panic alarms linked to security) and emergency notification
- Identification of violent behavior, flagging those patients into a system for preventive purposes and development of plans of care for patients with violent behaviors and safety measures for workers
- Clear policies, measures and procedures and training developed in consultation with JHSC and WPV Workplace violence committee mandate and accountability for workplace violence

The hospital regularly shares its program, policies and approaches, and advocates for workplace violence prevention in hospitals.

DEVELOPING CARE PLANS FOR PATIENTS WITH HISTORY AND RISK OF VIOLENT BEHAVIOURS

A care plan is a set of actions and approaches designed to optimize the quality and safety of care, and continuity of care among various providers. It may be diagnosis-specific, risk-specific or patient-specific.

For example, a care plan might stress the need for care to be provided by two health care providers, with security where appropriate, limit loud noise or other triggers, be conducted at certain times of day, or with the use of an interpreter.

For more information on care plans, please refer to supplemental document in created through the Workplace Violence Prevention in Health care Leadership Table.

CREATING RELATIONSHIPS WITH PATIENTS AND FAMILIES

Workplace violence prevention planning should include steps to make patients and families aware of the hospital's violence prevention policies, measures, procedures and programs. This can be done in various ways, such as brochures, posters, or in one-on-one conversation at intake or admitting points or following an incident. Hospital employers should also be communicating risks associated with workplace violence and stressing the benefits of preventing violence for the patient and workers. Patients and families should also be engaged in controlling risks to the greatest extent possible by helping staff identify and understand triggers, behaviours and safety measures that can prevent triggering violence in the patient.

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. Patients, family members and visitors should also understand that preventing violence in the hospital is for their protection, as well. The goal is to make the environment safe for all.

Communication processes are key to establishing and protecting everyone's health and safety.

COMPREHENSIVE TRAINING AND EDUCATION

A training matrix has been developed (and can be found in the Toolkit) with the intention to guide employers in providing the most comprehensive training based on their own risk to workers, supervisors, doctors, members of the board of directors (and others). The matrix includes suggested training for workers, supervisors etc. based on their occupation and potential exposure to risk.

All staff, including management, should also be thoroughly trained on the hospital's policies, measures and procedures, the goals of the hospital with respect to workplace violence prevention, be able to identify gaps in the procedures and alert the employer of those gaps for constant program improvement, hazard/risk identification, investigation and the support structure for reporting and supervisor/employer follow up when a report is received or a hazard is identified.

Senior management, members of the board of directors, and workers should be trained on their accountabilities through laws and regulations.

REPORTING

Consistent reporting provides insights, creating a more accurate picture of incidents, trends, and gaps in the in the policies, measures and procedures. These results should be reported to the senior management team and the board of directors. Reporting makes everyone safer. A set of suggested data collection methods and metrics were developed through the Workplace Violence Prevention in Health Care Leadership Table.

REVIEWING, INVESTIGATION AND FOLLOWING THROUGH

Reporting provides the details and circumstances of a violent incident. Reviews and investigations should examine the factors that contributed to the incident (i.e. the root causes) and offer insights on how violent situations can be avoided in the future. The report tells what happened, and the review/investigation should determine what more needs to be done. Reviews and investigations

should include consequences experienced by workers who were victims of violence, and that proper post-incident support was provided. Follow-up should include a root cause analysis to determine which may include, among other components, identifying whether training and training program content is adequate to give workers the skills to protect themselves, if communication and response was adequate, and if the work environment or practices within the unit or system wide contributed to the incident of violence, and then making the necessary changes. The root cause analysis should examine factors such as incomplete risk assessment and inadequate program measures and procedures that did not allow adequate means for workers to protect themselves.

MONITORING PROGRESS

A hospital can only determine the effectiveness of their prevention activities when the progress is monitored. Hospitals should examine incident reporting, investigation and inspection reports etc., and track broader outcomes of the prevention program or surveying staff about their recent experiences. It is important to question the relationship between reductions or increases in aggressive incidents and the policies, measures and procedures, and training that have been implemented to determine what is working well, and the areas where more work is needed.

IDENTIFYING GAPS

Gaps in workplace violence prevention plans and the programs, and measures and procedures can be identified by analyzing incidents including investigations, root cause analysis, inspection reports, and JHSC recommendations. Analysis could reveal high-risk factors that are not being addressed, such as patient population, communication of conditions or triggers, physical risk factors of the building, isolated locations or areas with previous security problems, surge in patients with a history of violent behaviour, and staffing complement to address those surges.

Identifying gaps is an ongoing process. Hospitals experience continual changes from renovations and expansion, to the creation of new clinical programs. Workplace violence prevention programs, policies, measures and procedures, and training must keep pace.

SETTING CLEAR POLICIES AND ACCOUNTABILITY

Effective workplace violence prevention programs are supported by a clear organizational policy and workplace violence must be present in the hospital's strategic plan. Policies must be developed in collaboration with JHSCs, frontline workers, unions and partners in the hospital 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.

THE ROLES THAT CONTRIBUTE TO A SAFE WORKING ENVIRONMENT

HOSPITAL BOARD MEMBER

Almost all public hospitals in Ontario are governed by a board of directors that is responsible for the hospital's operations and for determining the hospital's priorities in addressing patient needs in the community. Boards can play a vital role by providing the stewardship necessary to ensure that

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hospitals offer the best patient care possible while ensuring a safe environment for everyone with strong workplace violence prevention programs, policies, measures and procedures, and training.

Key contribution: Becoming aware of the importance of workplace violence prevention and expecting the CEO, Chief of Staff, and Chief Nursing Executive to lead the Board's direction into action in their organization.

Responsibilities: Monitoring progress; setting clear policies, measures and procedures, training and accountability.

CEO AND EXECUTIVE TEAM

The CEO and executive team should be driving responsibility for workplace violence prevention, delegating responsibility, monitoring progress and driving for continual improvement.

The employer, typically represented by senior management, has the greatest responsibilities with respect to health and safety in the workplace and is responsible for taking every precaution reasonable in the circumstances for the protection of a worker. The employer is responsible for ensuring that the IRS is established, promoted, and that it functions successfully. A strong IRS is an important element of a strong health and safety culture in a workplace. A strong health and safety culture shows respect for the people in the workplace.

Key contribution: Taking every precaution reasonable in the circumstance for the protection of the worker; identifying a healthy and safe work environment as a strategic priority; reporting progress to members of the board and all staff.

Responsibilities: Addressing identified gaps in policies, programs, physical environments, etc.; compliance with law; developing an adequate workplace violence prevention program along with measures and procedures (e.g. a system to identify and track patients with a history of violent behaviour who may be at risk for violence and tracks triggers, behaviours and safety measures for patients and workers); providing adequate training programs; and monitoring and communicating progress.

SUPERVISOR/MANAGERS

Supervisors are responsible for making workers fully aware of the hazards that may be encountered on the job or in the workplace, ensuring that they work safely, responding to any of the hazards brought to their attention, including taking every precaution reasonable in the circumstances for the protection of a worker.

The supervisor ensures policies on workplace violence prevention are applied to the work area, and coordinates responsive actions to violent situations when help is needed. This includes ensuring response to alarm systems, and ensuring effective communication procedures.

Key contribution: Taking every precaution reasonable in the circumstance for the protection of the worker; providing required information to workers in order to stay protected from physical injury.

Responsibilities: Identifying gaps; monitoring progress; comprehensive training; reviewing and following through; conducting assessments; implementing action plans; implementing and enforcing employer policies, measures and procedures; and requiring workers to take the training provided.

ALL HEALTH CARE WORKERS PROVIDING DIRECT CARE (RN, RPN, MD, ALLIED HEALTH WORKER, ETC.)

Health care workers delivering direct care to patients are often the primary point of contact for families, in various hospital settings where the potential for workplace violence exists. Preventing and mitigating violence are essential skills to have. Health care providers need to be protected by their employer and empowered to build confidence in their ability to manage potentially violent situations. Training requirements for health care workers in high and low-risk environments is detailed in the training matrix.

Key contribution: Understanding the patient and the care plan; knowing and practicing all the skills taught and needed to build strong therapeutic alliances with each patient; following procedures and policies to protect everyone during delivery of care; communicating when needed to mitigate hazards; identifying patients at risk for violence and developing plans of care for patients with violent behaviors; creating relationships with patients and families.

Responsibilities: taking adequate training in health and safety including violence prevention and violence mitigation; reporting hazards in the workplace and ask for help when needed; working safely and following safe work practices; using the required personal protective equipment for the job at hand; participating in health and safety programs established for the workplace; enhance communication; and understand rights including the right to refuse unsafe work.

The OHSA gives workers three important rights:

1. The right to know about hazards in their work and get information, supervision and instruction to protect their health and safety on the job.

2. The right to participate individually or as a health and safety representative or a worker member of a joint health and safety committee.

3. The right to refuse work that they believe is dangerous to their health and safety or that of any other worker in the workplace. In specified circumstances, the right to refuse unsafe work is limited for health care workers and persons employed in certain workplaces like hospitals.

Exposure to risk: Dependent upon whether or not the health care worker is providing care in a high-risk area; however, direct contact with patients or families is a part of delivering health care, and as such, there will always be an elevated risk that the employer must protect workers from.

ALL CLINICAL CARE SUPPORT WORKERS (HOUSEKEEPER, JANITORIAL, PORTER, UNIT CLERK, ETC.)

Although clinical care support workers such as housekeeping, janitorial, food services, etc. may not be in direct contact with patients, in the same manner as health care workers providing direct care, those that work in high-risk areas will have similar risks, responsibilities, and contributions.

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Key contribution: Self-protection; following procedures and policies to protect everyone during delivery of care; communicating when needed to prevent and mitigate hazards/risks.

Worker responsibilities include: Understanding rights and responsibilities; asking for help; enhancing communication; reporting hazards in the workplace; working safely and following safe work practices; using the required personal protective equipment for the job at hand; participating in health and safety programs and training established for the workplace.

All workers have the same rights under OHSA as listed above.

JOINT HEALTH AND SAFETY COMMITTEE (JHSC)

A Joint Health and Safety Committee (JHSC) is composed of worker and employer representatives. Together, they should be mutually committed to improving health and safety conditions in the workplace.

The JHSC has various powers, including:

1. Identifying actual and potential hazards in the workplace;

2. Obtaining information from the employer relating to health and safety in the workplace;

3. Inspecting the workplace on a regular basis;

4. Being consulted about and having a member representing workers be present at the beginning of any health and safety-related testing in the workplace;

5. Recommending health and safety improvements in the workplace;

6. Receiving and reviewing information from the employer; and

7. Accompanying inspectors during visits in the workplace.

All JHSC members should be available to encourage workers to report health and safety concerns/hazards, and to assist where necessary. They can discuss issues and recommend solutions; and to provide input into existing and proposed workplace health and safety programs. The Health Care and Residential Facilities Regulation, O. Reg. 67/93, requires the employer to consult the committee or in smaller workplaces with 6-19 workers the health and safety representative during the development of health and safety policies, measures, procedures and programs, including training and educational programs.

For further details on the JHSC, please refer to:

https://www.labour.gov.on.ca/english/hs/pubs/jhsc/

Key contribution: The committee is a monitoring and advisory body that helps to stimulate or raise awareness of health and safety issues in the workplace; recognizes, and identifies workplace hazards and risks and develops recommendations for the employer to address these risks (including workplace violence policies, measures and procedures and training).

Responsibilities: Holds regular meetings and conduct regular workplace inspections; make written recommendations to the employer for the improvement of the health and safety of workers.

EXTERNAL ENABLERS

External enablers are those who work in policy, research and regulatory roles which influence and enable successful workplace violence prevention in hospitals. This includes provincial ministries of Health and Long-Term Care, Labour, Community Safety and Correctional Service, Advanced Education and Skills Development, Children and Youth Services, in addition to Health Quality Ontario, Local Health Integration Networks, health and safety associations, research institutes, professional associations, unions, employer associations, and advocates.

Key contribution: External enablers contribute to safer workplaces by ensuing that policies and regulations at the provincial level are not creating obstacles to workplace violence prevention in hospitals. This can mean playing a role in safer patient transfers, improving data collection on workplace violence, providing leadership on policies and best practices, producing research and disseminating that knowledge.

Responsibilities: Conducting external policy research to enable success; comprehensive training; monitoring progress; and identifying gaps. The Ministry of Labour's primary role is to set, communicate, and enforce workplace occupational health and safety laws, regulations and standards while encouraging greater workplace self-reliance.

Employers and other workplace parties are reminded that it is their obligation to comply with all of the requirements of the OHSA and its regulations (such as *Ontario Regulation 67/93 - Health Care and Residential Facilities*) at all times. Guidance on specific issues related to legislation should be sought from appropriate legal counsel or people with expertise in occupational health and safety. The following Ministry of Labour webpages provide useful information:

https://www.labour.gov.on.ca/english/hs/topics/healthcare.php

https://www.labour.gov.on.ca/english/hs/topics/workplaceviolence.php

https://www.labour.gov.on.ca/english/hs/sawo/sectorplans/health/index.php