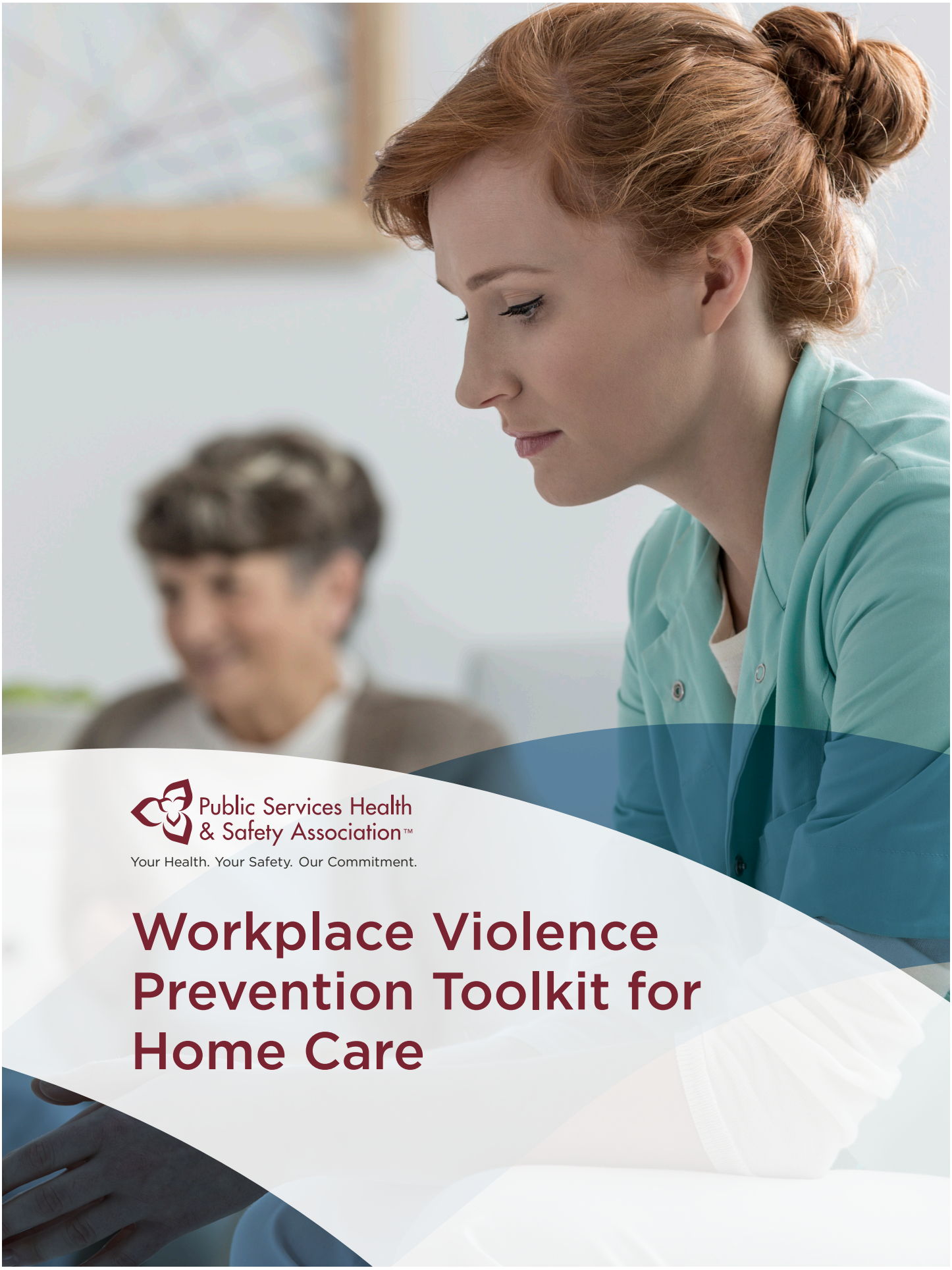

Public Services Health & Safety Association™

Your Health. Your Safety. Our Commitment.

Workplace Violence Prevention Toolkit for Home Care

Workplace Violence Prevention Toolkit for Home Care

Product Code: WVVMNAEN0819

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Contents

Preamble

There is a significant risk of violence to health care workers that make home visits (McPhaul et al. 2010). Health care workers have the right to do their jobs in a safe environment free of violence no matter what the setting, including when their workplace is in a client's home.

In 2015, in Canada, frontline health care workers had more than double the number of violence related lost-time injuries when compared to police and correctional services officers combined (Association of Workers' Compensation Boards of Canada (AWCBC). (2017, May). AWCBC Statistics. 2015 Injury Statistics across Canada. Special Data Request cited in CFNU, 2017 Enough is Enough).

According to the Workers Health and Safety Centre, 'Ontario Workplace Safety and Insurance Board (WSIB) **lost-time claims statistics also demonstrate health care workers experience significantly more violence** related injuries than those employed in fields often perceived to be more dangerous. In 2016, for example, there were 808 lost-time injuries (LTIs) owing to workplace violence in the health care sector in Ontario, compared with 138 in manufacturing, 13 in construction and 0 in mining.' (Workers Health and Safety Centre, 2017).

Also, the top occupations with the most LTIs in 2017 due to workplace violence within the rate group 857 (nursing services) were nurse aides and orderlies (33 LTIs), other aides and assistants in support of health services (20 LTIs) and visiting homemakers, housekeepers and related occupations (13 LTIs) (WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, June 2018 data snapshot, courtesy of Public Services Health and Safety Association).

Workplace violence can be a one-time event or may involve repeated behaviours over a period. A patient/client does not need to intend to hurt the worker for the behaviour to meet the *Occupational Health and Safety (OHSA)* definition of workplace violence. A responsive behaviour, that leads to an aggressive action against a worker in a workplace and meets the definition of workplace violence under the OHSA, is workplace violence (herein referred to as workplace violence).

The Internal Responsibility System (IRS) is the system where everyone in a workplace has a role in workplace health and safety that matches their responsibility and authority in the organization. The employer has the ultimate responsibility because they make the decisions in the organization.

The IRS is illustrated in the Act in the responsibility sections for workplace parties such as owners, employers, supervisors, and workers. To complement "individual" roles and responsibilities for all workplace parties, the *OHSA* also describes roles for joint health and safety committees (JHSC) (and health and safety representatives (HSR) in smaller workplaces) to contribute to workplace health and safety bringing together the collective voices of employers and workers. JHSCs and HSRs have important roles to identify hazards and make recommendations that improve workplace safety on an ongoing basis.

As "the directing mind" of an organization, it makes sense that 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. They are also responsible for developing and implementing the workplace occupational health and safety program and ensuring that the IRS is established, promoted, and 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 occupational safety.

Under the *OHSA*, employers and supervisors have the responsibility to inform workers of any actual or potential hazards in the workplace and to take every precaution reasonable in the circumstances to protect their health and safety. Workers are responsible for reporting hazards in the workplace that they are aware of to their employer or supervisor. The Internal Responsibility System (IRS) works best when workplace parties collaborate with the Joint Health and Safety Committees (JHSCs) / Health and Safety Representatives (HSRs) and unions (if applicable) to address health and safety in the workplace.

Best practice is to apply a comprehensive approach to violence prevention (McPhaul et al. 2010). This includes looking at hazard control solutions identified through: Pre-visit assessment to identify risks, a pre-travel assessment and then a home/community hazard assessment (Public Services Health & Safety Association (PSHSA)).

Purpose

This Toolkit is intended to guide employers to develop a safe home visit protocol/program for the safety of all its workers. It will emphasize the need and importance for employers to develop, implement and evaluate their new program in consultation with the JHSC/HSR and in collaboration with the unions. Collaboration and transparency are essential between union and management to best protect home care workers. A good program needs to start before the home visit is even made. The toolkit will provide employers, supervisors, workers, JHSC/ HSRs, human resource departments, unions and occupational health and safety departments' guidance and assistance. The toolkit will strengthen the internal responsibility system (IRS) within organizations by providing the following in the home care sector:

- Tools for employers and workplace parties that can assist them in assessing where they are in their workplace violence prevention journey.
- Tools to assist workplace parties in developing a safe home care visit protocol/program and control measures and procedures to prevent workplace violence.
- Guidance to assist employers, supervisors, workers and the JHSC/HSR to jointly develop a program that focuses on prevention of workplace v iolence and response to worker safety and takes into consideration the precautionary principle.

When this toolkit is implemented in conjunction with the other system tools developed (see *Resources* section at end of document) it will help to demonstrate an employer's commitment to workers (through a collaborative approach) to protect them from workplace violence and to help them comply with the *Occupational Health and Safety Act*. The actions will also assist in the journey to compliance and to a culture of safety and to eliminate/reduce injury and illness.

Self-Analysis

We recommend that workplaces start off by evaluating where they are at in the workplace violence prevention journey by completing a brief assessment developed by the Institute for Work & Health (IWH). The tool was initially developed for hospitals and has been modified for the home care sector for the purposes of this toolkit. The tool will help determine what workplace violence actions have been completed and what more the organization can do. Refer to Appendix A: Assessment tool, starting on page 37.

What is Home Care?

Home care is the provision of health care services provided in a client's residence. Home care services, depending on eligibility criteria, are funded services that can be delivered to the client directly through contracted "service provider organizations" (SPO) or independent providers that can be hired directly by the client. To receive services through a SPO, the Local Health Integration Network (LHIN) initiates a referral for services based on the clients required level of care. Typically, services are provided in the clients' home (e.g. single family, apartments, specialized living arrangements), school, workplace or other community settings based on the clients required level of support. Also, there may be multiple different organizations or care providers providing different types or aspects of care to the same client.

One of the core values of health care in Ontario is to provide health care services in a client's home and/or local community. Several teams within hospitals work in the community to meet these core values. They include but are not limited to the Assertive Community Treatment (ACT) Teams (provide intensive treatment), rehabilitation and support services for individuals with serious mental illness and complex needs who find it difficult to engage in other mental health services, Psychiatric Outreach Team, Dual Diagnosis Consultation Team, Flexible Assertive Community Treatment Team for Persons Dually Diagnosed (FACTT-PDD), Assertive Community Treatment Teams (ACTT), Step Down from ACT: Community Treatment Order Coordination teams, as well as Geriatric treatment and rehabilitation.

Home care services generally are available to the client 24/7 based on their individual needs and may be provided by an individual or a team of staff consisting of Unregulated Health Professionals (e.g. Personal Support Worker, Developmental Support Worker, Home Support Worker) and/or Regulated Health Professionals (e.g. Registered Nurse, Registered Practical Nurse, Physiotherapist, Occupational Therapist (OT), Dietician, Social Worker).

Based on the Unregulated/Regulated Health Professionals scope of practice, clients may receive a range of services such as but not limited to, nursing, personal support, social work, dietary assistance, physical and occupational therapies, etc. (see *Glossary* for a description of these home care services).

For more information on home care in Ontario please visit the following website: https://www.ontario.ca/page/homecare-seniors

Family Members

Clients and families should be made aware of the SPO's obligation to take every precaution reasonable to ensure the safety of their workers, including while providing care in private homes. As the clients and families control the work environment that is the private home, a partnership is required in order to ensure this environment is safe and workers are protected. Even though the care is provided in a client's private home, workplace violence must not be tolerated in this setting.

Legal Obligations

Occupational Health and Safety Act (OHSA)

The *Occupational Health and Safety Act* (*OHSA*) and regulations set out minimum requirements to prevent workplace violence in Ontario. The ultimate responsibility for health and safety lies with the employer because they direct the workplace. Legislation sets out employer roles, as well as specific roles for supervisors, workers, JHSC members / Health and Safety Representatives (HSRs) and unions.

Employers and supervisors must take every precaution reasonable in the circumstances to protect the safety of workers. Refer to the Workplace Violence Prevention in Health Care: A Guide to the Law (found on the Ontario.ca website) for more comprehensive details on legislative requirements.

Among other requirements, the *OHSA* requires employers to:

- prepare workplace violence and harassment policies [*OHSA* s. 32.0.1 (1)(a)(b)];
- post the policies in the workplace [*OHSA* s. 32.0.1(2)];
- provide a worker with information and instruction that is appropriate for the worker on the contents of the policy and program with respect to workplace violence [OHSA s. 32.0.5(2)(a)];
- assess and reassess the risk of violence in the workplace [*OHSA* s. 32.0.3(1)-(5)]; and
- develop and maintain a program that includes:
    a. measures and procedures to control the risks of violence [*OHSA* s. 32.0.2(1) & 32.0.2(2)].
    b. measures and procedures for summoning immediate assistance when workplace violence occurs or is likely to occur [OHSA s.32.0.2(2)(b)]
    c. measures and procedures for workers to report incidents of workplace violence to the employer or supervisor [OHSA s. 32.0.2(2)(c)]
    d. how the employer will investigate and deal with incidents or complaints of workplace violence [OHSA s. 32.0.2(2)(d)]

In addition, employers must have a process/system to inform workers about individuals the employer knows have a history of violent behaviour if workers are likely to encounter those individuals at work and the risk of workplace violence is likely to expose the worker to physical injury.

Employers also must take every precaution reasonable in the circumstances to protect workers from domestic violence that may enter the workplace.

In addition to planning to prevent workplace violence, the legislation also contains requirements for employers after incidents occur, such as duties to provide reports respecting occupational health and safety and report injuries and occupational illness to the MOL, union, Workplace Safety and Insurance Board (WSIB) and joint health and safety committees/Health and Safety Representatives (HSRs) as applicable, and afford worker JHSC members/HSRs the right to accompany Ministry of Labour inspectors, to investigate critical injuries, and to perform other duties as outlined in the legislation.

Section 2 of the *Occupational Health and Safety Act* states that it prevails over other legislation.

Workplace Safety and Insurance Act, 1997

Section 21 Notice of Accident and Claim for Benefits

For more information on WSIB Reporting requirements, visit https://www.ontario.ca/laws/statute/97w16

Criminal Code of Canada (CCC)

The Criminal Code of Canada, has requirements for persons directing work.

Duty of persons directing work

217.1 Every one who undertakes, or has the authority, to direct how another person does work or performs a task is under a legal duty to take reasonable steps to prevent bodily harm to that person, or any other person, arising from that work or task.

2003, c. 21, s. 3.

For more information on CCC, visit https://laws-lois.justice.gc.ca/eng/acts/C-46/

Mental Health Act (MHA)

The *Mental Health Act (MHA)* gives authority to a police officer to apprehend a person under section 17.

Action by Police Officer

17. Where a police officer has reasonable and probable grounds to believe that a person is acting or has acted in a disorderly manner and has reasonable cause to believe that the person,

(a) has threatened or attempted or is threatening or attempting to cause bodily harm to himself or herself;

(b) has behaved or is behaving violently towards another person or has caused or is causing another person to fear bodily harm from him or her; or

(c) has shown or is showing a lack of competence to care for himself or herself, and in addition the police officer is of the opinion that the person is apparently suffering from mental disorder of a nature or quality that likely will result in,

(d) serious bodily harm to the person;

(e) serious bodily harm to another person; or

(f) serious physical impairment of the person, and that it would be dangerous

to proceed under section 16, the police officer may take the person in custody to an appropriate place for examination by a physician. 2000, c. 9, s. 5.

For more information on MHA, visit https://www.ontario.ca/laws

Personal Health Information Protection Act (PHIPA)

The collection, use, disclosure, and management of "personal health information" (PHI) by health care providers is governed by the *Personal Health Information Protection Act* (*PHIPA*). This includes information in health care records that identifies a patient as having a history of or potential for violent behaviour that may include aggressive or responsive behaviours.

Under *PHIPA*, a health information custodian may disclose personal health information about an individual if the custodian believes on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or a group of persons. *PHIPA*, 2004, c.3, Schedule A, s. 40(1).

As noted in the PSHSA Communicating the Risk of Violence: What Healthcare Providers Should Know About Privacy Fact Sheet (2016), *PHIPA* allows health care workers to use and disclose personal health information where permitted or required by another statute. Therefore, where the *OHSA* requires an employer to provide an employee with personal information, *PHIPA* does not prohibit such use or disclosure. As well, the principle of limiting the amount of information being disclosed to that which is necessary to protect worker safety applies.

For more information on *PHIPA*, visit https://www.ontario.ca/laws

To learn more about privacy issues refer to the health information privacy fact sheet included within the PSHSA's Communicating the Risk of Violence: A Flagging Program Handbook for Maximizing Preventative Care.

Training

All workplace parties in the home care sector require education and training specific to workplace violence. Depending on their role in the organization, the training content and frequency will vary. It is important to note that training alone will not ensure workers are safe and should be accompanied by other controls such as supervisor competency, adequate processes, policies and procedures, availability of appropriate personal protective equipment, ability to call for help when necessary and others.

NB: The *OHSA* also mandates that workers and supervisors receive mandatory health and safety awareness training.

Under the *OHSA*, the employer has the responsibility to develop and deliver appropriate training to ensure workers receive the necessary training to do their jobs safely and are made aware of any actual or potential hazards in their workplace. Also, employers need to appoint competent people as defined under *OHSA* for the role of the supervisor. Among other responsibilities, individuals in the role of a supervisor need to be knowledgeable about any potential or actual hazards that can endanger a worker in the workplace and advise workers of them. Refer to Ensuring Supervisor Competency on Health and Safety for Managers and Supervisors toolkit for more information for health care organizations (hospitals, long-term care homes and home care) to assess and supplement their current supervisor training where appropriate to ensure supervisors are competent on health and safety and the specific hazard of workplace violence.

Workers have roles and responsibilities under the *OHSA* as well and are responsible for working in compliance with the provisions of the *OHSA* and its regulations which can include completing relevant training put in place by their employer and reporting any new hazards to their supervisor or employer.

The Internal Responsibility System is supported by appropriate and effective training and education programs. Organizations within the home care sector need to determine the need for various training programs, frequency of training, including regular refreshers and training evaluation mechanisms.

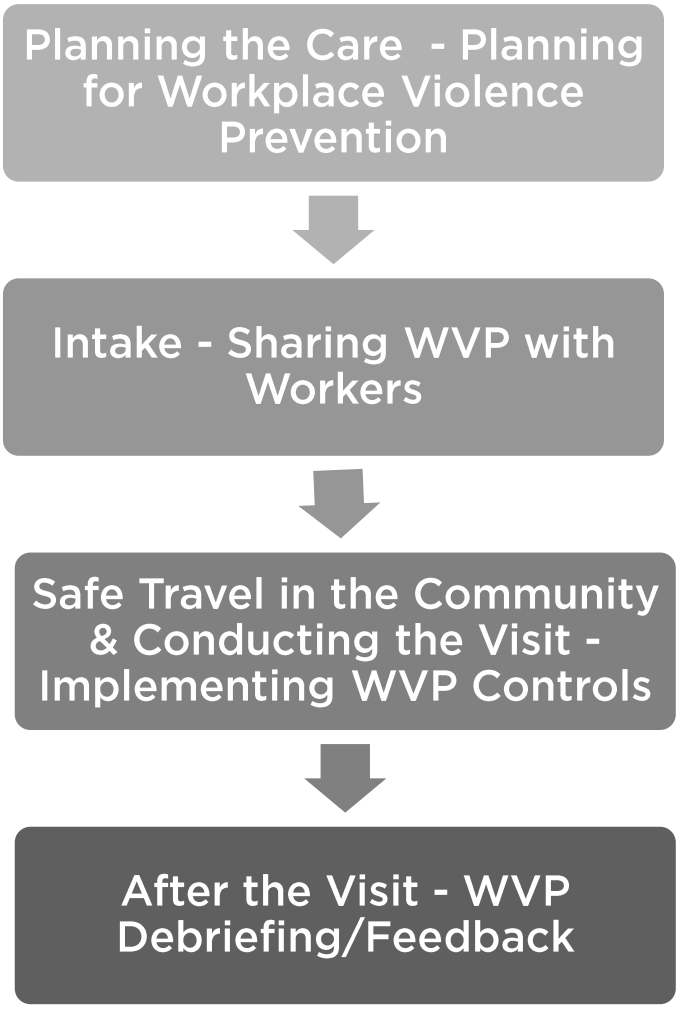
This section focuses on the existing Training Matrix tool in order to help organizations with decision making around training and education programs required for their specific workplace. Although there are some general training programs that are universal for all workplaces, certain workplaces will have unique risks that will require specialized training programs to be put in place to address particular hazards.

Refer to Appendix B: Training Matrix (for home care), starting on page 40.

Lifecycle of Home Care

In this toolkit, the lifecycle of home care for service provider organizations is divided into phases, and includes: planning the care, intake, conducting the visit and after the visit activities.

The following diagram illustrates these phases with regards to workplace violence prevention (WVP):



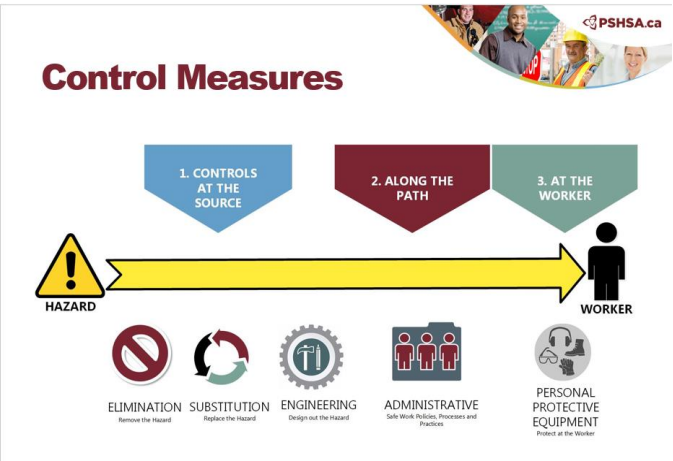
Planning the Care – Planning for Workplace Violence Prevention (WVP)

In planning the care with a workplace violence prevention lens, employers must comply with the legislative requirements for workplace violence (see *Legal Obligations* section). One component of which is to conduct an organizational **workplace violence risk assessment to identify the risks** that may arise due to the nature of the workplace, the type of work or the conditions of work (includes home visiting) (see *Resources* section for Public Services Health and Safety Association assessment tools). With appropriate risk assessments and reassessments in place, gaps can be identified, controlled and mitigated so that incidents of violence can be prevented or minimized in the workplace. Following the risk assessment, **measures and procedures** must be established to control the risks identified in the assessment. The workplace violence program must include measures and procedures:

a. To control the risks identified in the risk assessment or reassessment identified as likely to expose a worker to physical injury.
b. For summoning immediate assistance when workplace violence occurs or is likely to occur.
c. For workers to report incidents of workplace violence to the employer or supervisor; and
d. That details how the employer will investigate and deal with incidents or complaints of workplace violence.

Once the risk assessment has identified the hazards and risks, controls to address the risk must be developed and documented in the workplace violence program. Controls aim to eliminate or reduce the risks of violence to the lowest and most effective extent possible. Controls should include modification (with involvement of the employer and the family) of the environmental design and physical layout of the client home where possible and developing and maintaining administrative and work practice controls to minimize the risk of workplace violence. Control strategies should also include mechanisms where organizations learn from past incidents in order to protect workers from future workplace violence incidents.

Control measures, based on the results of a risk assessment or recommendations from the JHSC/HSR, are designed to eliminate or minimize the hazards of home visiting to a level where workers are not at risk and/or being injured.



Source: Public Services Health & Safety Association (PSHSA) Control Measures Diagram- www.pshsa.ca

Controls can be applied at the source, along the path and at the worker:

- **At the source** – removes or eliminates the hazard. Some "engineering controls" which remove the hazard are considered to be at the source controls
- **Along the path** – putting a barrier between the hazard and the worker to minimize or prevent exposure. Policies and procedures that control the work are often called "Administrative controls" and are considered to be "along the path" controls.
- **At the worker** – the last-resort control that minimizes the exposure and relies on appropriateness/sufficiency of equipment, training, and proficiency of the worker

The following lists below represent the location and type of the controls and provides examples of control measures for each category.

At the Source:

- Consider only accepting referrals with completed intake/exit information (e.g. detailed risk and response to risk information) provided from the source they are leaving. Appropriate information related to the history and risk of violence towards others (e.g. responsive behaviour, aggressive behaviour) needs to be transferred between healthcare providers (primary care, LHIN, hospital) at each stage before each care is provided. If the referral does not have the information, a call to the referring agency (as applicable) should be made for more information prior to service acceptance.
- Ensure that the service agreement includes language that speaks to the way a client or household member must behave and if they do not, what the consequences are if they are violent or harassing.

- Let client know before services start or continue, of service hold procedures in the event of an act of workplace violence so that control measures can be put in place.

Along the Path:

- Ensuring a supervisor visits the patient's home for assessment prior to assigning a worker
- Manager and workers using the assessment tools continually to re-assess the work environment at orientation to the client, before going into a home and when providing care.
- Pre-check in and out procedure prior to client visit.
- Arrange a buddy system when providing care:
    - in the home depending on risk/where risk is identified.
    - for a visit in a work location which is remote and where the usual communication devices do not work
- Ensure the communication process and device to summon immediate assistance works in the environment the worker is travelling to.
- Establish protocols for summoning the police.
- Provide intake information to accompany the first visit worker along with the First Home Visit Safety checklist (refer to Appendix C, starting on page 41).
- Identifying triggers for workplace violence and creating a care plan that addresses the triggers before they result in violence that includes aggression and responsive behaviours
- Establish a process/system to track, inform/alert workers about individuals the employer knows have a history of violent behaviour if workers are likely to encounter those individuals at work and the risk of workplace violence is likely to expose the worker to physical injury
- Ensure a personal safety response system (PSRS) is in place to allow home care workers to summon immediate assistance (refer to PSHSA's PSRS toolkit for more information in *Resources section*). Examples of PSRS devices include but are not limited to:
    - Use of a cell phone, or a personal alarm that is linked to a security company's monitoring system or similar wireless systems.
    - Use of a cell phone with an embedded GPS unit

  (A PSRS can include devices such as cellular/satellite phones or other electronic devices, but in all cases must provide an appropriate means to summon immediate assistance.)
- Require home care workers to have emergency telephone numbers handy or pre-programmed into cell phone.
- "MAN DOWN" and or "MAN IN TROUBLE" app on the cell phone or electronic device carried with the worker – for immediate emergency response.

- Implement a procedure requiring a "welcome call" from supervisors which includes risk identification and a review of zero tolerance policy for violence that includes aggressive and responsive behaviours – see Appendix D, starting on page 65.

At the Worker:

Personal Protective equipment

Provide a "community care kit" containing personal protective equipment and important resources for workers to take when performing their duties. The bag should contain items such as: flashlight and batteries, sharps container, taxi chits or tokens, N95 mask, three sets of gloves, pen and paper, emergency phone numbers, resource list, first aid kit, hand sanitizer, naloxone, charged cell phone or device for summoning immediate assistance, etc. – see Appendix E, on page 67.

Training

- Provide crisis intervention/self-protection training at orientation and annually, with best practice being to mandate practice each month. The Training Matrix tool provides examples of training for workplace violence prevention (refer to Appendix B, starting on page 40). Ongoing practice of the skills learned ensures actions are second nature when needed.

***Oftentimes, the best guide is your own judgment – if it doesn't feel right, avoid the situation. Leave if the conditions warrant.**

- Develop emergency plan for immediate unsafe situation.
- Disengagement training for workers –reinforce that they have permission and that they are expected to leave immediately if they have any sense or indication of danger. The worker shall retreat to a safe place and report to the supervisor. (see *Safe Travel in the Community & Conducting the Visit* section below for more information on work refusals)

Worker **education and training** are essential components of an effective safe home care/visit program (see *Training* section). Education and training ensure that all home care workers are aware of potential hazards. In addition, it helps to increase their awareness and competence about how to protect themselves and co-workers through established policies, measures, and procedures. Education and training should be established in a manner that adequately protects all workers against common risks, while recognizing that certain environments and roles require increased specificity in workplace violence training for certain segments of the worker population.

Written "Safe Work Practices" and Reporting

Written documentation of the aforementioned safe home care/visits program provides the framework to ensure that systems are in place to protect home care workers from hazards in home visiting. This includes developing **safe work practices** that are kept current, communicated to all workers, training workers who may be at risk and/or provide care to patients in their home, evaluating the program and making improvements. Refer to Appendix F: Sample Safe Home Care/Visit policy, starting on page 68.

Continuous Quality Improvement (CQI)

The tracking and analysis of established/standardized key performance indicators provides a basis for assessing an organization's strengths and weaknesses in addressing risks associated with workplace violence. These results can provide key learnings to create action plans to address persistent areas of concern. Maintaining a repository of data which contains workplace violence key performance indicators ensures that workplace violence programs can be evaluated, which is essential in demonstrating an organization's commitment to **continuous improvement**, transparency and accountability in the prevention of workplace violence (see *Continuous Quality Improvement* section).

While risk assessments, implementing controls (e.g. training, safe work procedures, devices for summoning immediate assistance, etc.) and continuous quality improvement are described in the planning for workplace violence section, these elements are also relevant to the other steps of the home care lifecycle. For example, in home care organizational workplace violence risk assessments should occur in the planning for workplace violence prevention section, however individual client risk assessments should occur both during intake by the LHIN and SPO and additionally during the visit at the client's home by the supervisor/worker.

Intake – Sharing WVP with Workers

Intake is defined as the collection of relevant information to match clients to appropriate care. It is important to also think of the intake process as a process to seek and collect information that may affect worker safety, such as a history of violence. The *OHSA* states that employers must pass information, including personal information about a person with a history of violent behaviour, to workers who may come in contact with the person and where contact may result in physical injury.

Initial intake of home care clients occurs through the organization arranging care (e.g. Local Health Integration Networks (LHINs), self-referral, primary care provider) and focuses primarily upon the health status and service needs of the client. Information about behaviours or violence should be sought out if available but may not be readily available through the intake process. Or, information about violence may occur later in the care continuum as a result of changing conditions and behaviour of the client.

The amount of information about the client that may be available varies according to how the intake occurs. Initial intake of home care clients can occur by the following mechanisms:

- **Hospital Discharge:**
  - Through an acute care (hospital) discharge before hospital discharge by a care coordinator from the organization arranging care or hospital staff.
  - In situations where a patient had been discharged from the hospital, or elected to leave before discharge, this may be done by the care coordinator over the phone in the community.
- **Private Referral:** clients or their family members may self-refer, or
- **Professional Referrals:**
  - a physician or other health care provider may initiate a referral.
  - programs, such as Public Health's Healthy Babies Healthy Children and other services may have unique referral processes like the Public Health Connection Line.
- **Through a LHIN Referral**

When planning intakes from the various mechanisms above, the strategy for collecting information regarding care required and worker safety may differ. For example, if another organization is referring, they may have information to provide. If the organization arranging care identifies areas of concern through the initial intake process, they may arrange for a home visit, to further review the care needs in the environment. One of the purposes of this initial home visit is to review the medical and non-medical information available to identify any potential for violence that may require further investigation. This information is used by the staff planning for the care, and those workers providing the care, to help determine the resources required to provide quality care. It should also be used by the employer to implement safely measures and procedures to protect staff who may be exposed to a risk of violence.

Clients and families should receive general information from the care coordinators of the organization arranging care and more detailed information from the specific service provider organizations with regard to: their responsibility to provide a safe working environment, respect, violence/aggression, weapons, etc. If they are unable to meet these expectations, further discussion will be required for care to continue.

Additional strategies for the safe provision of care for workers may need to be pursued.

During first interactions with clients and families and in all private referrals, intake staff should ask clients and families to share any potential triggers for violence that includes aggression and responsive behaviours (hereinafter referred to as violence) for either the client or for other individuals that may be present in the home, and how to manage them. This keeps workers safe as well as ensures the best care possible. (Refer to PSHSA VARB tools in *Resources* section)

For example, if violence that includes responsive behaviours are identified and strategies for management are not yet in place, the organization arranging care coordinator and service provider organization should take steps to protect workers and engage with the family, the family physician and/or refer to a service such as Behavioural Supports Ontario (BSO) if available or other services. The identification of strategies for managing violent behaviours is important to ensuring worker, client and family safety. There are different resources and approaches to responding to workplace violence that includes aggression, and responsive behaviours, and they should be used accordingly to decrease risk and increase safety for both workers and clients. This information about violent behaviours and their management should be shared with the organization arranging care as part of the client referral, at the time of client referral. Workers must have training on triggers / behaviours and control strategies before engaging in work with a client. Refer to one organization's plan and process for addressing behaviours in Appendix G on page 76.

Intake: Step by Step

Plan how you will do it

It is incumbent upon all organizations to implement their own intake process that identifies, and addresses risks associated with their work with clients, and to make every effort to ensure appropriate measures are taken to prevent potentially harmful situations. The organization providing care has a duty to review the information provided, determine if a risk exists, and the resources required to provide safe care. If there is a discrepancy between the risks identified by the organization arranging care, and the organization providing care, they should resolve the differences. If unable to resolve the differences it is likely due to lack of adequate data, in this case the care should be planned erring on the side of caution with increased safety precautions in place, until the discrepancy can be resolved through direct observation (supervisor assessment), or communication between client and organization providing care (welcome call) before the care is provided. Relevant information, and information gaps must be communicated to the worker providing the care,

before care is provided, including measures and procedures to be followed to control the risks (plan of care).

Do a risk assessment and implement controls

As mentioned in the planning for workplace violence prevention section, an organization must perform an organizational risk assessment to identify those risks associated with the work and then to develop controls to address those risks related to violence. It is equally important to state it again here as it relates to the intake process. The risks identified, and the controls should be reassessed on both a formal and informal basis, such as after incidents or when near misses occur. The purpose of this review is to ensure that the systems are in place to facilitate a formal review of the risk of workplace violence and to address that risk in an appropriate manner that respects the clients need for care and the organization's need to protect its workers so that they are able to provide the care required. This is an integral underpinning to the intake process. In addition to the organizational risk assessment, information needs to be collected regarding the client both to provide care, and to ensure worker safety.

Gather information at intake

The organization should obtain as much information about care and safety from the sending organization or referral. If the information is not provided as part of the referral, the organization should contact the sending organization and client and obtain details such as:

- **Location:** are there any distinct characteristics about the location that may cause safety concerns? (e.g. isolated, single/multi dwelling, parking, etc.)
- **History of Violent Behaviour:** any incidents of threats or physical harm? Information on triggers, behaviours, and previous safety plan details? Were weapons involved?
- **People/Family:** Who lives in the home? And for people who live in the home, collect (current contact information, age, known to police? History of violent behaviour? Substance abuse?). Is there anyone who lives or spends time at the home that we should be concerned about?
- **Worker Safety:** are there any pets in the home? Are there any weapons in the home? Are there any drugs in the home? If so what kind? Are you aware of anything else that could affect the safety of a caregiver visiting the home?

For additional resources, please see the PSHSA Individual Client Risk Assessment toolkit.

When to Develop a Worker / Client Visit Safety Plan

Now that the organization has

1) looked at the organizational risk assessment which has identified any workplace violence risks and the controls in place
2) collected, reviewed and evaluated the information that came along with the client from the organization arranging care, and
3) contacted the organization arranging care and client if necessary to fill any gaps in information.

If any risks have been identified, then a Worker / Client Visit Safety Plan must be developed prior to a home visit.

The Service Provider Organization has completed the first home visit safety checklist prior to assigning a home care worker to a home visit with Mrs. P. The Service Provider Organization has determined that the only other person expected to be in the home during any home visit is the client's husband. After the intake process, the client's son moved back into the home. He is showing signs of verbal aggression to his parents, and disregard for the care givers. The person providing care must report this change to their supervisor. The service provider organization and the organization arranging care have a responsibility to protect their workers. They may need to arrange a conference with the family to review the provision of care and should implement safety measures for the person providing care in this changed dynamic.

An urgent referral comes through to ABC home care agency that has to be accepted in a 30-minute time window. An 80-year old woman is recovering from a mild heart attack and needs someone to oversee her recovery and to make sure she takes her medication. No other information accompanies the referral and the first visit must be initiated in two hours. Sue, the receptionist, sees that no other information has been provided and that the first visit is in two hours and knows that ABC home care has a special safety plan that is triggered by a case such as this—short on information and with a quick appointment. Sue sends the referral to the appropriate office, but she also sends it to the supervisor and she labels the visit as a "Supervisory

Accompany" visit. This safety plan is utilized to increase safety on a "quick" first visit where information is scarce and helps ABC home care agency comply with its contract with the organization arranging care that states that supervisors will visit within 48 hours and ideally at the time of the first visit. It helps ABC home care agency:

1) be able to provide prompt and efficient care to clients
2) address worker safety in situations of limited notice
3) collect and identify information regarding client needs and worker safety on the first visit
4) fulfil their contract with the organization arranging care

Safe Travel in the Community & Conducting the Visit – Implementing WVP Controls

The worker, will have reviewed the information provided by their organization before meeting the client for the first time, as well as any chart updates between visits, as situations may have changed.

There is a requirement that every care and service provider in the home care system assess the safe provision of care at each visit to the client. This is part of the overall assessment that many workers automatically carry out as they approach and enter a clients' living arrangement. It may range from:

- the identification of emergency first responder presence in the area,
- refer to *PSHSA Assessing Violence in the Community: A Handbook for the Workplace for further guidance on communicating with potentially violence clients, safe travel in the community, etc.* https://www.pshsa.ca/products/assessing-violence-in-the-community-a-handbook-for-the-workplace/
- cell phone or wireless device coverage in the area,
- radio and social media alerts around the time of care,
- the condition of the approaches to the living arrangement,
- the auditory and visual assessment that may begin before the first interactions with the client (gait, time it takes to answer door etc.),
- others in the living arrangement,
- the health presentation of the client compared with that extrapolated from the Individual Risk Assessment,
- the physical layout of the living arrangement, and
- other conditions that may not be easily identifiable but give a worker the sense that "all is not as it should be".

The worker and service provider are evaluating these factors continually to determine if it is safe to continue to provide care in this dynamically changing environment both from the lens of workplace violence, and other safety or illness risks that may be present.

The person providing care must be aware that if conditions do not seem safe during any visit, that they are required by their organization to leave.

Sharing Expertise – Saint Elizabeth Health Care

At Saint Elizabeth Health Care (SE Health) we are committed to the physical and psychological health and safety of our workers. In a continued effort to support the employee's wellbeing and safety, we introduced the "Dear Client" letter (refer to Appendix H, on page 77), asking the client to partner with us by ensuring a safe work environment for the frontline workers while in their home.

The main areas addressed in the letter, including the most common risks factors faced by workers, are:

- Situations deemed threatening including inebriations, abusive language/behaviours or physical violence
- Family pets
- Safe access to the home
- Proper disposal of medical sharps
- Smoking in the home

The key components of this letter are introduced to the client during the initial "Welcome Call" (refer to Appendix D, on page 65) and is then reviewed with the client during the first visit. The client or substitute decision maker will then be asked to sign the letter that they agree and understand our expectation for a safe work environment for staff.

Complete and use the following employer and worker checklists designed as assessment tools to enable employers to judge where they are in the care and safety protection of their workers, and to assist workers in the field in recognizing unsafe working conditions. Through these assessment tools, service provider organizations will grow to adopting leading practices when establishing systems and practices to prevent workplace violence:

Appendix C: First home visit safety checklist, on page 48

Appendix E: Home Care Worker Safety Bag Checklist, on page 67

Appendix I: Pocket Card, on page 80

When a Home Visit Goes Well

Today I am making a home visit for the first time. I feel good knowing that there was a First Home Visit Assessment completed for potential violence hazards and risks. I have a good idea of what to expect from the physical environment and there has been screening for risk of violence that includes aggressive behaviour. My supervisor has also done a pre-travel assessment, so I know the crime rate for the location I'm visiting and the safest place to park when I get there. When I get to the visit I will take the time to use the Home Hazard assessment tool developed by my Employer in conjunction with my Joint Health and Safety Committee to ensure that if there are additional risks they are identified to protect myself and my colleagues that may visit in future. I have no issue contacting my supervisor if something just does not 'feel quite right' or if need be exercising my legal right to refuse work that I believe is likely to endanger me.

Sometimes home visits do not go as planned. If there are any issues or incidents that occur while conducting the care, workers should:

- If feasible, attempt to de-escalate the situation (e.g. in the case of clients with dementia who exhibit responsive behaviours, appropriately-trained workers can often diffuse developing situations successfully).
- Remind clients and families of the conditions that they agreed to in the 'dear client' letter to provide a safe working environment.
- In all cases, workers must leave an unsafe environment. To the extent possible, the client should be left in a safe condition unless doing so puts the workers at risk of harm.
    - once safe, worker is to immediately contact the supervisor so that other plans and precautions can be taken to conduct the care later when it is safe to do so.
- Consider exercising their legal right to refuse unsafe work if they are being asked to stay or return to an unsafe situation.

Work Refusals

Under the *OHSA*, a worker can refuse to work if he or she has reason to believe he or she may be endangered by workplace violence under section 43(3)(b.1). Workers employed by a home care organization do NOT have a limited right to refuse unsafe work like some other health care workers. The *OHSA* sets out a specific procedure that must be followed in a work refusal. It is important for workers, employers, supervisors, JHSCs, and HSRs to understand and follow this procedure. Refer to the *Resources* section for the Workplace Violence Prevention in Health Care: A Guide to the Law and

A Guide to the Occupational Health and Safety Act for more information on work refusals.

For information on the role of police in home care, refer to Appendix J, on page 81.

With all the best practices in place, related education and training, established indicators, checklists to follow, reports to fill out, it should be clearly noted that sometimes the best guide is your own gut feeling – if it doesn't feel right, there is likely something wrong.

After the Visit – WVP Debriefing/Feedback

This section, 'After the Visit' will focus on what steps should occur following an incident or complaint of workplace violence during a home care visit.

Responding quickly to provide assistance when an incident, complaint or risk of workplace violence occurs is crucial to keeping all workers safe.

The section titled legal obligations provides more comprehensive information on workplace parties' duties under the *Occupational Health and Safety Act* surrounding workplace violence. This section discusses a few select duties.

Home care work must occur within a pre-planned framework for worker safety.

Employers must have a workplace violence program in place that includes measures and procedures for workers to report incidents of workplace violence to the employer or supervisor [*OHSA* 32.0.2. (2)(c)].

Home care workers must be trained to know the measures and procedures for safety, how to protect themselves, and what to do in emergencies.

Workers must be provided with information and instruction on the measures and procedures for safety so that they know how to be safe during home visits and also the importance of reporting all workplace violence incidents and incidents where no harm occurred, but the worker felt threatened (sometimes called "near misses.")

Workers Reporting Obligations

Workers have a duty in the legislation to report hazards, including hazards related to workplace violence, to their employer or supervisor [*OHSA* 28 (1)(d)]. Workers should report all incidents and/or risk of violence that includes aggression and responsive behaviours – even if the worker was able to successfully diffuse the situation before it escalated. Sharing that an incident occurred will help to keep other workers safe in the future.

Before contacting their employer/supervisor and completing an incident report, a worker should first ensure they are in a safe environment. As discussed in the previous section, the worker must be aware that if conditions do not seem safe during a visit, they are required by their organization to leave.

Employers and supervisors need to be aware that workers may be reluctant to report incidents of workplace violence that includes aggression and responsive behaviour and work together with all workplace parties to overcome reasons for both non-reporting and under reporting.

The following list provides some of the reasons workers do not report incidents of workplace violence in home care:

- skepticism about the potential for change
- shame/embarrassment that they were unable to diffuse the incident themselves, or that they allowed something to happen
- concerns about losing hours if they are removed from that client
- not wanting the client to 'get in trouble' or be put on medication
- not wanting to violate client trust (which can damage a relationship that has been carefully developed over an extended period of time)
- not knowing what will happen to themselves or the client if they report

Personal Example, Reasons for Non-Reporting: I am the sole provider for my household. On my income, I can barely pay for rent, heat, water and food. A client got mad and hit me last week, but I didn't report the abuse because I have been losing hours and cannot afford to lose any more if she is removed from my schedule. So, I felt forced to continue seeing this client and got abused a second time.

Personal Example, Benefits of Reporting: I was visiting a client with behavioural challenges. She was starting to behave aggressively when it was time for her shower, but I worked out a new strategy for diffusing the situation! There are four of us PSWs who visit the client, so I told my supervisor and the other PSWs about my new strategy and documented the care strategy in the client's chart as per my employer's risk identification and alert system. My employer was then able to alert all other staff at risk of the client's history of violent behaviour and of any new care strategies. Another colleague went in yesterday and said that the strategy worked for her too and neither of us were hurt.

To overcome under reporting or non-reporting, employers should promote reporting and communicate to all workers that reporting is their responsibility under the *OHSA*. Doing so allows the employer to warn others and guarantee that other team members become aware of potential risks of workplace violence and are better protected. Additionally, employers should ensure that how they respond to a worker report is supportive and is inclusive of the worker, which the worker may find less intimidating and more motivating than a purely management driven response. After reporting an incident, if a worker is unable to continue caring for a client, the employer should prioritize prompt replacement of the same amount of working hours for the worker. Reducing hours may be viewed as a reprisal. Under the *OHSA*, employers or supervisors are prohibited from penalizing workers in reprisal for obeying the law or exercising their rights.

Organizational Response When Incidents Occur

Care and Support for the Worker

The employer and supervisor's first concern should be ensuring that the worker who reported the incident or complaint is safe. There should be processes in place that sets out how the worker is supported. Support can be both formal (e.g., an established debriefing session that occurs after a complaint or incident of workplace violence or a peer support network) and informal (e.g. regular phone calls to check in to see how the worker is doing).

After the employer has made sure the worker is safe, they should follow their organization's workplace violence measures and procedures, including internal/external reporting and notification requirements. The *OHSA* contains requirements for employers after incidents occur, such as duties to report injuries and occupational illness and the details of them and provide reports respecting occupational health and safety to the JHSCs/HSRs and workers.

Notifications

If a critical injury or fatality results from a workplace violence incident, the employer must immediately notify the Ministry of Labour (MOL) Health & Safety Contact Centre, the JHSC/HSR, and union, if any, of a death or critical injury of a person (not just a worker) as per *OHSA* 51 (1). The employer must also, within 48 hours, after the occurrence send a written report to the MOL of the circumstances; and notify the WSIB within the required timeframe (as applicable)-. Critically injured is defined in Regulation 834 of the *OHSA*.

If a worker is disabled from performing his or her own work or receives medical attention resulting from an incident of workplace violence, written notification from the employer must be provided to the JHSC/HSR and union within four days as per *OHSA. 52 (1)*. The MOL may also require notification by the employer if a MOL inspector requires it. For more information refer to the Section 21 Guidance note on accident/illness notification.

Investigating Incidents

Employers must investigate incidents of workplace violence to identify steps to prevent a recurrence. The workplace violence program must also include measures and procedures that set out how the employer will investigate and deal with incidents or complaints of workplace violence [*OHSA* 32.0.2. (2)(d)].

The purpose of a workplace violence investigation is to:

- prevent recurrences of workplace violence incidents
- gather facts related to the incident or complaint in order to identify any hazards or gaps in measures, procedures and training that can also risk worker safety
- identify root and contributing causes of the incident
- identify corrective actions; and
- apply measures and procedures to control the risk.

If the workplace violence incident resulted in a critical injury or fatality, the *OHSA* requires the members of a committee who represent workers to designate one or more worker members of the JHSC or HSR to investigate.

Based on the investigation results, the employer may need to update its workplace violence measures, procedures and training and review and update the individual client risk assessment and care strategy, including the safety plan to ensure control measures are implemented in a timely manner. Additionally, the employer must inform other workers who are likely to encounter a client with a history of violent behaviour if the risk of workplace violence is likely to expose the worker to physical injury [OHSA 32.0.5 (3)].

If the employer /supervisor is unable to resolve the situation with a client and their family and has concerns that they cannot meet their obligation to provide a safe working environment, then the LHIN coordinator should be contacted. Client/families' inability to provide a safe working environment may result in service being withdrawn.

As a leading practice, the JHSC/HSR should review workplace violence accident/illness reports and incident trends in order to make recommendations to the employer to protect workers.

Continuous Quality Improvement (CQI)

A comprehensive approach to violence prevention includes a process for CQI. Employers will want to consider the following:

- Reporting of incidents both through internal workplace processes and provincial Emergency Measures Tracking System.
- Evaluation – discuss/develop indicators/suggestions that workplace parties can use to evaluate the adoption of the tools, usefulness of the tools and impact on communication.
- Develop a risk and safety report based on case notes and reporting- can include follow up from nurses, LHIN, workers, managers etc.
- Support a workplace violence campaign that occurs annually – includes the promotion of reporting, annual review of policies, measures and procedures, new and refresher training, marketing materials, education pieces that can be communicated to workers.
- Additional information on building a workplace violence prevention program in steps https://workplace-violence.ca/overview/step-1/.
- Monitor environment and be responsive to change as required (e.g. Subscriptions to newsletters, involvement with networks/associations, Ministry of Labour, etc.)
- Annual risk assessment – can also assist in evaluating communication and training and education to workers. Tools can be found on PSHSA https://workplace-violence.ca/

Communicating for CQI (OHS-Related)

- Consider having a standing item with JHSC/HSR to monitor workplace violence near misses related to home visit safety and identify risks. In addition, ensure that workers on the JHSC/HSR are ambassadors of prevention in workplace violence (e.g. does the employer's check-in procedures work? Are the devices used to call for help and an effective means of summoning immediate assistance?)
- Utilize JHSC monthly inspections to identify hazards and report on these at JHSC meetings
- Join collaborative and diverse networks to exchange best practices
- Use of technology to communicate with workers (e.g. voice messaging, text messaging, worker app, online portals etc.) including risk events (e.g. threat in the community, tip sheets, etc.)
- Annual learning event topic and regular meetings with teams and have as a topic of discussion
- Collaborative case reviews to discuss workplace violence related issues, learning and action items. Share with workers/JHSC/HSR

Engaging Families in CQI (OHS-related)/Strategies for Engaging Clients and Families

- Create a workplace violence committee under the JHSC that involves the input of client/family voice on committee
- Sharing of client stories to workers
- Ensuring that workplace violence is discussed during initial assessment with nurse and that material is included in welcome package
- Ensure follow up with family members where there are incidents of possible workplace violence and that documentation is up to date (add this as part of the assessment tool and communicate the risk of violent behaviour to worker prior to visit)
- Where a workplace VARB incident has occurred or a client has been flagged as high-risk, the supervisor can schedule regular check-ins with the worker(s), client and family to evaluate and if necessary revise the strategies that have been put in place.
- If a 'new' worker has been placed with a client, such follow-up should still be used to check whether this is working.

Barriers and How to Overcome in CQI (OHS-Related)

- Technology – depends how much investment is used towards this by an organization. At the very least they should be tracking metrics on risk events/ risk assessment – use tools from the PSHSA
- Communicating to a workforce in more than one location/site requires creative strategies to ensure workplace violence risk is communicated to all workers e.g. mail out, by phone, orientation education, mandatory meetings (get feedback from workers to ensure best reach), JHSC/HSR, etc.
- Enforce idea of sharing workplace violence stories/hazards, give workplace violence examples to workers, reiterate no reprisal, educate!
- Create checklists to ensure workplace violence prevention is in place e.g. adjust to home care environment https://www.pshsa.ca/wp-content/uploads/2017/03/P4_VPRCHAEN0217-Workplace-Violence-Prevention-Checklist.pdf
- Develop an audit to ensure the employer is meeting their legislated obligations to notify the union, JHSC/HSR, WSIB and MOL as applicable of workplace violence fatalities, critical injuries, accidents and illnesses.

Conclusion

Workplace violence against home care workers is not acceptable. Workers who provide care in people's homes are at greater risk because they perform their work away from their colleagues, away from organizational help and support, and away from proximity to obtain quick help in emergencies. As such, great attention must be paid to the home care life cycle—from beginning to end:

- Obtaining as much information about the client in advance no matter the route of referral
- Organizational planning for safety in advance by identifying and controlling risks, developing a workplace violence and harassment policy and program
- Providing sufficient training and equipment for workers to keep them safe on the job includes information on workplace violence and harassment policy and program, measures and procedures for safety, emergency procedures and contacts, disengagement and self-protection, and any other training to enhance their safety
- After incident investigation, reporting, reassessment of the risks and developing steps to prevent recurrence, and continual evaluation and improvement

The injury statistics clearly demonstrate that health care workers experience significantly more violence than any other profession, which is unacceptable. Employers need to take steps to protect workers and change the culture, look to prevention and be more responsive to workers, which ultimately will eliminate illness, injury and death and better protect clients. As the late Justice Campbell in his SARS report said if workers aren't safe neither are their patients.

This toolkit provides a comprehensive approach with preventative strategies to help an employer make a commitment to workers to protect them from workplace violence in the home care sector and help meet their duties legislated under the *OHSA*. Effective leadership and the accountability of all workplace parties are the cornerstones of this toolkit in the journey to change the culture to one of safety. Employers need to work in consultation with their JHSC/HSR to develop and implement a program that best protects their workers. The toolkit should also help to strengthen the IRS.

Resources

- A Guide to the Occupational Health and Safety Act
- Guide for Health and Safety Committees and Representatives
  - Link to Occupational Health and Safety Act
- MOL Workplace Violence and Harassment – Understanding the Law
- PSHSA Community Care assessment tools
  - PSHSA Assessing Violence in the Community: A Handbook for the Workplace
  - Community Care Online Interactive Assessment tools
  - Assessing Violence in the Community Online User Guide
  - Assessment of a Client and Home Prior to a Visit
  - Assessment of the Geographic Region and Travel Route
  - Employee Hazard Assessment Tool – Home Community
  - Risk Specific Guidelines and Tips Client Care Checklist
- PSHSA Community Care: A tool to Reduce Workplace Hazards
- PSHSA Workplace Violence Risk Assessment (WPVRA) tools
- Workplace Violence Prevention in Health Care Leadership Table resources www.workplace-violence.ca
- Section 21 Guidance note on accident/illness reporting
- Workplace Safety and Insurance Board (WSIB)
- Workplace Violence Prevention in Health Care: A Guide to the Law (found on the Ontario.ca website)

Glossary

Buddy System may be two staff working in pairs depending on the risk identified.

Client is a recipient of care; may also be referred to as a patient in the home care sector.

Home Care Services:

Personal Support
Tasks of daily living, personal care and hygiene, restorative/activation activities and home management activities. Personal Support Workers (PSW's) provide care that a client could be expected to perform themselves if physically and/or cognitively able. Their activities are supportive and are non-medical in nature. Personal Support Workers may be trained to perform delegated procedures, when the procedures are identified as routine activities of daily living which otherwise would be completed by a Regulated health professional. **PSWs working in the long-term care home setting under the Long Term Care Act does not authorize PSWs participation in these procedures.*

Nursing
Registered Nurses/Registered Practical Nurses primary functions includes assessment, nursing diagnosis, planning for care, intervention and evaluation. Nursing may consist of services delivered in a clinic setting, in the client home or at school. Care can be provided by visit or shift.

Dietetics
Registered dieticians work individually with clients of all ages with a focus on optimizing client nutrition intake, individualizing food intake to meet specific nutrition, dietary and/or functional needs, promoting overall health and well-being and maintaining client independence.

Therapy
Physiotherapists (and Physiotherapy Assistants) provide specialized hands-on clinical skills to assess, diagnose and treat symptoms of illness, injury or disability. Physiotherapists encourage clients to assume responsibility for their health and participate in team approaches to health service delivery. This group may also include Occupational and Respiratory therapists.

Social Worker
At the client level, social workers assist with the management of issues ranging from depression, facing a life issue, living with chronic or debilitating health conditions, or recovering from trauma.

Chaplain/Spiritual Care
Within home care, there may be access to a chaplain to provide spiritual support and spiritual care programs for clients and their family members.

Public Health
Public Health is mandated to provide services through the Ministry of Health and Long-Term Care based on the Ontario Public Health Standards. The Healthy Babies Healthy Children program, which provides support to high risk families and also for bereavement, provides home visits by a Public Health Nurse (PHN) or using a blended model of a PHN and Family Home Visitor. Home visits are also made by PHNs for breastfeeding support. Community Health Nurses and PHNs for Direct Observe Therapy (DOT) of TB medications in the home. In addition, there could be home visits made through the Infant Development Program which include Early Childhood Educators and Occupational Therapists.

Internal Responsibility System a system where everyone in a workplace has a role in workplace health and safety that matches their responsibility and authority in the organization. The employer has the ultimate responsibility because they make the decisions in the organization.

Near Miss Incidents A Near Miss is an incident that did not result in injury, illness, or damage – but had the potential to do so.

Organization Arranging Care may be the local health integration network (LHIN), primary care provider, self-referral or other agency.

Organization Providing Care may also be known as the service provider organization (SPO), privately paid provider or volunteer that provides services in the home to clients/patients.

Precautionary Principle is an approach for "protecting workers in circumstances of scientific uncertainty, reflecting the need to take prudent action in the face of potentially serious hazards without having to await complete scientific proof that a course of action is necessary." (Ontario Health Care Health and Safety Committee under Section 21 of the *Occupational Health and Safety Act*, 2011).

Responsive Behaviour is a sub-set of behavioral and psychological symptoms of dementia (wandering, verbally aggressive behaviours, physically aggressive behaviours, socially inappropriate or disruptive behaviours, and resistance to care) thought to be an expression as a means of communication for those with difficulty expressing thoughts, feelings and needs that may be a result of:

- Un-met needs (pain, hunger, thirst, elimination)
- Response to a stimulus in the environment (over/under stimulation, overcrowding, inconsistent routine, provocation by others, noise, light activity).

- Psychosocial needs (stress, apathy, loneliness, depression, lack of purpose)
- Responses to the approach of care team members or other residents
- Reaction to stimuli that triggers the "fight or flight" response in a person with dementia

Workplace violence that causes or could cause physical injury to a worker, whether or not it stems from responsive behaviours, falls under the *OHSA*.

Root Cause is an underlying or fundamental reason for any failure of safety observance causing injury, illness or fatality.

Sending Organization could either be a hospital, long-term care home, primary care provider or client/family; also known as a referral.

Workplace Safety Plan is a document designed to set out the actions the employer will take to ensure the overall safety of the workplace, and all workers.

Appendices

Appendix A: Assessment Tool – For Home Care

Adaptation of the Workplace Violence Prevention in Healthcare Brief Organizational Assessment Tool: Ontario Hospitals from the Institute for Work and Health (IWH) for Home Care.

Background

This assessment tool was initially developed by the Institute for Work and Health (IWH) to assist Ontario hospitals and modified for the home care sector for the purposes of this toolkit to determine where the organization is in their workplace violence prevention practices. 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 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 organizations, it is recommended that Joint Health and Safety Committee Co-Chairs (or health and safety representatives) lead committee members in a consensus process to assess the organization's performance on each of the fifteen indicators. It is further recommended that worker members and employer members meet separately to assess the organization'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 workplace violence prevention program that may require attention. An employer may seek assistance from external resource experts for advice and assistance.

A. Management Commitment and Worker Participation	N	R	S	O	A
1. Workplace violence incidents are reported to the Board of Directors, the Chief Executive Officer and senior management.					
2. Directors/Senior Management demonstrate leadership and commitment to workplace violence prevention.					
3. The Joint Health and Safety Committee/Health and Safety Representative receives and reviews all incident reports of workplace violence.					
4. The Joint Health and Safety Committee/Health and Safety Representative is consulted in the development of procedures and training for workplace violence prevention.					
B. Workplace Violence Risk Assessment and Hazard Identification	**N**	**R**	**S**	**O**	**A**
1. Incidents of workplace violence are investigated to identify root causes.					
2. The details of events resulting in emergency procedures involving violent clients, family members or visitors are consistently recorded and communicated to workers.					
3. Potential for violence and aggression are identified among clients/patients; and re-assessed as often as necessary.					
4. Individual risk reduction care plans, including worker safety measures, are made for clients/patients at risk for aggression or violence.					
5. We use electronic documentation to flag or alert health care workers about violence risk and history of violent behavior in individual clients/patients. With a mechanism to ensure worker understanding and acknowledgement.					

C. Hazard Prevention and Control Measures	N	R	S	O	A
1. Managers, supervisors and workers have been trained in all workplace violence prevention measures and procedures appropriate to their job and the risk of workplace violence they can expect to encounter.					
2. Near-miss incidents of workplace violence are investigated.					
3. Health care workers follow procedures concerning reporting of client/patient aggression and workplace violence.					
4. Workers are provided with effective mechanisms to summon immediate assistance when encountering workplace violence or the risk of workplace violence.					
5. Senior leadership acts on workplace violence prevention recommendations from the Joint Health & Safety Committee.					

D. Program Evaluation	Yes	No
1. We have continuous quality improvement programs in place that incorporate workplace violence prevention that are developed in consultation with the JHSC/HSR **(yes/no)**		

Appendix B: Training Matrix (for home care)

Training Matrix

The training matrix is intended to be used to assess risk and the associated training and education required for the home care sector given its unique setting, environment, client population and established training. It is recommended that this tool be filled out by a multi-stakeholder assessment team with knowledge of the home care setting environment. This team may include, but not limited to, Joint Health and Safety Committee (JHSC) members/Health and Safety Representative (HSR), Occupational Health and Safety (OHS) professionals, senior management and others. Once completed, the matrix must be sent to the JHSC/HSR. The JHSC/HSR should make recommendations on the development and measurement of the training program, focusing on the transfer of knowledge and practical skills.

Please note that further and more specific training recommendations for supervisors to ensure supervisor competency are required - including any training recommendations specific to doctors, CEOs, Directors, VPs and BODs on their roles and responsibilities under the *Occupational Health and Safety Act (OHSA)* and its regulations.

Unit Assessed: _____

Assessment Performed By: _____

Guidelines: How to Use this matrix

This tool is intended to be used to assess risk and the associated training for Home care given its unique setting, environment, client population and established training. It is recommended that this tool be filled out by a multi-stakeholder assessment team who have knowledge of the home care sector.

Each factor is to be filled out on a scale of 0-3 (0: risk does not exist, 1: seldom 2: often, 3: frequently)

Once filled out, a copy of the assessment must be sent to the Joint Health and Safety Committee (JHSC)/Health and Safety Representative (HSR).

Table 1

This table considers the risks in the context of an event of workplace violence that a worker may encounter during the course of their work. It is intended to be filled out on the basis of a worker's exposure to the risk within a unit. Note: the word weapon is not restricted to conventional weapons but includes any item or thing that a person could use to inflict harm.

Risk	Rehab Staff (OT, PT, SLP, dietitian)	Chaplaincy	Health care Student placement	Social Worker	Front Line Supervisor	RN	Management	Non-regulated HC Staff (PSW Developmental Support Worker, Home Support Worker and Orderly)
Working Alone								
Safe Travel in the Community								
Delirium (e.g. post-op, geriatric, infectious diseases)								
Dementia Care								
Infectious Diseases								
Hazardous drugs (e.g. chemotherapeutics)								
Access to weapons								

Risk	Rehab Staff (OT, PT, SLP, dietitian)	Chaplaincy	Health care Student placement	Social Worker	Front Line Supervisor	RN	Management	Non-regulated HC Staff (PSW Developmental Support Worker, Home Support Worker and Orderly)
Substance Use/Misuse								
Psychiatric Disorders								
Visitors/family members								
High Risk Patient Population (e.g. domestic abuse, human trafficking etc.)								
Colleague								
Complex Diagnosis (e.g., Autism, Developmental Disabilities)								
Pediatrics								
Organizational Risk								
Isolated Setting (e.g. rural, difficult to get to etc.)								
High Risk Setting– e.g., marginalized populations, homeless, people living in shelters								

Risk	Rehab Staff (OT, PT, SLP, dietitian)	Chaplaincy	Health care Student placement	Social Worker	Front Line Supervisor	RN	Management	Non-regulated HC Staff (PSW Developmental Support Worker, Home Support Worker and Orderly)
At-Risk Settings - e.g., marginalized populations, homeless, people living in shelters								

Guideline:

- Awareness, generic workplace violence prevention training would be required for all workers who work in home care sector.
- A worker population with a risk of workplace violence beyond a low risk would require a higher level of training than awareness and would include physical intervention.
- In order for a supervisor to be deemed competent with respect to workplace violence, the expectation would be that they have demonstrable skills and training (not just awareness training) to reflect the hazards, respond to any concerns raised including recognizing and dealing with a work refusal and training that are required and present for the worker/work area they oversee.
- Incorporating case study analysis where appropriate to be able to work through the skills developed.

Table 2

This table considers the level of training for workplace violence prevention that a worker would require. It is intended to be filled out on the basis of a worker's exposure to the risk within a work area

(NOTE: the word weapon is not restricted to conventional weapons but includes any item or thing that a person could use to inflict harm.)

Training/Staff	Rehab staff (OT, PT, SLP, Dietitian)	Chaplaincy	Health Care Student placement	RN	Social worker	Front Line Supervisor	Management	Non-regulated HC Staff (PSW Developmental Support Worker, Home Support Worker and Orderly)
Awareness of WVP program, training and education on all measures and procedures relevant to the workers' work – WV documentation and reporting								
Generic WV Prevention								
De-escalation – Gentle Persuasion training techniques (managing responsive behaviours)								
Working alone								
Physical interventions								

Training/Staff	Rehab staff (OT, PT, SLP, Dietitian)	Chaplaincy	Health Care Student placement	RN	Social worker	Front Line Supervisor	Management	Non-regulated HC Staff (PSW Developmental Support Worker, Home Support Worker and Orderly)
Advanced physical interventions								
Self-defense								
Dementia – managing responsive behaviours								
Community Work – situational awareness								
Client Risk Assessment								
Environmental Assessment								
Personal Security Devices								
Debriefing								
Peer Support Network (Post-trauma, compassion fatigue etc.) or EAP								
Contacting Emergency Services								
Contacting Outside Security								

Training/Staff	Rehab staff (OT, PT, SLP, Dietitian)	Chaplaincy	Health Care Student placement	RN	Social worker	Front Line Supervisor	Management	Non-regulated HC Staff (PSW Developmental Support Worker, Home Support Worker and Orderly)
Responsive Behaviours								
Relationship management (clients, coworkers)								
WP Documentation and Reporting								
Specialized Training (specific to clients who have a history of triggers, certain behaviours, including pediatric)								
Work Refusal								
Code of Conduct (E.g. Behavioural Expectations – i.e., client letter)								
Root Cause Investigations								
WVP Hazard Identification								

Appendix C: First Home Visit Safety Checklist

To be completed by supervisor or case manager prior to assigning home care worker to a home visit.

First Home Visit Safety Checklist			
Sample questions to ask during the first home visit.			
Date			
Client Name and Address			
Client and Home Environment Checks			
Risk Identification	**Y/N**	**Notes**	**Risk-specific Tips**
Is the client or any other person in the home resistant to the visit?	Yes☐ No☐	Click here to enter text.	Refer to PSHSA Assessing Violence in the Community: A Handbook for the Workplace

Is there a history of violent or aggressive behaviour by the client or other persons in the home – e.g. restraining orders against anyone in the household? **Note: Discuss with Client** **Refer to Intake information available**	Yes☐ No☐ **If yes, advise relevant staff and ensure Violence Assessment Tool VAT is completed at first contact with client. (Refer to PSHSA's Individual Client Risk Assessment Toolkit, as needed.)*	Click here to enter text.	Click here to enter text.
Has there been a Behavioural assessment, or a Violence assessment completed to determine the Client's risk for violent or aggressive behaviour? **Note: refer to Intake information and discuss with client/family if relevant to the case file.**	Yes☐ No☐	Click here to enter text.	

Does the client have any medical conditions that may predispose them to violent or aggressive behaviour — e.g. head injury, substance abuse, or cognitive impairment? **Note: Discuss with Client or Family (if available)** **Refer to Intake information available**	Yes☐ No☐	Click here to enter text.	
Is the client presenting verbal patterns or physical behavioural cues which may indicate a risk of violent or aggressive behaviour – e.g. confused, boisterous, uttering threats, agitated, suspicious, intoxicated, and / or making socially inappropriate comments?	Yes☐ No☐ **If yes, advise relevant staff and ensure VAT is completed at first contact with client. (Refer to PSHSA's Individual Client Risk Assessment Toolkit, as needed.)*	Click here to enter text.	

If known, or admitted, violent or aggressive behaviour, is or was the violent or aggressive behaviour directed toward a specific person or group of persons? e.g. wife, husband, partner, other family member, women, men, animals, no one specifically, random	Yes☐ No☐	Click here to enter text.	
Will the person(s) whom the violent or aggressive behaviour is directed toward be present during the home visit?	Yes☐ No☐ **If yes, advise relevant staff and ensure VAT is completed at first contact with client. (Refer to PSHSA's Individual Client Risk Assessment Toolkit, as needed.)*	Click here to enter text.	
Who can we expect to be in the Home during any Home visit? **What is their relationship to the Client?** **Note: List all possibilities**		Click here to enter text.	

Have threats recently been made against the client? If so, who has made these threats?	Yes☐ No☐	Click here to enter text.	
Are firearms or other dangerous weapons kept in the home? And if so, where? Are they locked separately from ammunition? **Discuss with family or client.** **Note where kitchen knives are kept.**	Yes☐ No☐	Click here to enter text.	
Are there any signs of illegal drug use or excessive alcohol use by the client or any family member in the home?	Yes☐ No☐	Click here to enter text.	
The general environment of the home – are there signs of damage that could be caused by aggressive behaviour?	Yes☐ No☐	Click here to enter text.	

Are there pets or animals in the home? If so, discuss caging or control measures for home visits in future, and note agreed process.	Yes☐ No☐	Click here to enter text.	
<u>REMEMBER:</u> your gut feeling matters, trust your own judgement, if it doesn't seem right, REPORT.			

PSHSA Assessment of the Geographic Region and Travel Route

Taking the time to assess the geographic region that the worker will be entering and travel route they will be taking is another proactive way of keeping workers safe. Some of this information can be gathered from the local police. Much of the information can only be gathered by conducting a site visit.

The supervisor should:

- Identify the safest route for the worker to reach the client's premises
- Check with the local police department to determine the crime rate for the geographic location. If the crime rate is considered high, have two workers travel together to provide care.

Use the following pre-travel assessment tool as a guide. Answer the questions in the following sections below. A "no" response indicates elevated risk and appropriate control measures should be considered.

Refer to the Risk Specific Guidelines and Tips section in this handbook for additional hazard control solutions. Share the completed form with workers and clearly communicate risk factors and precautions to be taken. The handbook can be found here: https://www.pshsa.ca/wp-content/uploads/2017/05/VDVMNAEN0417-Assessing-Violence-in-the-Community-A-Handbook-for-the-Workplace-V2.3-05.01.20171-1.pdf

The fillable version of this assessment can be found here: https://www.pshsa.ca/wp-content/uploads/2017/05/VDVTLCEN0417-Assessment-of-the-Geographic-Region-and-Travel-Route-V2.3-05.01.2017.docx"

Pre-Travel Assessment Tool			
Checklist to be completed by supervisor before the worker conducts the initial home visit			
Travel Route			
Risk Identification	**Y/N**	**Suggested Controls**	**Risk-Specific Tips**
Has the safest route to get to the client been identified?	Yes☐ No☐	▪ Instruct worker to make sure the vehicle windows are closed, and all vehicle doors are locked ▪ Click here to enter text.	**B1: Planning Travel** **B2: Travelling by Public Transit** **B3: Walking in the Community** Click here to enter text.
Has the crime rate for the location been determined through the local police department?	Yes☐ No☐	Click here to enter text.	
Is the client aware of the approximate time of arrival?	Yes☐ No☐	Click here to enter text.	
Parking Area			
Risk Identification	**Y/N**	**Suggested Controls**	**Risk-Specific Tips**
Has the closest and safest parking spot been located?	Yes☐ No☐	Click here to enter text.	**C1: Travelling by Car** **C2: Safe Driving Practices**

Do street lamps provide enough light for walking from the parked car or bus route to the entrance, and is there a light in the entrance to the building/home?	Yes☐ No☐	▪ Avoid scheduling night visits if possible ▪ Advise worker to park under a streetlight if arriving in the late afternoon or at night ▪ Click here to enter text.	**C3: What to Do If Confronted by an Aggressive Driver** **C4: Parking Your Vehicle** Click here to enter text.
Is the entrance visible from the road?	Yes☐ No☐	Click here to enter text.	
Inside/Outside of Dwelling			
Risk Identification	**Y/N**	**Suggested Controls**	**Risk-Specific Tips**
Has the area been mapped out for potential perpetrator hiding spots (e.g. behind bushes or hedges)?	Yes☐ No☐	Click here to enter text.	**B1: Planning Travel** **D1: Personal Attack Tips** **D2: Tips for When a Weapon is Involved** Click here to enter text.
Are there any physical hazards (barriers, broken steps, free-roaming dogs, weapons) and, if so, is there a plan for controlling these hazards during the visit?	Yes☐ No☐	▪ Request that the entry area light be on, if there is one ▪ Provide worker with a flashlight if needed ▪ Click here to enter text.	

If there is a possibility of encountering hazards during the visit, have arrangements been made for a pre-visit and post-visit call to the office, a nurse, the supervisor or, if possible, a "buddy"?	Yes☐ No☐	Click here to enter text.	
Will other people be in the residence during the visit? If so, do you know how many, what their relationship to the client is, whether there any potential for violence, and who will open the door?	Yes☐ No☐	Click here to enter text.	
Emergency Egress			
Risk Identification	**Y/N**	**Suggested Controls**	**Risk-Specific Tips**
Does the worker know where the nearest telephone is? Are there emergency phones or pull stations in the building, housing or parking complex?	Yes☐ No☐	▪ Encourage worker to carry a cell phone pre-programmed with emergency contact numbers ▪ Click here to enter text.	**A2: Terminating an Interaction with an Angry Client** **C5: Returning to your Vehicle** Click here to enter text.
Are there uneven surfaces that might impede a quick exit by the worker?	Yes☐ No☐	Click here to enter text.	

Has the worker determined the safest route for returning to their vehicle?	Yes☐ No☐	**Ensure worker is aware to:** ▪ Be observant! Look and listen ▪ Avoid slinging purse or bag over shoulder or around neck ▪ Carry your keys in your hand ▪ Walk around vehicle, and check back seat before unlocking car ▪ Lock doors, keep windows up until underway ▪ Click here to enter text.	

Pre-visit and Pre-travel assessments should ideally be completed within 24 hours before the initial home visit, then followed by a behaviour assessment such as Violence Assessment Tool completed at the beginning of each home visit thereafter – refer to PSHSA's Individual Client Risk Assessment Toolkit, as needed.

Source: PSHSA Assessing Violence in the Community: A Handbook for the Workplace for "Assessment of the Geographic Region and Travel Route"

PSHSA Home/Community Hazard Assessment Tool

With information gathered from the pre-visit and pre-travel assessments, a number of controls should already be in place. However, front-line staff must continue to assess risk as a regular part of their daily work routine. Observation and communication skills are very important when assessing and minimizing risk. Any findings that deviate from what has been deemed acceptable should be immediately reported by the worker, following the reporting procedures established at the organization.

A worker home/community hazard assessment tool is provided in this handbook as a guide.

Each organization should customize this tool to suit their needs. For instance, specific instructions can be included under the yes/no columns, with directions to the worker that match the organization's policy and procedures. The fillable version of this assessment can be found here: https://www.pshsa.ca/wp-content/uploads/2017/05/VDVTLDEN0417-Employee-Hazard-Assessment-Tool-Home-Community-Hazard-Assessment-Tool-V2.3-05.01.2017.docx

Environmental Conditions			
Risk Factors	**Y/N**	**Suggested Controls**	**Risk-Specific Tips**
Has the closest and safest parking spot been located?	☐Yes – Proceed to the home ☐No – Call supervisor in case of emergency	Make sure the vehicle windows are closed and all vehicle doors are locked Click here to enter text.	**B1: Planning Travel** **B3: Walking in the Community** **C4: Parking Your Vehicle** **C5: Returning to Your Vehicle** Click here to enter text.
Is entrance visible from the road?	☐Yes – Proceed to the home ☐No – Call supervisor in case of emergency	▪ Map the area prior to visit for potential perpetrator hiding spots (e.g. behind bushes or hedges)? ▪ Turn on high beams if necessary ▪ Click here to enter text.	
Is neighbourhood well lit?	☐Yes – Proceed to the home ☐No – Have phone ready to call 911 if necessary	▪ Travel in daylight hours whenever possible ▪ Turn on high beams if necessary ▪ Click here to enter text.	

Is the path from the parking spot to the front door well lit?	☐Yes – Proceed to the home ☐No – Have phone ready to call 911 if necessary	▪ Request client/family install adequate exterior lighting and/or repairs ▪ Ask that entry area light be on prior to visit ▪ Use a flashlight if needed ▪ Click here to enter text.	
Have driveways, paths and stairs been cleared to allow a worker to exit quickly if needed?	☐Yes – Proceed to the home ☐No – Call supervisor	▪ Ask client/family clear driveways, paths and stairs ▪ Click here to enter text.	
Are there any uneven surfaces that might impede a quick exit by the worker?	☐Yes – Slow down and call supervisor ☐No – Proceed to the home	▪ Ask client repair uneven surfaces ▪ Click here to enter text.	
Is there a long approach to the road?	☐Yes – Call supervisor in case of an emergency ☐No – Proceed to the home	▪ Map the area before visiting the home ▪ Click here to enter text.	

Has the safest route for returning to the vehicle been determined?	☐Yes - Proceed to the vehicle ☐No – Call supervisor in case of an emergency	▪ Carry your keys in your hand ▪ Do not sling your purse or bag over your shoulder or around your neck ▪ Walk around vehicle, and check back seat before unlocking car ▪ Lock doors, keep windows up until underway ▪ Click here to enter text.	
Communication Access			
Risk Factor	**Y/N**	**Suggested Controls**	**Risk-specific Tips**
Is there access to a telephone, cell phone, reception or 911 communication?	☐Yes – Proceed with client care ☐No – Find nearest phone and contact supervisor	▪ Establish a method of summoning immediate help e.g. carry a cell phone with automatic dial to 911 & /or personal safety alarm device ▪ Follow any "working alone" precautions required ▪ Click here to enter text.	**B1: Planning Travel** Click here to enter text.

Pets/Animals			
Risk Factor	**Y/N**	**Suggested Controls**	**Risk-specific Tips**
Are there any animals in the home?	☐Yes – Consider anything that may affect staff safety and delivery of care ☐No – Proceed with client care	▪ Ask client/family to secure pets prior to visit as necessary ▪ Click here to enter text.	Click here to enter text.
Firearms/Weapons			
Risk Factor	**Y/N**	**Suggested Controls**	**Risk-specific Tips**
Are their firearms/weapons in the home?	☐Yes – Contact supervisor and if necessary consider consulting police – do not enter dwelling ☐No – Proceed with client care	▪ Ensure firearms are stored in a locked cupboard and ammunition stored separately ▪ Inform client/family that service will be withheld until firearms are stored, unloaded and in locked cupboard ▪ Click here to enter text.	**D2: Tips for When a Weapon is Involved** Click here to enter text.

Cognitive Ability			
Risk Factors	**Y/N**	**Suggested Controls**	**Risk-specific Tips**
Is the client able to direct their own care?	☐Yes – Continue to provide client care ☐No – Contact supervisor	▪ Involve family and make aware of community resources ▪ Click here to enter text.	**A1: Client Communication Tips** **E1: Point-of-Care Staff Work Practice Assessment** Click here to enter text.
Is the client refusing to accept care?	☐Yes – Contact supervisor ☐No – Continue to provide client care	▪ Consider inter-professional referral ▪ Click here to enter text.	
Challenging Behaviours			
Risk Factor	**Y/N**	**Suggested Controls**	**Risk-specific Tips**
Has a behavioral assessment such as the VAT been conducted and documented to determine the client's risk for violent, aggressive, or responsive behaviour?	☐Yes ☐No- Complete the VAT at the first point of contact	Click here to enter text.	**A1: Communicating with Potentially Violent Clients** **A2: Terminating an Interaction with an Angry Client**

Is the client and/or family member(s) exercising or threatening to exercise physical force?	☐Yes – Leave the home and contact 911 immediately; contact supervisor ☐No – Continue to provide client care	▪ Update VAT when safe to do so and communicate risk to all caregivers (See PSHSA's ICRA and Flagging Toolkit) ▪ Alert supervisor of potential or an identified problem ▪ Click here to enter text.	**A3: Guidelines for Non-verbal Behavior and Communication** **D1: Personal Attack Tips** **E1: Point-of-Care Staff Work Practice Assessment** **E2: Client Aggressions Risk Factors** Click here to enter text.
Is of the client exhibiting responsive behaviors to communicate unmet needs such as anxiety, pain, invasion of personal space, change in routine and noise while delivering care?	☐Yes – Maintain your personal space. Leave the home immediately and contact supervisor If there is imminent threat of danger, ☐No – Continue to provide client care	▪ Update VAT when safe to do so ▪ Alert services of potential/identified problems ▪ Limit number of care providers going into the home – consistency of caregivers is important ▪ Click here to enter text.	

Is the client and/or family member(s) showing signs of illegal drug use or drinking alcohol upon arrival??	☐Yes – Do not enter home and/or leave the home immediately if illegal activities are occurring and contact supervisor ☐No – Continue to provide care	▪ Advise client/family that services may be withdrawn if identified risks occur during provision of care ▪ Click here to enter text.	

Source: PSHSA Assessing Violence in the Community: A Handbook for the Workplace for "Home/Community Hazard Assessment Tool"

Appendix D: Welcome Call

Purpose: Service provider organizations can create a telephone assessment that can be used by intake co-ordinators to discuss with the families the most significant risks/concerns to workplace safety (behavioural triggers, pets, needles, etc.). This assessment should be conducted at the time of intake, *before* scheduling any staff visit to the home in person. The family should be provided with a number to call if they think of any further information that should be provided to workers prior to the first visit. This call also provides an opportunity to identify any specific care needs that will require skills that not all workers may possess. Ensuring an appropriate match between client needs and workers skills not only improves care quality, but also removes a potential source of conflict between the client/family and workers.

Good Day, my name is (*your name*) and I am calling from (*organization*). May I please speak with (*client name*)? (*Ensure that it is the client or the named contact that you speak with*).

We are going to provide you (*nursing/psw/rehabilitation*) service beginning (*start date)* and we are working on creating a care schedule for you. For your information, our main telephone number is (*add number) (Toll-Free: add number*). Our local office is open from (*add time*) weekdays and (*add time*) weekends, but we also have a call center that can assist you after office hours, any day of the week.

Do you have a few minutes? I have a few questions that will help me plan for our service:

Verifying/Gathering Information

1) Do you have a morning or afternoon preference? (*target time, will try to accommodate*?)
2) Please confirm your address and are there any special instructions for accessing home (e.g. which door to enter, appropriate buzzer codes and best/safest parking areas or if there is any visitor parking, etc.)?
3) Who are your contacts? (to review)
4) Who are your emergency contact(s)? (to review)

Follow-up above questions with review of first visit information:

- Nurse/PSW/Rehab will contact you to confirm the visit information
- Provide Supervisor name & contact information

(*Clients/Family Name*), we want to ensure that our visits with you (or *family member*) goes well and to protect our workers from any potential hazards while they are in your home, we ask that you:

- Secure your pets (if applicable)
- Provide an environment that is respectful towards our workers
- Ensure that no-one in the home smokes cigarettes/cannabis while our workers are in the home and one hour prior to their visit
- Is there anything else that we need to be aware of?
- Do you have any questions for me?

In addition, and depending on client's diagnosis, if speaking to family member (other than client) ask family member if there have been incidences of aggressive behaviour from the client (or household members) and any possible triggers that our workers need to be made aware of?

In Closing:

Thank you for speaking with me today, should you have any questions or concerns, feel free to call us at our main number (add number). We would be happy to help you.

We look forward to playing an active role in your health care. Thank you very much and have a nice day.

Appendix E: Home Care Worker Safety Bag Checklist

Contents:

Date:										
N95 Mask										
Gloves – 3 sets										
Booties										
Disposable Gowns										
First Aid Kit										
Hand Sanitizer										
Personal Alarm (App) or device linked to a monitored centre										
Charged Cell phone or other Electronic Device (ensure internet Capable)										
Pen and Paper										
Flash light with additional batteries										
Sharps container										
Naloxone										
Business Cards										
Access to online Maps (GPS)										
Taxi chits or tokens										
List of Emergency Phone Numbers										
Resource list										
Charger for Cell phone or other Electronic Device										

Adapted from Centre for Addiction and Mental Health (CAMH) – Outpatient Community Safety Procedures (content of backpack/bag)

Appendix F: Sample Safe Home Care/Visit Policy

NB: Employers may wish to imbed their safe home care/visit guidelines within a broader workplace violence prevention program as opposed to having a stand-alone policy such as this sample below.

NB: Many organizations also develop personal safety guides that supplement an organization's safe home care/visit policy.

Purpose

The purpose of this policy is to provide effective measures and procedures to prevent workplace violence, aggression and/or responsive behaviours towards all staff of <Name of Organization> who may complete a home care visit.

Policy Statement

<Name of Organization> is committed to preventing workplace violence by any person in the workplace. This policy outlines strategies for safe home visiting.

The four types of workplace violence are:

Type I External perpetrator (no known relationship to the victim)

Type II Client/Customer (of the victim, as in a patient or family member)

Type III Internal to the organization

Type IV Domestic violence

We will take every precaution reasonable in the circumstances to protect workers' health and safety and comply with health and safety legislation related to workplace violence that may apply to home visiting. [Employer may want to list commitment statements e.g. provide safe work environment, adequately control hazards, etc.]

Scope

This policy applies to all workers who may be exposed to workplace violence while required to work at a client home. [Employer may want to insert applicable home visiting examples] [Employer may want to insert examples of unsafe situations]

Definitions

Buddy System: May be two staff working in pairs depending on the risk identified.

Home Visit: A meeting with patient/client/caregiver/service providers to assess/reassess care needs/progress or other patient/client care related issues in a face to face manner. This could be in the client's home or any location where client contact takes place.

Responsive Behaviours: is a sub-set of behavioral and psychological symptoms of dementia (wandering, verbally aggressive behaviours, physically aggressive behaviours, socially inappropriate or disruptive behaviours, and resistance to care) thought to be an expression as a means of communication for those with difficulty expressing thoughts, feelings and needs that may be a result of:

- Un-met needs (pain, hunger, thirst, elimination)
- Response to a stimulus in the environment (over/under stimulation, overcrowding, inconsistent routine, provocation by others, noise, light activity).
- Psychosocial needs (stress, apathy, loneliness, depression, lack of purpose)
- Responses to the approach of care team members or other residents
- Reaction to stimuli that triggers the "fight or flight" response in a person with dementia

Safety Plan: A safety plan involves identifying actions that will increase worker safety and preparing for the possibility of violence that includes aggression and/or responsive behaviours. Safety plans should always be created with input from the worker, customized to meet the needs of the worker and include available resources and support. Safety plans are a crucial step in ensuring worker safety.

Unsafe Situation: When the medical, physical or cognitive state and/or environmental or social factors of a client are such that the health and/or safety of any person other than the client may be vulnerable to a negative consequence or result in harm. No worker is expected to remain in a situation in which the worker feels his or her personal safety is potentially in jeopardy.

Workplace means any land, premises, location or thing at, upon, in or near which a worker works.

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.

Workplace violence that causes or could cause physical injury to a worker, whether or not it stems from responsive behaviours, falls under the *OHSA*.

Roles & Responsibilities

Board of Directors shall

- Take all reasonable care to ensure that the corporation complies with:
  - The *Occupational Health and Safety Act* (OHSA) and the regulations.
  - Orders and requirements of Ministry of Labour (MOL) inspectors and Directors, and orders of the Minster of Labour.

Employer shall

- Take every precaution reasonable in the circumstances for the protection of workers.
- Develop, establish, implement and maintain a safe home care/visit program.
- Ensure the review of safe home care/visit program at least annually.
- Ensure workers are provided with ways to summon immediate assistance where violence occurs or is likely to occur while conducting home care/visits.
- Ensure workers are provided with ways to report incidents of workplace violence that have occurred while conducting home care/visits to the employer/supervisor.
- Provide information to a home care worker related to a risk of workplace violence from a person with a history of violent behaviour is implemented as per the *OHSA*.
- Provide training to home care worker on Home Care Safety during orientation and as required.
- Provide training to home care workers on the employer's measures and procedures related to workplace violence
- Report all injuries where a home care worker is disabled from performing his or her usual work or requires medical attention, occupational illnesses, critical injuries and fatalities and prescribed information to the JHSC/HSR, Ministry of Labour (MOL) and union, as applicable and as per OHSA and its regulations, WSIA and associated regulations.
- Investigate and take corrective action of reports or threats of violence.

[The workplace may wish to refer to further components of the workplace violence program related to employer responsibilities here.]

Managers/Supervisors shall

- Take every precaution reasonable in the circumstances for the protection of workers.
- Implement the safe home care/visit program and communicate to all workers that violence in all forms is prohibited by <Name of Organization>.

- Enforce the safe home care/visit policy, program and related measures and procedures.
- Ensure workers promptly report home visiting hazards or incidents.
- Work with the home care worker to develop an appropriate home visit safety plan.
- Communicate the risks of home visiting to the worker and the controls that are required to mitigate the risk.
- Ensure workers can summon immediate assistance while home visiting in the event of an emergency, injury or illness.
- Provide training to all existing and new home care workers on home care safety and measures and procedures related to workplace violence during orientation and as required. Maintain training records.
- Provide information to a worker related to a risk of workplace violence from a person with a history of violent behaviour if:
    - The worker can be expected to encounter that person in the course of his or her work; and
    - The risk of workplace violence is likely to expose the worker to physical injury
- Refrain from disclosing more personal information in the circumstances described above, related to the history of violent behaviour than is reasonably necessary to protect the worker from physical injury.
- Investigate reports or threats of violence and implement steps to prevent a recurrence.

[The workplace may wish to refer to further components of the workplace violence program related to supervisor responsibilities here.]

Workers shall

- Promptly report any hazards, incidents or injuries of workplace violence or threats of workplace violence or the potential for violence in the workplace arising from home visiting to their manager/supervisor.
- Cooperate in any investigations as required.
- Understand and comply with the safe home care/visit policies and related procedures.
- Participate in education and training programs pertaining to home visiting in the workplace.

[The workplace may wish to refer to further components of the workplace violence program related to worker responsibilities here.]

Joint Health & Safety Committee (JHSC)/Health and Safety Representative (HSR) shall

- Identify and report any home visiting hazards.
- At least once a year, take part in a review of the safe home care/visit program.
- Investigate critical injuries as per the OHSA.

- Receive and review all injuries where a worker is disabled from performing his or her usual work or requires medical attention, occupational illness, critical injury and fatality information reported as per OHSA and its regulations to ensure proper steps to prevent a recurrence have been implemented.

[Employer may add other workplace parties' roles and responsibilities as applicable (e.g. Occupational Health and Safety department, Human Resources, Union, etc.)]

[The workplace may wish to refer to further JHSC/HSR responsibilities under the Occupational Health and Safety Act here.]

Standards and Procedures

Control measures

All measures to control and mitigate the risks of home visiting identified in the assessment(s) will be implemented and evaluated. Controls and mitigation strategies include worker safety plans, effective communication and alert/flagging systems and training.

The employer, manager and/or supervisor will consider the risks identified in the assessments including evaluations of working alone assignments on a case-by-case basis to create a worker safety plan to address the risks of home visiting.

Control measures when home visiting may include the following based on risk:

- Ensure a personal safety response system (PSRS) is in place to allow home care workers to summon immediate assistance (refer to PSHSA's PSRS toolkit). A PSRS can include devices such as cellular phones, but in all cases must provide an appropriate means to summon immediate assistance.
- Identify and assess the presence of any of the following risks to the worker and/or patient at intake and ongoing with the patient/client/caregiver:
    - Abuse, including physical, psychological and sexual, e.g. patient has threatened employee or others
    - Known history of aggression or violent behaviour
    - Medical condition
    - Substance abuse
    - Unpredictable behaviours
    - Financial/personal property, e.g. illegal or criminal activities
    - Environmental, e.g. pets, smoking, other hazardous conditions in or near the patient's home, equipment
    - Infection

- Log all home visits, including time and patient name into the Outlook calendar prior to making home visit.
- Establish check in/check out procedures with co-worker or manager/supervisor ("buddy system") (Refer to PSHSA's PSRS toolkit for information on methods of communication).

Refer to PSHSA Assessing Violence in the Community: A Handbook for the Workplace for further guidance on communicating with potentially violence clients, safe travel in the community, etc. *https://www.pshsa.ca/products/assessing-violence-in-the-community-a-handbook-for-the-workplace/*

Reporting

Workers must immediately report incidents, hazards or complaints of actual or potential violence while home visiting to their manager/supervisor and to the <name> department by using the <Name of Organization>'s reporting system. [employer can insert specifics on their incident reporting system (e.g. paper form, online system, etc.) and protocol] Managers/supervisors will investigate and take corrective action of reports or threats of violence in accordance with the <Name of Organization>'s reporting and investigation procedures.

All internal (e.g. Senior leadership, JHSC/HSR, union, etc.) and external (e.g. Ministry of Labour, Workplace Safety and Insurance Board) reporting requirements will be met in keeping with the *Occupational Health and Safety Act* and its regulations and the *Workplace Safety and Insurance Act* as applicable.

Investigation

<Name of Organization> will ensure that incidents of workplace violence arising from home visiting situations will be investigated by the manager/supervisor, <name> department and human resources [employer can insert other workplace parties involved as applicable such as JHSC/HSR] that is appropriate under the circumstances. The overall goal is to do a root cause analysis and to identify steps to prevent a recurrence so that workplace violence can be prevented in the future.

One or more members of the Joint Health and Safety Committee or a Health and Safety Representative shall investigate critical injuries according to the <Name of Organization>'s Critical Injury policy and the requirements under the OHSA, s.9(31) and provide a copy of their report to the JHSC/HSR and the MOL.

Employee Rights

- To leave a home visit immediately if they feel that their safety is at risk
- Call 911

Refer to <Name of Organization>'s Workplace Violence policy and procedures in its entirety for workplace violence prevention related material.

Communication

This policy and program will be communicated to all home care workers during health and safety orientation and to all existing home care workers. Each manager/supervisor is required to communicate any revisions of this policy to their staff at [employer to insert examples (e.g. team meetings, skills update training, other training, etc.].

Training

All new workers at orientation and existing workers will receive training and education on the safe home care/visit program. In addition, all home care workers will receive an annual review of the safe home care/visit components of the program.

Evaluation & Continual Improvement

<Name of Organization> shall undertake, and review annually, this policy and program in consultation with the JHSC/HSR. Amendments to the Safe Home Care/Visits Program will be done in consultation with the JHSC/HSR.

Accountability

All workplace parties are accountable for complying with this policy, program, measures and procedures.

Records

All records of reports, assessments and investigations of <Name of Organization> are kept for [employer to insert timeframe] year(s) as determined by the organization.

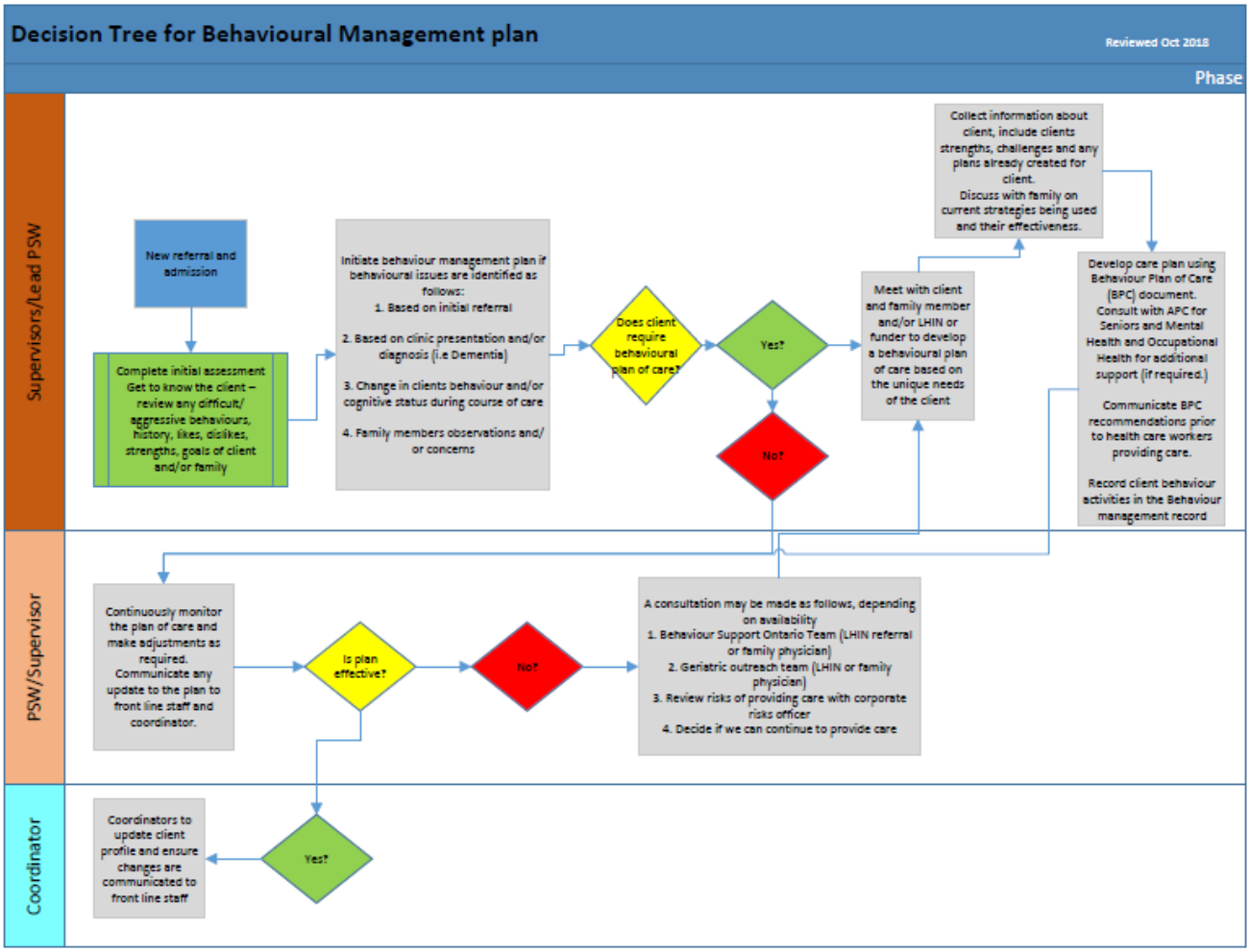
Policy Review

The policy and program will be reviewed at least annually by the <name> department and the JHSC/HSR. [Employer to insert others who will be responsible for policy review e.g. Human Resources, as applicable, including the union as per the collective agreement]

Date created: _____

Annual review date: _____

Appendix G: Decision Tree for Behavioural Management Plan (example)



Appendix H: Sample Dear Client Letter

As a best practice, at the start of service, clients and families should be asked to sign an introductory letter that lays out their rights and responsibilities as service recipients (sample provided in appendix). This letter is intended to set the stage for a healthy and safe working relationship between the family and the client and provider by:

1) emphasizing that the client's home is also a workplace for the provider, and
2) providing a clear and simple document, signed by the client, that can be referred to in case of disagreements about the conditions of service provision.

This letter should include, at a minimum, a statement of clients' and families' obligations to work with the provider organization to manage any hazards in the home, with specific mentions of the obligations to:

- secure pets,
- provide an environment that is free of weapons and illicit drugs,
- ensure that needles are disposed of properly, and
- ensure that no-one in the dwelling smokes in the hour prior to the worker's visit.

For clients who may exhibit violent behaviours that includes responsive behaviours, the letter should encourage family members to share potential triggers for clients' behavioural responses and control strategies workers and the employer could use to minimize the risk for workplace violence.

Dear Patient/Client/Substitute Decision Maker:

<Organization> is committed to the health and safety of our Workers and our Clients. Please take a few minutes to read the points below. These are important points to make sure our visit with you goes well and to protect our workers while they are in your home.

- Please be respectful towards our staff. They will not stay for the visit if you, family members or visitors are aggressive or exhibit inappropriate behaviour towards them. They will not stay if there is evidence of any of the following (occurring during the time they are in your home): a) drinking alcohol; b) presence or use of illegal drugs or c) presence of unsecured fire arms and weapons.
- Respect the individuality, ethnic, cultural, and religious values of our staff.
- Accept the scope and limitations of the services provided by our staff.

- Pets are an important part of your family, we do understand. They can also put our staff at risk, if they see our staff as intruders. Unless we have discussed your pets as part of your care plan, our staff will call you before visiting, asking that you put your pet in a separate room or secure them on a short leash. Make sure the door to this room is closed during the entire visit. If your pet is housebound, please make sure that all excrement is cleaned from surfaces prior to our staff coming to visit your home.
- Unless it is part of your care plan, please make sure that your walkway and driveway are clear of ice and snow during the winter months. If these are too slippery or blocked by deep snow, our staff may not be able to proceed with a visit. We do not want this to happen.
- If you use needles or blood sugar testing lancets as part of your care, please make sure that you always throw them away in a puncture-resistant container. Throwing them away in the right container prevents our staff, and you and your family, from being accidentally poked or jabbed by the needle. If one of our staff is accidentally injured by a used needle or lancet, both you and our staff may need to have blood tests done to determine if there is any risk of serious infection. If you have questions about the right container in which to dispose (throw away) safely your needles, please ask your Pharmacist.
- Please do not smoke during the visit, and we ask that you stop smoking in y our home at least one hour before our staff arriving. Perfumes/cologne and scented candles should not be used during the visit.

<Organization> and our staff are committed to providing you the best care possible. With you as our partner, we know that we can do this in a safe and effective manner.

Thank you,

_____

(Signed by management)

_____

(Signed by client or substitute decision maker)

Definition of Light Housekeeping

Conflict and violence can be triggered around expectations of care. A commonly-misunderstood type of service is 'light housekeeping'. For clients for whom this is a part of their care plan, we advise that this term (see below) be defined as part of the client package, or in a separate handout.

The following homemaking activities* may be provided during caregiver relief:

- Completing full cycles of client/patient's laundry – washing, drying/hanging, folding & putting away laundry
- Dishes - washing, drying & putting away dishes used for patient meals
- Cleaning kitchen surfaces & small appliances used to assist patient with meals
- Vacuuming areas in the home used by the patient

Note: Homemaking activities provided during caregiver relief are to support the client/patient, not to act as housekeepers for all members of the household.

*Source: Local Health Integration Network (LHIN)

Appendix I: Pocket Card

SAFETY*FIRST*SAFETY **Watch for:** ▪ Behaviour change? ▪ New family/visitors/pets? ▪ Changes in client or environment? ▪ Alcohol or drugs? ▪ Unsafe environment – Leave ▪ Your Judgement Matters **REPORT REPORT REPORT** **(phone number and extension)**	**SAFETY*FIRST*SAFETY** **Watch for:** ▪ Behaviour change? ▪ New family/visitors/pets? ▪ Changes in client or environment? ▪ Alcohol or drugs? ▪ Unsafe environment – Leave ▪ Your Judgement Matters **REPORT REPORT REPORT** **(phone number and extension)**
SAFETY*FIRST*SAFETY **Watch for:** ▪ Behaviour change? ▪ New family/visitors/pets? ▪ Changes in client or environment? ▪ Alcohol or drugs? ▪ Unsafe condition – Leave ▪ Your Judgement Matters **REPORT REPORT REPORT** **(phone number and extension)**	**SAFETY*FIRST*SAFETY** **Watch for:** ▪ Behaviour change? ▪ New family/visitors/pets? ▪ Changes in client or environment? ▪ Alcohol or drugs? ▪ Unsafe condition – Leave ▪ Your Judgement Matters **REPORT REPORT REPORT** **(phone number and extension)**
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Appendix J: Police Response Protocol

During the visit:

- Spot the behaviour and take action by following your organizations internal process for reporting to the police.
- Examples of behaviour include any physical force or assault causing bodily harm, assault with a weapon, sexual assault, threats reasonable for a worker to interpret to cause harm, threats to cause death.

If Worker wishes to pursue charges:

- Following internal process, determine if the call to police is of immediacy.
- If an immediate response is required call 911. For example, the injury sustained is significant; concern for the client's well-being if left alone; and for the collection of evidence.
- If an immediate response is not required call the non-emergency number for local police service to file a report with request to pursue charges.
- An officer will attend your location (work, home, ER department) and will take a statement.
- An investigation of the complaint will be completed by the police.

If Worker does not wish to pursue charges:

- Worker has the option of reporting the incident to police and not pursuing charges.
- This report would be filed for information purposes.
- The police will have this report in the event that future complaints are reported of the same nature.
- This report would help support future charges if reported by another home care worker.

Role of COAST (Community Outreach and Support Team)/regional mental health and policing team if applicable to Workers in the community:

- Following internal process for making referrals to outside agencies, a referral to a local mental health and policing team could be made to offer assistance in connecting the individual to community services.
- Completion of a mental health assessment with recommendations.
- Facilitation of referrals if the individual is agreeable.
- Consultation with existing services that may be involved to offer additional support.
- Officers have the authority to apprehend under the Mental Health Act should the individual meet the criteria for apprehension. See Legislation Obligations section.
- Officers on the team are able to assist with safety planning.

Always follow your internal processes around disclosing personal health information. Please refer to PHIPA https://www.ontario.ca/laws for further information around privacy. The PSHSA has also developed a fact sheet contained in their Flagging Handbook that may answer many of your privacy questions related to PHIPA.

Employers must always follow internal/external reporting notifications to JHSC/HSR, union, MOL, WSIB as applicable whenever there are injuries, occupational illnesses or fatalities (see Notifications under the *After the Visit* section above for more information).

References

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Public Services Health & Safety Association™

Your Health. Your Safety. Our Commitment.

Workplace Violence Prevention Toolkit for Home Care

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