



VIOLENCE

IS **NOT** PART OF THE JOB

**New Brunswick Nursing Home
Violence Prevention
TOOL KIT**

New Brunswick Nursing Home Violence Prevention Toolkit

How to use this kit

The materials included in this kit have been developed by the Nursing Home Workplace Violence Prevention Working Group, a collaboration between the New Brunswick Nursing Home Association (NBANH), the New Brunswick Nurses Union (NBNU), WorkSafeNB and the New Brunswick Continuing Care Safety Association (NBCCSA). In addition to the materials in your kit, tools can be found online. There you will find videos that have been adapted with permission from WorkSafeBC and electronic versions of everything in your kit in case you need refills, and some information about what violence prevention initiatives are underway. Over time new and updated tools will be added to the website, so please check back periodically. Going forward, violence prevention training will be included in training offered by NBANH and NBCCSA. Beyond making use of the tools in this kit, please take advantage of all training opportunities and encourage/enable your co-workers and staff to do the same.

In this kit you will find:

- Roles and Responsibilities documents for boards of directors, management, workers and residents and their sponsors.
- Conduct agreements attached to each Roles and Responsibilities document to be signed by the respective parties.
- Posters to place in your nursing home.
- Pamphlets promoting the first phase of this project, which is to raise awareness about violence in nursing homes and promote the message that “Violence is NOT part of the job” of health-care workers.
- “Safety Talks” with scenarios, discussion points and questions to consider around various topics relating to violence prevention in nursing homes.
- A flow chart with steps to follow in the event of a violence incident.
- PSHSA Risk assessment tools – (e-tool only available in English)

Three copies of this kit are being given to each home. One to directors, one to local union leaders and one to wellness champions. Between these 3 individuals in your home, you are tasked with putting the tools included into use. Please read and sign the Roles and Responsibilities document included in your kit. Make copies for others in your home to read and sign. The Workers Roles and Responsibilities document should be reviewed with and signed by all new hires/volunteers and at annual performance reviews with existing staff. Residents and/or their sponsors should sign at intake and at earliest opportunities for current residents.

There are 12 “Safety Talks” included in this kit. They are to be used each month at team huddles or staff meetings. Next year, new “Safety Talks” will be available, however, you can always reuse the existing scenarios.

Questions or feedback can be directed to the Nursing Home Violence Prevention Working Group through NBANH, NBNU or the NBCCSA.

Roles and Responsibilities of Board Members

Role

Legislation under New Brunswick's *Occupational Health and Safety (OHS) Act* is designed to ensure employees work in a safe environment free of hazards and liability. Directors must take all reasonable care to ensure the corporation complies with the legislation, applicable orders and requirements from government authorities.

Violence in the workplace falls under the *OHS Act*, and failure to include health and safety as a key business risk in board decisions can have catastrophic results. Health and safety law places duties on organizations. Employers and directors can be personally liable when these duties are breached. Members of the board have both a collective and individual responsibility for health and safety.

Board members should consider the following to assess if the care level in their organization is reasonable:

- The gravity and likelihood harm could result.
- The available alternatives to minimize a possible breach and the potential harm that could result.

The board should set the direction for effective health and safety management. Board members need to establish a health and safety policy that is much more than a document. It should be an integral part of your organization's culture, its values and performance standards.

Responsibilities

- Review health and safety performance at least once a year
 - Examine whether the health and safety policy reflects the organization's current priorities, plans and targets
 - Examine whether risk management and other health and safety systems have been effectively reported to the board
 - Consider immediate reviews after major shortcomings or incidents
 - Include health and safety and well-being performance in annual report
- Understand the key issues
- Put health and safety regularly on board meeting agendas. Information should include:
 - Performance data, injury reports, work-related absenteeism
 - Updates on targets to improve health and safety and the performance benchmark against others in your sector
- Make board decisions with the organization's health and safety policy in mind.
- Have systems to ensure your organization's risks are assessed and sensible control measures are established and maintained.

Be informed

Violence

It is any incident in which a person is threatened, abused or assaulted, including all forms of physical, verbal, psychological or sexual harassment, bullying, intimidation, threats, robbery or other uninvited disruptive behaviours. Violence can be perpetrated by residents, visitors, workers and individuals who hold no relationship to the nursing home, its residents or the workers. This definition includes violence that arises out of a person's medical condition.

- An international nursing review of workplace violence found that **health-care professionals** are at the **highest risk of being attacked at work**, even when compared to prison guards, police officers, bank personnel or transport workers (Kingma, 2001).
- Nationally, over one-quarter (29%) of nurses who provide direct care reported that they had been physically assaulted by a client in the previous year. Emotional abuse from a client was reported by 44% of nurses (Statistics Canada, 2005 National Survey of the Work and Health of Nurses).
- The **rates in New Brunswick are slightly higher** than the national average, with 30.4% of N.B. nurses reporting being physically assaulted by a client in the past 12 months. Emotional abuse by a patient was reported by 41% of N.B. nurses (Stats Can., 2005 National Survey on the Work and Health of Nurses).
- New Brunswick Nurses Union's (NBNU) recent data suggests nurses in the **long-term care sector experience even higher rates**. In a NBNU poll of 115 nursing home nurses conducted in March 2014, 65% reported they had experienced some form of physical abuse at work in their career and 78% had experienced verbal abuse. (NH telephone town hall, 2015).
- This serious risk to the **safety of nurses is closely linked to patient safety**. Violent experiences among nurses result in higher rates of nurse fatigue, burnout, injury, turnover and absenteeism, which are linked to negative client outcomes (Needleman et al, 2002).

Violence is not part of the job

Every board member in every nursing home has a duty to educate themselves about the level of violence occurring in their respective nursing homes. Ask questions, be informed and support your managers in putting processes in place to safeguard your workers. It starts with knowing the probability and severity in your home and realizing that violence can never be "just part of the job."

Conduct Agreement

I, _____, have read and understand the document above and agree to conduct myself according to these terms.

Signature: _____ Date: _____

Roles and Responsibilities of Management

Role

Legislation under New Brunswick's Occupational Health and Safety (OHS) Act is designed to ensure that employees work in a safe environment free of hazards and liability. Managers must take all reasonable care to ensure that standards for practice support the corporation complying with the provincial health and safety legislation.

Violence in the workplace falls under the OHS Act. Health and safety law places duties on organizations. Employers and directors can be personally liable when these duties are breached.

The role of management is to:

- Support and guide employees.
- Develop a plan of action to address and deal with any potential workplace hazard, including workplace violence.
- Ensure employees are trained in proper procedures.

Management should follow the direction set by the board for effective health and safety management. An effective health and safety policy is much more than a document. It should be an integral part of your organization's culture, values and performance standards.

Responsibilities

- Implement a violence prevention program in the nursing home.
- Educate all nursing home employees on the nursing home workplace violence prevention program.
- Cultivate and promote a collaborative non-violent workplace. Behave in a respectful and non-violent manner when interacting with residents, workers, family members and visitors.
- Ensure identification and investigation of any potential violent verbal or physical situations among the residents, workers, management, volunteer, family members and visitors.
- Provide a secure environment.
- Conduct a monthly safety analysis of the work areas as well as the public areas to identify any potential security risks.
- Ensure a plan of action is in place to address and deal with any potential psychological and/or physical violent situation.
- Follow up on the recommendations put in place and communicate with staff, particularly those impacted by a particular incident.
- Support and guide the employees reporting any violent incident. Be aware of and provide information on resources such as employee support programs (EFAP), community resources, pastoral care, victims' services, etc. Avoid passing judgment. Remember, it is the violent behaviour that is the problem and not the person(s) involved.

Be informed

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- New Brunswick Nurses Union (NBNU) recent data suggests **nurses in the long-term care sector experience even higher rates**. In NBNU poll of 115 nursing home nurses in March of 2014, 65% reported they had experienced some form of physical abuse at work in the past year and 78% had experienced verbal abuse. (NH telephone town hall).
- This serious risk to the **safety of nurses is closely linked to patient safety**. Violence experiences among nurses result in higher rates of fatigue, burnout, injury, turnover and absenteeism which are linked to negative client outcomes (Needleman et al, 2002).

Violence is Not Part of the Job

Every manager in every nursing home has a duty to educate themselves about the level of violence occurring in their respective nursing homes. Ask questions, be informed, and put processes in place to safeguard your workers. It starts with knowing the probability and severity in your home and realizing that violence can never be "just part of the job".

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Roles and Responsibilities of Workers

Role

Legislation under New Brunswick's *Occupational Health and Safety (OHS) Act* is designed to ensure that employees work in a safe environment free of hazards and liability. Violence in the workplace is considered a workplace hazard under the *OHS Act*.

The role of employees is to:

- Follow workplace plans of action to address and deal with any potential workplace hazard, including workplace violence.
- Participate in training offered by the employer, including workplace violence prevention training.

Employees should follow the direction set by management for effective health and safety management. An effective health and safety policy is much more than a document. It should be an integral part of your organization's culture, its values and performance standards.

Responsibilities

- Become familiar with workplace violence prevention policies and programs.
- Seek out and participate in any training/awareness opportunities in the workplace.
- Cultivate and promote a collaborative non-violent work place. Behave in a respectful and non-violent manner when interacting with residents, co-workers, management, family members and visitors.
- Identify, assess and report any actual or potential violent verbal or physical situations among residents, workers, management, volunteer, family members and visitors.
- Follow plans of action to address and deal with any potential psychological and/or physical violent situation. Include care plans and/or history of violence in a resident's file. Document and share any knowledge of such plans (for example, information regarding possible triggers of violence and de-escalation strategies) with other staff or volunteers working with residents.
- After a violent incident (in addition to reporting the incident), seek medical attention, Employee/Family Assistance Programs or other counseling if required. Provide non-judgmental support to co-workers, residents, volunteers, family members or other visitors involved. Remember, it is the violent behaviour that is the problem and not the person(s) involved.

Be informed

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Violence is not part of the job

Every worker in every nursing home has a duty to educate themselves about the level of violence occurring in their respective nursing homes. Ask questions, be informed and follow processes in place to safeguard yourself and others. It starts with knowing the probability and severity in your nursing home and realizing that violence can never be "just part of the job."

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Roles and Responsibilities of Residents and Their Sponsors

Role

Your nursing home is committed to providing safe quality care to its residents and a safe working environment for all employees. This mission includes measures to prevent violence against or between residents, families, workers, management or visitors to the home.

As residents and sponsors, you have a role to play in ensuring a violence-free environment. The role of residents and sponsors is to:

- Understand the behaviour expectations of the home and your responsibilities.
- Conduct yourself according to those responsibilities.

Responsibilities

- Contribute to a non-violent home environment by behaving in a respectful and non-violent manner when interacting with other residents, workers, management, family members and visitors.
- Inform your family members, friends and others who will be visiting you that any form of violence will not be tolerated in your home. Let them know that those who behave aggressively may be asked to leave and, in serious cases, the police may be called and/or the person may be permanently banned from the home.
- Report to a trusted staff member or management any actual or potential violent verbal or physical situations among the residents, workers, management, volunteer, family members and visitors.
- After a violent incident (in addition to reporting the incident), seek medical attention, counseling or other support, if required. If you are involved in a violent incident, either as an aggressor or the victim, try to remain non-judgmental of both yourself and other(s) involved. Remember, it is the violent behaviour that is the problem and not the person(s).

Be informed

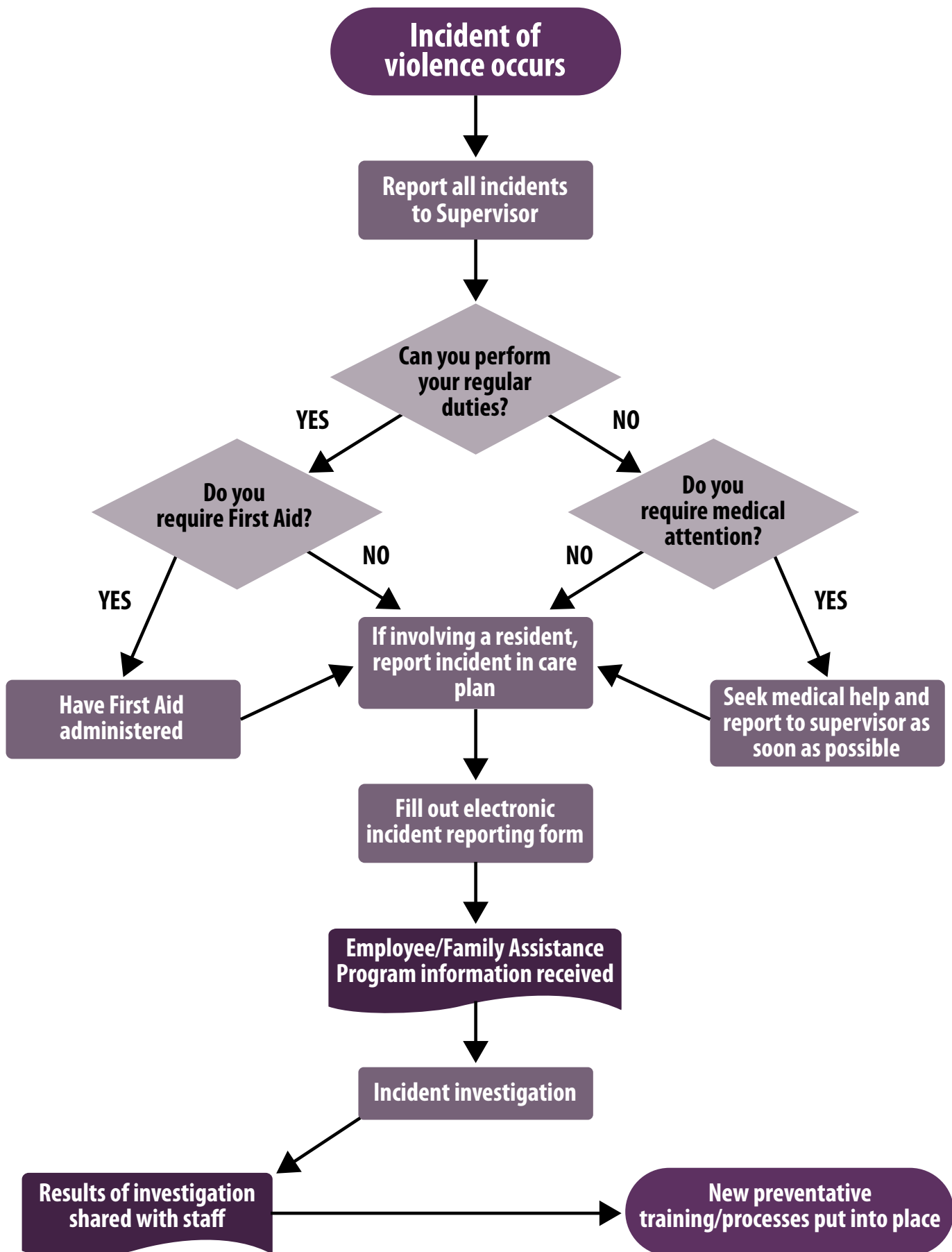
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Workplace Violence Assessment Tools – Acute or Long Term Care Work Environments

Background

Violence or harassment in the workplace is an issue that can touch all business sectors and occupations. Customers, clients, patients, residents, friends, family members, or other workers may assault workers while they are working. Employers need to prevent and control workplace violence, whenever it may occur. In Ontario, the *Occupational Health and Safety Act* requires employers to assess the risks of workplace violence as often as necessary to ensure their policy and program protects workers from workplace violence and to put in place measures and procedures regarding workplace violence and workplace harassment. It is recommended that a violence risk assessment be completed at least annually. A copy of the assessment must be provided to the Joint Health and Safety Committee (JHSC). The Health Care and Residential Facilities Regulation requires consultation with the JHSC or Health and Safety Representative (HSR) to develop establish and implement measures, procedures and training and educational programs for health and safety. This Workplace Violence Risk Assessment Tool has been developed to assist Ontario hospitals and Long Term Care facilities to meet these requirements.

Risk Analysis

Every actual or potential situation for workplace violence should be assessed for both probability and severity.

Ranking or prioritizing the risk factors is one way to help determine which the most serious safety hazards are so they can be addressed first. Priority is usually identified by taking into account how much or how often a worker is exposed to the situation or conditions, and the potential for harm. Assigning priority to the risks creates an action list.

The workplace violence risk assessment scale is one way to determine the level of risk. Ranking hazards requires the knowledge of the workplace activities, urgency of situations and, most importantly, objective judgment. The risk matrix can help guide you in choosing the appropriate level for each specific risk.

A comprehensive workplace violence risk assessment should encompass all four types of violence listed at the beginning of the tool and include:

- Past incidents of workplace violence in the organization
- Workplace violence risks specific to your workplace or sector and physical location
- Employee perception of workplace violence and harassment
- Concerns about workplace violence and harassment raised to supervisors and JHSCs
- Environmental factors
- Work setting, clients and work practices

To access the electronic Workplace Violence Risk Assessment Tool for Long Term Care –

<http://pshsa.servehttp.com/wvrat/index.php?sid=27294&lang=en>

To watch a webcast on how to use the tool – https://pshsa.adobeconnect.com/_a973006583/p6ess6mhlh/

Completing the risk assessment

- Before you start to complete the assessment decide who will complete the assessment. Think about the knowledge this person should have. This tool was designed to be completed by department managers who are encouraged to involve employees, joint health and safety committees, and/or unions in this process. There are 3 sections or hazard categories in the tool. Suggestions for completing the sections of the tool are below.

Hazard Category 1- Physical Environment Risk Assessment: Exterior and General Worksite- To be completed by department/ management and/or any of the following:

- security,
- environmental services/maintenance/facilities,
- members of the JHSC or
- the workplace violence committee.

Hazard Category 2- Work Settings and Conditions- To be completed by ALL departments/unit managers.

Hazard Category 3- Direct Resident/Patient Care or Interaction - To be completed by managers of departments/units where patient/resident care or services are provided.

- Determine the risk rating (High, Moderate, Low or Very Low) for **each** hazard in the tool utilizing the Risk Assessment Scale and Risk Matrix. You only need to identify a risk rating for specific hazards that are relevant to your specific jobs or locations. If the hazard does not apply/exist, check the N/A (not applicable) box.
- All identified hazards must have a control measure implemented. The potential solutions listed are considered best practices found in risk assessment tools and the literature. (Workplaces are not required to use all or any of the examples of controls. There may be other controls that are more suitable to the circumstances of your workplace and to controlling the risks of workplace violence that you identify). Some interventions may require more detailed planning and further assessment. Timelines can be determined by using the Effort vs. Impact scale at the end of the action plan.
- Once completed, review the action plan and assign times lines for items that you have the ability to complete and/or notify the most appropriate person/department to seek their assistance to implement the control measure(s).You have the ability to add

comments to the assessment and as well print the final document to retain for your records and to share with your JH&SC/HSR as required by the OHSA.

- You can save your results as a PDF or CSV export.
 - “PDF export” will open the report as a PDF that you can save with any filename you like. You can also print from this PDF. You will not be able to make additions to this PDF.
 - CSV export” will open the report in a format compatible with Excel and many other spreadsheet programs. You can save the report with any filename you like and print. You can also make additions in this format.

Thank you for using the Workplace Violence Risk Assessment E-Tool for Acute or Long Term Care Environments, provided to you by the Public Services Health and Safety Association.

PSHSA Violence Risk Assessment Scale

Probability Rating	Definition
Highly Likely	Nearly 75-100% chance of occurrence in next year
Likely	Between 25-75% chance of occurrence in next year
Possible	Between 10-25% chance of occurrence in next year
Unlikely	Less than 10% chance in next year
Impact Rating	Description
Catastrophic	Extremely harmful <ul style="list-style-type: none"> Fatal injury or Major disabling injury/illness (resulting in permanent impairment) Imminent danger and/or jeopardy to any life (hostage taking (Code Purple); bomb threat (Code Black); weapons) Symptoms of horizontal violence where greater than 50% of staff have complained (i.e. grievances; documented events; excessive absenteeism) Domestic violence – fatality and/or imminent threat to life at the workplace
Critical	Very Harmful <ul style="list-style-type: none"> Physical and/or psychological injury resulting in lost time > 5 days Threatening behaviour by external perpetrator Symptoms of horizontal violence where 25-50% of staff have raised concerns (i.e. grievances; verbally reported events; documented events; excessive absenteeism) Domestic violence - resulting in physical/psychological injury at the workplace
Serious	Harmful <ul style="list-style-type: none"> Physical and/or psychological injury resulting in lost time 1-5 days, medical aid or first aid Event resulted in moderate property/equipment damage (broken windows; theft; break-ins) Symptoms of horizontal violence where 10-25% of staff have raised concerns (i.e. grievances; verbally reported events; documented events; excessive absenteeism) Domestic violence - perpetrator has threatened the safety of anyone at the workplace (cyber mediums; phone calls; physical presence on property)
Marginal	Minor – observed hazard but has not caused harm <ul style="list-style-type: none"> Evidence of minimal property damage (graffiti; defacing) Symptoms of horizontal violence where <10% of staff have raised concerns (i.e. grievances; verbally reported events; documented events; excessive absenteeism) Domestic violence – informal complaints/observations

Adapted from: Canadian Centre for Occupational Health and Safety 2009 (based on Occupational Health and Safety Management Systems - Guide: British Standard, BS 8800, BSI 2004; and Managing Safety the Systems Way: Implementing OHSAS 18001 using BS 8800, BSI 2004) and The University of Western Australia, Safety Risk Management Procedures.

Risk Assessment Matrix

Impact Rating	Probability Rating			
	Highly Likely	Likely	Possible	Unlikely
Catastrophic	High	High	Moderate	Low
Critical	High	High	Moderate	Low
Serious	Moderate	Moderate	Moderate	Very Low
Marginal	Low	Low	Very Low	Very Low

Types of Workplace Violence

- Type I External Perpetrator
- Type II Client/Customer
- Type III Employee Related
- Type IV Personal Relationship