Terms of Reference for WPV Committee

# Background

This tool was originally developed for hospitals as part of the Workplace Violence Prevention in Health Care Leadership Table. It has been adapted for long-term care homes to address the needs of the sector.

Long-term care homes are an environment where residents often feel vulnerable and anxious. This can include, for example, aging residents and their caregivers/care partners, individuals experiencing a physical or mental health crisis, those needing addiction support, and residents who have unmet needs they are unable to express. According to the Canadian Institute of Health Information (CIHI) (2015-16), fifty percent of residents with dementia in long-term care exhibit responsive behaviours. Some examples of responsive behaviours include: verbal or physical aggression (striking, self-harm), exit seeking, resistance to personal care, refusal to eat/take medication, etc. These behaviours may be due to a number of factors including an unmet need (e.g. pain, environment (hot/cold), feeling hemmed in, influences of other residents/staff and social history). Despite the fact that an aggressive action stemming from a responsive behaviour may be due to dementia or an unmet need, if it leads to an aggressive action against a worker in a workplace and meets the definition of workplace violence under the *Occupational Health and Safety Act*, (OHSA), it is considered workplace violence (herein referred to as workplace violence). Workplace violence in long-term care homes can originate from a number of sources, including from residents and their families and friends or other external people and/or from any employee associated or formerly associated with the workplace.

In order to prevent workplace violence, employers must implement workplace violence policies, measures, procedures and programs, conduct risk assessments and re-assessments for the risks of workplace violence, establish measures and procedures for: summoning immediate assistance when violence occurs or is likely to occur, reporting violent incidents and investigating incidents and complaints of violence, and providing information, education and training to workers so they may recognize and be protected from workplace violence. Employers, typically represented by senior management, hold the greatest responsibility with respect to worker health and safety within health care workplaces such as long term care homes.

Text

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### CCSA and PSHSA License Agreement

CCSA has adapted these violence and aggression prevention tools and resources and we acknowledge the hard work he PSHSA has done in the development and sharing of these valuable resources for our members in the Alberta Continuing Care Industry. Accessing the PSHSA violence prevention materials for use in the Province of Alberta is with the agreement that the terms and conditions will be met under the license agreement between PSHSA and the CCSA.

These documents and resources may have references to the Ontario context and legislative requirements specific to the Province of Ontario. Though the CCSA has adapted these for use in Alberta, users of these resources are still advised to reference the Alberta OHS legislation.

# Sample Terms of Reference Workplace Violence Prevention Committee

*This sample Terms of Reference should be modified to reflect each unique long term   
care home’s needs*

## WORKPLACE VIOLENCE PREVENTION COMMITTEE TERMS OF REFERENCE

Vision

* [Insert Long term care home’s name here] will become the long term care sector leader in preventing workplace violence.

Values and Principles

* We have zero tolerance for workplace violence.
* We respects the internal responsibility system and the worker’s right to participate, and will collaborate with unions, management, staff, physicians and the Joint Health and Safety Committee (JHSC)/Health and Safety Representative (in workplaces with 6-19 workers) to build a Workplace Violence Prevention Program and a culture of safety.
* We approach our work through the lens of the precautionary principle for the protection of workers and residents from physical and psychological harm.
* When required, we engage professional internal and external risk assessment experts and staff training on the implementation of risk assessments to not only identify risk, but also create capacity to deliver ongoing internal risk assessments
* Workplace Violence Prevention is a strategic priority for the organization

Goals

* To create a culture of transparency by sharing all information obtained and created in a clear, timely and transparent manner with early notification and consultation with unions   
  and, in consultation with the JHSC/HSR, which includes planned projects and initiatives.
* To demonstrate leadership from (Click here to enter long term care home’s name’s)   
  Board of Directors, Administrator and senior management cascading through all levels   
  of leadership in the home in the promotion, communication and evaluation of efforts to protect workers and residents from physical and psychological harm.
* To support the organizations’ goal of increased worker and resident safety by reducing   
  the risk of workplace violence.
* To create a workplace violence prevention program that promotes a robust Internal Responsibility System (IRS) and culture of safety in collaboration with the unions   
  and in consultations with the JHSC/HSR.
* To educate and train direct and non-direct care staff on responding to violent incidents   
  that minimize the risk and maximize the safety of workers, residents, and families/visitors.
* To utilize consistent root cause analysis of violent incidents that will guide improvement activities.
* To continue to implement and improve the Workplace Violence Policy and Program to ensure (Click here to enter long term care home’s name) becomes a leader in workplace violence prevention.
* To implement an effective and sustainable workplace violence prevention program   
  that strives to eliminate worker and resident risk of violence while delivering   
  evidence informed care.
* To provide the best quality of care to residents by supporting and providing workers   
  with the tools and resources they need to be able to provide a caring and gentle   
  approach to dealing with workplace violence while ensuring workers are protected   
  from workplace violence.
* To provide a safe working environment, thereby reducing the number and severity of   
  worker incidents or accidents related to workplace violence.
* To enhance the commitment and skills of the Administrator, senior management and supervisors, including physicians, that reflects competence in accordance with the *Alberta Occupational Health and Safety Act, Regulation and Code* in consistently identifying hazards,   
  investigating and responding to risks of violence and worker concerns.
* To have a heightened awareness of hazards/risks, near misses and reported safety   
  related incidents of workplace violence among all stakeholders and to take measures   
  to identify and eliminate/minimize hazards/risks and create prevention and   
  learning opportunities.
* To ensure (Click here to enter long term care home’s name(s)) Administrator,   
  senior management, supervisors, staff, physicians consistently and continually   
  comply with the home’s workplace violence measures and procedures.
* To ensure consistent and common messaging to all stakeholders.
* To identify opportunities and options related to education, knowledge transfer,   
  and grant opportunities.

Purpose of the Committee

* To conduct and provide oversight of risk assessments of organizational factors   
  related to workplace violence prevention, to recommend measures and procedures   
  to control the hazards/risks identified in the risk assessments and evaluate the   
  effectiveness of interventions.
* Prioritize addressing workplace violence prevention gaps, including those in   
  communication, investigation, training, flagging, restraints, personal safety response   
  system devices (e.g. personal alarms), security, risk to workers when short staffed,   
  risk assessments, management and physician’s role in protecting workers.
* Identify gaps in (Click here to insert long term care home’s name) Workplace   
  Violence Prevention Policy, program, policies, measures and procedures, practices,   
  training and equipment.
* Ensure (Click here to enter long term care home’s name) compliance with *Occupational Health and Safety Act* and regulations, aiming to exceed the minimum requirements.
* In consultation with the JHSC/HSR, to develop, revise, enhance and implement the Workplace Violence Policy, program, policies, measures, procedures related to   
  workplace violence prevention.
* To identify program goals based on policies, measures and procedures training and   
  best practice both internally and externally.
* To participate in the selection of control measures.
* Recommend and monitor progress on measures and procedures to close gaps,   
  resolve concerns, prevent recurrence and mitigate risks.
* Identify, recommend and implement provincial best practices, indicator identification, evaluation, and reporting related to workplace violence prevention (i.e. Balance Score   
  Card, BSC, worker surveys).
* Address workplace violence prevention issues raised by the JHSC/HSR.
* In consultation with the JHSC/HSR, to develop, establish and implement a workplace violence prevention training program for workers and supervisors/leaders, based on the learning needs assessment and desired outcomes
* To conduct an evaluation of the workplace violence prevention training program based   
  on the desired outcomes.
* Prioritize work of task groups or individuals completing actions for the Workplace   
  Violence Prevention Committee, and review, approve and operationalize   
  recommendations of task groups and or individuals.
* Maintain, audit and receive updates on Workplace Violence Prevention Committee   
  Action Log Tracker to completion.
* To monitor statistics and trends related to workplace prevention to ensure hazards/  
  risks are proactively identified and eliminated/minimized.
* Recommend communication initiatives that will support a culture of safety.
* Identify opportunities and options related to workplace violence prevention   
  education, training and knowledge exchange and funding/grant applications.
* Identify opportunities for system-wide change on workplace violence prevention.

Accountability

* The Workplace Violence Prevention Committee is a subcommittee of the Joint Health and Safety Committee (JHSC) and accountable to the Administrator and to the Joint Health and Safety Committee (JHSC)/Health and Safety Representative (HSR) through the Workplace Violence Prevention Committee Chairs.
* The Committee is accountable to the Administrator (insert name of the individual in the   
  long term care home) who is the administrator and assigned overall responsibility for the Workplace Violence Prevention Committee through the Workplace Violence Prevention Committee Co-Chairs. The Workplace Violence Prevention Committee will have the Employer and Union Co-Chairs.
* The Administrator will co-chair all meetings of the Workplace Violence Prevention Committee or appoint a senior delegate where absolutely necessary. The Committee provides timely progress reports and any recommendations to the Administrator or Senior Management Team through the JHSC/HSR, and other committees deemed appropriate by the organization.
* The (insert long term care home’s name) will rely on the JHSC/HSR as a valued partner   
  and resource in occupational health and safety and engage them in the development,   
  review and revisions of policies, measures and procedures, training, equipment, risk assessments, workplace violence prevention investigations etc. that may have an impact   
  on worker safety.
* The Committee monitors its progress against plans, measures and outcomes.

Membership

* Workplace Violence Prevention Committee members will be reviewed and amended annually based on goals, opportunities, hazards/risks, and desired outcomes (attach membership list)
* Workplace Violence Prevention Committee members will be responsible for   
  implementing actions that operationalize the purpose of this committee as outlined   
  in the purpose section of these terms of reference.

Meetings

* Meetings will be held on designated days on a monthly basis or as required, at the call   
  of the Co-Chairs.

Agenda and Minutes

* Minutes will be distributed to each member within 2 weeks after each meeting.
* An agenda will be circulated at least one week before each meeting of the Committee   
  or otherwise as agreed to.
* Minutes will include copies of relevant materials discussed at each monthly meeting and   
  will be provided to the Workplace Violence Prevention Committee
* Copies of the Workplace Violence Prevention Committee minutes will be provided to   
  senior management and other clinical or services leaders and to the JHSC or HSR.
* Finalized, revised, and approved minutes and related materials discussed in each   
  monthly meeting appended to the minutes will be provided to senior management and   
  to the JHSC/HSR. These minutes and related materials, including the action plan will be posted in the workplace as part of the JHSC/HSR minutes.
* The JHSC/HSR will receive a report of the Workplace Violence Prevention Committee   
  as a standing agenda item.

Action Plan

* An Action Log Tracker will be developed and updated after each meeting.
* The Action Log Tracker identifies all actions, most responsible person and a target completion date.
* The Action Log Tracker will be updated and distributed to each member with the   
  minutes prior to every meeting and reflected in the revised version for every meeting.

Evaluation and Review of the Workplace Violence Prevention Program

* The Workplace Violence Prevention Committee will evaluate the Workplace Violence Prevention Program to measure its success and effectiveness and opportunities for improvement on an annual basis.
* Copies of the evaluation of the Workplace Violence Prevention Program will be provided   
  to senior management and other clinical or services leaders and to the JHSC/HSR.

Acknowledgements: This tool was developed based on Centre for Addiction and Mental Health’s Terms of Reference for a Workplace Violence Committee

# Acknowledgements

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