

# Roles and Responsibilities in Preventing Workplace Violence and Harassment

## The Importance of Risk Assessment

Preventing workplace violence means assessing the risks of workplace violence that may come from the nature of the workplace, the conditions of work and the types of tasks, and also how the facility and staff responds to incidences. The following can impact the risk of violence:

- size of the facility or senior's home
- resident acuity and the needs of the resident population;
- communication;
- work flows and processes;
- individual resident risk assessment;
- assignment of an inter-professional team with the necessary skill sets and experience to provide quality resident care and a safe working environment;
- cultural safety and cultural competency
- characteristics of the local community; and
- physical design of home spaces.

Risk can come from a variety of sources, such as the process of transitioning residents within the community or within the system, and it can also arise in situations which involve not only the resident, but families and visitors as well.

Employers are required under the OHS legislation to help prevent workplace harassment and violence and address incidents when they do occur. According to the Alberta OHS Code, Part 27: "An employer must develop and implement a violence prevention plan that includes a violence prevention policy and violence prevention procedures." The same clause is stated for harassment prevention plans. In complying with this requirement in the OHSA, it is good practice during the decision-making process to consider the precautionary principle.

Every supportive living or senior's home facility should:

- Ensure CEO/Board/Owners/Senior Leadership/Management Companies have a commitment to workplace violence which includes, aggression and responsive behaviours. Prevention should be a part of the organization's strategic plan.
- Identify trends and set milestones for improvement and report progress to the employer, and senior leadership, to the JHSC or Health and Safety Representative (HSR), and to all workers.
- Benchmark improvement and evaluate the efficacy of violence prevention programs by conducting surveys and assessments
- Conduct risk assessments and analysis of hazards that engage staff at all levels.

- Develop policies in consultation with the JHSC or HSR and/or workplace violence prevention committee and create measures, procedures, and training to reduce risk, ensure that workers are trained on them, and that they are implemented and evaluated for effectiveness and revised regularly to close any gaps.
- Engage and educate the residents and families, family/resident councils, and resident advocates in their role in workplace violence, prevention and expectations for a workplace that is free from workplace violence
- Encourage and train staff on the reporting of incidents, near misses, and hazards.
- Analyze data collected through incident reporting, inspections, investigations and conduct root cause analyses to ensure that risks are mitigated
- Provide training to workers that is relevant to their work at all levels and for members of the board of directors and senior leadership; and
- Engage other health care organizations at the local level to share practices and plans to reduce workplace violence

## **High Risk Areas**

Supportive Living and Senior's Care Facilities must assess their environments to identify high-risk areas

so that specialized supports (e.g., protective services, protocols, one-to-one support etc.) can be deployed to prevent and respond to workplace incidents. Each facility must individually identify areas and situations where additional time and resources are needed to be invested into workplace violence prevention to protect workers and residents according to the level of risk assessed.

Environments that are frequently considered high-risk include:

- Tub room/bathroom
- Bedside
- Behavioral support/specialized units
- Secure Units
- Resident Dining Rooms
- Kitchen (sharp objects/heat sources)
- Anywhere that personal care is provided

## **A Safe Environment Free from Workplace Violence**

What it feels and looks like:

- The care home's strategic plan, expectations, and accomplishments on prevention of all types of workplace violence is communicated regularly to the members of the board of directors, owners, management companies, supervisors, managers, and to all workers.
- A culture is created that encourages and supports reporting, and includes an understanding that reporting keeps everyone safer. Incidents and hazards are reported without reprisal, and supervisors act and investigate those reports, both to support workers involved, and to prevent injury and illness and mitigate the risk of future incidents.

- Everyone, from members of the board of directors' owners to residents and their families, understand their rights, responsibilities, and the employer expectations for a workplace that is safe and free from workplace violence.
- Workers at all levels feel supported and engaged, they feel confident in asking for assistance when needed and help is provided when asked.
- Training is provided so that health care workers, and their supervisors, have the knowledge they need to protect themselves and other workers
- There are care plans and flagging systems that identify risk of violent behaviour, include resident triggers, responsive behaviours and prevention, response, and mitigation strategies. The healthcare teams work together to keep each other safe by sharing this information and implementing the documented strategies that will protect workers and residents.
- The facility/ organization is continually evaluating the policies, programs, measures, and procedures, and strive to improve in areas where workplace violence persists.
- The facility/ organization engages with other healthcare facilities in sharing practices and plans that keep workers and residents safe.
- The facility/ organization promotes collaborates and shares information with the JHSC/HSR and unions for the purpose of promoting trust and to encourage positive change among workers groups.

## **Creating a Culture of Safety and Violence Prevention**

### *Understanding Rights, Roles and Responsibilities Under the OHS Act and Code*

Each workplace party has the responsibility to maintain a safe working environment. The CEO, members of the board, owners, management companies and senior leadership have ultimate responsibility to protect workers from workplace violence. They must also engage with residents, together with their families, friends and other visitors, to contribute to preventing workplace violence in their homes. This also means healthcare workers understand their right to a safe violence free workplace, one where every effort is made to prevent violence.

### *Asking for Help*

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

These could include escalating the issue to a supervisor or manager, alerting security, if present in the home and in their absence trained persons providing security functions within the-facility or home, or contacting police, if necessary. ALL personnel must also appreciate that they have the right to ask for help from police if a violent situation requires those additional resources.

### *Responding and Protecting*

Emergency code policies, protocols and procedures, and training on these and other workplace violence measures and procedures must be provided to all workers. Drills and tabletop

exercises should be conducted regularly to reinforce training provided and to maintain skills. Personal safety response devices are used in some supportive living facilities by workers facility wide or in designated departments to initiate an emergency code in a timely, efficient and effective manner. Protective services/Security/other assigned personnel e.g., management should be trained to respond professionally and quickly in times of need. Smaller homes may not have these measures in place and will need to plan and ensure based on a risk assessment, that they have appropriate protocols and procedures in place for summoning immediate and effective assistance when violence occurs or is likely to occur.

### *Enhancing Communication with the Health Care Team*

The supportive living or senior's housing facility must place a strong focus on identifying risk and improving communication between health care workers so that information is shared regarding residents who are exhibiting responsive behaviours or have a history of violent behaviour. Every care plan should include an assessment of risk of violence and violent behaviours and the strategies to protect workers, prevent a resident from being triggered and de-escalation techniques that can calm the resident once triggered. The risk and protective prevention strategies should be:

- clearly communicated to all workers who can be expected to encounter the resident;
- flagged; and
- documented, so that, upon discharge and readmission, the information can assist the employer, supervisors, and workers in care planning and developing preventive safety measures that protect workers and residents.

Enhancing communication additionally includes engaging residents and families in their role in preventing workplace violence. This means that the home's expectations and policies should be posted via signage or other means, and residents and their families should feel safe and be encouraged to describe known triggers, history of violent behaviors which includes responsive behaviours, and suggested interventions to healthcare workers without fear of retribution or refusal of treatment.

### *Developing Care Plans for Residents with History and Risk of Violent Behaviours*

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

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

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

### *Creating Relationships with Residents and Families*

Workplace violence which includes aggression including responsive behaviours (VARB) prevention planning should include steps to make residents and families aware of the facility's violence prevention policies and program including protocols and procedures. This can be accomplished through brochures, posters, or in one-on-one conversation at intake or admitting points or following an incident. Employers should also be communicating risks associated with workplace violence, which includes, aggression and responsive behaviours and stressing the benefits of preventing workplace violence for the resident and workers. Residents and families should also be engaged in controlling risks to the greatest extent possible by helping workers identify and understand triggers, behaviours and safety measures that can prevent triggering violence in the resident.

Even in times of crisis, families need to understand the consequences of their actions. They are a part of the solution in resolving issues and concerns to prevent workplace violence. Residents, family members and visitors should also understand that preventing violence in the long-term care home is for their protection, as well. The goal is to make the environment safe for all. Communication processes are key to establishing and protecting everyone's health and safety.

### *Comprehensive Training and Education*

A training matrix has been developed for the long-term care sector with the intention to guide employers in providing the most comprehensive training based on workers', supervisors', doctors', members' of the board of directors and others' risk of exposure to workplace violence in their organization. The matrix includes suggested training for workers, supervisors etc. based on their occupation and potential exposure to risk.

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

Senior management, members of the board of directors' employers, supervisors and workers should be trained on their accountabilities, responsibilities/duties, functions and rights through laws and regulations.

### *Reporting*

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

### *Reviewing, Investigation and Following Through*

Reporting provides the details and circumstances of a violent incident. Reviews and investigations should examine the factors that contributed to the incident (i.e. the root causes) and offer insights on how violent situations can be avoided in the future. The report tells what happened, and the review/investigation should determine what more needs to be done. Reviews and investigations should include consequences experienced by workers who were victims of violence, and that a proper post-incident support was provided. Follow-up should include an investigation that includes a root cause analysis, among other components, identify whether training and training program content is adequate to give workers the skills to protect themselves, determine if communication and response was adequate, and if the work environment or practices within the unit or system wide contributed to the incident of violence and then make the necessary changes. The investigation and root cause analysis should examine factors such as incomplete risk assessment and inadequate program measures and procedures that did not allow adequate means for workers to protect themselves and/or system issues beyond the workplace that may also have contributed to the risk (e.g., lack of transfer of information about a history of violent, aggressive, responsive behaviours from a receiving facility).

### *Monitoring Progress*

A long-term care home can only determine the effectiveness of their prevention activities when implementation and progress is monitored. Long-term care homes should examine incident reporting, investigation and inspection reports etc., and track broader outcomes of the prevention program or survey workers about their recent experiences. It is also important to do unannounced audits of the effective implementation of a measure and procedure. It is important to question the relationship between reductions or increases in aggressive incidents and the policies, measures and procedures, and training that have been implemented to determine what is working well, and the areas where more work is needed.

### *Identifying Gaps*

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

Identifying gaps is an ongoing process. Long-term care homes experience continual changes from renovations and expansion to the creation of new clinical programs, and worker turnover/shortage/vacancy. Workplace violence prevention programs, policies, measures and procedures, and training must keep pace.

### *Setting Clear Policies and Accountability*

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

## The Roles that Contribute to a Violence and Harassment-Free Safe Working Environment

### Board Member

For bigger organizations, there may be a board that oversees the overall operation of the organization. Boards can play a vital role by providing the stewardship necessary to ensure that facilities offer the best resident care possible while ensuring a safe environment for everyone with strong workplace violence prevention programs, policies, measures and procedures, and training.

**Key Contribution:** Becoming aware of the importance of workplace violence prevention and expecting the CEO/Administrator, and Director of Nursing to lead the Board's direction into action in their organization.

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

### Administrator and Leadership Team

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

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

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

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

### Supervisor/Managers

Supervisors are responsible for making workers fully aware of the hazards that may be encountered on the job or in the workplace, ensuring that they work safely, responding to any



of the hazards brought to their attention, including taking every precaution reasonable in the circumstances for the protection of a worker.

The supervisor ensures policies on workplace violence prevention are applied to the work area and coordinates responsive actions to violent situations when help is needed. This includes ensuring effective communication procedures, which could include response procedures to alarm systems, if applicable, and when a worker summons immediate assistance. A workplace violence risk assessment as well as a needs assessment should be completed by facility or senior's home to determine the devices required.

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

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

### All Health Care Workers Providing Direct Care (RN, RPN, NP, MD, allied health worker, etc.)

Health care workers delivering direct care to residents are often the primary point of contact for families, in various assisted/supportive-living home or community settings where the potential for workplace violence which includes aggression and responsive behaviors exists. Preventing and mitigating workplace violence are essential skills to have. Health care workers need to be protected by their employer and empowered to build confidence in their ability to manage potentially violent situations. Training requirements for health care workers in high and low-risk environments is detailed in the CCSA training matrix.

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

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

The Occupational Health and Safety Act gives workers three important rights:

1. The right to know about hazards in their work and get information, supervision, and instruction to protect their health and safety on the job.
2. The right to participate individually or as a health and safety representative or a worker member of a joint health and safety committee.
3. The right to refuse work that they believe is dangerous to their health and safety or that of any other worker in the workplace.

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

### All Clinical Care Support Workers (Housekeeper, Maintenance, Laundry, Dietary, Resident Care Clerk, Etc.)

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

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

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

All workers have the same rights under Alberta Occupational Health and Safety Act as listed above.

### Joint Health and Safety Committee (JHSC) or Health and Safety Representative (HSR)

A Joint Health and Safety Committee (JHSC) is composed of worker and employer representatives. Together, they should be mutually committed to improving health and safety conditions in the workplace. The health and safety representative (HSR) in workplaces with 5 to 19 workers, is designated by the employer after consultation with the union where the workplace is unionized.

The JHSC or HSR has various powers, including:

1. The receipt, consideration and disposition of concerns respecting the health and safety of workers;
2. Identifying actual and potential hazards in the workplace;
3. Obtaining information from the employer relating to health and safety in the workplace;
4. Ensuring that inspections are being conducted and reviewing completed inspection reports;
5. Recommending health and safety improvements in the workplace;
6. Receiving and reviewing OHS information from the employer; and
7. Accompanying inspectors during visits in the workplace.

All JHSC members or HSRs should be available to encourage workers to report health and safety concerns/hazards, and to assist where necessary. They can discuss issues and recommend solutions; and to provide input into existing and proposed workplace health and safety programs..

For further details on the JHSC or HSR, please refer to:

<https://ohs-pubstore.labour.alberta.ca/download/sample/598>

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

**Responsibilities:** Holds regular meetings and review completed inspection reports, make written recommendations to the employer for the improvement of the health and safety of workers.

### External Enablers

External enablers are those who work in policy, research and regulatory roles which influence and enable successful workplace violence prevention in long-term care homes. This includes provincial ministries of Health, Labour, Community Safety and Correctional Service, Training, Colleges and Universities, Children and Youth Services, in addition to Health Quality Council Alberta, Local Health Services, health and safety associations, research institutes, professional associations, unions, employer associations, and advocates.

**Key Contribution:** External enablers contribute to safer workplaces by ensuring that policies and regulations at the provincial level are not creating obstacles to workplace violence prevention in long-term care homes. This can mean playing a role in safer resident transfers, improving data collection on workplace violence providing leadership on policies and best practices, producing research and disseminating that knowledge.

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

Employers and other workplace parties are reminded that it is their obligation to comply with all of the requirements of the OHS, regulation and code at all times. Guidance on specific issues related to legislation should be sought from appropriate legal counsel or people with expertise in occupational health and safety.

The following webpages provide useful information:

<https://www.alberta.ca/workplace-harassment-violence.aspx>



## Resources:

Accountability framework. PSHSA Workplace Violence Prevention Resources – Hospital, Community Care and Long Term Care.