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**Creating a Culture of Health & Safety
in Nursing Workplaces**

**Safe, Respectful and Inclusive Workplaces:
Stakeholders and Strategies Conference**

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SLIDE 1: Title page for presentation

- Good afternoon everyone, and thanks to the organizers for inviting me to participate in this workshop on best practices for fostering healthy work environments.
- Today, I will focus on what our members working on the frontlines see as *the* best practice for healthy work environments – creating a culture of health & safety in nursing workplaces.
- The backdrop for creating this culture of health & safety comes from the everyday experiences of the 54,000 registered nurses and allied health professionals who are members of the Ontario Nurses' Association or ONA.

SLIDE 2: The lack of a safety culture

- The late Justice Archie Campbell led a commission of inquiry into what went wrong in the 2003 SARS outbreak in Ontario, which is timely advice given the events taking place in Mexico and now in other countries.
- His report praised the heroic courage and sacrifice of health-care workers but painted a disturbing picture of a disconnected health-care system that failed to protect workers and by doing so, endangered patients and the public.
- Justice Campbell ended his four-year investigation with a resounding condemnation of the state of occupational health & safety in Ontario's health-care sector:

Hospitals are dangerous workplaces, like mines and factories, yet they lack the basic safety culture and workplace safety systems that have become expected and accepted for many years in Ontario mines and factories and in British Columbia's hospitals.

- Justice Campbell also agreed that it is a matter of urgency for health care workers and the public that we establish a health & safety culture in our health care sector in Ontario:

If workers are not protected from health & safety hazards, patients and the public are not protected either. It's that simple.

SLIDE 3: Better safe than sorry

- Justice Campbell's report outlines the compelling evidence that led him clearly and unequivocally to advocate the adoption of the precautionary principle "*throughout Ontario's health, public health and worker safety systems.*"

If the Commission has one single take-home message it is the precautionary principle that safety comes first, that reasonable efforts to reduce risk need not await scientific proof.

- This single most important recommendation in his report, if implemented, could have widespread implications for worker health & safety, but only if truly enshrined in our health & safety legislation and adopted in worker safety systems in hospitals and other nursing workplaces.

- As Justice Campbell put it, “*better to be safe than sorry.*” Adopting the precautionary principle is central to creating a safety culture.

SLIDE 4: Nursing – a risky job

- The risk of exposure to infectious disease through airborne and contact transmission and from needlestick injuries is just one of numerous serious hazards that nurses in Ontario encounter on a daily basis.
- Nurses’ injuries and illness also result from exposure to many other hazards in the workplace, such as:
 - violence;
 - ergonomic hazards ranging from patient lifting to improper computer stations (causing musculoskeletal injuries);
 - harmful chemicals and pharmaceuticals, e.g. cleaning and disinfecting solutions, anesthetic gases, glutaraldehyde, antineoplastic drugs, antibiotics, etc.;
 - risk of re-injury from ignoring the principles of disability prevention and rushing disabled workers to return to work that is not safe for them;
 - stress;
 - overwork and understaffing that leads to physical, emotional and psychological injury, illness and “burnout;”
 - exposure to radiation from radiotherapy procedures;
 - motor vehicle accidents (e.g., home care nurses).

SLIDE 5: Health care – a sector at risk

- Health-care sector health and safety problems are corroborated by statistics which suggest that while workplace injury rates are generally dropping, the reverse is happening in the health-care sector.
- While injury and illness rates are steadily decreasing in workplaces traditionally considered dangerous, such as mines and factories, these rates continue to climb in the health-care sector.
- In Ontario, health care is among the top four sectors in the frequency of lost-time injuries and is well ahead of mining and construction.
- For instance, between 1999 and 2006, lost-time claims in the Ontario health-care sector rose from 7.0 per cent to 10.1 per cent.
- The top two sources of lost-time injury in health care are musculoskeletal disorders at 54% and slips & falls at 17 per cent, but note that health care has the highest rate of violence and client aggression at 8 per cent – higher than police work.

SLIDE 6: Costly hazards

- Aside from personal costs to nurses, high absentee rates strain the healthcare system.
- According to Statistics Canada, in 2007, full-time employees in health occupations recorded the most days off for illness or disability in the entire workforce.

- In its 2005 annual report, the Institute for Work and Health cited one estimate that Canadian nurses lose more than 16 million hours annually for injuries and illnesses.
- In 2008, the average direct cost of an injury was \$24,133, a 13 per cent increase over 2007.
- And indirect costs are estimated to be four times this amount.
- All of these costs are potentially preventable. Safe and healthy workplaces may prevent many costly injuries and divert much needed funds to patient care.

SLIDE 7: Violence – not part of the job

- As noted, health care providers are subject to a particularly high risk of workplace violence, and nurses are most at risk.
- In a recent Statistics Canada report, among nurses working in hospitals and long-term care facilities, 34 per cent reported physical assault from a patient over the last year, and 47 per cent reported emotional abuse.
- A survey of ONA members found that 67 per cent reported that they had experienced verbal abuse in the workplace;
- 36 per cent reported having been physically assaulted in the workplace;

- And 11 per cent of ONA members reported being sexually assaulted in the workplace.
- We are sadly lacking in a culture of workplace health and safety – ironic when you consider that we are in the healing business!
- Justice Campbell’s call for the province’s health-care facilities to use the “precautionary principle” – basically, to err on the side of caution – in every health-care setting applies to workplace violence as well as to the transmission of serious illnesses such as SARS.
- But it’s yet to be integrated into our health-care facilities.
- Ontario hospitals are under-funded and under-staffed, and along with the nursing shortage that is causing so much illness and so many injuries to our stressed, burned-out nursing workforce, there continues to be an insidious culture of disrespect and disregard for nurses and their safety on the job.
- The case of ONA member Lori Dupont – a recovery room nurse murdered at Hotel-Dieu Grace Hospital in Windsor – is an extreme example of management ignorance regarding workplace violence prevention, the responsibility of employers to provide safe workplaces, and the need for people to work in an environment that is free of harassment and danger.
- Lori’s case is one of missed opportunities and ignorance of management’s obligation to keep employees safe.

SLIDE 8: Barriers to creating a safety culture

- There seems to be nowhere in Canada that has really succeeded in growing a comprehensive and enduring health and safety culture in the health-care sector.
- It has taken very public campaigns to get the many hazards in health care recognized as legitimate health & safety concerns requiring regulation and protection.
- It can be argued that regulation and enforcement of existing health & safety legislation provide the stimulus for developing a true workplace health and safety culture.
- While there have been many prosecutions for health and safety violations in mines and factories, there have been few in the health-care sector, and this may help explain why the sector appears to be lagging in establishing health and safety systems.
- But, it is also possible that the health-care professions attract people who tend to internalize health & safety breaches as just part of the job.
- As one author, Michael Kerr, explains this concept, nurses and other health professionals often “...compromise personal safety in order to improve the lives of the people they work for. It is possible that this acceptance of a heightened sense of duty, at all levels in the system, is a contributing factor to the challenge of improving health and safety performance in the health sector.”

- Kerr continues with the observation that “leading organizations recognize that occupational health and safety needs to be an integral component of an organization’s core culture,” not just an afterthought, “but there is little evidence to indicate that occupational health & safety is being more broadly integrated into the practice of healthcare.”

SLIDE 9: The upside of a safety culture

- The reluctance to integrate health & safety throughout health-care organizations is particularly unfortunate since the research suggests that if we can convince governments, employers and workers to genuinely embrace health and safety, it can be a powerful force that will significantly contribute to improving the quality of work for nurses and the quality of their patients’ lives.
- For example, inadequate nurse/patient staffing ratios have been cited as contributing to stress and burnout among nurses, and have also been associated with poor patient outcomes.
- One study found “...a 10% increase in nurse-reported adequacy of staffing and other resources is associated with 17 fewer deaths for every 1,000 discharged patients.”
- Another study found that every patient added to an average RN’s workload increases the risk of complications and death by 7 per cent.
- A further study examined four initiatives designed to reduce musculoskeletal injuries or MSIs and found evidence “suggesting that reducing the risk of MSIs in

SLIDE 10: Nurturing a culture of health & safety

- The Quality Worklife Quality Healthcare Collaborative, a Canadian coalition of twelve national health organizations, developed a vision forward in 2007: *A fundamental way to better healthcare is through healthier healthcare workplaces; it is unacceptable to work in, receive care in, govern, manage and fund unhealthy healthcare workplaces.*
- We believe that a healthy workplace is one in which a genuine culture of occupational health and safety would underpin all aspects of work.
- Let me give you some examples of what I'm talking about in terms of a genuine or true culture of workplace health & safety.
- This would be a workplace to which a nurse reports that has been designed and built using occupational health and safety filters, e.g., single-bed rooms as a minimum standard to prevent spread of infection, and "safe rooms" available to use when dealing with potentially violent patients.
- A nursing workplace where all equipment and materials are purchased only after screening through an occupational health and safety filter and all equipment necessary to perform work safely is available and maintained in good condition, e.g., patient lifting devices provided, inspected and maintained,

community nursing vehicles are properly maintained, and so on.

- It would be a nursing workplace where the directors and officers are trained and knowledgeable in occupational health and safety principles, start each meeting with occupational health and safety items, have established occupational health and safety elements in the hiring and evaluation processes of all staff, take every precaution reasonable for the protection of workers including establishing health and safety policies, programs and training (in consultation with joint health and safety committees), and publicly and frequently champion workplace health and safety.
- A true culture of health & safety would be a nursing workplace where all supervisors are trained in the hazards of work, occupational health and safety law and principles, promptly address all health and safety concerns of which they are aware, and take every precaution reasonable in the circumstances to protect workers.
- In short, a workplace where they make health and safety communications part of everyday activities.
- Workers in a safety culture workplace receive initial and ongoing training in occupational health and safety law and principles, rights and responsibilities, hazards and protections, work safely with appropriate, adequate and properly maintained equipment, work in compliance with occupational health and safety law and employer policies, and are encouraged to promptly report any health and safety concerns and injuries/illnesses.

- In such a safety culture, there is always adequate staffing to ensure a safe and healthy work environment. Workers who are hurt are supported, compensated, and provided adequate treatment and time in order to heal. Injured and disabled workers returning to work and are supported by all parties and accommodated in work that is safe for them to perform.
- Nurses and other health-care workers report to work confident that they will work in a safe and healthy, violence-free environment and will leave at the end of each shift without injury, illness, stress and burnout and without fearing that they may be bringing disease or other hazards home to their families.
- Joint health and safety committees are welcome, strong and collaborative, and the functions and membership are widely known and respected throughout the workplace. This is a culture where committee members receive full training, are automatically replaced and are given ample time to perform committee duties.
- Joint health & safety committees are *always* consulted as a matter of course about health and safety issues, make recommendations, and provide advice and information to the employer, advocate for workers, healthy and safe workplaces, and support safe return to work of disabled workers.

SLIDE 11: The Broader Context for a Safety Culture

- While a true health and safety culture is about transcending legislation and making health and safety a core function that pervades all daily activities, it cannot be established in a vacuum.

- Nursing workplaces exist within a larger context where occupational health and safety law is a necessary foundation supporting an overarching framework of national and provincial governmental health and labour ministries and regional health authorities that understand, promote and enforce this law.
- More than 30 years ago, the International Labour Organization recognized and advocated the need to enact occupational health and safety laws tailored to nurses and nursing environments.
- Since 1987, the International Council of Nurses has promoted the application of occupational health and safety law to nursing workplaces.
- Nurses will know if their workplaces have a culture of safety in place when authorities within their organization champion a culture of safety, which they understand must be characterized by a robust internal responsibility system or IRS, which includes the application of the precautionary principle, and which includes the elimination of hazards using the “hierarchy of controls.”

SLIDE 12: The Internal Responsibility System (IRS)

- The Internal Responsibility System or IRS is a health and safety philosophy that is based on the principle that every individual in the workplace has some responsibility for health and safety.
- To be successful, the system must be driven from the top-down with boards of directors, chief executive

- All workplace parties must be trained in occupational health and safety law, policies, principles, hazards and protections.
- Workers must work safely and report health and safety hazards, and a workplace joint health & safety committee, comprised of fully trained management and worker representatives, monitors the state of health and safety and is consulted about health and safety matters, including making recommendations for improvement.
- Within the IRS system, workers have what has become known as the “three rights:”
 - **To know:** Workers have a right to know what hazards they are exposed to, how to protect themselves, a right to investigate how serious injuries occurred and so on.
 - **To participate:** Workers have a right to select members to participate on their behalf on the JHSC, to inspect, be consulted about health and safety issues, and to participate in hazard/risk assessments and so on.
 - **To refuse unsafe work:** Workers have the right to refuse work that is unsafe, but in most jurisdictions, that right is limited for essential service workers such as nurses.

- As discussed earlier, the precautionary principle that “action to reduce risk need not await scientific certainty” was soundly endorsed by Justice Campbell after his extensive investigation of the Ontario SARS outbreak.
- The Ontario Nurses’ Association has since bargained precautionary principle language into various collective agreements, and the principle has crept into Ontario law.
- Now the Chief Medical Officer of Health must apply the precautionary principle when considering personal protective equipment during an outbreak of an infectious disease.

SLIDE 13: The elimination of workplace hazards

- Within a culture of safety, action must be taken to eliminate an identified or anticipated workplace hazard.
- In such a culture of safety, the approach to workplace hazard elimination is referred to as the “hierarchy of controls.”
- The controls can be loosely categorized but are not mutually exclusive and do overlap:

1. At the Source:

- Substitution with a less hazardous substance.
- Engineering controls (fixing, replacing or redesigning faulty equipment).
- A redesign of the process, practice or procedure.
- A proper maintenance program.

2. Along the Path:

- Local ventilation.
- Dilution ventilation.
- Housekeeping.
- Administrative controls such as controlling patient flow.

3. At the Worker:

- Barriers, such as personal protective equipment.
- Administrative controls, such as the rotation of workers.

SLIDE 14: Searching for a culture of health & safety

- The resistance of Canadian health-care authorities to occupational health and safety law and principles helps explain why there is no clear example of a fully realized culture of health and safety within a nursing workplace in Canada.
- There have been pockets of occupational health and safety progress in the health-care sector.
- With respect to infectious disease hazards, Justice Campbell found evidence of a “safety culture” in British Columbia hospitals when infection control and worker safety departments collaborated in their response to SARS.

- He credited this attitude and its attendant processes as at least partially responsible for preventing a SARS outbreak in BC.
- BC unions and employers have also developed the Prevention & Early Active Return to Work Safely or P.E.A.R.S program.
- Yet, the BC health-care sector is no occupational health and safety utopia. After reporting some initial success, lost-time injuries in the health-care sector have risen steeply since 2004.
- In the early 1990s, Newfoundland developed a successful Back Injury Prevention Program that was emulated by many jurisdictions. In retrospect, this achievement appears to have been the result of focused attention on a single hazard, not the birth of a wider health and safety culture or consciousness.
- An isolated health and safety success, it was relatively short lived and Newfoundland injury rates have since risen to be some of the highest in Canada.
- There are more than 69,000 sharps incidents each year in this country. Although registered nurses sustain the majority of these injuries, doctors, lab technologists, housekeeping staff, maintenance workers and other health care workers also suffer needlestick and sharps injuries.
- Manitoba, Saskatchewan, Nova Scotia, British Columbia and Ontario now have needle safety laws.
- While such legislation represents progress, it is not universal and was won only after specific, sustained

- In seeking advice about whether to enact workplace violence legislation, the Ontario Ministry of Labour cited a 2004 Stats Canada survey that found approximately 356,000 workplace incidents of violence in a 12 month period.
- Ontario has now introduced Bill 168 to amend the *Occupational Health & Safety Act* to include prevention activities for workplace violence and to cover workplace harassment.
- Many other provinces have legislated workplace violence prevention requirements and most recently the federal government enacted the *Violence Prevention in the Workplace Regulation*.
- Again, violence prevention legislation is not universal and while there have been horrific incidents of violence inflicted on nurses, the health care sector has reacted, not led in making our workplaces safe from violence.
- As well, there is anecdotal evidence of examples of more general improvement in Ontario health-care workplaces.
- ONA has reported the beginnings of a “safety culture” at Sault Area Hospital.
- The hospital CEO sits on and supports the joint health & safety committee and high back injury rates have dropped since the institution of a comprehensive zero lift policy.

- At Timmins District Hospital, ONA recently reported progress after the employer responded to ONA's recommendations.
- The employer took deliberate steps to improve in the areas of supervisor health and safety competence, workplace violence and respiratory protection. Union members see that the employer has established health and safety as a priority.
- There appear to be no obvious examples of a true culture of health and safety environment for nurses anywhere in the world.
- In fact, there is evidence that nurses everywhere are struggling for basic safe and healthy conditions.
- At a 2006 Workforce Forum hosted in Denmark by the International Council of Nurses, several countries reported problems with safety issues including violence, under-staffing and stress, leading to the conclusion that, "the working environment continues to be problematic in most countries."

SLIDE 15: The Way Forward to a Safety Culture

- Driven by disturbing injury statistics, the Newfoundland Nurses' Union recently collaborated in a healthy workplace initiative to look into a culture of safety.
- Their study found that "...culture is not about programs, policies and safe work procedures. It is rather about the attitude and customs of a workplace that determine the impact of these initiatives."

- As one health-care worker commented, “When a workplace injury is considered as unacceptable as impaired driving, then we will have a safety culture.”
- As Newfoundland concluded, safety culture is not just about obeying the law, it is about making health and safety second nature in every aspect of work.
- Yet it is only within a larger context of health and safety consciousness among officials who promote and enforce occupational health and safety law – and principles such as the IRS, the precautionary principle and the hierarchy of controls – that a genuine health and safety culture can grow.
- Progress toward an occupational health and safety culture in Ontario’s health-care sector has been painfully slow.
- In order to achieve a culture for healthy and safe nursing workplaces in Ontario, we need to build the context within which they can seed, grow and thrive.
- Here’s how we believe we can move forward towards a culture of safety in Ontario nursing workplaces.
- First, we will heed the ILO’s and ICN’s advice and press for health and safety law that addresses the general and specific needs of nurses, such as around workplace violence and harassment prevention.
- We will press the provincial government and local health integration networks to promote, educate and

- We will press governments to use accountability agreements requiring employers, owners, boards, officers and directors to apply health and safety filters to the design, building and equipping of health-care workplaces, and to continue direct engagement in monitoring health and safety risk and driving improvement.
- We will press government to fund, staff and equip enforcement agencies so they can focus on and enforce health-care occupational health and safety issues, and hold employers, owners, directors, officers, managers and supervisors accountable for health and safety deficiencies and violations.
- We will press governments to enact safe staffing legislation for nurses.
- We will press the Canadian Council on Health Services Accreditation to increase the focus on worker health and safety in accreditation of health care workplaces.
- We will also, of course, continue to negotiate language in our collective agreements that will require action by health care employers to:
 - publicly and demonstratively commit to occupational health and safety;
 - make the workplace parties build the IRS;
 - apply the precautionary principle;
 - abide by the hierarchy of controls;

- train all workplace parties in occupational health and safety law and principles;
 - conduct workplace risk/hazard assessments and act on the results; and
 - support and facilitate the operation of the joint health and safety committee and consult the committee in developing policies, procedures, training, and so on.
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- We will also continue to use our grievance procedure and complaints process under Ontario's health & safety law to enforce occupational health and safety in nursing workplaces.
 - Only this kind of firmly laid groundwork will provide the fertile ground necessary for cultivating a culture of health and safety throughout health-care sector nursing workplaces.
 - Thank you.
 - And please visit our websites – www.ona.org and www.cuttingnursescuttingcare.ca