

# Violence Should NOT be Part of Our Job

*“Agitated and confused patient bit employee when administering medication.”*

*“During medical assessment, patient began scratching and biting workers.”*

*“Patient punched employee in forehead.”*

## **The disturbing descriptions above are verbatim from health care workplace incident reports.**

The endless list of workplace violence incidents that are happening in health care settings across Ontario is nothing less than horrifying.

Registered nurses and other health care professionals face precarious and dangerous situations on the job each and every day. Biting, choking, scratching, spitting and full-on assaults with deadly weapons happen to health care workers on hospital units, emergency departments, in long-term care facilities and in the communities all-too frequently.

The incident reports read more like combat terrain missions rather than those taking place in health care facilities where the ill and elderly are cared for with compassion and trust.

### **Workplace Violence Incidents Must Stop.**

Consider these grim statistics:

- ▶ Registered nurses are more likely to be attacked at work than prison guards or police officers. (*Canadian Nursing Advisory Committee, 2002, p. 20, as cited in Kingma, 2001*).
- ▶ In Ontario, health care workers had the highest workplace violence lost-time injury rate of all sectors with 639 claims in 2013. (See graphic at top right). This is more than manufacturing, mining and construction combined.
- ▶ Eighty-six per cent of participants in a

recent nursing study had been either threatened or assaulted at least once (Gillespie, Gates, Kowalenko, Bresler and Succop, 2014).

- ▶ Fifty-four per cent of surveyed ONA members say they have experienced physical violence or abuse in the workplace, 85 per cent say they have experienced verbal abuse, 39 per cent report other forms of violence/abuse, and 19 per cent say they have experienced sexual violence or abuse.

Yet, what exactly can be done to limit this very scary workplace epidemic? Unfortunately, there is no one easy answer.

“Workplace violence is the ugly, dirty little secret of health care,” ONA President Linda Haslam-Stroud, RN, said. “The reality is that a lot of health care professionals think that if they’re kicked or pushed, that it’s part of the job. I’m here to say that it is *not*.”

There are many concrete solutions that can significantly reduce and/or eliminate workplace violence altogether. Some ways do involve a collaborative approach with workers, employers and other stakeholders while other ways rely on procedures and functional equipment.

### **Campaign to End Workplace Violence Launches**

The Ontario Nurses’ Association (ONA) aims to make serious strides in reducing the number of violent incidents our members and other health care professionals experience in their workplaces. As such,

## Comparison of Number of Lost-Time Injuries in Ontario, 2013 Health Care is Dangerous Work



Source: Workplace Safety and Insurance Board EIW Claim Cost Analysis, May 2014 data snapshot.

ONA is launching a major campaign that directly addresses and targets workplace violence prevention.

Our campaign provides specific and detailed resources, information and targets:

- ▶ Our members, Local leaders and other health care professionals.
- ▶ The public.
- ▶ Health care CEOs and management.
- ▶ The Ministry of Health and Long-Term Care, Ministry of Labour, Attorney General’s Office and the police.

We have one simple ask for you: Report all workplace violence incidents and near-misses. Whether a patient pushes, scratches or threatens you or a family member screams in your face, please report it in writing to your manager and/or employer.

“We need to know about *all* of these incidents so we can find ways to work with employers, the Ministry of Labour and other key stakeholders to reduce the risk and the incidents,” notes Erna Bujna, an ONA Health and Safety Specialist. “Although

## Violence Should NOT be Part of Our Job

there were 639 lost-time injuries in 2013, we know that this number is extremely low and workers are not reporting. This needs to change.”

When you report all incidents, you not only comply with your duties under the *Occupational Health and Safety Act (OHSA)*, but you transfer the accountability to the employer who has a duty to protect workers.

The Minister of Health and Minister of Labour need to understand how serious this issue is so preventive controls for worker protection and patient safety can be properly funded and enforced.

### **Workplace Violence Prevention Group to be Established**

The good news is that Ontario government leaders announced to ONA leaders that they are ready to talk about it. At our March Provincial Coordinators Meeting, Assistant Deputy Minister of Health Dr. Robert Bell noted that he is interested in addressing workplace violence prevention in health care.

It stemmed from a discussion about Ebola readiness in Ontario and Dr. Bell said that ONA came to that table with concrete ideas and discussion. He explained that he valued this collaborative approach and would like to use this same tactic in discussing violence prevention.

### **Resources and Tools for Members**

Be on the lookout for posters, social media images, and much more that will underscore our key message: *Violence should NOT be part of our job.*

We must all be involved and know that this issue affects us all. Ending violence begins with each and every one of us. Let's improve our workplaces together.

# Front-line nurses tell

## DJ Sanderson



The catalyst for putting workplace violence issues on the front burner at Southlake Regional Health Centre in Newmarket was an incident that took place in an extremely busy emergency department on June 9, 2013.

“There were 14 Form-1 patients (held for 72 hours of assessment), many of them well known to us, but not enough staff or security, nor was the staff adequately trained to handle the situation,” says DJ Sanderson, Local 124 Coordinator and Bargaining Unit President, as well as the Health and Safety lead.

A nurse from the float pool had been assigned to a mental health patient that had been brought in by police. At the time, there wasn't a trained mental health nurse available to manage the patient load. The patient lost control when told he couldn't leave and punched the nurse to the ground. He also chased the psychiatrist, who suffered fractures in his hand, and went after everyone in the vicinity. Finally, cleaning staff tackled and subdued him.

Sanderson says the stress suffered by the nurse and other staff has been overwhelming, but it was the response from

their employer that prompted him to get more heavily involved in the problem of workplace violence.

“At the time, they minimized everything that happened, focusing on things like how quick the response was, but not looking at the systemic issues and what policies and procedures were needed,” says Sanderson.

In fact, the employer took away the staff's panic alarms a few months prior to the incident because the batteries were too expensive to maintain, leaving the staff without any means to summon immediate help as the law requires.

Sanderson says there have been some improvements since that incident. Staff now have new panic alarms and a system to flag patients with a history of violent behaviour. There is now a joint Workplace Violence Prevention Committee comprised of employer and union reps, physicians, police, Public Services Health & Safety Association (PSHSA) reps and members of the Joint Health and Safety Committee (JHSC), and all members of the JHSC have been certified.

Since the formation of the committee, the employer has created a number of new policies and procedures, but is still struggling to put them into practice. Supervisor training is a major issue that still needs to be addressed.

“Management needs to be made aware of the policies and adequately trained on them, so that the information can be effectively passed on to front-line staff,” says Sanderson.

Southlake continues to experience violent incidents on a weekly basis. In fact, in December 2014, an unsupervised mental health patient beat one nurse

## Nursing *doesn't have to be dangerous work*

ONA Ontario Nurses' Association

and injured another who was attempting to stop him. Cleaning staff again came in and subdued the patient.

Sanderson says he currently is relying on the Ministry of Labour (MOL), which has come to the hospital to investigate numerous concerns in recent years, and has filed six or seven complaints. The MOL has issued a notice against the employer for not complying with an order for training of supervisors and staff.

“As much as we are working together and talking about the issues, which is a sign of progress, I've really had to press the concerns regarding gaps identified, in training of workers and supervisors,” he says.

“The policies our employer has created need to have an actual impact now and reduce the number of violent incidences at Southlake.”

Sanderson says he also sees a shift in awareness among his members.

“In the past, nurses would shrug it off when patients were abusive as it was a part of the job. When we first initiated flagging violent patients, some of the staff were concerned about labeling people. Now, it's a regularly accepted practice and it signals that we always need to be aware and alert.”

## Carolyn Turner



A frightening incident of violence in her workplace still haunts Carolyn Turner, a First Vice-Coordinator and Bargaining Unit President in a long-term care facility.

When a resident turned violent and was found kicking a non-verbal frail elderly woman, Turner removed the aggressive resident from the area and called for a Personal Support Worker (PSW) to distract the resident until she could prepare medication.

The PSW thought the aggressive resident had settled down, but when Turner returned, the resident had wandered off and began attacking another small, frail, non-verbal woman in a wheelchair, punching the back of her head with closed fists.

Fortunately, Turner was there to intervene and avert a tragedy, giving the aggressive resident medication. The resident was subsequently removed from the area by Turner and a PSW. Urgent paperwork was done, phone calls were made and the aggressive resident qualified almost immediately for transfer to a 90-day assessment and treatment facility, but the resident's heartbroken family had refused consent.

“We had no choice – we had to medicate our elderly resident. It's the only immediate tool we have in long-term care when severe behaviour problems occur,” says Turner, who still chokes up when she recalls the incident.

“It's like post-traumatic stress disorder. The image is horrific, and I could barely talk when I called my manager to report what happened,” she says.

Just one week later, two other managers walked into Turner's office, shut the door and minimized her concerns by citing behaviour issues on other units, as if it should be accepted because it was commonplace.

“They were very patronizing, asking me if I was sure I was OK and suggesting that I was overreacting. I told them they'd better get used to it, because I will not stop advocating for the protection and safety of our residents and staff.”

Turner says some form of violence is a daily occurrence in long-term care, whether verbal abuse or physical assault.

“Because it is so frequent, it becomes normalized, and that can create an apathetic response from the employer and employees alike,” she says.

“In this case, our employer was well aware of the risks, and only when the Ministry of Health and Long-Term Care (MOHLTC) became involved did they provide months of 1:1 supervision for the aggressive resident.”

Turner says some help is being provided by Behavioural Supports Ontario (BSO), a Ministry of Health initiative intended to help support long-term care staff to assess, plan and implement strategies to meet the needs of residents with behavioural challenges, but more is needed.

# Front-line nurses tell their stories

“They are not there when the crisis occurs. We send them a referral as soon as we can, and generally they come in a few days later, observe, make recommendations, and after a few follow-up visits, the case is discharged. We need more help than that. In addition to more RNs, we need BSO staff on the unit full time,” says Turner.

“The unregulated PSWs on our units give personal care and try to help the best they can, but they can’t give meds, do assessments or time-sensitive data entry for funding, develop care plans, do dressings, or answer phones, which frequently involve conversations with family members of 30-plus residents. With staffing ratios such as they are, it’s a tragedy waiting to happen.”

Turner is currently the only one in her Bargaining Unit who fills out Professional Responsibility Complaint (PRC) forms because the other staff members are too fearful.

Once at a membership meeting, while she was reassuring her members and encouraging them to fill out PRCs, a nurse interrupted and said, “We are not you. We are not brave. We work alone and the boss can pick on us when you are not around.”

Says Turner, “We are all afraid of reprisals if we call in the Ministry of Labour or the Ministry of Health. It is challenging to work

with management. We tread carefully and only do a bit at a time, but all members need to learn and utilize the PRC process and trust that ONA will be there to help.”

Turner has won three occupational health and safety grievances she filed: one to have the Health and Safety Reps meet for one hour of preparation before a Joint Health and Safety Committee (JHSC) meeting, another preventing Human Resources from blacking out the names of staff on incident forms and another when the employer refused to pay her for attending an Ebola preparedness meeting.

ONA’s long-term care nurses have a vast array of tools right in their collective

agreement to help them with workplace violence issues, including the *Occupational Health and Safety Act*, whistleblower protection, human rights complaint process and PRCs.

“This last round of bargaining even gave us language around workplace violence and a joint employee-employer Advocacy Committee to develop strategies to lobby the government for appropriate resources, and to address resident care needs and aggressive and/or violent behaviours,” says Turner. “We have the tools – we now have to use them. I’m very optimistic that we will make great strides this year on behalf of our staff and residents.”

## We Can Help

The Ontario Nurses’ Association has practical information, tools and templates you and your Joint Health and Safety Committee can use to help you reduce violence in your workplace.

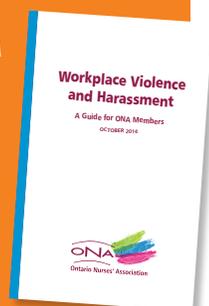
**VISIT:** [www.ona.org/wpv](http://www.ona.org/wpv). Check out our site and find important resources, information and directives to help you deal with violence and harassment in your workplace.

**READ:** *Workplace Violence and Harassment: A Guide for ONA Members*. Updated in 2014, this important guide helps health care professionals with information about what can be done to stop violence, to address and advance the issue of violence prevention and much more. The Guide is found on the ONA website here: [www.ona.org/wpv](http://www.ona.org/wpv). If you would like a hard copy of the Guide mailed to you, please send an email to [onamail@ona.org](mailto:onamail@ona.org). Be sure to include your name and mailing address.

**DOWNLOAD:** *ONA’s Report Hazards – It’s the Law* pamphlet. This step-by-step primer lists what you can do to report any and all incidents of workplace violence and harassment. Download it at: [www.ona.org/OHS](http://www.ona.org/OHS).

**WATCH:** *ONA’s Unsafe Workplaces Hurt Patients, Too* video. Featuring three ONA members and their stories, this video underscored the key message: Report, report, report. View it at: [www.ona.org/OHS](http://www.ona.org/OHS).

**ATTEND:** Sign up for an ONA education session on workplace violence. Ask your Bargaining Unit President or Local Coordinator to arrange a unit-specific workplace training session on violence prevention. See: [www.ona.org/education.html](http://www.ona.org/education.html).



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