**Hazards/Concerns Re Workplace Violence and Recommendations to Employer**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hand delivered to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Insert name and address of Employer)

Pursuant to Section 9 (18) of the *Occupational Health and Safety Act*, (OHSA) among our functions as a Joint Health and Safety Committee (JHSC) we are to:

* “Identify situations that may be a source of danger or hazard to workers.
* Make recommendations to the employer and the workers for the improvement of their health and safety
* Recommend to the employer and the workers the establishment, maintenance and monitoring of programs, measures and procedures respecting the health and safety of workers, and the trade union representing the workers.”

As such, we or I (if no consensus reached by JHSC then worker co-chair should replace the we with an I) have identified the following source(s) of danger or hazard, and/or concern(s), at [insert address of employer] and/or provide the following recommendations:

**Identified Hazards or Dangers and/or concerns and their associated Recommendations**

**Hazard/Concern Recommendations**

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| --- | --- |
| 1. Security response and compliment not adequate.   Recent assaults, code whites and requests for med assists and incidents/reports from workers who are subject to workplace violence reveal that there are not enough security and security roles and responsibilities is not adequate (e.g. not trained properly, not allowed to be hands on) for the number and types of patients who are brought into emergency and the mental health department, and this can place workers at risk of serious injury/illness. | 1. The employer to demonstrate how it will ensure there is a safe complement of security officers at all times for the workplace and begin by assessing the patient population and acuity in the emergency and mental health department and then entire workplace. 2. The employer to also immediately demonstrate how the employer will ensure that all security will be hands on (i.e., like at Michael Garron Hospital (MGH) (formerly Toronto East General Hospital [TEGH]) and take charge of any unsafe situation. 3. The employer to ensure that security guards are properly trained and credentialed and have as a minimum the same training and credentials as the guards at MGH.   4. Yearly Training to include:   * Effective Communications * In Depth Crisis Management * Criminal Code Applications * Resistance Management (Use of Force Model) * Handcuffing * Edged Weapon Defense * Baton Application * Report Writing * Court Appearance Preparation/Giving Evidence * WHMIS * Emergency Procedures * Privacy * Employer’s Safety Modules * Workplace Violence Prevention Program * Incident Reporting * Code Brown Training * Code Red/Fire Systems Training * Code Orange / CBRN Response Training * Emotional Intelligence * Diversity   Training for New Security Hire to also include:   * 7 days (12 hours) of on the job training and be provided a training manual that is signed off by the supervisors when each section is completed. This is done in addition to regular training materials above. Each new security hire to also participate in General Orientation for the organization. * Certification by the International Association for Healthcare Security & Safety (IAHSS) which has recently been updated for Canadian content. It is a good basic program that any security guard benefits from. The training material from IAHSS is very good and covers the principles of healthcare security and its application. * Training on all employer violence prevention procedures * Site specific policies and procedures * Non-violent crisis intervention (this is in addition to yearly in depth crisis management)  1. The employer to also immediately provide the JHSC with a copy of all security procedures and proof that security has all been trained and credentialed to security standards (i.e. Canadian General Standards Board) like at MGH and trained in all of the procedures relevant to the prevention of workplace violence in this workplace. 2. The employer to develop a security procedure that outlines all security roles and responsibilities and how and when staff can and should access security and to what extent security can and will respond and act. 3. The employer to demonstrate how they will track and provide reports to the JHSC of all security calls and responses related to workplace violence/aggression. 4. The employer to demonstrate how all policies and procedures for the security department will be developed in consultation with the JHSC and reviewed and revised annually. 5. The employer to use the PSHSA Violence and Aggression Responsive Behaviour Security tool as a resource in support of these recommendations. This tool is supported by both the Minister of Health and Labour in their Workplace Violence Prevention in Healthcare Leadership Table Report May 2017. |
| 2. A surge/increase in patient population, acuity and behaviours regularly occurs in our workplace and the employer needs to ensure staff can access, rely on and implement appropriate measures and procedures to obtain additional staff and security when this occurs. The lack of an appropriate surge measure and procedure is putting workers at risk of injury/illness from workplace violence, infectious disease, musculoskeletal injuries, slips, trips, falls, etc. | 1. The employer to demonstrate how it will immediately consult the JHSC and develop, establish and put into effect a surge measure and procedure.   1. The measure and procedure to provide clear steps that workers, charge nurses, managers and doctors must take when there is a surge of patients beginning with the emergency department and mental health unit. The surge protocol must also make clear in what situations additional security and staff and the number of additional security and staff is to be provided. It must also make clear in what situations patients will be transferred out and be consistent with other practices for one-on-one security when a patient is transferred to another unit within the hospital. 2. The employer in consultation with the JHSC, develop, establish and ensure all workers at risk are trained and educated on this new procedure. The employer to also ensure it is not just providing a communication to all staff in the emergency department on this new measure and procedure, but actually training all staff at risk on the new procedure. 3. The employer to demonstrate how it will ensure workers have actually taken the training and not just read and signed off on a communication about the new measure and procedure. 4. The employer to demonstrate how this measure and procedure will be formalized and included in its workplace violence program. |
| 3. Panic Alarms not linked to security – no adequate means to summon immediate assistance. | 1. The employer to demonstrate how it will, in consultation with the JHSC, develop, establish and put into effect personal panic alarms for all workers at risk of workplace violence linked to security with GPS in the entire hospital with no dead zones, starting immediately with the emergency and mental health units.   1. The employer to demonstrate how this measure and procedure will provide clear instructions to staff that: the alarms are mandatory for all staff at risk; how to test them before beginning their shift and not at some point throughout the shift; what to do and where to locate them; how to use them; when to use them; who maintains them; who orders additional alarms; where replacements can be obtained if an alarm is being repaired; what is the manager’s role; who will respond when alarm initiated; and what the expectation is for security to respond to the alarms. 2. The employer in consultation with the JHSC, develop establish and ensure all workers at risk are trained and educated on this new procedure. The employer to also ensure that it is not just providing a communication to all staff on this new measure and procedure but actually training all staff at risk on the new procedure. 3. The employer to demonstrate how it will ensure that workers have actually taken the training and not just read and signed off on a communication about the new measure and procedure. 4. The employer to demonstrate how this measure and procedure will be formalized (written and approved) and included in its workplace violence program. |
| 4. Risk assessment and reassessment not completed or sufficient to identify risk from patient behaviours, acuity and population and patient movement. | 1. The employer to immediately provide the JHSC with a written copy of the employer’s initial risk assessment that was completed for the entire facility, as required under the *OHSA* since 2010, and any reassessment of risk that was conducted since then or will be conducted from this point forward, and assign a person from management responsible to do so.  2. The employer to immediately, in consultation with the JHSC reassess the risk of the entire facility beginning with the emergency department and mental health unit and ensure that the risk from patient behaviours, acuity, population and patient movement and work flow is assessed.  3. We also recommend that the employer hire external assessors like those used by Michael Garron Hospital, Orillia and others to conduct the two highest risk units first (e.g. emergency and mental health) and then to build internal capacity by assessing the other units on all elements of the new Public Services Health and Safety Association’s Risk Assessment Tool. All risk assessments to be determined and conducted in consultation with the JHSC. The new tool is supported by the Minister of Health and Labour in their Workplace Violence Prevention in Healthcare Leadership Table Report May 2017.  4. We further recommend that the employer conduct a pre-risk survey such as the one used by Southlake Hospital and Michael Garron Hospital. A sample pre-risk assessment tool was developed by the Workplace Violence Prevention in Healthcare Leadership Table Report May 2017 and can be accessed at <http://www.pshsa.ca/workplace-violence/>  5. To fully protect workers from workplace violence we also recommend the employer in consultation with the JHSC develop and implement the new PSHSA Individual Client Assessment Tool and its violence assessment tool (VAT) for all clients/patients at first point of contact (<http://www.pshsa.ca/workplace-violence/>). This tool is supported by the Minister of Health and Labour in their Workplace Violence Prevention in Healthcare Leadership Table Report May 2017. |
| 5. Safe staffing minimum measure not in place. | 1. The employer to develop a safe staffing measure and procedure and immediately demonstrate how it will ensure that safe staffing minimums are identified and maintained as per patient population, behaviours and acuity.  2. The employer to start with safe minimum staffing levels in the emergency department and mental health units and then for all other areas of the workplace.  3. The employer to demonstrate how they will ensure all staff identified in the master schedule are replaced with like staff in situations of sick calls, vacation etc. so no gaps in care exist that could risk worker safety. The employer to also put in place, a written measure and procedure that will outline this process and the requirement for replacing these staff. |
| 6. Code white incidents. | 1. The employer to demonstrate how all code white incident reports will be provided to the JHSC and what root cause analysis is being done after each code white so steps taken to prevent a recurrence are taken. |
| 7. Flagging procedure – The *OHSA* requires the employer to provide information to any worker at risk about a person with a history of violence. Despite violence legislation being in effect since 2010, the employer still does not have a system in place to adequately flag patients with a history of violent behaviour, track triggers and alert all staff at risk with enough information about a person with a history of violent behavior. Once the patient has been identified, the system must also be able to electronically flag them so if they are discharged and return – staff at risk are immediately made aware of this person and the information that can protect them. | 1. The employer to immediately demonstrate:   1. What electronic and visual system (measures and procedures) they will put in place at all stages of the care continuum, including at discharge and on readmission to ensure that all workers at risk (not just the RNs but all workers) will be alerted and made aware of a person with a history of violent behavior or who has the potential for violent behavior and the patient’s triggers, behaviours and safety measures put in place for the patient and all workers at risk. Michael Garron Hospital (formally Toronto East General Hospital), Southlake Regional Health Centre and Hotel Dieu in Windsor all have a very effective systems and this and a new tool recently released by the Public services Health and Safety Association entitled [**Communicating the Risk of Violence A Flagging Program Handbook for Maximizing Preventative Care**](http://www.pshsa.ca/wp-content/uploads/2016/07/VWVMNAEN0616-Communicating-Risk-of-Violence-Flagging-Program-Prevention-final.pdf)should be your starting point. This tool is also supported by the Minister of Health and Labour in their Workplace Violence Prevention in Healthcare Leadership Table Report May 2017. 2. That this system/measure/procedure include a process for managers/staff to implement a specialized care plan for the patient that includes the identification and tracking of all triggers, behaviours and safety measures to be put in place that can prevent triggering the patient when caring or coming in contact with the patient 3. That this system/measure/procedure include a process to identify, document and put in place the safety measures for all staff at risk when caring or coming in contact with a patient with a history of violent behaviour |
| 8. Restraint Procedure. | 1. The employer to revise the restraints procedure to ensure workers understand how to restrain, not just when to restrain, and what protective devices and equipment and procedures they can use and where to locate them to ensure workers are not injured or exposed to violence and/or infectious disease during the restraining process. |
| 9. Lack of training on all of the employer’s measures and procedures related to the prevention and response of workplace violence. We are also not certain how many workers have ever been trained on all the relevant measures and procedures as required under the health care regulation Section 9 (4). | 1. The employer to identify what measures and procedures are related to the prevention of workplace violence.  2. The employer to demonstrate how and when it will, in consultation with the JHSC, develop, establish and ensure that all workers in the hospital are trained on all of the employer’s measures and procedures including any clinical procedures that are also related (e.g. restraints, surge, etc.).  3. The employer to provide a list of all measures and procedures to date that workers have been trained on with training records. |
| 1. Lack of specific training on identifying violent behaviors, de-escalation and self- defense and physical safety techniques (e.g. break free techniques, safe take down, physical and mechanical restraint application), are putting workers health and safety at risk. | 1. The employer to demonstrate how it will ensure that all workers receive in classroom training from the employer on identifying violent behaviours, de-escalation and self-defense and physical safety techniques. Training to include break free techniques, training on applying physical and mechanical restraints (including how to recognize and check for expiry dates), self-defense techniques once violence is occurring and how to safely take down a patient. This training to be developed, established and provided in consultation with the JHSC. |
| 11. Supervisors not competent under the *OHSA.* | 1. The employer to demonstrate how it will ensure that all supervisors (including any nurses in charge who are also considered supervisors under the OHSA) are trained to be competent as required under the *OHSA*. As a minimum, they should receive and be able to demonstrate: their knowledge of the *OHSA* and criminal code; how to demonstrate due diligence; how to identify a hazard; their roles and responsibilities; know how to respond and protect workers as soon as a worker brings any health and safety issue to their attention (including issues of safety to patients as these normally also put workers at risk); how to ensure workers are reporting and knowing how to report injuries themselves to the employer or to the WSIB, MOL, JHSC and the union; how to investigate a hazard/injury/illness and identify root and contributing causes and take steps to prevent a recurrence; knowledge and understanding of all employer measures and procedures; and know how to implement them in their respective departments etc.). It is our recommendation to achieve this that the employer train all supervisors on the PSHSA’s in-classroom Effective Leadership 5 book Series plus provide an additional day of in classroom training on all the employer policies, measures, procedures and programs, role plays and case examples that teach supervisor how to effectively respond and resolve hazards, 2. Supervisor Awareness training under regulation 297/13 must also be provided in addition to the above but is not in any way a substitute for the employer’s obligations to ensure supervisor’s are trained to be competent as required under the OHSA and as outlined in #1 above. |
| 1. Accident/illness/critical injury/fatality notification (including any related to workplace violence) | 1. Employer to demonstrate how they will comply with the notification provisions of the OHSA (section 51 and 52 OHSA) and provide all accident/illness information in writing within legislated time frame of 4 days under s. 52 (1) & (2) of the OHSA to the JHSC and the Union including all of the other legislated information required under section 5 of the Health Care regulation which includes (but is not limited to) providing name and address of the worker who was injured and steps taken to prevent a recurrence etc. 2. While summary information is also welcome for the purpose of trending it in no way replaces the employer’s obligation to provide the information as required in section 51 & 52 OHSA and section 5 of the Health Care Residential and Facilities Regulation |
| 1. Accident/illness/incident Investigation | 1. The employer to demonstrate how they will in consultation with the JHSC investigate all incidents of workplace violence and determine root and contributing causes and identify and put in place all steps to prevent a recurrence. 2. The employer to provide a copy of any accident investigation report to the JHSC. |

If the JHSC has failed to reach consensus about making recommendations under Section 9 Subsection (18) of the *OHSA* after attempting in good faith to do so, either co-chair of the committee has the power to make written recommendations to the constructor or employer.

Pursuant to S. 9 (20) of the *OHSA,* an employer who receives written recommendation(s) from a committee or co-chair shall respond in writing within 21 days. Therefore we look forward to receiving your written response to our recommendations within 21 days, i.e. by [enter date].

We anticipate that your written response will include all information pursuant to the *OHSA* Section 9 (21), which says: “A response of a constructor or employer under Subsection (20) shall contain a timetable for implementing the recommendations the constructor or employer agrees with and give reasons why the constructor or employer disagrees with any recommendations that the constructor or employer does not accept.”

Please sign below.

\_ , Worker Co-Chair, Joint Health and Safety Committee

\_ , Employer Co-Chair, Joint Health and Safety Committee

C. Post for the workers

Copy to JHSC

Local \_\_\_\_