Research shows health care is still one of the most dangerous occupations in the country

EVEN THOUGH EVERY HEU MEMBER has the right – under the *WCB Act* and *Occupational Health and Safety Regulations* – to work in a safe environment, many health care workers don't report violent incidents because they believe that it's part of their job, their fault, or don't have time to fill out the paper work.

Verbal, physical, sexual or emotional abuse is not an acceptable part of your job. Employers and workplace occupational health and safety (OH&S) committees are required to have systems in place for prevention as well as supports for workers impacted by on-the-job violence.

A 2007 WorkSafeBC stats report showed that 12 per cent of accepted WCB claims were the result of health care workers injured by violence; 45 per cent of those were licensed practical nurses and care aides, and 40 per cent occurred in long-term care settings.

To address the alarming rise of injury stats since 2003, the health care unions, as part of the 2006 policy process, won agreement from government for a Provincial Violence Prevention Steering Committee (PVPSC) to reduce the incidence of violence in acute, community and residential care.

VIOLENCE PREVENTION WORKSHOP

Their mandate is to oversee the implementation of a standardized violence prevention strategy; liaise with regional violence prevention subcommittees, and identify elements of a standard program on violence prevention.

HEU's occupational health and safety officer Ana Rahmat is the union's representative on the committee, coordinated through the Occupational Heath and Safety Agency for Healthcare in B.C. (OHSAH).

Rahmat says the PVPSC's main objective is "to work with unions, health authorities and employers to develop a standardized provincial training program on violence prevention that will be enforced at all B.C. health care work sites."

OHSAH recently hosted a two-day Violence Prevention Stakeholder Workshop at HEU's

...more

Stats Canada survey on violence in health care reveals:

- 34 per cent of the 12,200 respondents reported physical violence;
- 47 per cent experienced emotional abuse;
- 24 per cent were licensed practical nurses, and
- higher rates of abuse reported for staff working 12-hour, evening or night shifts; and those assigned to psychiatry, med/surg, geriatrics, emergency and critical care units.

"Violence, foul language and abusive behaviours are not acceptable. Verbal threats or acts of violence will not be tolerated and may result in removal from this facility and/or prosecution."

Provincial Office, bringing together about 100 participants, including OH&S, union and employer reps; front-line health care workers, and facilitators, to review proposed behaviour documentation and risk assessment tools, and devise practical ways of implementing these resources in the various health care sectors.

These works-in-progress include the *Safety Chat Guidebook* with tools to identify risks, and the *Behaviour Documentation Toolkit* that has a process for interviewing employees about health and safety issues, and provides a forum for staff feedback on their patient/resident observations.

ACTION PLAN

Although there's still tremendous work to be done to get the standardized provincial violence prevention program off the ground – such as determining best practice for implementation and training, providing in-services, and getting all parties onboard – Rahmat says positive steps have already been taken.

"The next step in our action plan is working on training modules and materials," says Rahmat. "Right now, all health authorities are doing their own programs. The provincial committee is looking at developing a standardized training program across the province."

Rahmat adds that the new regional subcommittees have union representation and input, whereas previous violence prevention programs were developed by employers with no worker involvement. This is a direct gain from 2006 negotiations.

Another gain from 2006 bargaining, says Rahmat, is provincially mandated signage, where health authorities have agreed to post warning signs about violence in all health care facilities across B.C. The sign reads: "Violence, foul language and abusive behaviours are not acceptable. Verbal threats or acts of violence will not be tolerated and may result in removal from this facility and/or prosecution."

WHAT THE STATS SAY…

A recently released Stats Canada study of long-term and acute care facilities across the country finds a clear link between abuse from patients/residents and the workplace environment. The report cites higher rates of violent events in work areas with short-staffing, under-staffing, lack of support from management, and poor teamwork among health care disciplines. It also notes increased abuse rates for those working 12-hour, evening or night shifts, and in specialized areas like geriatrics, psychiatry and emergency.

And a 2008 York University study on violence in 71 unionized, public, long-term care facilities in Ontario, Manitoba and Nova Scotia showed that 43 per cent of care aides surveyed experienced violence at work on a daily basis – seven times more than reported rates of violence in public health institutions in Denmark, Finland, Norway and Sweden.

Contributing factors included short-staffing, workload, lack of supervisor support, and inadequate training to deal with mental health issues like dementia.

More information on workplace violence can be found at OHSAH <www.ohsah.bc.ca>, or WorkSafeBC <www.worksafebc.com>.

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