



Improving Workplace Safety  
in Nova Scotia's Community  
Emergency Departments

Annual progress report • January 2018





MESSAGE  
from **Janet Knox**  
NSHA President and CEO

We understand our work is not only about the health and safety of our patients and their families but also the safety and well-being of those who work in our organization. We cannot separate the two - there is a direct link between quality of care and the health of care providers. In our strategic plan, Healthier Together, we demonstrate our responsibility to protect and improve the health and safety of our employees, physicians, learners and volunteers by including safety-related goals. These help us ensure safety is reflected in how we communicate, how we treat our people, how we make decisions and in how we demonstrate what we believe is important.

In 2015, I joined other leaders from across the province in signing a CEO Health and Safety Leadership Charter as part of a commitment to workplace safety. The Charter represents a commitment to the continuous growth of a positive workplace safety culture and demonstrates a commitment to the effective management of health, safety and wellness. For me, that begins with all of us within Nova Scotia Health Authority making health and safety a priority.

In turn, we are pleased to present this progress report in response to the *Improving Workplace Safety in Nova Scotia's Community Emergency Departments* document. After just one year, we have taken many positive steps toward addressing the 12 recommendations highlighted in the original report. In consultation with our union partners, we have accomplished a great deal including the development of policies, conducting various types of assessments and have moved forward with staff education and training all designed to improve safety for those working in community emergency departments and across other areas of our organization.

Our safety journey continues with the action plans required to address the *Improving Workplace Safety* recommendations. By putting these recommendations into practice, we will help ensure our emergency departments and in fact, all of our sites and services, are safe, positive and productive environments in which to work and receive care.

Sincerely,

A handwritten signature in blue ink that reads "Janet Knox". The signature is fluid and cursive, written in a professional style.

**Janet Knox**, President and CEO

In October 2016, Premier Stephen McNeil announced the creation of a working group on safety protocols as a result of an incident at Soldiers Memorial Hospital, Middleton. The working group was tasked with making recommendations to Nova Scotia's Minister of Health and Wellness to improve workplace safety for employees, patients and visitors, with a focus on violence reduction, in the 25 community emergency departments across the province (Community Emergency Departments - Appendix page 15). One of the recommendations was an annual progress report from Nova Scotia Health Authority (NSHA) to share progress on the work in building a safer work environment and care settings for all. NSHA is pleased to report that of the 12 recommendations, 11 have been met or have significant progress underway. One recommendation related to establishing a provincial business solution for reporting and tracking still remains to be actioned, though planning work is underway. The following report provides a progress update on recommendations from the working group.

## **RECOMMENDATIONS**

- A. POLICY AND PROGRAM FRAMEWORK
- B. DATA MANAGEMENT SYSTEM
- C. WORKPLACE VIOLENCE RISK ASSESSMENT
- D. EMERGENCY PREPAREDNESS
- E. COMMUNICATION, EDUCATION AND TRAINING
- F. SECURITY, SAFETY, ENVIRONMENT AND EQUIPMENT
- G. DATA MONITORING AND TRACKING
- H. PARTNERSHIPS AND COLLABORATION

# A

## Policy and Program Framework

### 1. Collaboration:

Unions and employers will work together to prevent workplace violence. Unions will also encourage their members to take part in training and to participate on Joint Occupational Health and Safety Committees (JOHS).

- Create a Joint Occupational Health and Safety Committee (JOHS) that includes representatives from NSHA, CUPE, NSGEU and Unifor. The group will meet at least once every three months to discuss trends using leading and lagging indicators and to look at issues affecting workplace safety in the province.
- Develop terms of reference for this group that reflect the relationship between the provincial, zonal and site-level occupational health and safety committees.
- Develop a communication strategy so that union partners can be informed when a significant workplace violence incident occurs so staff can receive timely support from both their employer and their union.

### Progress to Date

The Provincial Health and Safety Advisory Group was established on February 13, 2017 with members of NSHA and representatives of the four unions as outlined in the recommendation. The group meets on a quarterly basis and has developed terms of reference, shared trends and indicators. The group has also reviewed NSHA's education programs with the opportunity to comment and provide feedback. Progress specific to the recommendations from the *Improving Workplace Safety in NS Community Emergency Departments* report is discussed at each meeting. The group developed a communication plan to help improve the process for notifying our union partners of incidents of workplace violence. The plan has been used over the last few months and shows evidence of positive efforts from all parties to support staff when these incidents occur. Union partners are helping the employer resolve issues and support staff members when serious incidents have occurred.

# A

## **2. Workplace Violence Prevention Program:**

Develop and implement a workplace violence prevention program for the NSHA in consultation with safety, health, and labour organizations, and occupational health and safety committees.

It will include:

- education and training
- a violence-risk assessment process
- policy and procedures
- reporting structures
- investigation processes
- staff support including mandatory incident debriefing protocols inclusive of time lines
- data management and monitoring

## **Progress to Date**

NSHA conducted a jurisdictional review of best practices for workplace violence prevention across industries and conducted interviews with other health care organizations to gather information and tools used in similar settings. NSHA has developed a Violence in the Workplace Policy, Position Statement and Program guide with supporting resources and tools with input from Joint Occupational Health Safety Committees, leadership and front line employees as well as shared with external partners including unions, IWK, Workers Compensation Board (WCB) and AWARE NS. Work to strengthen these resources and tools continues.

Education and training tools were developed to build awareness and knowledge in an effort to mitigate violence and improve the skills of our employees. Three levels of workplace violence education and training are provided for staff based on the level of risk and the type of violence that would likely be encountered in their respective workplaces. Level 1 education, delivered through two e-Learning modules, is required for all employees, at all levels of the organization. The e-Learning modules have been implemented and currently are being completed by our staff.

NSHA has adopted Nonviolent Crisis Intervention (NVCi) as Level 2 and Level 3 education and training pieces for violence in the workplace. Developed by the Crisis Prevention Institute, NVCi focuses on prevention, with proven strategies for safely defusing anxious, hostile or violent behavior at the earliest possible stage. NVCi courses continue to be offered across all NSHA.

# A

## **2. Workplace Violence Prevention Program:**

### **Progress to Date (cont.)**

A standardized violence risk assessment process has been developed as a part of the Violence in the Workplace program. All necessary templates and resource tools including risk assessment forms, prevention plans and stakeholder/JOHSC feedback forms have been completed. All NSHA departments must assess their workplaces for risk to determine if a Workplace Violence Prevention Plan is needed. The manager of each NSHA unit, department and program understands this responsibility to establish and maintain their workplace violence risk assessment and prevention plans. The community emergency departments reviewed, performed or updated their violence risk assessments and prevention plans this past year. Employees provided input into these plans and were made aware of where and how to access the final plans.

NSHA has drafted a Safety Management System which provides a standardized approach to the management of all health and safety programs. Within this program, incident investigation process and design are offered. Feedback continues to be gathered by internal and external stakeholders to strengthen this work. Planning continues for a standardized system to report incidents and once implemented, this data management system will allow for one standardized approach for investigation, review, corrective actions and outcomes.

NSHA continues to improve its incident reporting and investigation process to allow employees to report in a timely and confidential manner. Our Occupational Health Safety & Wellness team have been integral in supporting managers, employees and physicians when incidents occur to ensure that proper investigation and post-incident debriefs occur in a timely fashion. Over the past year, our experience has shown that by modeling a behavior of safety for all in our workplaces, we empower our staff to speak up sooner and take action to improve. Furthermore, practical templates have been created and videos are being developed on how to conduct a post incident debrief. Programs such as The Working Mind (anti-stigma, resiliency based training) are also offered to help set the stage for and create an environment of wellbeing. Occupational Health Nurses, employees, health providers and Employee and Family Assistance Program (EFAP) are being used to help navigate further psychological supports should staff require them.

# B

## Data Management System

### **3. Create a single data-management system in which staff can record the following:**

- incident reports
- electronic submission of reports to WCB
- hazard assessments
- inspection reports
- injury reports
- investigation information
- training records and expiry dates
- notifications
- immunization records and expiry dates
- health assessment records
- compliance reports
- case management documentation

Use the information from this system to take a proactive approach to planning for a safe and healthy workplace.

### **Progress to Date**

A standardized system for data management and reporting continues to be explored with government departments. NSHA continues to use various systems across the province to report incidents of violence in the workplace.

# C

## Workplace Violence Risk Assessment

### 4. Workplace Violence Risk Assessment

A common risk-assessment tool will be developed and used for the entire NSHA. All 25 community emergency departments will consult with their local JOHS committees to conduct a violence risk assessment and prevention plan. Risk assessments will do the following:

- Assess the security needs of the emergency department.
- Recommend checkpoints or procedures to control public access to departments and facilities.
- Include renewal dates as outlined in the Nova Scotia Workplace Violence Regulations.
- Provide ways to work, consult, and share information with law enforcement.
- Audit risk assessments to ensure they are complete and comply with regulations.
- Store compliance reports and share them with local JOHS committees and senior leadership.

### Progress to Date

Violence risk assessments and plans have been completed for the 25 community emergency departments across the province. These assessments and plans have been shared with local JOHS committees for feedback and review. Staff at local sites have been involved and are aware of these plans. Risk assessments and plans are stored/available locally and on the NSHA intranet site for all staff to view.

NSHA partnered with our provincial security services provider, Paladin Security, to conduct comprehensive Physical Security Assessments of the community emergency departments across the province. These assessments highlighted a number of areas to be addressed such as furniture to be ganged, egress routes with magnetic locks and securing fixtures on walls. Local managers are reviewing these security assessments currently and considering and updating accordingly their violence risk assessments and prevention plans.



# D

## Emergency Preparedness

### 5. Emergency Response

Develop comprehensive (NSHA wide) emergency response and management policies and procedures to help control the environment when there is a situation of violence. Common codes specific to healthcare such as Code White, and tools such as Access Control and Lockdown will help to alert employees to a situation where resources will be deployed to help mitigate risks of violence.

- Training should be developed in consultation with industry stakeholders and according to best practice.
- Employees and other responders should receive adequate and regular training on emergency preparedness policies and procedures,
- Building on existing emergency preparedness structures, the NSHA will consult with law enforcement and the Department of Justice to assist in the development of best practice emergency plans for hospital settings.

### Progress to Date

NSHA's Emergency Preparedness Policy has been approved and includes a Code White Response Guide reference tool. Tools to support this policy and program include education video/presentations for NSHA leaders and hands-on Code White table top training on units. Code White response training has begun across our organization in consultation with stakeholders such as security, emergency preparedness and OHSW.

NSHA has begun the conversation with law enforcement partners across the province.

Creating a safe workplace is an ongoing commitment. Efforts to increase awareness with training and exercises will be embedded within our overall emergency preparedness plans and schedules.

NSHA has connected with the NS Department of Health and Wellness (Health Services Emergency Management) and the NS Department of Justice regarding contacts within the policing community to assist with NSHA planning. Further focus on opportunities to work better together with the policing community will occur in the year ahead.

# D

## 5. Emergency Response

### Progress to Date (cont.)

- The Emergency Preparedness and Occupational Health Safety & Wellness teams partnered to review current Code White processes for the purpose of developing Code White Guidelines. The guidelines were completed and circulated for broad internal stakeholder feedback. That feedback is now being incorporated and the document will be shared with external stakeholders for additional comment.
- Two Code White exercise templates have been developed to ensure consistency across NSHA. Exercises will be an ongoing component of our program and we want to ensure appropriate tools are available for various forms of delivery. The templates have been used several times and will continue to evolve based on lessons learned and feedback from participants. We have completed exercises in all 25 sites identified as community emergency departments; over 200 employees participated.
- Code Silver, “person with a weapon”, is a new code to most areas of NSHA as approved in the Emergency Preparedness policy (also referred to as active shooter and/or active aggressor in other organizations). An environmental scan has been conducted to identify relevant documents and experiences related to introducing and planning for a Code Silver response within healthcare organizations. A roll-out plan has been developed and shared across NSHA (January 2018) with a target to begin implementation in April 2018. Consultation with both internal and external stakeholders will continue throughout 2018.

# E

## Communication, Education And Training

### 6. Education and Training

Use a risk-assessment tool to decide which level of training each employee needs given their job and risk of violence.

- Provide basic education on occupational health and safety including the Internal Responsibility System (IRS) to all employees which includes what employees have a right to know, a right to participate in, and the right to refuse to do.
- Provide hands-on training in non-violent crisis intervention to employees in higher risk areas.
- Offer recertification training to employees to maintain the skills they need as determined by the risk-assessment tool of their work area

### Progress to Date

The Violence in the Workplace Program was developed with standardized Risk Assessment Tool and Prevention plan templates that aid in assessing which level of education and training is required. These tools were developed to support awareness and knowledge and to improve skills and abilities. Three levels of workplace violence education and training are provided for staff, based on the level of risk and the type of violence that would likely be encountered. Level 1 education, delivered through two e-Learning modules, is required for all NSHA staff, at all levels of the organization and provides an overview of the Internal Responsibility System and employee/ employer roles, responsibilities and rights. The e-Learning modules have been introduced and currently are being completed.

NSHA has adopted Nonviolent Crisis Intervention (NVCI) as Level 2 and Level 3 education and training pieces for violence in the workplace. Developed by the Crisis Prevention Institute, NVCI focuses on prevention, with proven strategies for safely defusing anxious, hostile, or violent behavior at the earliest possible stage. NVCI courses continue to be offered across all NSHA zones with recertification training planned two years following NVCI Basic.

# F

## Security, Safety, Environment and Equipment

### 7. Security

Use facility risk assessments at all community emergency departments in the province to decide how many security personnel are needed.

- Ensure all health care employees are aware of the role security can play to support the provision of safe and quality health care.
- Make security part of the care planning team. Train security with other members of the care team. Give them the guidelines for sharing information in keeping with workplace safety and privacy laws. Include them in safety huddles and Joint Occupational Health and Safety (JOHS) committees.
- Make sure security get consistent training and operate to consistent standards.
- Give security the appropriate equipment as determined by the risk assessment

### Progress to Date

Efforts are underway to clarify the role of security. A document outlining the role of security has been distributed and reviewed with ED staff.

Facility risk assessments have been reviewed collectively and trends have been identified to make improvements and develop a plan of action. NSHA has worked closely with its security partner, Paladin to ensure there are regular conversations with the teams they serve. Facility risk assessments have been reviewed collectively and trends have been identified to make improvements and develop a plan of action. In some areas, NVCI and Code White training included security personnel. Over the next year NSHA will review data from the facility assessment and violence risk assessments to explore appropriate security levels.

# F

## 8. Employee Communication Devices

Give employees who may be alone with patients, visitors or family a tool to contact other staff or to request assistance. Use the risk assessment to decide who should be given such tools.

- Teach staff how to use the communication system.
- Test the communication system regularly.
- While broader risk assessments are being done, each community emergency department will decide which communication tool is best for its employees. The NSHA will ensure that there are enough such tools for all employees who need them as determined by the violence-risk-assessment process.
- As a stop-gap measure until the comprehensive violence risk assessment can be completed, the NSHA will provide audible mobile personal alarms to employees of community emergency departments who are currently without a communication device and who may be isolated by patients.

## Progress to Date

To improve access to employee communication devices, NSHA provided audible devices to all 25 community EDs with safe work procedures.

Continual improvements on communication devices vary by site and are dependent on risk assessment and facility infrastructure.

# G

## Data Monitoring and Tracking

### 9. Reporting Violence in the Workplace

Allow staff to report violence in different ways including online, using a mobile phone or tablet, and even on paper.

- The reporting system should allow users to spot trends and areas of particular concern. These would then be reported to the JOHS committee.
- Teach staff to recognize workplace violence and what their obligations are for reporting it, including threats.
- Display a code of conduct in EDs to let everyone know how they are expected to behave and what happens when behaviour is unacceptable.
- The reporting system should be secure so staff understand that they can report incidents in confidence without fear of reprisal

### Progress to Date

A Respectful Workplace policy and Code of Conduct have been developed and implemented and demonstrate our organizational commitment and responsibility to create, sustain and support a safe work environment. Code of Conduct posters have been placed in all EDs to demonstrate our commitment to safety for all.

When incidents occur, employees have numerous ways to report depending on location across province, including online, by phone or by reporting to a supervisor or manager. The severity of incidents is reported and the number and severity of incidents are reported to the local JOHS committee. Significant incidents are reported to union partners and senior leaders of the organization. A common platform for reporting continues to be considered and advanced by way of a business intelligence system.

# G

## 10. Violence Alert Identification

Put an NSHA-wide client identification alert system in place to warn staff of potential danger, and to signal that a patient may need additional care. The system may use visual or electronic cues that the health care team will recognize. Such a system balances the need for employee safety and patient privacy.

- Develop policies and procedures to decide how to identify and manage alerts.
- Maintain a balance between employee safety and patient privacy as these policies and procedures are being developed and put in place.
- Create and use one patient-assessment tool throughout the NSHA to identify the potential of a patient to be violent. Assess every patient's potential for violence with this tool.

## Progress to Date

A patient alert system process has been developed and a draft policy completed based on best practice from other jurisdictions. The policy implementation will be piloted in emergency departments as a first step, to begin in spring 2018.

The ABCs Patient assessment tool (behavior assessment tool) has been identified and is currently being used across all community emergency departments.

# H

## Partnerships and Collaboration

### **11. Information Sharing Between Health and Safety Initiatives**

Health and safety organizations and working groups focused on health and safety should learn from each other.

- Make sure that all work being done to improve workplace health and safety builds upon the violence prevention programs of AWARE-NS and the WCB.
- Make sure the recommendations from this report fit with the overall development of the provincial safety action plan by sharing them with the steering committee for Workplace Safety Action Plan for Nova Scotia's Health and Community Services Sectors

### **Progress to Date**

To improve partnership and collaboration between health and safety organizations, team members from NSHA are active members of the steering committee and sponsor group for the project exploring opportunities for change in the health and community services sectors via the Workplace Safety Action Plan for Nova Scotia's Health and Community Services Sectors. Stakeholder feedback is sought from IWK, WCB, Aware NS and our union partners regularly on our workplace violence initiatives to ensure alignment with overall development of the provincial safety action plan. NSHA is a designate member of the board of directors for AWARE NS to further influence and support the common goal of creating safe workplace culture in the health and community sector. There continues to be President and CEO commitment to the NS Safety Leadership Charter which provides visible leadership with other CEOs and employers in the province to promote safety awareness.



# Appendix

## Community Emergency Departments

ZONE	SITE	LOCATION
<b>Northern</b>	All Saints Springhill Hospital Lillian Fraser Memorial Hospital South Cumberland Community Care Centre North Cumberland Memorial Hospital	Springhill Tatamagouche Parrsboro Pugwash
<b>Eastern</b>	Glace Bay Hospital Northside General Hospital Strait Richmond Hospital New Waterford Consolidated Hospital Inverness Consolidated Memorial Hospital Victoria County Memorial Hospital Sacred Heart Community Health Centre Guysborough Memorial Hospital Buchanan Memorial Community Health Centre Eastern Memorial Hospital St. Mary's Memorial Hospital	Glace Bay North Sydney Port Hawkesbury New Waterford Inverness Baddeck Cheticamp Guysborough Neil's Harbour Canso Sherbrooke
<b>Western</b>	Soldiers Memorial Hospital Queens General Hospital Roseway Hospital Fishermen's Memorial Hospital Digby General Hospital Annapolis Community Health Centre	Middleton Liverpool Shelburne Lunenburg Digby Annapolis Royal
<b>Central</b>	Hants Community Hospital Eastern Shore Memorial Hospital Musquodoboit Valley Memorial Hospital Twin Oaks Memorial Hospital	Windsor Sheet Harbour Middle Musquodoboit Musquodoboit Harbour

