



CFNU Workshop: Telling Our Stories: The Realities of Violence in our Workplaces June 4 & 5, 2019

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Course Overview

Part 1 – Panel & Facilitated Discussion

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Part 2 – Video Prep & Script Writing

Dave Cournoyer, UNA
Lars Murran, SUN

Part 3 – Video Production

Dave Cournoyer, UNA
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CONGRÈS BIENNAL 2019
Fédération canadienne des syndicats d'infirmières et infirmiers




Course Description & Objectives

- ❖ Learn what resources exist to prevent workplace violence, to protect workers and to respond to workplace violence;
- ❖ Produce short videos about the realities of workplace violence in diverse health care sectors: long-term care, acute care, mental health, and home care.

Upon completion of this course, you will be able to:

- Identify solutions to workplace violence within your union processes;
- Understand and know how to access available resources;
- Articulate the key issues regarding violence in health care;
- Tell a compelling a story to lead in awareness-building with members and the public.

**UNSAFE
SHORTAGE
STAFFING**  **WORKPLACE
VIOLENCE**



Definitions of Workplace Violence & Harassment: Legislation

- physical violence (actual or attempted)
- non-physical violence including threats, verbal/psychological abuse
- sexual harassment
- psychological harassment
- discriminatory harassment
- bullying
- domestic violence in the workplace

Workplace Violence: Contributing Factors

- working conditions
- low decision-making autonomy and rigid work routine
- inappropriate or inadequate staffing
- excessive use of overtime
- inappropriate admission or transportation of patients
- inadequate security or security measures
- type of health care setting or department (e.g., emergency, psychiatric, LTC)
- working in isolation
- CEO/leadership/managerial disregard
- gender
- lack of controls (risk identification and alert systems, personal panic alarms etc.)



2005 National Survey of the Work and Health of Nurses

	Physically assaulted by a patient over 12 month period	Emotional abuse by a patient in over 12 month period	Experiencing depression in 12 month period	Physical/mental health made it difficult to handle workload over past 4 weeks	
				Physical	Mental Health
National	28.8	43.6	9.4	31.2	18.4
N.L.	36.2	43.5	5.3	34.1	12.6
P.E.I.	27.4	43.8	5.7	27.4	14.5
N.S.	32.2	43.3	9.0	30.0	16.0
N.B.	30.4	41.7	8.6	32.0	17.5
Que.	26.5	35.3	10.7	28.5	15.4
Ont.	28.4	44.9	9.0	32.1	18.9
Man.	32.9	49.1	9.1	34.5	23.1
Sask.	32.2	51.6	8.4	36.7	22.3
Alta.	25.3	47.2	10.3	28.5	19.2
B.C.	32.5	50.0	8.7	33.5	22.1
Y.T., N.W.t., Nvt.	27.1	58.6	7.1	18.8	16.8

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2006-2015

Escalating rates of VIOLENCE-RELATED

lost-time claims between 2006 & 2015
increased by nearly

66%

for health care
workers

3x

the rate of increase for
police and correctional
services officers

COMBINED

#NotPartOfTheJob

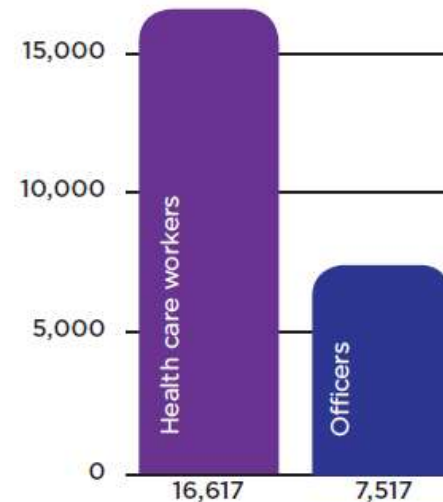
THE NUMBER OF VIOLENCE-RELATED

LOST-TIME CLAIMS BETWEEN
2006 & 2015* FOR

HEALTH CARE WORKERS

VS.

POLICE & CORRECTIONAL
SERVICES OFFICERS COMBINED



IN THE SAME TIME PERIOD.



CANADIAN FEDERATION

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NURSES UNIONS CANADA

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FCSII



Surveyed nurses say violence in workplace increasing

ANNA JUNKER Updated: June 11, 2017



61% of nurses
have had a
SERIOUS PROBLEM

with some form of violence*
such as:

Bullying

Emotional abuse

Verbal abuse

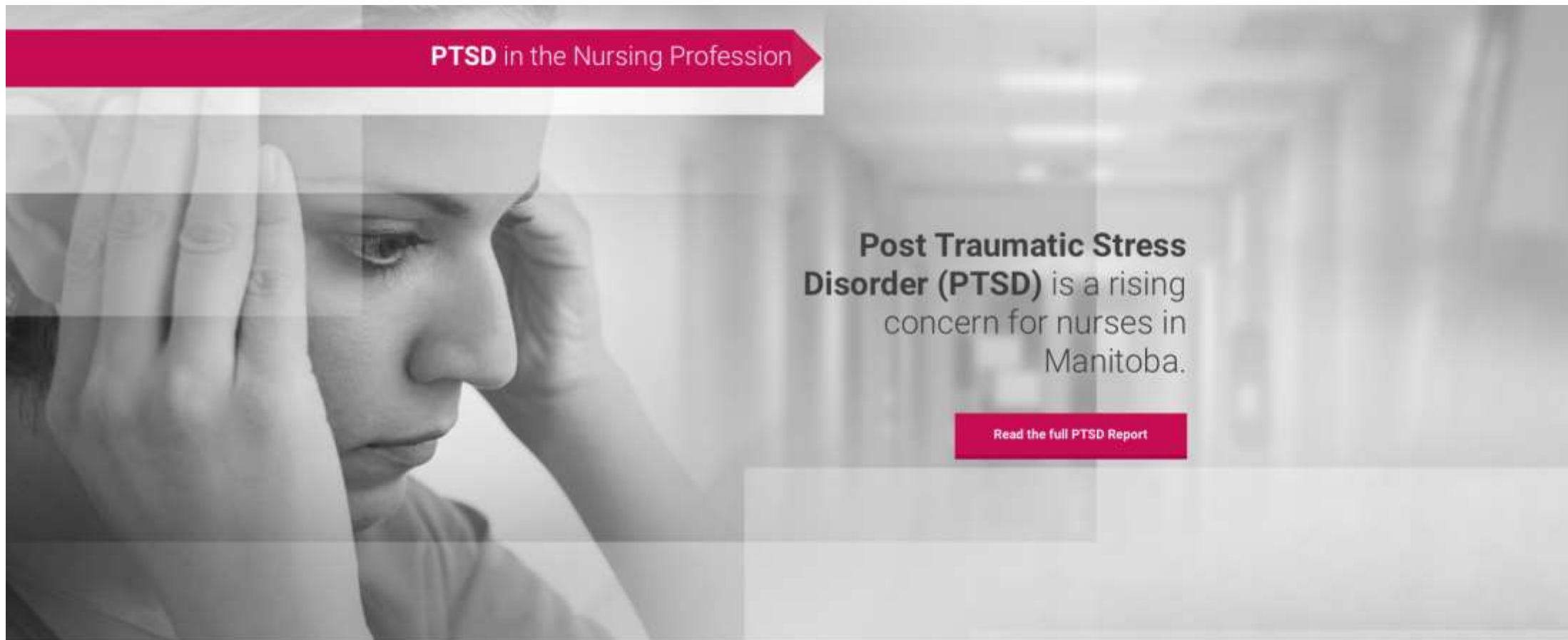
Racial harassment

**Sexual
harassment**

**Physical
assault**

* during a 12-month period

MNU's PTSD in the Nursing Profession



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**What You Allow
Is What Will
Continue.**



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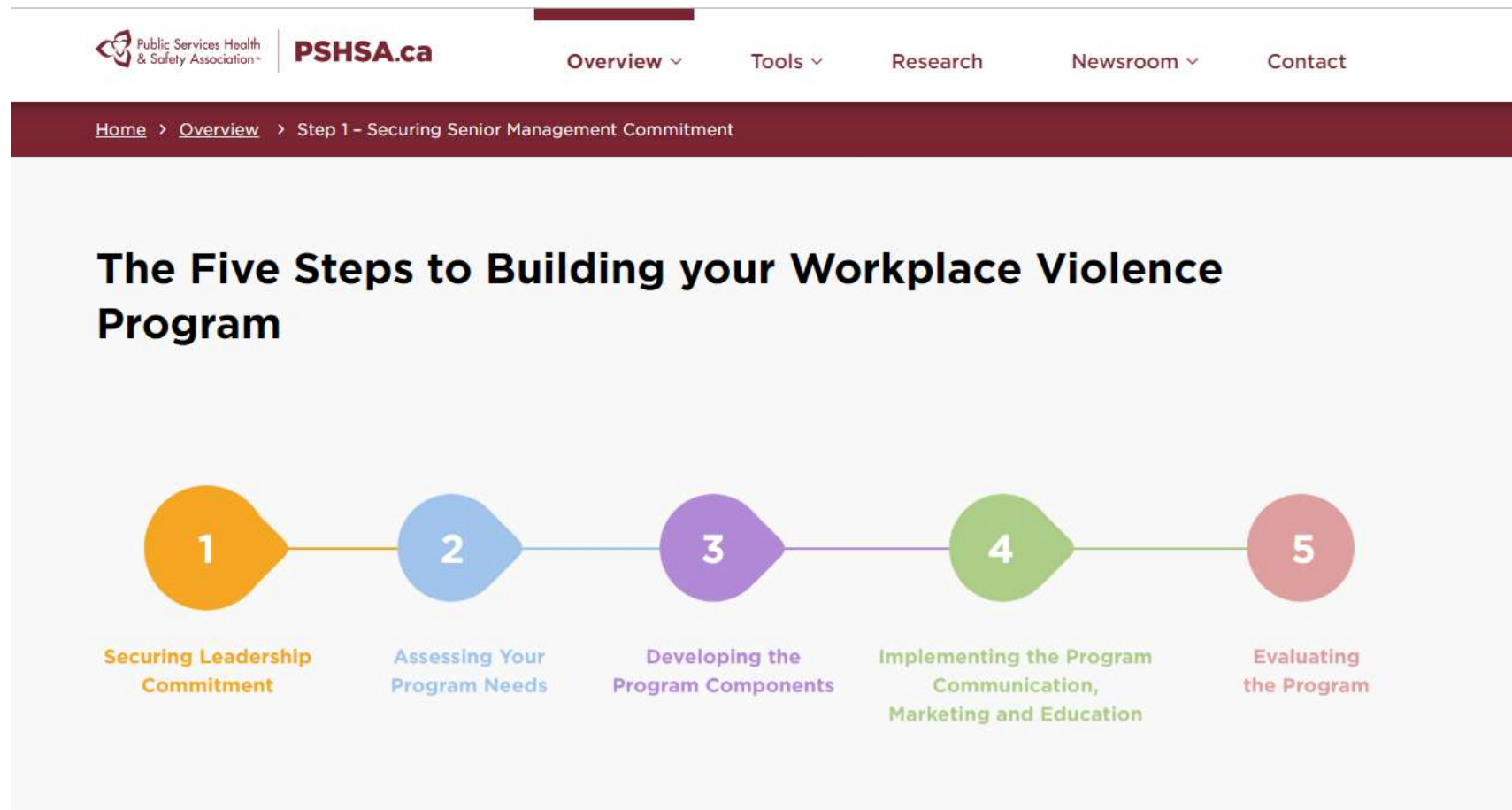
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	Very high/High, %	Average, %	Very low/Low, %
Nurses	82	16	2
Military officers	71	24	3
Grade school teachers	66	27	5
Medical doctors	65	31	4
Pharmacists	62	32	6
Police officers	56	32	12
Day care providers	46	43	7
Judges	43	41	15
Clergy	42	41	13
Auto mechanics	32	53	14
Nursing home operators	26	48	22
Bankers	25	54	21
Newspaper reporters	25	39	35

The 5 Step Program



<https://workplace-violence.ca/>

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Workplace Violence Resources

<https://workplace-violence.ca/>

PSHSA Violence, Aggression & and Responsive Behaviour (VARB) Toolkits



Workplace Violence Risk
Assessment



Individual Client Risk Assessment



Communicating the Risk of
Violence: Flagging



Security Toolkit



Personal Safety Response System
Toolkit

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CFNU Workplace Violence Toolkit



WORKPLACE VIOLENCE TOOLKIT



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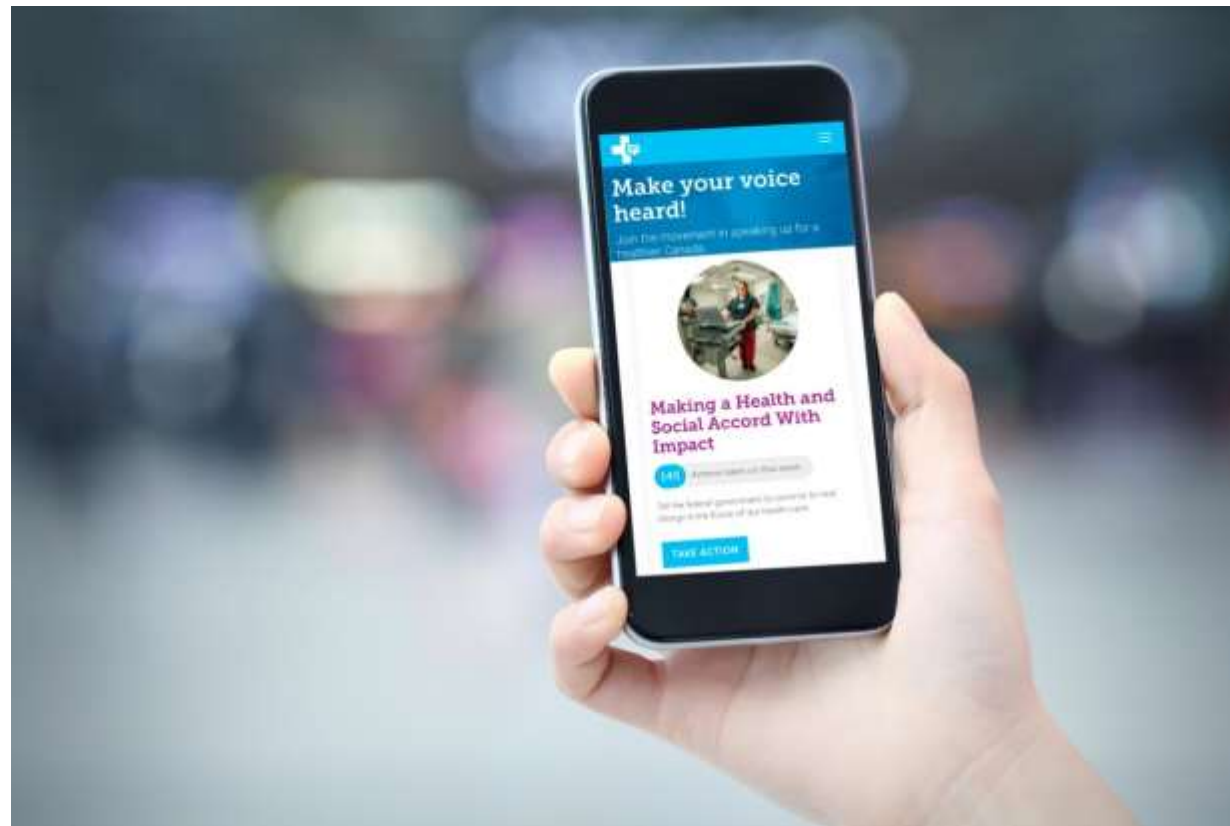


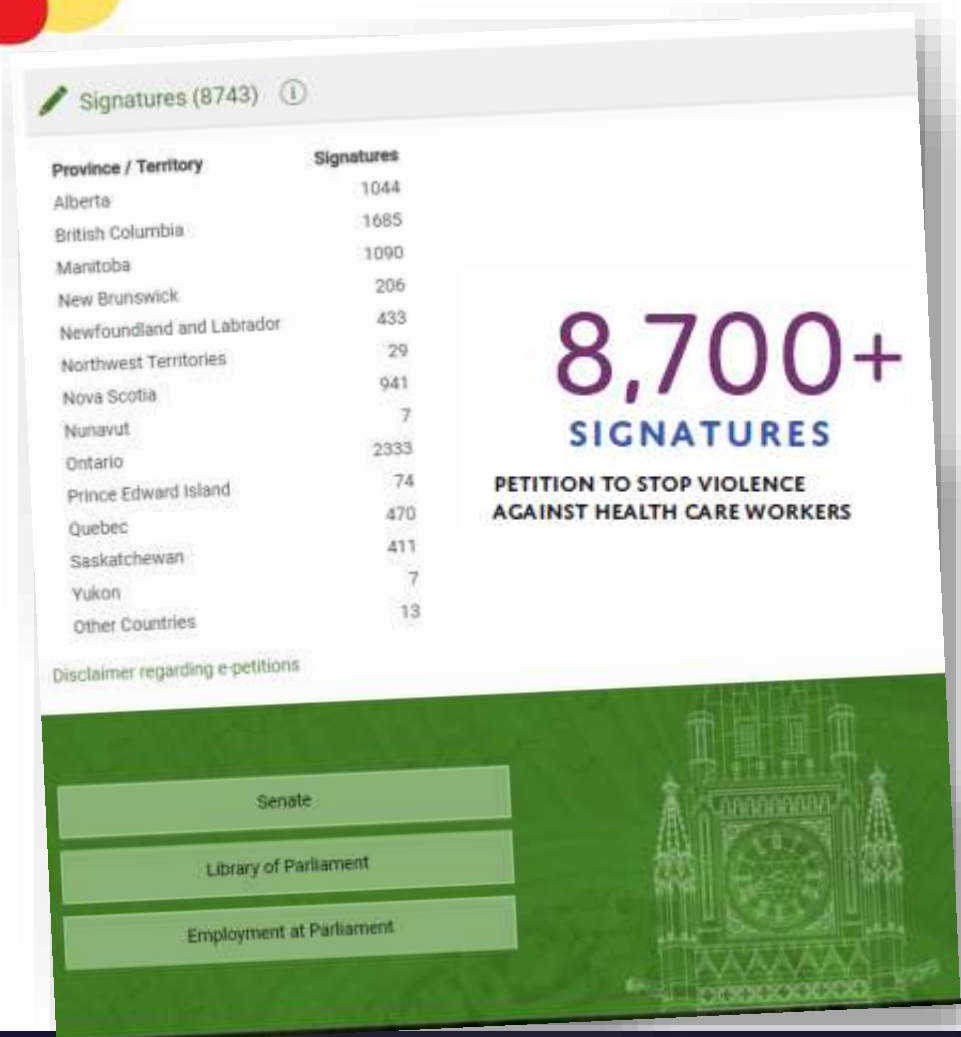


CANADA'S NURSES
Speak Up

Speak Up APP - Key Functions

1. Issue Alerts
2. Legislators
3. Reports





E-1902 (HEALTH CARE WORKERS)

42ND PARLIAMENT

*Initiated by Linda Silas from Ottawa, Ontario,
on October 23, 2018, at 10:18 a.m. (EDT)*

PETITION TO THE MINISTER OF HEALTH PRESENTED BY MP DR. DOUG EYOLFSON

We, the undersigned, **Citizens and residents of Canada**, call upon the **Minister of Health** to develop a pan-Canadian prevention strategy to address growing incidents of violence against health care workers, and that this strategy draw upon international and domestic best practices to ensure all health care settings across the country are safe.



NO MORE METTRE FIN À LA VIOLENCE

#NotPartOfTheJob

#nefaitpaspartiedutravail



Canada's
Nurses

Les infirmières
et les infirmiers
du Canada



pei nurses



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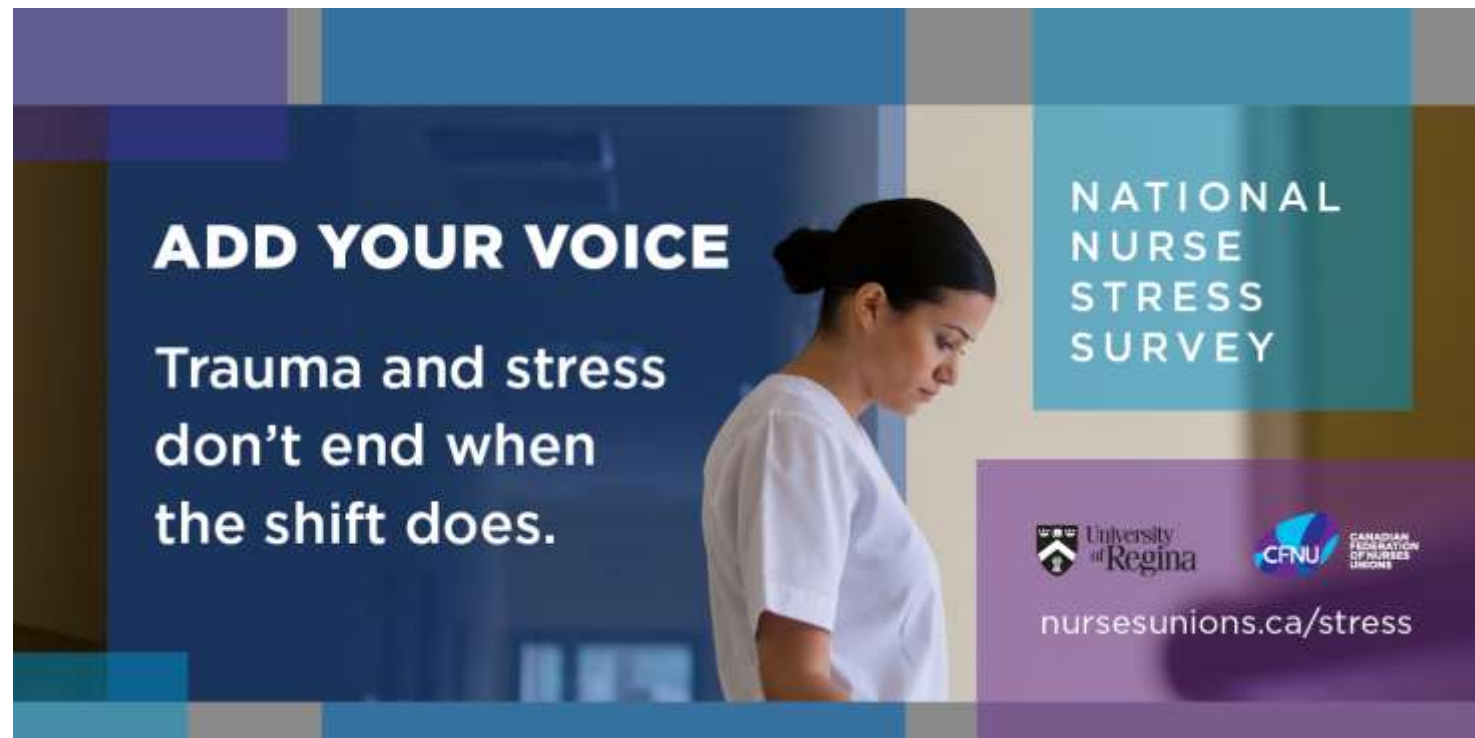
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Add Your
Voice!

National
Stress
Injuries
Survey



ADD YOUR VOICE

Trauma and stress
don't end when
the shift does.

NATIONAL
NURSE
STRESS
SURVEY

University of Regina CFNU CANADIAN FEDERATION OF NURSES UNIONS

nursesunions.ca/stress

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House of Commons Study on Workplace Violence in Health Care



GOOD THINGS HAPPEN
TO THOSE WHO WAIT

OR THOSE WHO ARE
WILLING TO GET UP
AND GET SHIT DONE

WILLIAMS



YOU



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What does workplace violence look like?



The nurse has been sexually and verbally assaulted.



How can a nurse who has been
sexually assaulted be ok?



I'm sorry!!!!!!



Is this an acceptable solution?



Let's talk this through...



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The Right to Refuse Dangerous Work



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What is the legislative process in your jurisdiction?

- Of the first worker's refusal
- The reasons for the refusal
- The reason why the work is safe to do
- The workers right to refuse



Information Gaps:

What's missing?
What's the risk?



Resources:

Who was missing?

Who else needs to be involved?



What support does the nurse have?



In your workplace?



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Be Prepared:

Do Your Homework
Before Violence Occurs

WHO IS
THE MOST IMPORTANT
PERSON
IN THIS ROOM?

Assault at Southlake Regional Health Centre 2013

RN beaten beyond recognition:

- Patient had a history of violence – but employer did not share information
- Bargaining Unit President and ONA central demand answers
- ONA investigation – reveals many breaches of Occupational Health and Safety Act
- Panic alarms taken away – cost of batteries was too high
- No flagging system
- Police not sharing information
- Security weak; not present
- ED over capacity: 15 formed patients; nursing shortages
- Supervisor's not competent: refused requests for extra staff and security

MOL (2013) fails to protect nurses - only issues a risk assessment order:

ONA appeals to OLRB – reaches settlement and employer implements:

- Workplace Violence Prevention Committee lead by CEO
- External Risk Assessment
- Risk Identification and Flagging System
- Improves security and training of security
- Implements facility wide personal panic alarms linked to security
- Surge protocol

Result – Improvement but not perfection:

- Lots of procedures in place but employer changed practices without full consultation with union and Joint Health and Safety Committee
- Supervisors still not competent despite some training – no one holding them accountable
- Employer investigation of incidents weak- not identifying root causes
- Ministry of Labour (MOL) has been ineffective in enforcement
- ONA and members continue to call MOL; file grievances and workload complaints
- 5 New Provincial resource tools developed: www.workplace-violence.ca
- ONA “Report It” Campaign: members keep issue of violence at the forefront

Assault at Southlake Regional Health Centre 2019

RN critically injured; fractured skull and brain bleed

Failures:

- Employer fails to notify immediately
- Patient had history of violence – Employer/police did not share information (4 cops brought Patient in handcuffs)
- Psychiatrist not present to assess – no antipsychotic ordered
- New CEO not holding her leadership accountable
- WVPC meet to get reports – little action taken
- Workers not trained on crisis intervention and prevention – self-protection/defense
- Security inexperienced (let his guard down)
- Workers not trained on H & S flagging procedures - just given information/algorithms
- Employer required patient assessment tool – not useful to detect high risk of history
- Workers not reporting enough or escalating inaction (feel defeated)
- Supervisors not competent – did not reassess risk to workers
- Unit design a risk to workers
- Workers told not to share information with Union

Ontario law requires employers:

- to take every precaution reasonable in the circumstances for the protection of a worker^s
- places requirement on employers to warn workers at risk of a person with a history of violent behaviours
- immediate critical injury notification to MOL, JHSC and Union

Members' Actions

- Reported hazards/incidents to supervisor/manager
- Sent letters of complaint to CEO – 34 letters of complaint
- Filed grievances
- Filed Professional Practice Complaints – 28 Prof. Practice complaints
- Spoke out on social media and called the media anonymously
- Reported and reached out to ONA Bargaining Unit President
- Participated in Quality, MOL and ONA investigations
- Attended special ONA membership meeting Re: Violence and fill out survey: 70 members attended
- Filled the room for the Hospital's strategic planning roll out to express outrage at violence not being part of the strategic plan

Member actions put pressure on the employer to take action!

ONA's Responds to Violence/Critical Injury

ONA's response includes:

- Filing complaint to Ministry of Labour (MOL)
- Investigation of incident (by Employer, BUP, MOL)
- Filing an appeal to Ontario Labour Relations Board (OLRB)
- Media/social media
- Grievances
- Professional Practice Complaints
- Regular meetings with employer to hold them accountable
- Joint Health and Safety Committee (JHSC), worker agreement to not sign off on compliance and to coordinate in MOL investigations
- Workplace Violence Prevention Committee reignited
- ONA holds special membership meeting on violence
- Written communication to update members on progress and the complaint

What Could the Employer Have Done to Prevent This Injury?

- Agreement with Police to share history of violent behaviour
- Require Psychiatrists to work all shifts in person
- Schedule 2 PEN nurses to MHWA at all times
- Standing orders for Nurses for anti-psychotic meds
- Readily available seclusion rooms
- Change nursing station door design to prevent easy patient access
- More/better trained security with authority to protect, place hands on patients and detain
- Nurses trained extensively and regularly in crisis intervention, self-protection/defense technique
- Use of a patient assessment tool (e.g. PSHSA VAT tool) with more observed behaviours and area to identify any history of violent behaviour
- Proper training for workers developed in consultation with JHSC on employer's flagging procedure not just an algorithm

Right to Refuse Unsafe Work in Ontario

- Most health care workers have a limited right to refuse work if you believe it is likely to endanger you and, in some cases, another worker.
- For workplace violence, it can only be exercised if you feel **your own** safety is endangered unless it's a contravention of the OHSA (e.g. no means to summon immediate assistance).
- Cannot refuse unsafe work if the hazard is inherent in your work or if the refusal endangers the life, health or safety of another person.
- No reprisals.

Frontline Nurses Learn to Hold Employer Accountable!

Worker Rights and Obligations under the OHSA

- **Report all hazards (not just assaults)** to manager, copy union and JHSC
 - Request best crisis intervention, self-defense/self-protection training, real training on procedure
 - Report inadequate security, staffing, risks from patients
- **Utilize if necessary - Right to refuse unsafe work – keeping in mind limited right**
 - Recent work refusal in MHWA shut down the Unit

Know your employer's/supervisor's obligations

- Take every precaution reasonable in circumstances for the protection of a worker
- Must train workers, provide information, instruction and supervision
- Duty to provide information about a person with a history of violent behaviour
- No reprisals

Frontline Nurses Learn to Hold Employer Accountable!

Become Educated - escalate unresolved concerns - tell others

- Understand the Internal Responsibility System (IRS) and how it is supposed to function; immediately reporting all safety concerns to their manager and what to do when it does not function
- Attending Union meetings – seek help from the Union/JHSC, committed to bring a friend to Meetings
- Learned how, who and when to escalate H & S concerns
- Report Hazards to JHSC worker member during workplace inspections
- Keep sending letters to CEO, copy the Union
- Call MOL if employer/supervisor not complying/protecting, tell union you called
- Learned about right to representation; disclose information

Next Steps

- Members commit to report all hazards/incidents to employer
- Continue to file workload complaints
- If injured, seek immediate medical attention and tell ONA/JHSC
- File grievances and call MOL back
- ONA waiting for mediation/hearing date after MOL requests OLRB to adjourn appeal
- Grievances may need to come out of abeyance
- ONA continues to meet with VP and Director of Safety to push for changes
 - Employer now piloting two new worker crisis intervention training programs
 - 1- day of supervisor competency training begins May 24th – ONA wants a minimum of 3
 - Commitment from employer to involve ONA in all investigations
 - Commitment from employer to improve patient assessment tool

Next Steps - Continued

- MOL investigation ongoing, 56 orders, JHSC not signing off on any compliance
- Workers are leading MOL to evidence during investigations - more orders being issued
- Members commit to share their stories on ONA website
- Members ready to take action including political action
- Members want to sign a declaration demanding changes
- Advocate and support law that applies consequences for hurting a nurse!
- ONA to follow up on special membership meeting surveys
- ONA with its members will not stop fighting until this employer protects all workers!

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Thank you!

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Group Work – Question 1

What have been the barriers to preventing violence at your workplace?

Group Work – Question 2

What are the tools currently available to address violence in your workplace?

Group Work – Question 3

What other tools do you need to make
change happen?

WHAT YOU CAN DO - TO BEGIN...

- Perspective: https://www.youtube.com/watch?v=GjM5_BiFWP8
- Emergency: <https://www.youtube.com/watch?v=Row3TuswveY>
- Wounded: <https://www.youtube.com/watch?v=SAdmww1SydE>