

# Code White

Workplace violence incidents are high in the health care sector. What's being done to stop the abuse?

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By Mari-Len De Guzman

Heather Richardson was helping a nursing home resident get ready for breakfast one morning, a routine she does everyday for a few other residents at Kensington Village in London, Ont., when something happened that was clearly not routine: She was kicked in the stomach with enough force to send her flying across the room.

"I got up, took a breath and went back to finish my job," recalls Richardson of one of the worst experiences she's had working as a health care aid since 1990. "I reported it to the nurse on duty, but I kind of just thought, you know, this was an unusual thing. It didn't happen everyday at that time."

But it did.

Everyday, Richardson and many of her co-workers experience a variety of aggression – verbal and physical – from nursing home residents in the course of doing their job. "We have many employees that get hit, kicked, punched, pinched, spit on, rolled over by wheelchairs, and verbal abuse, especially," she says.

This story isn't unique to Richardson's workplace. Gloria MacDonald, an emergency room nurse for 21 years, says she and fellow ER nurses at Rouge Valley Health System in Toronto face verbal abuse from patients and their families on a daily basis. Occasionally, the violence would turn physical.

MacDonald recalls an encounter with a psychiatric patient years ago: "That was when I first started in the emergency department so I may not have had as much experience with them. I was entering a room to give a psychiatric patient an injection, and he came across the room and punched me."

Despite a level of expectation that aggression is a daily part of their workplace's reality, Richardson says she doesn't think workers ever really get used to the violence.

"As a group that work together, we try and just kind of communicate with each other in letting everybody know what's going on with this resident that day, for example," she says, adding that by communicating with co-workers they can try and avoid a potentially violent situation.

MacDonald says that while they face abusive behaviours daily, they should never be accepted as part of their job. "I don't think it's acceptable because I don't walk into a bank or anywhere else and start yelling at the tellers because the line-up was 10 minutes. And I don't think that we should have to take verbal abuse in the emergency department or anywhere."

## Higher risk

Workplace violence is a reality that some workers face more than others. A Statistics Canada report found incidents of violence in the workplace are more prevalent in health care and social assistance services, where 33 per cent of reported violent incidents occur. This report is based on 2004 figures, the latest known national data on workplace violence.

In Ontario, health care workplaces have the highest violence-related lost-time injury rate, accounting for 34 per cent, according to the Ontario Safety Association for Community and Health Care. This is even higher than municipal workplaces, where police forces face threats of violence on a daily basis, which only come in second at 22 per cent.

The Canadian Centre for Occupational Health and Safety defines workplace violence as any act in which a person is abused, threatened, intimidated or assaulted in his or her employment. These acts include threatening behaviour, verbal or written threats, harassment, verbal abuse and physical attacks.

In a 2008 survey conducted among 500 members of the Ontario Public Service Employees Union (OPSEU), 43 per cent admit they have been victimized by workplace violence over the past year. Of these, over 90 per cent have been threatened and close to three-quarters were physically assaulted.

In many cases, violent encounters at the workplace go unreported. A joint study conducted by professors at York University and Carleton University on violence against personal support workers in long-term care, estimated that of the 15,000 violent incidents experienced by workers over a six-month period, about 99 per cent go unreported. Workers have generally chosen not to report incidents

# a deadly turn

for various reasons, including too much paperwork and fear of being blamed by their superiors, according to the study released in February 2008.

Although most incidents of workplace violence victimize health care workers, some areas of health care carry higher risk than others when it comes to violence, according to Tom Closson, president and CEO of the Ontario Hospital Association (OHA).

"Violence in the workplace, particularly if we're talking about patient and family violence tends to be fairly concentrated in certain areas in health care," Closson says. Workers in mental health units, emergency departments and long-term care environments are more likely to be subjected to abusive situations at work.

The OHA provides educational programs and other resources to help Ontario's 157 hospitals deal with the issue of workplace violence and share best practices on developing prevention and protection programs. The solution to workplace violence, however, is not a one-size-fits-all, says Closson.

He explains hospitals have to develop and provide solutions based on their own needs and the type of environment they operate in.

"We're dealing with such a wide range of hospitals by size and complexity so the solutions are actually quite different from hospital to hospital."

The OHA chief adds other forms of violence affecting staff, including staff-on-staff, staff-on-patient and domestic violence, must also be considered when creating workplace violence prevention policies.

## Public attention

In recent years, labour organizations have been trying to draw public attention to the issue of workplace violence in hopes of compelling employers and government to take more action in addressing the problem.

More recently, OPSEU created bus shelter ads that depict the aggression faced by workers, particularly at the Centre for Addiction and Mental Health (CAMH) in Toronto. The ads were taken down days after they were posted, however, following complaints from various groups that the ad further stigmatizes people with mental health problems. The controversial ad showed an image of a woman with a black eye and a statement about CAMH's legal obligation to keep its staff safe.

"The Client Empowerment Council at CAMH sent us a letter saying that we were vile, despicable, hate-mongers, and that we should remove a poster that brings attention to the fact that patients are violent. And we did. We took it down," says Nancy Pridham a member of the OPSEU executive board and union president at CAMH.

Pridham explains the ad was not meant to disgrace mental health patients but to try to highlight the issues of violence against staff. "This is actually about us. This is about the staff."

OPSEU and the Ontario Nurses Association (ONA) held a joint press conference in November last year to urge CAMH to "make a serious commitment" to the issue of violence against staff.

"When you have your jaw broken in several places, when you have your shoulder broken, when you're sexually assaulted in the workplace, those are problems. Those things need to be addressed. They need to be addressed with a comprehensive program. Staff need to be provided with training, and so far we have yet to see that," says Pridham, who is a registered practical nurse.

Last September alone, 23 incidents of violence against workers reportedly took place at CAMH. According to reports, one of those incidents involved a nurse who was dragged and sexually assaulted in the washroom by a patient. The nurse had no panic button or personal alarm to call for help, and only managed to get away when another patient heard her screams and startled the attacker, according to reports.

CAMH staffers need to be equipped with personal alarms, says Pridham, citing a provision under the collective bargaining agreement that states CAMH "will provide employees who are required to work alone in the field with an appropriate and effective communication device for summoning assistance."

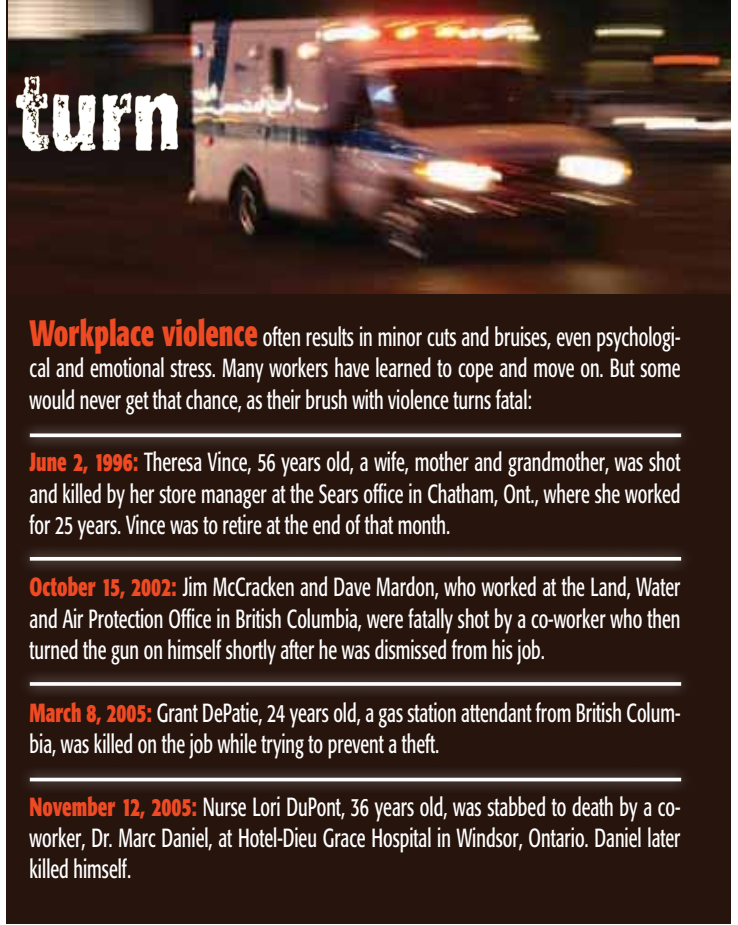
CAMH recently implemented the use of personal alarms for staff in a particular floor where a sexual assault happened. But Pridham insists all workers, not just those working in certain programs, should be provided with personal alarms. She adds it should be part of a comprehensive workplace violence risk assessment which, according to Pridham, CAMH is yet to implement.

In January 2008, CAMH issued its Workplace Violence Prevention Program, its first written policy pertaining to workplace violence prevention since establishing a workplace violence committee with the union in January 2007, says Eric Preston, CAMH vice-president of human resources and organizational development.

"CAMH is of the view that employee safety and patient safety go hand-in-hand. That you can't achieve one without the other," Preston says. "So that approach that we take is very inclusive...to make sure that we address all of the needs."

Preston acknowledges that while the unions would be of the same view that employee and patient safety are equally important, the employees' concern may be about the pace at which the issue is being addressed.

"Their concern is probably that we're not going fast enough and far enough. And I think there maybe some substance in that. We can always do more, so that's what we're trying to do and we're trying to be responsive to their needs as well, to try to make sure that they think that we're addressing them appropriately," Preston says.



**Workplace violence** often results in minor cuts and bruises, even psychological and emotional stress. Many workers have learned to cope and move on. But some would never get that chance, as their brush with violence turns fatal:

**June 2, 1996:** Theresa Vince, 56 years old, a wife, mother and grandmother, was shot and killed by her store manager at the Sears office in Chatham, Ont., where she worked for 25 years. Vince was to retire at the end of that month.

**October 15, 2002:** Jim McCracken and Dave Mardon, who worked at the Land, Water and Air Protection Office in British Columbia, were fatally shot by a co-worker who then turned the gun on himself shortly after he was dismissed from his job.

**March 8, 2005:** Grant DePatie, 24 years old, a gas station attendant from British Columbia, was killed on the job while trying to prevent a theft.

**November 12, 2005:** Nurse Lori DuPont, 36 years old, was stabbed to death by a co-worker, Dr. Marc Daniel, at Hotel-Dieu Grace Hospital in Windsor, Ontario. Daniel later killed himself.

The CAMH executive says staff training is one way of addressing the problem. CAMH employees are trained on a course called Prevention and Management of Aggressive Behaviour and on CAMH's new Workplace Violence Prevention Program. Employees also undergo continuing training on Code Whites, a response code for situations where an individual becomes violent, threatening patient and staff safety.

Preston says a comprehensive risk assessment across the organization is also in the pipeline. Some risk assessments have been done in the past, but were only limited to certain departments or programs within CAMH, he adds.

"What we're looking into now is a more comprehensive approach that we will probably be implementing in the very, very near future to make sure that we have done all the risk assessments in the workplace violence prevention policy that we issued at the beginning of (2008). Included in that is a requirement that these risk assessments be done all the time," Preston says.

Last November, the Ministry of Labour laid nine charges against CAMH for violations of the Occupational Health and Safety Act resulting from two incidents of violence in November 2007. Details of those incidents have not been revealed.

## Legislation solution

Efforts to curb violence in the workplace are also underway in the legislative front.

The Ontario Ministry of Labour released a consultation paper last fall as part of an effort to review the requirements under the OHSA that pertain to workplace violence and to assess whether these requirements should be clarified or enhanced.

The ministry received close to 200 submissions from various stakeholders, including labour organizations and employers. "It's going to allow us to look at our Occupational Health and Safety Act and see if it needs to be clarified or enhanced in some way to address workplace violence in Ontario," Labour Minister Peter Fonseca tells COS in an interview.

Fonseca adds the provincial government has also looked at other jurisdictions in Canada that have workplace violence legislation or regulations in place. Provinces like Alberta, British Columbia, Saskatchewan, Manitoba, Nova Scotia and Prince Edward Island all have regulations specific to workplace violence prevention. In the federal level, the government has put forward legislation to make workplace violence prevention part of the federal Occupational Health and Safety Act.

The labour minister did not confirm whether the ministry will be pushing for an amendment to the Occupational Health and Safety Act, but noted the ministry has been "listening to stakeholders and just making sure that we get it right and that it can work."

"We just don't want words on paper. We want (to ensure that) whatever way we move forward, that it does have impact within the organization," Fonseca says.

Labour and employer groups welcome the possibility of including language in the legislation about workplace violence prevention. OHA's Closson says while his association supports this initiative, he doesn't think legislation is what is really going to make a difference in addressing the problem.

"Legislation by its nature needs to be very broad and the kind of solutions to address workplace violence are very local," he says. "What you can put in legislation, I would think, would be only the importance of addressing workplace violence. Trying to prevent it first of all, but if it does happen, to manage it well to avoid the likelihood of somebody being injured. But the actual detail around processes, structures, physical design of facilities – these are all things that need to be worked on locally," he says.



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# IAPA

It's About Making A Difference.

For ER nurse Gloria MacDonald, however, a piece of legislation that clearly speaks to protection against workplace violence represents more than just words on paper.

"I think if they put legislation in that would help us, then yes, we would have something we could come back on and say, this is our workplace, we don't deserve this, we don't need this and there are laws against this. Maybe then some of the abuse would stop," she says.

Despite the abuses they endure at their workplace everyday, health care workers still choose to remain. Some even manage to find a silver lining in the midst of aggressions. Heather Richardson, the health care aid at Kensington Village, is one of them.

"Some of these people have no family. If I've made a few of these residents smile and I know that I've done the best that I can to do that, it's great. We have such close relationship that sometimes they're like my grandma. You really become attached and so you just go in and you try and make them smile and make their day," she says. **COS**

## Take five!



Protecting workers requires collaboration, says Patti Boucher, VP of client and consulting services for the Ontario Safety Association for Community & Healthcare. Consider this five-step approach to violence prevention:

**Top-down.** Senior leadership commitment is key, says Boucher. The most senior leader in the organization should assign a senior member of the management team to take responsibility for program development. This needs to be supported with appropriate financial resources. Establish a multidisciplinary steering committee involving the JHSC, unions, frontline workers, educators and senior leadership.

**Risk assessment.** Perform a comprehensive risk assessment. "It's making sure that you understand your environment, your surrounding community, looking at the type of incidents that you're experiencing at your workplace and analyzing them to find out what the greatest area of risk is," says Boucher. For health care organizations, the types of patients and clients they're caring for, as well as the care strategies they're using should be part of the risk assessment.

**Policy development.** Define violence and properly categorize the different types as part of your prevention policy. There are four categories of violence that should be clearly defined within the policy: criminal intent, where a perpetrator has no relationship with the organization; patient- or client-provoked violence; worker-to-worker violence, and; domestic violence that affects and occurs at the workplace. Included in this third level of approach are all the associated procedures that tie in with the policy: reporting, emergency response and investigation.

**Communicate, market, educate.** Implementing a workplace violence prevention program requires a cultural shift. Invest in ensuring that policies and procedures are communicated thoroughly, using various forums, to all persons concerned – staff, physicians, families and visitors, among others.

**Evaluate.** This is key to ensuring the program has achieved its objectives, which is to safeguard staff and client safety. With staff training, for example, there needs to be a "program infrastructure" to help establish the effectiveness of the training, says Boucher. "If you are just training workers and you don't have the accompanying program that documents the policies, the procedures and the way that you approach care, following up and observing the way that they're providing care...then you are not going to sustain the effect of the education."

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