Improving Workplace Safety in Nova Scotia's Community Emergency Departments

Annual progress report • January 2019

nova scotia
health authority

Improving Workplace Safety in Nova Scotia's Community Emergency Departments – NSHA's Annual Progress Report

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, physicians, patients and visitors, with a focus on violence reduction, in the community emergency departments across the province. One of the recommendations was an annual progress report from Nova Scotia Health Authority (NSHA) to share progress of the work at hand in building a safer work environment and care settings for all. This document is the second annual report and highlights progress made on the twelve recommendations during the 2018 calendar year.

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

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

Nova Scotia Health Authority is pleased to share this second annual progress report on the *Improving Workplace Safety in Nova Scotia's Community Emergency Departments* report, originally released in 2016. We continue to make positive advancements towards addressing the report's recommendations while at the same time, establishing a solid foundation to ensure we have safe workplaces across the organization.

Our community emergency departments are staffed by dedicated employees and physicians who interact on a daily basis with people who seek care for a variety of illnesses or injuries. To ensure our team members can focus on providing the high quality care Nova Scotians have come to expect, it is important for us to provide them with surroundings and protective processes that keep them safe and secure at all times.

Among the highlights of our efforts in 2018 are:

- Development of a Violence in the Workplace program and implementation of various facets of the program including a Respectful Workplace policy, Code of Conduct, as well as Code White (violent person or situation) and Code Silver (person with a weapon/active shooter) guidelines;

- Non-Violent Crisis Intervention (NVCI) training opportunities continue to be expanded with emphasis on targeted sessions during orientation for all new employees who will be working in clinical settings;

- Renovation projects in some community emergency departments were undertaken to improve safety and security.

We have continued to collaborate with the Department of Labour and Advanced Education, Workers Compensation Board, AWARE-NS, our union partners and others to find solutions based on best practices and input from our stakeholders.

We look forward to continuing our collective efforts to improve safety with all of our partners as well as with patients, families and the public. We must continue to find ways to ensure our emergency departments and, in fact, all of our sites and services, are safe, positive and productive working environments that support our vision of *Healthy People, Healthy Communities – For Generations.*

Sincerely,

Janet Knox

Janet Knox, President and CEO

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, NSNU, 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 2018:

Since its inception in February 2017, the Provincial Health and Safety Advisory Group has continued to meet on a regular basis (meeting approximately 6 times to date). The IWK has been added to the group to ensure there are broadly-inclusive conversations as well as shared health and safety initiatives for the provincial health system. Recently the group participated in a shared learning opportunity with the Department of Labour on the Internal Responsibility System which provided an opportunity for significant engagement by all parties that resulted in relevant feedback.

An evaluation was completed regarding the continued value of the group that yielded both positive comments as well as suggestions for improvements. It was felt there is a spirit of collaboration and the process is building stronger relationships amongst group members. Areas for improvement were noted as union representatives having alternate delegates to ensure organizational representation, collaborative future agenda items and length of time for agreed-upon recommendations to take action.

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 2018:

NSHA has developed a Violence in the Workplace position statement and policy as well as a series of resources such as program guide, risk assessment and prevention plan tools. Further stakeholder review and input has been incorporated into the Violence in the Workplace Program, violence risk assessments and prevention plan tools. These tools are now available to NSHA team members. In addition to these tools, a How to Conduct a Post Incident Debrief video has been created and is now available to support managers in better understanding their role when offering debriefs to employees following an incident. Awareness of our Employee Family Assistance Program (EFAP) Trauma Support Services, available within 48 – 72 hours of an incident, has been highlighted and communicated to managers across the province. EFAP Trauma Support Services are available 24 hours a day through a network of specially trained counsellors who can respond immediately to traumatic events. Counsellors are trained in critical incident debriefing, community crisis response and general trauma interventions.

We have two learning modules, delivered through e-learning, that focus on basic safety rights and responsibilities as they apply to workplace violence as well as information and strategies for workplace violence prevention. These modules are required learning for all NSHA team members at all levels of the organization.

A

2. Workplace Violence Prevention Program:

Progress to Date 2018: (cont.)

To support enhanced Violence in the Workplace education and training needs for NSHA employees, NSHA has adopted the NVCI program. Developed by the Crisis Prevention Institute, NVCI focuses on prevention, with proven strategies for safely defusing anxious, hostile or violent behaviour at the earliest possible stage.

This year, we have trained an additional four NVCI facilitators to assist with front line employees training sessions. This adds to the pool of twenty-three NSHA facilitators. Our facilitators are committed to offering NVCI sessions in each zone quarterly as well as by department or program upon request.

Implementation of a standardized investigation process has been delayed pending introduction of a single data management system. We are working to confirm what the information requirements are and how we will gather the data to support the system.

NVCI is now a component of clinical orientation for all new employees. This ensures employees who are involved in direct patient care are completing this education as a part of the onboarding process into the organization.

A portion of our Occupational Health Safety Management System has been completed and made available to our employees. This includes hazard assessment and identification as well as inspections and investigations which are critical elements in our health and safety program. A common investigation tool has been developed with implementation to begin in April 2019.

A joint workplace initiative commenced in November 2018 with the Department of Labour and Advanced Education (LAE) and the Workers Compensation Board (WCB). Among other initiatives, the committee will work to identify effective interventions and strategies that will improve occupational health and safety management practices within NSHA and demonstrate commitment to compliance through education, building trusting relationships with our partners at LAE and WCB and to ultimately establish a stronger safety culture within the organization.

The number of incidents of workplace violence are being reported to the NSHA Board of Directors Human Resources Committee and the Executive Leadership Team each quarter through our Workforce Profile performance indicator report. The report is also available to all employees through the NSHA intranet.

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 2018:

A standardized system for data management and reporting continues to be explored with government departments. NSHA continues to have various processes in place across the province to report, capture and follow up 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 2018:

In 2017, Violence Risk Assessments and Facility Security assessments were completed at all community emergency departments in the province. Risk assessments are iterative and, as such, require ongoing monitoring by local leadership and JOHS committees. The action plans related to the risk mitigation have been continuous.

Similarly, the security assessments have been reviewed and action plans developed at the local level to mitigate risk.

Among the projects from the risk assessment commonly done across the province are:

- Safe work practices established and reviewed with employees for robbery prevention and answering door after hours
- Window tinting and glazing in some emergency departments (interior and exterior)
- Renovations underway for switchboard/registration accessibility and use of shatterproof safety glass
- Addition of dedicated safety or quiet rooms in a number of emergency departments
- Implementation of panic alarms for nursing and clerical employees that are linked directly to external security systems as well as the availability of pendant alarms for RNs working at night in some locations.

C

4. Workplace Violence Risk Assessment

Progress to Date 2018: (cont.)

Digby General Hospital

- Swipe card access from emergency department waiting room into department
- Locked door to triage room with swipe access
- Removed unsecure access door near triage room and erected a wall in its place to prevent access
- Double doors installed by diagnostic imaging with swipe card access. This helped secure emergency department and diagnostic Imaging
- Ambulance bay also secured with both swipe card and key pad access. RCMP and Emergency Health Services (EHS) have code to the door
- Camera installed viewing ambulance bay entrance

Soldiers Memorial Hospital, Middleton

- Renovations to the nursing station have improved the line of sight to surrounding areas
- Five lockdown doors are in the process of being installed along with the realignment of the triage room with the project completion date anticipated to be in mid-February 2019
- Assessment rooms have been thoroughly cleaned and painted (with some financial support from the Soldiers Memorial Hospital Foundation)

Strait Richmond Hospital, Evanston

- Renovations are almost complete on a quiet room within the emergency department
- Changes made to windows to improve safety and privacy

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 2018:

Work has continued with the development of Code White response guidelines and resources that were initiated in 2017. Code White is an emergency code that is used to describe a violent person(s) or situation. Pilot training has been completed and teams continue to revise components and resources based on learnings and experience.

This past year focused on the development and roll-out of plans and processes related to Code Silver (person with a weapon). This is the colour code commonly referred to as "active shooter" situations in some organizations. Because this is a new code to most areas throughout NSHA, efforts focused on the development of resources, assessment of best practices and consistent education across the organization. Education sessions began in the summer of 2018. The majority of the education sessions were held face-to-face and announcements were recently made regarding ongoing education sessions to be delivered via Skype. To date, approximately 4100 employees have attended sessions. NSHA has connected with our policing partners throughout various stages of our planning process related to Code Silver. We have established contact with provincial representatives via the RCMP and NS Chiefs of Police Association. They have been a valuable resource and have provided consultation and feedback on specific aspects of NSHA plans. We continue to consult and share information as we progress with our planning.

D

5. Emergency Response

Progress to Date 2018 (cont.)

Resources developed and shared throughout the organization include:

• Code Silver Staff Bulletin (Jan 2018)

• Code Silver FAQ (March 2018)

• Code Silver – Response Guidelines (April 2018)

• Code Silver Video for Inclusion in Education Sessions

• Ongoing education sessions

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. Schedules for exercises, training and education have now been added to the NSHA Emergency Preparedness intranet page and communicated throughout the organization via the internal newsletter, NSHA News.

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 NVCI 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 2018:

The Violence in the Workplace Program, developed and made available across the province, represents an important tool for our ongoing education efforts. NVCI training is being offered in each zone every quarter. NVCI is now a component of clinical orientation for all new employees. This ensures employees who are involved in direct patient care are completing this education as a part of the onboarding process into the organization. During 2018, approximately 227 employees from community emergency departments have received NVCI training. Additional training sessions have already been scheduled into 2019 and managers have reported that refresher courses are continually being offered for any employees who took the training previously.

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 2018:

Security and safety in our emergency departments continues to be a complex issue. A NSHA provincial-wide committee has been established to look at the issue of security and infrastructure controls. The work of this committee, which includes representation from site leadership, management, Facility Support Services, Emergency Preparedness, Occupational Health, Safety and Wellness, Joint Occupational Health and Safety Committee and our union partners, will be shared across the organization.

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 2018:

All community emergency departments now have personal audible communication devices to help employees communicate in case of need. In some cases, departments also added panic buttons and/ or alarms connected to external security alarm monitoring systems. We continue to monitor their effectiveness based on the understanding that facility layout/infrastructure can impact their use.

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 2018:

A Respectful Workplace policy and Code of Conduct were implemented in 2017. Code of Conduct posters are in all EDs across the province to demonstrate our commitment to safety for all. When incidents occur, employees have numerous ways to report them dependent upon the location 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 JOHSC. Significant incidents are reported to union partners and senior leaders of the organization. A standardized system for data management and reporting continues to be explored with government departments.

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 2018:

An evidence-based patient assessment tool to identify risk for violent behaviour is being used in emergency departments across the province.

Significant work has been undertaken to develop a policy and process for placing alerts, sometimes called "flags", on a patient's file. This work was a necessary pre-cursor to establishing a patient violence alert identification system. When a patient is assessed as a risk for violent behaviour, an electronic alert is placed on the patient file, a purple arm band placed on the patient and a purple flag is placed on the chart. The policy requires ongoing evaluation of the alert. The policy, tools and patient/ family education materials are now complete and stakeholder review is underway including conversations with our union partners and a final review by the privacy office. The policy implementation will begin in community emergency departments in February 2019.

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 2018:

Along with WCB, AWARE-NS, government and labour partners, and other employers, NSHA actively participated in the development of a workplace safety report designed to improve health and safety outcomes in home care, long term care and disability support programs. Based upon best practice research and an extensive stakeholder process, the report sets out 21 recommendations to improve safety outcomes in those sectors. The recommendations, including one regarding a provincial approach to a workplace violence prevention program, will help us move towards safer workplaces, better practices and improved quality of care.

NSHA continues to sit on the AWARE-NS Board of Directors to further influence and support the common goal of creating safe workplace cultures in the health and community sector. NSHA's President and CEO actively supports the NS CEO 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
Northern	All Saints Springhill Hospital Lillian Fraser Memorial Hospital South Cumberland Community Care Centre North Cumberland Memorial Hospital	Springhill Tatamagouche Parrsboro Pugwash
Eastern	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 Evanston New Waterford Inverness Baddeck Cheticamp Guysborough Neil's Harbour Canso Sherbrooke
Western	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
Central	Hants Community Hospital Eastern Shore Memorial Hospital Musquodoboit Valley Memorial Hospital Twin Oaks Memorial Hospital	Windsor Sheet Harbour Middle Musquodoboit Musquodoboit Harbour