

Care Worker
Violence Prevention
Focused
Inspection Program

2017

Ministry of Labour, Government of Alberta

Care Worker Violence Prevention Focused Inspection Program, 2017

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Introduction

Occupational Health and Safety (OHS) identified care workers as a key community for a proactive focused inspections campaign in the 2017-2018 fiscal year. This proactive focused inspections program ran from June 8, 2017 to September 30, 2017.

At the time of this focused inspection campaign, worksite violence was defined as the threatened, attempted or actual conduct of a person that causes or is likely to cause physical injury. The *Occupational Health and Safety Act* was updated in June 2018, and now defines violence as: whether at a work site or work-related, means the threatened, attempted or actual conduct of a person that causes or is likely to cause physical or psychological injury or harm, and includes domestic or sexual violence.

Background

Care workers are defined as “workers who are employed to support and supervise vulnerable, infirm or disadvantaged people or those under the care of the state.” These workers can include, but are not limited to, health care aides, licensed practical nurses, registered nurses, social workers, social and community service workers and home support workers.

Historically, care workers have put the safety of their patient/client/resident before that of their own and have often viewed worksite violence as “part of the job”. The reluctance to view violence as a worksite hazard and the lack of emphasis and training on reporting it has meant worksite violence has gone largely underreported.

Care workers are at a greater risk for injury/illness from worksite violence due to a number of compounding factors. A care worker can provide direct patient/client/resident care or may assist clients in their daily life skills development. They may be required to provide this care for patients/clients/residents who have a history of violence, may be under the influence of medications, may live in isolated high risk neighborhoods or may require round-the-clock care or supervision.

Worksite violence is a leading cause of injury and illness for care workers in Alberta.

Compounding the risks for these workers are additional factors such as medical conditions and a medical code of ethics and legislation that they must adhere to. Care workers may be required to

work alone in private dwellings or group care settings which make them isolated and even more susceptible to workplace violence.

Rehabilitation Services (82806) and Social /Community Support (89925) industries were ranked 4th and 6th in the top ten industries for reporting Assaults/Violent Acts/Harassment Related Workers' Compensation Board (WCB) claims 2011-2015, respectively (2016 WCB data was not available for analysis at the time this program launched). Home Support Services (82704), was also identified as another industry where care workers are more frequently working alone in potentially violent situations, and help is not as readily available.

Violence and harassment incidents represent approximately 25 per cent of all lost time claims for the Rehabilitation Services for Disabled and Social/Community Support Service industries from 2012-2017.

The top 5 WCB reported accidents for each of the above industries (2012-2017) were:

Rank	Home Support Services (82704)	Rehab. Services for Disabled (82806)	Social/Community Support (89925)
1	Overexertion	Assaults/Violent Acts/Harassment	Falls
2	Falls	Falls	Assaults/Violent Acts/Harassment
3	Motor Vehicle Accident	Overexertion	Overexertion
4	Bodily Reaction and Exertion	Bodily Reaction and Exertion	Bodily Reaction and Exertion
5	Assaults/Violent Acts/Harassment	Motor Vehicle Accident	Motor Vehicle Accident

Objective

The objective of the Care Worker Violence Prevention Focused Inspections Program was to:

- Educate employers on their responsibilities regarding OHS legislation, specifically in regards to hazard assessment and control, workplace violence, emergency response planning, worker training requirements, investigation of imminent danger situations, and incident reporting.
- Educate care workers on their responsibilities regarding OHS legislation, specifically in regards to their rights and obligations, the requirements to report unsafe conditions, participation in the required training, hazard reporting and incident reporting.
- Conduct interviews with care workers to determine the extent of their involvement in the hazard assessment process, participation in required training and in the implementation of identified controls.
- Conduct inspections of worksites, specifically to address compliance with OHS legislation with regards to worksite violence, hazard assessment and controls, emergency response planning and worker training.
- Promote and enforce compliance to enhance the safety of Albertans.
- Establish a baseline of data to begin measuring the performance and effect of the program.
- Ensure basic leading indicators are identified with employers, including:
 - leadership, training, internal communication, hazard assessment, emergency response planning, working alone, and violence in the workplace.

Program

Ten OHS officers were assigned to the program, and two checklists, consisting of thirty employer focused questions and thirty one worker questions, were developed.

The Care Worker Violence Prevention Focused Inspections Program focused on three key industry codes:

- 82704 – Home Support Services
- 82806 – Rehabilitation Services for Disabled
- 89925 – Social/Community Support

The top 25 employers in each industry were identified and prioritized based on the number of violence-related injuries incurred over that time period.

[Occupational Health and Safety Act, Regulation and Code](#)

During the inspection Officers focused on, but were not limited to, the following sections of OHS legislation:

- [OHS Act Section 2\(1\) - Obligations of the employers, workers etc.](#)
- [OHS Act Section 18\(2\) - Serious incidents and accidents](#)
- [OHS Regulation Part 13 - General protection of workers](#)
- [OHS Regulation Part 14 - Duties of workers](#)
- [OHS Regulation Part 15 - Safety training](#)
- [OHS Code Part 2 - Hazard assessment, elimination and control](#)
- [OHS Code Part 7 - Emergency preparedness and response](#)
- [OHS Code Part 27 - Violence](#)
- [OHS Code Part 28 - Working alone](#)

Note: The *Occupational Health and Safety Act* was amended in June 2018, and now defines violence as: whether at a work site or work-related, means the threatened, attempted or actual conduct of a person that causes or is likely to cause physical or psychological injury or harm, and includes domestic or sexual violence.

Report Summary

OHS officers met with 58 of the employers identified through WCB injury-reporting data. A total of 187 inspections were completed consisting of 137 initial inspections and 50 follow-up inspections. OHS officers allocated blocks of time to conduct worker interviews in the Home Support Services industry; these were also tracked as inspections.

Industry Codes	Industry	Meetings	Inspections	Re-Inspections
82704	Home Support Services	17	12	6
82806	Rehabilitation Services for Disabled	28	55	22
89925	Social/Community Support Services	39	70	22
Total		84	137	50

232 interviews were conducted. A breakdown of the interviews completed is provided below.

Industry Codes	Industry	Employers Interviewed	Workers Interviewed
82704	Home Support Services	8	48
82806	Rehabilitation Services for Disabled	11	34
89925	Social/Community Support Services	34	97
Total		53	179

A total of 48 compliance tools were utilized consisting of:

- 43 compliance orders - orders issued to employers to comply with OHS legislation
- 5 notices to produce - notices for employers to provide health and safety-related documentation as requested by the officer

No stop work or stop use orders were written.

Full Report

The focus of the inspections was on potential violence-related issues. General compliance issues with OHS legislation were addressed where observed, however, the primary focus was on assessing violence prevention measures.

Home Care

- OHS does not have jurisdiction within private dwellings of the clients/patients, therefore OHS officers did not enter private residences as part of their inspections.
- OHS officers met with the management group of the employer to determine requirements from a health and safety perspective.
- OHS officers conducted confidential interviews with front-line staff, administered questionnaires to their employees, or visited with the employer to “audit” what they said they had in place.

Group Homes

- Given that group homes are not “private residences”, OHS does have jurisdiction over these worksites.
- OHS officers met with the management group of the employer to determine what requirements from a health and safety perspective.
- OHS officers conducted confidential interviews with front-line staff, administered questionnaires to their employees, followed by an inspection of the worksite to determine compliance with OHS legislation.

Inspections were conducted in accordance with operational procedures and recorded. Officers primarily addressed non-compliance with OHS legislation observed during site inspections through the use of orders and other established OHS compliance tools.

The following key observations resulted from the Care Worker Violence Prevention Focused Inspections Program. These are based on the information garnered from the inspection results, questionnaire responses and through debriefs with the involved OHS officers.

- A total of 187 inspections were completed, resulting in 43 orders being written.
 - 41.8 per cent of the orders written related to hazard assessment, worker participation in the hazard assessment process, and effective control of the hazards identified.
 - 11.7 per cent related to the availability of emergency equipment, including emergency baths/showers, eyewash equipment and first aid.
 - 10.3 per cent related to biohazards, sharps containers and post-exposure management.
 - 9.4 per cent related to workplace violence training and response.
 - 9.3 per cent related to emergency response planning.
 - The remaining 17.5 per cent of the orders involved general compliance with OHS legislation, with no specific trends identified.

- A total of 179 care workers and 53 employers were interviewed.
 - 100 per cent of employers had policies and procedures in place respecting potential workplace violence.
 - Approximately 90 per cent of workers interviewed responded that they had been trained in how to recognize, respond to, and report incidents of workplace violence.
 - 43 per cent of care workers interviewed said they were not involved in completion of hazard assessments.
 - 17 per cent of workers have a personal alarm and 32 per cent have stationary alarms in place.
 - 90 per cent of workers indicate that assistance is available.
 - 67 per cent of workers indicate that a locked room is available.

- On average, approximately 78 per cent of workplace violence incidents were reported, either internally or externally.
 - 7.5 per cent of incidents were reported to Occupational Health and Safety.
 - The vast majority of incidents (between 47-72 per cent) were reported to the employer, WCB, or Police/RCMP.

- The top personal risk factors:
 - Front line workers identified the medical, physical, and psychiatric conditions of clients as the greatest personal risk factor.
 - Employers identified suspected substance abuse as the greatest personal risk factor.
- The top environmental risk factors (identical for both employers and workers):
 - High risk location (high crime, isolated, poor access/egress, lighting)
 - Presence of family/friends
 - Weapons
 - Pets/animals
- The top five types of violent incident reported were:
 - Assault/violent act by person
 - Threat/verbal assault
 - Mental stress
 - Sexual assault or harassment
 - Assault by animal

Inspection Activity Summary

Summary of Orders Written			Total	
			Frequency	Percentage
OHS Act	Section 18	Serious Injuries and Accidents	1	2.3 per cent
OHS Reg.	Part 1 - Section 12	Equipment	1	2.3 per cent
	Part 1 - Section 15	Safety Training	1	2.3 per cent
OHS Code	Part 1 - Section 2.1	Availability of Legislation	1	2.3 per cent
	Part 2 - Section 7	Hazard Assessment	16	37.2 per cent
	Part 2 - Section 8	Worker Participation	1	2.3 per cent
	Part 2 - Section 9	Hazard Elimination and Control	1	2.3 per cent
	Part 4 - Section 24	Emergency Bath, Showers, Eyewash Equipment	3	7 per cent
	Part 7 - Section 115	Emergency Response Plan	3	7 per cent
	Part 7 - Section 117	Rescue and Evacuation of Workers	1	2.3 per cent
	Part 11 - Section 179	Location of First Aid	2	4.7 per cent
	Part 12 - Section 186	Lighting	2	4.7 per cent
	Part 12 - Section 189	Securing Equipment and Materials	1	2.3 per cent
	Part 22 - Section 314	Covering Openings	1	2.3 per cent
	Part 27 - Section 391	Violence – Instruction of Workers	2	4.7 per cent
	Part 27 - Section 392	Violence – Response to Incidents	2	4.7 per cent
	Part 35 - Section 525.2	Medical Sharps	1	2.3 per cent
	Part 35 - Section 530	Post-Exposure Management	3	7.0 per cent
Total			43	100 per cent

**Coloring of rows is to emphasize order trends*

Total number of orders written to employers across the three identified industries.

Industry Code	Industry	Orders	Average per Employer
82704	Home Support Services	7	1.4
82806	Rehabilitation Services for Disabled	14	2.4
89925	Social/Community Support Service	22	3.5
Total		43	2.4

Conclusion

Inspection results were used to determine future inspection areas, frequency of inspections of individual workplaces, and to track the progress and trends related to the control of workplace hazards within specific industries.

OHS officers will continue to conduct random inspections to ensure compliance within these industries. Officers will work with employers to ensure that they are aware of the key hazards associated with these industries.

OHS will continue to implement focused inspection programs directed at industries where specific hazards are known to exist and where OHS observes non-compliance.

OHS will continue to work with both internal and external stakeholders on improving health and safety in these industries.

A pro-active focused inspection program, specific to care workers, is scheduled for the 2018/2019 fiscal year.