WORKPLACE VIOLENCE PREVENTION

Nova Scotia Nurses' Union Moving from Complacency to Courage An Occupational Health and Safety Forum

Presented by: Erna Bujna April 28, 2016



Ontario Nurses' Association www.ona.org

Workplace Violence Stats

ONA member survey results reveal:

- 54% say they have experienced physical violence or abuse in the workplace
- 85% of members say they have experienced verbal abuse in the workplace
- 39% report other forms of violence/abuse
- 19% say they have experienced sexual violence or abuse in the workplace

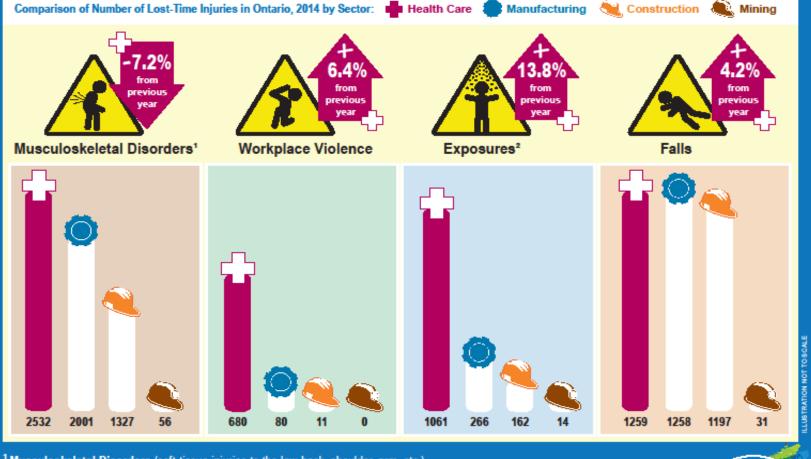


Workplace Violence Stats – cont.

- 2014 Data from the Workers Safety and Insurance Board (WSIB) of Ontario revealed there were 2,206 lost-time injury (LT) claims for violence and aggression for all sectors (Schedule 1 & 2)
- 30.8% (or 680 LT Injury claims) of all violence-related lost-time injuries in Ontario occurred in the healthcare sector



Health Care is Dangerous Work



¹ Musculoskeletal Disorders (soft-tissue injuries to the low-back, shoulder, arm, etc.) ² Exposures may include infectious disease, medical waste, mould, radiation, etc.

Sources: Workplace Safety and Insurance Board ElW Claim Cost Analysis Schema, June 2015 and May 2014 data snapshots.



www.ona.org

ONA Violence Prevention Position



ONA believes it is the right of all its members to work in an environment that is free from all forms and sources of violence/harassment, and that employers must strive to eliminate risks of violence/harassment

Lori Dupont, RN & ONA member – murdered in her workplace in 2005 by an anesthetist

Legislation/Enforcement/Complaint Mechanisms

- Ontario Occupational Health and Safety Act (OHSA)
 MOL inspector orders, charges/prosecution (MOL has one year from date of incident to lay charges)
- OLRB appeal non issuance of MOL orders (S. 61 OHSA)
- S. 217.1 *Criminal Code of Canada* Police not laying charges against employers



Legislation/Enforcement/Complaint Mechanisms – cont.

- Collective Agreement language/Grievance Arbitration
- Workload Complaint forms and Independent Assessment Committee
- Workplace Safety and Insurance Board report employer to special investigations if not reporting Lost time injuries properly



Relevant Ontario OHS Legislation

- Section 9 JHSCs functions and powers identify hazards, make recommendations, inspect workplace, worker members investigate critical injuries/fatalities etc.
- Section 25 (2) (h) & 27 (2) (c) requires employer and supervisor to take every precaution reasonable in circumstances for the protection of a workers
- Section 25 (2) (a)- requires employer to provide information, instruction, supervision
- Section 25 (2) (c) appoint a competent supervisor



- Section 25 (2) (d) acquaint workers and person with authority over workers with any hazard in the work
- Section 25 (2) (I) requires employer to provide to JHSC copies of any report respecting OH&S
- Section 32 Duties of Directors and Officers
- Section 32.0.1 32.0.5 (Violence Provisions)
 - Develop policy/program
 - Provide information about a person with a history of violent behaviour
 - Conduct risk assessment and reassess as often as necessary to ensure policy/programs protect workers



Section 32.0.2 (Violence Provisions)

- Program to include measures and procedures to:
 - control risks identified in assessments
 - summon immediate assistance
 - report incidents of Workplace Violence
 - set out how employer will investigate and deal with incidents or complaints



Bill 132

Received Royal Assent – March 6, 2016

- An Act to amend various statutes with respect to sexual violence, sexual harassment, domestic violence and related matters
- Amended Harassment Provisions of OHSA S. 32.0.6 now requires investigations and MOL can order external investigation



- Section 43 Right to Refuse (is a limited right for HCWs)
- Section 52 (1) critical injury/fatality notification to JHSC/Union and MOL immediately
- Section 52 (2) accident/illness notification 4 days must contain all prescribed information (s. 5 Health care reg.)
- Section 61 appeals of inspector orders/decisions
- Section 62 (5) No obstruction of committee or committee member in exercising a power or performance of a duty



Relevant Ontario OHS Regulation

Heath Care and Residential Facilities Regulation

- S. 5 Notice of Accident outlines what information employer must provide under section 51/52 of OHSA
- S. 8 Consult the JHSC in developing, establishing and putting in effect written measures and procedures
- S. 9 (1) reduce measures and procedures to writing includes:
 - Safe work practices
 - Safe work conditions
 - The proper use, maintenance and operation of equipment



- S. 9 (4) Develop, establish and provide training and education in consultation with JHSC
- S. 10 Instruct & train workers on PPE in care, use and limitations before first time & regular intervals thereafter (e.g. personal alarms, cavalier gloves, spit shields etc.)



ONA's Reality

- Increase in reports of violence
- Members still not reporting all incidents
- Limited right to refuse S. 43
- MOL enforcement ineffective, slow and inconsistent
- MOHLTC not addressing concerns
- Mental Health Crisis
- Employers not complying with OHSA legislation
- Employers don't treat violence against nurses in same way they investigate an adverse patient event



What has ONA been doing to address WPV

- Lobbied for violence legislation achieved in 2010
- Educating, supporting JHSC reps
- Sample recommendations help JHSCs write recommendations (<u>www.ona.org</u>)
- Work with Michael Garron Hospital (formerly TEGH) to become leaders in violence prevention
- Escalate as high as necessary as quick as necessary
- Call MOL/appeal MOL orders/grieve/workload complaint



What has ONA been doing to address WPV – cont.

- Meet with Ministers of Labour and Health, Chief Prevention Officer/Deputy Minister of Labour
- Request Workplace Violence Prevention be added to CEO accountability agreements
- Raise at Section 21 meeting (advisory committee established under section 21 of OHSA to advise Minister of Labour on trends/issues and make recommendations)
- Media



Violent Events of Significance

- 2012 Royal Ottawa 3 nurses assaulted MOL laid 3 charges - Court case continues – same CEO as BMH
- June 2013 Southlake Nurse beaten beyond recognition, MOL orders inadequate, ONA goes public, ONA President and SL CEO meet, ONA appeals, reaches settlement at mediation, employer now has security, alarms, flagging, risk assessments etc.
- January 12, 2014 CAMH Nurse beaten beyond recognition another witness suffers from PTSD – MOL charges laid in Dec 2014after ONA goes public - Trial dates being set.



Violent Events of Significance – cont.

- January 29, 2014 Toronto Western Nurse dragged from hospital toward oncoming traffic to kill her – saved by construction workers – MOL investigated – only production orders left – no charges laid despite ONA going public in Dec 2014 - MOL called back orders left March 2015
- Oct 10, 2014 Brockville Mental Health Nurse stabbed by patient – critical injury



Violent Events of Significance – cont.

- March 2015 Cambridge Memorial Hospital very violent patient on MHU has assaulted many workers– MOL called but orders inadequate – ONA appeals orders, CEO met with Specialist and BUP and received MGH (TEGH) presentation
- May 20, 2015 Shooting at Guelph General Visitor stabbed with scissors, Perpetrator shot by police, Nurses placed at risk in line of fire and by patient – MOL wrote no orders – ONA goes public/media – CEO calls LHS wants to work with ONA, ONA files OLRB appeal -OLRB April 28, 2016 – Progress made in ER but Employer still not fully complying with OHSA – 2nd appeal filed in April 2016



Brockville Mental Health Centre (BMH) Stabbing

- October 10, 2014 RN stabbed by a female patient in Unit B4 (forensics treatment unit) at BMH. The patient who was a criminally responsible patient brought in from the Saskatchewan prison as part of a Corrections Canada pilot project in response to Ashley Smith inquiry
- The patient narrowly missed the nurse's carotid artery during the attack, which would have resulted in a life-threatening injury



BMH Stabbing - cont.

- Learned no security, staff shortages, nurses restraining forensic patients, no flagging procedure, no risk assessments or controls, layout of unit inappropriate, workers afraid to report, JHSC not functioning, Employer not providing accident/illness reports to JHSC as legislated
- BMH fails to report critical injury
- MOL called by ONA Local President, MOL won't attend for a week
- ONA central calls MOL provincial contact MOL still won't attend for a week
- Scene disturbed



BMH Stabbing - cont.

- MOL attends and writes inadequate orders (e.g. control the pens, risk assessment...) Employer conducts internal risk assessment not useful or thorough
- ONA appeals MOL inadequate orders and non issuance of orders to OLRB
- ONA files grievances
- JHSC writes recommendations
- ONA goes public Nov 2014 after Labour Board interim orders issued – (security awarded 24/7 on unit) -MOL lays 5 charges -December 2014



Brockville Proceedings

Numerous proceedings/motions at the OLRB and Superior Courts. ONA filed four applications to the OLRB:

- (i) The main appeal at the OLRB on the MOL's orders (filed Nov 14, 2014);
- (ii) Interim order for 24/7 security guards which we were successful on Nov 26, 2014; *However, Hospital does not immediately implement.*
- (iii) Application requesting the OLRB cite a case of contempt for failing to implement the order or have OLRB define the deadline for implementation;
- (iv) Application for new interim orders for a new risk reassessment and other measures.



Brockville Proceedings - cont.

The Hospital filed 2 significant motions at the OLRB:

- Stay/notice of constitutional question to shut down the main hearing because MOL has criminally charged the Hospital and it would prejudice the Hospital with the concurrent criminal charges, or alternatively an adjournment;
- (ii) Board is without jurisdiction to hear ONA's application because we are asking the Board to do something that it cannot do on security guards
- May 4, 2015 OLRB rules it has jurisdiction to hear the appeal
- Oct. 26, 2015 ONA wins one of highest cost awards



Brockville Proceedings - cont.

The Hospital filed 2 significant judicial review applications to Ontario Superior court.

- (i) A stay motion and judicial review of the Nov 26th interim order
- (ii) A further judicial review of the OLRB's jurisdiction decision
 - Hospital opposes basic request for pre-hearing disclosure of documents
 - OPSEU also filed application for intervener status
 - Separate motion a Patient seeks intervener status.
 OLRB rules patient cannot intervene in the appeal



Build the Burning Platform

- Get real injury/incident data from Bargaining Units
- Send Freedom of Information (FOI) requests
- Find a Champion Showcase collaborative work (e.g. Michael Garron Hospital (MGH)(formerly TEGH)/ONA – paper on collaboration model, Knowledge transferconferences/presentations)
- MGH/ONA Jointly developed: signage, flagging system, personal panic alarms, post incident follow-up, new reporting system-celebrate reporting, training, security guards highly trained, cameras, risk assessment etc.



Build the Burning Platform

- Media Release Highlight Employer noncompliance, MOL inaction/better enforcement, call for MOHLTC to protect HCWs - ask that police investigate employer/CEO under criminal code. Call for MOL charges against Employer, CEO, Directors, Managers
- Radio/TV/Newspaper work with reporters (e.g. Global 16 x9) http://globalnews.ca/news/2306846/nurses-beingbattered-and-bruised-while-on-the-job/



- Call Police Report a crime ask to investigate with view to lay charges against Patient and/or employer under Criminal code
- Invite Ministers to speak at convention members speak to Ministers about violence
- Newsletters/op-eds, letter to editors
- Work/meet with other unions (e.g. joint media releases)



- Work with Provincial Health and Safety Associations (Developing new best practices – 5 new tools)
- Attend Court appearances
- Call for Coroner's inquest
- Letters/submissions (sexual violence/PTSD)/meetings with MOL/MOHLTC/Premier
- Build capacity -Train all Provincial Union leadership and Labour Relation Officers on H & S



- Engage leaders and JHSC reps ONA annual H & S training
- ONA WPV Campaign Board support/ONA priority – Phase 1 – Mobilize members - reporting incidents and Stories http://www.ona.org/health_safety/violence.html
- ONA Call to Action Gov't Enquiry or Task force (review gaps in legislation/enforcement, security standards, flagging, panic alarms, proper risk assessments, address mental health crisis, Leadership accountability, replicate what Michael Garron Hospital (formerly TEGH) has done etc).



- Aug 2015-Gov't announced new 3 year MOH/MOL leadership Table (LT) on Workplace Violence – ONA President on Executive LT with Deputy Ministers' of Health and Labour and OHA President (Overseen by the Minister of Labour and Health)
- 4 working groups established to report to LT ONA President assigns ONA specialist to all working groups
 - Leadership and accountability
 - Hazard Prevention and Controls
 - Communication and Knowledge Transfer
 - Indicators, Evaluation and Reporting



- Minister's S. 21 committee for health care presents recommendations to Minister of Labour for LT with 9 unanimous recommendations
- ONA continues to collect stories and stats
- ONA continues to go public/media releases
- ONA continues to build our burning platform and won't stop until our members are safe and protected!
- Together we can make a difference!!!



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Thank you. Questions?



Our Union. Respected. Strong. United.

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Erna Bujna (ernab@ona.org)

Labour relations Specialist, Occupational Health and Safety/Workers' Compensation Ontario Nurse' Association 85 Grenville Street, Suite 400, Toronto, ON M5S 3A2 416-964-8833 (in Toronto) Ext. 2411 1-800-387-5580 (toll-free) Ext. 2411

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