

***Ontario Home Care Association and
Ontario Community Support Association
Response to the Ontario Ministry of Labour
Consultation on Workplace Violence Prevention***

October 2008



The Ontario Home Care Association (OHCA) and the Ontario Community Support Association (OCSA) are pleased to respond to the Ministry of Labour (MoL) regarding how best to prevent workplace violence in the home and community care sector in Ontario. As associations representing employers and their staffs who work in the home and community setting, OHCA and OCSA bring a unique perspective to the definition of workplace and as a consequence the impact of related legislation.

Clients receiving care in their homes are considered to be 'consumers of care' to a far greater degree than 'patients' in the institutional or long term facility sector. Therefore, community based health care and support services are not delivered in the same way, or in the same environment, as institutional care. Community care consists of the provision of a wide range of nursing, therapy, personal support, attendant¹ and social care services to a variety of clients by paid staff and volunteers. These clients are seen in their own homes and again, to a much greater degree than the institutional patient, on their own terms. As a result, community care providers must achieve a delicate balance between the need to create a safe working environment for staff and volunteers, and providing safe care for clients while respecting their individual rights within their own homes.

Safety and in particular the prevention of workplace violence is a priority for home and community care employers who are acutely aware of the unique characteristics of this work environment. Each new client environment poses potentially new and different challenges for the home and community care provider and can create an element of unpredictability for staff. Home and community care providers respect the rights and choices inherent to clients within their own homes. However, before home and community care services are initiated, clients are requested to ensure that their environment will enable a safe visit for staff. For example, clients may be instructed to secure pets, store firearms, refrain from smoking and ensure that walkways are lit and clear.

The need for excellence in home assessments and inter-agency communications, especially during a transition from hospital to home, is critical to ensuring these safe working conditions for staff. From a systemic perspective, hospitals, Community Care Access Centres and home and community care organizations must work together prior to care transitions, to assess the status of the home environment to ensure both the safety of staff and clients.

Home and community care organizations resource their staff to provide safe care, often translating practices that have arisen from an institutional context to the home setting. Staff must be well informed and trained in safety procedures but also have the ability to improvise in the home setting while applying approved safety principles for care. The front-line home and community care staff member, whether a paid or volunteer worker, is a special and unique individual who enjoys the variability and new challenges that exist within each home environment. In addition to organizational support, home and community care staff, who often work alone, must display personal attributes of maturity, self confidence, flexibility and creativity in applying policies in order to ensure their own and their client's safety.

¹ Those who use Attendant Services are people with physical disabilities with conditions such as Cerebral Palsy, Arthritis, Stroke, Multiple Sclerosis, Muscular Dystrophy, Spinal Cord Injury (SCI), Spina Bifida or Huntington's Disease. Many people have two or more disabilities. Consumers direct their attendants to perform the activities of daily living (ADL) they require to get on with their day-to-day lives. Attendant services include: bathing and washing, transferring, toileting, dressing, skin care, essential communications, and meal preparation. The consumer is responsible for the decisions and training involved in his/her own services.

OHCA and OCSA offer the following recommendations regarding the management of workplace violence from the context of the home and community care sector:

- The definition of workplace violence should be expanded to include verbal abuse or intimidation and include threats of physical violence
- Workplace violence prevention programs should be a requirement of all employers however care must be taken to balance the rights of Ontarians within the privacy of their homes.
- Guidelines should be established as a way of ensuring best practice and yet enabling the delivery of service to those in need.
- Issues of domestic violence should be managed separately to workplace violence policy.
- Rights to refuse work in unsafe situations should be a principle available to all employees but the management of the details should be handled by employers.

A. Definition of Workplace Violence

OHCA and OCSA believe that the definition of workplace violence contained in the MoL's operational policy is appropriate to the community but needs to be expanded to include emotional and psychological injury as well. It should address verbal abuse or intimidation and include threats of physical violence.

The immediacy of the threat should be factored into the definition as in the home and community setting there is no immediate support and staff must determine whether to abandon the client.

In developing a definition, consideration must be given to the consequence to someone who requires services specifically for the issue of violent or aggressive behaviour, particularly when the individual does not have complete control over their actions as can be the case in those with dementia, or brain injury for example.

Providers in the home and community care perceived that the risk of injury from client physical aggression is higher than in a "typical" workplace.

B. Workplace Violence Prevention Program

OHCA and OCSA believe that employers should be required to develop and implement a workplace violence prevention program and many of the Associations' members do so. Employers educate their staff to their policies defining violence and describing steps to take in response to types of violence. The Standard Four Types of Violence are:

1. Criminal Intent - perpetrator has no relationship to the workplace
2. Client/Customer - perpetrator is a client/client friend or family member who becomes violent towards a worker and/or the client
3. Worker to Worker - perpetrator is co-worker/manager etc. or former employee
4. Personal Relationship - perpetrator has a relationship with an employee; e.g. domestic violence in the workplace

Employers typically provide twenty-four hour telephone support to their staff and offer regular sessions on crisis prevention. Employee Assistance Programs are available and through reporting and risk management, strategies to mitigate future risks are developed.

The unique aspect of the home and community care sector is that the workplace - the home, changes with each individual receiving service. While violence is not always predictable, in-home assessments are conducted when possible prior to initiating care (the urgency of need, geographic dispersion of clients are examples of where assessments prior to initiating service are not possible). Where risks have been identified, employers may pair staff to conduct a home visit; require that a client meet with staff in a public space; provide tools such as panic buttons or cell phones.

The requirement for all employers to establish a workplace violence prevention program would help to increase staff perception of safety and support across the sector; and could create an opportunity for sector based inter-organizational learning.

However, care must be taken to balance the rights of Ontarians within the privacy of their homes. The extent to which inspectors and worker representatives can, or should, undertake investigations in the home is limited. Typically, violent situations in the home and community are handled by the police in conjunction with the employer.

A workplace violence *response plan* is a necessary component of a prevention program. A prevention program should also address behaviours such as bullying, teasing or other abusive or aggressive behaviours as they are considered by some as a form of violence and/or often lead to violence. An important component of a violence prevention program would consider the potential sources of violence, such as clients, family members etc.

The impact to home and community care organizations of a legislated requirement to develop a workplace violence prevention plan would be cost. While many have plans in place, a legislated requirement would increase the documentation requirements and may impose additional training expectations, such as types of materials, time, certifications, and frequency.

C. Sector Specific Requirements

The uniqueness of the home and community sector necessitates the careful establishment of requirements and regulations pertaining to workplace violence. OHCA and OCSA support the establishment of guidelines as a way of ensuring best practice and yet enabling the delivery of service to those in need. There are clients who require services in known high violence areas and health and social care practitioners feel a responsibility to develop strategies to manage these situations. Legislative requirements could result in the unintended consequence of compromising the ability to deliver care safely, or at all.

Consideration must also be given to the enforceability of requirements and the expectations of funders to deliver service cost effectively.

D. Domestic Violence in the Workplace

OHCA and OCSA employers typically manage issues of domestic violence through their human resource policies and practices. Performance expectations dictate behaviours at work and as warranted staff may be excused from work for breaching policy. Where family members interrupt the work environment, employees and/or employers are able to access police and social service agencies. Counselling and employee assistance programs are in place to help staff avail themselves of community based resources, including shelters, the legal system and the police.

Client confidentiality offers a level of protection for frontline staff as their family would not know when and where they are working on any given day. However, staff can be victims of being followed; and domestic violence can erupt in the office environment.

The employees' rights to confidentiality should be restricted and OHCA and OCSA believe it would be an inappropriate expansion of responsibilities to impose obligations on the employer to manage domestic issues.

E. Work Refusals

Many OHCA and OCSA members have policies governing work refusals for unsafe situations. These policies reflect the home and community setting where clients may be at risk if staff leaves and where staff do not have ready access to a supportive infrastructure, such as co-workers on site. Steps typically include:

- Protecting the client from harm
- Calling for help
- Removing self from the situation
- Reporting the incident
- Accessing help from the care team to resolve the issue so care can continue.

Conclusion

The issue facing health care practitioners in every setting is the ability to balance risk with the need to deliver care. The changing workplace with every person served (each person's home) is an added complexity in the home and community care setting. OHCA and OCSA believe that investment in staff training, increased public education about the sector and the development of guidelines for managing violence are the more effective way of ensuring best practice in the complex and ever changing home and community care environment.

The Ontario Home Care Association

The Ontario Home Care Association (OHCA) is an organization of home health and social care service providers. Association members deliver nursing care, home support services, personal care, physiotherapy, occupational therapy, social work, dietetics, speech language therapy and medical equipment and supplies in the home. Ontario Home Care Association members are contracted by all three levels of government, Community Care Access Centres, insurance companies, institutions, corporations and by private individuals. OHCA members are accredited through Accreditation Canada and/or the International Standards Association (ISO).

Contact: Sue VanderBent, Executive Director, suevan@homecareontario.ca

The Ontario Community Support Association

The Ontario Community Support Association is the voice of Home and Community Support in Ontario. Our members include providers of home care services contracted by the Community Care Access Centres and the providers of LHIN funded community support services that assist seniors, people with disabilities, and individuals who cannot function independently because of a disability, illness, or other limitations due to aging, mental health, or addiction. These organizations have an estimated workforce of 10,000 staff and 120,000 volunteers delivering community support services.

Contact: Susan Thorning, Chief Executive Officer, susan.thorning@ocsa.on.ca