

WORKPLACE SAFETY

for Nova Scotia's Home Care,
Long Term Care &
Disability Support Sectors

The graphic consists of several horizontal, wavy bands of color: dark blue at the top, followed by a lighter blue, then a white band, then a large yellow band, and finally a green band at the bottom. A flock of dark blue birds is shown in flight, moving from the bottom left towards the top right, following the curve of the landscape. The birds are silhouetted against the lighter background bands.

CHARTING THE COURSE

Report and Recommendations

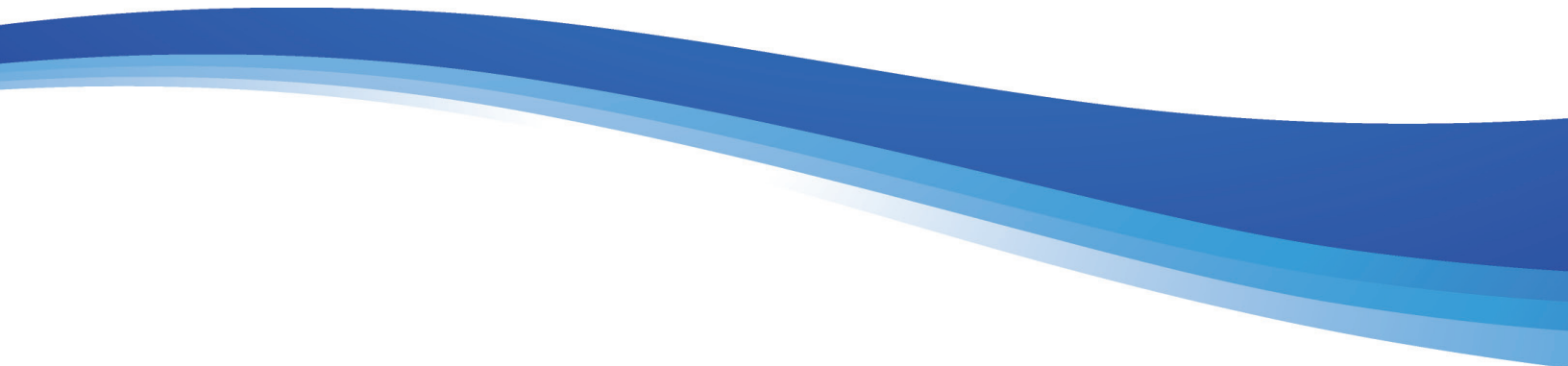
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ACRONYMS

| | |
|----------|--|
| ARCs | Adult Residential Centres |
| AWARE-NS | Nova Scotia Health and Community Services Safety Association |
| DCS | (Nova Scotia) Department of Community Services |
| DHW | (Nova Scotia) Department of Health and Wellness |
| DSP | Disability Support Program |
| EFAP | Employee and Family Assistance Programs |
| LAE | (Nova Scotia) Department of Labour and Advanced Education |
| MSI | Musculoskeletal Injury |
| NSHA | Nova Scotia Health Authority |
| OHSMS | Occupational Health and Safety Management Systems |
| RRCs | Regional Rehabilitation Centres |
| WCB | WCB Nova Scotia |

SECTOR SNAPSHOT

| | DESCRIPTION / NUMBER OF FACILITIES |
|---|--|
| Home Care | <p>The Home Care Industry sector includes organizations that provide home nursing and home support services. Health and Wellness provides funding for 22 home care providers (20 home support, plus VON and NSHA for nursing).</p> <ul style="list-style-type: none"> - Approximately 2,000 home support workers working in non-profit agencies - Approximately 650 home care nurses - Over 14,000 clients are authorized for home care services (nursing/home support), on any given day - Over 8,000 clients are authorized for home support services only, on any given day |
| Nursing Homes & Residential Care Facilities | <p>The Nursing Home Industry sector includes nursing homes and residential care facilities.</p> <p>Health and Wellness licenses and funds 148 nursing home and residential care facilities</p> <ul style="list-style-type: none"> - Approximately 8,560 employees are funded for nursing homes - Approximately 584 employees are funded for residential care - There are approximately 6,928 nursing home beds and 927 residential care beds - These LTC facilities serve more than 10,000 residents each year |
| Disability Support Program | <p>The Disability Support Program includes facilities and programs to support individuals with disabilities.</p> <ul style="list-style-type: none"> - 358 licensed homes under the Disability Support Program - Approximately 3,920 employees - Number of Residential Service Providers: 84 |

We're talking about the safety of about **16,000 people** who work in the home care, long term care and disability support sectors .



ABOUT THIS REPORT

This report has been guided by the Steering Committee of a multi-stakeholder project involving:

- Nova Scotia Health and Community Services Safety Association (AWARE-NS)
- Nova Scotia Department of Health and Wellness (DHW)
- Department of Labour and Advanced Education (LAE)
- Department of Community Services (DCS)
- WCB Nova Scotia (WCB)
- Nova Scotia Health Authority (NSHA)
- IWK Health Centre (IWK)
- Representing organized labour, the Nova Scotia Government and General Employees Union
- Representing employers, the Continuing Care Council (a committee of the Health Association of Nova Scotia)

The project's purpose is to bring together stakeholders to address the high number of work-related injuries and illnesses among staff in the home care, long term care and disability support sectors. Its work involved assessing the current state of occupational health and safety within these sectors in Nova Scotia, including identifying probable root causes of work-related injuries. The Steering Committee and Working Groups also identified best practices for improving workplace health and safety through an examination of existing action plans and/or strategic approaches to addressing this topic, as well as a review of the grey and academic literature and interviews with key informants. The project engaged key stakeholders in development of the this document.

This report sets out recommendations to improve the occupational health and safety outcomes for home care, long-term care and DSP workers in Nova Scotia.



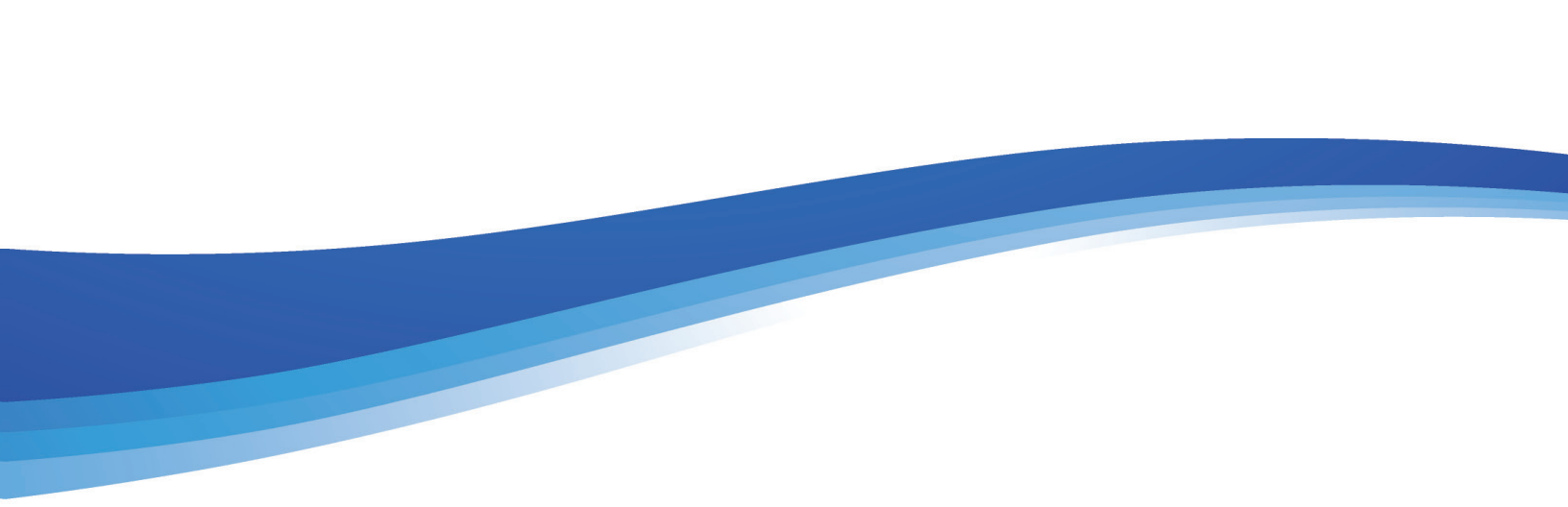
EXECUTIVE SUMMARY

If you work in home care, long term care or DSP sector, you are more likely to be injured on the job than most other kinds of worker in Nova Scotia. The wide range of workplace environments, diversity of clients and spectrum of their needs makes this sector one of the most complex occupational health and safety landscapes. The shift toward more home- and community-based service provision and the growing number of Nova Scotians moving into long term care facilities is putting ever increasing demands on this vital workforce.

In the meantime, the rate of workplace injury in this sector is on the rise and taking more and more people off the job for longer and longer periods of time. This all contributes to staff shortages, which puts those still on the job at higher risk of being injured at work themselves. It impacts the ability to provide high quality care to clients and erodes morale within teams of staff. Workplace injuries are a bad outcome for everyone.

What's important to understand is that, with the right strategies and supports, all of these injuries are preventable. Nova Scotia needs health care and residential services and support workers safe and on the job. Investments in their health and safety are required to reverse the high rates of injuries, particularly in home care, long term care, and the DSP sectors. Safe and healthy workers will provide safe and healthy client care.

In 2009, work-related injuries and illness among Nova Scotia's home care, long term care, and DSP sector workers were increasing rapidly. If nothing changed, it was estimated that workers' compensation premiums paid by the sectors would exceed \$60 million by 2015. This resulted in a new focus on health and safety and return-to-work programming. It also led to



the creation of a health and safety association for Nova Scotia's health and community services sector, AWARE-NS (funded by DHW). Together, AWARE-NS and WCB worked with employers and workers to improve health and safety outcomes, which resulted in significant improvements in the number of injuries and claim costs. Contrary to those earlier estimates, premiums in 2015 for the sectors totaled \$ 37 million – over \$23 million less than projected.

Since that time, gains that had been made in home care and long-term care have been lost, and as a result, a renewed focus on safety is required. While the health and safety performance in the DSP sector has been stable, the increase in injuries associated with workplace violence requires attention. If the current trends continue, it is estimated that in 2023 Nova Scotia's home care, long term care, and DSP employers will pay more than \$50 million in WCB premiums.

The twenty-one recommendations in this report are in support of creating the safest workplaces in Canada for everyone who is employed in Nova Scotia's home care, long term care and DSP sector. Through an extensive process of research, consultation and working groups, we have heard that priority areas include: safe patient handling and mobility; preventing slips, trips and falls; addressing workplace violence; supporting mental health and wellness, and; providing effective stay-at-work / return-to-work programs. These recommendations will give shape to specific actions and measures for the next five years.

Implementation will require long term commitment, leadership and accountability from government, employers, employees, unions, AWARE-NS and WCB. It will also require the courage to step out with immediate investments in strategies that are proven to be effective in making workplaces safer.

Above all, we need to create a culture shift to make workplace safety not the work to do, but the way everyone does their work.



INTRODUCTION

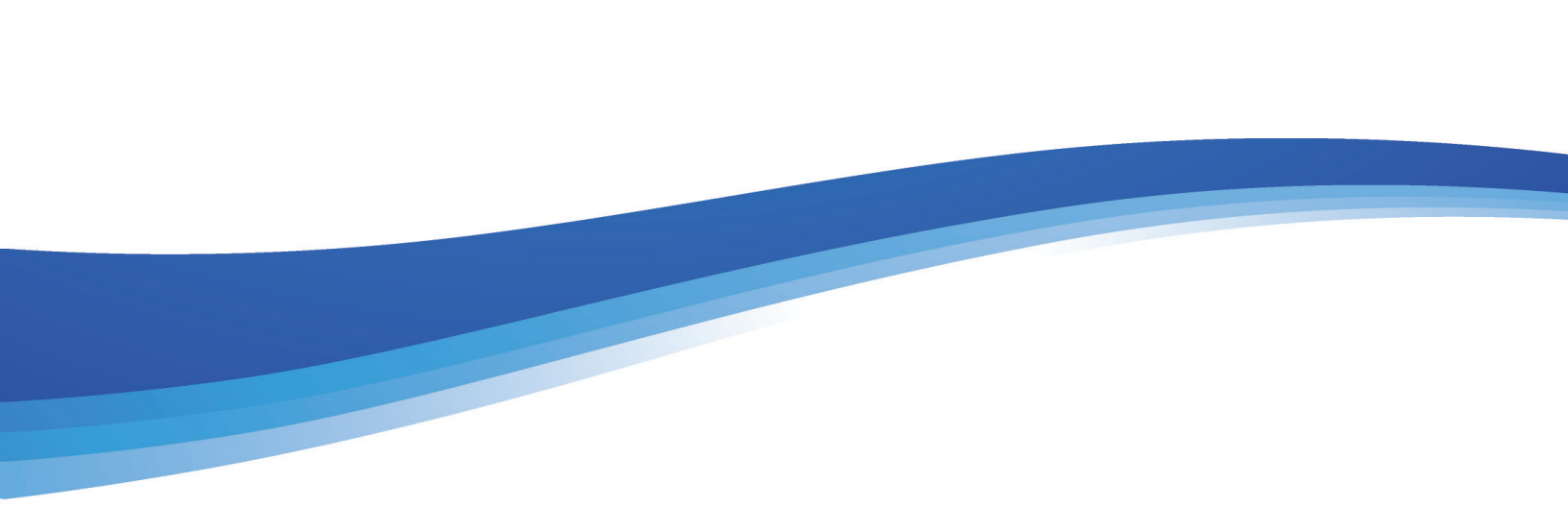
For years, Nova Scotia's home care, long term care and disability support sectors have been under pressure as they struggle to meet steadily increasing demands. With an aging population, high rates of chronic disease and almost 20% of citizens living with a disability, the Province is now spending about 50% of its budget on health and social services.

As people who are called to this work know well, caring for others can be personally rewarding. But at the same time, providing long term care, home care and disability support in such high needs sectors can take a heavy toll. In fact, those care providers are more likely to be injured on the job than most other types of worker in Nova Scotia. These sectors have the highest rates of injury reported to WCB Nova Scotia. With the right training, equipment, support, leadership, and safety culture, all of these injuries should be preventable.

The numbers are very concerning. While long term care, home care and the DSP account for 7% of the total assessable payroll, they represent almost 22% of the time-loss claims. The high cost of these claims results in those employers paying more than \$35 million in WCB premiums annually.

In 2016, work-related injury or illness resulted in the equivalent of 320 full-time home care, long term care and DSP workers being absent from work for a full year. The cost to Nova Scotia is much more than the time-loss claim, backfill and disability support; every injured worker is a service provider unable to support a patient or client who needs them. And every injured worker suffers their own upheaval from being hurt and off the job.

To address this issue, AWARE-NS, the Departments of Labour and Advanced Education (LAE), Health and Wellness (DHW) and Community Services (DCS), the Nova Scotia Health Authority (NSHA), the IWK Health Centre (IWK), WCB Nova Scotia, employers, and organized labour came together to facilitate the development of these sector-led recommendations. Together, they have



conducted extensive research, consulted widely and identified how to become the safest workplace in Canada for this vitally important workforce.

Charting a course for workplace safety requires many stakeholders to cover a lot of ground. It requires a clear picture of the landscape, a shared vision for where we are headed and a plan to get there. Like geese flying in formation, everyone needs to be committed to supporting each other for the long haul and moving in the same direction.

The next leg of our journey is to continue to work toward:

- finalizing a results-based evaluation framework that aligns investments with outcomes we can measure;
- setting out with our immediate action areas, and;
- developing our 5-Year Action Plan, which will detail a workplan and score-card for each of the twenty-one recommendations in this report and assign accountability for implementation.

Our ultimate goal is for Nova Scotia to have the safest workplaces in Canada for everyone who is employed in the home care, long term care and disability support sectors. Based on the workplace safety evidence, we know we can move the markers by giving priority to: safe patient handling and mobility; preventing slips, trips and falls; addressing workplace violence; supporting mental health and wellness, and; providing effective stay-at-work / return-to-work programs.

Different partner organizations will at times be in roles of leadership and others in roles to support. We each need to be accountable for those aspects of the planning framework under our influence and authority. And, if we continue to fly in tight formation, we can cover twice as much ground as each one could flying alone.



PROJECT METHODOLOGY

The recommendations in this report were developed through three streams of activity.

Research

- An environmental scan was conducted to identify best practices for improving health and safety in the home care, long term care and disability support sectors.
- An assessment of the current state of workplace health and safety for these sectors in Nova Scotia was completed.
- Research on specific, focused topics was completed to gather further evidence on potential actions.

Consultation

- Consultations with over 1,200 stakeholders in the home care, long term care and disability support sectors were conducted, including frontline employees (direct care providers, housekeeping, dietary, maintenance, etc.), managers/supervisors, senior leaders, and others (union representatives, care coordinators/discharge planners, licensing and audit staff, etc.). The process included large group consultation sessions, smaller focus groups, and an online survey.

Working Group Series

- A series of Working Groups engaged over 90 individuals across stakeholder groups to identify potential actions to improve workplace health and safety in home care, long term care and the DSP. Discussions focused on the 5 key areas of workplace injury safe patient handling and mobility; slips, trips, and falls; mental health and wellness; workplace violence and; stay-at-work/return-to-work.

A full report on the research and consultation findings are available online at www.awarens.ca/actionplanreports.

A BIRD'S EYE VIEW OF THE WORKPLACE SAFETY LANDSCAPE

In 2009, work-related injuries and illnesses among Nova Scotia's home care, long term care and DSP workers were increasing rapidly. It was forecast that if nothing changed, workers' compensation premiums paid by these sectors could threaten to rise to over \$60 million by 2015 – an increase of almost 80% (see Table 1).

Table 1: Actual vs Projected WCB Premiums (2009 to 2015) *

| Sector | 2009 Premiums | 2015 Projected Premiums | Increase |
|-------------------------------|---------------------|-------------------------|------------|
| Home Care | \$8,679,422 | \$16,796,151 | 94% |
| Long-Term Care | \$21,473,232 | \$32,144,090 | 50% |
| Disability Support Program ** | \$3,763,832 | \$11,642,739 | 209% |
| Totals | \$33,916,486 | \$60,582,980 | 79% |

In 2009, employers were bracing for a \$60M WCB premium within 6 years if they didn't get ahead of workplace injury trends.

Concern about the negative impact on the workforce and rising premiums resulted in the creation of AWARE-NS, a health and safety association for Nova Scotia's home care, long term care and disability support sectors. It was funded by the Department of Health and Wellness. It resulted in a new spotlight on health and safety and a return-to-work focus in many home care, long term care and DSP organizations, supported by AWARE-NS and WCB.

* Calculated in 2009.

** Department of Community Services' Disability Support Program (DSP) provides residential services and support for individuals with disabilities. WCB classifies these employers as Special Care Homes. These homes include a range of residential support options in homes/facilities with three or more beds, including small option homes, developmental residences/group homes, residential care facilities, Adult Residential Centres (ARCs) and Regional Rehabilitation Centres (RRCs).

With workplace safety interventions, **actual premiums were 39% lower than projected.**

The renewed focus on health and safety resulted in significant improvements in the number of injuries and claim costs. Contrary to those earlier estimates, premiums in 2015 for the home care, long term care and disability support sectors totaled \$37 million as illustrated in Table 2 – over \$23 million less than projected.

Table 2: Projected vs Actual 2015 WCB Premiums

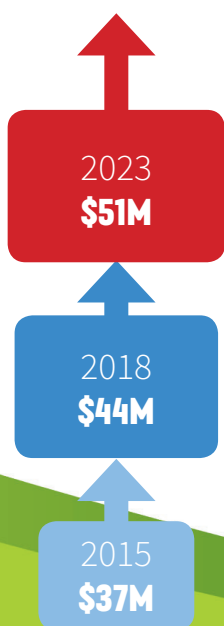
| Sector | 2015 Projected Premiums | 2015 Actual Premiums | Actual premiums compared to projections |
|----------------------------|-------------------------|----------------------|---|
| Home Care | \$16,796,151 | \$11,196,768 | -33% |
| Long-Term Care | \$32,144,090 | \$20,800,935 | -35% |
| Disability Support Program | \$11,642,739 | \$5,247,217 | -55% |
| Totals | \$60,582,980 | \$37,244,920 | -39% |

Since 2015, WCB rates for the disability support sector have been stable. However, home care and long term care workplace safety has been losing ground again. These two sectors have seen increases in their premium assessment rates (a 9% and 5% increase annually for home care and long term care, respectively) and current projections are for continued annual increases of 3% (home care) and 2% (long term care) for the next 5 years.

The increase in premiums in these sectors reflects the rising rate of worker injury in home care and long term care, the increasing number of time-loss claims, and the length of time a worker needs to return to work from injury. At this rate, the home care and long term care sectors should anticipate a cost of approximately \$44 million in WCB premiums in 2018. Furthermore, based on this trend, premiums are predicted to rise to \$51 million by 2023 – a 17% increase.

But the rate of workplace injury is climbing again.

Based on today's trending, premiums alone will cost employers **\$51M** in 2023 unless we get back on course.



Compared to other sectors, **home care and long term care workers have the highest rates of injury** and lose more time from the job than employees in any other workplace.

However, using premiums paid to quantify workplace injury is only part of the story. These costs don't reflect the total impact of back-filling staff who are absent as a result of a workplace injury, benefits, overtime, recruitment, retraining, lost knowledge and experience, administrative time and negative outcomes for clients. A different – but equally important measure – is the 'time-loss days' arising from a workplace injury.

Although workers in Nova Scotia's home care, long term care and disability support sectors make up 22% of workers' compensation time-loss claims, they represent only 7% of total provincial assessable payroll. As illustrated in Table 3, home care accounts for just under 2% of assessable payroll but over 8% of time-loss claims. Long-term care represents approximately 4% of the assessable payroll but represents over 11% of time-loss claims.

Table 3: Assessable Payroll versus Time-Loss Claims

| Sector | 2016 Assessable Payroll | | 2016 Time-Loss Claims | |
|----------------------------|-------------------------|---------------|-----------------------|---------------|
| | \$ | % of total NS | Count | % of total NS |
| Home Care | \$170,806,593 | 1.6% | 448 | 8.3% |
| Long-Term Care | \$398,418,434 | 3.8% | 595 | 11.1% |
| Disability Support Program | \$158,159,719 | 1.5% | 148 | 2.8% |

Average days off work due to work-related injury is also much higher for home care and long-term care workers, by more than twice and almost four times the provincial average, respectively. Once a worker from home care, long term care or the disability support program is injured on the job, it takes an average of 30% longer for them to return to work when compared to all employees in Nova Scotia. The number of claims in long-term care was relatively steady through 2013 to 2016, however, costs increased due to the time taken to return to work following an injury.



In 2016, the home care, long term care and DSP sector had the equivalent of **320 full time employees off the job for a full year due to work related injuries**, which adds to the workplace risk factor of staff shortages.

A key finding from both the research and stakeholder consultations is that the current rate of workplace injury is having a major impact on staffing shortages. Home care, long term care and DSP workplaces are in a vicious cycle where injured workers are off the job and leaving the employer short-staffed, which in turn puts those remaining workers at higher risk of injury themselves.

According to WCB data, the rate of time-loss days due to injury is outpacing the rate of payroll growth. From 2013 to 2016, home care experienced a 25% growth in payroll but a 125% increase in time-loss days. Similarly, in long term care, payroll increased by 4% but time-loss days increased 29% in that same period.

As shown in Table 4, in 2016, the increase in work-related injury or illness resulted in the equivalent of 320 full-time home care, long term care and special care home workers being absent from work for a full year. This was up 17% from 274 in 2009. In home care alone, there was a 62% increase from 76 in 2009 to 123 in 2016.

Table 4: Full Time Equivalent Workers Off for One Full Year (2009 vs 2016)

| Sector | 2009: # of FTE's off for 1 year | 2016: # of FTE's off for 1 year | Percentage Change |
|----------------------------|---------------------------------|---------------------------------|-------------------|
| Home Care | 76 | 123 | 62% |
| Long-Term Care | 164 | 167 | 2% |
| Disability Support Program | 34 | 30 | -12% |
| Totals | 274 | 320 | 17% |

THE VIEW FROM THE GROUND: TOP CAUSES OF WORKPLACE INJURY

Many factors contribute to the high injury rates and their related costs. Research indicates that publicly-funded home care, long term care and community services in other jurisdictions are also experiencing higher costs of service delivery and increasing demands for care.

The workforce itself is also experiencing changes and challenges that impact workplace health and safety. The care provider group is aging, which can affect the physical abilities and resiliency of staff. Older workers may be at greater risk of more serious injuries. In a 2013 survey of 1,335 health care workers in Nova Scotia, over half of respondents (55 %) were 45 years or older, and 60 % of respondents felt that they were not fit enough to assist clients to move without the use of equipment. While this survey was only conducted with health care staff, concerns regarding an aging workforce and staff physical fitness in the disability support sector were also expressed during consultation sessions.

The continuum of care has been changing for some time. Clients are leaving hospital sooner, which shifts the location of care from facility-based to home-based settings. People requiring care and support are also remaining in their homes longer before moving into facility-based care. This means that in all continuing care settings, there are growing numbers of clients with increasingly complex care requirements.

As well, some clients accessing home care and long-term/residential care have specialized physical and mental health need for such issues as dementia or challenging behaviours. As DSP clients age, their physical and medical care requirements increase, leading to greater physical demands on care staff.

During the consultations, stakeholders said a strong focus on client care must be matched by an equally strong focus on worker safety. In many organizations, this culture of workplace safety does not appear to exist.

The safety of workers providing service is as important as the needs of the people they care for.

This is a core value of a workplace safety culture.



MUSCULOSKELETAL INJURIES



SLIPS, TRIPS AND FALLS



WORKPLACE VIOLENCE

THE THREE MOST COMMON WORKPLACE INJURIES

Musculoskeletal injuries from moving and handling clients, slips trips and falls, and workplace violence are leading causes of injury claim in the home care, long term care and disability support sectors. Table 5 provides details about the number of workers' compensation claims where workers missed time from work for these three key injury drivers.

Musculoskeletal injuries related to client moving and handling continue to be the most common type of injury for home care, long term care, and special care homes. The total number of time-loss claims across the sectors caused by musculoskeletal injuries rose from 876 in 2013 to 986 in 2016.

Another major contributor to injuries is slips, trips, and falls, with the number of time-loss claims increasing in home care, from 77 in 2013 to 96 in 2016, but decreasing in long term care. A small increase was seen for the DSP. Table 5 also shows that the number of time-loss claims related to workplace violence increased from 2013 to 2016.

Table 5: Number of Time-Loss Claims for Key Injury Drivers

| Sector | Musculoskeletal injuries | | Slips, trips, falls | | Workplace violence | |
|----------------------------|--------------------------|------------|---------------------|------------|--------------------|-----------|
| | 2013 | 2016 | 2013 | 2016 | 2013 | 2016 |
| Home Care | 265 | 383 | 77 | 96 | 5 | 3 |
| Long-Term Care | 528 | 495 | 90 | 77 | 43 | 47 |
| Disability Support Program | 97 | 108 | 23 | 26 | 26 | 39 |
| Totals | 876 | 986 | 190 | 199 | 74 | 89 |

Note: claims in the MSI column may also be counted in the STF and/or WPV columns, and vice versa.

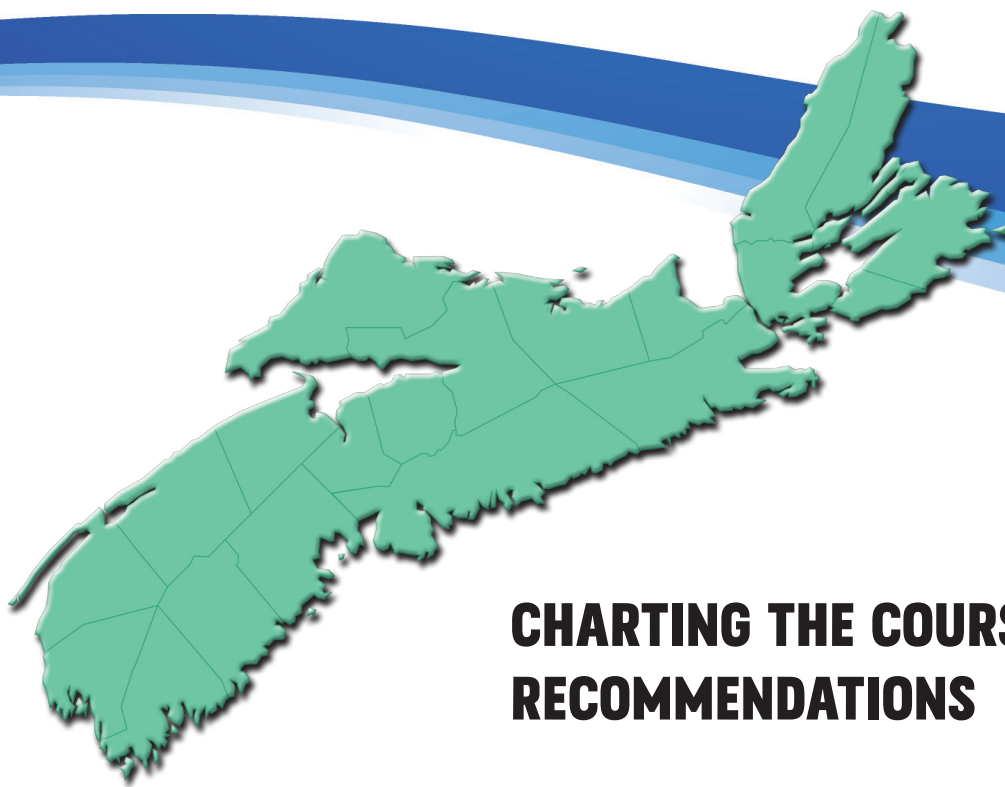
In 2016, musculoskeletal injuries accounted for the majority of time-loss claims (83% in long-term care, 86% in home care and 72% in the DSP). The second leading cause of injury was slips, trips and falls, which accounted for 22% of time-loss claims in home care, 17% in community services and 13% in long term care. In 2016, injuries related to workplace violence in the DSP accounted for 25% of time-loss claims, 8% in long term care and 1% in home care. It is widely felt that workplace violence, in particular, is under-reported.

That same year, approximately 12% of all time-loss claims had one or more psychological service associated with them. These injured workers are off the job more than four times longer, on average, than workers who do not receive any psychological service as a result of their claim. The costs for time-loss claims that include psychological services are, on average, more than five times higher than those without. In 2016, 25% of all claims receiving psychological services were associated with workers from home care, long term care and special care homes.

Work-related injuries can contribute to burnout, poor job satisfaction, high turnover. This is resulting in workers permanently leaving their jobs in home care, long term care and disability support. And this in turn results in worsening shortages of workers in these sectors. Injuries negatively affect workers and their families and increase costs for government and employers. In addition, the health and safety of workers in the home care, long term care and disability support sectors can have an impact on the quality of service they deliver. Nova Scotia needs its care workers healthy, working, and on the job. Staff safety must become a core value and top priority.

Stakeholders reported that **workers' psychological health and safety is also a growing concern.** Fatigue, workload, working with challenging behaviours, and managing the expectations of clients' family members were noted as negatively impacting worker health and safety.





CHARTING THE COURSE: RECOMMENDATIONS

Recommendations to improve workplace health and safety in Nova Scotia's home care, long term care and disability support sectors are mapped out below. Specific activities that can support each area of work in this report have been identified. These pieces of work have been flagged with markers throughout each section below for easy finding.

LEADERSHIP

While all workplace stakeholders have a role to play in supporting staffs' health and safety, leaders play an essential role in creating a 'safety for all' culture. Commitment to safety needs to be a value that shapes decision-making with action and accountability at all levels. Currently, commitment to worker safety among organizational leaders varies. Leaders not only need core health and safety competencies, but they also need an understanding of the day-to-day work of frontline staff and the hazards they face.

Senior leaders and members of governing boards require programs and supports to increase their knowledge and skills in workplace health and safety and ensure that health and safety is prioritized and integrated throughout the organization. This knowledge will create focus, discipline, and accountability, thereby shaping the workplace culture where workers look out for one another, share responsibility and work safely.

Recommendations:

- Develop and implement strategies to build core health and safety competencies among senior leaders and boards of directors.
- Implement an OHS governance score card to help CEOs and boards monitor and continuously improve key workplace health and safety outcomes.



OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT SYSTEMS

Organizations operating within the home care, long term care and disability support sectors need strong occupational health and safety management systems that address all physical and psychological health and safety hazards to support worker health and safety.

The program elements and standards within an OHSMS are based on evidence and best practices, and include policies, procedures, training, tools, templates, and reporting requirements, which can be adopted across Nova Scotia. These supports enable organizations to identify, report on, and address key areas of concern, and establish standards and expectations. An OHSMS helps to operationalize effective quality improvement processes, which becomes part of everyday work and contributes to a culture of workplace safety.

Currently, hazard identification and risk assessment methods vary from organization to organization. An effective risk assessment procedure should clearly define what tools are available; when assessments will be conducted and who will do them; how risks will be reported and addressed; and how assessments will be incorporated into incident investigations. Conducting risk assessments and implementing effective controls will help ensure the safety of workers, clients, and other caregivers.



Recommendations:

- Implement an Occupational Health and Safety Management System across all sectors as a requirement.
- Develop and implement standardized risk assessments (see recommendation #20 for additional context).



An OHSMS should include common data collection, reporting, and management systems for health and safety indicators and outcomes agreed on by stakeholders. The OHSMS should be used to measure the effectiveness of safety programs/initiatives to support improvement.

Recommendation:

- Develop and implement a health and safety data collection, reporting, and management system across all sectors.



An effective OHSMS includes programs that focus on the causes of injuries in the workplace, and address areas of identified need. Within home care, long term care and the DSP in Nova Scotia, key areas of concern include: client handling and mobilization, workplace violence, and slips, trips, and falls. The OHSMS should also include an evidence-based stay-at-work/return-to-work program.

Recommendations:

- Implement a safe handling and mobility program across all sectors.
- Develop and implement a workplace violence prevention program for all sectors.
- Develop and implement a stay-at-work/return-to-work program.

TRAINING AND EDUCATION

Safety education is critical for those who work in the home care, long term care and disability support sectors. Wherever possible, workers should be supported to participate in learning opportunities. Safety education requires consistency in training and should speak to the topics which are most relevant within these sectors.

Training and education related to workplace health and safety needs to start before employment. Best practices for injury prevention could be delivered through the post-secondary education programs which prepare the health and community services workforce. Once an employee enters the workforce, additional training should be provided as part of orientation, and continue throughout their career.

Recommendations:

- Deliver safety education at all levels through the sectors.
- Integrate best practices for workplace safety in post-secondary education programs that prepare Nova Scotia's health and community services workforce.



COMMUNICATION

To achieve success in health and safety, there needs to be effective communication up, down, and across organizations. Communication tools and strategies to support 'safety for all' including clients, families, and workers are needed. As well, organizations need pathways to share health and safety initiatives and best practices with each other to maximize efficiency and increase consistency.

Communication strategies should support effective sharing of best practices, and risk-related information within and between organizations and across settings, while respecting client confidentiality.



Recommendations:

- Implement communication tools and mechanisms for clients and their families supporting awareness of safety for all.
- Develop tools for sharing risk-related client information between organizations (as patient/client moves between organizations) to ensure worker safety.
- Implement best practice sharing across sectors.

HUMAN RESOURCES AND INFRASTRUCTURE

In order to work safely, the right human resource and infrastructure supports must be in place. The complexity and acuity level of clients in the home care, long term care and disability support sectors is increasing. During consultations, challenges related to staffing levels to ensure safe work practices, and high rates of staff turnover were consistently discussed. Based on assessments of client needs and acuity, policy/process should be developed to ensure the right number and the right type of staff are in place to support safe work.



In addition, there appears to be a lack of consistency and competency levels across Nova Scotia in supporting clients with challenging behaviours. It is important to research best practices in this area.

Recommendations:

- Establish and implement a policy/process that requires allocation of inter-professional staffing based on client needs and acuity levels.
- Develop a model of care to respond to the increasingly complex needs of clients living with cognitive impairment and significant behavioural and psychological symptoms.

Another key issue identified was supporting staff psychological health and safety as part of a comprehensive workplace strategy.

Recommendations:

- Building upon the work done in two of Nova Scotia's health care employers, implement the National Standard of Canada for Psychological Health and Safety in the Workplace.
- Implement a requirement for provision of Employee and Family Assistance Programs (EFAP).
- Review standards of care performance measures and ensure alignment with safe work practice.

Through the Soteria Strains provincial strategy work, and confirmed during the consultations, several challenges were identified related to client handling and mobility. Having effective policies and access to funding for equipment in both client homes and care facilities, including lifts, hospital beds, mobility devices, and tools such as transfer belts and slider sheets, are critical for both worker safety and safe quality care. Allocation of equipment and lifts through an agreed upon, adjudicated and transparent process based on need and risk assessments would help to ensure equitable access to required resources.

Recommendation:

- Develop and implement a centralized equipment and lift inventory and loan program.

Based on Nova Scotia's OHS Act, employers are responsible for the identification and control of hazards in all workplaces. Ensuring a safe physical space is an even more complex proposition in the home environment. Risks to community-based workers can be reduced by using hazard identification, and risk assessment and response tools.

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A standardized process for risk assessments should include physical, environmental, and behavioural hazards for worker safety. Currently in Nova Scotia, client risk assessment methods vary, including the tools used, the timing of risk assessments, and use of information for care planning. Risk assessment tools and best practices that have been developed and are in use within home care, long term care and community services include Staying Safe While Working in the Community Risk Assessment, Workplace Violence Risk Assessment (Workplace Violence Prevention Program) and the PACE risk assessment tool.

Recommendation:

- Develop and implement standardized risk assessments.



It is important for new and renovated facilities to support worker and client safety. Implementing the Canadian Standards Association's Z8000 Canadian Health Care Facilities - Planning, Design and Construction standard in Nova Scotia will help to ensure that safety is incorporated in the planning and design of physical spaces. Developing and incorporating standards into program plans, licensing, and regulations should also be a long-term goal.

Recommendation:

- Develop and implement standards for designs of physical spaces.



CONCLUSION

This report is a call to action. Nova Scotia must make workplaces safer so that the people who are providing services to our most vulnerable citizens are not putting themselves at risk in the process. Behind every time-loss statistic is a person who was hurt, a client whose care is disrupted and a co-worker who needs to pick up the slack in their absence.

The fact that the partner organizations came together to produce this report is a reflection of the high level of commitment and sense of priority to tackle these issues. No organization will be able to do this alone. In addition to developing workplans around each of the recommendations, a governance model to guide the body of work needs to be confirmed so that roles and relationships are clear and we hold each other accountable. In addition, an evaluation framework must be developed to ensure we can measure outcomes and effectiveness.

There are thousands of people who work in the home care, long term care and disability support sectors, and thousands more Nova Scotians who depend on those workers every day. For everyone, we need to make Nova Scotia the safest place to provide care.

The next leg of the journey

- finalize a results-based evaluation framework that aligns investments with outcomes we can measure
- set out our immediate action areas
- work toward a 5-Year Action Plan, which will detail a workplan for each of the 21 recommendations in this report and assign accountability for implementation.

APPENDIX A: STEERING COMMITTEE & PROJECT STRUCTURE

Steering Committee

Susan Dempsey (Executive Director, AWARE-NS)
Cindy Cruickshank (Director, Health Workforce Policies and Programs, Department of Health and Wellness)
MJ MacDonald (Director of Risk Mitigation, Continuing Care)
Christine Penney (Senior Executive Director, Safety Branch, Department of Labor and Advanced Education)
Shelley Rowan (Vice President Prevention and Service Delivery, WCBNS)
Katrina Philopoulos (Manager, Occupational Health, Safety & Wellness, NSHA)
Wendy McVeigh (Director, Continuing Care, NSHA)
Steve Ashton (Vice President of People and Organization Development, IWK)
Jason MacLean (President NSGEU)
Christa Quinn (Health Association Nova Scotia, Continuing Care Council Representative)
Sheila Landry (Director, Labour Relations, Department of Community Services)

Sponsors

Jeannine Lagassé (Associate Deputy Minister, (Department of Health and Wellness)
Tracey Barbrick (Associate Deputy Minister, Department of Labour and Advanced Education)
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Carmelle d'Entremont (Vice-President of People and Organizational Development, NSHA)

Project Owner

Denise Perret (Deputy Minister, Department of Health and Wellness)



