



**Safe, Respectful and Inclusive Workplaces:
Stakeholders and Strategies Conference
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**Safety First: Recognizing and Responding to
Violence in the Health Care Sector**

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Defining Workplace Violence

“The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation”

World Health Organization (see Cite #154 in the NHSRU Report)



Statistics Canada Report (released April 15, 2009 from 2005 National Survey of the Work and Health of Nurses)

- 34% of Canadian nurses providing direct care in hospitals or long-term care facilities report physical assault by a patient in the previous year;
- 47% of Canadian nurses providing direct care in hospitals or long-term care facilities reported emotional abuse
- Correlation between abuse and staffing or resource inadequacy and poor working relationships

Statistics: ONA

- 36% have experienced physical violence in the workplace, the majority being physically attacked by patients
- 67% report that been the target of verbal abuse in the workplace. Patients and doctors are the most-reported source of the verbal abuse;
- 11% report that they have been the target of sexual abuse in the workplace. Patients and doctors are the most-reported source of the sexual abuse



Other Jurisdictions (Statistics taken from the NHRSU Study)

- US study showed health care workers are 16 times more likely at risk of violence than any other service workers
- US study showed assault rates among health care workers are 10 times higher than that of workers in private, non-health care industries
- UK study estimates that health care workers are 3-4 times more likely at risk for assaults and threats than average workers: nurses are at the highest risk - 3 times more likely to be victims of violence than any other health care personnel. Their risk of being a victim of violence is close to that of prison guards and police officers



Sources of Workplace Harassment/Violence

- Violence perpetrated by clients, patients or family members
- External violence perpetrated by strangers to the workplace
- Horizontal violence perpetrated by co-workers, supervisors or other health care workers
- Domestic violence

ONA Case Reports

- A community health-care worker was violently raped in a patient's home, shortly after arriving to provide care
- A nurse was violently attacked by a psychiatric patient who wandered off to another unit while waiting to be admitted.
- A patient who overdosed and was lying unconscious in the ER on a stretcher with an IV running, was given a narcan antagonist. The patient awoke, jumped off the stretcher, took the IV pole and started swinging it at an ER nurse.

The Lori Dupont Tragedy

- Lori Dupont was a Recovery Room Nurse at a Regional Hospital and a member of the Ontario Nurses' Association
- Lori was murdered at work on November 12, 2005 by her former partner and work colleague, Dr. Marc Daniel, an anaesthesiologist at the same hospital
- Dupont had taken steps to end her relationship with Daniel in February 2005 after his attempted suicide in a bid to control her
- Daniel was allowed to return to work in May 2005 in spite of his attempts to pursue Dupont at work; he engaged in ongoing harassment and stalking of Dupont at work in the period leading up to the murder

The Lori Dupont Tragedy

- Daniel stabbed Dupont to death in front of her nursing colleagues on the first weekend they were scheduled together; he then committed suicide
- At the Coroner's Inquest into the deaths, an expert identified 16 risk factors in the relationship between Dupont and Daniel as well as 84 missed opportunities for intervention by various parties
- The evidence revealed a lengthy history of abusive conduct, both verbal and physical, on the part of Dr Marc Daniel and a culture of physician dominance at the hospital
- Ontario has a systemic problem of disruptive behaviours displayed by some physicians



Response to the Risk of Workplace Violence

- Collective Agreement language
- Workplace Policies and Programs
- Legislation
- Education of Employers, Workers and the Public

Organizational Strategies to Reduce Risk of Violence

- Commitment to providing a safe environment
- Risk assessment
- Policies and measures to reduce risk
- Work practices
- Environmental design
- Training/education
- Post incident strategies



Risk Assessment

- Review of the history of violence in your workplace
- Examination of environmental layout
- Assessment of current training of staff regarding identification and management of risk indicators
- Assessment of security operations
- Review of reporting procedures

Work Practices and Job Design

- Ensure sufficient staffing
- Avoid excessive overtime or shift work
- Match staff competencies with client needs
- Increase staff autonomy to avoid inflexible or unreasonable policies
- Enact policies that respect patient/family dignity and privacy
- Encourage open communications

Environmental Design

- Lighting
- Close circuit Television
- Staff communications systems
- Panic buttons
- Presence of security guards
- Limiting access to members of the public
- Providing secure parking and restrooms for staff
- Glass or other barriers



Staff Training / Education

- Recognizing the warning signs of violent behaviour
- Preventing, diffusing or resolving violent conflicts through learning skills of behaviour, aggression and conflict management
- Familiarizing staff with policies on preventing, responding to and reporting violence
- Familiarizing staff with legal rights and responsibilities



Post-Incident Procedures

- Treatment for healthcare workers subjected to violence
- Worker incident reports and notification to Ministry of Labour
- Notification to police and laying charges
- Debriefings and informational meetings
- Internal investigations/report to Joint Health and Safety Committee

Violence does not have to be part of the job

- *“Hospitals are dangerous workplaces...yet they lack the basic safety culture and workplace safety systems...”*
- *“If workers are not protected from health and safety hazards, patients and the public are not protected either. It’s that simple.”*

Justice Archie Campbell – SARS Commission

Violence does not have to be part of the job

- *“If the Commission has one single take-home message, it is the precautionary principle that safety comes first...”*
- *“Ontario needs to enshrine this principle and to enforce it throughout our entire health system.”*
- *“What we need is a common-sense approach to worker safety in hospitals...It is better to be safe than sorry.”*

Justice Archie Campbell – SARS Commission