SASKATCHEWAN ASSOCIATION FOR SAFE WORKPLACES IN HEALTH

Provincial Healthcare Violence Prevention Framework

Readiness Assessment – Part B

1. Violence Policy and Prevention Plan	• Received:
	• The policy is missing or incomplete of the following: 37(3)(b)(c)(d)(e) (i)((i)(ii) (iii)(iv))
	  ○ Respectful Workplace policy IV-1000 dated 2015
	  ○ Zero Tolerance policy IV-1000.01 dated 2015
	  ○ Violence policy IV-1000.03 dated 2012
	  ○ Management of assaultive behaviour policy IX-140 dated 2014
	• All policies outdated and require review every 3yrs
	• The above listed policies are not communicated to workers thru orientation (Facility/Department Safety Orientation Checklist)(Orientation Guide and Checklist RPN/RN/LPN/SCA)
	• Clinical nurse educator does review the harassment, violence, IPCR and code white policy with workers prior to unit orientation. This is done during PART training.

2. Emergency Response Process within the facility and external a) Including documents to validate training	• Code White policy forwarded --Policy I-1001.1 Dated 2014 • Policy wording meets legislation, however will be outdated in November. • The employer has not completed “training” as defined under legislation or evaluation of the code and management has not supported/enforced the use of the code. • Only Code color is communicated during orientation. Currently regional orientation is under review • The Code white policy is reviewed during orientation and then reviewed again verbally ONLY on the unit. • Code white is only utilized unit specific, is not announced over paging system, however some people say it is. We have received inconsistent messaging. • Codes purple and black were outdated and not practiced
3. 5 years of statistics, time loss, no time loss & near miss (WCB)	• See VPP gap worksheet1 “R” drive • R:VPP gap worksheet1.xlsx
4. One year incident report forms pertaining to violent incidents, department, security and police reports / other	• No police reports • No security reports - Facility does have a security team on site. Working group stated “security role is to monitor security cameras”. This is for a controlled amount of time. • We were provided with a provincial job description, JSA and day/night shift checklist

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	• Have not been provided with post orders • See VPP gap worksheet1, R:VPP gap worksheet1.xlsx
5. Union grievances	• None received
6. Risk/Hazard assessments which have been completed for the facility, Work area, worker and patient. This would include any patient flagging process being utilized	• Received risk assessment format for patients, short term harm to self and others (form 1a, 1b) • Facility is currently implementing: The START program: is a risk assessment guide for staff to assess the dynamic risk of a patient's present mental state. The START assesses risk by rating 20 traits as either minimally, moderately, or maximally present in regards to both strengths and vulnerabilities. These traits are then used to inform an individual's risk of violence to others, risk of self-harm, risk of suicide, risk of unauthorized leave, risk of substance abuse, risk of self-neglect, and risk of being victimized.
7. 2 year of Occupational Health & Safety minutes where violence was discussed	• Violence mentioned minimal detail. No reference to risk assessment or recommendations to root cause and follow up. • Standard work for OHC review of incidents received Sept 11, 2018 –Gaps identified(from the provided documentation): 1. No recommendations from OHC 2. Recommendations from Managers not consistently implemented 3. No written documentation of co-chair meetings 4. See VPP Gap Analysis 5. See work standard for review of incident reports
8. The employer's violence training Program information, trainers' contact information and supervisors/manages and worker training records	• Received training records • PART advanced and WAVE are mandatory • Records are inconsistent with unit records • Records are inaccurate (re-certs of dates) • Incident report sections C (department/facility/manager/designate investigation) indicate training worker has. Often noted NA or not filled in • Training not always current when incident reported
9. Completed worker surveys and analysis	• SASWH has provided a survey and working group completed. • Department X: Staff completed
10. Organizational chart	• SHA organizational chart for health area