SASWH

2025 - Issue 4

#IWillReport

FIVE

Steps to Building a Workplace Violence Prevention Program

Workplace Violence:
An Employer's Duties and Obligations

One Size Doesn't Fit All:
The Case for Role-Based Risk Training

Save the Date:
2026 Annual General Meeting

SILENCE NORMALIZES.

Let's work together to reduce workplace violence.

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In healthcare,
safety is vital-
for patients and
providers.

UPCOMING EVENTS!

HSPC Professional Development Conference

September 14-17, 2025

St. John's, NL

Global Ergonomics Month

October

Occupational Therapy Month

October

World Mental Health Day

October 10, 2025

Respiratory Therapy Week

October 19-25, 2025

National Nurse Practitioner Week

November 10-16, 2025

CEO UPDATE

By: Sandra Cripps, MHRM
SASWH Chief Executive Officer

At the Saskatchewan Association for Safe Workplaces in Health, we recognize that strong, positive relationships with our system partners, and the broader workforce are essential to achieving excellence in injury prevention. These relationships are the foundation of our shared commitment to fostering safer workplaces across Saskatchewan's healthcare sector.

Together, we are facing a growing and deeply concerning challenge: the rise in workplace violence and aggression. While acts of violence affect workers in many sectors, those working in healthcare are disproportionately impacted. Incidents are not only increasing in frequency, but also in severity - a reality that has been echoed in news headlines and witnessed in facilities across the province.

This is a call to collective action. While provincial efforts are underway to better assess and manage the risks associated with violence in healthcare, it is equally important to consider how local and individual initiatives can align and contribute meaningfully to a broader, unified approach. The answer is clear: they absolutely can and must work hand in hand. A concept that holds relevance here is Frontline Ownership (FLO). Those working at the front lines of healthcare are not only the most affected by violence and aggression, but they are also uniquely positioned to identify solutions that are practical, sustainable, and effective. Empowering and supporting frontline staff to take ownership of their safety and well-being is critical to driving meaningful change.

To that end, I encourage every member of our healthcare community to take proactive steps:

- Report all incidents of violence or aggression, no matter how minor they may seem.

- Support one another by fostering a culture where speaking up is encouraged and valued.

- Engage in root cause investigations and implement corrective actions.

- Assess your work environment regularly for potential hazards, including materials that could be misused.

- Remain vigilant in recognizing early warning signs of escalating behaviours whether from patients, families or others.

Safety is a shared responsibility, and it begins with awareness, communication, and a genuine commitment to protect one another. Whether at work, at home, or in the community, your vigilance and leadership make a difference. Let us continue to work together locally and provincially with the shared goal of creating a safer, more respectful healthcare system for all.

FRONTLINE OWNERSHIP (FLO)

Frontline Ownership (FLO) is an approach that combines the concepts of Positive Deviance with engagement techniques called Liberating Structures to deeply engage those who are "touching the problem", namely frontline staff. Liberating Structures are change methodologies and tools used to drive frontline staff to identify areas for change, develop creative and appropriate local solutions, and focus on achieving those goals for effective and sustainable results.

Source: Leah Gitterman, MHsc National Health Network

Five

STEPS TO BUILDING A WORKPLACE VIOLENCE PREVENTION PROGRAM

SASWH would like to thank Public Services Health & Safety Association (PSHSA) in Ontario for their ongoing partnership and the sharing of the valuable resources they have developed to address the prevention of violence and aggression in the healthcare system.

SECURING LEADERSHIP COMMITMENT

ASSESSING YOUR PROGRAM NEEDS

DEVELOPING THE PROGRAM COMPONENTS

IMPLEMENTING THE PROGRAM

EVALUATING THE PROGRAM

STEP 1: SECURING LEADERSHIP COMMITMENT

Workplace violence prevention must be a clear priority for all. Once a strategic plan and set targets have been established by the CEO or home operator, they should be shared with everyone in the working environment. Leadership should advocate for the reporting of all violent or threatening incidents and events, and staff should be encouraged to provide input on policy and procedures, and to participate in workplace health and safety training.

STEP 2: ASSESSING YOUR PROGRAM NEEDS

Working groups must be assembled for each department and must include representatives of the staff in that department. This working group can use the Workplace Violence Risk Assessment Tools available on SASWH's website to assess the physical environment, work setting, and work practices. Internal documents (i.e., incident reports, OHC minutes, grievances, workplace safety and WCB claims) should be reviewed in addition to the WVRA outcome to form a more thorough understanding of the risks and previous incidents that have occurred in that department.

STEP 3: DEVELOPING THE PROGRAM COMPONENTS

After the assessment is completed, the leadership team should use that information to create the framework for their violence prevention plan. This plan must address the "3 P's" for different incidents:

- **Prevention** – strategies to deter the onset of workplace violence (client risk assessments, care planning, communication policies).

- **Protection** – strategies performed during an incident to limit the extent of harm (de-escalation techniques, managing individual behaviours, staff codes, mobilization of resources and security measures).

- **Post-incident Response** – strategies undertaken after an incident has occurred to reduce the long-term negative effects on involved parties (team debriefing, reporting procedures, victim assistance and support, investigations to prevent recurrence).

STEP 4: IMPLEMENTING THE PROGRAM – COMMUNICATION, MARKETING, AND EDUCATION

Once a violence prevention plan has been created, it must be implemented in the workplace. This can be done through marketing and communication strategies. Existing staff should be trained on the program procedures with additional training for workers who face greater risks in the workplace. This training should also be part of the onboarding process for new hires and should be regularly reinforced through annual training, safety talks, and team meetings.

STEP 5: EVALUATING THE PROGRAM

Measuring and evaluating the program is essential so that the program can evolve and improve to better meet the needs of the workplace over time. Evaluations can be made through the collection of information from quantitative sources (e.g., incident reports, workplace inspection reports) and qualitative sources (e.g., staff surveys, compliance audits, training evaluations). The leadership team must ensure that workers feel safe and supported in reporting incidents and providing feedback on health and safety in the workplace so that these critical evaluations can be performed.

One Size Doesn't Fit All:

The Case for Role-Based Risk Training

By: Aimée Smith, BEd, MAEd, OHSP, CRSP

SASWH Director of Programs and Innovation

In today's complex and rapidly evolving business environment, organizations face a wide array of risks—from cybersecurity threats and regulatory compliance to operational hazards and reputational damage. One of the most effective ways to mitigate these risks is through targeted, role-specific training.

Aligning training with the risk of role is a strategic investment in organizational resilience. It empowers employees, strengthens compliance, and safeguards the organization against a wide range of threats. In a world where risk is ever-present, targeted training is not just smart, it's essential!

WHY ROLE-BASED RISK TRAINING MATTERS

Risk Exposure Varies by Role

Not all employees face the same types or levels of risk.

Improved Risk Mitigation

When training is tailored to the specific risks associated with a role, employees are better equipped to recognize, respond to, and prevent incidents. This proactive approach reduces the likelihood of costly errors, breaches, or incidents.

Regulatory Compliance

Healthcare is governed by regulations that require proof of adequate training.

Enhanced Engagement and Retention

Employees are more likely to engage with training that is relevant to their daily responsibilities. This relevance not only improves knowledge retention but also demonstrates that the organization values their role and safety.

Efficient Use of Resources

By focusing training efforts where they are most needed, organizations can allocate time and resources more effectively.

IMPLEMENTING RISK-ALIGNED TRAINING

To successfully align training with role-based risk, organizations should:

- Conduct a Job Hazard Analysis: Identify the specific risks associated with each role.

- Develop Role-Specific Content: Customize training to address those risks directly.

- Leverage Technology: Use learning management systems (LMS) to deliver, track, and update training efficiently.

- Monitor and Evaluate: Continuously assess the effectiveness of training and update it as risks evolve.

Workplace Violence: An Employer's Duties and Obligations

Violent and threatening acts occur in the healthcare sector with disheartening frequency. Regardless of the parties involved or whether incidents result in injuries, violence in the workplace should never be viewed as "part of the job".

Recent amendments to The Saskatchewan Employment Act (SEA) require all provincially regulated employers to take action in protecting their workers from violence. Part of these responsibilities include the development and implementation of a policy statement and prevention plan which addresses workplace violence.

An effective prevention plan should be developed in consultation with the Occupational Health Committee and workers at all levels so that the plan identifies the risks facing workers and effective ways to minimize or eliminate those risks. The workplace's unique facilities and operations should also be taken into consideration in the prevention plan: the presence of hazardous materials or equipment, working alone, or working with clientele

who have been violent in the past are topics which would need to be addressed in the plan. The policy statement and prevention plan should be reviewed a minimum of every three years.

"Recent amendments to *The Saskatchewan Employment Act (SEA)* require all provincially regulated employers to take action in protecting their workers from violence."

How Can SASWH Help?

RISK ASSESSMENT TOOL

SASWH is fortunate to have been granted access to online risk assessment tools developed by Public Services Health & Safety Association (PSHSA) in Ontario. These tools are a valuable resource to employers building a prevention plan to minimize or eliminate violence. The three online tool kits currently available are:

- Workplace Violence Risk Assessment – Acute Care
- Workplace Violence Risk Assessment – Long-Term Care
- Assessing Risk in the Community

TRAINING

SASWH offers several courses which address workplace violence.

Professional Assault Response Training (PART®) provides workers with the understanding of, and ability to assess, potentially violent situations and a means to manage, reduce or eliminate risks. PART® is available in various levels depending on the level of risk a worker may be exposed to on the job.

Workplace Assessment Violence Education (W.A.V.E.) is an introductory program that focuses on appropriate communication and awareness of surroundings so that workers better understand how to protect themselves in an adverse situation.

Safety for Supervisors supports supervisors in learning their legal duties regarding occupational health and safety legislation and effective supervision of workers.

SPECIALIST SUPPORT

Overwhelmed and not sure where to begin? SASWH Workplace Safety Specialists are available to G22 employers for consultation and can provide advice and guidance, regardless of where an employer is in the violence prevention process! Contact info@saswh.ca for more information.

Canadian Federation of Nurses Union (CFNU) recently did a survey of members, with 68% of Saskatchewan respondents reporting that they have experienced violence and/or abuse within the last year.

Source: CFNU

Reporting workplace violence is the first step toward being heard and making a difference

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1 in 3 respondents feared repercussions if they reported work-related violence and abuse.

Source: CFNU

VIOLENCE
IS NOT
PART OF THE JOB

#IWillReport

SAVE THE DATE

ANNUAL GENERAL MEETING

From Compliance to Culture: Leadership and Workplace Safety in Saskatchewan

Our expert-led sessions will provide hands-on learning, practical insights, and valuable networking opportunities to help healthcare professionals excel in their field.

📅 **April 15, 2026**

📍 **Regina, SK**

👤 **Free for members of SASWH**

Drew Dudley

Rocky Ozaki

Keynote Speakers:
Morning – Drew Dudley
Afternoon – Rocky Ozaki

SAS WH

Email Us
info@saswh.ca

Our Website
www.saswh.ca

Space will be limited. To ensure you receive your invitation to this free event, click below to join our mailing list.

MAILING LIST

SAFETY TALK: STAYING IN TOUCH
When Working Alone

SASWH
Saskatchewan Association for Safe Workplaces in Health

DEFINITIONS:
Working Alone: Saskatchewan's Occupational Health and Safety Regulations, 2020 defines working alone as being the only worker of the employer at the worksite, or in instances where assistance is not readily available to the worker in the event of an injury, ill health, or emergency.

The Occupational Health and Safety Regulations, 2020 state that when a worker is required to work alone, or at an isolated place of employment, the employer, in consultation with the occupational health committee or representative, shall identify the risks that result from the conditions and circumstances of the work being done or from working alone. Risks that are identified need to be eliminated or managed; *Staying in Touch* is one method to accomplish that.

Effective Communication
There must be an effective communication plan in place. This can consist of:
- radio communication
- phone or cellular communication

Procedures
Procedures that could be included in the *Stay in Touch* plan:
- preparing a daily work plan specifying where the worker will be and at what times
- designating a main contact person and a back-up to whom the lone worker checks in with
  - having the contact person check in on the lone worker periodically, through either phone calls or physical visits
- clarifying how often, and under what circumstances, a lone worker is required to check in
- keeping a written log of contact made
- limitations on, or prohibition/elimination of, specific activities
- deciding on a code word (such as "white") when the lone worker needs help, as well as the use of panic buttons or call bells
- creating an emergency plan when the lone worker does not check in at the designated times
  - knowing cellular coverage and having a plan for when there is no cellular coverage
  - reporting vehicle information (i.e. year, make, model, colour, license plate number)
  - reporting the plan of travel (i.e. highway number, grid road information)
- provision of personal protective equipment, emergency supplies for use in travelling, cellular phone (with charger)

Accountability
Being accountable for safety is everyone's responsibility.
- the lone worker must be accountable to check in as required
- the employer must be accountable to monitor the lone worker

The plan for *Staying in Touch* must be developed and communicated to all workers so everyone knows and follows the plan.

Source: The Occupational Health and Safety Regulations, 2020, Part III, Div. 1, 3-24(ii)

QUESTIONS OR COMMENTS?
WE'D LOVE TO HEAR FROM YOU!!