AWARE + NS

NOVA SCOTIA HEALTH + COMMUNITY SERVICES SAFETY ASSOCIATION

Staying Safe While Providing Community Based Care and Support In Nova Scotia:

A Workplace Manual

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background

This document was created based on an identified need by community health organizations in the province of Nova Scotia. Although the impetus for assembling a multi-disciplinary group was episodes of violence in community settings, a need was identified to adapt current risk assessment instruments in order to create a comprehensive risk assessment that more accurately reflects the experiences of workers on the front-line. AWARE-NS, the Nova Scotia Health and Community Services Safety Association, recognizes the content and recommendations in this document and supports this resource as a guideline for the delivery of community health within the province of Nova Scotia.

AWARE-NS is committed to ensuring that all health workers are safe when providing care and support to clients in need. The intent of this document is to enhance the hazard identification process and identify issues and concerns that were previously not included in existing risk assessment resources. A focus on increasing awareness of and controls for community related hazards such as patient and materials handling, recent episodes of violence in communities and gang activity are included to expand existing safety assessment resources and documents which capture potential risks or hazards at initial client intake. This modified safety assessment is not intended as an instrument to deny care or services to potential clients, but rather an attempt to increase worker safety in the community. The use of materials provided in this document does not remove any legislative responsibilities under the Occupational Health and Safety Act of Nova Scotia.

instructions for interpretation guide

INTAKE ASSESSMENT PROCESS FOR COMMUNITY CARE

The method for a referral to continuing care is initiated by calling the toll free number for continuing care or if the individual is currently in hospital, the hospital will make the referral (if required). The intake worker forwards the referral to the appropriate Continuing Care Coordinator (community or hospital) in order to complete the assessment for services (MDS).

Previously, the pre-visit risk identification screening questions (Pre-Visit Risk Identification/Screening Questions Guidelines-Nova Scotia Department of Health, Continuing Care) were completed by care-coordinators prior to the initial visit and delivered to the appropriate service provider. As a result of a year-long consultation with stakeholders in the Nova Scotia community health care sector, the following changes were recommended as improvements to this process.

1. The initial pre-visit safety assessment is collected using the Safety Assessment: Community Care (located on pages 20 & 21 of this document).

2. The pre-visit assessment should be completed as soon as possible in the intake process and communicated to all service providers to ensure employees are informed of any potential hazards or risks prior to the initial visit.

3. The safety assessment (pgs 20 & 21) is always completed at the point of intake. Without completion of the risk assessment, continuing care services such as VON or home support cannot be put in place.

internal responsibility system (IRS)

The IRS is an essential component in creating a safe workplace because it ensures that everyone is taking responsibility for precautionary measures within their control. This emphasizes that employees and employers are responsible to work safely. Organizational policies are the responsibility of management to create and enforce. Everyone in the organization is legally responsible to adhere to these policies on a daily basis and refuse unsafe work if necessary. All employees are responsible for providing feedback to others about safety concerns and sharing safety information with one another. A main component of the IRS is that external groups, such as unions and government departments can address worker safety however, employers still have a primary responsibility for safety in their organization.

Nova Scotia OH&S legisilation clearly and specifically includes the IRS system in the OHS Act therefore making it the foundation for our safety law. The IRS is a safety philosophy that says employers and employees share a direct and legal responsibility for health and safety as part of their work. In Nova Scotia's safety law, this sharing of responsibility is based on the level of authority and accountability that an individual has in the workplace.

The definition of the Internal Responsibility System (IRS), from the NS Department of Labour and Advanced Education is:

"a system, within an organization, where everyone has direct responsibility for health and safety as an essential part of their work. No matter where or who the person is in the organization, they can address safety in a way that fits with what they do. Every person takes initiative to improve health and safety on an on-going basis."

In Nova Scotia, the employer and the worker have specific responsibilities required by Nova Scotia occupational safety law:

Employee Responsibilities:

- Take every precaution to ensure your own health safety and that of others;

- Follow the company's safety rules, policies, and safe-work procedures;

- Wear personal protective equipment as required by the employer or by the law;

- Use equipment and materials only as authorized by the employer and/or by manufacturer's specifications;

- Cooperate with the employer and the workplace's health and safety committee or representative, for workplace safety;

- Report all hazardous incidents and situations.

Employer Responsibilities:

 Ensure the health and safety of anyone at or near the workplace;

 Maintain equipment safely, and ensure that it is appropriate for the job;

 Inform workers of hazards in the workplace;

 Provide information, instruction, training, supervision and facilities as are necessary to the health or safety of the employees;

 Ensure workers are using correct safety gear to work safely;

 Establish a safety policy and/or program that includes safe work procedures, orientation and training programs, and hazard reporting and investigation process;

 Establish a health and safety committee and/or representative and make sure they have training to fulfill their role;

 Follow safety law, and make sure that workers do so as well!

The IRS also includes three principles, which are known as the "employees' three key safety rights:

1. Right To Know about workplace hazards that can affect their health and safety.

2. Right To Participate in their own health and safety.

3. Right To Refuse work they feel is unsafe or unhealthy to them or someone else.

The right to know about the hazards of a workplace should be revealed as soon as the employment relationship begins. The right to know about job related hazards also mean that the workers has a right to ask about hazards, and the employer has a responsibility to identify all hazards at that workplace and related to the specific job.

Service and care in home settings has expanded significantly in recent years. This has resulted in an equally important need for increased focus and attention on hazard identification and injury prevention in home care settings. Every workplace and every job has hazards and home care is certainly no exception. The responsibility to prevent potential injuries from known hazards in any workplace including home care/home support is shared between the workforce and management. Home care/ home support workers need to be actively involved in hazard identification, reporting, injury prevention and safe work practice training. Home care/ home support workers need to be actively involved in hazard identification, reporting, injury prevention and safe work practice training. Workplace injuries can be reduced or eliminated if workers utilize their right to know, and employers fulfill their responsibility to tell and educate and to take action promptly when required. The health and safety of every one in any workplace can be improved through implementation of the Internal Responsibility System.

Figure 1: Internal Responsibility System
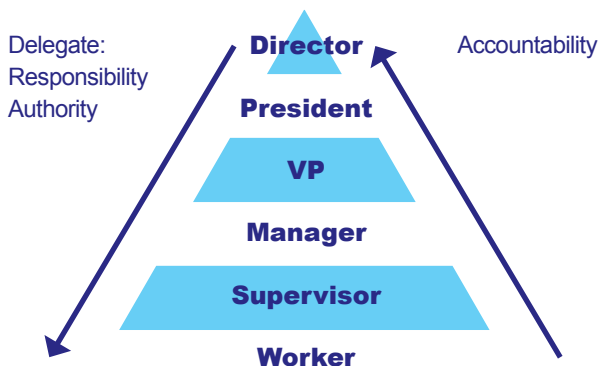
7

joint occupational health and safety committees

In Nova Scotia, all health and community services sector workplaces where twenty or more people are regularly employed are required, under the Occupational Health and Safety Act, to have a joint occupational health and safety committee (JOHSC). But all too often, JOHSCs are formed without having the basic building blocks in place to allow them to be effective. This can result in conflict and disagreement amongst JOHSC members, little or no progress on resolving health and safety issues, and a less than successful health and safety management system.

The first of these basic building blocks is a high level of commitment to occupational health and safety (OH&S) by workplace management. True commitment to OH&S must be demonstrated and reinforced on a day to day basis. For the JOHSC, this means that workplace leadership provides consistent support to the committee and its activities, the committee is given the time and resources to do its job, and members are well-trained and understand their roles and responsibilities.

Senior management should regularly re-state their commitment to the JOHSC and to the involvement of both management and employee members. They also demonstrate commitment by responding to committee recommendations clearly and in a timely manner. Finally, they should establish a process for auditing the JOHSC in order to identify barriers that may reduce the committee's effectiveness.

Another key factor for a successful JOHSC is making sure that everyone in the workplace has a clear understanding of the internal responsibility system (IRS) and how it is supposed to work. The JOHSC is not actually part of the IRS. The committee supports and facilitates the IRS, helps to resolve problems that can not be addressed through the IRS, and helps in establishing organizational health and safety priorities. Many JOHSCs fail because they get bogged in trying to 'do safety' and dealing with issues that should be addressed by the IRS.

Once these building blocks are in place, JOHSCs need an up-to-date and complete terms of reference. This should be created by and agreed upon by all committee members and supported by senior workplace management.

A terms of reference should:

- outline how and when JOHSC meetings will take place,
- define the specific roles and responsibilities of committee members,
- identify the training that committee members should receive,
- describe how issues will be communicated both between committee members and to everyone in the workplace,
- define how issues should be brought to the committee and how they will be addressed, and
- include a process for resolving conflicts that may arise between committee members.

It is also crucial that JOHSC members be trained to fulfill their roles and responsibilities. Committee members should create a training plan that covers more than just health and safety hazard recognition or workplace inspection. All JOHSC members should be familiar with the occupational health and safety act, and any relevant regulations. They should also fully understand the IRS and how it should work within their workplace. In addition, committee members should receive training in conflict resolution, problem solving and consensus building. An agreed upon set of annual goals and objectives is another key JOSHC success factor. Goals and objectives should be set both for administrative committee performance, e.g. how quickly minutes should be distributed, and for specific committee activities, e.g. slips, trips and falls prevention initiatives. The committee should measure their performance against these goals and objectives in order to identify improvement opportunities and communicate successes to the workplace. The committee should review their goals and objectives, and their terms of reference document, at least once a year so that necessary changes can be made.

Successful JOHSCs depend on an informed workforce. As such, the JOHSC should make sure that all staff receive specific training on how to report health and safety concerns and that supervisors and managers are trained in how to respond appropriately to these concerns. It is worth repeating that everyone in the workplace needs to understand what the internal responsibility system is and how it should work.

An effective JOHSC is an absolutely vital part of a best-practice health and safety management system. JOHSCs should be seen as an organizational asset and not just a legislative requirement. By making sure that key, basic building blocks are in place, organizations help set the stage for JOHSC success, and create an environment where the work of the committee is valued by all staff.

identifying hazards

Identifying hazards is the first step in the risk assessment process for both employees and clients. Although formal hazard identifications may be part of a regular review process in organizations, hazard identification is an ongoing process with the responsibility to ensure potential hazards are documented and reported to supervisors. A workplace hazard can be anything that could cause you harm while at work.

EXAMPLES OF HAZARDS IN COMMUNITY HEALTH CARE DELIVERY

When considering occupations such as home care and home support workers, public health nurses, or mobile mental health first aid professionals, hazards include, but are not limited to;

- travel into the community,

- violence from members of the public,

- aggressive pets,

- weather conditions,

- client handling and re-positioning,

- bloodborne pathogens,

- access to client's homes that are unsafe.

Although there are a number of methods available to identify hazards in the community health work environment, the most common are:

- Information from pre visit assessment instruments (SEASCAPE)

- Information from supervisors

- Clinical history/assessments

- Incident reports

- Hazard reports

- Job Safety Analysis (JSAs)

- Safety audit reports

- Inspection reports

- Information from previous visits (co-workers, other service providers)

- Previous experience and history

Recognizing hazards is critical to the successful completion of the risk assessment process. If a hazard is not identified, then the associated risk(s) cannot be addressed. As an employee, you are automatically part of the Internal Responsibility System under the Occupational Health and Safety Act in Nova Scotia. You are responsible to report all potentially dangerous situations (hazards) to your direct supervisor and your supervisor is mandated to follow up and take corrective actions to eliminate the identified hazard. Failure to report unsafe situations to your direct supervisor could also lead to monetary fines for individuals under Nova Scotia's new administrative penalty system (January 2010).

IT'S THE LAW

What are Occupational Health and Safety Administrative Penalties?

The Government of Nova Scotia has recently implemented an Administrative Penalty System under the Occupational Health and Safety Act.

Effective January 15th, 2010 the Nova Scotia Department of Labour and Advanced Education's Occupational Health and Safety Division will be permitted to issue penalties (monetary fines) when violations of health and safety laws are found in workplaces across the province.

The regulations can be viewed at:

http://www.gov.ns.ca/JUST/regulations/regs/ohspenalties.htm

DID YOU KNOW?

Employees can receive an initial Occupational Health and Safety Administrative Penalty of up to $500 dollars, supervisors up to $1000, and organizations up to $2000 for each violation. These fines can also double if a previous offense has occurred within a three year period.

SAFETY EXERCISE:

List the top five hazards you experience at work.

1._____

_____

2._____

_____

3._____

_____

4._____

_____

5._____

_____

METHODS FOR HAZARD IDENTIFICATION

Stored Energy Hazards

Although there are a number of methods available to identify hazards in your workplace, it is often useful to think about the stored energy hazards that you are exposed to everyday while at work.

Stored energy hazards include:

- <u>Gravity:</u> a naturally occurring energy that causes things or people to fall or move downhill
  (Are there fall hazards in the home? Can something fall on you?).

- <u>Electrical:</u> includes all types and voltages of electricity
  (Outlets near water sources in home? Unsafe power lines outside of home?).

- <u>Mechanical:</u> includes mobile equipment as well moving parts on stationary equipment
  (Mobility devices, power saws, blenders, etc.).

- <u>Chemical:</u> energy in the form of gasses, liquids, solids of which some are natural
  (e.g., water, methane) while some are introduced (e.g., solvents, explosives).

- <u>Pressure:</u> air, water, pneumatics, springs, gases are all possible stores of pressure energy
  (Exposure to water pressures in homes is most common).

- <u>Noise:</u> is also pressure energy but is considered separately (Construction, music, traffic, etc.).

- <u>Thermal:</u> energy that comes from hot or cold surfaces (Stoves, heaters, etc.).

- <u>Radiation:</u> In the form of straight or nuclear/isotope radiation (e.g., Sun exposure)

- <u>Body Mechanics:</u> includes the human bodies own energy to move includes lifting, pushing, pulling, climbing, and positioning (Client and material handling).

- <u>Biological:</u> covers the many sources of energy in other forms of life from wildlife to small viruses or bacteria (Infestations, infectious disease, human waste, etc.).

SAFETY EXERCISE:
Using the stored energy system, list one hazard for each stored energy.

reporting hazards

When hazards have been identified, it is important for community health workers to report those hazards to their direct supervisor.
It is important that hazards and incidents (including near misses) are reported to supervisors so that corrective actions can be taken.
The methods used to report hazards vary; however some of the most common are:

• face to face,

• over the phone,

• in writing (e.g., care plan), and by modern methods of communication such as e-mail or text message,

• specific software programs designed to track hazards and incidents

The current safety law in Nova Scotia dictates that all employers are required to have a process in place to report, receive and follow up on hazards. In addition, the OH&S act of Nova Scotia requires all employers to notify employees of the hazard reporting process. Employees are also responsible to report hazards to their direct supervisors. Failure to follow the hazard reporting process is a violation of the OH&S act of Nova Scotia and could result in charges under the OH&S act.

ranking hazards according to risk

Following the identification and reporting of hazards it is important to assess the level of risk for each hazard. Ranking or prioritizing hazards in the delivery of community health services is one way to help determine which hazard is the most serious and thus which hazard to control first. Priority is usually established by taking into account the employee exposure and the potential for accident, injury or illness. By assigning a priority to the hazards, you are creating a ranking or an action list. The following factors play an important role:

• estimated percentage of community health workforce exposed

• frequency of exposure

• degree of harm likely to result from the exposure

• probability of occurrence

There is no one simple or single way to determine the level of risk. Ranking hazards requires the knowledge of the workplace activities, urgency of situations, and most importantly, objective judgement. The following matrix (Table 1) is a useful method to calculate risk in community when delivering care.

calculating risks

Table 1: Matrix for Risk Calculation

consequence (severity)		Rare (1) not likely, improbable, but possible	Possible (2) likely to occur sometime	Almost Certain (3) likely to occur or occur repeatedly during activity/ operation over course of employment
	Major (3) death; serious injury; illness; permanent disability; extensive property damage; death threats; physical assault causing injury	Medium (1x3=3)	High (2x3=6)	High (3x3=9)
	Moderate (2) lost time injury/illness; temporary disability; considerable property damage; physical assault without injury	Low (1x2=2)	Medium (2x2=4)	High (3x2=6)
	Minor (1) first aid injury; minor illness; no time lost; limited property damage; verbal abuse	Low (1x1=1)	Low (2x1=2)	Medium (3x1=3)
RISK SCORE = PROBABILITY X CONSEQUENCE (DETERMINE RISK FOR EACH HAZARD)		PROBABILITY (exposure x likelihood)		

control measures for managing hazards

Now that you have identified risk scores for identified hazards, it is important to control the hazards as much as possible.

The hierarchy of hazard control mandates that we must first try to eliminate an identified hazard. If the hazard can be eliminated there is no risk of harm or damage; however; if it is not reasonable to eliminate the hazard we must control the risk through: Substitution, Engineering controls, Administrative controls and the use of Personal Protective Equipment (PPE).

Elimination
Whenever possible, remove the hazard completely through elimination. Example - automating a function to eliminate manual handling of materials or people. Also, when pets are present in a home, ensuring they are secured in a separate room to prevent attacks.

Substitution
Where the hazard cannot be eliminated, consider alternatives to the substances, processes, machines or equipment being used. Substitution may reduce the risk of incident to an acceptable level. Example – using a less hazardous agent to clean surfaces.

Engineering Controls
Engineering controls involve the design of the workplace and its related processes.   Examples of engineering controls in homecare delivery include needles that retract into a syringe or vacuum tube holder and protected needle IV connectors. Other examples include using guards on mechanical equipment while in the resident's home.

Administrative controls
Where the hazard cannot be eliminated, and where substitution and engineering controls do not adequately manage the hazard, administrative controls are frequently introduced to lessen the risk. These administrative controls may include: work procedures, developing and implementing new policies, training and supervision. Approaches such as scheduling work, job rotation, equipment and materials procurement, etc. should also be considered.

Personal Protective Equipment (PPE)
(the final line of defense)
Personal Protective Equipment (PPE) usually co-exists with the administrative controls that were put in place.   For example, an administrative control is: the provision that suitable universal precautions are used such as gloves or eye protection to control the risk of the identified hazard that cannot be controlled via elimination, substitution or by engineering controls.

CONTROLLING HAZARDS BASED ON CALCULATED RISK SCORE

Low (a risk score of 1 or 2) - No additional controls are required at this time. Actions to further reduce these risks are assigned low priority. Arrangements should be made to ensure that the controls are maintained.

Medium (a risk score of 3 or 4) - Consideration should be as to whether the risks can be lowered, where applicable, to a tolerable level and preferably to an acceptable level, but the costs of additional risk reduction measures should be taken into account. The risk reduction measures should be implemented within a defined time period. Arrangements should be made to ensure that controls are maintained, particularly if the risk levels area associated with harmful consequences.

High (a risk score of 6 or 9) - Substantial efforts should be made to reduce the risk. Risk reduction measures should be implemented urgently within a defined time period and it might be necessary to consider suspending or restricting the delivery of community health care services, or to apply interim risk control measures, until this has been completed. Considerable resources might have to be allocated to additional control measures (e.g., mechanical lifts). Arrangements should be made to ensure that controls are maintained, particularly if the risk levels are associated with extremely harmful consequences and very harmful consequences.

Note: Where the risk is associated with extremely harmful consequences, further assessment is necessary to increase confidence in the likelihood of harm. In some situations where a risk is high, the work should not be done at all until the risk level can be lowered.

Table 2: Hazard Control Strategy for Community Health Workers: A Sample Worksheet

Hazard Control Worksheet*					
Hazard	Estimated % of Affected Employees	Probability of Occurrence	Hazard Consequence	Priority	Priority Rank
Musculoskeletal Injury related to client or material handling	50	Almost certain	Moderate	High	1
Motor Vehicle Accident	20	Possible	Major	High	2
Violent act toward worker in the community	5	Rare	Major	Medium	3
Attacked by aggressive pet	5	Rare	Major	Medium	4
Verbal abuse from client family	5	Possible	Minor	Low	5
H = High, M = Medium, L = Low					

Adapted from "Health and Safety Committees Reference Guide", CCOHS, 2003

continuous hazard identification

Although this document identifies a number of risks that could cause potential harm to community health workers, it is important to always survey your surroundings to identify possible hazards. This process starts as soon as you begin to travel to the client's home. Hazards including poor travel conditions, communities with inherent risks of violence, poorly maintained driveways and entrances and poor lighting are some examples of hazards you could be exposed to prior to arriving at the client's home. Once inside the client's home it is important to look for hazards and use your skill and experience as community health worker to control hazards and prevent injury to yourself and the individual(s) receiving services. Occupational health and safety is everyone's responsibility and it is important to communicate with supervisors and co-workers to ensure other members of the community health team are safe when entering the home and community in the future. It is your responsibility as a front line worker to document all hazards and to notify your direct supervisor if you notice changes in the client, the residence, or the community where the services are being delivered that impact occupational health and safety. It is your supervisor's responsibility to ensure control measures are implemented and that other workers are made aware of the identified hazards. Using this approach will ensure all members of the community health team are safe when delivery these critical services to those in need.

working alone in the community

Working alone can be defined as working "in circumstances where assistance would not be readily available to the worker." [1] Under this definition, many health and community services workers in Nova Scotia work alone, as part of their normal day-to-day work duties. Whether working in an isolated part of the hospital or in a client's home, these workers can be vulnerable, since it may be more difficult for them to get help if their health or safety is at risk.

Nova Scotia doesn't currently have a specific working alone regulation. This doesn't mean that the hazards of working alone can be ignored. In fact, the Occupational Health and Safety Division of Nova Scotia Labour and Workforce Development has stated that employers need to have specific procedures and safeguards for working alone.[2] And while working alone is a concern for all health and community service workplaces, the risks are greatest for staff who work in the homes of patients and clients.

The homes of clients pose a unique health and safety challenge for home care and community services organizations and workers. Unlike a traditional workplace, it can be very difficult to control hazards and reduce risk for workers providing care in these homes. Employers and workers both need to understand how they can, both separately and by working closely together, reduce the risks of working alone.

When workers are required to work alone, their employers need to establish working alone policies and provide training on these policies. These policies should address issues such as notifying supervisors of work plans and locations, frequency of contact with supervisors, required first aid certifications and suppliesactions to be taken when workers feel that their health and safety is threatened, and processes for investigating and addressing worker concerns.

Working alone policies should outline when supervisors are to be contacted and the information workers should pass on to them. For instance, supervisors could be contacted before workers enter a client's home. They could know the client's name, address, telephone number and condition, and the actual start time and expected length of visit. A working alone policy could also require workers to contact their supervisor as soon as they are in a safe location after the visit is complete.

Of course, just having a working alone policy is not enough. Home care and community services workers need the knowledge and skills to recognize situations of increased risk and to respond appropriately. They need to be trained to recognize hazards such as: aggressive pets, patients who may become violent due to alcohol or drug abuse or dementia, cluttered and /or poorly maintained walkways, unsafe stairs, poorly lighted entrances, etc. These workers also need be aware of how furniture, room layout, and equipment might increase their risk when mobilizing or repositioning clients. They must know how to report hazards and the steps to take when hazards cannot be controlled.

Home care and community workers need to understand and follow their organization's work alone, violence prevention and other related policies. They should be up-to-date on the condition of their patient / client, and of any changes in the home (e.g. pets, visitors, family members, etc.). These workers also need to take the time to identify hazards and assess the situation each and every time a visit is made to a home. They should do an initial scan of the home, walkway, entrance, etc. They should pay close attention to how patients talk to them when they arrive and rely on their sense of smell and hearing. It is also important to determine if other people are in the home when safety scans are conducted. This information, combined with their past experiences with the client should be used to assess the level of risk.

With an ever increasing need for care services to be provided in the home, home care and community services organizations need to make sure that their employees are safe when they work alone. Home care and community services workers must be ready and able to identify hazards and assess the risks when working in the homes of their clients and patients. Ultimately, however, because these workers are alone or isolated, they must make their own health and safety a priority and take action to protect it. They need to trust their instincts and get to a safe location as soon as they feel in any way threatened. This can only happen when they have confidence that actions taken to protect their health and safety will be fully supported by their employer.

SAFETY ASSESSMENT FOR COMMUNITY HEALTH DELIVERY

Instructions:
Please review the following risk factors and indicate if there is evidence to suggest that the identified risk factor is present. By selecting "yes" you are indicating that there is evidence of that risk during delivery of care.

			PART A: Client Risk Factors (includes clients as well as others in the home):	Comments
			Risk Factor	
Yes	No	Unsure	Diminished cognitive ability (i.e. Dementia)	
Yes	No	Unsure	Challenging behaviours	
Yes	No	Unsure	Refusal of services vital to health, welfare and safety	
Yes	No	Unsure	History of aggression or reactive behaviours	
Yes	No	Unsure	Verbal abuse or aggression	
Yes	No	Unsure	Communication barriers	
Yes	No	Unsure	Decreased physical mobility which requires client handling and/or repositioning	
Yes	No	Unsure	Tobacco, alcohol, medication and other substance use/abuse	
Yes	No	Unsure	Sexually inappropriate behaviours	
Yes	No	Unsure	Client has pets (dogs/cats, etc.) in residence	
Yes	No	Unsure	Presence of or suspected presence of potentially dangerous weapons	
Yes	No	Unsure	Evidence of criminal activity/gang membership	
			PART B: Environmental Risk Factors	Comments
			Risk Factor	
Yes	No	Unsure	Inadequate lighting (interior, exterior and community)	
Yes	No	Unsure	Dangerous stairs/walkways/driveways	
Yes	No	Unsure	Evidence of tobacco use or other substances	
Yes	No	Unsure	Non-compliance with pet policy	
Yes	No	Unsure	Improper storage of weapons	
Yes	No	Unsure	Oxygen use: inadequate signage; not observing safety guidelines	
Yes	No	Unsure	Inadequate storage and disposal of hazardous materials	
Yes	No	Unsure	Fire safety concerns (electrical, wood stoves, other heat sources)	
Yes	No	Unsure	Hazardous internal home environment, (floors, clutter, litter, hoarding, furniture layout, blocked stairwells and exits, infestations)	
Yes	No	Unsure	No or non-functioning phone	
Yes	No	Unsure	Service requires manual lifting/handling of materials (laundry, equipment, furniture, etc.)	

SAFETY ASSESSMENT FOR COMMUNITY HEALTH DELIVERY

PART C: Community Risk Factors				Comments
			Risk Factor	
Yes	No	Unsure	Evidence of gang activity in residence, nearby dwellings or community	
Yes	No	Unsure	Limited access to policing agencies	
Yes	No	Unsure	Limited access/exit (community & residence)	
Yes	No	Unsure	Isolated residence	
Yes	No	Unsure	Recent episodes of violence in community	
Yes	No	Unsure	Poor and/or hazardous driving situations (e.g., driveways)	
Yes	No	Unsure	Inadequate parking options	

PART D: Other Comments	
	Date completed: _____ (MM/DD/YYYY) Time completed: _____ am pm Signature: _____ ***Organization Logo Here

INTERPRETATION GUIDE FOR SAFETY ASSESSMENT

PART A:
CLIENT RISK FACTORS

Diminished cognitive ability:
A decline or loss of mental functioning and memory. Areas of concern include: attention, thinking, ability to concentrate, problem solving, memory, disorientation, apathy towards life/surroundings, diminished language skills.

Challenging Behaviours:
Challenging or complex behaviours can include: Agitation, restlessness, anxiety, defensive behaviour, hearing and seeing things that don't exist, impulsivity, intrusiveness, hoarding and/ or rummaging, inappropriate sexual behaviour, resistance to care, suspicious/accusing others, vocal &disruptive , wandering.

Refusal of services vital to health, welfare and safety:
Client expresses that he/she does not want the services being offered despite being informed that they are for their own health and safety.
History of aggression or reactive behaviours: A previous history of aggressive or reactive behaviours could potentially lead to an increase in violence or aggressive behaviours.

Verbal abuse:
The use of threatening, words, remarks or language that are intimidating, humiliating, or harassing, that may lead to conflict between client and worker.

Communication barriers:
A reduced ability to communicate due to language barriers, cultural differences, cognitive function, or physical impairment. Misunderstandings due to communication could lead to an increased risk of aggressive responses or conflict between the care provider and client.

Decreased physical mobility which requires client handling and/or repositioning:
Due to a decrease in physical mobility, the client requires assistance with walking, ambulation, transfers, and repositioning. Patient handling is the predominant physical hazard in the healthcare sector.

Tobacco, alcohol, medication and other substance use/abuse:
The use of certain medications, and/or the need to provide care to substance abusers, may lead to violence. Conflict between clients and health care workers may occur as a result of:
a) Effects of medications: Medications can alter client's perception, medical conditions and actions. Because medications have different and sometimes unexpected effects on individuals, they may cause clients to become aggressive or violent.
b) Substance abuse: For those suffering from substance abuse, anxiety, suspicion, and distress caused by detoxification or treatment, can cause clients to become aggressive toward workers.

Sexually inappropriate behaviours:
Behaviours associated with loss of socially appropriate behaviours and impulse control i.e. Verbal requests for sex, masturbation, undressing.

Client has pets (dogs/cats, etc.) in residence:
Presence of animals that could potentially cause harm to community care workers. Client should be made aware of pet policy.

Presence of or suspected presence of potentially dangerous weapons:
Items such as knives, hunting weapons, i.e. guns, bows etc., ceremonial type weapons that could cause harm to community health workers.

Evidence of criminal activity/gang membership:
Client may live in a community with close proximity to gang related activity/ or illicit drug house. Anyone within the dwelling on house arrest, or have restraining orders.

INTERPRETATION GUIDE FOR SAFETY ASSESSMENT

PART B:
ENVIRONMENTAL RISK FACTORS

Inadequate lighting (interior, exterior and community):
Both inside and entrance of the house or building

Dangerous stairs/walkways/driveways:
May include steep inclines/declines, surfaces in poor repair, steps with loose rails or no rails, poor maintenance of surfaces (accumulation of ice, uneven surface, etc.).

Evidence of tobacco use or other substances:
Evidence such as odour or residue that suggests a violation of the drug and alcohol policy. Examples include a strong smell of tobacco, smoke filled rooms or intoxication.

Non-compliance with pet policy:
Pets are not secure when homecare or home support workers arrive to deliver services. All pets must be secure in a separate room away from where the services are being delivered.

Improper storage of weapons:
Weapons are not secured or out of plain sight. Examples include firearms that are not secured in a locked gun cabinet away from ammunition or large hunting knives in plain view.

Oxygen use:
Inadequate signage; not observing safety guidelines: For example, client continues to smoke or allows visitors to smoke when oxygen is used in the home. Lack of signage to warn of the presence of oxygen. Smoking is strictly prohibited when oxygen is present.

Inadequate storage and disposal of hazardous materials:
Evidence that toxic chemicals are present in the home or that chemicals have been mixed together (e.g., bleach and ammonia). All chemicals, including cleaning agents, should be secure in a standalone cabinet to prevent accidental exposure.

Fire safety concerns (electrical, wood stoves, other heat sources):
Equipment or behaviour that predisposes homecare and home support workers to an increased risk of harm from fire. Examples include malfunctioning stoves/ranges, wood stoves that are not properly certified, frayed electrical cords or evidence of deficiency (i.e., smoke or odours). Dangerous behaviours such as using combustible fluids to ignite a fire are strictly prohibited.

Hazardous internal home environment, (floors, clutter, litter, hoarding, furniture layout, blocked stairwells and exits, infestations):
This includes, but is not limited to, floor in poor repair, throw/scatter rugs throughout the home, excessive and/or frayed cords, appliances in need of repair, exit doors and hallways blocked with furniture or clutter and pest infestations.

No or non-functioning phone:
Locate the nearest functioning phone in the home, in the housing or parking complex. Ensure cell phone is functioning, and pre-program emergency contact numbers.

Service requires manual handling of materials (laundry, equipment, furniture, etc.):
Manual handling of materials includes a variety of tasks such as lifting, lowering, pushing, pulling, and carrying of objects. The greatest risk of injury is associated with back injuries, but injuries may also affect the upper and lower extremities.

INTERPRETATION GUIDE FOR SAFETY ASSESSMENT

PART C: COMMUNITY RISK FACTORS

Evidence of gang activity in residence, nearby dwellings or community:
May include large gatherings of people in which a caregiver feels intimidated or perceives as a threat.

Limited access to policing agencies:
Physical location of client's residence prevents immediate access to policing agencies. Examples include isolated locations and some rural residences.

Limited access/exit (community & residence):
Entrance into community or dwelling is secure and may prevent easy access or exit. Examples include apartment complexes and gated communities.

Isolated residence:
May apply to rural homes in which isolation can be a safety risk. May be urban homes that are isolated from other occupied homes or have isolated entrances that are sheltered from public view.

Recent episodes of violence in community:
Evidence of recent episodes of violence in the community. Examples include physical assaults, swarming, or homicide.

Poor and/or hazardous driving situations (e.g., driveways): includes areas of high pedestrian traffic (school zones);
Poorly maintained roads; access to home through back alleys and inclement weather

Inadequate parking options:
Includes parking situations that may make it difficult to safely access client's homes and return to vehicle. This includes parking underground, in back alleys, areas of poor lighting, near snow banks or other obstructions, busy roads and parking several blocks from client homes.

PART D: OTHER COMMENTS

This section is intended to capture any potential hazards that are not identified in the safety assessment document. It is important to notify your supervisor of any changes to the client, environment or community that could pose a safety risk to you, other employees or other service providers' delivery care in the community.

identified hazard decision chart

Client Risk Factors	Sample Initial Response-Employee	Sample Follow up Action-Supervisor
Diminished cognitive ability (i.e. Dementia)	Document and report to direct supervisor to ensure others are made aware of situation.	Involve family and make aware of community resources. Escalate to care coordinator.
Challenging behaviours	Document and report to direct supervisor to ensure others Are made aware of situation.	Consider referral to mental health services.
Refusal of services vital to health, welfare and safety	Document and report to direct supervisor to ensure others are made aware of situation.	Consider referral to mental health services.
History of aggression or reactive behaviours	Document and report to direct supervisor to ensure others are made aware of situation. Use verbal de-escalation tactics.	Advise client and/or family of their responsibility to provide a safe work environment for community health workers and that services may be withdrawn if identified risks occur during delivery of services.
Verbal abuse	Document and report to direct supervisor to ensure others are made aware of situation.	Advise client and/or family of their responsibility to provide a safe work environment for community health workers and that services may be withdrawn if identified risks occur during delivery of services.
Communication barriers	Document and report to direct supervisor to ensure others are made aware of situation.	Identify the source of the communication barrier and implement appropriate actions. Examples include, but are not limited to, larger print, employees with proficiency in the mother tongue, or using active listening skills. Assess triggers for communication barriers (i.e., client's and self).
Decreased physical mobility which requires client handling and/or repositioning	Ensure safe work practices are followed to reduce likelihood of injury. Refer to organization policy/ procedure on safe people or material handling.	Develop safe work practices to reduce biomechanical hazards.
Tobacco, alcohol, medication and other substance use/abuse	Document and report to direct supervisor to ensure others are made aware of situation.	Advise client and/or family of their responsibility to provide a safe work environment for community workers and that services may be withdrawn if identified risks occur during delivery of services.

identified hazard decision chart

Client Risk Factors	Sample Initial Response-Employee	Sample Follow up Action-Supervisor
Sexually inappropriate behaviours	Exit the dwelling immediately. Document and report to direct supervisor to ensure others are made aware of situation. If necessary consider consulting police.	Advise client and/or family of their responsibility to provide a safe work environment for community health workers and that services may be withdrawn if identified risks occur during delivery of services.
Client has pets (dogs. cats, etc.) in residence	Document and report to direct supervisor to ensure others are made aware of situation.	Advise client and/or family of their responsibility to provide a safe work environment for community health workers and that services may be withdrawn if identified risks occur during delivery of services.
Presence of or suspected presence of potentially dangerous weapons	Exit the dwelling immediately. Contact supervisor and if necessary consider consulting police.	Ensure firearms are stored in a locked cupboard and ammunition stored separately. Inform client/family that service will be withheld until firearms are stored, unloaded and in locked cupboard.
Evidence of criminal activity/ gang membership	Exit the dwelling immediately. Contact supervisor and if necessary consider consulting police.	Determine if it is necessary to have more than one worker present during delivery of care or support. Notify other workers of potential hazards. Escalate to care coordinator.

identified hazard decision chart

Environmental Risk Factors	Initial Response-Employee	Follow up Action-Supervsor
Inadequate lighting (interior, exterior and community)	Document and report to direct supervisor to ensure others are made aware of situation.	Advise client and/or family of their responsibility to provide a safe work environment for community health workers and that services may be withdrawn if identified risks occur during delivery of services.
Dangerous stairs/walkways/ driveways	Document and report to direct supervisor to ensure others are made aware of situation.	Advise client and/or family of their responsibility to provide a safe work environment for community health workers and that services may be withdrawn if identified risks occur during delivery of services.
Evidence of tobacco use or other substances (alcohol, drugs)	Document and report to direct supervisor to ensure others are made aware of situation.	Advise client and/or family of their responsibility to provide a safe work environment for community health workers and that services may be withdrawn if identified risks occur during delivery of services.
Non-compliance with pet policy	Document and report to direct supervisor to ensure others are made aware of situation.	Advise client and/or family of their responsibility to provide a safe work environment for community health workers and that services may be withdrawn if identified risks occur during delivery of services. Do not enter home and/or leave the home immediately. Ensure pets are in a secure room away from area where care or support is being delivered.
Improper storage of weapons	Document and report to direct supervisor to ensure others are made aware of situation.	Advise client and/or family of their responsibility to provide a safe work environment for community health workers and that services may be withdrawn if identified risks occur during delivery of services.

identified hazard decision chart

Environmental Risk Factors	Sample Initial Response-Employee	Sample Follow up Action-Supervisor
Oxygen use: inadequate signage; not observing safety guidelines	Document and report to direct supervisor to ensure others are made aware of situation.	Advise client and/or family of their responsibility to provide a safe work environment for community health workers and that services may be withdrawn if identified risks occur during delivery of services. Contact service provider to request posting of required signage.
Inadequate storage and disposal of hazardous materials	Document and report to direct supervisor to ensure others are made aware of situation.	Suggest the usage of less toxic agents for cleaning (substitution).
Fire safety concerns (electrical, wood stoves, other heat sources)	Document and report to direct supervisor to ensure others are made aware of situation. Ensure smoke detectors are in working order. Be familiar with safe exit plan for residence.	Advise client and/or family of their responsibility to provide a safe work environment for community health workers and that services may be withdrawn if identified risks occur during delivery of services. Have a safe exit plan in place to leave residence if required.
Hazardous internal home environment, (floors, clutter, litter, hoarding, furniture layout, blocked stairwells and exits, infestations)	Document and report to direct supervisor to ensure others are made aware of situation.	Advise client and/or family of their responsibility to provide a safe work environment for community health workers and that services may be withdrawn if identified risks occur during delivery of services.
No or non-functioning phone	Document and report to direct supervisor to ensure others are made aware of situation.	Establish method of communication, carry a cell phone with automatic dial to 911. Outline any "working alone" precautions required. See working alone section of this document and sample policy (Appendix B).
Service requires manual lifting/ handling of materials (laundry, furniture, etc.)	Document and report to direct supervisor to ensure others are made aware of situation.	Develop safe work practices to reduce biomechanical hazards.

identified hazard decision chart

Community Risk Factor	Initial Response-Employee	Action
Evidence of gang activity in home, nearby dwellings or community (this includes others in residence)	Do not enter home and/or leave the home immediately if illegal activities are occurring and contact supervisor.	Notify other workers of potential hazards. Escalate to care coordinator.
Limited access to policing agencies	Document and report to direct supervisor to ensure others are made aware of situation.	Establish method of communication, provide a cell phone with automatic dial to 911.
Limited access/exit (community & residence)	Document and report to direct supervisor to ensure others are made aware of situation.	Map the area before visiting the home Make sure the vehicle windows are closed and all vehicle doors are locked.
Isolated residence	Document and report to direct supervisor to ensure others are made aware of situation.	Notify direct supervisor and/or co-workers of travel plans, location and estimated timeframe. Have a "working alone" plan in place.
Recent episodes of violence in community	Contact office to ensure they are aware of your travel plans. Carry a mobile phone with automatic dial to 911.	Depending on severity of situation, ensure that local police agencies are made aware of workers presence in community. Establish method of Communication with employee, provide a cell phone with automatic dial to 911.
Poor and/or hazardous driving situations (e.g., driveways)	Document and report to direct supervisor to ensure others are made aware of situation.	If client's property is a risk factor notify client/family to repair hazardous conditions. Report unsafe conditions to local Nova Scotia Department of Transportation & Infrastructure Renewal (DOTIR) branch 1-888-432-3233.
Inadequate parking options	Document and report to direct supervisor to ensure others are made aware of situation.	Notify other workers of potential hazards. Escalate to care coordinator if risk associated with parking is high.

safety strategies for community workers

DE-ESCALATING THROUGH COMMUNICATION

Managing and preventing aggressive or threatening communication- Some strategies to use when you encounter someone who is angry.

- It is estimated that only 7% of our communication is actually verbal or from what we say. The remaining 93% of what is communicate comes through messages from body language – including posture, facial expression and eye movements (55%) and para- verbal's including tone, rate of speech, inflection (38%) .

- Miscommunication or misunderstanding can lead to conflict and an increase in aggressive communication and behaviour.

- Aggressive or angry responses by others may be fuelled by our unintentional messages which can trigger the other person's emotions and reaction.

- In an potential conflict or escalating situation, the first person we need to de-escalate is ourselves. Be aware of your own emotional response when the other person's communication or behavior becomes more aggressive. Take a deep breath and give yourself a minute before responding.

- Be aware of your verbal and non- verbal messages.

- Separate the person from the problem they have.

- Focus on the issue or perceived problem of the other person (their interest) as opposed to your limitations or position.

- Remain calm and focus on helping the other person to be calm. DO NOT react to the other person's anger.

- Remain open-minded and objective.

- Think about excellent customer service and always acknowledge delays or long waiting periods related to the service provided or the client's expectations. Be prepared to apologize as necessary and accept criticism positively.

- Assure the person that you will do everything you can to resolve the issue or address their concern.

- Be honest and clear about what they can expect from you and when you will follow up with them.

Verbal Communication:

- Use Active Listening skills– DO NOT interrupt; repeat back your understanding of their message.

- Active listening is a very important part of verbal communication and is used to show the other person that you understand what they are saying and that you are listening closely.

- Summarize their concern to demonstrate that you have heard them.

- Make a statement that shows empathy and understanding for their concern or situation. Confirm your understanding of the issue or problem by repeating what the client has told you.

- Stop what you were doing and focus your attention on the other person and show that you are listening closely to what they are saying.

- Confirm your understanding of the issue or problem by repeating what the client has told you.

- Always use a courteous and respectful tone and language with the person despite aggressive behaviour.

- Address the person by their preference (formal versus informal).Some people respond better to formality (use of family name) others response better to familiarity (use of first name)

- Remain aware of how you are speaking (words, tone, speed) and what your body language and posture is saying.(gestures, stance, facial expression)

- Use empathy – acknowledge the client's feelings – confirm that you know they are upset. Never tell the person to relax, chill or calm down.

- Use simple language; avoid jargon or technical language.

- Speak slowly, quietly and confidently.

- Keep the client's attention focused on the current issue and the solutions. What can be done right now to make this better.

- Look for ways to the help the person save face. Use a win/win approach.

- In a calm and non-threatening way, explain that aggressive behavior is unacceptable and could result in having to re-schedule the appointment..

- If you feel threatened, leave the residence immediately.

NON-VERBAL BEHAVIOUR AND COMMUNICATION-BODY LANGUAGE:

- Effective nonverbal communication skills are essential to respond to aggressive communication and to prevent escalation.

- Your non-verbal message can be critical in stopping the escalation and preventing a situation from becoming violent. the reduction of risk for escalating aggression and violence from another person.

- It is also important to pay close attention to the body language of an angry or potentially violent client or person you encounter.

- Stand about one metre (three feet) away (that is, outside the individual's personal space), on an angle (as opposed to directly in front of the person) and on the person's non-dominant side (people usually wear watches and part hair on thenon-dominant side).

- Pay close attention to your body language including posture, movements, eye movements and facial expressions.

- Use calm body language with relaxed posture and hands that are unclenched, visible and above waist

- Keep your facial expression attentive and maintain normal eye contact when talking or listening.

- Avoid pointing, gesturing, touching the person or making any sudden movements.

- Always remain standing and maintain a safe distance of 4-6 feet from an angry or potentially aggressive person. Position yourself on the same physical level; avoid standing over the person.

- Place yourself so that you have a clear exit. If you feel threatened then leave the residence immediately and notify your supervisor.

- Position yourself a safe distance from the person with special attention to their personal space and so your exit is not blocked.

- Personal space can vary by culture and other factors but normally two to four feet is considered an adequate and safe space.

- Stand at an angle rather than directly in front of the other person (Supportive Stance – protects vital organs and less confrontational, easier to get away).

- Notify your supervisor immediately if there has been a threat or actual assault.

- Document the incident and communicate it to other team members who will visit the client so they can prepare if further de-escalation is required.

- Notify police and follow your agencies workplace violence prevention policies re documentation and report of actual or potential violent events.

- Assure the person that you will do everything you can to resolve the issue or address their concern.

- Be honest and clear about what they can expect from you and when you will follow up with them.

- If you receive a threatening or abusive phone call, take notes about what is said and what the issue or concern is. Hang up if the caller is not willing to identify themselves. Report all threatening or abusive calls to your supervisor. Make sure that team members who will visit the client are aware of the call so they can prepare if further de-escalation is required.

COMMUNITY TRAVEL

When traveling for work in urban or rural settings in Nova Scotia, the following tips may be helpful.

- Plan ahead and know whether the area or community you are travelling to has a history of safety issues.

- Always use the safest route even if it isn't the most direct.

- If you're travelling by bus, sit near other people, or near the driver. If someone is bothering you, tell the bus driver immediately. If you're concerned someone will follow you if you get off, stay on and tell the bus driver your concerns.

- Before leaving for your appointment of visit, plan your route and let someone know the route you will take.

- Keep a list of pertinent emergency telephone numbers in an accessible location (dash of the car).

- Consider laminating the list and updating at regular intervals.

- If the pre-visit safety assessment calculates the risk as high (6-9) discuss the situation with your manager and consider the options to eliminate or reduce the risk. For example, it might be necessary to assign two people to this visit.

- Know the location of police stations and the availability of policing back up for the areas where you are assigned to travel. If the area where service is being delivered has a community policing service, contact the office to understand community risk factors and inform the office of your presence.

- Know the location of "safe buildings" such as hospitals, banks or other public building where you can find support if you are concerned about your well-being.

- Whenever possible, schedule routine visits during daylight hours.

- If you have a cell phone and know that you will travel in areas with coverage, plan to pre-program emergency numbers into the phone. Stay in touch with someone so they know where you are.

- Hazard assessment needs to be an on-going process. Always check out your surroundings for potential safety hazards.

- Avoid back or poorly lit entrances or walkways.

- Think carefully about your wardrobe and accessories. Make sure you have comfortable footwear and avoid wearing jewellery or accessories that could target you for thief.

- Notify your agency contact based on the direction of your agency's policy and procedure.

SAFE DRIVING

Community workers who drive during their scheduled shifts, have an increased risk of injury from a motor vehicle accident. There are many factors which can increase driving risks including tight schedules, poor weather and driving conditions, traffic congestion and the aggression of other drivers. The following tips may be helpful for safe driving:

- Agencies should develop specific transportation and driving policies, procedures and safe work practices and make sure all staff are informed about them.

- Driver safety orientation and training should be provided to all workers who are required to drive as part of their work assignment.

- A standard and consistent process and procedure should be used to report all motor vehicle accidents or near misses.

- Driving records should be maintained and reviewed as part of the overall job performance.

- Employee /Staff Strategies:

- The gas tank should always be kept at least half full.

- Tires should always be maintained in good condition and be appropriate for driving conditions.

- Regular maintenance should include a routine check of the following:
  - Fuel and fluid levels
  - Tire pressure
  - Windshield wipers
  - Lights
  - Battery
  - Current safety inspection.
  - Appropriate insurance coverage.

- Keep a map in the car which you use to provide community health service

- Use a GPS device with the understanding that there is some potential for error

- Expect all workers who drive as part of their to use basic safe driving practices that include:
  - Wearing seat belts
  - Avoid driving distractions
  - Maintain a safe distance from the car ahead

- Always park in well lit areas and back into the space so you can leave the area quickly.

INDIVIDUAL SAFETY

Community health workers could be victims of violence or harassment while delivering care in communities or while travelling to a client's home. Should you feel at risk it is important to follow some of the tips below:

- If you think you are being followed, go to the nearest service station or public building such as a fire station or office and call police.

- Make a scene, yell or scream as loud as possible – shout words like STOP! HELP! FIRE!; run to a nearby store or the nearest well-lit area and continue calling for help.

- If you are being pulled or dragged along, fall to the ground and roll.

- Blow a whistle, honk a horn, activate a personal alarm or activate a fire alarm or any other device that would create a scene.

- If you are in a public area, give bystanders specific instructions to help you. Single someone out and send them for help, e.g., "You in the pink shirt, call the police!"

- If someone confronts you looking for your purse or wallet, dump the contents on the street. If the thief is interested only in your wallet, he or she will take it and run, giving you time to get help.

- Once safe, call your supervisor and make sure the police are notified. Document the incident as per your agency policy.

SAFE HANDLING AND REPOSITIONING OF CLIENTS AND MATERIALS

The majority of injuries that occur in the provision of community care are related to people and materials handling. Before engaging in these types of activities it is very important to adequately assess the situation and ensure that you are as safe as possible and that an injury does not occur. If you do not feel able to safely handle a client or materials on your own, it is your responsibility to notify your supervisor and not engage in any unsafe acts. Remember, a client is at an increased risk of injury if you are not able to safely handle them.

CLIENT HANDLING TIPS:

- Determine if more than one worker is required to safely handle the client.

- Determine if a mechanical lift is required to safely handle the client.

- Involve the client whenever possible. If the client can bear some weight this will greatly reduce strain on your body.

- Communicate exactly what you are doing with the client to ensure they understand and do not work against you.

- Ensure you have the required training necessary to safely handle a client.

CLIENT FACTORS YOU SHOULD CONSIDER:

- Dependence - The client's required level of assistance.

- Clinical Condition – The client's clinical and mental condition. Make note of pain level, fractures or joint limitations, medication, recent surgery, muscle spasms, sensitive skin, ability to communicate, agitation, and cooperativeness.

- Strength/Stamina – Both the client's upper and lower body strength must be taken into consideration.

- Weight Bearing – Another important consideration is the client's ability to bear their own weight for a period of time and to retain their balance.

- Physical Characteristics – Make note of the client's size, height and weight.

- Special Circumstances – Make note of any other factors such as physician's orders, therapy recommendations, surgical dressings, attached medical equipment, or anticipated length of recovery.

MATERIALS HANDLING TIPS:

- It is important to warm up prior to handling any object. Stretching is an important strategy to reduce possible injury.

- Ensure the room where you are handling the object has adequate space.

- Assess the condition of the walking area. Determine if there are tripping or slipping hazards.

- Determine if a lifting aid (i.e., trolley) can be used.

- If you need to manually handle the object, ensure the object is as close to your body as possible.

- Do not arch your back.

- Lift with your legs and never with your back.

DID YOU KNOW?

Soaker pads (incontinence pads or bed pads) are not designed for the purpose of repositioning clients.

- Soaker pads do not have low friction properties and can lead to an increase in musculoskeletal injury (strains & sprains).

- When re-positioning a client it is important to only use devices or aids that are designed for that purpose.

- Mechanical devices such as ceiling lifts or non-mechanical aids such as low friction slide or draw sheets are designed for this purpose and should be used when handling clients.

important occupational health + safety contacts

AWARE-NS
Nova Scotia Health and Community Services Safety Association
Toll Free: 1-877-LETS-ACT (538-7228)
Local Phone: 832-3868
Web Site: www.awarens.ca

Canadian Centre for Occupational Health & Safety
Phone: 1-905-572-2981
Web Site: www.ccohs.ca

Department of Labour and Advanced Education
Phone: 902-424-5301
Occupational Health and Safety Division
Web Site:
http://www.gov.ns.ca/lae/healthandsafety/

Department of Transportation and Infrastructure Renewal
Connect to the nearest base from where you are calling. Toll Free: 1-888-432-3233

Workers' Advisers Program
Local Phone: 902-455-5455
Toll Free: 1-877-220-2722

Workers' Compensation Board- Nova Scotia
General Information - Halifax
Toll Free Halifax: 1-800-870-3331
Halifax: 902-491-8999

General Information - Sydney
Toll Free Sydney: 1-800-880-0003
Sydney: 902-563-2444

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Appendix A:

Sample Workplace Violence Prevention Policy

Workplace Violence Prevention	NUMBER:
Effective Date:	Page (x of y)
Applies To: Community Based Health Care Workers / Home Care and Home Support	

POLICY:

Name of Organization acknowledges that violence in the workplace is an occupational health
and safety hazard that can cause physical and emotional harm to employees who are exposed
to it. Name of Organization finds any act of violence or threat of violence in the workplace
as unacceptable and is committed to working to prevent workplace violence and responding
appropriately if workplace violence does occur.
Name of Organization is responsible for creating and maintaining a safe environment that does
not accept violence. We will work together with our employees to provide a work environment
free of violence by ensuring that all workplace parties understand the definition of violence
and their individual responsibilities for prevention, reporting and corrective actions related to
workplace violence. Every employee is required to report actual or potential acts of violence
to their Manager, who is responsible to work with employees and the JOSH Committee to
investigate the event, report internally as appropriate, identify hazards related to violence,
analysis the risks, implement corrective actions and monitor to prevent reoccurrence

DEFINITIONS:

Violence:
As defined by the Province of Nova Scotia, violence means any of the following:
- Threats, including a threatening statement or threatening behaviour that gives an employee
  reasonable cause to believe that the employee is at risk of physical injury;

- Conduct or attempted conduct of a person that endangers the physical health or physical
  safety of an employee.

Workplace:
A workplace may be any location either permanent or temporary where an employee performs
any work-related duty. This includes, but is not limited to, the buildings and the surrounding
perimeters, including the parking lots and fieil locations, clients' homes and traveling to and
from work assignments, vehicles used to perform work.

Workplace Violence:
Any physical assault, threatening behaviour, or verbal abuse occurring in the work setting.
Assault:

involves an act, gesture, or attempts to apply force that gives a worker reasonable cause to believe that there is a risk of injury, whether or not an injury (physical or psychological) occurs."

Workplace Conduct –Improper Activity or Behaviour: The attempted or actual exercise by a worker towards another worker of any physical force so as to cause injury, and includes any threatening statement or behaviour which gives the worker reasonable cause to believe he or she is at risk of injury.

Personal Harassment:

Any improper conduct by an individual that is directed at and offensive to another person or persons in the work or service environment and that the individual knew or ought reasonably to have known would cause offense or harm. It compromises any objectionable act, comment or display that demeans, belittles, or causes personal humiliation or embarrassment, and any act of intimidation or threat.

Bullying:

Persistent unwelcome behaviour, mostly using unwarranted or invalid criticism, nit-picking, and fault finding. It also includes exclusion, isolation, being singled out and treated differently, being shouted at, and otherwise humiliated.

Aggression:

Verbal or physical intimidation including hostile attitude or behaviour: threatening behaviour or actions.

GUIDING PRINCIPLES AND VALUES:

A safe, healthy and supportive work environment is an employee right.

- Violence is not part of the job requirement.

- All employees deserve to come to work without fear of violence.

- Incidents of workplace violence can have a negative effect on employees job performance, attendance and on their personal lives.

- Organizational morale and productivity can be negatively impacted by incidents of violence in the workplace.

- Everyone in the workplace deserves to be treated with dignity, respect and fairness.

Appendix B:

Sample Working Alone Policy

Working Alone	NUMBER:
Effective Date:	Page (x of y)
Applies To: Community Based Health Care Workers / Home Care and Home Support	

INTRODUCTION:

Currently, Nova Scotia does not have a specific working alone regulation. The Occupational Health and Safety Division of Nova Scotia Labour and Advanced Education states that employers need to have specific procedures and safeguards for to provide a healthy and safe work environment for employees who work alone.

Purpose

This Working Alone Policy is developed to protect employees from serious incidents or injury while working alone or in isolation. Working alone or in isolation in certain circumstances or environments may be unsafe and may require unique arrangements to minimize potential risks of injury. The employer should take all necessary precautions that a reasonable and efficient person would take in the situation.

POLICY:

Name of Organization is responsible for creating and maintaining a safe work environment that reduces or eliminates the risks associated with working alone or in isolation. The organization acknowledges that there can be safety risks for employees who work alone and a specific risk of e workplace violence. All reasonable and practical steps will be taken to reduce, eliminate, or control identified and potential risks to employees who work alone or in isolation. Working alone is a concern for all health and community service workplaces. The risks associated with working alone may be higher for staff who work in the homes of clients.

Name of Organization, will work with employees, managers, volunteers, partners and JOSH committees to address all hazards or risks related to working alone. All employers, managers, contractors, volunteers and JOSH committees must work together to do "everything that is reasonable under the circumstances" to create a safe and healthy workplace for employees working alone or in isolation. Every employee is required to report actual or potential healthy and safety concerns or incidents related to working alone or in isolation to their Manager, who is responsible to work with employees and the JOSH Committee to investigate the event, report internally as appropriate, identify hazards related to violence, analysis the risks, implement corrective actions and monitor to prevent reoccurrence.

DEFINITIONS:

- Emergency is an incident or disaster causing serious injury, loss of life, or damage to property.
- Employer is a person who, by themselves or their agent or representative employs or engages one or more workers.
- Hazards" any source of potential damage, harm, or adverse health effects on something or someone under certain conditions at work.
- Safety means the prevention of physical injury to workers and the prevention of physical injury to other persons arising out of or in connection with activities in the workplace.
- Working alone means the performance of any work function by a worker who is
- the only worker for that employer at that workplace at any time; and
- not directly supervised by the employer
- Working in isolation means working in circumstances where assistance is not readily available in the vent of injury, ill health, or

GUIDING PRINCIPLES AND VALUES

All reasonably practicable steps will be taken to reduce, eliminate, or control identified and potential risks to workers who work alone or in isolation.

- A Working Alone Policy is used to reduce or eliminate the number of incidents or injuries related to working alone or in isolation.
- Safeguarding the health and safety of workers who work alone is a shared responsibility by the employer and workers involved.

RESPONSIBILITIES

Employer:
- Develop and implement safe work procedures to eliminate or reduce the identified risks to workers working alone or working in isolation.
- Train workers in the safe work procedures.
- Ensure that workers comply with the safe work procedures.
- Review and revise the procedures not less than every three years or sooner if circumstances at a workplace change in a way that poses a risk to the safety or health of a worker working alone or in isolation.

Supervisors:
- Ensure employees follow the safe work procedures set out by the employer.
- Ensure every vehicle is fitted with a personal First Aid kit.

Employees:
- Take reasonable care/precautions to look after their own health and safety.
- Safeguard the health and safety of other people affected by their work.
- Cooperate and comply with the health and safety procedures set out by the employer.
- Use tools and other equipment properly in accordance with relevant safety instructions and any training received.
- Ensure to report any accidents, injuries, near misses, and other dangerous occurrences.

Acknowledgements

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Notes: