



VIOLENCE

IS NOT PART OF THE JOB

**New Brunswick Nursing Home
Violence Prevention**

SAFETY TALKS



**New Brunswick
Continuing Care Safety
Association Inc.**



**Association de sécurité
des soins continus
du Nouveau-Brunswick Inc.**

New Brunswick Nursing Home Violence Prevention Safety Talks

Designed to promote awareness around workplace violence, this booklet of “safety talks” was created to start a dialogue and improve communication among nursing home staff.

Keeping time constraints in mind, the booklet is designed for one safety talk each month specific to violence in the workplace. The safety talks are intended to support and enhance the use of the Violence in the Workplace awareness kit.

This tool is a great way to get more frontline staff involved in creating healthier, safer workplace. Successful programs start with listening to and encouraging all staff to help shape the safety culture in your nursing home. It begins with knowing and understanding.

Each safety talk (12 safety talks, one per month) has been set up so the facilitator can read a scenario/ definition with helpful discussion points / questions. It should not take more than five to 10 minutes to engage staff and encourage continued discussions throughout the day.

Safety Talk #1

Violence is Not Part of the Job

Violence is any incident in which a person is threatened, abused or assaulted, including all forms of physical, verbal, psychological or sexual harassment, bullying, intimidation, threats, robbery or other uninvited disruptive behaviours. Violence can be committed by residents, visitors, workers and individuals who hold no relationship to the nursing home, its residents or the workers.

Many people believe this sort of violence is “just part of the job.” While some have medical conditions that may make it difficult for them to control their impulses or actions, everyone— regardless of the nature of their work—deserves a safe and healthy workplace.

For discussion

If violence does still occur, support should be provided to both the person who experienced violence and the initiator. No blame or shame should be directed toward those involved in a violent incident or toward those who seek help following a violent occurrence.

- How does the definition of violence above fit with your previous understanding of what you consider to be violence?
- Think of some incidents that have occurred in your workplace(s). Were there times when violence was brushed aside or minimized as “just part of the job?”
- What can you do in your workplace to promote that violence should not be accepted, to contribute to an environment where safety is a top priority and to be supportive of those who have experienced violence?

Safety Talk #2

Physical Abuse

Scenario: Mrs. Avery can sometimes exhibit difficult behaviour, and is especially resistant when it is time to take her medication. Since you are running behind today, it is not a good day to use the new technique as it could take up to 20 minutes. Mrs. Avery, however, is feeling the stress of being rushed and is not going to co-operate. You finally convince her to take a drink to swallow her pills, but instead of swallowing, Mrs. Avery spits the water into your face and hits you with the cup.

For discussion

- Perhaps this situation would not have happened if we were not rushed. But it did, and now we need to address inappropriate behaviour. What can we do to address this problem?
- How does it make you feel when a resident hits or spits on you? What happens when you talk about the situation with a co-worker or a supervisor? What types of things can we do to address this with the resident so they understand they did something wrong?
- Make sure when events such as these happen to a co-worker, you support and empathize.
- Consider counselling: there is no shame in seeking professional help if you are feeling overwhelmed by the confrontation and the events. Ask about the Employee/Family Assistance Program services available to you.

Safety Talk #3

Threats

Scenario: You witness a few of your co-workers mocking Mrs. Jennings, who is sitting in the same room in clear view and in hearing range. You initially don't think much of this, as Mrs. Jennings suffers from severe dementia and does not seem to understand or respond to your co-workers' actions. However, you don't feel comfortable by what you witnessed, finding the situation inappropriate and unprofessional.

You decide to talk about the situation to your supervisor. Surprisingly, your supervisor accuses you of being a complainer and someone who cannot get along with others. Warning that you need to watch yourself, the supervisor says: "There is a target on your back, and people don't like you so I suggest you stop tattle-telling and get back to work."

For discussion

- Explain the current process when communication between an employee and immediate supervisor is compromised. Ask if they would feel comfortable using the procedure as written. If not, what do they feel would work better?
- Often defensive responses can be made because there is an underlying frustration in dealing with one more situation. We feel our judgment or competence is being challenged. Sometimes it is because we feel a lack of control with certain individuals in the workplace and lash out at the messenger rather than deal with the matter directly. Sometimes, we also fear repercussions when confronting the perpetrator/bully either inside or outside the workplace.
- Consider counselling: There is no shame in seeking professional help if you are feeling overwhelmed by the confrontation and the events. In this case, the supervisor, depending on the motive for ignoring the situation, may need help in dealing with unruly employees. Ask about the Employee/Family Assistance Program services available to you.

Safety Talk #4

Sexual Abuse

Scenario: Mr. Simpson has been in your care for more than five years. You have a very good relationship and consider each other friends. Mr. Simpson is a very affectionate person and you don't mind when he squeezes your hand or asks if he can hug you. One day, after helping Mr. Simpson get dressed after his bath, he touches your breasts and develops an erection. You ignore the event, finish the task at hand and leave the room. You talk to your co-workers, as the event has left you feeling uneasy. But instead of empathy, your co-workers laugh, tell you their experiences with Mr. Simpson over the years and say it is nothing to worry about. Despite how you are feeling, your co-workers insist he is harmless.

For discussion

- Explain the current process in place regarding residents who display sexual behaviours towards staff. Does the process work? Are there any improvements to be made?
- Sometimes laughter is the best medicine, however, not everyone can just laugh it off. Pay attention to the person who was victimized. Are they laughing or seem to be taking the situation lightly? If not, then joking about the situation can be harmful. How else can we support the victim?
- Consider counselling: there is no shame in seeking professional help if you are feeling overwhelmed by the confrontation and the events. Ask about the Employee/Family Assistance Program services available to you.

Safety Talk #5

Verbal Abuse

Scenario: Mr. Smith, a resident with a higher level of independence and who generally prefers to spend time alone in his bedroom, has a verbal agreement with staff that if his bedroom door is closed, he is not to be disturbed unless necessary. One evening after dinner, Mr. Smith retreats to his room and closes the door. Due to oversights caused by staff changing shifts and improper communication, Mr. Smith is found the next morning by his daughter, who is extremely upset to find her father sitting in his urine and feces. He explains no one came in to help him go to bed and he was unable to reach the call bell. The daughter yells for help and proceeds to berate the attending care worker. "It's obvious you don't give a f!@# about my father. I can't believe you are too stupid and uncaring to even open the f!@#ing door. This is just typical of the type of care you provide here!"

For discussion

- How does it make you feel when someone accuses you of wrongdoing? Do you think this daughter had the right to speak to you this way?
- Learn to de-escalate the situation. What would be a good way to handle this situation?
 - If your facility has a procedure in place for when this happens, this is a good time to review the procedure. Ask if anybody has used this procedure or found problems with the procedure, and how they might be able to improve it.
 - Excuse yourself and call for backup. Best to get a manager involved who can remove the angry visitor/family member and distract them while you help the resident.
- Consider counselling: there is no shame in seeking professional help if you are feeling overwhelmed by the confrontation and the events. Ask about the Employee/Family Assistance Program services available to you.

Safety Talk #6

Psychological Abuse

Scenario: From her first week, Nancy, an enthusiastic 25-year-old RN, stood out at the nursing home. The nursing home had a recognition program in which frontline workers got a star posted on a bulletin board in the staff room when residents complimented them to management. The once bare board quickly filled up with Nancy's stars. Her co-workers, a group of eight mostly middle-aged care workers, glared at and whispered about her. Whenever she entered the break room, they would go silent.

About four months into the job, Nancy had become used to working alone as nobody would work with her, even in those situations where two care workers were charted as being required. On one of her rounds, a resident suddenly lost consciousness. She pressed the code button to signal she needed emergency assistance. To her shock, nobody came. Alone, Nancy checked the man's blood sugar levels, noted they dropped and injected glucose. The man regained consciousness.

For discussion

- I know many of you can relate to this story; many of us have been shunned by co-workers without understanding why.
- (Lunch room gossip) - People can unwittingly lend support to a confident bully. If someone in your environment is behaving cruelly toward others, do not allow your own behaviour to reflect tacit support for their misbehaviour.
- If possible, keep a record of incidents and confide in at least one trusted colleague so you have someone looking out for your interests.
- Offer support: If you notice someone being bullied, you do not have to wait for them to confide in you; they may be too frightened or anxious to discuss their situation with anyone. Instead, approach the person and gently explain what you have observed. Invite further discussion about what has been going on, and emphasize that they do not have to deal with this problem alone.
- Consider counselling: there is no shame in seeking professional help if you are feeling overwhelmed by the damage inflicted by a bully. Ask about the Employee/Family Assistance Program services available to you.

Safety Talk #7

Domestic Violence in the Workplace

Scenario: Domestic violence is everybody's business. It is not a personal problem that stays at home. Some domestic violence offenders have gone directly into the workplace and hurt and even killed innocent bystanders. Let's not forget, this is your resident's home, and if they were victims or offenders in the past, it may not stop because they are in a nursing home.

Chances are that in your workplace many employees have or do experience violence at home, are offenders or have a friend or family member who has been subjected to violence. The violence affects the workplace, including:

- Decreasing employee productivity
- Affecting employee morale
- Creating substantial costs
- Absenteeism
- Putting all employees at risk

For discussion

Discuss your nursing home's current procedures (for example, lockdown). When was the last time you practised a drill? What happened the last time it was practiced?

If I'm Experiencing Violence

It's not your fault. You're not alone; there are local advocates and other resources that can help. Page 3 (Abuse Information) in all New Brunswick phone books contains contact numbers for places where you can get professional help. Also, don't forget staff have access to the Employee/Family Assistance Program.

If I'm a Co-worker

Don't be a bystander, be an upstander! You don't have to be an expert or a social worker, but you can help:

- Recognize that someone you know is dealing with a difficult situation or acting differently.
- Respond by letting them know you're concerned about them.
- Refer them to resources that can help, like outreach support or crisis lines listed on page 3 of the phonebook, human resources, or Employee/Family Assistance Program.

If I'm a Supervisor/Manager

- Support an employee who is experiencing violence by listening to their workplace needs, connecting them to expert resources and avoiding judgment.
- If an employee is a perpetrator of domestic or sexual violence or stalking, hold them accountable for their acts, including discipline and termination.

Safety Talk #8

Contributing Factors to Resident Abuse

Scenario: Older adults represent one of the most vulnerable segments of our population, and are often taken advantage of. Abuse can also happen under circumstances where the abuser does not recognize they are doing something wrong. Abuse often goes unreported because the mistreatments are very subtle and aren't easy to detect.

Risk factors that can contribute to the abuse of nursing home residents are:

- Caregiver stress or frustration from the workplace, personal life or both.
- Residents are more dependent or have more complex needs, resulting in difficult behaviour.
- Residents have difficulty communicating what they need.
- Residents are socially isolated as a result of a medical condition or loss of family and friends, and are therefore more vulnerable.
- People who hold negative attitudes about the elderly are more likely to justify negative actions against older adults.
- Lack of training and support for staff providing care for those with challenging behaviours.

For discussion

Understanding the risk factors that contribute to elder abuse is vital to prevention and effective intervention. Elder abuse does not occur because of one factor; it's a multifaceted issue that crosses cultural, religious and socio-economic boundaries. The greater the risk factors in an environment, the greater the potential for abuse.

- What links or connections are there between resident abuse and workplace violence?
- How would you respond if you recognize these risk factors in yourself and others?

Safety Talk #9

Real Life Scenarios

Choose one or two following scenarios or use a recent event that may have happened in your own nursing home. Scenarios and discussion points expand over the next two pages.

Scenario 1 – Aggressive Resident: You have been assigned to provide care to an elderly resident, and a co-worker wishes you “good luck!” You look at the care plan to see what your co-worker may be referring to, however, you see nothing to be concerned about. While carrying out morning care, the resident slaps you across the face in a seemingly unprovoked attack. You push on with the care despite what has just happened and the resident then bites you. You leave the room, look at where you were hit and bitten, decide the wounds are superficial and continue with your daily tasks.

Scenario 2 – Aggressive Family Member: An RN is in the hallway when she notices an unfamiliar man walking with a slight stagger and talking loudly. She overhears the man say he is looking for his mother so she approaches him to see if she can help. After talking to the man, she believes he is under the influence. She tells the man his mother is sleeping and cannot be disturbed. This only agitates him more and he demands to see his mother as he has something important for her to sign. The RN then asks the man to leave. He starts to curse and demands he be shown to his mother’s room immediately.

Scenario 3 – Gossiping Staff: The supervisor sees a staff member talking on her cell phone while feeding a resident. The nursing home has strict policies prohibiting cell phone usage during working hours. The supervisor approaches the staff member and asks her to put the cell phone away immediately. The staff member rolls her eyes and puts the phone in her pocket. This same staff member is overheard in the lunchroom, saying the supervisor has an issue with her personally, as she feels everyone else uses their cell phones and they are not told to put their cell phones away. She says she is a victim of bullying.

Scenario 4 – Gossiping Resident: A newly transferred resident verbally expresses his displeasure about being in the current nursing home. He is very critical and demands everyone follow his particular care routines, regardless of the needs of other residents in the home. To keep this resident happy and remain in his good graces, staff often cross the therapeutic relationship boundary by gossiping about the nursing home or personal lives of other staff. He later uses this information to humiliate the staff to the point of tears.

Safety Talk #9

Real Life Scenarios

Scenario 5 – Privacy Issue?: A newly hired staff member approaches her supervisor at the beginning of her first shift. She seems nervous/anxious and mentions she would appreciate complete discretion should anybody ask about her by phone or in person at the nursing home. Meanwhile, another staff member notices a stranger sitting in his vehicle outside the nursing home. She smiles at the driver who smiles back, assumes this person is there to pick up another staff member, and mentions nothing when she enters the building. It is not mentioned to the supervisor until break time, when the car is spotted still parked there.

Scenario 6 – Diversity: While on a break, you overhear a conversation in which a long-time staff member is referring to a new employee who is perceived as different (sexual orientation, religion, culture, age, disability, language, political, Maple Leafs fan, etc.) as being the laziest person they have ever worked with. The staff member continues to belittle the new employee over the entire lunch break. Nobody does or says anything, but the room becomes very quiet. One person mumbles something on their way out the lunchroom door, but not loud enough for anybody else listening to hear.

For discussion

- What type of violence does the scenario present?
- What are the current protocols to deal with this scenario?
- How do you chart and report an incident of violence (involving or not the resident)?
- How could this situation be prevented?
- What can we do to support individuals affected by the scenario (even if they do not know they have been gossiped about)?
- Do you feel these types of scenarios are being addressed for future prevention?
- Does this story remind you of a time when you felt a victim of violence?
- Do you know that the nursing home has an employee/family assistance program with access to counsellors?
- What would make someone afraid to report a violent incident?

Safety Talk #10

Potential Violence Red Flags

Scenario: Workplace violence can start as small incidents involving negative remarks and inappropriate behaviour. It may escalate to physical or psychological violence. It is much easier to prevent violence by stopping small incidents than trying to deal with the aftermath of a major crisis.

It is extremely important to understand the behaviours do not mean a person will become violent, but they may indicate the person is experiencing high stress levels. Each situation is unique and professional judgment or outside assistance may be necessary to determine if intervention is necessary.

Sometimes it is not what a person says, but what their body is doing. Use caution if you see someone who shows one or more “non-verbal” signs or body language.

- Flush or pale face
- Trembling or shaking
- Loud talking or chanting
- Pacing, restless or repetitive movements
- Exaggerated or violent gestures
- Shallow, rapid breathing
- Sweating
- Glaring or avoiding eye contact
- Signs of extreme fatigue
- Scowling, sneering or use of abusive language
- Clenched jaws or fists
- Violating your personal space
- Change in voice

Safety Talk #10

Potential Violence Red Flags

For discussion

Can you name behaviours that could indicate a person is experiencing high stress levels?

History of violence: Fascinated with incidents of workplace violence; shows extreme interest in or obsession with weapons; demonstrated violence towards inanimate objects; evidence of earlier violent behaviour.

Threatening behaviour: States intention to hurt someone; holds grudges; excessive behaviour; escalating threats that appear well-planned; preoccupation with violence

Intimidating behaviour: Argumentative or uncooperative; displays unwarranted anger; impulsive or easily frustrated; challenges peers and authority figures.

Increase in personal stress: An unreciprocated romantic obsession; serious family or financial problems; recent job loss or personal loss.

Negative personality characteristics: Suspicious of others; feels entitled to something; cannot take criticism; feels victimized; shows a lack of concern for the safety or well-being of others; blames others for their problems or mistakes; low self-esteem.

Marked changes in mood or behaviour: Extreme or bizarre behaviour; irrational beliefs and ideas; appears depressed or expresses hopelessness or heightened anxiety; marked decline in work performance; demonstrates a drastic change in belief systems.

Socially isolated: History of negative interpersonal relationships; few family and friends; sees the nursing home as a family; is obsessed with their job.

Abuses drugs or alcohol

Reference: Canadian Centre for Occupational Health and Safety (http://www.ccohs.ca/oshanswers/psychosocial/violence_warning_signs.html)

Safety Talk #11

Your Rights

Scenario: The New Brunswick Occupational Health and Safety Act describes an employee's three basic rights to ensure their safety at work.

No matter what your job responsibilities are, you have the following three fundamental rights:

- 1. Right to know** – The right to receive training needed to do the job safely and to be made aware of workplace hazards, safe work procedures and emergency procedures.
- 2. Right to participate** – The right to participate in solving health and safety problems and identifying and controlling of workplace hazards, even if there is a Joint Health and Safety Committee at your nursing home.
- 3. Right to refuse dangerous work** – A specific procedure s to help guide you through the process of refusing work if it is believed the work is dangerous to your health or safety or that of others.

For discussion

This may be a good time to invite an individual from the JHSC to introduce the topic and themselves.

Right to know: What is the procedure/policy if an individual is unsure or concerned about how to complete a task and wants additional on-the-job training?

Right to participate: What is the procedure/policy to identify, report or control a workplace hazard? Has anybody followed this procedure in the past? Has anybody here identified a potential hazard which resulted in processes put into place and people no longer getting hurt?

Right to refuse dangerous work: Did you know, you cannot just walk off the job when you refuse dangerous work? Does anybody understand the three steps that must be followed? Do you realize you are still required to stay at work until your shift is finished (out of harm's way of the immediate identified danger)?

Step 1: Report the safety concern to your supervisor. It is important that you also help resolve the problem and find solutions and ways to eliminate the danger. If the problem is resolved, return to work; if not, then on to Step 2.

Step 2: Report the matter to the JHSC. Again, it is important to know your responsibility in helping to resolve the issue does not stop when it moves to the committee. Make sure you are re-assigned work while waiting for the problem to be resolved. If still not resolved, then:

Step 3: Call WorkSafeNB and explain the situation. In all cases, you should stay at work until your shift is finished.

Safety Talk #12

Changes to practices/procedures following previous incident

Scenario: If a violent incident occurs in the home, changes should be put in place to prevent a future re-occurrence.

Think of and describe a difficult situation involving violence or potential violence that has occurred in your nursing home.

If not managed, an incident can escalate into an emergency or a disaster. Incident management is, therefore, the process of limiting the potential disruption caused by such an event.

After the crisis and normal functions are restored, the JHSC will underline the root cause and make further permanent corrections.

For discussion

This may be a great time to have someone from the JHSC talk about an actual case that has happened in the nursing home. If not resolved, take the time now to work through the problem with frontline staff.

- What was the response?

Refer to your violence prevention policy.

- Were the practices outlined in your policy followed in this case?
- Where those practices effective in managing, diffusing or resolving the potential for violence?
- Given what happened, are there changes that should be or were made to the practices and/or policies in your nursing home to prevent future violent situations?
- Has anybody used the new practices/procedure since they have been amended, and can attest to their effectiveness?