



# HSA president calls for summit on violence in health care

December 11, 2014

**The following letter from HSA President Val Avery was sent to members December 11, 2014**

Dear member,

Assaults on health care workers in Penticton and Kamloops have dominated the news this week. Incidents like these have become all too common in health care settings.

It is time for action.

I am calling on British Columbia's Minister of Health, Hon. Terry Lake, to convene a Violence in Health Care Summit involving key health sector stakeholders to respond to this growing problem.

- [Read the letter to Minister of Health Terry Lake here](#)

HSA members know full well the difficulties involved in providing care for patients or clients while also having to manage their own personal safety. There is always a professional desire and expectation to provide the highest standard of care possible, but this is becoming increasingly difficult due to inadequate protections against violence and aggression.

Far too many HSA members have become victims of violence. They are physically and verbally attacked in residential facilities, in hospitals, including emergency rooms and in psychiatric units, and in clients' homes. The death in 2005 of David Bland, an HSA vocational rehabilitation counselor in Richmond, at the hands of a former patient is still on the minds of many of our members.

Many of the gaps in safety protocols that gave rise to that tragic incident still exist today.

In BC, the Occupational Health and Safety Regulation requires every employer to perform a risk assessment in "any workplace in which a risk of injury to workers from violence arising out of their employment may be present". When a risk of injury is identified, "the employer must establish procedures, policies and work environment arrangements to eliminate the risk to workers from violence, and if elimination of the risk to workers is not possible, establish procedures, policies and work environment arrangements to minimize the risk to workers".

The fact that incidents of violence and aggression are increasing and that each year hundreds of non-compliance orders are written by WorkSafeBC inspectors against health sector employers show that there are major deficiencies in how violence is handled in health care settings.

There is a lack of consistency in violence prevention practices and training around the province and many employers seem resistant to move to a standardized provincial approach. For example, some call for more seclusion rooms and restraints in extreme situations while others argue for less coercive measures. There are different opinions on the best types of alert systems to use and some employers don't provide them at all. Many clients with histories of aggression do not have behavioural care plans in place and there are major communication problems between agencies that provide care for the same patients. There are differing viewpoints on how and when security guards should be involved in protecting or supporting health care workers. In addition, many incidents go unreported or are reported and not followed up on.

Minister Lake recently stated that a \$37-million training program started in 2011 to teach health professionals how to diffuse aggression and violence may be paying off. While many workers have received valuable

training, more importantly, thousands more who need the training have not received it and have trouble accessing it. Many BC health employers are not even keeping track of who is receiving the training.

In 2013, WorkSafeBC accepted 879 claims from workers in the health and social services sectors who were injured on the job after physical assaults by patients, clients, and others. Those numbers don't include claims related to verbal and psychological abuse or cases of post-traumatic stress experienced by workers who are called upon daily to intervene during violent events. There are estimates that as many as half of the incidents related to violence and aggression from patients and clients are not reported at all.

There are measures that can be taken, if there is a will to respond to HSA's call for action. Our proposal for a summit includes a call to conduct a speedy and thorough examination of what is needed to better protect health care workers in this province, and a commitment from the Ministry of Health ensure the necessary financial resources are in place for this critical work to prevent more victims of violence in our health care system.

Some of the measures to be taken include:

- the adoption of best practices for dealing with workplace violence and aggression;
- evaluation of staffing levels and staff mix;
- implementation of a province-wide alert notification system;
- standardized violence prevention protocols across the province;
- better coordination, delivery and tracking of violence prevention training;
- stricter requirements and clear procedures for reporting all incidents of violence and aggression;
- stronger monitoring and enforcement powers for WorkSafeBC.

Our expectation is that a Violence in Health Care Summit will be convened by the Minister of Health at the earliest opportunity and will include representatives of:

- Ministry of Health
- WorkSafeBC
- Health sector employers
- Health sector unions
- Physicians
- Police services

I will keep you posted on developments related to this call by your union for action to address violence in your workplaces.

Sincerely,  
Val Avery, President  
Health Sciences Association of BC

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Attachments

 [12-12-2014 Minister Lake MoH.pdf](#)

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