Manitoba
Health

	Policy Category/Number:	**HCS 215.3**
POLICY TITLE **Provincial Injury Reduction**	**Date Approved**	**June 7, 2011**
	Applicable to	**Cancer Care Manitoba, Diagnostic Services Manitoba, Regional Health Authorities and their Contract Facilities**
Branch/Division **Health Workforce Strategies/Health Workforce**	**Next Review Date:**	**June 2013**
	Date Reviewed	
Responsible Authority **Assistant Deputy Minister, Health Workforce Strategies**	**Date Revised**	
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1.0 Policy Statement

The province of Manitoba has established a provincial policy to provide overall direction and support to Cancer Care Manitoba (CCMB), Diagnostic Services Manitoba (DSM), and to all Health Authorities and their contract facilities on the establishment of workplace safety and health programs within the health workforce. This policy does not negate existing workplace safety and health policies, provided the provisions made in the employer's policy meet or exceed the requirements outlined by this policy.

2.0 Background

At the request of the Treasury Board, the *Workplace Injury Reduction Project Report* was completed in May 2006. The report included a variety of recommendations to execute a strategy for improving occupational safety and health in the health care sector. These recommendations included: 1) safe patient handling program, 2) disability/case management program, 3) prevention plan for slip, trip and falls, 4) violence prevention program, and 5) reporting mechanism/stats recording. These recommendations were developed based on information provided by the Workers Compensation Board (WCB), surveys from 11 Regional Health Authorities, and the Selkirk Mental Health Centre, with consideration given to Addictions Foundation of Manitoba (AFM), Diagnostic Services of Manitoba (DSM), Cancer Care Manitoba and Cadham Provincial Laboratory. A second phase was requested and completed in December 2007. In April 2009, a third phase and report were completed.

According to data/research published in the reports, WCB health sector assessment costs in 2006 increased by 2.5 times since 1999. The reports acknowledges that the quickest and most effective way to reduce WCB premiums and overall costs associated with workplace injuries is to focus on two priority areas:

1) safe patient handling
2) disability/case management.

3.0 Purpose

The establishment of workplace safety and health programs is legislated under the *Workplace Safety and Health Act* (C.C.S.M. c. W210). This policy defines the expectations for the development of safety and health programs and the reporting responsibility for each Health Authority and their contract facilities. It is believed that implementation of this new policy will serve to decrease work related injuries in the health care sector thereby reducing the costs associated with these injuries.

4.0 Definitions

Health Workforce

For purposes of this policy, health workforce includes the following:

- **Health service providers: professionals (physicians, nurses, allied health workers and health professionals working in settings other than hospitals, such as schools, etc.). Agency nurses are included depending on whether their employer is paying for WCB coverage.**
- **Health management and support workers (including those who are employed in the health system but do not provide health services directly to the population): professionals (ex. accountants, etc.), associates (ex. administrative professionals, etc.), support staff (ex. clerical workers, etc.), craft and trade workers (ex. Housekeeping, dietary, laundry, etc.).**

Health Authority

Health Authority refers to an organisation and their contract facilities that are responsible for providing for the delivery and administration of health services in a particular area of the province, as established through the *Regional Health Authorities Act* C.C.S.M c R34.

Contract Facility

A contract facility is any facility that receives funding from a Regional Health Authority (RHA).

Annual Accountability Report

In 2009 Manitoba Health established a new process to monitor Health Authority accountability. This process allows Manitoba Health to assess compliance with Board Governance and Accountability Policy HCS 200.1 and other oversight directives from Manitoba Health over the Health Authorities. Included in this process is a form to be submitted by the Health Authorities to Manitoba Health on an annual basis. This form was developed by Manitoba Health with input from the Health Authorities and Health Senior Executives.

Disability Management Strategy

A standardized process that ensures a consistent model of care for all employees who are ill or injured. Examples include early employer involvement, return to work planning and accommodations, recording statistical information, accessing appropriate information from treatment providers regarding a worker's abilities, and hiring a disability case management professional to coordinate all aspects of the case.

The Workplace Safety and Health Act (WSHA)

The *Workplace Safety and Health Act* (C.C.S.M. c. W210) provides the legislative framework for the establishment of workplace safety and health programs for all workplaces with 20 or more employees. The Act includes specific information on the required content of workplace safety and health programs, as well as the responsibilities of the employer and the employee.

Workers Compensation Board (WCB)

The workers compensation system is an injury and disability insurance system for workers and employers that are paid for by employers. The WCB has two main sources of revenues: premiums from employers and investment revenue from the WCB investment portfolio. Assessment rates are calculated by examining the costs associated with a particular firm over the preceding 12 months. There are two kinds of costs: 1) **direct costs** which are composed of wage-loss, medical aid and rehabilitation expenses for the firm's injured workers and 2) **indirect costs** which are costs of running the workers compensation system that cannot be apportioned to any one claim, for example, administration.

Worker's Compensation Act (WCA)

The WCA came into effect in February of 1988. Employees of the federal government who suffer work-related injuries or disease receive the same benefits as other workers in the province under federal legislation (the Government Employees Compensation Act, R.S.C. 1985, c. G5) administered by provincial and territorial workers compensation authorities.

5.0 Policy

Section 7.4(1) of the *Workplace Safety and Health Act* (C.C.S.M. c. W210) stipulates that provincial workplaces with 20 or more workers are required to establish workplace safety and health programs. Consistent with this legislation, the Province has established a provincial policy that all Health Authorities and their contract facilities establish workplace safety and health programs within the health workforce. This policy defines the expectations for the development of safety and health programs and the reporting responsibility for each Health Authority and contract facility as follows:

5.1 Responsibility

The Chief Executive Officer (CEO) of each Health Authority and their contract facilities is responsible for the establishment of a health workplace safety and health program that meets the legislative requirements listed under the *Workplace Safety and Health Act and Regulations.*

*See Appendix A for further information on the requirements outlined under the Workplace Safety and Health Act.

5.2 Expectations/Injury Reduction Goals

Manitoba Health will work with each Health Authority and their contract facilities to develop reasonable injury reduction goals and measurement standards for each fiscal year. Each Health Authority and contract facility is required to provide a report on their workplace safety and health implementation/strategy and injury reduction goals through the Annual Accountability Monitoring Mechanism. The department will review these reports to determine if the strategies in place meet the goals of injury reduction. If they do not, they will need to be reviewed and adjusted by the Health Authority and contract facility.

Each Health Authority and contract facility shall have a Workplace Safety and Health Program developed and implemented in accordance with the *Workplace Safety and Health Act and Regulations*. This Injury Reduction Strategy will include, but is not limited to, the following initiatives:

1) Disability Case Management Program: to provide a standardized process that ensures a consistent model of care for all employees who have a workplace related illness or injury, meeting legal requirements under the Human Rights, Workplace Safety and Health Act and the Workers Compensation Act.
2) Safe Patient Handling Program: to provide a standardized evidence-informed approach in all health facilities and organizations where employees are involved in patient handling activities meeting legal requirements of Part 39 of the Workplace Safety and Health Regulation.
3) Prevention Plan for Slips, Trips, and Falls: to establish guidelines and best practices for the prevention of injuries resulting from unpredictable, uncontrollable and variable working conditions in occupational settings.
4) Violence Prevention Program: to provide a standardized approach in all health facilities and organizations where employees may be exposed to the risk of violence meeting the legal requirements of the Workplace Safety and Health Act and Regulation. This will include safety and security through the completion of risk assessment, communication systems, worker training, incident investigation and follow up, as well as incident tracking and program evaluation.
5) Reporting Mechanisms/Statistical Recording: to implement a standardized process for recording events and developing appropriate, evidence based prevention plans.

*See Appendix B for further information on each program.

6.0 Core Supporting Documents: Standards, Procedures, Guidelines

*See Appendix C for standards and recommendations for each program.

7.0 Resource Documents

- O'Neill, Marie, Walker, Neil, et al., Provincial Health Workplace Injury Reduction in Health Care Report May 2006
- Workers Compensation Board, Labour Relations Secretariat, Manitoba Health, Health Authorities, Selkirk Mental Health Centre, CancerCare Manitoba, Addictions Foundation of Manitoba, Cadham Provincial Laboratory and Diagnostic Services of Manitoba. Provincial Health Workforce Injury Reduction in Health Care Project Phase 1: Current State, December 31, 2007
- Provincial Health Workforce Injury Reduction in Health Care Project Phase 2: Future State, January 9, 2008 (*this project is based on the recommendations from the Provincial Health Workforce Injury Reduction in Health Care Report May 2006)
- Provincial Health Workplace Injury Reduction in Health Care Phase III Report April 17, 2009 (*this report is based on the recommendations from the Provincial Health Workforce Injury Reduction in Health Care Report May 2006)
- Occupational and Environmental Safety & Health (Occupational and Environmental Safety and Health) website (Winnipeg Regional Health Authority): http://www.wrha.mb.ca/professionals/safety/ (valid as of April 20th, 2011).
- Provincial Health Workforce Injury Reduction Project – Phase 2. Presentation to Senior Executives Committee, February 13, 2008 (*this presentation is based on the recommendations from the Provincial Health Workforce Injury Reduction in Health Care Report May 2006)
- The Workplace Safety and Health Act http://web2.gov.mb.ca/laws/statutes/ccsm/w210e.php (valid as of April 20th, 2011) or the Workplace Safety and Health Act and Regulations http://safemanitoba.com/workplace_safety_health_act_and_regulations.aspx
- The Workplace Safety and Health Regulation http://safemanitoba.com/workplace_safety_health_act_and_regulations.aspx
- Workplace Safety and Health website at Labour and Immigration http://www.gov.mb.ca/labour/safety/index.html (valid as of April 20th, 2011) or www.safemanitoba.com

APPENDIX A

As per 7.4 (5) of the Workplace Safety and Health Act:

A workplace safety and health program must include

(a) a statement of the employer's policy with respect to the protection of the safety and health of workers at the workplace;

(b) the identification of existing and potential dangers to workers at the workplace and the measures that will be taken to reduce, eliminate or control those dangers, including procedures to be followed in an emergency;

(c) the identification of internal and external resources, including personnel and equipment, that may be required to respond to an emergency at the workplace;

(d) a statement of the responsibilities of the employer, supervisors and workers at the workplace;

(e) a schedule for the regular inspection of the workplace and of work processes and procedures at the workplace;

(f) a plan for the control of any biological or chemical substance used, produced, stored or disposed of at the workplace;

(g) a statement of the procedures to be followed to protect safety and health in the workplace when another employer or self-employed person is involved in work at the workplace that includes

(i) criteria for evaluating and selecting employers and self-employed persons to be involved in work at the workplace, and

(ii) procedures for regularly monitoring employers and self-employed persons involved in work at the workplace;

(h) a plan for training workers and supervisors in safe work practices and procedures;

(i) a procedure for investigating accidents, dangerous occurrences and refusals to work under section 43;

(j) a procedure for worker participation in workplace safety and health activities, including inspections and the investigation of accidents, dangerous occurrences and refusals to work under section 43;

(k) a procedure for reviewing and revising the workplace safety and health program at intervals 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 workers at the workplace; and

(l) any other requirement prescribed by regulation.

APPENDIX B

Safe Patient Handling Program:
The most common occupational health problems in Canadian health care occupations are related to patient handling, violence, infections and stress. Furthermore, musculoskeletal injuries comprise the majority of time loss claims in the province. These injuries are a result of equipment and environmental inadequacies, high physical work demands, inadequate staffing, poor worker morale, low social supports and poor compliance with patient handling training. A safe patient handling program will enable injured workers to return to work sooner and will prevent injuries from occurring in the future. It is expected that a comprehensive safe patient handling program coupled with proactive monitoring will reduce the unsafe patient handling practices, reduce the pain associated with manually lifting patients, reduce injury related rates and costs, reduce the number of workers suffering from repeat injuries, reduce the duration of absences from work and improve worker job satisfaction.

Disability/Case Management Program:
Regions and health organizations need to provide the key elements of a best practice disability case management program. Furthermore, more work is needed with return to work programs and accommodations. Disability case management programs are expected to have the most immediate impact on disability and workers compensation costs. It's expected that early involvement, coordination of assessments/consultations for health related absences, return to work and accommodations plans will reduce time loss claim costs, reduce indirect costs, reduce WCB premiums, reduce absenteeism and facilitate compliance with legislative obligations.

Prevention Plan for Slip, Trips and Falls:
Many regions report slips, trips and falls to be an issue causing additional costs, however, the minority of regions and organizations have prevention strategies in place. It is believed that falls occur in the workplace due to unpredictable, uncontrollable and variable working conditions in occupational settings.

Violence Prevention Program:
Violence in the workplace is also an emerging concern. Settings where claims due to violence occur include acute care, long term care, community and home care. Health occupations most likely affected by violence include nurse aides and licensed practical nurses, community health workers, registered and psychiatric nurses. Violence occurs during high activity times with patients such as meal times, during visiting hours, and during patient transport. Incidents occur when health care workers attempt to set limits on behaviours. The most common place they occur is in psychiatry wards, emergency rooms, waiting rooms or geriatric units. Violence can cause physical injury, disability, death and most often psychological trauma. Current regional training programs (including follow-up for assaulted workers) in place are poorly supported. Organizations are required to develop and implement a violence prevention program, complete with risk assessments, violence prevention policies, mechanisms to control violence, including training on violence recognition and management, emergency response procedures and a means for tracking violence related injuries. Violence may occur in spite of the control or prevention measures. Employers need to be equipped to respond and minimize the impact to the organization and its workers. Counselling using a critical incident stress model may be necessary for the employees as well as personal counselling for the victim.

Reporting Mechanism/Stats Recording:
At least six out of twelve regions/organizations do not have a method of statistical recording and evaluation in place. A standardized method of recording and reporting injuries needs to be developed and a database maintained in order to track injuries, analyze and evaluate programs and identify further prevention strategies. Best practice guidelines for injury reporting identify that the following should be tracked:

- Incident details
- Identification of direct and indirect causes
- A plan for corrective actions
- Costs related to each incident

Furthermore, a provincial approach for capturing data in a standardized, centralized, consistent way should be implemented including a potential database. This database would assist in injury mapping, evaluating trends, defining causes and providing information on further action relevant to prevention.

APPENDIX C

Standard process for each program:

Disability Case Management program:
- Timely reporting of work related injury or illness and non occupational health conditions affecting employment;
- early employer involvement and intervention;
- medical documentation: accessing appropriate information from treatment providers regarding a worker's abilities;
- a team approach including union, management and rehabilitation;
- designated disability case management professional to coordinate all aspects of the case;
- individualized return to work planning and accommodations which include alternate work duties, modified work duties and graduated return to work paid by the employer;
- confidentiality
- recording statistical information;
- evaluating program effectiveness.

Safe Patient Handling Program:
- No lift/minimal lift policy and accompanying safe work procedures;
- patient/resident/client risk assessment and care planning for safe handling and movement;
- communication of the assessment results and care plan related to patient handling;
- equipment selection, storage and maintenance;
- a communication tool such as a logo system;
- training on the policy/safe work procedures and equipment usage;
- supervision, monitoring and enforcement of policy and safe work procedures and monitoring for procedure compliance;
- accident/incident reporting, investigation, corrective actions/prevention plans and follow-up;
- evaluation and statistical review of program efficacy.

Prevention Plan for Slips, Trips, and Falls:
- education of workers on appropriate footwear;
- establish working groups to identify key issues and develop guidelines for prevention;
- training/education on guidelines/best practices;
- evaluation/follow-up on program effectiveness.

Violence Prevention Program:
- a systems/team approach to violence prevention;
- risk assessment of facility/site/program;
- implementation of hazard prevention and control strategies identified in assessment;
- Violence prevention policy
- patient/resident/client risk assessment and care planning for violence prevention;
- communication of the assessment results and care plan related to violence;
- emergency response plan for violence;
- environmental and security controls mechanisms;
- training in recognizing and managing escalating or difficult behaviours and maintaining violence hazard awareness;
- a method to identify patients at risk for violent, aggressive or reactive behaviours;
- response plan for incidents;
- incident reporting, investigation, corrective actions/prevention plans and follow-up;
- emergency response procedures;
- accident/incident reporting and investigation procedures and follow-up;
- system for tracking violence-related incidents and injuries;
- review/evaluation of violence prevention program effectiveness.

Reporting Mechanisms/Statistical Reporting:
- identify standard reporting format;
- track best practices guidelines for injury reporting;
- include costs related incidents;
- implement a provincial database for capturing data.

Recommendations for each program:

Disability Case Management program:
- Process to be coordinated with specific professional experts (i.e. occupational health nurse, case manager);
- focus on identifying strategies for early intervention;
- develop access to physician support with preference for an occupational physician;
- consider the delivery of services through a centralized provincial team approach;
- provide education and awareness training for workers and managers;
- develop strategies to address mental health issues as a primary of secondary diagnosis.

Safe Patient Handling Program:
- Adopt a program that has a minimal lift focus, is evidence based, and follows established research based best practice guidelines;
- develop safe work procedures and monitoring tools;
- provide training on patient handling and monitoring procedures;
- allocate significant funds for all training resources, including funding for staff replacement to attend training sessions;
- develop a system to communicate the assessment results and care plan related to patient handling;
- ensure that equipment and staff required to support such a program is made available;
- implement an audit and reporting system for workplaces to reinforce and monitor compliance in the use of equipment and safe patient handling techniques;
- ensure health care worker training institutions provide safe patient handling training consistent with standards;
- ensure supervision, monitoring and enforcement of safe patient handling program.

Prevention Plan for Slips, Trips, and Falls:
- Consideration should be given to establishing working groups to review the healthcare issues and establish guidelines and recommendations specific to the workplace setting;
- workers should be required to wear footwear that would prevent injuries caused by slips, trips, and falls;
- ensure workers are provided with appropriate training on injury prevention.

Violence Prevention Program:
- Conduct a risk assessment that examines the facility, environment, client population, polices procedures and training program.
- create a violence prevention policy that meets the content requirements of the *Workplace Safety and Health Act and Regulations (Part 11: Violence).*
- develop a violence prevention program that is reflective of the risk assessment, with strategies customized to suit the needs of the workplace;
- Implement violence prevention strategies, which may include an emergency signalling system (personal alarms, code white), security devices (metal detectors), camera surveillance, environmental design to accommodate waiting patients, protective structures barriers in triage areas (glass enclosures), emergency exits, restrictions of public access.
- identify and communicate the risk of violence from patients/clients/residents (including to the extent necessary, personal information);
- provide training in recognizing and managing escalating or difficult behaviours, resolving conflicts and maintaining violence hazard awareness that is reflective of their work setting/clients;
- allocate significant funds for all training resources, including funding for staff replacement to attend training sessions;
- develop emergency response procedures, and provide the staff and training required to implement same;
- conduct violence investigation employers need to review events and collect the following information: direct and indirect causes; victim and perpetrator information; location; time; date; circumstances; the actions prior

to and during the event; risk assessment results, training; method of conflict resolution used; outcomes (i.e. injuries damages); and the action taken post incident such as medical aid, psychological aid, and legal action;
- based on the information gained from the investigation, propose methods to reduce the risk of recurrence, and follow up to ensure the recommended controls have been implemented;
- implement a system for tracking violence-related injuries and reviewing the efficacy of the violence prevention program.
- ensure health care worker training institutions provide violence prevention training;
- a method to respond in a safe, timely, and effective manner to all incidents.

Reporting Mechanisms/Statistical Reporting:

- Implement a standardized process for injury near miss events that ensures accurate reporting, evaluates causes and develops and implements prevention plans;
- Adopt a standardized reporting mechanism that identifies: incident details, identification of direct/indirect causes, and a plan for corrective actions;
- Implement a provincial database for capturing data in a standardized centralized, consistent way.