Violence in Healthcare: Safe health care workers means better care

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Safety Matters @ Work

Workers Compensation Board of PEI

AWCBC Staff Learning Symposium 2019 – Waves of Change – Vagues du changement – Symposium d'apprentissage du personnel ACATC - 2019

NASHH
National Alliance for Safety and Health in Healthcare

Public Services Health & Safety Association

Public Services Health & Safety Association™
Your Health. Your Safety. Our Commitment

1.7 Million Workers

10,000 Workplaces in Public Sector & Subsector

- Health & Community Services
- Education & Culture
- Government & Municipal
- Public Safety

Safe Environments.
Focusing on addressing all of the hazards that impact a workers safety.

Healthy Workers.
Focusing on the holistic health and wellbeing of workers and the prevention of injuries and illnesses.

AWARE NS

Nova Scotia Health + Community Services Safety Association

- Established 2009
- Our membership and Focus:
  - LTC – 148 LTC facilities -6800 nursing beds
  - Homecare -45 HC providers- over 14,000 clients per day
  - Community Services - 358 homes and 30 workshops
  - 2 Health Authorities
- Our Reach – 40,000 workers

- Our Partners –DLAE, WCBNS, Unions, Sector councils and Associations
- Post secondary institutions
- Community of Safe Practice
- NASHH

AWARE NS

Nova Scotia Health + Community Services Safety Association

WVP

Workplace Violence Prevention

SHM

Safe Handling and Mobility

SDL

Self Directed Learning

SMS

Safety Management System

COSP

Community of Safe Practice

JOHSC

Joint Occupational Health and Safety Committee

About Healthcare

The Health Care Work Environment

- Health care is ‘people who care for people’
  - HC workers chose this profession – ‘they care’
- There are unique cultural factors
    - Under reporting /acceptance of hazards -violence
    - Up close Personal Care
    - Healthcare workers are unwilling to label/stigmatize -‘part of the job’

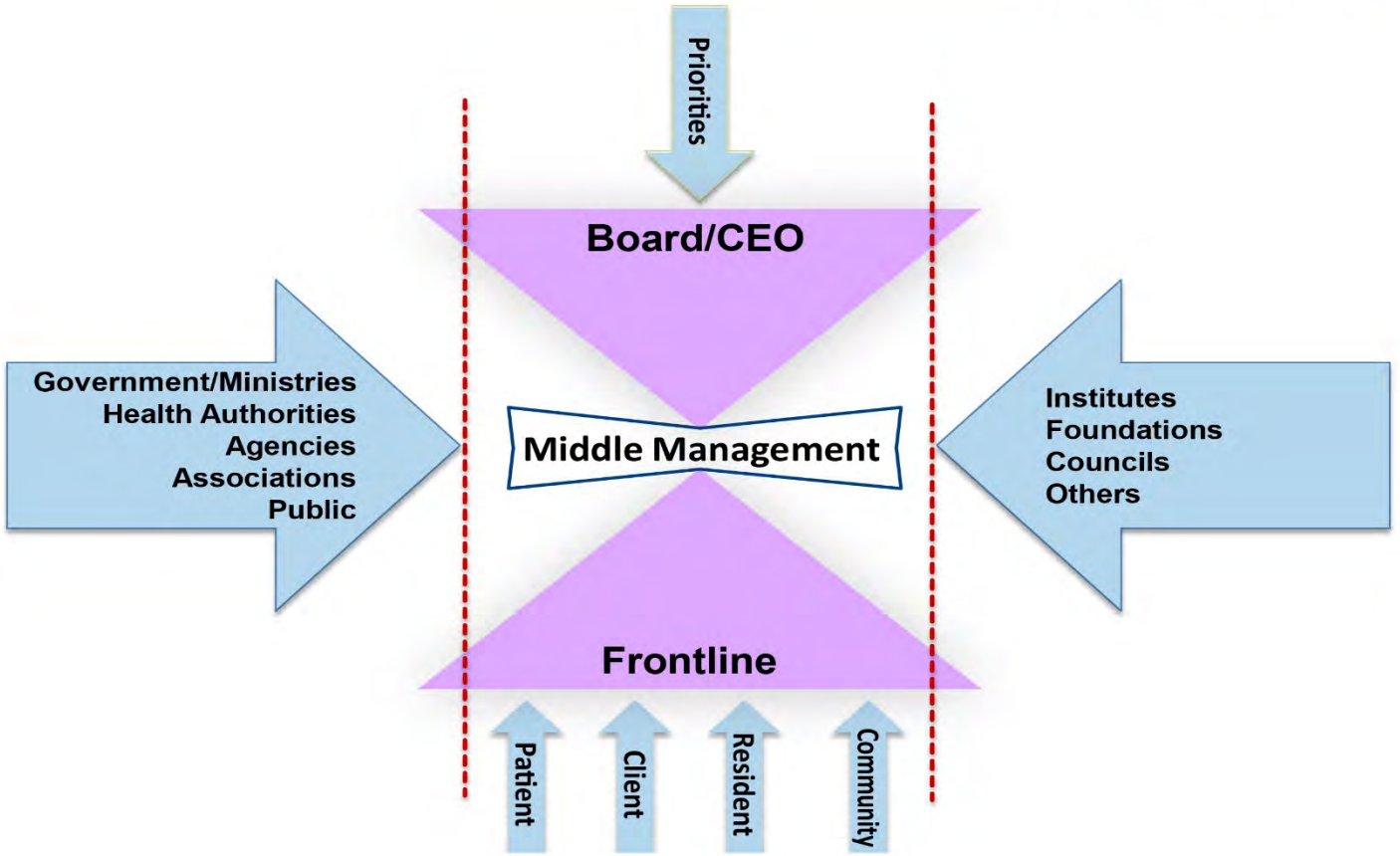
The Health Care Work Environment

Healthcare is evolving in ways that increase the challenge:

- The Client Care Continuum
- Patient care/safety focused
- Lack of Safety leadership
- Staffing models – staff shortages
- Fragmented system issues
- Time and resources constraints
- Competing priorities
- Managers are squeezed
- Workplace Culture

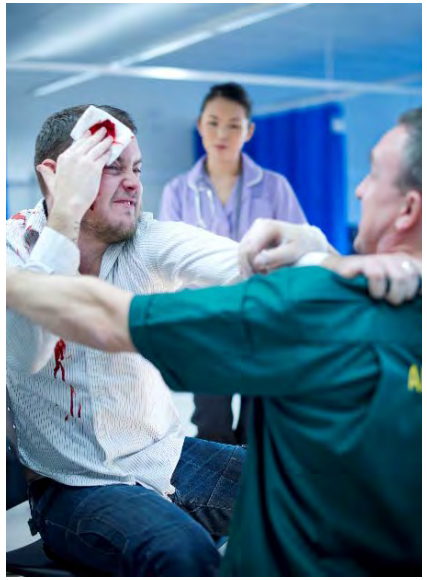
The Challenge

AWARE NS
Nova Scotia Health + Community Services Safety Association



About Workplace Violence

The reality



- *Source: CTV Vancouver, 2015*

- *Source: Ontario Nurses Association, 2012*

https://www.youtube.com/watch?v=SAdmww1SydE

Did you Know?

- Health Care is one of the largest sectors impacted by WPV with 1/3 of all these claims originating in the healthcare sector.
- Six (of 55) types of workplaces (classification units) within healthcare represent 70%+ of all WPVH
- Healthcare workers in Emergency departments, Long Term Care and psychiatric settings are at higher risk

There were more than 4,000 incidents of serious workplace violence against nurses in the last five years- more than for police and firefighters combined (CFNU)

Stats

- 68% of registered practical nurses and personal support workers experienced at least one incident in the past year of physical violence
- 89% of personal support workers and 88% of registered practical nurses experienced physical violence on the job
- 62% of PSWs and 51% of nurses experienced it at least once a week
- 65% of female staff have been sexually harassed (Brophy & Keith)
- 61% of nurses reported abuse, harassment and assault on the job during the last year (CFNU)
- 75% reported experiencing violence of some sort, 74% reporting multiple forms of violence annually (2014 study of Canadian paramedics)

Client /Environment Risks

- Lack of risk assessment processes
- Clients with history of violence/ aggressive-responsive behaviors / under the influence of drugs
- Lifting, moving, and transporting patients/clients
- Working alone
- Poor work environmental design - security and surveillance systems
- Poorly lit areas
- Lack of communication systems and devices
- Presence of weapons/ animals
- Working in high crime communities/lack of community mental health care

Organizational Risk

- Complacency and acceptance with the current state
- Dysfunctional IRS and JOHS effectiveness
- HC worker care load
- Lack of staff training and policies
- Lack of WPV education in curriculums
- 24/7 care needs /understaffing/working short
- Lack of risk assessment and risk communication
- Inadequate/no security staff
- Long wait times/over crowding waiting rooms
- Perception that violence is tolerated
- Poor team communication
- Lack of safety leadership

PSW Safety in the Community: Dr. Emily King

2017 - *Year-long study of factors influencing personal care provider safety*

PSWs' reasons for non-reporting of hazards, pain and abuse:

- Skepticism about potential for change
- Fear of losing a client relationship, hours of work, or their job
- Fear of losing status with their supervisor or scheduler
- All exacerbated by precarious personal finances.

Non-reporting led to continued exposure to hazards, unreasonable demands, and repeated abuse.

Opportunity: Support reporting; mitigate factors reducing willingness to report

Impacts of Workplace Violence

- Physical injuries- soft tissue trauma, fractures, concussions, sprains and strains
- Occupational Stress-Anxiety- PTSD-Addiction- suicidal ideation
- Compassion fatigue
- Burnout
- Exiting the Profession

Paradigm shift

- Violence needs to be considered a care issue.
  - when nurses and health care workers aren't safe, patients aren't safe either.
  - violence in the emergency department is first and foremost a medical symptom.
  - security must be part of the circle of care and viewed as an integral part of the care team.

- “Flagging” is Risk Communication: A proactive approach where cues communicate potential risk- NOT a process to label or stigmatize patients.
- Create Public Awareness of the issue

A Nova Scotia Case Study

http://www.nsgeu.ca/filemanager/pdf/LabourBoardOrder.pdf

Through the Lens of the IRS: A WPV Case Review

East Coast Forensic Hospital -a medium security 84 bed facility operated by the NSHA

- An LPN and member of the JOHSC reported a wide range of ongoing violence in the workplace safety concerns to her manager
- She raised her concerns to the JOHS committee and request made for the employer to secure an independent qualified individual to conduct a risk assessment -the request was dismissed.
- A week later – an RN who was 7 months pregnant was brutally attacked by a patient

Through the Lens of the IRS: A WPV Case Review

- The OHS Division investigated the WP attack - no orders
- Recommendations made by the JOHS sub-committee
- The LPN - NSGEU filed a Notice of Appeal to the OHS Division
  - Concern with the reporting process of the OHS Act have been exhausted
  - Request for a subject matter expert to conduct a Risk assessment and identify controls and measures
- 3 weeks later a psychiatrist was brutally attacked

Labour Board of NS Order

- The Board directed the NSHA to obtain a comprehensive WPV health and safety assessment of the East Coast Forensic Hospital to include:
- Identification of the risks and identify reasonable and necessary controls, and measures when controls fail, to protect the health and safety of workers and other persons
- The assessment to be done by an independent person with expertise, knowledge and qualifications of WPV in the forensic hospital setting

Some points to consider.....

- The IRS was not functioning.
- There were serious issues known and not addressed
- Rules and recommendations were not adhered to
- Context is everything –examine what is right and the best approach
- Who is holding 'whom' accountable?
- LAE officers are often generalists - training/education is needed on the Healthcare environment

Client /Environment Risks

- Clients with history of violence/ aggressive behaviors / under the influence of drugs
- Lifting, moving, and transporting patients/clients
- Working alone
- Poor work environmental design - security and surveillance systems
- Poorly lit hallways or exterior areas
- Lack of communication systems and devices - emergency response.
- Presence of weapons/ animals
- Working in high crime communities/lack of community mental health care

Organizational Risk

- Complacency and acceptance with the current state
- Dysfunctional IRS and JOHS effectiveness
- HC worker care load - # clients/ worker/ shift
- Lack of staff training and policies to recognize and de-escalate hostile patients/ Family/visitors
- Lack of WPV education in curriculums of HC professions
- 24/7 care needs /understaffing/working short
- Inadequate/no security staff
- Triggers associated with long wait times/over crowding waiting rooms/meal times
- Perception that violence is tolerated – inaction by management/reporting will have no effect.
- Lack of risk assessment and risk communication
- Poor team communication
- Lack of safety leadership at all levels

Provincial Initiatives

Safety Matters @Work
Workers Compensation Board of PEI

PSHSA Violence in Healthcare Project

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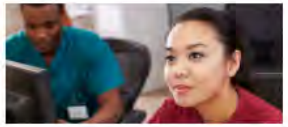
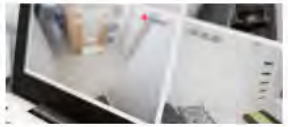
PSHSA Violence,Aggression & and Responsive Behaviour (VARB) Toolkits

Workplace Violence Risk Assessment

Individual Client Risk Assessment



Communicating the Risk of Violence: Flagging



Security Toolkit

Personal Safety Response System Toolkit

Healthcare Jobs rank among the Top 10 occupations for workplace violence lost time injury claims

(WSIB By the Numbers- 2015)

Workplace violence continues to be a risk to both staff and patients/ residents/ clients in the healthcare sector.

It is a complex hazard that requires a multifaceted approach to address. This website contains resources developed in Ontario to support healthcare workplaces in their efforts to prevent and reduce the risk of workplace violence.

This includes:

- PSHSA Violence, Aggression & Responsive Behaviour (VARB) toolkits and the
- Products from Ontario's Ministry of Labour and Ministry of Health and Long-Term Care joint initiative- **Preventing workplace violence in the health care sector.**

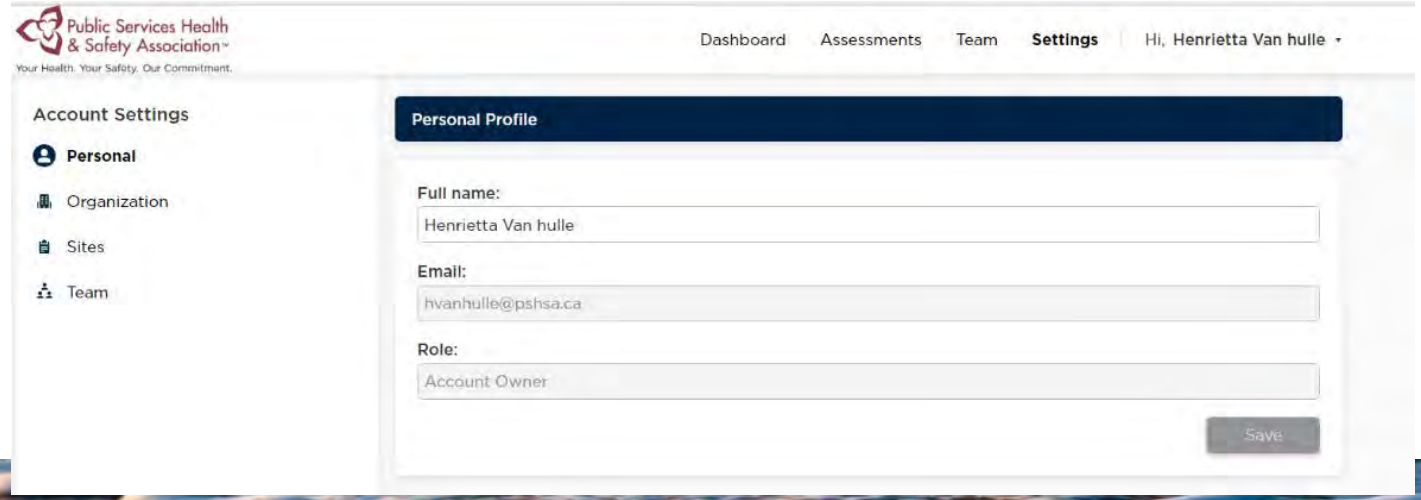
These resources, plus leading practices are available on this website and have also been linked into our Five Step Process for building or evaluating your workplace Violence prevention program.

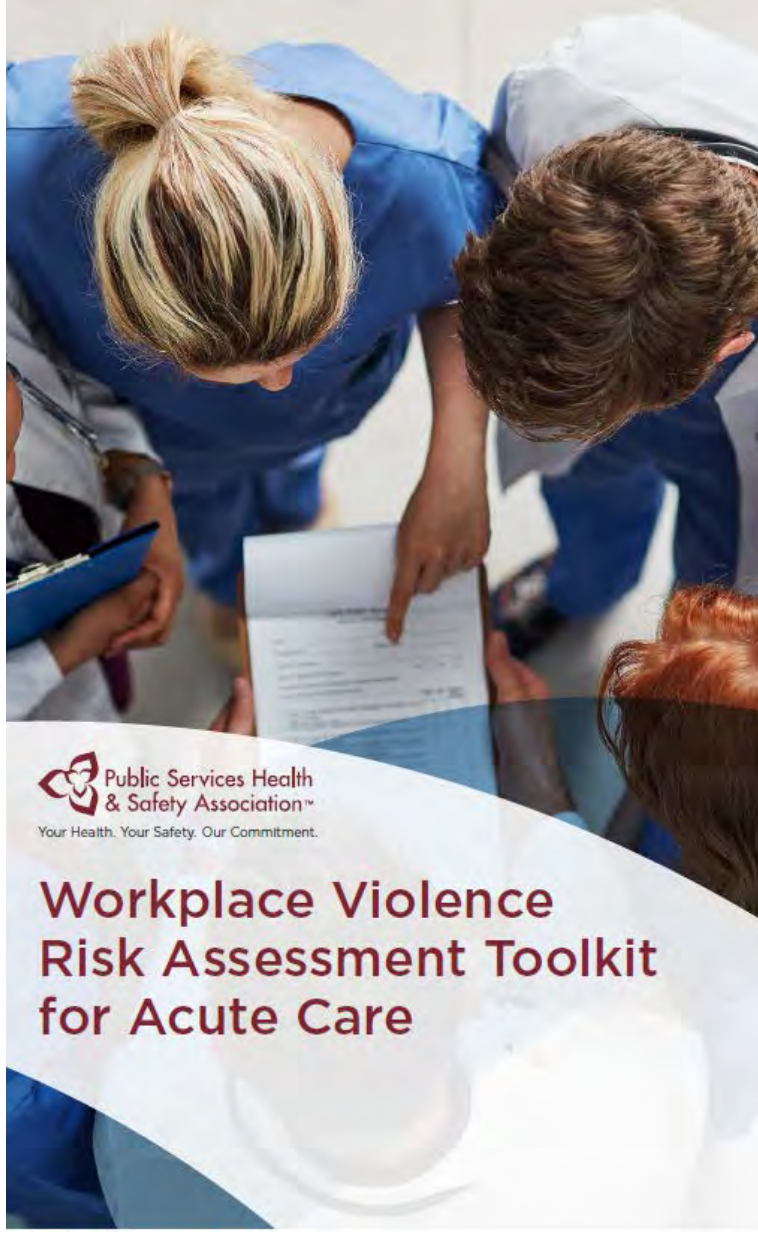
The Five Steps to Building your Workplace Violence Program

Learn more about Workplace Violence

WVRA Online Tool in 5 easy steps

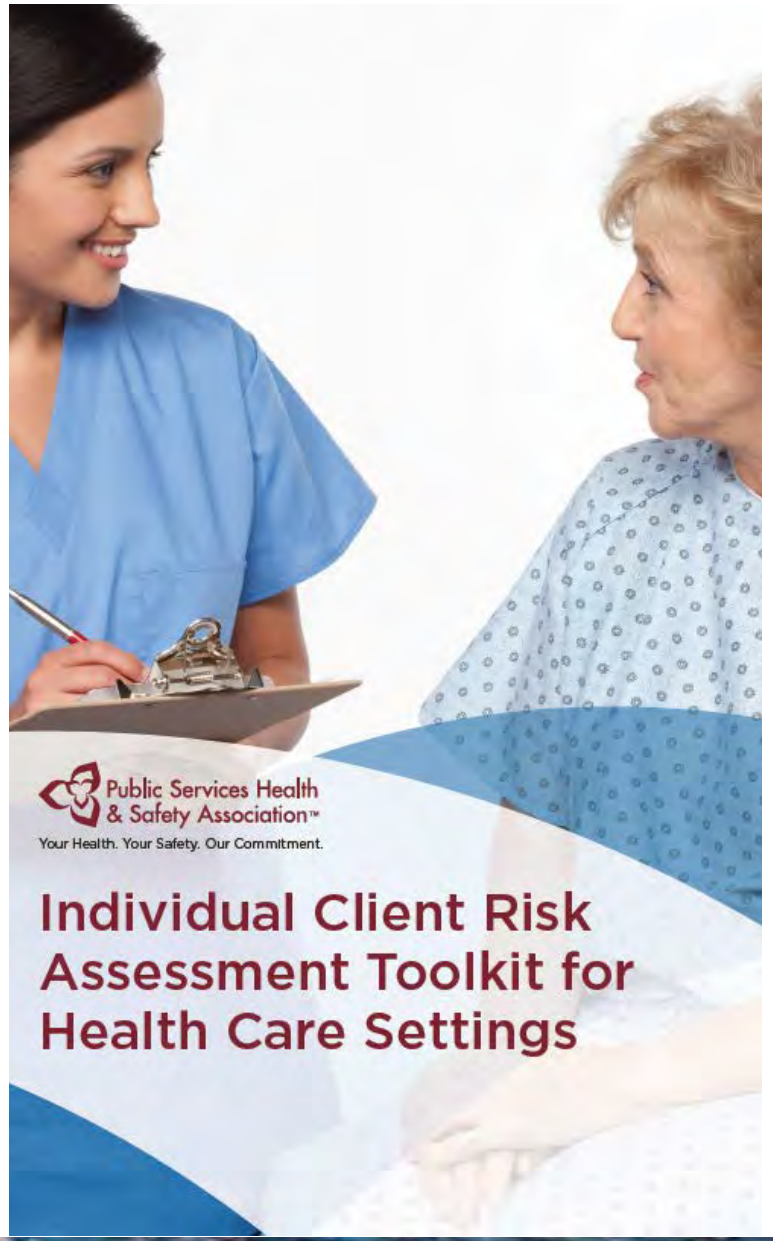
1. Create an account for your organization
2. Create your team, sites and departments
3. Invite department leads to complete their assessment
4. Collaboratively complete the assessment and assign responsibility for items in the action plan
5. Share the report with your JHSC

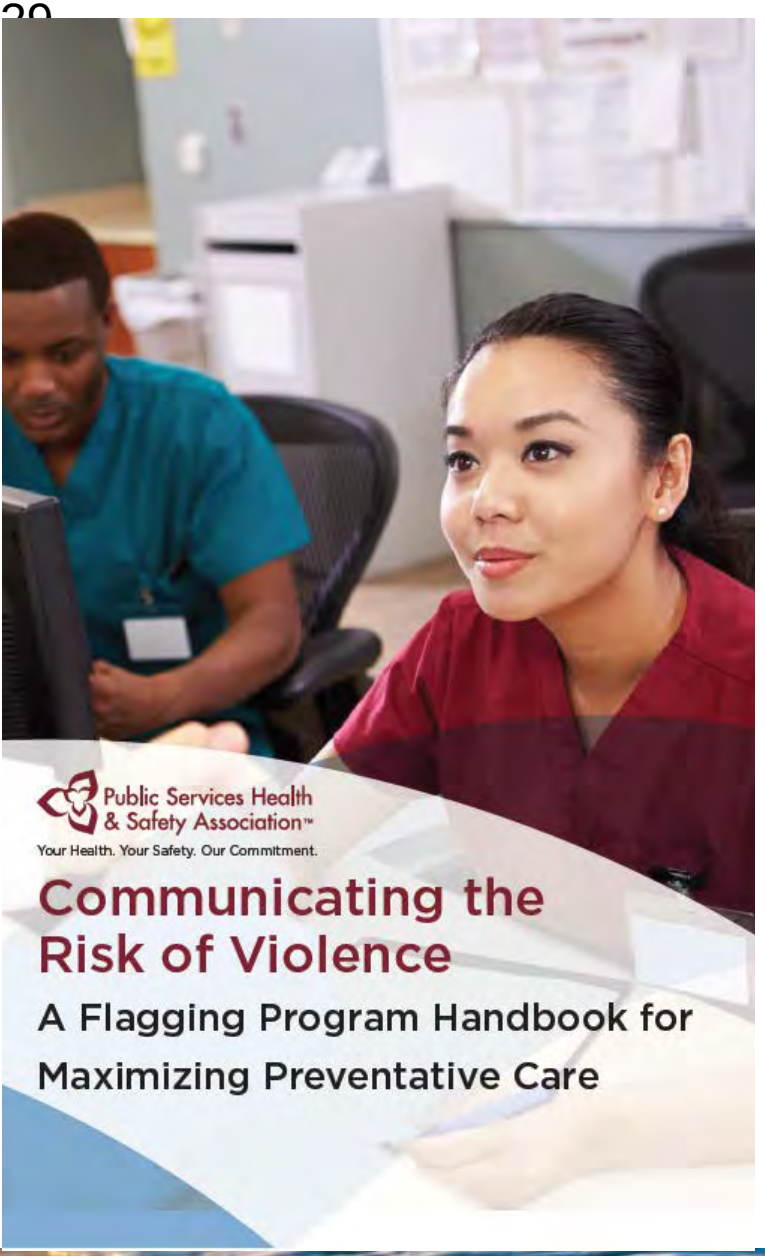




Violence Assessment Tool

- The VAT contains three sections:
- Risk Indicators
  - History of violence
- Behaviours Observed
- Overall risk rating
- Triggers / Contributing factors





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Example B: Flag Symbols

(implemented in response to individual client risk assessment)

MODERATE RISK OF VIOLENCE

HIGH OR IMMINENT RISK OF VIOLENCE

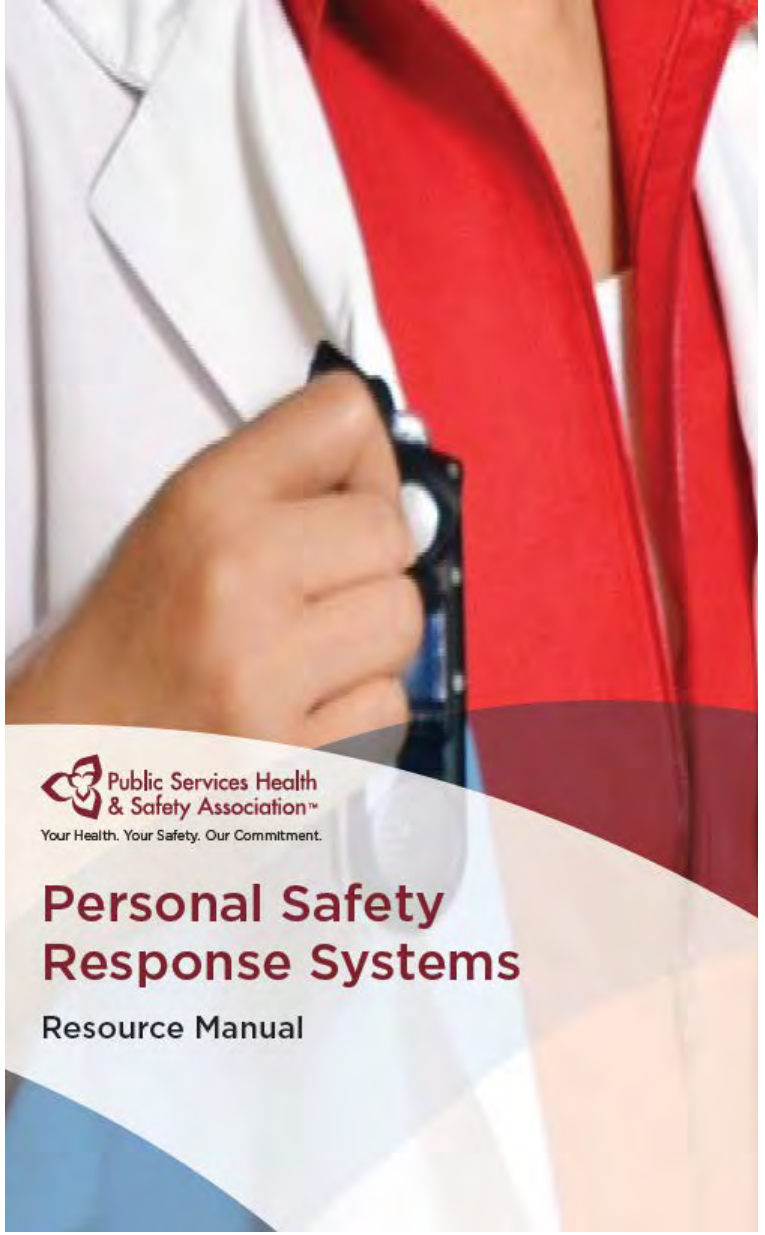
Example C: Door / Unit Signage

Security Toolkit

- Assist organizations establish effective security program
- Increase awareness and understanding of:
  - Security functions, roles and responsibilities
  - Security program elements
  - Training requirements
- Tools to identify security program gaps; develop customized action plan

Personal Safety Response System Toolkit

- Designed to help health and community organizations establish an effective Personal Safety Response System
- Define how PSRS is part of existing WPV program components and framework in organizations
- Focus on a system-approach, not device-based approach

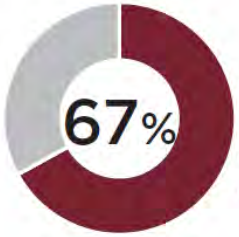


PSHSA Violence in Healthcare Project

Evaluation of the PSHSA Toolkits

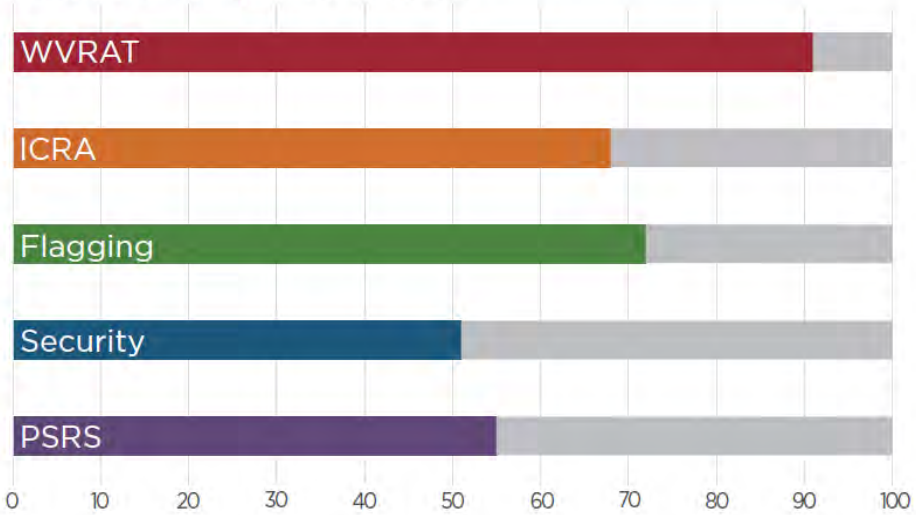
The impact PSHSA tools and resources are having across Ontario's 138 public hospitals

75% of the public hospitals in Ontario are aware of at least one of the VARB toolkits



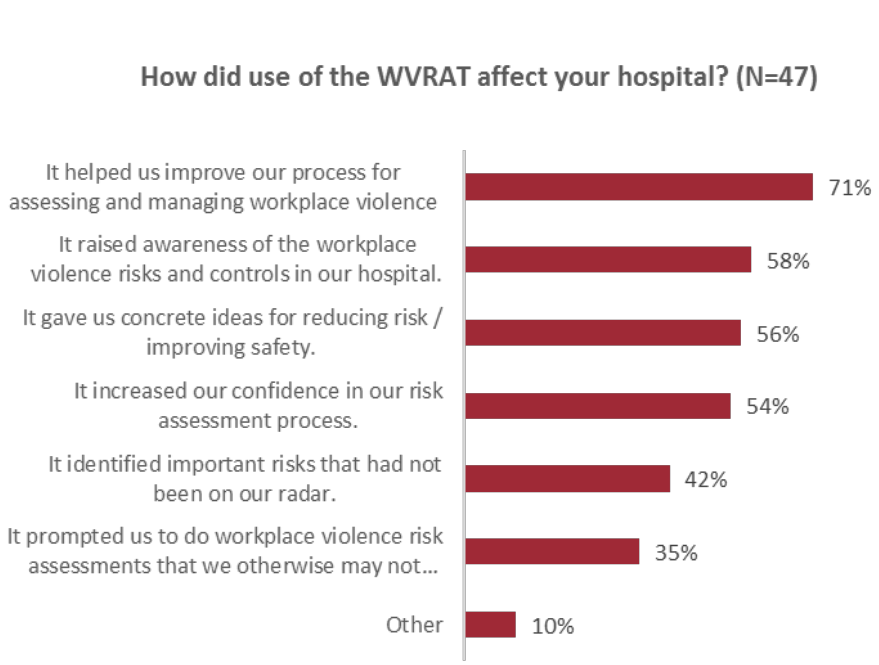
of the public hospitals in Ontario are using at least one of the VARB toolkits

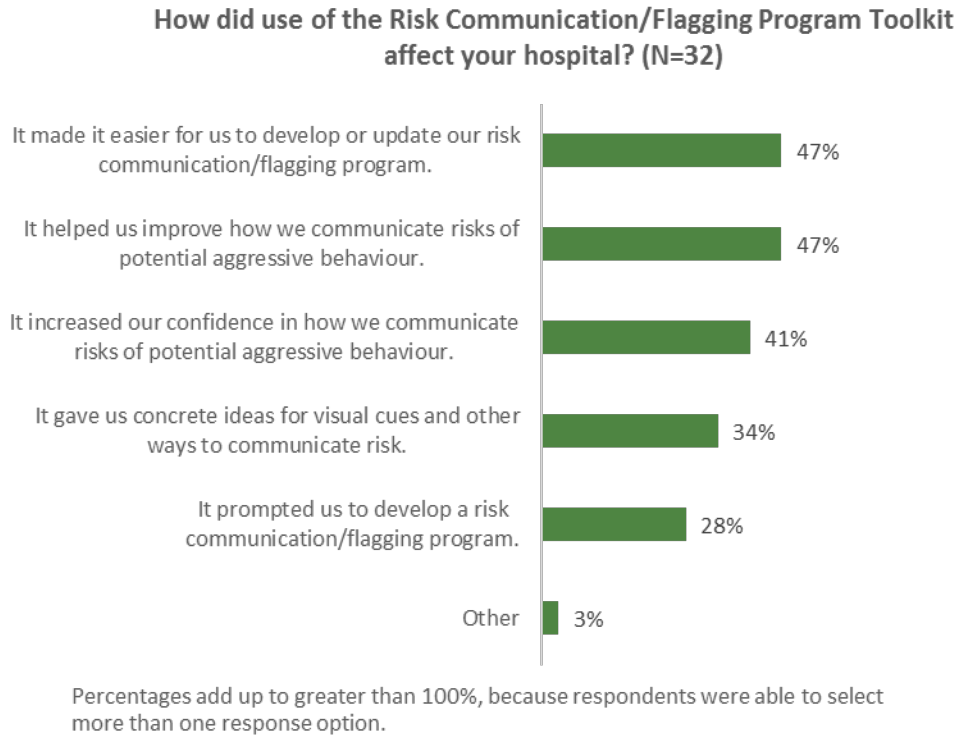
Awareness of specific toolkits



PSHSA Violence in Healthcare Project

Evaluation of the PSHSA Toolkits





A multi-pronged approach to preventing violence in health care

SafeCare BC

SafeCare BC:

External Bodies:

Awareness

- E-blasts
- Violence Risk Assessment Toolkit
- Violence prevention policy templates
- Videos (Point-of-Care Risk Assessment)
- *The Huddle* (safety huddle toolkit)
- Social media
- Mass media (coverage of OHS issues)
- SafeCare BC App

Education at SafeCare BC

SafeCare BC

Managers	Supervisors	Frontline workers	Post-secondary students
• Tailored Outreach Program (TOP) • Peer Resource Network • Provincial Violence Prevention Curriculum • PIECES	• RN, LPN Safety Leadership • Provincial Violence Prevention Curriculum • Gentle Persuasive Approach • Creating Connections – Working with People with Dementia • PIECES	• Provincial Violence Prevention Curriculum • Gentle Persuasive Approach • Creating Connections – Working with People with Dementia	• Provincial Violence Prevention Curriculum • Creating a Culture of Safety • Gentle Persuasive Approach • Creating Connections – Working with People with Dementia

Alberta Landscape

Continuing Care Safety Association

- New responsibilities:
  - **Employers:** Ensure workers are not subjected to or participate in harassment or violence
  - **Supervisors:** Ensure workers are not subjected to or participate in harassment or violence
  - **Workers:** Refrain from causing or participating in harassment or violence
- Harassment and Violence defined
  - Violence now includes domestic or sexual violence
- Violence and Harassment Prevention Plans
  - Prevention Plans must be reviewed at a minimum every three years or when an incident of violence or harassment occurs or when requested by the Health and Safety Committee and/or Health and Safety Representative

Prevention Initiative for Alberta's OHS System

- Alberta Labour has identified three OHS areas that require attention to improve the health and safety of workers in Alberta
  - Psychosocial hazards (i.e. workplace violence, harassment, and mental health) is one of the OHS system priorities
  - Intention is the OHS System as a whole can have a greater impact on improving worker health and safety than employers, industry, association, etc. can have on their own
- Psychosocial hazards working group consists of a cross-section of stakeholders from Government, industry, leading experts, etc., including healthcare
  - Working group kicked off in June, plan to have goals defined this fall

Continuing Care Employer Initiatives

- How Alberta Continuing Care employers are tackling workplace violence and harassment is dependent on the sophistication of their existing health and safety program
  - Some employers are focused on establishing the violence prevention and harassment prevention plans required by legislation and starting to create awareness among their front-line staff
  - Other employers have undertaken projects to begin to look at the issue and the existing tools and resources available to try to understand their workplace environment and data better. For example, using the Guarding Minds @ Work framework.
  - While other employers are taking multi-pronged approach, reviewing their existing prevention plans, training all levels of employees to recognize and respond, creating cross-functional teams to investigate resident responsive behavior incidents, etc.

Violence and Acts of Aggression

Violence strategy and/or program is a legislative requirement.

Problem Statement:

Saskatchewan healthcare industry did not have a Provincial Violence Prevention Program.

SASKATCHEWAN ASSOCIATION FOR SAFE WORKPLACES IN HEALTH

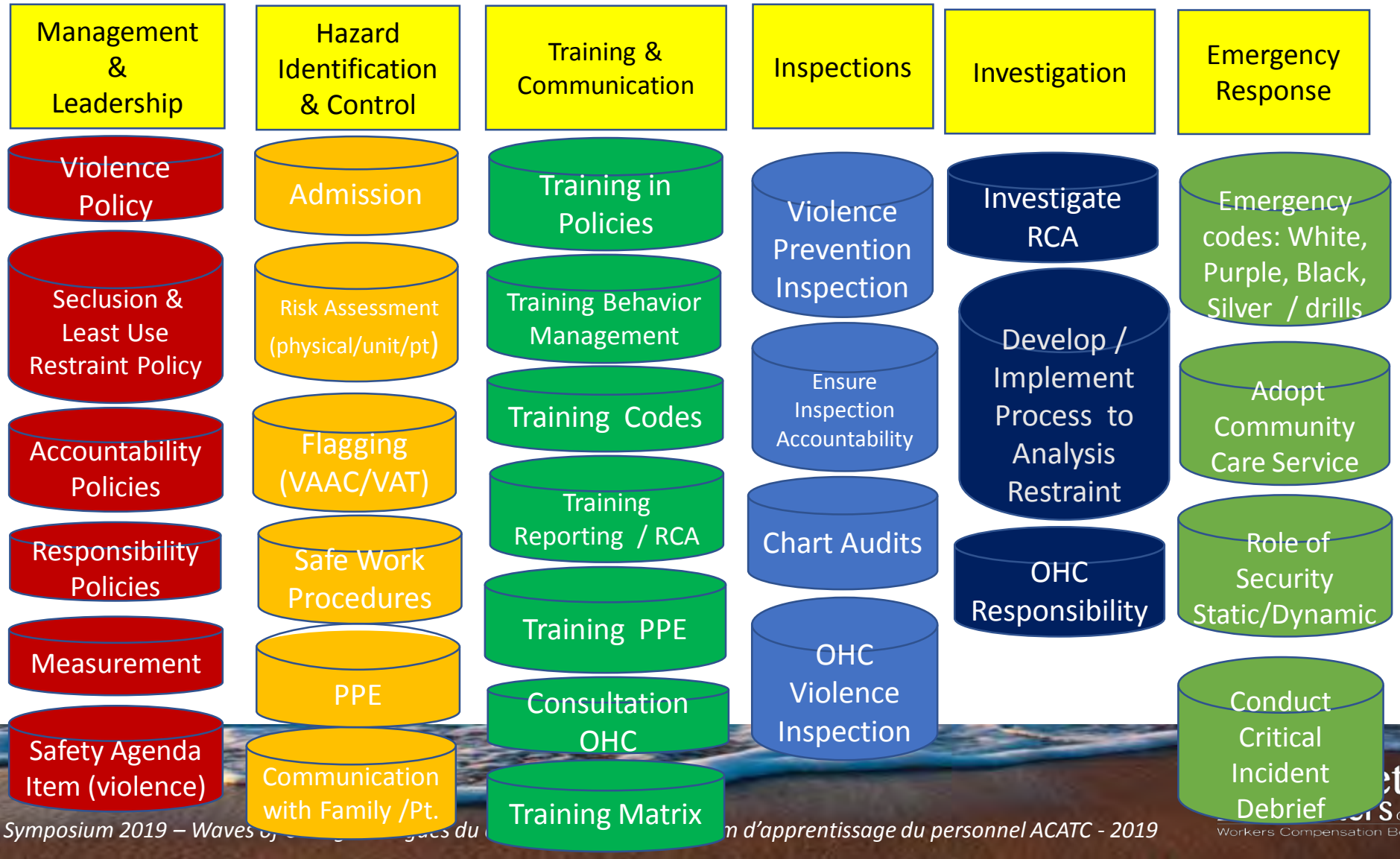
Desired Outcomes:

- One standard Provincial violence prevention framework.
- Collaboratively built and endorsed by all system partners in safety.

- Healthcare workers sustain 14% of overall injuries.
- Violence and acts of aggression are escalating in severity and frequency.
- Violence claims make up 7% of total time loss claims with a cost of over $4M.

SASKATCHEWAN ASSOCIATION FOR SAFE WORKPLACES IN HEALTH

Violence Prevention Framework
Aligned with Safety Management System



Workers Compensation Board of PEI

Vision for Change

Management & Leadership	Hazard Identification & Control	Training & Communication	Inspection	Investigation	Emergency Response

Follow on Steps for Saskatchewan

- SASWH secured a licence agreement with Ontario PSHSA
- Tools and resources are aligned to SK regulatory and legislative requirements
- Workshops delivered on the ‘use’ of the tools and resources
- SASWH micro site developed to assist in ease of access to assessment tools
- ***#IWillReport***

VIDEO LINK:

https://youtu.be/Ji_bEXUZ3SA

- Training sessions:
  - Training and tutorial on the use and application of the framework and associated resources will be arranged.

- Awareness video shared and in use.
  - Training Institutions - students
  - New Hires - orientation
  - Regulators
  - Family/patients
  - Front line staff
  - Managers
  - Unions
  - System partners

Workplace health and safety:
a priority for all.

Healthcare Sector Manitoba

- SAFE Work Manitoba strategic priority - expand provincial safety association infrastructure to include the healthcare sector
- Working with healthcare workplaces to provide:
  - Executive leadership engagement, outreach and education - *"Connecting Safety Culture to Leadership"*
  - Public awareness and education
  - MSI prevention resources
  - Violence prevention resources
  - Targeted employer consulting services top injury rate drivers

Training program in violence prevention

ASSTSAS
Association paritaire pour la santé et la sécurité du travail du secteur affaires sociales
www.asstsas.qc.ca

In 2018

- 177 sessions
- 2,190 participants

Counselling mandates
with our various clienteles

Documentation, references and partnership

Dedicated section of our Website

http://asstsas.qc.ca/violence

AGRESSIONS/VIOLENCE - AGV

Document *Security Toolkit*
Partnership with Public Services Health & Safety Association (PSHSA)

A complete service offering

ASSTSAS
Association paritaire pour la santé et la sécurité du travail du secteur affaires sociales
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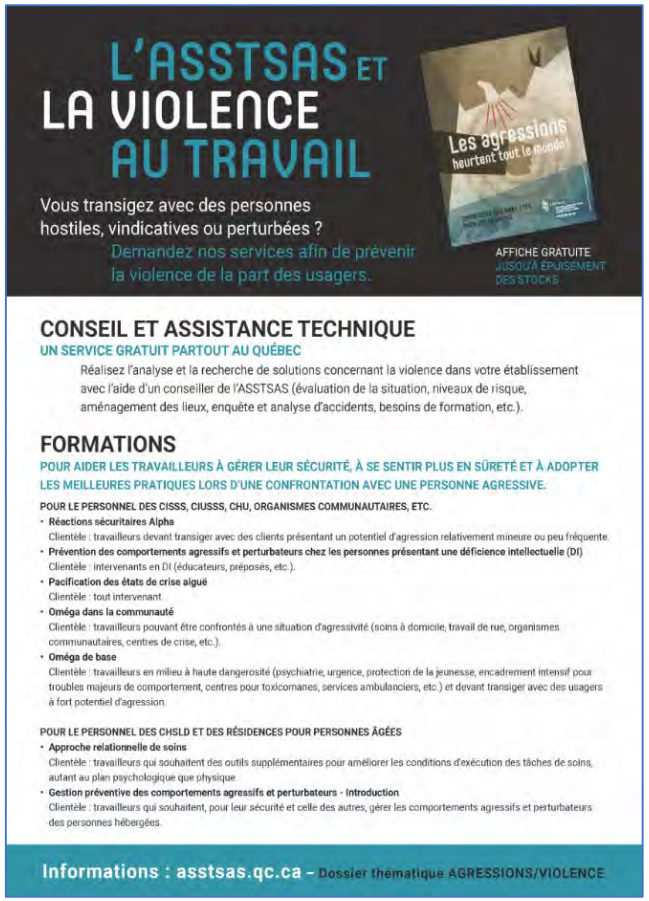


ASSTSAS counsellors can offer several forms of assistance to workers, OHS counsellors, JHSC, work teams or others to help them prevent accidents and consequences resulting from user violence.

- Information, references and teaching ;
- assessment of the work situation, risk analysis, needs analysis;
- proposals for solutions, recommendations;
- assistance in the investigation and analysis of accidents;
- assistance in reviewing policies, procedures and emergency measures in the event of aggression;
- advice on the organization of Code White teams;
- assistance in the development of a prevention program.

New Brunswick Continuing Care Safety Association Inc.

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

- New Brunswick Continuing Care Safety Association (NBCCSA) & the New Brunswick Nurses Union (NBNU) along with other stakeholders worked together and created a “Violence in the Workplace is not part of the job” awareness tool kit.
  - Three kits were distributed to each home. One to each nursing home Union Rep, one to each home Wellness Coordinator and one to each Administrator.
  - Kits were designed to encourage all staff to report instances of violence.
    - Included in the tool kits, are inserts that clearly defined “Roles and Responsibilities” specifically targeted for nursing home Trustees, Management, Workers and Residents/Family/Friends. The information also encouraged people to sign a Conduct Agreement specific to the role the person plays within the nursing home.

New Brunswick Continuing Care Safety Association Inc.
Association de sécurité des soins continus du Nouveau-Brunswick Inc.

- Stakeholder committee continued to build on the previous year.
  - Survey conducted with frontline & management to measure the use of the tool kits
  - Added WorkSafeBC “Working with Dementia” Safe work practices for caregivers videos to the kit
  - NBCCSA becomes the official website custodian of the tool kit and all its future content.
  - Violence awareness bracelets distributed to all worke

- Nurses Union along with WorkSafeNB work on creating Occupational Health and Safety Regulations specific to Violence and Harassment.
- Nursing Home Association initiates Appropriate use of Antipsychotics assessment training into all nursing homes.
- NBCCSA introduces Gentle Persuasive Approach to deal with responsive behaviours to the province.

New Brunswick Continuing Care Safety Association Inc. | Association de sécurité des soins continus du Nouveau-Brunswick Inc.

Roles, Responsibilities and Conduct Agreement

As part of a tool kit distributed to all nursing homes, targeted information sheets were created for nursing home board trustees, management, workers, residents & their sponsors

Roles and Responsibilities of Board Members

Role

Legislation under New Brunswick's *Occupational Health and Safety (OHS) Act* is designed to ensure employees work in a safe environment free of hazards and liability. Directors must take all reasonable care to ensure the corporation complies with the legislation, applicable orders and requirements from government authorities.

Violence in the workplace falls under the *OHS Act*, and failure to include health and safety as a key business risk in board decisions can have catastrophic results. Health and safety law places duties on organizations. Employers and directors can be personally liable when these duties are breached. Members of the board have both a collective and individual responsibility for health and safety.

Board members should consider the following to assess if the care level in their organization is reasonable:

- The gravity and likelihood harm could result.
- The available alternatives to minimize a possible breach and the potential harm that could result.

The board should set the direction for effective health and safety management. Board members need to establish a health and safety policy that is much more than a document. It should be an integral part of your organization's culture, its values and performance standards.

Responsibilities

- Review health and safety performance at least once a year
  - Examine whether the health and safety policy reflects the organization's current priorities , plans and targets
  - Examine whether risk management and other health and safety systems have been effectively reported to the board
  - Consider immediate reviews after major shortcomings or incidents
  - Include health and safety and well-being performance in annual report
- Understand the key issues
- Put health and safety regularly on board meeting agendas . Information should include:
  - Performance data, Injury reports,work-related absenteeism
  - Updates on targets to improve health and safety and the performance benchmark against others in your sector
- Make board decisions with the organization's health and safety policy in mind.
- Have systems to ensure your organization's risks are assessed and sensible control measures are established and maintained.

New Brunswick Nursing Home Violence Prevention Tool Kit

Be informed

Violence

It 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 perpetrated by residents, visitors, workers and individuals who hold no relationship to the nursing home, its residents or the workers. This definition includes violence that arises out of a person's medical condition.

- An international nursing review of workplace violence found that **health-care professionals** are at the **highest risk of being attacked at work**, even when compared to prison guards, police officers, bank personnel or transport workers (Kingma, 2001).
- Nationally, over one-quarter (29%) of nurses who provide direct care reported that they had been physically assaulted by a client in the previous year. Emotional abuse from a client was reported by 44% of nurses (Statistics Canada, 2005 National Survey of the Work and Health of Nurses).
- The **rates in New Brunswick are slightly higher** than the national average, with 30.4% of N.B. nurses reporting being physically assaulted by a client in the past 12 months. Emotional abuse by a patient was reported by 41% of N.B. nurses (Stats Can., 2005 National Survey on the Work and Health of Nurses).
- New Brunswick Nurses Union's (NBNU) recent data suggests nurses in the **long-term care sector experience even higher rates.** In a NBNU poll of 115 nursing home nurses conducted in March 2014, 65% reported they had experienced some form of physical abuse at work in their career and 78% had experienced verbal abuse. (NB telephone town hall, 2015).
- This serious risk to the **safety of nurses is closely linked to patient safety**. Violent experiences among nurses result in higher rates of nurse fatigue, burnout, injury, turnover and absenteeism, which are linked to negative client outcomes (Needleman et al, 2002).

Violence is not part of the job

Every board member in every nursing home has a duty to educate themselves about the level of violence occuring in their respective nursing homes. Ask questions, be informed and support your managers in putting processes in place to safeguard your workers. It starts with knowing the probability and severity in your home and realizing that violence can never be "just part of the job."

Conduct Agreement

I, _____, have read and understand the document above and agree to conduct myself according to these terms.

Signature: _____ Date: _____

New Brunswick Nursing Home Violence Prevention Tool Kit

New Brunswick Continuing Care Safety Association Inc. / Association de sécurité des soins continus du Nouveau-Brunswick Inc.

Future Focus

- In 2020 would like to see more work in understanding how to cope with those residents perceived to be inappropriate for nursing homes.
  - Placement of residents with violent histories (domestic violence, child molesters, murderers, rapist…) and mental health (schizophrenia, psychosis, by-polar…)
- What can be done to decrease involving Police services to cope with residents

AWARE NS
Nova Scotia Health + Community Services Safety Association

WVP
Workplace Violence Prevention

- 6 Step Program
  - WPV templated program
  - Step by step Program resource manual
  - Code White/Code Silver element
  - WPV E-Learning Modules

In 2018 - 8% of total claims are WPV
WCB Costs = 1M

- AWARE-NS Training:
  - 'Build your WPV Program' Workshops
  - Code White/Silver -Awareness and Responder training

- Conduct WPV Risk assessments

AWARE NS
Nova Scotia Health + Community Services Safety Association

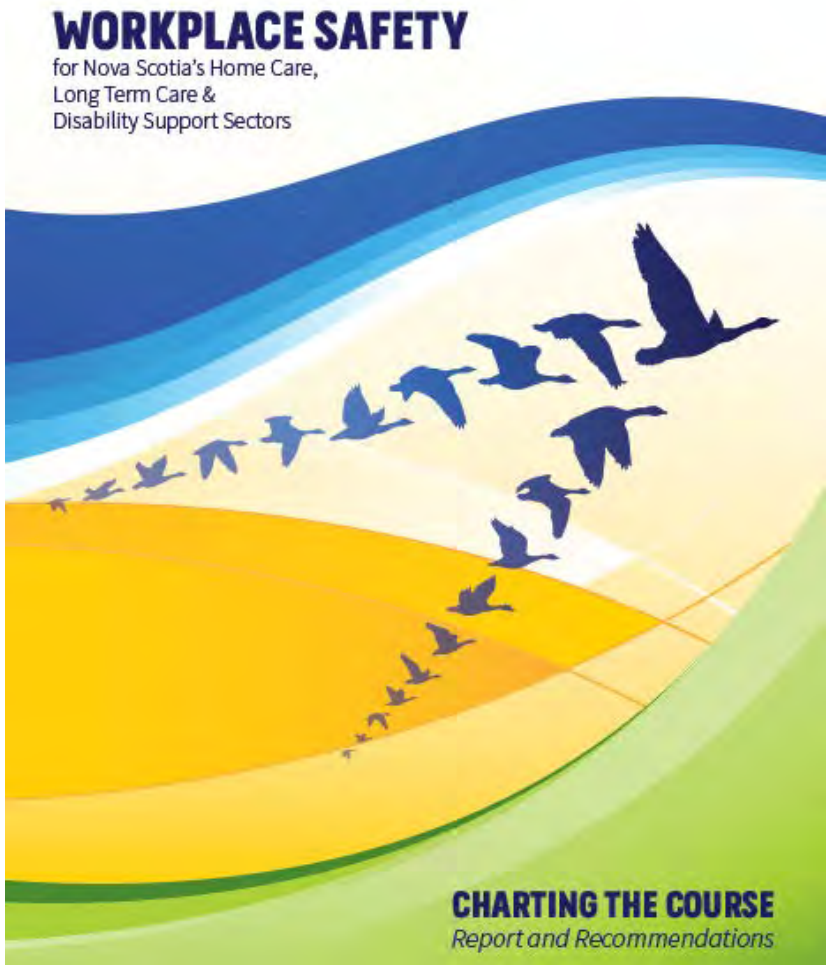
WORKPLACE VIOLENCE

Impacting Change and Building Solutions

From 2013-2016, employer representatives from the health and community service sectors, WCB Nova Scotia and AWARE-NS developed a 6-step program. The tools and resources produced through this initiative assist workplaces to systematically address workplace violence and take steps to change attitudes, provide support for prevention and make health care workplaces safer and more responsive to incidents of violence.

Steps for Workplace Violence Prevention

AWARE NS
Nova Scotia Health + Community Services Safety Association



The **Charting the Course** report released on June, 2018

- Details 21 recommendations that were developed through a collaborative, multi-stakeholder effort

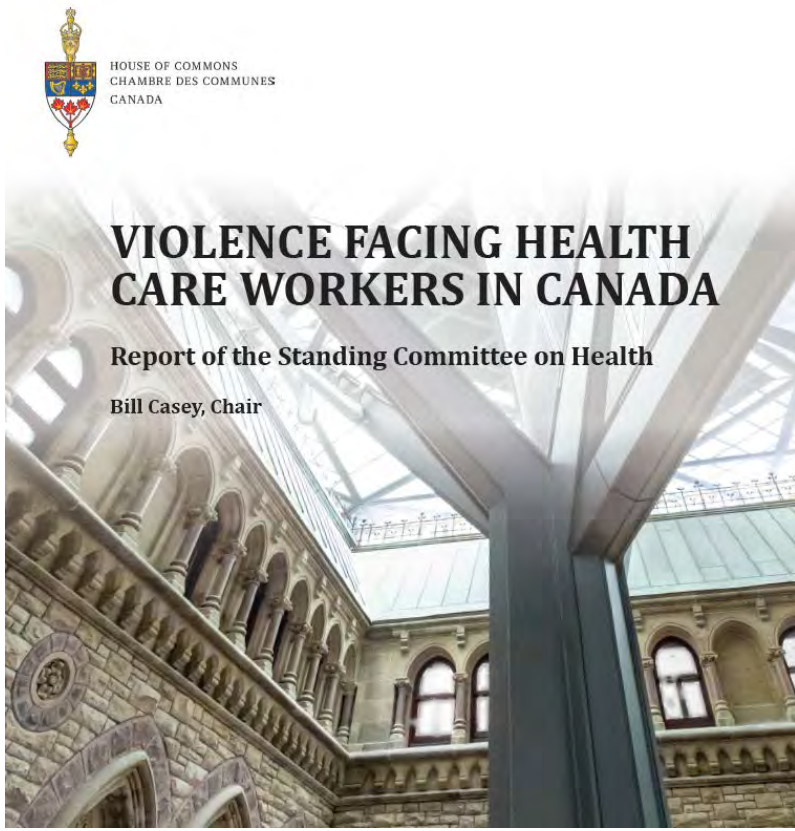
- **'Develop and implement a WPV Program for all sectors'**

High level overall solutions

- Risk Assessment
  - Physical environment
  - Patient/ client/ resident
- Risk Communication
- Program development
- Training and Education
- Public Awareness
- National Standard
- National Benchmarking

Responsibilities:

- Government
- Associations
- Organizations
- Individuals



The Internal Responsibility System

The underlying philosophy of the OHS legislation in all Canadian jurisdictions.

Its foundation is that everyone in the workplace - both employees and employers - is responsible for his or her own safety and for the safety of co-workers.

Acts and regulations do not always impose or prescribe the specific steps to take for compliance. Instead, it holds employers responsible for determining such steps to ensure health and safety of all employees.

The Internal Responsibility System

Internal responsibility system does the following:

- Establishes responsibility sharing systems
- Promotes safety culture
- Promotes best practice
- Helps develop self reliance
- Ensures compliance

“Who cares for the caregivers?”

SafeCare BC

Continuing Care Safety Association

ASSTSAS
Association paritaire pour la santé et la sécurité du travail du secteur affaires sociales
www.asstsas.qc.ca

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Public Services Health & Safety Association
Your Health. Your Safety. Our Commitment

SASKATCHEWAN ASSOCIATION FOR SAFE WORKPLACES IN HEALTH

AWARE NS
Nova Scotia Health + Community Services Safety Association

What Role can WCB play in WPV prevention?

- Learn about healthcare and the risks
- Help support education and training for effective JOHSC
- Incident investigation and root cause analysis
- Open conversations about the IRS
- Create a network of conversation – WCB, OHS division, safety associations, employers, other professionals, research

Additional Resources- Video links

- https://www.youtube.com/watch?v=2toMuw1vJdk
- https://www.youtube.com/watch?v=Ji_bEXUZ3SA&feature=youtu.be
- https://www.youtube.com/watch?v=NjHk7KQUpZM&feature=youtu.be
- https://www.youtube.com/watch?v=C14ibqLlS5s
- https://www.youtube.com/watch?v=SAdmww1SydE

Additional Resources- Posters