



Health and Safety in Community-based Social Service

CONTENTS

Summary	2
Health and Safety on the Job	
• Violent Incidents at Work	5
• Bullying Isn't Just Kid Stuff!	7
• Stress and Work Overload	8
• Sprains, Strains, Aches and Pains	9
• The Reality of Communicable Diseases	10
• Environmental Conditions	11
Moulds and Mildews	
Local Environment Pollutants	
Solutions and Recommendations:	
• Taking Action to Improve our Health and Safety	13
• Education and Training	13
• Workplace Policy	14
• Bargaining	16
• Changes to Legislation	17
• Funding	18
• Specific Actions to Remedy Workplace Violence	19
• Putting an End to Bullying and Harassment	20
• Reducing Stress, Respecting Limits	20
• Relieving Sprains, Strains, Aches and Pains	21
• Minimizing the Transmission of Communicable Diseases	21
• Environmental Pollution: Breathing Easier	21
• Conclusions	22
Appendix A	25
Occupational Health and Safety Acts	
Provincial and Territorial Comparison of Violence, Bullying and Psychological Stress	
Appendix B	32
Case Studies from the Community-Based Social Service Sector	
Appendix C	37
Health and Safety Provisions	
Component Collective Agreements	

Why does our work have to hurt so much?

Why do we have to keep asking?

SUMMARY

WORKERS in the community-based social service sector face an array of challenges. Understaffing, dilapidated work environments and a lack of organizational development create ripe conditions for health and safety concerns to become crises.

Workers in the community, helping those in need, are often thought to be immune from health and safety issues. It's assumed that the small scale of operations, or the close community connections would reduce or eliminate violent incidents and stressful work conditions. This couldn't be further from the truth. The sector has all the concerns of any workplace. Some of these concerns are more acutely felt in this sector.

The first part of this overview will look at a variety of health and safety

concerns including violence in the workplace, bullying and harassment, stress, strains and sprains, the spread of disease, and environmental pollutants. The goal is to bring awareness to these issues and to recognize the very real dangers experienced by workers in the sector.

AS CANADA climbs the charts to be in the top five nations for workplace assaults we need to reflect on this growing problem and find viable solutions. The devastating stress caused by workplace bullying is just becoming understood internationally.

The very real lack of preparedness for pandemics means that much work and planning is required to ready organizations and implement preventative measures. The root of many of these issues can be traced back to shrinking core funding.

In 2005/06 federal funding for this sector found itself at \$3.2 billion less than a decade earlier¹, without a decline in the community need. This lack of funding has translated to a dramatic increase in workload for employees. This chronic lack of funding can be easily remedied with a contribution from the current and projected federal surplus.

IN THE SECOND part we'll look at a multi-tiered approach to minimizing the impact of these threats. We also discuss solutions from the shop floor to the federal government.

Finally, we look at actions that can be implemented today and current campaigns that workers can support.

Health & Safety on the Job



VIOLENT

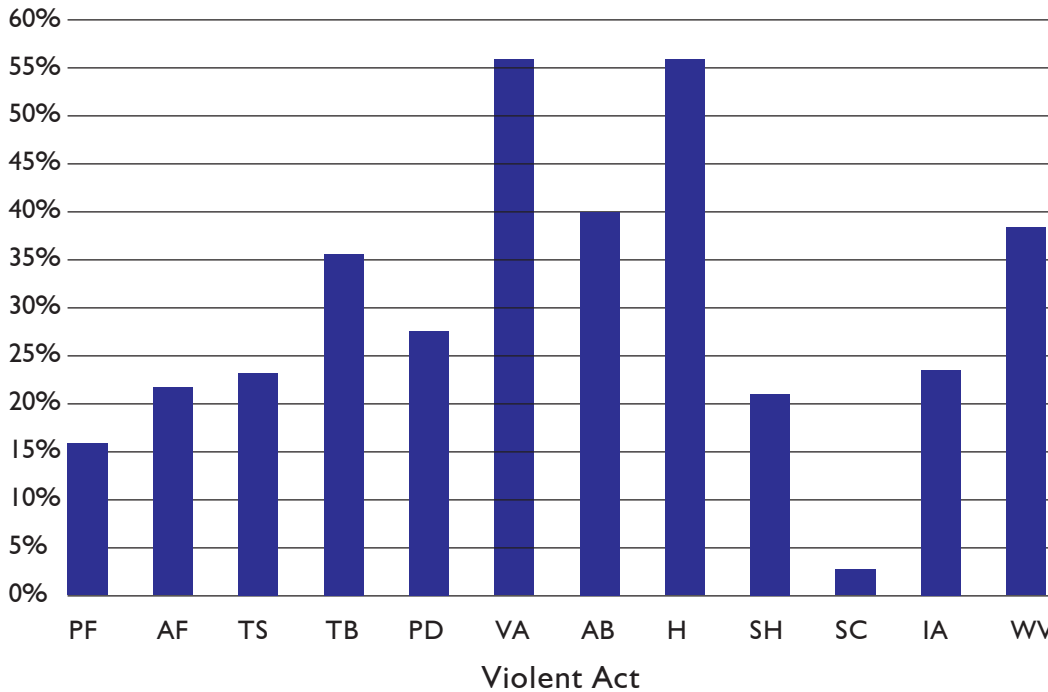
INCIDENTS AT WORK

Workplace violence is defined by the Canadian Centre for Occupational Health and Safety (CCOHS) quite broadly as an "...act in which a person is abused, threatened, intimidated or assaulted in his or her employment." The definition goes on to include threatening behaviours, verbal or written threats, harassment, verbal abuse as well as physical attacks.

In 2000, the International Labour Organization (ILO) ranked Canada among the top five nations for work-

place assaults. In 2004, there were 356,000 occurrences of violence in Canadian workplaces. That amounts to approximately one fifth of all violent incidents being committed in the victim's place of employment. The just released Statistics Canada report, "Criminal Victimization in the Workplace - 2004", found that women were equally likely to suffer violence as men.² In the sector, a BC study shows that men are more likely to suffer violence whereas an Ontario study shows that women are more often the victims of a violent incident. These types of contradictory results speak to the diversity of work environments and

Profile of Violent Acts / BC Study



PF= physical force, AF= attempted force, TS= threatening statement, TB= threatening behaviours, PD= property damage, VA= verbal abuse, AB= abusive behaviours, H= harassment, SH= sexual harassment, SC= sexual contact, IA= improper activities, WV= witnessing violence.

the difficulty with generalizations about the sector.

Specifically, in the sector, a BC study showed that with a 12 category definition of violence (ranging from witnessing violence towards a co-worker to abusive behaviour to physical force), 74% of workers surveyed had experienced at least one type of violence in the past year. Community living and community justice services had the highest frequency of most types of violence whereas the multicultural/immigrant and child care services had the lowest levels.³

Over a three-year period 257 Workers Compensation Board (WCB) claims were made by BC workers in the sector for violent encounters. But it is estimated that only one in 100 incidents are reported, leading us to suspect the number of victims is actually much higher. Acts of violence perpetrated on workers in the sector are the second most frequent claims, just behind strains and sprains.

Front-line workers are at the highest risk for violence. When a client at a sheltered workshop for people with intellectual disabilities has an outburst and hits a worker, that's workplace violence. When a person spits at an outreach worker as they're speaking with a street youth, that's workplace violence. When a spouse verbally threatens a worker outside a women's shelter, that's workplace violence. Our definition of violence needs to widen to understand the cumulative impact these encounters have on workers.

Research has shown that contrary to the public perception, violence is experienced by workers from cli-

ents and members of the public far more frequently than from fellow workers.⁴ Those working in the sector know this to be true. One third of all workplace violence in Canada involves a victim working in social or health care services.⁵ Although workers in the sector rarely suffer a fatality at work, they may likely suffer injury or stress related effects:

“Our findings suggest the violence is an everyday occurrence in the agencies although largely unreported and unevaluated.”⁶

“I've come home and I've got scars on my hands. They've, like, scratched me or pinched me, or I've come home with bruises up and down my arms you know, and some days you think, well, what's the point?”⁷
anonymous worker

Violence is a Health and Safety workplace issue. It is not limited to coming home with visible injuries as the worker quoted above has experienced. We need to include and consider the stress induced by witnessing violent acts or emotional occurrences. When these incidents are out of our normal range of experience and challenge one's ability to cope – we label this *post-critical incident stress*. Stress can be subtle, building over time as one lives day to day with the threat of violence.

“You just felt tight, your stomach would get into a knot when he was around. You're just totally on tenter hooks because you never know what was going to happen.”⁸
anonymous worker

“We often have clients who are not really physically abusive, but verbally or psychologically intim-

idating... and when you work in a transition house, that's your office. If someone is being threatening right in your workplace, there's nowhere you can go. It's very, very stressful. I can see the emotional impact on many of my co-workers, as well as mental and physical."⁹

Even if the risk of violence is high due to the type of clients served or work organization, it should not be assumed that violence is "part of the job". The fact is all violent encounters can be mitigated with information, cooperation of management and the province, and an action plan.

Under-reporting of violent incidents has led to a gap in the statistics regarding the type and frequency of violence experienced in the sector. But workers on the floor know what makes situations work as well as what makes them spin out-of-control. Improved incident reporting and improved management consultation with workers can help contain violent events. We'll touch on some solutions in a later section.

BULLYING ISN'T

JUST KID STUFF!

Bullying and harassment are psychological forms of violence (no less harmful to our well-being than physical abuse). Awareness of bullying / mobbing (group bullying) and their effects are on the rise internationally. Still only Quebec has included this form of harassment in their Labour Standards Act.^{10,11} BC, Saskatch-

ewan and Manitoba have made progressive additions to their Occupational Health and Safety Acts.

"...any vexatious behaviour in the form of repeated and hostile or unwanted conduct, verbal comments, actions or gestures that affect an employee's dignity or psychological or physical integrity and that results in a harmful work environment for the employee."¹²

Bullying can be identified as repeated incidents or a pattern of behaviour that is intended to intimidate, offend, degrade or humiliate.¹³ The phenomenon becomes mobbing as the humiliation, exclusion and punishment become a campaign of many at the workplace.

TYPES OF BULLIES IN THE WORKPLACE

- **SCREAMING MIMI**

Humiliates target in public settings in order to control the emotional climate at work.

- **TWO-HEADED SNAKE**

Duplicitous, passive-aggressive destroyer of reputations through rumour-mongering; controls target's reputation.

- **CONSTANT CRITIC**

Falsely accuses and undermines targets behind closed doors, attempting to control the target's self-identity.

- **GATEKEEPER**

Controls target via withholding resources (e.g. time, budget, autonomy, training) necessary to succeed.

Canada Safety Council, Safety Canada,
No.4, 2006, pg.7

The damage that such activities can have should not be underestimated. When we are put in a stressful situation our bodies respond by turning-on the “fight or flight” mechanism. This series of autonomic physiological responses are great if you need to run from a predator or fight for your life.

In the absence of such base needs we find that a variety of other symptoms are manifested. When we are continually in this stress state, all kinds of physical symptoms can occur: fatigue, high blood pressure, reduced immunity (so more frequent colds and flu), loss of appetite, irritable bowel syndrome, sleep problems, and the list goes on. Emotional symptoms are diverse and include depression, confusion, hyper awareness, irritability, excessive shame, low self-esteem and many others.

RESEARCH FROM THE WORKPLACE BULLYING INSTITUTE

The percentages listed below were taken from the Bullying Institute’s website www.bullyinginstitute.org/res.html:

- 76% of bullying victims experienced severe anxiety
- 71% of bullying victims experienced disrupted sleep
- 39% of bullying victims experienced PTSD

Most severely however, Post Traumatic Stress Disorder (PTSD) has been found to manifest itself in victims who have been bullied over long periods of time. This seriously affects a person’s ability to work effectively

and recovery time can be years after the bullying stops.¹⁴

All of the literature on bullying is clear. The problem is NOT the employee’s inability to cope with the workload or unwelcome attentions; it is on the other hand the employer’s failure to provide a safe work environment.

S TRESS AND

WORK OVERLOAD

The International Labour Organization (ILO) considers work stress to be the number one hazard facing workers around the globe. The sources are numerous from heavy workload to not enough work in the case of part-timers.

Stress is a personal thing. What may cause your co-worker’s heart to race, might be of no consequence to you. When the fight or flight response kicks in and the stressor lasts for days or weeks (or longer) that is when health issues will follow. Some different types of stress have been identified to help us lock in on the stressors of relevance.

Critical incident stress or acute stress occurs as a result of a traumatic event. These triggering events are unusual or intense. Workers in this sector may find that assaults, protecting clients, dealing with suicide attempts, or threats to family create this type of acute stress. Without debriefing or support of some kind, processing and moving through these

incidents may be difficult and often have additional health consequences.

Vicarious trauma is when one witnesses or hears about events that have happened to others. When a worker is in a support or relief-type role it is likely that they will be exposed to this stressor frequently. Consider an intake worker at a shelter who is regularly listening to clients struggles; the violence they may be experiencing from a partner, or the suffering of children without a home. Supporting victims of any kind will likely put workers in line for vicarious trauma.

Finally, cumulative stress has the less dramatic aspect of being daily and gradual accumulations of stressors. These effects can grow to be intense and have problematic health concerns. Looking at the particular stressor can help us understand and formulate a plan to reduce these elements at work. Some stressors that are common in the sector include:

- 1) Heavy workload – with understaffing, the workload is ever expanding. Agency workers may find themselves taking on administrative duties, maintenance, as well as client care.
- 2) Lack of control at work – workers in this sector know their clients and have a keen grasp of what works and how best to provide a quality service. But, it is not often that managers and supervisors consult workers when policy and procedures are being developed. This undervalues workers' experience and takes control away from those who are in contact with clients daily.

- 3) Working alone – puts workers at increased risk of injury by forcing them to tackle essential work best done by two, e.g. lifting. Working alone increases rates of violence/harassment/bullying at work.

- 4) Reluctance to take sick days:

“There is real pressure for staff to continue working when they are sick. Because you know that if you phone in sick, somebody might have to work by themselves or be short-staffed.” ¹⁵
anonymous worker

- 5) Low income pressure – part-timers are often working several jobs trying to make ends meet. This means they are tired and overworked during their shifts.

- 6) Violence/Bullying – a 2002 BC study showed that three quarters of workers in the sector experienced a violent encounter in their workplace in the last year, creating vicarious trauma.

SPRAINS, STRAINS,

ACHES AND PAINS

The Manitoba workplace health and safety website presents statistics showing that precisely half of the reported injuries in all workplaces are sprains, strains and tears. In 2003 the BCGEU/NUPGE reported that according to WCB statistics half of all injuries received by community health workers were as a result of “overexertion due to client handling activities”. The claims in BC almost doubled between 1996 and 2000, costing almost \$2 million in total.¹⁶

Workers in the sector will find themselves lifting and transferring clients throughout their shifts. With an ageing population and elder care a community need, transfers and lifts become an increasing part of workers' activities.

These types of injuries can also result from a highly diversified list of demands on residence workers. Dwindling budgets have meant snow shovelling, housework, as well as client care are added to the list of tasks expected of workers.

If budget cuts mean that equipment is in poor repair or unavailable, workers will risk injury in the course of trying to meet clients' immediate needs.

Developmental workers may find themselves restraining violent clients during outbursts. This can be a source of strain, scrapes and bruises. As with lifts and transfers, it is helpful to have procedures in place to prevent injuries and orient workers and managers to best practices.

Working alone can also exacerbate the potential for injury. Having a co-worker available to lend a hand would reduce the risk of injury but with shrinking funds, staff levels have been reduced.

THE REALITY OF COMMUNICABLE DISEASES:

Workers in the sector will find themselves working closely with those most in need of support in our communities. Residences, transition

centres, shelters, group homes and attendant care demand workers to be in close contact with clients. They are there when clients are sick, bleeding and toileted. This kind of "up close and personal" interaction means that workers are at risk of contracting infectious diseases.

Frontline workers in the sector sometimes work with clients in "vulnerable populations" where hepatitis, HIV, or simply those with low immune systems are more common. Workers are often the ones on the spot for clean-up and bed changes and other tasks that may put them into contact with airborne diseases or surface contamination. If best practices are not in place for hand washing, gloves, masks, or the use of disinfectants – disease may be spread to workers and then to other vulnerable individuals.

Other workers in the sector may find themselves in constant contact with members of the public, meeting and greeting dozens of people a day. Airborne diseases may have multiple opportunities in a day to infect a worker. In cases such as these, simple barriers between workers and the public (screens or glass) can reduce any potential transmission. But often buildings are old and new furniture, barriers or simple renovations are desperately needed. Some workers report doing more repairs and upkeep at their workplaces than they do in their own homes. This speaks volumes for the commitment of workers in the sector to their clients and agencies, but demonstrates how badly underfunded this sector has become.

There is greater need for concern now that the potential, in the future,

for a pandemic influenza is unavoidable.¹⁷ In most cases the pathogen, a virus, will be transmitted through respiratory droplets and contact with contaminated hands and surfaces.

SOME SIMPLE AFFORDABLE PRECAUTIONS:

- 1) hand hygiene
- 2) personal protective equipment (masks and gloves)
- 3) disinfection and decontamination of work environment.

ENVIRONMENTAL

CONDITIONS

The physical environments in which workers spend their shift hours are as important to their health as any other factor. Many elements can affect the air quality of a worksite, but two stand out as issues that are achieving some profile in the health and safety sector.

Moulds and Mildews

With less funding, some worksites have become rundown. Perhaps repairs don't get done, leaks occur, or ventilation fans breakdown.

With increased moisture and stagnant air, moulds and mildews can grow out of control and cause a variety of symptoms for workers. Symptoms run the gamut from light allergy symptoms to severe. Serious bronchial infections, suppression of the immune system or cancer can

be triggered through long-term exposure to certain species of moulds.

Workers in such an environment may have difficulty removing themselves from that site as repairs are being done. With severe mould damage, renovations are often required to eliminate the problem. Management may be reluctant or unable to shut down or relocate services for the time required for the proper maintenance work to be done. Workers have complained about being in environments for months while fighting for action to be taken. In addition, clients are often likely to spend more time in these environments than the employees, jeopardizing client health as well.

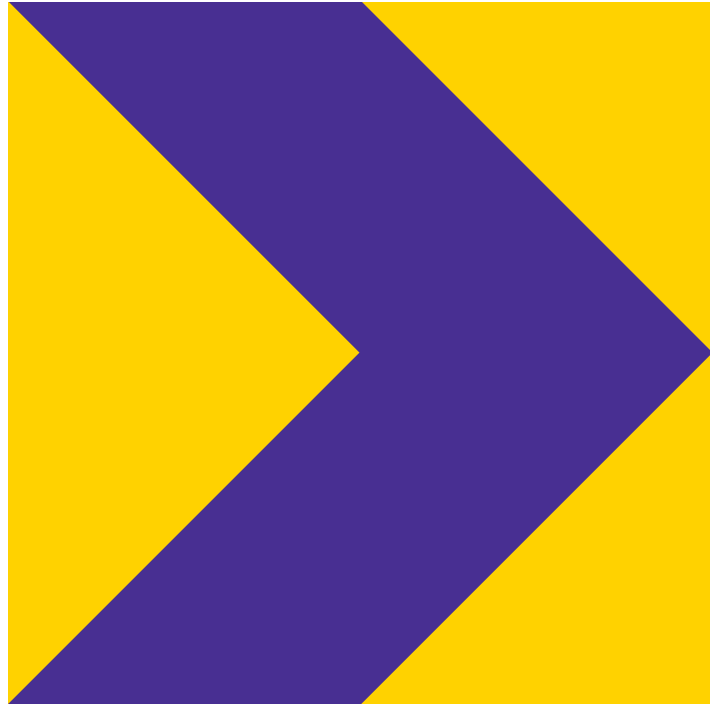
Local Environment Pollutants

The BCGEU/NUPGE Occupational Health and Safety Committee has identified pets, tobacco smoke and hazardous chemicals as contributing to the health risks of community employees through the course of their day.

When working in clients' homes, you may have little opportunity to avoid a client's pet or second-hand smoke. In addition, cleaning products used for housekeeping and sanitizing surfaces may have toxic effects when used incorrectly or in combination.

Once again, understanding the specific challenges, for your agency or organization, can lead to creative problem solving to minimize these health risks. Networking across provinces to explore solutions implemented by other worksites can be fruitful as well.

Solutions and Recommendations



TAKING ACTION

TO IMPROVE OUR

HEALTH AND SAFETY

The best approach is to explore the root of these issues and apply a multi-faceted solution to each problem. For example, stress should ideally be approached with consideration to the frequency of violence in the workplace, the presence of a bullying manager and/or an excessive workload.

Excessive amounts of stress may also contribute to the contraction of frequent colds and flus, and an increased need for sick days. But where workplace culture or understaffing makes it difficult to take the allotted sick days, there is a situation that feeds back into stress levels. All these issues are interconnected and should be evaluated in concert when formulating an action plan.

KEY RECOMMENDATIONS

- **Education and Training** – to prepare workers and employers for health and safety issues that may arise with *prevention* as the goal. Ongoing and mandatory training will equip workers with the tools to reduce or resolve health and safety threats.
- **Policy Development** – to standardize employer response to health and safety issues that arise, and maintain fairness when dealing with occurrences.
- **Bargaining** – to provide protection for workers where the provincial Occupational Health and Safety Acts don't. Committing the employers to go further than the Labour Act in establishing best practices for specific work environments.
- **Changes to Legislation** – to bring the Occupational Health and Safety Acts in line with current research of emerging health and safety issues.
- **Funding** – for the federal government to immediately reinstate the \$3.2 billion in funding lost over the last 10-12 years to the community-based social service sector.

What follows is a detailed outline of actions to achieve these top five recommendations. Other specific recommendations, unique to each health and safety issue, will follow these five key solution areas.

EDUCATION AND TRAINING

On the front-lines, workers can prepare themselves for the realities at their workplace with training. Unions and the public sector offer a variety of training opportunities. Ongoing training is an important aspect of prevention. For example, some youth group home workers are bound by a “hands off” policy when dealing with client outbursts. To comply with this policy, workers need annual non-violent conflict resolution training events. These opportunities allow workers to share experiences and hone their skills in conflict resolution.

Workshops can also be a source of education to better understand an issue or to get updated on new and emerging issues. Training to understand developmental disabilities can support front-line workers in their mission to build trusting relationships with clients. It has been shown that these relationships can reduce violent episodes, as workers understand moods of clients and the frustrations they live with. Management needs to budget for annual training for front-line workers.

An information session can help define a phenomenon like bullying for all employees. Conflict resolution and problem solving training help build teamwork and could create opportunities to discuss concerns on site. When training is mandatory it sends a message that *bullying is taken seriously at this workplace*.

There needs to be thorough education about risks and precautions for particular contagious disease outbreaks.

Health and safety committees need to have some perspective regarding the spectrum of issues workers face. Where 60,000 Canadians may die as a result of an influenza pandemic, the seasonal influenza is responsible for 4,000 deaths every year.

Simple hand washing and the use of masks in the event of a flu outbreak will go far to reduce the spread of infection. In the case of a pandemic workplaces should provide the more advanced mask, a NIOSH-certified N95 respirator. Every worker should know how and when to use this protective equipment.

Training may be required for management and staff, responsible for maintenance, to be aware of moulds and conditions that encourage mould growth.

WORKPLACE POLICY

Workers are less susceptible to the impacts of stress when they have a certain level of control over their work organization. Mechanisms to incorporate the expertise of front-line workers should be developed. Worker committees to review or develop policy and reflect on the overall mission of the organization or agency are crucial to deliver quality care to clients. Management, working with workplace health and safety committees and unions, should create policies that ensure the health and safety of workers and guide management in the efficient resolution of workplace health and safety issues.

A good “No Violence in the Workplace” policy should define violence, provide clear examples of unacceptable behaviour, a statement of the organization’s view of violence and its commitment to prevention. Preventative measures, as well as reporting procedures, with confidentiality of complainant secured, should be included in the policy. Consequences need to be outlined, and support services provided to victims of violence. Finally, periodic reviews to evaluate the policy should be scheduled.

To let workers and the public know what is expected in this environment, a posting that states the key

A workplace listing should...

- TELL WHAT BEHAVIOURS ARE UNACCEPTABLE
- TELL WHAT TO DO WHEN INCIDENTS OCCUR
- TELL WHO THE CONTACTS ARE FOR REPORTING

points in the policy will contribute to a shift in the work culture regarding violence.

Bullying and harassment can be addressed with strong and direct policy, both preventative and disciplinary. Clear policy will provide a guide for supervisors to move through action steps. A Code of Behaviour posted on-site(s) sets standards for words, phrases and behaviours that are inappropriate for workplaces. These guidelines are a further warning for bullies that *this workplace does not tolerate harassing behaviour*.

Bullying and harassment are far more common than sexual harassment or racial discrimination and yet these acts are illegal. Most workplaces have a policy regarding harassment and discrimination and there are human rights codes in each province to protect workers that have been victims of racism or sexual harassment. It is time for legislation and workplace policies to reflect the serious effect that bullying has on workers' health and the effectiveness of the sector.¹⁸

Policy should be developed to solidify procedures for protecting

workers, and containing the spread of contagious diseases. Because resident and group home workers are essential, even in the event of disease at these workplaces, their protection through organizational policy is important.

A workplace policy might include:

- Ongoing education regarding the effects and side-effects of vaccines and anti-virals.
- Access to annual influenza vaccines for employees.
- Priority access to anti-virals and vaccines in the event of a pandemic threat (with attention paid to informed consent before administering these medications and consideration given to the right to refuse these medications).
- Extend sick day allowance in the event of an outbreak in order to effectively quarantine sick staff from co-workers and clients during the contagious period of illness.
- A strategy to maintain services through outbreak and employee illness – including the creation of a committee to monitor information and trends and develop and adjust an action plan as the outbreak progresses.

- A strategy to augment services after an outbreak, as communities are recovering and in need of social services.

We've heard a lot about "clean air acts" and endless debate about which actions will be most effective. Management should be working on their own clean air policies. Clear signs prohibiting smoking at worksites, policies regarding the speedy removal of dangerous moulds and mildews and a commitment to environmentally friendly, non-toxic cleaners (with the exception of antiseptics for periodic surface sanitation).

A memo to clients, where home visits occur, to respectfully request a cessation of smoking during worker visits, may be helpful.

BARGAINING

To remedy any shortcomings of the current Occupational Health and Safety Acts, unions need to bargain for progressive language in their collective agreements that identifies violence in all its forms and outlines recourse for victims of violence.

It should clearly state that employees have a right to a bully-free and harassment-free workplace. Confidentiality and support services for the victim should be detailed in the outlined process.

Unions should bargain for precautionary practices in particular work environments where the risk of contracting communicable diseases is elevated. These would include readily available state-of-the-art masks to

protect from airborne pathogens, and gloves to protect workers from surface transfer of pathogens.

Unions might also strive to bargain for conditions that apply when a pandemic influenza erupts. For example, additional allotment of leave for the care of family members may be relevant, or extra sick leave to ensure that sick workers aren't forced to return to work when still contagious.

Unions could bargain for periodic building inspections with an aim to identify and eliminate deterrents to healthy air quality such as moulds, asbestos, chemical cleaners and outdoor air pollutants. Included in collective agreements may be the option to purchase HEPA Air Purifiers for staff safety where warranted.

Collective agreements should include stress leave, the right to refuse overtime and double shifts. Stress induced health issues are at epidemic levels in our society. Major changes in the way we approach work have been suggested by those who study stress.¹⁹ Job insecurity can cause and increase employment related stress.²⁰ While managing workload is crucial in balancing home and work demands, it will also work to keep stress in check.

Employee Assistance Programs (EAPs) provide professional counselling support for employees who are having difficulty coping with stress. Special services including childcare and eldercare information might help deal with home responsibilities weighing on employees. Legal advice and financial counselling may also be provided. Other life counselling services can help smooth the stress at

work and at home. Bargaining for the addition of an EAP to worker benefits may be part of the multifaceted approach to recognizing and reducing stress. No EAP program provided by the employer should replace policy and collective agreement language that eliminates destructive management practices.

CHANGES TO LEGISLATION

Each province has Occupational Health and Safety legislation that should technically protect employees from a “known risk” in the workplace. This is where reviewing the history of violence and assessing the risk for workers in each work environment is so important. Quebec, Manitoba, Saskatchewan and British Columbia have chosen to include specific language that clearly names “psychological harassment”, “violence”, “vexatious behaviour”, and commits employers to the “psychological and social well-being” of their employees.

Each provincial government should revamp either their labour code (as Quebec has done), or their Occupational Health and Safety Act (as with BC, Saskatchewan and Manitoba) to name these hazards and give full recognition to the devastating effect these events can have on workers’ health and well-being. (See Appendix A.)

The Federal Labour Code – Part 2 - Occupational Health and Safety also names violence and states that both managers and employers have the responsibility to protect workers from

violence. But this passing mention can be further strengthened to include a thorough definition and prescriptive measures.

A coalition of Nova Scotian unions including NSGEU/NUPGE are lobbying for legislation that includes violence and bullying as conditions of an unsafe work environment. For over 10 years legislation has been sitting on the shelf waiting to be enacted and included in the current Occupational Health and Safety Act.

The campaign “Workplace Violence: It’s not part of the job” can be found at www.stopworkplaceviolence.ca/campaign.html.

Workers Compensation Boards need to include stress related leaves in their coverage. This of course will become easier if complimentary language is included in the Occupational Health and Safety Acts. The incorporation of the term “stress” is not found in these Acts but the stress induced by violence or psychological harassment would be covered. Work overload as a source of stress is not addressed in these Acts for any province or territory. Given the wealth of research on stress, workload, and post-traumatic stress disorder (PTSD), unions should begin to shape campaigns to incorporate this type of language into Occupational Health and Safety Acts and the Workers Compensation Board policies.

In the case of contagious diseases, Workers’ Compensation rights may apply for those falling ill due to pandemic influenza exposure at their workplace. The provinces and territories have a Memorandum of Understanding (MOU) with the Of-

fice of Critical Infrastructure Protection and Emergency Preparedness (formerly Emergency Preparedness Canada). This agreement protects emergency workers through the Workers' Compensation Board during an emergency response.

Two questions of concern for sector workers remain...

1. Does the policy require a declaration of emergency and, at what level of government, or would the insurance come into effect once the government declares a pandemic?
2. What is the definition of emergency workers for this purpose?

To provide full protection for workers, unions should lobby to ensure such insurance is available independent of the need for a "Declaration of Emergency."²¹

Long-term solutions for stress related illnesses would be to consider a shortening of the standard work-week with no reduction in wages. This strategy needs to be undertaken with a complementary increase in staffing levels to prevent the workload from accumulating.

FUNDING

Employers need to demand, and governments need to provide, an immediate increase in funding to the sector which is not tied to program delivery. An injection of funds earmarked to improve salaries and benefits, and increase staff numbers would resolve many of the work-overload issues and reduce stress.

Core funding will allow organizations to add staff where needed, ensuring adequate numbers of staff for clients' needs and worker safety. This sector is currently understaffed – forcing employees to work alone or deal with a greater number of clients than is manageable. Restraining, moves and transferring of clients would not have to be done single handedly, with additional co-workers available to help.

Funds earmarked for improving wages and benefits would decrease staff turnover. Stable funding would, in turn, create stability in each organization or agency and reduce disruptions for clients that crave stability. Funds for varied and complete training, relevant to the service provided to the community, would continue to cultivate a highly experienced and skilled social service workforce.

The federal and provincial governments need to provide immediate funding to allow agencies and organizations to plan and prepare adequately for a pandemic outbreak. Funding not linked to pandemic preparedness should be put towards cleaning staff to sanitize workplaces and group homes regularly. This would reduce the likelihood of transmission of disease and save workers from doing double duty. It could also mean that workers would have detailed training and procedures would be executed expertly.

Increased core funding would make dollars immediately available to upgrade buildings that have been neglected over the past 10 years, since funding has been slashed. Infrastruc-

ture has suffered and in turn employee health and safety has been put at risk. Increased core funding will allow for security plans to be implemented.

Group homes across Canada have been poorly maintained. As building roofs become leaky and water damage accumulates, mould and mildew can become major health issues. Any immediate increase in infrastructure funding would be applied to such buildings in need. Here would be opportunities to incorporate state of the art ventilation systems with efficiency and health in mind.

SPECIFIC ACTIONS

TO REMEDY

WORKPLACE VIOLENCE

The history of violence in each workplace should be assessed through discussions with workers, consulting incident reports, first aid reports and health and safety committee records. Understanding the history of violence at similar workplaces may also be prudent to get a broader picture of the potential. With this type of review, an assessment can be made of the potential risk for violence in the workplace.

Equipped with relevant data and an assessment of risk, an action plan can be created that includes management, workers and their union, and governments.

The employer, management, the Board of Directors, and/or the super-

visory team need to clearly define their commitment to respond and reduce violent incidences in the workplace. A policy regarding violence in the workplace is a good place to start. Policy developed with all stakeholders is key to successful implementation.

The need for thorough reporting procedures is clear. There is a lack of diverse data from each social service work environment. To better understand the extent, type and effect of violence in all its forms we need clear, relatively detailed data from workplaces across Canada. Probably the greatest benefit that can be gained from reporting procedures is the ability to take action on violence. Specific information will help each workplace form a site specific plan of action for the wide-spread societal issue of violence. Management should introduce a streamlined reporting procedure to stay abreast of the issue while reducing the burden on staff who will be doing the reporting.

A further element that needs to be addressed, at the employer and management level, is the attitude that reporting is an indication of worker incompetence in dealing with violent clients. There should be no evaluation of performance based on these reports. Unions can specifically bargain to have this condition included in the collective agreement.

Working with volatile clients can put employees at a greater risk. Although we know this to be true, in many work environments in the sector, this cannot be avoided – the purpose of the organization or agency is to serve these clients. But just be-

cause the risk is higher doesn't mean management and workers should resign themselves to regular violence in the workplace. A fire-fighter doesn't resign himself/herself to getting burned on the job; they wear protective equipment and receive extensive training to reduce this risk. Similarly, sector workers and their management should strive to reduce the risk for workers and not accept violence as "part of the job".

Putting workers at a **greater** risk of violence...

- working alone
- working short staffed – daytime or night-time shifts
- working untrained
- on the road without communication
- poor lighting inside and outside workplaces
- lack of night-time security measures
- unstable work environment (shift changes, high staff turnover, changing surroundings)

PUTTING AN END

TO BULLYING

AND HARASSMENT

Bullying and harassment are simply psychological components of violence. Often it is useful to include these forms of violence in a "Violence in the Workplace" policy to give them the weight these behaviours deserve. Similarly, including bullying and harassment in the Labour Act or Health

& Safety Act of each province as a component of violence, will send a message as to the severity of these acts and the serious impacts they can have on workers' health.

Employees facing a bully need to *Name it!* If you call the behaviour "BULLYING" then you externalize the problem. It's not you, it is the bully acting inappropriately. In this way shame is reduced and emotional healing can begin.²²

If you find yourself on the receiving end of bullying or repeated harassment, take some time off to:

- 1) see your doctor to check for stress related health issues,
- 2) consider mental health counselling,
- 3) review policies from your workplace and the labour laws for your province,²³
- 4) try to assess the impact of the bullying on the agency's performance.

Also, remember *not* to retaliate. Remain professional and calm.²⁴ Work with your shop steward to find the best course of action.

REDUCING STRESS,

RESPECTING LIMITS

Any initiatives to reduce violence, bullying and harassment in the workplace will also reduce stress. It has been demonstrated that "traumatic work environments produce more work-related stress than all other work-related stressors put together."²⁵ So, any initiative undertaken by

management that deals with the issues of violence, in all its forms, will contribute to stress reduction on the job.

In the thankful absence of trauma, the greatest contributing factor to stress in the sector is excessive workload and lack of job security. If front line workers are doing double and triple duty, taking up administrative, cleaning and maintenance tasks in addition to their client load – individuals become burnt-out very quickly. Stress has been shown to be particularly acute for part-time and split shift employees. When staff can't support themselves with the shifts they have, they are forced to take on second and third jobs. This type of overwork is a major contributor to stress and associated health problems.

Management needs to guarantee part-time workers sufficient hours so they are able to support themselves without taking on second and third jobs. Split shifts only contribute to long days and fatigued staff. Employers must end their reliance on split shifts and overtime.

RELIEVING SPRAINS,

STRAINS, ACHES AND PAINS

As we move through our day, whether we are working at a computer or lifting clients, the potential to strain our bodies is always there. When tired and overworked, the risk increases.

To avoid these types of injuries, worker training is crucial. Regula-

tions and the maintenance of best practices are the obligation of the employer. Equipment at every worksite to assist with moves and transfers is essential. Policy and guidelines for safe procedures should be posted at worksites, but not replace proper training.

Replacement of damaged or malfunctioning equipment must be done immediately so that future risk to employees is abated. Unions can also bargain for mandatory training for the proper execution of physical tasks.

MINIMIZING THE

TRANSMISSION OF

COMMUNICABLE DISEASES

There is a looming threat of a pandemic influenza in Canada. Management needs to take seriously the potential for disease spread in their agencies and organizations. Although a variety of diseases may present a threat to the sector, preparing for the worst case scenario will protect us from lesser threats as well.

ENVIRONMENTAL

POLLUTION:

BREATHING EASIER

We share the air globally. The factory down the road can pollute air that children breath on the other side of the planet. Air quality is impossi-

ble to have complete control over. Ventilation systems will bring air from outside and circulate it in and around our workplace. This air can have an abundance of unknowns. Agencies and organizations need to focus on the indoor air quality factors that can be controlled.

C ONCLUSIONS

It is abundantly clear that the devastation of the community-based social service budgets over the past decade has impacted the health and safety of workers and the services provided. Due to the commitment of workers, quality care is still provided, but at no small cost to the health and stress levels of these workers.

The National Union calls upon the federal and provincial governments to reinstate the lost billions of dollars that supported this sector, with an immediate increase to funding levels to abate concerns of understaffing. An increase in staff levels will directly affect the issues touched on in this document such as violence, stress, workload, and air quality, physical injuries and the spread of communicable diseases.

Furthermore, additional initiatives for education and training should be in place so staff and supervisors can better understand the emerging health and safety concerns of pandemics, violence and bullying, as well as workplace stress and its impacts.

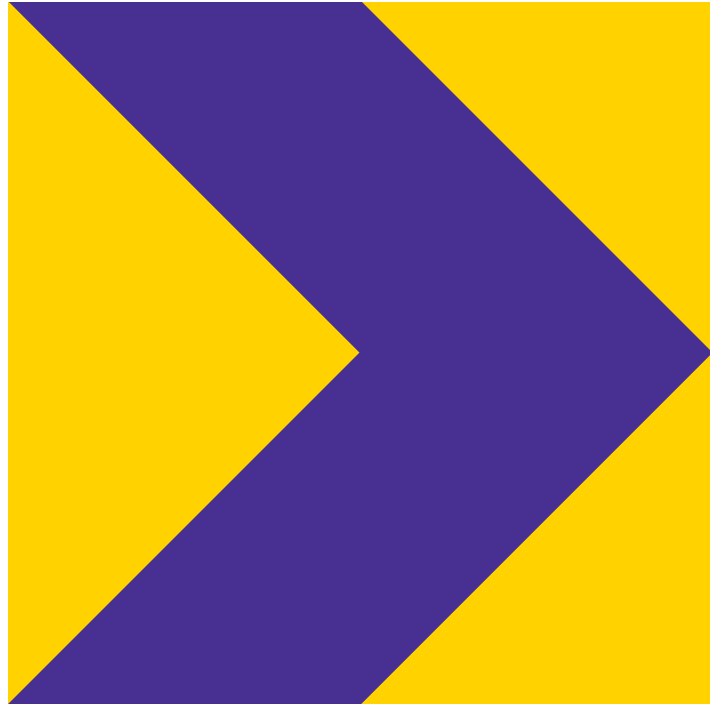
More work needs to be done on the part of employers to create better policies and clearer processes for managing conflict and crises at work.

Finally, the National Union is committed to continue applying pressure to both employers and governments on the health and safety issues outlined in this paper. You can help by joining campaigns, becoming part of your bargaining committee and a member of your workplace health and safety committee to improve the health and safety of workers in this sector.

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- 25 - same as 6

Appendices



APPENDIX A
**OCCUPATIONAL HEALTH
AND SAFETY ACTS**
**PROVINCIAL AND TERRITORIAL COMPARISON OF
VIOLENCE, BULLYING AND PSYCHOLOGICAL STRESS**

NEWFOUNDLAND AND LABRADOR

Occupational Health and Safety Act
No inclusion of violence, stress, or bullying

NOVA SCOTIA

Occupational Health and Safety Act
No inclusion of violence, stress, or bullying

PRINCE EDWARD ISLAND

Occupational Health and Safety Act
No inclusion of violence, stress, or bullying

NEW BRUNSWICK

Occupational Health and Safety Act
No inclusion of violence, stress, or bullying

QUEBEC

**These issues have been worked into the Labour Standards Act as opposed to the Health and Safety Act to broaden their application.*

Labour Standards Act

Psychological harassment

81.18. For the purposes of this Act, "psychological harassment" means any vexatious behaviour in the form of repeated and hostile or unwanted conduct, verbal comments, actions or gestures, that affects an employee's dignity or psychological or physical integrity and that results in a harmful work environment for the employee.

Vexatious behaviour

A single serious incidence of such behaviour that has a lasting harmful effect on an employee may also constitute psychological harassment.

81.19. Every employee has a right to a work environment free from psychological harassment.

Duty of employers

Employers must take reasonable action to prevent psychological harassment and, whenever they become aware of such behaviour, to put a stop to it.

Collective agreement

81.20. The provisions of sections 81.18, 81.19, 123.7, 123.15 and 123.16, with the necessary modifications, are deemed to be an integral part of every collective agreement. An employee covered by such an agreement must exercise the recourses provided for in the agreement, insofar as any such recourse is available to employees under the agreement.

Mediation - At any time before the case is taken under advisement, a joint application may be made by the parties to such an agreement to the Minister for the appointment of a person to act as a mediator.

Employees not governed by a collective agreement

The provisions referred to in the first paragraph are deemed to form part of the conditions of employment of every employee appointed under the Public Service Act (chapter F-3.1.1) who is not governed by a collective agreement. Such an employee must exercise the applicable recourse before the Commission de la fonction publique according to the rules of procedure established pursuant to that Act. The Commission de la fonction publique exercises for that purpose the powers provided for in sections 123.15 and 123.16 of this Act.

Recourse against psychological harassment - Sections 123

Complaint to Commission

An employee who believes he has been the victim of psychological harassment may file a complaint in writing with the Commission. Such a complaint may also be filed by a non-profit organization dedicated to the defence of employees' rights on behalf of one or more employees who consent thereto in writing.

Time limit

Any complaint concerning psychological harassment must be filed within 90 days of the last incidence of the offending behaviour.

Inquiry

On receipt of a complaint, the Commission shall make an inquiry with due dispatch.

Commission's refusal

If the Commission refuses to take action following a complaint, the employee or, if applicable, the organization with the employee's written consent, may within 30 days of the Commission's decision under section 107 or 107.1, make a written request to the Commission for the referral of the complaint to the Commission des relations du travail.

Mediation - The Commission may, at any time, during the inquiry and with the agreement of the parties, request the Minister to appoint a person to act as a mediator. The Commission may, at the request of the employee, assist and advise the employee during mediation.

Contract of employment

If the employee is still bound to the employer by a contract of employment, the employee is deemed to be at work during mediation sessions. At the end of the inquiry, if no settlement is reached between the parties and the Commission agrees to pursue the complaint, it shall refer the complaint without delay to the Commission des relations du travail.

ONTARIO

Occupational Health and Safety Act

No inclusion of violence, stress, or bullying

MANITOBA

The Workplace Safety and Health Act

Specific objects and purposes

2(2) Without limiting the generality of subsection (1), the objects and purposes of this Act include:

- (a) the promotion and maintenance of the highest degree of physical, mental and social well-being of workers;
- (b) the prevention among workers of ill health caused by their working conditions;
- (c) the protection of workers in their employment from factors promoting ill health; and
- (d) the placing and maintenance of workers in an occupational environment adapted to their physiological and psychological condition.

The employer shall make a workplace safety and health program available to the following persons on request:

- (a) the committee;

- (b) if there is no committee, the representative;
- (c) a worker at the workplace; and
- (d) a safety and health officer.

SASKATCHEWAN

Occupational Health and Safety Act

Duty re. policy statement on violence

14(1) An employer at a prescribed place of employment where violent situations have occurred or may reasonably be expected to occur shall develop and implement a policy statement to deal with potentially violent situations after consultation with:

- (a) the occupational health committee;
- (b) the occupational health and safety representative; or
- (c) the workers, where there is no occupational health committee and no occupational health and safety representative.

14(2) A policy statement required by subsection (1) shall include any provisions prescribed in the regulations.

ALBERTA

Occupational Health and Safety Act

No inclusion of violence, stress, or bullying

BRITISH COLUMBIA

Occupational Health and Safety Act

In sections 4.25 and 4.26, "improper activity or behaviour" includes:

- (a) the attempted or actual exercise by a worker towards another worker of any physical force so as to cause injury, and includes any threatening statement or behaviour which gives the worker reasonable cause to believe he or she is at risk of injury; and
- (b) horseplay, practical jokes, unnecessary running or jumping or similar conduct.

4.25 Prohibition

A person must not engage in any improper activity or behaviour at a workplace that might create or constitute a hazard to themselves or to any other person.

4.26 Investigation/improper activity or behaviour must be reported and investigated as required by Part 3 (Rights and Responsibilities).

4.27 Definition

In sections 4.28 to 4.31

"Violence" means the attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker, and includes any threatening statement or behaviour which gives a worker reasonable cause to believe that he or she is at risk of injury.

4.28 Risk assessment

(1) A risk assessment must be performed in any workplace in which a risk of injury to workers from violence arising out of their employment may be present.

(2) The risk assessment must include the consideration of

- (a) previous experience in that workplace;
- (b) occupational experience in similar workplaces; and
- (c) the location and circumstances in which work will take place.

4.29 Procedures and policies

If a risk of injury to workers from violence is identified by an assessment performed under section 4.28 the employer must:

- (a) establish procedures, policies and work environment arrangements to eliminate the risk to workers from violence; and
- (b) if elimination of the risk to workers is not possible, establish procedures, policies and work environment arrangements to minimize the risk to workers.

4.30 Instruction of workers

(1) An employer must inform workers who may be exposed to the risk of violence of the nature and extent of the risk.

(2) The duty to inform workers in subsection (1) includes a duty to provide information related to the risk of violence from persons who have a history of violent behaviour and whom workers are likely to encounter in the course of their work.

(3) The employer must instruct workers who may be exposed to the risk of violence in:

- (a) the means for recognition of the potential for violence;

(b) the procedures, policies and work environment arrangements which have been developed to minimize or effectively control the risk to workers from violence;

(c) the appropriate response to incidents of violence, including how to obtain assistance; and

(d) procedures for reporting, investigating and documenting incidents of violence.

YUKON

Occupational Health and Safety Act
No inclusion of violence, stress, or bullying

NWT

Occupational Health and Safety Act
No inclusion of violence, stress, or bullying

NUNAVIT

Occupational Health and Safety Act
No inclusion of violence, stress, or bullying

NOTES

Right to Refuse Work

All provincial/territorial Acts include some form of right to refuse unsafe work, but only Ontario specifically includes a list of workers employed in specific operations as being exempt:

(i) a hospital, sanatorium, nursing home, home for the aged, psychiatric institution, mental health centre or rehabilitation facility;

(ii) a residential group home or other facility for persons with behavioural or emotional problems or a physical, mental or developmental disability;

(iii) an ambulance service or a first aid clinic or station;

(iv) a laboratory operated by the Crown or licensed under the Laboratory and Specimen Collection Centre Licensing Act; or

(v) a laundry, food service, power plant or technical service or facility used in conjunction with an institution, facility or service described in subclause (i) to (iv).

Other areas get around this by referring to the presence of “unusual danger” allowing for refusal to work. This keeps workers from refusing a danger they would face in a typical day’s work or “usually”.

An example of this type of article is in the Northwest Territories Health and Safety Act.

Definition of “unusual danger”

13(1) In this section, “unusual danger” means, in relation to any work:

- (a) a danger that does not normally exist in that work; or
- (b) a danger under which a person engaged in that work would not normally carry out his or her work.

13(2) A worker may refuse to do any work where the worker has reason to believe that

- (a) there exists an unusual danger to the health or safety of the worker;
- (b) the carrying out of the work is likely to cause to exist an unusual danger to the health or safety of the worker or of any other person; or
- (c) the operation of any tool, appliance, machine, device or thing is likely to cause to exist an unusual danger to the health or safety of the worker or of any other person.

Environmental Tobacco Smoke

British Columbia’s Health and Safety Act is the only Act that includes an article on environmental tobacco smoke. Other provinces may refer to Smoking Regulations.

Canada Labour Code

Includes:

- (z) ensure that employees who have supervisory or managerial responsibilities are adequately trained in health and safety and are informed of the responsibilities they have under this Part where they act on behalf of their employer; and

(z.16) take the prescribed steps to prevent and protect against violence in the workplace.

APPENDIX B

CASE STUDIES FROM THE COMMUNITY-BASED SOCIAL SERVICE SECTOR

CASE STUDY I

Partial summary of study site 1 – Mid-sized agency

“Improving Work Organization to Reduce Injury and Illness: Social Services, Stress, Violence and Workload” 2002, Labour Studies and Social Work, McMaster University

Authors: Donna Baines, Karen Hadley, Bonnie Slade, Krissa Fay, Shoshana Pollack, Ann Sylvia Brooker, Susan Preston, Wayne Lewchuk, Dima Dimitrova.

Violent Incidents

This worksite supports people with developmental disabilities in several small, community based, day and vocational programmes. Each location serves between 16 – 24 participants and has two – four staff. There has been no increase in funding for seven years and largely middle and senior management have borne the brunt of budget cuts. This has meant that front-line workers have had to pick up administrative duties.

“Myself and my coworkers are bending over backwards and leaping hurdles... to keep the quality there but we are killing ourselves.” study site 1 worker.

“Without any hesitation, I would say... having less staff means it’s more difficult to work with the clients.” study site 1 worker.

The clients that this worksite serves benefit greatly through the close relationships that are formed with the workers. In turn, these relationships of understanding can facilitate a smoother work environment for the workers. When the time spent with clients is curtailed or the client/worker ratio increases, high need clients lose out. Workers report more frequent outbursts and have more difficulty controlling these individuals. They often become violent with workers but are more likely to attack their fellow clients.

“If you have someone like we did a year ago that is aggressive, there is less methods of coping with them because there is no place to put them. We are working out of one big room that has two washrooms attached and that’s it. So, if someone is aggressive, there is really no place to take them. It has been suggested in the past that we use the washroom and we have done that although it’s not very appropriate.” study site 1 worker.

Violence in the workplace will in turn create stress for workers. Some have reported dreading coming into work if they know they have a very aggressive client to deal with. Symptoms of stress are present, from nausea to headaches.

Workers have been spit on, kicked, scratched severely, hit, punched in the face or head, had their hair pulled, pushed to the ground and had things thrown at them.

“I have a guy sitting behind me (in the agency van). He has hit people; has hit staff; might do that again because he is pissed off. I am not wearing my seat belt. I want to be able to exit if I have to if this person decides to cash out.” study site 1 worker.

Staff feel that when the large vocational workshops were downscaled to several smaller community workshops, there were fewer clients but also fewer staff. It seems that the smaller setting has reduced the number of violent incident reports. However, when there is an outburst there are fewer staff around to help deal with it.

The workplace culture that accepts violence as “part of the job” is prevalent at this worksite among both front-line workers and management. Workers feel that if they complain to the management, it will appear that they are incompetent and they can’t handle the stresses of their job.

“Violence against staff has never been viewed with the seriousness that it merits. And it has never been viewed that way by front-line staff either, in some cases, because you kind of get used to it.” study site 1 worker.

Managers were clear that incident reports were used to evaluate staff and indicated a degree of worker incompetence. This attitude clearly influences the degree to which reporting is likely to occur, and will lead to an underestimation of violence in this workplace. Workers admit that if they were to report every incident, they would be submitting reports everyday. Some workers felt that over reporting infringed on clients’ privacy in a world where clients are monitored constantly.

The data collected from injury reports, over about 4.5 years, shows that 24% of the attacks were verbal abuse or physical threats and 22% of the injuries to staff were from punching, hitting in the face or head and choking. Female staff were victimized far more frequently than any other group, client or staff.

CASE STUDY 2

Case history #32, www.bullyonline.org

Bullying in care of learning disabled adults

“I’ve worked in the care of disabled people for 15 years. For the last six years I’ve been part of a small team providing care for a group of adults in their own home. About 18 months ago, a married couple joined the team, and since then I’ve watched most of the original team members being picked off, one by one, by them. Over the last few months, I too have become a ‘victim’,

and I am now off sick and unable to see a time when I will ever feel comfortable and safe working in my usual job again.

“I’ve experienced malicious gossip, about fellow staff and myself. I’ve seen the people we provide care for treated in a totally unacceptable manner. I’ve been on the receiving end of insulting, derogatory remarks about myself and women in general. I’ve been fed the wrong information about tasks involved in my job, leading to mistakes. I’ve had a fellow professional wag her finger at me and shout extremely abusive comments on my work in front of the bullies and others - even though I’d only met her a short while before.

“I later found out that this couple had spent a considerable amount of time telling her what an awful person I was, prior to her even meeting me. I’ve been isolated and ignored - I could go on, and fill pages with the incidents and events that I’ve seen and experienced.

“To make matters worse, my new line manager is obviously very friendly with and supports these bullies, and the one or two other new staff who are now part of their gang. Since making a formal complaint, my line manager has threatened me with disciplinary action if I dare to meet or speak to my former workmates even socially.

“She has spent a lot of time warning me of all the nasty repercussions that await me if I proceed with my complaint, and worse still, has kept the bullies informed of everything I have said and done, despite my being assured that confidentiality would be maintained, resulting in one of the ‘gang’ actually making threats and leaving me terrified not just for my own safety, but that of my family.

“The impression I’ve had from the reaction of senior managers is that to act on this now would be an admission of their failure to deal with this situation when others first reported it, and rather than risk it becoming known that they have failed miserably in upholding their own policy on bullying, they are going to try and sweep it all under the carpet.

“Like most of my workmates, I have a family and can’t afford to leave my job. Also, like all my workmates, I am now ‘on the sick’ with work related stress, which is hardly going to enhance my prospects of finding alternative work. Nor can I ever imagine feeling confident or safe in my usual work place again - for the first time in my life I am receiving counselling and on medication to help me cope. We are looking into legal steps that we can perhaps take, but in reality all of us are so shaken in confidence and so weary and sick of the whole business, that we don’t really know where to go from here.

“My employers are supposedly investigating the situation, but have already told me I will be expected to go back to work in the same environment, with the same people, when it’s ‘sorted’, telling me in advance that they will take no action. I’ve got together with five other staff who have had the same experience as myself - they have also made complaints - and we are seeking legal advice - though whether we can get our union to support in

that, we don't yet know. I can't believe, that at the age of 37, with years of experience in my work, that I am in this situation.

"I have now found out that at least five others, who have raised the same complaints/concerns as myself, have been subjected to the same treatment from this manager.

"I wish there was some sort of independent body to support the victims of bullying in the workplace, something that could put pressure on employers to uphold their own policies in dealing with this sort of situation."

CASE STUDY 3

Partial summary of study site 3

"Improving Work Organization to Reduce Injury and Illness: Social Services, Stress, Violence and Workload" 2002, Labour Studies and Social Work, McMaster University

Authors: Donna Baines, Karen Hadley, Bonnie Slade, Krissa Fay, Shoshana Pollack, Ann Sylvia Brooker, Susan Preston, Wayne Lewchuk, Dima Dimitrova.

Stress and Workload

This workplace is a non-profit community agency that provides personal growth programs and social development to those with intellectual disabilities. There is 24-hour care for clients in all their activities, which may include; eating, dressing, bathing, toileting, transferring, transportation, medicating and daily programming.

Because of reduced funding and changing client needs (as the population ages) the workplace has undergone a significant amount of reorganizing. As workers don't know what to expect or what systems will be changed next, the workplace anxiety increases, morale decreases and job security always feels threatened.

Direct Service workers report feeling stretched, stressed and under resourced. Front-line workers are often working alone or with only one or two other workers. Teamwork is minimal due to time allowances. All but one worker interviewed experienced health impacts due to stress, heavy workloads and low morale.

The stress was not due to the client/worker relationship but rather to the work environment and how the work is organized. Workers felt they had little control over policy and practice decisions when they actually had a lot of "on the ground" experience and accumulated skills that could inform these decisions. A lack of long-term strategy for the organization also has left workers feeling unsure about the future.

Part-time staff were stressed by their low incomes and the effort of trying to make ends meet. The process for acquiring extra shifts, when they become available, penalizes the employee when they were unable to take an offered shift.

For example when a worker has to turn down a ten-hour shift, that ten hours gets deducted from the maximum 70 hours/week that the part-timer will be allowed to work in any two-week period, leaving them with 60 hours left to work in that two-week period. This type of negative incentive exacerbates stress levels. Split shifts taken on to help make ends meet, also promote overwork and exhaustion.

APPENDIX C

HEALTH AND SAFETY PROVISIONS

COMPONENT COLLECTIVE AGREEMENTS

COMMUNITY-BASED SOCIAL SERVICES

BCGEU / HSABC

- An employee may exercise her/his right to refuse to do unsafe work pursuant to Section 3.12 of the Occupational Health and Safety Regulations.
- An employee must not be subject to discriminatory or disciplinary action pursuant to Section 3.13 (1) of the Occupational Health and Safety Regulations.
- Employees who may be exposed to violence or aggressive conduct shall receive training at the Employer's expense.
- The Employer shall provide the employee with pertinent information relative to the potential for experiencing violence, physical aggression, and/or verbal abuse within any particular workplace. The employee shall be informed of specific instruction on the approach to be taken when providing care for the client.
- Immediate defusing, debriefing and, where deemed appropriate by a qualified medical practitioner, post-traumatic counselling for individuals who have been exposed to violence of an unusual nature, including physical assault, will be made available to employees by qualified outside practitioners where such services are available at no cost to the Employer. Where an employee requires time off to attend defusing or debriefing, it will be without loss of pay.
- At the request of an employee who has been exposed to violence, including physical aggression or verbal abuse, the Parties will meet as soon as possible to determine remedies up to and including transfer.
- Where repeated incidents of violence occur, including physical aggression or verbal abuse, the Joint Safety and Health Committee, after review of the circumstances, may request a review by the Workers' Compensation Board.
- An employee who is injured on the job during working hours and is required to leave for treatment or is sent home for such injury shall receive payment for the remainder of her/his shift.
- Transportation to and from the nearest qualified medical practitioner or hospital for employees requiring medical care as a result of an on-the-job accident

shall be at the expense of the Employer.

- Check-in procedures will be implemented to ensure the safety of all employees who work alone.
- The Employer will assess the degree of risk in any workplace where an employee is required to work alone.
- The Employer must develop and implement a written procedure for checking the well-being of a worker assigned to work alone or in isolation under conditions which present a risk of disabling injury, if the worker is not able to secure assistance in the event of injury or other misfortune.
- When the Employer is aware of a client or resident with a communicable disease or parasitic infestation, the Employer shall inform the primary care givers about the inherent risk of the communicable disease or parasitic infestation.
- As a preventative measure, vaccinations shall be made available to all employees who may be at risk of contracting the disease, at no cost to the employee.
- An employee who has contracted scabies, lice or any other parasitic infestation as a result of exposure in the workplace is entitled to leave without loss of pay for any scheduled shifts during the twenty-four (24) hour period following.

HSAA

- Joint health and safety committees
- Committee work considered paid time

SGEU

- Occupational Health Committee to meet quarterly. The committee shall receive, consider and recommend solutions regarding health and safety in the workplace.
- Committee members shall be given reasonable opportunity during regular working hours to deal with such concerns. Quorum – half of its members are present, and half of those members present are worker representatives.

- The Employer will consider as hours worked, all time spent by committee members at committee meetings, conducting business authorized by the committee, and reporting to employees on the progress of the committee's work.
- The committee shall conduct workplace inspections at intervals it deems advisable, and shall notify the employer in writing of any unsafe conditions found.
- The Employer shall undertake suitable corrective measures, and will report in writing to the committee of the action taken.
- The committee investigates all fatalities and serious bodily injuries, and all dangerous occurrences that may have caused injuries, and provides a written report to the Employer and the Executive Director of Operations of the Union (and the Department of Labour if required or deemed advisable).
- Joint employer-employee Occupational Health Committees shall be established to represent places of work as agreed between the parties. Each committee shall consist of not less than 2 (two) and not more than 12 (twelve) members. At least one half members from the Union, and each committee shall have employer and employee co-chairpersons, as appointed by their respective parties.
- The Employer shall make provision of facilities and training for first aid, taking into account the nature of the work.
- Any necessary clothing and personal protective equipment will be provided at the Employer's expense.
- When the worker works in relative isolation the Employer shall provide a means of checking on the well-being of the worker that is appropriate in the circumstances.
- Every employee through consultation with the steward, has the right to refuse work which she/he feels is dangerous. Prior to refusal she/he shall inform the supervisor and the worker committee co-chairperson of her/his opinion.
- The committee investigates each refusal and, if it is able, makes a decision on whether such refusal was warranted. If warranted, the committee notifies the employer of any unsafe condition(s), and the employer will undertake suitable corrective measures, and report in writing to the committee of action she/he has taken. If the committee is of the unanimous opinion that the worker's refusal was unwarranted, the committee will meet with the worker(s) affected, and report to them the reasons for its decision. The Employer shall not re-assign disputed work to another

worker until the committee's investigation has concluded that the work is safe. If the Employer takes action against any worker (such as discipline, demotion, transfer, etc.), such action will be considered to be discriminatory unless the Employer shows good and sufficient other reason for taking such action. Temporary assignment to alternative work at no loss in pay or benefits during the worker's refusal will not be considered as discriminatory action.

MGEU

- Reference to Workplace Health and Safety Act.
- The Employer shall provide first aid kits at each work location.
- Most have a H&S committee containing 50/50 employee/managers; some have a management committee to which H&S concerns should be directed.
- Some H&S committees have direction to consider client home history, violent/aggressive client protocol, infectious diseases and protection steps.
- Some allow employee to refuse unsafe, dangerous or unhealthy work where the employee has reasonable grounds: report the refusal and reasons to the H&S committee representative immediately; some agreements have a report going directly to a supervisor to inspect and evaluate.
- Immediate inspection of the circumstances of refusal and remedial action will be taken by representatives.
- During refusal the employee must be willing to be reassigned.
- Stronger language includes: no other employee shall be assigned to the unsafe work.
- If the situation is not remedied, Provincial Workplace Safety and Health Officer will be notified.
- No disciplinary action shall be taken for exercising the right to refuse.
- Awareness of potential for physical, emotional and/or verbal abuse from clients; employees must be briefed of potential, employees have options of training to manage such incidents, adopt physical and procedural measures, continual consultation with H&S committee; employees must have access to debriefing support re Critical Incident Stress.
- Most agreements have special articles re harassment/discrimination and reference to the Human Rights Code.

- Other H&S issues may be included as separate clauses, e.g. protective footwear, video display terminals and eye strain.
- A few agreements offer an Employee Assistance Program (EAP).
- A few agreements mention preventative measures with regards to infectious diseases.
- A few agreements have mention of safety plans for working alone.

OPSEU

- Establishment of a joint H&S Committee to review concerns and make recommendations – meet bi-monthly.
- Some agreements specify equal membership, membership weighted to employees, membership representation from all worksites.
- Committees shall have access to accident reports and H&S records.
- Committee members shall be paid for preparation time and attendance at meetings.
- Reference to the Ontario Occupational Health and Safety Act.
- Provisions for breaks 10-15 minutes from VDTs for every 50-60 minutes worked.
- Eye exams for those required to work two hours or more a day at a VDT.
- A pregnant VDT operator may request reassignment; a pregnant worker who may face serious risk performing her/his duties can request reassignment.
- The Employer will pay for any testing or monitoring of equipment or protocols.
- The Employer shall make available 12 cell phones or other communication devices for employee safety.
- The Employer shall provide ergonomically designed equipment for computer stations.
- An injured employee who is sent home or needing to leave for treatment shall receive payment for the remainder of the day. Transportation to the physician or hospital shall be provided or paid for by the employer.
- Where a risk of exposure to Hepatitis B is identified, Hep B vaccine will be

provided.

- Where risks of a communicable disease have been identified, protective medications shall be made available at no cost to employees.
- Employer shall endeavour to take all reasonable measures to protect employees from violence at work.
- Establish violence prevention policy.
- Risk assessment for violence in the workplace.
- Work practices and procedures to eliminate violence.
- Reporting, investigating and recording procedures for violent incidents.
- Training to recognize potentially violent situations.
- Employee Assistance Program (EAP) provided with costs borne by employer.

NSGEU

- Reference to Occupational Health and Safety Act.
- Establishment of joint H&S Committees.
- Some agreements explicit that injured workers immediately apply for Worker's Compensation.
- If denied – can use sick time + two days covered by employer for less than five weeks off.

PEIUPSE

- The Employer makes all necessary provisions for Health and Safety:
- Failure to do so – complaint in writing to Employer;
- Not a satisfactory remedy in 10 days, either grievance or to OHS Officer by province;
- Joint H&S committees.

NAPE

- Occupational Health and Safety Committee that addresses all requirements of the Occupational Health and Safety Act and deals with employee concerns regarding possibly dangerous or unsanitary working conditions. The mandate of this Committee shall be expanded to include environmental issues. Each home will continue to have an Occupational Health and Safety representative in accordance with the Act.
- Employees required to work under dangerous or unsanitary conditions shall be supplied with items necessary to complete the work required.
- Policy for dealing with the protection of employees and residents from infectious diseases.