



Report of the Professional Issues Forum on **Workplace safety and injury prevention in occupational therapy practice in Canada** Quebec, QC CAOT Conference 2012

Powerpoint presentation -

<https://www.caot.ca/document/6807/Workplace%20safety%20PIF%202012%20Presentaton.ppt>

Introduction

The CAOT Professional Issue Forum on workplace safety and injury prevention in occupational therapy practice in Canada was held June 7, 2012 at the CAOT National Conference in Quebec City from 8:30 a.m. to 11:30 a.m. The Forum was facilitated by Andrea Dyrkacz and Janet Craik. There were approximately 35 people in attendance, though attendance varied throughout the Forum. The participants included Conference delegates, speakers and invited representatives of CAOT, constituent and stakeholder groups. The purposes of this PIF were to:

- Share the results of the first national survey that examined how Canadian occupational therapists sustain work-related injuries across clinical practice areas and the impact of those injuries.
- To learn how other health disciplines have approached the issue of work-related injuries and to seek opportunities to partner for safer healthcare in Canada.
- To review the rights and responsibilities of occupational therapists as employers and employees in creating safer workplaces.
- To gather the input of PIF participants regarding future initiatives that might be undertaken by CAOT in response to this practice issue, including awareness campaigns and a position statement.

This report summarizes the workplace safety and injury prevention Professional Issue Forum presentations, discussion and recommendations.

Background

The prevention and treatment of workplace injuries is often seen as an integral part of the scope of occupational therapy practice, and this emphasis is reflected in the profession's literature. However, there has been little research done related to how occupational therapists themselves are injured in their practice, as it has generally been assumed that occupational therapists' injuries mirror those sustained by their physiotherapy and nursing colleagues.

This lack of occupational therapy-specific research and literature has both educational and practice implications. Injury prevention education at the pre and post-professional levels have

largely focused on musculoskeletal injuries, and miss the injuries that may occur outside of strictly physical medicine or institutional contexts. Little work has been done to look at the types of injuries that may be prevalent in occupational therapy practice in psychiatry, the community, and in rural rather than urban environments. As well, there has been no Canadian literature that can inform clinical education and practice in our unique and expansive physical and healthcare environments.

In 2009, the first study of occupational therapy work-related injuries across practice contexts was undertaken. A total of 600 Canadian occupational therapists responded to a comprehensive electronic survey that sought to identify the types and location of work-related injuries that were experienced. More importantly, the survey sought to determine if the practice of occupational therapy as a distinct discipline, and if the Canadian practice context, had an impact on the nature of the injuries that were sustained. The respondents were also asked to suggest strategies to both mitigate and manage these injuries – from the perspectives of occupational therapists, university preparatory programs, and employers.

Indeed, the survey demonstrated that Canadian occupational therapists experience injuries that are specific to occupational therapy practice and to the Canadian context. Fifty six percent 55.7% of survey respondents indicated that they had at least one experience of work-related injury. Although many sustained musculoskeletal injuries, the causal factors are significantly different from those of physiotherapy and nursing. A vast majority (63.7%) of Canadian occupational therapists spend at least a part of their workday outside of an institutional setting, and their injuries are often related to the realities inherent in working alone and without immediate supports. As well, occupational therapists in Canada are at risk for acts of violence and threats due to their practice within mental health and in the many contexts in which they are responsible for determining eligibility for various benefits and entitlements.

The survey data confirms that Canadian occupational therapists are unique in both their practice patterns and that in turn, these patterns of clinical practice affect how and why injuries occur to occupational therapists. The goals of this Professional Issue Forum are to raise the awareness of the Canadian occupational therapy community about the unique risks inherent in the practice of occupational therapy and to seek to identify strategies to help mitigate the risk of workplace injuries as a professional group. However, as a health profession with relatively few members and limited resources, it is of benefit to learn from the experience of other health professions in their efforts to reduce workplace injuries as well as to seek to join with our healthcare colleagues to create safer workplaces for all health professionals.

Facilitators

Andrea Dyrkacz (is a member of University Health Network's Krembil Neurosciences Program, providing occupational therapy services primarily in Neurosurgical populations. She has worked in many and diverse clinical practice areas, and is extensively involved in providing interprofessional clinical education and acting as an investigator in a number of current research projects in areas such as nursing education, wound care, and neurosurgical oncology.

She has particularly enjoyed her participation in various projects related to the integration of internationally-educated occupational therapists into Canadian practice.

Janet Craik holds a Bachelor of Science degree in occupational therapy from Queen's University and a Master's degree in Rehabilitation Science from the University of Toronto. Janet has many years of experience in occupational therapy as a front line clinician, educator and manager. Her knowledge and expertise in project management and her research interests in knowledge translation and professional practice issues help her in her current role as the Director of Professional Practice for the Canadian Association of Occupational Therapists.

Panelists

Lonita Mak works as an occupational therapist in University Health Network's Hand Program at Toronto Western Hospital. She has been a Certified Hand Therapist since 1998, and maintains an appointment at the University of Toronto's Faculty of Occupational Science and Occupational Therapy, where she is actively involved in clinical teaching related to splinting, hand therapy, and upper extremity structure and function. She has a particular interest in research that answers questions related to improving the practice of occupational therapy across clinical contexts.

Michael Brennan, is CAOT's Chief Operating Officer, and holds a Master's degree in Business Administration. Michael has over 20 years of experience in Business Operations both in the private and public sectors, holding portfolios in excess of 100 million dollars. His expertise rests in management solutions inclusive of International Continuous Improvement, a Black Belt and Six Sigma purist with a proven track record of success related to business growth. Mike is a "change agent" that has joined the Canadian Association of Occupational Therapists in order to lead the success of the strategies related to the profession.

Althea Stewart-Pyne is the Program Manager of the Healthy Work Environment, of the Registered Nurses Association of Ontario's International Affairs and Best Practice Guidelines Centre. She has over 20 years of experience in nursing practice and management in health care. Her career reflects a focus on leadership, women's and children's health and project management. As a Master's prepared Registered Nurse in health administration Althea utilizes her experience in nursing leadership, administration and practice to manage the multi-phases of guideline development. She is currently facilitating the development process for the Healthy Work Environment, Best Practice Guideline, and Interprofessional Teamwork in Healthcare. Althea is very committed to improving the work environment of nurses through knowledge translation, mentorship and interprofessional collaboration via the Best Practice Guidelines. The Healthy Work Environment guidelines include a guideline that provides recommendations regarding Preventing and Managing Violence in the Workplace.

Summary of Issues Raised During Panel Presentations

Andrea Dyrkacz and Lonita Mak

Work-related injuries in occupational therapy – causes, prevalence and impact on practice

Andrea and Lonita presented the results of the first national study of work-related injuries in occupational therapy across practice contexts. Their study, undertaken in 2009, surveyed CAOT members to determine how we compare to other healthcare disciplines in our patterns of and responses to injury, and how we as Canadian occupational therapists are different.

A total of 600 completed surveys were received and the respondents were representative of CAOT members as reflected in that year's membership demographic characteristics. Fifty six percent of those responding reported at least one episode of work-related injury. The majority sustained musculoskeletal injuries, often attributed to patient-handling activities. This finding is also seen in our comparator professions, physiotherapy and nursing, upon review of the current literature. However, there were real differences in other factors leading to injuries that are specific to the profession of occupational therapy and our practice in Canada.

The first difference is in the equipment we use and the types of injuries related to this equipment. Occupational therapists sustained injuries due to lifting, carrying and setting up equipment for clinical interventions. As 63.7% of Canadian occupational therapists work outside of an institution for at least part of their work day, they are often responsible for lifting and carrying supplies to various external settings as well as setting-up such equipment that is often heavy, awkward and complex. Therapists also reported a significant number of computer-related injuries – typing reports on the go visiting community patients, or using shared workstations and peripherals that are not ergonomically appropriate to their needs. Of course, occupational therapists sustained injuries that were directly attributable to splinting activities and wheelchairs set up or management.

Transportation or mobility-related injuries were also reported by survey respondents, again because so many Canadian occupational therapists are now moving outside of strictly institutional care and providing services in diverse settings. The challenging Canadian climate, particularly the inclement weather, was a factor of slip, trip or fall, and of motor vehicle accident mentioned by many respondents.

Of note, were threats and acts of violence that were reported by occupational therapists, with 30.3% reporting credible threats of violence. This high rate may be explained by occupational therapists work in mental health in the provision of assessments tied to benefits and entitlements, and in situations where therapists are providing care in the community and may be alone and vulnerable. The survey also demonstrated the tendency of occupational therapists to minimize the extent of their injuries and diminish the reality of acts of violence and even sexual assault in their places of work.

When asked how to minimize work-related injuries in Canadian occupational therapy practice, survey respondents provided different responses according to whether or not they previously had sustained a work-related injury. The non-injured group advocated strongly for employer-sponsored educational opportunities related to risk management and patient handling, and

suggested that therapists take responsibility for their own health and well-being. The injured survey respondents were less clear about steps that could be taken to mitigate risks by either employers or individual clinician. For both injured and non-injured survey respondents however, there was resounding unanimity in the need for quantitative and qualitative improvement in the patient-handling education received at the pre-professional university level.

This survey leads us to consider:

- How are we responding to workplace injury prevention as occupational therapists, educators and employers?
- How are our professional organizations supporting us in ensuring that we are safe from injury, violence and harassment in our workplaces?

Michael Brennan

Due diligence; workplace safety 2012

Michael, as Chief Operating Officer of CAOT spoke about the responsibilities of both employers and employees in ensuring a safe workplace.

The Occupational Health and Safety Act (1979), is the legislation that protects workers against health and safety hazards in the workplace across Canada. It sets out the rights and responsibilities for all parties in the workplace and stipulates legal enforcement of the Act. Foundational to the Act is the principle of the Internal Responsibility System. This presupposes that both workers and employers are in the best position to identify health and safety problems and to develop solutions, and that this is a shared responsibility. Other Provincial and Municipal legislations exist, such as the Ontario Building Code, W.H.M.I.S. and Workers Compensation and Insurance Acts support the Occupational Health and Safety Act (O.H.S.A.).

Some of the most important responsibilities of the employer in the O.H.S.A. were highlighted, such as the Act's stipulation that "The equipment, materials and protective devices are provided by the employer are maintained in good condition...[and] are used...[And that] an employer shall provide information, instruction and supervision to a worker to protect the health or safety of the worker." (Section 25)

Under the O.H.S.A, workers are obliged to work in compliance with the Act, to use or wear equipment, protective devices or clothing provided by the employer, and to report any absence or defect in the equipment or protective devices of which the worker is aware and which may endanger himself, herself or another worker to the employer or supervisor. (Section 28)

The concept of due diligence was also explored, requiring that an employer identifies all foreseeable risks, implements a health and safety system, and takes proactive measures. The key components of a due diligence systems are:

- Written policy and program
- Compliance
- Documented system
- Practices, procedures and controls
- Instruction and training
- Communication
- Time and resources
- Monitoring

It was stressed that due diligence cannot be introduced into the courts after the fact! It must be seen as an integral part of the behaviour, attitudes and culture in each workplace. As both employers and employees, occupational therapists in Canada were urged to become aware of the legislation that supports safe and healthy workplaces.

Althea Stewart-Pyne

International affairs and best practice guidelines: healthy/work environment, workplace health, safety and well-being

“A safe work environment free from danger is a basic element in providing quality health care.”

Althea presented an overview of the extensive work that the Registered Nurses of Ontario have undertaken to prepare a series of Best Practice Guidelines (BPGs) on topics of clinical importance and related to broader issues related to social and healthcare policy issues. One of the BPGs focuses on Healthy Work Environments, with the following objectives:

- To provide the best available evidences to support the creation of healthy work environments
- To support excellence in services
- To create an evidence-based practice culture
- To build learning communities

The RNAO BPGs target not only nurses, but the entire interdisciplinary team and students. Administrators, policy makers, professional organizations, educators, researchers and other stakeholders as appropriate are also seen as benefitting from the recommendations of the series of BPGs, especially those related to systems issues.

Of particular note are two RNAO Healthy Work Environment BPGs: i) Preventing and Managing Violence in the Workplace, and ii) Workplace Safety and Well-being of the Nurse.

i) The BPG on Violence came out of the recognition that in Ontario, the health/community care sector has the highest rate (34%) of lost time injuries due to violence in the workplace as compared with any other sector, with its consequent significant personal and organization costs. Three contributors to violence were outlined:

1. Patients/clients: factors that may lead to patient/client acts of violence or aggression range from feelings of powerlessness, frustration and vulnerability, a history (known or unknown) of violent behaviours, and medication side effects and substance abuse.
2. Co-workers: the emotional and physical effects of stress, fatigue, heavy workloads, burnout and exhaustion are well-recognized as contributors to horizontal violence in healthcare. However, the abuse of power and need to control often chaotic environments must also be acknowledged.
3. Environment: system issues such as the lack of organizational support and appropriate policies to deal with violence were noted as well as cultural factors endemic in healthcare. Purely environmental factors, such as poor lighting, time of day, the visibility of security personnel and the presence of drugs and alcohol were also identified as contributory factors of violence in healthcare settings. Adding to the potential for violence was isolated work with clients during treatment and the discharge of acutely physically and mentally ill patients from hospital without adequate supports. Finally, a lack of training in the managing of hostile or aggressive behaviours was noted.

ii) The Workplace Health BPG promoted the importance of fostering a climate and culture which supports the promotion of health, well-being and safety of nurses, but not only nurses – extending the notion of safe, healthy and sustainable healthcare environments across disciplines and contexts. This BPG includes recommendations not only to organizations employing nurses, but also advocates for research to improve understanding of the key factors contributing to healthy work environments and to help develop best practice indicators for healthy work environments. Educators were enjoined to include health, well-being and safety into the core curriculum of education programs. Finally, governmental and accrediting bodies are directed to enforce and evaluate the utilization of health and safety standards in healthcare organizations.

Suggestions were made to assist in effectively applying BPGs to the context of occupational therapy as a member of the interdisciplinary healthcare team – both as individual clinicians and as organizations representing and supporting occupational therapists. To support the use of the BPG, the following resources were offered, as well as an invitation to join in the work of the Registered Nurses Association of Ontario in creating safe, healthy and sustainable work environments for all healthcare providers:

- RNAO: www.rnao.ca
- Ontario Ministry of Labour: www.labour.gov.on.ca/english/hs/sawo/pubs/fs_workplaceviolence.php
- Canadian Nurses Association: www.cna-nurses.ca
- International Council of Nursing
- Position Statement “Abuse and Violence Against Nursing Personnel”: www.icn.ch/psviolence00.htm

Roundtable Discussion

Following the panel presentations and the question and answer period, the Forum participants formed a roundtable discussion group and addressed three specific and targeted questions. The questions and responses are as follows:

1. What opportunities does CAOT have to collaborate with other groups and/or initiatives to enhance workplace safety?

- Seek opportunities to collaborate with other professional associations.
- Involve CAOT Committee Chairs to create awareness of workplace safety issues.
- Connect with external groups to raise awareness of healthcare workplace injuries such as the G7, the Canadian Standards Association and other accrediting bodies.
- Form a Task Force to create resources to support the development of safer workplaces and a healthy and sustainable workforce.
- Explore opportunities to share resources that have already been created, such as the BPG developed by the Registered Nurses Association of Ontario.

2. What can be done to raise awareness about workplace health and safety among occupational therapists?

- Make occupational therapists aware of their rights and responsibilities.
- Provide links to resources outlining topics such as the essential competencies for managing safe work environments, etc.
- Provide educational materials on occupational health and safety regulations, recognizing hazards and risks, non-violent interventions with vulnerable populations, etc.
- Develop and publicize guidelines to create safe and healthy workplaces.
- Provide better fieldwork training to prepare students to practice safely across clinical contexts – an imperative!
- Reflect on how injuries in the workplace impact us as persons and as professionals.
- Engage in a reflective exercise at the end of every day - “What did I learn and what have I experienced?”
- Address compassion fatigue as an occupational issue.

3. What can be done to safeguard our practices to mitigate risk for occupational therapists and other employees?

- Ask continually: “What do I do to protect myself?” and “What opportunities are there to review workplace incidences?”
- Create web-based educational modules, toolkits to promote safe practice or awareness, a Wikimedia Commons-type site situated on the CAOT website or blogs to share resources such as policies and procedures and injury prevention measures with other occupational therapists across Canada and beyond.

- Use E-blasts to immediately raise the awareness of CAOT members when issues happen related to workplace safety.
- Educate - disseminate resources and information that is currently available to protect CAOT members.
- Create a safety task group.
- Engage in self-reflection.
- Provide E-tips related to safe practice.
- Share stories to show how injuries affect occupational therapist – using OT Now, web-based videos, or create a ‘Safety Corner’ column – everyday stories that focus on health and safety and risk management strategies.
- Develop a CAOT Position Statement to use to draw awareness to the issue of work-related injuries – particularly intended for pre-professional education.
- Create channels for open dialogue with employers to give feedback on risky situations or incidents that occur as part of regular workplace schedules.
- Help foster an organizational climate that allows open dialogue and solution-driven approaches to workplace safety.
- Collect data and evidences.
- Create a toolkit for occupational therapists – how to recognize, report, and address injuries, and how to check benefit packages.
- Develop a mental health first aid course.
- Learn how to effectively document for risk management purposes – “If something happens...What do I do?”
- Educate occupational therapists to be less selfless.
- Disseminate information to occupational therapists about workplace safety regulations.
- No organization is too small to have risk management structures in place!
- Use a ‘Read and Sign’ policy so all employees are informed of occupational health and safety regulations – increase accountability.
- Create tools to promote safety in sole practice and community practice.
- Develop and promote safe work place checklists.

Feedback from Forum Evaluations and Further Suggestions

Feedback from Forum evaluations (answered by 7 forum attendees)

| | Strongly agree 1 | 2 | 3 | 4 | Strongly disagree 5 |
|--|--|----------|----------|----------|--------------------------------|
| The Forum met my expectations. | 1 | 4 | 2 | 0 | 0 |
| The Forum was well-organized. | 3 | 1 | 2 | 0 | 0 |
| Presentations were relevant and informative. | 4 | 1 | 2 | 0 | 0 |
| Questions and participations were encouraged. | 3 | 2 | 2 | 0 | 0 |
| Will the information offered assist you in your practice? | 3 | 2 | 2 | 0 | 0 |
| What can CAOT do to advance workplace safety for occupational therapy practice? | Reference OHS Acts/jurisdiction; Essentials of labour code; What we need to know for self and clients <ul style="list-style-type: none"> • Design work – psychosocial aspects, • Organizational culture - evidence exists that employers involved in design or work and reduced injury incidence • CAOT – make transdisciplinary connections • Group discussion – raise awareness of safety measures and health maintenance in workplace • Culture change needs to happen; Managers talk about issue with staff on a regular basis to foster open communication • Gathering of checklists • Continue to raise focus of important issue using multiple strategies • Explore most effective approaches ranging from policy to stories; position statements | | | | |

Additional Comments

- Suggest: questions/comments after each presentation
- RNAO guidelines - very useful reference tools
- Thank you
- Limited QC CAOT members due to language issues

- Great work Andrea and group!!!
- Adjacent room was very noisy, too many photos being taken

Themes

Through the panel presentations and the round table discussion, a number of themes emerged:

1. That occupational therapists both as individuals and as a collective, professional community must become aware of the risks inherent in occupational therapy practice so that effective measures can be taken to mitigate risks.
2. That university preparatory programs have a fundamental role in preparing student occupational therapists to recognize risks in their work environments and to prepare them to be able to practice in ways that reduce the risk of injury. In particular, learning strategies to manage potential risky interactions and improved training in patient-handling skills.
3. That CAOT can lead the way in developing a platform for occupational therapists to share tools, stories, initiatives related to the creation of safer workplaces, and a column or ongoing feature in OT Now related to workplace safety. This may be accomplished through the use of Webinars, E-Blasts, a Wikimedia Commons-type information sharing portal on the CAOT website. The use of these media would allow disseminating information to raise awareness of the rights and responsibilities of occupational therapists as employees and as employers.
4. That there is need to develop a Position Statement on Workplace Safety in Occupational Therapy Practice in Canada. This would demonstrate that CAOT considers the safety of occupational therapists to be an important and ongoing issue. This theme was voiced particularly by members of the academic community who use CAOT Position Statements in the education of future clinicians.
5. That CAOT partners with other healthcare disciplines and their professional organizations to bring the need to create safe, healthy and sustainable workplaces to the fore, and to be able to effectively advocate to governmental bodies to enact legislation to support healthcare workplace safety.

Final Recommendations

There was a recognition that occupational therapists, like their other healthcare colleagues, tend to minimize the risks inherent in the provision of healthcare, and in turn, minimize the injuries, threats and acts of violence they experience in their working lives. It was strongly recommended that CAOT raise the awareness of occupational therapists about the risks inherent in occupational therapy practice, provide tools to share information and resources, create a Position Statement to inform practice and finally, join with other health professions to advocate for safe, healthy and sustainable workplaces. To do this in a timely, effective, and

coordinated manner, it is recommended that CAOT create a taskforce or working group to develop and implement policies, tools and resources to create and sustain change.

Acknowledgement: A special thanks to Karyne Lapensee, student occupational therapists on fieldwork placement at CAOT, for her work in organizing and introducing this Professional Issue Forum.

(Nos excuses. Les ressources ne sont pas disponibles présentement pour traduction.)