



## Health and safety training for long-term care: needs through the eyes of front line staff and employers

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## **Rationale for change**



High levels of workplace injuries have significant health and economic consequences for employers/staff

Lack of comprehensive OH&S training specific to LTC Need to provide OH&S training/resources to: - Reduce staff injuries - Enhance client care





- 1. Determine presence and prevalence of existing OH&S training opportunities
- 2. Determine which existing programs can be adapted for use by SafeCare BC
- 3. Initiate partnerships with existing organizations to implement existing programs
- 4. Identify gaps where programming needs to be adapted and/or developed
- 5. Confirm current type/mode of delivery of OH&S training required to support staff



# The approach



#### Stakeholder consultation

• Input from the sector drove the process

#### **Literature Review**

• Examined what practices/procedures currently exist and are relevant and transferrable to BC's LTC sector

#### **Environmental Scan**

• Provided a general overview of OH&S training programs, curriculum, and resources developed to support BC's LTC sector

#### Front line and employer consultation

• Surveys and interviews conducted to understand training needs and priorities specific to the LTC sector in BC







Safe patient handling and MusculoskeletalInfectious diseasesViolence and dementiaBullying and harassment	Occupational Health and Safety Training Priorities for Long-term care				
injuries	handling and Musculoskeletal	Infectious diseases			



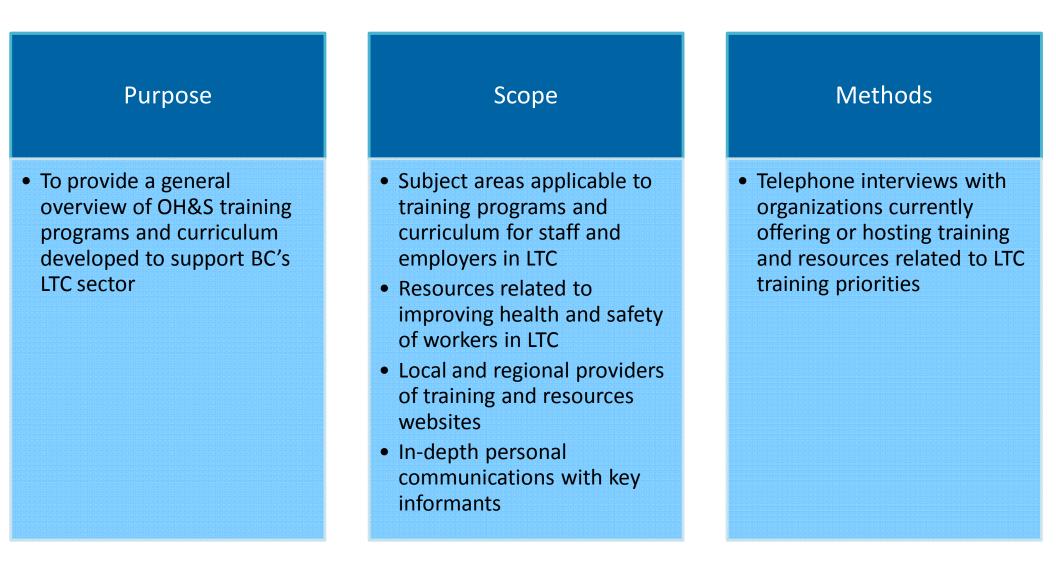
## Literature review topics

















- Training designed for LTC in BC
- Training available for LTC but not specifically tailored
- Relevant resources
- Cost of training
- Availability of training
- Availability of trainers in BC
- Adaptations needed to meet LTC requirements
- Partnership opportunities between training providers and SafeCare BC







- WorkSafeBC
- HEU
- HEABC
- BCGEU
- BCNU
- Continuing Care Safety Association (Alberta)
- Vancouver Coastal, Workplace Health
- Provincial Occupational Health and Safety Supervision Project
- Alzheimer Society of BC
- Provincial Violence Prevention Curriculum Project Manager (retired)



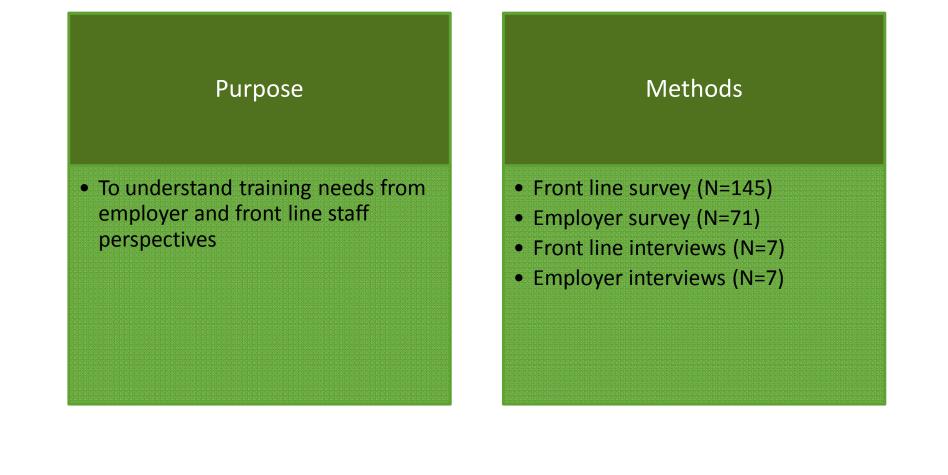


Training topic	Source
Joint Occupational Health and Safety Committees	<ul> <li>Joint Occupational Health and Safety Committee, BCGEU</li> <li>Joint Work Site Health and Safety Committee, CCSA</li> </ul>
Safe Patient Handling/MSI	<ul> <li>Provincial Safe Resident Handling Standards (2011)</li> <li>Point of Care Assessment, Vancouver Coastal</li> </ul>
Violence Prevention	<ul> <li>Provincial Violence Prevention Curriculum, HEABC</li> </ul>
Dementia	<ul> <li>Working with people with Alzheimer's Disease and other Dementia, Alzheimer's Society &amp; WorkSafeBC</li> </ul>
Bullying and Harassment	•WorkSafeBC online Toolkit
Management and Supervisors	<ul> <li>Role of Health Care Supervisors, Health Care Safety</li> <li>Professionals Association of BC</li> </ul>



## **Overview:** Front-line Staff and Employer Survey & Interview Findings







## About the participants



#### About the front line staff

- 66% from Vancouver and lower mainland, 20% Vancouver Island, 14% Interior, 4% Northern BC
- Care Aides (43%), LPNs (13%) and RNs/RPNs (12%)
- 47% worked at large facility, 40% at medium sites
- One third sit on JOHSC

#### About the employers

- 73% represent large sites, 25% represent medium
- 90% from care facilities in Vancouver/ lower mainland, 25% Vancouver Island, 17% Interior and 1% Northern BC



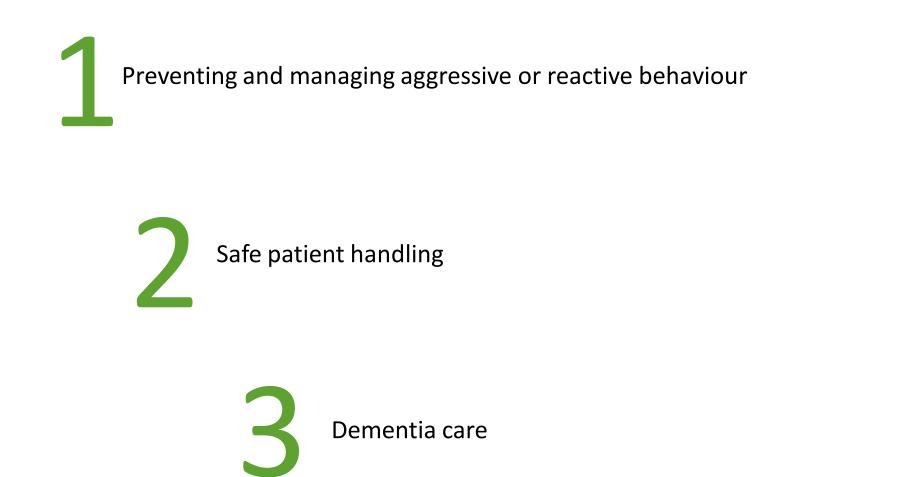
# **Current state highlights**



- Majority of OH&S conducted during orientation
  - Time and financial constraints present the greatest barriers to ongoing training
- 60% of employers report having a corporate OH&S training program
  - Mostly focused on new hires and in-service programs
- Available in-house training focuses on:
  - Orientation of new workers
  - Bullying and harassment
  - Safe patient handling
  - Preventing and managing aggressive or reactive behaviour
  - Preventing exposure to infectious disease
  - Dementia care











"I want to stress the urgency of training for all staff from housekeepers to nurses in dealing with aggressive reactive behaviour and dementia care, due to the increase risks I have seen in the workplace."

-Registered nurse

"There are two main ways SafeCare BC can help us: to prevent MSI injuries and prevent injuries from aggressive residents. - Employer









**Success factors: location and method** 



- On-site in own facility, followed by off-site within the region
  - Online learning a distant third choice by front line staff yet a preference of employers due to cost
- Practical hands-on training relevant to facilities and to residents
  - Particularly important for aggression/violence and MSI prevention
- Small group learning with colleagues, and multidisciplinary where possible

*"We respond better...to hands-on, in-person training. Keep it relevant to our line of work for increased participation."* 

-Front line worker



**Success factors: location and method** 



- Consideration of the demographics of staff
- Repeated training to allow for shift schedules and time to practice
- Inclusion of a 'test' of knowledge (cited by employers)
- Receipt of a certificate of completion

"I believe courses with very specific goals/objectives and learning outcomes that can be applied immediately in practice are the most effective."

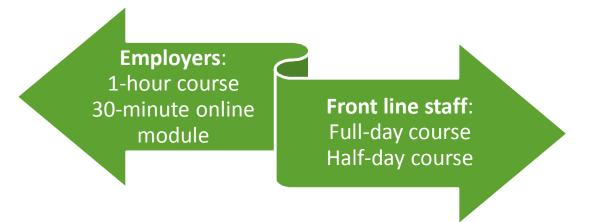
-Front line worker



# **Success factors: duration**



• Employers and front line staff express differing preferences





## Success factors: train-the-trainer



- A sustainable training method
- Employers
  - One third have an established TTT model
  - 57% are in support of the approach but do not have the capacity to implement
- Front line staff
  - One third would enjoy the opportunity and are comfortable sharing knowledge with colleagues







- Employers and front line staff say training will be credible if provided by:
  - A local or provincial body, such as the Alzheimer's Society or WorkSafeBC
  - A college
  - An industry expert, such as a SafeCare BC trainer
  - A health authority representative
- Need for a balance between standardized training and training offered in a way that resonates with front line staff within individual facilities
- Trainers must have experience in LTC





Offer flexible scheduling

Visit facilities

Use interactive learning (case studies)

Use experienced trainers

*Come to our facilities so we can learn on our equipment* 

Focus on training that directly addresses the highest injury and risk areas in LTC

Offer training throughout BC

**Provide consistent messaging** 



## **Barriers: employers - cost**







## **Barriers: front line staff**



- Client care taking precedence
- Lack of awareness of training
- Not getting paid to attend training
- No staff to cover their shifts
- Travel when training not offered on site or locally

## **Barriers: technology**

- Computers may be *available* for front line staff to use to support learning opportunities but not *practical for use*
- Significant limitations to using the technology:
  - Very limited Flash capability
  - Out-dated operating systems
  - Limited internet connectivity
  - Limited video conferencing
  - Lack of work email address
  - Limited telephone access near computers











- 90% of staff do not have access to social media at work
- Staff concerns regarding blurring work and personal lives
- Very few staff use twitter and LinkedIn
- Employer policies prohibit using social media during work time





# **Key themes**



• Four key topics central to OH&S in LTC in BC:



- Dementia care strongly linked to violence prevention
- A gap exists in training geared toward management and supervisors in LTC. The most significant need is in creating a culture of safety
- JOHSC found to lead to safer workplaces and lower injury rates
  - There is a willingness among Committees, unions, provincial bodies and employers for collaboration to deliver OH&S training
- Barriers to training include: time, accessibility, cost, staff motivation and marketing (awareness)







- OH&S training should be:
  - Mandatory
  - Offered annually for re-training
  - Provided for managers and supervisors as well as front line staff
  - Based on adult learning principles
  - Interactive , hands-on and practical
  - Specific to the needs of their facility and residents
  - On-site in their own facility, followed by off-site within the region
  - Provided in small group setting with (multidisciplinary) colleagues
  - Repeated to allow for shift schedules and time to practice



# **Conclusion: this needs assessment** has ...



- Determined the presence and prevalence of existing health and safety training opportunities that can be implemented by SafeCare BC
- Outlined where existing programs can be adapted for use by SafeCare BC
- Explored opportunities to build partnerships with existing organizations
- Identified gaps where programming needs to be adapted and/or developed
- Confirmed the current type and mode of delivery of occupational health and safety training
- Identified safety training, from both the front line worker and employer perspectives that will support staff in the long-term care sector





## **Questions?**

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