



Capital Health

*Healthy People, Healthy Communities*

# *Working Safe in the Community*

**A Guide for Capital Health employees who work in community locations, client's private residence and private vehicles**

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## **Section I**

### **INTRODUCTION**

Many Capital Health employees work in isolated areas, in their private vehicles and in client's private residences. Providing health services in the community presents unique challenges for the caregivers with respect to personal safety. These settings are unique in that:

1. Employees in clients' homes are isolated from co-workers; working in unfamiliar surroundings, working in the presence of unfamiliar family members or neighbours, working where there is no immediate support for emergency situations, working where there may be contact with pets and other wildlife; working where there is an increased risk of encountering individuals who are under the influence of drugs or alcohol, and/or individuals who are confused, disoriented, incompetent or abusive, and working where the physical conditions may be unsafe or unsanitary.
2. Employees must travel outside of daylight hours and in all types of weather conditions.
3. Employees work in offices that are located in business malls or community centres that are easily accessed by the public.
4. Employees are often required to work alone in isolated offices after regular business hours.

This booklet was developed to give an insight into some of those safety challenges and provide some guidelines to assist employees with personal protection and to provide a tool to assist managers with the development of *Safe Work Practices* that are specific to their work group.

This booklet will address safety concerns with respect to .....

*Safety* in your vehicle  
*Safety* in your community based office  
*Safety* in your client's home  
*Safety* around animals

Capital Health has Administrative Policies that will support information provided in the booklet. It is recommended that you ask your manager for a copy of these policies and become familiar with their content. The policies can also be found on the Capital Health Intranet at <http://chdintracdhanshealth.ca/policies/results.cfm>. If you need any assistance interpreting the policies, contact your district Safety Officer for assistance.

CH 80-035 Statement of Accountability  
CH 80-021 Accident Prevention and Reporting Workplace Incidents  
CH 80-020 WHMIS  
CH 80-025 Fire Safety  
CH 80-023 First-Aid  
CH 80-045 Refusal to Work

All employees are responsible to assess their work environment on a regular basis and report all unsafe acts and conditions. When working in the community it is important to incorporate a hazard analysis before the beginning of each shift to identify potential sources of injury and take the necessary remedial steps. Your eyes and ears will be your best guide. This booklet can only provide you with some tips and techniques to help you process information and make a *best* judgment.

It is the responsibility of each service director and manager to develop *Safe Work Practices* and to develop the departmental policies and procedures that will guide employees when unsafe conditions occur.

For more information on **Hazard Analysis** refer to “***The Steps to Hazard/Risk Analysis in Occupational Health and Safety***” which can be obtained from Safety Programs.

All employees in the province of Nova Scotia have 3 fundamental rights under the Occupational Health & Safety legislation.

*Right to Know* All employees have the right to know about hazards in their workplace,  
They have the right to know about policies, procedures and safe work practices that are developed to protect workers, and  
They have the right to training and education.

*Right to Participate* All employees have the right to participate in safety related decisions. This right is exercised by selecting the peer that represents them on the Occupational Health & Safety Committee and/or Workplace Safety Team.

*Right to Refuse* All employees have the right to refuse work that they reasonably believe is hazardous to their health & safety.  
[Providing that the refusal does not cause direct harm to another person].

## **Section II**

### **DEFINITIONS**

<i>Abuse<sup>1</sup></i>	The intent, either by omission or action, of one individual to control the behaviour of another through actual or threatened physical violence, neglect, psychological abuse, material abuse or forced sexual activity. Underlying all abuse is a power imbalance between the victim and the offender.
<i>Abuse: Verbal</i>	Abusive or threatening language or behaviour. Includes swearing or gesturing.
<i>Abuse: Physical</i>	The non-accidental, willful infliction of physical pain or injury as slapping, pushing, kicking, punching, stabbing, shooting, biting, hair pulling, scratching, unnecessary use of physical restraints.
<i>Abuse: Psychological</i>	Behaviour intended to control, humiliate, intimidate, instill fear or diminish another person's sense of identity, dignity, or self worth. It can include threats of harm to the victim or the victim's children or family members, or a threat toward personal property or pets.
<i>Capital Health</i>	Capital District Health Authority
<i>Care Facility</i>	A hospital, clinic, office, etc. operated by Capital Health that is equipped to provide the service/care required by the <i>client</i> .
<i>Client</i>	Any person who is receiving a health care service provided by Capital Health.
<i>Community Worker</i>	A Capital Health employee whose regular place of work is not located within the Cobequid Community Health Centre or one of the eight hospitals as defined by the Hospital Authority Act and/or who regularly visits a client's place of residence or employment.
<i>Community Based Location</i>	A regular place of employment that is located in a business mall or community centre that is easily accessed by the public.
<i>Dependent Contractor</i>	A person who directly provides a service to Capital Health; who has an economic dependence on Capital Health; who has the appearance of a Capital Health employee by any reasonable person; and whose work is defined by Capital Health. ( <i>Example: Security</i> )
<i>Emergency Care Facility</i>	A facility that is equipped to provide immediate treatment of injuries and illnesses, AND that has a medical physician on duty, or on-call.
<i>Employee</i>	Any person who is employed by the Capital District Health Authority, including <i>Dependent Contractors</i> .

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<sup>1</sup> See Appendix A

<i>Family</i>	Persons with a close relationship to the client, usually but not always familial. These persons may assume an advocacy role for the client.
<i>Isolated Location</i>	A location that is likely to be primarily unoccupied, especially after regular business hours, a location that has only one method of access/egress, a location that is not adequately lit with exterior lighting, has little or no traffic pattern or one that calls for assistance would likely not be heard.
<i>Remote Location</i>	A place that requires more than 30 minutes of <i>surface travel time</i> , in one direction, to an <i>emergency care facility</i> that is open during the working hours of the worksite.
<i>Surface Travel Time</i>	The time required to transport an injured person, on a stretcher, from the place where the injury occurred, to an <i>emergency care facility</i> , by land or by water.
<i>Threat</i>	A perceived, communicated intent to inflict physical or other harm on a person or property.
<i>Violence</i>	means any of the following: (i) threats, including a threatening statement or threatening behaviour that gives an employee reasonable cause to believe that the employee is at risk of physical injury, (ii) conduct or attempted conduct of a person that endangers the physical health or physical safety of an employee. <b>Violence in the Workplace Regulations</b> made under Section 82 of the <i>Occupational Health and Safety Act</i> S.N.S. 1996, c. 70.I.C. 2007-200 (April 4, 2007, effective April 1, 2008*), N.S. Reg. 209/2007
<i>Visit</i>	A visit is a meeting with a <i>client</i> and/or the client's <i>family member(s)</i> , whether the meeting is for the purpose of discussion or the provision of care, and whether it takes place in the employee's office location or the <i>client's (family member's)</i> place of residence or employment.

### **Section III**

## **GENERAL PRINCIPLES AND GUIDELINES**

### **TYPES OF CLIENT VISITS**

- Planned office or clubhouse visit
- Unplanned office or clubhouse visit
- Planned home visit
- Emergency crisis intervention (office)
- Emergency crisis intervention (client's home)

In all types of visits, staff must be prepared for the unexpected. Even routine visits can become unpredictable.

### **GENERAL GUIDELINES**

1. *Risk Assessment* – Risk assessment is an on-going process. Prior to any visit a risk assessment of the client and the client's environment should be done.

If possible, read the client's file and look for any high risk indicators such as:

- a) Previous history of violence or abusive behaviour,
- b) History of self abusive behaviour,
- c) delusional behaviour,
- d) non-compliance with medications,
- e) history of substance abuse,
- f) known criminal record,
- g) previous attitude and behaviour of family members

Know the client's physical location and the condition of the property & residence.

Know of the existence of animals or wildlife.

If you are suspicious that there may be the potential for harm, consult with the referring source or with co-workers who may be more familiar with the client and the client's family.

If possible and practical, talk to the client before each visit. A telephone call may give you an indication of the client's mood, stability, sobriety or the presence of other person(s) who may present an obstacle to care.

2. *Location* – When making home visits be sure you know the proper directions and have a general idea of the area where you are going. If the area is known, or appears to be *isolated* or *remote*, take a cell phone with you.

3. *Clothing* – Dress professionally but appropriately. It is important to dress in a manner that promotes your safety.
4. *Valuables* – Leave valuables at home. If you must carry valuables, such as credit cards, lock them in the trunk of your car, or in your desk. NEVER leave your purse where it can be seen.

**Tips:**

- Expensive clothing can precipitate certain unacceptable behaviour;
- Jewelry can be used as weapons, either intentionally or unintentionally,
- Constrictive clothing can restrict movements,
- Inappropriate footwear can hinder safe movements.

## **Section IV**

### **VEHICLE SAFETY**

*If you are required to use your private vehicle to travel between workplaces, including a client's private residence, then your vehicle is considered to be your workplace while you are on Capital health business. You are obligated under the OH&S legislation to take all reasonable steps to ensure that your workplace is free from hazards.*

#### **Tips & Techniques**

- ◆ ALWAYS keep your vehicle in good repair.
- ◆ Make sure that your tires are suitable for the weather conditions.
- ◆ ALWAYS have plenty of fuel in your tank.
- ◆ Monitor the road conditions where you will be traveling. *Never assume that the road conditions in Sheet Harbour are the same as they are in Dartmouth.*
- ◆ Ensure that your clothing is suitable for the weather conditions.
- ◆ If you are a female, avoid visible articles that may indicate that you are traveling alone.
- ◆ If you are a female, avoid personalized license plates and vanity plates that indicate you are [likely] a female.
- ◆ Make sure that you have a minimum of a #1 First-Aid kit within easy reach in your car.
- ◆ Keep your doors locked at all times, whether in the car or not.
- ◆ If you believe you are being followed, do not go home. Drive to the nearest police or fire department.



- ◆ Establish a communication link with your office or family. If you do not have a cell phone, make sure that someone knows your schedule.
- ◆ *ALWAYS* carry coins for pay phones and bridge or highway tolls.
- ◆ Always avoid deserted roads where possible, even though it may be the shortest route.
- ◆ *NEVER* pick up hitchhikers.
- ◆ *NEVER* stop to ask directions from someone on the street. Plan your route before you go, or go to a well lit, busy gas station or convenience store.
- ◆ If you break down, use a cell phone or a “Call Police” sign to summons help. While waiting for assistance:
  - Keep the doors locked.
  - Sit on the passenger side so it appears that there is a driver nearby.
  - Stay in the car.
  - Talk to anyone who approaches through a partially opened window.
  - Never accept a ride from another motorist unless it is the last resort and safer than other options.
  - Stay in the car,

**Tip:**  
*Consider other survival items such as a blanket, a shovel, flashlight, jumper cables, beverage, cell phone.*

**Tip:**  
*A personal membership to an automobile club such as CAA or On-Star can be an invaluable source of assistance.*

## **Section V**

### ***PEDESTRIAN and PUBLIC TRANSIT SAFETY***

#### ***Tips & Techniques***

##### ***Public Transit***

- ◆ When riding on a public transit bus, always sit in the front near the driver or next to someone you trust.
- ◆ If you are a woman, sit next to other women.
- ◆ When riding in a taxi cab, always sit in the back seat and keep the door locked.
- ◆ *NEVER* hail a taxi on the street. Always call a reputable Taxi Company so that there is a record of the call.
- ◆ *NEVER* call for a taxi using a taxi driver’s cell phone number.

- ◆ ALWAYS use a taxi chit where possible. It is another way to record the fare.

### **Walking**

- ◆ ALWAYS walk in busy, well lit areas if possible even if it is not the shortest route.
- ◆ ALWAYS carry a flashlight at night.
- ◆ ALWAYS wear footwear that allows you to run safely if necessary.
- ◆ NEVER have your wallet, credit cards or other valuables in a handbag that hangs from your shoulder or that has a long strap.
- ◆ NEVER carry anything that can be used as a weapon against you.
- ◆ ALWAYS carry a calling card or lots of change for pay telephones.
- ◆ Know where the pay phones are in the area where you will be working.

**Tip:**  
*Consider a personal attack alarm & be prepared to use it.*

## **Section VI OFFICE SAFETY**

*When developing a community office that will provide a service to our customers, the planning phase is a critical component to providing the safest work environment possible. Where the office is located and how the office is laid out can influence the ability of employees to enhance their own safety. Regardless, there are things that employees can do to reduce the risk of injury and harm.*

### **GENERAL OFFICE AREAS**

#### **Tips & Techniques**

- ◆ Ensure public entrances and waiting areas are visible to reception desks. Do not block the receptionist's vision with planters or furniture.
- ◆ Consider a device that alerts the receptionist whenever the door is opened.
- ◆ Arrange entrances so that customers and other non-authorized persons cannot proceed to other areas without passing a reception desk.
- ◆ Restrict persons' ability to freely travel throughout the building. This can be accomplished with policy and deterrents such as furniture arrangement.

## **PRIVATE OFFICES**

### **Tips & Techniques**

- ◆ Arrange your office furniture so that clients & unfamiliar visitors are not seated between you and your exit.
- ◆ Stand up when clients and unfamiliar visitors enter your office. Wait for them to be seated *before* sitting down. This allows you the advantage if things appear uncomfortable and you want to make a hasty exit.
- ◆ Ensure that a receptionist or co-worker knows when you have a client or unfamiliar visitor in your office.
- ◆ Have an emergency signaling procedure in your office.
- ◆ Do not openly display items that can be used as weapons against you.
- ◆ Keep valuables locked from view.
- ◆ Do not display items that identify where you live or where your children attend school or activities. Be mindful of what can be observed in photographs.
- ◆ Avoid the use of extension cords. Where extension cords cannot be avoided, use power bars and position the cords to prevent tripping hazards.
- ◆ Avoid the collection of combustible materials. Store files and papers in file cabinets.
- ◆ Avoid clutter.
- ◆ Ensure that you have adequate lighting for the tasks.

## **Section VII**

### **WORKING IN CLIENT'S RESIDENCES**

#### **Tips & Techniques**

*Working in a client's home will present very unique challenges. A private residence is normally exempt from the Occupational Health & Safety regulations, however it is considered your workplace while you are making a home visit and your employer is obligated to take all reasonable steps to ensure it is a healthy and safe environment. It is also important for employees to understand that since Capital Health does not have the same degree of control over private property and residences, what is considered reasonable may differ from what is considered reasonable in a Capital Health facility. A home visit normally refers to a client's place of residence but may also refer to the client's place of employment.*

*Before entering a client's home for the first time, a complete hazard assessment must be completed. Potential clients must have a clear understanding of their responsibilities with respect to worker safety before the service begins.*

*These are general precautions and guidelines and do not preclude specific procedures and protocols developed by your Program Manager.*

### **CLIENT RESPONSIBILITIES**

A client who receives care in their own private dwelling, and their family members, are responsible to provide a healthy & safe work environment for community workers to the *extent of their ability*. Failure of the client to meet this obligation could result in consequences.

- ◆ Ensure all outside pets and animals are secured (in pens, in buildings or on leashes).
- ◆ Ensure all inside pets are kept in a room other than where the care giver will be working.
- ◆ Ensure that there is no smoking while the caregiver is in the residence.
- ◆ Ensure that all hazardous chemicals are stored in proper containers, away from heat sources and in a room other than where the caregiver will be providing services.
- ◆ Ensure that walkways, stairways and entrances are structurally in good condition and reasonably free from ice and snow in winter.
- ◆ Ensure that no offensive scents are used for 12 hours prior to the caregiver's visit, if possible.
- ◆ Ensure that all firearms are unloaded, in a locked cabinet in a separate room from where care will be administered **and** all ammunition is stored in a separate location.
- ◆ Inform the caregiver of any other hazards that may exist, such as faulty appliances; potentially abusive individuals.

### **THE HOME VISIT**

#### ***Tips & Techniques***

- ◆ Gather as much information as possible before making the home visit,
- ◆ Park you vehicle in a well lit area close to where you will exit the premises,
- ◆ Lock you doors and leave valuables in the trunk,
- ◆ Park on the street if possible, so you won't get blocked in the driveway,
- ◆ If you park in a driveway, back in and take care not to leave room for another vehicle to park in front of you,
- ◆ Determine if there are any animals that may approach you while entering or exiting the premises (*refer to the section on animals*).
- ◆ Make a general, visual inspection. Note the condition of the driveway, walkway, steps and entrance. Exercise caution to avoid slips, trips and falls.

- ◆ If you use an elevator, stand at the front of the elevator. Do not get on an elevator with someone who looks suspicious or threatening.
- ◆ When inside the client's residence, provide your care in a location that is nearest to your exit if possible.
- ◆ If possible, avoid meeting or providing care in a kitchen, workshop or other room that contains implements that can be used as weapons.
- ◆ Know where your exits are in case of **FIRE**
  - If a fire should occur in a client's home during your visit, evacuate the residence as quickly as possible, while providing as much assistance to the occupants as possible.
  - **NEVER** jeopardize your own safety and
  - **NEVER** re-enter a burning house.
  - Go to the nearest house/phone and call **9-1-1**
- ◆ Do not use or attempt to repair equipment or appliances in a client's home that appear unsafe or are damaged.
- ◆ Always conduct a visual inspection during each and every visit. Exercise due caution while working around any unsafe conditions. Report all unsafe conditions to your supervisor as soon as possible.
- ◆ Avoid areas where harmful chemicals and substances are used and stored. If you are unable to avoid these areas, ensure that you have an inventory of the products and are familiar with the appropriate precautions and personal protective equipment required to protect your health & safety. Refer to the product labels and MSDS

**Tip: If you must remove your footwear in a client's home, consider carrying an extra pair with you to wear while you are making the visit. Footwear will provide additional safety to you in the event you have to leave the residence quickly.**

- ◆ When leaving the client's home:
  - Observe the entrance for loiterers
  - Avoid exits that lead to poorly lit areas and areas that are obscured by shrubs and trees
  - Have your keys in your hand as a means of protection
  - Visually check your car as you approach for signs of forced entry, and check the back seat *before* you unlock the door.

**Tip: If you suspect you are being followed:  
While walking – cross the street and/or go to the nearest business.  
While driving – Pull into the nearest gas station, police station, fire station or busy convenience store.**

## **Section VIII ANIMALS**

- » When you approach a client's home, make a noise that will alert a tethered animal to your presence
- » If you notice an unrestrained dog or other large animal, leave the premises immediately  
Go to the nearest telephone, call the client and request that the animal be secured before you return to the residence.
- » If you are approached by an unrestrained dog, or other animal, exercise caution. Even pets that appear friendly can suddenly attack.
- » Stay calm. Do not make sudden moves. Speak in a calm, even tone. Give "*Sit*" or "*Stay*" commands in a soft but firm tone. Many pets will respond to these commands.
- » Do not look animals directly in the eye. Some animals perceive this as a threat to their safety.
- » Crouch to reduce your body size. This may help the animal to feel less threatened and to relax.
- » If you feel threatened, walk in a confident manner to an area of refuge. Do not run.
- » If you are attacked:
  - Throw stones or other objects that are in easy reach,
  - Use a briefcase or other object that you are carrying as an offering to the animal. Do not let go of the object. The animal will realize that it is not you and attack again.
  - Strike the animal only as a last resort
  - Never try to kick a dog
  - If you are knocked to the ground:
    - Remain motionless in a fetal position and protect your face.
    - Get medical attention if necessary
    - Report the incident to your supervisor and 473-SAFE as soon as possible.

## **Section IX**

### **RESPONDING TO WORKPLACE VIOLENCE**

#### **Tips & Techniques**

#### **VERBAL ABUSIVE BEHAVIOUR**

If a client becomes verbally abusive:

- » **Remain calm**
- » **Set Limits** – Calmly explain the behaviour and why it is unacceptable. Explain that if they act in a reasonable manner that you will continue with the care, the telephone call or the meeting. However, if the unacceptable behaviour continues, you will terminate the care, call or meeting.
- » **Enforce Limits** - If the client continues the behaviour and releases a sudden burst of energy in a verbal manner (tantrum), allow them to vent, if it is safe, and wait until they have expended sufficient energy to have the ability to understand you and then enforce the limits that you have set. Leave the home, hang up the phone, or leave the meeting.
- » If the client refuses to leave your office and continues to be verbally abusive, set another limit. Explain to the client that the meeting is over and that they must leave. Explain that if they leave on their own, they can call and reschedule the meeting for another time, otherwise you will be forced to call the police to have them removed. If the client still refuses to leave, enforce your limit by calling 9-1-1.

**Tip: In all instances, the client must be given choices and consequences for the choice they make. Always state the positive first.**

**Threats** – Threats are a form of control and intimidation. They should always be taken seriously. Statements that cause you to fear for your safety, or the safety of other individuals or property may be **direct threats** such as:

*“I will kill you”.*

*“I will be waiting for you when you get off work”.*

*“I will burn this place down”.*

Or, they may be **indirect threats** such as:

*“I know where you live”.*

*“Your daughter goes to Anywhere School doesn’t she?”*

*“You drive a 2004, green Volvo, don’t you?”*

**Note: These statements must be taken in context with the visit. They may be harmless parts of conversation. However if they are made while the client, or visitor is exhibiting crisis behaviour, they could be intended to intimidate.**

If you are being threatened or intimidated:

1. terminate the visit or meeting immediately,
2. notify your immediate supervisor
3. notify 473-SAFE, and
4. notify 9-1-1

***OBSCENE, HARASSING OR THREATENING PHONE CALLS, VOICE MAIL MESSAGES, E-MAIL, OR REGULAR MAIL***

***Telephone Calls***

Do not speak or attempt to reason with the caller. Hang up immediately. Document the call and exactly what the caller said. Identify the caller if known. Include the exact date and time of the call and descriptives such as tone, cadence and volume.

***Voice Mail Messages***

Transcribe the message word-for-word. Note the exact date and time. Identify the caller if known. Also note the tone, cadence and volume of the speech. **DO NOT** delete the message from your mail box. If necessary the message can be forwarded to your manager if further investigation is required.

***E-Mail***

**DO NOT** reply to the e-mail. Print a copy of the message but **DO NOT** delete the message from your inbox. If necessary, ITS will be able to trace the origin of the message.

***Regular Mail***

**DO NOT** destroy the letter, mail contents, or envelope or package wrapping. Note the method of delivery, if known, e.g. Canada Post, Courier, etc. Do not handle the paper any more than necessary. If possible put it in a plastic bag.



**In all cases, notify your immediate supervisor and 473-SAFE as soon as possible. Your supervisor will determine if further investigation is required.**

## ***PHYSICAL CONFRONTATIONS***

### ***Before the Visit***

The most effective protection is to avoid situations when physical confrontation is likely. If it necessary to meet with the individual when there is a high risk of physical confrontation, advise your supervisor. Your supervisor, in consultation with the Program Director should assess the circumstances and determine if the visit will be made.

If the supervisor and/or Program Director determines that the visit will be made, and you reasonably believe that there is a risk to your safety, you may exercise your *Right to Refuse*. If you chose to exercise this right, refer to the steps in policy CH 80-XXX.

The Program Director should have procedures and protocols in place that will address the consequences and ramifications if the visit is not made.

### ***During the Visit***

If a client, or family member becomes physically aggressive during a visit, immediately

1. Exit the area, room or office and proceed to a place of refuge.
2. Get medical attention if necessary
3. Contact 9-1-1
4. Contact your supervisor
5. Contact 473-SAFE

### ***Armed Assailants***

These guidelines apply to weapons of any kind and include weapons that are concealed.

**Office** – If you are threatened by an armed assailant in your office:

1. Do not attempt to disarm the assailant
2. Remain calm. For your safety and the safety of others, it is usually advisable to cooperate with the assailant.
3. If possible, signal a co-worker to call police (refer to the Communications section).

4. DO NOT make promises that you do not have the authority to deliver on. Instead use phrases like, *“I don’t have the authority to give you that, but I could contact my supervisor if you like.”*
5. Do NOT make statements that the assailant can interpret as threatening or condescending.
6. When the situation has ended, notify you supervisor and 473-Safe immediately. The Program Director, in conjunction with Legal Services will determine if there will be formal charges against the offender – usually within 24 hours. They will also determine if it is appropriate to contact the RCMP even if there are no formal charges.

**Client’s Residence** – If a client becomes physically aggressive during a home visit:

1. Leave the premises immediately and proceed to a place of refuge,
2. Get medical attention if necessary
3. Notify your immediate supervisor
4. Notify 473-SAFE

### **Armed Assailants**

These guidelines apply to weapons of any kind and include weapons that are concealed. In the province of Nova Scotia firearms are required to be rendered inoperable and/or stored in a locked cabinet, separate from the ammunition. Capital Health policy requires that firearms be inoperable AND locked in a cabinet, separate from the ammunition.

If you are threatened with a firearm in a client’s home, or any other implement that is intended as a weapon:

1. Leave the premises immediately, if safe to do so, otherwise
2. Do not attempt to disarm the assailant
3. Remain calm. For your safety and the safety of others, it is usually advisable to cooperate with the assailant. When someone from your office attempts to contact you, they should be alerted that there is possibly a situation. (refer to the Communications section).
4. If possible, signal someone to call police
5. DO NOT make promises that you do not have the authority to deliver on. Instead use phrases like, *“I don’t have the authority to give you that, but I could contact my supervisor if you like.”*

6. Do NOT make statements that the assailant can interpret as threatening or condescending.
7. Using a calm and soft voice attempt to offer assistance and diffuse the situation.
8. When the situation has ended, notify you supervisor and 473-Safe immediately. The Program Director, in conjunction with Legal Services will determine if there will be formal charges against the offender – usually within 24 hours. They will also determine if it is appropriate to contact the RCMP even if there are no formal charges.

**Tips: In all cases, protect yourself using established Personal Safety Techniques.**

### ***INVESTIGATION OF ABUSIVE BEHAVIOUR***

The Program Director will consult with the employee, the Human Resources Accident Prevention Office, and the respective district Safety officer to discuss the course of action.

Depending on the individual circumstances and the severity of the abusive behaviour, the Program Director will consult the Family or Referring Physician, other service providers, Legal Services, and where appropriate, the police department to determine the future care plan for the client.

## ***Section X COMMUNICATIONS***

### ***Tips & Techniques***

#### ***Office Visits***

- » Ensure that a receptionist, secretary or co-worker knows when you will have a client in your office, especially if you are concerned about the meeting.
- » Establish a signaling procedure so that you can alert a co-worker to any signs of trouble
- » Arrange for a co-worker to call your office at specific intervals to ask if everything is alright.
- » Ensure that procedures are well communicated to everyone in your office.

#### ***Home Visits***

- » Ensure someone in your office knows the location of your visit and the expected length of stay, *before* leaving for the visit.
- » Always leave a telephone number where you will be (if possible).
- » Notify someone in your office when you have left a client's home, especially if you had concerns about the visit.
- » Arrange for a co-worker to call you if you have not reported in by a specific time.
- » If you have concerns prior to the visit, advise your supervisor. Your supervisor may arrange for another co-worker to accompany you.

**Note: In all cases be sure you are familiar with departmental procedures and protocols.**

### ***Employee Services***

Following any incident of abusive behaviour, the supervisor will arrange for Critical Incident Stress Management (CISM), where appropriate. The supervisor will also assess the need for a referral to the Employee Assistance Program (EAP). Employees may also contact the EAP providers without a referral by calling 1-800-461-5558.

### ***Section XI*** ***EDUCATION AND TRAINING***

Supervisors and Managers are responsible to ensure that employees receive the education and training that is required to work safely with hazards in the workplace.

Safety Programs offers several safety related programs including:

- Non-Violent Crisis Intervention®
- Hazard Identification and Classification
- Workplace Inspections
- Fire Safety and Emergency Fire Procedures
- General Safety and Accident Prevention
- Workplace Hazardous Material Information System (WHMIS)

For more information regarding specific training, consult with your district Safety Officer or the Safety Programs web site on the Capital Health Intranet.

**Note: Community Mental Health employees contact Mental Health Education Services at 464-3351.**

## *Appendix A*

The Canadian Council of Health Services Accreditation defines abuse in its 1997 standards as the intent of one individual to control the behaviour of another through:

Physical Abuse: actual or threatened violence

Psychological Abuse: psychological threats, including verbal threats.

Sexual Harassment and/or Abuse: Unwanted sexual activity.

Abuse occurs in many forms between individual patients, clients, health care providers and families. Abuse in the health sector is widespread, and literature suggests that it frequently goes unreported.

While abuse may never be totally eliminated, it is our intent to focus on the prevention of abuse in Capital Health by:

- Increasing awareness of issues involving abuse through orientation and education;
- Providing procedures for reporting, investigating and following up on incidents of abuse; and
- Providing support to individuals who may have been abused.

## *Appendix B*

### *References*

1. *Crisis Prevention Institute*
2. *N. S. Department of Health, Occupational Health & Safety Program*
3. *Canadian Council of Health Services Accreditation*
4. *Occupational Health & Safety Act*
5. *Firearms Act*
6. *Violence in the Workplace Regulations*