Physical Safety

SafeCare BC

Leaders Health and Safety Forum — Connecting people and ideas

Challenges/Barriers	Solutions
Lack of resources, time, and funding	• Utilize grants • Fundraising when possible • Leverage what other organizations are doing; don't need to re-invent the wheel (uses less resources)
Staffing – fatigue, burnout, turnover	• Building a just culture with autonomy, empowering staff to make safe decisions • Continued hiring, recruitment, retention
Lack of education / training	• Subject Matter Expert /safety coaches • Comprehensive orientation and re-orientation • Ongoing, consistent health and safety training
Lack of strong supervision	• Building accountability
Physical factors: wet floors, cords, clutter, rolling chairs	• Complete assessments and commit to timely solutions (leadership)
Lack of safety awareness	• Regular safety audits, with staff involvement • Safety huddles
Improper body mechanics	• Right tools, budget for them • Encourage regular breaks
Ineffective communication channels	• Weekly huddles, ongoing – not one and done • Safety dashboard – identifies what is done well and what gaps are • Encourage timely documenting through training and awareness campaigns • JOHSC suggestion box • Purple dot system, email communications, suggestion boxes
Resident to staff ratios; resident acuity and fit for care home	• Nursing leaders to conduct site visits to acute care prior to admission to determine fit and screen for violence to confirm if home can prepare home for resident and train staff in advance (proactive vs reactive)
Ignoring policies, care plans	• Provide easy access to policies • Training for effective use to prevent staff from immediate escalation to management • Short form for easy reading, include different learning styles for better retention of information
Lack of buy-in, motivation	• Leadership engagement and presence • Celebrate wins

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Challenges/Barriers	Solutions
Resistance to change	• Describe the benefits "what's in it for me" • Share stories/role play
Lack of understanding and training about psychological health and safety	• Create Subject Matter Experts • Formal "Super-Orienters" for new staff orientations; backfill so they can focus on training • Connect with peers, unions, WorkSafe BC, SafeCare BC for advice and templates
Bullying, Incivility and Harassment • Within-culture hierarchies • In vs out groups • Generational gaps	• Buddy programs • Intergenerational training/education + sharing • Split up teams, re-assign works, team building • Clear process to deal with bullying – identify and ensure consequences for bullying behaviour • Show examples of bullying vs incivility • Review respectful workplace policy with staff
Lack of respectful communication, patience, trust and empathy	• Formal mentorship programs • Leadership to model safe work spaces, show humility and vulnerability • Open door policy, transparency • Create inclusive spaces – don't allow one voice to dominate
Limited benefits to support mental well-being	• Create safe spaces at work – potlucks, birthday boards, celebrate, culture of appreciation • Identify worker needs, address gaps (ex: increase financial literacy to reduce stress) • Lobby government to cover mental health services • CareforCaregivers • Advica Health (code:safecarebc)
No integration with physical health and safety – therefore no focus.	• Adapt or create relevant policies + training
Lack of leadership buy in	• Include leadership/mgmt. in orientation and training • Impact on costs through absences and claims • Leadership visibility and presence

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Challenges/Barriers	Solutions
Lack of cultural awareness and differences	• "Around the world" monthly event – share food and information about different cultures • Print off large world map – put a pin where you were born. Discuss cultures – and how conflict is dealt with. • Diversity, Equity and Inclusion lens
Lack of confidence (don't trust their skill)	• Let workers know it's okay to make mistakes; share personal mistakes. • Poll staff to see what they need help with – provide the help • Group problem solving • Celebrate small wins – recognition
Families may not create psychological health and safety (especially within care homes)	• Meet with family and set expectations for care • Train staff to empathize with family emotions • Teach the Feel, Felt, Found technique • Educate families about staff safety
Fear of negative repercussions	• Create culture of recognizing people doing good things (random acts of kindness) • Confidentiality of reporting • Create a feedback opportunity – suggestion boxes • Involve staff in decisions

Workplace culture

Challenges/Barriers	Solutions
Inefficient communication	• Open door policy (can be scheduled) • Daily huddles, ongoing, not one and done
Different cultural backgrounds + language	• Diversity, Equity, Inclusion Committee • Social events, create staff touch points to celebrate diversity; recognize cultural celebrations
Generational attitudes – lack of respect between them	• Using knowledge of each other to empower • Pair staff and new staff/grads together • Team building activities that include all departments • Create intentional spaces for collaboration to bring together different groups; seek feedback
Resistance to change	• Introduce change slowly + "why" benefits • Offer outcomes and ask for a path to achieve it
Lack of accountability/follow up/support from leadership	• Performance reviews to track progress • Management/leadership presence • Send regular updates – let staff know you are working on it.

Staffing – turnover, casuals, lack of continuity, shortages, hiring to fill a position not for fit.	• Creativity and flexibility with scheduling
	• Sharing employees/casuals
	• Orientation completed prior to starting
	  • Includes workplace, values, gmt.. team, online portion
	• Interview
	  • What brings our your best work
	  • What is your experience with residents previously
	• Employee surveys at 6 months/1 year – why are you staying? Celebrate anniversaries.

Increased workplace stressors	• Well-being check ins with staff to identify stressors

Workplace culture

Challenges/Barriers	Solutions
Task-based approach to care / workload /resident to staff ratios	• Include all roles in huddles/meetings – equal impact on care (i.e. nurses aren't the only ones providing care – group effort)
Lack of experience (leadership)	• Management presence • Hire leaders with soft skills and provide training • Staff input to support/influence leaders
Fatigue/Burnout	• Recognition, awards that are needed – parking spaces, hot meals; ask staff what they need
Buy-in/motivation	• Cheers for peers, recognition • Dedicate night shift appreciation
Lack of resources, time, energy	• Decrease direct reports for management to reduce span of control and allow for effective management (give back time) • Free resources (SafeCare BC has tons) • Dedicated computer for staff education
Different values	• Identify shared values and connect back
Blame Culture	• Educate leadership to ensure language is consistent with all staff; objective
Incivility	• Wellbeing check ins – TAG staff members to check in with each other on a personal level to see how they are before they start working together – increased trust and communication
Aging infrastructure – ugly/ outdated shows lack of care, impacts staff attitudes	• Beautification project for staff and resident spaces – show you care; create spaces for staff to rest.