Presentation Outline

1. Introduction

2. Methodology

3. Literature Review

4. Best practice review

5. Environmental scan

6. Sector consultations

7. Conclusion and recommendations

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Introduction

Purpose: to understand workplace safety issues and to examine the need for occupational health and safety training, education and resources in assisted living and supportive living (CU 766018).
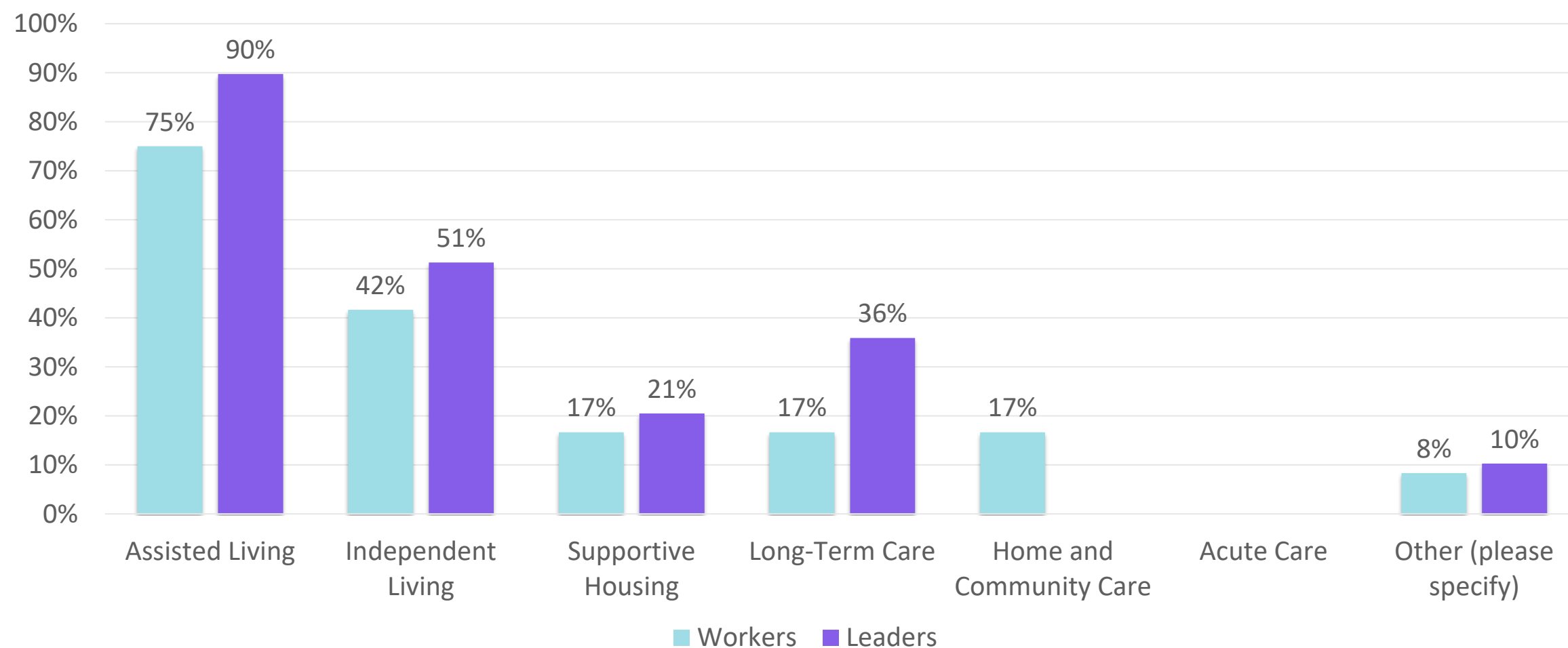
Objectives:

- Articulate workplace safety challenges
- Identify potential barriers and facilitating factors
- Understand the best avenues and strategies for outreach
- Explore how SafeCare BC could best support the sector

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Methodology

- **Working Group** guided the Needs Assessment
- **Best practice review** highlighted practices applicable to expansion of SafeCare BC (interviews with PSHSA, CCSA, WorkSafeBC)
- **Environmental scan** provided overview of OH&S training, resource gaps, barriers, facilitating factors, mechanisms for engaging/supporting the sector (16 interviews)
- **Stakeholder consultation:**
  - *Interviews* with employers (n=12) and workers (n=10) re what impacts health, training topics, barriers, preferred training methods, communication channels
  - *Surveys* with workers (n=58) and employers (n=70)

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About the respondents

Bar chart showing respondent categories by Workers and Leaders:

Category	Workers	Leaders
Assisted Living	75%	90%
Independent Living	42%	51%
Supportive Housing	17%	21%
Long-Term Care	17%	36%
Home and Community Care	17%	
Acute Care		
Other (please specify)	8%	10%

■ Workers ■ Leaders

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Literature Review

- Little exists in the literature specific to this sector

- Shares commonalities with unique qualities from long-term care

- Injury data for sector is combined (assisted and supportive)

- Highlights gap in data and resources for this sector

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Best Practice Review

- Training and education based on industry need

- Use existing opportunities, partnerships and channels

- Governance considerations:

  - Revise constitution and bylaws

  - Add representative to TAC

  - Consider working group

  - Add representative to Front-line Communications Working Group

- Align with existing authority/ accreditation

- Communicate constantly!

  - Industry associations

  - Focus on large employers

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Environmental Scan

Considerations for sector:

- Staff may be called upon in an emergency

- Work is isolating and often lonely

- Lack of managers on site

- There is more integration with family

- No coverage for staff to attend training

- Staff are not aware of residents' health conditions

- Managers often do not have care-related experience

- Lack of internal expertise to provide safety training

- There is a lack of evaluation

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Environmental Scan

In assisted living people used to be pretty independent. Now they have higher acuity, more early onset dementia, which places an increased risk to staff and increases the need for staff. – Sector partner

Most managers don't have sufficient health and safety knowledge nor is this their focus. Many focus on operations. – Sector partner
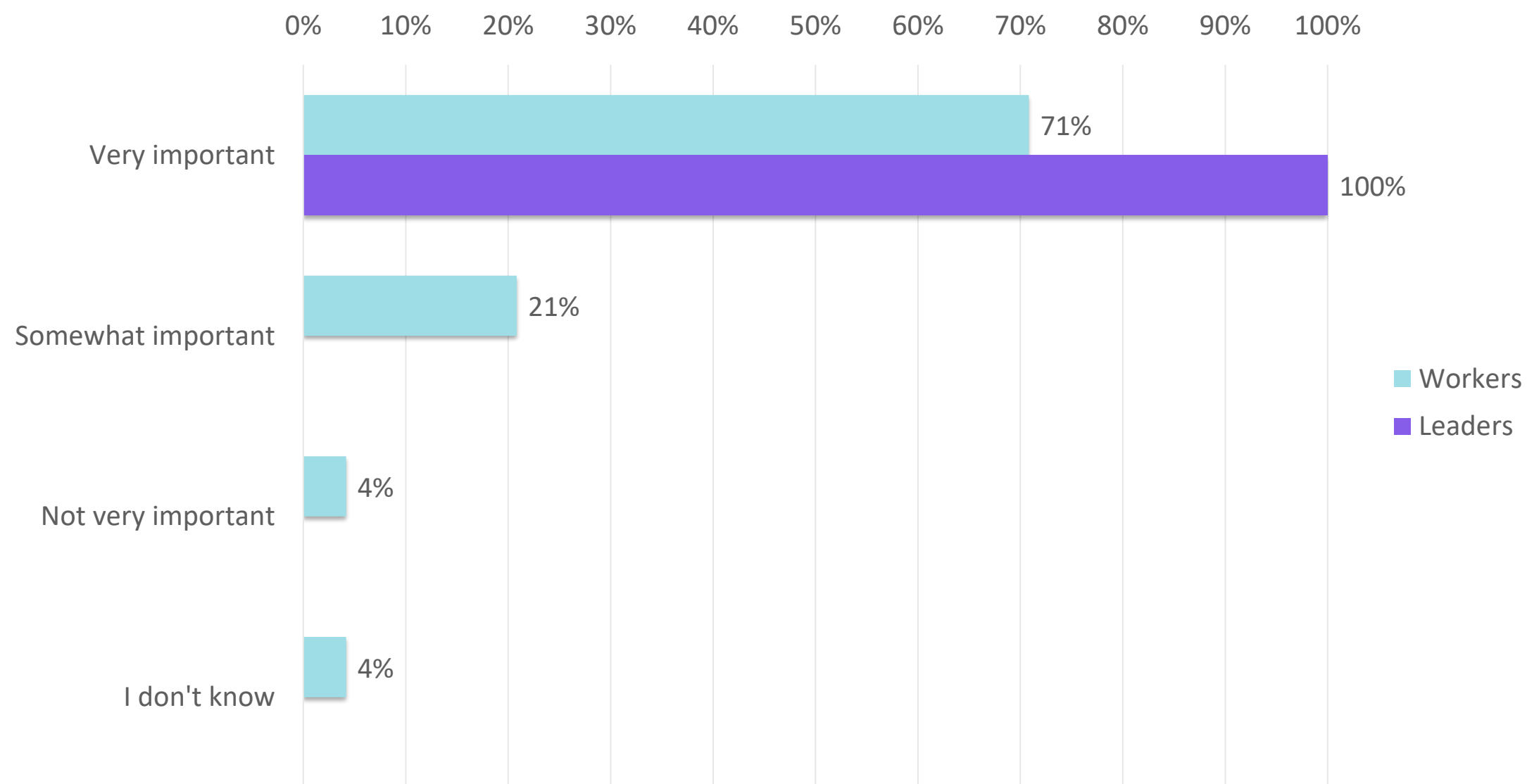
Who in supportive living does the education? SafeCare BC uses care aides to educate that this is hugely impactful.
– Sector partner

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Factors Impacting Health and Safety

- Increasing acuity of residents (dementia, violence, need to lift residents)
- Working alone
- Variation in room layout
- Lack of training and education
- Lack of funding for education
- Lack of a formal health and safety department (lack of safety focus)
- Rushing
- Working short staffed
- Lack of proper equipment

Training and education, and formalizing and consistently applying safety practices would make the most significant difference so workers are safe

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Prioritizing Workplace Health and Safety

Chart showing importance of prioritizing workplace health and safety, comparing Workers and Leaders:

Response	Workers	Leaders
Very important	71%	100%
Somewhat important	21%	
Not very important	4%	
I don't know	4%	

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Workplace Health and Safety Concerns

Concern	Workers	Leaders
Health and safety risk assessment	42%	15%
Creating a culture of health and safety	38%	62%
Safe handling / MSI prevention	33%	49%
Hazard recognition and control	29%	15%
Mental health and stress	25%	38%
Bullying and harassment	21%	15%
New worker orientation	17%	23%
Violence prevention	13%	15%
Other (please specify)	8%	3%
Dementia care		18%
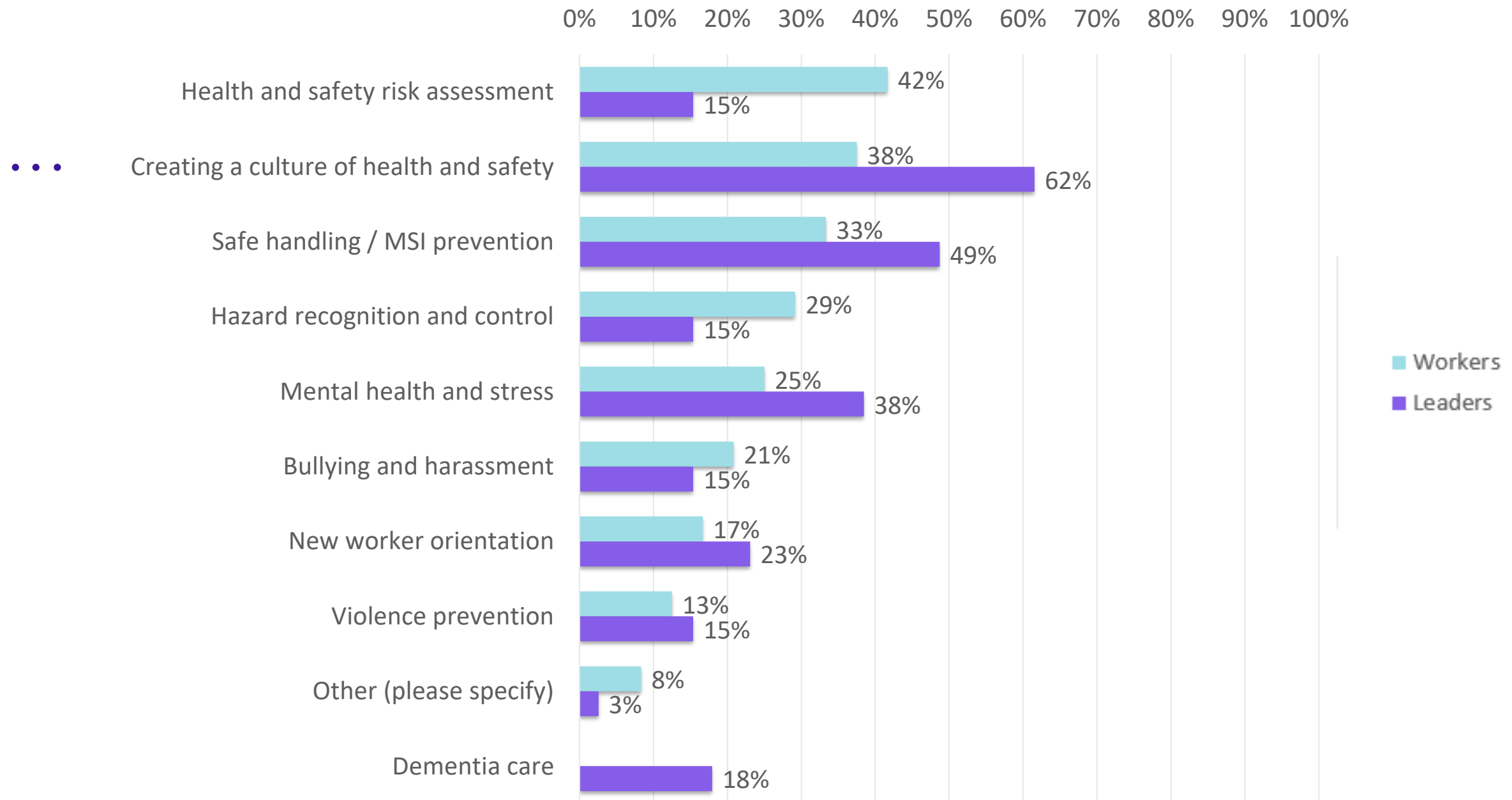
Education and Training Priorities for Workers

Occupational Health and Safety Topics	Avg. Weighted Score, **Frontline** Workers	Avg, Weighted Score, **Leadership**
Infection prevention and control	4.9	4.7
New worker orientation	4.8	4.8
MSI prevention /safe client handling	4.7	4.7
Violence prevention	4.7	4.5
Worker rights and responsibilities	4.7	4.5
Bullying/harassment	4.6	4.5
Reporting unsafe conditions	4.6	4.8
Workplace hazard identification	4.6	4.6
Dementia (i.e. Alzheimer's disease)	4.6	4.2
Slips/trips/falls	4.6	4.6
Psychological health at the workplace	4.5	4.4
Incident Investigations	4.5	4.5
Working alone	4.5	4.2
JOHS Committees	4.3	4.4
Return to work	4.3	4.4

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Education and Training Priorities for Managers

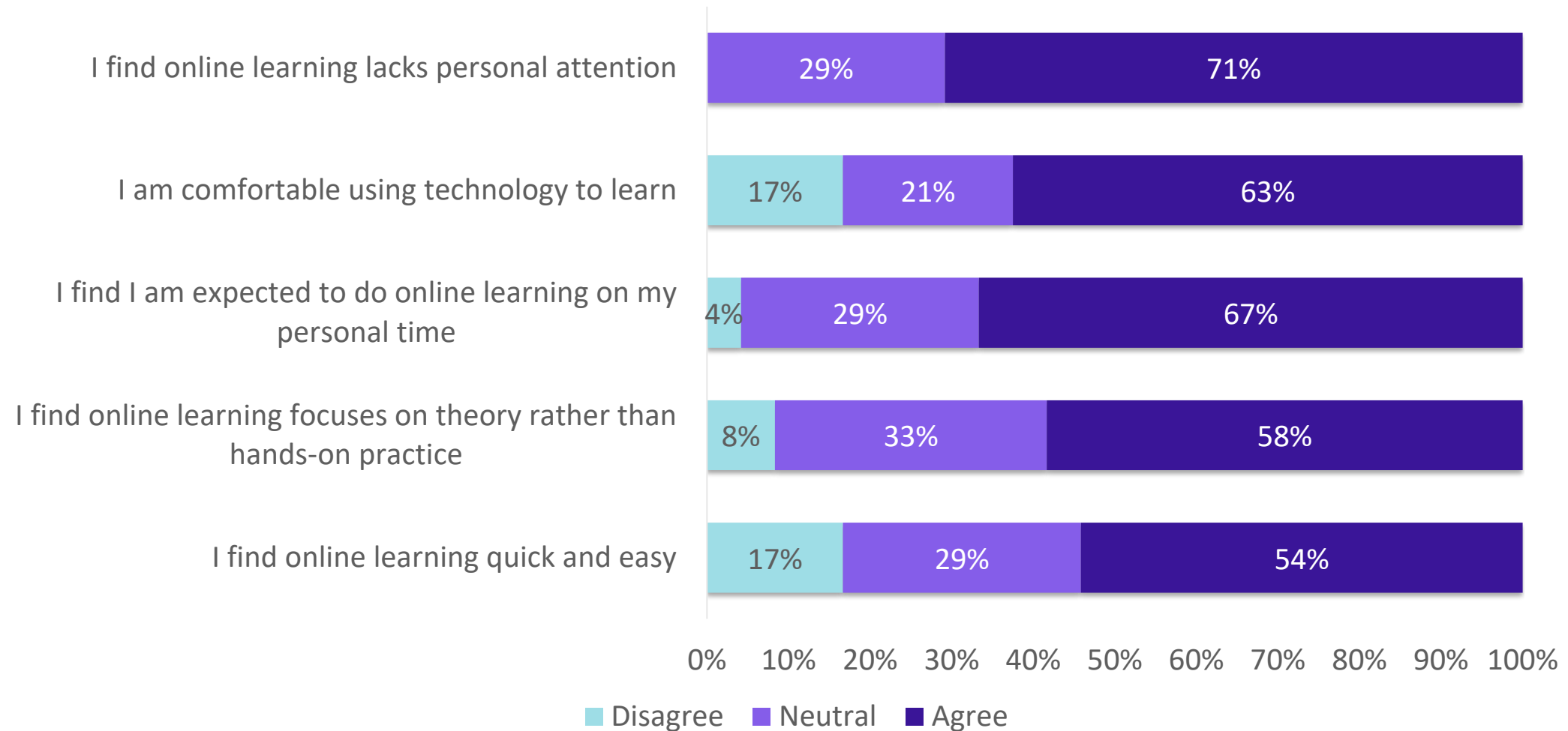| Occupational Health and Safety Topics	Avg, Weighted Score for **Leadership**
Communication skills	4.9
New worker orientation	4.9
Incident Investigations	4.8
Infection prevention and control	4.8
Reporting unsafe conditions	4.8
Workplace hazard identification	4.7
Violence prevention	4.7
Psychological health at the workplace	4.7
Bullying/harassment	4.6
Slips/trips/falls	4.6
MSI prevention/safe client handling	4.5
Joint Occupational Health and Safety Committees	4.5
Return to work	4.5
Working alone	4.3
Dementia, such as Alzheimer's disease	4.3

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Availability of Current Training

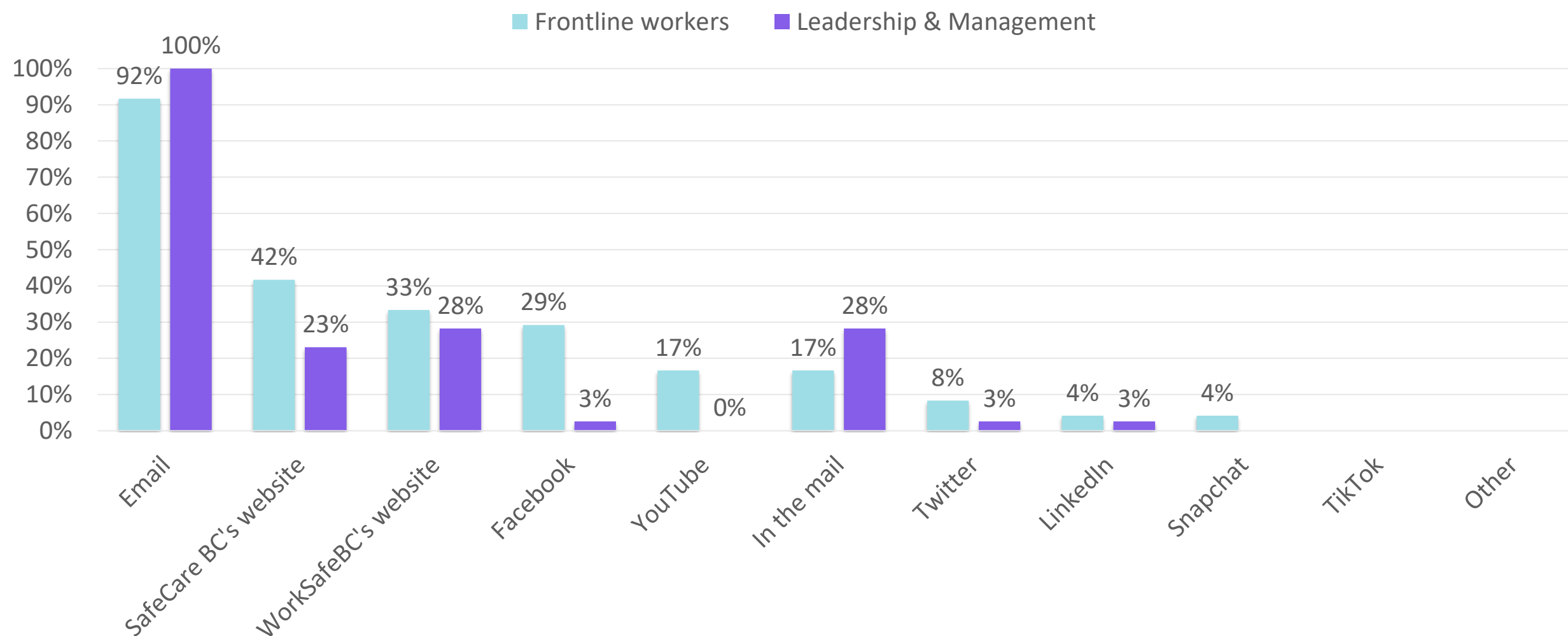| Occupational Health and Safety Training	Available at Organization	Available in Region	Don't Know
Bullying/harassment	76%	16%	8%
Reporting unsafe conditions	76%	16%	8%
New worker orientation	74%	16%	11%
Workplace hazards identification	65%	30%	5%
JOHSC	62%	24%	14%
Slips/trips/falls	62%	32%	5%
Workplace risk assessments	62%	24%	14%
Rights and responsibilities	58%	32%	11%
Creating a culture of safety	55%	29%	16%
Infection prevention and control	55%	39%	5%
MSI prevention/safe client handling	50%	39%	11%
Violence prevention	49%	46%	5%
Working alone	49%	32%	19%
Incident investigations	46%	41%	14%
Return to work	43%	41%	16%
Psychological health at the workplace	32%	49%	19%
Dementia, such as Alzheimer's disease	25%	61%	14%
Barriers to OH&Straining	19%	31%	50%

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Preferred Methods of Training and Learning

- Workers …
  - Prefer hands-on training, in-person, with their co-workers
  - Support training away from the workplace to minimize distractions
  - Support self-guided study
  - Support engaging online training with applied learnings

- Employers …
  - Report staff are most likely to participate in on site or online learning during paid hours and least likely to participate in training delivered off-site
  - Support a train-the-trainer model for learning
  - Indicated hands-on learning is preferable but that online learning can also be effective, particularly when it is engaging and when it is provided using relevant examples to the sector and to the specific site. When training is offered online, employers commented on the need for online learning to be mobile-friendly.
  - Are most likely to send staff for training that is short in duration (i.e. half day or less)

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Use of Technology for Training and Education

Statement	Disagree	Neutral	Agree
I find online learning lacks personal attention		29%	71%
I am comfortable using technology to learn	17%	21%	63%
I find I am expected to do online learning on my personal time	4%	29%	67%
I find online learning focuses on theory rather than hands-on practice	8%	33%	58%
I find online learning quick and easy	17%	29%	54%

Disagree **Neutral** **Agree**

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Communication Channels and Social Media

■ Frontline workers   ■ Leadership & Management

Channel	Frontline workers	Leadership & Management
Email	92%	100%
SafeCare BC's website	42%	23%
WorkSafeBC's website	33%	28%
Facebook	29%	3%
YouTube	17%	0%
In the mail	17%	28%
Twitter	8%	3%
LinkedIn	4%	3%
Snapchat	4%	
TikTok		
Other		

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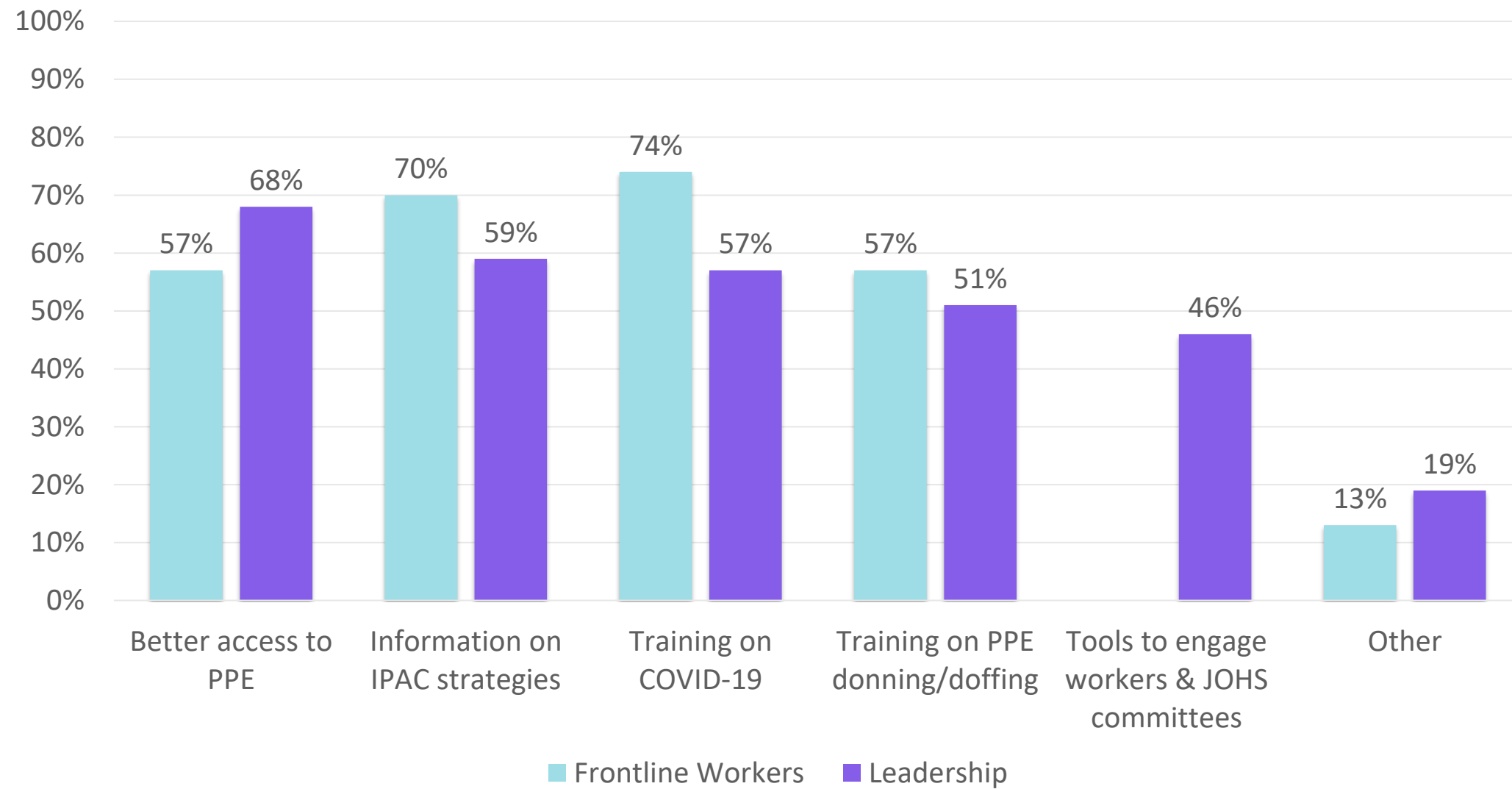# Barriers to Training and Education

Barriers	Percentage
No information from my organization that the training is available	48%
I do not get paid to attend training	39%
There is no one to cover my shifts	39%
I do not have time	35%
I am not aware of the training	30%
I have concerns about coronavirus/ COVID-19	30%
Training is not specific to working in assisted or supportive living	26%
I do not see the relevance of the training on my work	22%
No employer support to attend training	22%
I am not supported by my organization to apply what I learned	13%
I do not have access to transportation to attend training off-site	9%

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Barriers to Training and Education

Chart: Barriers to Training and Education

Barrier	Not significant	Somewhat significant	Very significant
Language barriers for workers whose first…	36%	44%	21%
Lack of awareness of the training opportunities	13%	59%	28%
Registration cost of training	13%	51%	36%
Training is not specific to working in assisted or…	13%	44%	44%
Time away from providing services	5%	49%	46%
Back filling workers who are participating in…	8%	36%	56%
Location of the training opportunities (limited…	5%	33%	62%
Limitations and concerns related to COVID-19	5%	31%	64%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Not significant   ■ Somewhat significant   ■ Very significant

Leadership identified strategies to eliminate these barriers: offer online training, ensure training is cost effective and sessions are short.

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Impact of COVID-19

Bar chart comparing Frontline Workers and Leadership responses:

Category	Frontline Workers	Leadership
Better access to PPE	57%	68%
Information on IPAC strategies	70%	59%
Training on COVID-19	74%	57%
Training on PPE donning/doffing	57%	51%
Tools to engage workers & JOHS committees		46%
Other	13%	19%

■ Frontline Workers ■ Leadership

SafeCare BC is a fabulous organization; they have been instrumental in bridging a gap in the industry. They're not necessarily at the forefront of where to go for resources, though, and they should be.

– Employer

Conclusion and Recommendations

1. Governance Recommendations

- Review the Board composition to amend and ratify the bylaws, as needed, to include appropriate representation from assisted and supportive living sector. It may be that the current Board composition is sufficient with Board members representing assisted and supportive living in addition to long-term care.

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Conclusion and Recommendations

2. Communication and Engagement Recommendations

- Build on the current communication and engagement strategies at SafeCare BC to get the word out that SafeCare BC is now the health and safety association for assisted and supportive living. Repeat these messages using a variety of channels (i.e. email/website/social media), and do so in partnership with sector partners (i.e. unions, member associations, other training providers).

- Develop a specific assisted and supportive living section on the website to emphasize the unique nature of health and safety training for this sector.

- Continue to engage workers, particularly through the Front-line Communications Working Group to meaningfully seek ongoing input from workers.

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Conclusion and Recommendations

2. Communication and Engagement Recommendations

- Focus initial communication with employers to promote awareness about the inclusion of assisted and supportive living, highlighting alignment with WorkSafeBC's Health Care High Risk Strategy and the impact SafeCare BC is already having on reducing injuries in long term care and home health.

- Meet regularly with government and industry associations to communicate SafeCare BC's role in enhancing the health and safety of workers in the sector.

- Focus initially on large employers as they comprise the greatest percentage of payroll and subsequent claims

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Conclusion and Recommendations

3. Training Recommendations

- Continue to align training and resources with WorkSafeBC's Health Care High Risk Strategy, which focuses on dementia, violence, MSI/overexertion, slips, trips and falls.

- Work with post-secondary institutions to implement practical application of health and safety training to support increased knowledge among new graduates.

- Bridge sectors (post-secondary, long-term care, assisted and supportive living) to create cooperative opportunities in assisted and supportive living.

- To minimize barriers to accessing training offer low or no cost, local training, in a variety of formats (i.e. online and in person), and in addition to regular day-time training, make training available that supports all shifts.

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Conclusion and Recommendations

3. Training Recommendations

- Develop a mixed approach to providing training. Employers favour 30-minute online learning modules and 1-hour courses offered on-site and workers prefer hands-on, in-person training opportunities with their co-workers. Leverage the current acceptance and familiarity of online platforms to develop succinct, modular training opportunities for workers.

- Offer refresher and advanced training to meet the needs of all workers.

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Conclusion and Recommendations

4. Resource recommendations

- Review the existing long-term care and home health resources and training opportunities to modify current offerings to support the assisted and supportive living environment (in the topic areas emphasized in this needs assessment).

- Explore synergies and develop partnerships with existing training and resources from organizations, associations (including EngAge BC) and employers identified through this needs assessment, as well as regulatory and accreditation bodies and other health and safety associations, employers and health authorities.

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Conclusion and Recommendations

5. Implementation recommendations

Mirror the approach used with long term care and home health training as a roadmap for expanding the mandate (the above recommendations have set SafeCare BC up to follow this roadmap, having been developed for the long term care needs assessment).

- Prioritize training, education and resources to align with WorkSafeBC's High Risk Strategy to target the most common causes of injury.
- Develop a repository of existing training programs and resources from jurisdictions across Canada.
- Utilize subject matter experts to provide training and work with adult educators to incorporate adult based learning principles to ensure training meets the needs of workers.
- Offer training programs that meet the different needs of employees
- Develop a training evaluation plan inclusive of satisfaction and injury reduction indicators.

Conclusion and Recommendations

5. Implementation recommendations

- Advocate for the separation of assisted living and supportive living data from the WorkSafeBC Classification Unit to better understand the needs of the sector.

- Contribute to the knowledge base, including grey literature, to help build understanding of and resources to support the assisted and supportive living sector.

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Thank you!

a)   How do these findings resonate with you?
b)   Was there anything surprising in these findings?

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