

SASWH

CONNECTS

Quarterly Magazine

2024

**Safety Association
Highlights**

PART[®]

**Refreshed and
Ready to Roll Out:
Professional Assault
Response Training,
6th Edition**

COMPLIANCE

**Violence Prevention
Policy Requirements
and What They Mean
for Employers**

#IWillReport

PARTNERING WITH SASKATCHEWAN HEALTHCARE WORKERS FOR A SAFER WORKPLACE

2024 - ISSUE 1 • WWW.SASWH.CA

Hello



A MESSAGE FROM THE CEO:

Accomplishments and Notable Events in 2024

First, thanks to all of the healthcare employers and frontline workers who participated in our membership survey this summer! We heard your request to be more connected with your safety association loud and clear, and in response to that feedback, this is the first edition of a quarterly magazine intended for SASWH's G22 membership. The quarterly publications will focus on the areas of interest identified by survey respondents, including: occupational health and safety legislation, compliance requirements, best practices, upcoming health and safety events, statistics on safety in healthcare, and SASWH training program highlights.

2024 has been a productive year for the team at SASWH, and I am pleased to report that the uptake of our programs and services has exceeded our initial goals: our incredible Safety Specialists have already facilitated over 450 sessions and trained 12,000+ frontline healthcare workers! As a safety association, uptake of our programs and services in SASWH's top priority and we are glad to see members taking advantage of the resources available to them.

The Association's Board of Directors held an in-person meeting on September 4th, where the operational plan and budget for 2025 were approved. The operational plan was developed to include key performance indicators for injury prevention training, continuous quality improvement through program reviews and evaluations, and much more. The Board was provided with a progress update on SASWH's key performance indicators for 2024: one of the highlights from this report is that 87% of requests from membership receive a response within 12 hours. These turnaround times reflect the dedication of SASWH's Training Coordinators and Safety Specialists to respond to inquiries with high quality services. Thank you, SASWH team!

It is our hope that the content of SASWH Connects magazine is interesting and engaging for our membership, and that these resources help reinforce the safety culture for healthcare professionals in Saskatchewan. Feedback can be directed to communications@saswh.ca.

Sandra Cripps

CEO, SASWH

CONTENTS

A Message From the CEO	1
Professional Assault Response Training Revisions.....	3
#IWillReport.....	5
Violence Prevention Policy Requirements.....	6
Membership Survey.....	7
Strategic Priorities	9
2025 Strategic Plan	10
Training Calendar	11
Programs and Services Guide.....	12
Best Practices.....	13
Infection Prevention and Control (IPAC).....	15
Upcoming Events	16



PROFESSIONAL ASSAULT RESPONSE TRAINING REVISIONS

2024 PART® REVISIONS

Working with potentially violent or aggressive individuals is a reality in healthcare and human services. Workers are being injured.

SASWH recently reviewed the Professional Assault Response Training (PART®) program and completed what is now referred to as the 6th edition of the program. These revisions were completed in collaboration with a PART Instructor working group from various sectors throughout the province of Saskatchewan. In the most recent edition, the review process enhanced its focus on de-escalation techniques and improved clarity for trainers and participants.

This revision reflects SASWH's commitment to creating a safer, more supportive environment for both trainers and participants by ensuring the program is comprehensive, clear, and effective.

INCREASED FOCUS ON DE-ESCALATION

One of the key enhancements to PART is the increased emphasis on de-escalation. Previously, 53% of training content addressed de-escalation, but has now been elevated to 72%. This improvement will enhance workers knowledge in handling situations professionally and effectively before a situation escalates. By focusing on early de-escalation and recognizing the triggers of aggression, the training emphasizes prevention and a proactive response over crisis response.



SIMPLIFIED AND NEUTRAL LANGUAGE

The revised PART materials now use simpler, neutral language. The goal is to ensure that all participants understand the information. By using straightforward terminology, healthcare professionals or participants can focus more effectively on positive interactions and interventions.

CLEAR AND STEP-BY-STEP TECHNIQUES

To further enhance clarity, techniques are now presented in an easy-to-read step-by-step format. This layout aims to support trainers in facilitating the information and confidently demonstrating these techniques. The updated approach to learning, along with additional trainer's notes being incorporated, ensures trainers have a clear understanding of expected outcomes. Consistency across training sessions will ensure all participants meet the same high standards, no matter where or with whom they are trained by.

ENHANCED EXERCISES TO SUPPORT LEARNING OBJECTIVES

The revised PART program includes additional exercises to reinforce key learning objectives. These exercises are designed to support skill-building and enhance retention, giving participants practical experience in the classroom before applying their skills in real life scenarios. This approach helps ensure the workers gain confidence in their abilities, contributing to safer and more effective responses.

Through these thoughtful revisions, PART is better equipped to meet the needs of members and trainees, ensuring that everyone involved can participate in a positive, respectful, and effective training experience. SASWH will continue reviewing and enhancing PART to keep this program in line with best practices and emerging knowledge in the field of de-escalation and crisis intervention.



#IWillReport



VIOLENCE
and
AGGRESSION
are not
“part of the job.”

#IWillReport

The healthcare sector in this province continues to experience the highest total number of claims reported than all other industries according to Saskatchewan Workers' Compensation Board (WCB) statistics.

In 2018, the Saskatchewan Association for Safe Workplaces in Health (SASWH) launched the Campaign for Change of #IWillReport. This is a collaborative effort with frontline healthcare workers, senior leaders and system partners working together to increase the awareness of underreporting of incidents of violence and aggression.

The lack of reporting is attributed to the notion that care providers put the 'duty of care' ahead of their own safety. Literature and research findings indicate that underreporting is also associated with the normalization of violence for healthcare workers. The prevalence of underreporting of violence and aggression in the workplace is due much in part to it being viewed as a regular occurrence and accepted as **'just part of the job'**.

COMPLIANCE CORNER

Violence Prevention Policy Requirements

On May 17, 2024, amendments to the occupational health and safety provisions of The Saskatchewan Employment Act came into force. This update applies to all provincially regulated workplaces and requires employers to have a Violence Policy Statement and Prevention Plan in place. Employers are also required to investigate all incidents of violence in the workplace. In addition, the definition of “worker” was expanded to include post-secondary students, volunteers, and independent or dependent contractors, who are now also covered under the new amendments of the Act.

Employers are obligated to develop and implement a Violence Policy Statement and Prevention Plan which must include:

- The employer’s commitment to minimize or eliminate the risk and review the policy and prevention plan every three years;
- Identification of worksites where violent situations have occurred or may occur;
- Identification of staff positions that have or could be exposed to violent situations;
- The process to inform workers about the nature and risk of violence at their place of employment, and any information the employer has about the persons who have a history of violent behaviour who could become a risk to workers;
- The actions the employer will take to minimize or eliminate risks to workers;
- The procedures workers are to use for reporting violent incidents to their employer;
- A recommendation that workers who have been exposed to violent incidents consult a physician for treatment or obtain a referral for counselling; and
- A commitment to provide training programs for workers.

In partnership with Public Services Health & Safety Association (PSHSA), SASWH’s website hosts a number of tools and resources that employers can use when developing or reviewing their violence prevention policy and plan:

WORKPLACE VIOLENCE PREVENTION TOOLKIT

Online interactive tools, surveys and resources to guide the development and implementation of violence prevention measures.

JOB SAFETY ANALYSIS

Tool for identifying hazards related to a specific staff position or work task.

MEMBERSHIP SURVEY

In July 2024, SASWH conducted a membership survey to gather information on our members' demographics, health and safety priorities, satisfaction with services received, and level of awareness and involvement with their safety association. A total of 187 responses from healthcare frontline workers and supervisors were submitted. This valuable feedback will be consulted by SASWH for many projects over the coming year, including magazine content planning, scheduling training programs and other events, and establishing SASWH's Strategic Priorities for 2026-2028.

KEY FINDINGS – DEMOGRAPHICS




HEALTHCARE SECTOR	FRONTLINE	SUPERVISORS
Long-term care	47%	29%
Hospital setting	32%	24%
Home and community care	10%	25%
Emergency medical services	3%	8%
Assisted/independent living	2%	10%
Other	6%	4%

REGION	
North [Meadow Lake & La Ronge]	1%
Prince Albert & area	11%
West central [North Battleford]	9%
Saskatoon & area	18%
East central [Yorkton]	12%
Southwest [Swift Current & Moose Jaw]	16%
Regina & area	22%
Southeast [Weyburn & Estevan]	11%

YEARS WORKING IN HEALTHCARE	
>2 years	5%
2-5 years	11%
6-10 years	14%
10-15 years	18%
15-20 years	16%
<20 years	36%

"I like Safety for Supervisors, it targets the leaders' awareness which is crucial in setting (a) better safety culture in their respective organization."

Suggested SASWH priorities over the next three years:

-  Increase number of training opportunities
-  Offer more in-person sessions in a classroom setting
-  Develop new online resources

KEY FINDINGS – MEMBER SAFETY NEEDS

HOW HAVE YOU CONNECTED WITH SASWH IN THE PAST?	FRONTLINE	SUPERVISORS
Subscribed to emails	6%	14%
Follow on social media	8%	5%
Attended AGM	3%	5%
Attended other SASWH event [i.e. IPAC Town Hall, program trainer/instructor group, booth at conference]	4%	18%
Communicated directly with an SASWH team member	9%	24%
Attended in-person workshop or training	50%	27%
Through formal education program	20%	7%

HOURS PER MONTH AVAILABLE TO SPEND LEARNING ABOUT WORKPLACE HEALTH & SAFETY:	FRONTLINE	SUPERVISORS
Up to 1 hour	35%	26%
1-2 hours	27%	23%
2-3 hours	7%	28%
4+ hours	9%	14%
No time	22%	9%

MOST FREQUENTLY USED SASWH SERVICES:
1. Transferring Lifting Repositioning (TLR®)
2. Respirator fit testing
3. Professional Assault Response Training (PART®)
4. Occupational Health Committee I / II
5. Resources on SASWH website
6. Safety for Supervisors
7. Consultation with a Workplace Safety Specialist

MOST REQUESTED NEWSLETTER TOPICS:
1. Updates on health & safety legislation, including compliance requirements
2. Best practices
3. Upcoming health & safety events
4. Statistics on safety [frequent injuries, OHS infractions, etc.]
5. SASWH program highlights
6. Spotlight on safety stories
7. Partnership updates

Top workplace health and safety concerns:



Working alone/working short staffed



Harassment & violence in the workplace



Transferring, lifting & repositioning



Occupational health & safety concerns



Mental health concerns

(workplace bullying, burnout, fatigue)

After taking training through SASWH...

"I take more time with clients (and) share ideas with others as to the easiest and safest transfers and care for residents."

STRATEGIC PRIORITIES

2023-2025

1

SASWH is a leader in the implementation of Safety Management System

2

SASWH will champion a culture of safety in the healthcare industry

3

SASWH will build and enhance partnerships to strengthen workplace health and safety

4

SASWH is the industry leader in health and safety educating & training

5

SASWH is a key partner in the reduction and prevention of serious injuries and violence in the healthcare industry

These five key priorities reflect SASWH's mission and values, and guide our team towards meeting their objectives. These priorities are revisited every three years to ensure they continue to align with the goals of the organization and of our members.



2025 STRATEGIC PLAN

To ensure annual goals align with Strategic Priorities, SASWH established a series of Key Initiatives. To evaluate the efforts put towards each initiative, Key Performance Indicators (KPI) are used as a way to set annual goals and track the outcome. Each KPI has at least one activity that aligns with it and helps measure the progress towards the KPI. Below is an example of one key initiative for 2025, the KPI's that will be assessed and the activities that will assist with achieving the outcome of the key initiative.

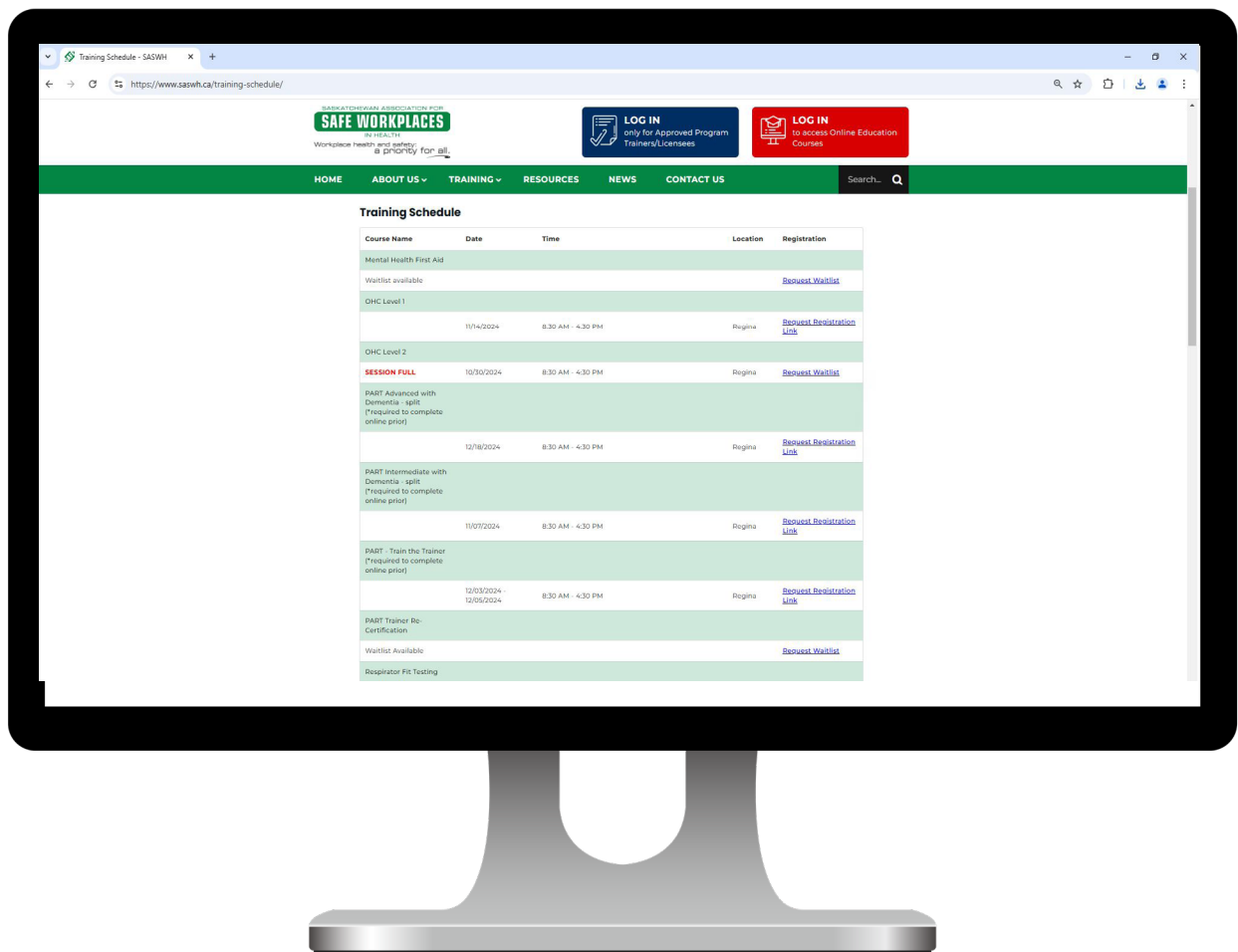
1.2 Key Initiative - Training Programs	
<p>Strategic Priority 4: SASWH is the industry leader in health and safety education and training.</p> <p>Strategic Priority 5: SASWH is a key partner in the reduction and prevention of serious injuries and violence in the healthcare industry.</p> <p>Objective(s): Identify and share effective and accountable leading practices in healthcare safety by cultivating initiatives, approaches, and strategies that have a direct path to enabling work safety. There is a need in Saskatchewan to have a repository of safety resources, practices, tools, policies, and standards that are valid, have been researched as leading practices, meet approved standards, and align with legislative requirements.</p> <ul style="list-style-type: none"> • Monitor and respond to trends and issues in healthcare safety (as is reasonably practical to do so). • Make resources available to membership. • Report and effectively utilize SASWH resources and services by setting achievable, transparent, and measurable goals for SASWH. 	

1.2.1 Key Performance Indicators (KPIs)		Timeline	Data Collection Methodology
1.2.1.1	Respond to requests from targeted G22 members/facilities for needed services with identified dates and facilitators within five working days of receipt of the request.	Jan 2025 – Dec 2025	Progress tracked using NEON notes and visual daily management tools.
1.2.1.2	SASWH will maintain the integrity and quality of all training programs and services.	Jan 2025 – Dec 2025	Annual program reviews and program instructor working groups.

1.2.2 Activity Descriptions		Activity Category	Status Report				Anticipated Output
			Q1	Q2	Q3	Q4	
1.2.2.1	Respond to requests from targeted G22 members/facilities for needed services within 24 hours of receipt of the request.	Training/ Injury Prevention					Increased member satisfaction.
1.2.2.2	Violence Risk Assessments.	Training/ Injury Prevention					Conduct 2-4 violence risk assessments based on high priority criteria.
1.2.2.3	Offer required training and education programs to the G22 membership.	Training/ Injury Prevention					Train at minimum 10,000 frontline workers with a stretch goal of training 15,000.
1.2.2.4	Roll out the revised Professional Assault Response Training (PART) program to membership.	Training/Injury Prevention					Monitor and respond to the feedback from membership.

TRAINING CALENDAR

SASWH offers both OPEN REGISTRATION TRAINING SESSIONS in our training spaces in Regina and Saskatoon, as well as PRIVATE/CLOSED TRAINING SESSIONS at the client's facility. Below is a list of upcoming OPEN REGISTRATION training sessions. For information about PRIVATE/CLOSED sessions for your organization, please contact the SASWH Training Coordinators at info@saswh.ca.



Click the image to access SASWH's Training Calendar to view upcoming open training sessions.

PROGRAMS AND SERVICES GUIDE

Earlier this year, SASWH's Programs and Services Guide was updated. The new version includes current pricing for all training programs, additional details regarding the services we offer, and is available in a convenient flipbook format.



Click the image to access our Programs and Services Guide, which is available in a variety of formats for offline viewing.

BEST PRACTICES

Latex Allergy Awareness

Eliminating Hazards in the Workplace



The American Latex Allergy Association estimates that 8%-17% of healthcare workers are sensitive to latex products, compared to 1%-6% of people in the general population.

RESOURCES

Home Healthcare Workers: How to Prevent Latex Allergies (NIOSH)

AANA Latex Protocol (American Latex Allergy Association)

Complete Guide to Latex Allergy (Allergy & Asthma Network)

Hand hygiene and personal protective equipment play an imperative role in infection prevention and control for healthcare workers; but what happens when PPE poses a hazard to workers?

Occupational exposure means that healthcare workers are significantly more likely to be sensitive to latex rubber products than the general population. Other high-risk groups include food service workers, environmental service workers, veterinarians, and individuals who have had multiple surgeries or procedures where latex medical products were used. Reactions can vary from mild (itching, rash) to severe (respiratory symptoms) to life-threatening (anaphylaxis and loss of consciousness). Delayed reactions – such as those seen with allergic contact dermatitis – can make diagnosing the cause of rashes a challenge, and without proper measures in place, repeated occupational exposure may lead to sensitization over time, resulting in more severe reactions.

Workers who suspect they have a latex allergy should notify their supervisor immediately and avoid contact with latex until they consult with a physician to determine the source of their reactions.

Latex sensitivity should be considered as part of a workplace's occupational health and safety management program. While there is no cure for latex sensitivity, there are alternative products and preventative measures that can help reduce or eliminate the risk of allergic reactions. Areas where latex products are used should be limited as much as possible and cleaned often, and ventilation filters and vacuum bags used in contaminated areas should be changed frequently.

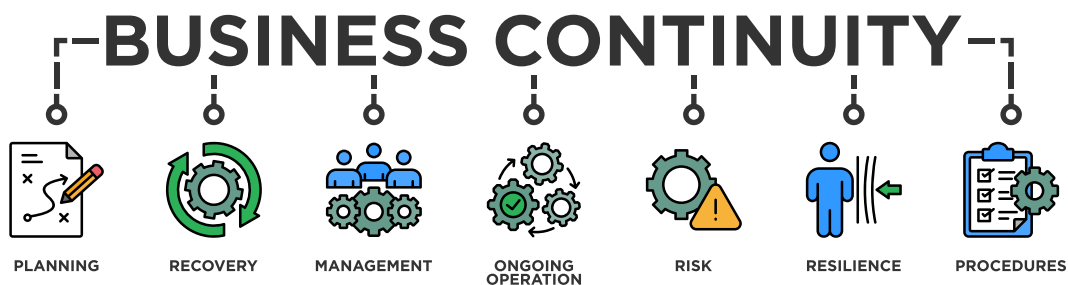
Employers and Occupational Health Committees are encouraged to “look beyond the glove” when inspecting their workplace for latex products:

- Medical supplies (tubing, blood pressure cuffs, face masks, vial stoppers, dressings, bandages, hospital bed or stretcher mattresses)
- Occupational or recreational therapy equipment (resistance bands, balls, foam grips)
- Personal care items available for staff and public use/purchase (diapers, sanitary products, contraception)
- Office and waiting room items (toys, balloons, rubber bands, erasers)

INFECTION PREVENTION AND CONTROL (IPAC)

In true partnership with home operators, Ministry of Social Services, and Ministry of Health, SASWH responded to an urgent request from it's members in assisting them to respond to the impact of COVID and support better infection prevention and control (IPAC) practices within these homes.

Throughout the course of this work several resources have been developed to support and guide employers in good infection prevention and control practices. The online education material for new hires is a must see, and the link to those resources can be found here: <https://www.saswh.ca/infection-prevention-control/>



Now that this special initiative has come to an end, SASWH would like to thank the partners who have made this IPAC support to home operators possible. In particular, we would like to extend our warmest appreciation to Mary Anderson for her expertise and dedication to infection prevention and control practices. Mary, all the best in your retirement!

SASWH would like to remind home operators who are part of the G22 to please know they can still reach out to us for support.

RESOURCES IN DEVELOPMENT

Workshop for Home Operators: Emergency Preparedness and Contingency Planning
How To Conduct Tabletop Exercises With Your Team



UPCOMING EVENTS



SASKATCHEWAN ASSOCIATION FOR
SAFE WORKPLACES
IN HEALTH

SAVE THE DATE

DATE
March 25, 2025

TIME
1:30pm - 3:30pm

2025 AGM & Educational Presentation
INNOVATION REDUCES INJURY

The 2025 Annual General Meeting and Educational Presentation will include:

- Updates from 2024
- Guest speakers discussing the Vendlet bed and how it can help reduce injuries while repositioning a patient
- Keynote speaker addressing how innovation can help reduce injuries

UPCOMING HEALTH AND SAFETY DAYS

Repetitive Strain Injury Awareness Day - February 28

UPCOMING HEALTH AND SAFETY EVENTS

CCOHS FORUM 2025 - THE CHANGING WORLD OF WORK

MAY 27-28, 2025

CALGARY, AB

SSC SASKATCHEWAN SAFETY SEMINAR

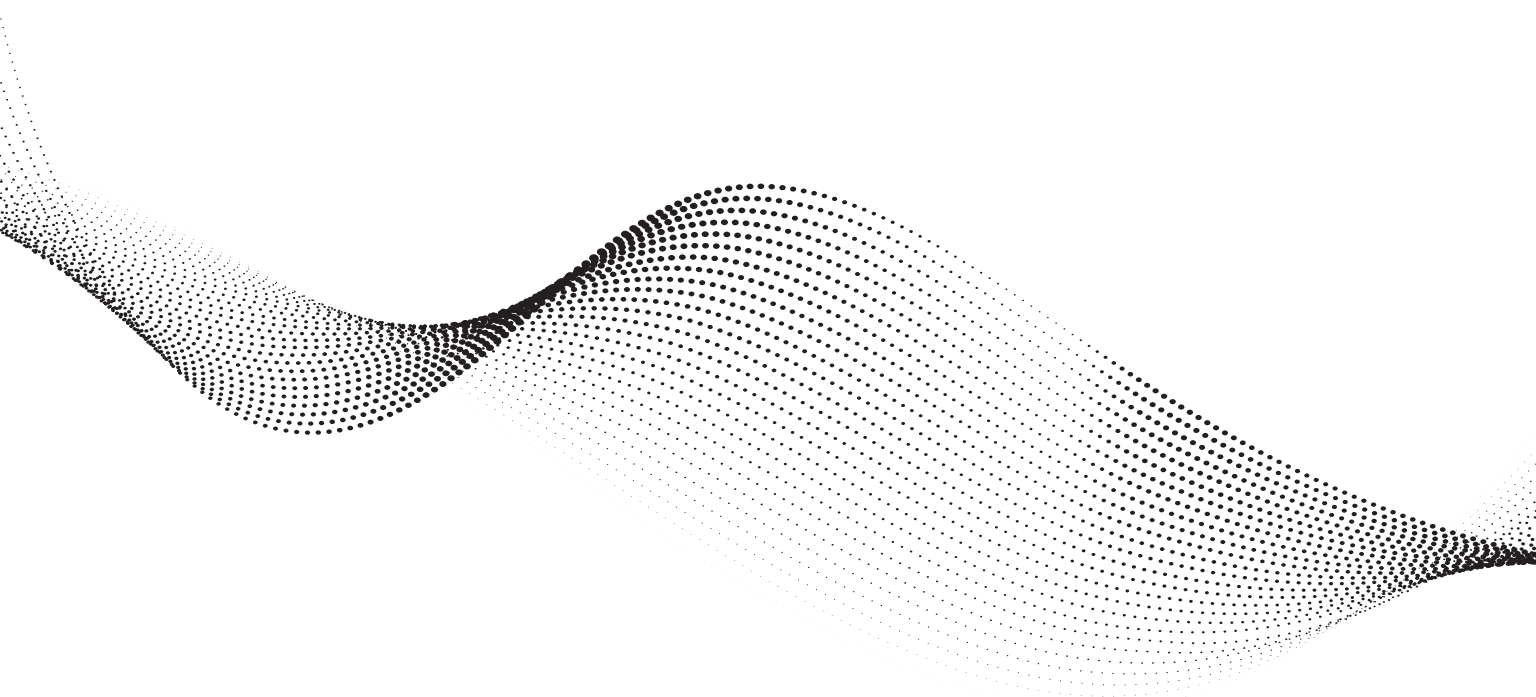
FEBRUARY 4-6, 2025

WORLD TRADE CENTER AT PRAIRIELAND PARK, SASKATOON, SK

SASKATCHEWAN ASSOCIATION FOR

SAFE WORKPLACES

IN HEALTH



Workplace health and safety:
a priority for all.

