NSNU Statement of Beliefs

Safety of Nurses

The Nova Scotia Nurses' Union (NSNU) endorses the right of all members to work in a healthy and safe work environment. We believe in the pursuit of the highest degree of physical, mental and social well-being of nurses. NSNU believes we must exercise a strong leadership role in achieving progressively greater gains in the field of occupational health and safety.

Objective of this Guide

The objective of this guide is to provide information and assistance:

1. To all NSNU members, to bring to their attention the risk of violence in the workplace — awareness can lead to prevention, and prevention is vital!
2. To all NSNU members, including those who are assaulted, to think about and be ready to deal with all aspects of the problem of violence in the workplace.
3. To the Local NSNU representative(s) on the workplace Occupational Health and Safety Committee (OHSC) in formulating recommendations to the employer for dealing with these problems in their individual workplaces.

Preface

Many of us have experienced or witnessed nurse abuse in one form or another. "Abuse" includes:

- physical assault
- verbal abuse
- threats

- sexual harassment
- sexual assault.

The sources of abuse can vary, from patients/clients, or residents, to families, doctors, management, other employees or co-workers.

We all know we want it stopped.

To be effective in preventing or stopping abuse, we need the participation of all partners in the workplace. The partners include managers, employees and unions. A number of steps are necessary:

1. Nurses must continue to demand that workplace policies be designed to prevent abuse and deal with the effects of that abuse. Effective policies should begin by defining abuse. What it is. What forms it takes. This should be followed by a clear statement that abusive behaviour will not be tolerated. Zero tolerance for abuse is the position of the NSNU.

2. Ongoing education of all staff, including doctors, security and management is imperative. All new employees must receive instruction during orientation. Policies prohibiting abuse and harassment must be clear, made known and enforced.

3. The Employer must be committed to providing a safe environment. Is staff scheduling appropriate? Are work areas, such as parking lots, exits and work stations regularly inspected? Could a nurse be trapped alone? Are there emergency code teams? Continued review is needed to ensure standards are maintained.

4. A vital part of dealing with the problem of nurse abuse is ensuring that adequate support systems are in place for the abused victim. All too often, nurses fail to report incidents of assault because of the be-

lief that being assaulted represents failure. We have been conditioned to believe that we must accept violent outbursts because it is part of the job. We excuse the individual. Nurses will often downplay an incident because, as caregivers, we believe that we must be strong, in control, and not show any weakness. We must attempt to dispel this attitude in ourselves. We must insist on appropriate counselling and support systems, legal assistance (should the nurse choose to prosecute), sick leave where needed, and advice with regard to Workers' Compensation.

We at NSNU hope that this guide will be a step forward in helping you to prevent, deal with, and eradicate nurse abuse in your health care facility.

Introduction

Occupational violence is a health and safety issue which is finally being recognized after being hidden and denied for many years. In the past, when violent incidents were acknowledged, it was generally the case that the nurse-victims of violence were blamed for somehow provoking, causing, or failing to prevent the violent attack.

Violence in the workplace is a hazard confronted by nurses working in all sectors of health care employment — hospitals, homes for special care and community health. We are not immune here in Nova Scotia.

Danger exists wherever nurses carry out their job responsibilities. Violence can and does occur in all types of nursing facilities and workplaces. Staff in emergency departments face the same kinds of problems with violent patients as do staff working in psychiatric settings. Assaults also occur in geriatric facilities and facilities for the mentally challenged. Nurses working in the community frequently have to take emergency calls in the evening and at night. They often visit clients whom they have never met before — at the client's home. These visits may take them to unsafe neighbourhoods or require travel through unsafe areas to get to clients' homes.

Occupational violence is a continuum which includes verbal abuse, threats, sexual harassment and physical assault. All of these violent acts are legitimate parts of the violence problem.

Verbal abuse directed at nurses is prevalent. The effects of verbal violence often are not as recognized as physical violence. Studies show a relationship between nurse abuse and sexism and note problems in nurse-physician relationships. Some problems reported by nurses include:

- condescending attitudes
- lack of respect
- subjection to unjustified anger
- temper tantrums
- scapegoating
- failure to read nurses' notes or listen to nurses' suggestions
- refusal to share information about the patient, client or resident
- lack of understanding about what nurses do.

NSNU is not prepared to accept nurses becoming victims of violence in the workplace. We reject the notion that violence is an inherent part of the job. We insist that systems be put in place to help prevent abuse, to manage crisis situations, and to deal effectively with the aftermath of a violent incident in a manner which respects the nurse's thoughts and feelings.

We believe that there is still a lack of institutional policies related to nurse abuse, a lack of staff training programs to help nurses deal with abuse, and no means of data collection related to abuse. Only a careful assessment of problems within an institution, based on information provided through staff experience, will indicate what action is needed.

The major areas where we believe we can obtain improvements include:

- the working environment
- information systems
- organizational/administrative procedures
- staff education and awareness
- training on issues and security measures
- planning to cope with violence, for example, security measures and communication
- procedures following a violent incident, for example, recording, and reporting of incidents.

The best strategy which can be adopted to deal with the problem of violence in the workplace is to focus on prevention. Prevention includes training and education, self-defence courses, adequate security systems, avoidance of working alone, emergency response teams and adequate staffing.

Above all, there must be a demonstrated organizational commitment to establish policies and procedures which provide optimum protection for nurses and other health care workers.

Defining Violence in the Workplace

What is violence in the workplace? There are many opinions and the NSNU supports a broad definition. As an example, the British Columbia Nurses' Union (BCNU) has issued a policy statement which defines workplace violence as:

An act of aggression — verbal or physical, assaults or threats in the workplace which may involve, but are not limited to, name-calling, swearing, hitting, biting, scratching, pinching, use of a weapon, sexual harassment and assault and/or battery.

Violence is not always random and unpredictable. Being prepared, having policies in place, and co-operation between management, staff and unions can help prevent violence.

In thinking about violence and harassment, it may help you to have some legal definitions of terms that you will hear about.

Assault

Black's Law Dictionary (Black's) defines assault "As any willful attempt or threat to inflict injury upon [another person], when coupled with an apparent present ability to do so, and any intentional display of force such as would give the victim reason to fear or expect immediate bodily harm." An assault may be committed without actually touching or striking or doing bodily harm to the other person. The word "assault" is often used to describe illegal force which is technically battery.

Battery

In Black's, battery is defined as the unlawful application of force to another person. It is the "intentional and wrongful physical contact with a person, without his or her consent, that entails some injury or offensive touching."

Threat

Black's defines threat as "a communicated intent to inflict physical or other harm on any person or on property. A declaration of an intention to injure another or his property by some unlawful act."

Sexual Harassment

Sexual harassment may be defined as any unwelcome verbal or physical advance or sexually explicit statement — such as leers, pats, grabs, jokes, requests for dates, sexual assault, or posting offensive materials or pictures.

The Nurses' Union believes that the Nova Scotia Human Rights Act provides that every employee has the right to be free of sexual harassment by the employer, the employer's agents and fellow employees. The Supreme Court of Canada has stated that employers could be held liable for all acts employees committed in the course of their employment, including those of sexual harassment.

Many nurses under-react to sexual harassment, blame themselves for the problem, or feel embarrassed or threatened. Nurses need to report sexual harassment to their supervisors or a committee appointed to handle such complaints.

Verbal Abuse

A 1995 Nova Scotia survey (Cruickshank) indicated that 63% of respondents reported having experienced harsh or insulting language. Patients/clients were cited as the most frequent perpetrators of violence, with family members being listed second and colleagues or other health providers third.

Verbal abuse arises from the abuser as a way of dealing with anger — an example is people who scream and throw things if they are unhappy. The nature of any helping profession is that the helper can blamed if anything goes wrong. Many nurses experience anger from patients or residents because of the decline in health care service.

Incidence and Prevalence of Violence in Nova Scotia Workplaces

Nova Scotia nurses have experienced significant incidents of violence in the workplace. In a recent Nova Scotia study (Cruickshank, 1995a), nurses reported a total number of 5923 violent incidents within the year leading up to the survey. Some nurses indicated that they had been victims of more than one type of violence.

- **63%** of respondents reported having experienced harsh or insulting language
- **25%** had been verbally threatened with physical harm
- **35%** had attempts of physical harm made against them
- **24%** were sexually harassed in the workplace
- **21%** were victims of a physical attack.

These violent incidents occurred in a wide range of practice settings including:

- acute care settings
- emergency departments
- critical care units
- psychiatric in-patient units
- community health agencies
- homes for special care.

Violence towards nurses is happening in Nova Scotia. We must take action to stop it NOW.

Prevention

NSNU believes that preventing violence is imperative. Prevention involves creating an environment (a physical environment and people's attitudes) to discourage the opportunity for violence. Awareness of the elements of prevention are key in reducing and eliminating violence. In this section we will examine:

1. The physical workplace
2. The patient/client or resident
3. Other employees
4. Are there factors that can increase the risk of violence?
5. Management policies
6. Education
7. Being prepared for violent incidents
8. Continual review of policies and the workplace.

1. The physical workplace

The design and environment of buildings, waiting rooms, and reception areas may significantly affect the likelihood of outbursts of aggression and violence. Often, the people with whom nurses are dealing are already under some kind of stress, and being in unfamiliar surroundings may make their stress worse. We recommend a review of the following areas:

Lighting

There should be diffuse and glare-free lighting of sufficient brightness to enable all areas of the room or area to be viewed and monitored by the staff person for security reasons. There should be no dark corners where lighting is dim, and people can deliberately hide or move unseen.

Space

Does the facility's layout invite violence? For example, do doors open to the street or are you located in the middle of an unsafe neighbourhood? If so, items such as video monitors and/or security staff may be required. Panic buttons in public service areas or cubicles allow a nurse to alert others to a problem.

Are escape routes known and clearly marked? Are employees trained in evacuation procedures, to protect the safety of patients, clients or residents in the event of a violent incident?

Are waiting rooms cramped? There should be sufficient personal space so that patients/clients do not feel crowded or threatened by other disturbed persons who may be sitting in close proximity. They should also have easy access to washrooms, refreshment facilities, and telephones.

Parking lots should be well lit. If at all possible, do not leave work alone — try to leave in groups, or request an escort. Car pooling is good for the environment and means you don't travel alone. Have your keys ready — automatic locking systems on cars allow a quicker entry. Check the back seat of your car before entering, and lock your doors as soon as you are inside.

Desk or work station design

Nurses' work stations should be designed in such a way as to provide a barrier between nurses and visitors at the station. The work station should be set up in such a way that visitors standing at the desk cannot see confidential information such as patient charts. Work stations should face the entry-way to avoid visitors being able to approach unseen. Remove obstructions to avoid blocking the view of approaching public. If lockers are not provided, nurses need to have access to a locked area to put valuables while at work (such as wallets or purses).

Signage

Directions to various departments or services should be well marked. Indicate waiting areas and how to access cafeterias. Restricted areas should be well-posted.

Height Markers

Height markers should be attached to doorways, especially in areas such as emergency or any department near a street-access. This will allow you to better estimate the height of any suspicious person.

Noise Reduction

Reducing noise is important in reducing problems. Noisy carts, banging doors and PA systems conveying distressing or anxiety provoking information may antagonize stressed people. Appropriate sound absorbing surfaces, materials and baffling or curtaining that does not restrict vision are helpful.

Colour

Wall coverings and surface finishes in waiting areas should be subdued. Pictures and plants are visually attractive and relaxing, and provide personal space between chairs.

Avoid Boredom

During long waiting periods, anxiety may be relieved by reading materials and TV's which are suitably located (and controlled and monitored). Bearing in mind noise levels, vending machines and toys for children provide some distraction or activity for people waiting. Regular updates on how long the patient/client can expect to wait are important and can defuse frustrated, angry people who have been waiting for lengthy periods of times.

Staffing

Inadequate staffing creates opportunities for violence and crime. Quiet nights are of concern, as are high activity times of day when nurses are busy and not able to be on alert for problems. Staff should not be working alone, either at night or with patients who are at risk. Is it possible to implement a buddy system?

If not, when answering phone calls, do not mention that you are alone. Develop methods for suggesting that you are not alone. Use "we" or "the other nurse" when responding to calls.

Identification tags are essential, especially in a large facility where you may not know other personnel. Nurses are encouraged to be alert for potential violence and suspicious behaviour and to report it when you observe or suspect it. Police often report that victims "felt" something was wrong, but thought they were overreacting and therefore didn't listen to their natural instincts.

Experienced staff have the street smarts to recognize problems and the confidence to report. Encourage inexperienced staff to develop and rely on "gut feelings". Do not schedule inexperienced staff alone, especially at night.

Steps to a Safer Workplace

1. Expect, and insist, on a safe workplace

2. Walk around the workplace regularly to see where violence might occur. Take action on problem areas.

3. Seek management's commitment to prevention.

4. Use your Occupational Health and Safety Committee (OHSC) and your Union to push for improvements.

5. Demand workplace policies that address problems of violence and harassment.

6. Work closely with other departments such as security.

7. Choose security features that are workable at your facility.

B. The Patient/Client or Resident

Know your patients. Both physical and psychological factors may lead patients to behave aggressively. The following factors are known to contribute to assaultive behaviour:

- A **history** of violent behaviour. Consider a patient, client or resident's history, especially if there is aggressive or violent behaviour on file.

- **Clinical conditions** such as dementia, head trauma, hypoglycemia, emotional disorders or substance abuse alert you to the possibility of violence. Other diagnostic clues may include paranoid character, borderline personality, anti-social personality, temporal lobe epilepsy or passive aggressive personality.

- **Behavioural** clues are a critical element in assessing a patient's potential for violence. Warning signs of anger or frustration can be:

    - red-faced or white faced, sneering, glaring
    - sweating
    - pacing
    - agitation, such as wringing of hands
    - trembling
    - change in voice
    - chanting
    - invading your space.

- **Motor activity** — be vigilant with the patient who is unable to sit still and who paces around the room or halls. Although this is often the most ignored sign of impending violence, this behaviour in combination with the above-noted clues signals an emergency which requires immediate action.

- As indicated earlier, **trust your instincts**. If you feel something is "not right", documented cases of violence show that you're most likely right! Take appropriate action, which can range from asking a buddy to keep an eye out to calling security.

Diagnosis of dementia

Nurses in long term care will know (or be able to find out) the history of residents. Alert colleagues when a resident is having good or bad days and seek physician assessment when necessary. Balancing the rights of the resident with your safety is difficult — raise the issue with those in charge and discuss problems and possible solutions. Your union-management meetings can provide a possible forum.

Intoxication from drugs or alcohol

Intoxication is an immediate alert to danger. Have a colleague, or security member, present to assist when treating patients under the influence. Flexibility is also important. While intoxication is not in itself a medical emergency, it is wise to provide immediate assistance to avoid a violent reaction.

The treatment environment itself

Knowing that the patient/client or resident is in a stressed situation can be a signal, but also consider the factors present in your physical environment. The previous section on environment will be helpful in creating a relaxing environment. Also consider **staff characteristics** — is there currently conflict between staff members, or anxiety or ambivalence towards the patient/client? A stressed person will pick up on conflict or

tension, and it may make their level of stress higher. Easier said than done, but staying calm and taking the appropriate amount of time with a patient can soothe a potentially dangerous situation.

Patient confidentiality — the duty to warn

Although medical and nursing professionals owe a duty of confidentiality to their patients/clients and residents, the courts in Canada have declared that this protective privilege ends where "public peril" begins. It has been held that the victim's interest in protection against anticipated danger is more important than the patient's interest in privacy.

Nurses know their "client group" — whether in a hospital setting, long term care, or homecare — but they also need a reasonable means to be aware of who is assessed to be violent or otherwise dangerous. You are entitled to be given means of adequate personal protection. Examples can include a range of actions, from having two or more staff members involved in direct dealings through to chemical or physical restraints.

Alert colleagues about patients with known histories of assaultive behaviour, and implement a system that protects confidentiality but alerts staff. If you are uncertain — seek discussion with your colleagues and management, in such forums as professional practice meetings, or if unproductive, through union management meetings with your union.

The age of the patient/resident

Dealing with young children and their parents, or the elderly, can provide a different set of variables, particularly if the patient has mental or developmental challenges. Consistency of actions, that is, all nurses expecting the same level of courtesy and respect from patients is important. To do this, standards need to be part of the training and orientation, and tailored for different units.

What can we do?

In general, assess patients completely for potential violence and consider a range of actions:

1. **Alert colleagues** about problems, either case histories, or daily status of residents;

2. Change **inflexible routines and policies** to fit patient needs — minimize waiting periods for patients;

3. Ensure that the flow of visitors is **watched**;

4. **Train** staff who may encounter violence to detect agitation and respond in an appropriate way;

5. Be confident in using **restraint and seclusion** but use them wisely, and know your facility's policies;

6. Know **emergency response systems**, and how to get help, especially on shifts with fewer staff;

7. Pressure management to ensure **adequate staffing levels.**

C. Other employees

The NSNU has not received information that would lead us to conclude that other employees are a common source of worry. However, violence between co-workers can happen. The employees may be nurses, or other staff. You could be the victim of violence or harassment, or may witness interactions between other employees. There are often warning signs that violence may occur. Consider the following characteristics:

A history of potential violence

- stated intention — a verbal or written threat against another employee
- violence toward inanimate objects (kicking, hitting)
- holds grudges
- inappropriate behaviour - giving gifts, calls at home, stalking
- preoccupation with weapons - for example, gun magazines or continued talk of use of weapons
- argumentative
- easily frustrated
- uncooperative - challenges authority
- suspicious, speaks of being a victim
- lack of concern for others' feelings and/or physical well-being.

Signs to watch for:

- sudden increase in stress - loses job, break-up with partner, financial problems
- increase in threats or unusual behaviour
- appears depressed, expresses hopelessness
- heightened anxiety.

Consider these behaviour patterns in context, but be on the alert. In particular, watch for people who exhibit more than one of the above, or show an increase in frequency or intensity. Disputes between employees can begin as a verbal dispute and escalate. It usually occurs over an apparently trivial cause. Advise your manager immediately if you observe this kind of problem building.

D. Are there factors that can increase the risk of violence?

Work situations, occupations and outside factors can contribute to the likelihood of violence. As well, certain times (of the day, month or year)

are more stressful for people — your patients/clients or residents, and the people you interact with at your work site. Some kinds of jobs are more likely to see violent behaviour:

- working with the public
- providing health care, advice or education (all parts of a nurse's job)
- working in tense (or potentially tense) locations such as emergency, surgery, psychiatric units, home care situations, etc.
- times of uncertainty or change, for example, a strike or merger.

Time-related factors can also influence the mind-set or mood of people:

- times of year, such as Christmas, can provide extra stress and unhappiness
- working late at night or early in the morning
- billing times, such as the end of the month (people may be short of money and have the stress of unpaid bills)
- during contract negotiations (nurses or other unionised groups)
- time of life, are you dealing with adolescents or teens, or people who are experiencing mid-life crises.

E. Management policies

Under the law, under the collective agreement, and morally, management has a responsibility to provide a workplace free of violence and harassment. The confidence of staff and their ability to cope with stressful interactions improves if they are supported by their supervisor and manager and if they have institutional support that shows in attitudes and policies.

The NSNU believes that the Occupational Health and Safety Committee (OHSC) can be instrumental in making recommendations on what should be included in policies and procedures regarding violence. If the employer

currently has a policy related to violence it should be evaluated by OHSC for its effectiveness and to ensure that it is current.

A policy on violence and harassment should recognize the potential for these issues by the very nature of the workplace. The policies must:

- recognize the need for initial and ongoing training
- provide for the development of procedures or protocols for the recognition and management of aggressive behaviour
- set out how and when nurses, and other staff, will be notified of patients'/clients' or residents' potential to act out aggressively
- require that all incidents be reported — including "near misses", and that incidents will be investigated objectively
- ensure that all assaults resulting in injury, whether physical or psychological, are reported to Workers' Compensation
- give support to the victim of violence, including supporting her/him in the prosecution of the assailant.

It is also important that policies, protocols, procedures, and the employer's position on these issues be **public** and **well advertised**.

F. Education

Training and education are essential elements of any program against occupational violence. Training can:

- foster positive attitudes of respect toward all employees
- inform all employees of the standards with respect to abuse, harassment and violence
- encourage a supportive network for any potential victims through understanding the source of the problem
- equip nurses to be more competent in a range of circumstances

- prepare nurses with consistent approaches with potentially problem patients, residents or clients
- be specialized for nurses who work with disturbed, violent or special needs patients/clients or residents
- be specialized for nurses who work with children and/or adolescents
- train employees how to debrief from an actual violent situation, how to report and follow through
- teach employees techniques for victim support.

There are a wide range of personal feelings and values about dangerous behaviour. Training programs need to identify and explore personal feelings. This is particularly relevant when dealing with harassment issues. As well, training should ensure that staff members understand that they are not responsible for the violent behaviour of others and that they have not failed in their professional responsibility if a violent incident occurs.

Training programs should address the following issues:

- Employee rights and obligations with regard to violence in the workplace
- Awareness of violence and harassment as problems
- Personal safety, in and out of the workplace
- Warning signs of potential problems
- How to report problems, and have them addressed effectively
- Verbal and nonverbal de-escalation of potentially violent situations
- Conflict resolution
- Crisis management, anger management
- Mediation
- Critical incident response.

The format of the training program is important. It is most effective with small groups of 10 to 20, led by trainers who use discussion groups, lecture and a variety of resources such as videos and slides. It should also

include written material to take home for later reference. Role playing is important in two ways. It allows nurses to become aware of feelings by "acting out" specific situations, and it also allows nurses to "practise" their skills and/or responses to situation, making it easier to call upon those skills when they are needed. Training and learning is a demanding process and it is best if training sessions are short: no more than five or six hours (and there should be breaks).

Training modules on things such as defusing potentially violent situations and self-defense are very helpful. At times, the only way to control violence may be by using physical intervention techniques and these should be learned before they are needed.

Fitness needs to be promoted and supported by the employer, not only for a variety of reasons related to work performance, but also so that nurses have the physical strength to implement restraint measures.

Information on training programs are available through the Registered Nurses' Association of Nova Scotia (RNANS). Numerous training firms offer packaged courses, and some firms will tailor a program to meet your needs.

G. Being prepared for violent incidents

The importance of being prepared is essential. While no training program can guarantee safety and security from danger or harassment, being prepared will allow the victims of violence to receive the best response possible. Despite all efforts to prevent violent incidents, or harassment, it is a matter of "when" not "if". Statistics indicate that it will occur. Will you be ready to respond in an organized and thoughtful manner?

Violence is a form of disaster and like a disaster, a quick, professional response is necessary to avoid further injury, psychological damage and

possibly death. The Occupational Health and Safety Committee (OHSC) must ensure that plans are in place for:

- harassment
- threats
- robberies
- murder
- domestic violence
- stalking
- assaults, including sexual assaults
- rumours
- swearing
- arguments
- vandalism
- thefts
- hostage incidents.

While it is not possible to prepare a plan that will deal with every incident that may occur, having plans in place will leave your workplace ready. The plans should be developed by a group or committee of varied professionals and employees, debated, reviewed and refined. If at all possible, the plan should be practised and rehearsed.

Your plan should include how to connect quickly and efficiently with appropriate outside bodies such as the police or the fire department.

H. Continual review of policies in the workplace

Once policies are in place, the job is not done. It is important that they are reviewed, critiqued and updated on a regular basis. The NSNU suggests that this should be done at least every 3 to 4 years.

Mistakes to watch out for:

Not talking about violence or harassment BEFORE it happens.

Believing that you, or your facility, is safe from violence.

Not trusting your gut instincts.

Not having a disaster plan in place.

Not providing support and counselling to victims, and their co-workers after an incident.

Ignoring the warning signals of problems.

Not taking threats seriously.

Security Options

Security must be a part of the procedures designed to combat occupational violence.

Security personnel

Trained security personnel can perform a valuable function in helping defuse a violent situation and assist with physical intervention and restraint when necessary. In some facilities, security guards monitor parking lots and escort staff to and from their cars in the evening and night. At entrances, they can monitor the comings and goings of visitors and patients, and intervene if a problem is walking through the door.

Name tags

Name tags can be problematic if they include last names. Nurses working in psychiatry and large facilities have experienced harassment from patients who traced their telephone numbers and address because their names are available. The NSNU recommends that only first names be used, or first names in combination with an initial and title.

Institutional tags are recommended as a security device because they allow staff to recognize a co-worker and prevent fake tags from being used. This may be less of an issue in small workplaces.

Alarm systems

There are a variety of alarm systems on the market. They can increase security by controlling access to areas of the facility or alerting other staff to impending trouble.

Personal alarms

These alarms, which are worn on your body or carried, are widely available. They can either communicate with other staff, silently alert designated staff to trouble or trigger a loud noise as a deterrent to a would-be attacker. However, if the device is deep in a pocket or purse, there may not be time to locate and activate it. They should be light, easy to operate, and have a one-time activation (not a hold-down) button. If dropped or thrown, the alarm should continue.

Panic buttons

Strategically placed panic buttons can be installed throughout the facility, wherever needed. They can trigger an audible or visual alarm, or trigger a monitoring console specifying the location of the problem. A disadvantage is that unless buttons are numerous, an employee may be prevented from reaching them if they are attacked.

It may be possible to have panic buttons placed in particular rooms or locations in places like outpatients or emergency. These rooms could be identified for known problem patients who return for treatment, or for a patient who is identified as a potential problem at the time of admission.

Two-way communication devices

There are many new systems available. The principle is that they allow two-way communication between a member of staff and a home base.

Emergency Codes

Emergency codes can be helpful in both institutional and community settings. In institutions, code "blue" should bring the aid of a qualified and trained emergency response team within a very short period from when the code is called. In the community, nurses can use emergency codes if they are in trouble in a client's home. These codes can alert the staff at the office while the client thinks the nurse is just making a routine

phone call. In some agencies, nurses are also told to use the 911 emergency number if they get into a serious situation.

In some facilities, nurses use code "pink" if they are in a situation where they are being verbally harassed. When this code is called, as many nurses as are available come to the unit and surround the two individuals — saying nothing, but being present to witness the event. This has been an effective tool in dissipating the harasser's wrath and discouraging continued abusive behaviour.

Emergency Response Teams

Is there anyone for the nurse to call when a patient has become violent? Is there an emergency response team trained and prepared to deal effectively and safely with an aggressive patient? Some agencies have such teams which are summoned by calling a specific code, such as "code blue — emergency department" on the PA system or emergency beepers. The individuals who comprise the team then have specific roles and responsibilities to carry out. The OHSC must monitor the effectiveness of any emergency response or on-call team and ensure their ongoing education and training.

Video Cameras

Video cameras which monitor an area — such as the entrance to emergency — can be useful. They should be viewed from a central location. Video taping is also an option, since the tape may be helpful following a violent incident. The tape might be used for prosecution purposes or review by OHSC as a learning tool.

Staffing Ratios

Staffing arrangements are likely based on certain criteria which may not have included the risks inherent in the job itself or the changing social times. Ratios need to be reviewed by the OHSC keeping in mind safety issues. Nurses with clauses in their contracts on professional responsi-

bilities, security measures, occupational health and safety, and union-management committees can raise the issue with the employer through these committees.

Working alone

Understaffing results in hospital and long-term care nurses handling wards by themselves, particularly at night. These circumstances place nurses and other health care workers at increased risk. If at all possible, nurses should never be at work alone. This is especially important where they are responsible for supervising potentially violent individuals. In some situations, nurses should only enter a resident's or a patient's room with a buddy if the patient or resident is at risk for violence.

Community nurses

The principle of not working alone holds true when working in the community. Many urban community health units "buddy up" nurses in certain situations or request police accompaniment. If you, as a nurse, using your professional judgement, is uncomfortable about going into a particular home alone, then do not do so. For extra information read the section on Community and Home Care Nurses.

Police Liaison

The police have an important role in preventing and containing potential violence in the community and in health care facilities. Police need to be consulted in the development of workplace violence procedures since they have experience with these situations.

In the community, nurses who are concerned about a particular visit are encouraged to take someone with them, such as a community service officer from the RCMP or local police department. Police often patrol in teams — why are nurses expected to enter unknown territory alone?

When police are called to a health care facility, there should be a clear understanding on both sides of how officers are to be deployed. One member of the health care team must take overall charge of a situation.

Community and Home Care Nurses

Nurses involved in community or home care work face special challenges when it comes to violence. These nurses, by the nature of their work, are alone and away from the support of the workplace. If your job involves this kind of work, planning is important to prevent problems peculiar to your position.

Planning your visit

Many of the earlier sections are relevant, and won't be repeated. It is important to consider two key factors:

1. Does the client/patient have a history or potential for violence?
2. Is the area of their home dangerous?

If the answer to either of these questions is "yes", try to use the buddy system and visit with a partner. Make sure that your nursing manager or supervisor knows of your visit, and check in when you are finished. If you do not report in at a previously arranged time, have them contact the police immediately.

Plan your trip for daylight hours. In the winter, it gets dark earlier, by 4:00 p.m. Make sure that your appointment finishes in time to get to your car and leave before dark.

Always keep your car and tires in good repair. Keep your gas tank at least half-full. If you are lost, go to a service station or store to ask for directions. Lock your car, especially when you are in it.

Plan your parking space to be as close to the client's home as possible. Do not park near alleys or dark entrances — try to park under a streetlight. Do not park where your car can be blocked in. Scan the area before you get out of the car. Watch for people hovering, particularly if they are waiting in a dark alley or alcove.

File a copy of your "flight plan", where you will visit and times, with your home base. As well, you need to have established report-in times. Have set procedures that will be followed if you do not check in as planned. Be vigilant in following your procedures so that your home base knows to call if you don't check in.

Having the requirement to report gives you a reason to call in if you feel uncomfortable in any situation. A previously identified "code phrase" or words can signal your manager that you are experiencing difficulties. You can also call your partner and ask when they expect to join you at the client's situation (implying a previously arranged meeting).

If you are asked to go into unsafe areas regularly, raise the issue with the occupational health and safety representative or your shop steward.

Apparel tips

Dress appropriately for the situation and area you will be visiting. Jewellery (particularly hooped earrings, chains, purses, ties) provide an item for an attacker to grab, as well as being attractive to would-be thieves. Carry a briefcase — not a purse. A jogger's pouch with identification, car keys, and a small amount of money (no credit cards) not only frees up your hands but also protects you from theft. A cell phone is an essential safety feature. Have your cell phone set for speed dial for emergency calls.

Professional clothing for your visit helps establish a business-like relationship with your client or patient. Name tags should include only your

first name, and business cards should include only your business address and phone number.

During the visit

Present yourself in a confident and professional way. If possible, for the first visit, meet at a neutral spot to get to know each other. A neutral spot might be at the office, or at a local Tim Horton's or restaurant.

When you do a home visit, identify yourself at the door. Do not stand if the client sits, or sit if the client stands. Sitting at a table is the best because it provides some distance. Do not sit on the client's bed. Make sure you are in a firm chair so you can get up quickly. (If there are only soft chairs, sit on the edge). Stay within sight of the exit door and try to sit where you have a clear view of other room entrances so no one can sneak up on you.

Always look as if you are in control, even if you are uncomfortable. Keep a safe distance between yourself and the client. This allows you a reaction time in case they try to kick or grab. Follow clients up stairs so that they are not behind you. Stand to one side of them when talking. Explain what you are able to do for them. Leave if they are inappropriately dressed.

Do not stay in a room with an animal that makes you uncomfortable. Request that they be locked in a bedroom during your visit. If the client refuses — leave!

Do not be aggressive or challenging, particularly if you feel they are potentially violent or hostile. Explain procedures and the client's rights. End the visit in a non-confrontational way if the client seems to be intoxicated, under the influence of alcohol or drugs, or out of control.

As indicated in earlier sections, law enforcement professionals confirm that your gut instincts are probably right. Your safety and life are too important to take chances.

> Do not feel that you are unprofessional if you leave a situation and admit that you are fearful.

When leaving your home visit...

Do not allow a client you do not know well to accompany you to your car. Have your car keys in your hand well before you reach the car. Walk with confidence keeping your head up to observe what is going on around you. Stay in the centre of the sidewalk, away from shrubs, doorways and other hiding spots. Walk around groups of people, not through them.

Check to see if anyone is hovering in the area of your car. Automatic unlocking and locking systems avoid delays. Check the back seat before you get in.

If you are being followed, walk quickly and directly, without running, to a safe place. If you are being followed when driving, drive to a police station, or a public, open store where there are lots of people. If possible, try to get the licence plate number. Do not leave your car.

Do not walk through alleys or dark streets to get to your car, even if it is a short-cut. Enter your car and lock all doors immediately. Do not stop if people try to flag you down. Do not stop for accidents (which could be staged). Leave the area immediately and contact the local authorities if you see an emergency.

What if something does happen?

Mentally rehearse a problem situation in your mind before you encounter it. Plan remarks that you might be able to make to calm them down. If you can, role play some difficult situations with co-workers. This kind of rehearsal can prepare you for a violent situation.

If you are detained, stay calm and polite. Speak softly and try to use a sense of humour. Plan your escape route while you are talking. Tell the person detaining you that you need to check in or the authorities will be called. Use your cell phone. A prearranged code can alert home base to your difficulty and by checking your flight plan, they can send appropriate assistance.

Alternately, advise the client that you have to meet a co-worker at a prearranged time or that you have to be back at the office for a meeting at a certain time.

If an assault does occur, get away as soon as you can. Call the police immediately. And, as soon as possible, write down everything that you can remember, including what you were wearing, what they were wearing, what was said by each of you, and any witnesses. Write down as many details as you can think of. Even if details are not immediately useful, at some later date they may help you remember facts.

Report any incidents — including feeling threatened or frightened — and make sure that other community organizations that deal with the client are informed of possible danger. Do this in consultation with your nursing manager to ensure that professional standards and laws are followed.

Mentor a new nurse

If you are experienced, share your knowledge with new nurses. Share you knowledge of your client, particularly if the client is transferring to some-

one else. Provide information on high risk geographical areas, suggested parking spots, what to look for.

Never carry any type of weapon, including pepper spray. Remember — weapons can just as easily be used against you, and are illegal in some areas.

What if an incident of violence does happen?

Despite the best efforts of all parties, it is possible that a nurse will experience violence in the performance of professional duties. Read the section for community or home care nurses — some of those tips will be helpful to you.

If you do encounter a potentially violent situation, early intervention and action can make a difference in the outcome. (This is not a new concept for nurses). Using the right response to different levels of acting out is important.

Verbal approach

Most often the most effective intervention to verbal violence is to talk to the patient or resident to try to get them to express their frustrations in a constructive way. Threats must be dealt with in a firm — but limit-setting — way. You must have the willingness to back up these limits. It is important to convey to the patient or resident that it is not acceptable to threaten and that their lack of control will have a consequence.

If they are lucid, try to hear and understand their frustrations. Empathy, sympathy and understanding can calm down many angry patients or family members. If they have a legitimate complaint, explain the procedures of your workplace to have those complaints dealt with. Explain the rules and regulations you are following, and to whom they can go if they have a problem or complaint.

Offer food and/or drink

If talking can't defuse the situation, offer the patient or resident something to eat or drink to lessen anxiety. Do not offer a hot drink since it

could be thrown at you. The combination of talk, food and drink has defused a number of potentially violent situations.

Medicate

If talking, food and drink do not help, appropriate medication may be necessary. Medication is aimed at modulating aggression, not rendering the individual helpless. Setting a safe distance between you and the patient or resident can decrease stress — do not invade their personal space. It also places you out of the client's reach should violence erupt. Call for assistance without hesitation.

Security personnel or emergency codes

If the patient or resident is not lucid, and medication has not helped, call in security personnel or the emergency response team using a previously identified code. Upon arrival, they should stand where they can be seen by the patient. Their presence may be enough to stop further acting out. It will help them realize that you have the back up you need to do what you need to do.

Physical restraint

If none of the above is effective, and the patient's or resident's agitation reaches the state where restraint is necessary, security or emergency team members can be called upon to help to restrain the patient as a last resort. **The NSNU strongly advises that a doctor be called in at this time so that the order to restrain can be done under his or her direction.** Be aware of the restraint policy for your facility.

Long-term care facility

If you are in a long-term care facility and a doctor is not immediately available, contact the unit co-ordinator or appropriate nursing manager. Warn the patient or resident of what will happen if they do not calm down — give them time to get themselves under control — and then act upon the advice.

Once a patient is in restraints, it must be dealt with as a psychiatric emergency and every effort must be made to get them out of restraint as soon as possible. This will generally involve rapid tranquilization and supportive therapy.

It is essential that any of the above are reported to authorities and noted on incident reports. Any policies or procedures must be followed exactly.

Staff members have the right to use adequate amounts of force to protect themselves and others from attack, but only the minimal amount of force necessary to control the assaultive patient or resident and thereby prevent injury. It is essential that you document staff actions in cases of medication or physical restraint.

After an incident of violence

It is important that any nurse or health care worker who is the victim of occupational violence be treated with respect, consideration and support by colleagues, supervisors and managers. Peers and managers may fail to recognize the deep hurt and emotions caused by the assault, especially if the physical injuries are minor.

The reaction to violence is similar to other victims and range from short-term psychological trauma to post-traumatic stress disorder. It is not uncommon for victims to experience:

- anger
- anxiety
- irritability
- depression
- shock
- disbelief
- apathy
- self-blame
- fear of returning to work
- disturbed sleep patterns
- headaches
- changes in relationship with co-workers
- increased use of alcohol and medication
- feelings of professional incompetence or burnout
- loss (or increase) of appetite
- hypertension/ulcers
- feelings of powerlessness and vulnerability
- inability to concentrate, which can lead to
- decrease in performance and/or increase in mistakes
- increased use of sick time.

There are many factors, including reduced budgets, which can prevent an agency or workplace from recognizing the problem of violence. Recognizing violence means an obligation to do something, and doing something usually costs money. As well, because the person inflicting the violence is a patient or resident, staff may not see the incident as a work-related incident but as "part of the job". This philosophy excuses the patient/resident and allows management to permit assaultive behaviour to continue. It also increases stress since the nurse can believe "if I had been a better nurse, this wouldn't have happened".

Nurses see themselves as caregivers, as strong and professional employees who are in control and are not weak. Victims of assault can sometimes downplay the severity of the incident, particularly if no physical injury is evident.

To support a victim of violence, the following steps are recommended:

Medical attention

Obtain medical assistance if required. If the victim goes to emergency or occupational health, follow up with the family doctor. Have a trusted friend go with the victim for moral support and to help record what is happening. The friend's notes and testimony could be helpful later on.

File an incident report

It is important that incidents of violence be documented. An injury can appear minor at first but continuing problems may occur or problems may only start after the incident. Filing an incident report protects the nurse and reinforces for the employer that violence in the workplace is happening.

DOCUMENT! DOCUMENT! DOCUMENT!

File a Workers' Compensation (WCB) claim

If the violent incident results in lost time from work or medical attention, the employer must report it to the WCB within a specific period of time. To receive compensation, file a claim.

Currently, lost time and benefits are paid to a nurse who is disabled from earning full wages after a period of at least two days. NSNU is pressuring the government to change this two-day gap. Benefits for lost time due to stress are, at present, only paid when the stress is due to a traumatic or critical incident.

Contact the Union

NSNU encourages contact with a shop steward or local executive as soon as possible. The Union can advise on proceeding with the steps set out above. They can also make sure that the incident is brought before the OHSC or the union-management committee.

Consider a grievance

Talk to a shop steward or local executive about whether or not a grievance is appropriate. If the employer has failed to make reasonable provisions for health and safety, a grievance may be in order.

Take pictures

Take pictures of the bruises or any other signs of injury. Make sure you use colour to show the extent of the injury. Take pictures at various times (as the bruises develop and heal) and keep a record of the date the pictures were taken. Take pictures of the site of the incident to show the area as it existed at the time the incident occurred.

Reassignment

A nurse who has been assaulted may be required to continue to care for the resident who assaulted he or she. This can be very stressful. The

option to be relieved of the duty for continuing care of that resident or patient must exist.

Accident investigation (Critical Incident Analysis)

The employer must conduct a full investigation of the violent incident. This may involve calling a meeting of all involved staff promptly after the incident. The investigation must be done objectively and without blame. The meeting should examine precipitating factors, analyze and identify the event, and identify any patterns of escalating violence. The goal is to formulate a plan to prevent such an incident from reoccurring. It is a good time to review procedures and policies to see if a change could have prevented the incident.

The employer should also provide a forum for staff to ventilate feelings and offer their suggestions, and to provide unit counselling when warranted or requested.

Complaint to Department of Labour Inspector

If the employer has failed to take reasonable precautions to protect the health and safety of staff, including protection from violent assault, it may prove effective to request a health and safety inspector from the Department of Labour inspect the workplace. The inspector can write a report or make orders or recommendations to the employer to make changes. We recommend involving the union and the OHSC representative in this case to have support throughout this process.

If the Department of Labour will not take action, depending on the circumstances, the nurse and/or the Union may wish to consider launching a private prosecution.

Exercising the Right to Refuse Unsafe Work

Again, with Union involvement and advice, a nurse may wish to exert

rights under Section 43 of the Occupational Health and Safety Act. However, this right is limited in health care institutions. Advice is important.

Laying criminal charges against the patient/resident/client

Assault is a criminal offence. The employer should be urged to call the police to investigate and lay charges. If the police do not lay charges against the assailant, the nurse can still have charges laid through an independent complaint. Some employers are supportive of this action. There are remedies for punishment of the perpetrator including a possible order for payment of compensation (known as "restitution").

This choice is not supported by all nurses or employers. The nurse's personal opinion and feelings must be considered. Following an incident of violence, we strongly urge nurses not to make an immediate decision, but to take some time, get some advice, and think about it. You need time and information to make a choice with which you are comfortable.

Application for Criminal Injuries Compensation

Criminal injuries compensation can be awarded to individuals who have suffered personal injury resulting from the commission of a violent offence such as assault, murder, arson or sexual assault. Even if a perpetrator is not prosecuted or found guilty, you may be eligible for compensation. There are time limits in effect for some situations. For more information, contact the Victim's Services Division, (902) 424-8785. The Manager of the *Regional* Victims' Services is (902) 424-3309. The Manager of the Criminal Inquiries Compensation is (902) 424-4651.

Post-Assault Counselling

Victims of violence need a variety of services including medical attention, trauma-crisis counselling, legal advice and information regarding insurance, workers' compensation and rights relating to health and safety.

Many workplaces have employee assistance programs (EAP) available, or some form of counselling. Find out what is available through the shop steward, occupational health nurse or human resources department.

If not already provided, work to have the right to counselling and support enshrined in your workplace policies and procedures.

Sexual Harassment

Sexual harassment has received lots of coverage in the media and workplace. It continues to be a problem. Most workplaces have policies prohibiting sexual harassment, but open and subtle harassment continues.

Harassment has to do with frequency. Relationships in the workplace vary from person to person. You are closer to some co-workers, some are friends, and your relationship will be different than with those you don't know as well. Getting to know someone has to do with exploring boundaries — what's okay and what isn't. If you are giving clear messages — body language and direct verbal cues — that his or her behaviour is not wanted or acceptable, then harassment may be occurring.

Harassment is about power, not sex. It is illegal, offensive, a violation of your contract, a form of discrimination, and it needs to be stopped. That is easier said than done.

What is sexual harassment?

There are many definitions of sexual harassment. What makes a definition difficult is that people have personal feelings about what is acceptable and what is not. However, the NSNU supports a broad definition. One definition is:

any unwelcome verbal or physical advance or sexually explicit statement - such as leers, pats, grabs, jokes, requests for dates, and even sexual assault, that interferes with your ability to do your job by making you feel humiliated, intimidated or uncomfortable.

The Nova Scotia Human Rights Act defines sexual harassment to mean:

(i) *vexatious sexual conduct or a course of comment that is known or ought reasonably to be known as unwelcome,*

(ii) *a sexual solicitation or advance made to an individual by another individual where the other individual is in a position to confer a benefit on, or deny a benefit to, the individual to whom the solicitation or advance is made, where the individual who makes the solicitation or advance knows or ought reasonably to know that it is unwelcome, or*

(iii) a reprisal or threat of reprisal against an individual for rejecting a sexual solicitation or advance.

Remember that both women and men can be harassed. Martha Langelan in *Back Off! How to Confront and Stop Sexual Harassment and Harassers*, provides an excellent list of examples of harassment. It can include, but is not limited to:

- leering
- wolf whistles
- inappropriate gaze
- discussion of your partner's sexual performance
- comments about women's or men's bodies
- sexual innuendos
- "accidentally" brushing sexual parts of the body
- lewd and threatening letters
- tales of sexual exploitation
- graphic descriptions of sexual acts
- pornography
- pressure for dates
- sexual sneak attacks (i.e. grabbing buttocks)
- sabotaging work
- demanding, for example "Hey baby, give me a smile!"

- sexist jokes or cartoons
- hostile put-downs of women or men
- exaggerated or mocking "courtesy"
- public humiliation
- hooting, sucking, lip-smacking or animal noises
- stalking
- leaning over, invading a person's space.

"Oh, don't be a prude"

Some nurses don't want to speak up because they'll be accused of being a "stick in the mud" or a "prude". Banter is often used during high stress times to relieve tension. How do you judge the normal banter in a workplace from harassment? Nan Stein of the Wellesley Center for Research on Women and an expert on harassment suggests the following checklist:

Harassment	Banter or flirting
feels bad	feels good
one-sided	reciprocal
feels unattractive	feels attractive
is degrading	is a compliment
feels powerless	in control
power-based	equality
negative touching	positive touching
unwanted	wanted
illegal	legal
invading	open
demeaning	flattering
sad-angry	happy
negative self-esteem	positive self-esteem

An important factor is *how you feel*. If you are uncomfortable, fearful, unhappy, stressed — it is harassment.

What can you do?

If possible, we recommend that nurses directly confront the harasser. This should only be done if the harassment is not too severe or violent.

In *Back Off! How to Confront and Stop Harassment and Harassers*, Martha Langelan recommends the following:

1. Do the unexpected. Name the behaviour. Whatever the harasser has just done, say it and be specific.

2. Hold the harasser accountable for their actions. Don't make excuses; don't pretend it didn't happen. Take charge of the encounter and let people know what they did. Privacy protects harassers, visibility undermines them!

3. Make honest, direct statements. Speak the truth. Do not threaten, insult or be obscene. Do not appease or flatter. Be serious, straightforward and blunt.

4. Demand that the harassment stop.

5. Make it clear that all nurses have the right to be free from sexual harassment. Objecting to harassment is a matter of principle.

6. Stick to your own agenda. Don't respond to the harasser's excuses or diversionary tactics.

7. Behaviour is the issue. Say what you have to say, and repeat it if the harasser persists.

8. Reinforce your statements with strong, self-respecting body language. Meet their eyes, have your head up, shoulders back, take a strong,

serious stance. Don't smile. Timid, submissive body language will undermine your message.

9. Respond at the appropriate level. Use a combined verbal and physical response to physical harassment.

There are some nurses who will not feel comfortable doing this. There are other approaches to try:

1. Write a memo to the harasser identifying the behaviour that makes others uncomfortable. If s/he has been harassing others, a group, anonymous letter may work. It is important to keep it factual, for example, "When you stand too close to me, you invade my personal space and I feel uncomfortable".

2. Talk to a sympathetic colleague of the harasser. Get the friend to raise the unacceptable behaviour with the harasser.

3. Get emotional support from co-workers, friends and family.

4. If the harasser is a doctor, notify your immediate manager. Separately, or together, you can contact the doctor's chief of staff.

If the harassing behaviour continues,

5. Document the harassment. Write down each incident, including date, time and place. Detail what happened and how you felt. Note what you said. KEEP A COPY AT HOME. This information will be essential if you need to take action later.

6. Document your work. Keep copies of performance evaluations and memos that attest to the quality of your work. The harasser may question your job performance in order to justify harassing behaviour.

When documenting harassment, make sure that you,

a) Photograph or keep copies of offensive materials at the workplace,
b) Keep a journal of detailed information,
c) Tell other people, including friends and co-workers, and try to have them witness and document incidents,
d) Keep the information safely at home.

7. Look for witnesses and other victims. You probably aren't the first victim! Ask around; you may find others who will support your views.

8. Talk to your union representative. Talk about filing a grievance, and what it will entail. Your union representative may have connections to people who can help.

9. Talk to a human relations manager. Take your representative with you. Have your facts together — and if you have other victims, go as a group.

10. Support others. Even if you haven't been the victim of harassment, support your co-workers if you witness it happening. Become involved — we're all in this together.

11. Think about your attitudes about sexual harassment, especially how they are tied to your beliefs about womens' roles in the workplace and what's "okay" and what isn't. Make sure that <u>your</u> comments or jokes don't belittle or make others uncomfortable.

Employer Responsibility

This is a good time to talk about the employer's responsibility for issues of harassment. The NSNU favours early intervention. In many cases, being direct with a harasser will be sufficient to get him or her to stop. If it isn't, then it is time to move on by using the methods outlined above.

If you decide to bring the complaint to the employer, they have an obligation to stop the offensive behaviour. Employers are responsible for the conduct of their managers, and to protect employees from harassment from co-workers, patients/clients or residents. They have a responsibility, at law, to intervene and do something about harassment.

An effective policy emphasizes the illegality of sexual harassment and ought to provide a procedure for employees to complain, in confidence, be protected, and have something done about their complaint. As with violence generally, education and training are essential.

To close...

Sexual harassment means bothering someone in a sexual way. Sexual harassment is behaviour that is not only unwelcome but in most cases repeated. The goal of sexual harassment is not sexual pleasure but gaining power over another. Some harassers want to put "uppity" or "aggressive" women in their place. Some want to "get them back" by putting down men. It's not funny — it's not flattery — and it's not your fault.

> Combatting sexual, or any, harassment in the workplace occurs when you foster mutual respect.

Union Member's Responsibilities

As union members, local executive members or shop stewards, YOU have a responsibility to combat violence and harassment in the workplace. What can you do?

Be proactive

Be sensitive to *all* nurses and their personal views. Remember, both men and women can be victims of sexual harassment. Watch for offensive materials or people who make jokes, in innocence or ignorance. Remove offensive material and talk to people about everyone's responsibility to make others comfortable in the workplace.

Take a leadership role in what is going on in the workplace. Talk to harassers about their jokes, explain how they are demeaning. This is as important as asking someone who is working unsafely and threatening other workers' health to correct their behaviour.

As a union official, you are seen as a leader and role model. Your actions and attitudes can say a lot, even if you don't say very much!

Shop talk

Listening to co-workers talking can give you clues to a problem about to occur. Rumours usually indicate trouble brewing. Intervene and go to the source.

Watch for a co-worker who suddenly changes, someone who may have had a good work record and is suddenly going downhill. Watch for mood swings, increased sick time use or depression. Talk to them in a confi-

dential location and let them know you are there for them if they want to talk about anything.

Watch for patterns. Continual turnover in one unit can signal a problem. Investigate. Talk to those who leave, even if they will only do so confidentially. Respect their confidences but alert sympathetic human resources managers that a problem is brewing. It is the employer's responsibility to investigate, intervene and do something.

As a shop steward, keep your local executive informed of problems. Consult with appropriate union officials if you feel unsure or want some advice.

Support NSNU in:

- Including a strong anti-discrimination clause in the contract
- Supporting your OHSC in getting procedures and policies in place that prevent violence and harassment
- Pressuring management to arrange training sessions on violence, assault, and harassment
- Pressuring the government to implement legislative changes to expand protection for victims.

Most of all — support your colleagues and set a high standard of respect for all employees by what you do!

Resources

Nova Scotia Nurses' Union (NSNU)

- Labour Relations Representatives are available through the provincial office
- Local Executive Committees located at each hospital, homes for special care, VON and Canadian Blood Services
- Shop stewards available at each site

Provincial Office:	NSNU 65 Queen Street Dartmouth, N. S. B2Y 1G4
Local metro area:	469-1474
Toll free:	1-800-469-1474
Fax:	466-6935
WWW:	http://fox.nstn.ca/~nsnu
E-mail:	nsnu@fox.nstn.ca

Registered Nurses Association of Nova Scotia (RNANS)

Suite 600, 1894 Barrington Street
Barrington Tower, Scotia Square
Halifax, N. S.
B3J 2A8

Local metro area:	491-9744
Toll free:	1-800-565-9744
Fax:	491-9510
Violence/web:	http://www.rnans.ns.ca/workplace_violence.html

Workers' Compensation Board (WCB)

Halifax:	Sydney:
5668 South Street	Medical Arts Building
P.O. Box 1150	366 Kings Road, Suite 117
Halifax, N. S.	Sydney, N.S.
B3J 2Y2	B1S 1A9
Toll free, mainland:	1-800-870-3331
Cape Breton:	1-800-880-0003
E-mail:	mailto:info@wcb.gov.ns.ca
Internet:	www.wcb.ns.ca/

Workers' Advisor Program

This program provides legal assistance and representation to eligible people. Offered at no charge to clients, it can assist those with problems or difficulties with Workers' Compensation claims. The Workers' Advisors are lawyers who can represent clients, answer questions, make inquiries, and represent clients in the appeal procedure.

Local:	424-4712
Toll free:	1-800-774-4712

Nova Scotia Department of Labour

5151 Terminal Road
6th Floor
P. O. Box 697
Halifax, N. S. B3J 2T8

Local:	424-5400
Toll free:	1-800-952-2687
E-mail:	labrohs@gov.ns.ca

Occupational Health and Safety Division 424-7649

General Inquiries	424-5400
Toll free in Nova Scotia	1-800-952-2687
Internet:	Http://www.gov.ns.ca/labr/ohs.htm
E-mail:	labrohs@gov.ns.ca

N.S. Department of the Attorney General Victims' Services Division

Head Office
4th Floor, 5151 Terminal Road
Halifax, N. S.
B3J 2L6
Phone: 424-8785

Halifax Area Public Office
277 Pleasant Street, 3rd floor
Dartmouth, N. S.
B2Y 4B7
424-3307

Victim's Services can provide direct services to crime victims, such as liaison with police, Crown and Corrections, court orientation, information and referral, and assistance with victim impact statements and criminal injuries compensation forms. Offices are located in Halifax, Sydney, New Glasgow, Kentville and Yarmouth.

Criminal Injuries Compensation can be awarded to individuals who have suffered personal injury resulting from the commission of a violent offence such as assault, murder, arson, and sexual assault. The individuals should have already filed a report with the police, although it is not necessary that the accused be prosecuted or convicted to qualify for compensation. There are time limits in some cases.

General phone:	424-8785
Manager of Criminal Inquiries Compensation:	424-4651

The Canadian Centre for Occupational Health & Safety (CCOHS)

250 Main Street East
Hamilton, Ontario
L8N 1H6

Phone:	(905) 570-8094
Toll free:	1-800-668-4284
WWW:	http://www.ccohs.ca
E-mail:	inquiries@ccohs.ca

The purpose of CCOHS is to promote the right of Canadians to healthy and safe work environment. The Centre is the authoritative information resource on occupational health and safety in Canada. Services consist of a national system of computerized information, an injuries service, a health and safety data base, products list, and publications. New, and very valuable, is a free personalized, confidential information service for Canadians. Services are bilingual.

Family Violence Prevention Initiative

Although not directly related to violence in the workplace, employees facing violence in their personal lives may find this a useful resource. A variety of written materials are available, including a resource centre.

Phone:	424-2079
Resource Centre:	424-2345

World Wide Web Sources

There are a number of Canadian and American web sites available for those who have access. Try searching under "violence in the workplace", "sexual harassment", "horizontal violence" or "nurses - violence", and other variations. Two particularly useful sites are listed. Although they are American, they do include articles and references which are international in nature.

Nurse Advocate:
http://www.nurseadvocate.org/nursewpv.html

American Nurses' Association:
http://www.nursingworld.org/dlwa/oshwp5.htm