

HSA 2020 Initiatives Workplan Template

SafeCare BC – 2020 Workplan

HSA Mission / Vision Statement

To empower those working in the continuing care sector to create safer, healthier workplaces by fostering a culture of safety through evidence-based education, leadership, and collaboration.

Instructions

A. Injury / Return-to-Work Issues: In this section, state the primary trends identified by your industry's data (normally provided by WorkSafeBC, but information from other sources may be used). This should be specific enough to be actionable, for example, primary causes of injury, location of injury, number of time loss injuries, or claim duration. You may choose a measure because it represents a large component of the injuries in your industry, or because the measure indicates some trend on a year-over-year basis (e.g., injuries of this type are increasing). Your key initiatives for the year will be focused on addressing these measures. Under "Objective", you will state the quantifiable improvement you would like to see in the measures you identified. This should state a specific improvement that can be measured at the end of the reporting year.

See the **HSA Planning and Reporting Information Package** pages 2 and 3 for more details.

B. Behaviour-Based Outcomes: In section B(i), identify the safe work behaviours or practices you are trying to create or change to address the primary trends identified in Section A. "Behaviour" may refer to a change in an individual employee, a manager, supervisor, or in the organization as a whole. In Section B(ii), provide evidence that the behaviour change has taken place.

See the **HSA Planning and Reporting Information Package** pages 4 and 11 for more details.

C. Knowledge-Based Outcomes: In this section, identify the knowledge, understanding or skills that would be required to create or change the safe work behaviours or practices identified in Section B. In Section C(ii), provide evidence that the knowledge change has taken place.

See the **HSA Planning and Reporting Information Package** pages 5 and 11 for more details.

D. Planned Activities: In this section, list the activities that you will undertake to impact the required skills, knowledge or understanding identified in Section C. Identify the number, frequency or timeline that will allow you to determine at the end of the reporting period whether you have successfully completed the activity. Focus only on the key initiatives that will help you ultimately impact the measures identified in Section A. You will track your activities throughout the reporting year and report them in the actual column.

See the **HSA Planning and Reporting Information Package** pages 6 and 11 for more details.

E. Organizational Capacity: In this section, list the activities that you will undertake to improve your organizational capacity so that you can carry out the activities identified in Section D. Identify the number, frequency or timeline that will allow you to determine at the end of the reporting period whether you have completed the activity.

See the **HSA Planning and Reporting Information Package** page 6.

F. Marketing / Outreach: In this section, list the activities that you will undertake to reach a broader audience and inform them of your products and offerings. Identify the number, frequency or timeline that will allow you to determine at the end of the reporting period whether you have completed the activity.

See the **HSA Planning and Reporting Information Package** page 6.

Initiative #1: Building Capacity

A. Injury / Return-to-Work Issues (HSA Planning and Reporting Information Package pages 2 and 3)

A. Using data and information from the industry, we have identified the primary trends within our industry and set the following objectives:

Musculoskeletal injuries (MSIs) are the leading cause of workplace injury in both sectors, accounting for 46% of long-term care and 41% of community health support services time-loss claims. Similarly, acts of violence are an area of concern, accounting for 17% and 6% of time-loss claims in long-term care and community health support services, respectively.

Similarly, the results of SafeCare BC's member survey and WorkSafeBC's market penetration survey identify MSIs and violence prevention as a key area of concern for continuing care organizations and frontline workers. Moreover, SafeCare BC's member survey identified a high priority around mental health, which is directly linked with exposure to workplace violence and harassment.

At the same time, long-term care disability costs are rising for long-term care employers, and return-to-work statistics for both sectors needs to improve with a 6-month truncated average of 39 and 40 days, respectively, per time-loss claim for long-term care and community health support services employers. This indicates a need to focus on proactive, supportive recover-at-work / return-to-work programming.

Finally, long-term data trends indicate that organizations with poor injury performance tend to remain in an outlier position without outside intervention. However, SafeCare BC's experience with its Tailored Outreach Program (TOP) indicates that a supportive consultative model can effectively help organizations address their workplace health and safety challenges. Preliminary data from the first TOP cohort (2018) shows that all 11 participating TOP organizations that completed their gap analyses saw a decrease in their injury rate from 2017 to 2018. Of that group, 6 of the participating 11 organizations their injury rate trends change from an increasing trendline to a decreasing trendline coinciding with their enrollment in TOP.

Results of SafeCare BC's member survey and WorkSafeBC's market penetration survey also identify key engagement strategies to address these areas. Specifically, employers and supervisors identified the need for one-on-one organizational support, greater training accessibility (including increased workshop frequency, greater geographic presence, and online offerings), and more resources (particularly for MSIs, violence, and mental health). Frontline workers identified a need for greater workshop accessibility (including addressing time constraints (issues with being able to take time off for training due to staffing shortages), greater geographic presence, and online offerings). Frontline workers also identified a need for more resources and training on mental health, violence, and MSI topics. Finally, both groups identified a need for role-specific training; that is, training courses specific to the roles and responsibilities of managers, supervisors, and frontline workers across all topic streams. Both groups show close alignment in terms of needs and align with the trends seen in the workplace injury data.

Continue to build capacity within the broader continuing care sector to address the underlying factors that contribute to workplace injuries and provide organizations with the tools to create proactive, supportive, and effective recover-at-work programs. We will achieve this through education, providing consultative support to organizations, and sharing best-practices to build self-efficacy.

Specifically, we predict:

- *Average sector injury rate for SafeCare BC long-term care members will decrease by 0.1 / 100 person-years to 7.7 / 100 person-years, from 7.8 / 100 person-years (2018).*
- *Average sector injury rate for SafeCare BC community health support services members will decrease by 0.1 / 100 person-years to 4.9 / 100 person-years, from 5.0 / 100 person-years (2018).*
- *TOP organizations that complete their gap analyses and take part in 1-2 SafeCare BC programs will experience an overall injury rate decrease of 10%, as compared to 2018 levels*
- *Organizations that sponsor peer facilitators and whose peer facilitators successfully complete their safe handling (MSIP) mentorship programs will see a decrease of 5% in the # of claims attributable to sprains and strains, as compared to 2018.*
- *Organizations that sponsor peer facilitators and whose peer facilitators successfully complete their violence prevention mentorship programs will see a decrease of 5% in the # of claims attributable to acts of violence, as compared to 2018.*
- *Participating organizations in the Peer Resource Network and TOP will see an average overall Organizational Performance Metric (OPM) score increase of 0.20 points, as compared to pre-program enrollment.*
- *Participating organizations in the Peer Resource Network and TOP will see a 5% decrease in their organization's 6-month truncated claims duration, as compared to 2018.*

(Add additional rows as required)

B. Behaviour-Based Outcomes (HSA Planning and Reporting Information Package pages 4 and 11)

B (i) To meet those objectives, workplace health and safety behaviours and/or return-to-work practices need to change in the following ways:

Organizations adopt best-practices with regards to violence prevention, musculoskeletal injury prevention, workplace mental health, and recover-at-work / return-work.

Organizations proactively address occupational health and safety concerns within their

	<p><i>organizations, including developing their health and safety management systems, and adopt a continuous quality improvement model to do so.</i></p> <p><i>Organizations share examples of how best-practices were implemented at their organization with external organizations to inspire change and establish "workplace health and safety" as normative organizational behaviour.</i></p> <p><i>Organizations demonstrate leadership commitment to workplace health and safety.</i></p> <p><i>Organizations engage staff in the development and evolution of their health and safety management systems.</i></p> <p><i>Managers and supervisors model safe work practices and safe work behaviours, and support workers in the adoption of safe work practices and safe work behaviours, particularly as it pertains to MSIP, violence prevention, and mental health.</i></p> <p><i>Frontline workers adopt safe work behaviours and safe work practices, particularly as it pertains to MSIP, violence prevention, and mental health.</i></p>
<p>B (ii) [To be completed at the end of the reporting year cycle]; Provide evidence that the changes described in B(i) took place by the end of the reporting year. This may be done through surveys, job site visits, interviews, audits, or any other method you feel is appropriate.</p>	<p><i>Click here to enter text.</i></p>
<p>B (iii) [For WSBC use only]</p>	

C. Knowledge-Based Outcomes (HSA Planning and Reporting Information Package pages 5 and 11)

<p>C (i) This requires knowledge, understanding or skills to be changed in the following ways:</p>	<p><i>Organizations understand what constitutes best-practices with regards to MSIP, violence prevention, mental health, and return-to-work / recovery-at-work.</i></p> <p><i>Organizations have access to resources and supports to assist them in implementing best-practices with respect to the development of their health and safety management systems.</i></p> <p><i>Organizations are aware of their current areas of need / deficiencies with respect to their health and safety management systems and have an action plan developed to address those needs.</i></p> <p><i>Leaders understand the business case for workplace safety and their legal obligations.</i></p> <p><i>Organizations understand how staff can be involved in enhancing workplace safety, including access to real-life examples as to how other organizations have successfully engaged their staff.</i></p> <p><i>Managers and supervisors understand what constitutes safe work practices / safe work behaviours in key topic areas (MSIP, violence prevention, mental health), and have access to resources and support to assist them in championing these actions at their organizations.</i></p> <p><i>Managers and supervisors understand their legal obligations regarding workplace health and safety and understand the business case for workplace safety.</i></p> <p><i>Frontline workers understand what constitutes safe work practices / safe work behaviours (MSIP, violence prevention, mental health), and have access to resources and support to assist them in championing these actions at their organizations.</i></p>
<p>C (ii) [To be completed at the end of the reporting year cycle]; Provide evidence that the changes</p>	<p><i>Click here to enter text.</i></p>

described in C(i) took place by the end of the reporting year. This may be done through surveys, post-session testing, focus groups, interviews, or any other method you feel is appropriate.	
C (iii) [For WSBC use only]	

D. Planned Activities (HSA Planning and Reporting Information Package pages 6 and 11)

D (i) Therefore, we will undertake the following activities:			
Activity	Description	Number / frequency / timeline	
		Planned	D(ii) Actual
Run TOP 2020	Identify potential TOP participants	Identify 20 long-term care and 20 community health support services candidate organizations by Feb., of which, 1/3 will be outside of Metro Vancouver	Click here to enter text.
	Conduct outreach with potential TOP participants	Conduct outreach with 15 long-term care and 10 community health support services organizations by Apr.	
	Confirm TOP participants	8 – 10 signed contracts from long-term care and 3 – 5 community health support services organizations obtained by June	
	Conduct gap analyses with TOP participants	90% of TOP participants complete a gap analysis by Aug.	
	Support TOP participants in developing action plans to address gap analysis-identified deficiencies, with a focus on RTW-related components	90% of TOP participants who have completed a gap analysis have an action plan by Sept.	
	Support TOP participants in starting their action plans	100% of TOP participants with an action plan have taken steps to address at least 1 action item by Dec.	

	Conduct interim evaluation of TOP program	1 interim evaluation completed by Dec	
Maintain contact with TOP 2019 cohort	Maintain contact with 2019 cohort and provide ongoing support, as needed.	Follow-up contact made with 100% of 2019 TOP participants by June	
	Conduct final evaluation of TOP 2019 cohort	1 evaluation completed by Sept.	
Transition 2018 TOP cohort into self-sufficient model	Develop an exit plan for 2018 TOP participants	1 exit plan created by Feb.	
	Maintain ongoing contact to support organizations' continued efforts	100% of 2018 TOP participants contacted by June	
	Continue to monitor TOP participant data to enable early intervention, if needed, post-TOP	1 post-intervention evaluation completed by Sept.	
Enhance TOP program	Incorporate findings from the 2018, 2019 TOP cohorts to: <ul style="list-style-type: none"> - Create a community health support services sector-specific model - Establish a "pre-TOP" model for organizations without a formal safety program - Enhance RTW / recover-at-work educational support offered to participants 	1 model, supporting resources created by May 1 model, supporting resources created by May 1 RTW/recover-at-work educational resource created by Nov.	
Run the 2020 Peer Resource Network (PRN)	Identify potential PRN participants	10 candidates identified by Feb (Cohort 1); 10 candidates identified by May (Cohort 2)	
	PRN participants confirmed	8 Cohort 1 participants confirmed by Apr.; 8 Cohort 2 participants confirmed by June	

	<p>Enhance current PRN in-person modules with additional RTW resources.</p> <p>Deliver PRN in-person modules</p> <p>Transition the 2020 PRN participants to the Convo Club model; deliver the Convo Club sessions</p> <p>Conduct final evaluation</p>	<p>1 additional RTW / recover-at-work resource added by Nov.</p> <p>Cohort 1 modules delivered by June; Cohort 2 modules delivered by Oct.</p> <p>Cohort 1 transitioned to Convo Club by Sept., with first session delivered by Oct.; Cohort 2 transitioned to Convo Club by Nov; first session delivered by Dec.</p> <p>1 evaluation completed by Dec.</p>	
Enhance PRN Convo Club	<p>Review the findings of the 2019 Convo Club evaluation</p> <p>Prioritize the evaluation's recommendations regarding Convo Club program revisions; develop an action plan to revise the Convo Club</p> <p>Run the revised Convo Club with the 2020 PRN cohort</p> <p>Conduct evaluation of revised model</p> <p>Make additional revisions, as per evaluation results</p>	<p>1 review completed by Jan.</p> <p>1 action plan developed by Feb.</p> <p>2 pilots conducted (1 with Cohort 1 (2020 PRN); 1 with Cohort 2 (2020 PRN))</p> <p>1 evaluation conducted by Dec.</p> <p>Revisions completed; revised Convo Club ready for 2021 implementation by Dec.</p>	
Enhance the current Safe Handling course	<p>Review program evaluation findings; identify high-priority areas for revision</p> <p>Conduct environmental scan to confirm curriculum content still reflects best-practice</p>	<p>1 review completed by Jan.</p> <p>1 environmental scan completed by Mar.</p>	

	<p>Develop proposed amendments</p> <p>Incorporate proposed amendments into existing course</p> <p>Run revised course</p> <p>Evaluate pilot results; complete amendments as per findings</p>	<p>Proposed amendments developed by Apr.</p> <p>1 revised course curriculum completed by Sept.</p> <p>1 revised course run by Oct.</p> <p>1 course ready by Dec</p>	
Enhance peer facilitator resources	<p>Upgrade continuing education course credit tracking for peer facilitators</p> <p>Develop new resources to support ongoing peer facilitator development. This includes:</p> <ul style="list-style-type: none"> - Creating an online discussion forum for peer facilitators - Developing self-paced, online resources on facilitation skills - Establishing targeted communication lists and creating communication tools to keep peer facilitators informed and assist in their continued development 	<p>1 revised system implemented by Dec</p> <p>1 online forum established (Oct)</p> <p>2 online resources developed (Oct)</p> <p>1 contact list established; 2 tools created (Nov)</p>	
Enhance peer facilitator support	<p>Create a package for organizations investing in the peer facilitator model that outlines how an organization can support its peer facilitators once enrolled in the program.</p>	<p>1 package created by Aug</p>	
Create resources for supervisors, managers	<p>Create resources specifically targeted towards managers and supervisors that complement current workshop offerings targeted towards frontline workers. Specifically:</p> <ul style="list-style-type: none"> - Manager/supervisor-targeted module on violence prevention; and/or - Manager/supervisor-targeted module on MSIP; and/or - Manager/supervisor-targeted module on psychological health and safety, in partnership with the Canadian Mental Health Association, BC Div. 	<p>2 modules created by Oct.</p> <p>2 modules delivered by Nov.</p>	

	<p>Repurpose existing materials to create resources specifically targeted towards senior leaders in continuing care on:</p> <ul style="list-style-type: none"> - Building a business case for safety - Developing return-to-work / Recover-at-work programs 	<p>1 resource created by Oct.</p> <p>1 resource created by Oct.</p>	
Provide follow-up support to 2019 <i>Spark</i> participants (backfill pilot project)	<p>Conduct follow-up outreach with all <i>Spark</i> participants</p> <p>Connect <i>Spark</i> participants to existing SafeCare BC resources</p> <p>Conduct post-pilot evaluation; disseminate results</p>	<p>100% of <i>Spark</i> participants contacted by June</p> <p>90% of <i>Spark</i> participants engage with 1 or more existing programs post-<i>Spark</i> by Dec.</p> <p>1 evaluation completed; 1 report disseminated (Sept.)</p>	
Develop the foundation for an education roadmap	<p>In collaboration with sector stakeholders, identify:</p> <ul style="list-style-type: none"> - Sector and sub-sector categories - Role categories, by subsector - Core safety competencies, by role category 	<p>1 working group established by Apr.</p> <p>1 matrix created by Dec.</p>	
Share safety success stories and best-practices with members	<p>Write, disseminate 4 sector-specific safety success stories</p> <p>Expand the Safety Innovations Database's content</p>	<p>4 stories disseminated by Dec.</p> <p>Safety Innovations Database content increased by 5 entries, as compared to 2019, by Dec</p>	
Deliver safe handling workshops	<p>Deliver 1-day direct safe client handling workshops</p> <p>Deliver 1-day direct safe resident handling workshops</p> <p>Deliver 1 train-the-train safe resident handling workshop</p> <p>Deliver 1 train-the-trainer safe client handling workshop</p>	<p>17 workshops by Dec.</p> <p>7 workshops by Dec.</p> <p>1 workshop by Dec.</p> <p>1 workshop by Dec.</p>	
Deliver violence prevention workshops	<p>Deliver 1-day direct Provincial Violence Prevention (PVPC) workshop</p> <p>Deliver train-the-trainer PVPC</p>	<p>65 workshops delivered by Dec.</p> <p>2 workshops</p>	

	workshop	delivered by Dec.	
Deliver dementia workshops	Deliver Creating Connections – Working with People with Dementia workshop Deliver Gentle Persuasive Approach (GPA) workshop Deliver community health support services sector-specific dementia workshops targeted towards those who work with specialized populations (e.g. intellectual and developmental disabilities)	4 workshops by Dec. 9 workshops by Dec. 2 workshops by Dec.	
Deliver the Health and Safety Management System (HSMS) Auditor Training course	Deliver the HSMS Auditor Training course	3 workshops by Dec.	
Deliver the LPN Safety Leadership Course	Deliver the revised LPN Safety Leadership course modules	5 modules delivered by Dec.	
Deliver the RN Safety Leadership Course	Deliver the newly-developed RN/RPN Safety Leadership Course	2 modules delivered by Dec.	
Deliver Joint Occupational Health and Safety Committee (JOHSC) training	Deliver JOHSC courses to continuing care sector members	4 workshops delivered by Dec.	
Provide access to resiliency resources	Launch the online resiliency modules and smartphone App.	Online modules, app launched; 100 users access online modules by Dec.	

(Add additional rows as required)

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Add additional initiatives as required using the same template.

Initiative #2: Engaging the Sector and Key Stakeholders

A. Injury / Return-to-Work Issues (HSA Planning and Reporting Information Package pages 2 and 3)

B. Using data and information from the industry, we have identified the primary trends within our industry and set the following objectives:

Over the past five years, the continuing care sector (SafeCare BC members, specifically) has demonstrated a sustained downward trend with regards to the overall injury rate. However, with sector injury rates of 7.8 / 100 person-years (long-term care, SafeCare BC members-only) and 5.0 / 100 person-years (community health support services, SafeCare BC members-only), the continuing care sector still has more work to do.

Engaging organizations in developing their health and safety management systems has been demonstrated in the literature and SafeCare BC program evaluation data to be an effective tool to decrease injury rates and decrease the duration of time-loss claims, when they occur. However, for organizations to engage with SafeCare BC, they first need to be aware of it.

In SafeCare BC's 2019 member survey, 24% of respondents were not aware of SafeCare BC. Frontline staff reported a lower overall awareness of SafeCare BC than supervisors and managers, and yet, frontline staff (in particular, health care assistants (HCAs)) bear the highest risk of injury. HCAs account for 66% and 68% of all time-loss claims in the long-term care and community health support services sectors, respectively. In addition, frontline respondents to the SafeCare BC member survey indicated "lack of awareness" as a primary barrier to accessing SafeCare BC resources.

Similarly, WorkSafeBC's market penetration survey of employers indicated that 42% of respondents were not aware of SafeCare BC. Data from the WorkSafeBC market penetration survey also indicates an appetite for workplace health and safety resources – 71% of respondents were interested or very interested in receiving health and safety information and resources.

Finally, workshop usage statistics indicate an imbalance between SafeCare BC's two classification units. In 2018, 71.44% of workshop attendees came from long-term care; in comparison, only 4.35% of workshop attendees came from community health support services. In comparison, the assessable payroll of community health support services accounts for 28.5% of SafeCare BC's total levy base. This indicates that more needs to be done to engage community health support services members in SafeCare BC's programming.

Beyond basic awareness, SafeCare BC's member survey results also identify accessibility barriers to engagement with SafeCare BC. Specifically, addressing barriers by increasing the regional availability of training was one of the top-three solutions identified by frontline respondents to SafeCare BC's member survey. This aligns to the findings reported in SafeCare BC's needs assessment of the long-term care and community health support services sectors, completed in 2014 and 2016, respectively.

In addition to increasing awareness, engagement with Joint Occupational Health and Safety Committees (JOHSC) is a critical part of injury reduction. Research indicates a link between functional, engaged JOHSC and lower organizational injury rates. Results from TOP engagement indicate that organizations frequently struggle with establishing and supporting their JOHSC. For example, all long-term care TOP participants that completed their gap analyses identified deficiencies / areas for improvement in hazard identification and incident investigations, two areas in which JOHSC members play a significant role. Similarly, 80% of participating community health support services TOP participants either didn't have a JOHSC (and needed one) or identified deficiencies in hazard identification and incident investigations. Overall, less than half of TOP participants had a functional JOHSC, and almost all TOP participants identified a

To address these challenges, our objective is to:

- Decrease the average sector injury rate for SafeCare BC long-term care members by 0.1 / 100 person-years to 7.7 / 100 person-years, from 7.8 / 100 person-years (2018).
- Decrease the average sector injury rate for SafeCare BC community health support services members by 0.1 / 100 person-years to 4.9 / 100 person-years, from 5.0 / 100 person-years (2018).
- Increase the percentage of SafeCare BC member survey respondents who indicate they are aware of SafeCare BC from 76% to 78%.
- Increase the total number of frontline workers registered in our educational streams by 10%, as compared to 2018 levels.
- Increase the percentage of community health support services sector attendees at SafeCare BC workshops by ten percentage points 10% from 2018 levels.
- Increase the total number of workshop / educational event participants from Interior Health, Island Health, and Northern Health regions by 10%, as compared to 2018 levels.
- 90% of TOP organizations that have completed their gap analyses will meet their regulatory requirements for their JOHSC with regards to the establishment of a JOHSC, and 80% of TOP organizations will have met their regulatory requirements for continuing education for JOHSC members (both new and existing) or have a plan in place to do so within the next twelve months.
- 75% of TOP organizations that have identified deficiencies in workplace hazard identification and inspections as part of their gap analyses will have action plans developed to address those deficiencies.

need for further improvement in JOHSC-related areas.	
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(Add additional rows as required)

B. Behaviour-Based Outcomes (HSA Planning and Reporting Information Package pages 4 and 11)

<p>B (i) To meet those objectives, workplace health and safety behaviours and/or return-to-work practices need to change in the following ways:</p>	<p><i>Frontline workers attend SafeCare BC workshops and educational events, in particular, frontline workers from the community health support services sector and non-Lower Mainland regions. Senior leaders, managers, supervisors, and frontline workers adopt and champion safe work behaviours and practices.</i></p> <p><i>Organizations access SafeCare BC resources and make those resources available to their workers. 90% TOP organizations have established JOHSC, and 80% of TOP organizations have met their continuing education requirements for JOHSC members as per the Occupational Health and Safety Regulations and the Workers Compensation Act.</i></p> <p><i>75% of TOP organizations have created action plans to address their JOHSC-related deficiencies. Assisted living organizations engage in a discussion with SafeCare BC regarding their health and safety challenges / needs.</i></p>
<p>B (ii) [To be completed at the end of the reporting year cycle]; Provide evidence that the changes described in B(i) took place by the end of the reporting year. This may be done through surveys, job site visits, interviews, audits, or any other method you feel is appropriate.</p>	<p><i>Click here to enter text.</i></p>
<p>B (iii) [For WSBC use only]</p>	

C. Knowledge-Based Outcomes (HSA Planning and Reporting Information Package pages 5 and 11)

<p>C (i) This requires knowledge, understanding or skills to be changed in the following ways:</p>	<p><i>Frontline workers are aware of SafeCare BC and know how to access our resources and support; particularly frontline workers from the community health support services sector.</i></p> <p><i>Organizations are aware of SafeCare BC and know how to access our resources and support.</i></p> <p><i>Senior leaders, managers, supervisors, and frontline workers understand what constitutes safe work behaviours and practices within their role and their organization.</i></p> <p><i>Senior leaders, managers, and supervisors understand their roles in supporting frontline workers in adopting safe work behaviours and practices.</i></p> <p><i>TOP organizations understand their legal obligations with regards to JOHSC establishment and JOHSC member education and are aware of their organizations' deficiencies in those areas.</i></p> <p><i>TOP organizations are aware of the resources and tools available to them to enact their action plans.</i></p>
<p>C (ii) [To be completed at the end of the reporting year cycle]; Provide evidence that the changes described in C(i) took place by the end of the reporting year. This may be done through surveys, post-session testing, focus groups, interviews, or any other method you feel is appropriate.</p>	<p><i>Click here to enter text.</i></p>
<p>C (iii) [For WSBC use only]</p>	



D. Planned Activities (HSA Planning and Reporting Information Package pages 6 and 11)

D (i) Therefore, we will undertake the following activities:

Activity	Description	Number / frequency / timeline	
		Planned	D(ii) Actual
Expand SafeCare BC's regional presence, with a specific focus on frontline worker engagement.	Identify and conduct outreach with candidate locations for additional Satellite Training Centres.	2 locations identified and contacted by May	<i>Click here to enter text.</i>
	Secure agreements with additional Satellite Training Centres.	1 agreement secured by Oct.	
	Develop and execute communications plan around Centre branding, opening	1 plan developed, executed by Nov.	
	Expand the existing scope of offerings at current Satellite Training Centres.	1 additional workshop stream added to 2 existing Centres by Oct.	
	Conduct regional outreach ("coffee breaks"), with a specific focus on raising frontline workers' awareness of SafeCare BC. Explore opportunities to align events with those of other sector stakeholders (e.g. unions).	3 regional coffee breaks conducted by Dec.	
Increase frontline workers' levels of awareness of SafeCare BC and its offerings, and increase frontline worker engagement with SafeCare BC	Develop a JOHSC-specific outreach strategy, including:		
	- Establishing a contacts database	1 database created by May	
	- Identifying potential communication channels	2 channels identified by Feb.	
	- Identifying the tactics, messaging, and needs relevant to JOHSC members	1 communications plan drafted by Mar.	
	- Designing collateral / material for dissemination via those communication channels	2 types of collateral designed by Apr.	
	- Executing the strategy	1 strategy executed by May	
	- Evaluating the effectiveness of the strategy	1 evaluation conducted by Nov.	
	Develop JOHSC-specific resources. This includes:		
	- Identifying the needs of JOHSC members;	1 needs assessment completed by Mar.	
	- Identifying and adapting existing resources that may be repurposed for the continuing care sector; and	1-2 resources developed by July	
- Disseminating those resources.	1-2 resources disseminated by Sept.		

	<p>Review and rework how peer facilitators are leveraged to increase awareness of SafeCare BC, including:</p> <ul style="list-style-type: none"> - Soliciting peer facilitator feedback into how best to engage them in increasing awareness of SafeCare BC among frontline workers - Reviewing current practice with regards to peer facilitators' roles in disseminating SafeCare BC content, incl. distributing print collateral at workshops - Retooling current peer facilitator workshop procedures and workshop packages - Evaluating the effectiveness of the new approach <p>Host the Hearts and Hands conference for frontline workers. This includes:</p> <ul style="list-style-type: none"> - Establishing conference logistics, including format, keynote speaker, locations (2), registration processes, special guests, and presenter requirements - Establishing the conference working group(s), including representation from WorkSafeBC and other key sector stakeholders - Creating an opportunity for public recognition of frontline workers' contribution to the continuing care sector - Marketing the event - Conducting a call-for-presenters - Creating a sponsorship prospectus and disseminating the sponsorship opportunities - Hosting the conferences - Conducting a review of the conferences post- 	<p>1 focus group established; run by Apr.</p> <p>1 review conducted by Feb.</p> <p>1 workshop package created by May</p> <p>1 evaluation conducted by Nov.</p> <p>2 conference formats and locations established by Jan.</p> <p>2 working groups established by Jan.</p> <p>1 public recognition event created by May</p> <p>1 marketing plan developed by Feb.</p> <p>10 presenter submissions received by Apr.</p> <p>1 sponsorship package created; disseminated by Apr.; \$32,100 in sponsorship received.</p> <p>2 conferences hosted by Oct.</p> <p>1 review conducted; 1</p>	
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	<p>event and establishing a quality improvement plan for future events</p> <p>With guidance from the Frontline Communications Working Group (FLiC):</p> <ul style="list-style-type: none"> - Review the current frontline worker engagement strategy, and - Propose amendments to the current strategy, as needed 	<p>plan created by Nov.</p> <p>1 review conducted by Sept.</p> <p>Summary of amendments created by Oct.</p>	
Engage with the community health support services sector to better understand key needs / barriers to workplace health and safety, and develop recommendations to address those needs.	<p>Establish a community health support services sector working group to:</p> <ul style="list-style-type: none"> - Identify barriers to implementing best-practices as it pertains to equipment use in private homes for client transfers / mobilization - Develop recommendations to address those barriers - Disseminate findings 	<p>1 working group established by Mar.</p> <p>1 report published; disseminated by Nov.</p>	
Conduct awareness campaigns	<p>Conduct two, targeted awareness campaigns to raise awareness of key issues within the sector and the available supports / resources to address those issues.</p> <p>Target audiences will include: JOHSC members, frontline workers, and managers/ supervisors.</p> <p>Activities will include:</p> <ul style="list-style-type: none"> - Developing campaign strategy, including evaluation criteria - Creating campaign collateral and messaging - Executing the campaigns - Conducting a post-campaign evaluation and creating a quality improvement plan for future campaigns based on the evaluation results 	<p>2 campaign strategies created (one by Feb; one by July)</p> <p>2 campaign brands, messaging created (one by Feb; one by July)</p> <p>2 campaigns executed (one by Mar., one by Oct.)</p> <p>2 post-campaign evaluations conducted (in Apr. and Nov.); 2 plans developed (Apr.; Nov.)</p>	
Host the Safety Den	Host the Safety Den in conjunction with a large, sector event. This will include:		

	<ul style="list-style-type: none"> - Designing the “look and feel” of the 2020 event, including branding and messaging - Establishing a call for submissions, including the development of targeted communications plan to encourage JOHSC member engagement - Executing the communications plan - Conducting a call for submissions - Reviewing submissions - Planning the day-of logistics - Executing the event - Cross-posting successful submissions into the Safety Innovations Database - Conducting a post-event debrief to develop a quality improvement plan for future events 	<p>1 refreshed brand created by Jan.</p> <p>1 communications plan developed by Jan.</p> <p>1 plan executed by Feb.</p> <p>10 submissions received by Apr.</p> <p>10 submissions reviewed by May</p> <p>1 event plan established by Jan.</p> <p>1 event hosted by May</p> <p>3 submissions cross-posted by June</p> <p>1 event evaluation conducted; 1 plan developed by June</p>	
Conduct member outreach	<p>Conduct meetings with member organizations, half of which will be outside of Metro Vancouver, and one-third of which will be community health support services sector members.</p> <p>Contact member organizations listed on the WorkSafeBC-provided CU extract worksheet.</p>	<p>40 member visits conducted; half of which will be organizations from outside Metro Vancouver and one-third of which will be community health support services members by Dec.</p> <p>85% of all members listed contacted by Mar.</p>	
Increase member uptake, usage of SafeCare BC resources	Update the <i>Safety in 60 Seconds</i> content and establish a regular dissemination schedule.	3 new <i>Safety in 60 Seconds</i> resources added by Aug. and dissemination schedule established by Sept.	

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Initiative #3: Influencing the Workforce of the Future

A. Injury / Return-to-Work Issues (HSA Planning and Reporting Information Package pages 2 and 3)

C. Using data and information from the industry, we have identified the primary trends within our industry and set the following objectives:

Over the past five years, the continuing care sector (SafeCare BC members, specifically) has demonstrated a sustained downward trend with regards to the overall injury rate. However, with sector injury rates of 7.8 / 100 person-years (long-term care, SafeCare BC members-only) and 5.0 / 100 person-years (community health support services, SafeCare BC members-only), the continuing care sector still has more work to do. One strategy is to engage with those contemplating a career in continuing care, such that they enter into the sector with a strong sense of the importance of workplace safety and the practical tools to work safely.

SafeCare BC member survey results also point to a need for additional health and safety resources for continuing care sector students. Sixty-three percent of respondents indicated only being somewhat prepared to work safely through their program when they were training to enter the continuing care sector. Respondents also indicated that training in violence prevention, rights and responsibilities of workers, and safe handling / employer responsibilities would have helped them feel more prepared to enter the field and work safely as a new graduate. In addition, findings from a needs assessment conducted of post-secondary programs linked to the continuing care sector indicated a need for resources on mental wellness and bullying / incivility in the workplace.

Finally, although the number of young worker claims is relatively low in the continuing care sector, 17% of all time-loss claims in the community health support services sector and 22% of all time-loss claims in the long-term care sector involve workers aged 15 – 34 years. This therefore represents a significant portion of time-loss claims.

Our objective will be to:

- *Decrease the total number of young worker claims (those 15-24 years old) by 5% in both long-term care and community health support services, as compared to 2018.*
- *Decrease the total number of time-loss claims by workers aged 25-34 years by 5% in both long-term care and community health support services, as compared to 2018.*
- *Increase the total number of students (those in post-secondary programs associated with the continuing care sector) attending SafeCare BC workshops/educational events by 10%, as compared to 2018.*

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B. Behaviour-Based Outcomes (HSA Planning and Reporting Information Package pages 4 and 11)

B (i) To meet those objectives, workplace health and safety behaviours and/or return-to-work practices need to change in the following ways:

Students and young workers adopt safe work practices and safe work behaviours, particularly as it pertains to violence prevention and musculoskeletal injury prevention (MSIP).

Students and young workers access workplace health and safety resources to support their safe work practices.

Organizations hosting practicum students ensure students are supported in working safely.

Post-secondary programs provide students with workplace health and safety training on violence prevention, MSIP, and worker / employer responsibilities.

Regulatory colleges incorporate workplace health and safety requirements into required core competencies for registrants, with a special focus on MSIP and violence prevention.

Professional associations linked to continuing care occupation groups support members in accessing workplace health and safety continuing education courses and resources.

B (ii) [To be completed at the end of the reporting year cycle]; Provide **evidence** that the changes described in B(i) took place by the end of the reporting year. This may be done through surveys, job site visits, interviews, audits, or any other

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method you feel is appropriate.	
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C. Knowledge-Based Outcomes (HSA Planning and Reporting Information Package pages 5 and 11)

<p>C (i) This requires knowledge, understanding or skills to be changed in the following ways:</p>	<p><i>Students and young workers understand what constitutes safe work practices and safe work behaviours, particularly as it pertains to violence prevention and musculoskeletal injury prevention (MSIP).</i></p> <p><i>Students and young workers know where they can access workplace health and safety resources to support their safe work practices.</i></p> <p><i>Organizations hosting practicum students understand how they should support students in working safely and have access to resources to do so.</i></p> <p><i>Post-secondary programs know where they can access up-to-date, comprehensive workplace health and safety training on violence prevention, MSIP, and worker / employer responsibilities for their students.</i></p> <p><i>Regulatory colleges are aware of workplace health and safety best-practices (particularly with regards to violence prevention and MSIP) and understand the intersection between those practices and quality care / patient safety.</i></p> <p><i>Professional associations linked to continuing care occupation groups know where their members can access workplace health and safety continuing education courses and resources.</i></p> <p><i>Professional associations linked to continuing care occupation understand the importance of workplace health and safety for their members, particularly with regards to MSIP and violence prevention.</i></p>
<p>C (ii) [To be completed at the end of the reporting year cycle]; Provide evidence that the changes described in C(i) took place by the end of the reporting year. This may be done through surveys, post-session testing, focus groups, interviews, or any other method you feel is appropriate.</p>	<p><i>Click here to enter text.</i></p>
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D. Planned Activities (HSA Planning and Reporting Information Package pages 6 and 11)

<p>D (i) Therefore, we will undertake the following activities:</p>			
Activity	Description	Number / frequency / timeline	
		Planned	D(ii) Actual
<p>Develop a comprehensive prospective member outreach strategy</p>	<p>Review current outreach strategies, including identification of key stakeholders and methods of engagement.</p> <p>Develop an updated prospective member outreach strategy, incorporating new engagement avenues for organizations / individuals. Includes aligning current outreach practices with the developed strategy.</p>	<p>1 review conducted by Feb.</p> <p>1 strategy developed by Mar.; in the execution phase by Apr.</p>	
<p>Conduct outreach with post-secondary programs connected to the continuing care sector</p>	<p>Meet with representatives from the following:</p> <ul style="list-style-type: none"> - Care Aide and Community 	<p>Meet with</p>	



	<p>Support Worker Registry-recognized programs</p> <ul style="list-style-type: none"> - Administrator-targeted post-secondary programs - LPN programs - RN/RPN programs 	<p>representatives from 10 programs by Dec.</p> <p>Meet with representatives from 2 programs by Dec.</p> <p>Meet with representatives from 5 programs by Dec.</p> <p>Meet with representatives from 2 programs by Dec.</p>	
<p>Deliver education to students in continuing care sector-related post-secondary programs</p>	<p>Deliver violence prevention training to students</p> <p>Deliver violence prevention train-the-trainer workshops to instructors associated with post-secondary programs feeding into the continuing care sector, with a specific focus on direct care-related programs (e.g. HCA, LPN, RN/RPN)</p> <p>Provide access to the online resiliency modules and related smartphone app</p> <p>Promote adoption of the safe handling curricula via a curriculum licensing model</p>	<p>5 workshops delivered by Dec.</p> <p>1 train-the-trainer workshop delivered by Dec.</p> <p>Modules accessed by 80 students by Nov.</p> <p>2 post-secondary programs license the SafeCare BC-developed safe handling curriculum by Dec.</p>	<p>Click here to enter text.</p>
<p>Create programming to address the unique needs of post-secondary students in continuing care programs</p>	<p>Develop a self-paced resource to address the post-secondary programs needs assessment findings regarding bullying and incivility in the workplace.</p>	<p>1 resource developed by Aug.</p>	
<p>Engage with regulatory and quasi-regulatory bodies associated with the continuing care sector, including:</p> <ul style="list-style-type: none"> - Care Aide and Community Support Worker Registry - British Columbia College of Nursing Professionals - Canadian College of Health Leaders 	<p>Care Aide and Community Support Worker Registry:</p> <ul style="list-style-type: none"> - Maintain involvement on current Care Aide Registry Committee (Education Standards) - Meet twice annually with representatives <p>British Columbia College of Nursing Professionals:</p> <ul style="list-style-type: none"> - Meet annually with representatives <p>Canadian College of Health Leaders:</p>	<p>1 committee meeting / year</p> <p>2 meetings / year</p> <p>1 meeting / year</p>	

	<ul style="list-style-type: none"> - Obtain continuing education credit recognition for SafeCare BC courses - Meet twice annually with representatives 	<p>2 courses recognized by Dec.</p> <p>2 meetings / year</p>	
Engage with professional associations connected to the continuing care sector, including the LPN Association of BC, Nurses and Nurse Practitioners of BC, the Physiotherapists Association of BC, the Canadian Association of Occupational Therapists – BC, and the BC Association of Kinesiologists	<p>Conduct regular meetings with the respective associations.</p> <p>Explore methods to align professional associations' members continuing education programs with SafeCare BC offerings by:</p> <ul style="list-style-type: none"> - Continuing education (CE) credit recognition for SafeCare BC courses - Promotion of SafeCare BC courses to members, as appropriate 	<p>1 meeting / year per association</p> <p>SafeCare BC courses are eligible for CE credits with 2 associations by Dec.</p> <p>SafeCare BC courses cross-posted by 2 associations by Dec.</p>	

(Add additional rows as required)

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E. Organizational Capacity (HSA Planning and Reporting Information Package page 7)

To support us in providing the activities outlined in these initiatives, we will undertake the following activities designed to increase our organizational capacity:

(E) Activity	Description	Number / frequency
Expand roll-out of learning management system	Expand the roll-out of the learning management system beyond the initial phase; develop user resources and marketing collateral to encourage end-user adoption	2 user resources developed 1 marketing collateral developed 500 user licenses issued
Streamline workshop processes	Enhance learning management system functionality to streamline core workshop functions, including certificate issuance, attendance tracking, registration, facilitator continuing education requirements, and individual course history	1 registration pathway upgraded 2 certificate templates designed; issuance automated 1 client portal to access course history available to members
Streamline workshop processes	Streamline in-service request processes to minimize administrative workload and fast-track processing of requests	1 upgraded in-service request system designed, implemented
Streamline project management functions	Leverage technology to facilitate inter-department communication and collaboration on workplan projects	1 software platform identified; purchased 10 staff members onboarded and oriented to new project management software 100% staff adoption of new project management software
Streamline administrative and HR functions	Review, streamline invoicing and reconciliation procedures around sponsorships, in-services, and consultative services to reduce administrative burden and decrease processing time	1 system review conducted 1 redeveloped system implemented
Streamline administrative and HR functions	Review, streamline processes around tracking staff HR information (e.g. performance reviews, vacation requests, sick days, lieu time, work-from-home schedules, education) to reduce administrative burden	1 system review conducted 1 redeveloped system implemented
Streamline administrative and HR functions	Enhance the current staff education experience by developing standardized education modules on key topics, with a specific focus on internal workplace health and safety policies / procedures	Create 3 standardized staff learning modules on high-priority topics.
Maintain existing roster of consultants and subject matter experts and recruit new trainers as needed	Retain existing roster of consultants and subject matter experts	Maintain a roster of 30 consultants, subject matter experts, and trainers
Streamline membership information management practices	Review current database practices for membership information management and modify as needed to enhance information tracking, provide clarity as to staff roles, and reduce administrative burden	1 system review conducted 1 new system implemented 100% staff adoption of new system
Streamline membership information management practices	Refine current contact databases to sync information between multiple sources	1 new process established for syncing membership contact information among

		different databases
Diversify funding streams	Identify and establish different funding sources.	2 grant applications submitted 1 alternate source of non-grant funding identified and obtained
Cross-train staff and provide professional development opportunities	Provide cross-training/professional development opportunities to staff to increase staff retention and enhance organizational resiliency in the event of a staff member absence	5 cross-training opportunities provided with a focus on high-priority organization functional areas

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F. Marketing / Outreach Activities (HSA Planning and Reporting Information Package page 7)

To reach a broader audience within our industry, we will undertake the following marketing / outreach activities:

(F) Activity	Description	Number / frequency
Develop new and existing relationships with external bodies to support evaluation and resource development activities	Further develop partnerships with provincial health authorities, HEABC, and Community Social Services Employers Association to assist in resource development for the sector	3 meetings with senior leaders within Health Authorities 2 meetings with HEABC 1 meeting with CSSEA Review, renew existing MOUs (3) with health authorities (as applicable)
Develop new and existing relationships with external bodies to support evaluation and resource development activities	Continue to develop relationships with union partners in the sector to further support front-line workers	3 meetings with union representatives from the continuing care sector
Develop new and existing relationships with external bodies to support evaluation and resource development activities	Review and renew the SafeCare BC – Alzheimer Society of B.C. Memorandum of Understanding	1 memorandum reviewed, renewed
Develop new and existing relationships with external bodies to support evaluation and resource development activities	Maintain relationship with Canadian Mental Health Association (CMHA-BC), Alzheimer Society of B.C., the BC Federation of Labour Health and Safety Centre to develop resources for the sector	Meet twice with the CMHA-BC, Alzheimer Society of B.C., and BC Fed Health and Safety Centre
Develop new and existing relationships with external bodies to support evaluation and resource development activities	Continue to work with the National Alliance for Safety and Health in Healthcare (NASHH) to work on national-level initiatives to address workplace health and safety concerns in the sector	4 meetings with NASHH representatives 1 national initiative identified 1 national activity conducted
Develop new and existing relationships with external bodies to support evaluation and resource development activities	Through NASHH, establish a relationship with key national-level entities connected to the continuing care sector	2 outreach meetings conducted with national-level stakeholders
Develop new and existing relationships with external bodies to support evaluation and resource development activities	Maintain relationship with the BC Care Providers Association and the Denominational Health Association	2 meetings with BCCPA senior leadership/board members 2 meetings with DHA senior leadership/board members
Develop new and existing relationships with external bodies to	Maintain Ministry of Health engagement regarding the Health Human Resources	2 meetings per year involving Ministry-led

support evaluation and resource development activities	strategy and participate in Ministry-led initiatives related to workplace health and safety	initiatives
Enhance existing communications channels	Review and refine current member outreach tactics, including aligning current strategies with the results of the 2019 SafeCare BC member survey and the 2019 WorkSafeBC market penetration survey	1 review of current strategies conducted 1 revised strategy created and implemented
Leverage mass media to raise workplace health and safety awareness	Leverage mass media coverage of key workplace health and safety topics to raise awareness of health and safety challenges and potential resources/solutions	3 articles published
Have a presence at sector events	Have staff presence at sector-related events to liaise with members and raise awareness of SafeCare BC and its offerings	7 events attended
Host the 2020 Annual General meeting	Host the Annual General Meeting; ensure quorum is met and all required business is transacted	1 AGM held 55 members in attendance
Publish the 2019 Annual Report	Compile, publish, and disseminate the 2019 Annual Report	1 report published, disseminated
Publish success stories	Write and publish 8 success stories featuring organizations and/or individuals who have contributed to creating a better culture of safety at their workplace	8 stories written 8 stories published
Alert members on legislative, policy changes that impact workplace health and safety	Inform members of pending legislative or policy changes that relate to workplace health and safety in continuing care	2 legislative alerts published
Inform members on key sector statistics and changes to WorkSafeBC premiums	Synthesize and summarize key WorkSafeBC injury trends by Classification Unit; publish the results. Host an information session in conjunction with WorkSafeBC on the preliminary 2021 WorkSafeBC premiums.	2 infographics published and disseminated 1 information session held
Engage members via member survey	Design, conduct, and analyze the results of the 2020 SafeCare BC member survey	1 survey developed with sector input 1 survey conducted; results analyzed 1 report-back to members on survey results and action steps
Redesign marketing collateral	Review and redesign marketing collateral, including workshop descriptions, print collateral, posters, etc. to ensure clear, consistent, and compelling messaging	1 review and update of current marketing collateral completed
Update website format and content	Review and update current website format and content to increase usability, clarity, and consistency of messaging	1 review and update conducted of the website

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Board Chair Approval

David Hurford

Name



Signature



Date