



Health and Safety Issues for Homecare Workers:

*An SEIU submission to the expert advisory panel reviewing
Ontario's occupational health and safety system*

Introduction:

Homecare is vital to delivering improved healthcare outcomes while constraining expenditure growth in the costly acute and long-term care sectors. Homecare also allows people to remain independent for longer and is a preferred option for care for 88% of Ontarians.^{1&2} As Ontario moves toward adopting an “aging-in-place” philosophy, where people are cared for longer in their own homes and communities, the health and safety risks and potential for injuries for homecare workers will increase.³ The healthcare sector in general is one of the sectors where workers experience a high rate of work-related injuries and illness. According to WSIB statistics, injury and illness claims by healthcare workers were among top four of 17 industry sectors in 2008.⁴

In the fall of 2004, the McGuinty Government appointed the Honourable Elinor Caplan to review the manner in which homecare employers are granted service contracts in the province of Ontario. The ‘Caplan Report’, *‘Realizing the Potential of Home Care: Competing for Excellence by Rewarding Results’* was published in the spring of 2005.⁵ This document continues to inform and shape policy discussions concerning positive interventions and change in the home care sector.

Additionally, the Ontario Government’s official response to the Caplan Report, *‘Choosing Quality, Rewarding Excellence,’* was published in the Spring of 2006.⁶ Three

¹ Pollara, SSCA Procurement Review Quantitative Survey Results, March 2005, p28

² CCAC MIS Comparative Reports 2007-2008YE, Table 6C1
(<https://www.healthinfo.moh.gov.on.ca/cognos8/Reports/CCAC%202008YE%20Reports/CM%20Table%2006C1.PDF>, accessed March 1, 2010)

³ Ontario Ministry of Labour, The Health Care Sector: Health Care Sector Plan 2009-2010
(http://www.labour.gov.on.ca/english/hs/sawo/sectorplans/2009/health/healthcare_2.php, accessed March 29, 2010)

⁴ WSIB, 2008 Statistics,
([http://www.wsib.on.ca/wsib/wsibobj.nsf/LookupFiles/DownloadableFile2008Statistics/\\$File/2278A_StatSupplement08.pdf](http://www.wsib.on.ca/wsib/wsibobj.nsf/LookupFiles/DownloadableFile2008Statistics/$File/2278A_StatSupplement08.pdf), accessed April 6, 2010)

⁵ Caplan Report, 2004, “Realizing the Potential of Home Care in Ontario,”
(http://www.health.gov.on.ca/english/public/pub/ministry_reports/ccac_05/ccac_05.pdf, accessed March 1, 2010)

⁶ Choosing Quality, Rewarding Excellence: Ontario's Response to the Caplan Report on Home Care, 2006,
(http://www.health.gov.on.ca/english/public/pub/ministry_reports/caplanresp06/caplanresp06.pdf, accessed March 1, 2010)



key goals were identified by the MOHLTC in its response. One of three goals was stabilizing the homecare workforce.

The homecare Bill of Rights is set out in Part III of an Ontario law called the *Home Care and Community Services Act, 1994*.⁷ This Bill of Rights applies to services provided by the homecare workforce in Community Care Access Centres (CCACs).

In light of Caplan's recommendations and the MOHLTC's goals, SEIU in this briefing note identifies major concerns about health and safety issues for homecare workers, the majority of whom are employed under precarious conditions.⁸

Ensuring that the existing legislation can protect homecare workers' health and safety is crucial to both the sustainability and stabilization of the sector.

SEIU represents more than 46,000 health care and community services workers in Ontario. About 6,500 homecare workers are included in this number.

Homecare Workers Common Health and Safety Issues:

Homecare workers (or Personal Support Workers in the homecare environment) provide services to people who need help with their daily needs. These services are delivered in the home of the care recipient. The goal of the personal support worker is to improve the individual's overall quality of life and assist them with their Activities of Daily Living (ADLs).⁹ Homecare workers provide a range of services such as:

- Personal care (dressing, personal hygiene, mobility and other routine activities of living in accordance with the Regulated Health Professions Act)
- Home management (shopping, house cleaning and meal preparation)
- Family responsibilities (routine care-giving to children)
- Social and recreational activities.

Homecare workers are at increased risk for some specific work-related injuries and illness including:

- musculoskeletal disorders (MSDs)
- violence and aggression
- infection
- racial/ethnic or sexual harassment

⁷ Home Care and Community Services Act, e-Laws Ontario, (http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_94126_e.htm, accessed on March 29, 2010)

⁸ The Caplan Report stated that "*the Procurement Review found that the vast majority of [Personal Support Workers] PSWs work under the elect-to-work model,*" and thus, are precarious workers by definition.

⁹ Personal Support Workers Canada, (<http://www.pswcanada.com/>, accessed April 6, 2010)



Workers are increasingly being required to care for residents with increased illness severity and in some cases decreased cognitive ability (i.e. dementia).¹⁰ This is primarily affecting the visiting staff, homecare workers/personal support workers, whose workplace is the home of the resident.

Researchers from the Program for Research on Social and Economic Dimensions of an Aging Population at McMaster University interviewed 59 key decision makers, 171 workers in 29 focus groups, and surveyed 1,311 workers in the home care sector in a research paper on the health and well-being of home care workers.¹¹ They found that physical health problems among homecare workers are much higher than the comparable group in the Canadian population. Homecare workers suffer from increased stress levels and musculoskeletal disorders. The study also found that hazards in the physical office environment and in care recipients' homes were a factor significantly associated with increased levels of stress and burnout and decreased self-esteem and mastery. Hazardous work conditions were found to be correlated with diagnosed and self-reported occupational illnesses and work-related injuries.

Taking into consideration that homecare workers are primarily employed in elderly or sick clients' homes, it is common for these workers to experience unacceptable racial/ethnic or sexual comments or harassment.¹¹ Denton et al. (2003) recommended managers and the WSIB look into resolving these types of conditions and experiences and creating harassment- and violence-free work environments.¹¹ Bill 168 amendments to the Occupational Health and Safety Act will require employers to assess the risks of workplace violence, and take reasonable precautions to protect workers from possible domestic violence in the workplace.¹²

Health care workers in home services face special risks when working alone in patients' homes. When working alone, health care workers face a risk of violence for many other reasons:

- isolated work with patients or clients during examinations and treatment
- certain nature of procedures and personal care can make patient nervous, agitated, etc.
- working alone in remote locations

¹⁰ Ontario Ministry of Labour, Health Care Sector Plan 2009-2010, (http://www.labour.gov.on.ca/english/hs/sawo/sectorplans/2009/health/healthcare_2.php, accessed April 6, 2010)

¹¹ Denton, M., I. U. Zeytinoglu and S. Davies, 2003, *Organizational Change and the Health and Well-Being of Home Care Workers*, SEDAP Research Paper No. 110. (<http://socserv2.socsci.mcmaster.ca/~sedap/p/sedap110.pdf>, accessed on March 29, 2010)

¹² Bill 168, Occupational Health and Safety Amendment Act (Violence and Harassment in the Workplace) 2009, Fonseca, Hon Peter Minister of Labour, Legislative Assembly of Ontario, (http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=2181&BillStagePrintId=4499&btnSubmit=go, accessed April 7, 2010)



Adding to these risks is the increasing night work as care is being offered 24-7 in the community, outside of institutions.

Because of risks associated with working alone, the Canadian Centre for Occupational Health and Safety (CCOHS) recommends that employers conduct a full assessment of the working conditions, locations, and staff safety.¹³ In addition, employers should require their homecare employees to conduct a check-in procedure that includes a work plan so it is known where the lone homecare worker will be with known contact info. An example of such check-in procedure is detailed in CCOHS website.¹⁴

Among the other hazardous work conditions homecare workers face:

- Large patients with no available mechanical lifts
- Unleashed dogs in front of client's residence
- State of the home (slippery stairs/unshoveled snow in the driveway)
- Indoor smoking by clients¹⁵

Additionally, homecare workers face greater potential for injury from motor vehicle accidents as they travel from one client to another.¹¹ Employees are required to drive in hazardous conditions such as winter storms or face losing wages.

Most homecare workers work under precarious employment structures.⁸ They have high levels of job insecurity and are afraid of losing their jobs.¹¹ According to Ontario Health and Safety Act, these workers have the right to refuse unsafe work, or work that they believe presents danger or risk.¹⁶ Furthermore, the Act prohibits reprisals being taken against workers who exercise their right of refusal.¹⁷ However, in practice the right to refuse unsafe work cannot be exercised because of the fear of losing wages. If a homecare worker refuses to provide service because of unsafe conditions in her client's home, all that she can do is drive away, advise the employer of her leaving and forgo her wages since she would not be reimbursed by her employer for her time driving back and forth to the client's home. [The employer then would call upon another homecare worker who may be less risk-averse to take the job until someone takes it. What](#)

¹³ Canadian Centre for Occupational Health and Safety, *OSH – Working Alone, Working with Patients*, (http://www.ccohs.ca/oshanswers/hsprograms/workingalone_patients.html#print, accessed April 8, 2010)

¹⁴ Canadian Centre for Occupational Health and Safety, *OSH – Working Alone, General: What is an example of a check-in procedure?*, (http://www.ccohs.ca/oshanswers/hsprograms/workingalone.html#_1_6, accessed April 8, 2010)

¹⁵ Ontario Ministry of Health Promotion, 2006, *Smoke-Free Ontario: How the Act Affects Home Health Care Workers*, (http://www.mhp.gov.on.ca/english/health/smoke_free/fact_sheets/home_care_workers.asp, accessed March 30, 2010)

¹⁶ Service Canada, 2007, *Workers' Rights in Canada*, (<http://www.servicecanada.gc.ca/eng/about/publication/pdf/eng/WREnglishDec07.pdf>, Accessed March 29, 2010)

¹⁷ Ontario Ministry of Labour, *Rights and Duties FAQs*, (<http://www.labour.gov.on.ca/english/hs/faqs/rights.php>, accessed April 7, 2010)



happens here is a mere transfer of risk from a risk-averse homecare worker to another who is less risk-averse and the total sum of risk remains constant.

Due to the fact that homecare workers work at private residences, care recipients have the right to refuse entry of inspectors from Ministry of Labour or local public health units if they wish to investigate the hazardous conditions. Employers usually would send in another worker to the house where the incident took place in hope of resolving the issue.

In short, there is lack of defined procedures to deal with incidents like these when there are hazardous conditions in a client's residence.

SEIU recommends a solution to the problems abovementioned. To ensure that the Ministry of Labour can inspect the work environment of homecare workers if there are suspected hazardous conditions, SEIU recommends that homecare clients need to sign a waiver that allows the Ministry inspectors to inspect the private residence if a need arises. Homecare clients request homecare service at their residence; it is only reasonable that with such service, comes the responsibility of providing a safe environment for the homecare worker or at least, providing access to inspectors to assess any potential risk.

Recently, the Ontario Ministry of Labour and Ministry of Health and Long-Term Care announced they will increase protection for frontline community care professionals by making safety-engineered needles mandatory in home care and community-based care settings. SEIU welcomes this announcement as an example to follow in extending health and safety regulations in healthcare and residential facilities to homecare workers' place of employment.

SEIU Recommendations:

SEIU recommends that Ontario's health and safety system:

- Address all of the above mentioned hazardous conditions that precariously employed homecare workers face.

Furthermore, SEIU recommends Ontario's health and safety system:

Provide Health & Safety Training:

- Require a mandatory entry-level Health & Safety training for all homecare workers, consisting of at least a day of paid orientation.
- Many of our homecare workers expressed concern that they do not get sufficient health and safety training before they start their employment.
- In line with WSIB 2003 document on Health and Safety in the Home Care Environment, health and safety training for home care workers should cover
 - o Personal Safety
 - o Home Hazard Assessment



- Disease Prevention
 - Musculoskeletal Injury Prevention
 - Motor Vehicle Safety
 - Wellness Promotion
 - Emergency Preparedness
- For further details on training curriculum please refer to the attached document, 'SEIU on Health and Safety Training Curriculum for Healthcare Workers.'

Address Right of Refuse issues:

- Ensure that a risk assessment of client's residence is conducted before the homecare worker enters the client's residence to provide the service.
- We suggest that the CCAC take this responsibility since it performs case assessment at the client's residence before any homecare is provided. When crafting the client's care plan, CCAC's case managers are to include a risk assessment of the residence in order to address any health and safety issues before providing homecare.
- Assessment of the patient should also include the condition of the home, condition and location of parking lot, number and nature of pets, etc. This will be in line of CCOHS's recommendations,¹³ the Caplan Report recommendation that "The OACCAC and service provider associations to consider setting basic employment standards for the industry,"⁵ and Bill 168 amendments protecting workers from workplace violence and harassment.¹²
- In addition, homecare clients should be asked to sign a waiver that grants the Ministry of Labour or local health authorities the right to access the private residence at which the homecare service was requested and provided in case the homecare worker believes the working environment is in hazardous condition.
- [Develop clear procedures for homecare workers' right-to-refuse unsafe work that do not result in workers' loss of wages nor results in transfer of risk to another homecare worker.](#) This will remove the loss of wages economic disincentive and ensure homecare workers do not have to sacrifice their safety to receive their wages.