

ADVICE TO MINISTER – CONFIDENTIAL ISSUE NOTE

Maples Staff Concerns March 5, 2014

Advice and Recommended Response:

- In response to concerns raised regarding working condition at Maples Adolescent Treatment Center, I requested a briefing with management of the facility.
- The minister responsible for WorksafeBC also spoke with officials from that organization.
- As a result of those conversations, I have directed my deputy minister to take action that will ensure that the issues related to staff safety are addressed.

If asked about panic alarms:

- To be clear, all staff have access to two-way radios and personal panic alarms.
- However, after a briefing on these devices, I agree that the current approach is not adequate and the deputy will be working to address this matter as quickly as possible.

Secondary

- Staff have put in place a number of actions to address recent WorkSafeBC concerns including:
 - Increased training for staff;
 - Review of non-violent crisis intervention;
 - Multiple risk-assessments to better inform our planning; and,
 - Increased staffing complements to respond to the needs of patients.
- As an interim measure until the JOSH committee considers a more long-term response, security staff will be immediately increased to 24/7 and, as soon as possible, they will also be trained in non-violent crisis intervention so they can assist professional staff in restraint.
- Maples staff deal with some of the highest risk youth in B.C. who have significant psychiatric and behavioural difficulties – particularly within the Crossroads unit.

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- **Management plans are developed for each youth at the Maples, which articulate how to safely manage that particular youth – and these plans are reviewed weekly.**
- **Maples staff also receives training in non-violent crisis intervention and they are re-certified annually.**

Key Facts Regarding the Issue:

- On Feb. 26, 2014, CBC reported on safety concerns and violence faced by staff The Maples.
- Reporters claim that the Maples is in non-compliance with workplace orders and that WorkSafeBC is demanding better safety planning for staff in the Crossroads program due S79
- Staff claim they have suffered time loss injuries including head injuries, broken bones, post-traumatic stress and face patients kicking, hitting and spitting on them daily.
- Staff say management's strict adherence to attachment theory puts workers at risk. They also want security measures seen in other jurisdictions, e.g. strong sheets, security guards, panic alarm systems, electronic door locks and security systems.
- Reporters have made previous FOI requests for this facility, and have been provided with inspection reports and consultation reports for the time period covering Jan. 1, 2010 to June 30, 2013.
- Following are being addressed to comply with WorkSafeBC orders from a December 2013 inspection:
 1. The management of Care Plans for clients is being revised to include the following items to enhance patient care and worker safety:
 - The potential for violent behavior and history from a client in collaboration with clinical health care specialists
 - Identification of triggers, behaviour or situations which facilitate recognition of violence
 - Revision of administrative procedures, policies and work environment to mitigate the risk of violence
 - Providing instruction, training and mentoring of staff on how to respond, report, document incidents of violence
 - Development of procedures for workers to obtain assistance with violent clients – including safety planning prior to performing an intervention
 - Disseminating the above information to workers who may be required to interact with violent patients and ensure their understanding
 2. The development of a health and safety sub-committee for the Crossroads program to:
 - Conduct a risk assessment specific to the work environment to review and revise procedures for workers that minimize the risk of violence
 - Continue the work that has been done on updating environmental risk assessments to identify and recommend improvements to patient and worker safety
 - Review of training in (Non-Violent Crisis Intervention (NVC)) in the following ways:

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- Assessment of training and monitoring of staff trained to perform NVCI procedures that minimizes potential of injury to patients and workers
 - Debriefing of incidents that require the use of NVCI to identify potential for injury and revise safety procedures for all stakeholders
 - Mentoring and coaching of staff as required or requested by workers to ensure proficiency with NVCI
3. The ministry has contacted the BCGEU to get a worker co-chair representative, elected by members, and appointed to the Maples Joint Occupational Safety and Health Committee including a member who will act as back up in the absence of the co-chair.
 4. The ministry is reviewing options with facilities, in conjunction with the existing guidelines at the Maples, for transfer of keys with staff. Maples will be implementing new guidelines in the near future.

Background

- The Maples Adolescent Treatment Centre is one component of the provincial Child and Youth Mental Health services network. It is designated under the Mental Health Act as a provincial tertiary mental health facility, providing a mix of assessment, treatment, consultative, and training services. Comprehensive multidisciplinary Care Plans with ongoing supports are provided by the Maples to youth and their communities until the youth's 19th birthday.
- One of the programs at the Maples is the Crossroads Unit, an 8-bed inpatient program for youth diagnosed with significant psychiatric and behavioural difficulties, including youth found Unfit to Stand Trial or Not Criminally Responsible by Reason of a Mental Disorder.
- Management and staff at the Maples have been working in collaboration with WSBC and the ministry Occupational Health Specialist to eliminate or minimize the risk of violence to staff from clients undergoing treatment at this facility.

Total injuries at The Maples related to resident aggression (year / number of injuries)									
2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
21*	12*	36*	19*	41*	25*	15	16	26	26

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* Data before 2010 included a broader definition of injuries related to resident-involved injuries. This means data before 2010 may include some injuries not related to aggression.

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