Objectives Hospital sitters provide continuous observation of patients at risk of harming themselves or others. This study examined violence perpetrated by patients/visitors (type II) against hospital sitters in two US healthcare systems.

Method Anonymous, cross-sectional survey data were collected from staff, including 41 sitters, across six hospitals to characterise the magnitude of and circumstances surrounding type II violence. Focus groups and interviews (n = 17) provided contextual details.

Results Unit/float pool aides, patient care attendants, unit secretaries, and contract employees served as sitters. Compared to other staff, sitters had higher 12-month prevalences of physical assault (61%;11%), physical threat (63%;18%), and verbal abuse (73%;37%). Sitters were more likely to experience a patient (rather than visitor) perpetrator (94%;76%), have a weapon(s) used against them (72%;31%), be alone with the perpetrator (65%;40%), perceive intent to harm (33%;17%), and feel frightened about their personal safety (61%;38%). Sitters often reported events verbally to unit staff and rarely through official channels (e.g., first report of injury). In focus groups and interviews, sitters and staff indicated their need for clarification of sitters’ roles and violence prevention training – supported by hospital and unit management – are needed. Continued efforts to describe the safety and health of this workgroup are warranted.

Conclusions The overall goal of the CAREX Canada project is to help reduce exposure to carcinogens in Canadian workplaces by providing scientific evidence on exposure patterns and concentrations for policymakers and other important stakeholders. CAREX Online is for users who prefer quick, simple, yet high quality statistics on occupational exposures to various carcinogens. Target groups for eWORK Online include physicians, policymakers, occupational health and safety professionals, and labour organisations.

Objectives To enhance access to CAREX Canada’s occupational exposure estimates by creating and demonstrating two electronic tools, eWORK Excel and eWORK Online. Both tools allow users to explore CAREX results by occupation, industry, exposure level, and carcinogen. Results generated by the tools are dynamic, customizable, and tailored to the user’s interest.

Method eWORK Excel was developed in Microsoft Excel with the PowerPivot add-on. eWORK Online was developed using a data visualisation software called Tableau Public. Data inputs (prevalence and level of exposure estimates to known and suspected carcinogens) were developed using CAREX methods established in the European Union and enhanced for the Canadian context.

Results Two functional tools, eWORK Excel and eWORK Online, are already completed and beta testing is underway. Future deliverables include upgrading the tools with additional data and capabilities, and refining tool features based on testing feedback. Target audiences differ for our two eWORK tools. eWORK Excel is aimed at savvy data users such as researchers in occupational hygiene and epidemiology. eWORK Online is for users who prefer quick, simple, yet high quality statistics on occupational exposures to various carcinogens. Target groups for eWORK Online include physicians, policymakers, occupational health and safety professionals, and labour organisations.

Objectives In 2003 British Columbia’s occupational health and safety (OHS) regulator implemented a voluntary audit-based OHS recognition program in select industrial sectors. Firms achieving OHS certification received a rebate on workers’ compensation premiums. This study evaluated the effect of OHS certification on firm work-injury rates for the years 2004 to 2011.

Method A cohort of certified (intervention) and non-certified (control) firms was derived from workers’ compensation premiums. This study evaluated the effect of OHS certification on firm work-injury rates for the years 2004 to 2011.

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