

ADMINISTRATION MANUAL

SUBJECT: WORKPLACE VIOLENCE

SECTION: Health and Safety

POLICY NUMBER: 8-060

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IMPLEMENTATION DATE: November 7, 2007

SPONSOR: Manager, Privacy and Occupational
Health and Safety

APPROVED BY: Senior Leadership Team

PURPOSE

To facilitate the Health Unit's compliance with Part III.0.1 (Violence and Harassment) of the *Occupational Health and Safety Act (OHS)*.

To minimize the possibility of violent incidents occurring in Middlesex-London Health Unit workplaces and to ensure that, should such incidents occur, they are managed appropriately.

COMMITMENT

Everyone has a right to work in environments free from violence. Acts of violence are unacceptable in the workplace or at work-related activities. The Health Unit is committed to the prevention of workplace violence and will take whatever steps are reasonable to protect Health Unit staff from all sources of workplace violence. For the purposes of this policy, personal relationship violence, such as domestic violence, will also be addressed.

The Health Unit recognizes the reality of domestic violence in society and how it can affect employees and their work. We also recognize that the stigma associated with domestic violence may make an employee unwilling to disclose their situation (PSHSA, 2010, p.13). The Health Unit is committed to heightening awareness of domestic violence and minimizing the barriers to disclosure in order to increase the chance that the risk of domestic violence entering the workplace can be known, so that the appropriate safety precautions and planning can occur (Ministry of Labour, 2010, p.17).

The Health Unit will engage and empower all workplace parties to work cooperatively towards a safe, violence-free workplace.

DEFINITIONS

1. "Domestic Violence" means a pattern of behaviour used by one person to gain power and control over another with whom he/she has or has had an intimate, family or personal relationship. It may include physical violence, sexual, emotional and psychological intimidation, verbal abuse, stalking and use of electronic devices to harass and control (PSHSA, 2010, p. 1).

"Sources of domestic violence" is a term that recognizes that this type of personal relationship violence may be committed by any individual who has a personal relationship with the employee, including a spouse, an intimate partner or a family member (Ministry of Labour, 2010, p.2).

2. "Workplace" means any land, premise, location or thing at, upon, in or near which a worker works (Occupational Health and Safety Act (OHS), R.S.O. 1990 c.O.1, s 1(1)).

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3. "Workplace Violence" means any action, conduct, threat¹ or gesture of a person towards a worker in their workplace that can reasonably be expected to cause harm, injury or illness to that worker, including:
 - (a) the exercise of physical force by a person against a worker in a workplace that causes or could cause physical injury to the worker;
 - (b) an attempt to exercise physical force against a worker in a workplace that could cause physical injury to the worker;
 - (c) a statement or behaviour that is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker (OHSA, R.S.O. 1990 c.O.1, s 1(1)).
4. "Workplace parties" means Board members, management, staff and paid students.
5. "Sources of violence" is a term that recognizes that violence may be committed by:
 - a. A perpetrator who has no relationship to the workplace;
 - b. A client at the workplace who becomes violent toward a worker or another client;
 - c. An employee or past employee of the workplace
 - d. An individual who has a personal relationship with an employee (e.g. domestic violence) (PSHSA, 2010, p.1).
6. "Visitors" is used to describe any persons who might have reason to visit or attend any Health Unit workplace, other than Health Unit employees and clients. Visitors can include members of the public, volunteers, students, community agency representatives, emergency services personnel, health care professionals, contractors, and delivery people.

APPLICATION AND SCOPE

This policy applies to all Board of Health members, staff, students, volunteers, visitors and clients of the Middlesex-London Health Unit.

Contractors will also be advised of their responsibilities and rights under this policy. In particular, contractors will be advised that they must take every reasonable precaution to ensure that violence does not enter Health Unit workplaces. This includes the duty to provide information, including personal information, related to a risk of workplace violence from a person with a history of violent behaviour, if any worker in the Health Unit can be expected to encounter that person in the course of his or her work; and this risk is likely to expose any Health Unit worker to physical injury.

POLICY

All workplace parties must participate in ensuring the workplace is free of violence.

All workplace parties must report any situation which threatens the safety of a worker or anyone else in the workplace.

A staff member shall not enter any situations in which s/he feels his/her safety is at risk from violence,

¹ Threatening may involve both words and behaviours – intimidating words, abusive language, unwelcome touching, stalking, unwelcome visits to the workplace, harassing/use of electronic devices like telephones or the internet/texting, violent or threatening gestures, "slamming" on walls/desks, damage to property (i.e. vehicle break-in, vandalism, breaking/throwing things in the office/room/area), displaying /carrying a weapon, missed attempts at use of physical force – anything that would be seen by a reasonable person as threatening violence (OHSA, R.S.O. 1990 c.O.1, s 1(1)).

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attempts at violence or threats of violence. This includes verbal aggression and intimidating behaviours. Similarly, staff must leave any situation in which they feel their safety has become at risk from violence.

All employees will be advised of their right to refuse unsafe work with respect to workplace violence under section 43 of the OHSA.

The Health Unit will establish and maintain a workplace violence program that implements this policy. The program must include: (1) measures and procedures to control the risks of violence associated with the roles and responsibilities of Health Unit staff; (2) measures and procedures for summoning immediate assistance when workplace violence occurs or is likely to occur; (3) a process for workers to report incidents of or raise concerns about workplace violence; and (4) measures and procedures for how the employer will investigate and deal with incidents or complaints of workplace violence.

All reported incidents and complaints of workplace violence will be investigated and managed in a fair and timely manner, respecting the privacy of all concerned. The sharing of information, including personal information, to prevent workplace violence and address the risks of workplace violence is a required duty of employers and supervisors under the OHSA. Sharing of information will be done with respect for the confidentiality, privacy and dignity of the staff member(s) and others involved. However, the Health Unit recognizes there are limits to confidentiality when a clear threat of danger exists.

RESPONSIBILITIES

The Board of Health and the Senior Leadership Team will ensure that this policy and the supporting program are implemented and maintained. They will also ensure that all workplace parties have the appropriate information and instruction to protect themselves from violence in the workplace.

Directors and Managers will meet their supervisory responsibilities by adhering to this policy and the supporting program. They will take all reasonable steps to ensure that their direct reports have the information needed to protect themselves from workplace violence. They will ensure that staff members have the necessary supports to take appropriate precautions and follow all established safety protocols.

Staff members will work in compliance with this policy and its supporting program. All staff are responsible for bringing any incident or situation which threatens the safety of anyone in the workplace to the attention of someone in a position of authority to respond and manage these reports. Staff must also ensure that they take appropriate precautions and follow all established safety protocols and training.

CONSEQUENCES AND DISCIPLINE

Anyone who engages in workplace violence may be subject to complaint procedures, investigation, remedies, sanctions and discipline up to and including termination and referral to a police service for investigation. See also [Policy 5-055 Progressive Discipline](#).

REPRISAL AND RETALIATION FORBIDDEN

Anyone who has in good faith made a report, raised a concern, provided information, taken action or made decisions regarding a concern or incident of workplace violence is protected from reprisal. Anyone engaging in reprisal may be the subject of a complaint and/or disciplinary measures under [Policy 5-055, Progressive](#)

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[Discipline](#), up to and including termination of employment.

POLICY REVIEW

The Manager, Privacy/Occupational Health and Safety in consultation with the Joint Occupational Health & Safety Committee (JOHSC) will review the Workplace Violence Prevention policy annually, and forward any recommended changes to the Senior Leadership Team for consideration and approval.

PROCEDURES**1.0 Measures to Assess the Risk of Workplace Violence**

1.1 The Senior Leadership Team will ensure that a workplace violence risk assessment is conducted and remains current for all Health Unit workplaces (e.g. office buildings, clinics, restaurants, schools and homes). The risk assessment will take into account:

- (a) the types of activities that staff members participate in (e.g. handling cash);
- (b) the conditions of work (e.g. working alone, in isolation or at night);
- (c) circumstances specific to the workplace (e.g. geographic location of the workplace);
- (d) circumstances that are common to similar workplaces (i.e. other public health units).

1.2 The results of this risk assessment will be communicated to the Joint Occupational Health and Safety Committee (OHSA, R.S.O. 1990 c.O.1, s. 32.0.3. (3))

1.3 Directors/Managers will ensure that staff is aware of all risks associated with the workplace and any activities specific to their role.

1.4 A staff member must discuss potential risk situations s/he identifies with his/her Director/Manager in advance of entering the situation.

2.0 Measures to Control the Risk of Workplace Violence

2.1 The Senior Leadership team will ensure that controls are in place to address all of the risks identified in the workplace violence risk assessment. For example, additional lighting may be installed to address poorly lit parking areas or security protocols may be enhanced to address the disclosure of an employee's potentially violent personal relationship.

2.2 To control or minimize the risk of an incident of workplace violence, staff members are empowered to trust their instincts and not enter any situation in which they feel their safety is at risk from violence, attempts at violence or threats (i.e. verbal or behavioural).

2.3 All staff members must know and follow the Personal Safety Guidelines for Health Unit Staff .

2.4 When staff members raise potential risk situations with the Director/ Manager, the Manager/Director will work with the staff member to determine a course/plan of action to protect safety for the particular situation and circumstances, and may consult other staff members (e.g. Manager, Privacy/Occupational Health and Safety, the Purchasing and Operations Administrator, Director, Human Resources and Labour Relations and external resources (e.g. Police Services or

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the London Abused Women's Centre).

3.0 Procedures to Summon Immediate Assistance

- 3.1 Any staff member who feels that they or anyone else is in immediate danger should call 9-1-1 to request assistance from the police service, ambulance or fire personnel. Within Health Unit buildings, staff must dial 9 + 9-1-1.
- 3.2 Staff should also be familiar with the Health Unit Panic Alarm Protocol. Panic alarms have been strategically placed within health unit office locations (e.g. reception areas). All staff members should familiarize themselves with the alarm locations and the Panic Alarm Protocol. It is important to note that a panic alarm should never be considered as an alternative to calling for emergency first responders (i.e. police/fire/ambulance). These alarms primarily serve to enable a staff member to call for rapid assistance to deal with someone who is argumentative, hostile or appears to be in physical, mental or medical distress.
- 3.3 The Health Unit has established a "Code White" (i.e. Violent/Behavioural Situation) protocol as part of its emergency preparedness program. All staff members are required to familiarize themselves with this protocol. The "Code White" protocol may be enhanced through the use of the public address system for the office locations where this technology is supported (i.e. 50 King Street).

4.0 Reporting concerns about workplace violence (including domestic violence)

- 4.1 All workplace parties and visitors are to bring any situation which threatens the safety of the workplace to the attention of a Manager or Director (verbally or in writing).
- 4.2 Concerns presenting imminent danger will be reported to a police service (i.e. London, Strathroy-Caradoc or OPP).
- 4.3 If the staff member's Manager/Director is not available and the concern does not require police intervention but does require action to ensure immediate safety, one of the following individuals must be contacted and/or consulted: (1) another Manager or Director; (2) the Director of Human Resources; or (3) the Manager, Privacy and Occupational Health and Safety; or (4) a member of the JOHSC.
- 4.4 Reported concerns must also be documented on an *Employee Incident Report (EIR)* to ensure that all the appropriate information has been gathered and the appropriate inter-agency and external agency notifications are initiated.
- 4.5 All reported concerns will include any relevant supporting records, such as e-mail, voicemail, photographs and the like.

5.0 Reporting incidents of physical violence

- 5.1 In the event of an incident of workplace violence, follow the procedures under 3.0 of this policy to summon immediate assistance.
- 5.2 Within 24 hours (or as soon as it is safe to do so), the staff member will notify their Manager or

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Director of the incident.

5.3 The Manager or Director will ensure that the MOH/CEO, Human Resources and Occupational Health and Safety are notified of the incident.

5.4 An EIR must be completed within 48 hours of the incident and submitted to Human Resources.

6.0 How reported concerns or incidents of workplace violence will be managed**6.1 Manager/Director-led response**

6.1.1 The Manager or Director who receives a report regarding a concern or incident of workplace violence will:

- (a) initiate the response process by taking the appropriate steps to put immediate or interim measures in place, necessary for the protection of the staff member and others in the workplace.
- (b) act as the lead in communication with the staff member affected by the violence.
- (c) gather information and document the concern.
- (d) consult promptly with the Service Area Director, the MOH, Director HRLR, the Manager Privacy and Occupational Health and Safety and others as required to establish a working plan of response, if needed beyond the measures in place and actions already taken /to be taken in the initial response, or as the assessment indicates.

6.2 The Workplace Violence Response Team

6.2.1 In incidents and threat situations requiring additional/ongoing security, safety measures, supports, administrative management or accommodation measures, a Workplace Violence Response (WVR) Team is formed.

6.2.2 WVR Membership will vary in size and composition, depending on the particular circumstances of the concern, threat or incident. At a minimum, the response team will consist of: (1) the affected staff member(s)' Manager/Director; (2) the Manager, Privacy/Occupational Health and Safety; and (3) the Director Human Resources/Labour Relations. Other internal (e.g. Operations) or external (e.g. police, legal counsel) may also be requested to participate as a member of a WVR team.

6.2.3 The WVR team acts as the coordinating body for the Health Unit's response.

6.2.4 The team may operate informally or formally (depending on the nature of the report) and will meet as often as is necessary to assign tasks and ensure that security measures are established, safety plans are developed, supports for the affected staff member(s) are provided and that decisions and actions are implemented and accurately documented.

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- 6.2.5 The WVR team will:
- (a) Assess the risks;
 - (b) Consider safety measures (to protect the directly-affected individual) and security measures (to protect the safety of the workplace and staff or others in it).
 - (c) Put a short or long-term response plan in place.
 - (d) Coordinate implementation of the response plan.
 - (e) Prepare a summary of the response actions and measures taken, with timeline, for inclusion with the record of the incident.
 - (f) Continually reassess the situation and the response plans.
 - (g) Arrange a post-response consultation with all involved in the response to identify gaps, areas for improvement and actions or response measures to be implemented in similar situations in future.

7.0 Support for staff experiencing or affected by violence

- 7.1 Staff who experience violence, observe or are otherwise affected by a threat or incident of workplace violence will be encouraged to get support and information through the Health Unit and referrals to other sources of help, which include:
- (a) the Director/Manager;
 - (b) access to professional support (e.g. MLHU Employee Assistance Program (EAP) or other trained facilitators, such as a Critical Incident Stress Management Debriefing; or
 - (c) peer consultation.

RELATED POLICIES

This Workplace Violence Policy provides the overarching framework for the Health Unit's workplace violence program. Detailed information, instructions, protocols, forms and procedures (are) available in the Workplace Violence Program manual.

A number of existing administrative policies and procedures relate to this policy, employee safety and critical incidents.

See also:

Policy 3-040 Building Security
 Policy 5-075 Human Rights Recognition
 Policy 5-120 Employment Harassment
 Policy 5-095 Complaints
 Policy 8-130 Personal Safety
 Policy 8-040 Critical Injury or Fatality
 Policy 8-030 Non-Employee Injury-Incident
 Policy 8-020 Employee Injury/Incident

REFERENCES

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