



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2013 October 17

THE MLHU WORKPLACE VIOLENCE INITIATIVE

Recommendation

It is recommended that Report No. 111-13 re The MLHU Workplace Violence Initiative be received for information.

Key Points

- Like many organizations where staff have public contact, Middlesex-London Health Unit employees are exposed to and experience incidents of Workplace Violence and Domestic Violence.
- The Board of Health is accountable for ensuring that requirements with respect to workplace violence and domestic violence in the workplace under the [Occupational Health and Safety Act \(OHS Act\)](#) are met.
- While significant strides have been made to enhance the safety of the Health Unit's three office buildings, the Health Unit's level of compliance with the requirements of the OHS Act with respect to workplace violence and domestic violence in the workplace is incomplete
- Analysis is currently underway to determine the required resources and associated costs to bring the Health Unit into full compliance with the workplace/domestic violence requirements of the OHS Act, including:
 1. Identifying, assessing and controlling for all workplace violence risks; and
 2. Providing the various levels of training and skills development necessary to facilitate an appropriate organizational response to reports of workplace or domestic violence.

Background

Violence occurs in many workplaces. The Health Unit is engaged in many types of work that put our staff at increased risk of workplace violence. Also, with a predominantly female workforce, our employees are at greater risk of domestic violence, which can directly involve the workplace in some cases.

In April 2012, Ms. Sonia El Birani, a family home visitor with the Middlesex-London Health Unit (hereafter referred to as the Health Unit) Best Beginnings Team was murdered in her home, allegedly by her husband. While this violence did not involve the workplace directly, it had a profound impact on staff at many levels. Ms. Birani's murder was publicly reported in the April 13, 2012 edition of the London Free Press. She is survived by three daughters.

In March 2013, Dr. Heather Thomas, a dietitian with the Health Unit's Chronic Disease Prevention and Tobacco Control team, had a knife held to her throat while providing a food skills development course in a group home. Dr. Thomas wishes for the Health Unit to learn from the circumstances of this assault and is supportive of her name being included in this report.

Many of the Health Unit staff who interact with the public, such as tobacco enforcement officers, nurses, public health inspectors, and administrative assistants) are verbally assaulted and threatened with physical violence on a fairly regular basis.

These examples serve as reminders that Health Unit staff members are exposed to violence in the performance of their work duties or as part of the dynamic within their personal relationships. Further evidence of this reality is documented in the 2013 Summary of Employee-reported Workplace Violence (WV) Incidents ([Appendix A](#)).

Violence in the workplace is an unfortunate reality that occurs routinely in many workplace settings. In recognition of this phenomenon, the Government of Ontario passed "[Bill 168](#), an Act to amend the Occupational Health and Safety Act with respect to violence and harassment in the workplace and other matters" in December 2009. These changes to the OHS Act were due, in part, to the Coroner's Jury Recommendations from the Inquest into the murder of Lori Dupont. Ms. Dupont was a nurse who was killed at the hand of her intimate partner, Dr. Marc Daniel, in their mutual place of work, Hôtel-Dieu Grace Hospital, Windsor Ontario.

Bill 168 incorporated changes to the OHS Act that require employers to take all reasonable precautions to protect workers against violence in the workplace, including domestic violence that could result in the physical harm or injury of an individual at work. The substantive content of these amendments call for all Ontario employers to: (1) develop a workplace violence policy; (2) complete a risk assessment regarding violence that may arise in the workplace as a result of the nature, type and conditions of work; (3) develop a workplace violence program; and (4) provide instruction and training for staff. The amendments took effect in June 2010.

Workplace Violence Initiatives at MLHU

The Health Unit has several measures in place that align with the requirements of Bill 168, including steps taken in response to a Ministry of Labour order in 2006:

- Comprehensive enhancements to the security of the physical environments of the three Health Unit office buildings (e.g. installation of a controlled access system);
- One-time mandatory training for all staff on "De-escalating Aggressive Behaviours"; and
- The development of a Workplace Violence Prevention policy.

However, compliance remains incomplete.

The Senior Leadership Team recently approved significant revisions to the Health Unit's Workplace Violence Policy ([Appendix B](#)) on June 5, 2013. This includes provisions related to domestic violence in the workplace and sets in place a process for the establishment of a Workplace Violence Response Team.

In addition to updating the policy, the development of a comprehensive and complementary workplace violence program is required. This will involve the revision of a number of existing policies and protocols (e.g. the security policy, personal safety measures, Code White protocol, etc.) as well as the development of new procedures (e.g. threat /risk assessment guidelines, safety planning processes, etc.). A Task Group has been established to redevelop the measures and procedures for staff members to formally report incidents of workplace violence. Resources will also be directed toward the development of a work plan to identify and prioritize additional aspects of the workplace violence program that need to be redeveloped (e.g. new employee orientation and skills development for managers). Training and skills development initiatives will also be important to the successful implementation of an effective workplace violence program.

Currently, staff are working to estimate the required resources and costs associated with bringing the Health Unit into full compliance with the workplace/domestic violence requirements of the OHS Act. It is expected that the path to full compliance will require an ongoing commitment over a number of years.

Conclusion/Next Steps

One in three women around the world will be raped, beaten, coerced into sex or otherwise abused in her lifetime. Unfortunately, that violence can occur in a workplace setting. According to the Centre for Research and Education on Violence against Women and Children, seventy per cent of domestic violence victims are also abused at work by their abuser. The most common things that abusers do are repeated harassing phone calls and showing up at the workplace to harass the victim.

Furthermore, according to the [Canadian Centre for Occupational Health and Safety](#), employees within certain sectors of the workforce, such as healthcare, may be at greater risk of experiencing workplace violence if their job functions include:

- Working or having contact with the public;
- Handling money, valuables, prescription drugs or working in premises or with individuals where alcohol and or drugs may be present;
- Carrying out inspection or enforcement duties (e.g. government employees);
- Providing service, care, advice or education;
- Working with unstable or volatile persons (e.g. social services or criminal justice system employees);
- Working alone, in small numbers (e.g. real estate agents), or in isolated or low traffic areas (e.g. washrooms, storage areas, utility rooms);
- Working in community-based settings (e.g. nurses, social workers and other home visitors).
- Having a mobile workplace (e.g. taxicab).
- Working during periods of intense organizational change (e.g. strikes, downsizing)

These risk factors apply in varying degrees to much of the work performed by Health Unit staff and are often present in the documented employee reports of workplace violence. As part of its governance and liability considerations, the Board of Health should be aware that workplace violence poses some level of occupational health risk to Health Unit staff. Furthermore, dedicated resources will be required to minimize this risk.

This report was prepared by Ms. Vanessa Bell, Manager, Privacy and Occupational Health and Safety.



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