

**ONTARIO NURSES' ASSOCIATION**

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# Workplace Violence and Harassment

## **A Guide for ONA Members**

**October 2010**



The Ontario Nurses' Association (ONA) is the Union representing 55,000 registered nurses and allied health professionals and more than 12,000 students working in hospitals, long-term care facilities, public health, the community, clinics and industry.

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# TABLE OF CONTENTS

<b>ONA VISION STATEMENT</b> .....	5
<b>ONA STATEMENT OF BELIEFS: OCCUPATIONAL HEALTH AND SAFETY</b> .....	5
<b>ONA POSITION – VIOLENCE/HARASSMENT</b> .....	5
<b>OBJECTIVES OF THIS GUIDE</b> .....	7
<b>WORKPLACE VIOLENCE</b> .....	8
Definition .....	8
Examples of Workplace Violence .....	8
Categories .....	9
Who Tends to be the Most at Risk from Workplace Violence? .....	9
Where Can Violence Occur? .....	9
What are the Effects of Violence? .....	10
<b>WORKPLACE HARASSMENT</b> .....	
Definition .....	11
What has Changed with 2010 Amendments to the <i>Occupational Health and Safety Act</i> (OHSA) (known as “Bill 168” before passage into law)? .....	11
Enforcement .....	11
<b>Overview of 2010 Amendments to the OHSA regarding Workplace Violence and Harassment</b> .....	12
<b>THE STATISTICS</b> .....	15
<b>ONA CASE REPORTS</b> .....	19
<b>HOW CAN WE STOP VIOLENCE AGAINST OUR MEMBERS?</b> .....	20
<b>PREVENTION OF WORKPLACE VIOLENCE</b> .....	23
<b>DEVELOPING A VIOLENCE POLICY/PROGRAM</b> .....	24
Develop a Policy .....	24
Developing/Revising a Violence Prevention Program .....	24
Violence Risk Assessments .....	24
Survey .....	25
Additional Violence Risk Assessment Steps .....	25
Develop, Establish and Put into Effect Controls/Measures and Procedures .....	26
Some Specific Controls/Measures to Consider .....	27
Security and Emergency Response Controls/Measures .....	29
Evaluation and Review .....	31
<b>TRAINING/EDUCATION</b> .....	32
Duties to Provide Information, Instruction, Training and Education .....	32
Other Related Duties to Provide Information, Instruction, Training and Education .....	32
When/How Often Should Information, Instruction, Training and Education Take Place? .....	32
Effective Training Techniques .....	33
Minimum Workplace Violence Prevention Training .....	33

Additional Topics Covered by Information, Instruction, Training and Education . . . . .	33
Supervisors, Managers and Security Personnel . . . . .	34
P.I.E.C.E.S. Program . . . . .	35
Training Evaluation and Review . . . . .	35
Disruptive Physician Program . . . . .	35
Internal Responsibility System . . . . .	36
<b>DEALING WITH THE ACTUAL CRISIS . . . . .</b>	<b>37</b>
The Verbal Approach . . . . .	37
Food and Drink . . . . .	37
Medication . . . . .	37
Security Personnel . . . . .	37
Physical Restraint . . . . .	37
Ministry of Labour (MOL) . . . . .	38
<b>RIGHT TO REFUSE OR STOP UNSAFE WORK . . . . .</b>	<b>39</b>
<b>THE CRISIS IS OVER, NOW WHAT? . . . . .</b>	<b>40</b>
Situation 1: Physical Harm . . . . .	40
Situation 2: Verbal Abuse/Violence . . . . .	40
<b>I am the Victim – What Do I Do? . . . . .</b>	<b>40</b>
Seek Medical Treatment . . . . .	40
Notify Your Employer . . . . .	41
Contact Your Union Representative and Joint Health and Safety Committee Member . . . . .	41
File a WSIB Report and Complete an Incident Report . . . . .	42
File a Grievance . . . . .	42
Lay Charges Against Patient/Client . . . . .	42
Apply for Benefits from the Criminal Injuries Compensation Board . . . . .	43
Compensation for Injury . . . . .	43
Compensation for Death . . . . .	43
Witnessing or Coming Upon the Scene of the Crime that Resulted in the Death . . . . .	44
Seek Post-Assault Counseling . . . . .	45
<b>I am a Union Representative...What Do I Do? . . . . .</b>	<b>45</b>
Ensure the Member Receives Medical Treatment . . . . .	45
Notify the Employer . . . . .	45
Call the MOL and/or the Police . . . . .	46
Ensure the WSIB Claim and Incident Report are Completed . . . . .	46
Involve the Joint Health and Safety Committee . . . . .	47
File a Grievance . . . . .	47
Ensure Counseling . . . . .	48
Advise of Criminal Compensation . . . . .	48
Ensure Supportive and Respectful Treatment of Victim . . . . .	48
<b>I am a Co-worker...What Do I Do? . . . . .</b>	<b>48</b>
<b>CONCLUSION . . . . .</b>	<b>49</b>
<b>ACKNOWLEDGEMENTS . . . . .</b>	<b>49</b>
<b>APPENDIX A: Workplace Violence Prevention Policy/Program Checklist . . . . .</b>	<b>50</b>
<b>APPENDIX B: Employers' Minimum Requirements Checklist . . . . .</b>	<b>56</b>
<b>APPENDIX C: Checklist of Some Specific Controls/Measures to Consider . . . . .</b>	<b>58</b>

<b>APPENDIX D: Next Steps to Address Violence/Harassment</b> . . . . .	<b>62</b>
<b>APPENDIX E: Sample – Recommendations to Employer</b> . . . . .	<b>64</b>
<b>APPENDIX F: JHSC Recommendation – Additional Considerations</b> . . . . .	<b>67</b>
<b>APPENDIX G: Sample Workplace Violence Prevention Policy</b> . . . . .	<b>70</b>
<b>APPENDIX H: MOL April 2005 Memo</b> . . . . .	<b>79</b>
<b>APPENDIX I: Resources</b> . . . . .	<b>80</b>
<b>Ontario Nurses’ Association (ONA)</b> . . . . .	<b>80</b>
<b>Workers Health and Safety Centre (WHSC)</b> . . . . .	<b>82</b>
<b>Public Services Health and Safety Association (PSHSA)</b> . . . . .	<b>83</b>
<b>Occupational Health Clinics for Ontario Workers (OHCOW)</b> . . . . .	<b>83</b>
<b>Criminal Injuries Compensation Board (CICB)</b> . . . . .	<b>84</b>
<b>Canadian Centre for Occupational Health and Safety (CCOHS)</b> . . . . .	<b>85</b>
<b>National Institute for Occupational Safety and Health (NIOSH)</b> . . . . .	<b>86</b>
<b>Ontario Ministry of Labour (MOL)</b> . . . . .	<b>86</b>
<b>BIBLIOGRAPHY</b> . . . . .	<b>89</b>

## **ONA Vision Statement**

Ontario Nurses' Association: Our Union.  
Respected. Strong. United.  
Committed to members who care for people.

## **ONA Statement of Beliefs – Occupational Health and Safety**

The Ontario Nurses' Association (ONA) believes it is the right of all its members to work in a healthy and safe work environment. ONA further believes in the pursuit of the highest degree of physical, mental and social well-being of workers in all occupations. As one of the largest health-care unions in the province and in the country, ONA believes it is part of its mandate to exercise a strong leadership role in achieving progressively greater gains in the field of occupational health and safety.

## **ONA Position – Violence/Harassment**

In November 2005, operating room nurse and ONA member Lori Dupont was brutally murdered at Windsor's Hotel-Dieu Grace Hospital by an anesthetist who was her ex-partner and colleague. ONA members were absolutely horrified by the murder of Lori Dupont and the inquest into her death revealed that she paid the price for a culture of indifference and inattention to violence that exists in health-care workplaces across the province. Health-care workers are among those at highest risk of violence in the workforce and we need effective action now to protect them from harm.

It is ONA's position that government and employers must review current practices and procedures and ensure the Dupont Coroner's Jury recommendations have been implemented.

Further, ONA believes it is the right of all its members to work in an environment that is free from all forms and sources of violence/harassment, and that employers must strive to eliminate risks of violence/harassment.

As a result of ONA and the labour movement pressuring the government for violence/harassment legislation, the *Occupational Health and Safety Act* (OHSA) as of June 15, 2010 requires employers to take every precaution reasonable in the circumstances to protect our members from physical violence or threats of physical violence in the workplace, whether the violence originates in the workplace itself or enters the workplace from outside.

The new legislation also requires employers to develop a harassment policy, program and training, but falls short in actually requiring employers to take every precaution reasonable in the circumstance for the protection of workers when the workplace harassment/violence causes psychological harm but not physical harm to the worker.

Further, it is ONA's position that in circumstances where the employer/supervisor is aware of a potential or known violence hazard and does not take every precaution reasonable for the protection of our members, the employer and supervisor are in violation of the *OHSA* and should be held accountable.

ONA members must take strong leadership roles in removing violence/harassment from the workplace by exercising their rights and pressing for enforcement under the *OHSA* and collective agreements.

ONA will continue to strive for progressive gains in the area of collective bargaining for all our members and continue to lobby the government to fully implement the Dupont Coroner's Jury recommendations and to expand violence/harassment legislation that protects our members from psychological harm.

Nothing can bring Lori Dupont back, but if we hold our employers accountable and ensure enforcement of this new legislation, perhaps something positive can come from her death.

## Objectives of this Guide

The objectives of *Violence/Harassment in the Workplace: A Guide for ONA Members* are:

- Provide ONA members, ONA representatives and Joint Health and Safety Committee (JHSC) members or the Health and Safety Representative (HSR) (in workplaces of 6-19 workers) with an understanding of the definition and scope of workplace violence/harassment.
- Provide ONA members, ONA representatives, JHSC members and HSRs with information about what has changed under the *OHSA* with respect to workplace violence and harassment.
- Provide ONA members, ONA representatives, JHSC members and HSRs with information about what they can do to stop violence against our members and address workplace harassment.
- Provide ONA representatives, JHSC members and HSRs with the knowledge and tools needed to address and advance the issue of violence to the employer and/or the Ministry of Labour (MOL).
- Provide ONA representatives, JHSC members and HSRs with the knowledge and tools to address workplace harassment under the *OHSA*.
- Provide ONA members, ONA representatives, JHSC members and HSRs with guidance on how to deal with workplace violence when it occurs and after it has occurred.
- Provide ONA members, ONA representatives, JHSC members and HSRs with valuable tools and a list of resources.

We hope this guide will help you address workplace violence/harassment with your employer and eradicate it from your workplace.

Throughout this guide, the text refers regularly to "nurses" rather than to other categories of health-care workers. To date, most of the studies, articles and statistics dealing with violence in health-care facilities have been examining violence and nursing. However, we know from work conducted by other unions and through anecdotal information that workplace violence affects all categories of health-care workers. Therefore, the information contained in this guide is applicable to all health-care workers and will be useful to any union member in any sector who is facing the problem of violence/harassment in her/his workplace.

# Workplace Violence

## Definition

The OSHA defines “workplace violence” as:

- (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 it 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.

This definition was incorporated into the legislation as part of a package of amendments in June, 2010. These amendments also included the introduction of explicit reference to “harassment” in the OSHA. While the amended law represents progress, it is not perfection. The new provisions explicitly require the employer to take every reasonable precaution to prevent “physical injury” from “physical force” or threats of physical force, but there is no mention of “psychological injury” either from “physical force,” threats of “physical force” or other aggressive behaviour. Also, while employers will be clearly required to conduct *violence* risk assessments, there is no similar requirement to conduct assessments of the risk of *harassment*, even though harassment has been found to be a precursor to violence. And, the new definition of “workplace harassment” in the Act talks only about a “*course of vexatious conduct*” from a perpetrator, and does not explicitly address single, egregious acts of harassment.

As such, ONA believes all employers should develop a workplace violence policy that extends beyond the minimum requirements of the OSHA. Workplace policies should address all forms of aggression and should also have a goal of protecting workers from psychological harm/illness as well as from physical injury.

It is important to note that in many circumstances there is a progression in the way that abusive behaviour can escalate to aggression and even to violence. We recognize that not every single act of abuse will lead to an act of violence, but want members to understand that the possibility of progression from one to another does exist. The progression can result from verbal to the actual physical, notwithstanding that there are occasions when physical abuse may occur suddenly, without a series of prior escalating incidents of abuse.

## Examples of Workplace Violence

Incidents that can constitute or can escalate into workplace violence include, but are not limited to, the following:

- Assault.
- Domestic Violence.
- Bullying.
- Harassment.
- Psychological abuse.
- Sexual abuse up to and including assault.
- Threats.
- Verbal abuse.

## **Categories**

There are four main categories of workplace violence:

- External – (thefts, vandalism, assaults by a person with no relationship to the workplace).
- Client/Customer – (physical or verbal assault towards a employee by a client/family member or customer).
- Employee to Employee – (physical or verbal assault from a employee or former employee including harassment, stalking and bullying).
- Domestic Violence (Personal Relationship).

## **Who Tends to be the Most At Risk from Workplace Violence?**

- Health-care employees.
- Correctional officers.
- Social services employees.
- Teachers.
- Municipal housing inspectors.
- Public works employees.
- Retail employees.

(Canadian Centre for Occupational Health and Safety [CCOHS], n.d.)

According to the National Institute for Occupational Safety and Health (NIOSH), “Although anyone working in a hospital may become a victim of violence, nurses and aides who have the most direct contact with patients are at higher risk.” (NIOSH, 2002 p. 3)

The International Council of Nurses [ICN] (2001) revealed that “each year, more than 2 million people die as the result of injuries due to violence.” (para. 2) “In fact nurses are three times more likely to experience violence than other professionals.” (ICN, 2001, para. 3)

## **Where Can Violence Occur?**

Violence in the workplace is a hazard confronted by nurses working in all health-care sectors. Staff in emergency departments face the same kinds of problems with violent patients as do staff in psychiatric settings. Assault rates are also high in geriatric facilities and facilities for the mentally disabled. Nurses working in the community frequently take emergency calls in the evening and at night, and often visit clients whom they have never met, in their homes. Often, these visits take them to high-crime neighbourhoods.

## **What are the Effects of Violence?**

The effects of violence can range in intensity and include the following:

- Minor physical injuries.
- Serious physical injuries.
- Temporary and permanent physical disability.
- Psychological trauma.
- Death.

A study by Büssing A and Höge T. (2004) reveals that violence can result in both physical and psychological harm and that the effects can contribute to job dissatisfaction, burnout and exiting the profession.

Violence may also have negative organizational outcomes, such as low worker morale, increased job stress, increased worker turnover, reduced trust of management and co-workers and a hostile working environment.

# Workplace Harassment

## Definition

The OHSA now defines workplace harassment.

Workplace harassment in the OHSA means “engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome.”

## What has Changed with 2010 Amendments to the OHSA (known as “Bill 168” before passage into law)?

The *Ontario Human Rights Code* (OHRC) still prohibits harassment at work and elsewhere, but that legislation is restricted to harassment based only on specific prohibited grounds, such as race, religion, disability and sex. Harassment unrelated to the specific grounds (e.g. bullying based on personal dislike) is not covered by the OHRC. Most employers will already have policies and complaint procedures in place that address harassment based on the prohibited grounds of discrimination in the OHRC, such as disability, race, religion, disability and sex.

The amendments to the OHSA extend the reach of law with respect to harassment at work. Unlike the OHRC, the new provisions of the OHSA will apply no matter what the reason for the harassment. As of June 15, 2010, the OHSA will address “non Code harassment” and require employers to establish a harassment policy and a program for reporting and dealing with harassment complaints. The new law will also require that the employer provide information and instruction to all workers.

Workplace harassment may include teasing, intimidation or offensive jokes or innuendos, displaying or circulating offensive pictures or materials, or offensive or intimidating phone calls.

Bullying is a form of workplace harassment. Bullying is usually intentional in nature and an attempt to exert power or control over the target.

In some cases, it may be appropriate for a member to file complaints under both the employer’s human rights harassment policy and this new health and safety harassment policy. ONA members should request the assistance of the Bargaining Unit/Local/Labour Relations Officer (LRO) when making a complaint of harassment. The Union will ensure the appropriate policies are utilized and the full range of remedies is requested. The Union will also determine whether a grievance should be filed.

## Enforcement

MOL inspectors will enforce the new workplace harassment provisions in the OHSA, however, the harassment provisions are limited to the establishment of a policy and a program for reporting and handling harassment complaints and providing a worker with information and instruction with respect to the policy and program. In workplaces covered by the Health Care and Residential Facilities Regulation the employer is legally required to consult with the JHSC or HSR when developing, establishing and providing training and educational programs in health and safety measures and procedures for workers that are relevant to the workers’ work. (i.e. hospitals, long-term care facilities) So, we only expect MOL inspectors to issue orders about establishing, posting and training with respect to harassment policies and programs.

## **Overview of 2010 Amendments to the OHS Act Regarding Workplace Violence and Harassment**

Workplace violence and harassment are now recognized and defined in the OHS Act effective June 15, 2010.

*For Definition of Workplace Violence see page 8.*

*For Definition of Workplace Harassment see page 11.*

### **Employer Obligations**

The employer must:

- Prepare written policies with respect to workplace violence and harassment.
- Post a copy of the policy in a conspicuous place in the workplace.
- Review the policies as often as is necessary, but at least annually.
- Develop and maintain a program to implement the policy with respect to workplace violence and harassment.
- Assess the risks of workplace violence that may arise from the nature of the workplace, the type of work or the conditions of work.
- Advise the JHSC or HSR of the results of the assessment and provide a copy if the assessment is in writing. Where there is no JHSC or HSR, provide a copy to workers on request or advise the workers how to obtain copies.
- Reassess the risks of workplace violence as often as is necessary to ensure the violence policy and program continue to protect workers from workplace violence, advise the JHSC or HSR of the results of the assessment and provide a copy if the assessment is in writing. Where there is no JHSC or HSR, provide a copy to workers on request or advise the workers how to obtain copies.

The violence program shall:

- Include measures and procedures to control the risks identified in the risk assessment as likely to expose a worker to physical injury.
- Include measures and procedures for summoning immediate assistance when workplace violence occurs or is likely to occur.
- Include measures and procedures for workers to report incidents of workplace violence to the employer or supervisor, including threats.
- Set out how the employer will investigate and deal with incidents or complaints of workplace violence, including threats.
- Provide a worker with information and instruction that is appropriate for the worker on the contents of the policy and program with respect to workplace violence.

## **Workplace Harassment Program**

The employer must:

- Include measures and procedures for workers to report incidents of workplace harassment to the employer or supervisor.
- Set out how the employer will investigate and deal with incidents and complaints.
- Provide a worker with information and instruction appropriate for the worker on the contents of the policy and program.

**Important note:** For workplaces covered by the *Health Care and Residential Facilities Regulation*, the employer has an additional obligation and is legally required to develop, establish and provide training and educational programs in health and safety measures and procedures for workers relevant to the workers' work. (i.e. hospitals, long-term care facilities). When doing so, the employer must also consult with the JHSC or HSR.

So for the majority of our members, this means employers cannot limit themselves to just providing information and instruction to implement the violence/harassment policy and program, but must provide training and education on the measures and procedures contained in the violence/harassment prevention program.

## **New Section of the OHSA**

Section 32.0.5 (1): For greater certainty, the employer duties set out in Section 25, the supervisor duties set out in section 27, and the worker duties set out in section 28 apply, as appropriate, with respect to workplace violence. This provision makes it clear the employer and supervisor's requirement under these sections, which include the requirement to take every precaution reasonable in the circumstances for the protection of a worker, applies to workplace violence as defined in the OHSA. It does not apply to workplace harassment.

## **Domestic Violence Spillover to Workplace**

The coroner's jury from the inquest into the death of ONA member Lori Dupont made recommendations about preventing similar tragedies. It recommended employers be made to take steps when aware of domestic violence threats reaching into the workplace.

A new provision of the OHSA requires employers to take every reasonable precaution in the circumstances to protect workers from exposure to domestic violence that may cause physical injury in the workplace. A reasonable precaution could involve creating an individual safety plan for the worker while s/he is in the workplace. The safety plan should be developed in consultation with the targeted worker.

## **Disclosure of Personal Information of Person with History of Violent Behaviour**

The employer has a new duty to provide information to a worker about a person with a history of violence if the worker can be expected to encounter that person in the course of work, and "the risk of workplace violence is likely to expose the worker to physical injury." The disclosure requirement is limited to no more personal information "than is reasonably necessary to protect the worker from physical injury."

This is a new section that has implications for patients and colleagues who have had violent behaviour in the past. For MOL's explanation of what information needs to be conveyed about

such a person, refer to Section 2.6, page 14 of MOL's guideline document, *Workplace Violence and Harassment: Understanding the Law*, which is available via links in the Health and Safety Section of ONA's website at [www.ona.org](http://www.ona.org), and at <http://www.labour.gov.on.ca/english/hs/pubs/wpvh/violence.php>).

## **Work Refusals**

Workers who believe they are at risk of physical injury due to possible workplace violence may now refuse to work, and MOL will respond as needed in accordance with the work refusal under Section 43 of the OHSA. The limited right to refuse for certain workers described in Section 43 (2) continues. For more information on work refusals and the limited right to refuse for many of our members, refer to ONA's website at [www.ona.org](http://www.ona.org).

## **Notice/Reporting Requirement**

There is a clearer requirement for the workplace's JHSC or HSR and others to be notified by the employer if a worker is disabled or needs medical attention due to workplace violence.

## **Psychological Injury**

ONA and others were unsuccessful in persuading the government to include psychological injury from violence in the new amendments to the OHSA. Nevertheless, under the notice provisions of the OHSA and regulations, an employer will still be required to report to the MOL, Union and JHSC any disabling psychological injury or illness from the workplace, including such injury or illness from workplace harassment or violence.

## **Enforcement**

MOL inspectors will enforce the new workplace violence provisions in the OHSA.

The employer is required to establish a violence policy, conduct violence risk assessments, and develop a program of measures and procedures to control risks of violence as identified in the risk assessment. We expect MOL inspectors to issue orders when employers do not take precautions to control workers' risk of exposure to violence. We also expect MOL inspectors to respond when violence triggers a work refusal that is not resolved by the workplace parties.

The amendments do not affect the work of police, who will continue to deal with violent individuals and matters under the *Criminal Code of Canada* (CCC).

For an employer's minimum requirements checklist of the legislative changes please see Appendix B

## The Statistics

ONA members are in the highest risk group for occupational violence in the entire workforce. According to a 2002 report, "Nurses are more likely to be attacked at work than prison guards or police officers." (Canadian Nursing Advisory Committee, 2002, p. 20, as cited in Kingma, 2001)

Studies indicate an increase in violence in health-care sector workplaces. (Farrell, 1999; O'Connell, et al., 2000; Uzun, 2003).

ONA's own research has also shown some shocking statistics about incidents of violence against nurses. For instance:

- 36 per cent have experienced physical violence in the workplace, the majority being physically attacked by patients.
- 67 per cent report they have been the target of verbal abuse in the workplace. Patients and doctors are the most-reported source of the verbal abuse.
- 11 per cent report they have been the target of sexual abuse in the workplace. Patients and doctors are the most reported source of the sexual abuse.

The Ontario Safety Association for Community and Health Care (OSACH) Injury Demographics for 2008 reveal there were 2,111 allowed lost-time injury claims for violence and aggression for all sectors (Data Source: EIW Schedule 1 & 2, snap shop date June 2009). Of that, health care/community workers had the highest lost-time injury rate of all sectors with 652 allowed lost-time injury claims (Data Source: Injury Analysis Snap shop Schema Schedule 1 & 2, snap shop date June 2009). (OSACH, 2008)

In 2006, in an in-depth report, the Canadian Broadcasting Corporation (CBC) revealed, "Ontario health-care and social-assistance workers reported 5,333 violent incidents between the years 1997 and 2004, out of 12,383 reported by all workers. That's an average of 1.21 incidents per 1,000 workers, compared to 0.17 incidents per 1,000 workers in other industries." (CBC, 2006)

In a Canadian survey of nurses, O'Brien-Pallas and Whitehead (2005) asked nurses whether they had experienced any form of violence in the last 10 shifts worked. They found, "overall the highest percentage of nurses reporting incidences of workplace violence were from either long-term care (LTC) or hospital sectors for all nurse groups. However, in terms of the source of violence, for each of the nurse groups from the hospital, LTC, and community health services (CHS), it was the patient who directed the aggressive behaviour at the nurse. Other sources of violence were the family/visitors, physicians, nursing co-workers, and managers being either verbally aggressive or emotionally abusive to nurses. Conversely, emotional abuse, more than any other type of violence, came from a source other than the patient." (O'Brien-Pallas & Whitehead, 2005 p. 38)

At a 2008 conference, hosted by the Ontario Hospital Association (OHA) in conjunction with the Ontario Ministry of Health and Long-Term Care (MOHLTC) and the HealthForceOntario strategy, the Toronto East General Hospital (TEGH) in a power-point presentation reported on initiatives in preventing workplace violence, and expressed the need to be proactive given the high rate of incidents just at TEGH alone. In 2006, TEGH had "a total of 1136 incidents of code whites, criminal offences, uttering threats, thefts, causing a disturbance, incidents involving weapons, police required, and management of aggressive and violent behaviour. In 2007 over 40 weapons seized." (TEGH, 2008)

According to a Statistics Canada Report (Leseleuc, 2007), there were 356,000 violent incidents in Canada in 2004. Of those:

- 17 per cent of all self-reported incidents of violent victimization, including sexual assault, robbery and physical assault, occurred at the respondent's place of work.
- 71 per cent of all incidents of workplace violence were physical assaults, compared to 57% of violent non-workplace incidents.
- Violence in the workplace was much more common in certain employment sectors. One-third of workplace violent incidents involved a victim working in social assistance or health-care services.

A study exploring workplace bullying in a health sector organization in Australia, Rutherford and Rissel (2004), showed that 50 per cent of respondents had been exposed to bullying within the previous 12 months. Fellow colleagues were the highest reported source of bullying.

Baumann and O'Brien-Pallas (2001) identified the following trends in the workplace for nurses: unsafe work environments; some form of violence in the workplace over the last five shifts for many Alberta and British Columbia Nurses (p. 5); and significantly higher Workplace Safety and Insurance Board (WSIB) claims by Ontario nurses for injuries due to violence compared to the general workforce (Baumann & O'Brien-Pallas 2001, as cited in Liss & McCaskell, 1999).

The International Council of Nurses (ICN) revealed that 72 per cent of nurses don't feel safe from assault in their workplaces, and up to 95 per cent have been bullied at work (ICN, 2001a).

The 2002 Canadian Nursing Advisory Committee (CNAC) report on a study in a Vancouver emergency department said "68 per cent of employees reported increased frequency of violence over time and 60 per cent reported increased severity of violence. More than half (57 per cent) of the staff had been physically assaulted, and 77 per cent were afraid of patients as a result of violence." (CNAC, 2002, p. 20., as cited in Fernandez, et al., 1999)

## **Verbal Abuse**

Research indicates that although patients/residents/clients have been identified as the main source of verbal abuse directed at nurses, physicians, family members, friends, supervisors, and co-workers have all been identified as perpetrators.

A study by May and Grubbs (2002) found patients were the most frequent perpetrators of verbal abuse in the past year for emergency department nurses (nearly 86 per cent).

In a study by Cook et al., (2001), 91 per cent of perioperative nurses surveyed reported experiencing some type of verbal abuse from a physician during the past year.

A study by Sofield and Salmond (2003) revealed that 91 per cent of the respondents had experienced verbal abuse in the past month. The physician was the most frequent source of verbal abuse, followed by patients, patient families, peers, supervisors, and subordinates. More than 50 per cent of the sample did not feel competent in responding to verbal abuse.

O'Brien-Pallas and Whitehead (2005) found the most common type of violence, regardless of the nursing group, was verbal aggression.

## **Domestic Violence – A Workplace Problem!**

Dr. Peter Jaffe, PhD, Faculty of Education & Centre for Research and Education on Violence Against Women & Children, University of Western Ontario, highlighted in his presentation (Jaffe, 2008) at the OSACH teleconference in 2008 the importance for employers to also address domestic violence that enters the workplace. His presentation alerted participants to evidence that domestic violence can spill over into the workplace:

- One in four women may face abuse in an intimate relationship – maybe lethal, as it is the most common form of homicide faced.
- 70 per cent of individuals suffering from domestic violence are victimized at work.
- Abusive spouses may place harassing phone calls or make unwelcome appearances at work.

## **Other Reports Indicate that Violence is Under-reported and Under-evaluated.**

The Executive Committee of the Calgary Health Regional Authority established a Task Force on the Prevention and Management of Staff Abuse for a one-year period beginning in July 2000. After conducting a telephone survey of a representative sample (404) of Calgary Health Region employees, the final report, dated August 2001, concluded many staff members have had experiences of abuse and did not report the incidents.

From the report:

*“54 per cent of staff surveyed has experienced verbal abuse in the past 12 months. 22 per cent of staff surveyed has experienced physical abuse in the past 12 months. Of those who experienced verbal abuse, 49 per cent did not report the incident. Of those who experienced physical abuse, 44 per cent did not report the incident.”* (Staff Abuse, 2000)

Findings from a 2002 report suggest, “violence is an everyday occurrence in the agencies, although largely under-reported and under-evaluated.” (Baines, Hadley & Lewchuk, 2002, p. 15)

During the 1960s, a U.S. insurance industry specialist, Frank Bird (1980), devised his "accident ratio." Bird's pyramid, as it is commonly known, shows a ratio of accident reporting of 1-10-30-600. That means theoretically that for every reported disabling injury, there are 10 minor injuries, 30 property damage accidents and 600 incidents with no visible injury or damage ("near-miss" accidents).

This ratio does not take into account unreported incidents. Using the theoretical ratio above and the reported accident rate, we might begin to extrapolate the frequency of actual occurrences of violence.

Studies clearly reveal that our members in all sectors are at risk of workplace violence. Health-care employers have a legal responsibility to comply with the violence legislation and take every precaution reasonable in the circumstances for the protection of a worker.

This includes responding to worker concerns about workplace violence.

Prevention of workplace violence can only be achieved when each and every member holds the employer accountable for her/his health and safety. Workers must alert their supervisors to the hazard of violence as they become aware of it; supervisors must take every precaution reasonable in the circumstances for the protection of workers and advise workers of any actual

or potential danger to the workers' health and safety. When the supervisor/employer does not protect a worker's safety and if time permits, the worker should contact their JHSC member or HSR and Bargaining Unit/Local/LRO to help resolve the issue.

Where time does not permit, the worker should immediately call the MOL (see Resources Appendix I) and launch a formal complaint advising the MOL of the concern s/he has regarding violence in the workplace and the lack of any risk assessment, policy, controls/measures, procedures and training. (See Appendices A, B & C)

## ONA Case Reports

- Lori Dupont, a recovery room nurse working at Hotel-Dieu Grace Hospital in Windsor, was brutally murdered in her workplace by an ex-partner/anesthetist working for the hospital. Lori's case is particularly tragic because of its circumstances: Lori was a vibrant 37-year-old single mother who was being harassed by ex-partner, an anesthetist who worked alongside her. Lori had saved the doctor's life in spring 2005 when she found him attempting suicide after breaking into her home. She feared him and tried to protect herself by seeking a court-ordered peace bond, and by requesting that her employer give her extra security and never schedule them to work the same shift. Tragically, neither the courts nor her employer were able to keep her safe.
- A community health-care worker was violently raped in a patient's home, shortly after arriving to provide care.
- A nurse was violently attacked by a psychiatric patient who wandered off to another unit while waiting to be admitted.
- An emergency room (ER) nurse was attacked when a man who was in the ER as a companion to a patient felt the nurse was taking too long to administer medication to his friend. The companion hit the nurse over the head with an umbrella and chased her as she fled.
- A patient who overdosed and was lying unconscious in the ER on an old stretcher with an IV running, was given the antagonist narcan. The patient awoke immediately, jumped off the stretcher, took the IV pole out of the receptacle and started swinging it at an ER nurse. Luckily, the nurse jumped out of the way and security guards and police officers in the department secured the patient.
- A patient with a non-urgent condition, upset over having to wait several hours to be seen by a doctor, lost his temper at an ER nurse when doctors again attended to another patient requiring CPR. The non-urgent patient attempted to lunge at the nurse who was standing behind the nursing station, while screaming repeated obscenities at her. Luckily, the situation was defused by another man who was waiting for his companion to be treated in the ER.

## How Can We Stop Violence Against Our Members?

Make the employer comply with its obligations under the OHSA and the Health Care Regulation). Nurses and all health-care workers can no longer accept being unprotected victims of violence in their workplaces. They must reject the notion that violence is an inherent part of the job.

So many members are subject to different forms of violence every day, up to and including murder. The sad story of ONA member Lori Dupont underscores the urgency for employers to address all forms and sources of violence in all of our workplaces. The Dupont Coroner's inquest laid out several recommendations that should be implemented to achieve an environment free from violence. (For a copy, log on to the ONA's website at [www.ona.org](http://www.ona.org) )

### Report Hazards/Injuries/Illnesses/Incidents

- Health-care workers must report all injuries and illnesses and hazards/incidents of violence to their supervisor or the supervisor's manager (where the problem is the supervisor) and JHSCs or HSR. Where the problem is a supervisor or manager, the worker should follow the chain of command for reporting outlined in the employer's reporting procedure. In addition to reporting to the JHSC or HSR, also report the incident to the Bargaining Unit/Local/LRO. If the risk to violence is imminent and the supervisor and/or supervisor's manager is aware of or advised of the hazard and is not protecting the worker's health and safety, the worker should call the MOL and make a formal complaint. (See Resources Appendix I). When a worker is injured or made ill because of any form of violence, the worker should seek immediate medical attention with her/his physician regardless of the severity of the injury/illness. S/he should also ensure her/his employer files a Form 7 (Employer's WSIB Accident Reporting Form) when the worker requires health care and/or is absent from regular work, earns less than regular pay for regular work (e.g., part-time hours) requires modified work at less than regular pay or requires modified work at regular pay for more than seven calendar days following the date of accident.

Use the JHSC or HSR and collective bargaining and/or collective agreement and the OHSA to:

- Demand the employer comply with the OHSA; develop/revise a workplace policy for the prevention of violence; conduct facility-wide risk assessments; develop measures and procedures (a program) and training to prevent workplace violence; and deal with the effects of it. The policy should have a clear statement that violent behaviour of any kind will not be tolerated.
- Negotiate collective agreement language that makes workplace violence unacceptable. At the very minimum, the collective agreement must set out the employer's responsibility to:
  - Provide a safe and healthy workplace.
  - Ensure the employer develops in consultation with the JHSC or HSR a policy; conducts facility-wide risk assessments; and develops and puts into effect measures, procedures and training for the protection of workers from all forms and sources of violence, including domestic violence in the workplace.
  - Notify the Union and JHSC or HSR if a violent incident has taken place.
  - Replace a worker's personal belongings if they have been damaged during a violent workplace incident.

- Ensure initial and ongoing education and training of all staff, including doctors, security and management. All new employees must receive training during their orientation.
- Ensure that hazards of violence are brought to the attention of the JHSC or HSR as they occur and during regular JHSC or HSR workplace inspections.
- Demand the employer commit to providing a safe environment. The *OHSA* requires employers, under Section 25 (2) (h), to take every precaution reasonable in the circumstances for the protection of a worker. New amendments effective June 15, 2010 place specific requirements on employers with regard to the prevention of violence and harassment. If the *OHSA* has not been complied with, an inspector may write an order. Remember, the *Regulation for Health Care and Residential Facilities* places additional obligations on health-care employers and requires them to develop, establish and put into effect, in consultation with the JHSC or HSR, written measures and procedures and training for the health and safety of workers. Depending on the results of the risk assessments, the measures, procedures and training may address but not be limited to issues like:
  - Summoning immediate assistance when workplace violence occurs or is likely to occur.
  - Chain of command reporting/investigation and response.
  - Hazard/risk identification and implementation of controls.
  - Identifying the signs of violence.
  - Procedures that will alert staff to any person with a history of violence who they may encounter in the course of his or her work
  - De-escalation and physical intervention techniques.
  - Staff scheduling.
  - Whether work areas, such as parking lots, exits and work stations, are regularly inspected.
  - Could a worker be trapped alone?

(See Appendix A – Workplace Violence Prevention Policy/Program Checklist; Appendix B – Employers’ Minimum Requirements Checklist; and Appendix C – Checklist of Some Specific Controls/Measures to Consider).

- Ensure adequate support systems are in place for the abused victim. All too often, health-care workers fail to report incidents of assault because of the belief that being assaulted represents failure. We have also been conditioned to believe we must accept violent outbursts because it is part of the job, and therefore we excuse the patient. Caregivers will often downplay an incident because we believe we must be strong, in control and not show any weakness. We must attempt to dispel these attitudes. We must insist on appropriate counseling and support systems, legal assistance (should the health-care worker choose to prosecute), sick leave where needed and advice about WSIB matters.
- Provide training to members on Professional Responsibility Complaints (PRCs) and file them where warranted. Simultaneously submit a copy of the workload complaint form to the supervisor as a health and safety concern when worker health and safety is affected

by staffing. Unresolved workload concerns about worker health and safety should be provided to and reviewed by the JHSC or HSR.

- Ensure you speak to your Bargaining Unit/Local/LRO and your JHSC member or HSR when your employer is not taking every precaution reasonable in the circumstances for the protection of a worker. Consider filing a grievance if your collective agreement has language requiring the employer to train workers and/or has general health and safety language or language specific to violence that may protect workers.

## **Prevention of Workplace Violence**

Focusing on prevention is the best strategy for dealing with the problem of violence in the workplace. Prevention includes training and education. Above all, there must be a demonstrated organizational commitment to establish policies, measures, procedures (a program) and training that provide optimum protection to nurses and other health-care workers.

As a starting point, the employer must conduct a facility-wide risk assessment that provides a basis for program development. Measures and procedures must be developed and put in place to address/control the risks identified in the risk assessment. These measures and procedures must be part of the workplace violence prevention program. The results of the risk assessments must be shared with the JHSC or HSR.

Health-care employers for the most part have been very slow to develop comprehensive and effective violence policies, programs and training. Where they do exist often we hear they have been developed without consulting the JHSC or HSR even though the health-care regulation is very clear that all measures, procedures and training relevant to the workers' work must be developed in consultation with the JHSC or HSR.

The JHSC is a monitoring and advisory committee (the eyes and ears of safety for the workplace) that can make the workplace safer from violence by simply tabling written recommendations at JHSC meetings. ONA has put together a next steps process, a sample written recommendation and additional recommendations to consider (see Appendix D, E & F) that any JHSC in any sector can follow and tailor to advance the issue of violence at your next JHSC meeting.

For workplaces with 6-19 workers, the HSR should advance the recommendations by raising it with the employer directly. The sample recommendation is only a starting point and should be tailored to include control measures and procedures to eliminate the risks identified in the risk assessments.

## **Developing a Violence Policy/Program**

The OSHA sets out a minimum standard of measures and procedures that all employers must develop as part of their violence program (see Appendix B). However, to determine how comprehensive your program should be depends on the results of the facility-wide risk assessment and the measures and procedures the employers must develop to control the risks identified in the assessment.

Therefore a comprehensive violence policy/program requires considerable planning. To develop an effective violence policy/program you must secure senior management commitment. Your employer, in consultation with the JHSC or HSR, should establish a multidisciplinary sub-committee to oversee the program development. Ideally this sub-committee should report to the JHSC and include management, union/JHSC worker members or HSR and point-of-care staff, security etc.

An effective and comprehensive program developed in consultation with the JHSC or HSR will also contain measures, procedures and training built upon the findings of the facility-wide risk assessment. The following information along with the ONA checklist (see Appendix A) should help you assess measures and procedures your employer has or has not taken to develop a comprehensive and effective violence prevention policy/program.

### **Develop a Policy**

A workplace violence prevention policy should be developed in consultation with the JHSC or HSR. The purpose of this policy is to clearly articulate management's commitment to preventing workplace violence and to provide all employees with an overview of the employer's workplace violence prevention program. Elements of a policy should include but not be limited to:

- Showing an employer's commitment to protecting workers from workplace violence.
- A definition of workplace violence.
- Address violence from all possible sources.
- Roles and responsibilities of all workplace parties.
- Emergency response measures.
- Reporting.
- Investigation.
- Being dated and signed by the highest level of management

(See Appendix G – Sample Workplace Violence Prevention Policy).

### **Developing/Revising a Violence Prevention Program**

#### **Violence Risk Assessments**

In keeping with the requirement in the OSHA, an assessment of the potential for violence in your workplace should be undertaken to prevent workplace violence. A risk assessment is a systematic examination of all aspects of the work, to consider what can cause injury or harm, whether or not the hazards can be eliminated and, if not, how to control the risks. The first step in developing a violence policy/program is to determine whether a problem exists and, if so, to evaluate the size and scope of the problem. Your employer and JHSC or HSR should work

together to conduct a violence risk assessment of your entire workplace. A copy of a generic risk assessment tool entitled “Developing Workplace Violence and Harassment Policies and Programs: A Toolbox” is available on the ONA website at [www.ona.org](http://www.ona.org) and at [http://www.labour.gov.on.ca/english/hs/pdf/wvps\\_toolbox.pdf](http://www.labour.gov.on.ca/english/hs/pdf/wvps_toolbox.pdf)

## Survey

A good means of determining the scope and consequences of a problem is to begin with a survey of the staff through a questionnaire. The survey should be developed and implemented in consultation with the JHSC or HSR. The Bargaining Unit can assist the employer by encouraging full participation, explaining the survey’s purpose, use of results, confidentiality, etc. at a Union meeting.

## Additional Violence Risk Assessment Steps

In addition to the survey, the assessment should:

### 1. Review the history of violence in your workplace:

- Review any incidents of violence by consulting existing incident/accident reports, first aid records, health and safety committee records, security logs, emergency response reports (e.g. code whites), unusual occurrence reports, grievances (violence, harassment, discrimination) and member anecdotes.
- Determine when/where incidents occurred to detect trends and patterns (e.g. location, time, skill/training level of staff).
- Determine whether your workplace has any of the risk factors associated with violence, such as:
  - The requirement to work alone: Our community nurses and other members conduct unaccompanied visits to patients/residents/clients in their homes. Several of our small rural and northern community hospitals report that overnight emergency wards are staffed with one nurse, and police back-up may be miles away.
  - Staffing shortages: For example, one useful case involving a work refusal by St. Thomas Psychiatric Hospital nurses confirmed that staffing levels were unsafe and the MOL issued an order for increased staffing. (Decision No. 01/93-A.)
  - Psychiatric, geriatric, drug/alcohol-affected and emergency patients or patients with a history of violence.
  - Waiting areas that are crowded with patients waiting long periods for service.
  - Inadequate security and unrestricted movement of the public.
  - Poorly lit areas, e.g. corridors, rooms, parking lots, etc.
- Conduct a visual inspection of your workplace and the work being carried out. Focus on the workplace design and layout and your administrative and work practices.

### 2. Evaluate the history of violence in similar places of employment:

- Obtain information from umbrella organizations with which you are associated, e.g. your industry Safe Work Association, the Public Services Health and Safety Association (PSHSA), WSIB, MOL, or union office.
- Seek advice from local police security experts.

- Review relevant publications. (e.g. Dupont Inquest and Casa Verde Inquest recommendations for advice applicable to your facility. Both can be found by logging on to ONA website at [www.ona.org](http://www.ona.org)).
  - Collect newspaper or magazine clippings related to violence in your industry.
3. Determine if there is a procedure to perform a proper initial and ongoing patient assessment to identify clues of probable violence, including:
    - Diagnosis, e.g. paranoid character, anti-social personality, etc.
    - Behavioural clues, e.g. posture: if a patient is sitting tensely on the edge of a chair or gripping arm rests. Remember that increased tension often precedes violent behaviour.
    - Speech: the louder the patient's voice, the greater the potential for violence.
    - Motor activity: An inability to sit still can be an indicator of violence.
    - Past history is an important clue predicting violence.
  4. Obtain and review the specific legislation, guidelines and policies that apply to workplace violence prevention in your workplace, e.g. OHSAA and Regulations, OHRC, College of Nurses of Ontario (CNO) references, collective agreement, employer policies, etc.
  5. Organize and review the information you have collected. Look for trends and identify the occupations and locations that you believe are most at risk. Record the results of your assessment. Use this information at the JHSC meeting by making specific recommendations to your employer to develop a prevention program for reducing the risk of violence pertaining to your workplace (HSRs should present the information and recommendations directly to the employer).

### **Develop, Establish and Put Into Effect Controls/Measures and Procedures**

- A "Workplace Violence Prevention Policy/Program Checklist" is found in Appendix A – use it to assess your employer's progress in developing a Comprehensive Violence Prevention Policy/Program.

Measures and Procedures include but are not limited to:

- Summoning immediate assistance when workplace violence occurs or is likely to occur.
- Emergency/crisis response (Code White, Code Purple, Code Black).
- Reporting incidents of workplace violence to the employer or supervisor, including a process to bring unresolved complaints to the Board of Directors.
- Procedure to report to the police.
- Setting out how the employer will investigate and deal with incidents, threats or complaints of workplace violence, which may include outlining the steps taken toward incident follow-up and resolution including communication of incident resolution to appropriate workplace parties (i.e. complainant, union president, JHSC or HSR, Human Resources, occupational health and safety manager and co-workers).
- Establishing a crisis management/chain of command team and clearly outlining in a procedure each member's roles and responsibilities (who responds first, who are first complaints reported to, who is next in line to receive the complaint if that individual is not available or does not act upon the complaint).

- Employer reporting obligations to the WSIB, MOL, JHSC or HSR and the Union.
- Measures and procedures to deal with domestic violence (e.g. safety plan for victim to ensure their protection. The safety plan may address issues like staff scheduling, work re-assignments, transfers, screening calls and ensuring information about victims schedule/vacations/department transfer etc. are not revealed, and assistance for the worker to work with the police, courts, or other organizations that may already be involved).
- Employee support post-incident – debriefing, legal, protection.
- Methods of risk assessment to be used for specific areas or situations (for example, inspections, surveys, review of records, worker interviews, point of care risk assessments).
- Administrative work practice procedures (e.g. No-Access Policy).
- Flagging procedures that will alert staff to patients with a history of violence they may encounter in the course of their work.
- Identifying other persons with a history of violence workers may encounter in the course of their work.
- Appropriate procedure on the use of restraints, including clarity on the differences between the MOHLTC and CNO.
- Security and crisis responses (e.g. lock-down drills).

### **Some Specific Controls/Measures to Consider**

- A more detailed list of controls/measures can be found in Appendix C – “Checklist of Some specific Controls/Measures to Consider”. Use this checklist to assess your employer’s progress in preventing workplace violence.

Specific violence prevention controls/measures include but are not limited to:

- Installing/providing communications systems (e.g. panic buttons, voice-activated devices, radios and alarms, cell phones).
- Establishing emergency response teams and police liaisons.
- Addressing adequate and appropriate staffing.
- Having the appropriate staff member do the initial assessment.
- Ensuring appropriate patient/resident/client placement, that is, in the right facility and in the right unit within the facility.
- Establishing effective communication strategies such as having an up to date care plan and effective end-of-shift reporting.
- Installing barriers or shields.
- Providing adequate indoor and outdoor lighting.
- Changing the physical layout of a building to increase visibility.
- Security (e.g. video surveillance - for more information on security, see page 29).
- Restricting building access, especially at night or on weekends.

- Badge system for patient and visitors.
- Posting zero-tolerance signage throughout hospital/facility.
- Flagging system – implement a system that alerts staff to patients/residents/clients with a history of violent behaviour they may encounter in the course of their work.
- Developing a procedure that outlines how staff will be made aware of other persons with a history of violent behaviour they may encounter in the course of their work.
- Providing a visitor sign-in book to document who is entering and existing the facility.
- Installing curved or circular mirrors at hallway intersections.
- Furniture – Strategically place furniture, keep furniture to a minimum, ensure furniture is rounded with padded edges and/or if possible secure it to the floor.
- Workstations – Organize workstations and areas to minimize physical contact, use wide desks, tables or counters, raise height of counters, etc.
- Establishing a worker safe room in designated areas with telephone and/or security/alarm access to the outside and peephole.
- Waiting room enhancements – use calming paint colours, provide reading materials, television, reduce background noise, etc.
- Posting wait times at triage/registration and provide regular information about delays.
- Discouraging theft – Lock cupboards/storage areas, secure sharps storage, change entry system to the medication room and remove any internal deadbolts.
- Providing designated parking.
- Providing panic stations within parking garages and walkways.
- Grounds and parking lot design – Make sure entrances and exits are well marked, ensure parking areas and entrances are well lit at night, use security patrols and vary times for patrols, remove or trim tree branches and bushes, provide parking lot escort services after hours or when a risk has been identified, etc.

## Security and Emergency Response Controls/Measures

Your violence prevention recommendations may include some or all of the above and/or other suggestions deemed appropriate in your workplace. In addition to the controls/measures and procedures mentioned earlier, your JHSC or HSR may want to detail further security provisions in its recommendations, including:

- **Security Personnel:** Currently, it is often the case that security personnel have received no specific training to enable them to assist effectively in a violent situation or are restricted in their powers to subdue violent people. (ONA health and safety activists in one high-risk Thunder Bay facility worked with other staff to press for and achieve enhanced security presence with increased powers of restraint.) Trained security personnel can perform a valuable function in helping defuse violent situations and assisting when it is necessary with physical intervention and restraint of patients/residents/clients who are acting out aggressively. In some facilities, security guards monitor parking lots and escort agency staff to and from their cars in the evening and at night.
- **Name Tags:** Name tags can be particularly problematic, especially in some settings. Nurses working in psychiatry have experienced harassment from patients/residents/clients who traced their telephone numbers and addresses because their last names were on their name tags. In such cases, nurses should simply display their first names only or develop a pseudonym system of name tags.
- **Emergency Codes:** Emergency codes can be helpful in both institutional and community settings. In institutions, "code white" should bring the aid of a qualified and trained emergency response team within a very short period of time. In the community, nurses can use emergency codes if they are in trouble in a client's home. They can alert staff at the office, while the client thinks they are just making a routine phone call. In some agencies, nurses are also told to use the 911 emergency number if they get into a serious situation. In some institutions, nurses use a "code pink" if they are in a situation where they are being verbally harassed by a physician. When this code is called, nurses who are available come to the unit and surround the two individuals. They say nothing, but are "present" for the event. This has apparently been an effective mechanism in dissipating the physician's wrath and discouraging a continuance of the abusive behaviour.
- **Emergency Response Teams:** Is there anyone for the nurse to call when a patient has become violent? Is there an emergency response team trained and prepared to deal effectively and safely with an aggressive patient? Some agencies have such teams, which are summoned by calling a specific code, such as "code white name of unit" on the public address system. The individuals who comprise the team should have specific roles and responsibilities to carry out in such circumstances. The JHSC or HSR must monitor the effectiveness of any emergency response or on-call team and ensure its ongoing education.
- **Video Surveillance Cameras:** Video surveillance cameras, 24/7 live monitored in an area from a central location, can be useful.
- **Personal Alarms:** These alarms, which are body-borne or carried, are widely available. The assumption is that the loud noise they emit will act as a deterrent to a would-be attacker while summoning help from colleagues/passers-by. However, if the device is deep in a pocket or purse, there may be no time to locate and activate it before the

- **“Panic Buttons”:** Strategically placed, "panic buttons" can be installed throughout an area where a threat exists. When these are activated, an audible or visual alarm is triggered on a monitoring console, specifying the precise location of the attack. A disadvantage with such systems is that unless buttons are numerous, a member of staff may not be able to activate one before an assault takes place.
- **Two-Way Communication Devices:** Many systems are now available that allow two-way communication between a member of staff and a home base, such as portable telephones, cell phones and CB radios and the newer voice-activated devices. A few hospitals have recently purchased new voice-activated devices for all workers to wear. They are used for daily activities like calling for the lab or for calling security. They also work in most areas of a facility, including stairwells.
- **Staffing Ratios:** Staffing arrangements are likely based on certain established criteria, which may not have considered the risks inherent in the job itself. It may be necessary for the JHSC or HSR to present written recommendations to the employer to increase staffing levels in dangerous situations. Where inadequate staffing levels are an immediate danger or where the JHSC's or HSR recommendations are not approved, the committee, Union or any worker should consider calling the MOL. Keep in mind that the Ministry is reluctant to write orders for additional staffing however, as previously stated case law supports our position that the MOL can write orders for additional staffing. In Decision No. 01/93-A (*St. Thomas Psychiatric Hospital and Ontario (Ministry of Health) (Re) (unreported, April 29, 1993, AP 01/93A Ont. Adj., D. Randall)*), the adjudicator supported the inspector's decision to order safe staffing levels. If the MOL won't write orders, speak to your Bargaining Unit/Local/LRO about the possibility of appealing the non-issuance of an MOL order. You should also use the collective bargaining process to achieve continued safe staffing levels. Nurses who experience difficulty attaining adequate staffing on their units should also consider utilizing the Professional Responsibility Clause in the collective agreement. Discuss these issues with your Bargaining Unit/Local/LRO.
- **Buddy System:** Many of our members work alone. Several of our small rural and northern community hospitals report that overnight emergency wards are staffed with one nurse, and police back-up may be miles away. Our community nurses and other members conduct unaccompanied visits to clients in their homes. These circumstances place nurses and other health-care workers at an increased risk of violence. Where there is a risk of violence, nurses should not work alone. This is especially important when they are caring for individuals with a history of violence. In these situations, a buddy system should be established or other measures taken to ensure safety of the worker.
- **Police Liaison:** The police have an important role to play in preventing and containing potential violence in the community and on health-care facility premises. The police should be consulted in the development of workplace violence procedures. In the community, nurses who are concerned about a particular visit are encouraged to take someone with them, such as an officer from the local police department or the Ontario Provincial Police. When police are called to a health-care facility, there should be a clear

understanding on both sides about how officers are to be deployed and which member of the health-care team will assume overall charge of a situation.

- **Security Ideas from Other Jurisdictions/Employers:** A violence reporting program in the Portland, Oregon VA Medical Center identified patients with a history of violence in a computerized database. The program helped reduce the number of violent attacks 91.6 per cent by alerting staff to take additional safety measures when serving these patients. In a New York City hospital, identification badges and color-coded passes limit each visitor to a specific floor. The hospital also enforced the limit of two visitors at a time per patient. Over a period of 18 months, these actions reduced the number of reported violent crimes by 65 per cent. We are also aware of at least two hospitals, TEGH and Hotel-Dieu Windsor that have developed and put in place a flagging procedure/system to alert staff to patients with a history of violent behaviour.

## **Evaluation and Review**

### **How Often Should Reassessment Take Place?**

The risks of workplace violence should be re-assessed as often as is necessary to protect workers from workplace violence. For example, a reassessment should be undertaken if:

- The workplace moves or the existing workplace is renovated or reconfigured.
- There are significant changes in the type of work (increased number and acuity of patients).
- There are significant changes in the conditions of work (a change to staffing levels).
- There is new information on the risks of workplace violence.
- A violent incident indicates a risk related to the nature of the workplace, type of work or conditions of work, and was not identified during an earlier assessment.

The re-assessment/evaluation is necessary to ensure the workplace violence policy and related measures/procedures/program continue to protect workers from workplace violence and inform the joint health and safety committee, health and safety representative, or workers of the results of the re-assessment.

## **Training/Education**

### **Duties to Provide Information, Instruction, Training and Education**

Training and education ensures that all staff are aware of potential hazards and how to protect themselves and their co-workers through established policies, controls/measures and procedures including equipment and devices.

Under the [OHSA](#), an employer must provide appropriate information and instruction to workers on the contents of the workplace violence policy and program [Section 32.0.5(2)].

In workplaces covered by the *Health Care and Residential Facilities Regulation*, the employer is legally required to consult with the JHSC or HSR when developing, establishing and providing training and educational programs in health and safety measures and procedures for workers that are relevant to the workers' work (i.e. hospitals, long-term care facilities).

So for the majority of our members this means the employer can not limit themselves to only providing information and instruction to implement the violence policy and program but must provide training and education on all of the measures and procedures contained in the program that are relevant to the workers' work.

### **Other Related Duties to Provide Information, Instruction, Training and Education**

Under the OHSA, an employer has a general duty to provide information, instruction and supervision to protect a worker [Section 25(2)(a)].

A supervisor has a duty to advise workers of any actual or potential occupational health and safety dangers of which the supervisor is aware [Section 27(2)(a)].

To protect workers, the employer must tailor the type and amount of information, instruction, training and education to the specific job and the associated risks of workplace violence.

An employer should identify what information, instruction or training and education is needed when a worker is hired. This should be done by taking into account hazards associated with each specific job as well as the measures and procedures that are in place.

### **When/How Often Should Information, Instruction, Training and Education Take Place?**

Initial and ongoing training and education about the violence policy and about controls/measures and procedures contained in the program should be provided to all new and existing employees, including the chief executive officer, health administrator, supervisors, managers and physicians.

Visiting staff, such as physicians, should receive the same training as permanent staff. Training records must be maintained

Workers in jobs with a higher risk of violence may require more frequent or intensive instruction or specialized training and education.

Similarly, the employer should identify what information, instruction or training and education is needed when a worker changes jobs.

Employers should also identify how often information, instruction, training and education should be repeated. This should be done:

- Annually.
- In large institutions, refresher programs may be needed more frequently (monthly or quarterly) to effectively reach and inform all employees.
- When there are significant changes to the risks encountered.
- When there are significant changes to the workplace violence policy or program.
- When circumstances indicate additional instruction or training is needed such as when procedures are not being followed or workers do not know about them.

### **Effective Training Techniques**

Effective training techniques include:

- The use of small groups of trainees (10 to 20 persons) led by several trainers to facilitate discussion.
- Brief lectures, together with videotape, slides or written material for support.
- The use of role playing, simulations and drills.
- A single workshop for all low-risk employees of four to five hours
- One day of training for all medium-risk employees.
- Two days of training for all high-risk employees.

### **Minimum Workplace Violence Prevention Training**

As a minimum, workers in all workplaces should:

- Be aware of and understand the employer's workplace violence policy and program.
- Know how to summon immediate assistance.
- Know how to report incidents of workplace violence to the employer or supervisor.
- Know how the employer will investigate and deal with incidents, threats or complaints.
- Know, understand and be able to carry out the measures and procedures that are in place as part of the program to protect them from workplace violence.
- Be able to carry out any other procedures that are part of the program.

### **Additional topics covered by Information, Instruction, Training and Education**

The training should also cover topics such as the following:

- The definition of workplace violence and harassment under the OHSA.
- A broad definition of violence and definition of sources of violence.
- All workplace violence controls/measures and procedures found in the violence program, including those developed as a result of the facility wide risk assessment (e.g. reporting, investigation, summoning assistance (e.g. panic alarms), emergency response and

communication, flagging procedure/system, working alone procedure, point-of-care risk assessment procedure, record keeping, etc.).

- Awareness of violence and abusive relationships (domestic violence).
- Risk factors that cause or contribute to assaults.
- Hazard identification.
- Early recognition of escalating behavior, warning signs or situations that may lead to assaults.
- Ways of preventing, diffusing and/or managing volatile situations or anger and aggressive/abusive behavior.
- Appropriate use of restraints, including using psychoactive medications as chemical restraints. These medications are considered chemical restraints when not used to treat illness, but to intentionally inhibit a particular behaviour or movement.
- Information on multicultural diversity to develop sensitivity to racial and ethnic issues and differences.
- How to deal with hostile persons other than patients/residents/clients, such as relatives and visitors.
- Progressive behaviour control methods and safe methods of restraint application or escape.
- The location and operation of safety devices, such as alarm and/or voice-activated device systems, along with the required maintenance schedules and procedures.
- Ways to protect yourself and co-workers, including use of the buddy system, and self-defence techniques.
- Policies and procedures for obtaining medical care, counseling, WSIB benefits or legal assistance after a violent episode or injury.

### **Supervisors, Managers and Security Personnel**

Training of employers and supervisors and physician leaders should be provided to identify signs of abuse and to respond appropriately to employees/workers/staff who are victims and to perpetrators of domestic and all other forms and sources of violence.

Supervisors and managers should ensure that:

- Employees are made aware of the existence of any potential or actual danger to the health and safety of a worker of which the supervisor is aware.
- Employees are not placed in assignments that compromise safety.
- Employees are encouraged to report incidents.
- They and their employees are trained to behave compassionately towards co-workers when an incident occurs.
- They know how to reduce security hazards.
- Employees receive appropriate training.

Supervisors and managers should be able to recognize a potentially hazardous situation and make any necessary changes in the physical environment, patient care treatment program, and staffing policy and procedures to reduce or eliminate the hazards.

Security personnel need specific training from the hospital or clinic, including:

- The psychological components of handling aggressive and abusive clients.
- Types of disorders.
- Ways to handle aggression and defuse hostile situations.

Training for all workplace parties should also include identification and exploration of personal beliefs about violence in the workplace, with an emphasis on disengaging the notion that violent incidents are just part of the job and/or personal responsibility and failure in the job.

### **P.I.E.C.E.S. Program**

Staff in the long-term care sector who work with individuals with complex cognitive and mental health needs, including those with aggressive behaviour, should have access to P.I.E.C.E.S. training. P.I.E.C.E.S. (for Physical, Intellectual, Emotional, Capabilities, Environment, Social) is a best practice learning and development initiative which suggests that prevention of problems and early intervention is preferable. The P.I.E.C.E.S. approach increases the detection of risk and the identification of supports to address risk-management issues. (For more information visit [www.piecescanada.com](http://www.piecescanada.com).)

Long-term care sector registered nurses also have access to Regional Psychogeriatric Teams as a resource and should use them.

Education in dementia and person-centered care is an essential strategy to avert aggressive behaviours. A helpful tool in selecting the appropriate education is the DENA, or Dementia Education Needs Assessment, and its supporting matrix, which lists the various continuing education opportunities. DENA has been developed by a collaborative group, co-chaired by the Ontario Association of Non-Profit Homes and Services for Seniors (OANPHSS) and the Ontario Long-Term Care Association. To access the DENA tool, visit [www.denatool.org](http://www.denatool.org).

### **Training Evaluation and Review**

The content, methods and frequency of training should be reviewed and evaluated annually in consultation with the JHSC or HSR by the team or coordinator responsible for implementation. Program evaluation may involve interviewing supervisors and/or employees, testing and observing and/or reviewing reports of behavior of individuals in threatening situations and a review of the risk assessments.

### **Disruptive Physician Program**

In December 2007, the Dupont Coroner's Jury recommended as a priority that the government "Develop a process or mechanism for the early identification of and response to Disruptive Physician Behaviour, including timely and effective disciplinary actions."

In 2008, endorsed by both CPSO and the OHA, the "*Guidebook for Managing Disruptive Physician Behaviour*" was released. The guidebook was produced, "in response to the growing body of literature that raised concerns about the behaviour of health-care professionals, physicians in particular, and the impact of behaviour on patient outcomes." (CPSO & OHA, 2008, p. 2). The guidebook provides a variety of tools the user may adapt to his/her own workplace setting and is available online at <http://www.cpso.on.ca/Publications/publications.htm>.

## **Internal Responsibility System**

All of the foregoing preventative measures can be achieved by working through your facility's "Internal Responsibility System" (IRS), which is implicit in the OHSA. That is, employers, supervisors, the JHSC or HSR and workers/unions, can cooperate to establish a violence prevention policy/program and training in your workplace. (For a detailed explanation of the IRS, see ONA's *Occupational Health and Safety: A Guide for ONA Members*).

If your IRS does not produce the results needed, call the MOL. ONA members in Windsor, London, Toronto, Sault Ste. Marie and Muskoka achieved progress toward violence prevention after the Ministry issued orders for employers to develop and implement comprehensive violence prevention policies/programs and training in ONA workplaces.

Additionally, many of our members gain success with staffing issues by using ONA's Professional Responsibility Workload Report Form and process.

## Dealing With the Actual Crisis

The nurse's awareness of her/his inner feelings and responses to stress are important in properly managing violence. Staff should be encouraged to use these responses as cues leading to appropriate coping mechanisms, rather than as stimuli for panic.

Violence develops along a behavioral continuum and it is important to utilize appropriate responses to different levels of acting out.

### The Verbal Approach

Generally, the most effective treatment to verbal expressions of abuse is to talk to the patient to try to get her/him to express her/his feelings verbally. However, any threats must be dealt with by firm, but supportive, limits with the willingness and ability to back them up. It is important to convey to the patient that violence is not acceptable and that her/his lack of control will be dealt with by the staff's firm control.

### Food and Drink

If talking is not sufficient to defuse the situation, offering the patient something to eat or drink may lessen her/his anxiety. It has been reported that a combination of talk and food will generally defuse the vast majority of potentially violent situations.

### Medication

If the offer of food and drink is not effective, the literature recommends medication be used to decrease the patient's tension and anxiety. It is asserted that effective management does not involve rendering the patient helpless and physically inert. Rather, it helps her/him to modulate her/his own aggressiveness. Setting a physically safe distance between oneself and an agitated patient can decrease both staff and patient anxieties. If required, staff should call for assistance without hesitation.

### Security Personnel

If the administration of medication proves ineffective, a subsequent recommended strategy is to call in the security personnel/emergency response team using a specific code. Upon arrival, they should be situated so they can be seen by the patient. Their presence will reassure the patient that if she/he loses control, there are enough personnel to restrain and prevent her/him from harming her/himself or others.

### Physical Restraint

If none of the above interventions is successful and the patient's agitation reaches a point at which restraint is necessary (as a last resort), the security personnel/emergency response team can be asked to restrain or help restrain the patient. Once the decision is made to restrain, it should be acted upon immediately.

The agency's policies and procedures regarding use of restraints must be observed. These policies must have been developed with reference to any relevant legislation including Bill 85, the *Patient Restraints Minimization Act*. (CNO's Practice Standard: Restraints, (2009) is a useful reference.)

Physical restraints can be humane and effective. However, once the patient is in restraints, the situation should be dealt with as an emergency and every effort must be made to get the patient out of restraints, keeping in mind the CNO's policy on "least restraint." This could involve rapid tranquilization and supportive therapy. ("A least restraint policy does not mean that nurses are required to accept abuse." – CNO Practice Standard: Restraints, (2009), p. 4.)

In an emergency situation, a nurse may physically restrain a patient while attempting to contact a physician for an order to do so. The circumstances of the situation should be documented and it should be clearly indicated there was imminent danger if the patient remained unrestrained. The continued use of restraints must be assessed by the nurse, the physician and other members of the multi-disciplinary health-care team on a regular and frequent basis. The goal should be for the temporary or short-term use of restraints.

Nurses have the right to use reasonable force to protect themselves and others from attack, but only the minimal amount of force necessary to control the violent patient and, thereby, prevent injury. All incidents of abuse must be reported to your employer and should be forwarded to your Bargaining Unit/Local/LRO and to your JHSC or HSR. Reporting every incident of violence ensures the problem is known, which helps to reduce further incidents of violence. The importance of documenting staff actions in handling disturbed patients/residents/clients is emphasized.

### **The Ministry of Labour**

Amendments to the OHSA in 2010 clarify that violence and threats of violence by a person are real health and safety issues covered by the legislation. When you, your colleagues or your members are in imminent danger, call the MOL.

From June 15, 2010 onward, if a worker refuses to work when threatened by violence, the MOL will be expected to respond in accordance with the OHSA. The limited right to refuse for certain workers described in the OHSA continues and because of your regulatory body, you must do so carefully (refer to ONA's Right to Refuse Guide at [www.ona.org](http://www.ona.org)).

## Right to Refuse or Stop Unsafe Work

As of June 15, 2010 workers now have the right to refuse work if they have reason to believe workplace violence is likely to endanger them (S. 43 (3) (b.1)). There is no right to refuse because of harassment, unless you believe the harassment is likely to become physical violence.

The Act provides a conditional or limited “Right to Refuse” unsafe work for health-care workers (Section 43 (2)). Health-care workers who work in institutions can refuse unsafe work only when the life, health or safety of another person or the public is not directly in danger.

This conditional “Right to Refuse” also applies to police officers, firefighters, ambulance workers and some other groups of workers who care for the public. The majority of Ontario workers do not have this condition put on their right to protect their own safety in the workplace. Even some health-care workers, such as community health nurses who work outside institutions, have no statutory limitation put on their right to refuse unsafe work.

If a worker refuses to work when threatened by violence, the MOL will be expected to respond in accordance with the OHSA. However, because of your regulatory body, you must do so carefully (Refer to ONA’s Right to Refuse Guide at [www.ona.org](http://www.ona.org)).

Certainly no health-care worker wants to jeopardize the life, health or safety of another person, but neither should she/he be expected by the employer to needlessly jeopardize her/his own safety. See ONA’s companion booklet, *Occupational Health and Safety: A Guide for ONA Members*. This guide can be downloaded by logging on to ONA’s website at [www.ona.org](http://www.ona.org).

The Act also provides a conditional “Right to Stop Dangerous Work” to health-care workers (Section 44-47). Designated JHSC members may initiate a work stoppage but only in “dangerous circumstances” (Section 44(1)), which means a situation in which all of the following are true:

- The *Act* or the regulations are being violated.
- The violation poses a danger or a hazard to a worker.
- Delay in controlling the danger or hazard may seriously endanger a worker.

In most cases, it takes two certified members to direct an employer to stop dangerous work. One must be a certified member representing workers, the other a certified member representing the employer. In some special cases, a single certified member may have this right. Sections 45, 46 and 47 of the *Act* set out the procedure for exercising this right.

The same limitations apply to this right as to the “Right to Refuse.” That is, health-care workers and others who work in a variety of health-care facilities cannot initiate a work stoppage if doing so will endanger the life, health or safety of another person (Section 44(2)). This legal condition restricts the rights of health-care workers to stop dangerous work, so if in doubt, members should consult their Bargaining Unit/Local/LRO or call the MOL.

## The Crisis is Over, Now What?

### Situation 1: Physical Harm

An ONA member has been physically attacked by a patient or a member of the public and has sustained a physical injury. What do you do?

### Situation 2: Verbal Abuse/Violence

A member has been verbally abused by a surgeon in an operating room. In the past two months, he has repeatedly criticized her performance in front of colleagues and yesterday raised his voice to her and threw an instrument across the room. What do you do?

## I am the Victim – What Do I Do?

### Seek Medical Treatment

**Situation 1:** Seek medical treatment. If you go to the emergency room or occupational health service, follow up later with your family doctor and/or with personal counseling (See Seek Post-Assault Counseling on page 45).

**Situation 2:** There can also be psychological consequences of verbal abuse, which can require medical treatment. These can range from short-term psychological trauma to post-traumatic stress disorder. Depending on the nature and frequency of abuse/violence, employees may experience the following short and long-term reactions to abuse/violence by a patient/resident/client or someone else: anger, anxiety, irritability, depression, shock, disbelief, apathy, self-blame, fear of returning to work and of other patients/residents/clients, feeling sorry for the assaulting patient/resident/client, disturbed sleep patterns, headaches and a change in relationship with co-workers.

Health-care workers in general may not accept the assault as a work-related accident, but may view it as part of the job. An intriguing reaction of staff who have been assaulted is to downplay the severity of the aggression, particularly if no injury occurred. This philosophy excuses the patient or abuser and allows administrators to permit the abusive/violent behaviour to continue through their silence and inaction.

**Situations 1 and 2:** Employer policies may also reference medical treatment that may be available or procedures to follow to assist members in these situations. Always check to see if such a policy exists.

## Notify Your Employer

**Situation 1:** Report the incident immediately to your supervisor/employer. Your employer should ensure your immediate safety and invoke the employer's violence policy and procedures, investigate the incident and take appropriate steps to stop the violence from occurring again. If the injury was critical (as defined under the OHSA *Critical Injury Regulation 834*) the employer must immediately notify a MOL Inspector, the JHSC or HSR and the trade union and must provide a written report containing the prescribed information to the MOL within 48 hours. (The prescribed information for most health-care workplaces can be found in Section 5 of the *Regulation for Health Care and Residential Facilities*. Workplaces not covered by this Regulation, e.g. community care, should refer to Section 5 of the *Industrial Establishments Regulation*. For a copy, log on to ONA's website at [www.ona.org](http://www.ona.org) . If the worker is disabled from performing his or her usual work or requires medical attention but no person dies or is critically injured, the employer must still report the injury and all of the prescribed information to the MOL, JHSC or HSR and the trade union in writing within four days. The employer and/or the worker may also contact the police, depending on the nature of the assault. The employer must report this incident to the WSIB if the worker required health care treatment as a result of a physical or psychological injury and/or loses time from regular work, earns less than regular pay for regular work, requires modified work at less than regular pay, or performs modified work at regular pay for more than seven days.

WSIB must receive an employer's complete accident report within seven **business** days of the employer learning of the reporting obligation. (Business days are Monday to Friday, and do not include statutory holidays.)

Workers must receive a copy of the accident report that is provided to WSIB (including any additional information provided by the employer).

**Situation 2:** Your employer should ensure your security, invoke the employer's violence policy and procedures, investigate your complaint and take appropriate actions to stop the abuse/violence. If you suffered a psychological illness as a result of the harassment and advised the employer of this, the employer must report the illness and all of the prescribed information to the MOL, the JHSC or HSR and the trade union in writing within four days. The employer must also report this incident to the WSIB if the worker required health care treatment as a result of a psychological injury and/or loses time from regular work, earns less than regular pay for regular work, requires modified work at less than regular pay, or performs modified work at regular pay for more than seven days.

## Contact Your Union Representative and JHSC Member or HSR

**Situation 1:** You should contact your Bargaining Unit/Local/LRO and JHSC member or HSR as soon as possible after the violent incident. The Union and JHSC member or HSR can assist you in immediately responding to this incident. Where there is an employer policy/program or collective agreement language in place that deals with violence, your ONA representative and JHSC member or HSR should refer to the procedures in the policy/program and collective agreement to ensure the employer has responded accordingly. If appropriate, your representative or JHSC member or HSR may contact the MOL and/or the police, if the employer has not done so. Depending on the situation, the Union representative may also direct you to ONA's Legal Expenses Assistance Program (LEAP) for advice in speaking with officials. A full investigation of the incident by the employer, the union, the JHSC or HSR, the MOL, the police, or any combination of these parties, should commence as soon as possible. If you have any bruises or other visible signs of injury, a colour picture should be taken that will help to show the extent of the injury.

**Situation 2:** Your Union representative/JHSC member or HSR can ensure that the employer is fulfilling its responsibilities under the OHS Act and collective agreement, and can assist you in getting the various means of support you need.

## **File a WSIB Report and Complete an Incident Report**

### **Situations 1 and 2:**

- If the violent incident (physical or verbal) causes any physical and/or psychological injury/illness (e.g. post-traumatic stress disorder), you should ask your employer to complete a Form 7 (Employer's Report of Injury/Disease). This is the official WSIB reporting form and the employer is required to give you a copy. Ensuring your accident is properly reported to WSIB may prevent others from being exposed to a similar incident/hazard. Your employer will be more likely to address this serious health and safety issue when all injuries/illnesses are properly reported to WSIB. For the claim to be officially registered, workers will also be required to complete and sign a Form 6, file it with WSIB and provide a copy of this form to their employer. A copy of the form can be found at [www.wsib.on.ca](http://www.wsib.on.ca).
- You should fully document your injury/traumatic incident on an employer's incident report. An injury/incident can appear minor at first, but continuing problems may ensue or problems may only commence some time after the event occurred (i.e. post-traumatic stress disorder). This documentation will also be important for the purposes of investigating the violence/abuse. Filing an incident report is another means of notifying the employer that violence in the workplace must be addressed. If all violent incidents (physical and verbal) are reported promptly and recorded on incident reports, the JHSC or HSR will be able to use this information to track problems and identify areas where changes need to be made.

## **File a Grievance**

**Situations 1 and 2:** Some collective agreements contain provisions pertaining to violence, training or more general language like requiring the employer to take every precaution reasonable in the circumstances for the protection of a worker. Where such provisions exist, consider filing a grievance if you believe the employer has failed to make reasonable provisions for your health and safety and/or if you feel you have been subject to harassment. You should speak to your grievance chair and/or Bargaining Unit/Local/LRO to determine if this is a possibility.

## **Lay Charges Against Patient/Client**

**Situation 1:** Assault is a criminal offence. If the police do not lay charges, you can still have charges laid. You can go to a Justice of the Peace, give a sworn statement of the event and file a private criminal charge. Some employers are very supportive to a member in her/his decision to press charges. ONA has encountered more than one employer who sends someone with the member to lodge the complaint and provides taxi vouchers to get there and home afterwards.

In Canada, there are precedents for holding a patient responsible for assault on a staff member. For example, St. Paul's Hospital in Vancouver instituted a charge of assault against a patient who attacked a nurse. The defense argued that dealing with violence and sustaining injuries were inherent in any job in psychiatry and that by accepting a position in a psychiatric setting, the employee had given permission to be assaulted. The argument was rejected by the judge, who concluded that the setting was irrelevant and held the patient accountable for her actions.

## Apply for Benefits from the Criminal Injuries Compensation Board

**Situation 1:** You may be entitled to compensation from the Criminal Injuries Compensation Board (CICB). The CICB is an independent agency that awards compensation to victims of violent crime that result in personal injury or death, as defined by the *Compensation for Victims of Crime Act*. Compensation may be awarded where a *Criminal Code* of Canada offence has been committed in Ontario. Offences involving motor vehicles are excluded unless the vehicle was used as a weapon. Applicants may receive compensation to cover expenses, including the following:

### Compensation for Injury

- **Treatment Expenses:** For ambulance fees, hospital charges, prosthetics, eyeglasses, prescriptions, dental expenses, counseling expenses etc. Only expenses not payable by any other source will be considered.
- **Travel to Treatment Expenses:** If you are required to travel more than 40 km each way from your residence for treatment.
- **Loss of Income:** May be awarded to you (or a person responsible for your care) if you were unable to work because of injuries arising from the incident. We may award up to a maximum of \$1,000 per month for lost income. Generally, this is paid out to a maximum of \$50 per day or \$250 per week. Any benefits received from other sources will be considered and possibly deducted from this amount.
- **Pain and Suffering:** Awards are based on several factors, including:
  - a. The nature of the crime/abuse.
  - b. Any breach of trust or abuse of power.
  - c. The age and vulnerability of the victim.
  - d. The degree of violence involved.
  - e. The seriousness of the injuries sustained or the extent of the harm caused.
  - f. The recovery period.
  - g. The possibility of a continuing disability.
  - h. The impact the crime/abuse had on the victim's life.
- **Other:** Costs associated with the support of a child born as a result of a sexual assault.

### Compensation for Death

- **Funeral and Burial Expenses:** For the cost of a funeral director, clergyman, casket, cemetery plot, grave marker, cremation, newspaper notices and death certificates.
- **Loss of Financial Support:** If you are a dependant who relied on the deceased person for financial support prior to his/her death. The Board requires proof of previous financial support to make this kind of award.
- **Bereavement Counseling:** To family members of a deceased person for the cost of bereavement counseling.
- **Other Expenses:** For any other expenses that were reasonably incurred as a result of the death.

## **Witnessing or Coming Upon the Scene of the Crime that Resulted in the Death**

If you meet the criteria for a finding of "mental or nervous shock," you may be compensated for the following items:

- **Treatment Expenses:** Ambulance fees, hospital charges, counseling expenses, etc. Only expenses not payable by any other source will be considered.
- **Travel to Treatment Expenses:** If you are required to travel more than 40 km each way from your residence for treatment.
- **Loss of Income:** If you are unable to work due to your condition. You may be awarded up to a maximum of \$1,000 per month for lost income. Generally, this is paid out to a maximum of \$50 per day or \$250 per week. Any benefits received from other sources will be considered and possibly deducted from this amount.
- **Pain and Suffering:** Awards are based on several factors including:
  - a. The extent of the psychological harm caused.
  - b. The treatment required and recovery period.
  - c. The possibility of a continuing disability.
  - d. The impact that witnessing the death had upon your life.

There is a time limit to apply. The Act says: "An application shall be made within two years after the date of the injury or death, but the Board, before or after the expiry of the two-year period, may extend the time for the further period if it considers it warranted."

Personal loss and property damage are excluded under the Act.

## Seek Post-Assault Counseling

**Situations 1 and 2:** Victims of violence need a variety of services and employee victims are no different. They require medical attention, counseling, legal advice and information regarding insurance, WSIB benefits and rights pertaining to health and safety in the workplace. They should receive medical and psychological care the same as any other person: confidential, objective and impartial care given away from the work unit.

In Ontario, some hospitals' policies state that counseling will be provided to staff who wish it. In fact, guidelines developed by the OHA for its member hospitals recommend that hospitals "provide support and counseling to staff subjected to abusive behaviour from patients." An assistance program where **confidentiality is guaranteed** should be designed to help staff deal with the impact of institutional violence.

Community support groups, women's centres and workers' occupational health and safety clinics may also be useful resources to the employee victim of violence. (see Appendix I)

### **I am a Union Representative, (ONA Representative, ONA JHSC Member, ONA Health and Safety Representative) and am Notified of Violence Towards a Member. What Do I Do?**

#### **Ensure the Member Receives Medical Treatment**

**Situation 1 and 2:** (See "I am the Victim," above).

#### **Notify the Employer**

**Situation 1:** Your employer should ensure the member's immediate safety, invoke the employer's violence policy and procedures, investigate the incident, take appropriate steps to stop the violence from occurring again and may contact the MOL to report a critical injury if appropriate. The employer may also contact the police, depending on the nature of the assault.

**Situations 1 and 2:** Often a nurse who has been assaulted (physically/verbally) by a patient is required to continue to care for that patient. This can be very stressful for the nurse. Therefore, you should stress the need for the nurse to have the option to be relieved of continuing to care for that patient.

Our members report that many employers tend to blame the victim for provoking the patient's violent/abusive behaviour. Do not allow the employer to dismiss this matter as a nursing care issue. Occupational violence from anyone is an occupational health and safety matter invoking all of the employer responsibilities outlined in the OHSA. (See ONA's *Occupational Health and Safety: A Guide for ONA Members* at [www.ona.org](http://www.ona.org)).

Your employer should ensure the worker's security, invoke the employer's violence policy, investigate the worker's complaint, and take appropriate actions to stop the violence/abuse.

## **Call the Ministry of Labour and/or the Police**

**Situation 1:** If your employer has not summoned the MOL and/or the police, depending on the nature of the injury, you can call the Ministry to report a critical injury and/or request an investigation. You can also call the police to investigate the assault.

Depending on the situation, you may also direct members to ONA's LEAP for advice in speaking with officials.

Ensure a full investigation of the incident is commenced by the employer, the Union, the JHSC or HSR, the MOL and the police or any combination of these parties, as soon as possible. If the victim has any bruises or other visible signs of injury, ensure that a colour photograph is taken that will help show the extent of the injury.

An investigation may involve calling a meeting of all involved staff within a fixed period of time following the incident. The investigation should examine precipitating factors, analyze the event, identify any patterns of escalating violence and also identify any policies, controls/measures, procedures and training that were non-existent or deficient.

The JHSC or HSR investigation should focus on determining what happened with a view to recommending steps to prevent a recurrence. With information from the investigation the JHSC or HSR should develop written recommendations that address the hazard of violence and present them to the employer. (See Appendix E & F).

Under the OHSA, the employer must provide a response within 21 days. If the employer does not respond within this time period or if their response will not fully protect workers from violence, contact the MOL. (See Resources, Appendix I).

ONA has developed an investigation tool that may assist JHSCs or HSRs in conducting their investigations. A copy of ONA's "Critical Injury/Illness/Accident Exposure Investigation" tool can be downloaded by logging on to ONA website at [www.ona.org](http://www.ona.org).

If the Ministry does not issue orders or prosecute, and/or the police do not prosecute, ONA may want to consider appealing the non-issuance of orders or launching its own prosecution under the OHSA and advise the worker that s/he can lay private criminal charges before a justice of the peace.

**Situation 2:** Depending on the nature of the verbal abuse, it may also be appropriate to involve the police and/or the MOL. Regardless, your employer should have a violence/harassment policy, controls/measures, procedures and training in place.

If they do not, the JHSC or HSR should write a recommendation as noted above and if the employer response is not satisfactory, call the MOL.

## **Ensure the Workplace Safety and Insurance Board Claim and Incident Report are Completed**

**Situation 1 and 2:** The member may be entitled to WSIB benefits. To prevent problems with the member's claim, ensure all documentation is fully completed.

## **Involve the JHSC or HSR**

### **Situations 1 and 2:**

If you are not on the JHSC, notify your Union member on the committee or HSR of the violence/abuse. If you are a member of the JHSC:

- Ensure the JHSC's designated worker member is advised and commences an investigation as soon as possible, if the member suffers a "critical injury."
- Ensure your employer is providing you all accident/illness information containing all information as prescribed in Section 5 of the *Health Care and Residential Facilities Regulation*. For community care workers, ensure the employer is providing you all information as prescribed in Section 5 of the *Regulation for Industrial Establishments*. All employers must provide this information within four days of an accident or illness.
- Ensure the incident is brought before the JHSC or to the HSR, even if the injury is not "critical," to press the employer to implement controls/measures and procedures to protect all staff from workplace violence.

The JHSC has the power under Section 9 (18) (a) of the OHS Act to identify hazards, (HSR's powers fall under Section 8 (10)), therefore:

- Press the JHSC or HSR to recommend the employer provide to the committee or HSR all incident reports involving violence/abuse, whether or not there is an injury/illness
- Check your collective agreement. Some agreements contain a provision that obliges the employer to notify the union of a violent incident within a certain period of time.
- Advocate for the JHSC or HSR to analyze violence incidents/accidents for the purpose of making written recommendations to the employer to improve its violence policy, controls/measures and procedures (a program) and training and eliminate violence in the workplace.
- Request that a health and safety inspector from the MOL inspect the workplace and write orders/make recommendations to the employer to put controls/measures, procedures and training into place to prevent violence/abuse if the committee's investigations reveal the employer has failed to take reasonable precautions to protect the health and safety of the staff.
- Repeat the steps under "Call the MOL and/or Police" above if your employer refuses to recognize that a problem exists or fails to deal with the problem in a satisfactory manner.

## **File a Grievance**

**Situations 1 and 2:** Check your collective agreement for violations. Where applicable under the collective agreement, file a Union grievance and advise the member to file an individual grievance if the employer has failed to make reasonable provisions for health and safety and/or harassment prevention.

## **Ensure Counseling**

**Situations 1 and 2:** Direct the member to counseling services that may be available (See "Seek Post-Assault Counseling," page 45).

## **Advise of Criminal Compensation**

**Situation 1:** See "Apply for Benefits from the Criminal Injuries Compensation Board," page 43.

## **Ensure Supportive and Respectful Treatment of Victim**

**Situations 1 and 2:** It is imperative that any nurse or other health-care worker who is the victim of occupational violence be treated with the utmost respect and consideration by her/his supervisor, colleagues and other members of the health-care team. Both peers and managers may fail to recognize that a nurse has been deeply affected by an assault/abuse, especially if her/his injury is psychological in nature or the nurse's physical injuries are minor.

An assault/abuse on an employee elicits a variety of reactions from colleagues. Some staff are supportive, while others blame the nurse. Nurses, as front-line workers, are more vulnerable and accustomed to these incidents. Therefore, while nurses may show a lot of concern for a fellow nurse who is assaulted, other professionals on the health-care team may minimize the assault/abuse and show little concern.

One of the most common responses to a violent incident at work is to blame the victim. Co-workers may question or criticize the assaulted/abused worker's ability to deal with difficult patients/residents/clients or crisis situations.

Disapproval by peers promotes the suppression of typical feelings at a time when talking about the experience is therapeutically desirable and cathartic. Covering up and denying the situation demoralizes front-line workers and negatively affects patient care. An essential part of any organization's policies and procedures in dealing with violence should include a program to assist the abused (assaulted).

## **I am a Co-Worker and Have Witnessed/Been Advised of Violence Toward My Colleague. What Do I Do?**

**Situations 1 and 2:** If you are able, you should contact your Bargaining Unit/Local/LRO to ensure the steps recommended above are taken. You should also advise your supervisor and your JHSC member or HSR. In the meantime, ensure your colleague receives medical treatment and remember if you have witnessed violence/abuse against your co-worker, you too may be in need of medical treatment and/or counseling.

Be certain to seek proper attention for your own needs. If you believe you or your co-workers' health and safety may be at risk and your supervisor is not addressing your concerns, you can call the MOL and file a formal complaint. (See Resources, Appendix I).

## **Conclusion**

The recognition of workplace violence/harassment as an occupational health and safety issue compels us all to confront the potential and known hazards in each of our workplaces.

As a union, we must develop strategies to attack the problem. These strategies can generate action plans for implementation at a number of levels. Ensure you report any hazards of which you are aware to your supervisor and raise local problems at the JHSC or with your HSR. Ensure the JHSC tables written recommendations (HSRs should present the information and recommendations directly to the employer) proposing risk assessments and the development of, or improvements to, the employer's violence/harassment policy, controls/measures, procedures and training.

Secure improvements through the collective bargaining process and lobby for progressive changes to legislation and regulations. For all health and safety concerns, it is important you ensure the employer has taken every precaution reasonable in the circumstances for the protection of a worker.

It is also particularly important for our Locals to be involved in helping and supporting fellow members who are the victims of violence/abuse. This can make an important difference in recovery.

It is only through working together and supporting each other as nurses that we will successfully defeat occupational violence/harassment.

## **Acknowledgements**

The Ontario Nurses' Association acknowledges and appreciates the expertise and resources the Public Services Health and Safety Association (PSHSA) provided to ONA to use/adapt in the development of this guide and its tools.

## APPENDIX A

### Workplace Violence Prevention Policy/Program Checklist

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#### How to use this checklist

The OHSA requires employers to develop a workplace violence policy and program. The program is to include measures and procedures to control the risks that are identified in the risk assessment conducted of the entire workplace.

The OHSA Section 32.0.2 sets out a minimum requirement of the measures and procedures that an employer must include in the violence program regardless of the risk assessment. (For a checklist outlining an employer's minimum requirements see Appendix B). This comprehensive checklist has been designed to address other known hazards/risks that the JHSC or HSR may identify or that may be identified through the facility-wide risk assessment.

For all members covered by the *Health Care and Residential Facilities Regulation* (the health care regulation) (i.e. hospital and long-term care workers) the employer is also required under Section 8 of the health care regulation to consult with the JHSC or HSR when developing, establishing and putting into effect measures and procedures for the health and safety of workers.

This means all measures and procedures for the prevention of violence are included in this requirement. Section 9 of the *Health Care Regulation* also requires the employer to reduce these measures and procedures to writing and to develop, establish and provide training and educational programs in consultation with the JHSC or HSR.

Complete this checklist to identify what key elements of a workplace violence policy/program your employer already has and what elements may still be required. Where deficiencies are identified, the JHSC or HSR should prepare a written recommendation(s) (see Appendix E & F) to the employer for the protection of workers. The employer has 21 days to respond and if their response does not adequately resolve the hazard, call the Ministry of Labour. (See Resources Appendix I).

A word version of these tools can also be found by logging on to ONA website at [www.ona.org](http://www.ona.org).

#### Workplace Violence Prevention Policy/Program Structure is in Place

1. Senior Management Commitment (demonstrated through assigned leader with dedicated resources).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
2. Multidisciplinary Committee – should be a sub-committee of the JHSC that includes management, union/JHSC worker members or HSR and point-of-care staff, security etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress

## Workplace Violence Prevention Policy

<p>1. A workplace violence prevention policy is developed and includes:</p> <ul style="list-style-type: none"><li>• Showing an employer’s commitment to protecting workers from workplace violence.</li><li>• A definition of workplace violence.</li><li>• Address violence from all possible sources.</li><li>• Roles and responsibilities of all workplace parties.</li><li>• Emergency response measures.</li><li>• Reporting.</li><li>• Investigation.</li><li>• A date and is signed by the highest level of management.</li></ul>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> In Progress</p>
--	--

## Workplace Violence Prevention Program

### Risk Assessment

<p>1. Evidence that a risk assessment has been conducted for the entire workplace, documented and communicated to the JHSC or HSR, multi-disciplinary team and the employer.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> In Progress</p>
<p>2. The prevalence of violence in the nearby community has been ascertained – police communications.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> In Progress</p>
<p>3. The history of violence in similar places of employment has been evaluated.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> In Progress</p>
<p>4. Internal indicators have been analyzed (e.g. incidents/accidents, near misses, security reports).</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> In Progress</p>
<p>5. An environmental assessment has been conducted (e.g. working alone or remote areas, areas with public waiting areas, etc.).</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> In Progress</p>

6. Workplace design and layout has been assessed (lighting, physical layout of workstation, location of closest and safest parking spot, etc.),	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
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7. Point-of-care work practices assessment has been completed (e.g. staff reviews a client's profile before meeting with that client, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
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8. Employee survey has been conducted and analyzed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
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9. Staff shortages have been assessed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
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**Risk Assessment Follow-up**

1. Were recommendations made for corrective actions and improvements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
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2. Were all corrective actions and improvements implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
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**Reassessment of Risk**

1. A process has been developed to reassess the risks of workplace violence as often as necessary to ensure the violence policy and program continues to protect workers.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
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**Legislation Review**

1. Obtained and reviewed the specific legislation, guidelines and policies that apply to workplace violence prevention in your workplace, e.g. OHSA and regulations, OHRC, CNO references, collective agreement, employer policies, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
--	---

**Measures and procedures have been developed, established and put into effect, and include but are not limited to:**

<p>1. A procedure for summoning immediate assistance when workplace violence occurs or is likely to occur.</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> In Progress</p>
<p>2. A crisis management/chain of command team is established and their roles and responsibilities are clearly outlined in a procedure (who responds first, who are first complaints reported to, who is next in line to receive the complaint if that individual is not available or does not act upon the complaint?).</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> In Progress</p>
<p>3. A procedure that outlines how and who staff will report incidents to, and what steps and timelines staff can expect from an investigation (employees must know who and how to report – including reporting to the police and what steps will be taken to investigate an incident).</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> In Progress</p>
<p>4. A procedure that outlines the employer’s reporting obligations to WSIB, MOL, JHSC or HSR and the Union.</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> In Progress</p>
<p>5. A procedure to bring unresolved complaints to the Board of Directors is in place.</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> In Progress</p>
<p>6. A safety plan for the victim to ensure their protection (i.e. staff scheduling, work re-assignments, transfers, screening calls and ensuring information about the victims schedule/ vacations/department transfer etc. are not revealed, and assistance for the worker to work with police, courts or other organizations who may already be involved).</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> In Progress</p>
<p>7. Emergency/Crisis Response (Code White, Code Purple, Code Black).</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> In Progress</p>
<p>8. Employee support post-incident – debriefing, legal, protection.</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> In Progress</p>
<p>9. A procedure for conducting incident investigation follow-up/resolution.</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> In Progress</p>

10. A procedure for the communication of investigation and incident resolution to appropriate workplace parties (i.e. complainant, Union President, JHSC or HSR, Human Resources, Occupational Health and Safety manager and co-workers).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
11. Administrative work practice procedures (e.g. No Access Policy, staffing, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
12. Flagging procedures for patients with a history of violent behaviour.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
13. System for alerting staff to other persons with a history of violent behaviour who they may encounter in the course of their work.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
14. Appropriate procedure on use of restraints including clarity on the differences between the MOHLTC and CNO.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
15. Procedures outlining all security and crisis responses (e.g. lock-down drills, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
16. Based on risk assessment all control measures have been established/purchased (For specific suggestions see Appendix C).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
17. Process for evaluation and review is in place, ensuring ongoing collection of indicators and demonstration that policy/program enhancements were made where deficiencies sited; policy/ program must be reviewed annually in consultation with JHSC or HSR.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress

### Communication

1. Workplace Violence Prevention Policy/Program has been communicated throughout organization – documented evidence.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
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2. A crisis management/chain of command team is established and their roles and responsibilities clearly outlined in a procedure (see measures and procedures above).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
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### Training and Education

1. Information, instruction, training and education of the policy, measures and procedures contained in the program is provided for all new and existing employees and has been completed and training records are maintained.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
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2. Education includes awareness of violence and abusive relationships (domestic violence), reaching out to co-workers and skill building.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
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3. Employers, supervisors and physician leaders have been trained to identify signs of abuse and to respond appropriately to employees/workers/staff who are victims and to perpetrators of domestic and all forms and sources of violence.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
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## APPENDIX B

### Employers' Minimum Requirements Checklist re: Violence/Harassment Prevention

<b>HAS YOUR EMPLOYER:</b>	<b>Check Yes or No:</b> ✓	
1. Prepared a Policy with respect to workplace violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Prepared a Policy with respect to workplace harassment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Posted a written copy of the violence and harassment policy in a conspicuous place in the workplace where more than six workers are regularly employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Assessed the risks of workplace violence that may arise from the nature of the workplace, the type of work or conditions of work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Advised the JHSC or an HSR or workers (where there is no JHSC or HSR) of the results of the risk assessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Provided a copy of any written assessment to the JHSC or HSR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Where there is no JHSC or HSR, provided a copy of the assessment to workers on request or advise the workers how to obtain copies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Reassessed the risks of workplace violence as often as necessary to ensure the related violence policy and program continues to protect workers and advised the JHSC or HSR of the results of the assessment and provided a copy, if the assessment is in writing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Where there is no JHSC or HSR, provided a copy of the reassessment to workers on request or advise the workers how to obtain copies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Developed and maintain a program to implement the workplace violence policy that includes: <ul style="list-style-type: none"> <li>▪ Measures and procedures to control the risks identified in the risk assessment as likely to expose a worker to physical injury?</li> <li>▪ Measures and procedures for summoning immediate assistance when workplace violence occurs or is likely to occur?</li> <li>▪ Measures and procedures for workers to report incidents of workplace violence to the employer or supervisor?</li> <li>▪ Set out how the employer will investigate and deal with incidents or complaints of workplace violence?</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<p>11. Developed and maintained a program to implement the policy with respect to workplace harassment that includes:</p> <ul style="list-style-type: none"> <li>▪ Measures and procedures for workers to report incidents of workplace harassment to the employer or supervisor?</li> <li>▪ Setting out how the employer will investigate and deal with incidents and complaints of workplace harassment?</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> Yes  <input type="checkbox"/> Yes	<input type="checkbox"/> No  <input type="checkbox"/> No  <input type="checkbox"/> No
<p>12. Reviewed the workplace violence and harassment policy as often as necessary, but at least annually?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>13. Taken every precautions reasonable in the circumstances for the protection of workers with respect to workplace violence?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>14. Taken every precaution reasonable in the circumstances for the protection of the worker when aware or ought reasonably to be aware that domestic violence may occur in the workplace that would likely expose the worker to physical injury?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>15. Provided workers with information and instruction appropriate for the worker on the contents of the workplace violence policy and program?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>16. Provided workers with information and instruction appropriate for the worker on the contents of the workplace harassment policy and program?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>17. Provided workers with information, including personal information, related to a risk of workplace violence from a person with a history of violent behaviour they can expect to encounter in the course of their work, where the risk of violence is likely to expose the worker to physical injury?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>18. In workplaces covered by the <i>Health Care and Residential Facilities Regulation</i> (i.e. hospitals, long-term care homes), consulted the JHSC or HSR when developing, establishing and putting into effect the workplace violence and harassment measures and procedures for the health and safety of workers?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>19. In workplaces covered by the <i>Health Care and Residential Facilities Regulation</i>, ensured violence and harassment measures and procedures are written?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>20. In workplaces covered by the <i>Health Care and Residential Facilities Regulation</i>, consulted the JHSC or HSR in developing, establishing and providing training and educational programs related to violence and harassment in health and safety measures and procedures for workers that are relevant to the workers' work.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## APPENDIX C

### Checklist of Some Specific Controls/Measures to Consider

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Use this checklist along with your employer's risk assessment to identify controls/measures and procedures for your workplace. Based on the findings of the risk assessment and this checklist, prepare a written recommendation, present it at your next JHSC meeting and ensure a copy is forwarded to the employer from the JHSC. (HSRs should present the recommendations directly to the employer). The employer is obligated to provide a written response within 21 days. (See Appendix E & F for sample recommendations to the employer). A word version of these tools can also be found by logging on to ONA website at [www.ona.org](http://www.ona.org)

Change, delete or disregard items that are not relevant to your organization.

#### Controls/Measures

1. Security – Implement 24/7 electronic security using a system that is live monitored at all times from a control centre and that has the ability to communicate with protection services.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
2. Alert public that cameras are being used.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
3. Provide panic alarms/panic buttons, two-way communication devices, e.g. cell phones, voice-activated communication systems, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
4. Install telephones in isolated areas.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
5. Implement a buddy system	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
6. Code White Team is in place.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
7. Establish police liaison/assistance.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress

8. Access control measures – like posting security personnel or using coded access cards to control exits and entrances, restrict building access especially at night or on weekends.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
9. Name Tags – Provide for staff without using last names.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
10. Badge system for patient and visitors.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
11. Signage – Post signage throughout hospital/workplace that makes it clear there is zero tolerance for violence, and post signs to prevent visitors from entering into restricted areas.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
1. Flagging system – Implement a system that alerts staff to patients/residents/clients with a history of violent behaviour they can expect to encounter in the course of their work, where the risk of violence is likely to expose the worker to physical injury.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
13. System to identify all other persons with a history of violent behaviour they can expect to encounter in the course of their work, where the risk of violence is likely to expose the worker to physical injury.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
14. Provide a visitor sign-in book to document who is entering and existing the facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
15. Install curved or circular mirrors at hallway intersections.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
16. Replace all broken locks and windows.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
17. Doors and stairwells – ensure clear safety-glass panels are installed in all doors to stairwells, etc. so user can see if another person is on the far side of door.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress

18. Install physical barriers in areas where workers greet or interact with the public; enclose nursing stations in shatterproof glass to prevent patients/residents/clients/visitors from reaching in or throwing objects at nurses.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
19. Furniture – Strategically place furniture to prevent patients/residents/clients/visitors from wandering into work areas or entrapping staff and to prevent hiding areas; keep furniture to a minimum, ensure furniture is rounded with padded edges and/or if possible secure it to the floor. Avoid accessories that could be used as weapons.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
20. Workstations – Organize workstations and areas to minimize physical contact; use wide desks, tables or counters, raise height of counters etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
21. Establish a worker safe room in designated areas with telephone and/or security/alarm access to the outside and peep hole.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
22. Bathroom/lounge areas for staff should be lockable, have telephone and/or security/alarm access to the outside and peephole.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
23. Waiting room enhancements – Use calming paint colours, provide reading materials, television, reduce background noise, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
24. Posting wait times at triage/registration and provide regular information about delays.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
25. Lighting enhancements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
26. Noise barriers – Install sound-absorbing panels to control noise.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
27. Discourage theft – Lock cupboards/storage areas, secure sharps storage, change entry system to the medication room and remove any internal deadbolts.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress

28. Provide designated parking.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
29. Provide panic stations within parking garages and walkways to the garage supported and connected to the electronic security system.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
30. Ensure safe staffing ratios.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
31. Grounds and parking lot design – Make sure entrances and exits are well marked, ensure parking areas and entrances are well lit at night, use security patrols and vary times for patrols, remove or trim tree branches and bushes, provide parking lot escort services after hours or when a risk has been identified etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress

## APPENDIX D

### Next Steps to Address Violence/Harassment

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ONA worked tirelessly for legislation and other measures to make our workplaces safe from threats of violence. The new amendments to the OSHA are not perfect, but they represent significant progress. Now that we have this new tool, we must use it. We need to step up our efforts to impress on our employers that they must take every precaution reasonable to protect us from violence/harassment, and we need to engage the assistance of the MOL when they fail. Therefore, we are asking leaders to work with the ONA members of JHSCs or the HSR to:

1. Place the issue of the new provisions of the OSHA on the agenda of your next JHSC meeting. Ask the employer to bring copies of the new legislation for all committee members to review and reference in your discussions. The legislation requires employers to prepare workplace violence and harassment policies, post written policies in a conspicuous place in the workplace (in workplaces with six or more regularly employed workers), develop programs with respect to violence and harassment, and provide information and instruction to workers as of June 15, 2010. (HSRs should discuss this issue and request the information directly from the employer).
2. Remember, it is not the JHSC or HSR's job to write the policies or programs for the employer, but in accordance with Sections 8 and 9 of the *Regulation for Health Care and Residential Facilities*, the measures and procedures contained in the program must be developed, established and put into effect, reviewed, and training and educational programs provided, in consultation with the JHSC or HSR. Therefore, the JHSC or HSR should:
  - a) Recommend an immediate review of existing violence and harassment policies, measures and procedures/programs, training and risk assessments, and where there are none, or where they are deficient, recommend that they be developed or revised/improved forthwith.
  - b) Point out that the PSHSA, (formerly OSACH) can assist your employer.
3. Caucus with all worker members of the JHSC at least one hour before the meeting (Section 9 (34) OSHA) to discuss this issue and worker expectations.
4. If the employer will not agree to review/develop/revise/improve the required policies/measures/procedures/program in consultation with the JHSC or HSR, and/or conduct risk assessments table a written recommendation to do so. (See Appendix E for a sample recommendation and Appendix F for additional considerations for a recommendation). A word version can be accessed at [www.ona.org](http://www.ona.org). (HSRs should present the information and recommendations directly to the employer).
5. If the JHSC or HSR agrees to send the written recommendation to the employer, the OSHA gives your employer 21 days to respond in writing, with a time frame to implement the recommendations it agrees with and give reasons why the employer disagrees with any recommendations that the employer does not accept. (Section 8 (10) and (12) of the OSHA for HSRs, and Section 9 (20) and (21) of the OSHA for the JHSC).

6. Remember the new legislation came into force on June 15, 2010, therefore if the employer's response does not adequately resolve the concerns raised on the written recommendation, immediately call the MOL and ask that they attend and enforce the law.
7. File a grievance if the matter is not resolved and your collective agreement permits. Consult your LRO.

## APPENDIX E

### Sample - Recommendations to Employer

Date: \_\_\_\_\_ Hand delivered to: \_\_\_\_\_

(Insert name of Employer)  
 (Insert address of Employer)

Pursuant to Section 9 (18) of the *Occupational Health and Safety Act (OHSA)*, we are responsible as a Joint Health and Safety Committee (JHSC) to “identify situations that may be a source of danger or hazard to workers,” and to “make recommendations to the...employer and the workers for the improvement of the health and safety of workers” and “recommend to the employer and the workers the establishment, maintenance and monitoring of programs, measures and procedures respecting the health and safety of workers.” (Health and Safety representatives (HSRs) refer to Section 8 (10) of the OHSA)

As such, we recommend the following:

Hazard	Recommendations
1. Risk of exposure to violence	<p>A. It is recommended the employer forthwith <b>(prepare) (review)</b>, in consultation with the JHSC or HSR, a workplace violence policy. The policy should:</p> <ul style="list-style-type: none"> <li>• <b>(Show) (be amended to show)</b> an employer’s commitment to protecting workers from workplace violence.</li> <li>• <b>(Address) (be amended to address)</b> violence from all possible sources (customers, clients, employers, supervisors, workers, strangers and domestic/intimate partners).</li> <li>• <b>(Outline) (be amended to outline)</b> the roles and responsibilities of the workplace parties in supporting the policy and program.</li> <li>• <b>(Be dated and signed) (amended to be dated and signed)</b> by the highest level of management at the workplace.</li> <li>• Be posted in a conspicuous place in the workplace.</li> </ul> <p>B. It is recommended the employer, in consultation with the JHSC or HSR, <b>(develop) (amend to improve)</b> and maintain a program to implement the violence policy; such program to include measures and procedures:</p> <ul style="list-style-type: none"> <li>• To control the risks, including but not limited to those identified in risk assessment, and risks of exposure to domestic violence.</li> <li>• For summoning immediate assistance when workplace violence occurs or is likely to occur.</li> <li>• For workers to report incidents of workplace violence to the employer or supervisor, and set out how the employer will investigate and deal with incidents or complaints.</li> <li>• To provide information to a worker, including personal</li> </ul>

	<p>information (reasonably necessary to protect workers) related to a risk of violence from a person with a history of violent behaviour, if the worker can be expected to encounter the person in the course of work, and the risk of violence is likely to expose the worker to injury.</p> <p>C. It is recommended the employer, in consultation with the JHSC or HSR:</p> <ul style="list-style-type: none"> <li>• <b>(Assess) (re-assess)</b> the risk of workplace violence that may arise from the nature of the workplace, type or conditions of work, taking into account the circumstances of the workplace and circumstances common to similar workplaces.</li> <li>• Re-assess as often as necessary to protect workers.</li> <li>• Advise the JHSC or HSR of the results of the assessment and provide a written copy.</li> </ul> <p>D. It is recommended the employer, in consultation with the JHSC or HSR:</p> <ul style="list-style-type: none"> <li>• <b>(Develop) (amend) (deliver)</b> appropriate information and instruction to workers on the contents of the workplace violence policy and program, mindful that: <ul style="list-style-type: none"> <li>○ Appropriate training will equip a worker to: <ul style="list-style-type: none"> <li>▪ Know how to summon assistance and report incidents.</li> <li>▪ Know how the employer will respond.</li> <li>▪ Carry out measures and procedures.</li> </ul> </li> </ul> </li> <li>• <b>(Develop) (amend) (deliver)</b> training that will make supervisors competent in dealing with reports/incidents of violence.</li> </ul>
<p>2. Risk of exposure to harassment</p>	<p>A. It is recommended the employer forthwith <b>(prepare) (review)</b>, in consultation with the JHSC or HSR, a workplace harassment policy and post it in a conspicuous place in the workplace.</p> <p>B. It is recommended the employer, in consultation with the JHSC or HSR, <b>(develop) (amend to improve)</b> and maintain a program to implement the harassment policy; such program to include measures and procedures:</p> <ul style="list-style-type: none"> <li>• For workers to report incidents of harassment to the supervisor or employer.</li> <li>• Set out how the employer will investigate and deal with incidents and complaints of harassment.</li> </ul> <p>C. It is recommended the employer, in consultation with the JHSC or HSR:</p> <ul style="list-style-type: none"> <li>• <b>(Develop) (amend) (deliver)</b> appropriate information and instruction to workers on the contents of the workplace harassment policy and program.</li> <li>• <b>(Develop) (amend) (deliver)</b> training that will make supervisors competent in dealing with reports/incidents of violence.</li> </ul>

Pursuant to Section 9 (20), an employer who receives written recommendations from a committee shall respond in writing within 21 days. Therefore, we look forward to receiving your written response to our recommendations within 21 days, by [enter date]. (HSRs refer to Section 8 (12) of the OHSA)

We anticipate that your written response will include all information pursuant to the OHSA Section 9 (21), which states: "A response of a constructor or employer under subsection (20) shall contain a timetable for implementing the recommendations the constructor or employer agrees with and give reasons why the constructor or employer disagrees with any recommendations that the constructor or employer does not accept." (HSRs refer to Section 8 (12) & (13) of the OHSA)

Please sign below.

\_\_\_\_\_, Worker Co-Chair, Joint Health and Safety Committee

\_\_\_\_\_, Employer Co-Chair, Joint Health and Safety Committee

- C: Post for the workers
- Copy to JHSC or HSR
- Local Bargaining Unit \_\_\_\_\_
- Other unions

## Appendix F

### Joint Health and Safety Committee Recommendation – Additional Considerations

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Depending on the size and complexity of your workplace, and the maturity of your violence prevention planning to date, you may be ready to consider integrating more specific elements into your JHSC recommendation to the employer, including:

#### Risk Assessments

- Conducting a physical assessment of the workplace environment and patient assessments, conducting staff surveys and reviewing accident/illness data to determine where the highest areas of risk are and the types of incidents that are occurring.
- Conducting a review of security measures in situations where employees/staff are exposed to dangers in the workplace from other staff/patients/clients/residents, visitors or the public. Possible considerations could be increased security staff, “lock-down” drills, specific training for security in domestic violence and workplace violence.

#### Controls/Measures

- a) Two-way communications systems.
- b) Intervention security (in-house security).
- c) Link to the police.
- d) Emergency-response teams.
- e) Increased video surveillance cameras.
- f) Personal alarms.
- g) Relocating existing panic buttons in offices to be accessible to the user.
- h) Metal detectors.
- i) Panic buttons/voice activated devices.
- j) Adequate staffing.
- k) Flagging procedure to alert staff to patients with a history of violent behaviour who they may encounter in the course of their work.
- l) Escape avenues.
- m) Safe rooms with peep holes and communication ability.
- n) Access control.
- o) Code white policy and step-by-step procedure to outline the steps for a coordinated team response in situations where workers are threatened by verbal and physical abuse/assault.
- p) Security response procedure.
- q) Patient search procedure.
- r) System for alerting staff to other persons with a history of violent behaviour who they may encounter in the course of their work.
- s) Patient behaviour profiling procedure (identifying triggers).
- t) Establishing clear codes of conduct, supported by procedures that are conducive to a culture that encourages and supports early identification and intervention, meaningful

discussion (including mechanisms to support complainants who are reluctant to participate in formal processes), appropriate actions and follow through, etc.

- u) Establishing a procedure that sets out how the employer will take every precaution reasonable in the circumstances for the protection of the worker if they become aware, or ought reasonably to be aware, that domestic violence that would likely expose a worker to physical injury may occur in the workplace.
- v) Work refusal procedure.

### **Reporting/Investigating**

- a) Developing a chain of command and reporting/response procedure in the policy/program to respond to threats of domestic and workplace violence, abuse, harassment or other legitimate complaints that occur in the workplace or that are work-related.
- b) Outlining in a procedure how and to whom incidents should be reported, including information about contacting the police directly, which should specifically direct that such reporting of abuse ought not be left as exclusively the responsibility of the victim.
- c) Outlining in a procedure that all employees/physicians who are not directly involved may report a concern, but must report witnessed abusive/violent behaviour and indicate that reports must be acted upon regardless of whether they are verbal or written.
- d) A safety plan for the victim to ensure that a number of safety/security measures are in place for her/his protection. Staff scheduling and work reassignments and transfers should be accommodated in situations involving any form or source of workplace violence.
- e) A process to ensure a thorough investigation of all claims of misconduct present in the workplace. This process is to also outline that mediation should not be utilized for incidents involving any form or source of violence because of the power imbalance between the parties in these circumstances.
- f) Outlining a procedure that requires steps taken towards incident resolution to be communicated to appropriate workplace parties (i.e. complainant, workplace representative, JHSC or HSR, Human Resources, Occupational Health and Safety manager and coworkers) in a timely manner.

### **Education/Training**

- a) Violence awareness, de-escalation techniques, hands-on break-free techniques, and training on all of the measures and procedures contained in the violence/harassment program.
- b) Awareness of domestic violence and abusive relationships and how to reach out to co-workers for assistance, and an awareness to action about helpful and safe interventions for victims and perpetrators. Skill-building interventions that engage both professionals and non-professionals in practicing what they might say and do in such circumstances should be utilized in training initiatives.
- c) Training of employers and managers and, specifically within the hospital context, physician leaders, to identify signs of abuse and to respond appropriately to employees/workers/staff who are victims and perpetrators of domestic and all other forms and sources of violence.

Consider the PSHSA's Violence Prevention Program (Booklet #1) available at [www.pshsa.ca](http://www.pshsa.ca) and the sample violence policy attached (see Appendix G).

Until changes/improvements are complete, take interim measures, such as increased security and staffing, to ensure the safety and security of workers.

## APPENDIX G

### Sample Workplace Violence Prevention Policy

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A word version of this policy can also be found by logging on to ONA's website at [www.ona.org](http://www.ona.org)

#### (Name of Organization)

##### Mission

(Name of organization) is committed to providing a safe, healthy, and supportive working environment by treating our employees and clients with respect, fairness, sensitivity and dignity. Violence in the workplace can have devastating effects on the quality of life for our employees, our patients and on the productivity of the organization.

##### Purpose

(Name of organization) is committed to providing a working environment free of violence. The purpose of this policy is to identify behaviour that constitutes workplace and work-related violence and to provide preventative and mitigating procedures, including steps for preventing, summoning immediate assistance, reporting, investigating and resolving incidents of workplace violence. All workplace parties must be familiar with their individual responsibilities for prevention and corrective action. (Name of organization) has consulted the Joint Health and Safety Committee (JHSC) or Health and Safety Representative (HSR) and the following legislation governing workplace violence in Ontario to establish this policy.

- *Occupational Health and Safety Act*
- *Criminal Code of Canada*
- *Ontario Human Rights Code*
- *Workplace Safety and Insurance Act*
- *Compensation for Victims of Crime Act*
- *Regulated Health Professions Act*
- *Occupier's Liability Act*
- *Public Hospitals Act.*

There are four main categories of workplace violence:

- **External:** Thefts, vandalism, assaults by a person with no relationship to the workplace.
- **Client/Customer:** Physical or verbal assault towards an employee by a client/family member or customer.
- **Employee to Employee:** Physical or verbal assault from an employee or former employee including harassment, stalking and bullying.
- **Domestic Violence:** Personal relationship.

## Policy Statement

The management of **(Name of organization)** recognizes the potential for workplace and work-related violence and will make every reasonable effort to identify all potential sources of violence in order to eliminate and/or minimize risks. **(Name of organization)** refuses to tolerate any type of behaviour that may constitute or lead to, violence within or related to, the workplace. **(Name of organization)** is committed to the expenditure of time, attention, authority and resources to the workplace parties to ensure a safe and healthy working environment for all employees and clients for whom we provide care.

The OHSA defines “workplace violence” as:

- (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 it 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

**(Name of organization)** is committed to taking every precaution reasonable to protect workers from workplace violence as defined in the OHSA. In addition, **(Name of organization)** is committed to taking every precaution reasonable to protect workers from psychological injury/illness from any aggressive behaviour, and threats of aggressive behaviour. **(Name of organization)** recognizes harassment may be a precursor to violence, and as such embraces harassment – be it a course or a single egregious act of vexatious conduct – as within the scope of our violence prevention policy, program and activities.

All managers, supervisors and employees are responsible for following safe work practices, the policy and the procedures outlined in the workplace violence prevention program. Management is responsible for implementing and maintaining the policy and procedures.

**(Name of organization)** encourages and supports employee involvement and commitment to the design and implementation of the workplace violence prevention program and will ensure that such design and implementation is conducted in consultation with the JHSC or HSR and addresses all forms and sources of workplace violence.

The management of **(Name of organization)** is responsible for ensuring that all health and safety policies and procedures, including workplace violence, are clearly communicated and understood by all employees, through both general and site-specific training, and annual review of the policy/program. Managers and supervisors are expected to enforce this policy and program requirements fairly and consistently throughout the organization and are accountable for any failure to respond to and investigate allegations of workplace violence.

## Violence in the Workplace Prevention Program

A violence prevention program of measures and procedures to operationalize our policy, will be implemented. The violence prevention program can improve the quality of the working environment and substantially decrease the risk of workplace violence.

Elements of the workplace violence prevention program include:

- Express, demonstrated management commitment.
- Employee and JHSC or HSR involvement.
- Communication and training of the violence policy and prevention program.
- Hazard/risk assessment.
- Establishment of violence prevention, control/measures, which include hazard prevention controls, methods of summoning immediate assistance when workplace violence occurs or is likely to occur, responding to, reporting and investigating incidents of violence.
- Education and training of new and existing employees, volunteers, contractors, visitors, etc about the policy and relevant portions of the program.
- Evaluation of the policy and program

### **Work-related violence**

It is important to note that workplace violence can also occur outside of work settings and in cases of domestic violence, can spill over into the workplace. It can occur during work-related functions at off-site locations such as conferences, social events, or visits to clients' homes. It can also happen in an employee's home, yet be work related: for example, threatening telephone calls from co-workers, clients, or managers. Workplace violence can be committed by anyone: employees, supervisors, managers, clients (patients, residents, customers), students, contract workers, visitors, families of clients (patients, residents, customers), families, friends, ex-partner of employees, or unauthorized intruders.

### **Roles and Responsibilities of Workplace Parties**

#### **Employer**

- Take every precaution reasonable in the circumstances for the protection of workers.
- In consultation with the JHSC or HSR, take appropriate action to eliminate/reduce identified hazards/risks by establishing controls/measures and procedures.
- In consultation with the JHSC or HSR, conduct regular hazard/risk assessments and provide a copy of the assessment to the JHSC or HSR.
- Ensure measures and procedures identified in the violence program are carried out and that management is held accountable for responding to and resolving all complaints of violence.
- In consultation JHSC or HSR, develop, establish and provide training and education of all employees. Conduct unit specific training and ensure all staff are trained on the Workplace Violence Prevention Policy / Measures/Procedures/Program, including domestic violence in the workplace.
- Modelling and integrating safe behaviour into day-to-day operations.
- Provide appropriate means to summon immediate assistance when workplace violence occurs or is likely to occur.
- Provide appropriate reporting and response measures.

- Review all reports of violence and/or threats of violence in a prompt, objective and sensitive manner. This includes a review of all investigations associated with violence-related incidents.
- Take appropriate corrective action.
- Assist the JHSC or HSR in the carrying out of any of their functions
- Facilitate medical attention and appropriate support for all those either directly or indirectly involved in a violent incident.
- Conduct an annual review of the violence prevention policy/program in consultation with the JHSC or HSR.
- Ensure any deaths or critical injuries have been reported to a Ministry of Labour (MOL) inspector, the police (as required), the JHSC, the HSR and trade union and are investigated with the JHSC or HSR, and that a report goes to all parties in writing within 48 hours of the occurrence on the circumstances of the occurrence, containing such information and particulars as the OHS and regulations prescribe. Facilitate immediate JHSC worker member or HSR investigations.
- Ensure all accidents/illnesses are reported to WSIB where a worker loses time from work, requires health care, earns less than regular pay for regular work, requires modified work at less than regular pay or performs modified work at regular pay for more than seven days. Copies of accident/illness information (where there is no critical injury) must be provided to the JHSC, the HSR and trade union within four days of the occurrence containing such information as the OHS and regulations prescribe.

### **Managers/Supervisors**

- Take every precaution reasonable in the circumstances for the protection of workers.
- Must enforce policy and procedures and monitor worker compliance.
- Identify training needs and conduct unit specific training. Ensure all staff are trained on the Workplace Violence Prevention Policy/Program, including domestic violence in the workplace.
- Identify and alert staff to violent patients/residents/clients/persons and hazardous situations.
- Shall promptly respond to and investigate all allegations and incidents of workplace violence, whether written or verbal, using the organization's accident investigation procedure and form and contact the police department as required.
- Determine the root cause of the incident and implement preventive measures
- Facilitate medical attention for employee(s) as required.
- Ensure that debriefing is completed for those either directly or indirectly involved in the incident.
- Contact the Human Resources Department to ensure the employee receives further counseling regarding her/his legal rights.
- Support staff throughout the process following an incident and in the return to work process, including developing a safety plan as needed.

- Track and analyze incidents for trending and prevention initiatives.
- Immediately report a death or critical injury to an MOL inspector, the police (as required), JHSC, the HSR and trade union, and investigate with the JHSC or HSR and report to all parties in writing within 48 hours of the occurrence the circumstances of the occurrence, containing such information and particulars as the regulations prescribe. Facilitate immediate JHSC worker member or HSR investigations.
- Assist the JHSC or HSR in carrying out of any of their functions.
- Issue a report to the employer and WSIB on all accidents/illnesses involving lost time, where a worker requires health care, earns less than regular pay for regular work, requires modified work at less than regular pay or performs modified work at regular pay for more than seven days. Copies of accident/illness information (where there is no critical injury) must be provided to the JHSC, the HSR and trade union within four days of the occurrence, containing all information as the OHS and regulations prescribe.
- Ensure there is a review at least annually of the workplace violence prevention policy/program.

### **Employees (Workers/ Physicians/Contractors)**

- Participate in violence prevention policy/program education and training programs in order to be able to appropriately respond to any incident of workplace violence.
- Understand and comply with the violence in the workplace prevention policy/program and all related procedures.
- Actively participate in the management of violent/aggressive behaviour.
- Report all incidents/injuries of violence and/or threats of violence to their manager or supervisor immediately, completing the workplace violence incident report form.
- Inform the JHSC or worker member of the JHSC or HSR about any concerns about the potential for violence in the workplace.
- Contribute to hazard/risk assessments.
- Seek support from available resources as required when confronted with violence or threats of violence.
- Seek medical attention.
- Participate in a review at least annually of the workplace violence prevention policy/program.

### **JHSC or HSR**

- Identify situations that may be a source of danger or hazard to workers (e.g. during regular workplace inspections, through analyzing accident reporting information) and make recommendations to the employer for the improvement of the health and safety of workers.
- Be consulted about and make recommendations to the employer about the development, establishment and implementation of a violence policy, controls/measures and procedures (violence prevention program).

- Be consulted and make recommendations to the employer to develop, establish and provide training in violence policy, controls/measures and procedures (the violence prevention program).
- Review at least annually the workplace violence prevention policy/program.
- Be notified immediately by the employer in the event of a critical injury or fatality and review the employer's reports to the MOL of any critical injury or fatality.
- The JHSC worker designate or HSR should immediately investigate all critical injuries or death related to violence.
- Forthwith review, analyze investigation of critical injury or death and make recommendations in writing to the employer as appropriate.
- Have a worker member of the JHSC or HSR present during any work refusal.
- Review as soon as practicable, written notice (to be provided by employer within four days of the accident/illness where there is no critical injury or fatality), containing all information as the OHSA and regulations prescribe where any person loses time, requires health care, earns less than regular pay for regular work, requires modified work at less than regular pay or performs modified work at regular pay for more than seven days.

### **Summoning Immediate Assistance**

Where there is actual or the potential for workplace violence, staff will follow the organization's procedure on summoning immediate assistance. (Employer to provide a link to the procedure here).

### **Reporting and Investigation**

- Workers are to report all violence-related incidents/hazards to their manager or supervisor. The worker and/or the employer may choose to call the police.
- Workplace violence incident reports are found in the incident and near-miss/hazard logs and are to be used as a reporting tool by directly forwarding a copy of the completed form to the manager. (A copy can be left in the log).
- The employer will report all injuries/illness to the MOL, JHSC, the HSR, Union and WSIB as required by the OHSA and the *Workplace Safety and Insurance Act* (WSIA).
- The manager or supervisor receiving the report will investigate the report and ensure appropriate measures are taken to safeguard employees and curtail the violence. No report of workplace violence or risks of violence can be the basis of reprisal against the reporting employee.
- If a violent incident results in a critical injury or death to a worker, the JHSC worker designate or HSR shall investigate the incident/injury/death (s. 9 (31) OHSA for JHSCs, s. 8 (14) for HSRs) and will report her/his findings to the MOL and to the JHSC or HSR.

### **Response Procedures**

- Workplace parties can prevent violence through an appropriate care plan, chemical/physical/environmental/social restraints where necessary and other

appropriate measures, and physicians are expected to be aware of appropriate use of these methods and to furnish information to staff concerning the purpose of restraints and their short- or long-term use.

- The manager or supervisor documents all reports of workplace violence and hazard reporting and measures taken to address them using the incident investigation form.
- If the resolution of the incident is beyond the authority of the manager or supervisor receiving the report, they must make the CEO or equivalent aware of the report. The CEO or equivalent involves other managers or supervisors in the investigation, as appropriate (for example, when the incident involves clients or employees under another manager's or supervisor's area of responsibility).
- Management reviews all incident reports, JHSC or HSR reports and recommendations, monitors trends and will make recommendations for prevention and enhancements to the workplace violence prevention policy/program to the CEO or equivalent.
- These findings will be shared with the JHSC or HSR, which is consulted regarding any revision to the violence prevention policy/program, including training.
- The CEO or equivalent reviews reports of workplace violence and ensures appropriate actions have been taken.
- The managers or supervisors who investigate the reported incident of violence warn all staff who might be affected by the potentially dangerous situation(s) associated with the reported incident. The same managers or supervisors inform the employee who made the report of the outcome of the investigation to the extent necessary to optimize future safety from similar incidents.

### **Emergency Response Measures**

Refer to the organization's emergency response procedure (code white, staff alert). (Employer to provide a link to the procedure here).

### **Supports for Employees Affected by Workplace Violence**

Management will respond promptly and will assess the situation and ensure that the following interventions are followed:

- Immediately keep worker safe.
- Facilitation of medical attention.
- Debriefing (by a skilled professional).
- Provide support for cases of domestic violence.
- Develop a safety plan, as needed.
- Referrals to community agencies, treating practitioner, and employee assistance program.
- Referral to trade union.
- Completion of incident reports, WSIB accident/illness reports, reports to MOL, JHSC, the HSR and trade union as required under s. 51, 52 & 53 of the OHSA.
- Reporting to police (as required).
- Team debriefing.

## **Risk Assessment**

Management (with JHSC or HSR/worker involvement) assesses workplace violence hazards/risks in all jobs in the workplace. The risks of workplace violence will be reassessed at least annually and as often as necessary whenever new jobs are created, or job descriptions are substantially changed.

Management works together with employees and the JHSC or HSR to develop strategies, procedures and controls/measures for ongoing reduction of risks of workplace violence identified in the risk assessment. These include, but are not limited to, education and training, information exchange, implementing controls and reviews of practices and procedures.

## **Communication**

The employer ensures the workplace violence prevention policy/program has been communicated throughout the organization and that a crisis management/chain of command team is established and their roles and responsibilities are clearly outlined in a procedure.

## **Training and Education**

All existing and new employees will receive initial and annual general and site-specific training to the workplace violence prevention policy/program, which will include training on domestic violence.

Any training developed, established and provided shall be done in consultation with and in consideration of the recommendations of the JHSC or HSR.

## **Policy/Program Evaluation**

The effectiveness of the workplace violence prevention policy/program is evaluated annually by management and reviewed by the JHSC or HSR.

## **Accountability**

All workplace parties are accountable for complying with the policy, measures and procedures (the program) related to workplace violence. This is part of the responsibilities to comply with health and safety policy/program in the manager's, supervisor's and worker's job descriptions. Management responsibilities for enforcing policy and procedures, including investigation of and response to workplace violence are also included in health and safety components of job descriptions.

## **Records**

All records of reports and investigations of workplace violence are kept for a period of five years.

## **Policy Review**

This violence in the workplace violence prevention policy and program will be reviewed annually by management and the JHSC or HSR.

**Related Documents**

Workplace Harassment and Discrimination  
Domestic Violence Safety Assessment  
Domestic Violence Care Plan  
Domestic Violence Safety Resources

Dated at \_\_\_\_\_ on \_\_\_\_\_, 20\_\_

Signed \_\_\_\_\_  
(Senior Management to sign)

## APPENDIX H

### Ministry of Labour April 2005 Memo

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-----Original Message-----

**From:** Savoia, Filomena (MOL)  
**Sent:** Monday, April 25, 2005 4:56 PM  
**To:** Ballanger-Michaud, Candys (MOL); Dennis, Sophie (MOL); Lemire, Brian (MOL); McCloskey, Ed (MOL); Medeiros, Margaret M. (MOL); Pakalnis, Vic (MOL); Tosine, Helle (MOL); Walker, David (MOL)  
**Cc:** Nagalingam, Nax (MOL); Hall, Don (MOL); Deck, Bernie (MOL); U, Dominica (MOL); Medeiros, Margaret M. (MOL); Lynett, Bridget (MOL); Pelosi, Pina (MOL)  
**Subject:** Revisions to Work Refusal Policy  
**Importance:** High

To Directors  
Program Managers  
Regional Program Coordinators  
Field Staff

From: Fil Savoia  
A/Director  
OHSB

Re: Work Refusals - limited right to refuse

Revisions to the Work Refusal and Complaints Policies are in the process of being finalised. Please be advised that the revised version of the Work Refusal and Complaints Policies will reflect the following policy statement to ensure protection for those workers who have a limited right to refuse unsafe work.

As an interim policy, all complaints and work refusals, including complaints of workplace violence from workers with a limited right to refuse unsafe work, must be investigated on a priority complaint basis.

Please advise all appropriate staff accordingly.

Thank you

cc: Helle Tosine, ADM, Operations

## APPENDIX I

### Resources

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#### **The Ontario Nurses' Association**

The Ontario Nurses' Association (ONA) is dedicated to providing all members with the information and support they need in the important area of occupational health and safety.

Here is a list of what we offer:

- ONA provides support to each Bargaining Unit's HSR/JHSC member when there has been a perceived violation of the OHSA. Through Local activities, the Bargaining Unit is the primary provider of occupational health and safety services to the membership. That includes ensuring there is a functioning JHSC at the Bargaining Unit level when required by the Act. Resource support is provided to Bargaining Units by the LROs of ONA's four district service teams (North, South, West and East).
- Each district service team has an LRO with the primary responsibility for planning and coordinating the occupational health and safety services provided in ONA's five regions. However, that does not mean occupational health and safety is the sole function of that LRO. The district service teams deliver occupational health and safety services through a variety of means.
- Additionally, at the provincial level, support is provided to staff and membership by the Vice-President who holds the portfolio for occupational health and safety, the LROs who specialize in Occupational Health and Safety/WSIB matters and the Professional Practice Specialists.
- ONA's website at [www.ona.org](http://www.ona.org) contains useful information, resources and tools pertaining to many health and safety issues.

## **ONA Head Office - Toronto**

400-85 Grenville St.  
Toronto, ON M5S 3A2  
Tel: (416) 964-8833  
Toll-free: 1-800-387-5580  
Fax: (416) 964-8864  
Web site: [www.ona.org](http://www.ona.org)

## **ONA Regional Offices**

Please note that if your call/fax is local to the regional office, you should use the local dialing option where possible.

### **Hamilton**

2 King Street West, Unit 2R  
Dundas, ON L9H 6Z1  
Phone: (905) 628-0850  
Fax: (905) 628-2557  
Toll-free fax: (866) 928-3496

### **Kingston Office**

4 Cataraqui Street, Suite 306  
Kingston, ON K7K 1Z7  
Phone: (613) 545-1110  
Night Line: (613) 545-1366  
Fax: (613) 531-9043  
Toll-free fax: (866) 931-9043

### **London**

750 Baseline Road East, Suite 204  
London, ON N6C 2R5  
Phone: (519) 438-2153  
Fax: (519) 433-2050  
Toll-free fax: (866) 933-2050

### **Orillia**

210 Memorial Avenue, Unit 126A  
Orillia, ON L3V 7V1  
Phone: (705) 327-0404  
Fax: (705) 327-0511  
Toll-free fax: (866) 927-0511

### **Ottawa**

1400 Clyde Avenue, Suite 211  
Nepean, ON K2G 3J2  
Phone: (613) 226-3733  
Fax: (613) 723-0947  
Toll-free fax: (866) 523-0947

### **Sudbury**

764 Notre Dame Avenue, Unit 3  
Sudbury, ON P3A 2T4  
Phone: (705) 560-2610  
Fax: (705) 560-1411  
Toll-free fax: (866) 460-1411

### **Thunder Bay**

Woodgate Office Centre  
1139 Alloy Drive, Suite 200  
Thunder Bay, ON P7B 6M8  
Phone: (807) 344-9115  
Fax: (807) 344-8850  
Toll-free fax: (866) 744-8850

### **Timmins**

Canadian Mental Health Association Building  
330 Second Avenue, Suite 203  
Timmins, ON P4N 8A4  
Phone: (705) 264-2294  
Fax: (705) 268-4355  
Toll-free fax: (866) 568-4355

### **Windsor**

3155 Howard Avenue, Suite 220  
Windsor, ON N8X 3Y9  
Phone: (519) 966-6350  
Fax: (519) 972-0814  
Toll-free fax: (866) 972-0814

## **Workers Health and Safety Centre**

The WHSC is one of the Safe Workplace Associations funded by the WSIB. Based in Ontario, this worker-driven organization's mandate is to effectively develop and provide occupational health and safety leadership, training and education programs and information services that meet workers' needs and are consistent with labour's principles. Its mandate also includes promoting activities that involve workers in health and safety matters and improve working conditions and worker well-being. Its website also contains information on training programs and a service allowing you to ask health and safety-related questions.

### **WHSC Head Office**

15 Gervais Dr., Suite 802  
Toronto, ON M3C 1Y8  
Tel: (416) 441-1939  
Toll Free 1-888-869-7950  
Fax: (416) 441-1043  
Web site: [www.whsc.on.ca](http://www.whsc.on.ca)

### **WHSC Regional Offices**

#### **Eastern Ontario**

2255 St. Laurent Blvd., Suite 201  
Ottawa, ON K1G 4K3  
Tel: (613) 232-7866  
Fax: (613) 232-3823

#### **South Central Ontario**

500 Parkdale Ave N  
Hamilton, ON L8H 5Y5  
Tel: 905-545-5433  
Fax: 905-545-3131

#### **North Eastern Ontario**

110-43 Elm St.  
Sudbury, ON P3C 1S4  
Tel: (705) 522-8200  
Fax: (705) 522-8957

#### **South Western Ontario**

2-1403 Michigan Ave  
Sarnia, ON N7S 0B1  
Tel: 519-541-9333  
Fax: 519-541-9444

#### **North Western Ontario**

2114 Bordeau Cres.  
Thunder Bay, ON P7K 1C2  
Tel: (807) 473-3634  
Fax: (807) 473-3655

**Or call from anywhere in Ontario: 1-888-869-7950**

## **Public Services Health and Safety Association**

PSHSA, formerly known as OSACH, is a not-for-profit organization, designated as a Safe Workplace Association (SWA) under the WSIA (S.O. 1997). The mandate of PSHSA is to educate and guide their health care and community services clients to proactively adopt occupational health and safety best practices and strategies that will prevent workplace fatalities, injuries, and illnesses.

### **PSHSA Head Office**

4950 Yonge St., Ste. 902

Toronto, ON M2N 6K1

Tel: (416) 250-7444

Toll free: 1-877-250-7444

Fax: (416) 250-7484

Web site: [www.pshsa.ca](http://www.pshsa.ca)

## **Occupational Health Clinic for Ontario Workers**

OHCOW is a non-profit organization. It is one of the health and safety associations funded by WSIB.

The mission of OHCOW is to prevent occupational illnesses and injury, and to promote the highest degree of physical, mental and social well-being of all workers.

OHCOW strives to accomplish this through the identification of workplace factors that are detrimental to the health and well-being of all workers, through the distribution of excellent occupational health, hygiene, and ergonomic information to increase knowledge among workers, employers and the general public; and through the provision of services designed to produce changes to improve workplaces and the health of workers.

Staffed by an inter-disciplinary team of doctors, nurses, hygienists, ergonomists, researchers and administrators, each OHCOW clinic provides comprehensive occupational health services and information in five areas:

- An inquiry service to answer work-related health and safety questions.
- Medical diagnostic services for workers who may have work-related health problems.
- Group prevention service for workplace health and safety committees and groups of workers.
- Outreach and education to increase awareness of health and safety issues, and promote prevention strategies.
- Research services to investigate and report on illnesses and injuries.

*\* The clinic's services are free of charge to workplace parties.*

**OHCOW Provincial Office**

15 Gervais Drive, Suite 601  
Don Mills, ON M3C 1Y8  
Tel: (416) 510-8713  
Toll Free: 1-877-817-0336  
Fax: (416) 443-9132  
Web site [www.ohcow.on.ca](http://www.ohcow.on.ca)  
Email [info@ohcow.on.ca](mailto:info@ohcow.on.ca)

**Toronto**

970 Lawrence Ave. West, Suite 110  
Toronto, ON M6A 3B6  
Tel: (416) 449-0009  
Toll Free: 1-888-596-3800  
Fax: (416) 449-7772  
Email [toronto@ohcow.on.ca](mailto:toronto@ohcow.on.ca)

**Hamilton**

848 Main Street East  
Hamilton, ON L8M 1L9  
Tel: (905) 549-2552  
Toll Free: 1-800-263-2129  
Fax: (905) 549-7993  
Email [hamilton@ohcow.on.ca](mailto:hamilton@ohcow.on.ca)

**Sudbury**

84 Cedar Street, 2nd Floor  
Sudbury, ON P3E 1A5  
Tel: (705) 523-2330  
Toll Free: 1-800-461-7120  
Fax: (705) 523-2606  
Email [sudbury@ohcow.on.ca](mailto:sudbury@ohcow.on.ca)

**Windsor**

3129 Marentette Avenue, Unit #1  
Windsor, ON N8X 4G1  
Tel: (519) 973-4800  
Toll Free: 1-800-565-3185  
Fax: (519) 973-1906  
Email [windsor@ohcow.on.ca](mailto:windsor@ohcow.on.ca)

**Sarnia-Lambton**

171 Kendall Street  
Point Edward, ON N7V 4G6  
Tel: (519) 337-4627  
Fax: (519) 337-9442  
Email [sarnia@ohcow.on.ca](mailto:sarnia@ohcow.on.ca)

**Thunder Bay**

1151 Barton Street, Suite 103B  
Thunder Bay, ON P7B 5N3  
Tel: (807) 623-3566  
Fax: (807) 622-5847

**Criminal Injuries Compensation Board**

The Criminal Injuries Compensation Board can award compensation to victims of crimes of violence occurring in Ontario.

**Head Office**

439 University Ave., 4th Floor  
Toronto, ON M5G 1Y8  
Tel: (416) 326-2900  
Toll-free: 1-800-372-7463  
Fax: (416) 326-2883  
Web site: [www.cicb.gov.on.ca](http://www.cicb.gov.on.ca)

## **Canadian Centre for Occupational Health and Safety**

CCOHS promotes a safe and healthy working environment by providing information and advice about occupational health and safety.

CCOHS fulfills its mandate to promote workplace health and safety, and encourage attitudes and methods that will lead to improved worker physical and mental health, through a wide range of products and services. These [products and services](#) are designed in cooperation with national and international occupational health and safety organizations with an emphasis on preventing illnesses, injuries and fatalities. They provide a variety of both public service initiatives at no charge to the user, such as [OSH Answers](#), the person-to-person [Inquiry Service](#), the electronic newsletter, and public presentations. Services for specialty resources provided on a cost recovery basis include [database subscriptions](#), [manuals](#) and training programs.

### **CCOHS Head Office**

135 Hunter Street East  
Hamilton, ON L8N 1M6

Tel: (905) 572-2981

Toll-free: 1-800 668-4284 ([Canada and USA](#))

Fax: (905) 572-2206

Web site: [www.ccohs.ca](http://www.ccohs.ca)

### **Inquiries & Client Services**

CCOHS Inquiries and Client Services team is dedicated to answering any questions you may have – whether it be a health or safety concern about the work you do, or about our many products and services. This person-to-person service is offered via web, phone or fax.

Phone: 1-905-570-8094 ([8:30 am to 5:00 pm Eastern Time](#))

Toll-free: 1-800-668-4284 ([Canada and USA](#))

Fax: 1-905-572-4500

Web: [Inquiries On-line Form](#)

## **The National Institute for Occupational Safety and Health**

NIOSH is the federal agency responsible for conducting research and making recommendations for the prevention of work-related injury and illness. NIOSH is part of the [Centers for Disease Control and Prevention \(CDC\)](#) in the [Department of Health and Human Services](#).

NIOSH is in the U.S. Department of Health and Human Services and is an agency established to help assure safe and healthful working conditions for working men and women by providing research, information, education, and training in the field of occupational safety and health.

NIOSH provides national and world leadership to prevent work-related illness, injury, disability, and death by gathering information, conducting scientific research, and translating the knowledge gained into products and services. NIOSH's mission is critical to the health and safety of every American worker.

The NIOSH website provides access to the full range of NIOSH information and publications.

### **CDC/NIOSH Contact Information**

1-800-CDC-INFO (1-800-232-4636)

Outside the U.S. 513-533-8328

Email: [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)

Website: [www.cdc.gov](http://www.cdc.gov)

1-888-232-6348 TTY

## **Ontario Ministry of Labour**

Established in 1919 to develop and enforce labour legislation, the MOL's mission is to advance safe, fair and harmonious workplace practices that are essential to the social and economic well-being of the people of Ontario.

Through the ministry's key areas of occupational health and safety, employment rights and responsibilities, labour relations and internal administration, the Ministry's mandate is to set, communicate and enforce workplace standards while encouraging greater workplace self-reliance. A range of specialized agencies, boards and commissions assist the Ministry in its work.

### **MOL Main Office – Toronto Occupational Health and Safety Branch**

505 University Avenue, 19th Floor

Toronto, ON M7A 1T7

Tel: 416-326-3835

Fax: (416) 326-7761

Website: [www.labour.gov.on.ca](http://www.labour.gov.on.ca)

### **Occupational Health and Safety Inquiries**

Province-wide: 1-800-268-8013 or 416 326-3835

Central Region or Western Region: 1-877-202-0008

## **MOL Regional Offices**

To report fatalities and critical injuries during day-time hours, contact the number for the region applicable to you. To report fatalities and critical injuries after hours (after 5 p.m., on weekends or holidays), call (416) 325-3000 or toll-free 1-800-268-6060.

### **NORTHERN REGION**

#### **North Bay**

101 McIntyre Street West, 2nd Floor  
North Bay, ON P1B 2Y5  
Tel: (705) 497-5234  
Toll Free: 1-877-717-0778  
Fax:(705) 497-6850

#### **Thunder Bay**

435 James Street South, Ste. 222  
Thunder Bay, ON P7E 6S7  
Tel: (807) 475-1691  
Toll Free: 1-800-465-5016  
Fax: (807) 475-1646

#### **Sudbury**

159 Cedar Street, Suite 301  
Sudbury, ON P3E 6A5  
Tel: (705) 564-7400  
Toll Free: 1-800-461-6325  
Fax: (705) 564-7437

#### **Sault Ste. Marie**

70 Foster Dr, Ste. 480  
Sault Ste. Marie, ON P6A 6V4  
Tel:(705) 945-6600  
Toll Free: 1-800-461-7268  
Fax: (705) 949-9796

#### **Timmins**

Ontario Government Complex  
P. O. Bag 3050 "D" Wing  
Highway 101 East  
South Porcupine, ON P0N 1H0  
Tel: (705) 235-1900  
Toll Free: 1-800-461-9847  
Fax:(705) 235-1925

### **WESTERN REGION**

#### **Hamilton/Halton/Brant**

Ellen Fairclough Building  
119 King Street West  
Hamilton, ON L8P 4Y7  
Tel: (905) 577-6221  
Toll Free: 1-800-263-6906  
Fax: (905) 577-1200

#### **Windsor**

4510 Rhodes Drive, Suite 610  
Windsor, ON N8W 5K5  
Tel: (519) 256-8277 or  
Toll Free: 1-800-265-5140  
Fax: (519) 258-1321

#### **Niagara**

301 St. Paul St, 8th Floor  
St. Catharines, ON L2R 7R4  
Tel: (905) 704-3994  
Toll Free: 1-800-263-7260  
Fax: (905) 704-3011

#### **Kitchener-Waterloo**

155 Frobisher Drive, Unit G213  
Waterloo, ON N2V 2E1  
Tel: (519) 885-3378  
Toll Free: 1-800-265-2468  
Fax: (519) 883-5694

**London/Sarnia**

217 York St., 5th Floor  
London, ON N6A 5P9  
Tel: (519) 439-2210  
Toll Free: 1-800-265-1676  
Fax: (519) 672-0268

**CENTRAL REGION****CENTRAL REGION OFFICE**

1201 Wilson Avenue  
Building E, 2nd Floor  
Downsview, ON M3M 1J8  
Tel: (416) 235-5330  
Fax: (416) 235-5355

**EASTERN REGION****Ottawa**

347 Preston Street,  
Tower III, 4th Floor  
Ottawa, ON K1S 3J4  
Tel: (613) 228-8050 or  
Toll Free: 1-800-267-1916  
Fax: (613) 727-2900

**Peterborough**

300 Water Street North  
3rd Floor, South Tower  
Peterborough, ON K9J 8M5  
Tel: (705) 755-4700  
Toll Free: 1-800-461-1425  
Fax: (705) 755-4724

**Kingston**

Beechgrove Complex  
51 Heakes Lane  
Kingston, ON K7M 9B1  
Tel: (613) 545-0989  
Toll Free: 1-800-267-0915  
Fax: (613) 545-9831

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