APPENDIX A

Workplace Violence Prevention Policy/Program Checklist

**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. It also contains examples of other measures and procedures that the employer should consider and that may be in effect at other ONA workplaces.

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 and Residential Facilities 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 and F) to the employer for the protection of workers. A single co-chair of the committee can also send recommendations to the employer when good faith attempts to reach consensus failed. (See Appendix E and F). The employer has 21 days to respond and if their response does not adequately resolve the hazard, call the Ministry of Labour. (See Resources in Appendix J).

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). | * Yes
* No
* 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. | * Yes
* No
* In Progress
 |

**Workplace Violence Prevention Policy**

|  |  |
| --- | --- |
| 1. A workplace violence prevention policy is developed and includes:
* 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 (including summoning immediate assistance).
* Reporting.
* Investigation.
* Addresses a system to identify persons with a history of violent behaviour.
* A date and is signed by the highest level of management.
 | * Yes
* No
* In Progress
 |

**Workplace Violence Prevention Program**

**Risk Assessment**

|  |  |
| --- | --- |
| 1. Evidence that a risk assessment has been conducted for the entire workplace and is documented. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 1. A copy of the risk assessment is shared with the JHSC or HSR. If it is not in writing, the results are shared with the JHSC or HSR, multi-disciplinary team and the employer.
 | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 3. The prevalence of violence in the nearby community has been ascertained – police communications. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 4. The history of violent behaviour in similar places of employment has been evaluated. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 5. Internal indicators have been analyzed (e.g. incidents/accidents, near misses, code white calls, security reports). | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 6. An environmental assessment has been conducted (e.g. working alone or remote areas, areas with public waiting areas, etc.). | * Yes
* No
* In Progress
 |
| 7. Workplace design and layout has been assessed (lighting, physical layout of workstation, location of closest and safest parking spot, etc.), | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 8. An action plan to control the risks identified has been developed and identifies a most responsible person with timeframes for completion.  | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 9. Point-of-care work practices assessment has been completed (e.g. staff reviews a patient/resident/client’s profile before meeting with that client, etc.). | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 10. Employee survey has been conducted and analyzed. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 11. Security guard deficiencies, shortages, training and response have been assessed. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 12. Staff shortages have been assessed. | * Yes
* No
* In Progress
 |

**Risk Assessment Follow-up and Evaluation**

|  |  |
| --- | --- |
| 1. Were the recommendations made for corrective actions and improvements implemented? | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 2. Were all corrective actions and improvements assessed and evaluated? | * Yes
* No
* In Progress
 |

**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. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 2. A process has been developed to reassess risk whenever there is a surge in patient population, acuity, patient flow, staff absences that can create unsafe staff to patient ratios, etc.  | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 3. Copies of all reassessments are shared with the JHSC or HSR and if they are not in writing, the results are shared with the JHSC or HSR, multi-disciplinary team and the employer. | * Yes
* No
* In Progress
 |

**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. | * Yes
* No
* In Progress
 |

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

|  |  |
| --- | --- |
| 1. A measure (personal panic alarm devices and system) and procedure for summoning immediate assistance when workplace violence occurs or is likely to occur. (e.g. personal panic alarms linked to security with GPS/Wireless type locating capability and training on care, use and limitations). | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 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?). | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 3. A procedure that outlines how and who staff will report incidents to, (employees must know who and how to report – including reporting to the police). | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 4. A procedure that outlines the employer’s reporting obligations to WSIB, MOL, JHSC or HSR and the union.  | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 5. A procedure to bring unresolved complaints to the Board of Directors is in place. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 6. A safety plan for the victim(s) 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). | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 7. Measures and procedures for the health and safety of workers, as it relates to the development of a specialized care/behavioural crisis plan and/or safety plan for individuals who are known to have assaulted workers in the past, have a history of violent behaviour to any person in any setting and who are or may be a risk to worker safety.  | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 8. Emergency/Crisis Response (code white, code purple, code black). | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 9. Employee support post-incident – debriefing, legal, protection. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 10. A procedure for conducting incident investigation, including root cause investigation, follow-up/resolution. The procedure should outline what steps and timelines staff can expect from an investigation, who conducts investigations (e.g. Occupational Health, manager, JHSC/HSR).  | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 11. 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). | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 12. Administrative work practice procedures (e.g. No Access Policy, staffing, etc.). | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 13. Flagging measures and procedures (visual and electronic) that will identify, alert and track patients/residents/clients with a history of violent behavior, their triggers, behaviours and safety measures needed to protect all workers at risk.  | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 14. The employer uses the Public Services Health and Safety Association Violence Assessment Tool to proactively assess patient risk of violence. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 15. The employer has established a memorandum of understanding with the police to share and receive information about a person with a history of violent behaviour. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 16. A procedure is in place to ensure early assessment of possible formed patients by a psychiatrist. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 17. A Procedure for Certification under the *Mental Health Act* that also protects workers.  | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 18. System for alerting staff to other persons (e.g. visitors) with a history of violent behaviour who they may encounter in the course of their work.  | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 19. Appropriate procedures on use of restraints including clarity on the differences between the MOHLTC and CNO. The procedure must also contain clear guidance for staff on appropriate and available personal protective equipment (PPE) in varying situations and must highlight the procedures staff can take to protect themselves during a restraint procedure.  | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 20. Procedures outlining all security and crisis responses (e.g. lock-down drills, code white response and assistance, etc.). | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 21. Procedure to assess all code whites to determine what the root cause/triggers of the aggression was, that includes steps to prevent a recurrence and a process to share findings where they can be applied system-wide or in other units.  | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 22. Measures and procedures to deal with a surge in patient population, acuity, patient flow, staff absences that can create unsafe staff to patient ratios, etc. The surge procedure clearly outlines the roles and responsibilities of all physicians, staff and security in the event of a surge of patients. The procedure to be used when the minimum number of staff (including registered nurses), security and physicians does not adequately protect workers. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 23. Based on risk assessment all control measures identified have been established/purchased (For specific suggestions see Appendix C). | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 24. Measures and procedures when visitors are required to enter into secured forensic units that deal with safe work practices, the nature and type of work, the control and safe removal of contraband items, etc. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 25. Process for evaluation and review is in place, ensuring ongoing collection of indicators and demonstration that policy/program enhancements were made immediately where deficiencies sited so policy and program continues to protect workers.  | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 26. Process in place to ensure, as a minimum, that the policy/program is reviewed annually in consultation with JHSC or HSR or more often on the advice of the JHSC or HSR or when there is a change in circumstances that may affect the health and safety of a worker. | * Yes
* No
* In Progress
 |

**Communication**

|  |  |
| --- | --- |
| 1. Workplace Violence Prevention Policy/Program has been communicated throughout organization – documented evidence. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 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).  | * Yes
* No
* In Progress
 |

**Training and Education**

|  |  |
| --- | --- |
| 1. Information, instruction, training and education of the policy, all measures and procedures contained in the program, including in-classroom training on de-escalation, self-protection/self-defence, safe take down and restraints. In the absence of security, use of force, sharp-edged weapons and other advanced physical skills that security guards are trained to are developed, established and provided in consultation with the JHSC or HSR for all new and existing employees, and has been completed and training records are maintained. | * Yes
* No
* In Progress

Annual Refresher Training:* Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 2. Education includes awareness of violence and abusive relationships (domestic violence), reaching out to co-workers and skill building. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 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. | * Yes
* No
* In Progress
 |

APPENDIX B

Employers’ Minimum Requirements Checklist

re: Violence/Harassment

**HAS YOUR EMPLOYER: Check Yes or No:**

 **✓**

|  |  |  |
| --- | --- | --- |
| 1. Prepared a Policy with respect to workplace violence? | * Yes
 | * No
 |

|  |  |  |
| --- | --- | --- |
| 2. Prepared a Policy with respect to workplace harassment? | * Yes
 | * 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?  | * Yes
 | * 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? | * Yes
 | * No
 |

|  |  |  |
| --- | --- | --- |
| 5. Advised the JHSC or an HSR or workers (where there is no JHSC or HSR) of the results of the risk assessment? | * Yes
 | * No
 |

|  |  |  |
| --- | --- | --- |
| 6. Provided a copy of any written assessment to the JHSC or HSR? | * Yes
 | * 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? | * Yes
 | * 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? | * Yes
 | * 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?  | * Yes
 | * No
 |

|  |  |  |
| --- | --- | --- |
| 10. Developed and maintain a program to implement the workplace violence policy that includes:* Measures and procedures to control the risks identified in the risk assessment as likely to expose a worker to physical injury?
* Measures and procedures for summoning immediateassistance when workplace violence occurs or is likely to occur?
* Measures and procedures for workers to report incidents of workplace violence to the employer or supervisor?
* Set out how the employer will investigate and deal with incidents or complaints of workplace violence?
 | * Yes
* Yes
* Yes
* Yes
 | * No
* No
* No
* No
 |

|  |  |  |
| --- | --- | --- |
| 11. In consultation with the JHSC developed and maintained a program to implement the policy with respect to workplace harassment that includes:* + Measures and procedures for workers to report incidents of workplace harassment to the employer or supervisor or someone else if the supervisor or employer is the alleged harasser?
	+ Setting out how the employer will investigate and deal with incidents and complaints of workplace harassment?
	+ Ensuring that the employer causes an investigation to occur.
 | * Yes
* Yes
* Yes
 | * No
* No
* No
 |

|  |  |  |
| --- | --- | --- |
| 12. Reviewed the workplace violence and harassment policies as often as necessary, but at least annually? | * Yes
 | * No
 |

|  |  |  |
| --- | --- | --- |
| 13 Taken every precaution reasonable in the circumstances for the protection of workers with respect to workplace violence? | * Yes
 | * No
 |

|  |  |  |
| --- | --- | --- |
| 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? | * Yes
 | * No
 |

|  |  |  |
| --- | --- | --- |
| 15. Provided workers with information and instruction appropriate for the worker on the contents of the workplace violence policy and program?  | * Yes
 | * No
 |

|  |  |  |
| --- | --- | --- |
| 16. Provided workers with information and instruction appropriate for the worker on the contents of the workplace harassment policy and program? | * Yes
 | * No
 |

|  |  |  |
| --- | --- | --- |
| 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?  | * Yes
 | * No
 |

|  |  |  |
| --- | --- | --- |
| 18. In workplaces covered by the *Health Care and Residential Facilities Regulation* (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? | * Yes
 | * No
 |

|  |  |  |
| --- | --- | --- |
| 19. In workplaces covered by the *Health Care and Residential Facilities Regulation*, ensured violence and harassment measures and procedures are written? | * Yes
 | * No
 |

|  |  |  |
| --- | --- | --- |
| 20. In workplaces covered by the *Health Care and Residential Facilities Regulation,* consulted theJHSC 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. | * Yes
 | * No
 |

APPENDIX C

Checklist of Some Specific Controls/Measures to Consider

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 of the signed recommendations are forwarded to the employer from the JHSC or where there is no consensus from the JHSC, the single worker co-chair can submit them on her/his their own. (HSRs should present the recommendations directly to the employer).The employer is obligated to provide a written response within 21 days. (See Appendix E and F for sample recommendations to the employer). A Word version of these tools and another sample recommendation of ONA’s top10 recommendations 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. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 2. Alert public that cameras are being used. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 3. Your employer has an adequate number of 24/7 trained security guards who can be hands on and who are trained as a minimum to the same standards that the Michael Garron Hospital guards are trained. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 4. Provide panic alarms/panic buttons, voice-activated communication systems, linked directly to security with GPS/Wireless type locating capability, etc.  | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 5. Provide two-way communication devices, e.g. cell phones, etc. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 6. Install telephones in isolated areas. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 7. Implement a buddy system  | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 8. Code White Team is in place and conducts mock code whites.  | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 9. Establish police liaison/assistance and police sharing of information related to a risk of violence or history of violent behaviour to any person in any setting. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 10. 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. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 11. Name tags – Provide for staff without using last names. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 12. Badge system for patient/resident/client and visitors. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 13. 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. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 14. 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. The system also tracks the triggers to the behaviour. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 15. 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.  | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 16. Provide a visitor sign-in book to document who is entering and existing the facility.  | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 17. Install curved or circular mirrors at hallway intersections. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 18. Replace all broken locks and windows.  | * Yes
* No
* In Progress
 |
| 19. 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. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 20. 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.  | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 21. 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.  | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 22. Workstations – Organize workstations and areas to minimize physical contact; use wide desks, tables or counters, raise height of counters etc.  | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 23. Establish a worker safe room in designated areas with telephone and/or security/alarm access to the outside and peep hole. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 24. Bathroom/lounge areas for staff should be lockable, have telephone and/or security/alarm access to the outside and peephole.  | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 25. Waiting room enhancements – Use calming paint colours, provide reading materials, television, reduce background noise, etc. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 26. Posting wait times at triage/registration and provide regular information about delays.  | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 27. Lighting enhancements.  | * Yes
* No
* In Progress
 |
|  |  |

|  |  |
| --- | --- |
| 28. Noise barriers – Install sound-absorbing panels to control noise. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 29. Discourage theft – Lock cupboards/storage areas, secure sharps storage, change entry system to the medication room and remove any internal deadbolts. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 30. Provide designated parking. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 31. Provide panic stations within parking garages and walkways to the garage supported and connected to the electronic security system. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 32. Ensure safe staffing ratios. | * Yes
* No
* In Progress
 |

|  |  |
| --- | --- |
| 33. 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.  | * Yes
* No
* In Progress
 |

APPENDIX D

Next Steps to Address Violence/Harassment

ONA worked tirelessly for legislation and other measures to make our workplaces safe from threats of violence. The 2010 and 2016 amendments to the *OHSA* are not perfect, but they represent significant progress. Now that we have this improved legislation, we must use it and all other relevant sections of the *OHSA* and the *Health Care and Residential Facilities Regulation.* 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 whenever they fail. Therefore, we are asking leaders to work with the ONA members and ONA members of JHSCs or the HSR to:

1. Report all hazards in writing to the supervisor/employer.
2. If the issue is not resolved or there is an imminent risk to worker safety that cannot wait for the JHSC meeting or for the JHSC or HSR to make recommendations or cannot wait for the supervisor to take action, the union will escalate the issue as high as necessary, as quickly as necessary to the CEO or most senior executive if your organization does not have a CEO. If no immediate action is taken, the union will escalate it quickly to the MOL and to the union to protect workers. (See ONA’s “Guideline: When to Call the Ministry of Labour” at [www.ona.org](http://www.ona.org), Appendix H – Form to Report an Unresolved Safety Hazard and Resources in Appendix J).
3. If the risk is not imminent, place the issue of workplace violenceon the agenda of your next JHSC meeting. 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), assess and reassess the risk of workplace violence, develop programs (not just a policy) with respect to violence and harassment, and provide information and instruction to workers. (HSRs should discuss this issue and request the information directly from the employer).
4. 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 *Health Care and Residential Facilities Regulation* (applicable to hospitals and long-term care homes),the measures and procedures contained in the program must be in writing and must be developed, established and put into effect in consultation with the JHSC or HSR. They must also be reviewed, and training and educational programs (not just information and instruction) must also be developed, established and provided, in consultation with the JHSC or HSR. Therefore, the JHSC or HSR should:
	1. Recommend in writing an immediate review of existing violence and harassment policies, measures and procedures/programs, training and all risk assessments, and where there are none, or where they are deficient, recommend that they be developed, revised or improved forthwith. (HSRs should present the information and recommendations directly to the employer). (See Appendix E for a sample recommendation and Appendix F for additional considerations for a recommendation. A sample of ONA’s top 10 recommendations and Word versions of all the recommendations can be found at [www.ona.org](http://www.ona.org)).
	2. Point out that the Public Services Health and Safety Association (PSHSA) can assist your employer.
5. Caucus with all worker members of the JHSC at least one hour before the meeting (Section 9 (34) *OHSA*) to discuss this issue and worker expectations and gain support for the recommendations.
6. At the JHSC meeting, discuss and get support for all the recommendations and have the co-chairs send the signed and dated recommendations to the employer (usually the CEO or most senior executive if there is no CEO in your organization).
7. If the JHSC does not agree to send the recommendations to the employer, either JHSC co-chair (or HSR) may send the written recommendations to the employer and the *OHSA* 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 *OHSA* for HSRs, and Section 9 (20) and (21) of the *OHSA* for the JHSC).
8. If the employer does not respond within 21 days or if their 21-day response does not adequately resolve the concerns raised on the written recommendation, elevate the issue as high as necessary with the government (call MOL), and the union as fast as necessary to protect workers. (See ONA’s “Guideline: When to Call the Ministry of Labour” at [www.ona.org](http://www.ona.org), Appendix H – Form to Report anUnresolved Safety Hazard and Resources in Appendix J).

9. In long-term care, ensure that the employer’s policy is aligned with their requirements under the *LTCHA*, including the requirements to report abuse and the use of any restraints.

10. File a grievance if the matter is not resolved and your collective agreement permits. Consult your Bargaining Unit President/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),* among our functions as a Joint Health and Safety Committee, we are to:

* “Identify situations that may be a source of danger or hazard to workers.
* Make recommendations to the employer and the workers for the improvement of their health and safety.
* Recommend to the…employer and the workers the establishment, maintenance and monitoring of programs, measures and procedures respecting the health and safety of workers, and the trade union representing the workers.”
* Powers of co-chairs

Section 19.1 of the *OHSA* states, “if the committee has failed to reach consensus about making recommendations under subsection (18) after attempting in good faith to do so, either co-chair of the committee has the power to make written recommendations to the constructor or employer.

As such, we (if no consensus reached by JHSC, the worker co-chair should replace the “we” with “I”) have identified the following source(s) of danger or hazard, and/or concern(s), at [insert address of employer] and/or provide the following recommendations:

**Identified Hazards or Dangers and/or Concerns and their Associated Recommendations**

| **Hazard/Concern** | **Recommendations** |
| --- | --- |
| 1. Risk of exposure to violence
 | A. It is recommended the employer forthwith ***(prepare)*** ***(revise)****,* in consultation with the JHSC or HSR, a workplace violence policy. The policy should:* + ***(Show) (be amended to show)*** an employer’s commitment to protecting workers from workplace violence.
	+ ***(Address) (be amended to address)*** violence from all possible sources (customers, clients, employers, supervisors, doctors, workers, strangers and domestic/ intimate partners).
	+ ***(Outline) (be amended to outline)*** the roles and responsibilities of the workplace parties in supporting the policy and program.
	+ ***(Be dated and signed) (amended to be dated and signed)*** by the highest level of management at the workplace.
	+ Be posted in a conspicuous place in the workplace.

B. It is recommended the employer, in consultation with the JHSC or HSR, demonstrate how they will ***(develop) (amend to improve)*** and maintain a program to implement the violence policy; such program to include measures and procedures: * To control the risks of violence, including but not limited to those identified in risk assessments, and risks of exposure to domestic violence, workplace inspection reports and incident and accident/illness reports.
* For summoning immediate assistance when workplace violence occurs or is likely to occur by implementing personal panic alarms/system linked to security.
* 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.
* To provide information to a worker, including personal 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.

C. It is recommended the employer, in consultation with the JHSC or HSR demonstrate how and when they will: * ***(Assess) (re-assess)*** 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.
* Re-assess as often as necessary to protect workers.
* Advise the JHSC or HSR of the results of the assessment and provide a written copy.

D. It is recommended the employer, in consultation with the JHSC or HSR demonstrate how they will:* ***(Develop) (amend) (deliver)*** appropriate information, instruction, training and education to workers on the contents of the workplace violence policy and program, mindful that:
	+ Appropriate training will equip a worker to:
		- Know how to summon assistance when violence occurs or is likely to occur and report incidents.
		- Know how the employer will respond.
		- Carry out all measures and procedures that are part of the workplace violence program (e.g., work refusal, reporting and investigation, safety huddles, debrief, code white etc., security, search, seclusion room safe entry and exit, personal panic alarms use, care and limitations, etc.)
		- Crisis intervention training that includes de-escalation, self-protection/self-defense, restraints, safe take-down, break-free/blocking, and in the absence of security, all training as a security guard should be based on the CGSB standard, including physical skills such as use of force, sharp edged weapons etc.
* ***(Develop) (amend) (deliver)*** training that will make supervisors competent in dealing with reports/ incidents of violence and investigating violent incidents and hazards.
 |
| 1. Risk of exposure to harassment
 | A. It is recommended the employer forthwith ***(prepare) (revise)***, in consultation with the JHSC or HSR, a workplace harassment policy and post it in a conspicuous place in the workplace.B. It is recommended the employer, in consultation with the JHSC or HSR*,* ***(develop) (amend to improve)*** and maintain a program to implement the harassment policy; such program to include measures and procedures: * For workers to report incidents of harassment to the supervisor or employer.
* Set out how the employer will investigate and deal with incidents and complaints of harassment.
* For the employer to cause an investigation of any incident or complaint.

C. It is recommended the employer, in consultation with the JHSC or HSR demonstrate how they will: * ***(Develop) (amend) (deliver)*** appropriate information, instruction, education and training to workers on the contents of the workplace harassment policy and program.
* ***(Develop) (amend) (deliver)*** training that will make supervisors competent in dealing with reports/ incidents of harassment.
 |

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

We/I 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

To obtain a copy of ONA’s top 10 recommendations that you can revise based on the unresolved issues related to violence in your workplace, go to [www.ona.org](http://www.ona.org)*.*

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 an assessment of patient/resident/client behaviours, triggers, acuity, population and patient flow. 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. The assessment should also consider any previous JHSC recommendations made, any recommendations/results from previous investigations to ensure they have been implemented and if so, are they still protecting workers. It should also consider what current measures, procedures and training the employer has in place as part of its workplace violence program and make recommendations for either new measures, procedures and training or revise existing ones where gaps are identified and the current program no longer protects workers.
* Conducting a review of security measures in situations where employees/staff are exposed to dangers in the workplace from other staff/patients/residents/clients, visitors or the public. Possible considerations for a recommendation could be increased security staff, “lock-down” drills, specific training for security in domestic violence and workplace violence and, as a minimum, the same training that the security staff receive at Michael Garron Hospital (see page 33 for more detailed information about their specific training).

**Controls/Measures**

1. Two-way communications systems.
2. Intervention security (in-house security).
3. Link to the police.
4. Police memorandum of agreement to share/receive information about a person with a history of violent behavior.
5. Emergency-response teams.
6. Increased video surveillance cameras.
7. Personal alarms/voice activated devices linked to security with GPS/wireless locating capability.
8. Panic buttons
9. Relocating existing panic buttons in offices to be accessible to the user.
10. Metal detectors/wands.
11. Adequate staffing.
12. Electronic and visual flagging procedure/risk identification, communication (electronic, verbal and visual) and tracking system to alert staff to patients/residents/clients with a history of violent behaviour who they may encounter in the course of their work. The system must also track the patients/residents/clients’ behaviours, identify all triggers and provide specialized care plans and worker safety plans.
13. Escape avenues.
14. Safe rooms with peep holes and communication ability.
15. Access control.
16. 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; mock code whites and a debrief that includes a determination (root cause analysis) of what triggered or caused the aggression/assault (e.g. patient with unknown claustrophobia acted out when asked to shower in a small space – solution: flag file of patient condition, triggers and solution, which is “do not place patient in any enclosed spaces,” and share solution on a solutions page facility-wide and add to triage and pre-admit screening questions, such as, “is there anything or any condition you have that we should be aware of that could cause you anxiety or cause you to act out while here.”)
17. Security response procedure.
18. Patient/resident/client search procedure.
19. System for alerting staff to other persons with a history of violent behaviour who they may encounter in the course of their work.
20. 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.
21. 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.
22. Work refusal procedure.

**Reporting/Investigating**

1. 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.
2. 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.
3. 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.
4. A police transfer of custody protocol and memorandum of understanding between the police and the heath care facility to provide information on a person with a history of violent behaviour, including behaviours, triggers, specialized care strategies and worker safety plans.
5. A safety plan for the victim(s) to ensure that a number of safety/security measures are in place for their protection. Staff scheduling and work reassignments and transfers should be accommodated in situations involving any form or source of workplace violence.
6. 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.
7. 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/blocking techniques, self-protection/self-defence, restraints, and in the absence of security use of force, sharp-edged weapons, safe take down and restraints, 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 and quickly to employees/workers/staff who are victims and perpetrators of domestic and all other forms and sources of violence.

**Interim Measures**

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

**Resources**

Consider using Violence Aggression, Responsive, Behaviours resources developed by the ~~the~~ PSHSA and other Health Care Leadership Table resources to support your recommendations and implement a comprehensive violence prevention program found at [www.workplace-violence.ca](http://www.workplace-violence.ca) and the sample violence policy attached (see Appendix G).

APPENDIX G

Sample Workplace Violence Prevention Policy

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)** iscommitted 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/residents/clients and on the productivity of the organization.

## Purpose

**(Name of organization)** is committed to providing a working environment free ofviolence. 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.
* **Employment related:** The violent person (physical or verbal) has or had some type of job-related involvement with the workplace.
	+ **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 (e.g. code white), reporting and investigating incidents of violence, risk identification/alerts/tracking system (e.g. flagging system) .
* 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 (Including Directors)**

* 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.
* Identify and alert staff to violent patients/residents/clients/persons and hazardous situations.
* In consultation with the JHSC or HSR, conduct regular hazard/risk assessments and provide a copy of the assessment to the JHSC or HSR.
* In consultation with the JHSC or HSR, develop, establish and put into effect measures and procedures for the safety of workers (e.g. security guards, flagging, summoning immediate assistance, code white etc.).
* 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
* 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.
* Modeling 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 immediately 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 *OHSA* and regulations prescribe. Facilitate immediate JHSC worker member or HSR investigations.
* Ensure all accidents causing injury or illness are reported to the JHSC or HSR, the Union and MOL where applicable within four days of the occurrence containing all of the prescribed information contained in the Health Care Residential Facilities Regulation.
* 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.

### Managers/Supervisors

* Must be “competent” as defined in the OHSA.
* Take every precaution reasonable in the circumstances for the protection of workers.
* Ensure workers are trained on all measures and procedures identified in the violence program and that the measures and procedures are carried out.
* Must enforce policy and procedures and monitor worker compliance.
* Conduct risk assessments and reassess the risk of violence to workers as often as necessary to ensure the policy and program continue to protect workers.
* 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 counselling regarding their 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. Ensure all accidents causing injury (where a worker is unable to perform usual duties or requires medical attention) or illness (where the employer is advised by or on behalf of the worker of an occupational illness or that a claim for WSIB has been made) are reported to the JHSC or HSR, the union and MOL where applicable within four days of the occurrence containing all of the prescribed information contained in the Health Care Residential Facilities Regulation.
* Ensure there is a review at least annually of the workplace violence prevention policy/program.

#### **Employees (Workers/ Physicians/Contractors/Individual Managers and Directors)**

* 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 hazards, 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/illness 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 is unable to perform their usual duties, requires medical attention, or where the employer is notified that a worker has an occupational illness or is advised that a claim in respect of an occupational illness has been filed for the worker.
* Be authorized to determine whether to investigate any incident of violence/harassment.

### Summoning Immediate Assistance

Where there is actual or the potential for workplace violence, staff will use personal panic alarms, linked to security with GPS/Wireless locating capability and 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, curtail the violence and prevent a recurrence. 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 their findings to the MOL and to the JHSC or HSR. The JHSC/HSR may investigate any injury resulting from violence.

### 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(s) 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* and the *WSIA*.
* 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 or circumstances 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)