

PORATE POLICY & PROCEDURE

PREVENTION & MANAGEMENT OF VIOLENCE IN THE WORKPLACE

ROHCG

CORP IV-i – 110

| PREVENTION & MANAGEMENT OF VIOLENCE IN THE WORKPLACE | | |
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1. PURPOSE:

To define behaviour that constitutes workplace violence and to outline the process for preventing, mitigating, reporting and resolving incidents of workplace violence at the Royal Ottawa Health Care Group (ROHCG).

2. POLICY STATEMENT:

The ROHCG recognizes the potential for violence in the workplace, and will make every reasonable effort to identify all potential sources of violence in order to eliminate and/or minimize these sources, striving to provide an environment free of violence. The ROHCG is committed to providing a safe and healthy work environment and does not tolerate any violent acts or threats directed at staff, patients, visitors and any other individual in the workplace. Additionally, The ROHCG recognizes that situations of domestic violence many occur and all staff are strongly encouraged to immediately report the same, whether within or outside of the workplace. The ROHCG will ensure measures are in place to assess the risk of violence in the workplace, to summon assistance, respond to and report such incidents should they occur. These measures for risk assessment, prevention and response are documented in this and the other cross-referenced policies that make up the ROHCG’s Workplace Violence Prevention Program. All ROHCG staff will demonstrate professionalism, respect and courtesy in performing their duties and in all of their activities supporting the organizational Mission, Vision and Values. All persons are informed by posted signage, written material and via our external website that the ROHCG is a workplace that strives to be free from all forms of violence.

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3. SCOPE:

This policy applies to all staff, patients, families and visitors of the ROHCG. This policy applies to all locations where ROHCG staff are working including in the community.

4. GUIDING PRINCIPLES:

The ROHCG is committed to a healthy and respectful environment, which includes both physical and psychological safety, where all individuals share the responsibility to create and maintain this status. Any individual who demonstrates or threatens violence towards others will be managed in accordance with ROHCG's policies, procedures and collective agreements. This policy is intended to operate in conjunction with other ROHCG workplace policies.

5. DEFINITIONS:

Critical Injury: Means an injury of a serious nature that, (a) places life in jeopardy, (b) produces unconsciousness, (c) results in substantial loss of blood, (d) involves the fracture of a leg or arm but not a finger or toe, (e) involves the amputation of a leg, arm, hand or foot but not a finger or a toe, (f) consists of burns to a major portion of the body, or (g) causes the loss of sight in an eye. (*OHS Act R.R.O. 1990, Reg. 834*)

Client Staff Incident Feedback System (CSIF): web-based tool that supports centralized reporting, management and communication of patient and staff incidents.

Domestic violence includes physical, sexual, emotional, psychological, patrimonial, property, and economic violence. Domestic violence can occur within intimate relationships, including marital, non-marital, same sex and non-cohabiting relationships, as well as between individuals with family relationships and members of the same household.

Psychological Safety: the absence of harm and/or threat of harm to mental well-being that a worker might experience. (CSA-Z1003-13 – Psychological Health and Safety Standard s.3.1)

Refusal to Work: A worker may refuse to work or do particular work where they have reason to believe that,

- (a) Any equipment, machine, device or thing the worker is to use or operate is likely to endanger themselves or another worker;
- (b) The physical condition of the workplace or the part thereof in which they work or is to work is likely to endanger themselves or another worker;
- (c) Workplace violence is likely to endanger themselves or another worker;
- (d) Any of the above that is in contravention of the Act or regulations and such contravention is likely to endanger themselves or another worker.

Reprisal: any act of direct or indirect retaliation arising from an incident report made in good faith and/or participation in an investigation.

Staff: includes all employees, physicians, volunteers, students, contractors, and any individual who otherwise performs work or supplies services at the ROHCG workplaces.

Workplace Violence: which may involve patients, staff and/or visitors, means,

- (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,

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- (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. (*OHS Act R.R.O. 1990, Reg. 834, s.1.*)

6. PROCEDURE:

6.1 Roles and Responsibilities:

6.1.1 *The Senior Management Team is responsible for:*

- Taking every reasonable precaution for the protection of staff.
- Committing to the expenditure of time, attention, authority and resources to the workplace parties to ensure a safe and healthy working environment for staff and patients to reduce the risk of Workplace Violence.
- Ensuring the ROHCG complies with the statutory requirements of the *Occupational Health and Safety Act (OHS Act)*, concerning the provisions relating to workplace violence,
- Setting the expectation that Directors, Managers, Supervisors and staff comply with this policy.
- Ensuring that the measures and procedures contained in this policy are implemented in order to take every reasonable precaution to protect individuals covered by the scope of this policy from workplace violence.
- Ensuring that training is provided to all individuals covered by the scope of this policy on the workplace policy and program.
- Ensuring compliance and meeting all reporting obligations under relevant legislation including the *Workplace Safety and Insurance Act*, the *Occupational Health and Safety Act (OHS Act)*, the *Public Hospitals Act*, the *Excellent Care for All Act* and the requirements of any professional governing bodies.
- Developing and maintaining a Policy and a Program that includes:
 - measures and procedures to control the risks of workplace violence that are identified in the assessment or reassessment of the risks of workplace violence as are likely to expose individuals covered by the scope of this Policy to physical injury;
 - measures and procedures for summoning immediate assistance when workplace violence occurs or is likely to occur;
 - measures and procedures for the reporting of incidents of workplace violence; and
 - How the ROHCG will investigate and deal with incidents or complaints/reports of workplace violence.
- Ensuring that management is held accountable for responding to and resolving complaints of violence.
- Ensuring that, as much as reasonably possible, no staff members are subjected to domestic violence.
- Investigating all concerns regarding domestic violence brought forward and working with impacted individuals to mitigate risk.

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- Ensuring that all staff are aware of the risks of domestic violence in the workplace as well as domestic violence to staff outside of the workplace, and providing training in relation to same.
- Ensuring that all staff are aware of assistance, which may be provided to those who may be experiencing domestic violence.
- Delegating tasks to the appropriate staff within the organization who will carry out the responsibilities required.

6.1.2 The Chief Operating Officer/Chief Financial Officer (COO/CFO) is responsible and accountable for (in addition to responsibilities in 6.1.1):

- Ensuring incidents and complaints of workplace violence, or the risk of violence, are addressed effectively and as fairly and expeditiously as possible
- Receiving the written violence risk assessments and investigations. Supporting action plans to address identified risks
- Receiving final Violence Investigation Reports with recommendations to prevent reoccurrence.
- Supporting actions to implement the investigation recommendations.
- Delegating the task to carry out the responsibilities, with respect to particular incidents, to the Director-OHSS and the Director-HR & LR, as may be appropriate.
- Acting as the Executive sponsor for the Workplace Violence Prevention Committee and all Joint Health and Safety Committees.

6.1.3 The Communications Director is responsible for:

- Developing corporate internal and external communications, in conjunction with senior management, concerning incidents of workplace violence.

6.1.4 Directors/Managers/Supervisors are responsible for:

- Understanding and demonstrating the responsibilities associated with prevention and management of violence in the workplace under the *OHS Act (Sec. 32 OHS Act)*.
- Understanding this policy and being able to explain the contents to their staff and other persons working within their area of responsibility at the ROHCG.
- Ensuring all staff receive training on this policy, program and all violence prevention measures.
- Determining what additional unit specific orientation and training may be required and ensure their staff complete training.
- Ensuring that violence risk assessments and reassessments are completed.
- Ensuring workplace violence incidents investigations are initiated, in consultation with OHSS, when triggers for workplace violence investigations have been met (**Appendix 1**).
- Conducting workplace violence incidents follow-up to gain understanding of actions of involved parties and developing mitigating strategies in collaboration with involved staff/individuals.
- Following a workplace violence incident, managers will monitor the situation closely, to ensure the parties involved can perform their duties safely.
- Facilitating medical attention for the injured staff, as required.
- Ensuring that all staff are aware of the risks of domestic violence in the workplace as well as domestic violence to staff outside of the workplace, and providing training in relation to same.

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- Ensuring that all staff are aware of assistance, which may be provided to those who may be experiencing domestic violence.
- Advising staff involved in an incident of workplace violence of the resources available to assist them (i.e. Employee Assistance Program (EAP), OHSS, etc.).
- Advising staff members to complete the appropriate reports i.e. CSIF etc.
- Submitting corrective actions into CSIF.
- Leading the Work Refusal Process in response to a worker exercising the Right to Refuse.
- Ensuring signage is posted at the entrances to the patient care environment to inform all persons entering of the potential risk of violence.
- Initiating an individualized safety plan for their staff who are experiencing or have reason to believe they are experiencing domestic violence or are otherwise being individually targeted. Fulfilling obligations in the individualized safety plan (**Appendix 2**).
- Setting behavioural limits and expectations for individuals who are exhibiting intimidating behaviour and if the behaviours continue, take appropriate measures including calling a code white, contacting security, or calling the police as appropriate.
- Ensuring that areas used for interviews are configured to provide safe exit.
- Taking whatever reasonable measures are necessary to ensure a safe workplace.

6.1.5 The Director – OHSS is responsible for (in addition to those responsibilities outlined in 6.1.4):

- Ensuring that an annual review of this policy and the programs that address workplace violence prevention is conducted.
- Ensuring the posting of this policy in the workplace.
- Ensuring that external reporting is actioned as necessary (i.e. WSIB or Ministry of Labour (MOL)).
- Establishing control measures to address identified risks of violence, in consultation with JHSC.
- Ensuring the internal violence investigation process is completed within a reasonable timeframe.
- Ensuring that, in accordance with *CORP IV-i 160 Staff Incident Reporting*, all fatalities, critical injuries, lost time or medical aid injuries are reported to the MOL, WSIB and JHSC as required by relevant legislation.

6.1.6 OHSS is responsible for:

- Ensuring the provision of first aid or medical attention to staff during regular business hours.
- Recommending staff follow-up with their family physician and initiate WSIB claims as appropriate.
- Offering Support in the form of EAP.
- Facilitating investigations of reports related to workplace violence within a reasonable timeframe when they meet the *Triggers for Violence Workplace Violence Investigations (Appendix 1)*.
- Facilitating and tracking individualized safety plans for the protection of staff (**Appendix 2**).

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- Assisting managers with the completion of workplace violence risk assessments specific to their units.
- Ensuring that Labour Relations is consulted in the investigation of incidents, as appropriate.
- Providing a copy of the violence investigation report to the JHSC.
- Maintaining and providing statistics regarding incidents of workplace violence to the Senior Management Team.
- Updating relevant committees on violence-related statistics on monthly basis.
- Completing an inspection of new spaces to identify environmental risks of workplace violence.

6.1.7 The JHSC and the Workplace/Violence Sub-Committee are responsible for:

- Making recommendations and assisting in the development of training, measures and procedures to control the risks of workplace violence.
- Participating in workplace-violence risk assessments and reviewing written risk assessment reports.
- Receiving notification of incidents of workplace violence.
- Participating in the workplace violence investigations when the incident resulted in a critical injury.
- Reviewing workplace violence statistics and making recommendations to management.
- Ensuring through workplace inspections, that areas used for interviews are configured to provide a safe exit.
- Reviewing, at least annually, this Policy.
- Strictly maintaining the confidentiality and privacy rights of individuals involved in workplace violence complaints to the fullest extent possible.

6.1.8 The Manager-Labour Relations & Conflict Resolution (LR&CR) is responsible for:

- Facilitating access to EAP and/or OHSS for individuals involved in workplace violence incidents or reports, when requested or where appropriate.
- Providing advice and support on appropriate conflict resolution measures.
- Facilitating investigations of complaints related to workplace violence within a reasonable timeframe for staff-to-staff workplace violence incidents when it is not appropriate for OHSS to facilitate.
- Receiving reports under this policy and assessing each report to determine the appropriate course of action under this policy.
- Participating in the decision-making process following the completion of an investigation or making the final determination when delegated to do so by the COO/CFO.
- Providing appropriate information to the parties to an internal investigation.
- Maintaining a segregated internal investigation file in accordance with confidentiality considerations, relevant privacy legislation, the terms of collective agreements and this policy.

6.1.9 All Staff are responsible for:

- Contributing to a positive, safe and respectful workplace free from violence.
- Successfully complete all training, workplace violence risk assessment (surveys) and other measures designed to reduce the risk of violence in the workplace.

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- Using situational awareness at all times when carrying out work-related duties by being vigilant for the potential for violence.
- Reviewing patient care plans.
- Promptly reporting risks and/or incidents of workplace violence to their manager/supervisor and in the CSIF system.
- Cooperating with any efforts to investigate and resolve matters brought forward.
- Being aware of the potential of a situation to escalate at any time and activate a *Code White* as necessary.
- Exercising the right to Know, Participate and Refuse Work as it pertains to Workplace Violence. (**Appendix 3 & 4 - Work Refusal Process**).

Requesting the development of an *Individualized Safety Plan* to ensure their safety while at work should they be experiencing abusive domestic situations or have been targeted by a specific person. **6.1.10 The Department of Learning and Development is responsible for:**

- Establishing and delivering training and education on this policy and associated programs for all staff, in consultation with V.P. PCS, Professional Practice & CNE, OHSS and JHSC.
- Ensuring that training addresses trauma and other lived experiences of patients that may be associated with various types of responsive behaviours that may occur in the workplace. (i.e. cognitive impairment due to dementia, mental illness and other neurological conditions).
- Providing training updates and refresher programs on the identification, assessment, therapeutic response and management of escalating behaviour, as necessary, to promote a safe environment for patients and staff.

6.2 Individualized Safety Plans: If the incident is a staff-to-staff event, the organization may follow *CORP V-i 100 Harassment-Free Workplace* at its discretion. Staff members that are experiencing abusive domestic situations or have been targeted by a specific person can request an *Individualized Safety Plan* to ensure their safety while at work. If a manager knows or ought to know that a staff member is in an abusive domestic situation the manager must take all reasonable precautions for the safety of the worker, this includes notifying the staff member that a safety plan can be initiated. Individualized Safety Plans will be established in accordance with **Appendix 2**.

6.2.1 Any staff member who is determined to have engaged in domestic violence, even if that domestic violence involves a non-staff member, will be subject to disciplinary action, up to and including suspension without pay and/or termination of employment. Records of all disciplinary action will be retained in the staff member's personnel file. In addition, the staff member may be required to participate in appropriate training or counselling.

6.2.2 In the event of a threat of domestic violence against a staff member that has the potential to impact other staff (i.e. a threat of domestic violence that may be carried out in the workplace by a non-staff member), the Royal will work together with the staff member to determine a plan of action to best protect both the staff member, as well as other staff who may be impacted. (**Appendix 2**) In such a situation, staff may need to be advised of the risk of a domestic violence episode in the workplace and the steps being taken to protect against same; however the identity of the targeted staff member will be kept confidential unless it is not possible, In this case the targeted staff member will be advised of same in advance.

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6.3 Risk Assessment: The ROHCG will conduct a risk assessment of the workplace to identify and assess the risks of workplace violence in accordance with the OHS Act that may arise from the nature of the workplace, the type of work performed or the conditions of work. When conducting the risk assessment, the ROHCG will take into consideration:

- Circumstances that would be common to similar workplaces.
- Circumstances specific to the workplace.
- Any other elements prescribed by the *OHS Act*.

6.3.1 The ROHCG will reassess the risk of workplace violence as often as necessary and in response to changes in the environment, to ensure that established policies and programs that continue to protect staff from workplace violence.

6.3.2 Systematic Review Process: The risk assessment or reassessment evaluates the risks arising from a hazard in the workplace that may give rise to an incident of workplace violence. The process of risk assessment or reassessment for violence in the workplace will provide management with the required information to implement a systematic prevention plan by:

- Identifying the extent of the problem of violence risk, if any, in each part of the ROHCG's operations and procedures under standard conditions taking into account circumstances that would be common to similar workplaces and circumstances specific to the ROHCG work environment.
- Identifying specific hazards and controls.
- Determining whether existing control measures are adequate or require improvement.
- Prioritizing the risks and control measures according to severity of risk.

6.3.3 Written Report: Upon completion of the risk assessment or reassessment, a written report will be prepared and provided to the COO/CFO and the JHSC. The report should include the hazards/risks identified, the priority of the hazards/risks, recommended mitigation and/or changes to operations and/or procedures, cost estimates for implementation, recommendations for the implementation of the mitigation and/or changes and a timeframe for completion of the recommended mitigation and/or changes.

6.4 Violent Behaviour-Patients/Family Members/Visitors: The ROHCG supports an environment of mutual respect between health care workers, patients and visitors to the facility. Staff will take into consideration the mental health of those individuals living with cognitive impairments and/or mental illness while also ensuring that physical violence and threats of violence in the workplace will not be tolerated by the ROHCG. The Board of Trustees and the Senior Management Team are committed to providing a safe environment, free from the threat of sexual, physical, verbal and psychological abuse, as is reasonably possible. The following steps will be taken in case of threatened and/or actual violent behaviour by a patient, family member or visitor:

- **Patients:** All responsive behaviours by patients will be addressed with therapeutic, de-escalation and trauma-informed approaches. If the patient persists they will be informed that their behaviour is perceived as threatening and they will be asked to modify their behaviour. If they do not adequately modify their behaviour, they will be managed in accordance with ROHCG's clinical policies and procedures;

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- **Family Members and Visitors:** If the violent behaviour or threat, is exhibited by a family member or visitor staff will use their verbal de-escalation skills. If this is not effective, the family or visitor will be informed that their behaviour is perceived as threatening and they will be asked to modify their behaviour. If they do not comply, they will be informed by a manager, supervisor or other individual designated by the ROHCG that their behaviour is unacceptable and they will be asked to leave the facility. If they refuse to cooperate, they will be escorted off the premises by Security Services. A *Code White* may also be called or police may be summoned and the ROHCG will comply with all of its reporting obligations in respect of the incident. The family member or visitor may be prohibited from returning to the ROHCG facility that will be monitored and managed by Security Services.

6.5 Accommodation: When a report of workplace violence is brought forward, the Manager-LR&CR and/or the COO/CFO, in consultation with the responsible manager(s)/supervisor(s), if appropriate, may separate the parties involved in the incident or impose a different reporting relationship or a change in the assignment of duties pending resolution of the matter if it is deemed necessary by management under the circumstances.

6.6 No Reprisal: This policy prohibits reprisals against individuals, acting in good faith, who report incidents of workplace violence under this policy or who participate in the investigation process. ROHCG will take all reasonable and practical measures to prevent reprisals and threats of reprisal following reports made under this policy.

6.7 History Of Violence Disclosure: The ROHCG will provide such information as is reasonably necessary to protect staff from physical injury related to a risk of workplace violence, should the individual be expected to encounter a person with a history of violent behaviour.

6.8 Confidentiality: All persons covered by the scope of this policy are required to maintain the confidentiality of patient information and records as well as any information, documents and records pertaining to investigations into an incident or threat of workplace violence, except where such disclosure is permitted or required by law (for example, in connection with proceedings related to criminal charges where an assault has occurred).

6.8.1 No Disclosure BY ROHCG Except When Required By Law: Information and records pertaining to investigations, and any associated documents and reports, will not be disclosed to any external third parties (for example, professional governing bodies, external agencies or tribunals etc.) except as required by law or ordered by a Court. The internal disclosure of information will be limited only to what is necessary to comply with ROHCG policies and the proper governance and administration of the organization.

6.9 Bad Faith Complaints: Where a report of workplace violence, or the risk of workplace violence, is found to be vexatious or made in bad faith, disciplinary action if appropriate will be taken, up to and including termination of employment, the engagement or contract. Instances of vexatious or bad faith complaints will be subject to the investigation procedures.

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7. RELATED PRACTICES AND / OR LEGISLATIONS:

Ontario OH&S Act and Regulations
Human Rights Code
The Dupont Inquest: Coroner's Jury Recommendations (December 2007)
Health Care Consent Act, 1996
Personal Health Information Protection Act, S.O. 2004, c. 3, Sched. A
Regulated Health Professions Act, 1991,
Mental Health Act (2001).
Criminal Code of Canada. (R.S., 1985, c. C-46).
Occupational Health and Safety Act (OHS Act)
Public Hospitals Act
Excellent Care for All Act
CSA Z1003 Psychological Health and Safety in the Workplace

8. REFERENCES:

Workplace Violence – Whitby Mental Health Centre
Violence In The Workplace – The Ottawa Hospital
Workplace Violence Prevention Program Policy–Centre for Addiction and Mental Health
Intimate Partner Violence Policy – Hotel Dieu Grace Hospital
Workplace Violence Prevention Policy – Hotel Dieu Grace Hospital
Domestic Violence Policy Template – Denton's Law Firm (International Division)

9. APPENDICES:

<http://oreo.rohcg.on.ca/departments/ohs/Resources-PolicyAppendices.cfm>

Appendix 1- Identified Triggers
Appendix 2 – Individualized Safety Plan Process
Appendix 3 – Work Refusal Process and Information
Appendix 4 – Work Refusal Form