

**CORPORATE POLICY & PROCEDURE  
PREVENTION & MANAGEMENT OF VIOLENCE IN THE WORKPLACE  
ROHCG  
CORP IV-i – 110**

<b>PREVENTION &amp; MANAGEMENT OF VIOLENCE IN THE WORKPLACE</b>		
<b>SECTION: IV-i Environment Management – Occupational Health &amp; Safety</b>		<b>NO: 110</b>
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**1. PURPOSE:**

To define behaviour that constitutes workplace violence and to outline the process for 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. Additionally, 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. Any individual who demonstrates or threatens violence towards others will be managed in accordance with ROHCG's policies and procedures. All persons engaged by ROHCG as employees, physicians, students, volunteers, officers, Trustees of the Board or contractors (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 including the University of Ottawa Institute of Mental Health Research (IMHR), Royal Ottawa Volunteer Association (ROVA) and the Royal Ottawa Foundation for Mental Health (ROFMH).

**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. The ROHCG, in consultation with the Joint Health and Safety Committees (JHSC), assesses for risks of workplace violence and integrates health and safety into day-to-day operations. Workplace violence can occur both in the workplace and in work-related settings outside of the usual workplace and regular working hours. It can occur during work-related functions at off-site locations such as conferences, social events or visits to ROHCG patient's homes. This policy applies to the ROHCG and extends to locations outside of the physical environment of the organization that may involve ROHCG staff and/or patients and visitors.

This policy is intended to operate in conjunction with other ROHCG workplace policies. In particular, *CORP IX-I 100 Code White* for initiating and responding to a psychiatric/behavioural emergency and *CORP VII-iii 100 Patient Incident Reporting & Response* for managing and reporting patient safety and critical incidents are specifically cross-referenced in this policy and the processes described in those policies apply in the event of violent incidents in the circumstances described in those policies. Staff should refer to *Corporate Protocol* for the processes in place for managing potential at-risk patients. Staff injuries and acts of violence should be reported as per *CORP IV-I-160 Staff Incident Reporting* and staff are to wear their personal alarm/safety devices as per *CORP IX-I 11 Personal Alarm/Safety Devices*. Incidents involving inappropriate workplace behaviour that do not fall within the definition of workplace violence under this policy may fall within the scope of *CORP V 100 Harassment-Free Workplace* that provides for a process to address personal harassment and workplace conflicts.

**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, s.1.*)

**Psychological Safety:** the absence of harm and/or threat of harm to mental well-being that a worker might experience.

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

**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,  
(b) an attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker,

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(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.*)

It also includes psychological violence such as bullying, mobbing, teasing, ridicule or any other act or words that could psychologically hurt or isolate a person in the workplace.

**6. PROCEDURE:**

**6.1 Roles and Responsibilities:**

**6.1.1 *The Senior Management Team is responsible for:***

- 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.
- Providing support in the identification, investigation and resolution of workplace violence related hazards.
- Setting the expectation that Directors, Managers, Supervisors and staff comply with this policy.
- Taking every reasonable precaution for the protection of staff including ensuring that this policy and the associated programs are reviewed on an annual basis.
- 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.
- 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:***

- Ensuring incidents and reports of workplace violence, or the risk of violence, are addressed effectively and as fairly and expeditiously as possible, in accordance with this policy and in consultation where appropriate, with the Managers and Directors-Patient Care Services (PCS), Code Team Leads (*CORP IX-I 100 Code White*), the General Counsel, the Director-Occupational Health & Safety Services (OHSS), the Director-Human Resources & Labour Relations (HR & LR) and the JHSC.
- Receiving the written risk assessment or reassessment reports, as appropriate, which shall 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.
- Making the final determination on any remedial or disciplinary action to be taken after receiving a final investigation report on an incident of workplace violence. The task for carrying out this responsibility may be delegated to the Director-OHSS or the

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Director-HR & LR. Should the COO/CFO be the subject of an incident, the investigation report will be referred to the President & CEO for the appropriate decision.

- Ensuring the ROHCG complies with the statutory requirements of the *Occupational Health and Safety Act (OHS Act)*, concerning the provisions relating to workplace violence, and the *Workplace Safety and Insurance Act*, the *Public Hospitals Act* and the *Excellent Care for All Act*.
- 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.

**6.1.3 The VP Communications/Stakeholder Relations is responsible for:**

- Formulating internal and executing 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 the management, control and mitigation of the risks of workplace violence 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 and determine what additional unit specific orientation and training, may be require, and ensure that the training occurs.
- Ensuring that violence risk assessments and reassessments are completed.
- Ensuring incident investigations are initiated when triggers have been identified (**Appendix 1**).
- Monitoring the situation closely, once an investigation has been completed and appropriate action has been implemented, to ensure the parties involved can perform their duties safely and with dignity and respect.
- Ensuring signage is posted at the entrances to the patient care environment to inform all persons entering of the potential risk.
- Reviewing the patient care plan, if patient related, to ensure controls identified in the investigation for safety of staff and patients are included.
- Facilitating medical attention for the injured employee, as required.
- Advising staff involved in an incident of workplace violence of the resources available to assist them (i.e. Employee Assistance Program (EAP), OHSS, etc.).
- Directing staff as to how to proceed with filing a report with the local Police, as appropriate.
- Responding to and investigating any allegations of workplace violence and staff reported safety concerns of potential workplace violence risks.
- Conducting a post-incident investigation to gain understanding of actions of involved parties and developing mitigating strategies in collaboration with involved staff/individuals.
- Setting behavioural limits and expected outcomes where the violent behaviour is by a visitor - should the visitor not comply, contacting security to have the visitor removed.
- Taking whatever reasonable measures are necessary to ensure a safe workplace.

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**6.1.5 The Director – OHSS is responsible for (in addition to those responsibilities outlined in 6.1.2):**

- Ensuring that an annual review of this policy and the programs that address workplace violence prevention is conducted.
- Ensuring that the measures and procedures identified in programs that address Workplace Violence Prevention are carried out.
- 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)).
- Ensuring that management is held accountable for responding to and resolving complaints of violence.
- Establishing control measures to address identified risks and violence, in consultation with JHSC.
- Overseeing and directing internal investigations of reports made under this policy and ensuring the investigation process is completed without delay and within a reasonable time considering the nature and extent of the report and the availability of the parties and witnesses.
- Ensuring that, according to *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:**

- Promoting and maintaining a positive, safe and respectful work environment and supporting ROHCG in its commitment to implement measures and processes to control the risks of workplace violence.
- Ensuring the provision of first aid or medical attention to individuals covered under the scope of this Policy who have suffered an injury as a result of an incident of workplace violence, and recommending follow-up with the family physician and initiate WSIB claims as appropriate.
- Participating in investigations of reports related to domestic violence and/or safety plans made under this policy and ensuring the investigation process is completed without delay and within a reasonable time considering the nature and extent of the report and the availability of the parties and witnesses.
- Advising parties to an investigation that they may be accompanied by a Union Representative, or other support person at their expense, during the investigation.
- Advising an individual making a report that their report does not preclude them from taking other action which might include: making a police report, making a complaint to the MOL, to another tribunal or professional governing body or commencing other legal action.
- Ensuring that LR is consulted in the investigation of the incident, as appropriate.
- Offering support in the form of EAP.
- Providing appropriate information to the JHSC concerning the risks of workplace violence following the conclusion of an investigation under this policy.
- Maintaining a segregated internal investigation file in accordance with confidentiality considerations, relevant privacy legislation, the terms of collective agreements and this policy.

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- Maintaining and provide statistics regarding incidents of workplace violence to the Senior Management Team.
- Updating the JHSC on violence-related statistics on monthly basis using the various categories of violence.

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

- Making recommendations and assisting in the development of measures and procedures to control the risks of workplace violence.
- Making recommendations and assisting in the development of training programs concerning measures and procedures to control the risks of workplace violence and this policy.
- Participating in management's assessment and reassessment of the risks of workplace violence and receiving risk assessment reports from management.
- Receiving notification of incidents of workplace violence.
- Participating in the investigation of reports made under this policy as requested by management.
- Investigating all critical injuries related to violence and make recommendations to the employer, in collaboration with OHSS.
- Receiving and reviewing information from management concerning the risks of workplace violence or acts of workplace violence (critical or non-critical), following the conclusion of an investigation under this policy and making recommendations to management concerning measures to mitigate or control of the risks of workplace violence.
- Reviewing workplace violence statistics and making recommendations to management for measures to control such risks or improve precautionary measures to enhance the protection of individuals covered under the scope of this policy.
- Ensuring through Workplace Inspections that offices used for interviews are configured to provide a safe exit.
- Providing advice on the personal alarm/safety device systems.
- Reviewing, at least annually, the Workplace Violence Prevention program.

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

- Facilitating access to the 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.
- 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 of an incident of workplace violence about the investigation findings and decisions including any remedial or disciplinary action taken subject to confidentiality considerations and respecting the privacy rights of all individuals involved in the process.

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**6.1.9 All Staff are responsible for:**

- Contributing to a positive, safe and respectful workplace and mitigating the risks associated with workplace violence by demonstrating behaviour that complies with the terms of this policy.
- Participating in training initiatives concerning this policy, including assessments, workplace violence surveys and other measures designed to reduce the risk of violence in the workplace, as well as initiatives concerning the ROHCG Mission, Values and Vision statements and reviewing updates.
- Participating in a review at least annually of this policy and associated programs.
- Using reasonable precautions at all times when carrying out work-related duties and be vigilant for the potential for violence. Reasonable precautions in the Mental Health environment includes being aware that violence and aggressive behaviour are possible in patients living with mental illness and/or trauma.
- Following best practices in client-centered care, including all existing safe work practices, as well as following this policy and guidelines outlined in programs that address Workplace Violence Prevention.
- Reviewing patient care plans to ensure controls identified for safety of patients and staff are being followed.
- Seeking advice on, and taking action, under this policy, if they are aware of, or reasonably believe, there is a risk of workplace violence.
- Promptly reporting incidents of workplace violence of which they are aware to their manager/supervisor.
- Documenting all violence-related incidents (near miss, hazards or injury) through ROHCG formal incident reporting processes.
- Cooperating with any efforts to investigate and resolve matters brought forward under this policy.
- Strictly maintaining the confidentiality and privacy rights of individuals involved in workplace violence reports to the fullest extent possible in the circumstances.
- Be aware of the potential of a situation to escalate at any time and activate a *Code White* as necessary.
- Contributing to risk assessments for workplace violence.

**6.1.10 Union Representatives are responsible for:**

- Promoting and maintaining a positive, safe and respectful work environment and supporting the ROHCG in its commitment to implement measures and processes to control the risks of workplace violence.
- Dealing with reports of workplace violence in a timely and confidential matter, in keeping with the provisions of this policy and collective agreements.

**6.1.11 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).

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- Providing training updates and refresher programs on the identification, assessment, therapeutic response and management of escalating behavior, as necessary, to promote a safe environment for patients and staff.

**6.2 Domestic Violence In The Workplace:** If the incident is a staff to staff or a domestic violence situation the organization may choose to follow *CORP V-i 100 Harassment-Free Workplace* instead. The ROHCG will take every reasonable precaution to protect individuals covered by the scope of this policy from domestic violence in the workplace, should the ROHCG become aware of, or it is reasonably apparent, that an incident of domestic violence has occurred. The ROHCG will advise all staff that in the event of domestic violence OHSS will provide assistance. When staff contact OHSS for assistance OHSS, with the consent of the staff member, will contact other appropriate parties, including Security Services and HR, who will work with the staff member to develop a safety plan. Should a manager become aware, through direct or indirect communication, that a staff member is at risk of domestic violence, including intimate partner abuse, which may affect the workplace, thereby putting the staff member and others at risk of physical injury in the workplace, then prompt consultation with the OHSS, Security and any others as may be appropriate, must take place so that every precaution that is reasonable in the circumstances is taken to protect staff from harm in the workplace. OHSS will follow up with the staff member as required.

**6.3 Risk Assessment:** The ROHCG will conduct a risk assessment of the workplace to identify and assess the risks of workplace violence 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 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 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 need.

**6.4 Violent Behaviour-Patients/Family Members/Visitors:** The ROHCG supports an attitude 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



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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 his or her 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;
- **Family Members and Visitors:** If the violent behaviour or threat, is perpetrated by a family member or visitor, they 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 which 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 Executive VP and 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 Disclosure Of Information Where History Of Violence:** The ROHCG will provide such information as is reasonably necessary to protect individuals covered by the scope of this policy 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

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not be disclosed to any external third parties (for example, professional governing bodies, external agencies or tribunals etc.) except as required by law. 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 reports will be subject to the investigation procedures outlined in this policy.

**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).*

**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*

**9. APPENDICES:**

***Appendix 1- Identified Triggers***

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