VIOLENCE POLICY

PURPOSE:

The purpose of the Violence Policy at Brant Community Healthcare System is to prevent violence, ensure a safe work environment and outline procedures for reporting and responding to incidents. This is achieved by defining what constitutes workplace violence, setting clear expectations for behaviour, and establishing a framework for risk assessment, incident reporting and investigation.

POLICY STATEMENT:

Brant Community Healthcare System (BCHS) is dedicated to a workplace culture where our values of be bold and courageous, commit to excellence, champion equity and be trustworthy are the foundations of our daily interactions with each other. A healthy and safe work environment is a key enabler to allow us to fulfill our mission of "Serving as an anchor for community well-being through healthcare excellence". BCHS acknowledges that Workplace Violence is an Occupational Health and Safety Hazard.

BCHS will not tolerate any type of violence or harassment within the Workplace or during work related activities and recognizes the right of staff, volunteers, professional staff, contractors, affiliates, volunteers, students, and learners to freedom from violence.

BCHS is committed to the implementation of procedures and measures to prevent, control and minimize the risk of Workplace Violence. Workplace Violence in any form by a patient, family member, visitor or staff member will not be tolerated by BCHS and will be subject to appropriate action. Patients, visitors, or staff members may be removed from the premises and further restrictions may be implemented.

BCHS will take every reasonable precaution to protect Workers from physical injury if we become aware or believe that domestic violence is a risk in accordance with the Prevention of Domestic Violence Policy. Upon notification BCHS will work with Sexual Assault and Domestic Violence (SADV) and Security to ensure that a safety plan is put into place and both internal and community supports are offered.

It is understood that the purpose of this policy is to address behaviors that meet the definition of violence as defined under the *Occupational Health and Safety Act*, as defined below. All reports will be reviewed to determine if they meet this threshold.

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INCLUSION CRITERIA

This Policy applies to all BCHS team members, including but not limited to, staff, professional staff, contractors, students, medical learners, volunteers, and affiliates who experience violence from patients, visitors, or other BCHS team members. Leaders are responsible for implementing this Policy and for ensuring that all hospital staff, professional staff and volunteers are informed of this Policy.

This Policy applies at every level of the organization and to every aspect of the workplace environment. This policy also applies to events that occur outside of the physical workplace such as during business trips and in the virtual workplace.

This Policy supplements and does not replace existing BCHS policies including: Harassment and Discrimination Prevention; Civility; Flagging and Management of Patient, Risk for Violent Behaviour; and Trespass to Property Policy.

DEFINITION(S):

Assault: Any intent to inflict injury on another, coupled with an apparent ability to do so; any intentional display of force that causes the victim to fear bodily harm.

Disruptive Behaviour: The use of inappropriate words, actions or inactions by a person that interferes with an individual's ability to function well with others to the extent that the behaviour interferes with, or is likely to interfere with, quality health care delivery, patient or workplace safety, recruitment or retention of staff, or the cost of providing health care.

Domestic Violence: A pattern of behaviour used by one person to gain power and control over another with whom the person has, or has had, a personal relationship, including dating, marriage, adult interdependent partnerships, custody, blood relationships and adoption, as well as relationships stemming from these situations.

- This can range from subtle, intimidating behaviours to violent acts that result in physical harm or death.
- Domestic violence can include physical violence, sexual abuse, financial control, emotional and psychological intimidation, verbal abuse, stalking and using electronic devices to harass and control.

Joint Health and Safety Committee (JHSC): A committee that supports the employer's duty to ensure a healthy and safe workplace. The joint committee brings together representatives of

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the employer and the workers to identify and help resolve health and safety issues in the workplace.

Ministry of Labour (MOL): Responsible for advancing safe, fair and harmonious workplace practices that are essential to the social and economic well-being of the people of Ontario

Physical Attack: An act of aggression resulting in a physical assault or abuse with or without the use of a weapon. Examples include hitting, shoving, pushing, punching, biting, spitting, groping, pinching or kicking the victim, unwelcome displays of affection or enticing a dog to attack.

Psychological Abuse: An act that provokes fear or diminishes an individual's dignity or self-worth or that intentionally inflicts psychological harm, injury, illness.

Sexual Violence: Any sexual act or attempt to obtain a sexual act by violence or force. This includes: unwanted sexual comments or advances, selling or attempting to sell someone for sex, acts of violence directed against an individual because of their sexuality, regardless of the relationship to the victim.

Threat: A communicated intent (verbal or written) to inflict physical or other harm on any person or to property by some unlawful act. A direct threat is a clear and explicit communication distinctly indicating that the potential offender intends to do harm, for example, "I am going to make you pay for what you did to me." A conditional threat involves a condition, for example, "If you don't leave me alone you will regret it." Veiled threats usually involve body language or behaviors that leave little doubt in the mind of the victim that the perpetrator intends to harm.

Verbal Abuse: The use of vexatious comments that are known, or that ought to be known, to be unwelcome, embarrassing, offensive, threatening or degrading to another person (including swearing, insults or condescending language) which causes the person to believe their health and safety is at risk.

Workers: Any of the following:

- A person whether an officer, employees or independent contractor, who perform or supplies services for monetary compensation;
- Professional staff who are granted privileges to practice at BCHS;
- A person who performs services for no monetary compensation under a program approved by a college, university or other approved post-secondary institution; or
- Such other person as BCHS may be determined from time to time.

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Workplace: Any land, premises, electronic/cyber environment workplace or other location, or thing at, upon or near which a Worker works or at which BCHS is sponsoring, hosting or participating in an event, function or other work-related mandate.

Workplace Violence: Any of the following:

- The exercise of physical force by a person against a Worker, in a Workplace, that causes or could cause physical injury to the Worker;
- An attempt to exercise physical force against a Worker, in a Workplace, that could cause physical injury to the Worker;
- A statement or behavior 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; or
- Any actual, attempted or threatened behavior of a person that causes or is likely to cause psychological harm/injury/illness or that gives a person reason to believe that s/he or another person is at risk of Psychological Abuse.

The definition of Workplace Violence is broad enough to include acts that would constitute offences under Canada's *Criminal Code*.

Workplace Sexual Harassment: Any conduct, comment, gesture, or contact of a sexual nature that is likely to cause offence or humiliation to any employee; or that might, on a reasonable ground, be perceived by that employee as placing a condition of a sexual nature on employment or on any opportunity for training or promotion

Workplace Safety and Insurance Board (WSIB): Plays a key role in the province's occupational health and safety system.

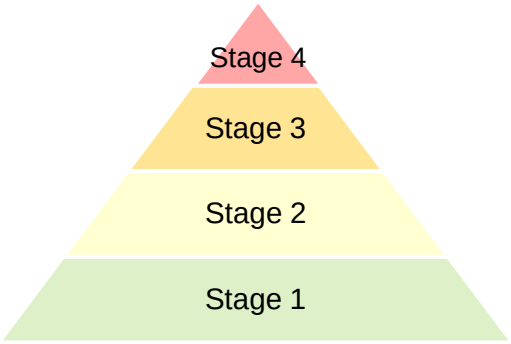
PROCEDURE:

STAGES OF DISRUPTIVE BEHAVIOUR

The procedure outlined herein applies to behaviour or violence exhibited by visitors and/or patients only towards BCHS team member. For instances of behaviour or violence exhibited by BCHS Team Members towards another BCHS Team Member, refer to Harassment and Discrimination Prevention Policy.

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Figure 1. Stages of Behaviour/Violence for Patients and Visitors



The definitions associated with each of the below stages are adapted from self protection training that BCHS Team Members participate in. For patients, consideration must be made within the context the medical or psychiatric condition that may have triggered the behaviour.

Stage 1 Severity
- Change in social interaction style
- Manner of speaking
- Language used
- Energy level

Stage 2 Severity
- Increase in questioning of staff
- Verbal retorts/challenging of staff
- Increase in rate or volume of speech
- Resistance to instruction
- Physical tension

Stage 3 Severity
- Use of inappropriate language (e.g., profanity)
- Angry outbursts
- Demeaning comments or intimidation
- Non-compliance with institutional processes or waste of resources

Stage 4 Severity
- Threats
- Throwing or breaking an object or BCHS property
- Physical assault or physical sexual advances
- Racial slurs, comments or discriminatory conduct
- A course of conduct with other Protected Grounds

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- Behaviours apparently attributable to impairment caused by mental illness or substance abuse
- Behaviour that contravenes established laws (municipal, provincial, federal, criminal etc.) or that gives rise to the obligation to make a mandatory report to police, the CPSO or Hospital administration

ROLES AND RESPONSIBILITIES

Employee:

- Participate in education and training to be able to respond appropriately to any incident of Workplace Violence.
- Understand and comply with the Workplace Harassment and Violence Prevention Program and all related procedures. Failing to follow this policy could result in discipline up to and including termination.
- Report all incidents or injuries of violence, or threats of violence, to their manager supervisor immediately, complete the Electronic Employee Incident Report in (Parklane).
- Seek immediate medical attention.
- Actively participate in the management of violent/aggressive behavior.
- Inform the JHSC or Worker member of the JHSC about any concerns about the potential for violence in the Workplace.
- Contribute to risk assessments.
- Seek support from the Manager/Supervisor when confronted with violence or threats of violence.
- Participate in a review at least annually of the Workplace Harassment and Violence Prevention Program.
- Support efforts to prevent violence through an appropriate care plan and appropriate measures.
- Reporting to police, as required (in consultation with the Manager/Supervisor and Employer ensuring privacy considerations are taken into account).

Manager/Supervisor:

- Take every precaution reasonable in the circumstances for the protection of a Worker.
- Identify and alert staff to patients/persons with a history of violent behavior if the Worker can expect to encounter the person in the course of work, and if the Worker may be at risk of physical injury. In doing so, personal information may be disclosed, but only what is reasonably necessary to protect the Worker from physical injury.
- Actively participate in the management of violent/aggressive behavior.

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- Investigate all Workplace Harassment and Violence using Violence and Harassment Investigation Form (Appendix A), BCHS incident investigation procedure and form, work with all parties, and collaborate if the support of the police department is required.
- Take immediate action to eliminate the hazard and take further action based on the Workplace investigation.
- Facilitate medical attention for employee(s) as required.
- Ensure that debriefing is completed for those either directly or indirectly involved in the incident, including the activation of Code Lavender (if required).
- Ensure employee is aware of and/or referred to the Employee Assistance Program (EAP) and/or Peer support program as required.
- Complete reports, follow-up procedures, and establish of controls/action plans.
- Conduct/contribute to risk assessments related to Workplace Violence.
- Advise the JHSC of the results of any risk assessments related to Workplace Harassment and Violence and provide a copy if in writing.
- Support efforts to prevent violence through an appropriate care plan, which may include chemical/physical/environmental/social restraints as a last resort where necessary, and other appropriate measures. In extreme circumstances a behavior contract or trespass notice will be issued.
- In conjunction with Organizational Health, immediately report a death or critical injury to a Ministry of Labour (MOL) inspector, the police (as required), JHSC, and trade union (as required), and investigate with JHSC and report to all parties in writing within 48 hours of the occurrence the circumstances of the occurrence, including such information and particulars as the regulations prescribe.
- Enforce policy and procedures and monitor Worker compliance.
- Track and analyze incidents for trending and prevention initiatives.
- Share hazards identified and related follow-up actions with other units.
- Reporting to police (as required, ensuring privacy considerations are taken into account).

Organizational Health

- Issue a report to JHSC and WSIB on all accidents/illnesses involving lost time, where a Worker requires health care, earns less than regular pay for regular work, requires modified work at less than regular pay or performs modified work at regular pay for more than seven days.
- Copies of accident/illness information (where there is no critical injury) must be provided to the JHSC and trade union within four days of the occurrence, as the *Occupational Health and Safety Act* and regulations prescribe.

Joint Health and Safety Committee (JHSC)

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- Be consulted and make recommendations to the employer about the development, establishment and implementation of Workplace Harassment and Violence Program, measures and procedures
- The Workplace Harassment and Violence Prevention Program must include:
    - An evaluation of the measures and procedures for summarizing immediate assistance when Workplace Harassment and Violence occurs or is likely to occur; and
    - An assessment of the nature of the Workplace, the type of work and conditions of work. Any material changes must be assessed to determine whether new safety or precaution measures should be implemented.
- Be advised of the results of any risk assessments related to Workplace Harassment and Violence and be provided a copy if in writing.
- Take part in a review at least annually of the Workplace Harassment and Violence Prevention Program. The review should identify deficiencies or gaps in the measures and procedures set out in the Workplace Harassment and Violence Prevention Program or measures and procedures that were not followed that may had led to an incident or that was not followed in the investigation or resolution of a report.
- The Worker designate should investigate all critical injuries/fatalities related to violence and report the findings to the MOL and the JHSC.
- Receive and review reports of any critical injury or death immediately and in writing outlining the circumstances and particulars as prescribed within 48 hours of the occurrence.
- For non-critical injuries, receive and review written notice within four days outlining the circumstances and particulars as prescribed on all accident/illnesses where any person is disabled from performing his or her usual work or requires medical attention.

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IMMEDIATE RESPONSES FOR PATIENT VIOLENCE

Stage	Response	Most Responsible Person
Stage 1 Severity • Change in social interaction • Manner of speaking • Language used • Energy level	• Identify and minimize triggers, patterns and early warning signs	Affected individual
	• Ensure staff and patient safety	Affected individual
	• Communicate in calm tone- utilize de-escalation techniques	Affected individual
	• Assist patient with supportive communication and environmental adjustment	Affected individual
	• Complete Parklane violence report	Affected individual
Stage 2 Severity • Increase in questioning of staff • Verbal retorts/challenging of staff • Increase in rate or volume of speech • Resistance to instruction • Physical tension	• Use non-verbal cues, speak calmly – utilize de-escalation techniques	Affected individual
	• Offer space	Affected individual
	• Validate feelings	Affected individual
	• Redirect to alternative choices	Affected individual
	• Ensure staff and patient safety	Affected individual
	• Complete Parklane violence report	Affected individual
	• Complete Violence Assessment Tool for potential patient flagging	Assessing Clinical Staff
Stage 3 Severity • Use of inappropriate language (e.g., profanity) • Angry outbursts • Demeaning comments or intimidation	• Use non-verbal cues, speak calmly- use de-escalation techniques	Affected individual
	• Offer space	Affected individual
	• Validate feelings	Affected individual
	• Redirect to alternative choices	Affected individual
	• Ensure staff and patient safety	Affected individual
	• Initiate summoning assistance if required	Affected individual

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• Non-compliance with institutional processes or waste of resources	• Complete Parklane violence report	Affected individual
	• Complete violence assessment tool for patient flagging	Assessing Clinical Staff
	• Staff may choose to file a police report against patients who have harmed them	Affected individual with support of Leadership as required
Stage 4 Severity • Recurrence, persistence, and/or escalation (in frequency, intensity or severity) of Stage 1 Severity Disruptive Behaviour(s) • Threats • Throwing or breaking an object or BCHS property • Physical assault or physical sexual advances • Racial slurs, comments or discriminatory conduct • A course of conduct with other Protected Grounds • Behaviours apparently attributable to impairment caused by mental illness or substance abuse • Behaviour that contravenes established laws (municipal, provincial, federal, criminal	• Maintain safe distance	Affected individual
	• Provide clear and simple direction, redirection- use de-escalation and self-protection techniques as taught through self-protection training	Affected individual
	• Summon assistance by using code white button or calling 5555 for code white response	Affected individual
	• Implement protective interventions if required	Leadership, Health and Safety, Quality and Risk
	• Ensure staff and patient safety	Affected individual, Leadership, Health and Safety, Quality and Risk
	• Complete violence assessment tool for patient flagging	Assessing Clinical Staff
	• Complete Parklane violence report	Affected individual
	• Seek first aid/medical attention if required	Affected individual
	• Staff may choose to file a police report against patients who have harmed them	Affected individual with the support of Leadership as required

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etc.) or that gives rise to the obligation to make a mandatory report to police, the CPSO or Hospital administration		

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IMMEDIATE RESPONSES FOR VISITOR VIOLENCE

Stage	Response	Most Responsible Person
Stage 1 Severity • Change in social interaction style • Manner of speaking • Language used • Energy level	• Utilize the *Communication Strategies for Individuals Providing Direct Care & Interacting with Patients*	Affected individual
	• Submit a Parklane report	Affected Individual
	• Warn of Responsibilities Letter and consequences being issued if behaviour(s) continue	Manager
	• Consider support resources available for the escalated individual through social work, family education resources/supports etc.	Manager
Stage 2 Severity • Increase in questioning of staff • Verbal retorts/challenging of staff • Increase in rate or volume of speech • Resistance to instruction • Physical tension	• Utilize the *Communication Strategies for Individuals Providing Direct Care & Interacting with Patients*	Affected individual
	• Submit a Parklane report	Affected individual
	• Verbally provide expectations to escalated individual	Manager
	• Consult with Risk & Legal to consider if a Letter of Expectations is appropriate *If after hours, please escalate to the Clinical Manager to consult with Quality and Risk during business hours*	Manager
	• If issued, the Letter of Expectations will be stored by Quality and Risk upon issuing	Risk
	• Consider support resources available for the escalated individual through social work, family education resources/supports etc.	Affected individual
Stage 3 Severity	• Utilize the *Communication Strategies for Individuals Providing Direct Care & Interacting with Patients*	Affected individual

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• Use of inappropriate language (e.g., profanity) • Angry outbursts • Demeaning comments or intimidation • Non-compliance with institutional processes or waste of resources	• Submit a Parklane report	Affected Individual
	• Verbally provide expectations to escalated individual	Manager
	• Consult with Risk & Legal to consider if a Letter of Responsibility is appropriate *If after hours, please escalate to the Clinical Manager to consult with Quality and Risk during business hours*	Manager
	• If issued, the *Letter of Responsibilities* will be stored by Quality and Risk upon issuance	Risk
	• Consider filing a police report	Affected individual with the support of Leadership as required
	• Consider support resources available for the escalated individual through social work, family education resources/supports etc.	Affected individual
	• Consider the issuing of a Trespass Order	Security, Risk, Legal
	• Determine Visitation Restrictions which will include immediate temporary or permanent individual/family removal from premises	Manager, Security
Stage 4 Severity • Recurrence, persistence, and/or escalation (in frequency, intensity or severity) of Stage 1 Severity Disruptive Behaviour(s) • Threats • Throwing or breaking an object or BCHS property	• Utilize the *Communication Strategies for Individuals Providing Direct Care & Interacting with Patients*	Affected individual
	• Submit a Parklane report	Affected individual
	• File a police report	Affected individual with the support of Leadership as required
	• Consider support resources available for the escalated individual through social work, family education resources/supports etc.	Manager

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• Physical assault or physical sexual advances • Racial slurs, comments or discriminatory conduct • A course of conduct with other Protected Grounds • Behaviours apparently attributable to impairment caused by mental illness or substance abuse • Behaviour that contravenes established laws (municipal, provincial, federal, criminal etc.) or that gives rise to the obligation to make a mandatory report to police, the CPSO or Hospital administration	• Determine Visitation Restrictions which will include immediate temporary or permanent individual/family removal from premises	Security, Manager
	• Issue a Trespass Order	Security

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IMMEDIATE RESPONSE FOR STAFF VIOLENCE

Stage	Response	Most Responsible Person
Stage 1 Severity • Change in social interaction style • Manner of speaking • Language used • Energy level	• Refer to Civility in the Workplace Policy and/or Harassment and Discrimination Prevention Policy.	Affected individual
Stage 2 Severity • Increase in questioning of staff • Verbal retorts/challenging of staff • Increase in rate or volume of speech • Resistance to instruction • Physical tension	• Refer to Civility in the Workplace Policy and/or Harassment and Discrimination Prevention Policy.	Affected individual

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Stage 3 Severity • Use of inappropriate language (e.g., profanity) • Angry outbursts • Demeaning comments or intimidation • Non-compliance with institutional processes or waste of resources	• Refer to Civility in the Workplace Policy and/or Harassment and Discrimination Prevention Policy.	Affected individual
Stage 4 Severity • Recurrence, persistence, and/or escalation (in frequency, intensity or severity) of Stage 1-3 Severity Disruptive Behaviour(s) • Threats • Throwing or breaking an object or BCHS property • Physical assault or physical sexual advances • Racial slurs, comments or discriminatory conduct • A course of conduct with other Protected Grounds • Behaviours apparently attributable to impairment	• Summon assistance by using code white button or calling 5555 for code white response	Affected individual
	• Seek first aid/medical attention if required	Affected individual
	• Submit a Parklane report	Affected individual
	• Contact People and Culture (Human Resources)	Affected individual with support from Leadership
	• File a police report	Affected individual with support from Leadership as required

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caused by mental illness or substance abuse • Behaviour that contravenes established laws (municipal, provincial, federal, criminal etc.) or that gives rise to the obligation to make a mandatory report to police, the CPSO or Hospital administration		

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LETTER OF EXPECTATIONS

Letters of Expectation are issued by Quality and Risk in collaboration with the Clinical Manager and/or Clinical Director. These letters are case-dependent. The purpose of the letter is to formally notify visitors when their behaviour is unacceptable and violates hospital expectations for conduct, as outlined in the Patient Declaration of Values. Letters of Expectation function as a formal warning aimed at preventing recurrence of inappropriate behaviour.

Letters of Expectation are case-specific communications reserved for situations requiring formal intervention. They are assessed and issued by the clinical team, with support from Quality and Risk. Security and Occupational Health and Safety should be made aware when letters are issued. They are **not** to be issued routinely. Their purpose is to ensure that formal communications are meaningful, targeted, and support a safe, respectful hospital environment, while maintaining patients' access to necessary care.

Leaders considering issuing a Letter of Expectations should contact the Director of Quality, Risk and Patient Experience for assistance with drafting the letter. All letters must be signed by the Program Director/Manager and the Director of Quality, Risk, and Patient Experience prior to issuance. Once issued, the letter will be stored by Quality and Risk to ensure proper documentation and tracking.

LETTER OF RESPONSIBILITIES

Letters of Responsibility are issued by Quality and Risk in collaboration with the Clinical Manager and/or Clinical Director. This letter is a follow-up to the Letter of Expectations. Letters of Responsibility take a firmer stance by clearly defining the visitor's responsibilities for respectful and appropriate behavior, building on the expectations outlined in prior letters. These communications emphasize that visitors must engage respectfully, follow hospital protocols, and refrain from unacceptable behavior. They also outline the potential consequences of noncompliance, including removal from hospital premises, suspension of visitation privileges, and, where appropriate, issuance of a Trespass Order. These letters underscore that continued noncompliance will not be tolerated and are intended to ensure a safe and respectful environment while maintaining access to necessary care.

Letters of Responsibility are case-specific communications reserved for situations requiring formal intervention. They are assessed and issued by the clinical team, with support from Quality and Risk. Security and Occupational Health and Safety should be made aware when letters are issued. They are **not** to be issued routinely. Their purpose is to ensure that formal communications are meaningful, targeted, and support a safe, respectful hospital environment, while maintaining patients' access to necessary care.

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Leaders considering issuing a Letter of Responsibilities should contact the Director of Quality, Risk and Patient Experience for assistance with drafting the letter. All letters must be signed by the Program Manager and/or the Program Manager, and Director of Quality, Risk, and Patient Experience prior to issuance and developed in collaboration with the clinical team. Once issued, the letter will be stored by Quality and Risk to ensure proper documentation and tracking.

TRESPASS ORDER

In urgent situations, Security Services may issue a Verbal Trespass Order for up to 24 hours. The After Hours Operational Manager, Clinical Manager, Clinical Director, Security Director, and Quality and Risk (when appropriate) should be notified immediately to assess whether a Written Trespass Order is needed. Staff should refer to the Trespass to Property Policy for any questions or concerns related to No Trespass Orders.

REPORTING AND INVESTIGATIONS

Workers are to report all violence-related incidents or hazards including Domestic Violence to their supervisor using Parklane.

- The manager receiving the report, will investigate and ensure that measures are taken to safeguard the employee and curtail the harassment, or violence
  The Worker designate on the JHSC should also investigate all critical injuries/fatalities related to violence and report the findings to the MOL and the JHSC.
- The same managers inform the employee who made the report of the investigation outcome to the extent necessary to optimize future safety from similar incidents.
- The employer reports all injuries to the MOL and WSIB, JHSC and Union as required by the *Occupational Health and Safety Act* and *Workplace Safety and Insurance Act*.
- No report of workplace violence/harassment or risk of violence may be the basis or reprisal against the reporting employee.

CONFIDENTIALITY

- Workers are to report all violence-related incidents or hazards to their manager or supervisor. BCHS will do its best to preserve and protect the confidentiality in the alleged case. However, where required by law or required in order to investigate and/or resolve the matter it may be necessary for BCHS to take action.
- While the investigation is on-going, the Worker who has allegedly experienced violence, the alleged abuser(s)/harasser(s) and any witnesses will be instructed not to discuss the complaint, incident or the investigation with other Workers or witnesses unless necessary to obtain advice about their rights.

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EMERGENCY RESPONSE MEASURES

Refer to BCHS's emergency response procedure (e.g., code white, code black, security response procedure) found in Get Ready.

Means for summoning assistance:

- Call bell system: When pulled 3 times in washrooms signify to switchboard a code white
- Screamers: When pulled notifies surrounding staff assistance is needed (does not ring overhead)
- Code White buttons: When pulled directly notifies switchboard of code white
- Phone: Dialing 5555 will directly put you to switchboard to call a code.

Risk Assessments/Prevention

BCHS's commitment to preventing Workplace Violence includes but is not limited to the development and communication of a Workplace Harassment and Violence Prevention Program, prominently displayed signage and risk/threat assessments designed to identify potential risks and recommend changes and controls to minimize/alleviate these risks. Review of Risk Assessments will be done bi-annually, as well as when new jobs are created or job descriptions are changed substantially.

SUPPORTS FOR EMPLOYEES AFFECTED BY WORKPLACE VIOLENCE

BCHS is committed to the provision of a safe, healthy, secure and respectful Workplace. Any member who has been exposed to any form of Workplace Violence or has witnessed any form of Workplace Violence will be supported through all aspects of the event including reporting, investigating, the follow-up and treatment and/or corrective action stages.

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

- Immediately keep Worker safe and develop a safety plan for the affected Worker
- Facilitation of medical attention
- Debriefing (by skilled professional)
- Referrals to community agencies, treating practitioner and employee assistance program
- Completion of incident reports, WSIB reports, reports to MOL (critical injury or fatality)
- Reporting to police (as required, ensuring privacy considerations are taken into account)
- Team debriefing

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DOCUMENTATION AND /OR COMMUNICATION

The program must indicate how the employer will keep records of all complaints or incidents of Workplace Violence including:

- A copy of the complaint or details about the incident (Parklane Violence Report);
- A record of the investigation including notes;
- Copy of witness statements, if taken;
- A copy of the investigation report, if any;
- A copy of the results of the investigation that were provided to the Worker who reported Workplace Violence and the alleged harasser; and
- A copy of any corrective action taken to address the complaint or incident of Workplace Violence.

The documents associated with a Workplace Violence complaint, incident and/or investigation must not be disclosed unless necessary to investigate an incident or complaint of Workplace Harassment, take corrective action or otherwise as required by law.

EDUCATIONAL REQUIREMENTS

BCHS's commitment to education and training includes but is not limited to specific public/community, employee, and supervisory education/training. Employees and supervisors will receive education/training regarding general and site-specific training to the Workplace Harassment and Violence Prevention Program including the employees and supervisor reporting/response expectations/requirements (internal and external), interventions to minimize risk and the supportive processes available to them e.g., EAP and/or Peer Support. Education/training will also entail increasing awareness of specific disease processes that can affect patient understanding of their actions, training on domestic violence and measures to promote employee and patient safety. Supervisors will also receive training to ensure competency under the OHSA and how to investigate, document and follow-up incidents, including corrective action. All training is done in consultation with the JHSC.

As part of their general orientation to BCHS, all new employees will receive education and training regarding general and site-specific training to BCHS's Harassment and Workplace Violence Prevention Program. There will be an annual educational reminder to all vested parties.

REQUIRED SAFETY PRACTICES

HSO 5044-2025 Workforce Safety and Well-Being

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QUALITY MONITORING PROCESS

1. Any staff member identifying potential or actual adverse outcomes related to this policy will notify the manger or delegate will follow the incident reporting process as per Patient Safety Incident Reporting Policy (Document No. 9222)
2. This step includes but is not limited to the implementation of systems to identify, analyze, control and communicate information about potentially violent, aggressive or abuse situations and/or patients. All reported incidents of Workplace Harassment and Violence will be monitored for purposes of trending and system improvement.

APPENDICES

Appendix A: Letter of Expectations SAMPLE
Appendix B: Letter of Responsibility SAMPLE

RELATED PRACTICES AND/OR LEGISLATION:

Ontario Human Rights Commission. (n.d.). *The Ontario Human Rights Code*. https://www.ohrc.on.ca/en/ontario-human-rights-code

Ontario Ministry of Labour, Immigration, Training & Skills Development. (n.d.). *Occupational Health and Safety Act (OHSA) publications*. https://www.labour.gov.on.ca/english/hs/pubs/ohsa/

REFERENCES:

Criminal Code, R.S.C. 1985, c. C-46 (Canada).

Ministry of Labour. (2016). *Code of practice to address workplace harassment under Ontario's Occupational Health and Safety Act*. Government of Ontario.

Occupational Health and Safety Act, R.S.O. 1990, c. O.1 (Ontario).

Occupiers' Liability Act, R.S.O. 1990, c. O.2 (Ontario).

Ontario Human Rights Code, R.S.O. 1990, c. H.19 (Ontario).

Public Hospitals Act, R.S.O. 1990, c. P.40 (Ontario).

Public Services Health & Safety Association. (n.d.). *A guide to the development of a workplace violence prevention program* (2nd ed.).

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Regulated Health Professions Act, 1991, S.O. 1991, c. 18 (Ontario).

Workplace Safety and Insurance Act, 1997, S.O. 1997, c. 16, Sched. A (Ontario).

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