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Violence Response Toolkit

Violence Response Toolkit

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Violence Response Toolkit

Contents

Introduction

Violence in the workplace is a complex issue. It is also one of the top health and safety concerns facing Ontario's health care sector. Evidence shows that workplace violence is three times more likely to occur among health care workers than any other occupation, including police and correctional officers (International Council of Nurses, 2001, Kingma, 2001).

The ***Occupational Health and Safety Act (OHSA)*** and its regulations set out minimum requirements to prevent workplace violence in Ontario. The ultimate responsibility for health and safety lies with the employer because they direct the workplace. Legislation sets out employer roles, as well as specifies roles for supervisors, workers, and unions.

In addition to the violence provisions under the OHSA, Employers and supervisors must take every precaution reasonable in the circumstances for the protection of a worker. (*OHSA*, Section 25 (2)(h)) and 27 (2) (c). See the Workplace Violence Prevention in Health Care: A Guide to the Law for more details on legislative requirements.

The *OHSA* violence provisions requires employers to create workplace violence and harassment policies; post the policies in the workplace; provide information and instruction to workers regarding the workplace violence policy and program, assess and reassess the risk of violence in the workplace, and create a program that includes measures and procedures to control the risks of violence. By law, the program must include measures and procedures:

- for workers to summon immediate assistance when violence occurs or is likely to occur,
- to report incidents of violence;
- to control the risks identified on risk assessments and
- set out how employers shall investigate incidents or complaints of workplace violence.

In addition, employers have a duty to warn workers about any person with a history of violent behaviour and must therefore have a process to inform workers about individuals the employer knows have a history of violent behaviour if workers are likely to encounter those individuals at work and the risk of workplace violence is likely to expose the worker to physical injury.

Employers also must take every precaution reasonable in the circumstances to protect workers from domestic violence that enters the workplace.

Health Care and Residential Facilities Regulation 67/93, also contains requirements relevant to workplace violence. Employers must in consultation with the Joint Health and Safety Committee (JHSC) (in workplaces with 20 or more workers) or Health and Safety Representative (HSR) (in workplaces with 6 – 19 workers) develop, establish and put into effect health and safety measures and procedures and must commit them to writing. Employers must also consult with the joint health and safety committee (JHSC) or health and safety representative (HSR) when developing, establishing and providing training and educational programs. At least once a year the health and safety measures and procedures must also be reviewed and revised.

In addition to planning to prevent workplace violence, the legislation also contains requirements for employers, such as duties to provide occupational health and safety reports. It also requires the immediate notification of critical injuries and fatalities to the MOL, JHSC/HSR, and union. Where a person is disabled from performing his/her usual work due to an injury or requires medical attention the employer must also notify the JHSC/HSR, union and the MOL (if an inspector requires notification). The employer must also notify the MOL, JHSC/HSR and the union if the employer is advised of a worker having an occupational illness or a claim in respect of an occupational illness has been filed with the Workplace Safety and Insurance Board (WSIB).

The employer must also afford assistance and cooperation for worker JHSC members/HSR to accompany Ministry of Labour inspectors and when JHSC/HSR members exercise their rights to investigate critical injuries and inspect the place where the accident occurred, and to perform other duties as outlined in the legislation. See notification in Steps to Respond to Violence section for more information below.

Reporting to the JHSC/HSR, union, MOL as applicable is mandatory pursuant to Sections 51 and 52 of the *OHSA*. Contents of the written notices are prescribed in Section 5 of the Health Care and Residential Facilities regulations, and one of the items that must be reported is “the steps taken to prevent a recurrence.”

The purpose of this toolkit is to provide guidance and resources to all workplace parties on how to **respond** to the risk of violence and actual violent incidents and **prevent** future incidents. It will highlight the importance of collaborating with all workplace parties (e.g. workers, unions, JHSCs/HSRs, management) when responding to and addressing violence in the workplace. Effective management in responding to workplace violence will contribute to enhanced quality care of patients and residents.

Recognize Violence

What is Workplace Violence?

The Occupational Health and Safety Act defines workplace violence as:

- 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; and a
- a statement or behaviour that 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 (*OHSA* s.1(1)).

This may include:

- Verbally threatening to attack a worker;
- Leaving threatening notes at or sending threatening emails to a workplace;
- Shaking a fist in a worker's face;
- Wielding a weapon at work;
- Hitting or trying to hurt a worker;
- Throwing an object at a worker;
- Sexual violence against a worker;
- Kicking an object the worker is standing on, such as a ladder; or kicking the worker
- Trying to run down a worker using a vehicle or equipment

The definition of workplace violence is broad enough to include acts that would constitute offences under Canada's Criminal Code which deals with matters such as violent acts, sexual assault, threats and behaviours such as stalking.

What if a worker is accidentally hurt or pushed?

Accidental situations – such as a worker tripping over an object and pushing a co-worker as a result are not meant to be included.

Does the person need to intend to hurt the worker?

For workplace violence to occur, a person must apply, attempt to apply, or threaten to apply physical force against a worker. However, he or she does not need to have the capacity to appreciate that these actions could cause physical harm.

For example, a person may have a medical condition that causes them to act out physically in response to a stimulus in their environment. This would still be considered workplace violence.

Workplace violence could also include situations where two non-workers, patients or residents for example, are fighting and a worker is injured when he or she intervenes. The non-workers may not have intended their violence to spill over to anyone else, but they used physical force, which ultimately caused physical injury to the worker.

Employers are expected to take these situations into account when assessing the risks of workplace violence and when dealing with incidents. They would be required to establish measures and procedures to protect workers from this type of behaviour.

A Continuum of Behaviours

A continuum of inappropriate or unacceptable behaviours can occur at the workplace. This can range from offensive remarks to violent acts. Workplace harassment may escalate overtime. Harassment, including sexual harassment that occurs in the workplace and involves threats, attempts or acts of physical force would be considered workplace violence under the OHSA.

It is important for employers to recognize these behaviours and to deal with them promptly. Addressing incidents of harassment not only helps the targeted worker but their co-workers as well. Taking action can also prevent harassment from escalating in the workplace and possibly resulting in physical violence by either the harasser or the targeted worker.

Workplace violence against a worker may be a one-time occurrence or involve repeated behaviours over time such as hitting, kicking, punching and biting a worker that causes or could cause physical injury. Workplace violence may also include an attempt to exercise physical force against a worker, such as an attempt to hit or bite and may also include a statement or behaviour which is reasonable for a worker to interpret as a threat of violence, such as leaving a worker a threatening note, or threatening an act of violence against a worker.

A person does not need to have the capacity to understand that their behaviour could cause physical injury to a worker to be workplace violence under the *OHSA*. It is important to identify and manage inappropriate and/or unacceptable behaviours early to minimize the potential for these behaviours to lead to workplace violence.

Recognizing workplace violence requires both the design of reporting systems that are able to capture all types of workplace violence events, and the collection of information in these systems that is relevant, interpretable and actionable. The collection of high-quality information on workplace violence incidents provides organizations with a mechanism to identify the parts of their organization where workers are or could be at risk of workplace violence events, develop targeted strategies, measures, procedures and training, in consultation with JHSC/HSR, to improve workplace violence prevention activities, and enable the evaluation of year over year changes in the number and type of workplace violence incidents and the interventions put in place to protect workers.

Adapted from Workplace Violence Harassment: Understanding the Law, MOL Health and Safety Guideline https://www.labour.gov.on.ca/english/hs/pdf/wpvh.pdf pages 6-7, and 11

Steps to Respond to Violence

Responding quickly and efficiently to incidents of workplace violence reduces the severity of injury suffered and helps restore order to the unit, long-term care home quickly. Response plans need to be practiced and need to continually evolve to fill gaps and to work smoothly. Every incident analysis must evaluate, and address gaps identified in the response process.

The following table explains 3 different phases that should occur to effectively respond to workplace violence. Each phase on the table has several steps to follow and highlights the roles and responsibilities of each workplace party and suggests additional considerations for an employer. It is important to note that the steps below may not occur in chronological order and some steps may occur simultaneously (e.g. call police at same time as secure scene). It is also important to note that this is not an exhaustive list as the employer must still take every precaution reasonable in the circumstances for the protection of a worker.

Employers must ensure they have competent supervisors (refer to *OHSA* s. 1(1) for the full definition of "competent person"). Among other requirements, supervisors must be familiar with the *OHSA* and any of its regulations that apply to the workplace and trained on measures and procedures to respond to workplace violence. The Ministry of Labour has prepared a document entitled "Who is a Supervisor under the Occupational Health and Safety Act" to assist employers in this matter. Please refer to MOL Resource with regards to appointing competent supervisors at the following link: https://www.labour.gov.on.ca/english/hs/pubs/gl_supervisor.php.

For example, if a supervisor is not present then the charge nurse/another worker may be considered a supervisor for the purposes of the *OHSA* because they have charge of a workplace which refers to broad control over the planning of work and how it is carried out. In this case, the charge nurse/another worker should be trained to the same level as other formal supervisors to ensure they are competent.

Also refer to Ensuring Supervisor Competency on Health and Safety for Managers and Supervisors toolkit and refer to Appendix A- Response Flow Chart below.

Steps	Roles and Responsibilities	Considerations	Resources
PHASE 1 Immediate Response			
Summon Immediate Assistance	**Workers:** ▪ Summon immediate assistance of trained responders (e.g. Code white team, security, EMS/police) ▪ Use personal alarms if available/ personal panic buttons/phones/ ▪ Overhead page of assistance needed **Supervisor:** ▪ Attend area and if not able ensure another competent supervisor attends area ▪ Provide support to workers in area ▪ Get supplies/equipment as needed ▪ Crowd control ▪ Ensure workers are trained and compliant with measures/procedures/ protocols ▪ Conduct mock codes/drills		*OHSA*: Sections 25 (2)(h) and 27 (2)(c) Section 32.0.2 – Measures and Procedures Refer to PSHSA PSRS Toolkit/workplace-violence.ca Health Care and Residential Facilities Regulation Sections 8, 9, 10 Refer to Internal/Hospital Policies/Procedures/Protocols

Steps	Roles and Responsibilities	Considerations	Resources
	Employer: ▪ In consultation with the JHSC develop, establish, put into effect and amend and evaluate measures, procedures. Also, in consultation with the JHSC develop, establish and provide education and training programs to supervisors and workers (e.g. Canadian General Standards Board Core Training requirements, de-escalation, and self-protection techniques)		
Emergency Response	**Workers:** ▪ Prepare to respond and utilize response training (e.g.de-escalation, restraints, self-protection techniques, edged weapons defence, grounding) ▪ Adhere to safe work practices and procedures developed to protect workers ▪ Assist responders as required ▪ Gain control of environment ▪ Attend and participate in training on measures/procedures	Liaise with local police to determine roles and responsibilities Responders to be trained in de-escalation, self-protection techniques, restraint training, crisis intervention, Code White, edged weapon defence, grounding)	*OHSA* Sections 25, 27, 28 OHA Emergency Code Plans/https://www.oha.com/ Municipal Legislation- Emergency Management Refer to Appendix D- Health Care Facility-Police Protocol Refer to Internal/Hospital Policies/Procedures/Protocols Refer to Internal Long-Term Care home Policies/ Procedures/Protocols Refer to other organizations for their plans

Steps	Roles and Responsibilities	Considerations	Resources
	Supervisor: ▪ Provide support as necessary ▪ Provide support to all workers on scene ▪ Ensures workers are trained by testing and validating response process education (e.g. Mock codes/responses) **Employer:** ▪ To develop response protocols, measures, procedures and provide training to workers on response process and roles and responsibilities to protect workers, in consultation with JHSC/HSR ▪ Ensure responders are trained and equipped on roles and responsibilities (e.g. Mock Code/Drills) ▪ Evaluate effectiveness of measures, procedures/ protocols		
Manage Scene	**Responders:** ▪ Assess and ensure immediate safety of all workers ▪ Gain control of environment	Minimize disruption of scene unless hazard is present	*OHSA* Sections 51, 52

Steps	Roles and Responsibilities	Considerations	Resources
	▪ Secure furniture, equipment, objects if no critical injury or fatality, otherwise preserve scene ▪ Direct and protect workers and other personnel ▪ Follow measures/procedures/ protocols as trained **Workers:** ▪ Follow instructions from responders ▪ Follow measures/procedures/ protocols as trained **Supervisor:** ▪ Ensure immediate safety of all workers ▪ Preserve/Secure the scene ▪ Gain control of scene and assist with crowd control **Employer:** ▪ Ensure responders have been identified, trained and competent to respond to emergencies ▪ Ensure measures/procedures and training for workers and supervisors are in place for securing a scene and ensuring safety for all workers		

Steps	Roles and Responsibilities	Considerations	Resources
Provision of Care	**Workers:** ▪ Seek first aid, OHS, Emergency services if needed ▪ Seek treatment from family physician, or other care provider (e.g. physiotherapist, dentist, etc.) if needed **Supervisor:** ▪ Provide support and facilitate provision of care ▪ Follow up with worker(s) to be focused on support **Employer:** ▪ Provide support and facilitate provision of care ▪ Have senior leadership call worker at home to be focused on support and care	First Aid Program OHS Department (not applicable in most long-term care homes refer to person responsible for Occupational Health and Safety) Treatment/Emergency Care Access Other Care Providers EFAP	Refer to Internal Policies/Procedures/Protocols Refer to Appendix B - Specialized Response/Tending to the Injured Collective Agreement

Steps	Roles and Responsibilities	Considerations	Resources
Notifications as per Hospital/ Long Term Care Home Policies/ Ohsa, Health Care Residential Facilities Regulation, WSIB and Other External Reporting Requirements	**Workers:** ▪ Notify supervisor/ employer of risk or of actual violence (hazard) ▪ Follow internal reporting responsibilities (e.g. incident report) **Supervisors:** ▪ Notifies management, OHS Department (in long term care home person responsible for Occupational Health and Safety), JHSC, MOL, Trade Union, WSIB, Police as per legal requirements **Employer:** ▪ Establish measures/procedures in place to comply with notification requirements Notifies JHSC/HSR, MOL, Trade Union as per legal requirements	When uncertain, report Develop Chain of command	OHSA Sections 28, 51 & 52 WSIA Criminal Code of Canada Collective Agreement Health Care and Residential Facilities Regulation 67/93 Ontario Health Care Health and Safety Committee Under section 21 of the Occupational Health and Safety Act: Guidance note on Occupational Injury and Illness Reporting Requirements (found here: https://www.pshsa.ca/wp-content/uploads/2012/11/Approved-Occupational-Injury-and-Illness-Reporting-Requirements-GN-18Jul....pdf)

Steps	Roles and Responsibilities	Considerations	Resources
PHASE 2 Response Support and Notifications			
Immediate Debrief	**Workers:** ▪ Participate and report feelings **Supervisor:** ▪ Conducts debrief with blame free approach **Employer:** ▪ Establish measures and procedures and provide training ▪ Monitor and evaluate effectiveness and consistency of debrief	Develop Debrief Tool/Protocol	Appendix C CAMH Debrief Tool Appendix C TOH Debrief Tool
Incident Risk Assessment	**Workers:** ▪ Assess to determine ongoing threat/risks in consultation with responders/supervisors ▪ Report additional hazards as necessary to supervisor and JHSC/HSR **Supervisor:** ▪ Assess to determine ongoing threat/risks in consultation with workers/responders ▪ Take every precaution reasonable to protect workers	Use of External consultant to conduct risk assessment Use of trained investigators	*OHSA* Section 32.0.3 See Internal/Hospital or long-term care home Policies/Procedures/Protocol OHA Emergency Codes/https://www.oha.com/

Steps	Roles and Responsibilities	Considerations	Resources
	Employer: ▪ Develop policies/procedures/ protocols and provide training (e.g. Lockdown, Code Silver/Purple, process to communicate risks to others system wide)		
PHASE 3 Investigation and Follow-up			
Investigation Including Root Cause Analysis **(Eg. People, Equipment, Materials,** **Environment, Processes)**	**Workers:** ▪ Co-operate and provide information as necessary **JHSC:** ▪ **One or more worker members of the JHSC may conduct** an investigation under *OHSA* section 9 (31) for critical injury or fatality **HSR:** ▪ may inspect the accident scene under *OHSA* section 8(14) for critical injury or fatality **Supervisor/Manager:** ▪ Take every precaution reasonable in the circumstances for the protection of a worker	Use of Electronic/Hard Copy Investigative Report Engaging JHSC/HSR, Trade Union in all investigations	*OHSA* Sections 9(31), 25 (2) (l) 51, 52, 62, 63 Health Care and Residential Facilities Regulation Section 5 PSHSA – Incident Reporting and Investigation Toolkit *under development*, Accident Fast Fact Sheet, Code White Toolkit *under development* CSA Standard- Root Cause Analysis Refer to Appendix D-Health Care Facility-Police Protocol

Steps	Roles and Responsibilities	Considerations	Resources
	▪ Will lead and engage response team if applicable ▪ Conduct investigation that includes root cause analysis ▪ Will implement and document steps taken to prevent a recurrence ▪ Provide OH&S report with JHSC/HSR and to workers ▪ Call MOL as applicable ▪ Call Police- If criminal suspicion **Employer:** ▪ Take every precaution reasonable in the circumstances for the protection of a worker ▪ Develop measures and procedures and provide training ▪ Ensure steps are taken to prevent a recurrence ▪ Share written risk assessment and investigation report results and if in writing the portions of the report respecting OH&S with JHSC/HSR		

Steps	Roles and Responsibilities	Considerations	Resources
	▪ Advise workers of the results of a report respecting occupational health and safety and if the report is in writing make available to them on request copies of the portions of the report that concern occupational health and safety ▪ Put in place measures and procedures to control the risks identified in the risk assessment		
Recommendations/ Controls and Implementation Plan	**Workers:** ▪ Follow and adhere to established controls **JHSC:** ▪ Designated worker member(s) report investigation findings and recommendations (if fatal or critical) to MOL and committee **Supervisor:** ▪ Take every precaution reasonable in the circumstances for the protection of a worker ▪ Ensure workers are trained on control measures and procedures	Assess Risk/Benefits	*OHSA* Section 25 (2)(h), 27, 52 Health Care and Residential Facilities Regulation Section 5, 8, 9(31) Refer to Appendix E- Example of Controls PSHSA- Control Measures pictogram, see pg. 28 Refer to Workplace Safety plan toolkit

Steps	Roles and Responsibilities	Considerations	Resources
	▪ Develop and implement controls in consultation with workers/responders/JHSC/HSR/ Trade Union ▪ Assess for effectiveness to protect workers **Employer:** ▪ Take every precaution reasonable to provide necessary supports, measures and procedures to supervisors/workers to protect a worker and control identified risks ▪ Develop and implement controls in consultation with workers/responders/JHSC/ HSR/Trade Union ▪ Provide training to workers/supervisor on control measures and procedures ▪ Monitor and evaluate effectiveness of controls		
Documentation/ Communication Plan	**Workers:** ▪ Communicate lessons learned to other workers ▪ Report ongoing hazards following internal reporting procedures and as required by legislation (e.g. incident report)	HQO- Quality Improvement Process	*OHSA* Sections 25 (2)(l)(m), 28, 32.0.2, 32.0.3, 51, 52 Health Care and Residential Facilities Regulation Sections 5, 8, 9 Refer to Workplace Safety Plan toolkit Refer to Effective Workplace Communications toolkit (e.g. Safety Huddles)

Steps	Roles and Responsibilities	Considerations	Resources
	▪ Participate and document with care planning **Supervisor:** ▪ Communicate changes/lessons learned system wide as applicable ▪ Adhere to documentation requirements under notifications ▪ Document investigative findings with control measures/steps taken to prevent a recurrence ▪ Facilitate and support care planning exercises **Employer:** ▪ Establish measures and procedures to communicate lessons learned system wide and ensure communication occurs		Refer to PSHSA Incident Reporting and Investigation Toolkit *in development*
Evaluate Effectiveness	**Worker:** ▪ Report ongoing hazards ▪ Report if control measures inadequate/not protecting as intended	Consider Incident Review Committee that meets on frequent basis composed of workers, JHSC/HSR, management, Safety	*OHSA* Section 25(2)(h), 27, 28, 32.0.3(3) Health Care and Residential Facilities Regulation Section 9(2)

Steps	Roles and Responsibilities	Considerations	Resources
	Supervisor: ▪ Monitor effectiveness of control measures and procedures and make changes as needed **Employer:** ▪ Review all control measures and procedures to ensure adequate protection of workers		

Summon Immediate Assistance

The *OHSA* requires employers to develop a workplace violence program that includes measures and procedures to summon immediate assistance when violence occurs or is likely to occur. For example, one such measure and procedure may include the requirement for workers to wear personal alarms. If workers wear personal alarms in workplaces to which the Health Care and Residential Facilities Regulation applies, the employer must ensure that workers are trained on the care, use and limitations of the devices before wearing and using them for the first time and at regular intervals thereafter. For all other workplaces, this is required under *OHSA* clause 25 (2) (a) and 32.0.5(2)(a).

It would also be a good practice for the measures and procedures on personal alarms to contain a requirement for workers to test the alarms before they begin their shift. Employers are reminded that workers must be provided with information, instruction, training and education on the contents of the workplace violence policy and program, which includes ensuring that workers are instructed on how to summon immediate assistance in various scenarios where there is a risk of workplace violence. Refer to *OHSA* clause 32.05(2)(a), clause 25(2)(a) and section 9 (4) of the Health Care and Residential Facilities regulation for more details with respect to providing information, instruction, training and education to workers.

Regardless of the type of workplace, measures and procedures for summoning immediate assistance need to comply with the *OHSA*, to be reliable and continue to be in effect.

Different response protocols should be developed to summon immediate assistance to different types of threats. Common standard emergency response codes used by acute care facilities and many long-term care facilities for violence include the following (Health Care Section 21 Committee, 2014):

- Code White: Patients, residents, clients and/or visitor violent/behavioural situations;
- Code Black: Bomb threats;
- Code Purple: Hostage situations;
- Code Silver: Person with a Weapon

Emergency Response codes should include detailed protocols, which will include the means for summoning immediate assistance and who is responsible to respond (e.g. Security). These can include personal panic alarms linked to security, alarm buttons at the nurses' station and other strategic locations, and/or personal emergency call/locator badges, as well as other wireless devices. Additional measures and procedures to summon immediate assistance for workers in hospitals and long-term care who provide services in the community or other settings may include:

- Use of a cell phone, or a personal alarm that is linked to a security company's monitoring system or similar wireless systems.
- Use a cell phone with an embedded GPS unit
- Require workers to have emergency telephone numbers handy
- Assign two workers to a visit when there is a history of violent behaviour or the potential for violence in the home or area where home is located or in the long-term care home
- Ensure the communication process and device works in the environment the worker is travelling
- Assign two workers to a visit in a work location which is remote and where the usual communication devices do not work
- Establish Protocols for summoning the police

Managing the Scene/Emergency Response/Provision of Care

Managing the scene in a violence incident is vital in ensuring the safety for all workers and control of the environment. It also will permit the preservation as required under the *OHSA* (section 51 (2)) of the environment for further evidence/collection of information to assist in the investigation process. It will also prevent any further injury or damage. The following steps should be taken:

- Ensure the safety of all staff, patients, residents, visitors
- Ensure provision of care is provided (first aid, EMS, OHS)
- If safe to do, secure furniture, equipment, objects unless critical injury or fatality then preserve
- Remove bystanders who are not involved in responding
- Crowd control
- Direct responders to area of need
- Determine who is the lead and who will delegate roles, responsibilities and tasks
- Inform other workers of the incident occurrence and what temporary controls may be implemented to avoid further injury/damage
- Evacuating the area

The Employer must ensure that all workplace parties are trained in their roles and responsibilities with respect to managing the scene, emergency response and provision of care. Responders will attend to the scene and gain control over the environment using established policies/procedures/measures/training. Refer to *OHSA* clause 32.05(2)(a) and (b), clause 25(2)(a) and section 9 (4) of the Health Care and Residential Facilities Regulation for more details with respect to providing information, instruction, training and education to workers. In addition, please refer to Appendix B, Specialized Response/Tending to the Injured.

Notifications

There are legal requirements in Ontario under the *OHSA* for employers to report where a person is killed or critically injured at a workplace, or where a person is disabled from performing his or her usual work or requires medical attention as a result of workplace violence.

To understand the reporting requirements for critical injuries please refer the *OHSA* subsection 51 (1) and Health Care and Residential Facilities Regulation 5(1), and the Critical Injury Regulation (Reg. 834) which defines “critically injured”. Reporting obligations require immediate notification by telephone or other direct means to a MOL inspector, Joint Health and Safety Committee (JHSC)/ Health and Safety

Representative (HSR) and the trade union, and within 48 hours, the employer shall send to a Director of the Ministry of Labour a written report of the circumstances of the occurrence containing prescribed particulars and information.

When workplace violence that results in a person being disabled from performing his or her usual work or requires medical attention, and where no fatal or critical injury has resulted, it must be reported in writing within four days of the occurrence to the JHSC/HSR and the Trade Union (as per the *OHSA* subsection 52 (1) and Health Care and Residential Facilities Regulation (s. 5(2)(3)).

If the employer is advised by, or on behalf of a worker, that the worker has an occupational illness as a result of an incident of workplace violence, or the employer is advised that the worker has filed a claim in respect of an occupational illness with the WSIB, the employer must report this and the prescribed information in writing within four days to the JHSC/HSR, Trade Union and the MOL.

If criminal suspicion, then Police should be notified as well. Please refer to Appendix D- Health Care Facility-Police Protocol.

Immediate Debrief

Debriefing is a type of assistance incorporated into post-incident response and is designed to help individuals deal with the possible consequences of a workplace violence incident. (OSHA, 2016). Debriefing via a group or individual discussion is to take place as soon as clinically suitable. The focus is to explore the event from the perspectives of the staff members involved, identify opportunities to provide support, promote healing, foster recovery, and enhance learning.

The **goals** of debriefing are as follows:

- Promote the physical and psychological safety and wellbeing of all workers (e.g. ensure staff are safe and supported)
- Explore the event with a focus on how to replicate positive events and prevent negative events from recurring;
- Identify and implement measures to further support a safe environment for workers and patients/residents;
- Assess the need for further support e.g., Employee and Family Assistance Program (EFAP), or medical attention.

The **phases** of the Reflective Practice and Debrief are as follows:

- Fact phase: Staff perspective of the event e.g. what happened?;
- Thought/cognitive phase: Staff initial thoughts during and following the event, e.g. "What went through your mind following the event?";
- Reaction phase: processing reactions, e.g. "What went well and what were some challenges for your team/staff during the event?"
- Teaching phase: acknowledge areas to improve or replicate the outcome, e.g. "What can be learned from this experience?" and celebrate achievements and share constructive learning experiences.
- Supportive phase: acknowledge and thank everyone for participation; remind everyone that facts can be discussed later in staff meeting or incident analysis; facilitate optimism, and hope now and at future meetings; encourage connectedness and team cohesion; remind about other internal/external supports such as Occupational Health (or those designated with responsibility for Occupational Health and Safety), Employee and Family Assistance Program, Care Provider (see Appendix B)
- Follow up phase: Complete all follow up documentation as required, supervisor to check in with staff who display symptoms of intense emotion, anxiety, fear, racing, disconnected thoughts, silence, distraction, dissociation, withdrawn during debrief and provide necessary referrals

It is recommended that employers develop a standardized debriefing tool that can be used to gather the above information from affected workers. Refer to Appendix C for examples of debrief tools from Centre for Addiction and Mental Health (CAMH) and The Ottawa Hospital.

Incident Risk Assessment/Investigation

The employer is required under Section 32.0.2 to set out how the employer will investigate and deal with incidents or complaints of workplace violence. The Health Care and Residential Facilities Regulation places additional obligations on employers to develop measures, procedures, in consultation with JHSC or HSR (in workplaces with 6-19 workers) and to provide with the accident notification, steps to prevent a recurrence (section 5 Health Care and Residential Facilities Regulation).

To effectively gain control of a workplace violence incident, supervisors should take immediate action and assess for ongoing threat(s) during the incident of violence. Once determined that the environment is safe a supervisor/trained investigator must investigate.

All incidents of workplace violence must be investigated. All workers should be aware of the investigation process, so they will be able to contribute information about the incident in their workplace. It is essential to determine root and contributing causes to the incident. It is also important to recognize that different types of investigations may take place concurrently or independently (e.g. JHSC, MOL, Police). So essentially determining the scope and who needs to conduct the investigation (e.g. Supervisor, trained investigator) should be established immediately after the incident has occurred.

The following diagram lists appropriate steps to conducting an effective investigation.

Refer to PSHSA-How to Investigate Accident Fast Fact Sheet

Some common errors made by employers and supervisors during an investigation include:

- Failing to Investigate Promptly
- Disregarding Procedural Fairness
- Failing to select Trained Investigators
- Failing to Follow Own Policies and Procedures
- Conducting a Biased Investigation
- Failing to Gather all Relevant Information
- Ignoring Confidentiality and Privacy
- Failing to Properly Document Investigation
- Retaliating Against the Victim or Others
- Failing to Advise all workplace parties of the outcome

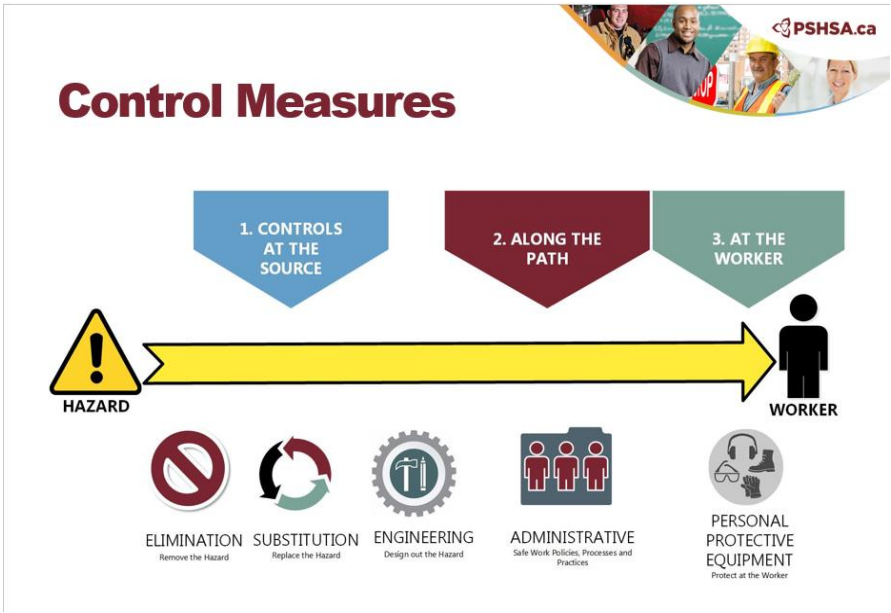
Adapted from Errors in Investigations - www.ehlaw.ca

Recommendations/Controls

The employer must take every precaution reasonable in the circumstances to protect workers as per *OHSA* Section 25 (2)(h) and must take steps to prevent a recurrence after workplace violence has occurred as per Section 5 of Health Care and Residential Facilities Regulation. These preventative steps are considered control measures.

Control measures must satisfy these requirements:

- Eliminate or adequately control the hazard
- Cause no undue discomfort or stress to the worker
- Protect every worker who may be exposed
- Create no new hazards
- Eliminate hazard to surrounding community



Source: Public Services Health and Safety Association (PSHSA) Control Measures Pictogram- www.pshsa.ca

Control measures can be placed:

- **At the source-** removes or eliminates the hazard
- **Along the path-** putting a barrier between the hazard and the worker to minimize or prevent exposure
- **At the worker-** the last resort control that minimizes the exposure and relies on appropriateness/sufficiency of equipment, training, and proficiency of the worker

Employers must control the risks identified in risk assessments, during workplace inspections, during JHSC meetings, through worker reports of hazards or any other means. They must assign a most responsible person to oversee the implementation of controls and to monitor and evaluate the effectiveness of the controls.

The following lists below represent the location and type of the controls and provides an example of a control measure for each category. For additional examples of control measures related to preventing workplace violence or preventing a recurrence, please see Appendix E Examples of Controls.

At the Source

Elimination:

- Reject admission, if appropriate, and transfer client/patient/resident to more appropriate unit/facility
- Conduct searches upon entry and exit for all individuals, remove clutter, conduct regular inspections/risk assessments/reassessments
- Ensure adequate supply of snacks/hydration
- Separate patients/residents (involved in previous altercations) into different meal times (forensic units) or serve their meals differently (e.g. in their room)
- Separating patient areas (e.g. bathrooms)
- Single occupancy rooms/private rooms, secured units e.g. behaviour units, wander guards on residents (connected to alarms that activate when they have exited the unit)
- Use plastic cutlery, weighted furniture, repair/replace broken equipment
- Identification of triggers and elimination through advance planning
- Early diagnosis of patients/residents
- Programs and services (e.g. health teaching, behavioural services, activation) for patients/residents

Along the Path

Engineering:

- Physical changes to layout,
- Placement of furniture, physical barriers, Use of seclusion rooms, safe enclosed work area with controlled access,
- Camera surveillance in all work areas with direct monitoring and link to security/nursing station, inventory process of equipment with daily counts, direct sightlines, no obstructions, mirror use to promote visibility, lighting, wireless tracking device, panic alarms, locked doors with security ability to open, clear paths to exit, quiet spaces, motion/movement detectors, metal detectors, shatter resistant glass, lockdown procedure

Administrative (Policies/Procedures)

- Expert risk assessment
- Increase security tours/presence, 1:1 care, locked areas for valuables, use buddy system,
- Additional staff during high risk activities, cohorting of patients/residents
- Violence response teams
- Chain of command
- Investigations
- Continual care planning to identify triggers, behaviours and put in place safety measures
- Internal code word for emergency response, provide internal and external numbers for workers to call; signage for visiting hours
- Supporting therapeutic relationships through consistency of care personnel
- Deterrence effect of staff or manager-observed meal times (in forensic units)
- Put the TV on or have a seating plan during meal times (in forensic unit) or seating plans in long term care home dining rooms
- Code white mock exercises/drills on a regular basis

Communication:

- Care planning to include triggers, behaviours and safety measures
- Safety huddle prior to each shift- Refer to R&D Safety Huddle Group
- Incident debriefing

Personal Protective Equipment:

- Personal alarms (sounding or silent), two-way security radios with regular auditing and testing,
- Cell phone (with pre- program emergency number)

At the Worker

Personal Protective Equipment

- Readily available and quick access to helmets, masks with face shields, body armour including Kevlar sleeves, gloves that are slash and needle resistant, bump caps, handcuffs, restraints
- Code white bags in areas accessible in emergencies

Training:

- Determine training level for level of violence risk
- Ensure all staff trained on emergency response and self-protection based on risk assessment, enhanced training for security (or staff serving in the capacity of security) to include restraint application and removal, physical containment techniques, de-escalation, therapeutic rapport, safe take down/grounding, resistance training, sharp edged weapons, weapon control

For a list of other possible controls see Appendix E.

Communication Plan

Communication is an important step in the violence response process. It increases awareness of the risks and hazards in the workplace and promotes reporting of future incidents. It also contributes to program and policy changes which workers need to be familiar with. The employer must ensure that communication mechanisms are in place to prevent, protect and inform workers. Some communication strategies include informing workers of who reviews their workplace incidents (JHSC/HSR, Trade Union, Management), informing workers what control measures were taken as result of reporting/responding to the incident and highlighting to workers the policy/program changes as result of an incident. Other strategies include posting risk assessment reports and sharing JHSC/HSR findings with all workplace parties. It is also important to provide information on trends, risks, and prevention strategies and controls to all workplace parties.

Evaluate Effectiveness

Similar to a safety plan, a violence response plan needs to be evaluated to ensure it is working as designed or intended. The *OHSA* requires an employer not only to develop, but also to *maintain* a violence program, that includes response measures/procedures/protocols. At least annually, employers are required by law to review their safety measures and procedures.

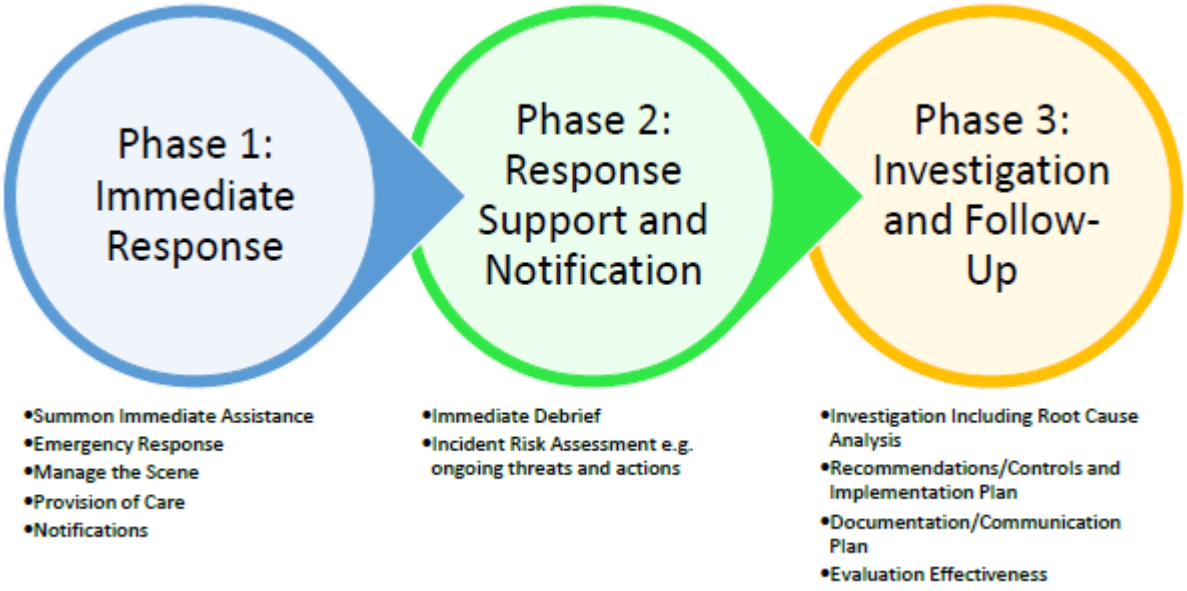
A variety of quantitative and qualitative data can be used in evaluation. The employer can review "lagging" indicators such as violence related injury rates, WSIB claim rates, incidents, and Ministry of Labour orders. It is also important to consider leading indicators such as degree of worker knowledge through surveys, worker participation, worker training hours, and preventative programs to fully evaluate effectiveness on response measures/procedures/protocol and program.

All information can be compiled and inform employer and the JHSC/HSR of successes and gaps in their program, and areas for improvement. Performing meaningful and regular evaluations will help the employer meet the legal obligation to maintain a program and is essential to building a violence free workplace.

Conclusion

Research suggests that only a fraction of workplace violence events are captured by employer reporting systems (Arnetz, 2015; Pompeii, 2016). Common reasons for not reporting workplace violence include that the event was not serious, that workplace violence is part of the job, and that nothing happens as a result of reporting. In turn, workplace violence is more likely to be reported when there is intent to injure, when the worker is injured, or when the worker is scared for their safety during the event. As a result, organizations should engage in activities that can increase the reporting of workplace violence and follow the steps listed in this toolkit to effectively prevent, manage, respond, control and evaluate the risk of workplace violence. If we all drive down the incidence of violence in our workplaces, we will ensure a safe environment for all our workers, which will as a result, contribute to enhanced quality care of our patients and residents.

Appendix A - Response Flow Chart



Appendix B - Specialized Response/Tending to the Injured

The following table outlines care or other considerations a supervisor/employer should complete for each type of violent incident.

Type of Incident	Care or Other Considerations
Sexual Assault	▪ Call it what it is ▪ Support the worker (victim): Ensure worker is safe in the immediate circumstance ▪ Advise the worker: Sexually abused persons may need post-traumatic stress counselling, legal advice, and information regarding compensation and insurance benefits as well as their rights to protection under the *OHSA* and Criminal Code. For example, victims of crime are entitled to claim for injuries caused by a criminal act pursuant to the "Compensation for Victims of Crime Act." ▪ Link the worker (victim) with Psychological Services-EFAP and a trauma expert ▪ Ensure WSIB reporting as per WSIA ▪ Notify the Union as per the *OHSA* ▪ Allow and assist staff to contact Police ▪ Consult JHSC/HSR; should be given notice when workers are disabled from performing their usual work or require medical attention or file a claim for an occupational illness to the WSIB (As per *OHSA* 51/52). Worker members of the JHSC or HSR have the right to investigate in cases of critical injuries and fatalities to a worker (HCR 9(31). JHSC/HSR should identify any gaps in the safety measures and make recommendations to prevent a recurrence and prevent further injuries. (As per *OHSA* Sections 51/52, 32.0.2, 32.0.3,9(31). ▪ The employer should conduct a risk assessment and re assign the perpetrator. A worker should not be required to work with the assailant. The worker is already quite distressed. ▪ Fully investigate incident: Look for precipitating factors to uncover root and contributing cause factors. ▪ The employer should provide a copy of the investigation to the JHSC/HSR ▪ Implement steps and formulate a coordinated team response ▪ Implement a Safety Plan for the worker ▪ Implement a buddy system (two person protocol for rounds) ▪ Communicate safety risks and measures arising (if any) to all staff in a timely manner
Physical/Weapon Assault	▪ Contain client and ensure safety of all workers

Type of Incident	Care or Other Considerations
	▪ Call security ▪ Call a silent code (if in a facility) or a Code White ▪ Call Police ▪ Offer support to all affected workers ▪ Give time off with pay after traumatizing events to all workers impacted ▪ Offer EFAP/Psychological services ▪ Recommend worker seek medical attention ▪ Ensure safety of others in facility (may evacuate or contain in another area) ▪ Investigate and assess and share findings and controls with JHSC, trade union and workers ▪ Violence Flag patient/resident ▪ Make alterations to care plan ▪ Offer support/break off the unit or program ▪ Ensure documentation is completed in chart ▪ Debrief with staff ▪ Debrief with patient/resident/family ▪ Flag on care plan ▪ Do a Team Huddle (prepare a team approach to physical assaults) (could be a staff meeting) ▪ Reassess staffing levels and/or reassign patient/resident/client
Verbal Assault/Racial Assault	▪ Remove patient/resident/client from immediate area ▪ Contain patient/resident/client/perpetrator in a safe space (patient/resident bedroom or interview room) ▪ Share incidents with JHSC/HSR ▪ Reassess staffing levels and/or reassign patient/resident/client ▪ Offer support/break off the unit or program ▪ Ensure documentation is completed in chart ▪ Debrief with staff ▪ Debrief with patient/resident/family ▪ Flag on care plan ▪ Do a Team Huddle (prepare a team approach to verbal assaults) (could be a staff meeting) ▪ Offer EFAP

Type of Incident	Care or Other Considerations
Traumatic Exposure ▪ **Physical:** exhaustion, insomnia headaches ▪ **Behaviour:** Increase in substance use, absent from work self-isolating ▪ **Psychological:** Depression, critical or cynical. Loss of hope ▪ **Spiritual:** life has no meaning	Recognize there are different ways to react and cope with trauma, and that some experience a wide range of physical and emotional reactions. There is no "right" or "wrong" way to feel, think or respond. Some best practices for employers/supervisors to follow are: ▪ Recognize that responses to adverse events are NORMAL reactions ▪ Understand that vicarious trauma happens over time with repeated incidents witnessed/identified by workers ▪ Know that psychological job hazards as well as physical aspects of the job are contributing factors ▪ Conduct routine internal audits to reviews all available data pertaining to mental injury among workers ▪ Implement a system for responding to identified risks in an organized, prioritized manner ▪ Establish Policies and Procedures concerning prevention and management of mental injury that address Accommodation, Return to work, EFAP/Psychological services and cultural processes to address respectful workplace requirements

Appendix C – Examples Of Debrief Tools

Centre for Addictions and Mental Health (CAMH)

https://www.pshsa.ca/wp-content/uploads/2019/05/App-C-1-THE-DEBRIEFING-PROCESS-PHASES_CAMH.pdf

Thanks are provided to the Centre for Addiction and Mental Health (CAMH) for the use of their immediate debrief tool.

The Ottawa Hospital

https://www.pshsa.ca/wp-content/uploads/2019/05/Appr-C-2-Code-White-Debrief-Tool_TOH.pdf

Thanks are provided to The Ottawa Hospital (TOH) for the use of their debrief tool.

Appendix D - Health Care Facility-Police Protocol

The guiding principles for this protocol include:

- the need to have a clear understanding of police and health care facility responsibilities regarding violence or the threat of violence;
- the need to promote respect and civility in the health care facility environment;
- the need to respect the fundamental rights of staff and patients/residents pertaining to disability, race, creed, ethnic origin, and other prohibited grounds of discrimination under the *Ontario Human Rights Code*; and
- the need to support both rights and responsibilities of all those involved in the Violence Response

In cases of exigent circumstances*, police will assume primary responsibility as may be necessary to ensure health care facility safety. The employer will continue to have a role consistent with his or her legal obligations for the health and safety of staff and patients/residents and for members of the health care facility community. They are to maintain proper order and discipline in the health care facility.

In the context of this protocol, the Police Service will be responsible for delivering police service related to patients/residents, staff, etc. in a health care facility including, but not limited to:

- engaging and working proactively in partnership with health care facility officials to ensure the effectiveness of this protocol;
- protecting public safety and preventing crime;
- enforcing the Criminal Code, and other federal, provincial, and municipal legislation and related regulations;
- conducting police and criminal investigations;
- assisting victims of crime;
- providing information on community safety issues
- sharing information about a person with a history of violent behaviour

Mandatory police reporting does not mean that police will lay charges in every situation; however, for the incidents listed below, police must be notified. The incidents listed include those that happen at the health care facility, during health care facility-related activities in or outside health care facility, or in other circumstances if the incident has a negative impact on health care facility environment.

Mandatory Notification of Police

At a minimum, the police must be notified of the following types of incidents: by [enter title of person designated by the employer]:

- All deaths related to a violent incident
- Physical assault* causing bodily harm requiring medical attention
- Actual or attempted sexual assault*
- Robbery;
- Criminal harassment*
- Relationship-based violence
- Possessing a weapon*, including possessing a firearm
- Use of a weapon* to cause or to threaten bodily harm to another person
- Trafficking* in weapons or in illegal drugs
- Possessing an illegal drug
- Hate and/or bias-motivated occurrences
- Gang-related occurrences*
- Extortion*

In an emergency requiring police, ambulance or fire services, health care facility staff will immediately call 911.

Additional Notification of Police

Police response should also be sought, unless compelling clinical factors, for the following types of incidents:

- Being under the influence of alcohol or illegal drugs that causes safety concerns
- Threats* of physical injury, including threats made on social networking sites or through instant messaging, text messaging, e-mail, and other forms of electronic media;
- Incidents of vandalism; and
- Trespassing incidents

Health care Administrators should consider mitigating and other factors* when deciding whether to call the police in these situations.

It is expected that all other health care facility-related occurrences not specified in the protocol will be dealt with by the Administration on a case-by-case basis, and that police will be notified at the discretion of the Administrator or worker(s).

In a non-emergency situation, health care facility staff will consult with the Administrator or designate before police are contacted, if time and circumstances permit.

Role of Police

- Report to the Person in Charge, providing proper identification;
- Explain the purpose of the visit, and plan with the Person in Charge on how to proceed;
- Consider alternatives that limit the disruption to the health care facility Unit;
- Obtain information from the Person in Charge about the patient/resident, visitor (e.g., Flagging triggers, behaviours), accommodation needs or barriers to communication) before contacting the party
- Advise Person in Charge of any known history of violent behaviour
- Contact, or plan with the Person in Charge to contact, staff, patients/residents or parents of patients/staff under the age of 18
- Conduct investigation of incident(s) to ensure that the requirements of the Criminal Code and various legislation are fulfilled, and that the integrity of criminal investigations are maintained
- Inform all parties of LEGAL RIGHTS which include, right to counsel; right not to make a statement; and protection of privacy; for youths - parental notification upon arrest (s. 26, Youth Criminal Justice Act);
- Conduct searches of health care facility (e.g. lockers, personal property) and may seize- Search warrant required unless exigent circumstances exist
- Detain and arrest if necessary
- Provide support for victims

Role of Worker(S)

- Comply with the requirements related to the duties of the *Occupational Health and Safety Act*, Regulations, and applicable internal policies and procedures;
- Be informed and participate in hospital- police protocol training
- Cooperate and assist in role of police as required to ensure effectiveness of this protocol
- Advise Police of any known risks to them or others

Role of the JHSC

When a violent incident results in a critical or fatal injury of any worker, one or more JHSC worker member(s) (or Health and Safety Representative) may exercise their power to investigate and report findings to the JHSC/HSR, Ministry of Labour and to the police

Role of Supervisor/Employer

- Comply with the requirements related to the duties of the *Public Hospital Act, Occupational Health and Safety Act,* Regulations, and applicable internal policies and procedures;
- Conduct investigations of incidents under the *Occupational Health and Safety Act*, etc.
- Facilitate investigations of incidents by the Joint Health and Safety Committee (JSHC)/Health and Safety Representative (HSR), where applicable
- Ensure workers adhere to protocol and engage and work proactively in partnership with police officials to ensure the effectiveness of this protocol
- Provide staff with opportunities to acquire the skills necessary to promote safe, equitable, and inclusive health care facility environments

Training

The Health care facility and police services and security services should provide joint training on the protocol to their staff on an annual basis. When possible, the training should be delivered jointly by police, security and Health care facility personnel.

For all items marked with an * please see Glossary of Terms

Glossary of Terms in Health Care Facility - Police Protocol

The purpose of this glossary is to explain some of the terms that are used in the protocol. The definitions provided here relate only to usages in the context of this document and cannot be attributed to usages in any other document. Although some of the definitions are based on language used in the Criminal Code of Canada, they are not to be taken as the official legal definitions set out in the Code.

For the complete legal definitions, please refer to the Criminal Code.

Assault: A person commits an assault when (a) without the consent of another person, he/she applies force intentionally to the other person, directly or indirectly; (b) attempts or threatened, by an act or gesture, to apply force to another person, if he/she has, or causes that other person to believe upon reasonable grounds that he/she has present ability to effect his/her purpose; (c) while openly wearing or carrying a weapon or an imitation thereof, he/she accosts or impedes another person.

Criminal Harassment: Criminal harassment occurs when: (1) a person repeatedly follows an individual from place to place or repeatedly communicates, directly or indirectly, by any means (including electronic means), with an individual, or watches the home or place of work of an individual, or engages in threatening conduct directed at a person or a member of that person's family; and (2) the victim of the criminal harassment is caused to reasonably, in the circumstances, fear for his or her safety.

Exigent Circumstances: Urgent, pressing, and/or emergency circumstances. Exigent circumstances usually exist when immediate action is required for the safety of the police or others. Such circumstances may include a bomb threat, a person possessing or using a weapon, or a fire on hospital property.

Extortion: The use of threats, intimidation, or violence towards a person to obtain something of value from that person or someone else, or to cause that person or someone else to do something.

Gang-related Occurrences: Incidents involving a group, consisting of three or more persons, however organized, having as one of its main purposes the commission or facilitation of a criminal offence in which any or all of the members engage.

Hate-and/or Bias-Motivated Occurrences: An incident (e.g., involving statements, words, gestures) motivated by hatred or bias towards an identifiable group (e.g., a group distinguished by colour, race, religion, gender, sexual orientation, or ethnic origin) that is publicly communicated and that is willfully intended to promote or incite bias or hatred against such a group.

Possession of Drugs: Having a controlled substance (e.g., a drug or narcotic, as set out in the Controlled Drugs and Substances Act) in one's personal possession or possessing it jointly with others, including knowingly possessing an illegal drug elsewhere.

Relationship-based Violence: Any behaviour or action that is used to scare, harm, threaten, control, intimidate, or injure another person within an intimate relationship. The behaviour or action can be physical, sexual, or emotional, and it may comprise a single act of violence, regardless of the level of physical injury, or several acts forming a pattern of abuse using assaultive and controlling behaviour.

Robbery: The use of violence or threats of violence to steal money or other property from a victim.

Sexual Assault: Any type of unwanted sexual act done by one person to another that violates the sexual integrity of the victim. The term refers to a range of behaviours that involve the use of force or control over the victim. In some cases, no overt physical force is used – instead, the victim may be threatened with words or pressured into doing something he or she doesn't want to do.

Theft (abbreviated): Anyone who fraudulently and without colour of right, takes or converts to their use or the use of another person, anything with intent to (a) deprive the owner of the thing.

Threats: Any statement, act, or communication, by any means, including electronic means, of an intent to cause harm, whether physical or emotional, to any person or thing, in circumstances where the person threatened believes or has grounds to believe the threat may be carried out.

Trafficking: Assisting in any manner with the distributing of a controlled drug or substance, as set out in the Controlled Drugs and Substances Act, or with the distributing of weapons.

Weapon: Any article designed as a weapon or used or intended to be used for the purpose of threatening, intimidating, or injuring a person. All firearms, including replica firearms and imitation firearms, are always considered weapons.

Appendix E - Examples of Controls

The following imbedded excel document is a list of controls as reference.

https://www.pshsa.ca/wp-content/uploads/2019/05/Appendix-E-examples-of-controls.pdf

Thanks are provided to CAMH and Safe Management Group for the use of this list.

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