



# Workplace Violence Incident Reporting Toolkit



Safe Environments.  
Healthy Workers.

INCIDENT REPORTING TOOLKIT

Workplace Violence in Healthcare Incident Reporting Toolkit

## Workplace Violence in Healthcare Incident Reporting Toolkit

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## Table of Contents

Terms of Use .....	iii
Table of Contents.....	2
Introduction .....	3
About PSHSA.....	3
Making Violence Prevention a Priority in Ontario Healthcare Workplaces.....	3
About the Violence, Aggression, and Responsive Behaviour Toolkits.....	3
Why Focus on Workplace Violence (WPV) Incident Reporting? .....	4
Toolkit Purpose and Scope.....	4
Legislative Responsibilities .....	4
Occupational Health and Safety Act .....	4
Workplace Safety and Insurance Act.....	5
Recognizing Workplace Violence Hazards and Incidents.....	6
Workplace Hazards .....	6
Workplace Incidents .....	7
Reporting Workplace Violence Hazards and Incidents.....	9
Policy & Procedures .....	9
Reporting Tools .....	10
Communication and Training.....	11
Monitoring, Measuring and Analyzing.....	12
Continual Improvement Plans.....	13
Appendix A: Sample Hazard and Incident Reporting Policy .....	14
Appendix B: Sample Workplace Violence Hazard Report Form.....	24
Appendix C: Sample Workplace Violence Incident and Injury/Illness Report Form.....	27
Appendix D: Sample Workplace Violence Hazards and Incidents Log.....	38
Appendix E: Sample Care Recipient Workplace Violence and Responsive Behaviour Journal Log .....	43
Appendix F: Sample Hazard and Incident Reporting Tracking Tool.....	47
How the Toolkit was Developed.....	50
Acknowledgements .....	51
Definitions .....	52
Resources and References.....	53

## INTRODUCTION

### ABOUT PSHSA

The Public Services Health & Safety Association (PSHSA), funded by the Ministry of Labour, Immigration, Training and Skills Development (MLITSD), offers occupational health and safety training, resources, and consulting services to mitigate workplace risks and prevent workplace injuries and illnesses. PSHSA serves more than 10,000 organizations and 1.6 million workers across Ontario's education and culture, community and healthcare, municipal and provincial government, and emergency services sectors.

PSHSA's mission is to create safer workplaces through collaboration, innovation, and knowledge transfer. This is achieved by delivering solutions that address existing and emerging occupational hazards to support stakeholders in establishing and maintaining safe environments and healthy workers.

### MAKING VIOLENCE PREVENTION A PRIORITY IN ONTARIO HEALTHCARE WORKPLACES

Healthcare workers are a vital part of our health system. They are skilled, caring individuals, dedicated to their duty of care. However, too often they experience acts and threats of violence in the workplace that jeopardize their psychological and physical well-being. Whether violent events originate from care recipients, family members, friends, strangers, other staff, or from domestic violence, the impact can be damaging and affect all involved. Violence in healthcare workplaces is further complicated by the varying types of healthcare workplaces (e.g., hospitals, long-term care homes, home, and community care settings), each with a different mix of staffing, care recipient needs and workplace violence prevention approaches.

Violence against healthcare workers is a significant issue that requires system-wide attention and action. Provincial statistics suggest that although progress has been made to improve safety on the job, healthcare workers continue to experience one of the highest rates of workplace violence of all workers in Ontario (WSIB EI Database, 2018).

*Workers should feel safe and secure at work. Violence must not be tolerated or accepted as part of the job.*

In 2015, the MLITSD and the Ministry of Health and Long-Term Care (now separated into the Ministry of Health and the Ministry of Long-Term Care) made reducing workplace violence in healthcare organizations a priority. As a first step, a provincial Leadership Table was created to work in partnership with stakeholders across the sector, including the PSHSA, to develop recommendations and resources to increase awareness of the issue and advance prevention outcomes.

In 2019, the MLITSD also released a violence prevention guide called [Workplace violence prevention in health care: A guide to the law for hospitals, long-term care homes and home care](#).

### ABOUT THE VIOLENCE, AGGRESSION, AND RESPONSIVE BEHAVIOUR TOOLKITS

The Violence, Aggression, and Responsive Behaviour (VARB) Toolkits are evidence-informed toolkits developed by PSHSA, in collaboration with healthcare partners, to help address violence against healthcare workers. Each toolkit includes prevention strategies and a variety of support materials to help enable robust workplace violence program planning and implementation. The toolkits can be used as a comprehensive

resource or as stand-alone resources to address an immediate priority. For more information, visit [www.workplace-violence.ca](http://www.workplace-violence.ca).

## WHY FOCUS ON WORKPLACE VIOLENCE (WPV) INCIDENT REPORTING?

Establishing workplace protocols that encourage reporting of workplace violence hazards and incidents is critical for ensuring the health, safety, and wellbeing of workers. The frequency of workplace violence incidents combined with high rates of underreporting, places many at risk for serious and potentially life threatening physical and psychological injury and/or illness.

Prioritizing reporting enables organizations to identify hazards and address potential threats before they escalate and cause harm. When a violent incident occurs, reporting also facilitates immediate response and ensures prudent steps are taken to prevent future incidents and similar adverse outcomes. Reporting not only helps mitigate risk, but also fosters a strong culture of safety, open communication, and continual improvement in the workplace.

## TOOLKIT PURPOSE AND SCOPE

The purpose of this toolkit is to promote consistent hazard and incident reporting within acute care, long-term care, and community care settings. It offers practical tools and approaches for employers and their designates, in consultation with the Joint Health and Safety Committee or Health and Safety Representatives (JHSC/HSRs), to establish, implement, monitor, and maintain an effective reporting program.

The goal is to ensure that all workplace violence hazards and incidents are reported promptly and without fear of reprisal, facilitating proactive investigation and interventions to protect workers.

For more information about investigative processes, refer to PSHSA's [Workplace Violence Investigations toolkit](#).

**Note:** This toolkit provides guidance for reporting and is not meant to be prescriptive. Throughout the toolkit, the term *care recipient* is used to refer to a patient, resident, or client who receives care from a healthcare provider in any setting such as hospital care, long-term care, or community care. The terms violence and violent behaviour are used to mean *workplace violence*, which includes aggressive or responsive behaviours in the workplace.

## LEGISLATIVE RESPONSIBILITIES

### OCCUPATIONAL HEALTH AND SAFETY ACT

Under the [Occupational Health and Safety Act \(OHSA\)](#), Ontario employers must protect workers from occupational injury and illness. This requires thorough understanding and compliance with the OHSA and its regulations by all workplace parties, including requirements related to workplace violence and the reporting of hazards and incidents. Employers, supervisors, and workers each have distinct yet interconnected responsibilities to recognize, report and mitigate risks.

Employers must:

- Inform workers and supervisors of hazards in the workplace, such as workplace violence.



- Establish measures and procedures, in consultation with the Joint Health and Safety Committee or Health and Safety Representative (JHSC/HSR), for workers to report incidents of workplace violence to the employer or supervisor.
- Comply with reporting requirements for critical injuries, fatalities, disabling injuries and occupational illnesses outlined in section 51, 52 of the OHS Act and [O. Reg. 420/21](#).
- Take every precaution reasonable in the circumstances to protect workers [25(2)(h)] such as:
  - Providing information and instructions to enable workers to identify and report hazards and incidents effectively.
  - Implementing measures and procedures to eliminate or control hazards that are identified through reporting or investigation practices.
  - Establish processes for monitoring, measuring, and analyzing trends to identify and address opportunities for continual improvement.

Supervisors are responsible for:

- Informing workers about actual and potential workplace hazards and how to report hazards and incidents.
- Ensuring workers follow measures and procedure required by the employer and relevant legislation.
- Taking every precaution reasonable in the circumstances to protect workers under their authority, such as:
  - Responding to reports of workplace hazards and incidents in a timely manner.
  - Actively promoting and facilitating reporting by fostering an open and supportive work environment and addressing reporting barriers.

Workers are expected to:

- Report workplace violence hazards to their employer or supervisor. If after the hazard is reported the supervisor cannot or will not resolve the concern in a timely fashion and the worker believes the hazard is likely to endanger themselves or another worker, then the worker may consider initiating a work refusal under s.43 of the OHS Act.
- Work in compliance with the provisions of the OHS Act and its regulations.

For more information on reporting responsibilities, see [OHS Act](#) sections 25, 27, 28, 32, 51 and 52 and [O. Reg. 420/21](#). For information on the right to refuse unsafe work, refer to OHS Act section 43, the [Healthcare Section 21 Guidance Note 7](#) and [PSHSA's Work Refusal for Workplace Violence Toolkit](#).

## WORKPLACE SAFETY AND INSURANCE ACT

Under the [Workplace Safety and Insurance Act \(WSIA\)](#), [employers](#) are required to report workplace injuries and illnesses to the Workplace Safety and Insurance Board (WSIB) within **three working** days of becoming aware of the incident. This reporting obligation applies to any work-related injury / illness that necessitates:

- Time off work
- Medical aid beyond basic first aid
- Results in a reduction in earnings, or
- Involves modified work at regular pay for more than seven calendar days.

Employers must promptly submit the [WSIB Form 7 and](#) maintain detailed records of the occurrence and of any corrective action taken to resolve the problem.

Timely reporting ensures that workers receive compensation and services to support their recovery as well as a safe, suitable, and sustained return to work. Failure to comply is considered an offence under WSIA that

can lead to significant penalties. Conversely, effective reporting, particularly if it results in few fewer injuries and illnesses, may lead to savings in WSIB expenditures.



### GOOD TO KNOW

Employers need to know which sections of the OHSA and WSIA apply to workplace reporting

Workplaces should be aware of the distinct reporting requirements set out in the OHSA and WSIA. While both acts mandate reporting for injuries / illnesses requiring medical aid, they differ for incidents involving only modified work.

**OHSA:** Reporting is necessary any time a worker is disabled from performing their regular duties, even if they do not seek medical aid.

**WSIA:** Reporting injuries that do not require medical aid is only necessary if modified duties exceed seven days.

*For example, if a worker is injured but does not require medical aid and is assigned different work tasks while recovering the incident is reportable to the JHSC/HSR and union, as per OHSA. However, it would not be reported to WSIB unless the injury later required medical aid, or the modified work persists more than seven days from the date of injury.*

Before implementing an incident reporting program for workplace violence, ensure that legislative requirements are clearly documented and that workplace parties receive adequate training on their responsibilities and reporting expectations. This training should empower both workers and supervisors to effectively fulfill their reporting duties and actively contribute to fostering a safer work environment.

For further information on reporting injuries or illnesses under the WSIA, refer to [WSIB's guidelines](#).

## RECOGNIZING WORKPLACE VIOLENCE HAZARDS AND INCIDENTS

### WORKPLACE HAZARDS

Prevention in the workplace begins with identifying hazards—conditions, circumstances, agents, or actions with the potential to cause harm. Hazards, such as workplace violence, can arise from the nature of the workplace, type of work performed, conditions of work, and circumstances specific to the workplace. Common factors that contribute to workplace violence hazards include:

- People (e.g., care recipients or other individuals with a history of violent or responsive behaviours)
- Equipment (e.g., absence of personal safety response devices or alarms for summoning immediate assistance)
- Materials (e.g., presence of pharmaceuticals, money or other valuables that might attract theft)
- Environment (e.g., poorly lit, or secluded areas within the facility or parking lots)
- Process (e.g., inadequate training for managing escalating situations, lack of reporting protocols)

These factors collectively influence the likelihood and severity of harm, impacting the overall risk faced by workers. Healthcare workers, who closely interact with care recipients and other individuals under challenging conditions, are especially vulnerable to the effects of workplace violence. Employers and supervisors must ensure that workers are not only informed about workplace violence hazards but also equipped to recognize early signs of escalating behaviours and factors that may trigger such behaviours. This awareness and knowledge enable timely reporting and effective intervention to prevent harm.

For more information on identifying hazards and assessing the risk of workplace violence refer to [PSHSA's Workplace Violence Risk Assessment](#) and [Individual Client Risk Assessment](#) toolkits.



## WORKPLACE INCIDENTS

Workplace incidents, as defined by the Canadian Standards Association (CSA), are occurrences, conditions, or situations arising in the course of work that may result in injuries, illnesses, damage to health, or even fatalities.

In this toolkit, the term incident is used instead of accident to emphasize that these events can be foreseen and prevented, and to reflect the variety of outcomes that may arise when hazards are not adequately addressed.

Workplace incidents can be classified into three main types based on how the hazards interact with workers and the resulting impact on their health and safety:

- **Harmful Incident:** Occurs when a hazard reaches or makes contact with a worker and results in harm to a worker's health and safety (physical and/or psychological injury or illness). For example, a patient in a hospital punches a nurse (worker) in the face, resulting in the nurse having a fractured jaw or post-traumatic stress disorder (PTSD).
- **No Harm Incident:** Involves a hazard that reaches or makes contact with a worker with the potential to cause harm, however, it does not result in harm to a worker's health and safety. For example, a resident of a long-term care home slaps a personal support worker but the slap is not hard enough to cause immediate physical or psychological injury at the time of the incident.
- **Near Miss Incident:** Involves a hazard with the potential to cause harm but does not reach or make contact with a worker and does not result in harm to a worker's health and safety. For example, a client in their home throws a plate at a registered practical nurse (worker) who is providing a home service. The plate smashes against the wall, missing the worker, causing no physical or psychological injury.

Figure 1 below shows the relationship between the three types of workplace violence incidents and their potential impact (or health outcome) on the worker.

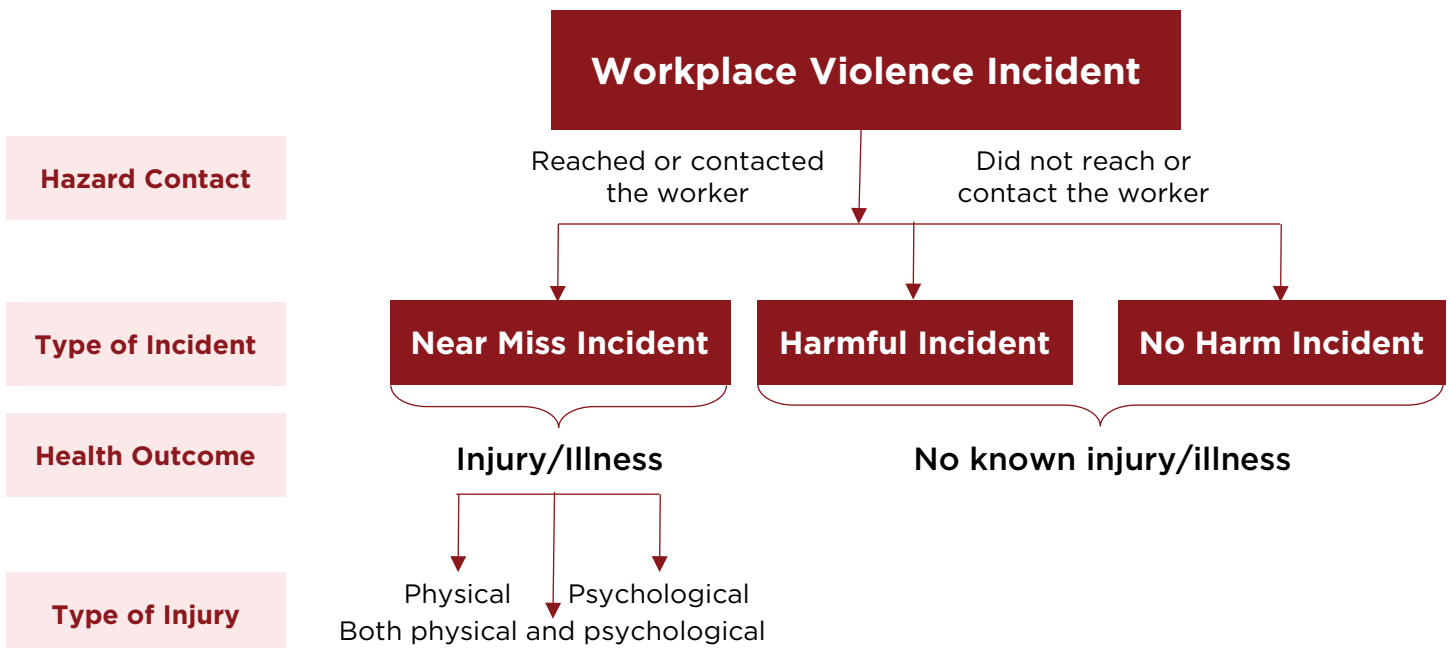
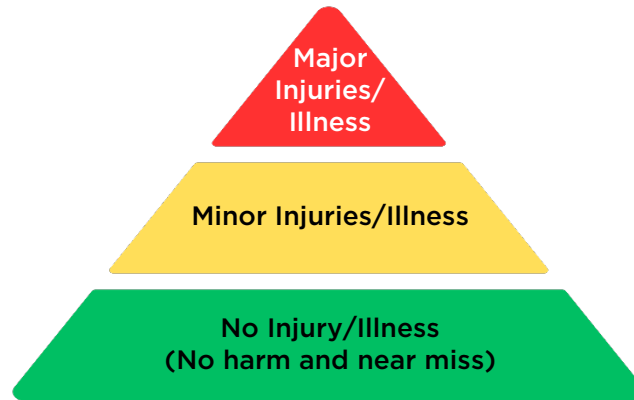


Figure 1: Relationship between types of workplace incident, result or health outcomes and injury types (Adapted from Canadian Patient Safety Institute, 2012)

Each category of incidents is crucial for understanding and mitigating risks in the workplace. Even seemingly minor incidents can carry the potential for more serious harm and should not be overlooked. Traditional safety theories, such as Heinrich's Safety Triangle (illustrated in Figure 2), emphasize that minor incidents and near misses generally occur far more frequently than serious incidents (Henrich, 1931; Bird & Germain, 1996; Yorio & Moore, 2018). Ignoring this trend can lead to missed opportunities for prevention, jeopardizing overall workplace safety and the well-being of workers.

Additionally, some injuries or illnesses may not be immediately visible after an incident but could develop later, particularly in cases of psychological harm. Therefore, it is essential to report such incidents so that latent effects can be monitored, and underlying hazards can be identified.



*Figure 2. Safety Triangle (Adapted from Heinrich, 1931; Bird & Germain, 1996)*

Reporting all workplace violence incidents, regardless of severity, ensures that:

- Internal and external parties are notified, as specified in legislation and in workplace policies (e.g., JHSC/HSR, trade unions, MLITSD, WSIB) — promoting compliance, transparency, and trust in the reporting process.
- Thorough and timely incident investigations are conducted to identify root causes and implement appropriate corrective actions to prevent future incidents — leading to faster resolutions and fewer injuries or illnesses.
- Preventive measures and corrective actions are communicated promptly so that at-risk workers are informed about steps taken to address the reported hazard or incident — enhancing their safety and encouraging ongoing reporting.
- Data is collected, documented, and analyzed to track patterns of workplace violence — informing quality improvements to reduce risks to as low as reasonably practicable.
- Workers receive prompt care and assistance to manage their injuries/illnesses, if any — minimizing the extent of harm and long-term impacts.

**NOTE:** Definitions of hazards and incidents provided above are in alignment with occupational health and safety practices and patient safety incident definitions (Canadian Patient Institute, 2012). However, definitions may differ among various authorities.

# REPORTING WORKPLACE VIOLENCE HAZARDS AND INCIDENTS

## POLICY & PROCEDURES

### Defining Reporting Expectations and Guidelines

Employers must establish a written reporting policy that aligns with the overall workplace violence policy. This policy should clearly outline the organization's commitment to protecting workers and specify expectations for the timely reporting of all workplace violence hazards and incidents. It should detail the responsibilities of all workplace parties within the internal responsibility system to ensure accountability for reporting, responding to, and managing hazards and incidents across the organization. The policy should also meet or exceed all relevant legislative requirements and be regularly updated to reflect evolving industry standards and relevant [Healthcare Section 21 Guidance notes](#).

To address reporting barriers, the policy should consider common reasons why workers do not report incidents. According to a study of six Ontario hospitals (Smith & Yanar, 2018), top reasons include:

- Not sustaining injury
- Desensitized to workplace violence
- Incident not serious enough
- No point e.g., "nothing will be done"
- Care recipient did not intend to harm
- Too time consuming
- Feeling that violence is part of the job
- Did not have time
- Manager already knew
- Reported as Code White
- Concerned about blame or reprisal
- Discouraged from reporting
- Concerned that the person would hurt me again



#### GOOD TO KNOW

Reporting all hazards and incidents provides an opportunity to prevent future worker injury or illness.

Clear procedures must also be developed to systematically guide workplace parties through the reporting process. These procedures should ensure that all workplace parties understand how to report hazards and incidents and outline the steps for notifying relevant internal and external stakeholders. Specific protocols must be included for supervisors to ensure a prompt and coordinated response.

All reported hazards and incidents should be reviewed to assess associated risks and determine the need for corrective action. Any necessary updates should then be made to the organization's risk registry so that it remains current and effective in managing workplace safety. Depending on the structure and auditing requirements of the organization's health and safety system, procedures for reporting hazards and incidents can be integrated into one document or maintained separately.

Refer to [Appendix A for a Sample Workplace Hazard and Incident Reporting Policy](#).

## REPORTING TOOLS

### Facilitating Accurate and Reliable Documentation

#### *Hazard and Incident Reporting Forms*

To facilitate accurate and efficient reporting, employers should provide hazard and incident forms in electronic, hard copy, or mobile app formats.

Hazard reports must include a clear and concise description of the nature of the hazard, its location, and the potential sources and risks posed. If any immediate steps were taken, and if it was safe to do so, these should also be documented, along with suggestions for corrective action.

Similarly, incident reporting forms should capture details such as:

- Demographics information — about the person(s) impacted and the individual making the report.
- Information about the incident — type of incident, location, timelines of the event, contributing factors, witnesses, and any first aid or medical aid provided.
- Details about the harm sustained — description of the type of harm, area of the body affected, and severity of any injuries or illnesses sustained.

Workplaces may adopt a general form to report all types of hazards and a generic form to report all incident types; however, if these forms are used, they must include space to include narrative descriptions specific to workplace violence, such as observed behaviours of care recipients. Digital tools or mobile apps should be designed to integrate seamlessly with the organization's IT system to support data management and ensure information is available for decision-making and continual improvement.

Refer to [Appendix B, Sample Workplace Violence Hazard Report Form](#) and [Appendix C, Sample Workplace Violence Incident Report Form](#) for additional details.

#### *Additional Reporting Tools*

In addition to standard reporting forms, employers can enhance their documentation process by incorporating other valuable tools, such as the following logs:

### Workplace Violence Reporting Log

The Workplace Violence Reporting Log (see [Appendix D, Sample Workplace Violence Hazard and Incident Log](#)) is a practical tool that is designed for the quick documentation of multiple workplace violence incidents on

or in a centralized location. This log serves as a valuable alternative to more extensive reporting forms, providing a quick overview and understanding of incident types, frequency, and the circumstances leading up to each event. It is important to note that the Workplace Violence Log may not be appropriate in all workplace environments, and it should not serve as a substitute for completing a detailed hazard or incident report in cases of harmful incidents or when potentially serious events could occur. In such cases, it is best used to gather preliminary data until more detailed reporting can be completed.

Key benefits of the Reporting Log include:

- Simplified reporting — ideal for work environments where violence incidents are common and frequent, enabling quick and easy documentation while still capturing all required information.
- Streamlined information sharing — ensures that critical information is easily accessible to workers, supervisors, and employers, promoting faster response and informed decision-making.



- Support for Behavioural Care Plans — valuable for capturing data that can inform the development and updating individual client risk assessments and behavioural care plans, including identifying patterns of behaviours, triggers and appropriate control measures based on level of risk.

### Care Recipient Violent Behaviour Journal Log

Given that workplace violence can occur frequently in short periods of time with the same care recipient, a violent behaviour log, as highlighted in [Appendix E. Sample Care Recipient Workplace Violence and Responsive Behaviour Log](#), can improve understanding of the care recipient's triggers and risk factors, making it easier to track and inform appropriate behavioural management strategies and other control measures.

This tool is intended to complement existing workplace processes for assessing and communicating individual care recipient risk, behaviour care planning, and [Code White reports](#). While OHSA s.32.0.5(4) limits the disclosure of personal information to protect care recipient privacy, employers and/or supervisors must still disclose enough information that is reasonably necessary to protect workers from physical injury. For more information refer to the [PSHSA's Individual Client Risk Assessment Toolkit. Communicating the Risk of Violence Toolkit. Emergency Response to Workplace Violence \(Code White\) Toolkit](#) and the [Workplace Violence and Health Information Privacy Fact Sheet](#).

## COMMUNICATION AND TRAINING

### Promoting Awareness and Understanding

Effective communication and training are crucial components of a workplace violence prevention program, particularly in the context of reporting hazards and incidents. Employers should establish clear channels for ongoing communication with workers that extend beyond initial reporting. Regular updates on the status of corrective actions keep workers informed and engaged in efforts to foster a safer workplace. Recognizing and acknowledging worker input also reinforces the significance of their contributions and encourages future hazard and incident reporting.

Equally important is ensuring that all workplace parties receive adequate training and instruction. Training should include, but is not limited to:

- The Workplace Violence Program
- Identifying Workplace Violence Hazards
- The Hazard and Incident Reporting Process
- Incident Response Procedures



#### GOOD TO KNOW

Regular communication and training help ensure workers are informed, report hazards and incidents and stay engaged in workplace violence prevention efforts.

Training should encourage the reporting of all hazards and incidents, regardless of whether they resulted in harm. If employers or supervisors are not informed, they cannot take the necessary corrective actions to protect workers and others from potential harm.

Supervisor must receive training that equips them with the knowledge and skills necessary to respond to reported hazards and incidents. This includes:

- Understanding the timing of feedback
- Conducting investigations
- Leading post incident debriefs.



Workplaces should explore a variety of training options (e.g., in-person training, online modules, and blended approaches) to accommodate learning preferences and support remote or off-site workers. Regular refresher training will also need to be considered, especially when procedures are updated or when legislation changes. This commitment will help ensure that workplace parties remain informed and prepared.

For guidance on training and conducting debriefs following emergency responses, refer to the [Workplace Violence in Health Care Leadership Table Training Matrix](#) and PSHSA's [Emergency Response to Workplace Violence \(Code White\) in the Healthcare Sector Toolkit](#).

## MONITORING, MEASURING AND ANALYZING

### Identifying Workplace Violence and Reporting Trends and Gaps

To ensure the program operates as intended, reporting practices must be regularly monitored for compliance and accuracy. This involves measuring, tracking, and analyzing reporting records to identify trends, gaps, and opportunities for preventing future incidents. Workplaces should collect detailed information about incidents and the circumstances that led up to them. Insights gained from analyzing workplace violence hazards and incident data enables organizations to improve safety measures and procedures. Routine data measures may also uncover broader issues, such as system-wide gaps (e.g., procedures deficiencies or insufficient information obtained during admissions to long-term care), which may not have been clearly identified as problematic.

Reporting data can be managed either manually or electronically using data collection software. As part of their Quality Improvement Plans (QIPS), Ontario hospitals are required to report incidents of workplace violence and assess trends in this data to improve their safety culture and risk management strategies (Health Quality Ontario, 2023). While QIPs are not mandatory for all healthcare workplaces, long-term care homes, and other healthcare providers are encouraged to adopt similar practices to improve workplace safety.

Employers can anticipate an increase in the number of reported incidents when they encourage workers to report. While this rise in reporting might initially seem concerning, it highlights a positive shift towards a more proactive safety culture and more accurate understanding of workplace risks (Health Quality Ontario, 2019).

The overall reporting program should be evaluated as often as necessary, but at least annually, in consultation with the JHSC/HSR, to identify areas for improvement and to eliminate inefficiencies.

Refer to [Appendix F. Sample Hazard and Incident Reporting Tracking Tool](#).

## CONTINUAL IMPROVEMENT PLANS

### Leveraging Findings and Driving Change

Once trends and gaps in workplace violence and reporting practices are identified, develop targeted action plans to address these issues. This may involve revising reporting protocols, introducing new preventive measures, or enhancing existing training programs. Effective plans should:

- Define necessary changes
- Outline actionable steps
- Assign responsibilities
- Set timelines
- Allocate resources
- Establish performance indicators to ensure objectives are met

Regularly reviewing and updating these plans ensures that the reporting program remains effective and responsive to evolving needs, emerging challenges, and unresolved barriers such as time constraints and fear of reprisal (Kosny et al., 2018). Engaging workers in this process helps keep reporting tools and methods practical and relevant.

By embracing a culture of continuous improvement, organizations not only address immediate concerns but also build a resilient environment where safety remains a top priority. This proactive approach strengthens trust and fosters a shared responsibility for a healthier and safer workplace.

For further information, refer to the Workplace Violence in Healthcare Leadership Table [Quality Improvement](#), [Reporting Systems](#), and [Performance Indicator](#) reference tools.



#### GOOD TO KNOW

Workplaces must strive to identify and remove challenges and barriers to continually improve the reporting process.

## APPENDIX A: SAMPLE HAZARD AND INCIDENT REPORTING POLICY

### PURPOSE OF THIS TOOL

The purpose of this tool is to provide hospital, long-term care, and home and community care workplaces with a sample hazard and incident reporting policy, including those related to workplace violence. It serves as a guide for creating or updating a policy to ensure compliance with legislative requirements.

### WHO USES THIS TOOL

All workplace parties involved in hazard and incident policy and procedure development, revisions, and evaluation. All workers to whom the policy pertains, must read, understand, and adhere to the policy and its procedures as required.

### HOW TO USE THIS TOOL

This is a sample policy. Modify it as needed to your workplace needs. Establish the policy in consultation with the Joint Health and Safety Committee or Health and Safety Representative. Carefully consider revisions, as significant changes may negatively impact worker safety.





## HAZARD AND INCIDENT REPORTING POLICY

<b>MANUAL:</b> Health and Safety	<b>SUBJECT:</b> Hazard and Incident Reporting	<b>POLICY NUMBER:</b> _____
<b>EFFECTIVE DATE:</b> _____	<b>REVISED DATE:</b> _____	<b>NEXT REVIEW DATE:</b> _____
<b>POLICY REVIEWERS:</b> _____		
<b>APPROVED BY:</b> _____		
<b>SENIOR LEADERSHIP SIGNATURE (e.g., CEO or Executive Director):</b>	<b>JHSC/HSR SIGNATURE:</b>	

### Purpose

The policy guides all workplace parties reporting hazards and incidents, ensuring strict compliance with the legislative requirements. Timely reporting of hazards and incidents facilitates:

- Prompt care of physically and/or psychologically injured workers following an incident,
- Timely investigations and corrective actions.
- Effective tracking and trending of hazard and incident reporting to enhance identification of potential workplace violence risks and to eliminate and/or control these risks.

Reporting of all hazards and incidents is the first step in preventing future occurrences.

### Policy statement

<Name of Organization> acknowledges the organization’s responsibility to establish measures and procedures for workers to report incidents to a supervisor or employer. We further recognize, as per the Occupational Health and Safety Act (OHSA), the duty to take every precaution reasonable in the circumstances to protect workers.

<Name of Organization> is committed to establishing, implementing, and maintaining a hazard and incident reporting process. All staff must promptly report hazards and incidents and complete the necessary forms, if able. Where a worker is unable to complete the forms, an alternate person may complete them. Supervisors will respond promptly to all reports, initiating investigations and taking necessary corrective actions.

Incidents that are to be reported include:

- Near miss incidents

- No harm incidents
- Harmful incidents e.g., psychological and/or physical injury/illness incidents.

All staff will receive training on this policy, its procedure, and the reporting methods (e.g., use of document and/or electronic forms). An annual evaluation of the hazard and incident reporting policy and procedure will be conducted in consultation with stakeholders, including the JHSC and/or HSR. Approved quality improvements will be implemented and communicated to workplace parties in a timely manner.

## Scope

This policy applies to all workers (staff) in the organization.

## Definitions

**Critical injury:** Is an occupational injury of a serious nature that, based on Ontario Regulation 420/21 under the OHSA:

1. Places life in jeopardy.
2. Produces unconsciousness.
3. Results in substantial loss of blood.
4. Involves a fracture or a leg or arm, but not finger or toe.
5. Involves the amputation of a leg, arm, hand, or foot but not finger or toe.
6. Consists of burns to a major portion of the body.
7. Causes loss of sight in an eye.

**Fatality:** Death due to causes in the workplace.

**First Aid:** First aid is the one-time treatment or care and any follow-up visit(s) for observation purposes only. First aid includes, but is not limited to: cleaning minor cuts, scrapes, or scratches; treating a minor burn; applying bandages and/or dressings; applying a cold compress, cold pack, or ice bag; applying a splint; changing a bandage or a dressing after a follow-up observation visit (WSIB, n.d.).

**Harm:** An impairment of structure or function of the body and/or any deleterious effect arising there from. Harm includes disease, injury, suffering, disability, and/or death. (Canadian Patient Safety Institute, 2012)

**Hazard:** A circumstance, agent, or action with the potential to cause harm. (Canadian Patient Safety Institute, 2012)

**Health Care:** Medical or healthcare professional intervention e.g., doctor, nurse practitioner, dentist, physiotherapist, chiropractor. The worker returns to work on their next scheduled shift. (WSIB)

**Incident:** An occurrence, condition, or situation arising in the course of work that resulted in, or could have resulted injuries, illnesses, damage to health or fatalities. (Canada Standard Association, 2017)

- a) **Near miss Incident:** An incident that does not reach or make contact with a worker and does not result in harm to worker's health and safety.
- b) **No Harm Incident:** An incident that reaches or makes contact with a worker but does not result in harm to a worker's health and safety.
- c) **Harmful Incident:** An incident that reaches or makes contact with a worker and does result harm to a worker's health and safety.

**Lost Time:** Absence from work beyond the date of the work-related injury/illness that requires medical attention and/or results in a wage loss. (WSIB)

**Occupational Injury:** An occurrence which is neither expected nor planned, resulting in personal injury and/or property damage due to an exposure or conditions at the workplace.

**Occupational Illness:** Refers to a condition that results from exposure in a workplace to a psychological trauma or a physical, chemical, or biological agent to the extent that normal physiological mechanisms are affected, and the health of the worker is impaired.

**Physical Injury:** Bodily harm resulting from an incident.

**Psychological Injury or Illness:** Mental harm resulting from an incident.

Workplace violence (OHSAA):

- a) Exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker.
- b) An attempt to exercise physical force against a worker, in a workplace that could cause physical injury to the worker.
- c) A statement or behaviour that is reasonable for a worker to interpret as a threat to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker.

## Roles and Responsibilities

Board of Directors:

- Take all reasonable care to ensure that the corporation complies with the OHSAA and its regulations and with any orders and requirements from the Ministry of Labour, Immigration, Training, and Skills Development (MLITSD) inspectors, Directors, and Minister

Employer:

- Ensure provision of human and fiscal resources for the development, implementation and maintenance of a hazard and incident reporting policy, measures, and procedures; and appoint a leader to oversee the process and evaluation.
- Ensure all staff receive training and understand the hazard and incident reporting measures and procedures.
- Ensure legislative requirements are met for:
  - Workplace violence reporting per OHSAA section 28, and 32.0.2
  - Internal and external notifications to the JHSC and/or HSR, Trade Union and if required MLITSD, OHSAA sections 51, 52
  - Ontario Regulation 420/21 Notices and Reports Under Section 51-53.1 of the Act -Fatalities, Critical Injuries, Occupational Illnesses and Other Incidents
  - Provision of occupational health and safety reports to the JHSC and/or HSR per OHSAA section 25(2)(l)(m), including those related to workplace violence hazards or incidents
  - Health and Safety consultations with the JHSC and/or HSR as per the OHSAA section 25(2) and HCRFR 8 and 9
  - Responding to JHSC and/or HSR recommendations OHSAA section 9(20) within 21 days including those related to workplace violence
  - First Aid Regulation 1101 under the Workplace Safety and Insurance Act
  - Workplace Safety and Insurance Act (WSIA) requirement to report injury and illnesses within three business days
- Annually review and evaluate the workplace hazard and incident reporting processes in consultation with the JHSC and/or HSR and stakeholders.
- Ensure necessary quality improvements are implemented as required and communicate any changes and improvements to those that are affected.

- Enforcement of the workplace hazard and incident reporting policies and procedures.
- Promote and encourage a culture of safety and workplace hazard and incident reporting.
- Take every precaution reasonable in the circumstances, for the protection of the workers.

**Supervisor:**

- Ensure the policy, measures, and procedures are implemented in the areas under their authority.
- Be familiar with applicable health and safety legislation and demonstrate occupational health and safety supervisor competency.
- Attend hazards and incident reporting training and understand responsibilities.
- Ensure workers under their authority attend hazard and incident reporting training; and understand their responsibilities for reporting and how to do it, including hazards and incidents related to workplace violence.
- Ensure prompt and accurate completion and submission of hazard and incident reporting forms to the appropriate individual(s) as per policy and procedures.
- Enforce workplace violence incident reporting policy, measures, and procedures.
- Communicate any changes in policy, measures, or procedures.
- Ensure maintenance of training records e.g., scope and content, date, length of training, signatures, and evaluation of understanding.
- Promote and encourage a culture of safety and hazard and incident reporting.
- Take every precaution reasonable in the circumstances for the protection of workers.

**Worker:**

- Attend required hazard and incident reporting training and complete proof of attendance.
- Follow the reporting policies, measures, and procedures as required.
- Report all hazards and incidents promptly to their supervisor and complete the necessary forms as able and within the time limits required, including hazards and incidents related to workplace violence.

**Joint Health and Safety Committee / Health and Safety Representative:**

- Be consulted in the development and revisions of the workplace reporting policies, measures, procedures, and training.
- Receive accident/illness notifications as prescribed in the OHSA and Reg.420/21 e.g., are notified of critical injuries immediately and notified of disabling injuries within 4 days and receive reports as required.
- Promote and encourage workers to promptly report hazards and incidents to their supervisors and/or employers, including hazards and incidents related to workplace violence.
- Make recommendations for improvement in writing to management as needed.

**Occupational Health and Safety Administrator or Delegate(s):**

- Responsible for oversight of the workplace violence hazard and incident reporting processes.
- Develop and revise the hazard and incident reporting policy, measures, and procedures as needed.
- Ensure internal and external notifications are conducted, completed, and documented e.g., management, MLITSD, JHSC/HSR, Trade Unions.
- Oversee hazard and incident report data monitoring, review, evaluation and develop recommendations for improvement as required for senior management.
- Develop regular reports to management and JHSC/HSR.
- Provide communications to management, workers and JHSC/HSR regarding quality improvement changes.

## Procedures

### *Hazard Reporting*

1. Any worker who identifies a workplace violence hazard must report it to their supervisor and complete a workplace violence hazard form and submit it to their supervisor.
2. Supervisors must review the hazard report in a timely manner; investigate the hazard as per the investigation policy and procedure to identify root causes; and implement and communicate corrective actions in a timely manner to all affected workers. Remedial actions must address the findings and root causes of the investigation. Refer to the Workplace Violence Investigation Toolkit for more information.
3. Where procedures are in place, proactive reporting or notification of high-risk potential hazards followed by immediate summoning of assistance of a supervisor and/or others such as security are encouraged. This is to initiate a prompt response with the intent of preventing an incident from occurring.
4. See [Appendix B Sample Workplace Violence Hazard Report Form](#).

### *Incident Reporting*

1. Incidents must be reported to the supervisor or delegate as soon as possible. This includes incidents such as near miss, no harm incident; and harmful incidents (please see definitions).
2. It is important that all incidents, including incidents related to workplace violence, are reported so that investigations are conducted, and preventive measures are taken to prevent future incidents.
3. Workers are to seek or obtain first aid or healthcare aid, if required. The supervisor or delegate shall ensure worker receives the care required.
4. The person reporting the incident who is usually the injured worker must complete the incident/injury description portion of the report as soon as safely and physically possible. Where a worker is incapable of doing so, a delegate may complete the report to the best of their ability. The incident report includes the following information:

#### **Section A – Incident Report Content**

- Person reporting information, date, and time of incident.
- Type of Incident, e.g., near miss, no harm, harmful incident.
- Source of workplace violence, for workplace violence incidences, e.g., Type 1-4.
- Information on the subject causing workplace incident, description of the behaviour (e.g., intentional violence or non-intentional responsive behaviour, verbal threat, written treat, weapon threat, threatening gestures, etc.
- Location of Incident.
- Frequency of incident e.g., first time or repeat occurrence.
- Detailed description of incident.
- Factors leading to the incident and how could it be prevented (worker).
- Witness list and contact information, if known.
- Immediate actions taken if known, e.g., summon immediate assistance; emergency code called; immediate emergency notifications made such as security, police, etc.; other specify.

#### **Section B – Injury Report Description**

- Personal information of injured worker
- Type of Injury/Illness, e.g., physical, psychological
- Injured body part
- Nature of injury



- Onset
- Critical or Fatal Injury
- WSIB – First Aid, Healthcare Aid, Lost Time
- Return to Work status

**Section C – Health and Safety Notifications**

- Notification of critical and fatal Injury
- Notification of violence causing disabling injury
- Notification of occupational illness or claim for occupational illness has been filed with Workplace Safety Insurance Board (WSIB)
- Report to police – Criminal activity

The incident report must be submitted to the supervisor or their alternate as soon as possible for completion and follow up. The supervisor shall review the report for completeness to the best of their ability and, if required, with assistance from the worker and then submit it to the Occupational Health and Safety Administrator or delegate who oversees the reporting processes.

5. The Occupational Health and Safety Administrator or Designate reviews the report information for completeness and ensures the internal and external verbal and written notifications are communicated to the relevant parties in compliance with OHSA. Notifications are legislated and time sensitive. See chart below. The prescribed content requirement of the notice or report can also be found in [Ontario Regulation 420/21, s.3.](#)

**Legislated Notifications under the OHSA**

Type of Notice (OHSA)	Description	Required Notification
Death or critical injury	Person is killed or critically injured (see definition)	Employer shall notify immediately the: <ul style="list-style-type: none"> <li>a) MLITSD</li> <li>b) JHSC/HSR, and</li> <li>c) Trade Union if any.</li> </ul> Provide a written report within 48 hours to the parties. OHSA Section 51(1)
Accident, explosion, fire or incident of workplace violence causing injury	Person is disabled from performing his or her usual work or requires medical attention because of an accident, explosion fire or incident of workplace violence at a workplace but no one dies or is critically injured because of the occurrence.	Employer shall report within 4 days of the occurrence, give written notice of the occurrence to the: <ul style="list-style-type: none"> <li>a) JHSC/HSR</li> <li>b) Trade Union if any</li> <li>c) MLITSD Director if an inspector requires notification of the Director.</li> </ul> OHSA Section 52(1)



Note of occupational illness e.g., post-traumatic stress disorder	If an employer is advised by or on behalf of a worker that the worker has an occupational illness or that a claim in respect of an occupational illness has been filed with Workplace Safety and Insurance Board by or on behalf of a worker	Employer shall notify in writing within 4 days of being advised, to:  a) MLITSD Director b) JHSC/HSR, and c) Trade Union.  OHS Section 52(2)
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- If the worker loses time off work or sees a physician or healthcare provider for care for the workplace injury or illness, the Occupational Health and Safety Administrator, Human Resources, or designate will complete and submit a WSIB Form 7 within three working days of being advised of the injury or illness. Refer to the organization’s WSIB Claims Management and Return to Work Policy and Procedure.
- Where hazard and incident reporting logs for workplace violence are available in a department, workers should also document the hazard or incident into the log. Supervisors and management will review the logs for department trends and implement corrective actions. The JHSC/HSR have the right to review the information of the logs, providing patient confidentiality is protected. See sample hazard and incident log in [Appendix D](#).

**Administration of Incident Reports**

- The Occupational Health and Safety Administrator or delegate will ensure incident reports are completed and is responsible to inform investigation personnel and/or team.
- Incident reports will be tracked and reviewed for trends and, where appropriate, for the development of recommendations and quality improvements. This information will be shared with stakeholders including the JHSC/HSR and others.
- For incidents of workplace violence in work settings where there is a higher risk, the following topics and indicators should be considered to assisting with tracking and trending:

Potential Tracking/Trending Topics and Indicators	
1	Number of incidents: # incidents causing injury (contact occurred), e.g., physical / psychological harm (injury/illness) # incidents with no injury/illness, e.g., near misses (no contact occurred) and no harm (contact occurred)
2	Source of workplace violence # Type 1 - External Perpetrator # Type 2 - Client/Customer/Care Recipient # Type 3 - Employment Related # Type 4 - Domestic Violence
3	Summary of incident demographics - location and department, time of incidents, work activities at the time of the incident, worker’s job position/title
4	Type of behaviour causing injury # intentional violence



	# non-intentional responsive behaviour																					
5	<p>Workplace violence or responsive behaviour stratified:</p> <table border="0"> <tr> <td># verbal threat</td> <td># choking</td> <td># head butting</td> </tr> <tr> <td># written threat</td> <td># grabbing and pinching</td> <td># sexual assaults</td> </tr> <tr> <td># weapon threat</td> <td># hitting, slapping and</td> <td># weapon assaults</td> </tr> <tr> <td># threatening gestures</td> <td>punching</td> <td># Other, specify</td> </tr> <tr> <td># kicking</td> <td># pushing / pulling</td> <td></td> </tr> <tr> <td># spitting</td> <td># throwing objects</td> <td></td> </tr> <tr> <td></td> <td># scratching</td> <td></td> </tr> </table>	# verbal threat	# choking	# head butting	# written threat	# grabbing and pinching	# sexual assaults	# weapon threat	# hitting, slapping and	# weapon assaults	# threatening gestures	punching	# Other, specify	# kicking	# pushing / pulling		# spitting	# throwing objects			# scratching	
# verbal threat	# choking	# head butting																				
# written threat	# grabbing and pinching	# sexual assaults																				
# weapon threat	# hitting, slapping and	# weapon assaults																				
# threatening gestures	punching	# Other, specify																				
# kicking	# pushing / pulling																					
# spitting	# throwing objects																					
	# scratching																					
6	<p>Summary of Immediate actions taken:</p> <p># of incidents that summon immediate assistance e.g., call for help, phone for help, use of panic alarm or personal safety response system</p> <p># of emergency codes called e.g., code white and outcomes (injury/illness or no injury/illness)</p> <p># of emergency notifications made e.g., security, police, emergency services or others</p> <p># of 'use of force' incidents</p> <p># other, specify</p>																					
7	Summary of common factors that lead to the workplace violence incident, e.g., lack of training, inadequate patient assessment or care plan, triggers not identified, inability to summon immediate assistance, lack of risk communication prior to activities such as transition of care or transport etc.																					
8	Frequency of incidents, e.g., # of first-time occurrences and # of repeat occurrence																					

**Communication**

The employer, supervisor and/or occupational health and safety administrator will communicate the hazard and incident policy, measures, procedures, and any changes to workers using the following methods:

- Staff meeting
- Posters
- Newsletters
- Email notifications

**Training**

All staff will receive workplace hazard and incident reporting training at the time of new hire orientation. Regular reviews will be provided during routine department training. Training records will be maintained by Human Resources and/or supervisor. Training will include:

- Policy, measures, and procedures
- Roles and responsibilities
- Time sensitivity of reporting and notifications
- Promoting a culture of reporting hazards and incidents, including those related to workplace violence
- Completion of report forms and documentation requirements e.g., online reporting and/or written





**Evaluation**

The Employer will evaluate and review this policy, measures, and procedures annually and, if necessary, revise it in consultation with stakeholders and JHSC/HSR. Approved quality improvements will be implemented according to an implementation plan and communicated to management and workers in a timely manner.

**Cross Reference Policies and Procedures**

- Critical and Fatal injury procedures
- Workplace Safety and Insurance Board (WSIB) Reporting and Return to Work procedures
- JHSC/HSR terms of reference
- Code White Procedures
- Security Procedures

**Signature:** \_\_\_\_\_

*(President, CEO, Administrator, Executive Director)*

**Date:** \_\_\_\_\_

**Date of JHSC Consultation:** \_\_\_\_\_

**References:**

- Occupational Health and Safety Act R.S.O. 1990
- Notices and Reports Under Sections 51 to 53.1 of the Act - Fatalities, Critical Injuries, Occupational Illnesses and Other Incidents Ontario Regulation 420/21
- Healthcare Section 21 Guidance Notes #6 & #8
- Workplace Safety and Insurance Act

## APPENDIX B: SAMPLE WORKPLACE VIOLENCE HAZARD REPORT FORM

### PURPOSE OF THIS TOOL

The purpose of this tool is to provide a sample form to report hazards in the workplace related to workplace violence. Organizations are encouraged to use this form and adapt it to meet their needs.

### WHO USES THIS TOOL

- The person (worker/management) who identifies the hazard
- Supervisor/Manager of person who identifies the hazard

### HOW TO USE THIS TOOL

1. The person (worker, supervisor, or employer) who identified the hazard or hazardous behaviour completes the following Sections:
  - **Section A:** Personal Information section
  - **Section B:** Detailed description of the hazard and the potential source of the hazard
2. The worker is encouraged to complete **Section C** with their Supervisor if they have suggestions for corrective actions that may help eliminate or control the hazard. Examples of corrective actions could include:
  - *People*—e.g., provide additional training or skills to address sources of workplace violence hazards
  - *Equipment*—e.g., surveillance cameras, personal safety response system (PSRS) device or alarms
  - *Objects*—e.g., not permitting objects that could be used as weapons into the area
  - *Environment*—e.g., adequate lighting in parking lot, have in place secure areas and separate public areas
  - *Process*—e.g., develop procedures, safe work practices, and/or processes for: access control after hours, client assessment, communicating risk of those with a history of violence, use of safety equipment (PSRS)
3. The Supervisor must promptly investigate the hazard and complete **Section D**. Additionally, the Supervisor should communicate the details of the hazards and the results of the investigation to the person who filed the report, workers who could be affected by the potential hazard, and the JHSC/HSR.
4. Once all sections are completed and signed, the report is filed in [insert department or person where workplace violence incident reports are filed, as per organizational policy].

**Note:** Where workplaces have one hazard reporting format for all types of hazards, they should ensure that it includes space for workplace violence information to be captured (as list below in Section B of the sample form).



## WORKPLACE VIOLENCE HAZARD REPORT FORM

**Workplace Violence (workplace violence) Hazard:** a condition or situation where there is potential for harm to others due to workplace violence (intentional or not), but **no incident** has yet occurred.

### Section A: Personal Information

NAME OF PERSON REPORTING:

\_\_\_\_\_

DEPARTMENT/UNIT:

\_\_\_\_\_

JOB POSITION:

\_\_\_\_\_

PHONE NUMBER:

\_\_\_\_\_

LOCATION OF HAZARD:

\_\_\_\_\_

DATE OF HAZARD OBSERVATION:

\_\_\_\_\_

TIME:

\_\_\_\_\_

NAME OF SUPERVISOR RECEIVING REPORT:

\_\_\_\_\_

DATE OF REPORT:

\_\_\_\_\_

TIME SUBMITTED:

\_\_\_\_\_

### Section B: Description of Workplace Violence Hazard by Worker Reporting (Please be detailed)

**GUIDING QUESTIONS: DESCRIBE THE HAZARD E.G., WHO, WHAT, WHEN, WHERE, HOW, RISK LEVEL?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WHO CAUSED THE WORKPLACE VIOLENCE HAZARD?**

- External Perpetrator (unknown person)
- Care Recipient/Family Member/Visitor
- Employment Related (Worker, Manager/Supervisor, Contract Worker, Other)
- Domestic (partner or relative of a worker)
- Unknown
- Other



**Section C: Suggest a Remedy or Control for the Workplace Violence Hazard**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section D: Supervisor Investigation and Follow-up**

**NAME OF INVESTIGATOR:**

\_\_\_\_\_

**DATE/TIME OF REPORT RECEIVED:**

\_\_\_\_\_

**DATE/TIME OF INVESTIGATION:**

\_\_\_\_\_

**DATA COLLECTION AND FINDINGS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ROOT CAUSE ANALYSIS OF HAZARD:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CORRECTIVE ACTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOLLOW-UP COMMUNICATIONS TO:**

- Worker Reporting the Hazard by (enter date): \_\_\_\_\_
- Workers Potentially Affected by Hazard by (enter date): \_\_\_\_\_
- Joint Health and Safety Committee or Health and Safety Representative by (enter date): \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## APPENDIX C: SAMPLE WORKPLACE VIOLENCE INCIDENT AND INJURY/ILLNESS REPORT FORM

### PURPOSE OF THIS TOOL

The purpose of this tool is to provide a sample form to report incidents related to workplace violence.

### WHO USES THIS TOOL

- Workers impacted by a workplace violence incident (or those reporting workplace violence on behalf of an injured Worker)
- Worker's supervisor
- Employer or designate

### HOW TO USE THIS TOOL

After a workplace violence incident occurs, the following sections of the form are completed by each of the workplace parties:

- The worker impacted by the incident completes and signs Section A: Workplace Violence Incident Report and Section B: Workplace Violence Injury/Illness Report
- The impacted worker's supervisor completes and signs Section A: Workplace Violence Incident Report and Section B: Workplace Violence Injury/Illness Report
- The employer or designate completes and signs Section C: Workplace Violence Incident Notifications

Once all three sections are completed and signed, the report is filed in [insert department or person where workplace violence incident reports are filed, as per organizational policy].

**Note:** Where workplaces have one incident reporting format for all types of hazards, they should ensure that it includes space to capture workplace violence information (as listed below in the sample form – sections 4, 7, 8, and 12).



## WORKPLACE VIOLENCE INCIDENT AND INJURY/ILLNESS REPORT FORM

**Instructions:** Workers or those reporting workplace violence on behalf of an injured Worker must complete sections A and B of this form and submit it promptly to the Worker’s Supervisor. If additional assistance is required, complete the form with the Supervisor. The Supervisor is required to review and ensure completion and submission of the form to <Name of Responsible Person> as soon as possible as per organizational policy. For potential workplace violence hazards not resulting in a workplace violence near miss or an incident, please complete a **Workplace Violence Hazard Form**.

### PART A: WORKPLACE VIOLENCE INCIDENT REPORT

#### 1. Person Reporting

**Worker involved in Incident or Person Reporting Incident:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Employee #: \_\_\_\_\_ Department/Unit: \_\_\_\_\_ Job Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

#### 2. Type of Workplace Violence Incident. Check one

- Near Miss** (incident occurred but workplace violence did not reach the Worker – no injury/illness)
- Not Causing Harm** (incident occurred - workplace violence reached Worker - no apparent injury/illness)
- Causing Harm** (incident occurred - workplace violence reached Worker - causing injury/illness)

#### 3. Nature of Workplace Violence Incident. Check all that apply

- Threat to exercise physical force that could have caused physical injury
- Attempt to exercise physical force that could have caused physical injury
- Physical force that caused or could cause physical injury



**4. Source of Workplace Violence Incident. Check  all that apply**

- Care Recipient
- Visitor
- Employment Related (e.g., worker, supervisor, physician, contract worker, student etc.)
- Person known to a Worker (e.g., spouse, partner, or relative)
- Person unknown to Workers/Organization
- Uncertain

**5. Person's Identification. Check  one**

The Person is...

- Known to the organization (e.g., an employee)
- Unknown to the organization (e.g., a visitor)

**If *known*, complete the following:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ or Identifier: \_\_\_\_\_

How is the Person known to the organization?

Address of Person, if known:

**If *Unknown***, describe the Person. E.g., gender, height, weight, features, hair/eye colour, etc.



**6. Location of Incident**

Did the Incident occur on workplace premises?

- Yes
- No

**Describe the specific location, e.g., building, room, area in room, address if location outside workplace premises, public place:**

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**7. Person’s Observed Behaviours. Check  all that apply**

- Confused (disoriented – e.g., unaware of time, place, or person)
- Irritable (easily annoyed or angered; unable to tolerate the presence of others; unwilling to follow instructions)
- Boisterous (overtly loud or noisy – e.g., slamming doors, shouting, etc.)
- Verbal threats (raises voice in an intimidating or threatening way; shouts angrily, insulting others or swearing; makes aggressive sounds)
- Physical threats (raises arms / legs in an aggressive or agitated way; makes a fist; takes an aggressive stance; moves / lunges forcefully towards others)
- Attacking objects (throws objects; bangs or breaks windows; kicks objects; smashes furniture)
- Agitated / impulsive (unable to remain composed; quick to overreact to real and imagined disappointments; troubled, nervous, restless, or upset; spontaneous, hasty, or emotional)
- Paranoid / suspicious (unreasonably or obsessively anxious; overly suspicious or mistrustful – e.g., belief of being spied on or someone conspiring to hurt them)
- Substance intoxication / withdrawal (intoxicated or in withdrawal from alcohol or drugs)
- Socially inappropriate / disruptive behaviour (makes disruptive noises; screams; engages in self-abusive acts, sexual behaviour, or inappropriate behaviour – e.g., hoarding, smearing feces / food, etc.)
- Body language (torso shield – arms / objects acting as a barrier; puffed up chest – territorial dominance; deep breathing / panting; arm dominance – arms spread, behind head, on hips; eyes – pupil dilation / constriction, rapid blinking, gazing; lips – compression, sneering, blushing / blanching)

**8. Frequency of Incident**

- First time occurrence
- Repeat incident with same person (Option for repeat incidents: Implement workplace violence and Responsive Behaviour Journal Log System)





**9. Description of Incident. Worker or Designate to Complete**

Describe in detail what and how the incident happened. Include:

- Incident and the events leading up to the incident
- What you were doing
- The people involved including the aggressor(s) and their actions

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Use additional pages if required.

**10. What factors led to, or caused the incident and/or injury? How could it have been prevented, if possible?**

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**11. Name of Witnesses. List all and add contact information if known**

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone No. \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone No. \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone No. \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone No. \_\_\_\_\_

**12. Immediate Action and Response Taken. Check  all that apply**

- Worker or other Person verbally called for help
- Worker or other Person phoned for help
- Alarm or Personal Safety Response System activated to summon immediate assistance
- Specify \_\_\_\_\_ (see code report)
- Supervisor / Manager Notified: Time \_\_\_\_\_
- Security Notified (if applicable): Time \_\_\_\_\_ Arrival time \_\_\_\_\_ ( See security report)
- Police Notified: Time \_\_\_\_\_ Arrival time \_\_\_\_\_ ( See police report)
- Emergency Services Notified: Time \_\_\_\_\_ Arrival time \_\_\_\_\_ ( Transport to local emergency)



- Violent Person located
- First Aid or Healthcare Aid provided – see injury report
- Other-Specify, e.g., lockdown

I declare that information reported is accurate to the best of my knowledge.

Signature of Person Reporting Workplace Violence: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor/Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**PART B: WORKPLACE VIOLENCE INJURY/ILLNESS REPORT**

**1. Personal Information. Worker or Designate to Complete**

**Information of Injured or Ill Worker**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Worker’s Address: \_\_\_\_\_

Worker’s Phone Number: Day: \_\_\_\_\_ Night: \_\_\_\_\_

Worker’s Birthday: \_\_\_\_\_

Employee Number: \_\_\_\_\_ Employee S.I.N. Number: \_\_\_\_\_

Employment Status:  Full Time  Part Time  Causal  Other - Specify \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Date Reported: \_\_\_\_\_ Time of Report: \_\_\_\_\_

Worker’s Department/Unit: \_\_\_\_\_ Manager/Supervisor Name: \_\_\_\_\_

**2. Type of Workplace Violence Injury/Illness Resulting from Incident. Check  all that apply.**

- Physical Injury (bodily harm)
- Psychological Injury/Illness (mental harm)
- No Apparent Injury
- Not known

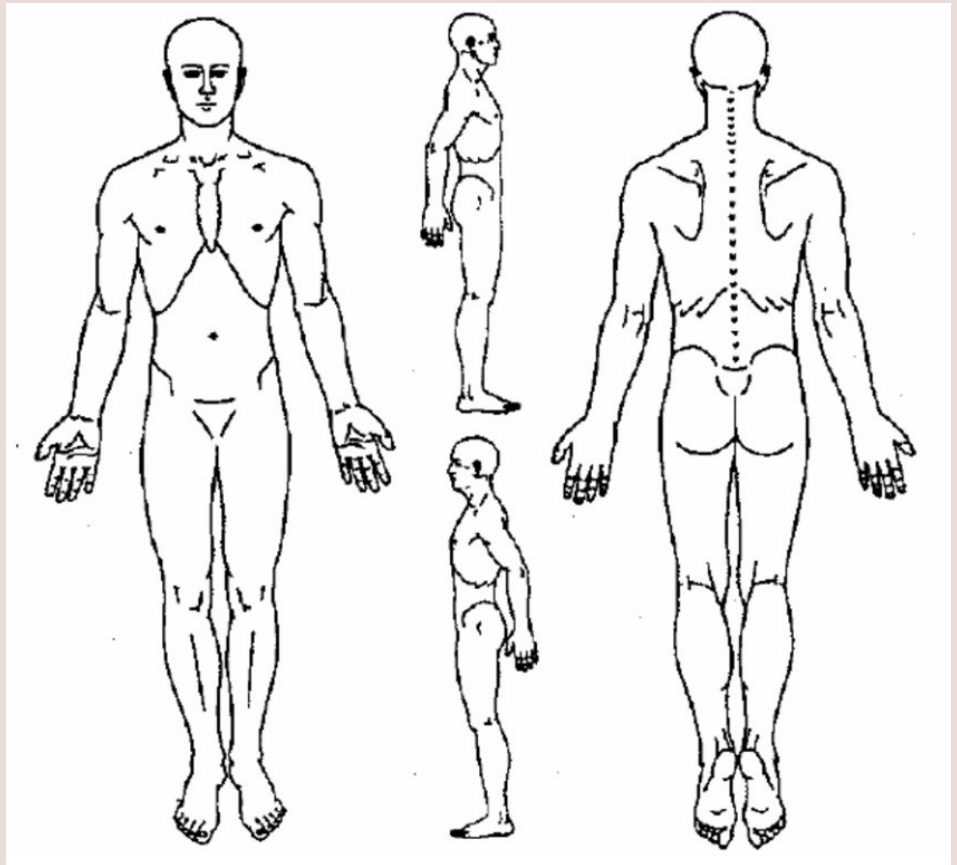


### 3. Injury Location, Nature, and Onset

Indicate body parts injured.  
Check  all that apply.

- Head
- Face
- Eye(s)
- Ear
- Neck
- Chest
- Abdomen
- Back
- Spine
- Shoulder Blade
- Shoulder
- Upper Arm
- Elbow
- Lower Arm
- Wrist
- Hand
- Thumb
- Finger(s)
- Pelvis
- Hip
- Upper Leg
- Knee
- Lower Leg
- Ankle
- Big Toe
- Toe(s)
- Foot
- Other

Place an 'X' on the parts of the body injured, pictured below.



Describe Symptoms:

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**4. Nature of the injury. Check  all that apply**

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="checkbox"/> Bruising/Contusion | <input type="checkbox"/> Burn         | <input type="checkbox"/> Amputation                                 |
| <input type="checkbox"/> Cut/scrape         | <input type="checkbox"/> Crush injury | <input type="checkbox"/> Damage to bodily system -internal Injuries |
| <input type="checkbox"/> Laceration         | <input type="checkbox"/> Concussion   | <input type="checkbox"/> Occupational Illness                       |
| <input type="checkbox"/> Puncture           | <input type="checkbox"/> Head injury  | <input type="checkbox"/> Other _____                                |
| <input type="checkbox"/> Sprain or strain   | <input type="checkbox"/> Fracture     |   |

**5. Onset of injury Check  one**

- When did the injury begin?
- Sudden - at the time of incident
- Gradual since the incident

**6. Critical or Fatal Injury**

Did the Worker sustain a Critical Injury?

- Yes
- No

Did the Worker sustain a Fatal Injury?

- Yes
- No

**Definitions**

Fatality Injured means injury causing death

Critically Injured means an injury of a serious nature that,

- a) Places life in jeopardy,
- b) Produces unconsciousness,
- c) Results in substantial loss of blood,
- d) Involves the fracture of a leg or arm but not a finger or toe,
- e) Involves the amputation of a leg, arm, hand, or foot but not a finger or toe,
- f) Consists of burns to a major portion of the body, or
- g) Causes the loss of sight in an eye

[\(Ontario Regulation 420/21\)](#)

**7. Aid Required and Lost Time. Check  all that apply**

- No First Aid
- First Aid
- Healthcare/Medical Aid
- Lost Time from work (beyond injury day) Dates: [Click or tap here to enter text.](#)



**8. Healthcare Treatment. Check  all that apply**

<input type="checkbox"/> Worker sought medical attention	Date: _____ Physician Name: _____ Phone: _____
<input type="checkbox"/> Worker visited a health service/clinic	Date: _____ Physician Name: _____ Phone: _____
<input type="checkbox"/> Worker visited an emergency department	Date: _____ Physician Name: _____ Phone: _____
<input type="checkbox"/> Worker visited a regulated healthcare provider, e.g., Physiotherapist, Chiropractor	Date: _____ Physician Name: _____ Phone: _____

**9. Return to Work (RTW). Check  one**

After the incident, what was the return to work (RTW) plan?

Regular Duties

Modified Duties - see the organization's RTW plans

Remain Off Work - see RTW plans

Signature of Injured/Ill Worker: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor/Manager/Worker: \_\_\_\_\_ Date: \_\_\_\_\_



*Employer to complete this section only if it applies*

**PART C: WORKPLACE VIOLENCE INCIDENT NOTIFICATIONS**

**1. Notice of Critical and Fatal Injury. Check  all that apply**

*OHSA Section 51\**

**The following parties were notified of the Critical or Fatal Incident immediately:**

- JHSC/HSR            Time: \_\_\_\_\_ Date: \_\_\_\_\_
- Union                    Time: \_\_\_\_\_ Date: \_\_\_\_\_
- MLITSD                Time: \_\_\_\_\_ Date: \_\_\_\_\_

**Within 48 hours, a written report was provided to:**

- JHSC/HSR            Time: \_\_\_\_\_ Date: \_\_\_\_\_
- Union                    Time: \_\_\_\_\_ Date: \_\_\_\_\_
- MLITSD                Time: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Notice of Violence causing Disabling Injury. Check  all that apply**

*e.g., Worker is unable to perform his or her usual work or required medical attention*  
*OHSA Section 52\**

**Within 4 days of the incident, the following parties were notified of the incident in writing:**

- JHSC/HSR            Time: \_\_\_\_\_ Date: \_\_\_\_\_
- Union                    Time: \_\_\_\_\_ Date: \_\_\_\_\_
- MLITSD (*only if an inspector requires notification*) Time: \_\_\_\_\_ Date: \_\_\_\_\_

**3. Notice of Occupational Illness or Claim for Occupational Illness filed with WSIB. Check  all that apply**

*e.g., psychological illness, post-traumatic stress disorder (PTSD)*  
*OHSA Section 52\**

**Within 4 days of being advised of an occupational illness or that a claim has been filed with WSIB for an occupational illness, the following parties have been notified in writing:**

- JHSC/HSR            Time: \_\_\_\_\_ Date: \_\_\_\_\_
- Union                    Time: \_\_\_\_\_ Date: \_\_\_\_\_
- MLITSD                Time: \_\_\_\_\_ Date: \_\_\_\_\_



**4. Report to Police about Criminal Activity**

Police notified of criminal activity that occurred during the workplace violence incident e.g., physical assault, verbal threats, shooting, etc.

Time: \_\_\_\_\_ Date: \_\_\_\_\_

Person who made the Report: \_\_\_\_\_

Specify the criminal activity reported to Police: \_\_\_\_\_

*\*The notification particulars must be in accordance with the regulation that applies to the workplace.*

Signature Employer or Delegate: \_\_\_\_\_ Date: \_\_\_\_\_



## APPENDIX D: SAMPLE WORKPLACE VIOLENCE HAZARDS AND INCIDENTS LOG

### PURPOSE OF THIS TOOL

The workplace violence hazard and incident log can be used in any workplace or healthcare setting, especially those areas where a risk for workplace violence or responsive behaviours is a particular concern, and/or when many acts of aggressive behaviour and violence appear minor, repetitive, frequent, and/or unintended. The use of this reporting format encourages the workers and supervisors to report all hazards and incidents.

### WHO USES THIS TOOL

Supervisor, manager, or delegate of exposed worker

### HOW TO USE THIS TOOL

1. Workers complete the log and then initial the log in the space indicated.
2. Once the Worker has completed the log, they provide it to their supervisor who will complete and initial their section of the form as indicated, including conducting timely investigation, identifying the steps to prevent a recurrence, and indicating whether a full hazard or incident report form was completed per the workplace policy and procedures.
3. The supervisor will also notify the employer in the case of a workplace violence critical or fatal injury; or an injury causing a worker to be disabled from performing their usual work or where medical attention is required because of workplace violence, so that the Employer can comply with the necessary legal notifications to parties such as the JHSC/HSR, unions and if required the MLITSD in the legally specified time requirements.

#### ***Additional Notes:***

- Workers must report all workplace violence incidents and hazards to their supervisor, even if the incident or hazard appears minor.
- Where harmful incidents occur or potentially serious events could occur, full incident-injury reports must be completed (see [Appendix B for a Sample Workplace Violence Incident Reporting form](#)).
- Where a care recipient is involved, the workplace should continue to follow their protocols for care recipient assessment, care planning, and make changes where needed taking into consideration the findings from the hazard or incident investigation.
- The log should be available to the JHSC/HSR during workplace inspections. The JHSC/HSR have the right to know about hazards and injuries in the workplace and must be provided with relevant information from any occupational health and safety reports.
- Supervisors can use the log to share information with workers during huddles, staff meetings and safety talks or other communication opportunities.



**Workplace Violence Incident and Hazard Log**

Unit/Department:									Manager/Supervisor:										
Event No.	Date and time	Type/source of violence				Description of WP violence					Description of incident or hazard	Investigation and causes	Steps taken to prevent hazard or incident recurrence	Hazard or incident type				Full hazard or incident report was also completed	
		Perpetrator	Client/visitor	Employment	Domestic	Threat	Attempt	Physical	WPV hazard	Injury				No injury					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											





Appendix D: Sample Workplace Violence Hazards and Incidents Log

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Worker initials:	Supervisor initials:	Supervisor initials:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										Date:	Date:	Communicated to affected staff <input type="checkbox"/>				



## APPENDIX E: SAMPLE CARE RECIPIENT WORKPLACE VIOLENCE AND RESPONSIVE BEHAVIOUR JOURNAL LOG

### PURPOSE OF THIS TOOL

Sometimes workplace violence situations or hazards occur frequently in short periods of time with the same care recipient. A situation may appear minor, but it has the potential to lead to a serious incident. Repeatedly completing formal hazard forms for very frequent hazardous situations can be time consuming and a deterrent for reporting them, thus hindering prevention efforts.

This tool can therefore be used to document information related to repetitive workplace violence situations for one care recipient.

### WHO USES THIS TOOL

- Workers
- Supervisors/managers

### HOW TO USE THIS TOOL

1. Once a situation or hazardous situation or pattern emerges, it should be reported to the supervisor/manager and, if applicable, the Journal Log is initiated.
2. The worker completes the log with input from the supervisor as applicable.

#### *Additional Notes:*

- If an incident causing harm occurs an incident report must be completed.
- This tool is NOT a substitute for formal or individual care recipient risk or behavioural assessments – the organization should continue to follow their protocols for individual care recipient risk assessment and behaviour care planning and make changes where needed, taking into consideration the findings from the Journal Log – see the [PSHSA Individual Client Risk Assessment Toolkit](#) for additional information.
- This Behavioural Journal Log can be attached to a formal hazard or incident report form providing care recipient confidentiality is maintained. It may also be used to augment the improvement of behaviour care plans.
- The Behavioural Journal Log must not be used to stigmatize care recipients but rather to understand the care recipient's workplace violence behaviours and triggers, if any.



Appendix E: Sample Care Recipient Workplace Violence and Responsive Behaviour Journal Log

Workplace Violence and Responsive Behaviour Journal Log											
Unit/Dept.:			Manager/Supervisor:				Client/Patient/Resident identifier:				
Event	Date and time	Description of workplace violence or responsive behaviour		Description of task or activity	History of violence		Triggers identified	Steps taken to prevent recurrence	Worker initials	Injury sustained?	
		- Confused - Irritable - Boisterous - Verbal threats - Physical threats - Attacking objects - Agitated / Impulsive	- Paranoid / suspicious - Substance intoxication / withdrawal - Socially inappropriate / disruptive behaviour - Body language		Yes	No				Yes	No
1					<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>



Appendix E: Sample Care Recipient Workplace Violence and Responsive Behaviour Journal Log

6					<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
7					<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
8					<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
9					<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
10					<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

*Disclaimer: This tool is NOT a substitute for formal or clinical client/patient/resident risk or behavioural assessments. If an injury occurs, report injury to the Manager/Supervisor, seek care if required and complete a full incident report.*

## APPENDIX F: SAMPLE HAZARD AND INCIDENT REPORTING TRACKING TOOL

### PURPOSE OF THIS TOOL

The purpose of this tool is to provide a sample workplace violence Incident and Hazard Analysis Tool for organizations to use as part of their collective investigation of workplace violence hazards and incidents. This tool allows for the analysis and trending of workplace violence incidents/hazards for prevention recommendations and corrective actions.

This analysis should be conducted at least annually and more often if required. Workplaces may track this data manually or electronically using data collection software and leverage the information for quality improvement purposes.

The attributes presented in the tool (e.g., date, time, location, etc.) are only examples and can be revised as needed for each workplace.

Note that an Excel version of this form with dropdown menus is available online.

### WHO USES THIS TOOL

The workplace must identify the person responsible for analyzing workplace violence incidents and completing the tracking tool. The person may also be responsible for overseeing incident and hazard reporting activities and documentation. Examples of responsible persons include:

- Risk Manager
- Occupational Health and Safety Professional
- Workplace Violence Prevention Program Lead
- Manager/Supervisor with Health and Safety Oversight or delegate

### HOW TO USE THIS TOOL

- The person responsible should collect data for each workplace violence hazard or incident and input it into the sample tracking tool.
- The tool contains sixteen workplace violence-related attributes (e.g., date, time, location, etc.) across the top row.
- After the first row, there are fifteen rows, so fifteen different workplace violence hazards or incidents can be tracked or added into the tool (more rows can be added in the excel file if needed).
- The page after the rows can be used to summarize findings and list recommendations.
- Each incident tracked in the tool (i.e., incidents #1-15) requires its own summary and accompanying recommendations. Use the Legend at the bottom of the tool to assist with completing each cell.
- Provide a report to management and/or the JHSC/HSR. Where appropriate, make recommendations for improvement and/or recommend further investigation.

Note that when completing this tool, privacy and confidentiality standards must be considered and upheld.

## WORKPLACE VIOLENCE HAZARDS AND INCIDENT REPORTING TRACKING TOOL

#	Date	Time	Dept	Incident Location	Describe Task / Situation	WPV Type 1-4	Incident / Hazard Type	WPV Description	WPV Behavior	Description of Behavior	Psychological / Physical Harm	Known Triggers	Critical / Fatal Injury	Body Part Injured	Nature of Injury	WSIB Reporting Type
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																





## HOW THE TOOLKIT WAS DEVELOPED

This toolkit was developed and informed by the following information and evidence:

- Scientific and grey literature.
- Advice and input from the project's Steering Committee (see acknowledgements section below for the list of organizational contributors).
- Expertise and input from the project Design and Development Consultation Forum, a group that was assembled for the purpose of this project and represented a broad range of individuals working in different healthcare settings (acute, long-term care, community care, employer associations, labour unions) and organizational levels in a variety of roles (frontline care providers, union representatives, supervisors, health and safety professionals, Joint Health and Safety Committee members, and Co-Chairs).
- Practices used in jurisdictions or by employers across Canada (the scan was focused on Canadian provinces and employers in Ontario identified by Steering Committee members, other research, or through participation on the Design and Development Consultation Forum and having done notable work in these areas).
- Expertise of PSHSA's occupational health and safety consultants.

## ACKNOWLEDGEMENTS

PSHSA would like to acknowledge and thank everyone who participated in the process – including the VARB Steering Committee who guided the process and informed the development of this toolkit.

We could not have developed this toolkit without the Steering Committee’s commitment, leadership, expertise, and input.

## ORGANIZATIONS REPRESENTED ON VARB STEERING COMMITTEE

Addictions & Mental Health Ontario (AMHO) / Ontario Federation of Community Mental Health and Addiction Programs

AdvantAge Ontario

Canadian Union of Public Employees (CUPE)

Guelph General Hospital (GGH)

Health Shared Services Ontario (HSSO)

Home Care Ontario (HCO)

Institute for Work and Health (IWH)

Ministry of Health (MOH)

Ministry of Labour, Immigration, Training and Skills Development (MLITSD)

Ontario Community Support Association (OCSA) / Personal Support Network of Ontario

Ontario Hospital Association (OHA)

Ontario Long-Term Care Association (OLTCA)

Ontario Nurses’ Association (ONA)

Ontario Personal Support Workers Association (OPSWA)

Ontario Public Service Employees Union / Syndicat des employés de la fonction publique de l’Ontario (OPSEU / SEFPO)

Registered Nurses’ Association of Ontario (RNAO)

Registered Practical Nurses Association of Ontario (WeRPN)

Service Employees International Union (SEIU)

Unifor

## DEFINITIONS

**Aggression:** Hostile or violent behaviour or attitudes.

**Behaviour Care Plan:** A written plan that details the care to be provided to prevent or control violent behaviours. It is developed by a clinical healthcare worker or team in collaboration with (when possible) the care recipient and/or substitute decision-maker.

**Control Measures:** Measures and procedures used to address workplace health and safety hazards and risks.

**Employer:** Means a person who employs one or more workers or contracts for the services of one or more workers to perform work or supply services (OHSA).

**Home and Community Care Setting:** Care provided in home and community settings and includes care in these settings provided by public health.

**Hospital Setting:** Healthcare facilities that provide a range of care such as acute care (e.g., emergency, or surgical care), specialize treatment (e.g., trauma centres, treatment centres for chronic treatment, birthing centres), and hospice care.

**Long-Term Care Setting:** Healthcare facilitates where adults can live and receive help with most or all daily activities and access to 24-hour nursing and personal care.

**Responsive Behaviours:** A protective means by which persons with dementia or other conditions may communicate an unmet need (e.g., pain, cold, hunger, constipation, boredom) or reaction to their environment (e.g., lighting, noise, invasion of space) (PSHSA).

**Supervisor:** A person who has charge of a workplace or authority over a worker (OHSA).

**Violent Behaviour:** Acts of violence such as but not limited to choking, punching, hitting, shoving, pushing, biting, spitting, shouting, swearing, verbal threats, groping, pinching, kicking, throwing objects, shaking fists, and threatening assault.

**Worker:** Staff members who can be clinical healthcare workers, allied healthcare workers, managers, administrative personnel, physicians, students, security guards, or any individual who has a working relationship with the healthcare organization (PSHSA).

**Worker Safety Representative:** A Joint Health and Safety Committee (JHSC) worker member, Health and Safety Representative, or another worker who because of their knowledge, experience and training is selected by the union that represents the worker, or if there is no union, is selected by the workers to be a representative during a work refusal (OHSA).

**Violent Person:** A person who displays behaviours that are verbally or physically aggressive, and intentional or unintentional in nature that may or may not harm or injure others.

**Workplace Violence:** Under the OHSA, workplace violence means:

- a) The exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker,
- b) An attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker,
- c) A statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

## RESOURCES AND REFERENCES

### ADDITIONAL RESOURCES

[#frontlinehealthcare PTSD Resource Toolkit](#)

[Healthcare Section 21 Guidance note # 6: Occupational Injury and Illness Reporting Requirements](#)

[Healthcare Section 21 Guidance note #8: Right to Refuse Unsafe Work](#)

[MLITSD's Workplace violence prevention in health care: A guide to the law for hospitals, long-term care homes and home care](#)

[PSHSA's Workplace Violence website - \[www.workplace-violence.ca\]\(http://www.workplace-violence.ca\)](#)

[WSIB Report and Injury or Illness](#)

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