

Title: Workplace Violence Prevention Program	Policy No.: AHR 3.13.26
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1.0 Purpose

Workplace violence can occur both in the workplace and in work-related settings outside of the usual workplace and regular working hours. It can occur during work-related functions at off-site locations such as conferences, social events, or visits to clients' homes. Violence may also manifest itself in the form of threatening telephone calls from co-employees, clients or managers. Workplace violence can be committed by anyone: employees, clients, students, contract employees, visitors, families of clients, families or friends of employees, or unauthorized intruders. Workplace violence can be experienced both directly and indirectly (e.g. witnessing a violence act or working in a violent environment over time). Violence can spill from home/private into the workplace and requires a minimum action of reporting.

The purpose of this policy is to define behaviour that constitutes workplace violence and to define procedures for preventing, reporting and resolving incidents of workplace violence. CAMH is committed to providing a working environment free of violence by ensuring that all workplace parties are familiar with the definitions of workplace violence and their individual responsibilities for prevention, response and corrective action.

This policy is designed to cover four main categories of workplace violence:

- **Employee to employee**, for example contract worker to employee, manager to employee, employee to manager, employee to student or volunteer;
- **Client to employee** or employee to client;
- **Personal relationship**, violence in the workplace related to a domestic/personal relationship;

Title: Workplace Violence and Prevention	Policy No.: AHR 3.13.26
	Page No.: 2 of 14

- **Stranger to employee**, committed by a person with no current relationship to the workplace or the employee.

It is possible for any of these forms of workplace violence to be a criminal act.

This policy is guided by the CAMH Vision, Mission, Values, CAMH Code of Conduct and Client Bill of Rights. CAMH also has several specific policies, reporting practices and training initiatives related to safety and violence prevention but distinct from this policy, especially training in Prevention and Management of Aggressive Behaviour, , Code Training, Restraint policy and procedures, Employment Related Harassment and Discrimination policy, Staff and Client On-line Reporting of Events (SCORE) and others. This violence prevention initiative is designed to function in an integrated manner with these other policies and initiatives.

CAMH has consulted with various stakeholders in the development of this policy, including, but not limited to, the Joint Health and Safety Committees (JHSC), ONA local 054, OPSEU local 500.

2.0 Persons Affected

This policy applies to all staff, students, volunteers, physicians, affiliates, and contract and casual staff/workers (hereafter referred to as employees).

3.0 Policy

CAMH recognizes the potential for violence in the workplace and therefore will make every reasonable effort to identify all potential sources of violence in order to eliminate and/or minimize these risks. CAMH is committed to the expenditure of time, attention, authority and resources in order to ensure a safe and healthy working environment for all employees and clients for whom we provide care.

All records of reports and investigations of workplace violence will be kept in accordance with relevant legislation and for a minimum of five years. CAMH retains records primarily via the SCORE system, and depending upon the incident, records may also be kept by Health, Safety and Wellness, Human Resources, or others as appropriate.

No report of workplace violence or risks of violence, excluding frivolous or malicious complaints, can be the basis of reprisal against the reporting employee.

The development of organization-wide training initiatives for the WVPP shall be done in consultation with the Joint Health and Safety Committee (JHSC)

In all responses to workplace violence CAMH will respect the confidentiality and autonomy of the reporting employee, informing others on a need to know basis only, and only to the extent necessary to protect safety, to comply with the law and to enforce and administer this program. CAMH recognizes the particular sensitivities and risks associated with domestic violence disclosures and wherever practicable, advance notice will be given to the reporting employee if CAMH needs to inform others about a domestic violence situation. Recognizing the complexity of the issues surrounding domestic violence and that a victim-survivor of domestic violence may face threats of violence or death when she/he attempts to end a violent relationship, CAMH will make every effort to provide a nonjudgmental and supportive environment for the employee which is not dependent on the employee's decisions regarding the relationship.

If an employee is found to have committed an act of workplace violence discipline can range from a written reprimand to suspension of hospital privileges or termination of employment. Breaches of professional practice must be reported to the relevant regulatory bodies. The employee may be directed to undertake appropriate training at the discretion of management. Extreme acts of violence such as assault are potentially criminal offences and should be reported to the proper law enforcement authorities.

4.0 Definitions

Definitions associated with Workplace Violence do not supersede the criminal code or any other legislative definitions.

The following definitions of violence cause or have the potential to cause the victim trauma/harm/injury/illness or the belief that their physical and or psychological health and safety are at risk:

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

Bullying

Repeated, persistent behaviour that is associated with a power imbalance between the victim and perpetrator(s). Bullying can include social isolation (silent treatment), rumours, personal attacks of one's private life and/or personal attributes, excessive or unjustified criticism, verbal aggression, withholding information or job responsibility, trivial fault finding, or negative physical contact.

Domestic Violence/ Personal Relationship Violence: Sometimes also referred to as Intimate Partner Violence or Family Violence. A pattern of coercive behavior that

is used by one person to gain power and control over another. It may include, but is not limited to, physical violence, sexual harassment, emotional and psychological intimidation which may be expressed through verbal abuse, stalking, use of electronic devices to harass, and economic control. Domestic violence occurs between current or former intimate partners and can occur in any personal relationship regardless of sexual orientation, gender identity, age, race, economic status, educational background or religious belief.

Harassment: Engaging in a course of repeated and vexatious comment or conduct that is known or ought reasonably to be known to be unwelcome.

Near miss: an act of striking out, but missing the target or failing to injure.

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

Psychological abuse: A course of repeated and vexatious action conducted by an individual or group that is known, or ought reasonably to be known, to be unwelcome and that could reasonably be regarded as intending to intimidate, provoke fear or diminish an individual's dignity or self-worth or that intentionally inflicts psychological trauma/harm/injury/illness on another.

Sexual assault: is defined in the criminal code but is generally understood as the use of power to threaten or violate another through sexual behaviours; to force one individual to touch, kiss, fondle or have sexual intercourse with another against their will.

Threat: a communicated intent (verbal or written) to inflict physical or other harm on any person or to property by some unlawful act. A direct threat is a clear and explicit communication distinctly indicating that the potential offender intends to do harm, for example, "I am going to kill you." A conditional threat involves conditions, for example, "If you don't leave me alone, I will put you right through that wall." Implied threats (Intimidation), usually involve body language (e.g. towering over someone), or behaviors (e.g. staring someone 'down'), that leave little doubt in the mind of the victim that the perpetrator intends to harm (even if they don't plan to follow through). Intimidations are meant to instill fear in the hope that the person being intimidated will 'give in' to what the intimidator wants.

Verbal abuse: the purposeful use of vexatious comments that are known, or that ought to be known, to be unwelcome, embarrassing, offensive, threatening or degrading to another person, (including swearing, insults, condescending language, racism, sexism, homophobia or any kind of discriminatory remarks) which causes the person to believe their health and safety are at risk.

Violence: is any actual, attempted or threatened or implied conduct of a person that causes or is likely to cause physical and/or psychological trauma/harm/injury/illness or that gives a person reason to believe that s/he or another person is at risk of physical and or psychological trauma/harm/injury/illness. This includes, but is not limited to, any actual or attempted assault (including sexual assault and physical attacks), domestic violence, threat, verbal, psychological or sexual abuse or harassment. Violence can be experienced either directly or indirectly (e.g. impact of witnessing an assault). Sexism, homophobia, racism, ableism and other practices of marginalization may exacerbate the risk of workplace violence.

5.0 Responsibilities:

Everyone at CAMH has a shared responsibility to promote workplace safety as well as specific duties to prevent and address issues of workplace violence.

5.1 Employer:

- Ensuring that all health and safety policies and procedures, including workplace violence prevention, are clearly communicated and understood by all employees;
- Conducting an annual review of the program in consultation with JHSC;
- Ensuring that measures and procedures identified in the violence prevention program are carried out and that management is held accountable for responding to and resolving complaints of violence
- Ensuring that managers/supervisors carry out their responsibilities.
- Holding management accountable for establishing control measures to address identified risks (in consultation with the JHSC);, and taking corrective action and response measures;
- Establishing and delivering education for all employees in consultation with the JHSC;
- Integrating health and safety into day-to-day operations;
- Reviewing all reports of violence, near misses, or threats of violence in a prompt, objective and sensitive manner. This includes a review of all investigations associated with violence-related incidents with JHSC;
- Assisting the JHSC in carrying out of any of their functions;

Title: Workplace Violence and Prevention	Policy No.: AHR 3.13.26
	Page No.: 6 of 14

- Ensuring that fatalities, critical injuries, lost time or medical aid injuries are reported to the Ministry of Labour (MOL), Workplace Safety Insurance Board (WSIB), and JHSC as required by relevant legislation;
- Ensuring compliance with all relevant legislation, including but not limited to Workplace Safety Insurance Act (1997), and the Ontario Occupational Health and Safety Act (1990);
- Providing information and referral options with regard to domestic violence through HR and HSW.

5.2 Managers and Supervisors

- Ensuring compliance with all relevant legislation, including but not limited to Workplace Safety Insurance Act (1997), and the Ontario Occupational Health and Safety Act (1990);
- Ensuring that their program follows best practices in client centred care, including all existing safe work practices, as well as the policy and the procedures outlined in the Workplace Violence Prevention Program. This includes:
 - Working with the clinical and non-clinical team members to continuously monitor milieu and identify factors that could contribute to increased risk and take appropriate steps to mitigate risks
 - Proactively assessing the risk of workplace violence that may arise from
 - the nature of the workplace
 - the type of work, or
 - the conditions of work
 - and include measures and procedures to control the risks
 - Informing the JHSC of the results of the risk assessments and providing a copy in writing to the JHSC;
 - Providing information to your employees, including personal information, about a risk of workplace violence from any person with a history with violent behaviour if: the worker can be expected to encounter that person in the course of work, and if the risk of workplace violence is likely to expose the worker to physical injury
NB: Personal information shall be disclosed only to the extent that it is reasonably necessary to protect the worker from physical injury;
 - Identifying and implementing a system to alert staff entering an area where there are known to be potentially violent patients and hazardous situations;
 - Ensuring all staff are trained on the Workplace Violence Prevention Program policy and procedures, and maintaining records of staff training to demonstrate compliance with the Occupational Health and Safety Act;

Title: Workplace Violence and Prevention	Policy No.: AHR 3.13.26
	Page No.: 7 of 14

- Ensuring that Personal Protective Equipment (PPE) is provided to staff when required;
- Ensuring that risk assessments are conducted as often as necessary and take the appropriate action to mitigate risk. NB: the exception is that the Occupational Health and Safety Act (1990) does not require an employer to assess the risk of domestic violence in the workplace. However, CAMH is committed to taking every reasonable precaution to protect workers at risk of domestic violence in the workplace.
- Ensuring ongoing assessment of the unit/program for acuity and implementation of preventative action, including individualized client care planning and point of care procedures;
- Ensuring submission of a report on an incident using the organization's procedures and forms, including SCORE;
- Investigating all workplace violence incidents within 72 hours using the organization's accident investigation procedure and forms (including SCORE); and ensuring measures are taken to safeguard employees and curtail the violence;
- Ensuring that debriefing is made available for those either directly or indirectly involved in an incident (individual and team);
- Ensuring the employee receives basic information about their legal rights (for example in terms of laying charges), and referral for more detailed legal information;
- Facilitating access to medical attention for employee(s) as required (e.g. HSW, personal physician, emergency department);
- Facilitating notification of next of kin when an employee is significantly injured with consent of employee if able;
- Determining the root cause of the incident, implementing preventive measures and communicating those measures to employees;
- Monitoring trends and initiating prevention initiatives (for example based on SCORE reports, chart reviews, case conferences);
- Identifying training needs and conduct unit/program specific training as needed;
- Participating in the development of a workplace safety plan as needed in cases of domestic violence, in cooperation with HSW, HR, Security
- Supporting staff throughout the process following an incident, including return to work;
- Assisting the JHSC in carrying out their functions.

5.3 Employees

- Following best practices in client-centered care, including all existing safe work practices, as well as the policy and the procedures outlined in the

Title: Workplace Violence and Prevention	Policy No.: AHR 3.13.26
	Page No.: 8 of 14

Workplace Violence Prevention Program and all related policies. This includes:

- In clinical areas, ensuring that care plans address appropriate preventative measures, alternatives to restraint and seclusion, and compassionate support for clients deemed at risk of aggressive or violent behaviour;
- Contributing to regular risk assessments (environmental/ and or client milieu), and communicating alerts to the clinical and non-clinical team members as needed;
- Following the procedures in place on each unit including the flagging and communication procedures;
- Immediately reporting all events or safety concerns (violence, threats, hazardous situations) to supervisor or manager; and work with the manager to find reasonable solution to the problem;
- Documenting all violence-related incidents (near miss, hazards or injury) through SCORE, with assistance from e-learning modules, manager or supervisor if needed;
- Retaining copies of any other documentation from an incident (date, what observed, witnesses, who else present etc.);
- Seeking support and, without putting themselves at risk, providing support to co-workers, when confronted with violence or threats of violence;
- Reporting to HSW immediately (during the day) or Nursing supervisor (after hours and weekends) if medical attention is required;
- Participating in orientation, education and training programs to be able to respond to any workplace violence incident including Workplace Violence Prevention training
- Understanding and complying with the Workplace Violence Prevention policy and related procedures;
- Wearing Personal Protective Equipment (PPE) provided when necessary;
- Reporting to their manager or supervisor any contravention of the Occupational Health and Safety Act (1990) or regulations or the existence of any hazard of which the employee is aware;
- Participating in a review at least annually of the workplace violence prevention policy.

5 .4 Joint Health and Safety Committee (JHSC)

- The JHSC has the right to:

Title: Workplace Violence and Prevention	Policy No.: AHR 3.13.26
	Page No.: 9 of 14

- Be consulted on the development, establishment and implementation of violence prevention measures and procedures (the workplace violence prevention program);
- Be consulted and make recommendations to the employer to develop, establish and provide training in violence prevention measures and procedures;
- Participate in a review at least annually of the workplace violence prevention program.
- Be contacted immediately in the event of a critical injury or fatality and review management reports to the MOL of any critical injury or fatality
- Receive all reports of any incident/accident related to workplace violence within 4 days containing all information as prescribed;
- Review written notice within four days on lesser injuries where any person is disabled from performing his or her usual work or requires medical attention;
- Receive information requested in order to carry out any of its functions.
- Investigate all critical injuries and make recommendations to the employer
- Have a worker member of the JHSC present during any work refusal and work collaboratively with Management by adhering to the work refusal policy/procedure;
- Track and analyze incidents for trending and prevention via SCORE.

5.5 Health, Safety and Wellness (HSW)

- Contacting JHSC and MOL immediately in the event of all critical incidents or a fatality, followed by the submission of a written report within 48 hours of the occurrence;
- Ensuring the reporting of all injuries to the MOL and WSIB as required by the Occupational Health and Safety Act and the Workplace Safety and Insurance Act.
- Consulting with managers and ensure that injured employees are accompanied by another staff when medical clearance/treatment is required;
- Assisting JHSC worker representative or a worker designated by the JHSC representative in the investigation of a violent assault that results in a critical injury to an employee;
- Providing referrals to external services in response to domestic violence concerns;

Title: Workplace Violence and Prevention	Policy No.: AHR 3.13.26
	Page No.: 10 of 14

- In collaboration with Quality and Patient Safety and JHSC, track and analyze incidents for the prevention of workplace violence using SCORE reports
- Monitoring and ensuring implementation at all levels of Workplace Violence Prevention Program.

5.6 Quality and Patient Safety

- Reviewing all incident reports, monitor trends and make recommendations for prevention and enhancements of the Workplace Violence Prevention Program in collaboration with HSW and JHSC ;
- Providing summary level reports to senior management and the Board;
- Sharing findings with the JHSC, which is consulted about any revisions to the Workplace Violence Prevention Program
- Coordinating the Quality of Care Review process, as applicable, through the Quality of Care Committee

6.0 Procedures

6.1 Reporting and Investigation

- Specific accountabilities for Reporting and Investigation are covered under 5.0 Responsibilities. In addition to these specific accountabilities the following applies:
 - The manager or supervisor follows up within 72 hours on all reports of workplace violence and hazard reporting and measures taken to address the hazard, and prevent recurrence, using the feedback portion of SCORE.
 - If the resolution of the incident is beyond the authority of the manager or supervisor receiving the report, they must follow the chain of command.
 - Quality and Patient Safety in collaboration with HSW will provide consultation, upon request, to ensure that an investigation is completed in a timely manner, with consultation from relevant portfolios.
 - Related reporting procedures: feedback, concerns and complaints from Clients are recorded via the Client Relations Service; and staff issues regarding Harassment and Discrimination fall under AHR 3.6.5 Employment Related Harassment and Discrimination.

6.2 Support for employees affected by Workplace Violence

Management will respond promptly, assess the situation and ensure that these interventions are available to all injured employees, volunteers, students:

- Facilitation of medical attention;

Title: Workplace Violence and Prevention	Policy No.: AHR 3.13.26
	Page No.: 11 of 14

- Notification of next of kin of injured worker/employee– with consent from the injured employee if able; notification to the school or agency if injuries occur to a student or agency staff
- Staff accompaniment of injured employee for medical attention;
- Provide support to affected employees (individual and team) via debriefing, support from manager, referrals to community agencies, treating practitioner, and/or employee assistance program (EAP) if applicable;
 - In cases of domestic violence/ personal relationship violence a unique support and referral strategy may be required. Evidence shows that a victim-survivor of domestic violence may face threats of violence or death when she or he attempts to end a violent relationship. CAMH will make every effort to provide a nonjudgmental and supportive environment for the employee which is not dependent on the employee’s decisions regarding the relationship. (See the Workplace Violence Domestic Violence Guidelines for further information, or contact HSW)
 - Referral to union representative;
 - Support during return to work process as per the WSIA;
 - Development of a safety plan as needed.

6.3 Risk Assessment

- Specific accountabilities for Risk Assessment are covered under 5.0 Responsibilities. In addition to these specific accountabilities the following applies:
 - Management, in conjunction with the JHSC and others as appropriate, will assess workplace violence hazards in all jobs, and in the workplace as a whole. This may include but is not limited to administrative and work practice controls and site design and environmental controls.
 - All control measures applied to the risks identified will be documented into procedures. Risk assessment tools will be used or developed as necessary to identify risks associated with work area or activity.
 - Site-specific procedures will be developed to control the identified risks and communicated to all staff working in the area.
 - Risk assessments are reviewed annually and whenever new jobs or new workplaces are created or job descriptions or workplaces are changed substantially.
 - Due to the complexity of instances of Domestic Violence/Personal Relationship violence organizations are not required to conduct a risk assessment, however colleagues, managers, supervisors have a

responsibility to respond to domestic violence in the workplace, as outlined above.

6.4 Program Evaluation

- The Workplace Violence Prevention Program is evaluated annually by management and reviewed by the Joint Health and Safety Committee to ensure that it meets the current needs of CAMH. The Manager, Health, Safety and Wellness (HSW) will lead the evaluation of the policy/procedures.
- The scope of the evaluation may include:
 - Percentage of staff who have completed required training;
 - Feedback from key stakeholders – staff and managers on the policy and procedures;
 - Employee report summaries, including near miss, hazards, injury etc.;
 - Review of the risk assessment tools;
 - JHSC recommendations;
 - WSIB claims arising from incidents of workplace violence
 - SCORE Reports.

6.5 Summoning Immediate Assistance

6.5.1 On Site

CAMH deploys a multi-level incident response system. For staff working on site, this includes Personal Alarms and an accessible alarm system with buttons or key activation where risk is apparent or may be anticipated. These alarms will trigger a response from security and other clinical personnel to the location and, where necessary, contact with local police will be initiated.

- a. In the event of a need to activate an alarm, employees should first attempt to activate the nearest code button or key station, call 5555 or instruct another staff member to do so.
- b. If this cannot be done due to immediate circumstances, then the personal alarm should be activated. When a Personal Alarm is activated, it triggers either an audible alarm (if it is a pull-cord model) or a signal in the Nursing Station and /or at Switchboard (if it is a hard-wired model).
- c. Upon hearing an audible alarm, staff in the vicinity should determine the location of the alarm, assess the nature of the incident and take the most appropriate action to either assist the individual (if this can be done safely) or call for assistance in accordance with existing unit and emergency code policies (e.g. E 10.1 Code White). The audible personal alarms are not connected to the hardwired alarm system, and

Title: Workplace Violence and Prevention	Policy No.: AHR 3.13.26
	Page No.: 13 of 14

will NOT automatically initiate a call to the nursing station and/or switchboard.

- d. A personal alarm that triggers a signal in the Nursing Station or Switchboard will initiate the response outlined in E 10.1 Code White.

6.5.2 Off Site

- a. Staff may access a call button to summon assistance from colleagues if one is available.
- b. Where there is no call button police assistance should be called at 911.

6.5.3 Community

When working in the community, please follow the [Safety Guidelines for Community and Outreach Workers](#).

7.0 References

Compensation for Victims of Crime Act, 1990, R.S.O. 1990, c. 24. Available at: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90c24_e.htm

Criminal Code of Canada, 1985, R.S.C 1985, c. C-46. Available at: <http://www.canlii.org/en/ca/laws/stat/rsc-1985-c-c-46/latest/rsc-1985-c-c-46.html>

Co-create Psychological Safety in the Workplace
www.safe-workplaces.ca

Human Rights Code, 1990, R.S.O. 1990, c. H 19. Available at: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h19_e.htm

Occupational Health and Safety Act, 1990, S.O. 1990, c. O.1. Available at: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90o01_e.htm

Public Hospitals Act, 1990, R.S.O. 1990, c. P 40. Available at: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90p40_e.htm

Regulated Health Professions Act, 1991, S.O. 1991, c.18. Available at: http://www.elaws.gov.on.ca/html/statutes/english/elaws_statutes_91r18_e.htm#BK22

Title: Workplace Violence and Prevention	Policy No.: AHR 3.13.26
	Page No.: 14 of 14

Workplace Safety and Insurance Act, 1997, S.O. 1997, c. 16, schedule A. Available at: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_97w16_e.htm

8.0 Links/Related Documents

[AHR 3.6.5 Employment Related Harassment and Discrimination](#)

[CAMH Safety Guidelines for Community and Outreach Workers](#)

[E 10.1 Code White](#)

[Emergency Code Training](#)

[Emergency Response Manual](#)

[Prevention and Management of Aggressive Behaviour](#)

[PC 2.E.2 Emergency Use of Chemical Restraint, Seclusion and Mechanical Restraint](#)

[Workplace Violence Domestic Violence Resource List](#)

CAMH Tools for Assessing for Risk of Violence

http://insite.camh.net/forms/clinical_forms/39664_assessment_for_risk_of_violence_to_self_or_others.html

http://insite.camh.net/forms/clinical_forms/40596_violence_risk_assessment_and_management.html

http://insite.camh.net/forms/clinical_forms/40583_crisis_planning.html

9.0 Review/Revision History

Date	Revision No.	Revision Type (minor edit, moderate revision, complete revision)	Reference Section(s)
July 2008	1.0	New Policy	n/a
January 2010	2.0	Minor revision	
March 2010	3.0	Minor revision	Reformat
June 2010	4.0	Major revision	Incorporate all new requirements related to Bill 168
Nov 2011	5.0	Minor edits	Incorporate feedback from staff acquired through survey monkey in 2010
February 2013	6.0	Minor	Updates to department titles