



Corporate Policy Title Page

POLICY NAME: Violence and Harassment in the Workplace	
POLICY NUMBER: 00245	Date of latest revision: 2016-08-03
ORIGINATING DEPARTMENT: Occupational Health & Safety Services	Responsible EVP: Renée Légaré
<input type="checkbox"/> New Policy <input checked="" type="checkbox"/> Revised Policy	
Policy Background or Rationale: (Is there a story, incident or legislation driving this policy?) <ul style="list-style-type: none">• Workplace Violence is regulated under the Occupational Health and Safety Act (OHSA). Healthcare workers are at greater risk of workplace violence compared to workers in other businesses and sectors.• Taking reasonable steps to prevent workplace violence and harassment is in line with our core values, our code of conduct, and supports a respectful workplace.	
Scope of Policy: (who will it impact most) <ul style="list-style-type: none">• All clinical and non-clinical Managers and workers in all areas across The Ottawa Hospital's (TOH) main campuses and all TOH satellite sites.	
Key Messages for Staff: (top points managers need to tell staff now) <ol style="list-style-type: none">1. Be aware of the Violence Flagging Process.2. Immediately report any concerns to your supervisor.3. Sexual harassment is now included in the OHSA as a form of violence and harassment and has been added to the policy.4. Clarification of training requirements.5. When staff are required to provide an address to police, they may use the business address of TOH as their contact information.6. TOH may also press charges even if there are no victim or witness statements.7. Remind staff that the non-emergency numbers to call Security are<ol style="list-style-type: none">a. Civic: 14888b. General: 72003c. Riverside: 82999	
Contact for Questions or Inquiries	
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The Ottawa Hospital | L'Hôpital d'Ottawa

CORPORATE POLICIES AND PROCEDURES

VIOLENCE AND HARASSMENT IN THE WORKPLACE

No.: 00245

(Formerly ADM VI 210)

ISSUED BY: V.P. Human Resources

APPROVED BY: Dr. J. Kitts
President and CEO

CATEGORY: Occupational Health & Safety

DATE OF APPROVAL: 2002/09/04

LAST REVIEW / REVISION DATE:
2014/06/26

IMPLEMENTATION DATE: 2009/02/25

POLICY STATEMENT:

The Ottawa Hospital (TOH) is committed to providing a safe and healthy work environment and does not tolerate harassment, violent acts, or threats directed at staff, patients, visitors, and other individuals in our workplaces. This includes ** sexual harassment and assault.

TOH will take whatever steps are reasonable to prevent incidents of violence and harassment in the workplace. Ensure measures are in place to summon assistance, respond to, and report such incidents should they occur. These measures for risk assessment, prevention, and response are documented as part of our Workplace Violence Prevention Program.

Acts of violence and harassment directed by one staff against another staff are also managed through the Respectful Behaviour in the Workplace [Policy # 01607](#) and the [Discipline Policy #00361](#).

DEFINITION(S):

- 1. Critical Incident Stress Debriefing (CISD):** an intervention conducted by trained mental health professionals, in either group or individual format and is typically conducted 48 - 72 hours following a traumatic event.

2. **Critical Injury:** for the purpose of this policy, 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.
3. **EIR:** Employee Incident Report form (OHS 13, Cat # 412200)
4. **Harassment:** engaging in a course of vexatious comment or conduct against a worker (or other staff member) in a workplace that is known or ought reasonably to be known to be unwelcome, or sexual harassment. Examples of harassment include, but are not limited, to a pattern of behavior of repeated words or actions, such as bullying, making jokes, offensive remarks or innuendos that demean, ridicule, intimidate, offend or serve to isolate a person in the workplace.
5. **Intimate Partner Abuse:** wherein a person physically harms, threatens or attempts to harm a staff member at work with whom he / she has a personal relationship (such as a spouse or former spouse, current or former intimate partner or family member).
6. **Joint Health & Safety Committee (JHSC):** A committee that has been established by The Ottawa Hospital in accordance with the Ontario Occupational Health and Safety Act (OHSA).
7. **OHSA and Regulations:** The Ontario Occupational Health and Safety Act and Regulations
8. **OHW:** Occupational Health and Wellness group.
9. **Risk Assessment:** collaborative process to identify hazards, evaluate the risk of harm associated with the hazards, and recommend appropriate controls (engineering/design, administrative and personal protective equipment) to eliminate or reduce the risk to persons or property.
10. **Senior Management:** Members of the Senior Management Committee and the Corporate Operations Committee.
11. **Sexual Harassment:** engaging in a course of vexatious comment or conduct against a worker (or other staff member) in a workplace because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome, or making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the worker (or other staff member) and the person knows or ought reasonably to know that the solicitation or advance is unwelcome.

- 12. Staff:** for the purpose of this policy, includes all employees, physicians, volunteers, students, contractors, and individuals who otherwise perform work or supply services on site at TOH.
- 13. Supervisor:** The OHSA defines a supervisor as a competent person who has charge of a workplace, control over the work assignment or authority over a worker. This can include, but is not limited to person in charge, coordinators, care facilitators, supervisors, managers and directors.
- 14. Traumatic Event:** an occurrence or situation which causes or is likely to cause extreme physical and / or emotional distress to staff and may be regarded as outside the normal range of experience of the people affected.
- 15. Working Alone:** a person is considered to be working alone when they are: on their own; when they cannot be seen or heard by another person; and when they cannot expect a visit from another worker or member of the public for some time. (Source: Canadian Centre for Occupational Health & Safety - CCOHS)
- 16. Workplace Violence:** The exercise of physical force by a person against a worker (or other staff member), in a workplace, that causes or could cause physical injury to the worker (or other staff member); an attempt to exercise physical force against a worker (or other staff member), in the workplace, that could cause physical injury to the worker (or other staff member); a statement or behaviour that is reasonable for a worker (or other staff member) to interpret as a threat to exercise physical force against the worker (or other staff member), in a workplace, that could cause physical injury to the worker (or other staff member).
- Examples of workplace violence include, but are not limited to stalking, shaking fists, throwing objects, destroying a worker's property, verbal or written threats that express the intent to inflict physical harm, physical attacks, or other acts that would arouse fear in a reasonable person in similar circumstances.
- 17. Vexatious:** causing or tending to cause annoyance, frustration, or worry.

ALERTS: N/A

PROCEDURE:

1. Prevention of Violence in the Workplace

- i. Performance of an assessment of the workplace for the risk of violence is an integral part of the Violence Prevention Program.
- ii. This assessment is conducted by Security, the Safety Office, and the affected department manager and the JHSC in consultation with front line staff.
- iii. The assessment includes the identification of hazards, taking into account factors related to the nature of the workplace, the type of work being performed, and the conditions of the workplace that could lead to violence.

- iv. Upon identifying such situations, written measures and procedures to reduce the risk of violence are made in consultation with the JHSC and the results of the assessments are provided to the JHSC.
- v. All staff and supervisors are responsible to report situations where potential violence can occur so that appropriate corrective action can be taken. This may include applying a Violence Flag to the patient's medical record if the source of aggression is a patient or a person accompanying the patient (Refer to TOH [Policy #01075, Flagging Patients' record for History of Violence or aggression](#)).
- vi. A supervisor may request an assessment of their unit or area of responsibility to determine the risk level for workplace violence.

2. Staff Education

- i. TOH ensures training is provided to staff on recognizing and preventing violence, harassment, and sexual harassment, procedures for summoning assistance (such as Code White) and reporting procedures.
- ii. The extent and type of training provided is appropriate to the risk faced by the worker in the course of performing their duties.
- iii. The JHSC shall be consulted on training content and standards to help ensure their suitability.

Guidance and training standards are provided in Appendix A and may updated separately from this policy.

3. Procedures

Managing situations of violence or harassment involving aggression against staff by a patient / family / visitor.

- i. When an incident of potential or actual physical violence occurs, a "Code White" may be called by any staff member by calling the appropriate number for their campus. Staff at locations other than the General, Civic, and Riverside should notify TOH Security, follow local procedures for notifying local security, and, if there is no local security presence, call the police when appropriate.
- ii. In the case of an incident involving an object which can result in bodily harm (gun, knife, medical sharps, etc.), the police, TOH Security and where appropriate local security must be called immediately.

In the case of an incident of verbal abuse or harassment, TOH Security must be called directly.

- iv. Security will respond as soon as reasonable and deescalate and/or mitigate any potential threat, conduct an initial investigation of the circumstances, collect statements from all persons and witnesses involved in the incident and discuss with the manager / supervisor / delegate of the area. Cases involving one staff member acting against another shall be referred to Human Resources for further investigation.
- v. The affected staff will immediately seek medical assistance if necessary through OHW or the Emergency Department.
- vi. Affected staff will inform their supervisor of the incident as soon as possible.

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- vii. All persons involved in the incident should document all details of the incident. Employees must complete the EIR and have it signed by their supervisor. The EIR is to be taken to OHW as soon as possible, for follow-up as per the [Reporting Workplace Hazardous Conditions and Incidents policy # 00255](#). Other staff such as physicians, residents, students and contract personnel should follow reporting procedures as outlined by their employer, Department Head, Medical Affairs or educational institute.
- viii. All incidents of physical assault or any action by a member of the public, which may place staff in danger must be reported to the individual's supervisor and to Security. Security will provide advice to the staff member(s) involved in the incident. In the event of a criminal proceeding, TOH will provide workers with legal counsel and paid time off to attend legal proceedings.
- ix. Measures to protect the immediate safety of the staff will be implemented and actions to prevent any future incidents of a similar nature will be determined and enforced.
- x. Where there is an on-going threat to staff safety or when an injury occurred as a result of a violent incident the Safety Office will ensure a review is carried out involving, where applicable, the affected staff member, their manager or director, a union representative from the JHSC and a representative from Security.
- xi. Critical Incident Stress Debriefing (CSID) will be available to all individuals involved in the incident. This can be requested by the department manager or OHW. In addition, affected staff member(s) will be offered individual counseling through the Employee Family Assistance Program (EFAP) or Social Work through OHW.
- xii. Refer to Appendix B for guidance on police involvement in incidents of violence or harassment.

Managing situations for intimate partner abuse involving staff

- i. When an incident of potential or actual physical intimate partner abuse occurs in the workplace, the procedures for managing situations of harassment or violent incidents should be followed.
- ii. If a supervisor becomes aware, through direct or indirect communication, that a staff member is at risk of intimate partner abuse which may affect the workplace, thereby putting the staff members and others at risk of physical injury in the workplace, then prompt consultation with the Safety Office, Security, and others as appropriate must take place so that every precaution reasonable in the circumstances are taken to protect staff from harm in the workplace.

4. Responsibilities

- i. Senior Management shall:
 - a) provide appropriate and reasonable financial, human, and organizational resources to continuously plan, develop, implement, check, review and improve the Violence Prevention program;

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- b) support and ensure compliance with the Violence Prevention Program by staff; and
 - c) review performance of the Violence Prevention Program periodically to acknowledge success and identify improvement objectives.
- ii. Managers / Supervisors shall:
- a) ensure workers follow this policy and procedures;
 - b) actively work to curtail violence and harassment which he/she is aware of, or reasonably ought to be aware of;
 - c) advise their staff of the Violence and Harassment in the Workplace and the Flagging Patients' record for History of Violence or Aggression policies;
 - d) take every precaution reasonable under the circumstance for the protection of staff;
 - e) review situations when appropriate with staff members and Security staff to determine if it meets the criteria for Flagging patient's record;
 - f) participate in violence risk assessments with other stakeholders;
 - g) communicate with OHW any changes in their work area that may indicate a requirement for a Violence Incident review and/or to re-assess risk factors for violence;
 - h) advise any staff involved in a violent incident of resources available to assist them such as Security, OHW, EFAP, and Police (see Appendix B);
 - i) investigate situations of potential or actual injury to staff collaboratively with OHW and Security to implement steps to avoid any recurrence;
 - j) complete and sign EIR indicating appropriate corrective actions and send to OHW;
 - k) consult promptly with OHW as appropriate when situations of potential or actual intimate partner abuse are identified that may put their staff at risk of workplace violence in order to implement preventive measures; and
 - l) provide staff with relevant information including personal information, if staff as part of their work, can be expected to encounter a person with a history of violence and that encounter can expose the worker to physical violence. This shall be done in compliance with the OHS and TOH confidentiality and privacy policies.
- iii. Staff shall:
- a) work together with management to improve the safety of the workplace;
 - b) participate in workplace violence prevention training as required;
 - c) participate in assessments, workplace violence surveys and other measures designed to reduce the risk of violence in the workplace;
 - d) notify their supervisors of all incidents of harassment, violence or potential violence in the workplace;
 - e) in confidence, notify their supervisor or other employer representative of a domestic situation that puts him / her or others at risk of violence in the workplace to ensure that appropriate precautions are taken to protect him / her and others in the workplace from harm;

- f) notify their supervisor of any / all situations where he / she may be working alone and at risk of violence, harassment or harm;
 - g) Complete the EIR if involved in violent incident and bring immediately to manager / supervisor; and
 - h) Complete PSLS (Patient Safety Learning System) event if incident involved a patient / visitor.
- iv. OHW or Safety Office shall:
- a) perform violence risk assessments in all at- risk areas for violence in collaboration with Security, area supervisors and staff, JHSC representatives (if any) and other stakeholders as appropriate;
 - b) in consultation with stakeholders, recommend measures and procedures to reduce the risk of violence (engineering / design controls, administrative controls and personal protective equipment);
 - c) re-assess at-risk areas whenever changes are planned or occur that may affect the risk of violence (e.g. renovations, changes in client-base, staffing, etc.);
 - d) in consultation with stakeholders as needed, assist supervisors in addressing situations of intimate partner abuse that may put their staff at risk of workplace violence/ intimate partner abuse;
 - e) facilitate and administer training outlined in Appendix A;
 - f) provide First Aid or medical attention to workers involved in a violent incident. Recommend that staff follow-up with their personal physician and facilitate medical attention, including where appropriate referrals to EFAP and community supports;
 - g) coordinate CISD for individuals and/or team as appropriate;
 - h) refer incidents as appropriate to trade union, JHSC / Health & Safety representative, HR Business Partner;
 - i) initiate Workplace Safety and Insurance Board (WSIB) claims as appropriate;
 - j) provide reporting on incidents of workplace violence including those covered under the Respectful Behavior in the Workplace to the JHSC and Senior Management; and
 - k) Coordinate incident reviews where appropriate.
- v. Joint Health & Safety Committee (JHSC) / Health & Safety Representatives shall:
- a) be consulted on the development and implementation of violence prevention measures and procedures and make recommendations for program improvement;
 - b) monitor trends from incidents, risk assessments, and other sources of information and make recommendations to the employer;
 - c) investigate incidents related to workplace violence that result in a critical injury or fatality and those that require medical attention; and
 - d) participate in Violence Incident reviews and violence risk assessments.
- vi. Security shall:
- a) respond to all incidents of violence;
 - b) participate in the investigation of violent incidents;

- c) discuss with manager / supervisor if the situation meets criteria for flagging patient's record;
- d) provide input to the design phase of all new construction & renovations to existing areas to ensure the design of all new & renovated areas is done in consideration of staff safety from violent incidents; and
- e) provide statistics to the JHSC regarding Code White and other violent situations.

vii. Human Resources shall:

- a)** investigate and follow-up on reported incidents of violence and harassment against staff by other staff in accordance with [Policy # 01607 – Respectful Behaviour in the Workplace.](#); and
- b)** Assist as needed, in investigations and follow-up in conjunction with this policy.

RELATED POLICIES / LEGISLATION:

1. [Ontario OH&S Act and Regulations](#)
2. [Ontario Human Rights Code](#)
3. [Criminal Code of Canada](#)
4. [Corporate - Administration Policy # 00255 – Occupational Health & Safety - Reporting Workplace Incidents](#)
5. [Corporate - Administration Policy #01607 - Respectful Behavior in the Workplace](#)
6. [Corporate - Administration Policy # 00361 – Human Resources – Discipline](#)
7. [Corporate - Administration Policy # 00175 – Administration - Privacy](#)
8. [Corporate - Administration Policy # 00247 – Occupational Health and Safety – The Right to Refuse Unsafe Work](#)
9. [Corporate- Administration Policy- Code White Policy](#)
10. Infonet: Human Resources: Organizational Development: "[Root Out Bullying](#) » - Video

REFERENCES: N/A

COMMENTS / SIGNIFICANT REVISIONS: N

Changes to reflect department names.

Changed definitions of worker and staff to align with OHS. From smallest to largest groups of people we now use employees, workers, and staff. Staff includes workers, and workers includes employees.

Removed redundant and duplicate responsibilities.

Removed unnecessary definitions.

Added sexual harassment definition.

Simplified policy statement.

Removed details of training from policy and added as an appendix. Updated to include current training and clarified mandatory and supplementary.

Updated section on police involvement to clarify staff can use business address instead of personal address. Also, clarified that TOH may also press charges even if there are no victim or witness statements.

Appendix A

Training Standards and Guidance

Training on workplace violence and harassment varies according to the level of risk and the type of work performed. There are mandatory training elements as well as supplemental training elements.

High-risk positions, situations or areas are identified according to the risk assessments and include, but are not limited to:

- Emergency departments
- Security
- Mental Health Units including Psychiatric Emergency Services
- Acquired Brain Injury Rehabilitation Services
- Working alone

To increase overall awareness, short communications are provided to all staff periodically through internal communications such as “What’s Happening”.

Mandatory Training

Mandatory training outlined below shall be completed within the timeframe indicated and maintained where required.

TOH recognizes that there may be situations where, based on staff and patient safety considerations, an employee who has not completed the mandatory training may need to be assigned work in a high-risk area. In these circumstances, whatever steps are reasonable shall be taken to ensure the safety of staff and patients.

Worker Group	Training Element	
All workers	ELM-1150 Violence & Harassment Prevention	45 days of new hire
All workers	ELM- 1285-1 Workplace Violence: Recognizing, Preventing and Responding	45 days of new hire
Security	Strategic Risk Protection STOP2 training or, for contracted security workers, suitable alternative such as Non-Violent Crisis Intervention training by the Crisis Prevention Institute	During new hire orientation period and before individual post assignment
Clinical workers in high risk areas	Non-Violent Crisis Intervention training by the Crisis Prevention Institute	During orientation period and before first patient assignment
Non-clinical workers in high risk areas	Non-Violent Crisis Intervention training by the Crisis Prevention Institute or Strategic Risk Protection STOP2 training	Before work assignment on unit

Supplemental Training

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- Non-Violent Crisis Intervention training by the Crisis Prevention Institute is open to all TOH staff.
- Gentle Persuasive Approach training is available regularly and focuses on preventing and responding to violence involving geriatric patients.
- Violence awareness training is included during In-Class Awareness Safety Training.
- Awareness sessions at the department level provided by Security and Safety Office staff are available upon request.
- Awareness training for supervisors to increase their sensitivity to workplace violence, harassment, sexual harassment, and the potential of intimate partner abuse affecting the workplace is available upon request and is included in the Management Foundations program.

Appendix B

Staff Complaints to the Police Related to Patient or Visitor Violence

The Ottawa Police Service (OPS) is willing to support staff at TOH to ensure their safety. However, OPS is aware of some difficulties that arise when staff request that charges be laid against a violent patient or visitor, particularly if the aggressor is perceived as “incompetent” by the officer who responds to the complaint.

A mental health court has been introduced in the Ottawa area, which has made significant positive changes in the way such cases are dealt with. It is at the discretion of the police officer whether to lay charges. If an officer refuses to lay charges, the steps below should be initiated.

The victim of the violent act or threat may decide to pursue a private complaint or lay charges by presenting before a judge or justice of the peace and laying information in writing under oath.

When staff are required to provide an address to police as part of their report, they may use the business address of TOH rather than their personal address.

Testimony of the victim and witnesses is important in laying charges. That said, when TOH has sufficient evidence to support a complaint, it may proceed without victim or witness statements.

- 1.** The Clinical Manager or Nursing Coordinator (or Care Facilitator (CF) in Emergency) and TOH Security must be notified of the incident. A team meeting or “debriefing” after the incident should be conducted to consider the option of pursuing criminal charges. This team-based approach to decision making should involve the attending physician.
- 2.** The staff member should call Ottawa Police (613-236-1222 then 0, or 911) to report the assault or threat.
- 3.** Staff (both victim and witnesses) must document what has occurred as soon as possible after the event, including names of alleged perpetrator and witnesses. Complete a TOH Incident Report. These documents do not form part of the clinical record of any patient involved.
- 4.** When a patrol officer arrives to take a report, provide the facts of the violent incident. Staff may provide the name, date of birth and address of a patient if the patient is the alleged perpetrator, but cannot provide any detailed clinical information.
- 5.** Should the officer be reluctant to take the case forward, the Clinical Manager or Clinical Administrator on-Site (CAoS) Coordinator (or CF in Emergency) can contact the staff sergeant on duty (613-236-1222, ext. 5212 for the Civic, ext. 3212 for the General).

6. If the sergeant cannot be reached and there is reluctance to proceed on the part of the police officer, the manager shall request Security contact the police liaison for TOH on the next business day and provide details.
7. If charges are laid, the staff member should follow up with the assigned detective on the status of the investigation.
8. If charges are not laid by police, the staff member has the right to lay private information under oath before a justice of the peace, who will consider the allegations and whether the alleged perpetrator will have to attend before the courts. This must be done in person, under oath, at the Elgin Street Court House, as soon as possible after it is determined that Ottawa Police will not be laying charges related to the event. The Crown prosecutor may also intervene at this juncture.

It is important for staff to realize that when making a complaint where charges could be laid, an on-going commitment will be required on their part and they must be willing to appear in court at some point in the future.

Threats and Fear for Life

Should a staff member be exposed to threats made to themselves, their family or any other identifiable person (e.g. other hospital staff), they have a right to call the police. Under the Personal Health Information Protection Act, staff members may inform the police when threats have been made if there are reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm. In such cases, the staff may disclose the patient's name and other pertinent information. In this circumstance, it is not considered a violation of patient privacy legislation or regulatory College standards.

Appendix C

Violence Incident Review Process

A Violence Incident review will be conducted within 4 days consistent with the OHS Act in a timely manner by the Director of OHW when:

- a) Violence related critical injury or fatality occurs
- b) Repetitive incidents involving same patient / visitor occur despite measures put in place
- c) At the request of a certified worker and / or manager

Participants can include but is not limited to: staff member affected (if medically stable), witness of the incident, manager and director of the staff member and area involved, JHSC worker rep member, OHW, Safety Office, Security, HR Representative, Patient advocacy

The review will include the following:

- Date and place of the incident
- Description of the incident
- Documentation on the Violence Incident Review (VIR) Action Plan form

The Safety Office will follow up with the most responsible persons to ensure the recommendations are put in place by the set target dates. All recommendations will be brought forward to the Workplace Safety Council for tracking.

A summary report will be provided to the JHSC members of the site where the incident occurred at the next JHSC meeting.