



Policy: Workplace Violence Prevention Policy
Effective: April 9, 2014
Review: Annual

A. Purpose

To provide a safe work environment for all of our staff by recognizing that violence is an occupational health and safety hazard in the workplace and to put in place precautions and procedures to protect the safety of our valued staff.

B. Policy Statement

Evergreen Nursing Services is committed to protecting its employees from workplace violence. According to Part 11 of The Workplace Safety and Health Regulation, “Violence is the attempted or actual exercise of physical force against a person and any threatening statement or behavior that gives anyone reason to believe that physical force will be used against them”. According to the Canadian Centre for Occupational Health and Safety, workplace violence includes but is not limited to:

- **Threatening behavior:** such as shaking fists, destroying property or throwing objects.
- **Verbal or written threats:** any expression of an intent to inflict harm.
- **Harassment:** any behavior that demeans, embarrasses, humiliates, annoys, alarms or verbally abuses a person and that is known or would be expected to be unwelcome. This includes words, gestures, intimidation, bullying or other inappropriate activities.
- **Verbal abuse:** swearing, insults or condescending language.
- **Physical attacks:** hitting, shoving, pushing or kicking.

As an employee of Evergreen Nursing Services you have the right to live and work without being subjected to violence. This policy outlines what to do if you are subjected to threats of violence at work, or if you, as a manager or an employee, become aware of a violent situation.

C. Rationale

The protection of Evergreen Nursing Services employees is paramount and can be better achieved if employees follow the protection protocols of a Workplace Violence Prevention Policy. According to the Canadian Nursing Advisory Committee, “Nurses are more likely to be attacked at work than prison guards or police officers”. The most prevalent sources of violence in the health care field are: patients, family/visitors, physicians, nursing co-workers and managers.

Canada's Criminal Code prohibits violence, in addition, Occupational Health and Safety Association requires companies to have a workplace violence prevention policy.

D. Policy Scope

This policy applies to all Evergreen Nursing Services employees ("Covered Individuals") including full time permanent and casual employees.

"Place of Care" (the location of service delivery) policies may identify additional requirements and responsibilities regarding reporting sentinel and adverse events. Evergreen Nursing Services staff are required to comply with all Place of Care policies and reporting regulations. Employees that choose not to comply with Place of Care policy regulations may be refused work by the Place of Care due to non-compliance.

E. Employee Rights

- Employees have the right to be informed of any known risk of violence and the nature and extent of the risk and will communicate this risk in:
 - a) The means for recognition of the potential violence,
 - b) The procedures, policies and work environment arrangements which have been developed to minimize and effectively control the risk to workers from violence,
 - c) The appropriate responses to violence, including how to obtain assistance, and
 - d) The procedures for reporting, investigating and documenting incidents of violence.
- Employees who believe they are at risk of physical injury from workplace violence may refuse to work, and may remove themselves from the location that the violence is taking place.
 - If an employee believes that the act of notifying a client, family member etc. of their intention to leave a potentially violent situation would put their safety at risk, no notice to the client of the intention to leave the premise is required.
- Employees experiencing violence in the workplace should inform Evergreen Nursing Services as soon as it is safe to do so by calling the office or the on-call emergency number.
- Employees are encouraged to call the police for assistance in the case of an emergency.

F. Reporting Violence and Harassment

Employees experiencing workplace violence are encouraged to submit a Workplace Violence Report (Appendix A) to Evergreen Nursing Services' Office Manager. The Office Manager will investigate the situation while respecting confidentiality and ensuring the safety of all workers. Any records created as a result of the investigation will be stored in a secure location.

G. Responsibilities

1. If an employee is reporting an injury as a result of an incident of violence in the workplace, the Office Manager will advise the employee to consult a physician of the employee's choice for treatment or referral.
2. The Office Manager will investigate any allegations of workplace violence.
3. The Office Manager will maintain a confidential record of all investigations and their results.
4. Evergreen Nursing Services will organize awareness training and education opportunities for any interested staff member to participate in.
5. Evergreen Nursing Services will integrate workplace violence prevention into existing orientation processes and provide employees with a copy of the *Workers' Compensation Act*.
6. Evergreen Nursing Services will conduct a Workplace Violence Experience Survey once per year to identify violence risks and prevalence in the workplace.

Appendix A: Workplace Violence Reporting Form

Workplace Violence Reporting Form

To be used in a case of violence of threat of violence against an Evergreen Nursing Services Employee

SECTION ONE: EMPLOYEE INFORMATION	
Name (Printed):	
Position:	
Work Location:	
Reported to:	
Date Reported:	
SECTION TWO: DETAILS OF INCIDENT	
Date of Incident:	
Time of Incident:	
Site of Incident (e.g. facility, home etc.):	
Location of Incident (e.g. office, kitchen, bedroom):	
Alleged Aggressor (check any that apply):	
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Patient
<input type="checkbox"/> Client Family	<input type="checkbox"/> Physician
<input type="checkbox"/> Manager	<input type="checkbox"/> Other (please specify) _____
Repeat Incident: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Weapons: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____	
Injuries Sustained:	
Brief Description of Incident (optional): _____	

Category of Violence (check any that apply):	
<input type="checkbox"/> Exercise of physical force that causes physical injury to worker	
<input type="checkbox"/> Attempt to exercise physical force that could cause physical injury to the worker.	
<input type="checkbox"/> Statement or behaviour that is reasonable for the worker to interpret as a threat to use physical force that could cause physical injury to the worker.	

Nature of Incident (check all that apply):

- | | | |
|---------------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> Intimidation | <input type="checkbox"/> Threat | <input type="checkbox"/> Punch |
| <input type="checkbox"/> Push/Pull | <input type="checkbox"/> Kick | <input type="checkbox"/> Scratch |
| <input type="checkbox"/> Hair Pull | <input type="checkbox"/> Slap | <input type="checkbox"/> Grab |
| <input type="checkbox"/> Bite | <input type="checkbox"/> Pinch | <input type="checkbox"/> Spit |

Other (please specify): _____

Medical attention or time lost from work due to the incident: Yes No

SECTION THREE: STEPS TAKEN TO PREVENT A RECURRENCE (SUPERVISOR)

- | | |
|---|---|
| <input type="checkbox"/> Contact Client | <input type="checkbox"/> Reconstruct/train worker |
| <input type="checkbox"/> Contact Police | <input type="checkbox"/> Relocated worker |
| <input type="checkbox"/> Employee intervention/discipline | |

Other (please specify) _____

Notification(s) For Other Immediate Action (Supervisor) (check any that apply):

- | | |
|---|---|
| <input type="checkbox"/> Incident documented and reported | <input type="checkbox"/> Medical attention required |
|---|---|

Other (please specify): _____

SECTION FOUR: SIGNATURES AND DISTRIBUTION (SUPERVISOR)

Print name if completing form for employee:

Signature of Worker:	Date:
Signature of Supervisor:	Date: