



HALDIMAND COUNTY HEALTH & SAFETY POLICY

POLICY NO.	H&S-02	COUNCIL APPROVAL DATE	January 24, 2011
TITLE	Workplace Violence Policy	SMT REVISION DATE	
		JHSC REVIEW DATE	January 14, 2021

Workplace Violence Policy

1. Policy:

Workplace or domestic violence exhibited by employees or the public, regardless of location, will not be tolerated. All workplace and domestic violence related incidents will be reported immediately in order to ensure appropriate action is taken to protect the health and safety of employees.

2. Purpose:

To minimize the risk of workplace and domestic violence and to respond appropriately should such behaviour be experienced.

3. Scope:

This Policy applies to all members of Council, employees, Volunteer Firefighters and Library Board Employees, as well as Council appointed committees who interact with Haldimand County employees in the workplace.

It applies in any location where a person is engaged in work-related activities. This includes but is not limited to:

- The workplace
- During travel
- At restaurants, hotels or meeting facilities that are being used for business purposes
- In County owned or leased facilities and vehicles
- During telephone, email or other communications; and
- At any social event whether or not it is company sponsored
- Interaction with members of the public including but not limited to:
Contractors, suppliers, volunteers, families / spouse / partners of County employees

4 Definitions:

Workplace Violence is defined as:

- (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 a worker;
- (c) A statement or behaviour that is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

Workplace means any land, premises, location or thing at, upon, in or near which a worker works.

Domestic Violence Is defined as any use of physical or sexual force, actual or threatened, in an intimate relationship. It may include a single act of violence, or a number of acts forming a pattern of abuse through the use of assaultive and controlling behaviour. The pattern of abuse may include:

- Physical abuse
- Emotional abuse
- Psychological abuse
- Sexual abuse
- Criminal Harrasment (stalking)
- Threats to harm children, other family members, pets, and property

5. Responsibility:

5.01 Employees are responsible for:

- a) Following the provisions of Techniques to Diffuse and Respond to Workplace Violence (Attachment A).
- b) Informing their non-union supervisor, manager or Manager, Human Resources of any person's behaviour that may be a potential threat to their safety or the safety of others including the potential for domestic violence.
- c) Immediately reporting to their non-union supervisor or manager all incidents of workplace violence, including any incident involving a member of the public.
- d) Cooperating with any investigation of alleged workplace violence as required.
- e) Participating in any training provided and applying the knowledge gained to the workplace and specific job tasks.
- f) Applying the Corporate and Division specific policies and programs related to workplace violence

- g) Immediately refusing unsafe work if a potentially violent situation may arise in the workplace.

5.02 Managers/Non Union Supervisors are responsible for:

- a) Conducting a Workplace Violence Risk Assessment (Attachment D), and reviewing the assessment as circumstances require or, at a minimum, once every three years.
- b) Taking corrective action in consultation with the Coordinator, Health and Safety to control the risk of workplace violence in response to the Workplace Violence Risk Assessment.
- c) Identifying those employees deemed to be at risk in the workplace as a result of possible domestic violence and taking appropriate action in consultation with the Manager, Human Resources to ensure their health and safety at work.
- d) Investigating all incidents of workplace violence real or perceived as well as taking appropriate action to minimize the risk of recurrence.
- e) Ensuring a Workplace Violence Incident Report Form is completed to document the investigation of all incidents of workplace violence (Attachment B).
- f) Ensuring a Suspect and Vehicle Identification Report Form (Attachment C) is completed whenever an unknown person or a member of the public is involved in an incident of workplace violence.
- g) Ensuring employees are aware of the assistance available through the Employee Assistance Program (E.A.P.) program when they may be or have been exposed to workplace or domestic violence.
- h) Providing an appropriate warning to aggressive persons to avoid / minimize contact using appropriate tools such as verbal or written warnings, "no trespass letters" or requesting a Restraining Order depending upon the specific circumstances.
- i) Consulting with the General Manager, Manager, Human Resources and police when considering the laying of charges.

5.03 The Coordinator, Health and Safety is responsible for:

- a) Arranging the delivery of appropriate training as required.
- b) Assisting with the provision of protection against aggressive or violent behaviour through consultation with managers, non union supervisors and JHSC members.
- c) Provide completed Workplace Violence Hazard Assessments to all JHSC's for their review and comment.

d) Posting a copy of this policy on all Health and Safety bulletin boards.

6.0 References:

Respect in the Workplace Policy

Accident Incident Reporting Policy

Accident Incident Investigation Policy

Work Refusal Policy

Code of Conduct

Occupational Health and Safety Act R.S.O. 1990 as amended by Bill 168

7.0 Attachments:

Attachment A – Techniques to Diffuse and Respond to Workplace Violence

Attachment B – Workplace Violence Incident Report Form

Attachment C – Suspect & Vehicle Identification Report Form

Attachment D – Workplace Violence Risk Assessment Form

Attachment A

TECHNIQUES TO DIFFUSE AND RESPOND TO WORKPLACE VIOLENCE

GENERAL:

A) Unacceptable Behavior

Unacceptable behavior includes:

- Threatening words (in person, over the telephone, in writing)
- Threatening gestures
- Verbal abuse (shouting, swearing)
- Property Damage
- Hitting, grabbing, punching, holding

Note:

If you are required to conduct work off site (i.e.: visiting a person's home, construction site) as part of your job duties and an individual becomes aggressive, immediately remove yourself from the location and report the incident to your supervisor for further direction.

B) Signs of Potential Aggression

- Fidgety
- Raised Voice
- Minimal Eye Contact
- Foul Language
- Pounding fist
- Rate or Breathing (heavy)
- Rapid Eye Movement
- Clenched Jaw
- Shouting
- Racial Remarks

C) Response Strategies

- Do not confront, antagonize, criticize, challenge or threaten
- Do not pose in a challenging stance such as:
 - Standing directly opposite someone
 - Putting your hands on your hips
 - Pointing your finger
 - Waving your arms
 - Crossing your arms
- Do not make sudden movements which can be seen as threatening
- Do not take sides or agree with distortions
- Do not reject the person's demands or position from the start
- Do not attempt to bargain with a threatening individual (if necessary, terminate the interaction)
- Do not make false statements or promises you cannot keep
- Avoid being vague or evasive when answering inquiries
- Do not interrupt prior to issue being communicated

D) Techniques to Diffuse Aggressive Behavior

- Remain calm and friendly. Calmly state that inappropriate behavior will not be tolerated.
- Treat each individual with respect.
- Provide service in a prompt, efficient manner and remain professional and polite at all times.
- Try to put yourself in the person's shoes so that you can better understand how to solve the problem.
- Deal with the person's feelings and use the person's name.
- Ask for his or her recommendations.
- Repeat back (paraphrase) to the person what you feel he or she is asking of you to clarify what you are hearing ("what I hear you saying, is...").
- Accept criticism in a positive way. When a complaint might be true, use statements like, "you are probably right" or "it was my fault". If the criticism seems unwarranted, ask clarifying questions. For instance, question the specific details concerning their complaint such as who, what, when, where, why and how?
- Be reassuring and point out choices.
- Break the problem or issue down into smaller units and offer step-by-step solutions so that the person is not overwhelmed by the situation.
- Try to keep the person's attention on the issue at hand.
- Establish ground rules if unreasonable behavior persists.
- Summarize and verify acceptable solutions.

Handling Techniques:

- 1) Attempt to stand in such away that there is a barrier between you and the person.
- 2) Do not turn your back on the aggressor.
- 3) Do not allow yourself to be backed into a corner. Leave a clear path to an exit.

If dealing with an aggressor over the telephone, advise the caller that if they continue using inappropriate language, yelling, making threats, etc., the call will be terminated and you will have no option but to hang up.

E) Emergency Protocol:

If the aggressor becomes threatening or violent at any point in time, a staff member in the immediate area should contact 911 immediately.

- Utilize appropriate exit routes if necessary. If you need to remove yourself from the situation, utilize an exit route, which places the furthest distance between you and the aggressor.
- Once the aggressor leaves, or you have been able to seek a place of safety, do not attempt to detain or chase after the individual. Be alert as to the description of the aggressor for positive identification. Be prepared to provide details concerning the incident and forward to your supervisor immediately. Get medical assistance, if necessary.
- Advise your non-union supervisor immediately.

Attachment B



WORKPLACE VIOLENCE INCIDENT REPORT FORM

REFERENCE S.I.N. NETWORK:

ACCIDENT / INCIDENT INVESTIGATIONS POLICY

ACCIDENT / INCIDENT REPORTING POLICY

Respect in the Workplace Policy

Code of Conduct Policy

Work Refusal Policy

A. EMPLOYEE INFORMATION

Last Name: _____ First Name: _____ Personal Phone Number: _____

Address (No., Street, Apt.): _____ City/Town / Province: _____ Postal Code: _____

Division and Work Location: _____ Job Title: _____ Employee No: _____

Full Time Part Time Student Casual Other _____
 CUPE 4700 UFCW 175 SEIU NON-UNION
 HOPE 175 SW 153 RN GRANDVIEW HOPE 175 RN GRANDVIEW ONA 007 GRANDVIEW

B. DETAILS OF INCIDENT:

Date & Hour of Incident/ Awareness of Disease	Date & Hour Reported to Supervisor	Date & Hour Last Worked	Normal Working Hours on Last Day Worked	Additional Comments Attached
YYYY/MM/DD:	YYYY/MM/DD	YYYY/MM/DD:	from _____ to _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Diagram attached <input type="checkbox"/> Yes <input type="checkbox"/> No

1. Complainant description and cause of Incident; (Attach additional pages if required):

2. Who was the act of violence reported to? If the act of violence was **not** reported immediately, provide reason for delay.

3. Describe the worker's activities at the time of the act of violence. Include details of materials, and ,the size and weights of objects being handled.

4. Where was the worker when the act of violence occurred?

5. Is there (1) a Witness (**W**) or (2) a person with knowledge/"Observer" (**O**) of the act of violence? If so, specify:
 Witness or **Observer** _____
6. What conditions contributed to the act of Violence? _____
7. Did working conditions contribute to the incident? _____

C. Other Information:

Were the Police Called? If so what actions were taken?

Is this a second or repeat incident involving the same individuals(s)? No Yes If yes, provide details: _____

D. Corrective Actions by the Non-Union Supervisor:

1. Employee Signature (See Notice Below)	Date (Y / M / D)
2. Non-Union Supervisor	Date (Y / M / D)

NOTICE

Personal information requested on this form is collected under the authority of the *Workplace Safety & Insurance Act* (as amended) and the *Occupational Health & Safety Act*, and will be used to document details of an employee accident and, where required, to submit a claim for compensation. Questions regarding this collection should be forwarded to the Safety Coordinator / Staff Development, OHS / WC, Human Resources Department.

- ORIGINAL – HEALTH & SAFETY COORDINATOR, HUMAN RESOURCES**
 PHOTOCOPY – MANAGER, NON-UNION SUPERVISOR

E. ADDITIONAL CORRECTIVE ACTIONS – Approved by Manager

Coordinator, Health & Safety

* PLEASE FORWARD COMPLETED FORM TO COORDINATOR, H & S

Attachment C

SUSPECT & VEHICLE IDENTIFICATION REPORT FORM

IMPORTANT: Give this form to your supervisor immediately upon completion.

General Appearance					Facial Appearance	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Height	Weight	Race	<p align="center"> Skin/hair colour Wrinkles Shape of eyebrows Shape & size of eye Shape of nose Mouth & lips Moustache or beard Hat (Colour/type) Coat Shirt Trousers Shoes Tie </p>	
Hair (Colour/style)						
Eyes (Glasses)						
Complexion						
Jewellery						
Scars/marks						
Tattoos						
Vehicle						
 						
Colour	Make	Model	Licence	Body Style	Damage/rust	Antennas
Bumper Sticker	Wheel covers			Direction of travel		

Date & Time Reported: _____ Signed: _____

IMPORTANT:

Supervisor to send to Coordinator, Health & Safety, Human Resources as soon as possible.

Attachment D**Workplace Violence Risk Assessment
Summary**

Using the **Occupational Health & Safety Council of Ontario** workplace violence risk assessment document as your guide, please complete the following summary on or before (date) and submit the original document to: **Coordinator, Health & Safety, Human Resources Division, Corporate Services Department, Cayuga Administration Building.**

This assessment is to be an activity undertaken by the Division Manager in consultation with the appropriate JHSC Representative.

REFERENCE:"Developing Workplace Violence and Harassment Policies and Programs: A Toolbox", OHSCO, found on

http://www.labour.gov.on.ca/english/hs/pdf/wvps_toolbox.pdf

Assessment Conducted by: Manager (name) Supervisor (name) JHSC Representative (name)				Date of assessment:
Work site:	Division:			Department:
	Hazard / risk identified	Recommended corrective action	Target completion date	Comment(s)
General Physical Environment				
Specific risks associated with type of work or conditions of work				
Direct contact with clients / members of the public				
Handling cash				
Working with unstable or volatile clients				

Working alone or in small numbers				
Working in a community based setting				
Mobile workplace				
Working in high-crime areas				
Securing / protecting valuable goods				
Transporting people and/ or goods				
The above information has been reviewed with staff located at the noted work site. YES <input type="checkbox"/>				
Date:	NO <input type="checkbox"/>			
If your response is "NO", please explain why it has not been reviewed with staff.				
Date submitted to Coordinator, Health & Safety:				
Date reviewed by JHSC:				
Notes / comments:				