

	<p><b>POLICY</b></p> <p>Number: 7311-30-007  Title: VIOLENCE MANAGEMENT</p>
<p>Authorization</p> <p>[ ] President and CEO  [X] Vice President, Finance and Corporate Services</p>	<p>Source: Director, Worksafe and Employee Wellness  Cross Index: 7311-30-002  Date Approved: January 24, 2013  Date Revised: December 3, 2013  Date Effective: December 6, 2013  Date Reaffirmed:  Scope: SHR &amp; Affiliates</p>

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## Overview

This policy applies to staff as defined below. Violence against staff may come from other staff, patients, clients, residents or visitors.

## DEFINITIONS

**Code White** is called when a violent act of aggression and/or criminal activity occurs that may or may not involve a weapon but always involves a threat of death or serious physical injury which requires a response from Security and/or the Police.

**Staff** means SHR employees, practitioner staff, professional staff, affiliates, contractors, students and volunteers.

**Violence** means the attempt, threat or actual conduct of a person(s) (intentional or not) that causes or is likely to cause injury. This may involve the application of physical force with or without weapons. It includes any threatening statement or behavior that gives a worker or others in the workplace reasonable cause to believe they are at risk of injury.<sup>1</sup>

**Workplace Violence** means any situation that may:

- Increase in intensity and threaten safety.
- Have an impact on any worker's physical and/or psychological well-being<sup>2</sup>.
- Cause damage to property.

Workplace violence can be caused by:

- Clients, patients, residents
- *Family or friends of the above*
- Other staff, contractors
- Public
- Unauthorized intruders.

<sup>1</sup> The Saskatchewan Occupational Health and Safety Regulations, 1996.

<sup>2</sup> Respect and Dignity Policy 7311-30-001

## 1. PURPOSE

The purpose of this policy is to establish Saskatoon Health Region's (SHR's) position regarding violence as well as SHR's organizational requirements regarding violence prevention and management.

## 2. POLICY

- 2.1 Saskatoon Health Region is committed to minimizing violence in the workplace through the development of preventative strategies using Safety Profiles and Safety Action Plans.<sup>3</sup>
- 2.2 Violence towards SHR staff will not be tolerated.
- 2.3 All Managers are required to use their department's Safety Profile to assess the risk of violence in their worksite/department/unit/sector, including identifying any positions that may be exposed to violence. The Action Plans developed from the Safety Profile will include safe work practices along with detailed plans to mitigate further risks for staff.<sup>4</sup> This includes establishing procedures for informing staff of those risks (see procedure).
- 2.4 All acts of violence in the workplace must be reported and investigated (see procedure), as soon as possible.
- 2.5 A history of violent behaviour from a patient/client/resident shall not preclude their access to health care.

## 3. ROLES AND RESPONSIBILITIES

### 3.1 All staff will follow their department's Safety Action Plan:

- 3.1.1 Be familiar with their department/unit/sector's violence response procedures and Code White.
- 3.1.2 Participate in the appropriate training for their department/job.
- 3.1.3 Continually assess their environment for risks of violence.
- 3.1.4 Not take undue risk in attempting to manage a violent situation.
- 3.1.5 Call for assistance according to department/unit/sector procedures.
- 3.1.6 Report all potential or actual violent situations immediately to supervisor and to the Incident Report Line (SHR staff only; affiliate organizations use site specific form and procedures for reporting of injuries).
- 3.1.7 Seek medical attention, if required.
- 3.1.8 Report acts of violence to the police, where warranted.

### 3.2 Manager/Supervisor/Designate will:

- 3.2.1 Evaluate the risk of violence in their department/unit/sector(s), including any staff positions that may be exposed to violent situations. Security Services, where available, may be involved.
- 3.2.2 Ensure staff are oriented to and trained in violence response procedures.

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<sup>3</sup> The Saskatchewan Occupational Health and Safety Regulations, 1996 S 37(2)(a)

<sup>4</sup> The Saskatchewan Occupational Health and Safety Regulations, 1996 S 37(3)(b), (c)

- 3.2.3 Offer support and remove staff from work area if required.
- 3.2.4 Inform staff of their right to contact police if an act of violence has occurred (use your judgment to call police).
- 3.2.5 Inform patients/clients/residents and others at the work site about the Violence Management policy, as required.
- 3.2.6 Ensure incidents are reported and investigated, including being reported to the police where warranted.
- 3.2.7 Where an employee is the respondent in a violent situation, the Manager ensures that Labour Relations is involved and that the employee has been advised of their right to union representation, as applicable.
- 3.2.8 Discuss the findings of investigations with staff and implement recommended changes.

### **3.3 Occupational Health Committees (OHCs) will:**

- 3.3.1 Assist with the identification of staff who may be exposed to violent situations.
- 3.3.2 Advise managers on the appropriate mitigation activities and training for staff.
- 3.3.3 Participate in developing recommendations for training requirements.
- 3.3.4 Investigate violent occurrences when necessary.

### **3.4 Occupational Health & Safety (OH&S) or designate in affiliate organizations will:**

- 3.4.1 Assist and facilitate risk assessments through the Safety Profile process.
- 3.4.2 Receive incident reports and provide the OHC co-chairs (or designate) with incident reports requiring investigation.
- 3.4.3 Share the OHC investigation results of violent incidents where applicable, including with all OHCs and ensure recommendations have been implemented.
- 3.4.4 Provide follow up after the investigation with the manager and staff.
- 3.4.5 Facilitate critical incident stress debriefing.

## **4. POLICY MANAGEMENT**

The management of this policy including policy education, monitoring, implementation and amendment is the responsibility of the Director, Worksafe and Employee Wellness.

## **5. NON-COMPLIANCE/BREACH**

Non-compliance with this policy will result in a review of the incident. A review for non-compliance may result in disciplinary action, up to and including termination of employment/privileges and/or criminal charges.

## **6. REFERENCES**

*The Saskatchewan Occupational Health & Safety Act, 1993*  
*The Saskatchewan Occupational Health and Safety Regulations, 1996*

<b>PROCEDURE</b>	
Number: 7311-30-007 Title: VIOLENCE MANAGEMENT	
Authorization  <input type="checkbox"/> President and CEO <input checked="" type="checkbox"/> Vice President, Finance and Corporate Services	Source: Director Worksafe and Employee Wellness  Cross Index: Date Approved: January 24, 2013 Date Revised: December 3, 2013 Date Effective: December 6, 2013 Date Reaffirmed: Scope: SHR & Affiliates

## 1. PURPOSE

The purpose of this procedure is to establish the resources and supports available within SHR to prevent, minimize and mitigate violence in the workplace. It also establishes the process for staff to follow who have been exposed to workplace violence. These procedures will be used in the development of more specific worksite/department/unit/sector plans and procedures where required.

## 2. PROCEDURE

### 2.1 Risk Assessment

All managers will ensure an assessment of the risk for violence is done in their worksite/department/unit/sector(s), in collaboration with staff.

- 2.1.1 Risk assessments for violence are required on a biennial basis using the Safety Profiles or when there are changes in clientele, processes or program delivery that could impact the risk of violence, and/or when a new department/unit is created.
- 2.1.2 Risk assessments should be done in consultation with Security Services, where available.
- 2.1.2 The result of the risk assessment must include a Safety Action Plan that provides safe work practices and plans to further mitigate all risks of violence, to the extent that is reasonable.

### 2.2 Inform staff of potential risks through processes such as:

- 2.2.1 Safety Profiles and Action Plans are shared with staff at orientation and regularly thereafter, as action plans are updated.
- 2.2.2 Review of specific incidents that happen in worksite/department/unit/sector.
- 2.2.3 Care plans, where they exist.
- 2.2.4 Shift reports.
- 2.2.5 Safety meetings.
- 2.2.6 Departmental Code White procedures

### 2.3 Establish Controls

- 2.3.1 Administrative Controls

Training - Managers will consult with OH&S (or designate in affiliate organization) following the completion of their Safety Profiles to determine the appropriate type of training for the risks identified in their assessment and which staff require what type of training. See Appendix A for a description of training that is offered at SHR. Following the training, staff will be assessed to ensure they know how to apply the training.

2.3.2 Provide Personal Protective Equipment (PPE)

In some circumstances, the use of PPE will be identified as a way of preventing harm. PPE will be available in the department/unit; staff will be trained in its use and will be required to use it in the applicable circumstances.

2.3.3 Determine Engineering Controls

Safety profiles may indicate a need for renovations, alarms, cameras, etc. These need to be planned in consultation with Security, where available, and may be reviewed with OH&S Consultants. If renovations and/or equipment can't be put in place immediately, mitigation plans must be developed to keep staff safe in the interim.

**2.4 If a violent (or potentially violent) incident occurs, staff:**

2.4.1 Follow their worksite/department/unit/sector plan and procedures.

2.4.2 Call for assistance from Security and/or police services.

2.4.3 Do not take any undue risks in attempting to manage a situation.

2.4.4 Call a Code White.

**2.5 Reporting of Incidents**

In the event of exposure to an act of violence, the employee will report it immediately to:

2.5.1 Their immediate manager/supervisor.

2.5.2 The Incident Report Line (IRL) 655-0820 or toll free 1-866-966-0820

2.5.3 The police in Saskatoon or the RCMP elsewhere (911) if necessary (use your judgment to call police).

2.5.4 WCB if this is a time-loss incident, and

2.5.5 In all instances of a patient/client/resident involved in an act of violence, report the incident using AEMS (safety reporting) or as per affiliate specific procedures.

**2.6 Follow-up to Incidents**

2.6.1 Staff seek medical attention, if required.

2.6.2 Staff access EFAP as they deem appropriate.

2.6.3 The manager/supervisor:

- Investigates the incident with the worker.
- Completes the manager's section of the Incident Report. The completed report will be forwarded to the OH&S, Incident Report Line Coordinator in OH&S
- Advises Labour Relations and ensure the employee has been advised of their right to union representation.
- Identify the causes and implement corrective action.

- Offer Critical Incident debriefing if required.
- 2.6.4 All incidents will be reported to the site OHC.

### **3. PROCEDURE MANAGEMENT**

The management of this procedure including procedure education, monitoring, implementation and amendment is the responsibility of the Director, Worksafe and Employee Wellness.

### **4. NON-COMPLIANCE/BREACH**

Non-compliance with this procedure will result in a review of the incident. A review for non-compliance may result in disciplinary action, up to and including termination of employment/privileges and/or criminal charges.

### **5. REFERENCES**

*The Saskatchewan Occupational Health & Safety Act, 1993*  
*The Saskatchewan Occupational Health and Safety Regulations, 1996*

## Appendix 1

SHR Managers will consult with OH&S following the completion of their Safety Profiles to determine the appropriate type of training for the risks identified in their assessment and which staff requires what type of training. Staff can register for classes on the Training Registration System, available through SHR Infonet.

Name of Class	Class Contents
Workplace Assessment and Violence Education (W.A.V.E) 808 (8 hrs)	Introduces the Objectives within the SHR Violence Management Policy & Respect and Dignity Policy; types & causes of Violence; Signs of Violence - Aggression-Escalating; Violence or Chaos; Prevention strategies; Awareness towards environment/personal space, the importance of proper communication; Safety zone awareness with risk Assessment; Hands on techniques and more.
W.A.V.E. 303 (3 hour) (Note – WAVE is not available to Affiliates)	Focuses on key 808 concepts
Gentle Persuasive Approaches (G.P.A.) <ul style="list-style-type: none"><li>• requires recertification a minimum of every two years)</li></ul>	Recommended for care of dementia residents, particularly in Long Term Care
Physical Assault and Response Training (P.A.R.T.) <ul style="list-style-type: none"><li>➤ Intermediate Level Training with P.A.R.T. is 12 hrs (1 ½ days)</li><li>➤ Advanced Level Training with P.A.R.T. is 16 hrs. (2 days)</li><li>• Re-evaluations must be done every 2 yrs. for the Advanced Program.</li></ul>	Recommended for care of patients/clients//residents in Mental Health and Addictions. <ul style="list-style-type: none"><li>➤ Teaches complete Crisis Intervention (theory) with no hands on training – session ends with evasive skills.</li><li>➤ Teaches hands on skills.</li></ul>
Conflict Resolution Skills	Course will maximize the participant's ability to better understand the dynamics of the conflict they are experiencing and work together in developing positive outcomes that are mutual and practical.
TLR Training For employees – at WOW Recertification every 3 years in employees' departments	Offered during WOW. Covers both Object and Patient/Client/Resident Moving. Provided by SHR OH&S Department  2 hours for all employees (object moving)  6 additional hours for employees working in patient/client/resident/ areas (client moving).

TLR Train the Trainer (3 day course)	1 day for all Trainers  2 additional days for trainers working in patient/client/resident/areas  Managers are responsible to ensure that there are enough TLR/Object Moving trainers in their departments to provide ongoing training for their employees.
TLR Recertification (8 hr class)	2 hours for all trainers  6 additional hours for trainers working in patient/client/resident/areas