

SECTION 9

OCCUPATIONAL HEALTH & SAFETY

9.05 VIOLENCE IN THE WORKPLACE POLICY

AUTHORITY: PEI OCCUPATIONAL HEALTH AND SAFETY ACT AND REGULATIONS (General Regulations Part 52 effective May 1, 2006)
EXECUTIVE COUNCIL DECISION #D2007-486 (effective August 28, 2007)

ADMINISTRATION: PUBLIC SERVICE COMMISSION
GOVERNMENT DEPARTMENTS/AGENCIES

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1. PURPOSE

- 1.01 This policy outlines our commitment to maintaining a work environment free from workplace violence by taking all reasonable and practical measures to protect and minimize the risk to employees from acts of violence.

2. APPLICATION

- 2.01 This policy applies to all persons employed in a workplace or persons in a workplace for any purpose in connection therewith.
- Departments are responsible for occupational health and safety in their jurisdiction.
- Management and workers are required to comply with OHS legislation, this policy, and procedures developed in accordance with it.

3. DEFINITION

In this policy:

- 3.01 Violence means the threatened, attempted or actual exercise of any physical force by a person other than a worker that can cause, or that causes, injury to a worker and includes any threatening statement or behavior that gives a worker reasonable cause to believe that they are at risk of injury.
- 3.02 Employer means a person who employs one or more workers or contracts for the services of one or more workers and includes a constructor or contractor.
- 3.03 Worker means any person employed in a workplace or a person employed in a workplace for any purpose in connection therewith.

4. POLICY

- 4.01 Deputy Heads shall ensure that a risk assessment of the workplace is conducted to determine whether or not a risk of injury to workers from violence arising out of their employment may be present.

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- 4.02 Deputy Heads shall ensure that procedures are developed, communicated, implemented, enforced and evaluated that will protect, as far as is reasonably practicable, the health and safety of the worker from risks arising out of or in connection with, the work assigned.
- 4.03 A risk assessment shall include a consideration of previous experience of violence in that workplace, occupational experience of violence in similar workplaces and the location and circumstances in which the work will take place.
- 4.04 If a risk of injury to a worker from violence in a workplace is identified by a risk assessment, the employer shall establish procedures, policies and work environment arrangements to eliminate the risk of violence to workers in that workplace; or if elimination of the risk is not possible, minimize the risk of violence to workers in that workplace.
- 4.05 The employer shall report, investigate and document incidents of violence in that workplace. Refer to Attachment 5.02 for the Public Service Commission [Employee Accident/Incident Report Form](#).
- 4.06 The employer shall inform workers who may be exposed to the risk of violence as to the nature and extent of the risk.
- 4.07 The employer shall instruct workers who may be exposed to the risk of violence as to the means of recognition of the potential for violence; the procedures, policies and work environment arrangements resulting from a risk assessment, the appropriate response to an incidence of violence, and how to obtain assistance.
- 4.08 The employer shall ensure that a worker who reports an injury or adverse symptom resulting from workplace violence is advised to consult a physician of the worker's choice for treatment or a referral; and is advised to complete and file the appropriate Workers Compensation Board claim forms.

5. ATTACHMENTS

- 5.01 Risk Assessment Template
- 5.02 Public Service Commission [Employee Accident/Incident Report Form](#)
- 5.03 Workplace Inspection Template

ATTACHMENT 5.01**Risk Assessment Template**

Department:	Division:
Section:	Location:
Completed by:	Date:

1. Have staff experienced verbal abuse while working? Yes No

If yes, did staff report the incident(s)? Yes No

If yes, how did staff report the incident(s) orally OR in writing

What was the relationship of the abuser?

client/customer

member of the public

other (please specify)

2. Have staff experienced written abuse while working? Yes No

If yes, did staff report the incident(s)? Yes No

If yes, how did staff report the incident(s)? orally OR in writing

What was the relationship of the abuser?

client/customer

member of the public

other (please specify)

3. Have staff experienced a threat of physical violence while working or as a result of work? Yes No

If yes, did staff report the incident(s)? Yes No

If yes, how did staff report the incident(s)? orally OR In writing

What was the relationship of the abuser?

client/customer member of the public other (please specify)

4. Have staff experienced a physical assault or attack while working? Yes No

If yes, did staff report the incident(s)? Yes No

If yes, how did staff report the incident(s)? orally OR in writing

What was the relationship of the assailant?

- client/customer
- member of the public
- other (please specify)

5. Do staff ever:

Work alone or with a small number of co-workers? Yes No

Work in a community-based setting? Yes No

Work late at night or early in the morning? Yes No

6. Are staff/management concerned about violence on

the job? Yes No

What is the source of concern?

Does such a possibility represent a high risk medium risk low risk

ATTACHMENT 5.02



Public Service
Commission

Accident/Incident Report

Department	Division
Location	Name of person making this report
Supervisor	Date/Time of accident/incident
Location of the accident/incident	Date/Time reported to employer
Name of person injured	Occupation
Was medical treatment received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be time lost from work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did an injury occur? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Part of the body injured:	Nature of injury (i.e. sprain)
Was medical treatment received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this a recurrence? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were WCB forms filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be time lost from work? <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe clearly how the accident/incident occurred.	
Describe clearly accident/incident causes . Conditions (human; physical; mechanical; environmental etc.):	
Other factors (weather; training etc.):	
Employee Signature	Date

To Be Completed by Supervisor

What action has or will be taken to prevent a recurrence?	
Additional notes:	
Supervisor Signature	Date

ATTACHMENT 5.03**Workplace Inspection Template**

Building:		Department:
Location:		Division:
Floor:		Section:
Date:	Time:	Completed by:

1. Parking Lot

Are the entrances and exits well marked? Yes No

**Is the lot appropriately signed with security reminders?
(lock your car, security patrolled)** Yes No

Is there sufficient lighting? Yes No

Is access to the lot controlled? Yes No

Are government vehicles parked on-site after hours? Yes No

If yes, is there a secured vehicle compound? Yes No

Have there been vehicle thefts from the parking lot? Yes No

2. Building Perimeter

**Is your workplace near any buildings or businesses
that are at risk of violent crime (bars, banks)?** Yes No

**Is your building ever visited by violent, criminal,
intoxicated or drugged persons?** Yes No

Is your building located in a high crime area? Yes No

Are there signs of vandalism? Yes No

Are you isolated from other buildings? Yes No

Is there graffiti on the walls or buildings? Yes No

Is the exterior of the building adequately lighted? Yes No

Is the building entrance adequately lighted? Yes No

Is the entrance to the building easily seen from the street and free of heavy shrub growth? Yes No

Are outside lights activated before dusk? Yes No

Are garbage areas, external buildings or equipment that employees use

- in an area with good visibility? Yes No

- close to the main building with no potential hiding places? Yes No

Are there any overgrown shrubs or landscaping which obstruct your view or provide a hiding place? Yes No

3. Access Control

How many public entrances are there to your building? _____

Can the number be reduced? Yes No

Is your building connected to any other building(s)? Yes No

If yes, is there access control to your building? Yes No

Is your building shared with other businesses? Yes No

If yes, is there access control to your area(s)? Yes No

Is there a system to alert employees of access by intruders? Yes No

Are offices designed/arranged to distinguish public vs private spaces? Yes No

Do you use coded cards or keys to control access to the building or certain areas within the building? Yes No

Is there a system in place to minimize the distribution of keys/entry cards? Yes No

Do you change codes/locks immediately if keys/cards are lost or misplaced? Yes No

4. Security System Yes No

If yes, is the system tested on a regular basis (monthly) to assure correct functions? Yes No

Is the existing security system effective based on past performance? Yes No

Are there security guards/safety walking services available at your location? Yes No

Have you posted signs indicating there is a security system in use? Yes No

Are security cameras and mirrors placed in locations that would deter potential offenders? Yes No

5. Reception Yes No

Is your reception area easily identifiable and accessible? Yes No

Can the receptionist/sales counter clearly see incoming visitors/customers? Yes No

Is the reception area/sales counter visible to fellow employees or members of the public? Yes No
Is your reception area staffed at all times? Yes No

Can outsiders enter the building when there is no receptionist present? Yes No

Is the reception area the first point of contact for visitors? Yes No

Does the workplace have a policy for receiving, escorting and identifying visitors? Yes No

Does the area function well as a security screening area? Yes No

Does your receptionist work alone at times? Yes No

Is there an emergency call button at the reception area? Yes No

If yes, have response procedures been developed? Yes No

Are there objects/tools/equipment that could be used as a missile/weapon in this area? Yes No

6. Signage

Upon entering the building are there signs to identify where you are? Yes No

Once in the building are there signs showing you where to get emergency assistance if needed? Yes No

If no, what signs are needed and where?

Are visitor areas and private areas clearly marked? Yes No

Are rules for visitors clearly posted? Yes No

Are there exit signs? Yes No

Are there areas where exit signs are not present but are needed? Yes No

If yes, where?

Are signs posted to be highly visible to all? Yes No

If no, where are these signs?

Are the hours of operation adequately posted? Yes No

Are signs posted notifying the public that limited cash,
no drugs, or other valuables are kept on the premises? Yes No

Impression of overall signage:

very poor poor satisfactory good very good

What other signs should be added?

7. Work Practices

Do you or any of your co-workers:

Work with the public? Yes No

Handle money, valuables or prescription drugs? Yes No

Carry out inspection or enforcement duties? Yes No

Provide service, care, advice or education? Yes No

Work with unstable or volatile persons? Yes No

Work in premises where alcohol is served? Yes

Work alone or in small numbers? Yes No

Work in community-based settings? Yes No

Drive a vehicle as part of your job? Yes No

**Work during the late hours of the evening or early
hours of the morning?** Yes No

Use public transit during your workday? Yes No

Travel to other cities/countries? Yes No

Stay in hotels? Yes No

8. Lighting

List areas where lighting was a concern (too dark or too bright) during the inspection.

Is the lighting evenly spaced? Yes No

Are there any lights out? Yes No

If yes, where?

Can you access main light control switches? Yes No

If yes, where?

9. Stairwells and Exits

Are there places at the bottom of stairwells where someone could hide? Yes No

If yes, where?

Is the lighting adequate? Yes No

Can lights be turned off in the stairwell? Yes No

Is there more than one route? Yes No

Are there any exit routes which restrict your ability to

get away? Yes No

If yes, where?

Do stairwell doors lock behind you:

During regular hours of operation? Yes No

After regular hours of operation? Yes No

10. Possible Entrapment Sites

Are there unoccupied rooms that should be locked? Yes No

If yes, where?

Are there small, well defined areas where you would be hidden from the view of others, such as:

Recessed doorways

Unlocked storage areas

Stairwells

Elevators

11. Natural Surveillance

Are there physical objects/structures that obstruct your view? Yes No

If yes, could someone hide behind such objects/structures? Yes No

If so, where?

Are windows kept clear of advertising displays or other items that obstruct view?

Yes No

What would make it easier to see?

- | | |
|---|---|
| <input type="checkbox"/> transparent materials like glass | <input type="checkbox"/> mirrors |
| <input type="checkbox"/> windows in doors | <input type="checkbox"/> angled corners |
| <input type="checkbox"/> less shrubbery | <input type="checkbox"/> other _____ |

Do members of the public only approach staff from the front? Yes No

12. Working Alone

At the time of the inspection did any areas feel isolated? Yes No

If yes, what areas?

In these areas, is there a telephone or a sign directing you to emergency assistance? Yes No

In these areas, how far is the nearest person to hear calls for help? _____ ft/m

Do you have alarms or panic buttons installed? Yes No

Are the alarms or panic buttons easily accessible? Yes No

Do you periodically check the functioning of alarms or panic buttons? Yes No

Is it easy to predict when people will be around? Yes No

13. Movement Predictors

How easy would it be for someone to predict your patterns of movement?

very easy somewhat obvious no way of knowing

Is there an alternative well-lit and frequently travelled route available?

Yes No

Can you tell what is at the other end of each walkway or corridor?

Yes No

If no, where?

In walkways/corridors are there corners or alcoves where someone could hide and wait for you?

Yes No

If yes, where?

12. Elevators

Do you have full view of whether the elevator is occupied before entering?

Yes No

Is there an emergency phone or emergency call button in each elevator?

Yes No

Is there a response procedure for elevator emergencies?

Yes No

13. Washrooms

Is public access to washrooms controlled?

Yes No

Can the lights in the washrooms be turned off?

Yes No

Are washrooms checked before building is vacated?

Yes No

16. Interview Rooms

Do you have a separate interviewing/meeting room? Yes No

If yes, is natural surveillance possible? Yes No

Is there an alarm system in this room? Yes No

Is the furniture arranged to allow emergency exits? Yes No

17. Individual Offices

Are certain employees at higher risk of violence? Yes No

Has their furniture been arranged to:

- allow a quick exit from the office? Yes No

- maintain a minimum distance (approx. 4-6 feet) Yes No

- between themselves and the client? Yes No

Have they reduced the number of objects that can be used as missiles or weapons? Yes No

Do these offices have good natural surveillance through the use of shatterproof glass in walls/doors? Yes No

18. Emergency Assistance

Has an emergency contact been established:

During regular hours of operation? Yes No

After regular hours of operation? Yes No

Are emergency numbers posted on phones? Yes No

Are emergency phones accessible in all areas? Yes No

If no, where is access needed?

Do you have a designated safe room where employees can go during an emergency? Yes No

Does this room have a telephone and a door which can be locked from the inside?

Yes No

19. Training

Have employees been trained in preventative work practices relative to their jobs?

Yes No

Have employees been trained in appropriate responses for violent situations that they may encounter?

Yes No

Have employees been trained in the procedures for reporting suspicious persons or incidents?

Yes No

20. Areas of Improvement

**What improvements would you like to see?
(If you need more space, use a blank age.)**

21. Overall Impression

How safe do you feel in each area listed below?

Check the box that indicates your feeling of safety in each area.	Very safe	Safe	Neutral	Unsafe	Very unsafe	N/A
parking lot						
perimeter of building						
main/front entrance						

other entrances						
elevators						
stairwells						
corridors/hallways						
on your floor						
at your desk						
other						