



# Violence Prevention in the Workplace

## 1. Introduction

### 1.1. Purpose

Providence Health Care (PHC) is committed to the prevention of workplace violence and will take all reasonable steps to ensure persons are safe from acts of workplace violence while at PHC sites or during work-related activities.

### 1.2. Scope

This policy applies to all sites and facilities within PHC and all persons present on any PHC worksite.

### 1.3. Exceptions

There are no exceptions to this policy.

## 2. Policy

All persons associated with PHC are expected to conduct themselves in a civil, respectful, cooperative and non-discriminatory manner. Any threat or act of violence against persons on PHC property or against staff in the course of their duties is unacceptable and measures will be taken to hold people accountable for these actions up to and including contacting Police to press charges.

All staff must be aware of and follow the Code White procedure for their facility. Staff should call for help early to help prevent further escalation where possible.

Any PHC staff who becomes aware of a person or persons in the possession of a weapon, or in the event of imminent danger will remove themselves and others (where possible) from danger and contact Security (where available) and Police (911) from a safe location. Staff are not required to continue to provide treatment under circumstances that present a danger to themselves or others. All incident reports involving weapons, regardless of intent of use, will be taken seriously and fully investigated.

Staff who receive a personal threat are encouraged to report the threat to their supervisor, security (where applicable) and to consider if Police involvement is warranted.

All staff will report incidents that pose a risk to their physical and psychological safety by contacting the [Provincial Workplace Health Call Centre](#) (PWHCC 1-866-922-9464).

All incidents of violence will be investigated including any incident resulting in injury requiring medical treatment, time loss or any incident with the potential to cause serious injury.



Written documentation should be added to the patient/resident/client's chart for all incidents of violence or threats of violence and should include the attempts to resolve and prevent further incidents.

Patients/residents/clients that meet the [Violence Risk Alert](#) criteria should have an alert/visual identifier (e.g. purple dot, purple violence symbol, electronic alert) and a behavioural care plan. The risk of violence should be communicated and include relevant information regarding underlying causes for the behaviour and mitigation/control strategies.

Every reasonable effort will be made to limit the occurrences of staff working alone or in isolation. In situations where staff work alone or in isolation, a risk assessment should be conducted and check-in procedures must be implemented to secure the safety of all PHC staff as described in the [Working Alone or in Isolation](#) policy.

PHC is committed to making every effort to provide non-judgmental support and assistance to staff who are victim-survivors of domestic violence and also to offering assistance to staff who are perpetrators of domestic violence. PHC will not tolerate behaviour that constitutes workplace domestic violence and staff found to have violated the [Domestic Violence Policy for Employees](#) will be subject to employment related consequences.

### 2.1. Guiding Principles

- For patients and residents who are capable of understanding the consequences of their actions, PHC will use a progressive, problem-solving approach which, if other options are not successful, may include imposing restrictions up to and including discharge from the PHC program or service, if determined to be appropriate in the circumstances. This action will be carried out in collaboration with the health care team, Occupational Health and Safety, Ethics, Clinical Operations Management/Leadership, Risk Management, and/or Patient Relations.
- Patients and residents who are not capable of understanding the consequences of their actions will be assessed by the health care team and management strategies implemented and evaluated on an on-going basis. Where necessary, referral to facilities/programs that can provide appropriate control measures to address ongoing behavioural concerns will be made.
- A progressive, problem-solving process will be followed when family members and other visitors are exhibiting disrespectful, inappropriate, or potentially violent behavior. The approach will include Clinical Operations Management/Leadership, Risk Management, Occupational Health and Safety and Patient Relations.
- Any staff member subject to any form of violence from another staff member should refer to the [Respect at Work](#) policy.



### 3. Responsibilities

#### 3.1. Senior Leadership Team

- Support and promote PHC's commitment to the prevention of violence in the workplace and the PHC Violence Prevention Program by providing resources for training, environmental design changes, and other safety measures.
- Ensure all levels of leadership are accountable for the implementation and maintenance of the Violence Prevention Program.
- Ensure all levels of leadership are accountable for occupational health and safety performance in their area of responsibility.

#### 3.2. Supervisors/Leaders

- Support and promote PHC's commitment to violence prevention
- Inform staff of the nature and extent of the risk(s) from violence in their workplace and act to remedy any hazard related to violence in the workplace, where possible/practical
- Inform all staff of the need to report workplace violence incidents
- Ensure appropriate policies and procedures are adhered/followed to eliminate or minimize violence in the workplace
- Monitor and ensure compliance with safe work practices with respect to the prevention of violence in the workplace program
- Investigate reported incidents of violence in conjunction with Joint Occupational Health and Safety Committee (JOHSC) members or worker representatives
- Ensure an up to date violence risk assessment has been completed, reviewed and recommendations have been implemented and evaluated as required by the *Workers Compensation Act* and Occupational Health and Safety Regulation
- Ensure staff receive violence prevention training and education
- Ensure written documentation of the reports of violent behavior or threats of violent behavior in the patient/resident/client's chart, including the attempts to resolve and prevent further incidents.
- Check-in with staff involved in a violent incident and ensure support and resources are offered as soon as possible
- In the event a staff person wishes to involve the Police following an incident of violence, assist by:
  1. Supporting the worker's right to pursue criminal charges
  2. Notifying the Leader, Patient Relations and Executive Director, Patient Safety & Quality Improvement, Director, Occupational Health and Safety, and the Program Director or Leader of the unit, department or site
  3. Advising all staff of the support systems available to them (which can be found on the [PHC Thrives](#) website)



4. Maintaining contact with staff involved for the duration of the legal proceedings to ensure they receive all necessary support.

### 3.3. All Staff

- Report all incidents of violence or threats of violence to their supervisor and the PWHCC.
- If any staff member is made aware of any threat to the workplace, he\she shall immediately notify their supervisor, security (where applicable) and contact Police (911) as necessary.
- Take reasonable care to protect their health and safety and the safety of others in the work site.
- Follow safe work procedures and safety requirements as outlined in PHC policies, guidelines, and procedures.
- Use or wear any required personal protective equipment, devices or clothing.
- Cooperate with the site JOHSC.

### 3.4. Occupational Health and Safety

- Coordinate and complete Workplace Violence Risk Assessments.
- Assist with the development of or update workplace violence prevention policies and work procedures.
- Evaluate the effectiveness of the Workplace Violence Prevention Program in consultation with the JOHSCs.
- Provide expertise and assistance as required with workplace violence incident investigations.
- Provide education and training in the prevention and management of violence in the workplace.

### 3.5. Joint Occupational Health and Safety Committees

- Participate as required in workplace inspections and investigations of incidents involving violence in the workplace.
- Participate in Workplace Violence Risk Assessments where appropriate.

### 3.6. Violence Prevention Committee

- Support the development of violence prevention resources, policies, and guidelines
- Review Workplace Violence Risk Assessments and other violence related indicators

## 4. Compliance

All staff members are responsible for adhering to this policy and monitoring their activities in accordance with the policy. Staff members may warn others if they observe a violation of this policy. Failure by staff to comply with this policy may result in disciplinary action up to and including termination of employment, services or privileges.



## 5. Supporting Documents

### 5.1. Related Policies

[Code White Emergency Response](#)  
[Commitment to a Safe and Healthy Environment](#)  
[Domestic Violence Policy for Staff](#)  
[Incident Reporting for Employees](#)  
[Managing Disrespectful, Violent, or Aggressive Behaviours of Visitors](#)  
[Respect at Work](#)  
[Right to Refuse Unsafe Work](#)  
[Violence Risk Alert](#)  
[Weapons in the Workplace](#)  
  
[Working Alone or in Isolation](#)

### 5.2. Guidelines/Procedures/Forms

1. Provincial Violence Prevention Curriculum, 2011
2. WorkSafeBC Occupational Health and Safety Regulation (OHSR) Part 3, Division 3, Sections 115 - 117; Part 4: 4.24 – 4.26 (Workplace Conduct) and 4.27 – 4.31 (Violence in the Workplace)
3. [Managing Unsettled /Challenging Behaviours: Least Restraint](#)
4. [Workplace Incident Reporting \(PHC\)](#)

## 6. Definitions

**“Behavioural Emergency”** means an acute situation where there is imminent danger of serious harm or death to self or others.

**“Emotional Crisis”** means a process during which a person’s coping skills and abilities are significantly challenged by a combination of internal and external events

**“Health Care Team”** means clinical staff responsible for the care of the patient/resident/client

**“Person(s)”** includes all employees (excluded and unionized), students, medical staff, researchers, physicians, medical residents, fellows, volunteers, executives, contractors, and suppliers, employees of academic institutions, visitors, clients, patients, residents and families.

**“Provincial Workplace Health Call Centre”** is a provincial call centre established for staff to report all workplace incidents including incidents of violence or “near misses” in which their personal health or safety was at risk or where an injury occurred in the course of their job duties.

**“Staff”** means all employees (including management and leadership), Medical Staff Members (including physicians, midwives, dentists and Nurse Practitioners), residents, fellows and trainees, health care professionals, students, volunteers, contractors and other service providers.



**“Verbal and non- verbal de-escalation skills”** are skills used to de-escalate or defuse an emotional crisis. Skills include awareness of body language, personal space and stance, validation and active listening.

**“Workplace Violence”** means any act in which a person is abused, threatened, intimidated or assaulted in his or her employment and includes any threatening statement or behaviour which gives a worker reasonable cause to believe he or she is at risk of injury. The term violence includes violence that is intentional and violence that is unintentional due to illness, injury or cognitive impairment (sometimes referred to as aggression)

## 7. References

There are no references to list with this policy.

## 8. Appendices

There are no appendices to include with this policy.



<b>Effective Date:</b>	Oct 12, 2022			
<b>First Released:</b>	01-April-2013			
<b>Last Revised:</b>	Jan 31, 2024			
<b>Last Reviewed:</b>	Jan 31, 2024			
<b>Approved By:</b>	PHC Senior Leadership Team			
<b>Owners:</b>	Executive Director, People			
<b>Revision History:</b> <i>(optional)</i>	<b>Version</b>	<b>Date</b>	<b>Description/ Key Changes</b>	<b>Revised By</b>
	2	Oct 12, 2022	Minor Updates	Jackson Chan
	3	Jan 31, 2024	Added requirement of written documentation	Emma Lee