Capital Health

A Guide to Workplace Violence Prevention Program

Table of Contents

Introduction to Workplace Violence

Section I

1. Introduction

Employers must provide a workplace that is as safe as possible from hazards including violence. Employers must determine if there is a risk of violence, and if so, establish policies and procedures to eliminate or minimize the risk to employees. The employer is also responsible to educate their workers regarding the hazards of workplace violence and appropriate responses to violence as a part of a workplace violence prevention plan.

To demonstrate the commitment of Capital Health in providing a healthy and safe workplace that has minimized the risk of violence and threats of violence, Capital Health has developed this program including supporting policies and the Capital Health Workplace Violence Policy Statement. The program will assist Directors/Managers/Supervisors in their areas of responsibility in meeting the requirements as set out in the "Violence in the Workplace Regulations: made under Section 82 of the Occupational Health and Safety Act".

2. What is Workplace Violence?

The Violence in the Workplace Regulations define "violence" as any of the following:

i.   threats, including a threatening statement or threatening behaviour that gives an employee reasonable cause to believe that the employee is at risk of physical injury,

ii. conduct or attempted conduct of a person that endangers the physical health or physical safety of an employee.

3. Why is Workplace Violence an Important Issue?

Violence is an issue that affects the safety and security of employees, patients and visitors at Capital Health. Violence claims a high personal cost from the emotional trauma and physical injury experienced by victims, their families and co-workers. Violence also brings high costs to the employer, including: increased absenteeism, higher sick leave costs, lost productivity, high employee turn-over, higher insurance premiums and increased WCB premiums.

4. Definitions

Disrespectful Behaviour: Behavior towards others that is undesirable, unsuitable or improper. This behavior may be written, verbal, or behavioral.

Employee: Any employee, physician, volunteer, learner, Board Member, contractor, contract worker, franchise employee, Capital Health Foundation employee, and any other individual performing work activities within Capital Health.

Harassment: Typically means any offensive or inappropriate persistent implicit or explicit behaviour by a Capital Health employee that is directed towards any Capital Health employee, physician, patient, or group of employees, and **which a person knew or ought reasonably to have known to be unwelcome.** For the purpose of this Policy, harassment in the workplace includes, but is not limited to personal and sexual harassment, bullying behavior that creates a hostile or offensive workplace, discrimination and abuse of authority.

Hazard: a condition or practice with a potential for injury to people, equipment, materials, property or the environment.

Patient: Any individual living in or receiving care in a Capital Health facility or through one of Capital Health's programs.

Risk: the probability that a person will be harmed or experience adverse health effect if exposed to a hazard. And, the probability that equipment, materials, property or the environment will be damaged if exposed to a hazard.

Threatening behavior – such as shaking fists, destroying property or throwing objects

Verbal abuse – swearing, insults, condescending language

Verbal or written threats – any expression of an intent to inflict harm

Violence – Any threats, including a threatening statement or threatening behaviour, that give an employee reasonable cause to believe the employee is at risk of physical injury. Including conduct of a person that endangers, or attempts to endanger, the physical health or physical safety of an employee. (Violence in the Workplace, N.S. Reg. 209/2007)

Workplace violence includes, but is not limited to:
Threats
- Threats delivered in person, through phone calls, or in writing via letters or electronically, including social media.
- Intimidating or frightening gestures such as shaking fists at another person, pounding a desk or counter, punching a wall, angrily jumping up and down or screaming
- Throwing or striking objects
- Stalking
- Direct threats of physical harm
- Death threats

Physical and Verbal Violence

- Kicking, hitting, biting, grabbing, pinching, scratching or spitting
- Injuring a person by using an object such as a chair, cane, or a weapon such as a knife, gun, sharp or blunt instrument
- Verbal hostility and abusive behaviour
- Destruction of property

Visitor: refers to any individual who is not an Employee or a patient, who is on Capital Health property or is contacting an Employee in their work capacity.

Workplace: means any place where an employee is or is likely to be engaged in any occupation and includes any vehicle or mobile equipment used or likely to be used by an employee in an occupation.

5. Workplace Violence Prevention Responsibilities

Responsibilities

CEO/Vice Presidents:

- Ensure the establishment of a Workplace Violence Prevention Program and
- Ensure the continued support of the Workplace Violence Prevention Program
- Review Quarterly reports of incidents of workplace violence to ensure continued improvement in the violence prevention program, improve safety and for the reduction of violent incidents.

Directors/Managers/Supervisors:

1.1. Ensure the following are completed:

    1.1.1.   Violence Risk Assessments are conducted and appropriate controls are identified and implemented in their area(s) of responsibility to eliminate or reduce the risks.

    1.1.2.   Violence Prevention Plans, if required (based on risk designation), have been developed and implemented in their area(s) of responsibility.

    1.1.3.   All employees who are exposed to a significant risk of violence in the workplace are informed of the results of the risk assessments.

    1.1.4.   Required information and training is provided to employees who may encounter the risk of violence or a person known to be violent.

    1.1.5.   Provide copies of the complete Risk Assessments and the Prevention Plan (if required) to the applicable Joint Occupational Health and Safety Committee (JOHSC), Workplace Safety Team (WPST), Workplace Safety Representative (WPSR) and to the Safety Programs Department.

1.2. Ensure Capital Health's policy and procedures for reporting through 473-SAFE (473-7233) or online (as applicable to the facility), documenting and investigating incidents of violence are implemented and performed as per policy CH80-022 Workplace Employee Hazards and Incidents - Reporting, Investigation and Documentation is adhered to.

1.3. Ensure an employee who has been exposed to or affected by violence at the workplace is provided with an appropriate debriefing.

1.4. If there is a potential for ongoing danger to an employee or if an assault occurs against an employee, advise the employee that they have the right to take legal action "press charges" and Capital Health will support the actions of the employee.

    1.4.1. Contact SAFE Line, Safety Program's Manager and Legal Services for immediate determination of protective steps to be taken.

1.5. Contact Police, when warranted.

1.6. Managers/supervisors must inform affected employees of actions taken to prevent the occurrence or recurrence of reported incidents.

1.7. If an employee believes that the preventative measures/actions taken by the Department are not being addressed or actioned appropriately, the employee contacts the appropriate Safety Programs, Safety Officer and a member of their Workplace Safety Team or Workplace Safety Representative (QEII only) or Joint Occupational Health and Safety Committee (JOHSC).

1.8. Review the Violence Risk Assessment and Prevention Plans when:

    1.8.1. There is significant change in any of the following:

- circumstances in which work takes place;

- in the interactions that occur in the course of performing work;

- the physical location or layout of the workplace;

- construction of a new facility or renovation

    1.8.2. You become aware of a type of violence occurring in similar workplaces that was not taken into consideration when the previous violence risk assessment was conducted

    1.8.3. The employer is ordered to do so by an officer of the Department of Labour and Workforce

    1.8.4. At least every 5 years

Employees:

1.1. Report all incidents of violence and threats of violence to their supervisor or manager, and call 473-SAFE (7233) or 1-902-473-7233 or online as applicable to the facility (Refer to CH Policy CH80-022 Employee Hazards and Incidents: Reporting, Investigating and Documentation).

1.2. Co-operate with persons conducting an investigation of workplace violence.

1.3. Attend training sessions as required.

1.4. Participate in formal Violence Risk Assessments and development of Violence Prevention Plans.

1.5. Follow procedures established for the prevention of workplace violence.

1.6. Consider accessing post incident treatment or counseling services through a health professional of the employee's choice or Employee and Family Assistance Program (EFAP) 1-800-461-5558.

Safety Programs will:

1.1. Ensure the Violent Behaviour Policy and Program is reviewed as required.

1.2. Ensure that appropriate tools are developed and provided.

1.3. Provide coaching/training as required.

1.4. Provide assistance to management in the development of Violence Prevention Plans

1.5. Provide quarterly reports of incidents of violence to Senior Management.

Joint Occupational Health and Safety Committee/Representatives/Workplace Safety Teams:

1.1. Review and provide input in the Violence Risk Assessment process as required.

1.2. Monitor follow up actions to the Risk Assessments.

1.3. Provide input into the Violence Prevention Program.

1.4. Review recommendations from investigations of violence incidents and make recommendations as necessary.

Capital Health Workplace

Violence Prevention Program

Section II

1. Conducting a Risk Assessment

Risk Assessment is a step-by-step process that is used to identify the actual or potential risk(s) for a particular hazard.

For the hazard of violence in the workplace in a particular area the following should be considered

- Violence that has occurred in the workplace in the past.
- The circumstances in which work take place.
- The interactions that occur in the course of performing work.
- The physical location and layout of the workplace.
- Violence that is known to occur in similar workplaces.

Completing Hazard/Risk Assessment Forms

Risk Assessment Form – Work-Site Violence Risk Assessment

The Risk/Hazard Assessment is a review of risks that can increase the risk of violence in your area of responsibility.

Answer each question no, yes or don't know (DK). If the answer is in the shaded box, then continue filling out information in additional columns. To assign a hazard ranking see the Risk Designation Chart for descriptions of severity, frequency, probability. When assigning the designations, consider previous incidents, incidents at similar workplaces and existing controls.

Completing the risk assignment will also assist in prioritizing the risks and create an inventory of the risks.

Items where the risk designation is not significant or minor impact (score 3 or 4) can be addressed through regular health and safety measures. However, where feasible, you should attempt to eliminate or reduce the risk further. Regular monitoring should be completed to ensure these risks continue to be controlled.

If the risk designation for any identified items is high (significant and unacceptable – score 7, 8 or 9) or medium (significant - score 5 or 6) then the department will be required to develop and implement a Workplace Violence Prevention Plan to ensure identified items are addressed and appropriate measures are put in place with out undue delay and assign accountability including time frames for implementation of appropriate controls.

All employees who are exposed to a significant risk of violence in the workplace (scores – 5, 6, 7, 8 or 9) will have provided by their manager, information on the nature and extent of the risk(s) and on any factors that may increase or decrease the extent of the risk. (Risk Assessment)

Except as prohibited by law, the duty to provide information to an employee includes a duty to provide information related to a risk of violence from a person who has a history of violent behavior if that person is likely to be encountered by the employee.

When Risk Assessments are complete a copy will be forwarded to Joint Occupational Health and Safety Committee/Workplace Safety Team and Safety Programs Department.

Risk Assessment Forms are available in Appendix F.

Blank copies of the Risk Assessment Forms can be obtained on-line at:

http://chdintra.cdha.nshealth.ca/departmentservices/peopleServices/wellnessAndSafety/safety/violence/index.html

2. Developing Preventative Control Measures

Once the Risk Assessments are complete, risks identified on the Risk Assessment Forms will need specific control measures to eliminate the hazard or reduce/minimize the risks associated with the hazard of violence.

Any risk designated, as Significant or Significant and Unacceptable (totals – 5, 6, 7, 8 or 9) will have preventative measures developed immediately starting with the highest score to the lowest.

Not all risks associated with violence can be eliminated; therefore, controls are necessary to minimize the risks associated with the hazard of violence. As with any hazard, elimination is the first consideration in hazard control. Control Measures to minimize/reduce the risks of violence should be considered in order as listed below (hierarchy of controls). Control Measures include, but are not limited to:

Elimination: Eliminating the hazard from taking place, for example; working alone at night, change the shift to daytime; locking doors and using intercom communications.
Substitution: Substitute controls with lower risks, for example; allowing a client to receive care at the health unit instead of at home because of violent family member.
Engineering controls: setting up a barrier between the employee and hazard – Examples: design of workplace, isolation/enclosures, communication devices, panic buttons, etc.
Administrative controls: policies and procedures, training, safe work plan/procedures, emergency response procedures, etc. Example: scheduling work for daylight hours when back-up staff may be more readily available, a safe work procedure for visiting a clients residence.
PPE – last line of defense and used in combination with engineering and administrative controls. Employees must be trained in use.

Weighing each option from the perspectives of risk level, feasibility, and effectiveness is essential to setting priorities and deciding on the best control measures.

When determining the options for control measures for each risk identified consider these questions:

- Can the hazard be eliminated, or will it need to be controlled?
- What is the best long-term solution for each problem?
- Can short-term measures be implemented while longer-term measures are developed?
- Which solution(s) will help the most people?
- Which solution(s) will help those at greatest risk?
- What procedures are needed to support each solution?
- What post-incident procedures are needed if a violent incident occurs?

When options for control measures have been identified, consider the advantages and disadvantages of each option. Some control measures may be complex and/or require more review or expertise. The costs of some control measures may not be known.

3. Emergency Response Plan

Emergency Response plans for each facility have been created and have procedures for the following codes: Staff should be provided information and training on the procedures for these codes. Information in this regard can be obtained from your facility Emergency Planning Committee or from Emergency Response Department, Wellness and Safety Services.

- Code White – Violent Person (See Section V – How to Respond)
- Code Black – bomb threat
- Access Control (Lock down) procedures – currently in development process
- Hostage taking – a level 3 Code White
- Active Shooter, guidelines
-

Tips and information that can be used in your plan and by employees to reduce injury, should one of the above events occur, is available in Section III Preventing Workplace Violence and Section IV Responding to Workplace Violence.

4. Developing a Workplace Violence Prevention Plan

For activities where the risk designation is Significant or Significant and Unacceptable (score 5, 6, 7, 8 or 9), a Workplace Violence Prevention Plan is required. A checklist has been designed for your convenience (appendix D). The plan will include:

a. Posting the Capital Health Workplace Violence Prevention Statement (appendix A) in areas of responsibility and ensuring it is available to staff.

b. Implement and document control measures to minimize and to extent possible eliminate the risk of violence in the workplace and/or develop written safe work procedures/practices.

c. Establish and document employee training. In accordance with the procedure in an employer's workplace violence prevention plan, an employer must provide adequate training on all of the following for any employee who is exposed to a significant risk of violence.

- Occupational Health and Safety Act: Rights and Responsibilities (see appendix B)
- Workplace Violence Prevention Statement (see appendix A)
- An employer must provide any employee who is required by the employer to perform a function under the workplace violence prevention plan with training on the plan generally and on the particular function to be performed by the employee.
- The nature and extent of the risks and on any factors that may increase or decrease the extent of the risk including measures taken by the employer to minimize or eliminate the risk of violence. (This information will be completed and available in the risk assessment: identified risks, current control measures and recommended control measures).
- How to recognize a situation in which there is a potential for violence and how to respond appropriately
- How to respond to an incident of violence, including how to obtain assistance
- How to report incidents of violence
- How to Document and Investigate incidents of violence

d. Follow Capital Health established procedures for:

      a. reporting workplace violence;
      b. documenting workplace violence and;
      c. investigating incidents of workplace violence.

e. Providing a copy of the plan to the Joint Occupational Health and Safety Committee/Workplace Safety Team and to Safety Programs Department.

f. Ensuring a copy of the plan is available for review upon request from other employers, contractors, constructors, suppliers, employees, owners or self-employed persons at the workplace within one working day of request.

g. Review of the Plan when a review of the risk assessment determines the need to or at least every 5 years.

5. Documentation and Investigation of Violence in the Workplace

Upon receiving a report of violence Managers/Supervisors are responsible to ensure that all incidents of violence are documented and promptly investigated to determine their causes and actions required to prevent reoccurrence. Investigation and documentation can be beneficial to identify controls that could decrease possible reoccurrence; thereby, reducing the number of incidents and investigations required.

Based on the class of injury, the manager/supervisor will initiate the appropriate level of investigation as per policy CH 80-022 – Reporting employee workplace accidents and CH 80-095 – Violent Behaviour

Injury Class	Type of Injury	Investigation Team	Severity
A	Event that has or is likely to result in permanent injury, loss of life or body part.	Department, Manager or Supervisor Safety Programs JOHSC/WPST	*Catastrophic –* • fatality • Coma *Critical -* • loss of limb
B	Event that is less serious than Class A and has or is likely to cause injury or illness resulting in temporary disability	Department Manager/Supervisor (debriefing with employee(s))	*Critical - resulting in: severe injury* • loss of use of limbs • hospitalization • Broken bones
C	Event that is less serious then Class B and has or is likely to cause minor, non-disabling injury or illness	Manager/Supervisor (debriefing with employee(s))	*Marginal – resulting in:* • minor injury • bruises/cuts • No Injury

As soon as possible after the event the Supervisor/Manager will investigate and take reasonable measures necessary to ensure a safe workplace.

It is important to determine the type of violence; patient, client, customer, coworker, stranger, etc. As well if the incident involves a patient it is also important to consider the acuity or cognitive ability of the patient and if the act was intentional or not.

Steps of an Incident Investigation

Class C and B Injury/Illness

1. The supervisor/manager will investigate to determine immediate causes and root causes of the incident. To determine the root causes; for each immediate cause ask "why" (several times).
2. Discuss the incident with affected employees (debrief).
3. Determine what control measures are necessary to prevent recurrence.
   a. Temporary ("stop-gap") control measures usually address immediate causes
   b. Permanent solutions eliminate basic (root) causes

    c. Set standards: who is to do what then or how often?
    d. When the incident involves a patient, ensure control measures involving the patient are documented in the Patient Health Record/Care Plan.
4. Complete accident Investigation Report (appendix C).
5. Follow-up the incident to ensure control measures are completed and effective.
6. Distribute the investigation report as follows:
   - Original for department file
   - Copy sent to JOHSC or WPST (QEII only)
   - Copy to SAFE (fax - 461-8073)
   - The supervisor/manager will provide a Report of Actions taken to prevent reoccurrence of an incident of violence to the affected employee(s).
7. Determine if employees require victim support.
8. Determine if a formal review is necessary

Class A Injury/Illness

The most serious incidents are investigated by Safety Programs, Joint Occupational Health and Safety Committee and the Department. In all instances the Department of Labour and Workforce and Development are required to perform an investigation separate from our investigation. For Class A incidents it is important the **evidence is preserved** and the following steps should be taken until the investigation team arrives:

1. Initial Response
   a. Take control of the scene
   b. Control potential secondary incidents
   c. Ensure first aid and emergency services are provided
   d. Notify Safety Programs (473-????), JOHSC and appropriate managers
   e. Preserve evidence from alteration or removal
2. Wait for investigation team.

Formal Review

The manager may request a formal review after the manager has completed an investigation and determines:

- The hazard or risk of workplace violence continues to be high
- Additional support is required and/or
- Occurrences are ongoing,

The manager contacts the Safety Program Manager or delegate to convene a review team comprised of participants from all or some of the following to provide long term preventative control measures or programs to ensure a safe and healthy work environment:

- Safety Programs (Area Safety Officer)
- Emergency Response Planning
- Occupational Health (Occupational Health Nurse/employee care coordinator)
- Risk Management
- Professional Practice

- Patient Representative
- Security (officer in charge or 2nd officer in charge)
- Department Manager
- Joint Occupational Health & Safety Committee member or Workplace Safety Team member
- Human Resources Consultant
- Physician attending patient were appropriate
- Legal Services (General Counsel or Associate Legal Counsel)
- Representation from supporting Capital Health Departments

Results may include issuance of a warning letter, supervised visits, protection of property order, or involvement of police as appropriate.

6. Providing Victim Support

Not all violence incidents require a formal review, however all have to be investigated and documented by the Manager/Supervisor. The Manager/Supervisor shall discuss the event with the affected employee(s) and determine if a formal review is required based on the circumstances.

The employee(s) affected shall be advised they can and should consult a health professional of their choice for counseling or use the services of EAP (Employee Assistance Program – 1-800-461-8558).

7. Conducting Incident Follow-up

Investigation and documentation is required for all events and can be beneficial to identify controls that could decrease possible reoccurrence; thereby, reducing the number of incidents and investigations required.

Once the incident is investigated and control measures to reduce reoccurrence are identified and implemented, incident(s) should be reviewed periodically to identify trends or common patterns, ways to strengthen your prevention plan and to ensure control measures identified have been implemented and are effective.

Incident follow-up allows closure and assures that all the lessons that can be learned from a situation are applied to preventing future incidents.

The affected employee(s) must be notified of the actions taken to prevent or reduce reoccurrence.

8. Providing Workplace Violence Information and Training

The Director/Manager/Supervisor must provide information and adequate training on all of the following for any employee who is exposed to a significant risk of violence. Managers will determine how this training and information will be provided, eg: education sessions, toolbox talks, dedicated time for safety during staff meeting, etc.

- Occupational Health and Safety Act: Rights and Responsibilities (appendix B)
- Workplace Violence Prevention Statement (see appendix A)
- The nature and extent of the risk and on any factors that may increase or decrease the extent of the risk including measures taken by the employer to minimize or eliminate the risk of violence
    - These measures will be completed and available in the risk assessment.
- How to recognize a situation in which there is a potential for violence and how to respond appropriately
- How to respond to an incident of violence, including how to obtain assistance
- How to report incidents of violence
- How to document and investigate incidents of violence
- Information related to a risk of violence from a person who has a history of violent behaviour if the person is likely to be encountered by the employee

- An employer must provide any employee who is required by the employer to perform a function under the workplace violence prevention plan with training on the plan generally and on the particular function to be performed by the employee.

9. Conducting a Review

a. The Violence Prevention Program will be reviewed by the Joint Occupational Health and Safety Policy Committee and Safety Programs Department.

b. Directors/Managers/Supervisors will review and update their area Risk Assessments accordingly in any of the following circumstances:

- You become aware of a type of violence occurring in similar workplaces that was not taken into consideration when the previous violence risk assessment was conducted
- There is significant change in any of the following:
    - circumstances in which work takes place;
    - in the interactions that occur in the course of performing work;
    - the physical location or layout of the workplace;
    - construction of a new facility or renovation
- The employer is ordered to do so by an officer of the Department of Labour and Workforce
- At least every 5 years

c. Directors/Managers/Supervisors will review and update their Workplace Violence Prevention Plans if:

- Review of the risk assessment indicates there is a need to do so, or;
- at least every 5 years.

Preventing Workplace Violence

Section III

Although incidents of workplace violence are not acceptable and the risk of violence may not be eliminated in all situations, there are steps that you can take to reduce such incidents in your workplace. The following practical suggestions are from a guide entitled "Violence in the Workplace" from the Canadian Centre for Occupational Health and Safety (2007).

The information provided here give suggestions that can be used as a part of your plan and/or training.

1. **Control measures to be considered to reduce the potential for violence**

1.1. **Workplace Design**

Reception Areas

- Ensure the reception area is easily identifiable and accessible.
- Ensure the receptionist is able to clearly see incoming and outgoing staff and visitors.
- Position the reception area so that it is visible to fellow employees or members of public if possible.
- Use a locked reception area that prevents outsiders from entering the area.
- Install physical barriers for example pass-through windows, deeper desks.
- Minimize the number of entrances to the workplace.
- Use coded cards or key to control access to the department or certain areas within the department for high risk areas.
  - Ensure there is a minimum distribution of keys or entry cards.
  - Change entry card codes or locks immediately if keys or cards are lost or misplaced.
  - Use "buzzed" access to workplaces in high-risk areas.
- Securely lock doors to unoccupied areas when not in use (e.g. Closets, storage areas, equipment rooms, etc).
- Use adequate lighting around the workplace and near entrances.
- Provide a locked, secure area for employees to store their personal belongings.

Visitors

- To control visitor access, clearly define different areas as:
  - Public space (e.g. waiting room, family room, lobby, etc)
  - Semi-public space (e.g. conference or interview rooms, elevators) or
  - Private space (e.g. offices)
- Use signs such as "Employees Only" or "All visitors must be escorted past this point", etc.
- Require that visitors identify themselves and sign in and out of the area.
- Establish procedures for escorting or supervising visitors.
- Ensure employees are wearing identification badges on the premises.
- Limit or control access to private areas.
- Establish and enforce set visiting hours.
- Post a "Code of Conduct" for visitors in a visible location.

Waiting Areas

- Provide distractions for people who may be waiting for an appointment – magazines, television, vending machines, toys for children, etc.

- Make the waiting area a pleasant and entertaining as possible
- Provide welcoming, calming surroundings – comfortable seating, subdued colours, non-glare lighting.
- Post clear signs providing directions and information.
- Reduce irritating background noise by using sound absorbing surfaces and keeping noise to a minimum.
- Acknowledge clients who have been waiting a long time for their appointment. Make eye contact and provide re-assurance that they will be looked after as soon as possible.
- Provide regular information about delays and revised waiting time. Allow affected person to re-schedule appointments.
- Provide sufficient personal space, so that people do not feel crowded.
- Post a "Code Of Conduct" in a visible location.
- Provide telephones for communication with family, friends or business associates.
- Secure furniture and fixtures to the floor.
- Minimize the number of objects which could be thrown or used as weapons.
- Provide a separate waiting area to isolate certain individuals, as necessary.
- Introduce strategies to reduce waiting time.
  - Book appointments which usually take longer for the end of the day.
  - Leave open appointments to accommodate for emergencies, or to "catch up" appointments.

Natural Surveillance

Natural surveillance allows other employees or members of the public to naturally observe interactions within a work area.

- Use shatterproof smoked glass walls on cubicles or space dividers.
- Use glass doors or glass windows instead of solid doors or walls.
- Remove items that may obstruct the view (e.g. posters, signs from glass walls, windows and doors).
- Provide sufficient lighting to allow all areas of the room to be viewed and monitored.
- Eliminate hidden corners.
- Use convex or ball mirrors to improve sight lines around corners or angles.
- Provide for co-workers to hear what is happening if good visual contact cannot be achieved.
- Design entrances and exits so that members of the public approach staff only from the front, not the side or back.
- Allow staff members full view of approaching members of the public by eliminating visual obstructions.
- Keep windows and aisles clear to provide good sight lines for employees or members of the public passing by.
- Remove or relocate obstructions such as plants, etc. which may obstruct the view of a member of the public passing by the area.
- Reduce access to alcoves and doorways after hours.

Electronic Devices and Surveillance

If these devices are used written procedures on how and when to use will be required and staff will require training on how to activate the systems. Regular testing of the systems is required to ensure they are operating properly and response is effective. Video surveillance cameras will require monitoring during times of operations.

- Use video surveillance cameras.
- Install signs which indicate that surveillance cameras are being used.
- Install telephones in isolated areas.
- Install alarms or panic buttons. Install more than one button to increase accessibility.
- Locate alarms or panic buttons in places other than under desks or counters, where they are most expected to be.
- Ensure alarms or panic buttons are easily accessible to the employee, but not to visitors/patients.

Workplace Layout

- Minimize the opportunity for physical contact, by:
    - Using wide tables or counters.
    - Raising the height of counters.
    - Installing physical barriers, such as glass, screens or grills.
- Arrange furniture to prevent the employee from being trapped and to maintain a minimum distance, approximately 4 to 6 feet between the client and the employee.
- Provide a clear exit route from the employee's work area to the door.
- Provide alternative exits(s).
- Minimize the amount of furniture in the room.
- Provide rolling chairs for staff and stationary chairs for clients.
- Remove, relocate or secure items which could be used as weapons or projectiles (e.g. unsecured chairs, lights, computer monitors, pictures, staplers, etc.)
- Select furniture without sharp edges or corners.
- Secure furniture to floor.
- Ensure the valuable items such as computers are not in view from outside windows.
- Provide lockable and secure bathrooms for staff members, separate from visitor or patient bathrooms.
- Designate an employee "safe room" for use during an emergency.

Parking Lots

- Does your facility have procedures in place for monitoring or escorting staff after hours or after dark? Are the staff aware of the procedure.
- Is lighting sufficient?
- Are burnt out light bulbs replaced promptly and are staff aware of procedure to report burnt out lights or other problems with parking areas.
- Are "no trespassing" signs posted?
- If the parking area is patrolled or has electronic surveillance, are appropriate signs posted?

1.2.   Working Off-Site

Additional information can be obtained by accessing the "Working Safe in the Community – General Guide" which is available at the Safety Programs Website:
http://chdintra.cdha.nshealth.ca/departmentservices/humanresources/safetyPrograms/index.html

Also, the Safe Community Practice Committee has been established and are in the process of developing a program (policy, information and training) to provide necessary tools for working safe in community.

If you work away from a traditional office setting you must exercise extra caution. In many cases you have less or no ability to control your work environment. You may require special training to avoid violence by using conflict resolution and mediation tactics. Nevertheless, the following specific preventative tactics or procedures may minimize or prevent risks associated with working off-site.

- Have access to a cellular telephone or similar means of communication.
- Use an established check-in procedure that allows you to manage typical situations you may encounter off-site.
- Prepare a daily work plan so that you and others know where and when you are expected somewhere.
- Try to stay in well-lit, higher traffic areas.
- Arrange to meet in a safe environment.
- Be alert and make mental notes of your surroundings when you arrive at a new or different setting.
- Use the "buddy system", especially when you feel your personal safety may be threatened.
- Determine under which circumstances unaccompanied visiting would involve unacceptable risk.
- Exercise your right to refuse to work in clearly hazardous situations.
- Disclose any feelings of discomfort or apprehension about an impending appointment to your supervisor.
- Do not enter any situation or location where you feel threatened or unsafe.
- Carry hand-held alarms, noise devices or other effective alarm devices.
- Always wear you identification badge. This will signal that you are acting in some official capacity or that you are an employee doing a job.
- Check the credentials of clients and the place and arrangements for any meeting away from the workplace. Call the client to confirm your appointment. This will convey that you take the appointment seriously and may allow you to detect any unusual mood or activity at the client's location.
- Wear comfortable, professional clothing and practical shoes, which will enable your to leave quickly if necessary.
- Only carry with you what is absolutely necessary to conduct your business. Heavy purses and large briefcases may be cumbersome and slow your exit.
- Always take your cell phone to the meeting and keep it in a location where you can access it quickly (i.e. pocket)
- Park your car facing out toward the main road – to allow quick and easy exit.
- Document your visit. Do Not leave out any incidents that make you feel apprehensive and report to supervisor or manager.
- Keep client records and indicate if the client or patient is known to be aggressive, hostile or potentially violent. (These should be documented on chart to make others aware of potential risks)
- Provide information on high-risk geographical areas to all staff, particularly new staff.
- Be more diligent if the nature of the assignment poses a threat to the client (e.g. imposing sanctions or penalties).
- Limit the time of day visits can be made to specific high-risk areas.
- DO NOT carry any type of weapon, including pepper spray. Weapons can just as easily be used AGAINST you.

- Identify a designated contact at the office and a back-up.
- Clearly define how often and under what circumstances you will check in.
- Keep your designated contact informed of your location and consistently adhere to your call-in schedule.
- Let the client know that others know your schedule and where you are, in a subtle, non-threatening way.
- Call and check in when you first arrive and as you leave. Especially the first time you go to a new setting.
- Have your designated contact call you periodically to ensure you are okay, especially if you are concerned about a particular situation.
- Identify what predetermined action or code words will be used to confirm that you require assistance.
- If you become concerned about a specific situation, call your designated "partner" or an office contact to ask when they expect to join you at a location.
- Develop procedures to be followed if you do not check in as planned.

1.3. Preparing for a potentially violent meeting

- Conduct a background check. Check client background information, check STAR for staff alerts, the patient/client's health record/chart, reports from fellow employees. Keep in mind individual confidentiality and employee safety issues.
- Consider having two employees meet with the patient/client.
- Arrange to have security (if available) nearby, but not visible, if at all possible.
- Notify other staff that trouble may be anticipated.
- Set up a communication system to use to check on interaction.
- Establish a recognizable "help" signal to alert other staff members that you need assistance, for example a special paging code or placing a coloured file folder in a visible location.

1.4. When you are in unfamiliar premises

- Check for escape routes and position yourself near an escape route.
- Mentally rehearse what you will do if an individual becomes aggressive or hostile. Decide what your best preventive tactic will be.
- Take control of the seating arrangements. If possible, seat yourself near the door.
- Maintain a "reactionary gap" between you and the person – out of reach of the average person's hitting/kicking distance. Increase the gap by sitting at a table. Be aware of the person's proximity at all times.
- Be well prepared for an appointment. Review the available information about the individual(s) you are meeting.
- Terminate the appointment in a non-confrontational manner if the individual appears to be:
  - Intoxicated
  - Under the influence of drugs
  - Emotionally disturbed and threatening or out of control
- Do not allow yourself to be backed into a corner. Leave a clear path to the exit.
- Do not venture too far into the premises e.g. remain near an exit.
- Do not turn your back on the person or enter a room first.

1.5. Working Late

- Ensure someone knows you are working late.
- Let Security or a fiend know you are working late and when you expect to leave.
- Use established check-in procedures, as described in this guide.
- Arrange to work late the same night as a colleague or friend.
- While accompanied by a co-worker, check that all doors and windows are locked and make sure washrooms and storage rooms are empty.
- Before dark, move your car to a well-lit area, close to the building or a parking lot attendant.
- Plan ahead which safe places you can retreat to and call for help.
- If you encounter someone unfamiliar, indicate that you are not alone. Say "my supervisor/co-worker" will be right here and will be able to help you.
- Contact security (if available) to escort you to your car or use the "buddy system".

1.6. Working Alone

Working alone" includes employees who work by themselves without close or direct contact with co-workers. For example, the receptionist in a large office building may be considered a "lone" worker.

Administrative Tips

Every effort should be made to avoid having employees work alone in areas of recognized risk. If using a second employee is not feasible:

- Put more experienced employees on higher risk shifts or in high risk areas.
- Provide the employee with a means of emergency communication (e.g. a cell phone). Check its' proper operation at the beginning of the shift and at least once during the shift.
- Post emergency phone numbers.
- Periodically check the well-being of the employee. Use the check-in procedures described in this guide.
- Arrange agreements with other departments within your areas to monitor your employee
- Provide a protective enclosure.
- Ensure that a qualified person will respond immediately to signs of distress.
- Post signs indicating employees are not working alone.
- Prominently display signs indicating that the premises are monitored.

Employee Tips

- Know the staff in other areas, departments and be aware of their schedules.
- Know your emergency phones numbers and procedures for suspicious persons.
- Turn lights on before it gets dark.
- Use personal alarms or monitored video surveillance system and properly maintain these devices.
- DO NOT open back or secondary doors unless absolutely necessary.
- DO NOT leave back or secondary doors unlocked, open and/or unattended.
- DO NOT empty garbage at night, especially if the dumpster is in a secluded or in a back alley.
- DO NOT mention you are alone. Develop methods for suggesting that you are not alone. Use words such as "we" or "us".

1.7. Handling Cash

- Keep cash register funds to a minimum
- Use electronic payment systems to make robbery less attractive, for example:
    - Automatic ticket dispensers
    - Debit cards
    - Credit cards
    - Cheques
    - Tokens
- Vary the time of day that you empty or reduce funds in the cash register.
- Remove all large bills ($50, $100) from the register as soon as you receive them.
- Install and use a locked drop safe.
- Change the combination of the safe at frequent intervals.
- Arrange for regular cash collection.
- Post visible signs which let customers know that minimum cash (state amount, e.g. less than $50) is kept on the premises
- Ask customers for exact change or the smallest bills possible
- DO NOT allow transactions with bills over $20.
- DO NOT handle large amounts of cash or count money in public view.
- Use cash drawer covers.
- Install security screens in high risk areas.
- Train employees in cash handling procedures.
- Encourage employees to make a conscious effort to keep the amount of cash on hand low.
- Create a secure refuge area such as a lockable office with a fish-eye lens in the door.

1.8. Banking Money

- Bank money more frequently.
- Use an unmarked bag or container to carry cash and/or securities.
- Vary the route taken to the bank or financial institution.
- Avoid making night deposits.
- Observe your surroundings before making your transaction.
- Vary times of deposit.
- Rotate the task so that it isn't always the same person making the deposit.
- DO NOT make deposits alone.
- Have one person face the other way to act as a look-out while the other makes the deposit.
- Travel to the financial institution by vehicle, rather than on foot or by public transit.
- If necessary to take a taxi, choose a reputable firm and do not disclose your specific destination. State your destination in general terms for example the corner of Broadway and Main; not the National Bank.

1.9. Walking Safety

- Plan your route and carry a map. Know exactly where you are going.
- Familiarize yourself with the area.
- Take a taxicab or get a ride with a friend if your place of business is in an unsafe area, or after dark.

- Wear comfortable, flat shoes, such as running shoes.
- Scan your route. Be observant and aware of your surroundings.
- Walk with confidence
- Keep your head up, look around and directly at people to assess them, but do not stare.
- Stay on well-lit streets, in the centre of the sidewalk, away from hiding spots such as bushes, doorways, alleys and park cars. Cross the road if necessary.
- If you know you are being followed:
    - Walk directly and quickly, without running or looking back, to a safe place.
    - Do Not go to your car or your house.
    - Call 911.
- If someone approaches you, say "no thank you" in a strong voice and keep moving.
- Walk around groups of people rather than through them.
- Use the main entrance of your place of business as much as possible. Avoid rear or secluded entrances.
- If you are using a stairwell, be sure it is well lit and that you can quickly exit to a safe place.
- Trust your instincts when you feel something is not right.
- Do Not act lost or be obvious when using a map.
- Do Not reduce your ability to be prepared:
    - By digging in your purse.
    - Wearing headphones.
    - Carrying heavy briefcases or items.
- Do Not carry any type of weapon, including pepper spray. Weapons can just as easily be used against you.
- Secure packages by carrying them under your arm or with straps across you body.
- Carry a person safety alarm:
    - On your key ring
    - Pinned to your clothing
- Report any suspicious incidents to your manager/supervisor.

1.10. Driving Safety

- Keep your car in good repair.
- Keep your gas tank at least ½ full.
- Always check your tires.
- Always have your office keys or car keys ready for quick access to car or building.
- Always check the inside of your car (especially the back seat) before entering.
- Always check around your vehicle.
- Always lock your car even when you are in it.
- Plan your route and carry a map. Avoid dangerous areas.
- If you need to drive in unfamiliar areas, then do not drive alone if possible.
- Do Not pick up hitchhikers.
- Go to a service station or store to ask for directions if you get lost.
- Carry a cell phone and keep it handy.
- Carry a person safety alarm on your key chain. Use it to attract attention, if necessary.
- Use your vehicles' security system, if it has one.
- Drive away from anyone who makes your feel uncomfortable.
- Avoid eye contact with an aggressive driver.
- Stay cool. Do not react to provocation.
- Keep away from drivers behaving erratically.

- Do Not identify your keys with your car plate number, name or address.
- Do Not open your car window more than one inch to speak to someone approaching your car.
- If you suspect another care is following you car:
    - Note the license plate number of the other car.
    - Do Not go home or to your place of business, drive to a service, police or fire station.
    - Stay in your car.
    - Honk the horn in short repeated blasts until someone helps you.
- If your car breaks down:
    - Put on your 4-way flashers.
    - Stay in the car with windows closed and doors locked.
    - Place a "help or call police" sign in the window.
    - Do Not raise the hood of your car as it reduces your ability to see someone approaching the car.
    - Only open the window one inch to speak to anyone other than the police.
    - Do Not accept unsolicited help. Ask the person to call the police or your towing service.
    - When help arrives ask for identification.
    - Make sure someone knows your plans, your route and your estimated arrival time.

1.11. Parking Lot Safety

- Park near the building in a highly visible and well-lit area.
- Park near other vehicles.
- Do Not use more than one parking space as it may anger other motorists.
- Avoid parking next to vans, pick-ups and other large vehicles.
- Use the main entrance. Avoid rear or secluded entrances and exits.
- Keep valuables, including purses, out of sight in your car.
- Do Not hide a spare key in your car.
- If someone is loitering near your vehicle, avoid them and walk to a safe place such as a lighted store, house or other building. Call police.
- As you approach your vehicle, look to see if someone is hiding underneath it.
- Scan the area for menacing individuals before you leave your vehicle or your place of business. Have a back-up plan if there is danger.
- Park near the attendant or exit if you use underground parking lots.

1.12. Tips for Preventing and Managing Incidents of Violence

A large part of prevention is the nature of the interaction between the client and the employee and between employees. Some considerations in dealing with clients/other employees, especially in potentially violent situations are:

- Don't Schedule known difficult clients at the end of the day or the end of the week;
- If possible, have two staff members deal with a known difficult client/person
- Keep your office or meeting room door open during the meeting
- Keep a solid object (desk or counter) between you and the client;
- Keep at least an arm's length away;
- Don't corner the client;
- Keep eye contact but avoid a locked stare, which can be perceived as a challenge;
- Have an escape route;

- Ensure that all employees are aware of difficult clients and the procedures to be used in dealing with them;
- It is appropriate to enroll front-line staff in training opportunities designed to assist them to better deal with hostile clients/other employees.

2. <u>Recognizing an Individual in Crisis or a potentially violent person</u>

2.1. *Non Physical/Non-verbal* – These are signs of anxiety and a supportive approach from staff may help de-escalate the situation.

- Flushed or pale face
- Sweating
- Pacing, restless and/or repetitive movements
- Signs of extreme fatigue
- Trembling or shaking
- Clenched jaws or fists
- Finger tapping

- Facial grimacing
- Sighing
- Shallow, rapid breathing
- Avoiding eye contact
- Glaring
- Frustration

2.2. *Verbal* - a potentially escalating individual. The following are signs of an individual who is continuing to escalate or is at a heightened crisis level. Continue a supportive approach, avoid power struggles, set limits keeping them simple and clear. Be prepared to enforce limits and if necessary request assistance from Auxiliary Team (Co-workers) or "Code White" procedure.

- Confrontational/argumentative
- Loud talking, chanting or screaming
- Scowling, sneering or use of abusive language
- Change in voice
- Verbal threats – all threats are to be taken seriously, seek assistance immediately.

2.3. *Physical -* If the individual continues to escalate in their crisis they will proceed to the physically acting out level. If any individual is physically acting out you are to initiate a "Code White" response immediately.

- Exaggerated or violent gestures (shaking fists, hand gesture like a gun)
- Destroying property
- Hitting
- Punching

- Throwing objects
- Grabbing
- Biting
- Kicking

2.4. Signs of a potentially Violent Person

Use caution if someone exhibits one or more of the following signs:

- Flushed or pale face
- Sweating
- Pacing, restless and/or repetitive movements
- Signs of extreme fatigue (dark circles under eyes)
- Trembling or shaking
- Clenched jaws or fists
- Facial grimacing
- Exaggerated or violent gestures
- Change in voice

- Loud talking or chanting
- Shallow, rapid breathing
- Scowling, sneering or use of abusive language
- Glaring or avoiding eye contract
- Violating your personal space (they get to close)

Although this program deals with physical violence, harassment and bullying cannot be excluded as a contributing factor that could increase the risk of physical violence. Refer to Policy CH 40-085 Harassment (Employee and Physician Behavior) for procedures.

2.5.   Common Characteristics of Violent Incidents Between Employees

- Violence usually begins as a verbal dispute and almost always involves people who know each other.
- Disputes often appear to have relatively trivial causes.
- The dispute pattern is usually not random and unique; rather, it builds, intensifies and continues.
- Victims may behave in an irritating manner prior to violent incident. Frequently they misjudge their own ability to arouse hostility in others, and are unaware that they are provoking a serious response to their behaviour.

2.6.   Warning Signs of a Troubled Employee

It is important to understand that these behaviours do not necessarily predict violence, however they may indicate that an employee is experiencing periods of high stress. Take note if:

- Crying, sulking or having temper tantrums
- Excessive absenteeism or tardiness
- Pushing the limits of acceptable conduct, disregarding the safety of co-workers
- Increased operating errors
- Increasing unsatisfactory work quality
- Faulty decision-making
- Testing of limits to see how much he or she can get away with
- Swearing or emotional language
- Making inappropriate statements
- Forgetfulness
- Inability to focus
- Confusion and/or disorientation
- Disrespect for authority
- Handles criticism poorly
- Holds grudges, especially against his or her supervisor. Verbalizes hope that something negative will happen to the person against whom he or she has the grudge
- Refuses to acknowledge job performance problems
- Blames others for mistakes
- Complains of unfair personal treatment
- Is disgruntled more than usual about work and fixates on perceived injustices.
- Talks about the same problems repeatedly, without resolving them
- Insists that he or she is always right

- Misinterprets communication from supervisor or co-workers
- Socially isolated
- Sudden and/or unpredictable change in energy level
- Complains of unusual and/or non-specific illnesses
- Shows signs of substance abuse, such as alcohol on the breath

2.7. *Warning Signs of Harassment and Bullying*

- Unjust criticism and trivial fault-finding
- Belittling a person's opinions
- Intimidation
- Any form of communication (words, gestures, e-mails, and/or actions) that embarrasses or humiliates the person privately or publicly
- Unpredictable, explosive outbursts that threaten or intimidate
- Rude, abusive and/or sexist language
- Fostering rumors, gossip and innuendos about an individual
- Practical jokes which repeatedly target a single person
- Tampering with someone's personal belongings or work equipment
- Intentionally and repeatedly isolating someone (heckling, failure to listen, refusal to associate, denying information and assistance when needed)
- Making jokes that are "obviously offensive" by spoken word or e-mail
- Taking credit for another's ideas or successes
- Undermining or deliberately impeding a person's work

3. __How to prepare for an Incident with a Potential for Violence__

3.1. *Emergency Preparedness*

- Know your emergency exits and procedures, including safe areas of refuge.
- Know where your telephones are located.
- Know your emergency phone numbers (including for cell phones – have to dial first 3 digits)
- Imagine appropriate responses to various situations you may find yourself in.
- Decide ahead of time how you will respond to various situations.

3.2. *Trusting your instincts*

- Keep personal information at a minimum when talking with anyone who makes you feel uncomfortable (where you live, hour of work, breaks, vacation times and plans, etc.)
- Be aware of your surroundings.
- **Do Not** engage in conversation that makes you feel uncomfortable. Excuse yourself and walk away.
- Be firm and confident and do not permit any kind of harassment.
- Be alert for signs of anxiety, anger or hostility. Being supportive, de-escalate arguments whenever appropriate.
    - If you feel you are being threatened, intimidated or harassed:
    - Tell the person to stop
    - Report the incident to your manager/supervisor
- Report any inappropriate behaviour toward yourself or your co-workers to your manager/supervisor and SAFE (473-7233)

3.3. *Working with patients and their families*

- Approach patients and their family members in a non-threatening, respectful manner.
- Provide the right information at the right time. Do Not overload patients or family members with too much medical or technical jargon.
- Clearly and fully explain to the patient and/or family, before and during procedures what is involved, how long it will take and whether it will hurt.
- Review the patient's profile/chart prior to meeting with the patient and/or family. Take note of any potential concerns and take appropriate precautionary measure, for example us the buddy system or increase natural surveillance.
- If you feel threatened, Do Not conduct intimate examinations of patients alone. Arrange to have a collegue in the room or close by.
- If a patient resists and becomes hostile during a procedure:
    - Stop what you are doing, if possible.
    - Ask the patient what is wrong.
    - If you can correct the situation. Otherwise, explain why you cannot.
- Open the door during any potentially violent consultation with either the patient or family member, allowing visual or verbal contact with other staff.
- If you are concerned about the actions of a family member:
    - Let them know in clear and simple terms what is expected of them.
    - If their behaviour continues or escalate, ask them to take a seat in the waiting room.
    - Initiate "Code White" procedures for your facility

- Record instances of abuse so details are not forgotten when reporting the incident to supervisor/manager or SAFE.
- DO NOT give information to outsiders regarding the condition or status of hospitalized victims of violence.
- Limit information given to outsiders regarding the condition or status of hospitalized victims of violence.
- Consider transferring aggressive patients to more secure or restrictive setting or a private room, if available.
- Assign more experienced staff, staff with training or staff with a demonstrated ability to handle potentially violent situations, to areas or patients that pose a higher risk of violence.
- Implement procedures so patients aren't repeatedly asked for the same information, ensure charting procedures are followed.
- Ensure the system to identify patients and clients who may present a violence risk due to factors such as personality, medication and type or degree of illness are followed. (STAR)
- Provide employee safe rooms for crisis retreats.
- Ensure staff are aware of the Least Restraint Policy and are trained appropriately.
- Establish procedures for monitoring high-risk patients at night.
- Ensure lock-up procedures for pharmaceuticals are followed.
- Post the emergency telephone number in the area and by the telephone.

3.4. Dealing with strangers

- Adopt a non-threatening, non-confrontation manner toward visitors and ask "May I help you?"
- If appropriate and not uncomfortable escort the stranger to the location or the person they identify as their destination.
- Note the appearance of people who are not familiar to your, in case something does happen.
- Do Not open the door to strangers in secure areas, unauthorized areas or before and after regular business hours.

3.5. Elevator Safety

- Do Not get on an elevator with anyone who makes you feel uneasy. Wait for the next elevator.
- Observe all passengers in elevators.
- Board the elevator last and select floor buttons last
- Get off the elevator if a suspicious looking person gets on with you.
- If possible, stand near the control panel when entering an elevator.
- If someone or something makes you feel uncomfortable, push the button for the next floor or push the alarm
- If attached, push the alarm and as many floor buttons as possible. Keep your back to the sidewall.

More examples of responding to workplace violence for particular situations are available in Section IV and can be used in your plan if applicable.

4. Tips for Dealing with a Potentially Violent Person

4.1. *Tips for verbal communication:*

- Focus your attention on the other person to let them know you are interested in what they have to say.
- Do not glare or stare, which may be perceived as a challenge.
- Remain calm and try to calm the other person. Do not allow the other person's anger to become your anger.
- Remain conscious of how you are delivering your words.
- Speak slowly, quietly and confidently.
- Avoid sounding condescending or inpatient.
- Speak simply.
- Avoid communicating a lot of technical and complicated information when emotions are high.
- Listen carefully. Do not interrupt or offer unsolicited advice or criticism.
- Encourage the person to talk.
- Do not tell the person to relax or calm down.
- Remain open-minded, objective and non-judgemental.
- Use silence as a calming tool.
- Acknowledge the person's feelings. Indicate that you can see he or she is upset.

4.2. *Tips for non-verbal behavior and communication:*

- Use calm body language – relaxed posture with hands unclenched, attentive expression.
- Arrange yourself so that your exit is not blocked.
- Position yourself at a right angle rather than directly in front of the other person.
- Give the person enough physical space… this varies depending on the individual, but normally 1 –2 metres is considered an adequate distance.
- Get on the other person's physical level. If they are seated try kneeling or bending over, rather than standing over them.
- Do not pose a challenging stanch such as:
    - Standing directly opposite someone
    - Putting your hands on your hips
    - Pointing your finger
    - Waving your arms
    - Crossing your arms
    - Hiding your hands, keep the in plain view
- Do not make sudden movements which can be seen as threatening.
- Do not fight. Walk or run away.

4.3. *Tips for problem solving*

- Try to put yourself in the person's shoes, so that you can better understand how to solve the problem.
- Ask for his or her recommendations.
- Repeat back to the person what you feel he or she is asking of you, to clarify what you are hearing.
- Accept criticism in a positive way.
- Be honest. DO NOT make false statements or promises you cannot keep.
- Be familiar with your organization's complaint procedures and apply them fairly?

- If a patient has an issue that you are unable to assist with direct them to your supervisor/manager or if required, to the Patient Representative.
- Remain professional and take the person seriously. Be respectful.
- Ask for small, specific favours, such as asking the person to move to a quieter area.
- Break a problem or an issue down into smaller units and offer step-by-step solutions so that the person is not overwhelmed by the situation or issue.
- Be reassuring and point out choices, including consequences of each choice.
- State positive choices before negative.
- Try to keep the person's attention on the issue at hand.
- Try to avoid escalating the situation.
- Find ways to help the person save face.
- Establish ground rules if unreasonable behaviour persists.
- In a calm and non-threatening manner, clearly state that violence is unacceptable and will not be tolerated.
- Calmly describe the consequences of violent or aggressive behavior
- Suggest alternative to violent behaviour.
- Avoid issuing commands and making conditional statements.
- If the nature of the situation involves punishment or sanctions (e.g. enforcement); delay the punitive action until you have back-up or the situation is safer.
- Do Not;
    - Take sides or agree with distortions.
    - Reject their person's demands or position from the start.
    - Attempt to bargain with a threatening individual. If necessary terminate the interaction.
    - Make promises you cannot keep.

Responding to Workplace Violence

Section IV

1. How to respond to Workplace Violence

Where involved in or encountering violent behaviour:

- Assess the safety of yourself and others in the area of the incident. Based on the assessment of the situation, activate a "Code White – Violent Person" response at any time.
- Remain calm and in a non-confrontation, non-threatening manner try to de-escalate the situation by being supportive.
- If no immediate danger exists, notify the aggressor that his/her behaviour is unacceptable and unwelcome. Be specific about the exact behaviour to be stopped as this ensures the aggressor knows what conduct is unacceptable.
- Avoid being placed in a position of unnecessary physical risk and engage the help of Auxillary Team (Co-workers) where possible.
- In health care environments, patients may experience stress and anxiety associated with their illness and may direct frustration, anger or aggression toward others. These individuals, however, need to be made aware the violent behavior is not acceptable. Consider the underlying cause behind abusive behaviour and manage the situation in a professional manner.

2. How to Obtain Assistance

If the situation becomes physical or if there is a weapon involved, or the situation is life threatening, leave the situation immediately and get help as follows:

QEII, Dartmouth General Hospital and Nova Scotia Hospital:

- Call the internal emergency number (473-3333) and advise the operator of a "Code White" event; this activates the Code White response.

All Other Sites

- Activate the local Emergency "Code White" protocol; where no Code White protocol exists, notify Police.

3. How to Report Workplace Violence

Reporting acts of violent behaviour is the responsibility of all employees. As soon as possible after event:

- Seek First Aid/Medical Attention
- Contact Manager/Supervisor
- Contact SAFE (473-7233)

If your manager/supervisor or the SAFE Operator is not available leave a message indicating: your name, your contact phone number and a brief description of the event.

For complete Policy and Procedure refer to guiding policy; CH 80-095 Violent Behaviour

4. How to Respond to Workplace Violence, bullying or harassing by Capital Health Employees

- Discuss concern directly with person believed to be engaging in the inappropriate behavior by telling him/her to stop unwelcome behavior or conduct.
- If uncomfortable or unwilling to address the issue with the alleged harasser directly; or if the behavior continues after discussing the matter, report the problem by "Filing a Complaint"
- If at any time the Capital Health Employee's behaviour becomes physical activate "Code White".

How to report Workplace Violence, bullying or harassing by Capital Health Employees

"Filing a Complaint" of workplace harassment by one of the following:

1. Advising Immediate Manager/Supervisor or Human Resource Consultant responsible for your department at 473-5757 (option #4).
2. Reporting to SAFE Line at 473-SAFE (7233).
3. Submitting a report in writing to SAFE, your Manager or Human Resource Consultant as follow up.

For complete Policy and Procedure refer to guiding policy; CH 40-085 Harassment (Employee and Physician Behaviour)

5. How to respond to Suspicious Person(s)

If this person seems suspicious then:

- Note the appearance of the person(s)
- Note the direction they are heading
- Report to security or police (if facility does not have security on site)

6. Other Employees Witnessing the Incident (Auxiliary Team)

- Be unobtrusive, and available to the employee without appearing to be congregating, which could be seen as either ganging up or providing an audience;
- Be prepared to assist as requested or as obviously needed;
- Only one person should be speaking with the crisis individual;
- Call for help from the supervisor, other co-workers or active the emergency response protocol for "Code White" at your facility, if necessary.
- Assist with removing others at risk from the area and stop others from entering.
- Observe the area and if possible, remove any items which could be used as a weapon

7. Responding to a physical attack

If you are attacked:

- Make a scene, yell or scream as loudly as possible. Try shouting words like STOP, FIRE, or HELP.
- If you are being pulled along or dragged, fall to the ground and roll.
- Blow a whistle, activate your personal security alarm or push the security alarm.
- Give bystanders specific instructions to help you. Single someone out and send them for help. For example, "You in the yellow shirt, call the police."
- If someone grabs your purse, briefcase or other belongings, do not resist. Throw the item to the ground several feet away from the thief and run in the opposite direction, yelling "help" or "fire'.
- Do not chase a thief.
- Run to the nearest safe place.
- Call security or the police immediately after the incident.
- If the attack does not warrant calling the police, inform your supervisors or the authorities at your workplace.
- File an incident report.

Be Prepared
Try to imagine yourself responding successfully to different types of attacks.
Practice your responses.

8. Terminating a Potentially Violent Interaction or a Negative Interaction

- Interrupt the conversation firmly but politely.
- Tell the person that you:
    - Do not like the tone of the conversation
    - Will not accept such treatment
    - Will end the conversation if necessary.
- Tell the person that you will ask them to leave the building, or that you will leave (if working off-site).
- If the behavior persists, end the conversation.
- Ask the person to leave the building or leave your self.
- If the person does not agree to leave, remove yourself from the scene and inform your manager or supervisor immediately.
- Do not return to the person if you believe they pose a physical threat.
- Advise other staff and have them leave the immediate area.
- Call security or activate your facilities "Code White" procedure, if necessary.
- File an incident report by advising manager/supervisor and SAFE (473-7233).

9. Threats Against Employee

Take all threats seriously. Depending on your situation, some or all of the following measures may be appropriate.

- If a threat has been received by a co-worker, immediately inform the targeted employee about the threat.
- Remind all employees not to give out personal information about other staff.
- Assist with safe transportation, have security or someone escort the employee to their vehicle.
- Make sure all staff in the office or area is aware of the threats so team supports can be put in place. Provide a description of the person who issued the threat.
- If the threat was made by a client,
    - Transfer the client's file to another location and formally advise the client that he or she is not return to your office or contact the threatened employee again.
    - Re-assign the employee to another case or assignment to avoid further contact with the threatening client.
    - Re-assign the employee to another office or geographic area, either permanently or until the threat is reduced.
- Support the employee if he or she is laying police charges and/or applying for a restraining order.
- Provide a debriefing and/or counseling to the employee and his or her family, if necessary

10. Responding to an abusive telephone call

- Interrupt the conversation firmly, but politely.
- Advise the caller that you will end the call if the caller does not stop using abusive language.
- If you have call display, note the number and/or person identified.
- Advise your manager or supervisor of the incident.
- If the caller calls back, interrupt the conversation firmly, but politely. Advise the caller that you will transfer the call to your manager/supervisor or patient representative, if necessary.
- Remind the caller that you will not accept abusive treatment or language.
- Put the caller on hold and contact your manager or supervisor and transfer the call to them. The manager supervisor should take appropriate action to resolve any misunderstanding and reinforce with the caller that abusive language or behaviour toward employees will not be tolerated.
- Record the call or use a speaker phone, so that others can hear and help identify the caller.
- Report any incidents to your manager/supervisor and contact 473-SAFE (473-7233).

11. Responding to a Hostage Situation

If you are taken hostage:

- Remain calm
- Speak to the captor only when spoken to.
- Avoid appearing hostile.
- If you must reach for something or move in any way, ask the captor for permission to do so.
- Stay clear of windows and doors. Drop to the floor if shots are fired and a rescue effort takes place.
- Administer first aid to any victims if necessary.

- Tell the police the direction the captor took to leave, the time of the incident, the appearance of the captor and any weapon or vehicle used.

DO NOT:

- Be a hero
- Talk down to the captor
- Stare or fix your gaze too long on the captor.
- Delay or argue. Cooperate fully. Listen carefully and comply with all instructions as well as you can.
- Resist by fighting or pulling a weapon. Do not jeopardize your own safety or that of others in the area.
- Attempt to apprehend, impede or chase the captor if he or she leaves.

12. Responding to a robbery

- Remain calm. Be polite and cooperative.
- Listen carefully to what the robber says, and obey him or hers.
- Follow instructions exactly.
- Ask the robber for clarification, if needed.
- Speak only in response to the robber. Do Not volunteer any information.
- Avoid surprises. If you must reach for something or move in any way, ask the robber for permission to do so.
- Note characteristics of the robber such as hair colour, obvious scars, etc.
- Lock the door immediately after for robber has left.
- Call security or police.
- Stay on the phone until the police tell you they have all of the information they need.

Appendices

Section V

Capital Health

Workplace Violence Policy Statement

Capital Health is committed to providing a healthy and safe workplace that is free of harassment, violence and threats of violence. We believe that physical and emotional safety is the right, and responsibility, of every person.

Capital Health acknowledges that violence in the workplace is an occupational health and safety hazard that can cause physical and emotional harm. We view any acts of violence or threats of violence in the workplace as unacceptable. We are committed to working to prevent workplace violence and to responding appropriately if workplace violence does occur. All members of the Capital Health are responsible for creating and maintaining a safe environment.

Any acts of violence or threats of violence are unacceptable and will be responded to immediately. This includes, but is not limited to, the following:
- threats, including a threatening statement or behavior that gives a person cause to believe they are at risk of injury,
- conduct that endangers the health or safety of a person.

In all situations, if you witness or experience violence or threats of violence, take precautions to assure your own safety and the safety of others. To report an incident, please do the following:

- To report an accident or incident, contact Manager/Supervisor and call 473-SAFE (7233).
- In an emergency within Capital Health, please follow Emergency Code White procedures for your facility.

If you witness or experience violence or threats of violence notify your manager or Security at your facility.

Appendix B

<div align="center">

Nova Scotia Occupational Health & Safety Act
Right and Responsibilities

</div>

NOVA SCOTIA OCCUPATIONAL HEALTH & SAFETY ACT

Capital Health facilities must comply with all aspects of the Act. The legislation is based on the *Internal Responsibility System* and ensures three fundamental rights to all Nova Scotia employees.

The ***Right to Know*** what hazards you are expected to work with. You are entitled to training and information to allow you to work with the hazards safely. You also have a right to information on issues that may affect your health & safety or the health & safety of another person in your work place.

The ***Right to Participate*** in decisions regarding health & safety in your workplace. This right is affected through your Occupational Health & Safety Committee [JOHSC]. The members of the JOHSC are posted on the designated bulletin board located in the cafeteria corridor on Level 1.

The ***Right to Refuse*** work that you believe is unsafe. If you choose to exercise this right, advise your immediate Manager or Supervisor. They will guide you through the specific process (CH 80-045 Refusal to Work Situation).

<div align="center">

KNOW YOUR RIGHTS – EXERCISE YOUR RIGHTS

</div>

The Internal Responsibility System means that every employee in Capital Health, from front-line workers to the senior executive is responsible for workplace safety:

Your responsibilities include:
- Knowing the hazards and managing risks
- Knowing when and how to use personal protective clothing and equipment
- Knowing and exercising safe work practices
- Correcting and/or reporting unsafe conditions or acts
- Receiving appropriate training
- Knowing and exercising your rights

Appendix C

INCIDENT INVESTIGATION REPORT

IDENTIFYING INFO

1. LOCATION OF INCIDENT		2. DATE OF INCIDENT / /	3. TIME AM PM	4. DATE OF REPORT
5. INJURED'S NAME	6. ID #		7. REPORTED TO (name)	
8. NATURE OF INJURY OR ILLNESS	9. OBJECT/EQUIPMENT/SUBSTANCE INFLICTING HARM		10. SUPERVISOR/MANAGER	
11. OCCUPATION	12. TIME ON TASK	13. DATE/TIME SAFE CONTACTED (473-7233)		14. APP# (from SAFE)

CAUSES

15. IMMEDIATE CAUSES (Check all that apply)

Contributing Actions

- ☐ Operating equipment without authority
- ☐ Operating at improper speed
- ☐ Making safety devices inoperable
- ☐ Failing to use personal protective equipment properly
- ☐ Confrontational (injured person)
- ☐ Improper position for task
- ☐ Servicing equipment in operation
- ☐ Under influence of alcohol and/or other drugs
- ☐ Failure to warn
- ☐ Removing safety devices
- ☐ Using equipment improperly
- ☐ Failure to secure
- ☐ Improper loading
- ☐ Improper lifting
- ☐ Horseplay
- ☐ Other (explain)

Contributing Conditions

- ☐ Inadequate or improper protective equipment
- ☐ Defective tools, equipment or materials
- ☐ Congestion or restricted access
- ☐ Poor housekeeping/disorder
- ☐ Hazardous environmental conditions: gases, dusts, smoke, fumes, vapours
- ☐ High or low temperature exposure
- ☐ Inadequate or excess illumination
- ☐ Workplace engineering (layout of work area)
- ☐ Inadequate warning system
- ☐ Fire and explosion hazards
- ☐ Noise exposure
- ☐ Radiation exposure
- ☐ Inadequate ventilation
- ☐ Inadequate training
- ☐ Other (explain)

16. ROOT CAUSES (Check all that apply)

Personal Factors

- ☐ Inadequate capability
- ☐ Lack of skill
- ☐ Improper motivation
- ☐ Impairment
- ☐ Other
- ☐ Lack of knowledge/experience
- ☐ Stress (physical/mental)
- ☐ Inattention
- ☐ physical/physiological capability (fatigue, limited range)

Job Factors

- ☐ Inadequate leadership/supervision
- ☐ Inadequate purchasing
- ☐ Inadequate tools/equipment/materials
- ☐ Wear and tear
- ☐ Inadequate work planning
- ☐ Inadequate engineering
- ☐ Inadequate maintenance
- ☐ Inadequate work procedures/standards
- ☐ Abuse and misuse
- ☐ Other

CONTROLS

17. ADMINISTRATIVE CONTROL (Check all that apply)

- ☐ Change/review safe work procedures/policy
- ☐ Seek input to identify preventative controls (Safety Programs)
- ☐ Debriefing or counselling
- ☐ Change to work area layout/design
- ☐ Review staff training
- ☐ Amend/review patient care plan
- ☐ Undertake or review hazard assessment and controls
- ☐ Refer to supervisor/department head for decision/guidance
- ☐ Submit documentation for maintenance/repair
- ☐ Assess/Provide appropriate equipment /materials for the task
- ☐ Other

ACTION PLAN

18. REMEDIAL ACTIONS, WHAT HAS AND/OR SHOULD BE DONE TO CONTROL THE CAUSES LISTED?

☐ Reviewed with affected employees (signatures on back)

19. INCIDENT INVESTIGATOR (print and sign)	20. DATE
21. REVIEWED BY: (print and sign)	22. DATE

Distribution: Manager/Director ☐   JOHSC/WPST ☐   SAFE ☐ 473-2765 (fax)

2008/02/02

Appendix D

Workplace Violence Prevention Plan Checklist

Item	Requirement	Completed Date
a.	Has the Capital Health Violence Prevention Statement been posted in staff areas?	
b.	Have measures been implemented and documented to minimize or eliminate the risk of violence? Has safe work procedures been developed?	
c.	Has training and information to employees been established and documented for each item: ☐ Rights and Responsibilities (appendix D) ☐ Workplace violence prevention statement (appendix C) ☐ Training on the plan in general ☐ Training on particular function to be performed by the employee ☐ The nature and extent of the risk and on any factors that may increase or decrease the extent of the risk including measures taken by the employer to minimize or eliminate the risk of violence– risk assessment. ☐ How to recognize a situation in which there is a potential for violence and how to respond appropriately ☐ How to respond to an incident of violence, including how to obtain assistance ☐ How to report incidents of violence ☐ How to document incidents of violence ☐ How to investigate incidents of violence ☐ Information related to a risk of violence from a person who has a history of violent behaviour if the person is likely to be encountered by the employee	
d.	Are the following Capital Health procedures being followed: ☐ Reporting workplace violence ☐ Documenting Workplace Violence ☐ Investigating incidents of violence	
e.	Has a copy of the Plan been provided to: ☐ Joint Occupational Health and Safety Committee ☐ Workplace Safety Team, if applicable ☐ Safety Programs Department	
f.	Is a copy of the plan available for review upon request from other employers, contractor, constructors, suppliers, employees, owners or self-employed person?	
g.	This plan was reviewed?	

Appendix E

Supporting/Guiding Policies

CH 80-095 - Violent Behavior
CH 40-085 – Harassment (Employee and Physician Behavior)
CH 80-022 – Reporting Employee Workplace Accidents
CH 40-115 – Employee Assistance Program (EAP)
CH 80-023 – Employee Emergency/First Aid Treatment
CH 80-045 – Refusal to Work Situation
CH 40-045 – Corrective Action

The policies above can be accessed by following the link below (CTRL and Click on link) and typing or cutting and pasting the policy name in the keyword field. Click on Go.

http://access.medworxx.com/CMS/cdha/Production/defaultnc.aspx?page=Search&querySessionId=Query208_45&siteId=0&siteFilter=0&xslpath=Resources%5csite_xsl%5cch_plcy_lst_search_results.xsl

Appendix F

General Workplace Information					
Facility or Location of Work:					
Department and unit:					
Hours of Operation:		*Total Number of Employees in Department:*	*Day*	*Evening*	*Night*
Approx. Number of Patients /Residents/Clients:		*Approx. number of visitors at any one time:*			
Portfolio:		*Director:*			
Manager:	*Date Signed:*				
Copy to: JOHSC/REP /Workplace Safety Team	*Date Forwarded:*				
Copy to Safety Programs Office	*Date Forwarded:*				

Violence that has Occurred in the Workplace in the Past

Types of Violence	Number of Incidents	Number of workers affected	Number of shifts affected
Verbal			
Physical			
Verbal/Physical			
Harassment			
Sexual Harassment			
Safety Concern			
Other			

Describe Violence that is known to Occur in Similar Workplaces

Violence In the Workplace
Hazard Identification Form

1. Answer each question – no, yes, don't know (DK)
2. If the answer is in a shaded box, then continue filling out information in additional columns
3. To assign a Hazard Ranking see Risk Designation Chart for descriptions of severity, frequency, probability.
4. When assigning the designations, consider previous incidents, incidents at similar workplaces and existing controls.

Identification & Assessment						Control Measures										Update		
						Existing Controls	Hazard Ranking					Recommended Controls						
Factors that could increase the risk of Violence	N O	Y E S	D K	Job Titles Affected	Type of violence	Details	S e v	F r e q	P r o b	T o t a l	p l a n	Utilizing hierarchy of control	E N G	A D M	P P E	Due Date	Assigned To	Complete date
Interactions and Circumstances:																		
Do employees deal with public?																		
Providing physical care to patients/persons who are known to be violent																		
Interaction with known violent patients/persons																		
Do employees deal patients/persons with mental or physical illness or injury																		
Stressful situation resulting from bad news or negative information																		
Interaction with persons under effects of alcohol or drugs																		
Where are acts of violence most likely to occur?																		
• At the bedside or in patient's room																		

Identification & Assessment						Control Measures											Update		
Factors that could increase the risk of Violence	N O	Y E S	D K	Job Titles Affected	Type of violence	Existing Controls — Details	Hazard Ranking — Sev	Freq	Prob	Total	plan	Recommended Controls — Utilizing hierarchy of control	E N G	A D M	P P E	Due Date	Assigned To	Complete date
• Within the immediate work area (eg: nursing station, corridor, conference rooms, bathrooms, staff rooms, office, reception area, waiting area, etc.)																		
• At the patient/person's residence																		
• Vehicle																		
• Parking Area																		
• Elevator																		
• Phone																		
• E-mail																		
Handling or delivery of drugs																		
Handling of cash or items of value																		
Enforcing rules of conduct (smoking, visiting hours, etc.																		
During times when you are open to the public are there times when only one employee is present?																		
Are there other times of the day when an employee works alone?																		
Do employees work late hours of the night or early hours of the morning?																		
Do your employees work in community-based settings?																		

Identification & Assessment						Control Measures												Update		
Factors that could increase the risk of Violence	N O	Y E S	D K	Job Titles Affected	Type of violence	Existing Controls		Hazard Ranking					Recommended Controls								
						Details		S e v	F r e q	P r o b	T o t a l	p l a n	Utilizing hierarchy of control	E N G	A D M	P P E	Due Date	Assigned To	Complete date
Do employees require traveling among worksites																				
Physical Location and layout:																				
Is access to staff washrooms controlled																				
Are there crime generators near the worksite (liquor stores, bars, vacant lots, signs of vandalism, etc.)																				
Are the reception/waiting areas clearly marked?																				
Is access to office/interview/treatment/counseling room controlled?																				
Is access to medication cupboards/rooms controlled?																				
Is the layout of the above rooms such that permit staff to exit if threatened? (exits, alarms, arrangement of furniture/counters, etc.)																				
Are confidential files/records kept in locked cabinets?																				
Are stairwells and exits clearly marked, well lit, and appropriately controlled without restricting egress?																				
Existing Controls:																				

Identification & Assessment						Control Measures												Update		
Factors that could increase the risk of Violence	N O	Y E S	D K	Job Titles Affected	Type of violence	Existing Controls		Hazard Ranking					Recommended Controls								
						Details		S e v	F r e q	P r o b	T o t a l	p l a n	Utilizing hierarchy of control		E N G	A D M	P P E	Due Date	Assigned To	Complete date
Is there an aggressive patient/person identification system in place and does it function properly?																				
Are preventative measures such as specialize car plans utilized when dealing with know cases of violent or aggressive behaviour																				
Does the facility have a response to aggressive incidents and is it prompt, reliable and does it meet the needs of the workplace																				
Are there signs that indicate to the public that certain acts and behaviours are unacceptable																				
Have staff received training in how to intervene appropriately with potentially aggressive patients/persons																				
Is emergency assistance available during and after regular hours of work																				
Are the building entrances/exits and parking areas well lit? (Lighting should meet national standards or local building codes)																				
Is your work area monitored by camera or at least one other person																				

Identification & Assessment						Control Measures											Update		
						Existing Controls	Hazard Ranking					Recommended Controls							
Factors that could increase the risk of Violence	N O	Y E S	D K	Job Titles Affected	Type of violence	Details	S e v	F r e q	P r o b	T o t a l	p l a n	Utilizing hierarchy of control	E N G	A D M	P P E	Due Date	Assigned To	Complete date
Are measures in place to alert fellow employees in case of an emergency																		
Is there an alert system in place and utilized by employees and is it tested on a regular basis?																		
Are items which could be used as potential weapons removed or otherwise properly secured?																		
Is emergency assistance is available during and after regular house of operation?																		
Are emergency numbers posted on telephone/walls?																		
Is there adequate signage indicating: restricted access, code of conduct, visiting hours, etc.																		
Are there obstructions where someone could hide or conceal activity?																		
Are damaged door locks or burnt out bulbs replaced promptly?																		
Is there an emergency phone or emergency call button in each elevator?																		
Is there a situation not mentioned above that can result in violence?																		

Risk Designation Chart

Assigning a risk designation

Rating the hazard is one way to help determine which hazard is the most serious and thus which hazard to control first. Priority is usually established by taking into account the severity, probability and frequency of the exposure. By assigning a priority to the hazard, you are creating a rating or an action list.

When the hazard is identified, determine the controls that are already in place, who will be affected, how often and review previous incidents to ensure this information is taken into account when assigning a risk designation.

Score	1	2	3
Severity - impact of exposure	Class C hazard - likely to cause minor, non-disabling injury or illness, or non-disruptive property damage.	Class B hazard - likely to cause serious injury, illness, resulting in temporary disability or property damage that is disruptive but not extensive.	Class A hazard - likely to cause permanent injury, loss of life or body part and/or extensive loss of structure, equipment or material.
Frequency of exposure	Rarely (<1/month)	Often (3 times/week)	Every day
Probability of exposure	Unlikely	Could occur	Will occur if not attended to

Once each hazard has been assigned a score for severity, frequency and probability based on the chart above, total the 3 items (S + F + P = Total).

Low	Medium (significant)	High (significant and unacceptable)
Score of 3-4	**Score 5-6**	**Score of 7-9**

Low (3,4) indicates that risks are considered acceptable. No further action or additional controls are necessary. Any actions to further reduce these risks are assigned a low priority. Regular monitoring should be performed to ensure that the controls are maintained and continued to be effective.

Medium (5,6) consideration should be as to whether the risks can be lowered, where applicable, to a tolerable level and preferably to an acceptable level. The risk measures should be implemented within a defined time period. Arrangements should be made to ensure that controls are maintained, particularly if the risk levels are associated with harmful consequences. **For the hazard of Violence and Violence Prevention Plan is necessary.**

High (7, 8, 9) – These risks are unacceptable. Substantial improvements in risk control measures are necessary so that the risk is reduced to an acceptable level. Risk reduction measures should be implemented urgently and it may be necessary to consider suspending or restricting the activity until short and long term controls are implemented that reduces the risk so that it is no longer high. If it is not possible to reduce the risk, the work should remain prohibited. . **For the hazard of Violence and Violence Prevention Plan is necessary.**