1. Purpose

The Provincial Health Services Authority (PHSA) and its Agencies (hereafter collectively referred to as the PHSA) are committed to promoting a safe, healthy and violence-free workplace. The purpose of this policy is to ensure that all reasonable steps are taken to identify, prevent and manage the risks to the personal safety of PHSA staff, clients, and the public from violence in the workplace and that appropriate action is consistently taken to protect all persons from the effects of violent behaviour.

All healthcare services must have in place a Violence Prevention Program (VPP) that focuses on the prevention of violent behaviour. Where the risks cannot be eliminated, they must be reduced to the lowest possible level using control measures developed in consultation with staff and the appropriate Joint Occupational Health and Safety Committee (JOHSC).

This policy outlines violence prevention responsibilities for the PHSA. Agencies and workplaces within the PHSA should develop their own site-specific procedures to meet the requirements of this policy.

2. Scope

This policy applies to all persons accessing the PHSA facilities, including employees, students, fellows, medical staff, physicians, residents, volunteers, suppliers, contractors, visitors, clients and employees of academic institutions in partnership with the PHSA.

3. Definition of Violence

Violence, as used in this policy, means any incident(s) where persons are abused, threatened, harassed, stalked, or assaulted (including sexual assault) in circumstances related to their work, involving a direct or indirect challenge to their safety, well being or health, which gives a person reasonable cause to believe that they are at risk of injury.

The term “violence”, as used in this policy, covers:

- Violent behaviour that is intentional and
• Violent behaviour that is not intentional, due to injury or illness, including a psychiatric condition, i.e., the aggressor lacks the mental capacity to demonstrate intent. This behaviour is often called “aggression”.

4. Other Definitions Used in this Policy

Client: includes residents, patients and persons in care in PHSA facilities and/or programs.

Critical Incident Stress Management (CISM): includes pre-incident education and post-incident support systems such as Critical Incident Stress Defusing/Debriefing (CISD) offered to support staff affected or potentially affected by workplace violence.

Critical Incident Stress: any situation faced by staff which causes them to experience unusually strong emotional reactions and which has the potential to interfere with their ability to function, either at the scene or later.

Code White: a coordinated team response to deal with unresolved threatening or violent behaviour

Facility: buildings and grounds of any PHSA hospital, residential care facility, health centre and any other PHSA workplace.

Non-Violent Crisis Management System: a non-violent, non-harmful behaviour management system designed to provide the best possible care and safety of violent persons, while ensuring safety of staff and/or others.

Public: includes any non-staff/non-client while that person is in a PHSA facility or on PHSA property.

Risk Assessment: a step by step process to review a work site and work processes to determine what violence prevention measures are in place, to identify potentially hazardous conditions, operations, activities and situations that could contribute to workplace violence and to determine the risk of future aggressive or violent incidents using the information gathered and to recommend corrective actions to eliminate or mitigate risks identified.

Staff: includes PHSA employees, managers, physicians, and other healthcare professionals, contractors (contract companies will be expected to have their own policies in place as per legislation), students, and volunteers, while engaged in a PHSA work activity.

Violence Prevention Program (VPP): includes an overall violence prevention policy, written policies, procedures and practices to eliminate or minimize risks of violence, education and training, incident response, a communication plan, risk assessment and regular review and revision.

Workplace: means any place where a worker is or is likely to be engaged in any work and includes any vessel, vehicle or mobile equipment used by a worker in work (Workers Compensation Act, Part 3, Div. 1, Sec. 106)
5. **Statement of Philosophy**

All PHSA staff have the right to work in a violence-free workplace. Patients and others have the right to visit or receive health care in a therapeutic environment free from risks to their personal safety. This right extends to all areas where staff work, including the community.

The policy includes effective risk management, and at all times the focus of activity must be on prevention. However, when a violent incident does occur, action must be taken to minimize its impact and prevent its recurrence as far as possible, regardless of its source.

When violent behaviour is a direct result of injury or illness, including a psychiatric condition, the employer will provide prompt, effective clinical management and compassionate care, while at the same time protecting the safety of staff and others who may be affected.

The PHSA is committed to providing a safe environment for staff, clients, and the public and will support this commitment by developing, implementing, monitoring, and evaluating initiatives in support of this policy.

All staff, clients, and the public are expected to conduct themselves in a manner which respects the rights of others at all times.

6. **Targeted Violence**

All PHSA facilities must plan for the unique safety and security requirements of clients and staff who are the targets of violence from an abusive spouse. To appropriately address the safety of clients and staff who are at risk of targeted violence, staff must have current knowledge and understanding of the safety, security and privacy needs of persons experiencing abuse.

Clients or staff at high risk for targeted violence will include, but not be limited to, anyone who is in possession of a restraining order. In cases where this information is known or made known to PHSA clinicians, managers or supervisors, steps will be taken to work with the client/staff member to develop a workplace plan for client/staff safety.

7. **Responding to Violence**

PHSA utilizes a non-violent crisis management system to prevent and manage violent behaviour. Restraint should be used only as a last resort where other interventions have been unsuccessful.

Staff will respond to incidents of violence using one or more of the following intervention methods as appropriate:

- non-violent crisis management techniques, e.g., non-verbal/verbal de-escalation
- a Code White or multidisciplinary team approach
- support of site based contracted security services
- escalation to 911 or other local emergency response group if required

All incidents of violence must be reported to the responsible manager/supervisor and be documented.

Procedures will be developed at the site level to reflect its needs and circumstances.
8. Support

Any threat or act of violence against persons or staff, arising out of, or in the course of, their duties, is not acceptable and measures will be taken to hold persons accountable for their actions up to and including the pursuit of criminal charges. If the person committing the threatening or violent act is a staff member, appropriate progressive disciplinary actions could be taken, up to and including termination of employment or privileges.

In circumstances where employees feel threatened by the immediate risk of workplace violence, they may invoke OHS Regulation 3.12 (WorkSafeBC, refusal of unsafe work) to initiate an investigation of the situation. The PHSA will support the work refusal process.

Where employees work alone or in isolation, the PHSA shall implement a working alone program.

The PHSA commits to minimizing the risk of violence by promoting:

- workplace safety for staff.
- policies that ensure staff are provided information and training on following safety practices and preventing and responding to violent incidents.
- the empowerment of staff to make and act on decisions regarding risk of violence.
- the establishment of written practices to identify and address risks for each worksite using input from all worksite staff.
- a program which ensures critical incident stress management (CISM), pre-incident education and post-incident support systems (e.g. defusing/debriefing) are in place and offered to support staff affected or potentially affected by workplace violence.
- a Violence Prevention Program (VPP) that, as a minimum, complies with WorkSafeBC Occupational Health & Safety regulations, the Workers’ Compensation Act and the applicable collective agreement(s).
- safety for clients and the public in PHSA workplaces by developing appropriate programs in support of the broader mandate of the Ministry of Health Policy Communiqué 2005-01.

9. Accountability

All PHSA and Agency staff have responsibilities regarding the prevention of violence in the workplace.

9.1 Senior Administration

- Ensures the provision of a Violence Prevention Program (VPP) including policies, practice standards and procedures for dealing with workplace violence.
- Ensures that directors, managers and supervisors are aware of VPP requirements.
- Provides resources and support for the Violence Prevention Program including support for the Violence Prevention Advisory Committee (VPAC).
- Provides resources and support for personal, administrative and environmental controls, including education and training of employees and responders.
- Supports broad and widespread communication related to the Violence Prevention Program.
9.2 Managers & Supervisors

- Ensure identification of risks for violence, risk assessment and controls are in place for their work area.
- Inform staff of any risks due to violence in their work area.
- Ensure that work area specific (as required) VPP procedures are developed and communicated to staff.
- Ensure staff are aware and understand that violence should not be accepted as "part of the job".
- Ensure evidence-based training and education is provided to staff, including requirements for new staff.
- Ensure incidents of violence are reported, investigated and any necessary corrective measures are implemented and monitored for effectiveness.
- Ensure staff are informed of and able to access resources available to them after experiencing an incident of violence, including:
  - instructing staff to seek First Aid services
  - advising staff to consult a physician for treatment and/or referral
  - referring staff to Critical Incident Stress Management (CISM) services
  - referring staff to the Employee and Family Assistance Plan (EFAP), if available.
- Provide support to staff who wish to pursue criminal charges against the perpetrator if they are injured/harmed as a result of incidents of violence.
- Regularly review the Violence Prevention Program (VPP) to ensure its effectiveness in eliminating and minimizing risks for their program areas.

9.3 Staff

- Follow policies and procedures created in accordance with the requirements of the Violence Prevention Program (VPP).
- Participate in training/education activities to ensure awareness and understanding of the Violence Prevention Program, including the recognition of risk factors, and the management of threats/incidents of violence.
- Report all acts of violence, including any activity that has a potential for violence, to the manager/supervisor and complete relevant documentation.
- Contact the Workplace Health Call Centre (1-866-922-9464) to report injuries or incidents related to violence or aggressive behaviour
- Seek first aid if injured.
- Access CISM and Employee and Family Assistance (EFAP) services where appropriate.
- Participate and cooperate in accident/incident investigations.
- Provide input into the risk assessment process.
- Follow the work refusal process where work is perceived to create a risk of violence (WorkSafeBC, OHSR 3.12, refusal of unsafe work).

9.4 Joint Occupational Health & Safety (JOHS) Committees
• Make written recommendations to the employer regarding violence prevention.
• Participate in the risk assessment process, including measures to protect staff.
• Review incident statistics on a regular basis and make recommendations and develop action plans as needed.
• Evaluate the ongoing effectiveness of the Violence Prevention Program (VPP) to include site/program specific policies and procedures and provide critical feedback to the appropriate employer representative.
• Participate in a local, annual evaluation of the VPP with the Violence Prevention Advisory Committee (VPAC).
• Advise managers and supervisors regarding local training needs.
• Participate as required, and ensure appropriate incident investigations and workplace inspections are carried out.

9.5 PHSA Violence Prevention Advisory Committee (VPAC)
• Provide recommendations to the PHSA Senior Administration regarding violence prevention.
• Provide guidance and direction to JOHS Committees and management for workplace Violence Prevention Programs within the PHSA worksites.
• Monitor and evaluate the progress of workplace Violence Prevention Programs in the PHSA using evidence-based practices.
• Provide guidance for staff education and training.
• Commit to attend VPAC meetings and provide constructive feedback on programs to address prevention of workplace violence.

9.6 Safety & Prevention, Workplace Health
• Provide Corporate support to the overall PHSA Violence Prevention Program (VPP).
• Monitor and evaluate the workplace Violence Prevention Programs in the PHSA along with JOHS Committees and the VPAC to ensure that they remain effective and continue to comply with all relevant legislation and policy requirements.
• Provide advice and guidelines to managers and staff to assist with compliance with VPP requirements.
• Provide support and advice to the VPAC and JOHS Committees regarding violence prevention issues.
• Provide statistical information on violent incidents against staff to JOHS Committees for review.
• Ensure the delivery of appropriate training and education programs for all staff in collaboration with agency-specific learning and development departments.

9.7 Integrated Protection Services
• Supports PHSA Violence Prevention Program (VPP) in conjunction with Workplace Health
• Ensures contracted security personal are trained in non-violent crisis intervention principles and techniques
• Ensures that contracted security personnel deployed at PHSA sites respond STAT to all aggressive/violent incidents.
• Provides statistical information on aggressive incidents to JOSH committees for review.
• Assists in the evaluation of the VPP program annually in conjunction with Workplace Health and JOSH committees.
• Assists employees/physicians who wish to pursue legal action after an aggressive incident.

10. References

2. BC Ministry of Health Policy Communiqué #2005-01 – October 31, 2005 – Prevention and Management of Aggression and Violence in the BC Health Care System
6. PHSA Respectful Workplace Policy, Oct. 11, 2005
7. PHSA Employee Wellness and Safety Policy, 2005
8. PHSA Security and Protection Services brochure