

Policy No.: 38 Date Approved: June 8, 2010 Approving Resolution: 2010-80	Procedure: WORKPLACE VIOLENCE POLICY
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Purpose

The Council for the Township of Conmee is committed to the prevention of workplace violence and is ultimately responsible for worker health and safety. We will take whatever steps are reasonable to protect our workers from workplace violence from all sources.

Definitions

Subsection 1 (1) of the Occupational Health and Safety Act states:

“workplace violence” means:

- a) The exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker.
- b) An attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker.
- c) A statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

“supervisor” means:

a person who has charge of a workplace or authority over a worker.

“worker” means:

a person who performs work or supplies services for monetary compensation.

“workplace” means:

any land, premises, location or thing at, upon, in or near which a worker works.

Violent behaviour in the workplace is unacceptable from anyone. This policy applies to Council, supervisors, workers, worker's relatives, volunteers, members of the public, contractors and any other person workers may come in contact with during the course of their duties. Everyone is expected to uphold this policy and to work together to prevent workplace violence.

There is a workplace violence program that implements this policy. It includes:

- measures and procedures to protect workers from workplace violence and to mitigate risks identified in the Workplace Violence Hazard Assessment;
- a means of summoning immediate assistance;
- a process for workers to report incidents, or raise concerns or file complaints.

Council for the Township of Conmee, as the employer, will ensure this policy and the supporting program are implemented and maintained and that all workers and supervisors have the appropriate information and instruction to protect them from violence in the workplace.

The workplace violence program is attached as Appendix A to this Policy.

Supervisors will adhere to this policy and the supporting program. Supervisors are responsible for ensuring that measures and procedures are followed by workers and that workers have the information they need to protect themselves.

Every worker must work in compliance with this policy and the supporting program. All workers are encouraged to raise any concerns about workplace violence and to report any violent incidents or threats. There will be no consequences to a worker for reporting workplace violence.

The workplace violence incident reporting process is attached to this Policy as Form 2 in Appendix A.

Management pledges to investigate and deal with all incidents and complaints of workplace violence in a fair and timely manner, respecting the privacy of all concerned as much as possible.

The workplace violence investigation process is attached to this Policy as Form 3 in Appendix A.

Section 32.0.4 of the Occupational Health and Safety Act states:

- If an employer becomes aware, or ought reasonably to be aware, that domestic violence that would likely expose a worker to physical injury may occur in the workplace, the employer shall take every precaution reasonable in the circumstances for the protection of the worker.

The Council for the Township of Conmee shall have a zero-tolerance policy regarding domestic violence in the workplace.

Section 32.0.5(3) of the Occupational Health and Safety Act states:

- An employer's duty to provide information to a worker under clause 25(2)(a) and a supervisor's duty to advise a worker under clause 27(2)(a) include a duty to provide information, including personal information, related to a risk of workplace violence from a person with a history of violent behaviour if,
 - a) The worker can be expected to encounter that person in the course of his or her work; and
 - b) The risk of workplace violence is likely to expose the worker to physical injury.

Section 32.0.5(4) of the Occupational Health and Safety Act states:

- No employer or supervisor shall disclose more personal information in the circumstances described in subsection (3), than is reasonably necessary to protect the worker from physical injury.

This Policy should be consulted whenever there is a concern about workplace violence.

This Policy shall be reviewed annually, or more often if necessary.

Reeve

Date

APPENDIX A

TOWNSHIP OF CONMEE WORKPLACE VIOLENCE PREVENTION PROGRAM

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Purpose of the Workplace Violence Program

Section 32.0.1(1) of the Occupational Health and Safety Act (OHSA) states that the employer shall prepare a policy with respect to workplace violence, and implement a program to implement the policy to reduce violence and protect workers. The Council for the Township of Conmee has developed the following program. Employees of the Township of Conmee are expected, and required under the OHSA, to participate in the program.

Workplace Violence Hazard Assessment

Section 32.0.3(1) of the OHSA requires that the employer shall assess the risks of workplace violence that may arise from the nature of the workplace, the type of work or the conditions of the workplace. The assessment shall take into account:

- Circumstances that would be common to similar workplaces;
- Circumstances specific to the workplace in the Township of Conmee
- Any other prescribed elements.

Section 32.0.3(3) of the OHSA requires that the employer:

- advise the health and safety representative or committee of the results of the workplace violence hazard assessment, and provide a copy if the assessment is in writing;
- If there is no committee or health and safety representative, the employer shall advise the workers of the results of the assessment, and if the assessment is in writing, provide copies on request or advise workers how to obtain copies.

To help Council complete this risk assessment, employees shall be required to complete Form 1 – For Employees (attached). Employees will complete this form annually, or more often if there is a change in the risk of violence. Employees are encouraged to report any threat or incidence of violence to their supervisors. Supervisors will report to Council on any change in the risk of violence in the workplace immediately. Supervisors will also be expected to identify risks and provide possible solutions.

If a Supervisor is involved in the incident, the employee may report to the Clerk or to Council directly. There will be no consequences to the employee for reporting an incident of violence or the threat of violence. Employees are encouraged to seek assistance whenever they do not feel safe in their workplace.

Supervisors will complete Form 1 – For Employees, as well as Form 1 – For Supervisors (attached). Form 1 – For Supervisors is a risk assessment of the physical environment of the workplace. If the Supervisor is responsible for more

than one location in the workplace, a separate assessment form shall be completed for each location.

FORM 1
WORKPLACE VIOLENCE HAZARD ASSESSMENT
FOR EMPLOYEES

Please Use a Separate Answer Sheet if More Space is Required. Number all Answers.
Forms Can Also be Provided Electronically

Part 1 – Department/Work Area

1. (Please describe your department or work area and the main activities carried out there.)

Part 2 – History

2. Have there been incidents when employees in your department have experienced or been threatened with physical violence? ___Yes ___No. (if Yes, please describe)

3. Have there been incidents when employees in your department have experienced verbal abuse (i.e. shouted at, obscene language, threats or obscene phone calls? ___Yes ___No . (If Yes, please describe)

Part 3 – Activities Which Might Expose Employees to Risk of Violence

4. Do employees in your department work with money or other valuables? ___Yes ___No.
5. Do employees in your department deliver or collect items of value? ___Yes ___No. (If Yes, please describe)

6. Do employees in your department deal with people who may be under the influence of drugs or alcohol? ___Yes ___No.
7. Do employees in your department deal with people who are deeply troubled or distressed? ___Yes ___No.
8. Do employees in your department monitor or regulate the activity of others or carry out procedures or make decisions which adversely affect others? ___Yes ___No. (If Yes, please describe)

9. Are employees in your department involved with activities that may elicit a negative or confrontational response? ___Yes ___No. (If Yes, please describe).

10. Are there other aspects of the work in your department that might spark a violent response? ___Yes ___No. (If Yes, please describe)

Factors Which Increase the Risk of Violence

Definition: A person works alone when they work in a situation where they are out of sight or out of hearing of other employees.

11. Do you ever work alone during normal work hours? ___Yes ___No. (If Yes, please describe when, why and how often this occurs)

12. Do you ever work alone after normal working hours? ___Yes ___No.
(If Yes, please describe)

13. Does your employment require you to drive a vehicle? ___Yes ___No

14. Does your employment require you to travel? ___Yes ___No

15. Does your employment require you to stay in motels? ___Yes ___No

16. Please describe any precautions, if any, you already take when you work alone.

Reducing the Risk of Violence

17. Please describe any policies or procedures already in place to reduce the risk of violence in your department.

18. In light of your responses in this Risk Assessment, do you feel that the Township of Conmee has taken all reasonable steps to prevent or reduce workplace violence? ___Yes ___No. (If No, please describe)

19. What further steps would you recommend?

20. What assistance, if any, do you need to accomplish any of the above steps?

21. Any other comments? Please add additional pages as required to complete your response to any question on this form.

Name: _____ Date: _____
(Please Print) (dd/mm/yy)

Department _____

Signature _____

Thank you for your input.

FORM 2
WORKPLACE VIOLENCE HAZARD ASSESSMENT
FOR SUPERVISORS

Location of Workplace (Mailing Address, Fire No., Road Name, Description of Location)

Parking Lot

1. Are parking lot entrances and exits well marked? Yes No
2. Is there enough lighting? Yes No
3. Are there any areas where visibility would be limited? Yes No

Comments

Around the Perimeter of Building

4. Is the workplace near any business or geographic location that would increase the risk of violence? (eg. Banks, bars, highways) Yes No
5. Is the workplace remote? Yes No
6. Are there any areas where visibility would be limited? Yes No

Comments

Inside the Building

7. Are entrances and exits well lighted and marked? Yes No
8. Is the building designed so that public and private places are clearly identified? Yes No
9. Are keys used to control entrance to parts of the building? Yes No
10. Is access to keys strictly controlled and monitored? Yes No
11. Are locks or codes changed after keys are lost? Yes No
12. Is there a security system at the location? Yes No
13. If yes, is the system tested monthly? Yes No
14. Is the security system adequate? Yes No
15. Are there areas/locations of the workplace that require an employee to work alone? Yes No
16. Can non-employees enter the building without being seen? Yes No
17. Is there a policy in the workplace regarding when and where non-employees will be allowed access? Yes No
18. Are signs clearly posted in the workplace advising of restricted areas? Yes No
19. Are there physical barriers to keep non-employees out of restricted areas? Yes No
20. Are there areas in the workplace with no emergency exit where employees could become trapped? Yes No
21. Are there emergency buttons or a method of emergency communications in those areas? Yes No
22. Are there objects, tools or equipment in this location that could be used as a weapon? Yes No
23. Are there employees that work alone at this location? Yes No

24. If yes, how often do employees work alone at this location?
25. Have employees that work alone at this location been provided with safety training on communication devices or methods for obtaining emergency assistance? Yes No
26. Are the main lighting controls accessible by non-employees? Yes No
27. Can the public use the same washrooms as staff? Yes No
28. Can washroom lights be turned off when the room is occupied? Yes No
29. Do employees leave the building the same way at the same time each day? Yes No
30. Are there any places where someone could hide in this location? Yes No
31. If Yes, please describe
32. Are those places checked before leaving the building? Yes No
33. Has the furniture in individual offices been arranged to allow for a quick exit? Yes No
34. Does the office layout keep employees physically separate from the public? Yes No
35. Do the offices have good visibility, such as glass in walls or doors? Yes No
36. Are there decorative objects in the workplace that could be used as a weapon? Yes No
37. Do employees know the numbers to call in an emergency Yes No
38. Are phones accessible in every area? Yes No

39. Provide sufficient additional information to explain your answers above. Include any suggestions on how to improve or eliminate the hazard. Sign and date this assessment. Assessments must be returned to the Municipal Office.

Signature

Date

FORM 3
WORKPLACE VIOLENCE REPORTING FORM

Use Separate Sheet if More Space is Required for Your Answers

Employee Information (separate forms to be completed by all employees involved in or witnessing a violent incident or threat in the workplace)		
Name	Position	
Dept./Unit	Shift	
Date and time of incident		
Date and time incident reported		
Incident reported to:		
Location of incident		
<input type="checkbox"/> public area - building	<input type="checkbox"/> restricted area - building	<input type="checkbox"/> parking lot or walkway
<input type="checkbox"/> road right-of-way	<input type="checkbox"/> private property	<input type="checkbox"/> other (eg crown land)
Specify Location if Other:		
Were any emergency response measures initiated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please indicate the classification of the incident (refer to explanation provided)		
<input type="checkbox"/> Type I (Criminal Intent)	Person has no relationship to the workplace	
<input type="checkbox"/> Type II (Client or Customer)	Person is a client, visitor or family member of a client at the workplace who becomes violent toward a worker or another client; or worker becomes violent toward a client, visitor or family member of a client	
<input type="checkbox"/> Type III (Worker-to-worker)	Person is an employee or past employee of the workplace	
<input type="checkbox"/> Type IV (Personal Relationship)	Person usually has a relationship with an employee (e.g., domestic violence in the workplace)	
You may provide a sketch map of area where incident occurred for clarity:		
Does the person involved have a history of previous incidents? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		
Incident Type		
<input type="checkbox"/> Threat	<input type="checkbox"/> Physical assault	<input type="checkbox"/> Verbal abuse
<input type="checkbox"/> Discrimination or harassment	<input type="checkbox"/> Robbery, arson, vandalism	<input type="checkbox"/> Carrying a weapon

Injury Type		
<input type="checkbox"/> Strain or sprain	<input type="checkbox"/> Cut or laceration	<input type="checkbox"/> Contusion
<input type="checkbox"/> Bitten	<input type="checkbox"/> Pinched/Punched	<input type="checkbox"/> Psychological
Other (specify)		
Was medical attention or first aid required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide details:		
Description of incident: (Please describe what happened in the space below)		
Who was involved?		
What events lead up to the incident?		
Were other individuals involved? (e.g., staff, visitors, clients, etc.)		
What started the incident?		

Please indicate concerns, issues and actions taken (e.g., initiated emergency response plan, contacted supervisor, police or security, emergency service personnel, etc.)

Witness(es)

Name	Contact information
1.	
2.	
3.	
4.	
Other Information	

Are you aware of any similar incidents in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details:	

Are you aware of any controls, measures or procedures to prevent a similar incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide any other information you think may be relevant, including any recommendations that you think would be helpful:	
Reporting	
Reported to supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of supervisor	
Reported to police?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, police report number	
Reported to WSIB (Form 7)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, by whom?	
Modified work offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	
Signature of worker	
Signature of supervisor	

Date Report Received

File Number Assigned

WSIB Number if Applicable

FORM 4
SUPERVISORS INVESTIGATIVE REPORT ON WORKPLACE VIOLENCE

Supervisor's report (to be completed by all Supervisors who witness or are involved in a workplace violence complaint or incident)	
Name	Position
Date reported	Date of investigation:
Police contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, by whom?	
WSIB reports completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, by whom?	
Witnesses and statements: (number and attach supporting documentation)	
Corrective action taken or recommendations for corrective action:	
Post-crisis intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referral to employee assistance program or other community resource?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Critical Incident Stress Debriefing where required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Advised to consult a physician for treatment or referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Follow-up (Type, Date):	

Signature of Supervisor

Date Report Completed

Date Reviewed by Council

Signature of Clerk

Disclosure of Results

As per the requirements of the Occupational Health and Safety Act, the Council for the Township of Conmee is committed to providing the results of all workplace violence hazard assessments to all employees.

Employees may review or may request copies of all Risk Assessment reports after submission to Council. Copies will be available at the Municipal Office. In order to conserve paper, copies will not be printed until requested. Please contact the Municipal Office to ensure a copy is available.

In the case of incidents of workplace violence, Council and the Clerk reserve the right to limit the amount of personal information that will be provided. Workers who may come in contact with people who have a history of violence, will be warned of the possibility of violence. Council and management will strive to maintain the privacy of all workers to the extent available.

Mitigation of Hazards

(To be developed with Risk Assessment and inserted here)

Employee Training

The Council for the Township of Conmee wishes to ensure that all employees receive training on avoiding and reporting workplace violence. Council will implement a training program for all current employees, and will ensure that any new employees receive this training as part of orientation. Council will identify the need for employees to attend further training on specific issues or incidents,

however, employees may suggest seminars, courses or reading material that may assist with specific issues.

Council is also committed to training employees on safe work practices when hazards of their workplace have been identified. Training will depend on review of the results of the Workplace Violence Hazard Assessment and subsequent reviews of that Assessment.

Review of Policy

The Occupational Health and Safety Act requires that the Council for the Township of Conmee shall review this Policy not less than annually. However, incidents of workplace violence may require review of the Policy and the Program more often. Violent incidents may require specific training of specific employees if a previously unknown hazard in their workplace is identified.

Investigations

Supervisors shall investigate all complaints of workplace violence within 24 hours of receiving the complaint or as soon as is practicable. Complaints received on Friday will be investigated on the following Monday.

If a worker who has made the complaint will be required to work with the worker who is the subject of the complaint, before the investigation can begin, the worker may refuse to work. The Occupational Health and Safety Act has extended the “**Right to Refuse Work**” to cover workplace violence and harassment. Supervisors must protect the workers at all times.

Supervisors have the authority of Council to interview all named parties and witnesses, and any other person he or she feels is necessary, and employees shall co-operate with the Supervisor at all times during the investigation. There is no penalty for reporting workplace violence or for co-operating with the investigation.

Supervisors shall consistently endeavour to protect personal information and to treat all parties with respect. Except as required by the Occupational Health and Safety Act, or any other Act, a Supervisor will not release personal information that may be collected during an investigation.

A Supervisor’s role is to investigate the complaint only. All results of workplace violence investigations shall be reported to Council or, if Council has provided otherwise, to the person appointed to receive these results.

Council, or the person appointed by Council, will review the results of the investigation and make recommendations and/or take disciplinary action if required.

A Recommendation could include, but is not limited to:

- referral to an outside employee assistance program,
- training programs
- health and safety programs

Disciplinary action could include, but is not limited to:

- verbal warning
- written warning
- 3 day suspension without pay
- 7 day suspension without pay
- Termination

The employee union will be notified of any disciplinary action taken against a union member. If the union member who is being disciplined wishes to submit a grievance against any decision of Council to discipline that worker under this Policy, all results of the investigation shall be released to the union representative, who will be expected to maintain the privacy of the worker(s) under the Freedom of Information and Protection of Privacy Act.

All complaints, investigative results, and any other relevant information regarding a workplace violence complaint, shall be maintained on file. Such files are subject to the Township's Record Retention Policy, but shall not be destroyed while the worker(s) who are subjects of the complaint remain as employees of the Township of Conmee. Previous complaints against the same worker(s) will be reviewed in subsequent complaints.

Records of completion of all required training under the provisions of the Occupational Health and Safety Act shall be maintained in all employee's personnel files.

If, during the investigation of a complaint, it is found that this Policy should be modified, Council shall make it a priority to change the Policy and communicate that change to the employees.

The Council for the Township of Conmee is also committed to ensuring that this Policy and related information is provided to all employees, including information on how to make a complaint. All employees will be required to attend training and information sessions as determined by Council, in order to comply with the Occupational Health and Safety Act and any Regulations passed under that Act.

The workplace harassment employee training program has been combined with the workplace violence employee training program, as workplace violence is often preceded by workplace harassment.