

Recognize Violence. Report it.

UNSAFE WORKPLACES HURT PATIENTS TOO

GET THE EVIDENCE TO SUPPORT ENFORCEMENT AND APPEALS

For every incident or threat of workplace violence, ONA needs to gather evidence to make the employer do its job to protect workers and to make the Ministry of Labour (MOL) enforce the law. When the MOL doesn't issue orders and/or prosecute, we can use that evidence to appeal the MOL's decision. ONA only has 30 days to appeal a decision of an inspector.

You have the right to know and the employer must provide information (e.g. investigation reports, test results, notice of accidents and violence) and assistance to a Joint Health and Safety Committee (JHSC) in performing its functions. See *Occupational Health and Safety Act (OHSA) Sec. 9 (18) (d-f), 25 (2) (e) (l) (m), 51-53.*

Get information from the employer and use it to:

- Convince the employer to prevent recurrences.
- Develop and support JHSC recommendations for improvement.
- Share with the MOL.
- Support a grievance/remedy and or appeal of MOL decision.

Use the questionnaire on the next pages to guide, not dictate, your fact finding. Any information you can acquire will undoubtedly help you understand and credibly advocate for improvement, enforcement and appropriate appeal findings.

Information to gather following an incident or threat of workplace violence:

QUESTION	YES	NO	COMMENTS/WHEN
1. Who was involved? Record name/position, address/location and impact incident.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Interview above separately, and ask from their point of view: What happened? Where? When? How? Describe the incident and any circumstances leading to incident in detail, append any supporting documents, e.g. WSIB Form 7.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Why did it happen? When interviewing any witnesses, list any factors that may have contributed to the threat or incident, e.g. high patient acuity, increased patient population, understaffing, lack of security, overcrowding, not enough mental health beds, etc.	<input type="checkbox"/>	<input type="checkbox"/>	

Probe prior incidents, near misses, concerns:

QUESTION	YES	NO	COMMENTS/WHEN
<p>1. Have similar incidents happened or concerns been raised? What happened? Where? When? How? Who was involved? Obtain and append any supporting documents, e.g. WSIB form 7, incident reports.</p>	<input type="checkbox"/>	<input type="checkbox"/>	

Probe adequacy of Violence Prevention Program (Measures/Procedures/Equipment/Training):

QUESTION	YES	NO	COMMENTS/WHEN
<p>1. Ask workers what they think the employer needs to put in place (e.g. controls, procedures, staff, security etc.) that would better protect you and your co-workers from actual workplace violence or threats of workplace violence from a particular patient or patients, etc., with a history of violent behavior.</p>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional questions to ask members to determine what controls, procedures and training may be lacking and needed.

QUESTION	YES	NO	COMMENTS/WHEN
<p>1. Does your employer require you to call a Code White if you are experiencing workplace violence?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>2. Does the Code White system work effectively and do workers respond quickly? If not why not?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>3. What measures could your employer purchase or put in place to ensure you have an adequate means to summon immediate assistance if you are being attacked, strangled and beaten, and cannot call for help on a telephone?</p>	<input type="checkbox"/>	<input type="checkbox"/>	

QUESTION	YES	NO	COMMENTS/WHEN
4. Does your employer provide workers with personal panic alarms linked to security?	<input type="checkbox"/>	<input type="checkbox"/>	
5. What type and brand of personal alarms, if any, are provided to staff and how does that system work? a) Do they function well? b) Are there any dead zones?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Were all staff involved in the incident wearing their alarms? If not why not?	<input type="checkbox"/>	<input type="checkbox"/>	
7. If it's just a screamer alarm do staff always attend when they hear the noise, if not why not?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Do you have any concerns with applying physical restraints? If so what concerns?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do you have any concerns applying mechanical restraints?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Did the assault happen when putting on or taking off restraints?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Were there any signs of escalating behaviour before the assault?	<input type="checkbox"/>	<input type="checkbox"/>	
12. If so what was done or requested to your supervisor to minimize the risk to workers?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Was there any reason why a restraint was not applied sooner if there were signs of escalation/aggression?	<input type="checkbox"/>	<input type="checkbox"/>	

QUESTION	YES	NO	COMMENTS/WHEN
14. Have you ever received intensive training on proper use and safe application of physical and mechanical restraints? If so when?	<input type="checkbox"/>	<input type="checkbox"/>	
15. Does the employer's restraints procedure also contain measures and procedures for workers on how to protect themselves when applying or removing restraints (e.g. spit guards, gloves to prevent bites from puncturing the skin, an algorithm of when it is safe to remove a restraint from an aggressive patient)?	<input type="checkbox"/>	<input type="checkbox"/>	
16. Did workers receive any hands-on training for: identifying escalating behaviours/triggers; de-escalation techniques; self defense and techniques to break free; safe take down of a patient or to deal with weapons or sharp-edged objects; how to safely apply restraints and know about restraint expiry dates?	<input type="checkbox"/>	<input type="checkbox"/>	
17. Have you taken Crisis Prevention Institute (CPI) and/or any other non-crisis violent intervention training? If so, how many hours of training have you received?	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do you feel competent after taking CPI or other Nonviolent Crisis Intervention Training (NCIT) training that you have the skills and ability to protect yourself or break free and safely take down a patient during an assault on you or a worker?	<input type="checkbox"/>	<input type="checkbox"/>	

QUESTION	YES	NO	COMMENTS/WHEN
19. Does your employer have a system in place that can both electronically and visually alert all staff at risk of a person with a history of violent behaviour (e.g. wrist bands, signage for doors, e-alerts with triggers and behaviours on chart)?	<input type="checkbox"/>	<input type="checkbox"/>	
20. Did the patient who assaulted or threatened a worker have a history of violence?	<input type="checkbox"/>	<input type="checkbox"/>	
21. Was that history made known to the workers who were involved in the assault or the threat and to all workers who may have come in contact with the patient before providing care to the patient?	<input type="checkbox"/>	<input type="checkbox"/>	
22. Does a notification of some sort come up on a computer screen when the patient is registered if previously violent or flagged?	<input type="checkbox"/>	<input type="checkbox"/>	
23. Does the patient's chart also easily identify a flagged patient and their triggers or is the information buried in a chart?	<input type="checkbox"/>	<input type="checkbox"/>	
24. Does a flag stay on a patient's record upon discharge?	<input type="checkbox"/>	<input type="checkbox"/>	
25. Was patient with a known history of violence in a locked seclusion room? If not why not?	<input type="checkbox"/>	<input type="checkbox"/>	
26. Should the patient have had privileges? If not why not?	<input type="checkbox"/>	<input type="checkbox"/>	

QUESTION	YES	NO	COMMENTS/WHEN
27. Based on patient acuity and population does your employer have adequately trained security guards and adequate numbers of security guards who respond to all Code Whites and can work with the care team and place their hands on a patient?	<input type="checkbox"/>	<input type="checkbox"/>	
28. Will your employer place 24/7 security guards on the unit or in front of the patient's door if need be to protect workers?	<input type="checkbox"/>	<input type="checkbox"/>	
29. Would having 24/7 security on the unit better help protect workers?	<input type="checkbox"/>	<input type="checkbox"/>	
30. Did security respond in this latest situation? If not why not? What broke down?	<input type="checkbox"/>	<input type="checkbox"/>	
31. Was the level of acuity of the patients higher in the unit that shift and why?	<input type="checkbox"/>	<input type="checkbox"/>	
32. When the patient came through emergency was the unit over-censed; please explain and by how many patients.	<input type="checkbox"/>	<input type="checkbox"/>	
33. Was the unit understaffed in any way (sick calls not replaced or staffing not increased when there is an increase in acuity and/or patient population, flow, increase in violent behaviours, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
34. Was the unit fully staffed the shift before the acuity or population increased?	<input type="checkbox"/>	<input type="checkbox"/>	

QUESTION	YES	NO	COMMENTS/WHEN
35. Did any workers advise the manager that there was an increase in patient acuity, population, flow, behaviours that is creating a risk to worker safety?	<input type="checkbox"/>	<input type="checkbox"/>	
36. Did anyone ask the manager to increase staffing levels or increase # of security guards because of worker safety concerns?	<input type="checkbox"/>	<input type="checkbox"/>	
37. Did the manager do so, if not, why not? What was the name of the manager who was contacted to protect staff?	<input type="checkbox"/>	<input type="checkbox"/>	
38. Does the employer have a surge procedure to increase staff and security guards that staff can follow when there is an increase in patient acuity, population (census) or flow?	<input type="checkbox"/>	<input type="checkbox"/>	
39. Did physicians or psychiatrists write adequate orders in your opinion to address patient behaviours? Please explain?	<input type="checkbox"/>	<input type="checkbox"/>	
40. Is there a process in place where your manager will reassess the risk to worker safety when the patient acuity, population, flow, behaviours increase or the unit is short staffed? If so does the JHSC get copies of all risk assessment reports?	<input type="checkbox"/>	<input type="checkbox"/>	
41. Did workers report any concerns to the manager before or after the assault? Did manager respond quickly and take any steps to protect workers? If so what steps?	<input type="checkbox"/>	<input type="checkbox"/>	

QUESTION	YES	NO	COMMENTS/WHEN
42. Are workers aware of the employer's requirements for workers to report all workplace incidents (including workplace violence) and accidents and illnesses?	<input type="checkbox"/>	<input type="checkbox"/>	
43. Did workers receive training on and did they feel competent to understand the employers written procedures on:	<input type="checkbox"/>	<input type="checkbox"/>	
a. Reporting all incidents of workplace violence.	<input type="checkbox"/>	<input type="checkbox"/>	
b. The employer's flagging system.	<input type="checkbox"/>	<input type="checkbox"/>	
c. The restraints procedure/policy including when to safely remove a restraint and protect workers.	<input type="checkbox"/>	<input type="checkbox"/>	
d. Any surge procedure/policy.	<input type="checkbox"/>	<input type="checkbox"/>	
e. Any staffing measures and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	
f. Personal alarms (when to use, how to use, how to test, how to replace, how to reset, etc.), and any procedures on summoning immediate assistance.	<input type="checkbox"/>	<input type="checkbox"/>	
g. Security procedures (roles and responsibilities, when to call, how to call, when to get additional security, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
h. Forming a patient, etc.	<input type="checkbox"/>	<input type="checkbox"/>	