Violence in the Workplace		
For Policy Office Use Only		
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Scope/Impact: Corporate		
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1. Purpose

1.1. To demonstrate CHEO's commitment to the prevention of workplace violence and taking every reasonable precaution to provide a safe and healthy work environment for employees, medical staff, volunteers, learners, contract workers and other 'individuals' (staff). To meet legislative requirements under the Occupational Health and Safety Act (OHSA), the Ontario Human Rights Code, the Criminal Code of Canada and the Workplace Safety and Insurance Act.

2. Policy

2.1. CHEO recognizes the potential for violence in the workplace and contends that no form of verbal, physical, sexual or other violence to staff will be condoned in the workplace. Threats, complaints, or incidents of workplace violence will be taken seriously and investigated to identify underlying causes or contributing factors and implement appropriate actions to prevent recurrence in a timely manner. CHEO will take every reasonable precaution to protect staff and create a safe environment for care.

2.2. CHEO will work in consultation with the Joint Health and Safety Committees (JHSC) and Health and Safety Representatives (HSR) to establish measures and procedures for the health and safety of staff.
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2.3. CHEO recognizes all sources of workplace violence and will take every reasonable precaution for the protection of the staff when CHEO becomes aware of violence or potential violence in the workplace that would likely expose a member of staff to physical injury (e.g., staff-staff, patient/client/caregiver-staff, domestic violence, criminal intent, external threats of violence).

2.4. CHEO shall assess the risks of workplace violence that may arise from the nature of the workplace, the type of work or the conditions of work. CHEO will reassess the risks of workplace violence as often as is necessary to ensure that the Violence in the Workplace Policy and program continue to protect staff from workplace violence.

2.5. CHEO will provide education and training to staff on health and safety measures and procedures to prevent and respond to workplace violence.

2.6. CHEO will communicate the risk of workplace violence through a flagging alert program. This program will alert staff of a patient/client/caregiver/visitor's history of, or risk for violent, aggressive, or responsive behaviours and provide instruction to staff on how to mitigate risk (see CHEO's Flagging for Violence and Aggression Policy).

2.7. CHEO will provide measures and procedures for staff to report hazards and incidents of workplace violence. CHEO will provide measures and procedures to investigate and deal with incidents or complaints of workplace violence as soon as reasonably possible and implement control measures to prevent recurrence in a timely manner.

2.8. CHEO will provide measures and procedures for summoning immediate assistance when workplace violence occurs, or is likely to occur, to protect staff from harm.

2.9. CHEO acknowledges that various individual, organizational, and structural factors may contribute to the development of aggressive or violent behaviour and seeks to implement workplace violence prevention practices that improve care and mitigate the risk of harm to staff, patients/clients, caregivers, and visitors.

2.10. CHEO supports the use of routine prevention practices for all patients/clients, caregivers and visitors and enhanced prevention practices for individuals with a history of or risk for violent, aggressive, or responsive behaviour. Enhanced prevention practices shall be risk-based and patient-centered.

2.11. Staff-to-staff conflicts and incidents of workplace harassment will be addressed following CHEO's Workplace Harassment, Workplace Conflict / Complaint Resolution and Ethical Code of Conduct policies. Staff-to-staff conflicts reaching the threshold of violence will be covered under this policy.

3. Responsibilities

3.1. CHEO:
　　3.1.1. Take every precaution reasonable in the circumstances for the protection of staff.
　　3.1.2. Identify and allocate necessary resources for effective management of the workplace violence program, including measures and procedures to:
　　　　3.1.2.1. Assess and manage the risks of workplace violence that may arise from the nature of the workplace and the type or conditions of work;
　　　　3.1.2.2. Reassess the risks as often as necessary to ensure the policy and program continue to protect staff from workplace violence;
　　　　3.1.2.3. Control identified risks of workplace violence;
　　　　3.1.2.4. Summon immediate assistance when workplace violence occurs or is likely to occur;
　　　　3.1.2.5. Report incidents of workplace violence;
　　　　3.1.2.6. Investigate and address incidents and complaints of workplace violence.
　　　　3.1.2.7. Provide staff information related to individuals with a history of or risk for violent, aggressive or responsive behaviours (see CHEO's Flagging for Violence and Aggression Policy). This may include personal information related to the risk. CHEO will not disclose any more information than is reasonably necessary to protect staff's health and safety (PSHSA, 2017b).
　　3.1.3. Promote a positive safety culture.
　　3.1.4. Provide resources and support when physical environments require enhancement for staff safety or when training is required.

3.2. Director/Manager/Supervisor:
　　3.2.1. Take every precaution reasonable in the circumstances for the protection of staff.
　　3.2.2. Ensure that staff work in a manner and with the measures and procedures required by the OHSA, its regulations, and this policy.
　　3.2.3. Advise staff of the existence of any potential or actual danger to the health and safety of the staff of which the supervisor ought reasonably to be aware.
　　3.2.4. Provide staff with information and instruction on this policy and its applicable procedures.
　　3.2.5. Act on behalf of the employer to assess and manage the risks of workplace violence that may arise from the nature of the workplace and type or conditions of work, reassessing the risks as often as necessary and at least every 4 years.
　　　　3.2.5.1. Occupational Safety, in collaboration with the department's leadership, will facilitate a Workplace Violence Risk Assessment in each department every 4 years.

   3.2.5.2. Directors/Managers/Supervisors will complete a Workplace Violence Risk Reassessment every 4 years (2 years after the risk assessment lead by Occupational Safety).

  3.2.6. Identify the staff roles that require certification in Non-Violent Crisis Intervention (NVCI) with Advanced Physical Holds (APS) training, in consultation with Organizational Development and Learning (as needed), using the NVCI with APS Decision Tree.

  3.2.7. Ensure that staff have completed their mandatory training requirements as it relates to workplace violence.

  3.2.8. Following workplace violence incidents:

   3.2.8.1. Ensure that the staff involved receives first aid/healthcare and psychological support, as necessary.

   3.2.8.2. Ensure that a Workplace Incident form is completed in the Safety Reporting Solutions (SRS) system by the staff immediately or as soon as reasonably possible.

   3.2.8.3. Conduct an investigation of the incident; indicate contributing factors and corrective actions to prevent recurrence in the Workplace Incident form in SRS. Refer to CHEO's Reporting and Investigation of Accidents/Incidents Policy No. 320 for investigation and follow up requirements.

  3.2.9. If aware of, or ought reasonably to be aware of, domestic violence that would likely expose a staff to physical injury in the workplace, report threats/concerns to Occupational Safety to ensure the staff's safety, well-being, and compliance with s. 32.0.4 of the OHSA.

   3.2.9.1. Participate in the staff safety planning process and implement control measures, in collaboration with Occupational Safety, Security, and other stakeholders as needed.

    3.2.9.1.1. Even if a member of staff does not want any steps taken, the supervisor may still be required to take some action to protect the targeted staff and other staff, depending on the circumstances. It may be necessary to disclose staff personal information to relevant stakeholders (e.g., department management, Occupational Safety, Security) to protect the targeted staff.

    3.2.9.1.2. The employer should work closely with the targeted staff to develop reasonable precautions to address the situation while attempting to respect the individual's privacy and sensitivity of the situation.

  3.2.10. Directors/Managers/Supervisors with staff working off-site or in the community will develop their own Code White Standard Work, in collaboration with their JHSC/HSR and staff, consulting Emergency Management, Occupational Safety, and Security as needed.

  3.2.11. Develop individualized patient care plans, in collaboration with the care team, to mitigate the risks of workplace violence.

 3.3. Employees, medical staff, volunteers, learners, contract workers and other 'individuals' (staff):

  3.3.1. Understand and be able to implement the measures and procedures that are in place to protect themselves from workplace violence.

  3.3.2. Summon immediate assistance when workplace violence occurs or is likely to occur.

  3.3.3. Report and document violence-related hazards, incidents and injuries promptly to their Director/Manager/Supervisor and complete the appropriate form in SRS (e.g., Workplace Incident/Hazard form in SRS). See CHEO's Reporting and Investigation of Accidents/Incidents Policy No. 320 for reporting obligations and how to access first aid.

  3.3.4. Report concerns/threats of domestic violence that would likely expose a staff to physical injury in the workplace to their supervisor.

  3.3.5. Be aware of the process for how the supervisor will investigate and address incidents, threats or complaints of workplace violence.

  3.3.6. Do not engage in any form of workplace violence, following CHEO's Ethical Code of Conduct policy.

  3.3.7. Complete and stay up to date on all mandatory training as outlined by the employer and supervisor.

  3.3.8. Be aware of their 'Right to Know' under the OHSA about hazards in their workplace and obtain information, supervision and instruction to protect their health and safety on the job.

  3.3.9. Identify and document early signs of violent behavior, notify their supervisor and colleagues who may be working with the individual, and call for immediate assistance as needed.

  3.3.10. Use or wear any equipment, protective devices or clothing required by the employer and/or supervisor. See Appendix D for more information on Behavioural Personal Protective Equipment (BPPE).

3.4. Occupational Safety:

    3.4.1. Oversee the annual review of the workplace violence policy in consultation with key stakeholders.

    3.4.2. Act on behalf of the employer and in collaboration with department leaders, to assess and manage the risks of workplace violence that may arise from the nature of the workplace and type or conditions of work, reassessing the risks as often as necessary.

    3.4.3. Facilitate and document individualized staff safety plans when concerns/threats of domestic violence are reported that would likely expose a staff to physical injury in the workplace.

    3.4.4. Follow responsibilities and procedural steps outlined in CHEO's Reporting and Investigation of Fatal or Critical Injury Policy when a workplace violence incident results in a staff fatality or critical injury.

    3.4.5. Provide the JHSC/HSR with a report of their department/site's workplace violence incidents reported in SRS.

    3.4.6. Provide the JHSC/HSR with a copy of departmental workplace violence risk assessment reports.

    3.4.7. Provide consultation and recommendations to supervisors following workplace violence incidents to prevent recurrence or when workplace violence risks are identified to mitigate risk.

3.5. Security:

    3.5.1. Respond to Code White and other interventions requiring Security services.

    3.5.2. Investigate reported incidents of violence, as required.

    3.5.3. Provide a copy of incident details to Occupational Safety when a threat to staff safety occurs.

    3.5.4. Participate in the development of individualized staff safety plans in collaboration with the affected staff's Director/Manager/Supervisor and Occupational Safety.

    3.5.5. Provide recommendations to enhance protection of the environment based on risk assessments, best practices, and industry standards.

    3.5.6. Participate in the environmental portion of departmental workplace violence risk assessments.

    3.5.7. Liaise with law enforcement agencies and others as deemed appropriate, to ensure appropriate reporting and follow-up actions based on the circumstances of the situation.

    3.5.8. Create "be on the lookout" (BOLO) notifications/posters where applicable.

    3.5.9. Preserve scene/evidence where applicable, until law enforcement agency takes over.

    3.5.10. Provide consultation and recommendations to supervisors following workplace violence incidents to prevent recurrence or when workplace violence risks are identified to mitigate risk.

    3.5.11. Consult with the employer to determine issuance of trespass notices, when necessary, in accordance with recommendations from workplace violence investigations and individualized staff safety plan measures.

3.6. Patient Experience:

    3.6.1. Investigate threats or situations of abuse by patient/clients or their families.

    3.6.2. Liaise with Security or others as required during investigations.

    3.6.3. Ensure appropriate action is taken with respect to the circumstances of the situation (e.g., meeting with the manager and family, provide resources to the family and/or staff, connect with Legal and Privacy for next steps). These actions will be documented in the corresponding Feedback file in SRS.

    3.6.4. Update or add a FYI Risk notification in the electronic health record as needed and notify Security when this occurs.

    3.6.5. Following threats/concerns of gender-based or domestic violence to caregivers or patients/clients, create a Caregiver/Patient Safety Plan.

    3.6.6. Assess the requirement for a behavioural contract.

3.7. Occupational Health and Wellness:

    3.7.1. Assist with supporting staff following a workplace violence incident in accordance with CHEO's Reporting and Investigation of Accidents/Incidents Policy.

    3.7.1. Coordinate and provide support services to those who have experienced workplace violence/domestic violence (e.g., contacting Employee and Family Assistance Provider).

3.8. Human Resources:

3.8.1. Participate in the development of individualized staff safety plans in collaboration with the affected staff's Director/Manager/Supervisor and Occupational Safety when a staff is targeted by another staff.

3.8.2. Provide consultation to Directors/Managers/Supervisors and Occupational Safety on workplace violence concerns between staff.

3.9. Organizational Development and Learning:

3.9.1. Organize and schedule NVCI with APS training sessions.

3.9.2. Ensure an appropriate number of NVCI trainers and coordinate certification training.

3.9.3. Review training programs and determine training needs in collaboration with JHSCs/HSRs, Occupational Safety, Directors, Managers and Supervisors every 3 years or sooner if there is a change in law or regulations.

3.9.4. Provide consultation and assist with the development of workplace violence training as required.

3.10. Joint Health and Safety Committee (JHSC) and/or Health and Safety Representative (HSR):

3.10.1. Review this policy annually and as needed.

3.10.2. Provide feedback during the consultation of safety policies and procedures related to workplace violence.

3.10.3. Provide written recommendations (e.g., measures, procedures) to the employer where necessary to improve the policy and program, minimize identified risks and protect staff.

3.10.4. Review and analyze reported incidents of violence towards staff using relevant Occupational Safety reports to help determine trends and recommend new initiatives.

3.10.5. Identify actual and potential workplace violence hazards during inspections.

3.10.6. Participate in the environmental portion of departmental workplace violence risk assessments.

3.11. Workplace Violence Prevention Committee:

3.11.1. Ensure workplace violence risk assessments occur in accordance with policy and legislative requirements.

3.11.2. Ensure measures and procedures to control hazards/risks identified in the risk assessments are considered for implementation.

3.11.3. Monitor workplace violence statistics and trends to ensure hazards/risks are proactively identified, eliminated and/or minimized.

3.11.4. Review trends of workplace violence when a significant increase in the number and/or severity of incidents are reported to identify improvements for CHEO's workplace violence program.

3.11.5. Identify program goals in consultation with the JHSC/HSR, based on policies, measures, procedures, training and best practices both internally and externally.

3.12. Neurodevelopmental Health

3.12.1. Provide consultation and assist supervisors with the appropriate selection of Behavioural Personal Protective Equipment (BPPE).

4. Procedure

Workplace Violence Prevention Practices:

4.1. Workplace Violence Risk Assessment (WVRA):

4.1.1. The purpose of a WVRA is to assess the risks of workplace violence that may arise from the nature of the workplace, type of work or conditions of work to develop measures and procedures to control identified risks that are likely to expose a staff to physical injury (OHSA section 32.0.2-3).

4.1.2. An initial WVRA will be completed in all departments following a risk-based approach facilitated by Occupational Safety, in collaboration with the departmental Director/Manager/Supervisor, Security, JHSC/HSR, and departmental staff.

4.1.3. The risks of workplace violence must be reassessed as often as is necessary to protect staff from workplace violence. Occupational Safety will facilitate a WVRA, in collaboration with departments leaders, in each department every 4 years or sooner if:

4.1.3.1. The workplace moves or the existing workplace is renovated or reconfigured;

4.1.3.2. There are significant changes in the type of work (for example, new client population, new services being provided);

4.1.3.3. There are significant changes in the conditions of work (for example, closing at a later hour, staff working alone);

4.1.3.4. There is new information on the risks of workplace violence; or,

4.1.3.5. A violent incident indicates a risk related to the nature of the workplace, type of work, or conditions of work was not identified during an earlier assessment.

4.1.4. The departmental Director/Manager/Supervisor will complete a Workplace Violence Risk Reassessment every 4 years (2 years after the risk assessment lead by Occupational Safety). See Appendix A for resources on WVRAs and reassessments.

4.2. Flagging for Violence and Aggression:

4.2.1. Any patient, caregiver, or visitor who presents with a history and/or risk of violent, aggressive, or responsive behaviour will be assessed using the Violence Assessment Tool (VAT). A Potential for Violence Flag will be added to the patient's electronic chart in Epic if it is determined that the individual meets the required criteria set in the VAT.

4.2.2. Before interacting with a patient/caregiver/visitor with a Potential for Violence Flag, clinical staff will review the flag in Epic to become familiar with the individual's known aggressive behaviours, triggers, and care strategies/preventative measures/de-escalation techniques.

4.2.3. See CHEO's Flagging for Violence and Aggression Policy.

4.3. Training and Education:

4.3.1. Non-Violent Crisis Intervention (NVCI) with Advanced Physical Skills (APS) training

4.3.1.1. This training equips staff with the decision-making skills needed to confidently assess and address risk in the face of complex behaviours. It combines verbal, non-verbal and para-verbal intervention strategies and restrictive interventions with advanced physical skills for high-risk scenarios such as those that require physical holds or floor intervention. NVCI is a program developed by the Crisis Prevention Institute (CPI) in the United States. This course is taught by CHEO staff who are CPI Certified Instructors.

4.3.1.2. NVCI with APS requires staff re-certification every 3 years at CHEO.

4.3.1.3. Directors/Managers/Supervisors will complete the NVCI with Advanced Physical Skills (APS) Decision Tree to determine which staff roles require training in NVCI with APS.

4.3.2. Code White Response training

4.3.2.1. This 30-minute module covers what a Code White is, how to prevent them, how to determine when you should call a Code White, how to call a Code White, how to prepare while awaiting the Response Team's arrival and what happens during and after a Code White Response.

4.3.2.2. This training is strongly recommended for staff working in areas with a high risk of a Code White at CHEO's main site. This training is available in CHEO's learning management system.

4.3.2.3. Additional Code White Resources for review are CHEO's Code White Policy and Standard Work (Smyth).

4.3.2.4. Directors/Managers/Supervisors with staff working off-site or in the community must develop their own Code White Standard Work, in consultation with Emergency Management, Occupational Safety, and Security.

4.3.3. De-Escalation: Observe and Manage Behaviour

4.3.3.1. Created by CHEO's Organizational Development and Learning department, this 30-minute module introduces key concepts from the CPI's Crisis Development Model and will help learners recognize signs of anxiety and escalating behavior and provide them with strategies and tools for opening communication, resolving conflict, and de-escalating situations.

4.3.3.2. This training is available in CHEO's learning management system.

4.3.4. Least Restraint

4.3.4.1. Review CHEO's Least Restraint Self-Learning Package that is available for all staff on CHEOnet, which includes the policy, self-assessment knowledge test, a list of all restraint products at CHEO, and more.

4.3.5. Searching for Restricted Items

4.3.5.1. This training provides information on the standard approach to be followed in searching for restricted items at CHEO in a transparent and respectful manner, to make sure items that pose a risk of harm to patients/clients, staff and visitors are safely removed. The information provided in this training will help all staff understand the core principles of CHEO's Searching for Restricted Items Policy.

4.3.5.2. This training is available in CHEO's learning management system.

4.3.5.3. Review CHEO's Searching for Restricted Items Policy.

4.3.6. Simulations

4.3.6.1. Occupational Safety recommends that departments conduct monthly simulations of workplace violence scenarios, to support staff's confidence, competence and skills responding to workplace violence.

4.3.6.2. The Simulation Program will partner with Emergency Management to develop and maintain an emergency simulation schedule. This schedule will provide general guidelines for the frequency of mock code simulations, including a target frequency of one mock Code White simulation per month.

4.4. Personal Safety Response System (PSRS):

4.4.1. Every department must have measures and procedures to summon immediate assistance when workplace violence occurs, or is likely to occur, to protect staff from harm.

4.4.2. Director/Manager/Supervisors, in consultation with Security and Occupational Safety, will identify and implement the PSRS that will be the most effective for their department's environment and staff.

4.4.3. Directors/Managers/Supervisors will provide training to all staff on the use of their area's PSRS.

4.4.4. All PSRS devices must be tested monthly to ensure functionality. In high-risk areas (e.g., Inpatient Mental Health), testing must be completed weekly. Testing must be documented. See Appendix C for instructions on PSRS testing.

4.4.5. Occupational Safety recommends that departments conduct monthly simulations using the department's selected PSRS to ensure staff are knowledgeable and confident of its use and procedures.

4.4.6. See Appendix C for an overview on PSRSs.

4.5. Behavioural Personal Protective Equipment (BPPE):

4.5.1. Occupational Safety recommends the use of BPPE when staff are working with a child/youth with a known history of aggression towards staff or a reasonable anticipated risk of aggression towards staff to occur and other reasonable control measures (e.g., development of a care or safety plan, NVCI training, environmental modifications, etc.) have been investigated, implemented and found to be ineffective in mitigating the risk of harm to staff.

4.5.2. See Appendix D for a resource guide on BPPE including selection, use, care, staff training, and more.

4.6. Staff Safety Planning:

4.6.1. When a targeted threat or concern of violence towards a staff is reported, an Individualized Staff Safety Plan will be created to ensure their safety, well-being and compliance with section 32.0.4 of the OHSA.

4.6.2. If a staff feels threatened by violence while at work, they should notify their Director/Manager/Supervisor immediately (e.g., domestic violence; harassment, inappropriate or violent behaviour from a patient/caregiver/visitor/staff). If the threat/concern is from the staff's supervisor, they will notify the next level of authority.

4.6.3. If the staff does not disclose to their employer that there is a safety concern but the employer ought reasonably to be aware, the employer is still required by the OHSA to put measures in place for the safety of the staff.

4.6.4. See Appendix E for the Standard Work on Staff Safety Planning and the Individualized Staff Safety Plan Template.

4.7. Routine Prevention Practices:

4.7.1. Routine prevention practices are standard measures recommended for all departments to improve care and mitigate the risk of workplace violence. Examples include providing opportunities for shared decision making, meeting basic physical and emotional needs, providing empathy, clear and transparent information sharing, working from a trauma informed lens, proactively consulting teams with subject matter expertise, establishing regular team communication to increase situational awareness and collaborative problem solving.

4.8. Enhanced Prevention Practices:
4.8.1. Enhanced prevention practices are heightened measures recommended for all departments that have identified workplace violence risks to improve care and mitigate the risk of workplace violence.
4.8.2. See Appendix H for a list of enhanced prevention practices that can be implemented.

4.9. Establish Daily Team Communication on Safety:
4.9.1. Occupational Safety recommends including safety as a topic for discussion in team meetings or huddles to create situational awareness across the team, share information on any safety concerns, create proactive plans to mitigate risks, assess patient/staff/department needs, and collaborate on best practices to improve care and maintain safety.

Responding to Workplace Violence:

4.10. Smyth Road:
4.10.1. Respond using skills from CHEO's training and education (e.g., NVCI, Least Restraint, etc.).
4.10.2. Call Security (ext. 2227) to provide standby support or immediate assistance, as needed.
4.10.3. If there is a risk of physical harm to anyone, and the situation cannot be resolved with the current team or resources, activate the department's PSRS and call a Code White (dial 4444). Follow CHEO's Code White Policy and Standard Work.
4.10.4. If there is an individual in possession of a weapon (e.g., firearms, edged weapons, blunt force weapons, explosives) whose aim is to inflict bodily harm or potentially kill a person, or persons, in a confined area within the facility, call a Code Silver (dial 4444) and follow the Code Silver Policy.
4.10.5. If there is a potential or actual hostage situation involving an individual using force, or the threat of harm against another individual, call a Code Purple (dial 4444) and follow the Code Purple Policy.
4.10.6. If there is a bomb threat or suspicious package/object, call a Code Black (dial 4444) and follow the Bomb Threat/Suspicious Package Procedure and Checklist.

4.11. Off-site CHEO Locations:
4.11.1. Respond using skills from CHEO's training and education (e.g., NVCI, Least Restraint, etc.).
4.11.2. If there is a risk of physical harm to anyone, and the situation cannot be resolved with the current team or resources, call a Code White by activating the site's PSRS (e.g., panic alarms, phone intercom). Follow the site's Code White Standard Work.
4.11.3. If the situation presents an immediate safety risk to CHEO staff, patients, or visitors dial 4444 to speak to CHEO Locating who will re-direct the call to 911. Dialing 911 from any CHEO VoIP will be re-directed to 4444. Locating will conference the call with 911 to collect important information to inform CHEO Security. Security will review the site's live camera footage (if available) to provide information to the police and help coordinate their response. If staff are unable to access a CHEO VoIP phone, they can call 911 from their personal phone.
4.11.4. If there is an individual in possession of a weapon (e.g., firearms, edged weapons, blunt force weapons, explosives) whose aim is to inflict bodily harm or potentially kill a person, or persons, in a confined area within the facility, call a Code Silver (dial 4444) and follow the Code Silver Policy. If staff are unable to access a CHEO VoIP phone, they can call 911 from their personal phone.
4.11.5. If there is a potential or actual hostage situation involving an individual using force, or the threat of harm, against another individual, call a Code Purple (dial 4444) and follow the Code Purple Policy. If staff are unable to access a CHEO VoIP phone, they can call 911 from their personal phone.
4.11.6. If there is a bomb threat or suspicious package/object, call a Code Black (dial 4444) and follow the Bomb Threat/Suspicious Package Procedure and Checklist. If staff are unable to access a CHEO VoIP phone, they can call 911 from their personal phone.

4.12. Community Locations (e.g., client's home, community centre)
    4.12.1. Respond using skills from CHEO's training and education (e.g., NVCI, Least Restraint, etc.).
    4.12.2. Follow the department's Code White Standard Work.
    4.12.3. If the situation presents an immediate safety risk to CHEO staff, clients, or visitors call 911 and exit the location, if possible.

Post-Workplace Violence Incident:

4.13. Reporting and Documentation:
    4.13.1. All workplace violence incidents and hazards must be reported in SRS using the Workplace Incident form (if a staff was injured) or a Workplace Hazard form (if a staff could have been injured).
    4.13.2. Refer to CHEO's Reporting and Investigation of Accidents/Incidents Policy No. 320 for reporting obligations and steps to access first aid or healthcare.
    4.13.3. Following a Code White, the Code Lead or Security will complete an Emergency Code Call form in SRS to document the Code White and outcomes of the debrief.
    4.13.4. If the incident involves a caregiver or visitor, review the Standard Work: Process for complaints about caregiver/visitor behaviours reported by staff.
    4.13.5. If an aggressive or violent patient, caregiver, or visitor does not have a Potential for Violence Flag on the patient's electronic health record, follow the Procedure section in CHEO's Flagging for Violence and Aggression Policy to determine if a flag is required. If required, the flag must follow the CHEO Potential for Violence SmartText to ensure the individual's safety plan is documented and communicated to staff.
    4.13.6. If a staff feels threatened by violence while at work (e.g., domestic violence; harassment, inappropriate or violent behaviour from a patient/caregiver/visitor/staff), they should notify their Director/Manager/Supervisor immediately. An Individualized Staff Safety Plan can be created to ensure the safety and wellbeing of the staff. See Appendix E for the Standard Work on Staff Safety Planning and the Individualized Staff Safety Plan Template.
    4.13.7. Security will liaise with police in situations involving an active threat to CHEO staff, patients, or visitors (e.g., Code Silver, Code Purple, Code Black).

4.14. Investigation and Corrective Actions:
    4.14.1. The staff's Director/Manager/Supervisor will investigate the hazard or incident and implement actions to prevent recurrence, in consultation with Occupational Safety and Security, as needed. Refer to CHEO's Reporting and Investigation of Accidents/Incidents Policy No. 320 for investigation and follow up requirements.

4.15. Debriefing:
    4.15.1. Occupational Safety recommends conducting team or individual debriefs following workplace violence incidents. See Appendix F for recommendations on debriefing tools and implementation.
    4.15.2. Following a Code White, the Code Lead or Security will facilitate a debrief. The Code Lead or Security will complete an Emergency Code Call form in SRS to document the Code White and outcomes of the debrief.
    4.15.3. PEEPS is available for any individual or team needing 1:1 or group support following a stressful work event or in preparation for anticipated stressors. For urgent issues call locating (dial 0) and ask for PEEPS. For non-urgent issues, leave a voicemail at ext. 1253 or email peeps@cheo.on.ca.
    4.15.4. Following incidents involving children, youth, and/or caregivers, debriefs can be facilitated by a clinician and/or supervisor to re-establish therapeutic rapport, listen and attend to physical and emotional needs, facilitate a dialogue around contributing factors and develop strategies on how the staff and child/youth/caregivers can partner to create a safe environment and improve care.
    4.15.5. See Appendix F for more information on debriefing.

4.16. Staff Resources and Supports:
    4.16.1. See Appendix G for a list of internal and external workplace violence resources and supports for staff and leaders.

5. Cross-References

5.1. [CHEO Workplace Harassment and Discrimination Prevention Policy No 330](#)
5.2. [CHEO Reporting and Investigation of Fatal or Critical Injury Policy No 308](#)
5.3. [CHEO Reporting and Investigation of Accidents/Incidents Policy No 320](#)
5.4. [CHEO Code Black: Suspicious Package Procedure and Checklist](#)
5.5. [CHEO Code Purple (Hostage Taking) Policy No 309](#)
5.6. [CHEO Code Silver (Active Shooter/Weapon) Policy No 308](#)
5.7. [CHEO Code of Conduct Policy No 322](#)
5.8. [CHEO Conflict/Complaint Resolution Policy No 133](#)
5.9. [Standard Work: Staff Safety Planning](#)
5.10. [Individualized Staff Safety Plan](#)
5.11. [Standard Work: Process for complaints about caregiver/visitor behaviours reported by staff](#)
5.12. [CHEO Flagging for Violence and Aggression Policy No 431](#)
5.13. [CHEO Safeguards for Working Alone Policy No 214](#)
5.14. [CHEO Code White Policy No 239](#)
5.15. [CHEO Code White Standard Work](#) (Smyth)
5.16. [CHEO Workplace Hazard Identification, Reporting and Control Program Policy No 220](#)
5.17. [CHEO Least Restraint Policy No OTH-14](#)
5.18. [CHEO Searching for Restricted Items Policy No OTH-050](#)
5.19. [WVRA Orientation Meeting and Checklist for Managers](#)
5.20. WVRA Info Sheets ([Managers](#), [Staff](#), [JHSC/HSR](#))
5.21. [NVCI with APS Training Decision Tree](#)
5.22. [Personal Safety Response System (PSRS) Overview](#)
5.23. [Behavioural Personal Protective Equipment (BPPE) Guide](#)
5.24. [Domestic Violence Resources](#)
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5.26. [Enhanced Prevention Practices for Workplace Violence](#)
5.27. [TALK: Clinical Team Debrief Tool (adapted from the Talk Foundation)](#)
5.28. [Top Workplace Violence Hazards and Recommendations](#)

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7. Appendices

7.1. [Appendix A: Workplace Violence Risk Assessment Resources](#)
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8. Definitions

- **Behavioural Contract:** A document which outlines:
  - CHEO's committment to providing a safe and healthy work environment.
  - The concerning/challenging behaviours from a patient/family.
  - The expectations of behaviour and conduct moving forward.
- **Behavioural Personal Protective Equipment (BPPE):** Specialized clothing or equipment designed to reduce the severity of cut, abrasion, and impact hazards related to working with children or youth with a known history of aggression towards staff or a reasonable anticipated risk of aggression towards staff.
- **Be On the Lookout (BOLO)**: An advisory issued by Security for staff to be aware of an individual who poses a threat to CHEO staff, patients, or visitors. A BOLO will include a description and picture of the individual, when possible.
- **Conditions of Work:** Refers to aspects such as hours worked, the surrounding neighbourhood and whether workers move from location to location, work alone or in isolation (MLTSD, 2016).
- **Domestic Violence:** A pattern of behaviour used by one person to gain power and control over another person with whom they have or previously had an intimate relationship (Government of Ontario, 2020). Employers who are aware of, or who ought reasonably to be aware of, domestic violence that would likely expose a worker to physical injury in the workplace must take every precaution reasonable in the circumstances to protect the worker (OHSA, section 32.0.4).
- **Early Signs of Violent Behaviour**: Overt signs of escalating violent, aggressive or responsive behaviours include: Changes in autonomic nervous system (e.g., sweating, flushed face, changes in pupil size, increased muscle tension); Rapid, loud, or profane speech; Sudden changes in level of consciousness (e.g., increased disorientation and confusion); Motor agitation (e.g., agitated pacing and inability to remain still); Hallucinations, which can be auditory or visual and may be benign or command-orientated; Sudden changes in extremes or affect (e.g., exhilaration, grandiosity); Sudden lack of affect in someone who was previously very agitated and threatening, which may indicate a decision to take violent action; Use of alcohol or drugs (PSHSA, 2017b).
- **History of Violence:** An individual has a history of violence if they have demonstrated one of the following (PSHSA, 2017a):
  - Exercising physical force, in any setting, towards any person or property that caused or could have caused injury
  - Attempting to exercise physical force, in any setting, towards any person or property that could cause injury
  - Statement or behaviours that could reasonably be interpreted as threatening to exercise physical force, in any setting, against any person that could cause injury
- **Nature of the Workplace:** Refers to the physical aspects of the workplace, whether it is a building, school, vehicle, or client's home. This may include workplace lighting, lines of sight, depth of counters, entrances, exits and objects that could be used to hurt workers (MLTSD 2016).

- **Personal Safety Response System (PSRS):** The means or methods of communication and actions to manage an emergency such as a workplace violence occurrence or incident. It includes measures such as PSRS devices and procedural best practices or steps that operate together to help protect a worker(s) from physical and/or psychological harm (PSHA, 2017d).
- **PSRS Device:** Equipment (measure) that can be used to summon immediate assistance when violence occurs or is likely to occur, or when other emergencies occur that threaten a worker's health and safety (PSHSA, 2017d).
- **Potential for / Risk of Violence:** An individual has a potential for violence if they have demonstrated one of the following risk indicators (PSHSA, 2017c):
  - Verbal Threats (e.g., Raises voice in an intimidating or threatening way; Shouts angrily, insulting others or swearing; Makes aggressive sounds)
  - Physical Threats (e.g., Raises arms / legs in an aggressive or agitated way; Makes a fist; Takes an aggressive stance; Moves / lunges forcefully towards others)
  - Attacking Objects (e.g., Throws objects; Bangs or breaks windows; Kicks object; Smashes furniture)
  - Agitated/Impulsive (above a level that is considered a reasonable response) (e.g., Unable to remain composed; Quick to overreact to real and imagined disappointments; Troubled, nervous, restless or upset; Spontaneous, hasty, or emotional)
  - Socially Disruptive Behaviour (above a level that is considered a reasonable response) (e.g., Makes disruptive noises; Screams; Engages in self-abusive acts, sexually inappropriate behaviour – e.g., inappropriately touching others)
- **Potential for Violence Flag:** A visual or electronic alert to inform staff of a risk of verbal or physical violence from a patient, caregiver or visitor. The contents of the Potential for Violence Flag include the individual's safety plan which details the individual's known aggressive behaviours, what contributing factors or triggers can result in aggressive behaviours, and what care strategies/preventative safety measures/de-escalation techniques work best for the individual.
- **Responsive Behaviour:** Refers to the fact that an individual's behaviours may be in response to unmet needs (e.g., pain, cold, hunger), a stimulus in the environment (e.g., lighting, noise, invasion of space), psychosocial needs, and/or staff member approaches.
- **Staff:** Employees, medical staff, volunteers, learners, contract workers and other 'individuals'
- **Supervisor:** As defined under the OHSA, person who has charge of a workplace or authority over a worker (e.g., direct supervisor, manager, director, program administrator, division chief, department chief).
- **Threat** (verbal or written): A communicated intent to inflict physical or other harm on a person or to property by some unlawful act, which gives an individual reasonable cause to believe there is a risk of injury. Examples of threats: direct or indirect, delivered in person or through letters, phone calls, or electronic mail; intimidating gestures; throwing or striking objects; stalking; wielding a weapon; or menacing an individual.
- **Type of Work:** Refers to the activities workers perform (such as handling cash), the sector of work (such as health care) and people with whom workers interact (such as customers, clients or patients) (MLTSD, 2016).
- **Violence Assessment Tool (VAT):** An individual risk assessment tool adapted from the Public Services Health and Safety Association used to evaluate an individual's likelihood of violent, aggressive, or responsive behaviours (PSHSA, 2017c).
- **Violent or Aggressive Behaviour:** Acts of violence including, but not limited to: hitting, shoving, pushing, biting, spiting, shouting, swearing, verbal threats, groping, pinching, kicking, throwing objects, shaking fists and threatening assault (PSHSA, 2017c).
- **Workplace Violence** as defined by the OHSA:
  - (a) The exercise of physical force by a person against an individual, in a workplace, that causes or could cause physical injury to the individual,
  - (b) An attempt to exercise physical force against an individual, in a workplace, that could cause physical injury to the individual,
  - (c) A statement or behaviour that it is reasonable for an individual to interpret as a threat to exercise physical force against the individual, in a workplace, that could cause physical injury to the individual.

- **Workplace Violence Risk Assessment (WVRA):** An assessment that identifies workplace violence hazards, evaluates the risk of harm from those hazards, and implements measures to eliminate or control those hazards. WVRAs are facilitated by Occupational Safety, in collaboration with the departmental Director/Manager/Supervisor, departmental staff, Security, and JHSC/HSR. WVRAs use four sources to identify workplace violence hazards: data analysis, staff survey, departmental survey, environmental survey.
- **Workplace Violence Risk Reassessment:** An informal assessment conducted by the departmental Director/Manager/Supervisor to reassess the risks of workplace violence to ensure the implemented control measures continue to protect staff from workplace violence.

Version History:

Date	Type of revisions	List of revisions
May 1, 2018	Minor Revisions	Replaces CHEO Human Resources-Violence in the Workplace 134 and OCTC P.5.3.10-Violence in the Workplace
October 18, 2023	Major Revisions	Revisions to existing content include CHEO's workplace violence risk assessments, flagging for violence and aggression, staff training and education, staff safety planning, procedures for responding to workplace violence, reporting, documentation, investigation, corrective actions, and debriefing. New content and resources added on personal safety response systems, behavioural personal protective equipment, routine and enhanced prevention practices, staff resources and supports on domestic violence and workplace violence.

Appendix A: Workplace Violence Risk Assessment Resources

Workplace Violence Risk Assessment

- Occupational Safety will complete a Workplace Violence Risk Assessment in each department every 4 years or when any condition from 4.1.3. is met. Occupational Safety will follow a risk-based approach and connect with the Director/Manager/Supervisor directly when a risk assessment must be completed.

Resources:
- WVRA Orientation Meeting and Checklist for Managers
- Info Sheet for Managers
- Info Sheet for Staff
- Info Sheet for JHSC/HSR
- Guide to the Occupational Health and Safety Act: Assessment of risks for workplace violence

Workplace Violence Risk Reassessment

- The Director/Manager/Supervisor will complete a Workplace Violence Risk Reassessment every 4 years (2 years after the risk assessment lead by Occupational Safety). This way, a risk assessment or reassessment is taking place in each department every 2 years. To complete a reassessment, the Director/Manager/Supervisor will complete the Microsoft Forms below:
- MS Forms: Workplace Violence Risk Reassessment

Top Workplace Violence Hazards and Recommendations

To review or download the full document, click here.

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Top Workplace Violence Hazards and Recommendations

Background: In accordance with the Occupational Health and Safety Act (OHSA), all workplaces in Ontario are required to complete a workplace violence risk assessment: "An 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 work (32.0.3 (1))". To meet our legislated requirements and to continue with our goal of creating a safer workplace, CHEO has started a comprehensive workplace violence risk assessment process to be completed by all departments. CHEO is taking a risk-based approach and prioritizing the areas with higher numbers of reported hazards and incidents.

Purpose: Due to the large number of departments at CHEO, Occupational Safety is sharing the top workplace violence hazards we are observing in departments and our recommendations to eliminate or mitigate those hazards. As workplace violence risk assessments continue to be rolled out to all departments, we encourage Directors/Managers/Supervisors to review this document to assess if the following hazards are present in their department and use Occupational Safety's recommendations to address them.

Identified Hazards	Recommended Actions
1.0 Training and Education	
1.1 Staff reporting a lack of confidence and competence in responding to Code Whites. **1.2** Staff feel that they have not received sufficient training in how to recognize, prevent and deal with workplace violence.	Staff are most commonly identifying the following top 3 skills and strategies that would assist them in managing workplace violence situations: • Assessing risk and knowing when to call a Code White • Roles and responsibilities during a Code White • Applying the principles of least restraint To support staff's confidence and competence with responding to workplace violence and Code Whites, please review the following resources with your staff. • Non-Violent Crisis Intervention (NVCI) with Advanced Physical Skills (APS) training

Appendix B: NVCI with APS Training Decision Tree

To review or download this document, [click here](#).

Non-Violent Crisis Intervention (NVCI) with Advanced Physical Skills (APS) Training Decision Tree

Instructions

This decision tree is intended to be used by departmental managers in consultation with Organizational Development & Learning (as needed) to determine which staff roles in their department require NVCI with APS training. Please review the definitions below and complete the decision tree to determine which staff roles must be trained in NVCI with APS.

Definitions

Non-Violent Crisis Intervention with Advanced Physical Skills: Developed by the Crisis Prevention Institute (CPI), this training equips staff with the decision-making skills needed to confidently assess and address risk in the face of complex behaviours. It combines verbal, non-verbal and para-verbal intervention strategies and restrictive interventions with advanced physical skills for high-risk scenarios such as those that require floor intervention. **NVCI with APS requires re-certification every 3 years at CHEO.**

Distress Behaviour: A form of behavior that tells us something is adversely affecting the individual. Distress behaviour includes the following types of behaviour:

- **Non-Verbal Behaviour:** Body language such as gestures, facial expressions and eye contact, personal space, posture and use of touch. For example, crying, pacing, avoiding eye contact, clenching fists, invading personal space, agitated facial expressions, rapid or heavy breathing.

- **Verbal Behaviour:** The words used to send the message. For example, venting, refusing to cooperate or follow instructions, making threats.

- **Risk Behaviour:** Behaviour that presents an imminent risk of harm to self or others. For example, striking, throwing objects, pulling or pushing others, harming oneself.

Managing Distress Behaviour: If a staff is expected to manage distress behaviour, they are responsible to respond to distress behaviour and de-escalate the individual in distress. If a staff is not expected to manage distress behaviour, they are responsible to call for assistance for another staff to respond and de-escalate the individual in distress (e.g., calling a Code White, Security, NVCI trained co-workers).

De-Escalation: Observe and Manage Behaviour Training: Created by CHEO's Organizational Development and Learning department, this 30-minute module introduces key concepts from the CPI's Crisis Development Model and will help learners recognize signs of anxiety and escalating behavior and provide them with strategies and tools for opening communication, resolving conflict, and de-escalating situations. This training is available in CHEO's learning management system.

CHEO

Non-Violent Crisis Intervention (NVCI) with Advanced Physical Skills (APS) Training Decision Tree

CHEO
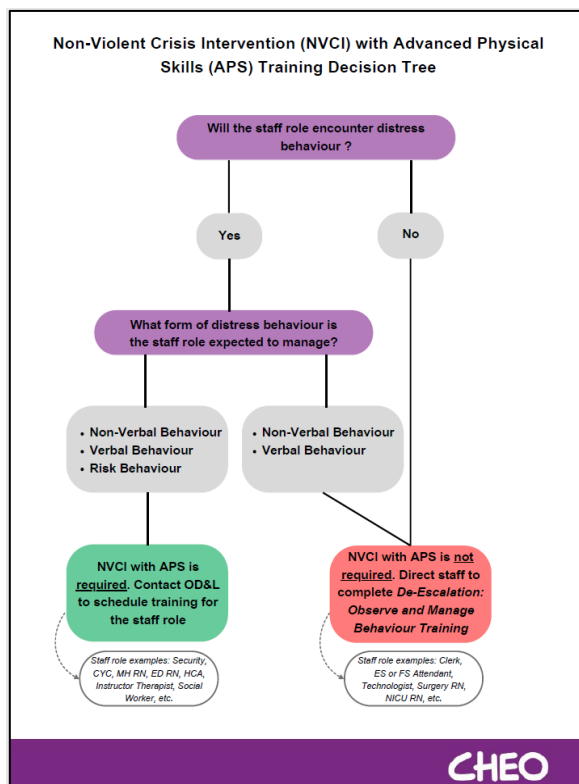
Appendix C: Personal Safety Response System (PSRS) Overview

To review or download the full document, [click here](#).

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Personal Safety Response System (PSRS) Overview

Personal Safety Response System (PSRS): The means or methods of communication and actions to manage an emergency such as a workplace violence incident. It includes measures such as PSRS devices, and procedural best practices or steps that operate together to help protect a staff from physical and/or psychological harm (PSHA, 2017).

PSRS Device: Equipment (measure) that can be used to summon immediate assistance when violence occurs or is likely to occur, or when other emergencies occur that threaten a staff's health and safety (PSHSA, 2017).

Why is a PSRS Important?

PSRS devices and procedures are important in situations where staff are exposed or potentially exposed to workplace violence, imminent danger or an emergency in the workplace. This is specifically important for workplace violence although they can be used for other emergencies. The devices allow a staff to use an alert to signal and summon immediate help. The alert triggers a prompt and immediate incident or emergency response to help protect a staff or others from harm (PSHSA, 2017).

A key consideration in the development and implementation of a PSRS is having staff available to receive the alert signal for immediate assistance and to ensure an effective response. Early identification and notification is extremely important. Suitable and effective devices must also be available and used as indicated by the manufacturer for the PSRS to work effectively (PSHSA, 2017).

PSRS devices and procedures must be integrated into the department's Code White procedures.

Device Selection

Conduct a PSRS needs assessment to select the PSRS device appropriate for your staff, staffing levels and environment to protect everyone's safety and to summon immediate assistance when workplace violence occurs or is likely to occur. Consult Security and Occupational Safety as needed. Key primary questions to ask about the devices are who, what, why, when, where and how:

- Who will: use it, hear it, and respond to it?
- What will it be used for?
- Why will it be used?
- When will it be used?
- Where will it be used?
- How will it be used?

Appendix D: Behavioural Personal Protective Equipment (BPPE) Guide

To review or download the full document, [click here](#).

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Behavioural Personal Protective Equipment (BPPE) Guide

This guide on Behavioural Personal Protective Equipment (BPPE) has been prepared by Occupational Safety for managers/supervisors and staff. The purpose of this guide is to establish measures and procedures on the use, wearing, and care of BPPE and its limitations (in compliance with the Health Care and Residential Facilities, O Reg 67/93, s. 9). Please review this document to learn more about BPPE. If you have any questions or inquiries, please reach out to Occupational Safety at occsafety@cheo.on.ca.

Contents

What is Behavioural PPE?

Behavioural Personal Protective Equipment (BPPE) refers to specialized clothing or equipment designed to reduce the severity of cut, abrasion, and impact hazards related to working with children or youth with a known history of injuring staff or a reasonable anticipated risk for staff injury to occur.

BPPE can reduce the severity of staff injury from patient behaviours such as scratching, pinching, grabbing, pushing, biting, hitting, hair pulling, spitting, kicking, head butting, and throwing objects.

BPPE allows staff to provide care safely in any environment: the hospital, outpatient settings, in the community, at home or in school.

Appendix E: Staff Safety Planning Standard Work and Individualized Staff Safety Plan Template

To review or download the Standard Work, click here.

CHEO

Staff Safety Planning	

Created/Updated	February 15th 2023
Owner	Occupational Safety
Purpose	To outline the steps and responsibilities in creating a workplace safety plan when a targeted threat or concern of violence towards an employee, member of the medical staff, volunteer, student, medical student, resident, or contract worker (referred to as 'individuals') is reported, to ensure their safety and well-being, and to ensure compliance with s. 32.0.4 of the OHSA.
Policy Reference	Violence in the Workplace Policy

Phases	Major Steps	Details	
1	An individual feels threatened while at work and notifies their Director/Manager	1. If an individual feels threatened by violence while at work, they should notify their Director/Manager immediately (e.g., domestic violence; harassment, inappropriate or violent behaviour from a patient/caregiver/visitor/staff) 2. If the individual does not disclose to their employer that there is a safety concern but the employer ought reasonably to be aware, the employer is still required to put measures in place for the safety of the individual. 3. The relevant Manager/Director will act as a case manager to ensure that communication and coordination with other appropriate stakeholders occurs, to ensure timely and appropriate preventive action. 4. If the safety plan is being generated because of an incident that occurred on-site, ensure an SRS is completed.	If an individual does not want to initially disclose to their Director/Manager, they can contact a member of the Occupational Safety team: • OccSafety Inbox, occsafety@cheo.on.ca • Manager, Anne-Marie Smith, asmith@cheo.on.ca • Workplace Violence Prevention Coordinator, Molly Eagan, meagan@cheo.on.ca Occupational Safety will then contact the individual's Director/Manager to notify them of the individual's safety concern and initiate the safety planning steps below.

Standard Work — Page **1** of **4**

To review or download the Individualized Staff Safety Plan, click here.

CHEO — **Individualized Staff Safety Plan**

Staff Member Name: **Date Created:**
Staff Member Supervisor: **Date Last Updated:**
Union Representative (if requested):   **OccSafety Representative:**
Security Representative: **HR Representative:**

Type of Concern: (Check Applicable)
☐ Family/Visitor to Staff
☐ Staff to Staff
☐ Spouse/Partner to Staff
☐ Patient/Client to Staff
☐ Other: _____

1. Circumstance Details	
What is the individual concern's name, date of birth and description of their appearance?	Details:
Provide a photograph of the individual to Security.	Details:
Does the individual have a criminal record? ☐ Yes ☐ No	Details:
Does the individual have any weapons? ☐ Yes ☐ No	Details:
How does the individual get around (e.g., car, public transport, etc.) ☐ Yes ☐ No	Details:
What is the individual's vehicle type and license plate number? ☐ Yes ☐ No	Details:
Has there been violence exercised? ☐ Yes ☐ No	Details:
Have there been threats of violence? ☐ Yes ☐ No	Details:
Has the staff member completed an Incident Report in SRS? (if applicable) ☐ Yes ☐ No ☐ N/A	Details:

Appendix F: Debriefing

Team Debriefing

Occupational Safety recommends the use of the TALK tool, adapted from the TALK Foundation (2014). TALK is a tool designed to guide clinical team debriefing. It promotes a supportive culture of learning and safety.

TALK Resources
Please note that CHEO has made additions to the original TALK tool to include the 'Check In' questions and considerations for staff safety during the debrief

- TALK - Background Information (What, Why, When, Where, How)
- TALK - Implementation Guide
- TALK - User Guide
- User Guide YouTube Videos: Introduction to TALK, Reviewing the TALK process, TALK Debriefing Example
- TALK - Questions and Poster
- TALK - Fillable Questions
  For more information, please visit https://www.talkdebrief.org/ or contact occsafety@cheo.on.ca
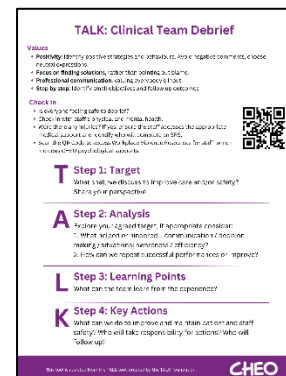
Code White Debriefing

Following a Code White, the Code Lead or Security will facilitate a debrief. The Code Lead or Security will complete an Emergency Code Call form in SRS to document the Code White and outcomes of the debrief. To access this form, log into SRS and select the Emergency Code Call form (pictured right). Select "Code White (Behaviour with risk of harm)" as the Specific Event Type and complete the form's fields.

PEEPS (Peer Emotional Empowerment Program of Support)

PEEPS is available for any individual or team needing 1:1 or group support following a stressful work event or in preparation for anticipated stressors. For urgent issues call locating (dial 0) and ask for PEEPS. For non-urgent issues, leave a voicemail at ext. 1253 or email peeps@cheo.on.ca. For up to date information on PEEPS, click here.

Appendix G: Staff Resources and Supports

Workplace Violence – to review resources on workplace violence, workplace violence & the law, CHEO psychological supports, community psychological supports, and safety tips, click here.

Domestic Violence – to review resources on crisis lines, hubs for connecting to services, shelters, safety planning, specialized medical and mental health care, crime and legal support, internet and technology safety, as well as resources for leaders and staff who know someone experiencing domestic violence, click here.

Appendix H: Enhanced Prevention Practices for Workplace Violence

To review or download this document, click here.

Note: This document can be used by CHEO teams when there are identified workplace violence risks (e.g., providing care to a child/youth with a known history of aggression towards staff) to identify which enhanced prevention practices can increase the safety and quality of care provided.

Enhanced Prevention Practices
Workplace Violence

Environmental	Relational	Staff
From PSHSA, 2017a: • Ensure rooms are free from clutter and potential weapons • Keep the exits and sightlines well-lit and clear of obstructions • Furniture should be minimal, arranged so staff is positioned closest to the exit, if lightweight should be attached to a surface, without sharp edges or corners, affixed to the floor where appropriate • Ensure staff have access to a panic button or phone with speed dial to x4444 • Use a room with two exits • Ensure access to a safe and secure room in the event of imminent risk of harm (i.e., use of environmental restraint) • Implement regular Security patrols or camera surveillance • Put up Potential for Violence door signage to alert other staff that may not be familiar with the area or flagged individual • Have Behavioural Personal Protective Equipment available and train staff on its use (e.g., Kevlar Sleeves, StealthWear, BitePro) • Provide a safe and comfortable space that allows for privacy and confidentiality but ensures visibility to staff (e.g., install windows in the door, reduce environmental stimulation) • Conduct visits/appointments virtually, when feasible *If working in the community (e.g., client's home, school, community center, etc.)* • Provide care with at least 2 NVCI trained staff • Ensure staff have a cellphone on their person to call for backup or 911 in the event of an emergency • Call caregiver/client ahead of time to set up a safe environment, conduct a risk assessment and collaborate on a plan if escalation occurs • Staff position themselves closest to the door • Establish a check in/out communication plan with a supervisor/buddy • If a staff is working alone, ensure a Departmental Working Alone Safety Plan is developed as per CHEO's Safeguards for Working Alone Policy	• Collaborate with the patient and/or caregivers to understand triggers for behaviours and the strategies that work best to support them (IPFCC, 2017) • Contract with patients and caregivers for safer behaviour • Provide opportunities for shared decision making (IPFCC, 2017) • Provide transparency in the individual's care and staff's interventions (IPFCC, 2017) • Provide consistency in care providers to promote trust and rapport • Ensure patients and families are actively engaged in their care and decision-making (CPSI, 2019) • Ensure patients and families are comfortable voicing concerns and asking questions (CPSI, 2019) • Make sure information is accurate and understood by patients and families (CPSI, 2019) • Set expectations for working together (e.g., roles, responsibilities, realistic goals) (CPSI, 2019) • Use Patient Experience's H.E.A.R.T. strategies: Hear, Empathize, Apologize, Respond, Thank • Use Non-Violent Crisis Intervention strategies on communication, understanding and responding to behaviour, planning for difficult conversations and managing your own responses/behaviour (CPI, 2023) • Share any hospital and/or community resources to support the patient/caregiver/family • Consult Patient Experience for more recommendations	• Ensure all staff who are likely to encounter the individual review the contents of their Potential for Violence Flag • Conduct regular safety huddles to create situational awareness across the team, address any safety concerns, create proactive plans to address risks, assess patient/staff/department needs, and collaborate on best practices to support safety for all • Increase the patient's level of supervision and adjust staffing accordingly • Proactively consult services such as Child Life, Social Work, Neurodevelopmental Health, etc. to acquire their support and suggestions for care strategies • Request support from Security as needed. Security can be consulted proactively to mitigate risk and reactively to respond to incidents of aggression on-site • Request a consultation from Occupational Safety to collaborate on strategies to mitigate risk to staff • Staff working in high-risk areas must be trained in Non-Violent Crisis Intervention (NVCI) • Participate in and encourage open sharing and team learning about patient/staff safety risks (CPSI, 2019) • Conduct a team refresher on CHEO's Code White, Least Restraint, Searching for Restricted Items and Violence in the Workplace policies, Non-Violent Crisis Intervention skills, and/or how to report hazards/incidents in SRS to ensure timely follow up and corrective actions (PSHSA, 2017a) • Conduct simulations of potential behaviours and problem solve how the team will respond to maintain safety • Contact P.E.E.P.S. following any incidents that would benefit from a staff debrief