

Workplace Violence Prevention		
For Policy Office Use Only		
Policy Type: Corporate Policy		Policy Number: 10052
Approved By: Executive Team (Corporate) Approval Date: Jul 31, 2025 Effective Date: Oct 20, 2025	Original Date: May 8, 2018 Revised Date(s): Oct 18, 2023, July 5, 2025 Next Review Date: Oct 20, 2026	Version: 3
All Rights Reserved. This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should ALWAYS be checked against the electronic version prior to use		
Policy Sponsor: VP - Quality, Strategy and Family Partnership		
Policy Author: Safety & Workplace Violence Prevention Coordinator (Molly Eagan), Occupational Safety, Manager (Anne-Marie Smith)		Dept: Occupational Safety
Scope/Impact: All CHEO employees, medical staff, learners, contract workers, and volunteers (herein noted as individuals). This includes any individual recognized as a 'worker' under the OHSA.		
Keywords: threat, violence, aggression, domestic violence		

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 individuals. 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 individuals 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 individuals 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 individuals.
- 2.3. CHEO recognizes all sources of workplace violence and will take every reasonable precaution for the protection of the individual when CHEO becomes aware of violence or potential violence in the workplace that would likely expose an individual to physical injury (e.g., individual-individual, patient/client/caregiver-individual, 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 this policy and program continue to protect individuals from workplace violence.
- 2.5. CHEO will provide education and training to individuals on health and safety measures and procedures to prevent and respond to workplace violence.

- 2.5.1.** CHEO will communicate the risk of workplace violence through a flagging alert program (FYI Staff Safety Alert). This program will alert individuals of a patient/client/caregiver/visitor's history of, or risk for violent, aggressive, or responsive behaviours and provide instruction to individuals on how to mitigate risk. This may include personal information related to the risk. CHEO will not disclose any more information than is reasonably necessary to protect individuals' health and safety (PSHSA, 2017b) (see CHEO's Flagging for Violence and Aggression Policy).
- 2.6.** CHEO will provide measures and procedures for individuals to report hazards and incidents of workplace violence. CHEO will provide measures and procedures to investigate and address incidents or complaints of workplace violence as soon as reasonably possible and implement control measures to prevent recurrence in a timely manner.
- 2.7.** CHEO will provide measures and procedures for summoning immediate assistance when workplace violence occurs, or is likely to occur, to protect individuals from harm.
- 2.8.** 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 individuals, patients/clients, caregivers, and visitors.
- 2.9.** CHEO supports the use of [routine prevention practices](#) for all patients/clients, caregivers and visitors and [enhanced prevention practices](#) for patients, caregivers or visitors with a history of or risk for violent, aggressive, or responsive behaviour. Enhanced prevention practices shall be risk-based and patient-centered.
- 2.10.** Individual-to-individual conflicts and incidents of workplace harassment will be addressed following CHEO's Workplace Harassment and Discrimination Prevention Policy, Workplace Complaints Reporting Procedure and Ethical Code of Conduct policies. Individual-to-individual conflicts reaching the threshold of violence will be covered under this policy.
- 2.11.** CHEO recognizes that learners (students, medical students, residents, fellows/clinical fellows) have a unique role in our organization and may be at different levels of training or competencies. They are subject to shared oversight from both the hospital and their educational institutions. Depending on the nature of their relationship and role, support and clinical assignment of a learner may vary and should be taken into consideration by both the learner and their supervisor.

3. Responsibilities

- 3.1.** CHEO:
 - 3.1.1.** Take every precaution reasonable in the circumstances for the protection of individuals.
 - 3.1.2.** Identify and allocate necessary resources for effective management of the workplace violence prevention 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 individuals 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.
 - 3.1.3.** Provide individuals information related to patients, caregivers or visitors with a history of or risk for violent, aggressive or responsive behaviours (see CHEO's Flagging for Violence and Aggression Policy).
 - 3.1.4.** Promote a positive safety culture.
 - 3.1.5.** Provide resources and support when physical environments require enhancement for individuals 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 individuals.
 - 3.2.2.** Ensure that individuals work in a manner and with the measures and procedures required by the OHSA, its regulations, and this policy.
 - 3.2.3.** Advise individuals of the existence of any potential or actual danger to the health and safety of the individuals of which the supervisor ought reasonably to be aware.
 - 3.2.4.** Provide individuals 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.
 - 3.2.6.** Identify the individuals 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](#) & [Workplace Violence Training Decision Guide](#).
 - 3.2.7.** Ensure that individuals 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 individuals 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 individuals 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 Workplace Hazards and Incidents Policy 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 an individual to physical injury in the workplace, report threats/concerns to Occupational Safety to ensure the individual's safety, well-being, and compliance with s. 32.0.4 of the OHSA.
 - 3.2.9.1.** Participate in the 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 an individual does not want any steps taken, the supervisor may still be required to take some action to protect the targeted individual and other individuals, depending on the circumstances. It may be necessary to disclose the individual's personal information to relevant stakeholders (e.g., department management, Occupational Safety, Security) to protect the targeted individual.
 - 3.2.9.1.2.** The employer should work closely with the targeted individual 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 individuals working off-site or in the community will develop their own Code White Standard Work, in collaboration with their JHSC/HSR and individuals, 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, learners, volunteers and contract workers (individuals):**
 - 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 Workplace Hazards and Incidents Policy for reporting obligations and how to access first aid.
 - 3.3.4.** Report concerns/threats of domestic violence that would likely expose an individual 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 individuals who may be working with the patient/caregiver/visitor, 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 this 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 safety plans when concerns/threats of domestic or targeted violence are reported that would likely expose an individual 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 Standard Work when a workplace violence incident results in a individuals 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. Manage responses to Personal Safety Response System (PSRS) activations including providing information and education on expected responses.
 - 3.5.2. Respond to Code White and other interventions requiring Security services.
 - 3.5.3. Investigate reported incidents of violence, as required.
 - 3.5.4. Provide a copy of incident details to Occupational Safety when a threat to individual safety occurs.
 - 3.5.5. Participate in the development of individualized safety plans in collaboration with the affected staff's Director/Manager/Supervisor and Occupational Safety.
 - 3.5.6. Provide recommendations to enhance protection of the environment based on risk assessments, best practices, and industry standards.
 - 3.5.7. Participate in the environmental portion of departmental workplace violence risk assessments.
 - 3.5.8. 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.
 - 3.5.9. Create "be on the lookout" (BOLO) notifications/posters where applicable.
 - 3.5.10. Preserve scene/evidence where applicable, until law enforcement agency takes over.
 - 3.5.11. Provide consultation and recommendations to supervisors following workplace violence incidents to prevent recurrence or when workplace violence risks are identified to mitigate risk.
 - 3.5.12. Consult with the employer to determine issuance of trespass notices, when necessary, in accordance with recommendations from workplace violence investigations and individualized 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 individuals, 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 individuals following a workplace violence incident in accordance with CHEO's Reporting and Investigation of Workplace Hazards & Incidents Policy.
 - 3.7.2. 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 safety plans in collaboration with the affected staff's Director/Manager/Supervisor and Occupational Safety when a staff is targeted by another individual.
 - 3.8.2. Provide consultation to Directors/Managers/Supervisors and Occupational Safety on workplace violence concerns between individuals.
- 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 individuals.
 - 3.10.4. Review and analyze reported incidents of violence towards individuals 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. Steps to Implement

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). See [Appendix A](#) for resources on WVRA's and reassessments.
 - 4.1.2. The risks of workplace violence must be reassessed as often as is necessary or sooner if:
 - 4.1.2.1. The workplace moves or the existing workplace is renovated or reconfigured;
 - 4.1.2.2. There are significant changes in the type of work (for example, new client population, new services being provided);
 - 4.1.2.3. There are significant changes in the conditions of work (for example, closing at a later hour, individuals working alone);
 - 4.1.2.4. There is new information on the risks of workplace violence; or,
 - 4.1.2.5. 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.
- 4.2. 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 FYI Staff Safety Alert will be added to the patient's electronic chart in Epic if it is determined that the patient, caregiver or visitor meets the required criteria set in the VAT.
 - 4.2.2. Before interacting with a patient/caregiver/visitor with a FYI Staff Safety Alert, individuals in clinical roles will review the FYI in Epic to become familiar with the patient, caregiver or visitor'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. Individuals must complete the required training and education for their role based on a risk-based approach to workplace violence prevention. This ensures individuals are prepared to manage role-specific risks, enhancing safety and quality care. Mandatory training is assigned through Workday. Additional training options are [listed here](#).
- 4.4. Simulations:
 - 4.4.1. Occupational Safety recommends reviewing and practicing procedures for responding to violence in the workplace with individuals regularly. This can be conducted informally by running through a scenario during a huddle/meeting and talking through how the team would respond. Alternatively, this can be conducted through simulations to practice how your team will respond to a scenario.
 - 4.4.2. 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.
- 4.5. Personal Safety Response System (PSRS):
 - 4.5.1. Every department must have measures and procedures to summon immediate assistance when workplace violence occurs, or is likely to occur, to protect individuals from harm.
 - 4.5.2. 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 individuals (e.g., panic alarms, phones).
 - 4.5.3. Directors/Managers/Supervisors will provide training to individuals on the use of their area's PSRS.
 - 4.5.4. All PSRS devices must be tested monthly to ensure functionality. In high-risk areas (e.g., Inpatient Mental Health, ED), testing must be completed weekly and documented. See [Appendix C](#) for instructions on PSRS testing.
 - 4.5.5. Occupational Safety recommends that departments conduct monthly simulations using the department's selected PSRS to ensure individuals are knowledgeable and confident of its use and procedures.
 - 4.5.6. See [Appendix C](#) for an overview on PSRSs.

- 4.6. Behavioural Personal Protective Equipment (BPPE):
 - 4.6.1. Occupational Safety recommends the use of BPPE when individuals are working with a child/youth with a known history of aggression towards individuals or a reasonable anticipated risk of aggression towards individuals 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 individuals.
 - 4.6.2. See [Appendix D](#) for a resource guide on BPPE including selection, use, care, individuals training, and more.
- 4.7. Individualized Safety Planning:
 - 4.7.1. When a targeted threat or concern of violence towards individuals is reported, an Individualized Safety Plan will be created to ensure their safety, well-being and compliance with section 32.0.4 of the OHSA.
 - 4.7.2. If an individual 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/individual). If the threat/concern is from the individual's supervisor, they will notify the next level of authority.
 - 4.7.3. 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 by the OHSA to put measures in place for the safety of the individual.
 - 4.7.4. See [Appendix E](#) for the Standard Work on Individualized Safety Planning and the Safety Plan Template.
- 4.8. Routine Prevention Practices:
 - 4.8.1. 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.
- 4.9. Enhanced Prevention Practices:
 - 4.9.1. 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.
 - 4.9.2. See [Appendix H](#) for a list of enhanced prevention practices that can be implemented.
- 4.10. Establish Daily Team Communication on Safety:
 - 4.10.1. 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/individuals/department needs, and collaborate on best practices to improve care and maintain safety.

Responding to Workplace Violence:

- 4.11. Smyth Road:
 - 4.11.1. Respond using skills from CHEO's training and education (e.g., NVCI, Least Restraint, etc.).
 - 4.11.2. Call Security (ext. 2227) to provide standby support or immediate assistance, as needed.
 - 4.11.3. 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.
 - 4.11.4. 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). See the Code Silver Policy.
 - 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). See the Code Purple Policy.

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.

4.12. CHEO Community Sites:

4.12.1. Respond using skills from CHEO's training and education (e.g., NVCI, Least Restraint, etc.).

4.12.2. 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.

4.12.3. If the situation presents an immediate safety risk to individuals, 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 individuals are unable to access a CHEO VoIP phone, they can call 911 from their personal phone.

4.12.4. If there is a person 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). See the Code Silver Policy. If staff are unable to access a CHEO VoIP phone, they can call 911 from their personal phone.

4.12.5. If there is a potential or actual hostage situation involving an individual using force, or the threat of harm, against another person, call a Code Purple (dial 4444). See the Code Purple Policy. If individuals are unable to access a CHEO VoIP phone, they can call 911 from their personal phone.

4.12.6. 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 individuals are unable to access a CHEO VoIP phone, they can call 911 from their personal phone.

4.13. Community Locations (non-CHEO spaces such as a client's home, community centre, school, etc.)

4.13.1. Respond using skills from CHEO's training and education (e.g., NVCI, Least Restraint, etc.).

4.13.2. Follow the department's Code White Standard Work.

4.13.3. If the situation presents an immediate safety risk to individuals, clients, or visitors call 911 and exit the location, if possible.

Post-Workplace Violence Incident:

4.14. Reporting and Documentation:

4.14.1. All workplace violence incidents and hazards must be reported in SRS using the Workplace Incident form (if an individual was injured) or a Workplace Hazard form (if an individual could have been injured).

4.14.2. Refer to CHEO's Reporting and Investigation of Workplace Hazards & Incidents Policy for reporting obligations and steps to access first aid or healthcare.

4.14.3. If the incident involves a caregiver or visitor, review the [Standard Work: Managing Caregiver or Visitor High Risk Behaviours](#).

4.14.4. If an aggressive or violent patient, caregiver, or visitor does not have FYI Staff Safety Alert on the patient's electronic health record, follow the Procedure section in CHEO's Flagging for Violence and Aggression Policy to determine if a FYI is required. If required, the FYI must follow the CHEO Staff Safety Alert SmartText to ensure the patient, caregiver or visitor's safety plan is documented and communicated to individuals.

4.14.5. If an individual feels threatened by violence while at work (e.g., domestic violence; harassment, inappropriate or violent behaviour from a patient/caregiver/visitor/individual), they should notify their Director/Manager/Supervisor immediately. An Individualized Safety Plan can be created to ensure the safety and wellbeing of the staff. See [Appendix E](#) for the Standard Work on Individualized Safety Planning and the Safety Plan Template.

4.14.6. 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).

4.15. Investigation and Corrective Actions:

- 4.15.1. The individual'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 Workplace Hazards and Incidents Policy for investigation and follow up requirements.
- 4.16. Debriefing:
 - 4.16.1. Occupational Safety recommends conducting team or individual debriefs following workplace violence incidents. See [Appendix F](#) for recommendations on debriefing tools and implementation.
 - 4.16.2. Following a Code White, the Code Lead or Security will facilitate a debrief.
 - 4.16.3. 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.
 - 4.16.4. 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 individuals and child/youth/caregivers can partner to create a safe environment and improve care.
 - 4.16.5. See [Appendix F](#) for more information on debriefing.
- 4.17. Individuals Resources and Supports:
 - 4.17.1. See [Appendix G](#) for a list of internal and external workplace violence resources and supports for individuals and leaders.

5. Cross-References

- 5.1. [CHEO Workplace Harassment and Discrimination Prevention Policy](#)
- 5.2. [Standard Work: Reporting and Investigation of Fatal or Critical Injury](#)
- 5.3. [CHEO Reporting and Investigation of Workplace Hazards and Incidents Policy](#)
- 5.4. [CHEO Code Black: Suspicious Package Procedure and Checklist](#)
- 5.5. [CHEO Code Purple \(Hostage Taking\) Policy](#)
- 5.6. [CHEO Code Silver \(Active Shooter/Weapon\)](#)
- 5.7. [CHEO Code of Conduct Policy](#)
- 5.8. [CHEO Workplace Complaints Reporting Procedure](#)
- 5.9. [Standard Work: Individualized Safety Planning](#)
- 5.10. [Individualized Safety Plan](#)
- 5.11. [Standard Work: Managing Caregiver or Visitor High Risk Behaviours](#)
- 5.12. [CHEO Flagging for Violence and Aggression Policy](#)
- 5.13. [CHEO Safeguards for Working Alone Policy](#)
- 5.14. [CHEO Code White Policy](#)
- 5.15. [CHEO Code White Standard Work \(Smyth\)](#)
- 5.16. [CHEO Least Restraint Policy](#)
- 5.17. [CHEO Searching for Restricted Items Policy](#)
- 5.18. [Personal Safety Response System \(PSRS\) Overview](#)
- 5.19. [Behavioural Personal Protective Equipment \(BPPE\) Guide](#)
- 5.20. [Enhanced Prevention Practices for Workplace Violence](#)
- 5.21. [Top Workplace Violence Hazards and Recommendations](#)

6. References

Citations

- Canadian Patient Safety Institute (CPSI). (2019). Engaging patients in patient safety.
- Crisis Prevention Institute. (2023). Non-violent crisis intervention 3rd edition.
- Government of Ontario. (2020). Domestic violence.
- Institute for Patient and Family-Centered Care (IPFCC). (2017). Patient and family centered care.

- Ministry of Labor, Training and Skills Development (MLTSD). (2016). Health and safety guidelines: Workplace violence and harassment: Understanding the law.
- Public Services Health and Safety Association (PSHSA). (2016a). Communicating the risk of violence: A flagging program handbook for maximizing preventative care.
- PSHSA. (2016b). Complying with the Occupational Health and Safety Act.
- PSHSA. (2017a). Workplace violence risk assessment toolkit for acute care.
- PSHSA. (2017b). Communicating the risk of violence: What healthcare providers should know about privacy.
- PSHSA. (2017c). Individual client risk assessment toolkit for health care settings.
- PSHSA. (2017d). Personal safety response system: Resource manual.
- PSHSA. (2019). Workplace safety plans toolkit.
- Registered Nurses' Association of Ontario (RNAO). (2019). Preventing violence, harassment and bullying against health workers. 2nd ed. Toronto (ON).
- TALK Foundation (2014). [TALK Framework References](#).

Legislation & Regulations

- Government of Ontario. (1990). Occupational Health and Safety Act, RSO 1990, c. O. 1.
- Government of Ontario. (1990). Ontario Regulation 67/93: Health care and residential facilities.
- Ontario Human Rights Commission. (1990). Ontario Human Rights Code, R.S.O. 1990, c. H.19.
- Government of Canada. (1985). Criminal Code, R.S.C., 1985, c. C-46.
- Government of Ontario. (1997). Workplace Safety and Insurance Act, 1997, S.O. 1997, c. 16, Sched. A.

7. Appendices

- 7.1. [Appendix A: Workplace Violence Risk Assessment Resources](#)
- 7.2. [Appendix B: Workplace Violence Training Decision Guide](#)
- 7.3. [Appendix C: Personal Safety Response System \(PSRS\) Overview](#)
- 7.4. [Appendix D: Behavioural Personal Protective Equipment \(BPPE\) Guide](#)
- 7.5. [Appendix E: Individualized Safety Planning Standard Work and Individualized Safety Plan Template](#)
- 7.6. [Appendix F: Debriefing](#)
- 7.7. [Appendix G: Resources and Supports](#)
- 7.8. [Appendix H: Enhanced Prevention Practices for Workplace Violence](#)

8. Definitions

- **Behavioural Contract:** A document which outlines:
 - CHEO's commitment 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 individuals or a reasonable anticipated risk of aggression towards individuals.
- **Be On the Lookout (BOLO):** An advisory issued by Security for individuals to be aware of an individual who poses a threat to individuals, patients, or visitors. A BOLO will include a description and picture of the person, when possible.
- **Conditions of Work:** Refers to aspects such as hours worked, the surrounding neighbourhood and whether individuals 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 individuals (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:** A person 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
- **Individuals:** All CHEO employees, medical staff, learners, contract workers, and volunteers
- **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 individuals (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 individual(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 individual's health and safety (PSHSA, 2017d).
- **Potential for / Risk of Violence:** A person 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)
- **Responsive Behaviour:** Refers to the fact that a person'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 individuals approaches.
- **Staff Safety Alert:** A visual or electronic alert to inform individuals of a risk of verbal or physical violence from a patient, caregiver or visitor. The contents of the FYI Staff Safety Alert include the patient, caregiver or visitor's safety plan which details their 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 them.
- **Supervisor:** As defined under the OHSA, person who has charge of a workplace or authority over an individual (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 individuals perform (such as handling cash), the sector of work (such as health care) and people with whom individuals 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 a patient, caregiver or visitor'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, spitting, 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, 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.
July 9, 2025	Minor Revisions	Revised policy name from Violence in the Workplace to Workplace Violence Prevention; Updated cross-referenced policy names and FYI name; Condensed education & training content; Addition of new resources.

Appendix A: Workplace Violence Risk Assessment Resources

Workplace Violence Risk Assessment

- [CHEOnet Resource Page](#)
- [WVRA Orientation Meeting and Checklist for Managers](#)
- [Info Sheet for Managers](#)
- [Info Sheet for Workers](#)
- [Info Sheet for JHSC/HSR](#)
- [Guide to the Occupational Health and Safety Act: Assessment of risks for workplace violence](#)

Workplace Violence Risk Reassessment

- [Standard Work: Workplace Violence Risk Reassessments](#)
- [WV Risk Reassessment Outline and Checklist for Managers | CHEO](#)

Top Workplace Violence Hazards and Recommendations

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



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: Workplace Violence Training Decision Guide

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

Workplace Violence Training Decision Guide

Why is workplace violence training important?

Risk-based workplace violence training is essential for CHEO team members to ensure both safety and quality care. By tailoring training to the specific risks of each role, staff are better prepared to address potential challenges and maintain a secure, supportive environment. This proactive approach reduces harm, promotes a safer work environment, and empowers team members to respond with confidence and competence in difficult situations, all while supporting CHEO's commitment to a culture of safety, respect, and compassion.

What are the training options?

Respect at CHEO
This 30-minute module covers how to recognize, respond and access resources to address workplace harassment and violence in the workplace.

Code White Response Training
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.

De-Escalation: Observe and Manage Behaviour
This 30-minute online module introduces strategies to recognize and manage escalating behavior. It covers communication techniques and conflict resolution tools to de-escalate challenging situations.

Non-Violent Crisis Intervention (NVCI) with Advanced Physical Skills (APS) Training
This 2.5-hour online module and 7.5-hour in-class training equips staff with decision-making skills to manage complex behaviors. It combines verbal, non-verbal, and physical interventions for high-risk situations, including holds and floor techniques. Taught by CPI-certified instructors, this training is required for specific roles and must be recertified every 3 years.

CHEO

Workplace Violence Training Decision Guide

Instructions
Use the table below to determine what combination of workplace violence training is required for the role.

Training	Who Needs It	How Often
Respect at CHEO <i>e-module</i>	All CHEO employees, medical staff, learners, contract workers, and volunteers	Every 2 Years
Code White Response <i>e-module</i>	Patient facing roles and/or roles entering high risk areas (e.g., Inpatient Mental Health, Emergency Department, Neurodevelopmental Health)	Every 2 Years
De-Escalation: Observe and Manage Behaviour <i>e-module</i>	Patient facing roles and/or roles entering high risk areas (e.g., Inpatient Mental Health, Emergency Department, Neurodevelopmental Health)	Every 2 Years
Non-Violent Crisis Intervention with Advanced Physical Skills (NVCI with APS) <i>e-module + in-person</i>	Patient-facing roles likely to encounter physical aggression and would be responsible for managing aggression (e.g., using physical holds)	Every 3 Years

CHEO

Appendix C: Personal Safety Response System (PSRS) Overview

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



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](#).



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?	1
Legislative Requirements	2
Limitations of BPPE	2
When to Use BPPE	2
Selecting BPPE	3
BPPE Options	3
Training Staff	4
Storing BPPE	4
Tracking and Inspecting BPPE	5
Cleaning and Disinfecting BPPE	5
BPPE Communication	5
References	6
Appendices	6

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: Individualized Safety Planning Standard Work and Individualized Safety Plan Template

To review or download the Standard Work, [click here](#).

CHEO			
Staff Safety Planning			
Created/Updated	February 15 th 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	- 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) - 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. - 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. - 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 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?	Details:		
☐ Yes ☐ No			
Does the individual have any weapons?	Details:		
☐ Yes ☐ No			
How does the individual get around (e.g., car, public transport, etc.)	Details:		
☐ Yes ☐ No			
What is the individual's vehicle type and license plate number?	Details:		
☐ Yes ☐ No			
Has there been violence exercised?	Details:		
☐ Yes ☐ No			
Have there been threats of violence?	Details:		
☐ Yes ☐ No			
Has the staff member completed an Incident Report in SRS? (if applicable)	Details:		
☐ Yes ☐ No ☐ N/A			

Appendix F: Debriefing

Team Debriefing

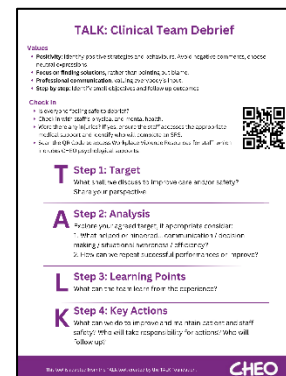
Occupational Safety recommends the use of the TALK tool, adapted from the TALK Foundation (2014). TALK is a tool designed to guide clinical team debriefing. It promotes a supportive culture of learning and safety.

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 flag safety concerns that require action, as needed. 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](#).



EFAP Counselling & Therapy (Homewood Health)

[Homewood Health Client Services Centre](#) is available 24 hours a day, 7 days a week, 365 days a year. They offer immediate, solution-focused support for a wide range of personal and work-related challenges. From short-term counselling to crisis intervention, Homewood ensures timely, effective care for employees and their families.

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](#).



OCCUPATIONAL SAFETY
SÉCURITÉ AU TRAVAIL

Safety First
Secure your tool

Workplace Violence Resources

In this document, you will find resources on [workplace violence](#), [workplace violence & the law](#), [CHEO psychological supports](#), [community psychological supports](#), and [safety tips](#).

What is Workplace Violence?

Canadian Centre for Occupational Health and Safety (CCOHS)
CCOHS is Canada's trusted source for the advancement of workplace health and safety. Information and knowledge are powerful tools to support prevention initiatives. It is with a passion for and commitment to worker health and safety that CCOHS equips working Canadians with the information needed to reduce hazards and eliminate risks in the workplace, that all may enjoy a healthy and safe environment. Check out their resources below:
[Violence and Harassment in the Workplace](#)
[Violence and Harassment in the Workplace - Family / Domestic Violence](#)

Public Services Health and Safety Association (PSHSA)
PSHSA is funded by the Ontario Ministry of Labour, Immigration, Training and Skills Development and works with Ontario's Public and Broader Public Sector employers and workers, providing training, consulting and resources to reduce workplace risks and prevent occupational injuries and illnesses.
[Visit their page on workplace violence in healthcare](#)

Workplace Violence & the Law

Government of Ontario
The Occupational Health and Safety Act ("OHSA" or "the Act") is Ontario's legislation for workplace health and safety. There are 25 regulations under the OHSA. The main purpose of the OHSA is to provide the legal framework to achieve our goal of protecting workers from health and safety hazards on the job. The OHSA and its regulations is available on the [e-Laws website](#).

Government of Ontario
Workers, supervisors and employers have rights and duties when dealing with workplace violence and harassment. Use this guide to know yours.
[Understanding the Law on Workplace Violence and Harassment](#)

Canadian Centre for Occupational Health and Safety (CCOHS)
This fact sheet reviews when employers are required to have a harassment and violence policy or program and the sources of legislation regarding harassment and violence.
[Violence and Harassment in the Workplace - Legislation](#)

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](#).



OCCUPATIONAL SAFETY
SÉCURITÉ AU TRAVAIL

Safety First
Secure your tool

Domestic Violence Resources

Crisis Lines and Hubs for Connecting to Resources

211 Ontario
Provincial crisis and help lines are free and confidential 24-hours helplines that offer someone to talk to, crisis counselling, emotional support, safety planning, legal information, information on emergency shelters, women's shelters, and other assistance. Call Ontario 211 by phone at 2-1-1, toll-free 1-877-330-3213 or [live chat](#).
[Learn more about the Ontario 211 hotline](#)

Distress Centre of Ottawa and Region
We are your local connection to mental health support and resources, 24 hours a day, 7 days a week.
[Click here for more information](#)

Assaulted Women's Helpline
Get 24/7 crisis counselling and referrals to shelters, legal advice and other help. Support is available in over 200 different languages, including 17 Indigenous languages. Toll-free: 1-866-863-0511.
[Learn more about the assaulted women's helpline](#)

Support Services for Male Survivors of Sexual Abuse Program
Get 24/7 multilingual crisis and referral support for male survivors of sexual abuse, both recent and historical. To find local services in your community, call toll-free 1-866-867-0015. For information on the full range of services available to victims of crime, visit the [Victim Services Directory](#)

Talk4Healing
Get 24/7, culturally sensitive crisis counselling, advice and support for Indigenous Women and their families living in urban, rural and remote communities, both on and off reserve. Support is available in English, Ojibway, Oj-Cree and Cree. Text or call toll-free: 1-855-554-4325 (1-855-554-HEAL). You can also speak to trained counsellors 24/7 via Talk4Healing's [online chat](#), offered in 14 different languages.
[Learn more about Talk4Healing](#)

Kids Help Phone
Canada's only 24/7 e-mental health service offering free, confidential support to young people in English and French. Call 1-800-668-6868 (toll-free) or text CONNECT to 686868. Available 24 hours a day to anyone in Canada aged 5 to 29 who wants confidential and anonymous care from trained responders.
[Click here for more information](#)

Champlain Health Line
Web portal with accurate and up-to-date information on health, social and community services providers across the Champlain region of Ontario. Including crisis services providing temporary residence, supports for people escaping gender-based violence or abuse, counselling, community referrals, safety planning, and emergency transportation.
[Click here for to access the web portal](#)

Ottawa Coalition to End Violence Against Women
If you or someone you know has experienced abuse or sexual assault, there are options for support.
[What is OCTEVAW?](#) - [Resources](#) - [We believe you](#) - [Download the Directory of Ottawa Support Groups](#)

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/caregiver with a known history of aggression towards individuals) to identify which enhanced prevention practices can increase the safety and quality of care provided.

Enhanced Prevention Practices Workplace Violence		
Environmental	Relational	Staff
<i>From PSHSA, 2017a:</i> - 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 Staff Safety Alert 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 <i>If working in the community (e.g., client's home, school, community center, etc.)</i> - 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 safe 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 Staff Safety Alert FYI. - 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) with Advanced Physical Holds - 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