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Title: CORP – Prevention and Management of Workplace Violence and Harassment Protocol

Applies to: All Hamilton Health Sciences (HHS) staff including members of the medical, dental and midwifery staff, affiliates, contractors, volunteers, hospital affiliates and learners.

Note: Staff refers to all individuals or groups who provide services to Hamilton Health Sciences unless otherwise specified - for example: Section 4.6, 5.3 and Appendices – G, H and I.

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1.0 Purpose

1.1 Hamilton Health Sciences (HHS) is committed to providing a safe work environment free from workplace violence and harassment. Our goal is to ensure that all staff feel safe coming forward with concerns about workplace violence and workplace harassment and that HHS addresses concerns quickly and appropriately.

1.2 The purpose of this protocol is to:

- Describe what workplace violence is and what workplace harassment is,
- Explain roles and responsibilities if workplace violence or workplace harassment happens,
- Convey what to do if workplace violence or workplace harassment happens,
- Outline the steps that must be followed during an investigation, and
- Provide an overview of ways to prevent workplace violence and workplace harassment.

2.0 Overview of Workplace Violence and Workplace Harassment

2.1 For the purpose of this protocol, the Occupational Health and Safety Act definitions of [Workplace Violence](#) and [Workplace Harassment](#) apply.

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- 2.2** Workplace Violence is when someone physically injures another person in the workplace or threatens to do so. This can also include domestic violence if violence between family members happens at the workplace. This includes any location in which HHS work is being done.
- 2.3** Workplace Harassment is when someone speaks or behaves toward another person in the workplace in an unwanted way that is known or ought reasonably to be known to be unwelcome. It can be intentional or unintentional. It can include something that happens only once or more than once.
- 2.4** Workplace harassment could include, and is not limited to, discrimination, sexual harassment, workplace bullying, upward bullying and cyberbullying. It can take many forms including derogatory written or verbal communication or gestures such as intimidating or offensive jokes or phone calls, displaying or distributing offensive pictures or other materials in hard copy or online, threatening behaviour or language, or using negative stereotypes.
- 2.5** It is important to recognize the difference between what is workplace harassment and what is not workplace harassment because workplace harassment is a serious issue. All staff must try to prevent it and, if it does happen, work to resolve it.
- 2.6** Workplace harassment is not the kind of everyday communication and contact that typically goes on among staff which has the consent of everyone involved. In addition, reasonable supervisory responsibilities properly applied by leaders to provide direction to workers such as job performance appraisals, discipline and ensuring high standards are not considered harassment as long as they meet certain requirements (for example, Values Based Code of Conduct Protocol, Collective Agreements, Occupational Health and Safety Act, Human Rights Code).
- 2.7** Please see [Appendix A](#) for definitions and additional information about workplace violence and workplace harassment.
- 3.0 Policy - Principles that Guide Reporting, Investigation and Resolution**
- 3.1 Principles that Guide Reporting**
- 3.1.1 All staff should feel safe coming forward with concerns about workplace violence and workplace harassment so that HHS can quickly and appropriately address all concerns.
- 3.1.2 Any staff member can report a concern about workplace violence or workplace harassment.
- 3.1.3 Actions that discourage a staff member from reporting workplace violence or workplace harassment or that negatively affects a staff member who reported an incident are not acceptable. HHS may discipline a staff member who does these actions.
- 3.1.4 All complaints reported about workplace violence or workplace harassment must be based on honesty and a genuine concern for safety. A complaint made in bad faith (i.e. vexatious) will be addressed according to this protocol and may be subject to disciplinary action.
- 3.1.5 A staff member can withdraw a complaint of workplace violence or workplace harassment, however, HHS may continue to investigate it to make sure we provide a safe work environment.
- 3.1.6 The Hospital may, in circumstances where there is no formal complainant, undertake a Hospital initiated investigation in circumstances where the Hospital becomes aware of issues that may impact the safety of staff or others in the workplace.
- 3.2 Principles that Guide Investigation and Resolution**
- 3.2.1 Our top priority during an investigation is to ensure that all staff and patients are safe and there is no change in service levels. To ensure this, the relevant leader/physician leader determines and implements temporary activities, as necessary, in consultation with the [Investigator](#), as well as the relevant Director/Chief, Vice President, and other staff as required (e.g. Human Resources Business Partner, security staff, Safety Specialist, union

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representatives, professional association or college representatives, Joint Health, Safety Committee and/or most appropriate designate). For example, temporary activities may include, and are not limited to, increased security presence, relocation of patients and/or staff, and development of safety plans.

- 3.2.2 Our approach to the investigation process is to protect the dignity of everyone involved. We take very seriously any interference with the investigation process. Examples of interference include intentionally pressuring a staff member or witness to lie or to not fully cooperate with an investigation. More subtle examples include spreading rumours, shunning or inappropriately reassigning a staff member. HHS will discipline staff members who interfere with an investigation.
- 3.2.3 Incidents of workplace violence and workplace harassment should be resolved internally. Note: some incidents, for example: critical injuries, assaults, threats of violence, may require involvement from external agencies (e.g. Police, Ministry of Labour). HHS Human Rights and Diversity Specialist and Human Resources Business Partners advise on workplace harassment and workplace violence complaints, and when needed, act as an internal Investigator.
- 3.2.4 If there is a conflict of interest (meaning a situation where it is difficult for parties to remain impartial), HHS will provide an alternative Investigator. The Investigator works closely with the relevant [Leader\(s\)](#). An Investigator may be an individual or an investigation team that may include the HHS Leader, a Human Resources Business Partner, an Employee Labour Relations Specialist, a Safety Specialist, Security Staff or appropriate designate and/or external investigator.
- 3.2.5 All investigations include recommendation for appropriate resolution, and may include, as appropriate, remedial actions and/or discipline that considers any relevant professional and/or college considerations. For example, resolution could include a safety plan, developmental strategies, progressive discipline, loss of privileges, or job loss.
- 3.2.6 Confidentiality will be maintained throughout the complaint and investigation process to the extent possible and as required by law. Information about any individuals involved will not be disclosed unless necessary to protect from physical injury, required by a Court of Law, or for the purposes of investigating or taking corrective action with respect to the complaint. A breach in confidentiality is taken very seriously and will be investigated. HHS may discipline a staff member if it is found they have shared confidential information. Please note that while confidentiality (information) regarding the complaint and investigation process will be maintained within the limitations stated above, anonymity (identity) cannot be assured. For example, in the course of an investigation HHS must disclose a complainant's identity to the individual who is being investigated in order to give the individual an opportunity to respond.

4.0 Roles and Responsibilities

4.1 As an employer, HHS is required to:

- 4.1.1 Take actions to protect the safety of anyone at risk of harm from workplace violence or harassment,
- 4.1.2 Investigate and resolve workplace violence or workplace harassment complaints,
- 4.1.3 Report incidents of workplace violence as required by the Occupational Health and Safety Act and [Collective Agreements](#),
- 4.1.4 Put controls in place to protect staff from workplace violence and workplace harassment. For example, provide information, education, training, procedures, equipment, and supervision aimed at protecting the health and safety of all staff;
- 4.1.5 Maintain and carry out HHS workplace violence and workplace harassment programs, and;
- 4.1.6 Assess the risk of workplace violence and report the results in writing to the HHS Joint Health and Safety Committees. Based on the risk assessment, HHS is required to put controls in

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place to maintain a safe workplace and, where necessary, decrease the risk of workplace violence.

4.2 As a staff member (frontline employee, volunteer, physician, or [leader](#)), you are required to:

4.2.1 Assess and respond according to the [degree of risk](#) to you and others who could be affected. Degree of risk is based on both the severity and likelihood of harm occurring,

4.2.2 Access the Staff Safety Occurrence Reporting icon to immediately report any act or threat of workplace violence to your leader and complete a "Report Employee Injury/Illness to Manager, EHS" event. For workplace harassment (Stage 2 and 3 only), complete a "Report Harassment to Manager" event. For workplace harassment and threats or acts of physical violence involving your direct leader, contact a Human Resources Business Partner or complete [CORP - FORM - Workplace Harassment Complaint Form \(Appendix B\)](#)

4.2.3 Let your leader know of any concerns about the potential for workplace violence or workplace harassment,

4.2.4 Follow the [HSW Work Refusal Protocol](#) when there is a work refusal related to a threat or potential threat of workplace violence,

4.2.5 Take part in the HHS annual workplace violence risk assessment, and;

4.2.6 Take part in education and training as required by this protocol or as required by any unit or job-specific training ([see section 6.2](#)).

4.3 As a HHS Leader (Executive, director, chief, physician leader, manager, supervisor or delegate), you are required to:

4.3.1 Take immediate action to protect the safety of those who are at risk of harm from workplace violence or workplace harassment. Degree of risk is based on both the severity and likelihood of harm occurring.

4.3.2 Quickly respond to all reports of workplace violence and workplace harassment making sure that you are sensitive and objective,

4.3.3 Tell staff when there is a risk of workplace violence and what actions are required for their protection. For example, if there is the chance that a staff member may come across a person with a history of violence and as a result is at risk of physical injury, you must tell the staff member about the risk and what to do. This is a requirement of the Ontario Occupational Health and Safety Act. To respect privacy laws, only share information that is necessary to protect the staff member,

4.3.4 Take actions to prevent or correct any concerns or complaints regarding workplace violence and workplace harassment and support staff throughout any investigations. For example, this could include developing a [safety plan](#) (which is a plan of action that outlines ways to protect staff who are at risk for workplace violence, including domestic violence that may affect the workplace) and arranging a debriefing (which includes any immediate, short-term assistance to help staff cope, as well as any formal organizational response necessary to effectively address the incident),

4.3.5 In the Staff Safety Occurrence Reporting portal, document all investigations including recommendations and resolution stating who is responsible for the activities and timeline,

4.3.6 Participate in the formal investigation,

4.3.7 Follow the [HSW Work Refusal Protocol](#) when there is a work refusal related to a threat of workplace violence,

4.3.8 Notify the college or university when complaints or incidents involve learners or trainees.

4.3.9 Put controls in place to protect staff from workplace violence and workplace harassment. For example, provide supervision, information, education, training, procedures, equipment (i.e., safety alarms, communication devices).

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- 4.3.10 Put controls in place to protect staff from domestic violence that affects the workplace. For example, developing a [safety plan](#).
- 4.3.11 Provide staff with information about workplace violence and workplace harassment (for example posting this protocol and other HHS written material),
- 4.3.12 Make sure that staff do the training outlined in this protocol as well as any unit or job-specific training, and
- 4.3.13 Complete the HHS workplace violence risk assessment as often as necessary, and at least once each year, for each area that you are responsible for. Based on the risk assessment results, put controls in place to prevent workplace violence from happening.
- 4.4 HHS Joint Health and Safety Committees are required to:**
- 4.4.1 Review this protocol and related training, and;
- 4.4.2 Review the workplace violence risk assessments provided by HHS and recommend ways to improve safety and reduce incidents.
- 4.5 HHS Security Services is required to::**
- 4.5.1 Be a member of the Code White Response Team (a Code White is how to get immediate help if anyone is a threat to their own safety, the safety of others or to HHS property. This includes harmful behaviour that staff members cannot stop or decrease to a safe level),
- 4.5.2 If there is the risk of violence, stay at the scene until the risk is over;
- 4.5.3 If there may be criminal behaviour, contact and work with the Police;
- 4.5.4 If there is an investigation, act as an Investigator and as appropriate collect information and collaborate with others involved in the investigation, and;
- 4.5.5 Help develop and implement staff [safety plans](#) (which is a plan of action that outlines ways to protect staff that is at risk for workplace violence, including domestic violence that may affect the workplace).
- 4.6 Investigator(s) are required to::**
- 4.6.1 Investigate workplace violence or workplace harassment complaints,
- 4.6.2 Collaborate with whoever is involved in the complaint (e.g., other Investigators, director, leader, Quality of Care Consultants when patients are involved).
- 4.6.3 Work with the relevant leader to determine how to manage the complaint,
- 4.6.4 Document all investigations including the complaint, review process, recommendations, and resolution stating who is responsible for the activities,
- 4.6.5 Report the formal investigation findings any recommendations to:
 - Vice President of Human Resources or appropriate designate for any complaint involving a HHS staff member, student or HHS Foundation staff member
 - Relevant Vice President or Patient/Clinical Services for any complaint involving someone who is not an HHS staff member (e.g., patient, visitor, supplier)
 - Relevant Executive Vice President of Inter-Professional Practice and Chief Medical Executive or Vice President, Quality and Performance for any complaint involving a professional credentialed staff member as outlined in the profession's by-laws, rules, policies and regulations and the Public Hospitals Act.
 - Chief Nursing Executive for any complaint involving a nursing staff member.
- 4.6.6 After the complaint is resolved, make sure the required follow-up actions happen.
- 4.6.7 There may be just one Investigator or there may be an Investigation Team that may include a HHS Leader, Physician Leader, a Human Resources Business Partner, an Employee Labour Relations Specialist, a Safety Specialist, Joint Health and Safety Committee member (i.e.

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critical injuries or work refusal investigations as required under the Occupational Health and Safety Act), Security Staff or most appropriate designate and/or external investigator.

5.0 **Procedure - Responding to Workplace Violence and Harassment**

As a staff member (frontline employee, volunteer, physician, or leader), you must: First assess the degree of risk to you and others who could be affected. The degree of risk is based on both the severity and likelihood of harm occurring. Based on the degree of risk, please follow one of these three stages.

5.1 **Stage 1: Low Risk - Self-directed Resolution**

- At any time during Stage 1, you can have an informal and confidential consultation with the leader, Human Resources Business Partner and/or appropriate HR designate by emailing inclusion@hhsc.ca.
- You should follow Stage 1 if you experience workplace violence or workplace harassment and there is low risk to yourself or to others, and you feel comfortable talking directly to the person doing the unwanted behavior without your leader present. For example, this may include rude, disrespectful hurtful unwanted comments or behaviour.
- Due to the low risk, HHS considers Stage 1 self-directed because you should try to address your concerns directly with the individual who is doing the unwanted behaviour.
- With Stage 1 harassment events, staff discuss the issue with each other, therefore are not required to report in the Staff Safety Occurrence Reporting icon. If staff submit a harassment occurrence for Stage 1, it will be treated as Stage 2.

For Stage 1 follow these steps:

1. Review this protocol to check whether the unwanted behaviour is workplace violence or workplace harassment,
2. Determine ideas for resolving your issue(s)concerns,
3. Discuss your concerns and ideas with the individual doing the unwanted behaviour.

Consider using the WIN formula:

Step 1: **When** - Describe the unwanted behavior.

Step 2: **Impact** - Explain how it affects you (how it makes you feel).

Step 3: **Next Time**: Tell the person doing the unwanted behaviour what the concern is and what you consider the desired behaviour to be and if appropriate, discuss alternative behaviours.

4. Upon reaching a resolution, write down what happened and how it was resolved. This information may be helpful if you need to proceed to Stage 2 or 3.
5. If you do not reach a resolution in Stage 1, then follow Stage 2.

5.2 **Stage 2: Medium Risk - Informal Complaint and Resolution**

- At any time during Stage 2, you can have an informal and confidential consultation with the Human Resources Business Partner or most appropriate HR designate by emailing inclusion@hhsc.ca.
- Unionized employees may also seek support from their union representative.
- You should follow Stage 2 if you experience workplace violence or workplace harassment and you feel that you or others are at a medium level of risk. This may be because the unwanted behaviour continues or gets worse. For example, this could include discriminatory, aggressive or offensive comments or behaviours, or acts of physical violence that you feel do not place yourself or others in immediate danger.

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- For Stage 2 workplace harassment events, complete a “Report Harassment to Manager” event in the Staff Safety Occurrence Reporting icon. The manager will rate this event as a Stage 2.

For Stage 2 follow these steps:

1. Review this protocol to check whether the unwanted behaviour is workplace violence or workplace harassment.
 2. Contact your leader to confidentially review your concern. You can also get help from Human Resources Business Partner, Safety Specialist, Union Representative or Security Services.
 3. Complete a Staff Safety Occurrence Report if there is an act or threat of physical violence Icon on the Citrix desktop). For Stage 2 workplace harassment events, complete a “Report Harassment to Manager” event in the Staff Safety Occurrence Reporting icon. The manager will rate this event as a Stage 2.
 4. Work with your leader (or assigned others) to figure out ways to handle your concern. For example, you may consider having mediation, which means having someone help resolve your concerns by working with both you and the individual doing the unwanted behaviour.
 5. Allow your leader (or assigned others) to contact the individual who is doing the unwanted behaviour to tell them about your concern. This provides an opportunity for the individual to provide their perspective, as well as to explore ways of handling your concern. Before any discussions with the individual who is doing the unwanted behaviour, your leader (or assigned others) must offer the individual the chance to have a representative.
 6. Continue discussions with your leader(or assigned others) and the individual who is doing the unwanted behaviour to figure out how to handle your concerns. If you and the individual doing the unwanted behaviour agree on how to handle it, then your manager (or assigned others) provides both of you with a written agreement. The agreement includes a summary and outlines how each person involved must implement the agreement.
 7. If your concern involves a patient who is being aggressive or violent, discuss with your leader (or assigned others) what information to document in the patient chart. Work with the clinical care team to develop and implement a plan.
- If you do not resolve your concern in Stage 2, then you can either withdraw from the informal process or request a formal investigation by following Stage 3. However, even if you withdrawal, HHS may continue to investigate to make sure we provide a safe work environment.

5.3 [Stage 3: High Risk](#) – Immediate Help and Formal Investigation

Stage 3 must be followed for all high risk threats or acts of physical violence, a serious injury, criminal activity or sexual assault to ensure immediate safety and a formal investigation.

- For Stage 3 workplace harassment events, complete a “Report Harassment to Manager” event in the Staff Safety Occurrence Reporting icon. The manager will rate this event as a Stage 3.

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- You can also choose to follow Stage 3 and request a formal investigation if you followed Stage 2 and there was no resolution. This is done by completing the form called [CORP - FORM - Workplace Harassment Complaint Form](#) EL 702100 (Appendix B)
- The Hospital may initiate a formal investigation should it become aware of concerns of workplace violence and/or harassment that may be impacting on the workplace safety and work environment.
- Pursuant to [3.1.6](#) such an investigation may or may not have a formal complaint.

Code White - Getting Help for Immediate Safety Concerns

- For Stage 3, call a Code White when you need urgent help and staff or other resources immediately available cannot quickly stop or decrease the harmful behaviour to a safe level. A Code White is essential when someone is a threat to their own safety, the safety of others or to HHS property.

Follow these steps for a Code White.

- Keep the situation within sight from a safe location,
- Call Security Services at extension 5555 (for St. Peter’s Hospital call extension 7777 and for West Lincoln Memorial Hospital call extension 400).
- State: Code White, your site and your location,
- If the firearms are involved State: Code Silver, your site and location,
- Ensure first aid or medical attention is provided if needed and if safe to do so,
- If the situation involves a critical injury or fatality page the Safety Specialist by calling the switchboard and if safe to do so preserve the scene,
- Wait for Security Services to arrive, and
- Report the incident by completing a Safety Occurrence Reporting (SOR) through the icon on the Citrix desktop.

Follow the [HSW - Critical Injury or Fatality Procedure](#) when an injured person’s:

- Life is at stake,
- Is unconsciousness,
- Has lost a lot of blood,
- Leg or arm is broken but not a finger or toe,
- Leg, arm, hand or foot is amputated but not a finger or a toe,
- Body has major burns, or
- Has loss sight or one or both eyes.

Formal Investigation

Note: If your complaint involves a patient who is being aggressive or violent, discuss with your leader (or assigned others) what information to document in the patient chart. Work with the clinical care team to develop and implement a plan.

For Stage 3, follow these steps:

For Stage 3 workplace harassment events, complete a “Report Harassment to Manager” event in the Staff Safety Occurrence Reporting icon or;

- Request a formal investigation in writing by completing the form - [CORP - FORM - Workplace Harassment Complaint Form](#) EL 702100 (Appendix B). It includes a section for

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detailed information about the incident. This form, as well as all written responses from you or the individual doing the unwanted behaviour becomes part of the record kept by Human Resources. Upon review of the form, the Human Resources Business Partner or appropriate designate determines whether your concern, which is now a formal complaint, is workplace violence or harassment. Throughout the investigation process, the Investigator must let you know if there are any changes to the investigation process.

- Discuss your complaint with the Investigator.
- Be available for further discussion. The Investigator begins the investigation process by sharing your complaint and your request for a formal investigation to:
- The Individual accused of the unwanted behaviour. (The Investigator does this within 5 business days, or as soon as practicable thereafter, of receiving your investigation request) and,
- the Vice President of Human Resources, Human Resources Portfolio Manager (or designate) and the relevant leader.

The Director of Human Resources tells the relevant Vice President about your request. However, if the individual doing the unwanted behaviour is a member of the medical, dental, or midwifery staff, the Human Resources tells the relevant Chief, the Executive Vice President of Inter-Professional Practice and the Chief Medical Executive.

- Wait for a written response from the individual accused of the unwanted behaviour. The individual has 10 business days to respond in writing to the Investigator with their perspective and a formal suggestion for how to resolve your complaint. If the individual does not respond, the investigation continues.
- Review the written response with the Investigator and either:
- Accept the response as an effective way to handle your complaint, or
- Suggest in writing another way to handle your complaint, or
- Ask to continue with the formal investigation.
- Keep in contact with the Investigator as the Investigator does confidential interviews. The Investigator may decide that it is not appropriate to continue with an investigation if another process is underway such as a grievance process investigating the same issue.
- Review the final report with the investigator. You will be provided a written summary of the results of the investigation.
- Your leader and the Human Resources Business Partner will monitor the implementation of the recommendations until the issue is resolved.

Note: The individual who is accused of the unwanted behaviour will be provided with a written summary of the results and any corrective actions that may be taken will be discussed and addressed with them by their leader.

5.4 Procedure - Responding to Workplace Violence and Harassment - Steps for Leaders As a HHS Leader (director, chief, physician leader, supervisor or delegate) you must:

First assess the degree of risk to those who could be affected. The degree of risk is based on both the severity and likelihood of harm occurring. Based on the risk please follow one of these three stages.

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5.4.1 **Stage 1: Low Risk - Self-directed Resolution**

- At any point during Stage 1 the staff member who has a concern may have a confidential consultation with a Human Resources Business Partner or most appropriate designate by emailing humanright@HHSC.CA.
- You should follow Stage 1 if you have a staff member who has experienced workplace violence or workplace harassment but there is low risk to them or others. For example, this may include rude, disrespectful hurtful unwanted comments or behaviour.
- Due to the low risk, HHS considers Stage 1 self-directed because the staff member experiencing the unwanted behavior should try to address their concerns directly with the person who is doing the unwanted behaviour.
- With Stage 1 harassment events, staff discuss the issue with each other, therefore there is no requirement to report in the Staff Safety Occurrence Reporting icon. If staff submit a harassment occurrence for a Stage 1, it will be treated as Stage 2.
- Find a quiet confidential place to discuss the staff member's concerns. Listen in a non-judgmental way using open questions and active listening. Gather all the facts about the concern to clarify your understanding of the issue. Write everything down.
- Consider suggesting that the staff member use the WIN formula to explain their concern to the person doing the unwanted behaviour:
 - Step 1: When** - Describe the unwanted behaviour.
 - Step 2: Impact** - Explain how it affects you (how it makes you feel).
 - Step 3: Next Time**: Tell the person doing the unwanted behavior what the concern is and what you consider the desired behaviour to be and if appropriate discuss alternative behaviours.
- Agree on a date to meet again with the staff member with the concern to review the outcome.

5.4.2 **Stage 2 - Medium Risk – Informal Complaint and Resolution**

- At any point during Stage 2, the staff member who has a concern or the person accused of the unwanted behaviour may have a confidential consultation with a Human Resources Business Partner or most appropriate designate by emailing humanright@HHSC.CA.
- You should follow Stage 2 if a staff member or is experiencing workplace violence or workplace harassment, but they feel that they and others are at a medium level of risk. For example, although there is not an immediate risk of harm, the staff member is not comfortable talking to the person doing the unwanted behaviour directly without you or another HHS leader involved. This could include discriminatory, aggressive or offensive comments or behaviours, or acts of physical violence that does not place staff or others in immediate danger but are ongoing or is getting worse.
- For Stage 2 workplace harassment events, staff is to complete a "Report Harassment to Manager" event in the Staff Safety Occurrence Reporting icon. The manager will rate this event as a Stage 2.
- HHS considers Stage 2 an informal complaint because everyone involved works together to resolve the issue. Whereas if the risk is high, then Stage 3 and a formal investigation is necessary.

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For Stage 2 follow these steps:

- Gather and record the facts from the staff member or who has the concern.
- Tell the person accused of the unwanted behaviour about the concern. Before any discussions with the person accused of the unwanted behaviour, you offer the option of having a representative with them.
- Listen to the person accused of the unwanted behaviour regarding their view of the situation.
- Explore ways of handling the situation. Work towards creating a written mutual agreement about how to address the concern.
- Manager documents findings and outcomes in the event within Cority
- If the concern involves a patient who is being aggressive or violent determine what information is to be documented in the patient chart.

5.4.3 **Stage 3: High Risk – [Code White](#) - Getting Help for the Immediate Safety Concern**

- Stage 3 must be followed for all high risk threats or acts of physical violence, a serious injury, criminal activity or sexual assault to ensure immediate safety and a formal investigation.
- For Stage 3 workplace harassment events, complete a "Report Harassment to Manager" event in the Staff Safety Occurrence Reporting icon. The manager will rate this event as a Stage 3.
- Staff can also choose to follow Stage 3 and request a formal investigation if there was no resolution at Stage 2. They do so by completing the form called [CORP - FORM - Workplace Harassment Complaint Form](#) EL 702100 (Appendix B)

For Stage 3 follow these steps:

1. Ensure immediate actions are taken to protect the safety of those at risk of harm from workplace violence.
2. Call a [Code White](#) if the behaviour cannot be stopped or reduced to a safe level, or cannot be quickly and safely handled by staff or other resources immediately available.

Follow these steps for a [Code White](#):

- Keep the situation within sight from a safe location,
 - Call Security Services at extension 5555 (for St. Peter's Hospital call extension 7777 and for West Lincoln Memorial Hospital call extension 400),
 - State: Code White, your site and your location,
 - If the firearms are involved State: Code Silver, your site and location,
 - Ensure first aid or medical attention is provided if needed and if safe to do so,
 - Wait for Security Services to arrive and ensure they are directed to the incident location.
- If an incident involves a **critical injury or fatality** page the Safety Specialist by calling the switchboard and if safe to do so preserve the scene.

Follow the [HSW - Critical Injury or Fatality Procedure](#) when an injured person's:

- Life is at stake,
- Is unconsciousness,

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- Has lost a lot of blood,
 - Leg or arm is broken but not a finger or toe,
 - Leg, arm, hand or foot is amputated but not a finger or a toe,
 - Body has major burns, or
 - Has lost sight in one or both eyes.
- If the incident is about a **high risk threat or act of physical violence, a serious injury, criminal activity, or sexual assault** inform security and contact your HR Business Partner to start a Formal Investigation. The leader will set up an emergency teleconference within 24 hours to discuss next steps. If a sexual assault has occurred within the last 72 hours and you have verbal consent – contact the Domestic Violence/Sexual Assault Team through MUMC paging at ext. 76443.
 - If the concern is about **Domestic Violence**, work with Security and the staff members at risk to develop a Safety Plan.
 - Offer support to the staff member at risk and arrange debriefing if a team is impacted.
 - **Employee Assistance Program**
Call toll-free, 24/7: 1-888-521-8300 TTY: 1-877-371-9978
 - **Employee Health Services at your site** (8 am – 4 pm)
 - **HHS Chaplains** – call paging to reach a Chaplain on call
 - **Department Social Worker** – if applicable
 - Ensure the staff member completes a Safety Occurrence Report (SOR) within 24 hours. Complete the manager response to the SOR and implement controls and follow up actions as appropriate.

5.5 Remedial Action and/or Disciplinary Activities

Based on the report findings and any recommendations made to the leader, here is how HHS determines any remedial actions and/or disciplinary activities as follows:

- **Staff member (not including members of the medical, dental or midwifery staff):** relevant leader consults with the Human Resources Business Partner to implement the appropriate remedial actions and/or disciplinary activities.
- **Member of the medical, dental or midwifery staff:** Human Resources Business Partner or most appropriate designate tells the relevant Chief and provides the final investigation report. The Chief discusses the report recommendations with the professional staff member accused of the unwanted behaviour. If the professional staff member agrees to the remedial actions and/or disciplinary activities, the Chief gives written confirmation of the agreement to the professional staff member and puts a copy in their personnel file or in the case of physicians, to their Credentials file. If the professional staff member doing the unwanted behaviour disagrees, the Chief gives the report to the Medical Advisory Committee (MAC). The MAC follows the relevant by-laws to come to a decision.
- **Learners/Students (including residents):** Vice President of Human Resources with the relevant department or educational institution implements the remedial actions and/or disciplinary activities.

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- **Contractor, supplier or contract staff (e.g., agency nurse):** Human Resources Business Partner contacts the external agency to determine the appropriate remedy. HHS expects that all suppliers and contractors to have satisfactory protocols about workplace violence and workplace harassment. If a protocol doesn't exist or is unsatisfactory, HHS determines an appropriate way to handle a concern based on this protocol.
- **Patient/client:** relevant Vice President or Site President with the Vice President of Human Resources implements the appropriate remedy.
- **Volunteer:** VP Inter-Professional Practice with the Vice President of Human Resources carry out the appropriate remedial actions remedy.
- **Visitor:** Relevant Vice President with the Vice President of Human Resources implements the appropriate remedy.

6.0 Prevention, Program Evaluation, and Support

6.1 Safety Plans

- A safety plan is a plan of action that outlines ways to protect a staff member who is at risk for workplace violence, including domestic violence that may impact the workplace. A safety plan is developed with the at-risk staff member, relevant leader, security services, safety specialist, and union representative as appropriate, and is evaluated as needed to ensure it remains relevant as the situation evolves.

6.2 Education and Training

6.2.1 HHS requires all HHS staff to complete the following training programs:

- Values Based Code of Conduct e-learning (when you start working for HHS)
- Workplace Violence e-learning (when you start working for HHS and each year)
- Emergency Code Review (each year).

6.2.2 Some staff may require additional training arranged by your leader, which may include:

- How to use personal alarms
- Gentle Persuasive Approaches (for staff working with patient with dementia or other mental health challenges)
- Non-violent Crisis Intervention (for staff who may need to defuse anxious, hostile or aggressive behaviours)
- Use of Force Training (for Security Staff)
- Community Worker Safety Training
- Patient care approaches to reduce and management violent/aggressive behaviour that are client/patient population specific

6.3 Program Evaluation

6.3.1 Each leader must review individual Safety Occurrence Reports of workplace violence as they occur to make sure HHS takes appropriate actions to ensure a safe work environment. These actions are documented through the Safety Occurrence Reporting System.

6.3.2 HHS Health, Safety and Wellness Steering Committee reviews reports of workplace violence and harassment at least quarterly to identify risks, review action plans and recommend actions to improve safety.

6.4 Emotional Support and Debriefing

6.4.1 Emotional support includes providing immediate, short-term assistance to help staff cope. For example, support may include the Employee Assistance Program (available through Life Works: 888-521-8300, Website User ID: HHSC, Password: MSSSI), team debriefing session, Employee Health Services, HHS Chaplains, or Department Social Worker, if available.

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6.4.2 A formal debriefing is process of team discussion in order to reflect on the experience and any learning opportunities going forward.

6.4.3 After a potentially stressful incident, the relevant leader should assess whether emotional support and/or formal debriefing is necessary and if so, arrange it.

7.0 Documentation

7.1 Final Investigation Report

- As required by law, Human Resources keeps the final Stage 3 investigation report and all written information for no less than 7 years.

7.2 Forms and Other Reports

- **Safety Occurrence Report (SOR):** used by HHS staff to report hazards, injuries, and incidents of violence and maintained by the HHS Health, Safety, and Wellness (icon on the Citrix homepage).
- **Workplace Harassment Report Form:** used by HHS staff to report a complaint of workplace harassment to start a formal investigation and maintained by HHS Human Resources. May also be used for reports of violence or harassment by an immediate supervisor (Appendix B and available through the HHS Policy Library).
- **Code White Reports:** completed by HHS Security Services after a Code White and maintained by HHS Security Services.
- **Workplace Violence Risk Assessment:** used by HHS to assess the risk of workplace violence and to put in place controls to decrease risk and prevent injuries. As mandated by the Ontario Occupational Health and Safety Act, HHS leaders must complete a Workplace Violence Risk Assessment for each area they are responsible for at least once a year and more frequently if conditions change. HHS Health, Safety and Wellness maintains the assessments, share the assessments with the Joint Health and Safety Committee and makes assessments available to all staff.
- **Training Records:** maintained by HHS Clinical Education to verify that staff have completed the required training.

8.0 Cross References

[EDM - Code White Protocol Flowchart Forms Worksheets](#)

[EDM - Code Silver - Shooting Incident Active Shooter](#)

[ADMIN - Whistleblowing Protocol](#)

[CORP - Values Based Code Of Conduct Protocol](#)

[HSW - Critical Injury or Fatality Procedure](#)

[HSW - Work Refusal Protocol](#)

[MAC - Occurrence Reporting & Management Protocol](#)

[HR - Progressive Discipline Policy](#)

[PE&S - Managing Reports of Abuse Towards Patients or Visitors Protocol](#)

[SEC - Trespass Policy](#)

9.0 Hamilton Health Sciences Resources

HHS Managing Reports of Inappropriate Behaviour Toolkit

EAP - LifeWorks **888-521-8300**, [Website](#) (User ID: **HHSC** Password: **MSSI**)

[Preventing Workplace Violence Guide](#)

[HSW Violence and Harassment Free Workplace Intranet Page](#)

10.0 External References

Ontario Human Rights Code @ <http://www.ohrc.on.ca/english/code/index.shtml>

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Criminal Code of Canada @ <https://laws-lois.justice.gc.ca/eng/acts/c-46/>

Public Services Health and Safety Association @ <http://www.pshsa.ca/>

Occupational Health and Safety Act - http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90o01_e.htm

Workplace Violence Legislation (Bill 168) -

http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=2181

Workplace Violence and Harassment: Understanding the Law

@ <http://www.labour.gov.on.ca/english/hs/pubs/wpvh/index.php>

Accreditation Canada – Required Organizational Practice – Workplace Violence @

<http://www.accreditation.ca/sites/default/files/rop-handbook-2014-en.pdf>

Personal Health Information Protection Act, 2004 @ http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_04p03_e.htm

Freedom of Information and Protection or Privacy Act @ http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90f31_e.htm

11.0 **Developed By**

Vice-President of Human Resources

Director, Health Safety and Wellness

Human Rights and Inclusion Specialist

Health, Safety and Wellness Program Development Specialist

Safety Specialist

Workplace Violence Prevention Hazard Cluster Committee

12.0 **In Consultation With**

Legal Advisors

Human Resources

Labour Relations

Patient Experience and Safety

Joint Health and Safety Committees

13.0 **Approved By**

Vice-President of Human Resources

Director, Health Safety and Wellness

2018-11 revisions approved by:

Director, Health Safety and Wellness

14.0 **Appendices**

Appendix A: [Additional Information about Workplace Violence and Workplace Harassment](#)

Appendix B: [Workplace Harassment Complaint Form](#)

Appendix C: [Overview – Workplace Violence and Harassment Stages of Response](#)

Appendix D: [Overview – Stage 3: Responding to Workplace Violence and Harassment](#)

Appendix E: [Workplace Violence and Harassment Stages of Response Diagram](#)

Appendix F: [Safety Plan Template](#)

Appendix G: [Steps for Leaders: Reports of Violence/Harassment of Staff by Staff](#)

Appendix H: [Steps for Leaders: Reports of Violence/Harassment of Staff by a Patient or Visitor](#)

Appendix I: [Steps for Leaders: Reports of Violence/Harassment Involving Physicians or Residents](#)

Keyword Assignment

bully, harm, domestic

APPENDIX A

ADDITIONAL INFORMATION ABOUT WORKPLACE VIOLENCE AND WORKPLACE HARASSMENT

WORKPLACE VIOLENCE

The **Occupational Health and Safety Act** defines Workplace Violence as:

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

The **Occupational Health and Safety Act** defines a workplace as: “any land, premises, location or other thing at, upon, in or near which a worker works”.

DOMESTIC/PERSONAL RELATIONSHIP VIOLENCE

When violence between family members happens at the workplace.

WORKPLACE HARASSMENT

The **Occupational Health and Safety Act** defines workplace harassment as: “engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome, or [workplace sexual harassment](#).”

DISCRIMINATION

Workplace Harassment includes any comments or behaviour that would be considered discrimination under the Ontario Human Rights code such as:

- “derogatory written or verbal communication or gestures, (e.g., name calling, slurs, graffiti, jokes, remarks, taunting, pictures or posters) that relate to any of the prohibited grounds;
- orders given or tasks assigned based on any of the prohibited ground categories;
- threats made or perceived based on any of the prohibited grounds; application of stereotypes or generalizations based on any of the prohibited grounds.”

Prohibited Grounds are the areas that the Ontario Human Rights Code specifies that each person has a right to freedom from discrimination:

“Every person has a right to freedom from discrimination in the areas of: services, goods and facilities; the occupancy of accommodation (where you live); contracts; employment; membership in vocational associations and trade unions, on the grounds of: race; ancestry; place of origin; citizenship; ethnic origin; colour; creed; sex; sexual orientation; gender identity; gender expression; handicap; age (16 years and over in accommodation; 18 years and over in the other areas); marital status (includes cohabitation, widowhood, separation); family status (parent-child relationship); the receipt of public assistance (in accommodation only); record of offences (provincial offences, pardoned federal offences - in employment only).”

The categories included in the prohibited grounds also refer to harassment in the following ways:

- “by association” with a person identified by code grounds

- “perception” (whether correct or incorrect)
- Intersectionality: bias in layered or certain combinations of grounds
- Reprisal for claiming/asserting your human rights”

SEXUAL HARASSMENT

Sexual harassment is considered Workplace Harassment. The Ontario Human Rights Code, Section 7.1 defines Sexual Harassment as:

(1) “Harassment because of sex in accommodation - Every person who occupies accommodation has a right to freedom from harassment because of sex, sexual orientation, gender identity or gender expression, by the landlord or agent of the landlord or by an occupant of the same building.

(2) Harassment because of sex in workplaces - Every person who is an employee has a right to freedom from harassment in the workplace because of sex, sexual orientation, gender identity or gender expression, by their employer or agent of the employer or by another employee.

(3) Sexual solicitation by a person in position to confer benefit, etc.

Every person has a right to be free from:

a) a sexual solicitation or advance made by a person in a position to confer, grant or deny a benefit or advancement to the person where the person making the solicitation or advance knows or ought reasonably to know that it is unwelcome; or

b) a reprisal or a threat of reprisal for the rejection of a sexual solicitation or advance where the reprisal is made or threatened by a person in a position to confer, grant or deny a benefit or advancement to the person. (1981, c.53, s.6.)”

The Ontario Human Rights Commission provides the following examples of sexual harassment:

- “asking for sex in exchange for a benefit or a favour
- repeatedly asking for dates, and not taking “no” for an answer
- demanding hugs
- making unnecessary physical contact, including unwanted touching
- using rude or insulting language or making comments toward women or men, depending on the circumstances)
- calling people sex-specific derogatory names
- making sex-related comments about a person’s physical characteristics or actions
- saying or doing something because you think a person does not conform to sex-role stereotypes
- posting or sharing pornography, sexual pictures or cartoons, sexually explicit graffiti, or other sexual images (including online)
- making sexual jokes
- bragging about sexual prowess.”

<http://www.ohrc.on.ca/en/sexual-harassment-employment-fact-sheet>

Under the Occupational Health and Safety Act workplace sexual harassment” means:

- “engaging in a course of vexatious comment or conduct against a worker in a workplace because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome, or
- making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the worker and the person knows or ought reasonably to know that the solicitation or advance is unwelcome.”

SEXUAL ASSAULT

An assault of a sexual nature that violates the sexual integrity of the victim. The act of sexual assault does not depend solely on contact with any specific part of the human anatomy but rather the act of a sexual nature that violates the sexual integrity of the victim. The victim of the sexual assault can be man or woman and the attacker can be of the same sex as the victim.

WORKPLACE BULLYING

“Bullying is defined as repeated, persistent, continuous behaviour as opposed to a single negative act and is generally associated with a power imbalance between the victim and perpetrator, when the victim feels inferior (Salin 2003). Bullying may also be known as mobbing, abuse, workplace aggression, horizontal or lateral violence, victimization and social undermining. Bullying should not be confused with tough management styles. It is negative and persistent abuse. The following are examples of workplace bullying behaviours:

- Social Isolation
- Rumours
- Personal attack of a person’s private life and/or personal attributes
- Excessive unjustified criticism
- Over monitoring of work
- Verbal aggression
- Withholding information
- Withholding job responsibility
- Trivial fault finding
- Replacing proper work with demeaning jobs
- Setting unrealistic goals or deadlines (Salin 2003, Rowell 2005)

Bullying is usually seen as acts or verbal comments that could “mentally” hurt or isolate a person in the workplace. Sometimes, bullying can also involve negative physical contact.”

<http://www.osach.ca/products/resrcdoc/rvioe528.pdf>

CYBERBULLYING

Cyberbullying is considered Workplace Harassment. The Ontario Provincial Police defines cyberbullying as “Sending or posting harmful or cruel text messages or images using the internet or other digital communication devices. Some specific examples of cyber bullying would include:

- Sending cruel, vicious, and sometimes threatening messages
- Creating web sites that have stories, cartoons, pictures, and jokes ridiculing others
- Posting pictures of coworkers, patients, families online with the intent to embarrass them
- Breaking into an e-mail account and sending vicious or embarrassing material to others
- Engaging someone in IM (instant messaging), tricking that person into revealing sensitive personal information, and forwarding that information to others

- Taking a picture of a person using a digital phone camera and sending that picture to others without consent”

UPWARD BULLYING

Occurs when an employee of a leader pursues a campaign of bullying against their leader.

Bullying behaviours can be identified as follows:

- Attempting to undermine a leader in front of their team.
- Blocking or sabotaging initiatives, ideas or tasks.
- Disruptive behaviour during team meetings.
- Not passing on important messages or withholding information.
- Unnecessary escalation of issues such as copying emails, or filing of vexatious complaints or grievances.
- Refuse to cooperate or carry out legitimate requests.
- Public criticism.
- Are obstructive.
- Disagreeable, hostile or aggressive communication style.

TYPES OF WORKPLACE VIOLENCE –

Reporting Violence in the HHS Safety Occurrence Reporting System

The Safety Occurrence Report lists 5 different types of violence that you can select from when reporting a violent incident. The 5 types and the definition of each are listed below:

Types of Violence Listed in the Safety Occurrence Report	Definition
Violence-Patient Action	Physical violence or the threat of violence made by a HHS patient or patient’s family toward an HHS employee.
Violence-Patient Responsive Behaviours	Physical violence or the threat of violence by a HHS patient, diagnosed with a behavioural or cognitive impairment, toward a HHS employee. The behaviour is considered unintentional due to the underlying behavioural or cognitive diagnosis.
Violence-Worker to Worker	Physical violence or the threat of violence by a HHS employee or former employee toward another HHS employee.
Violence-Domestic Violence	Violence between family members that could lead to violence in the workplace.
Violence-External Perpetrator	Physical violence, theft, or vandalism by someone who does not have a relationship to HHS.

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Appendix B: [Workplace Harassment Complaint Form](#)

(Click on title to open)

****Please use this page to submit a Harassment Complaint if the person doing the unwanted behaviour is your direct Supervisor or if you feel you need to escalate the complaint. ****

This link will open up a confidential Sharepoint Site. Completing this form will ensure notification to Human Resource and others in Health Safety and Wellness (Employee Health Services, WSIB Analyst) as appropriate. Your supervisor will not be notified until Human Resources has reviewed your complaint submission.

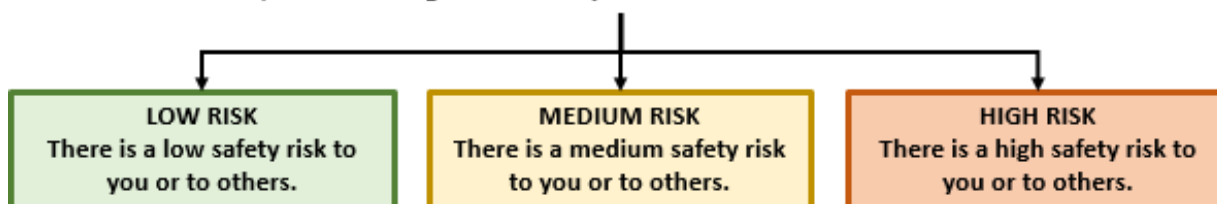
<https://ishare.hhsc.ca/corporate/hsw/whc/SitePages/Home.aspx>

For all other harassment complaints, please complete a Staff Harassment Safety Occurrence Report through the Staff Safety Occurrence (SOR) icon on your Citrix Desktop (Report Harassment to Manager).

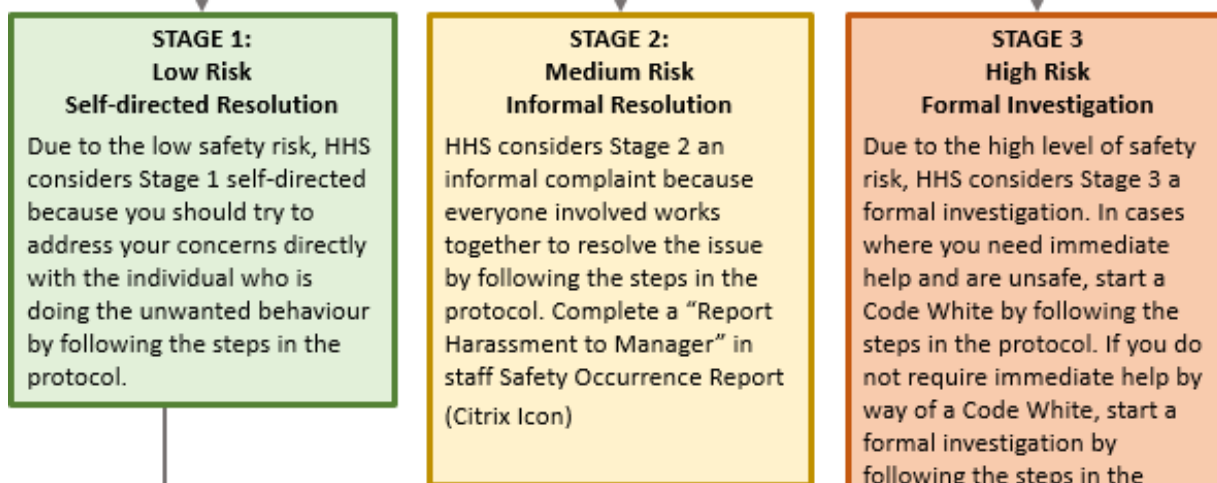
Appendix C

Overview: Responding to Workplace Harassment and Violence

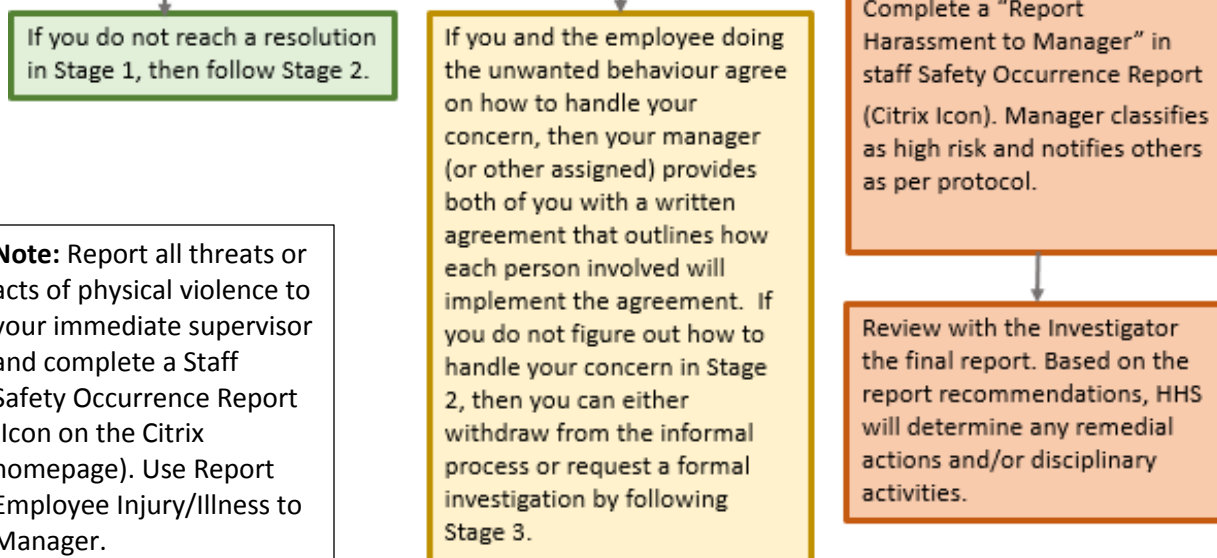
First, assess the degree of risk to you and others who could be affected.



Next, based on the degree of risk, follow one of these three stages:



Finally, continue to follow the steps in the protocol to resolve your concern.

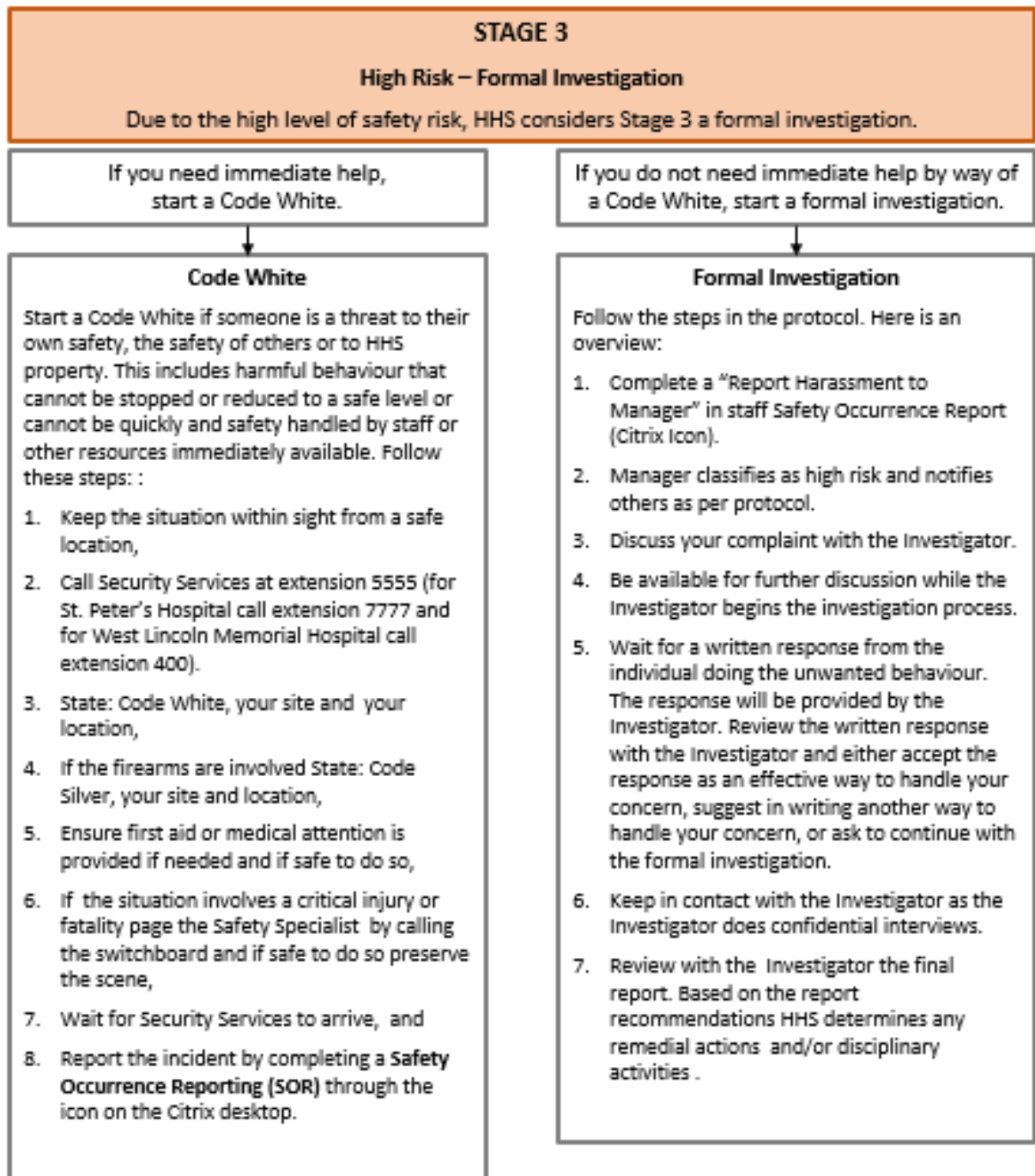


Note: Report all threats or acts of physical violence to your immediate supervisor and complete a Staff Safety Occurrence Report (Icon on the Citrix homepage). Use Report Employee Injury/Illness to Manager.

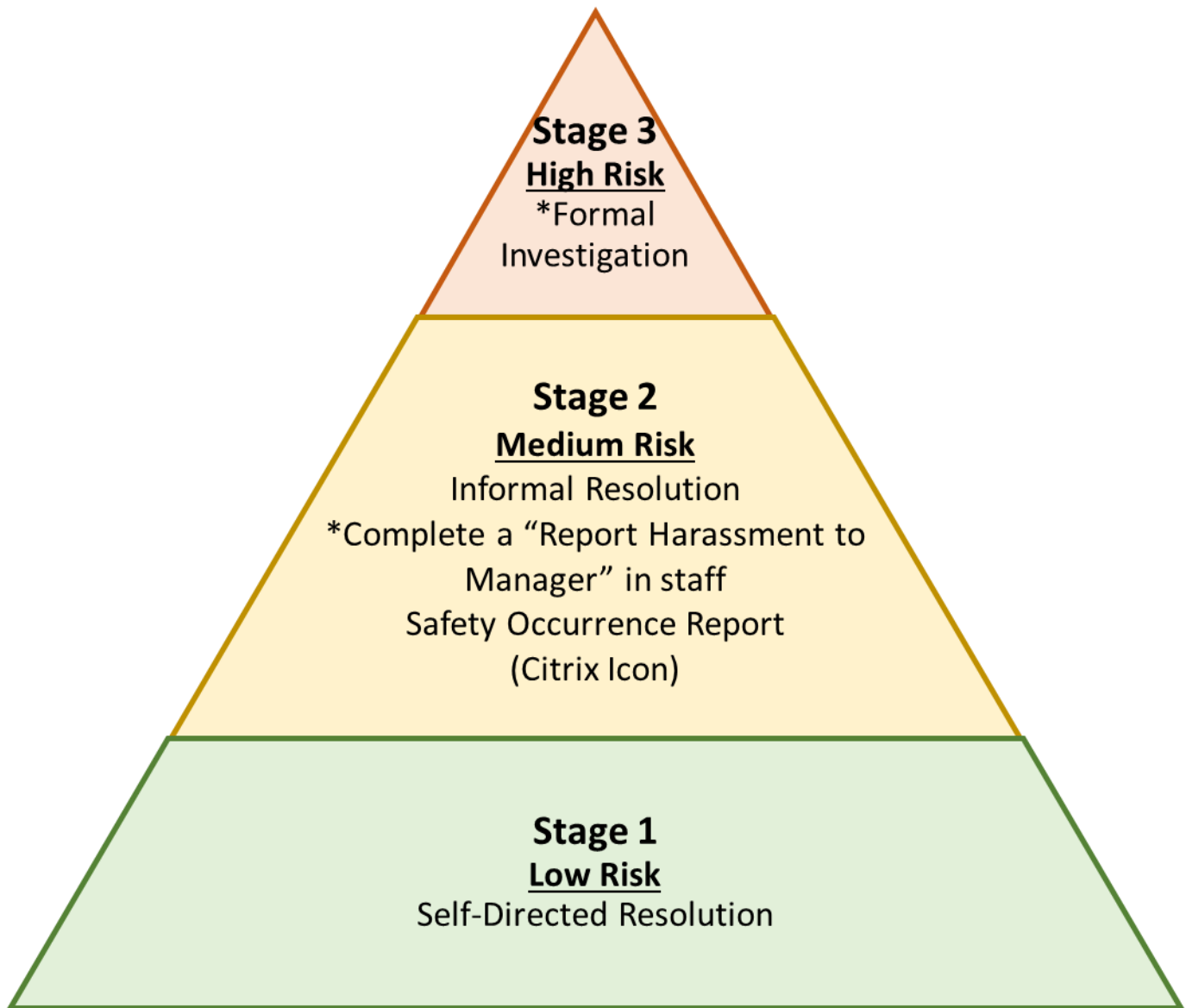


Appendix D

Overview: Stage 3 of Responding to Workplace Harassment and Violence



Appendix E: Workplace Harassment and Violence Stages of Response Diagram



Note: Report all threats or acts of physical violence to your immediate supervisor and complete a Staff Safety Occurrence Report (Icon on the Citrix homepage) Use Report Employee Injury/Illness to Manager.



Appendix F: Safety Plan Template

EMPLOYEE SAFETY PLAN

Employee Name	
Site	
Manager	
Date	

PURPOSE:

The purpose of this safety plan is to address **(employee X's)** safety concerns about their workplace environment. It will ensure that safety and security measures are in place for **(employee X)** while entering, working within, and leaving the **(X Site)**.

It addresses **(employee X's)** current needs explained by **(employee X)** on **(Xdate)**. Both HHS and **(employee x)** understand that they need to identify any changes to the situation to ensure the safety plan continues to address **(employee X's)** needs.

It was developed in consultation with:

- Employee X,**
 - Leader,
 - Human Resources Business Partner
 - Safety Specialist
 - Security and
 - Parking
 - Third party <insert name _____>.
-

Parking:

(Employee X) identified concerns with

PLAN:

- a) Alternative parking arrangements
- b) Security escort

Workplace:

(Employee X) identified concerns with

PLAN:

- a) Access restrictions for the perpetrator regarding HHS facilities
- b) Personal alarms
- c) Employee schedule
- d) EAP and community supports:

Communication:

(Employee X) identified concerns with

PLAN:

- a) Informing employee if the perpetrator accesses HHS when the employee is also there
- b) Informing employee of the ongoing investigation
- c) Union involvement and support
- d) Human Resources involvement and support
- e) Security Services involvement and support
- f) Employee Health Nurse involvement and support
- g) Safety Specialist involvement and support
- h) Work accommodation needs
- i) Community resources
- j) Information to be shared with coworkers
- k) Regular review of the workplace to ensure the safety plan addresses any changes

(Employee X) reviewed this plan – on (X date) in discussion with (X parties).

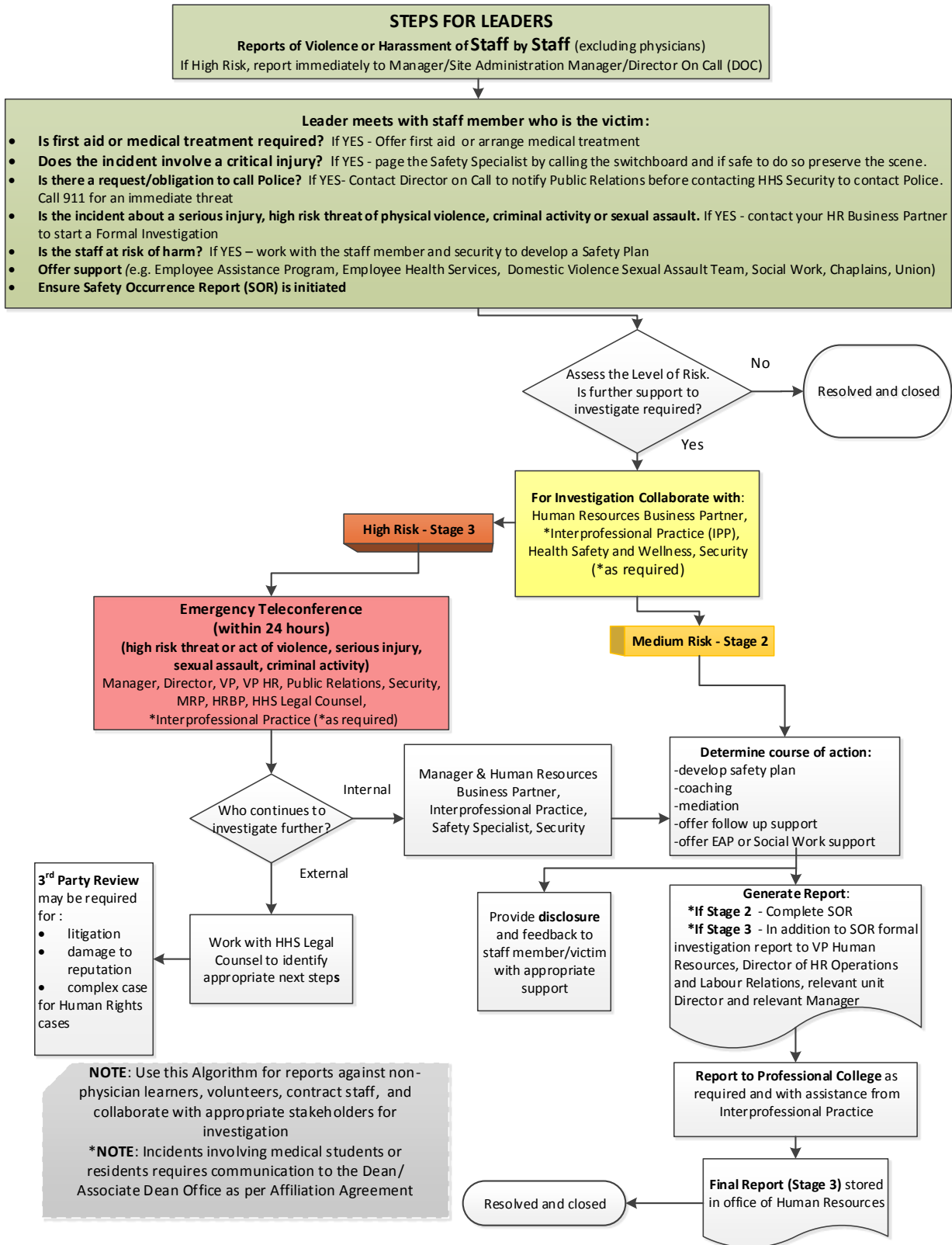
Sign: _____ Date: _____
Security Manager

Sign: _____ Date: _____
Leader

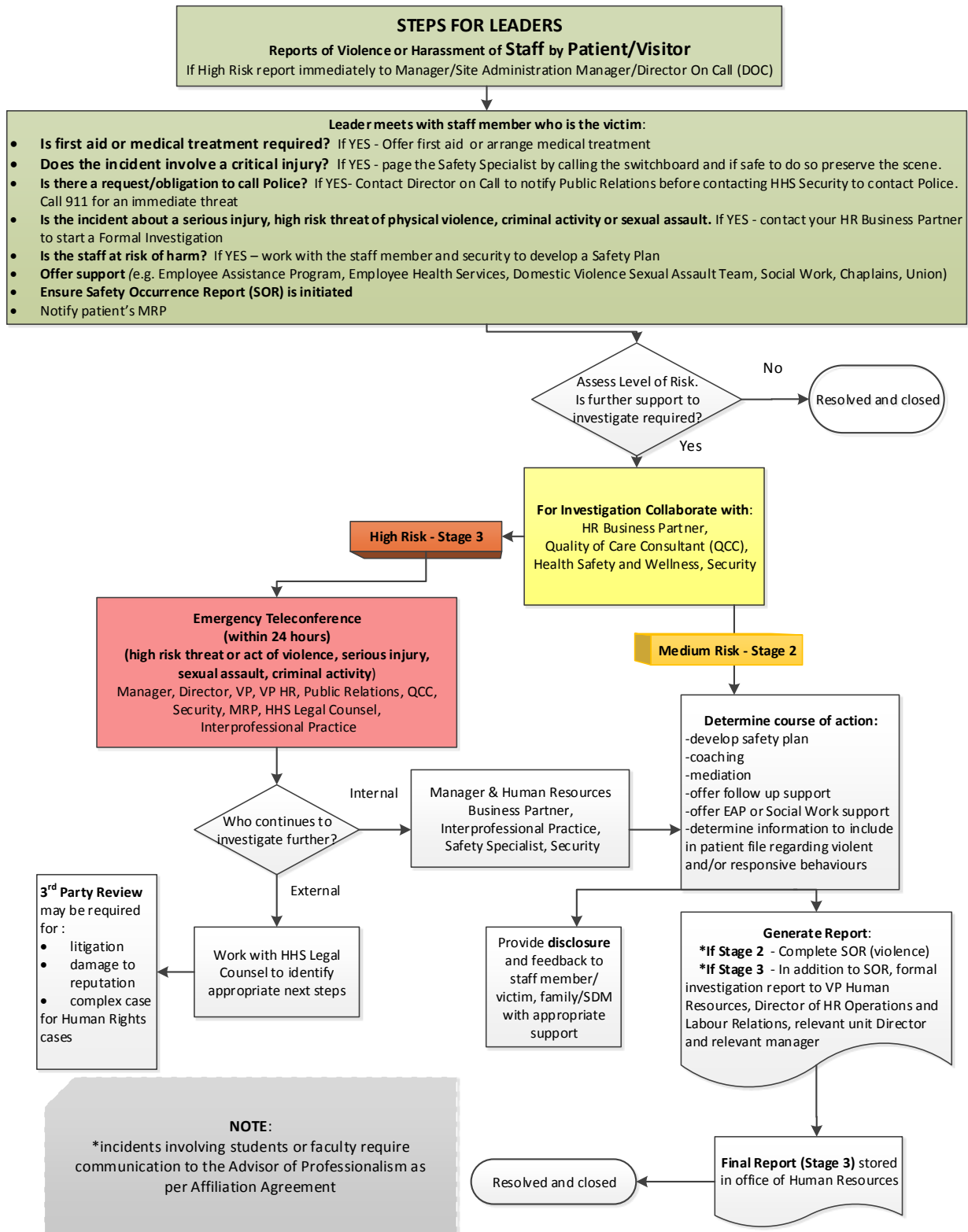
Sign: _____ Date: _____
Employee

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Appendix G: Steps for Leaders: Reports of Violence/Harassment of Staff by Staff

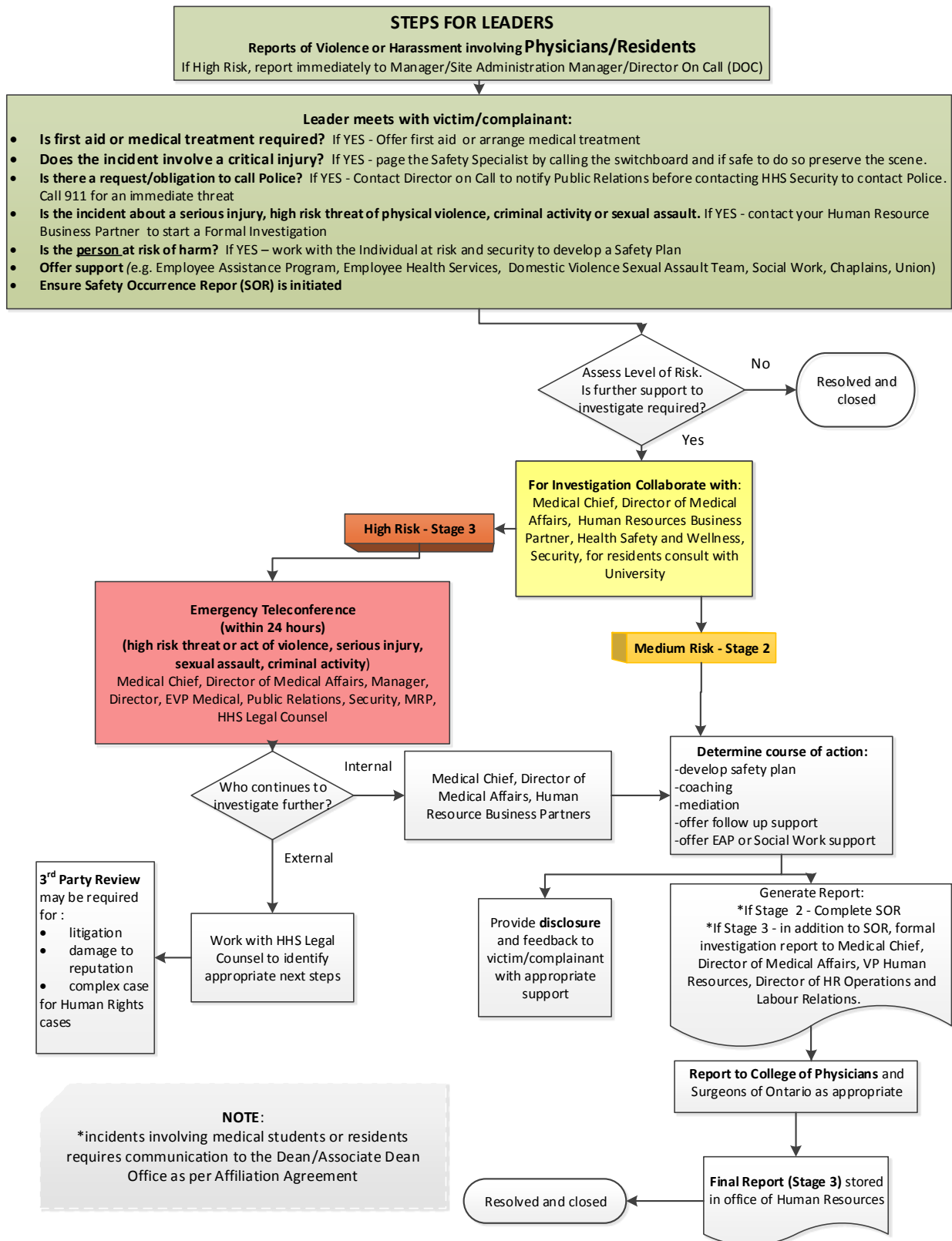


Appendix H: Steps for Leaders: Reports of Violence/Harassment of Staff by a Patient or Visitor



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Appendix I: Steps for Leaders: Reports of Violence/Harassment Involving Physicians or Residents



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