



# ELEMENTS OF A BEST PRACTICE VIOLENCE PREVENTION PROGRAM FOR BC HEALTHCARE



The Occupational Health & Safety Agency for Healthcare in BC

## About OHSAH

The Occupational Health and Safety Agency for Healthcare in BC (OHSAH), initiated in an Accord between healthcare employers and union representatives, was incorporated on July 5, 1999. OHSAH's board of directors consists of representatives from union and employer organizations.

OHSAH's mission is to:

- work with all members of the healthcare community to develop guidelines and programs designed to promote better health and safety practices and safe early return to work
- promote pilot programs and facilitate the sharing of best practices
- develop new measures to assess the effectiveness of health and safety programs and innovations in healthcare

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- Vancouver Coastal Health Authority
- Fraser Health
- Vancouver Island Health Authority
- Interior Health
- Northern Health
- Provincial Health Services Authority
  
- Hospital Employees Union
- BC Nurses Union
- Health Sciences Association
- BC Government Employees Union
- Union of Psychiatric Nurses

As well as the following ex officio members

- WorkSafeBC
- OHSAH, Violence Prevention Team

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# Elements of a Best Practice Violence Prevention Program for BC Healthcare





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## Introduction

Healthcare staff are an essential and integral part of British Columbia's (BC) healthcare system. Numerous studies have shown that exposure to aggressive and violent behaviour is known to negatively impact healthcare workers' mental and physical health, sometimes with devastating effects. Although the healthcare sub-sector is only 10% of the provincial workforce, 40% of all province-wide WCB Claims due to "violence" arise out of the healthcare sub-sector. It is important to note that this statistic does not reflect the actual number of violent incidents occurring in healthcare, as many incidents either go unreported or do not result in a WCB claim. The actual percentage of violence occurring in healthcare is much higher in reality. Developing, implementing, and evaluating violence prevention programs (VPP) has and continues to involve a challenging process, and such programs are not standardized across BC healthcare worksites.

To address this serious issue, the Provincial Violence Prevention Steering Committee (PVPSC) was created with the support of BC's Healthcare stakeholders:

- Ministry of Health
- Nursing Policy Management Committee
- Health Employers Association of BC
- Healthcare Unions
- BC Health Authorities
- Affiliate Healthcare Employers

The PVPSC is coordinated by the Occupational Health and Safety Agency for Healthcare in BC (OHSAH). The PVPSC's purpose is to develop and oversee the implementation of a comprehensive, cohesive, and effective provincial violence prevention strategy for healthcare worksites in BC. The PVPSC will work cooperatively with the Regional Violence Prevention Committees (RVPCs) and will identify and promote examples of best practice in violence prevention.

To this end, the PVPSC has developed a framework outlining the *Elements of a "Best Practice" Violence Prevention Program*, to support BC's healthcare stakeholders and, specifically, joint RVPCs and local Joint Occupational Health and Safety Committees (JOHSCs). The framework provides a list of the elements that make up a comprehensive "best practice" VPP that addresses the challenges of healthcare workplaces.

The PVPSC's role is to provide examples of best practice in violence prevention to BC's healthcare stakeholders, but recognizes the role of RVPCs, JOHSCs and their respective employers to determine how this framework is implemented and adapted to their specific workplace(s). The PVPSC recognizes that there are many different types of healthcare worksites in BC that each present unique challenges in implementing a VPP. The purpose of this document is to provide a best practice framework that any BC healthcare workplace can draw from to create their VPP; we are not promoting a "cookie cutter" approach.

## INTRODUCTION

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There is evidence that, in many healthcare workplaces, violent behaviour that is not intentional due to illness/injury is not reported because it is not recognized as “violence.” Violence should not be seen as “just part of the job”. So, to encourage healthcare staff to report both types of violence, we want to ensure the message is clear. The term “violence”, as used in this framework, covers both types of violence that occur in healthcare:

- Violent behaviour that is intentional *and*,
- Violent behaviour that is not intentional, due to illness/injury (the aggressor lacks the mental capacity to demonstrate intent), often called “aggression”.

Both types of violence must be reported, so that appropriate corrective action(s) can be taken. A “best practice” definition of “violence” is identified in the Violence Prevention Policy at the beginning of the framework (p. 8).

In the context of the PVPSC and our initiatives, the term “best practice” can be defined as an approach to eliminating identified hazards before they cause harm by implementing effective control measures, rather than an approach of risk identification and analysis based on incidents that have already occurred. In taking this “best practice” approach the PVPSC has identified VPP components, processes, strategies and activities that:

- Are, at a minimum, inclusive of statutory and legal requirements
- Have shown to be effective in the prevention of workplace illness or injury;
- Have been implemented, maintained, and evaluated;
- Are based on current information; *and*
- Are transferable, and of value, to various healthcare workplaces.

The development and implementation of a VPP in healthcare workplaces is mandated under the Workers Compensation Act and Occupational Health and Safety (OHS) Regulation, as well as under the four BC healthcare master collective agreements. The best practice approach moves beyond these statutory and legal minimum requirements. Therefore, we have noted them in this framework (see appendices 1 and 2) only to identify that there is a minimum requirement basis for that item. Best practice, as noted, may go beyond minimum statutory requirements. We acknowledge that some healthcare workplaces in BC may be at the initial stages of developing an OHS program and will need to know what the statutory and legal minimum requirements are, before they develop a VPP.

This framework also includes items that are not specific to violence prevention and may apply to other parts of an overall OHS program (e.g., incident investigation, blood and body fluid clean-up protocols, etc.). These processes and protocols have been included because they are essential to ensure that the VPP is both comprehensive and effective. Many components of a good OHS program “cross-over” and it is best to be inclusive, as these different components work together. For example, to ensure the JOHSC has a “complete picture”, it is optimal to provide them with a basic OHS course that will give its members a solid understanding in hazard identification, risk assessment and analysis, as viewed through the “OHS lens”, in addition to a violence prevention course. A VPP is only one part of an overall OHS program and does not work in isolation from the other parts. If you already have policies/protocols for these “cross-over” components, you may just want to cross-reference them as you are developing your VPP.

Through the collaboration of healthcare stakeholders, it is our aim to build a provincial infrastructure along with RVPCs and JOHSCs for a coordinated and effective approach to violence prevention for BC’s healthcare workers.



## Definitions

1. **CISM:** Critical incident stress management, pre-incident education and post incident support systems (including **CISD**, which is Critical Incident Stress Defusing/Debriefing) offered to support staff affected or potentially affected by workplace violence.
2. **Co-worker:** Includes staff/employees, students, managers, physicians and other healthcare professionals, contractors and volunteers
2. **JOHSC:** Joint Occupational Health and Safety Committee (as per WCAct Div. 4, S. 125-140)
3. **PVPSC:** Provincial Violence Prevention Steering Committee (for BC Healthcare)
4. **RVPC:** Regional Violence Prevention Steering Committee (for BC Healthcare)
5. **Staff:** Employees, managers, physicians and other healthcare professionals, contractors and volunteers
6. **WCAct:** Workers Compensation Act of B.C.
7. **WCB:** Workers Compensation Board - legal name for WorkSafeBC
8. **Worker:** As per WCAct includes:

*(a) a person who has entered into or works under a contract of service or apprenticeship, written or oral, express or implied, whether by way of manual labour or otherwise;*

*(b) a person who is a learner, although not under a contract of service or apprenticeship, who becomes subject to the hazards of an industry within the scope of Part 1 for the purpose of undergoing training or probationary work specified or stipulated by the employer as a preliminary to employment;*

*(c) a member of a fire brigade or an ambulance driver or attendant working with or without remuneration, when serving*

*(i) a municipality, a regional district, an urban area, an improvement district, a board of school trustees, a francophone education authority as defined in the School Act, a library board or a parks board, or*

*(ii) a board or commission having the management or conduct of work or services on behalf of any of the bodies in subparagraph (i)*

*(d) an independent operator admitted by the Board under section 2 (2); and*

*(e) a person deemed by the Board to be a worker under section 3 (6)*

## 1. General Violence Prevention Policy (Sample)

### 1.1 Scope

All levels of an organization

### 1.2 Definition of violence

Incidents where persons are abused, threatened or assaulted in circumstances related to their work, involving a direct or indirect challenge to their safety, well-being, or health.

### 1.3 Statement of philosophy

Healthcare staff have the right to work in a violence-free workplace. Patients and others have the right to visit, or receive health care, in a therapeutic environment, free from risks to their personal safety. This right extends to all areas where healthcare staff work including the community (e.g., client's homes).

All healthcare services must have in place a violence prevention program that focuses on the elimination of violent behaviour. Where the risks cannot be eliminated, they must be reduced to the lowest possible level using control strategies developed in consultation with employees and the JOHSC.

The purpose of this policy is to ensure that in all violent incidents, appropriate action is consistently taken to protect healthcare staff, patients and visitors from the effects of such behaviour.

The policy includes effective risk management, and at all times the focus of activity must be on prevention. However, when a violent incident does occur, action must be taken to minimize its impact and prevent its recurrence as far as possible, regardless of its source.

It is not the intent of this policy that inappropriate action be taken against patients whose violent behaviour is a direct result of a medical condition.

In these circumstances, the emphasis is on prompt, effective clinical management and compassionate care of the patient, while at the same time protecting the safety of that patient, as well as the safety of staff and others.

The employer will adhere to the following responsibilities and actions, in an effort to eliminate or minimize violence:

- a) Any threat or act of violence against persons or against staff arising out of or in the course of their duties is not acceptable and measures may be taken to hold persons accountable for their actions up to and including criminal charges.
- b) The employer will support staff when they refuse to provide services under circumstances which present a perception of danger. (e.g., Right to Refuse Policy for: Community Visits, Acute Services and Long Term Care - LTC Services) and provide a program to ensure critical incident stress management (CISM), pre-incident education and post incident support systems (e.g., defusing/debriefing) are in place and offered to support staff affected or potentially affected by workplace violence.
- c) Where workers work alone or in isolation and are at risk of injury, the employer commits to the development of a working alone program.

- d) The employer commits to minimizing the risk of violence by promoting:
- Workplace safety for staff
  - Workplace safety for patients, residents and clients
  - The creation of an organizational safety culture by including all levels of the organization in the development and promotion of the Violence Prevention Policy and Program
  - Policies that ensure staff are provided information and training, to ensure they are aware of and follow safety practices to prevent and respond to violent incidents
  - The empowerment of staff to make and act on decisions regarding risk of violence
  - The establishment of written practices to identify and address risks for each worksite using input from all worksite staff
  - A program to ensure critical incident stress management (CISM), pre-incident education and post incident support systems (e.g., defusing/debriefing) are in place and offered to support staff affected or potentially affected by workplace violence
  - A Violence Prevention Program (VPP) that, as a minimum, complies with WCB OHS regulations, the WCACT and the applicable collective agreement(s)

### 1.4 Identify and understand roles and responsibilities

- a) WCACT Part 3 Division 3 ‘General Duties of Employers, Workers, and Others’ and ‘WCB OHS Regulations’ (Appendix 2).
- b) Additional responsibilities may apply under the respective Collective Agreements’ OHS articles (see Appendix 1).
- c) Employers (Health Authorities/Executive Directors of Affiliates, etc.)
- The employer is responsible for taking all necessary measures to protect workers from violence on the job. This includes the elimination of the risk of violence and, where risk cannot be eliminated, put into effect control measures to reduce the risk. The employer must ensure that workers are aware of and coordinate the appropriate post-incident protocols and resources available to them. This includes:
    - Advising the worker to consult a physician of his/her choice, following incidents of violence for treatment and/or referral (WCB OHS Reg. 4.31)
    - Provision of assistance and trauma counselling (Critical Incident Stress Defusing/Debriefing) (See Appendix 1)
    - Provision of Employee and Family Assistance Plan (EFAP). While not all healthcare collective agreements mandate an EFAP, it is a best practice to provide this program to any staff that might benefit from it because they have suffered injury/illness as a result of violence.

## GENERAL VIOLENCE PREVENTION POLICY

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- d) Supervisors/Managers
  - Determine if a risk of injury to workers, due to violence arising from work, is present
  - If a hazard/risk is present, ensure a risk assessment is undertaken and documented
  - Inform workers of the nature and extent of the risk of violence at the worksite
  - Ensure appropriate policies, procedures, and work environment measures (physical layout, security, etc.) are established to eliminate or minimize violence in the workplace
  - Ensure that appropriate education and training is provided to workers, consistent with the risk assessment(s), including violence prevention in the “Orientation for New/Young Workers” (WCB OHS Reg. 3.23 (f))
  - Ensure the effective response, reporting and monitoring procedures are in place
  - Regularly review the workplace violence prevention program to ensure its effectiveness in eliminating and minimizing risks
- e) Joint Occupational Health and Safety Committees (JOHSCs)
  - Provide input to the risk assessment process at the local workplace and provide input into the local Violence Prevention Program, including measures to protect workers.
  - Advise the local manager/supervisor regarding training needs.
  - Determine if investigations of violent incidents or threats, as required by Division 10 of the WC Act, Part 3, have taken place and participate as required.
  - Participate in regular evaluations of the Violence Prevention Program to ensure its effectiveness in eliminating and minimizing risks.
- f) Workers
  - Follow all policies and procedures relating to violence in the workplace.
  - Report to a supervisor any work-related violent act or threat or potentially violent actions against themselves, co-workers or members of their family.
  - Report any activity which had the potential for creating a risk of violence.
  - Refuse work that the worker believes creates an undue risk of violence.
  - Access assistance and trauma counselling (CISD) when appropriate (see Collective Agreements OHS article).
  - Access Employee and Family Assistance (EFAP) when appropriate (see Collective Agreements EFAP article).
  - Participate in identified education and training activities that will increase awareness and understanding of the threat of violence and how to avoid or respond to a violent incident.
  - Provide input into the risk assessment process.
- g) OHS advisors/specialists (as per each organization)

## 2. Implementation and Communication Plan

### 2.1 Implementation of a Violence Prevention Program (VPP)

- a) Develop and execute an action plan to implement preventive actions identified in the Risk Assessment (include the designation of tasks and time limits for implementation).
- b) Follow up and review to ensure the control measures are properly implemented and are effective.

### 2.2 Communication plan

- a) Overview of communication plan
  - Develop and execute a communication plan to ensure all management, supervisors and workers are informed about violence prevention policies and procedures, as well as any other control measures (including check in procedures for working alone or in isolation).
  - Ensure all levels of the organization are included in the development and execution of the communication plan to promote “buy-in” and support from everyone.
  - Provide updated information to all staff on a regular basis
  - Ensure information is accessible to all staff
  - Ensure all levels of the organization are included in communications
  - Ensure any contractors, volunteers, students, visitors, etc. who may visit the workplace are informed about the workplace violence prevention policies, procedures and control measures
  - Build links with community resources and police
- b) Internal Communication Protocols
  - Establish staff identification and visitor protocols (sign in or pass system for specific departments, restricted visitors, alcohol or drugs)
  - Communication of the Risk of Violence across departments or sites, including history of violent behaviour, e.g., mental health issues, addictions/drugs
    - Communication Logs
    - Hazard Identification Reporting
    - Client Care Plans
    - Computer flagging systems
    - Visual Identifiers (e.g., purple dot)
  - Establish signage, e.g., code of conduct for behaviour of client/patient/resident.

### c) External Communication Protocols

- Coordination with contractors, volunteers, students, visitors, community and police services
- Reciprocity agreements with correctional centers and healthcare worksites
- Communication of Risk of Violence:
  - Transfer protocols re: healthcare continuum (Community to/from LTC or Acute) and how history of violence information is transmitted (e.g., notification alert tool)
  - Notification Alert System (computer flagging systems)
  - Visual identifiers (e.g., purple dot)

### 3. Risk Assessment

#### 3.1 Risk Assessment: WCB OHS Regulation 4.28 (see appendix 2)

#### 3.2 Risk Assessment Team

Establish a Risk Assessment Team (optimally from the JOHSC who may already have training in risk identification) and provide education and training to ensure they are knowledgeable about the scope of the violence prevention program and the process of *conducting* a comprehensive Risk Assessment. Optimally the Risk Assessment Team would include a multidisciplinary cross-section of the organization but, if it does not, the Risk Assessment Team should ensure a high level of consultation with all levels of the organization.

#### 3.3 Components of a comprehensive violence Risk Assessment

- a) Staff survey: Identifies the hazards and risks of violence that staff are experiencing
- b) Environmental survey: Identifies hazards and the risk of violence in the work environment (e.g., access/egress, lighting, visibility, communication, weapons of opportunity, etc.
- c) Occupational job task analysis: Identifies occupational tasks where a risk of violence could put staff at risk
- d) Risk factors identification: Identifies and collects risk factors listed above.
- e) Review of worksite history:
  - WCB Claims related to violence (both time loss and non-time loss)
  - Incident investigation reports for incidents related to violence
  - Client risk assessments - a client's history of violent behaviour (or their family/acquaintance) and their triggers for violence (e.g., Alert Tool)
  - First aid records
  - Previous risk assessments (if any)
  - Current policies and procedures and other control measures in place to eliminate or mitigate risks of violence

#### 3.4 Analysis of risk factors and prioritization of preventative actions

- Implement any corrective measures that can be addressed immediately.
- Ensure areas of highest risk are addressed first
- Use short-term solutions that could be changed or improved in the long term.

#### 3.5 Consultation with same industry worksites

#### 3.6 Coordination with contractors and community

### 3.7 Identification of control measures to be developed or modified

Make decisions based on the *hierarchy of controls to eliminate the risk* wherever possible and, only when elimination is not possible, use control measures to minimize the risk enough to ensure the work is safe:

- *Engineering Controls*: Environmental and others
- *Administrative Controls*: Policies and procedures, education and training, and communication
- *Personal Protective Equipment*



## 4. Preventive Policies and Procedures

### 4.1 Education and training

- a) Policies and procedures for education and training, for all levels of an organization, should include:
  - Understanding the roles and responsibilities of : JOHSCs, employers/supervisors/managers, and workers
  - Understanding all Prevention of Violence and Response to Violence policies and procedures
- b) Policies and procedures for the education and training of workers should include the WCB requirements noted in: 3. Education and Training section, as well as any further requirements in the Collective Agreement(s) OHS article(s) (Appendix 1).
- c) Policies and procedures for education and training (sub-sector specific) for: JOHSC, employees, supervisors and managers (See section: 3. Education and Training).

### 4.2 The work environment

- a) Building/parking lot security
  - Building design
  - Access/egress
  - Safe parking
  - Public/private space (patient/client space)
  - Visibility (lighting)
  - Noise level
- b) Community
  - Vehicle safety
  - Driving safety
  - Poor weather conditions
  - Safe parking
  - Access/egress

### 4.3 Working alone or in isolation

- a) WCB OHS Regulation 4.21-4.23
- b) Risk identification and assessment
- c) Risk levels for working alone
- d) Check-in and check-out protocols
- e) Training of workers and contact designates
- f) Use of cell phones
- g) Vehicle maintenance

- h) Safe travel protocol
- i) Right to Refuse (Community) Visit Policy

### 4.4 Violence from clients/patients/residents

- a) WCB OHS Regulations (Appendix 3)<sup>1</sup>
- b) Collective Agreement OHS Articles (e.g., Aggressive Clients-Appendix 1)
- c) Criminal Code of Canada (Appendix 5)
- d) Human Rights Code (Appendix 4)
- e) Identification and assessment of client/patient/resident characteristics as risk factor(s):
  - Intake/discharge client risk assessment protocols:
    - Identify specific client characteristics as risk factors (e.g., history of violent behaviour, mental health, addiction issues, triggers for violent behaviour, etc.)
    - Develop and implement effective measures to eliminate or mitigate the risk to the extent that the staff can safely work with that client (may include specific measures in Client Care Plan).
    - Include communication plan to ensure staff at the workplace where a client's intake occurs and/or at the workplace from which a client is being discharged, are advised of the risks and control measures.
  - Ongoing, regular client risk assessment protocols:
    - When client exhibits violent behaviour and has no history of violence
    - When client with history of violence exhibits new/different violent behaviour
    - Review Investigation Report(s) of Incidents and Client Care Plan
    - Develop and implement appropriate and effective control measures
    - Communicate new/different risks and new/revised control measures with staff.
  - Clinical practice guidelines:
    - Least restraint
    - Use of restraints
    - Care of client in restraints
    - Seclusion rooms

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#### <sup>1</sup> Additional References:

WCA Act Part 3 Div. 3 S. 116 (Worker to Report Hazards)  
WCB OHS Regulation 3.12 Refusal of Unsafe Work  
WCB OHS Regulation 3.13 No Discrimination  
WCB OHS Regulation 4.21 Working Alone or in Isolation  
WCB OHS Regulation 4.30 Instruction to Workers  
WCB OHS Regulation 4.31 Advice to Consult a Physician  
WCB OHS Regulation 6.33-6.38 Biohazardous Materials

- Triage of aggressive clients
- Medications
- Alcohol and drug withdrawal
- Chemical substance intoxication
- Dementia/delirium protocols
- Corrections prisoners as clients
- Suicide watch/1:1 protocols
- Limits of pursuit / self-defence
- Admission code of behaviour for clients

#### **4.5 Violence from members of the public**

- a) WCB OHS Regulation 4.27-4.31
- b) Criminal Code of Canada (Appendix 4)

#### **4.6 Weapons and weapons of opportunity**

- Criminal Code of Canada, Part III - Fire Arms and Other Weapons

#### **4.7 Domestic violence in the workplace**

- a) WCB OHS Regulation 4.27-4.31
- b) Criminal Code of Canada (Appendix 4)

#### **4.8 A respectful workplace**

- a) *Violence from Co-Workers*: WCB OHS Regulation 4.24-4.26 Workplace Conduct (also includes assault as well as horseplay, practical jokes, etc. - Appendix 2)
- b) Criminal Code of Canada (Appendix 4)
- c) HR Code of Conduct
- d) BC Human Rights Code - the employer is required to provide workers with a workplace free of harassment and discrimination, as per the BC Human Rights Code (see Appendix 3)
- e) WCB OHS Regulation 4.20 Impairment by Alcohol, Drug or other substances (Appendix 2)

### 5. Education and Training

#### 5.1 Applicable legislation

- a) Employer's Duty to Inform/Worker's Right to Know (Appendix 2: WCA Act Div. 3 S. 115 2 (e))
- b) Instruction to Workers (Appendix 2: WCB OHS Reg. 4.30)
- c) Working Alone or In Isolation Procedures Training (Appendix 2: WCB OHS Regulation 4.22)

#### 5.2 Violence prevention education and training

##### 5.2.1 Staff training

- All Violence Prevention and Response written policies and procedures including clinical practice guidelines.
- A review of all risks inherent in the worker's position.
- Workers', Supervisors', JOHSCs', and Employers' roles and responsibilities under:
  - Workers Compensation Act and OHS Regulations
  - Collective Agreement OHS articles
  - Workplace VP Policies and Procedures
- Techniques for the safest methods in working with patients/clients (or their: family members; acquaintances; pets) with a history of or potential for violent behaviour (e.g., PMAB, NVCI).
  - Hazard Identification and Reporting (Appendix 2: WCA Act Part 3 Div. 3 S.116)
  - Defusing escalating behaviour (also see Appendix 1 - Aggressive Behaviour/Clients, etc.) Training may be specific to relevant sub-sector:
    - Acute Care
    - Residential Care
    - Community
- Techniques in how to respond when violent behaviour occurs (e.g., Team Response/Code White and/or escape/restraint techniques). Training may be specific to relevant sub-sector:
  - Acute Care
  - Residential Care
  - Community

**Some Current Examples of Staff Training Modules:**

- Non-Violent Crisis Intervention (NVCI) – staged intervention model
- Preventing and Managing Aggressive Behaviour (PMAB) – how to communicate, recognize triggers and de-escalate
- Code White – team response; specific skills in safe physical containment/restraints
- Dealing With Aggressive Clients (MCFD) - Use of Force continuum specifically for psychiatric-residential setting
- Clinical guidelines/tools (Fraser Health)
- Geriatric education program/Eden alternative for LTC
- Durewal Method (Sweden)

**Some Current Examples for Training (Staff/Supervisors/Managers) to Prevent Post Traumatic Stress Disorder (PTSD):**

- Pre-incident education of Critical Incident Stress Defusing/Debriefing (CISD) – stress inoculation in orientation
- CISM customized to trauma incidents, e.g., ASAP program in U.S.
- Peer Critical Incident Stress Debriefing (CISD)

- Procedure to follow if work is unsafe
  - Report to supervisor/manager and JOHSC representative
  - WCB OHS Regulation 3.12 Refusal of Unsafe Work
  - WCB OHS Regulation 3.13 No discriminatory action for refusal of unsafe work
- Incident response to violence in the workplace
  - Response to violent incident
  - Post-incident protocols
  - Incident reporting
  - Incident investigation
  - Incident follow-up

*\*\*Please note that a more detailed discussion of incident response is provided in the next section of this document (pages 19-20).*

- Emergency response protocols (e.g., bomb threat, fire, etc.)
  - Evacuation plan for: clients/residents/patients and staff
- Biohazardous materials
  - Standard precautions
  - WCB Reg. 6.41 (Biohazardous Materials) Records (mentions worker education and training session on biohazardous materials)

### 5.2.2 JOHSC training

- Basic JOHSC training
  - History of OHS Legislation
  - WC Act and OHS Regulation and Collective Agreement(s) OHS Article(s): Four Basic Rights of Workers
  - Roles and Responsibilities of: JOHSC, Employer, Manager/ Supervisor and Workers
  - Role of the WCB
  - Components of an OHS Program
  - How to respond to workers' OHS concerns
  - How to write recommendations
  - How to hold effective JOHSC meetings (processes to resolve issues)
  - How to conduct Safety Inspections (may be separate course)
  - How to conduct Incident Investigations (may be separate course)
  - OHS Program review/evaluation
- Violence in the Workplace Training
  - Relevant sections of WC Act, OHS Regulation and Collective Agreement(s) OHS Article(s)
  - Development of a Violence Prevention Program
  - Risk Assessment Team training

### 5.2.3 Supervisor training

- Supervisors', employers', workers', and JOHSCs' roles and responsibilities under:
  - Workers Compensation Act and OHS Regulation
  - Collective Agreement OHS article
  - Workplace VP Policies and Procedures
  - How to identify hazards and risks, assess risks, implement appropriate control measures (including interim measures)
  - Knowledge and understanding of all violence prevention and response written policies and procedures (as per 2. above)
  - A review of all risks inherent in a worker's position, for all positions the supervisor is supervising, and how to identify such risks.
  - Knowledge and understanding of all staff education and training

## 6. Incident Response

### 6.1 Response to violent incidents

- a) Non-violent crisis intervention and de-escalation of violent behaviour
- b) Security standby/Police Services
- c) Team intervention including Code White Response (escape/restraint techniques)
- d) Community workers (e.g., working alone)

### 6.2 Post incident protocols

- a) Control the scene
- b) Obtain First Aid/Medical Services (Appendix 2 WCB OHS Reg. 4.31 Advise to consult a physician) Emergency Services
- c) Critical Incident Stress Management (Defusing/Debriefing) (see Appendix 1)
- d) Blood and Body Fluid clean up (Appendix 2 WCB OHS Reg. 6.40-6.41 Biohazardous Materials)

### 6.3 Incident reporting

- a) Employee(s) report incident to employer and/or JOHSC (Appendix 2 WCACT Part 3 Div. 3 S. 116)
- b) Employer(s) report incident to WCB (as required by the WCACT Part 3 Div 3 S. 172-Appendix 2)
- c) Identification of aggressor:
  - Client aggressor
  - Visitor/public aggressor
  - Co-worker aggressor
- d) If employee suffers an injury/illness: (see WC Act Part 1 Div. 5 S. 53-56)
- e) Employee Injury Report (WCB Form 6)
- f) Employer Report of Employee Injury (WCB Form 7)
- g) Doctor's report: employee's physician must fill this out (WCB Form 8)

### 6.4 Incident investigation

- a) Incidents that must be Investigated (Appendix 2: WCAct S. 173)
- b) Investigation Process (Appendix 2: WC Act S.174)

\*Please note that the Investigation Process identified under the Collective Agreement(s) OHS article(s) may be more detailed than the process outlined in Section 174 of the WC Act. See Appendix 1.

- c) Workplace Conduct Investigation (Appendix 2: WCB OHS Regulations S. 4.26)
- d) JOHSC members should be trained in the appropriate process to conduct an effective Incident Investigation.

### 6.5 Incident follow-up

- a) Implement corrective actions, if required (Appendix 2 WCAct S. 176 Follow Up Action and Report)
- b) Documentation/Incident Report (Appendix 2 WCAct S. 175 Incident Investigation Report)
- c) Incident Report copied to: WorkSafeBC, JOHSC Committee (and Union(s) when required as per Collective agreement(s))
- d) Possible Legal Action under the Criminal Code (support staff in pursuing legal action)
- e) Evaluate effectiveness of control measures



## 7. Violence Prevention Program Review

### 7.1 List of components to review

- a) Review annually, as a minimum, and whenever work product/practices and/or work location changes - review any/all risks identified due to the changes (Appendix 2: WCB Policy Re: WCB OHS Reg. 4.28(2))
- b) Working Alone or in Isolation Procedure Annual Review (Appendix 2: WCB OHS Regulation 4.23)
- c) Recognition of Violence in the Workplace as an Occupational Hazard (Appendix 2: Note: WCB OHS Regulation 4.27-4.31)
- d) Evaluation: Review all components of your Violence Prevention Program for effectiveness and to ensure it is comprehensive:
  - Violence Prevention Policy
  - Written Policies and Procedures, Work Environment and Organizational Control Measures
  - Education and Training
  - Incident Response
  - Risk Assessment
  - Implementation of Violence Prevention Program
  - Communication Plan
- e) Update Risk Assessment
- f) Ensure a Timely Response to Prevention Actions required, as identified by Risk Assessment
- g) Develop Evaluation Report and distribute to full JOHSC and employer

### 7.2 Sample review of the Violence Prevention Program elements:

- Have all potentially violent situations been identified?
- Are workers reporting violent incidents?
- Has there been a reduction in the incidents of violence?
- Are workers adequately trained in violence prevention initiatives?
- Do workers and management understand and practice the violence prevention policy in the workplace?
- Is there an effective communication process?
- Does the check-in procedure for workers working alone or in isolation eliminate or minimize the risk and is it being followed?
- Are workers knowledgeable in the procedures to follow in an emergency situation?
- Are complaints investigated jointly (including workers and employers)?
- Are Incident Investigations occurring in a timely manner?
- Are Incident Investigation Reports comprehensive and effective?
- Are recommendations for corrective actions implemented?
- Are victims of violent incidents given adequate support?
- Were police called when appropriate?
- Have any policies and procedures changed?

## Appendix 1

### BC Healthcare Collective Agreements OHS Articles Re: Violence in the Workplace

**Bargaining Unit:** Health Services and Support Facilities Subsector

**Collective Agreement Language:**

**Article 37.01 Occupational Health and Safety Committee**

(d) “No employee shall be disciplined for refusal of unsafe work when excused by the provisions of the *Workers Compensation Act* or regulations.”

**Article 37.02 Aggressive Patients/Residents**

(a) “When the Employer is aware that a patient/resident has a history of aggressive behaviour the Employer will make such information available to the employee. Upon admission or transfer the Employer will make every reasonable effort to identify the potential for aggressive behaviour. In-service and/or instruction in caring for the aggressive patient/resident and on how to respond to patient’s/resident’s aggressive behaviour will be provided by the Employer. The appropriate Occupational Health and Safety Committee will be consulted on the curriculum. The Employer shall make every reasonable effort to ensure that sufficient staff is present when any treatment or care is provided to such patients/residents.”

(b) “Critical incident stress defusing shall be made available and be known to employees who have suffered a serious work related traumatic incident of an unusual nature. Leave to attend such sessions will be without loss of pay.”

**Article 37.06 Working Alone or In Isolation**

“The Occupational Health and Safety Committee shall have the mandate to review procedures established by the Employer for checking the well being of employees working alone or in isolation under conditions which present a risk of disabling injury where the employee might not be able to secure assistance in the event of injury. The Committee shall have the right to make recommendations to the Employer regarding such procedures.”

**Bargaining Unit:** Health Services and Support Community Subsector

**Collective Agreement Language:**

**Article 22.3 Occupational Health and Safety Committee**

(d) “No employee shall be disciplined for refusal of unsafe work when excused by the provisions of the *Workers Compensation Act* or regulations.”

(f) “The Employer, in consultation with the Occupational Health and Safety Committee, shall institute a written procedure for checking the well being of employees assigned to work alone or in isolation under conditions which present a risk of disabling injury, if the employee might not be able to secure assistance in the event of injury or other misfortune. This procedure will be reviewed by the Committee as it deems necessary.”

(g) “The Employer will promote processes that provide the most effective ways to safely perform work. These processes will include consideration of safety measures such as timely risk assessment tools, environmental ergonomic adjustments, care design and redesign for clients, sufficient staffing, and in-services/team meetings. The Occupational Health and Safety Committee shall have as part of its mandate the jurisdiction to make recommendations on these measures, supported by available resources (e.g., from OHSAH, WCB).”

**Article 22.4 Aggressive Behaviour**

(a) “Aggressive behaviour means the attempted or actual exercise by a person, other than an employee, of any physical force so as to cause injury to an employee, and includes any threatening statement or behaviour which gives an employee reasonable cause to believe that the employee is at risk of injury.”

(b) “When the Employer is aware that a client has a history of aggressive behaviour, the Employer shall provide employees with information in its possession regarding a client or resident which is necessary for the employee to safely carry out his/her duties. Upon admission, transfer or assignment the Employer will make every reasonable effort to identify the potential for aggressive behaviour.”

(c) “Where employees may be at risk from aggressive behaviour, in-service and/or instruction on how to respond to aggressive behaviour will be provided by the Employer. The Occupational Health and Safety Committee shall be consulted on the curriculum. Where a risk of injury to employees from violence is identified in accordance with Sec. 8.90 of the Protection of Workers from Violence in the Workplace Regulations, the Employer will, in consultation with the Committee, establish appropriate physical and procedural measures to eliminate, or where that is not possible, minimize the risk. The Employer shall make every reasonable effort to ensure that sufficient staff is present when any such treatment or care is provided. It is understood that this provision is at no cost to the Employer.”

(d) “Critical incident stress defusing shall be made available and known to employees who have suffered a serious work related traumatic incident of an unusual nature. Leave to attend such sessions will be without loss of pay.”

**Bargaining Unit: Nurses’ Subsector****Article 32.03 Safe Workplace**

(B) “When the Employer is aware that a patient/resident/client has a history of violent behaviour, the Employer shall make such information available to the employee. Upon admission, transfer or assignment the Employer will make every reasonable effort to identify the potential for aggressive behaviour. In-services and/or instruction in caring for the violent patient will be provided by the Employer.”

Note: Critical incident stress defusing is provided to nurses under the same circumstances as other bargaining units at the same worksite.

**Bargaining Unit: Health Sciences Subsector****Collective Agreement Language:****Article 38.01 Promotion of Safe Work Habits**

“No employee shall be disciplined for refusal of unsafe work when excused by the provisions of the *Workers Compensation Act* or regulations.”

**Article 38.03 Employee Safety**

“The employer will provide employees working in remote geographic areas with access to appropriate communication devices or processes.”

**Article 38.04 Aggressive Patients/Residents/Clients**

(a) “When the Employer is aware that a patient has a history of aggressive behaviour the Employer will make such information available to the employee. Upon admission, transfer or a community assignment the Employer will make every reasonable effort to identify the potential for aggressive behaviour. In-service and/or instruction in caring for the aggressive patient/resident/client and on how to respond to patient’s/resident’s/client’s aggressive behaviour will be provided by the Employer. The Employer shall make every reasonable effort to ensure that sufficient staff is present when any treatment or care is provided to such patients/residents.”

## APPENDICES

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**(b)** “Critical incident stress defusing shall be made available and known to employees who have suffered a serious work related traumatic incident of an unusual nature. Leave to attend such sessions will be without loss of pay.”

## Appendix 2

### BC Health Care Collective Agreements OHS Articles Re: Accident/Incident Investigation

**Bargaining Unit:** Health Services and Support Facilities Subsector

**Collective Agreement Language:**

**Article 37.01(b)** “Employees who are members of the [Joint Occupational Health and Safety] Committee shall be granted leave without loss of pay or receive straight time regular wages to participate in workplace inspections and accident investigations...”

**Article 37.02 (b)** “Critical incident stress defusing shall be made available and be known to employees who have suffered a serious work related traumatic incident of an unusual nature. Leave to attend such sessions will be without loss of pay.”

**Bargaining Unit:** Health Services and Support Community Subsector

**Collective Agreement Language:**

**Article 22.3 (b)** “Employees who are members of the [Joint Occupational Health and Safety] Committee shall be granted leave without loss of pay or receive straight-time regular wages to participate in joint workplace inspections and joint accident investigations...”

“Committee workplace ...accident investigations shall be scheduled during normal working hours whenever possible.”

**Article 22.4 (d)** “Critical incident stress defusing shall be made available and known to employees who have suffered a serious work related traumatic incident of an unusual nature. Leave to attend such sessions will be without loss of pay.”

**Article 22.9 (a)** “Except in the case of a vehicle accident occurring on a public street or highway, the Employer must immediately initiate an investigation into the cause of every accident which resulted in injury requiring medical treatment by a medical practitioner or had a potential for causing serious injury.

**(b)** Accident investigations must be carried out by persons knowledgeable of the type of work involved and, if feasible, include the participation of one (1) Union Occupational Health and Safety Committee member, or if not available, a Union steward and one (1) Employer representative.

**(c)** Copies of accident investigation reports must be forwarded without undue delay to the Occupational Health and Safety Committee.

**(d)** In the event of a work related employee fatality, the Employer shall notify the Union designate of the nature and circumstances of the accident as soon as possible.”

**Bargaining Unit:** Paramedical Professional Subsector

**Collective Agreement Language:**

**Article 38.02** “Employees who are members of the [Joint Occupational Health and Safety] Committee shall be granted leave without loss of pay or receive straight time regular wages to participate in workplace inspections and accident investigations...”

**Article 38.04** “Critical incident stress defusing shall be made available and known to employees who have suffered a serious work related traumatic incident of an unusual nature. Leave to attend such sessions will be without loss of pay.”

**Bargaining Unit:      Nurses' Subsector**

Past experience indicates that employees who are members of the Joint Occupational Health and Safety Committee are included in joint accident investigations and critical incident stress defusing is provided to nurses under the same circumstances as other bargaining units at the same worksite.

## Appendix 3

### Applicable WCB OHS Regulations and Sections of the WCA Act Re: Violence in the Workplace

#### *Violence Prevention Policy*

- **WCB OHS Regulation 4.27- Definition of Violence:**

*“Violence means the attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker, and includes any threatening statement or behaviour which gives a worker reasonable cause to believe that he or she is at risk of injury.”*

#### *Written Policies and Procedures and Work Environment Control Measures*

- **WCB OHS Regulation 4.29 Procedures and Policies:**

*If a risk of injury to workers from violence is identified by an assessment performed under section 4.28 the employer must*

*(a) establish procedures, policies and work environment arrangements to eliminate the risk to workers from violence, and*

*(b) if elimination of the risk to workers is not possible, establish procedures, policies and work environment arrangements to minimize the risk to workers.*

- **WC Act Part 3 Division 3 General Duties of Employers, Workers and Others**

- ***General duties of employers (section 115)***

*(1) Every employer must*

*(a) ensure the health and safety of*

*(i) all workers working for that employer, and*

*(ii) any other workers present at a workplace at which that employer's work is being carried out, and*

*(b) comply with this Part, the regulations and any applicable orders.*

*(2) Without limiting subsection (1), an employer must*

*(a) remedy any workplace conditions that are hazardous to the health or safety of the employer's workers,*

*(b) ensure that the employer's workers*

*(i) are made aware of all known or reasonably foreseeable health or safety hazards, to which they are likely to be exposed by their work,*

*(ii) comply with this Part, the regulations and any applicable orders, and*

*(iii) are made aware of their rights and duties under this Part and the regulations,*

*(c) establish occupational health and safety policies and programs in accordance with the regulations,*

- (d) provide and maintain in good condition protective equipment, devices and clothing as required by regulation and ensure that these are used by the employer's workers,*
- (e) provide to the employer's workers the information, instruction, training and supervision necessary to ensure the health and safety of those workers in carrying out their work and to ensure the health and safety of other workers at the workplace,*
- (f) make a copy of this Act and the regulations readily available for review by the employer's workers and, at each workplace where workers of the employer are regularly employed, post and keep posted a notice advising where the copy is available for review,*
- (g) consult and cooperate with the joint committees and worker health and safety representatives for workplaces of the employer, and*
- (h) cooperate with the Board, officers of the Board and any other person carrying out a duty under this Part or the regulations.*

▪ **General duties of workers (section 116)**

*(1) Every worker must*

- (a) take reasonable care to protect the worker's health and safety and the health and safety of other persons who may be affected by the worker's acts or omissions at work, and*
- (b) comply with this Part, the regulations and any applicable orders.*

*(2) Without limiting subsection (1), a worker must*

- (a) carry out his or her work in accordance with established safe work procedures as required by this Part and the regulations,*
- (b) use or wear protective equipment, devices and clothing as required by the regulations,*
- (c) not engage in horseplay or similar conduct that may endanger the worker or any other person,*
- (d) ensure that the worker's ability to work without risk to his or her health or safety, or to the health or safety of any other person, is not impaired by alcohol, drugs or other causes,*
- (e) report to the supervisor or employer
  - (i) any contravention of this Part, the regulations or an applicable order of which the worker is aware, and*
  - (ii) the absence of or defect in any protective equipment, device or clothing, or the existence of any other hazard, that the worker considers is likely to endanger the worker or any other person,**
- (f) cooperate with the joint committee or worker health and safety representative for the workplace, and*
- (g) cooperate with the Board, officers of the Board and any other person carrying out a duty under this Part or the regulations.*



- **General duties of supervisors (section 117)**

(1) Every supervisor must

- (a) ensure the health and safety of all workers under the direct supervision of the supervisor,
- (b) be knowledgeable about this Part and those regulations applicable to the work being supervised, and
- (c) comply with this Part, the regulations and any applicable orders.

(2) Without limiting subsection (1), a supervisor must

- (a) ensure that the workers under his or her direct supervision
  - (i) are made aware of all known or reasonably foreseeable health or safety hazards in the area where they work, and
  - (ii) comply with this Part, the regulations and any applicable orders,
- (b) consult and cooperate with the joint committee or worker health and safety representative for the workplace, and
- (c) cooperate with the Board, officers of the Board and any other person carrying out a duty under this Part or the regulations.

- **WCB OHS Regulation 4.21 Working Alone or in Isolation Procedures:**

(1) The employer must develop and implement a written procedure for checking the well-being of a worker assigned to work alone or in isolation under conditions which present a risk of disabling injury, if the worker might not be able to secure assistance in the event of injury or other misfortune.

(2) The procedure for checking a worker's well-being must include the time interval between checks and the procedure to follow in case the worker cannot be contacted, including provisions for emergency rescue.

(3) A person must be designated to establish contact with the worker at predetermined intervals and the results must be recorded by the person.

(4) In addition to checks at regular intervals, a check at the end of the work shift must be done.

(5) The procedure for checking a worker's well-being, including time intervals between the checks, must be developed in consultation with the joint committee or the worker health and safety representative, as applicable.

(6) Time intervals for checking a worker's well-being must be developed in consultation with the worker assigned to work alone or in isolation.

**Note:** High risk activities require shorter time intervals between checks. The preferred method for checking is visual or two-way voice contact, but where such a system is not practicable, a one-way system which allows the worker to call or signal for help and which will send a call for help if the worker does not reset the device after a predetermined interval is acceptable.

- **4.22 Training**

A worker required to work in the circumstances described in section 4.21(1) and any person assigned to check on the worker must be trained in the written procedure for checking the worker's well-being.

- **WCB OHS Regulations 4.24-4.26 Workplace Conduct**

- **4.24 Definition**

*In sections 4.25 and 4.26*

*"improper activity or behaviour" includes*

*(a) the attempted or actual exercise by a worker towards another worker of any physical force so as to cause injury, and includes any threatening statement or behaviour which gives the worker reasonable cause to believe he or she is at risk of injury, and*

*(b) horseplay, practical jokes, unnecessary running or jumping or similar conduct.*

**Note:** *Worker means a worker as defined under the Workers Compensation Act, and includes a supervisor or other representative of the employer*

- **4.25 Prohibition**

*A person must not engage in any improper activity or behaviour at a workplace that might create or constitute a hazard to themselves or to any other person.*

- **4.26 Investigation**

*Improper activity or behaviour must be reported and investigated as required by Part 3 (Rights and Responsibilities).*

- **WCB OHS Regulation 4.20- Impairment by alcohol, drug or other substance**

*(1) A person must not enter or remain at any workplace while the person's ability to work is affected by alcohol, a drug or other substance so as to endanger the person or anyone else.*

*(2) The employer must not knowingly permit a person to remain at any workplace while the person's ability to work is affected by alcohol, a drug or other substance so as to endanger the person or anyone else.*

*(3) A person must not remain at a workplace if the person's behaviour is affected by alcohol, a drug or other substance so as to create an undue risk to workers, except where such a workplace has as one of its purposes the treatment or confinement of such persons.*

**Note:** *In the application of sections 4.19 and 4.20, workers and employers need to consider the effects of prescription and non-prescription drugs, and fatigue, as potential sources of impairment. There is a need for disclosure of potential impairment from any source, and for adequate supervision of work to ensure reported or observed impairment is effectively managed.*

- **WCB OHS Regulations 6.33-Biohazardous Materials**

- **6.33 Definitions**

*In sections 6.33 to 6.41*

**"biohazardous material"** *means a pathogenic organism, including a blood borne pathogen, which due to its known or reasonably believed ability to cause disease in humans, would be classified as Risk Group II, III or IV as defined by the Medical Research Council of Canada, or any material contaminated with such an organism;*

**"occupational exposure"** *means reasonably anticipated, harmful contact with blood or other potentially biohazardous material that may result from the performance of a worker's duties;*

*"safety-engineered needle" includes a self-sheathing needle device and a retractable needle system.*

▪ **6.34 Exposure control plan**

*The employer must develop and implement an exposure control plan meeting the requirements of section 5.54, if a worker has or may have occupational exposure to a blood borne pathogen, or to other biohazardous material as specified by the Board.*

▪ **6.35 Risk identification**

*The employer must maintain a list of all job classifications and must identify all tasks and procedures in which there is a potential for occupational exposure to a blood borne pathogen, or to other biohazardous material specified by the Board.*

▪ **6.39 Vaccination**

Vaccination against hepatitis B virus must be made available at no cost to the worker, upon request, for all workers who have, or who may have, occupational exposure to hepatitis B virus.

▪ **6.40 Health protection**

*(1) A worker potentially exposed to hepatitis B virus or another blood borne pathogen in an exposure incident must be advised to seek a medical evaluation at the time of the incident.*

*(2) The medical evaluation must be based on an assessment of the risks associated with the incident, and subsequent post-exposure health management must be provided as necessary.*

▪ **6.41 Records**

*A record must be kept of all workers who are exposed to biohazardous or potentially biohazardous material while on the job, and of worker education and training sessions on biohazardous materials.*

### **Education and Training**

• **WCAct Div.3 S.115 2(e):**

*"an employer must provide to the employer's workers the information, instruction, training and supervision necessary to ensure the health and safety of those workers in carrying out their work and to ensure the health and safety of other workers at the workplace,..."*

• **WCB OHS Regulation 4.30 Instruction to Workers:**

*(3) The employer must instruct workers who may be exposed to the risk of violence in*

*(a) the means for recognition of the potential for violence,*

*(b) the procedures, policies and work environment arrangements which have been developed to minimize or effectively control the risk to workers from violence,*

*(c) the appropriate response to incidents of violence, including how to obtain assistance, and*

*(d) procedures for reporting, investigating and documenting incidents of violence*

- **WCB OHS Regulation 3.22-3.25 Young or New Workers:**

*Definitions In sections 3.23 to 3.25:*

*"new worker" means any worker who is*

- (a) new to the workplace,*
- (b) returning to a workplace where the hazards in that workplace have changed during the worker's absence,*
- (c) affected by a change in the hazards of a workplace, or*
- (d) relocated to a new workplace if the hazards in that workplace are different from the hazards in the worker's previous workplace;*

*"young worker" means any worker who is under 25 years of age.*

*[Enacted by B.C. Reg. 105/2007, effective July 26, 2007.]*

- **WCB OHS Regulation 3.23 Young or New worker Orientation and Training:** **NEW**

*(1) An employer must ensure that before a young or new worker begins work in a workplace, the young or new worker is given health and safety orientation and training specific to that young or new worker's workplace.*

*(2) The following topics must be included in the young or new worker's orientation and training:*

- (a) the name and contact information for the young or new worker's supervisor;*
- (b) the employer's and young or new worker's rights and responsibilities under the Workers Compensation Act and this Regulation including the reporting of unsafe conditions and the right to refuse to perform unsafe work;*
- (c) workplace health and safety rules;*
- (d) hazards to which the young or new worker may be exposed, including risks from robbery, assault or confrontation;*
- (e) working alone or in isolation;*
- (f) violence in the workplace;*
- (g) personal protective equipment;*
- (h) location of first aid facilities and means of summoning first aid and reporting illnesses and injuries;*
- (i) emergency procedures;*
- (j) instruction and demonstration of the young or new worker's work task or work process;*
- (k) the employer's health and safety program, if required under section 3.1 of this Regulation;*
- (l) WHMIS information requirements set out in Part 5, as applicable to the young or new worker's workplace;*
- (m) contact information for the occupational health and safety committee or the worker health and safety representative, as applicable to the workplace.*

*[Enacted by B.C. Reg. 105/2007, effective July 26, 2007.]*

- **WCB OHS Regulation 3.24 Additional Orientation and Training:** **NEW**

*An employer must provide a young or new worker with additional orientation and training if*

*(a) workplace observation reveals that the young or new worker is not able to perform work tasks or work processes safely, or*

*(b) requested by the young or new worker.*

*[Enacted by B.C. Reg. 105/2007, effective July 26, 2007.]*

- **WCB OHS Regulation 3.25 Documentation:** **NEW**

*An employer must keep records of all orientation and training provided under sections 3.23 and 3.24.*

- **WCB OHS Regulation 6.38- Education and training:**

*The employer must inform workers about the contents of the exposure control plan and provide them with adequate education and training to work safely with and in proximity to potentially biobazardous material.*

- **WCB OHS Regulation 3.12- Refusal of Unsafe Work:**

- **3.12 Procedure for refusal**

*(1) A person must not carry out or cause to be carried out any work process or operate or cause to be operated any tool, appliance or equipment if that person has reasonable cause to believe that to do so would create an undue hazard to the health and safety of any person.*

*(2) A worker who refuses to carry out a work process or operate a tool, appliance or equipment pursuant to subsection (1) must immediately report the circumstances of the unsafe condition to his or her supervisor or employer.*

*(3) A supervisor or employer receiving a report made under subsection (2) must immediately investigate the matter and*

*(a) ensure that any unsafe condition is remedied without delay, or*

*(b) if in his or her opinion the report is not valid, must so inform the person who made the report.*

*(4) If the procedure under subsection (3) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, the supervisor or employer must investigate the matter in the presence of the worker who made the report and in the presence of*

*(a) a worker member of the joint committee,*

*(b) a worker who is selected by a trade union representing the worker, or*

*(c) if there is no joint committee or the worker is not represented by a trade union, any other reasonably available worker selected by the worker.*

*(5) If the investigation under subsection (4) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, both the supervisor, or the employer, and the worker must immediately notify an officer, who must investigate the matter without undue delay and issue whatever orders are deemed necessary.*

- **3.13 No discriminatory action**

*(1) A worker must not be subject to discriminatory action as defined in section 150 of Part 3 of the Workers Compensation Act because the worker has acted in compliance with section 3.12 or with an order made by an officer.*

*(2) Temporary assignment to alternative work at no loss in pay to the worker until the matter in section 3.12 is resolved is deemed not to constitute discriminatory action.*

- **WCB OHS Regulation 6.41- (Biohazardous Materials) Records:**

*A record must be kept of all workers who are exposed to biohazardous or potentially biohazardous material while on the job, and of worker education and training sessions on biohazardous materials.*

### **Incident Response:**

- **WCB OHS Regulation 4.31- Advice to consult physician:**

*(3) The employer must ensure that a worker reporting an injury or adverse symptom as a result of an incident of violence is advised to consult a physician of the worker's choice for treatment or referral*

- **WCA Act Part 3 Division 10 - Accident Reporting and Investigation:**

- **172 Immediate notice of certain accidents**

*(1) An employer must immediately notify the Board of the occurrence of any accident that*

*(a) resulted in serious injury to or the death of a worker,*

*(b) involved a major structural failure or collapse of a building, bridge, tower, crane, hoist, temporary construction support system or excavation,*

*(c) involved the major release of a hazardous substance, or*

*(d) was an incident required by regulation to be reported.*

*(2) Except as otherwise directed by an officer of the Board or a peace officer, a person must not disturb the scene of an accident that is reportable under subsection (1) except so far as is necessary to*

*(a) attend to persons injured or killed,*

*(b) prevent further injuries or death, or*

*(c) protect property that is endangered as a result of the accident.*

- **173 Incidents that must be investigated**

*(1) An employer must immediately undertake an investigation into the cause of any accident or other incident that*

*(a) is required to be reported by section 172,*

*(b) resulted in injury to a worker requiring medical treatment,*

*(c) did not involve injury to a worker, or involved only minor injury not requiring medical treatment, but had a potential for causing serious injury to a worker, or*

*(d) was an incident required by regulation to be investigated.*

(2) *Subsection (1) does not apply in the case of a vehicle accident occurring on a public street or highway.*

▪ **174 Investigation process**

(1) *An investigation required under this Division must be carried out by persons knowledgeable about the type of work involved and, if they are reasonably available, with the participation of the employer or a representative of the employer and a worker representative.*

(2) *As far as possible, the investigation must*

(a) *determine the cause or causes of the incident,*

(b) *identify any unsafe conditions, acts or procedures that contributed in any manner to the incident, and*

(c) *if unsafe conditions, acts or procedures are identified, recommend corrective action to prevent similar incidents.*

(3) *The employer must make every reasonable effort to have available for interview by a person conducting the investigation, or by an officer, all witnesses to the incident and any other persons whose presence might be necessary for a proper investigation of the incident.*

(4) *The employer must record the names, addresses and telephone numbers of persons referred to in subsection (3).*

▪ **175 Incident investigation report**

(1) *As part of an investigation required by this Division, an employer must ensure that an incident investigation report is prepared in accordance with the regulations.*

(2) *The employer must provide a copy of the incident investigation report to*

(a) *the joint committee or worker representative, as applicable, and*

(b) *the Board.*

▪ **Follow-up action and report**

(1) *Following an investigation under this Division, the employer must without undue delay undertake any corrective action required to prevent recurrence of similar incidents.*

(2) *As soon as is reasonably practicable, the employer must prepare a report of the action taken under subsection (1) and*

(a) *provide the report to the joint committee or worker representative, as applicable, or*

(b) *if there is no joint committee or worker representative, post the report at the workplace.*

- **177 Employer or supervisor must not attempt to prevent reporting**

*An employer or supervisor must not, by agreement, threat, promise, inducement, persuasion or any other means, seek to discourage, impede or dissuade a worker of the employer, or a dependant of the worker, from reporting to the Board*

*(a) an injury or allegation of injury, whether or not the injury occurred or is compensable under Part 1,*

*(b) an illness, whether or not the illness exists or is an occupational disease compensable under Part 1,*

*(c) a death, whether or not the death is compensable under Part 1, or*

*(d) a hazardous condition or allegation of hazardous condition in any work to which this Part applies*

- **WCACT Part 3 Division 3 S. 116:**

*Every worker must,*

*(e) report to the supervisor or employer*

*(i) any contravention of this Part, the regulations or an applicable order of which the worker is aware, and*

*(ii) the absence of or defect in any protective equipment, device or clothing, or the existence of any other hazard, that the worker considers is likely to endanger the worker or any other person,*

### **Risk Assessment**

- **WCB OHS Regulation (4.28)-Risk Assessment:**

*(1) A risk assessment must be performed in any workplace in which a risk of injury to workers from violence arising out of their employment may be present.*

*(2) The risk assessment must include the consideration of*

*(a) previous experience in that workplace,*

*(b) occupational experience in similar workplaces, and*

*(c) the location and circumstances in which work will take place.*

### **Communication Plan**

- **WCB OHS Regulation 4.30- Instruction of workers:**

*(1) An employer must inform workers who may be exposed to the risk of violence of the nature and extent of the risk.*

*(2) The duty to inform workers in subsection (1) includes a duty to provide information related to the risk of violence from persons who have a history of violent behaviour and whom workers are likely to encounter in the course of their work.*



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*Violence Prevention Program Review*

- **WCB Policy:**

Section 4.28(2) does not state the period in the past which must be considered in performing the risk assessment. This will depend on the location, nature and circumstances of the business and the industry in which the employer is engaged. However, the assessment should include consideration of the number and nature of incidents of violence over a sufficient period to obtain a good representation of past experience. The period should be at least one year.

- **WCB OHS Regulation 4.23 Working Alone or in Isolation Procedure Annual Review:**

*“The procedure and system for checking a worker’s well-being must be reviewed at least annually, or more frequently if there is a change in work arrangements which could adversely affect a worker’s well-being or a report that the system is not working effectively.*”

- **WCB OHS Regulation 4.27-4.31**

***Note:** The requirements for risk assessment, procedures and policies, the duty to respond to incidents and to instruct workers are based on the recognition of violence in the workplace as an occupational hazard. This hazard is to be addressed by the occupational health and safety program following the same procedures required by this Occupational Health & Safety Regulation to address other workplace hazards.*

### Appendix 4

#### BC Human Rights Code

##### BC Human Rights Code-Discrimination in Employment

*13 (1) A person must not*

*(a) refuse to employ or refuse to continue to employ a person, or*

*(b) discriminate against a person regarding employment or any term or condition of employment because of the: race, colour, ancestry, place of origin, political belief, religion, marital status, family status, physical or mental disability, sex, sexual orientation or age of that person or because that person has been convicted of a criminal or summary conviction offence that is unrelated to the employment or to the intended employment of that person.*

### Appendix 5

#### Criminal Code of Canada

##### Criminal Code of Canada

Section 177 Trespassing At Night

Section 178 Offensive Volatile Substance

Section 264 Criminal Harassment

Section 264.1 Uttering Threats

Section 364 Extortion

Section 372 False Messages

Section 423 Intimidation

Part III-Fire Arms and Other Weapons

Part V-Sexual Offenses

Part VIII-Offenses Against the Person and Reputation

(includes assault and bodily harm)

For more details find the Criminal Code of Canada online: <http://laws.justice.gc.ca/en/C-46/?noCookie>





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