



Code of Conduct, Workplace Violence Prevention and Intimate Partner Violence ~ August 21, 2024

Suggested Resource List

Intimate Partner Violence Prevention/Workplace Violence Prevention Resources

- Canadian Centre for Occupational Health & Safety (CCOHS), Violence and Harassment in the Workplace - Family (Domestic) Violence
https://www.ccohs.ca/oshanswers/psychosocial/violence/violence_domestic.html
- Centres for Disease Control – What is Intimate Partner Violence/Preventing Intimate Partner Violence - <https://www.cdc.gov/intimate-partner-violence/prevention/index.html>
- Workplace Safety & Prevention Services – [Domestic Violence in the Workplace](#) (online course)
- Ontario Association of Interval & Transition Houses (OAITH) - www.oaith.ca
- Canadian Standards Association (CSA) Group - The Standard for Psychological health & Safety in the Workplace - <https://www.csagroup.org/article/can-csa-z1003-13-bnq-9700-803-2013-r2022-psychological-health-and-safety-in-the-workplace/>
- Public Services Health & Safety Association of Ontario (PSHSA) - Addressing Domestic Violence in the Workplace: A Handbook for the Workplace <https://www.pshsa.ca/addressing-domestic-violence-in-the-workplace>

Local Resources in Windsor and Essex County

- Canadian Mental Health Association - Windsor-Essex County Branch (CMHA-WECEB) promoting psychological health and safety in the workplace and community mental health, for more information, visit <https://windsoriessex.cmha.ca/programs/mental-health-promotion/>.
- Family Services Windsor-Essex at 1-888-933-1831, email info@fswe.ca or visit fswe.ca.
- For organizations who have an FSEAP or who are looking for an EAP service provider, visit www.fseap.ca.
- Working Toward Wellness website <https://windsoriessex.cmha.ca/working-toward-wellness/> for more information workplace health and wellness initiatives.
- Workplace supports and resources, contact the Occupational Health Clinics for Ontario Workers, Inc. (OHCOW) at 519-973-4800 or visit www.ohcow.on.ca.

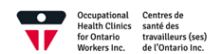
Welcome!

The webinar will start momentarily.
Please follow these steps to ensure you
are ready for the event:

1. Make sure your speakers are on and the volume is turned to a comfortable level.
2. Sit back and enjoy!



In partnership with:



Land Acknowledgment

Before we begin, I would like to take a moment to acknowledge that the land on which we gather today. This land is comprised of the traditional territories of the Three Fires Confederacy made up of the Ojibway, Odawa, and the Potawatomi Nations and the ancestral and unceded territory and waters of Caldwell First Nation whose people are the original people of Pelee Island and Point Pelee.

The Ojibway, Odawa, and Potawatomi Nations agreed to share this territory with the British Crown by way of the 1790 Treaty referred to as the McKee Purchase/Treaty of Detroit. This territory is the home of the Anishnaabeg who are represented by the Walpole Island First Nation and the Lunaapeew who are represented by the Delaware Nation.

I, and the Working Toward Wellness Committee recognize the historical and present impacts of colonial violence on the Indigenous Peoples of Canada. I identify as a settler on this land, and I acknowledge my commitment to the calls to action from the Truth and Reconciliation Commission of Canada. We are privileged to gather here today on these lands and affirm a commitment to continue to learn from indigenous knowledges and practices.

Femicide in Ontario



In Ontario, there are 35 reported femicides between November 26, 2023, and June 30, 2024.

Thirty-one (89 %) of these women were known to the person who killed them, such as a current or former intimate partner (37%), a family member such as a father or son (23%), or by a man otherwise known to them (29 %). This webinar is timely given the recent case of intimate partner violence that happened in June in the Windsor-Essex region.

Reference:

Ontario Association of Interval and Transition Houses (OAITH), 2024. **June Monthly Femicide in Ontario Factsheet**, accessed August 14, at <https://bit.ly/June2024Femicide>.



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Working Towards Wellness:

HDGH Code of Conduct, Workplace Violence Prevention & Intimate Partner Violence



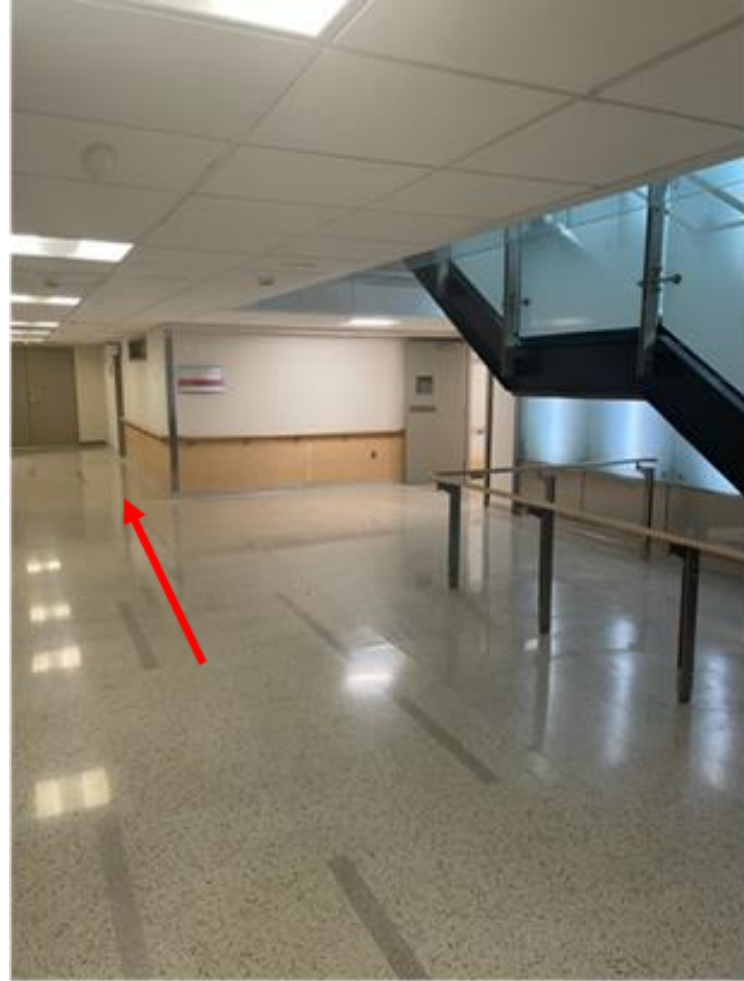
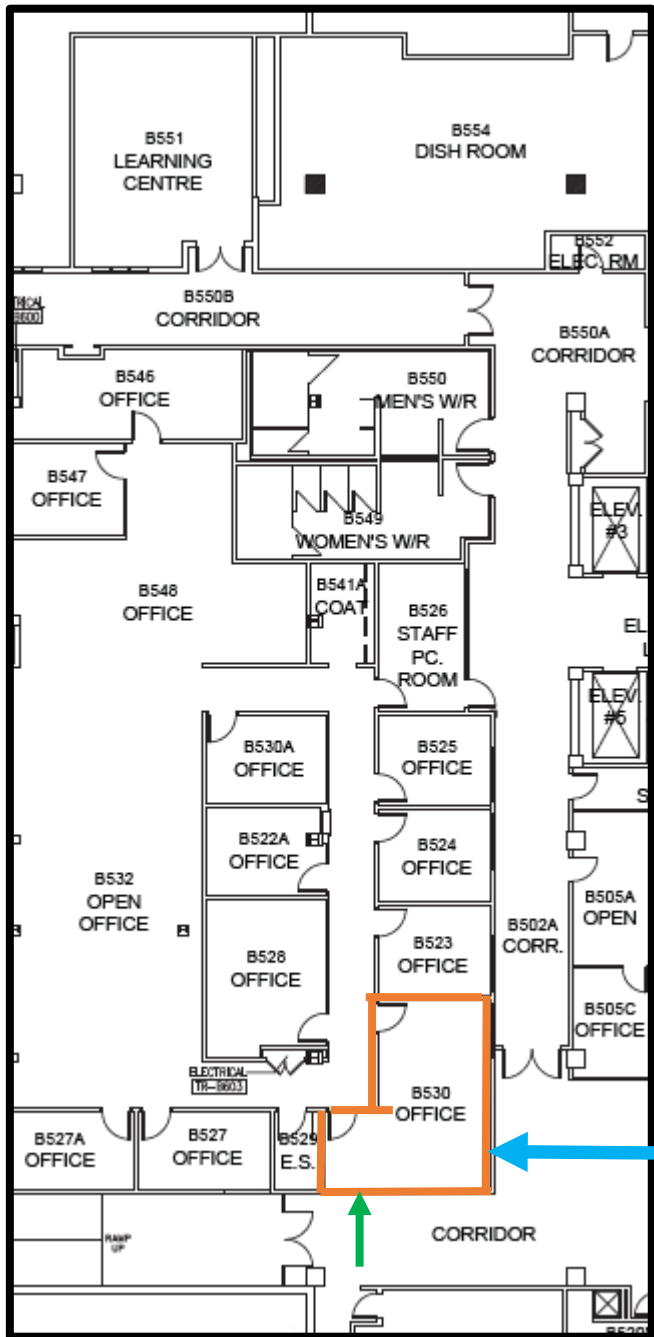
Agenda

- Safe Workplace Advocate
- Workplace Violence
- Code of Conduct, Harassment, Sexual Harassment
- Intimate Partner Violence (IPV)
- Case Study
- Stats/Scorecard
- Questions



Safe Workplace Advocate





Safe Workplace Advocate



Bill 168 (2009)

An Act to amend the Occupational Health and Safety Act with respect to violence and harassment in the workplace and other matters.

- The Act requires an employer to prepare policies with respect to workplace violence and workplace harassment, and to review the policies at least annually.
- If an employer is aware or ought to be aware that domestic violence that is likely to expose a worker to physical injury may occur in the workplace, the employer must take every reasonable precaution to protect the worker.
- Does not apply if the number of employees regularly employed at the workplace is five or fewer, unless an inspector orders otherwise



Safe Workplace Advocate

- How can I help?
 - Workplace violence issues
 - Code of Conduct issues / Mediation
 - Culture Audits
 - Safety Plans
 - Behaviour Contracts / Patient, Families
 - Intimate Partner Violence (IPV)
 - Safe workplace practices



POLICIES



Policies and Procedures

- **Prevention of Workplace Violence**
- Code of Conduct – Prevention of Workplace Harassment and Workplace Sexual Harassment
- Domestic Violence – Intimate Partner Violence



Workplace Violence



- There is no place for Workplace Violence in our work environment and HDGH considers the safety of our staff, physicians, volunteers, contractors, students, patients/clients and visitors paramount.
- This ensures that all concerns brought forward will be considered seriously and followed through with appropriate action.



As defined in the Occupational Health & Safety Act (OHSA)....

Workplace Violence is:

- The exercise of physical force by a person against a worker in the Workplace that causes or could cause physical injury to the worker;
- An attempt to exercise physical force against a worker in the Workplace that could cause physical injury to the worker;
- A statement or behaviour that is reasonable for a worker to interpret as a threat to exercise physical force against the staff member/physician, in the Workplace, that could cause physical injury to the staff member/physician



Physical Workplace Violence

- Slapping
- Shoving or pushing
- Pinching
- Hair pulling
- Punching
- Hitting
- Throwing an object at a person
- Kicking
- Scratching
- Tugging at clothes
- Biting
- Shooting or stabbing
- Suicide/attempted suicide
- Mobbing by a group of individuals towards one or more members of HDGH



Workplace Violence could involve

- External Perpetrator
- Patient/Client
- Visitor/Family Member
- Employment-related
- Domestic Violence / Intimate Partner Violence



When there is an incident of Workplace Violence...

Workplace Violence...

Encourage employees to use their
PAL
(Personal Alarm Locator)

- Audible alarm sounds.
- Alerts Security.
- Results in an overhead page.
- Security quickly responds to the location.



Prevention of Workplace Violence (Corrective Actions)

- External Perpetrator/Patient/Visitor related
 - Remove the Perpetrator
 - Safety Plan
 - No Trespass Order
 - Report incident to Police
- Staff related
 - Counselling or training
 - Disciplinary action, Termination, Suspension
 - Report to their College



Prevention of Workplace Violence (Corrective Actions)

- Nonviolent Crisis Intervention Training (CPI)
- Risk stratified with a focus on Non-Restrictive Interventions and Verbal De-escalation
- Pre home Visit Assessment (Outreach Staff)
- HDGH Security are further trained on Restrictive Interventions which could include Physical Holds
- Documentation
- Investigation/Threshold Case Review



Policies and Procedures

- Prevention of Workplace Violence
- Code of Conduct – Prevention of Workplace Harassment and Workplace Sexual Harassment
- Domestic Violence – Intimate Partner Violence



Code of Conduct

What about behaviour that does not meet the definition of Workplace Violence but is still unacceptable?

- If the **behaviour you are concerned about** is not Workplace Violence or Workplace Harassment but it is **inappropriate according to our Code of Conduct**, it needs to be reported to the department head or Safe Workplace Advocate. Inappropriate behaviours are not acceptable from patients, co-workers, visitors, physicians, students or anyone in our workplace.
- **Those that display behaviours in breach of our Code of Conduct must be held accountable.**



Code of Conduct: Our Covenant

We commit to treating patients/clients, families, physicians and staff in a dignified manner that conveys respect for the abilities of each other and a willingness to work as a team of equally valued partners. We promote an atmosphere of collegiality, cooperation and professionalism.

We demonstrate kindness, empathy, and teamwork in our interactions with others. We value diversity and inclusion where communication amongst coworkers is always polite, courteous and positive in nature. We consistently adhere to all the rules and regulations of our organization.

We value the confidentiality that we uphold for our patients/clients as well as understand that we keep information regarding our fellow coworkers confidential and not share this information with those outside our organization.

We wish to be held accountable for our commitment and we expect the same dedication from all members of our organization.



Harassment

Human Rights Code

Sexual Harassment

Bullying

Gossiping

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Harassment

Workplace Harassment is:

- 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 (persistent and repeated behaviour creating an abusive environment).
- Behavior directed at the target based on a protected class or prohibited grounds.



Human Rights Code

HDGH prohibits discrimination on any of the “Prohibited Grounds”

Every Person has a right to equal treatment in employment and freedom from harassment in the workplace based on the following:

Race	Ancestry	Age
Record of Offences	Creed(Religion)	Marital Status
Sex (including pregnancy, gender identity)	Family Status	Citizenship
Sexual Orientation	Ethnic Origin	Gender Expression
Receipt of Public Assistance	Colour	Disability

Human Right claims must be addressed immediately whether between staff / physicians / patients / clients / visitors.



Sexual Harassment

Sexual Harassment is:

- 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
- Making a sexual solicitation or advance where the person making the solicitation or advance 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.
- Any unwelcome sexual behaviour that adversely affects, or threatens to affect, directly or indirectly, a person's job security, working conditions or prospects for promotion or earnings; or prevents a person from getting a job.



Corporate Philosophy on Conflict Cont'd...

- All employees / physicians have a responsibility to contribute to a safe working environment.
- All employees **MUST** bring forward information relating to situations in the workplace that may result in violence and/or involve inappropriate conduct.
- Supervisors/Managers/Medical Directors **MUST** address concerns and respond to incidents when they are made aware of them.



Bullying

- Bullying is usually seen as acts or verbal comments that could psychologically or 'mentally' hurt or isolate a person in the workplace. Sometimes, bullying can involve negative physical contact as well.
- Bullying usually involves repeated incidents or a pattern of behaviour that is intended to intimidate, offend, degrade or humiliate a particular person or group of people. It has also been described as the assertion of power through aggression.



Examples of Bullying

- Spreading malicious rumours, gossip, or innuendo.
- Excluding or isolating someone socially.
- Intimidating a person.
- Undermining or deliberately impeding a person's work.
- Physically abusing or threatening abuse.
- Removing areas of responsibilities without cause.
- Constantly changing work guidelines.
- Establishing impossible deadlines that will set up the individual to fail.
- Withholding necessary information or purposefully giving the wrong information.
- Making jokes that are 'obviously offensive' by spoken word or e-mail.
- Intruding on a person's privacy by pestering, spying or stalking.
- Assigning unreasonable duties or workload which are unfavourable to one person (in a way that creates unnecessary pressure).
- Underwork – creating a feeling of uselessness.
- Yelling or using profanity.
- Criticizing a person persistently or constantly.
- Belittling a person's opinions.
- Unwarranted (or undeserved) punishment.
- Blocking applications for training, leave or promotion.
- Tampering with a person's personal belongings or work equipment.



Stop Gossip...before it is about YOU!



Gossiping is
a form of
Bullying....

Corrective Actions (Staff)

- Independent reflection
- Family Services Employee Assistance Program (FSEAP)
- Mediation
- Human Resources / Union meeting
- External Investigations
- Culture Audits



Culture Audit

- Designed to capture some general perceptions among frontline staff in a particular department.
- There are different “dimensions” or themes to the groups of questions.
- By assessing overall scoring, range of scores and or variability of scores this can highlight if there are isolated frontline staff with concerns or if there are varying degrees of opinions among coworkers.
- Additional insight from frontline staff comments can also help identify issues or strengths within the department.



Culture Audit

- Report is generated.
- Focus group is created with frontline staff.
- Support communication between the focus group and manager.
- Repeat the Culture Audit survey in 6 months after completion.



Corrective Actions (Patients/Visitors)

- Independent reflection
- Behaviour Plans
- Safety Plans
- Chart Flagging



Behaviour Plan Orders

- Responsive Behaviours
- Responsive Behaviours Navigator
- Limited to Restorative care
- Entered by the Manager of the unit
- Signage outside the patient door





PATIENT/FAMILY BEHAVIOUR CONTRACT

This contract is between _____
(Name and Relationship to the Patient)
and Hôtel-Dieu Grace Healthcare.

In an effort to better care for _____
(Patient Name and Health Record Number)
the following expectations are required to maintain an effective provider-patient relationship.

BEHAVIOUR EXPECTATIONS

1. _____

2. _____

3. _____

4. _____

5. _____

Initial

1. _____ I have read and understand the above-listed behavioural expectations. I also understand that failure to meet these expectations may result in immediate termination of the relationship between me and this provider/organization.
2. _____ I have received a copy of the Patient's Rights and Responsibilities brochure.

Patient/Family/POA signature: _____ Date: _____

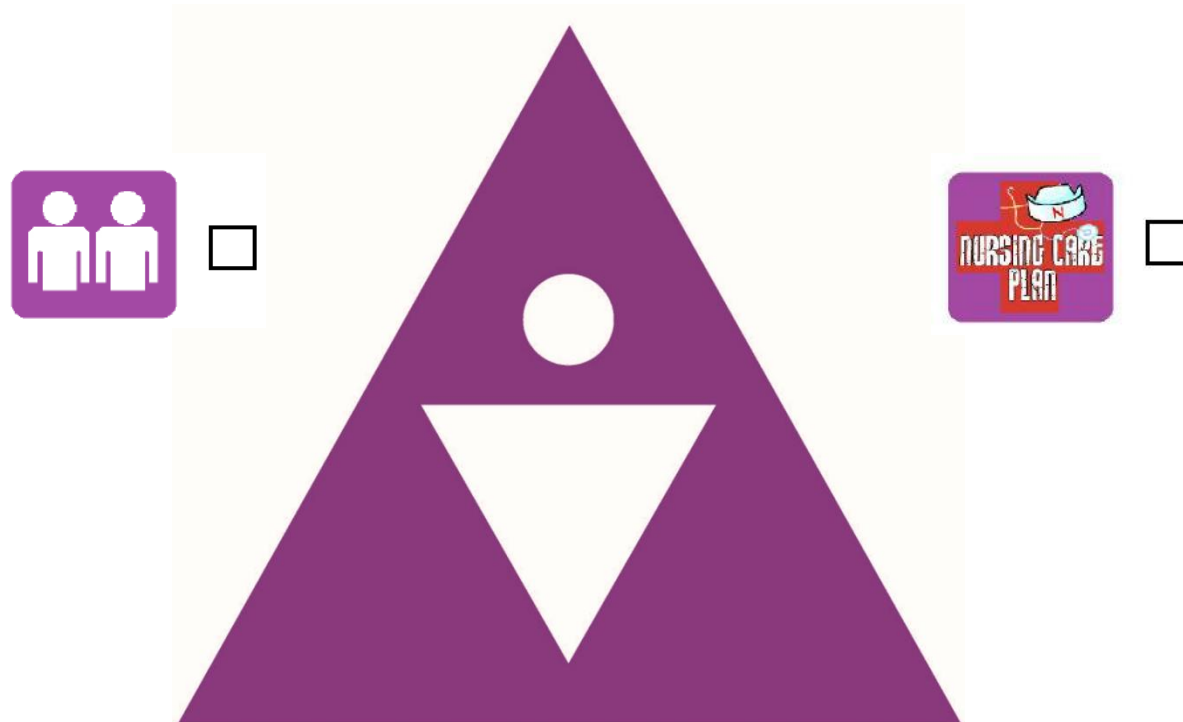
Provider signature/number: _____ Date: _____

Witness signature: _____ Date: _____



Safety Plan / Behaviour Signage

After a Safety Plan has been completed, a unit should use the signage below to provide awareness to staff who may not have access to the patient chart. (ie: Dietary Helper, Environmental Services)



Safety / Awareness Plans

Safety / Awareness Plans are completed by the Safe Workplace Advocate (SWA) or the Security Manager.

Safety Plans are usually developed after there has been an incident with a patient/client/caregiver.

Awareness Plans are usually developed when we receive information regarding a past behaviour or incident that can impact the safety of our staff or even our patients/clients.

Awareness Plans can also be developed following a Safety Plan implementation after the particular behaviours or incident has shown signs of resolve.



Safety Plan Document



HDGH
EST. 1988
SAFETY ISSUE REPORT FORM

DATE SENT: Click or tap to enter a date.
DEPARTMENT:
Person of Interest (POI):



FILE ID#

SAFETY PLAN AWARENESS
For Employee/Family:

Time of the occurrence	
Date of the occurrence	
Place of the occurrence	

Nature of the circumstance.	
Any Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details:

Safety Plan and Steps taken to prevent further incidents.



Safety Plan Document

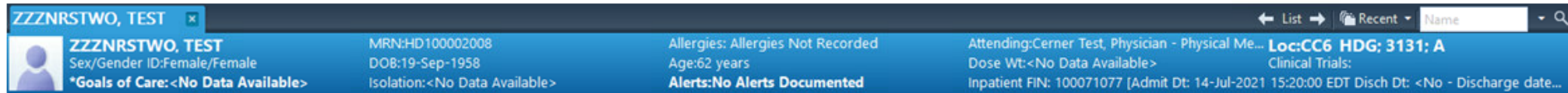
Safety / Awareness Plans are completed and sent to Leadership, Security and management who need to be aware of the incident. Security then completes a bulletin which is reviewed in their daily huddles.

Report copied to:	
<input checked="" type="checkbox"/> CEO	<input checked="" type="checkbox"/> Security Manager
<input checked="" type="checkbox"/> CNO	<input checked="" type="checkbox"/> Security Coordinator
<input checked="" type="checkbox"/> Chief of Staff, VP of Medical Affairs, MH & Addictions	<input checked="" type="checkbox"/> Security Supervisors
<input checked="" type="checkbox"/> Chief Human Resources Officer	<input checked="" type="checkbox"/> Director –
<input checked="" type="checkbox"/> Director Corporate Services & Risk Management	<input checked="" type="checkbox"/> Manager –
<input checked="" type="checkbox"/> Director of HR and OH & S	<input checked="" type="checkbox"/> MOC -
<input checked="" type="checkbox"/> Manager Human Resources	<input checked="" type="checkbox"/> AOC -
<input checked="" type="checkbox"/> Manager Occupational Health and Safety	<input checked="" type="checkbox"/> After hours MOC
<input checked="" type="checkbox"/> Patient Advocate	<input type="checkbox"/> OTHER –
<input type="checkbox"/> Central Registration - as needed	<input type="checkbox"/> Co-Chair JHSC – If Critical Injury or FYI for health and safety issues.
Bargaining Unit (s)	
<input type="checkbox"/> ONA	<input type="checkbox"/> UNIFOR
<input type="checkbox"/> CUPE	<input type="checkbox"/> UNIFOR
<input type="checkbox"/> OPSEU - Local 101	<input type="checkbox"/> UNIFOR
<input type="checkbox"/> IBEW	
Report completed by:	<input type="checkbox"/> Security Manager <input checked="" type="checkbox"/> Safe Workplace Advocate



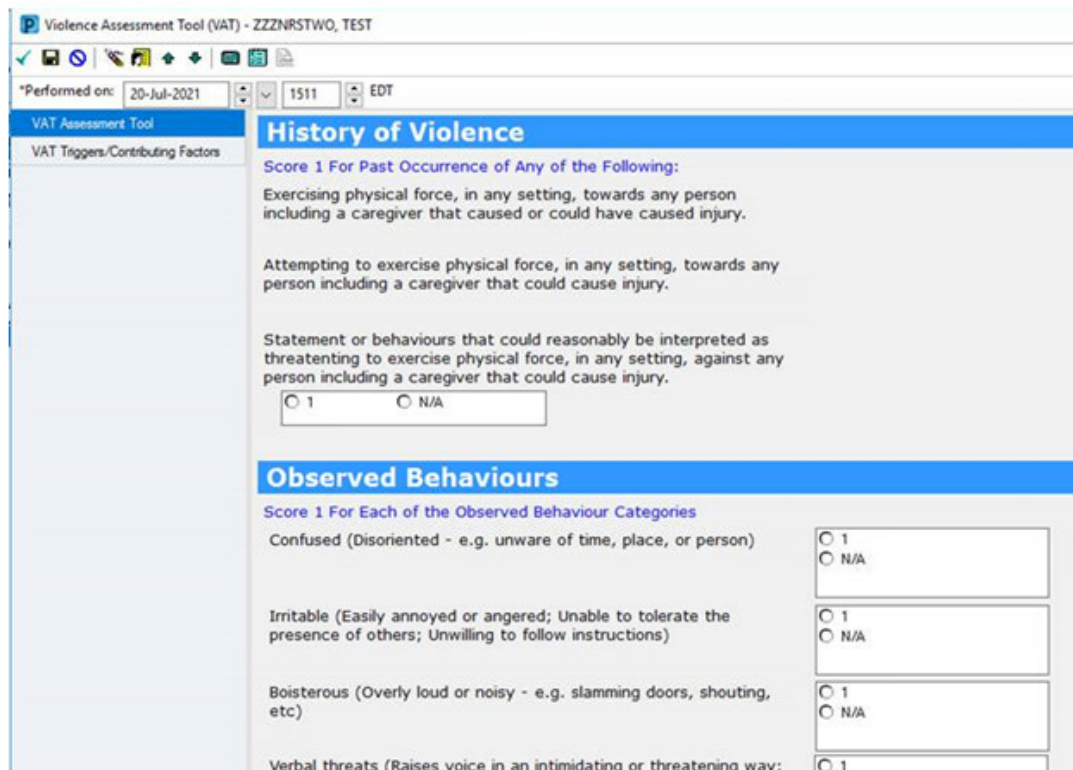
Chart Flagging

Flagging is done in the **Banner Bar** section of the patient's chart under **Alerts**:



The banner bar displays patient information for ZZZNRSTWO, TEST. It includes a search bar with 'List' and 'Recent' options, and a search icon. The patient's name is shown in a blue header. Below the name, there are several fields: MRN:HD100002008, Allergies: Allergies Not Recorded, Attending: Cerner Test, Physician - Physical Me..., Sex/Gender ID: Female/Female, Age: 62 years, Dose Wt: <No Data Available>, and Loc: CC6 HDG: 3131: A. There are also fields for *Goals of Care: <No Data Available>, Isolation: <No Data Available>, Alerts: No Alerts Documented, and Inpatient FIN: 100071077 [Admit Dt: 14-Jul-2021 15:20:00 EDT Disch Dt: <No - Discharge date...].

The VAT is a PowerForm that is completed in the patient's chart:



The screenshot shows the Violence Assessment Tool (VAT) form for patient ZZZNRSTWO, TEST. The form is titled 'Violence Assessment Tool (VAT) - ZZZNRSTWO, TEST' and includes a toolbar with various icons. The 'Performed on' field is set to 20-Jul-2021 at 1511 EDT. The form is divided into two main sections: 'History of Violence' and 'Observed Behaviours'. The 'History of Violence' section includes a score of 1 for past occurrence of any of the following: exercising physical force, attempting to exercise physical force, and statement or behaviours that could reasonably be interpreted as threatening to exercise physical force. The 'Observed Behaviours' section includes a score of 1 for each of the observed behaviour categories: Confused (Disoriented - e.g. unaware of time, place, or person), Irritable (Easily annoyed or angered; Unable to tolerate the presence of others; Unwilling to follow instructions), Boisterous (Overly loud or noisy - e.g. slamming doors, shouting, etc), and Verbal threats (Raises voice in an intimidating or threatening way).




Policies and Procedures

- Prevention of Workplace Violence
- Code of Conduct – Prevention of Workplace Harassment and Workplace Sexual Harassment
- Domestic Violence – Intimate Partner Violence



'Familiicide' very rarely happens without warning signs, say domestic violence researchers

Steven Walsh of Harrow fit some pattern markers of domestic homicide-suicide perpetrators

 Dalsen Chen · CBC News · Posted: Jul 12, 2024 4:00 AM EDT | Last Updated: July 12

WINDSOR | News

Chatham man arrested for alleged intimate partner violence



Chatham-Kent police cruiser in Chatham, Ont., on Thursday, June 16, 2022. (Submitted to CTV News Windsor)

Windsor police arrest six suspects in a crackdown on intimate partner violence

Trevor Wilhelm

Published Jul 12, 2024 · Last updated Jul 15, 2024 · 1 minute read

[Join the conversation](#)



Windsor Police Service headquarters in downtown Windsor is shown on April 23, 2021. PHOTO BY DAN JANISSE /Windsor Star

Windsor police arrested six people this week during a "round up" of domestic violence suspects.

OPP confirm Harrow family deaths caused by gunshot wounds in intimate partner violence case

Madeline Mazak

Published Jul 06, 2024 · Last updated Jul 08, 2024 · 2 minute read

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Carly Stannard-Walsh with her children Madison (left) and Hunter are pictured in this 2020 family photo.

Rising intimate partner violence leads to change in Windsor police procedure

45 per cent of all assaults in Windsor involve intimate partner violence

 Dalsen Chen · CBC News · Posted: Mar 21, 2024 6:52 PM EDT | Last Updated: March 22



A photo illustration of violence. (Shutterstock)

Graphic warning: Chatham man sentenced to life in prison for 'horrific' murder

CK police briefs - Tuesday, July 16, 2024

BY TAMARA THORNTON

JULY 16, 2024 - 11:50AM



Man charged after ex-girlfriend is hit by vehicle

CK police arrested a 64-year-old Chatham man after he allegedly hit his former girlfriend with his vehicle.

Family, friends devastated over death of 36-year-old Windsor woman


'I have no words...', woman's mom wrote in Facebook post

 Jennifer La Grassa · CBC News · Posted: Jun 08, 2023 4:00 AM EDT | Last Updated: June 8, 2023



Fartumo Kusow, right, and her daughter Sahra Bulle, left. (Fartumo Kusow via Instagram)

'Alarming but not surprising': VAWCCWE on the number of IPV related assaults in 2024

 By Meagan Delaurier

Understanding IPV

Things that can increase the risk of IPV (Abuser)

- Alcohol and drug use
- Social isolation (pandemic)
- Low level of education
- Low income
- Economic stress (interest rates, home cost, food cost)
- Witnessing or experiencing abuse as a child
- Anger and hostility
- Personality disorders
- Attitudes justifying violence or aggression
- Having few friends
- Depression and suicide attempts
- Antisocial personality traits
- Poor behavioural control and impulsiveness
- Toxic masculinity
- A lack of gender equality
- A lack of partner equality



Types of Intimate Partner Violence

- Sexual Abuse
- Coercive Abuse
- Physical Abuse
- Emotional Abuse
- Financial Abuse
- Immigration Abuse
- Legal Abuse
- Cyber Abuse
- Spiritual Abuse
- Elder Abuse
- Stalking



Awareness of IPV

Things that you and all staff can look for:

- Acute and chronic injuries and illnesses
- Poor physical health
- Broken bones, bruising, hearing loss
- Post-traumatic stress disorder
- Reproductive problems
- Excuses for injuries
- Depression / anxiety
- Personality changes
- Excessive texting, phone calls
- Suicide attempts or ideation
- Increased risk of substance abuse
- Difficulty in trusting others
- Feelings of guilt or shame
- Economic deprivation
- Odd clothing choices for the season
- Uncharacteristic late or absent from work
- Change in job performance
- Poor concentration, errors, slowness at work
- Asking for unique requests at work
- Disruptive workplace visits by partner



Employer Responsibility

- Provide a safe working environment for the victim and co-workers
- Includes if they work offsite
- Change work location, schedule
- Guidance to the victim but not counseling
- Supports available
- Confidentiality, change directory
- Clear understanding that the victim will need to protect themselves while not at work
- Safety Plan



Safety Plan



HDGH
EST. 1988
SAFETY ISSUE REPORT FORM

DATE SENT:
DEPARTMENT:
Person of Interest (POI):

SAFETY PLAN AWARENESS

For Employee:

Nature of the circumstances of the occurrence.	
<ul style="list-style-type: none"> • History of abuse, violence, drug/alcohol addiction, mental health, assault • Any history of charges being laid or encounters with the police • Employed, financial issues • Access to weapons • Aware of where you work on campus, where you park • Currently in a relationship • Timelines • Your Supports 	
Any Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details:

Safety Plan and Steps taken to prevent further incidents.
<ul style="list-style-type: none"> • drives a, License # • drives a, License # • If the POI lives in the US - Border Watch Line called by SWA to confirm their awareness (1-888-502-9080) updated (File #) • will be parking in the contractor lot behind TNI and provided swipe access to the TNI door and hanging parking pass. • aware that she can request a security escort to the door from the parking lot. Call Security (X72030) • has been offered EAP services if needed. HDGH resource guide • is aware to contact security, manager or SWA if her situation escalates and requires more assistance at work. • aware to use her PAL if she sees on campus. • Worker will communicate with their manager if planning to be off, change in schedule or sick. • If worker is expected at work and does not arrive: • Staffing Office or coworkers to contact manager or MOC • Manager / MOC will call personal cell () • If no response - Manager/MOC/Security Supervisor to contact emergency contact : • If no response - Manager/MOC/Security Supervisor to contact Police (519-258-6111) to conduct a Wellness Check at the following address: • As always, test your PAL weekly and use your PAL if you feel you require immediate Security Support.

Report copied to:	
<input checked="" type="checkbox"/> CEO	<input checked="" type="checkbox"/> Security Manager
<input checked="" type="checkbox"/> CNO	<input checked="" type="checkbox"/> Security Coordinator
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<input type="checkbox"/> CUPE	<input type="checkbox"/> UNIFOR
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<input type="checkbox"/> IBEW	

Report completed by:	<input type="checkbox"/> Security Manager <input type="checkbox"/> Safe Workplace Advocate
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SAFETY ISSUE REPORT FORM

DATE SENT:

DEPARTMENT:

Person of Interest (POI):

SAFETY PLAN

AWARENESS

For Employee:

Nature of the circumstances of the occurrence.

- History of abuse, violence, drug/alcohol addiction, mental health, assault
- Any history of charges being laid or encounters with the police
- Employed, financial issues
- Access to weapons
- Aware of where you work on campus, where you park
- Currently in a relationship
- Timelines
- Your Supports

Any Injuries? Yes No

Details:



Safety Plan for Intimate Partner Violence

This can include:

- Reminding staff not to give out schedule information or full names
- Reporting any unusual phone calls to nursing station or visitors asking questions about staff member
- Arranging for secured parking
- Advising Security of issues and providing a photo of spouse/partner in question
- Encouraging victim to have Workplace included on restraining orders - safety risk assessment will be completed
- Providing community links to support for personal safety planning, community referrals for advice/counseling, Neighbours, Friends, and Families, and Hiatus House/Fresh Start Program resources
- Provide phone numbers of local shelters and community services (information provided)

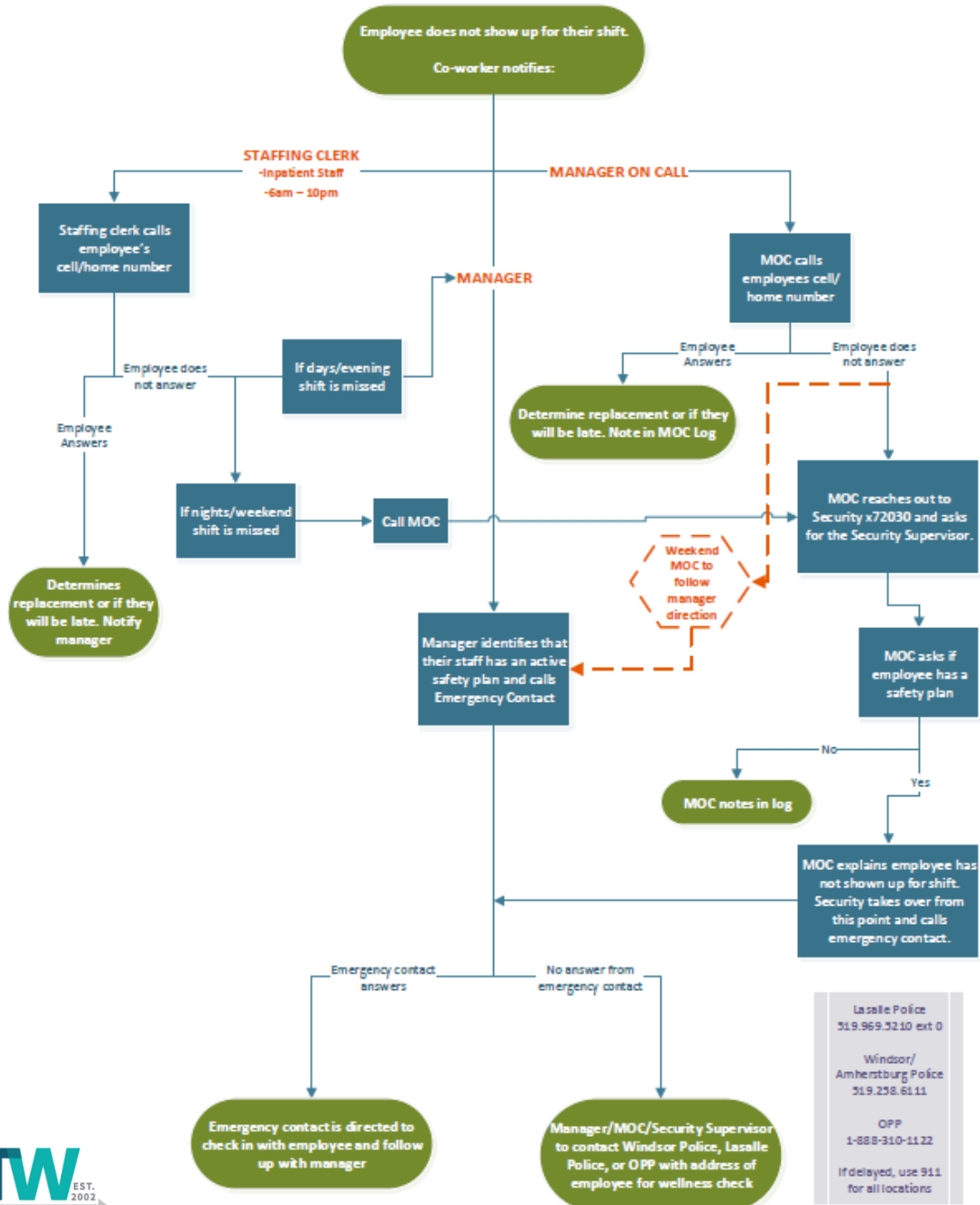


Safety Plan and Steps taken to prevent further incidents.

- drives a, License #
- drives a, License #
- If the POI lives in the US - Border Watch Line called by SWA to confirm their awareness (1-888-502-9060) updated (File #)
- will be parking in the contractor lot behind TNI and provided swipe access to the TNI door and hanging parking pass.
- aware that she can request a security escort to the door from the parking lot. Call Security (X72030)
- has been offered EAP services if needed. HDGH resource guide
- is aware to contact security, manager or SWA if her situation escalates and requires more assistance at work.
- aware to use her PAL if she sees on campus.
- Worker will communicate with their manager if planning to be off, change in schedule or sick.
- If worker is expected at work and does not arrive:
 - Staffing Office or coworkers to contact manager or MOC
 - Manager / MOC will call personal cell ()
 - If no response - Manager/MOC/Security Supervisor to contact emergency contact :
 - If no response - Manager/MOC/Security Supervisor to contact Police (**519-258-6111**) to conduct a Wellness Check at the following address:
- **As always, test your PAL weekly and use your PAL if you feel you require immediate Security Support.**



No Call/No Show Safety Plan Procedure



Algorithm for a staff with an External Safety Plan if they do not show up for a shift.

Contact the SWA for any questions.





HÔTEL - DIEU GRACE HEALTHCARE

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Workplace Violence and Intimate Partner Domestic Violence

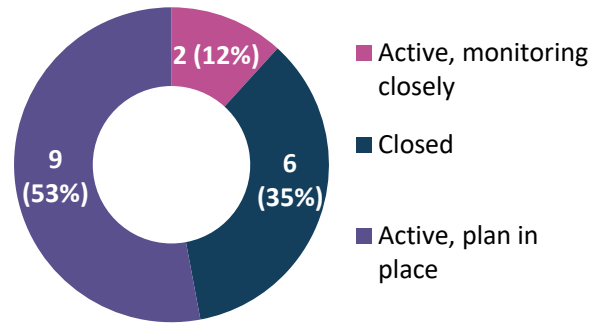
Internal Resources

1. [Human Resources](#) – Ext.73306
2. [Employee Health Nurse](#) – Ext. 73360
3. [Security Manager](#) – Ext.73355
4. Community Crisis – 519-973-4435
5. Union Representative
6. [Safe Workplace Advocate](#) – Ext. 72500
7. Manager/Supervisor/Coordinator/Director
8. [Code White](#) – 3333
9. Security Assist – Ext. 72030

External Resources

1. Hiatus House – 519-252-7781 www.hiatushouse.com
2. Fresh Start Program for Batterers – 519-252-7781
3. Windsor-Essex County Health Unit – 519-258-2146 Ext. 1350
www.wechealthunit.org
4. Domestic Violence Program (Windsor Regional Hospital) – 519-255-2234
5. Victim Services of Windsor-Essex – 519-723-2711 www.vswec.ca
6. Sexual Assault /Domestic Violence Treatment Centre – 519-255-1171
www.saccwindsor.net
7. Employee Assistance Program – FSEAP – 1-844-720-1212 www.fseap.ca
8. Windsor-Essex County Children's Aid Society – 519-252-1171 www.wecas.on.ca
9. Windsor Police Services – Special Victims Unit – 519-255-6700 Ext. 4879
www.windsorpolice.ca/what-we-do/operations/investigations/Pages/Domestic-Violence-Unit.aspx
10. Emergency Services – 911
11. Neighbours, Friends and Families Program – 519-661-2100
www.neighboursfriendsandfamilies.ca
12. Assault Women's Hotline – 1-866-863-0511 www.awhl.org
13. Réseau-Femmes Du Sud-Quest De L'Ontario – 1-888-946-3029 www.rfs00.ca

Case Status



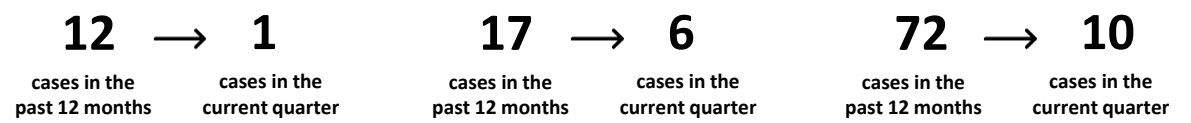
New Cases this Quarter

- 4 external cases → 4 currently active
- 13 internal cases → 7 currently active, 6 cases resolved

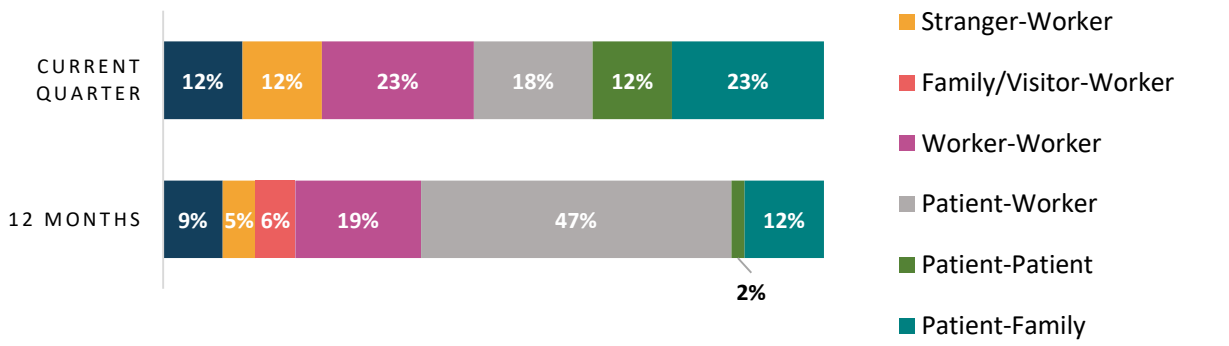
Cases over the last year

- 101 total cases over the last year
- 43 active cases from the last year (9 external cases, 34 internal cases)

Level of Risk

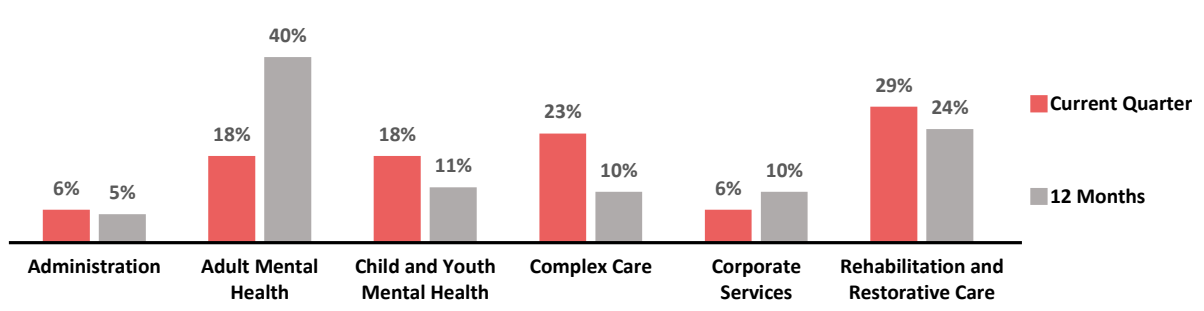


Type of Contact



- 4 code of conduct incidents this quarter

Location



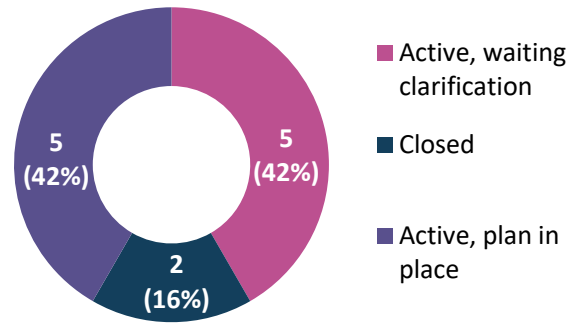
Outcomes



Story of the Quarter

- Patient a victim of a "violent crime" coming to Rehab from WRH.
- WRH had used a Windsor Police Services (WPS) officer for security outside the patient door 24/7 during the three week patient stay.
- After conversations with WPS's investigation unit, it was determined that the risk for violence was reduced.
- Safety Plan developed with 24/7 in-house security staff presence for the first week with limited visitors to start.
- Safety Plan updated after one week with only extra security rounding on the unit and increased visitation.
- Staff were consulted about these changes and supported recommended changes to the Safety Plan.

Case Status



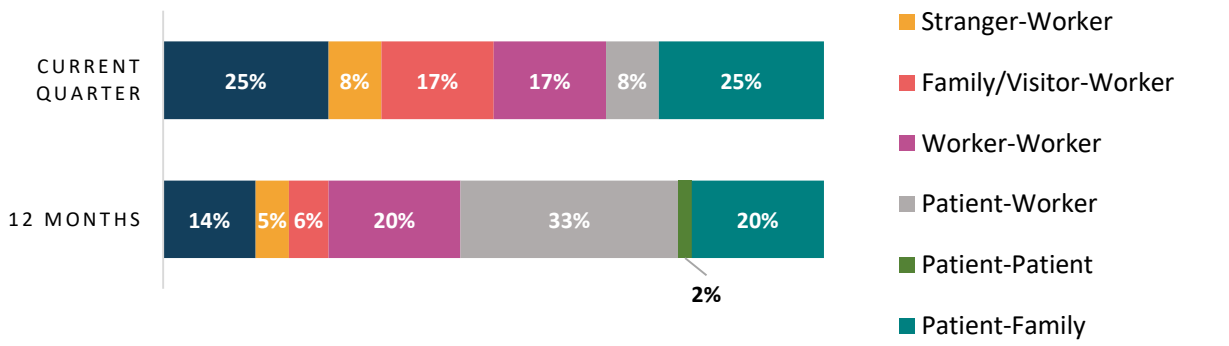
New Cases this Quarter

- 5 external cases → 4 currently active
- 7 internal cases → 6 currently active, 1 case resolved

Cases over the last year

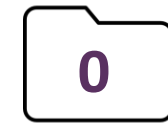
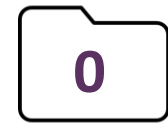
- 79 total cases over the last year
- 31 active cases from the last year (10 external cases, 21 internal cases)

Type of Contact



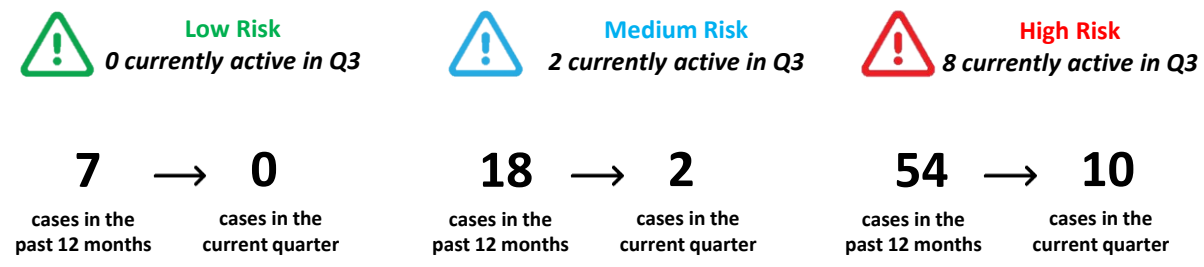
- 3 code of conduct incidents this quarter

Outcomes

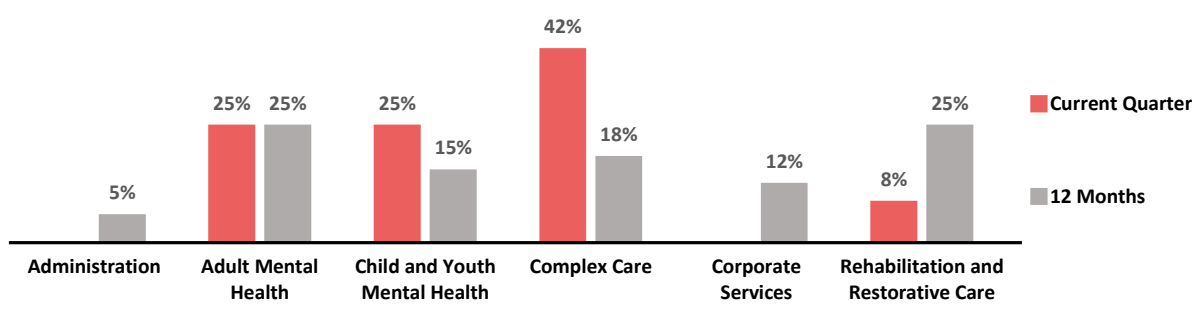


Safety Plans **Coaching** **HR Involvement** **Behavioural Contracts** **Culture Audit**

Level of Risk



Location

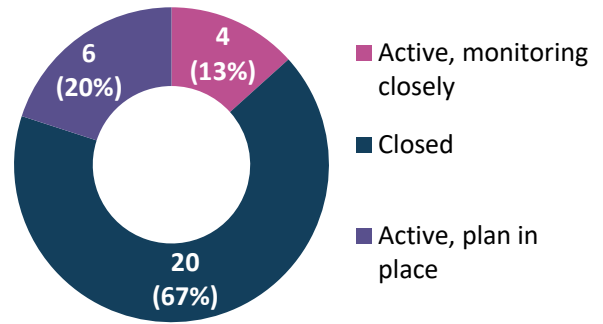


Story of the Quarter

Culture Audit Pilot

- The Culture Audit is a “survey” designed to capture general perceptions among staff in a particular department. There are different “dimensions” or themes to the groups of questions.
- By assessing overall scoring, range of scores (the area of variation between upper and lower limits on a particular scale) and or variability of scores (lack of consistency or fixed pattern), this can highlight if there are isolated staff with concerns or if there are varying degrees of opinions among coworkers.
- Additional insight from staff comments can also help identify issues or strengths within the department.
- A Focus Group consisting of frontline staff will meet with the Safe Workplace Advocate to discuss and look for opportunities of improvement.
- A repeat Culture Audit is recommended 6-12 months later to see if there were any improvements in the scores.

Case Status



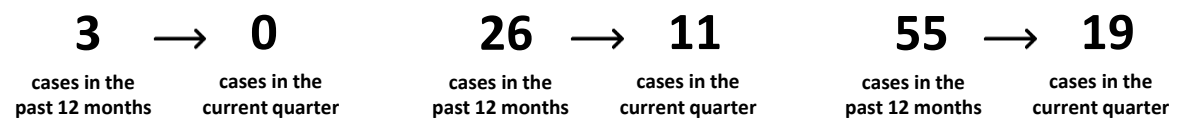
New Cases this Quarter

- 1 external case → 1 currently active
- 29 internal cases → 9 currently active, 20 cases resolved
- 10 current active cases overall

Cases overall

- 84 active cases from the last year (14 external cases, 70 internal cases)

Level of Risk

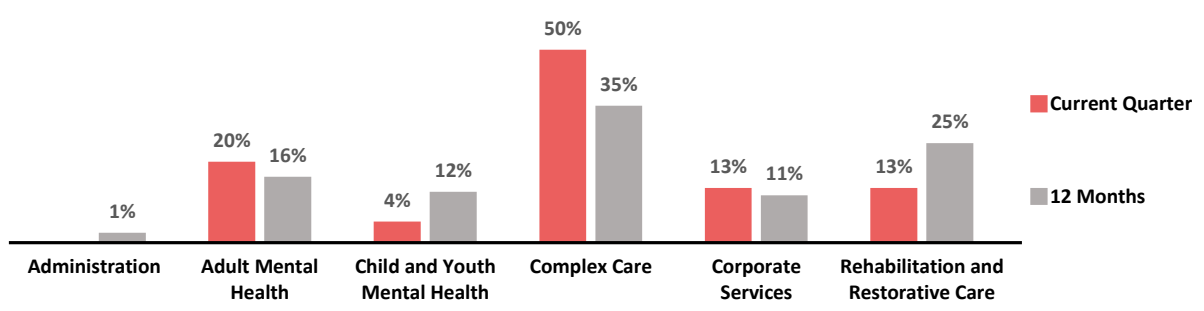


Type of Contact



- 8 code of conduct incidents this quarter

Location



Story of the Quarter

Personal Alarm Locator (PAL)

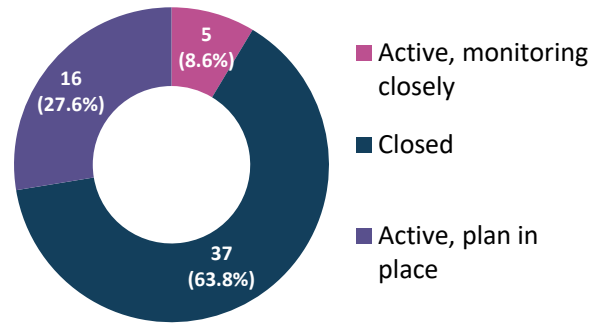
- Started to audit PAL testing corporately.
- Discovered that after the first audit, ~30% of the staff had been testing their PAL.
- After the notification to the managers the next audit improved to ~46%.
- Direct reminders were sent to staff who were not compliant, informing them to test their PAL weekly.
- Updates have been made to the PAL policy, Halogen sign off, education through "Need to Know" and CEO video updates which will help shift staff towards a better understanding of the importance of PAL testing, PAL usage and a Culture of Safety.
- PAL audits will regularly continue moving forward.

Outcomes



Safety Plans **Coaching** **HR Involvement** **Behavioural Contracts** **Culture Audits**

Case Status



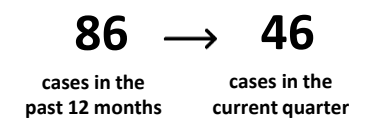
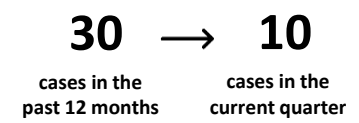
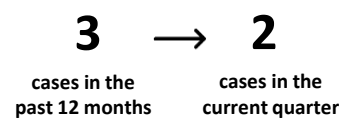
New Cases this Quarter

- 2 external cases → 2 currently active
- 56 internal cases → 19 currently active, 37 cases resolved
- 21 current active cases overall

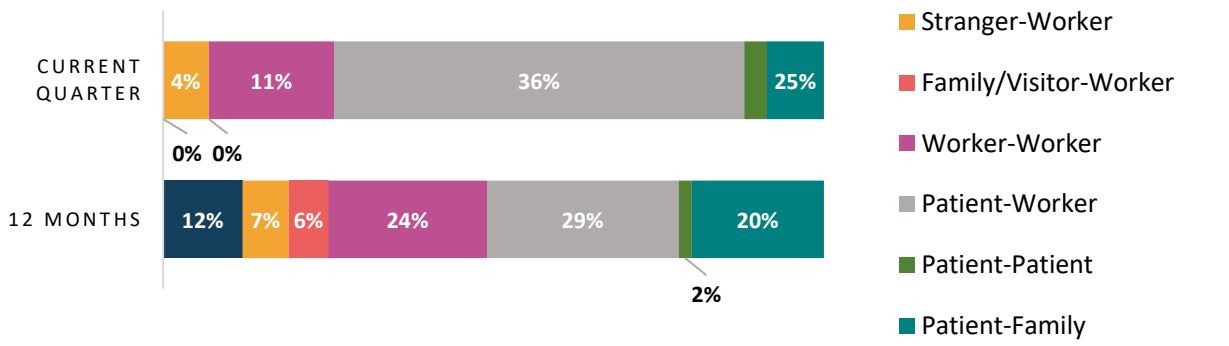
Cases overall

- 84 active cases from the fiscal last year (14 external cases, 70 internal cases)

Level of Risk

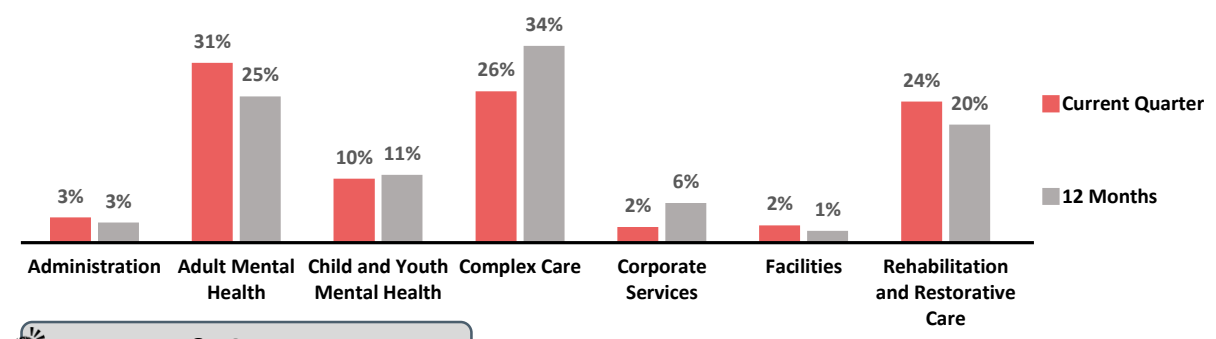


Type of Contact



- 8 code of conduct incidents this quarter

Location



Story of the Quarter

Safety Plan Whiteboards

- New whiteboards with HDGH graphics have been installed on all Complex and Restorative Units.
- This is a dedicated place to post Safety Plans and other Safe Workplace Advocate notices.
- Whiteboards have been strategically installed so material posted can remain confidential. They are not able to be viewed from public hallways.
- Safety Plans can be viewed by all staff including non-clinical staff when "behaviour signage" is posted outside patient doors.



Outcomes

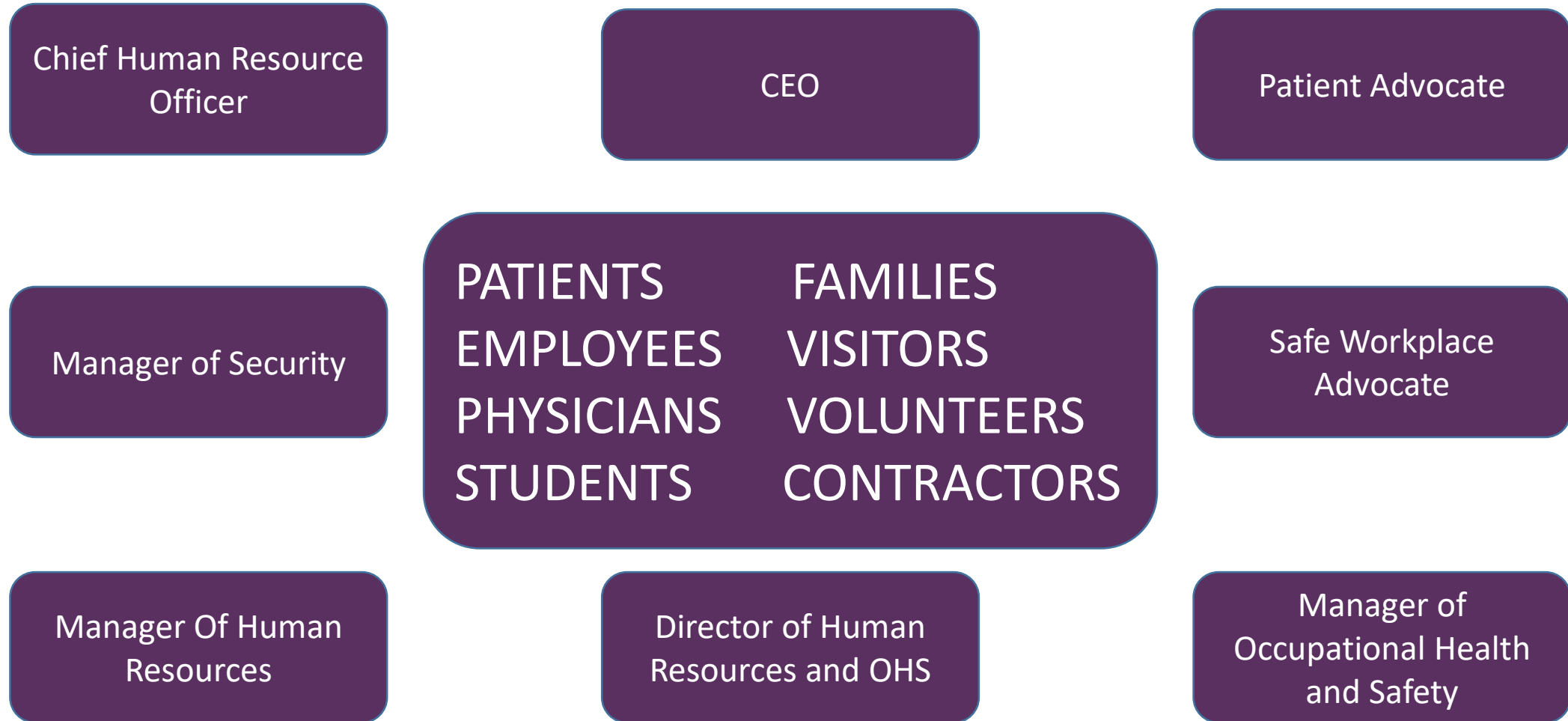


- Safety Plans
- Coaching
- HR Involvement
- Behavioural Contracts
- Culture Audits

Safe Workplace Advocate



Safe Workplace Advocate



Local Resources

- Hiatus House - Crisis support and shelter for women and children, visit <https://hiatushouse.com/>
- If you like to get more resources, contact Family Services Windsor-Essex at 1-888-933-1831, email info@fswe.ca or visit fswe.ca.
- For organizations who have an FSEAP or who are looking for an EAP service provider, visit www.fseap.ca.
- Visit the Working Toward Wellness website <https://windsorsex.cmha.ca/working-toward-wellness/> for more information workplace health and wellness initiatives.
- For information about workplace mental health promotion trainings from CMHA-WECB, visit windsorsex.cmha.ca/mental-health-in-the-workplace.

Resources – Background Information

- OAITH – Ontario Association of Interval & Transition Houses - www.oaith.ca
- Workplace Safety & Prevention Services – [Domestic Violence in the Workplace](#)
- Centres for Disease Control – What is Intimate Partner Violence/Preventing Intimate Partner Violence - <https://www.cdc.gov/intimate-partner-violence/prevention/index.html>
- Canadian Centre for Occupational Health & Safety - [CCOHS: Violence and Harassment in the Workplace - Family \(Domestic\) Violence](#)
- For additional workplace supports and resources, contact the Occupational Health Clinics for Ontario Workers, Inc. (OHCOW) at 519-973-4800 or visit www.ohcow.on.ca.

Resources – Handbook + Standard

- Public Services Health & Safety Association of Ontario - Addressing Domestic Violence in the Workplace: A Handbook for the Workplace – <https://www.pshsa.ca/addressing-domestic-violence-in-the-workplace>
- Canadian Standards Association (CSA) Group - The Standard for Psychological health & Safety in the Workplace - <https://www.csagroup.org/article/can-csa-z1003-13-bnq-9700-803-2013-r2022-psychological-health-and-safety-in-the-workplace/>

CHANGING LIVES TOGETHER

thank you

1453 PRINCE ROAD

WINDSOR, ONTARIO | 519.257.5111

WWW.HDGH.ORG





Code of Conduct, Workplace Violence Prevention and Intimate Partner Violence ~ August 21, 2024

Questions & Answers from the Webinar

- 1. How do you handle patients that are aggressive strictly due to infections? And when does the order get removed once the medication kicks in and they become their normal selves?**
 - There is constant communication between staff and the Safe Workplace Advocate (SWA), so – if behaviours change – a Behaviour Plan can be changed to an Awareness Plan. This allows staff to remain aware that a negative behaviour may still happen in the future as they have happened in the past. For instance, some patients with UTIs may have atypical behaviours that would result in the need for a behavioural plan but then once they receive those medications, the behaviours subside, and it becomes an awareness plan.

- 2. The culture audit intrigues me, where can we find more information on how to perform one well?**
 - The SWA and their team worked with the research department to create a culture audit – they have a paper version as well as RedCaps. This is a completely anonymous survey, and it's really about getting perceptions from employees about whether coworkers help each other out, whether they provide top-quality services, is the culture positive, is there a low-level of stress, is the volume of work too much to manage, are workers engaged in their roles, etc. Depending on the range of the scoring and the response, you can get a good idea of where the issues lie, and then the Safe Workplace Advocate will meet with the staff to see if the resulting report resonates with them – typically it does.

- 3. With regards to behavioural/respect signage being placed outside patients' doors, it was thought that it might provoke persons. Is there any research about if the respect sign could help or hurt?**
 - If people are upset to have a 'behaviour' sign outside their door, the SWA is quite confident to have the conversation with the patient: "If you would like this sign removed, then your behaviour needs to be more respectful to staff." A patient with a cognitive deficit would not typically care that there is a sign outside the door, and if a family member gets upset about this, then the Safe Workplace Advocate can have that conversation with the family about how their job is to keep patients, staff, and everyone safe, and having signage outside the door is a key part of that.