



TITLE

RESPECTFUL WORKPLACES AND THE PREVENTION OF HARASSMENT AND VIOLENCE: TYPE II (PATIENT-TO-WORKER)

SCOPE

Provincial

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Respectful Workplaces and the Prevention of Harassment and Violence Policy (#1115)

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To outline the processes to implement the *Respectful Workplaces and the Prevention of Harassment and Violence* Policy as it applies to Type II (patient-to-worker) **harassment** and **violence**, including:
 - protecting **workers** from, and empowering them to proactively manage and respond to, harassment and violence from **patients, families** of patients, and/or other visitors of patients (patients, families, and/or visitors);
 - creating a common understanding of what is considered a safe and respectful **workplace** and promoting **respectful behaviour** by patients, families, and/or visitors in the interest of worker safety;
 - establishing a physically and psychologically safe workplace, where there is a shared accountability between workers, patients, families, and visitors to display respectful behaviours;
 - setting out strategies for preventing and responding to **disrespectful behaviour**, harassment, and violence where the respondents are patients, family, and/or visitors; and
 - directing workers to tools and resources that promote, demonstrate, and enable workers to maintain respectful interactions and work relationships between workers and patients, family, and/or visitors.

PRINCIPLES

Alberta Health Services (AHS) is committed to providing a safe, healthy, and inclusive workplace where all persons are treated with respect and dignity and which values diversity. This is in alignment with *Our People Strategy*, the *Patient First Strategy*, the *Code of Conduct*, the principles of a **just culture**, and the AHS Values.

AHS does not tolerate workplace harassment or violence. These are considered serious matters and shall be addressed in accordance with AHS' legal obligations under Occupational Health and Safety (OHS) legislation, other applicable legislation, Accreditation Canada standards, the AHS Values, principles of a just culture, applicable collective agreements, the *Non-Union Exempt Employees Terms and Conditions of Employment*, other terms and conditions of employment, the *Medical Staff Bylaws and Rules*, and *Midwifery Staff Bylaws and Rules*.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Points of Emphasis

- 1.1 All workers, including **managers**/medical leaders and **supervisors**, have a shared responsibility to maintain a safe and respectful workplace that is free from harassment and violence.
- 1.2 AHS, in accordance with the OHS legislation, recognizes harassment and violence as workplace hazards that must be eliminated or, where not reasonable to do so, controlled.
- 1.3 AHS recognizes that Type II (patient-to-worker) harassment and violence is prevented through effective interventions, such as hazard identification and risk assessments, clinical care planning, training, incident response, root cause analysis, and corrective action.
- 1.4 Workers are encouraged to use the resources available to assist them with incident reporting, investigation, debrief of events, follow-up, and self-care (for example, Employee and Family Assistance Program (EFAP)).
- 1.5 All reported incidents of Type II workplace harassment and violence shall be investigated and corrective action taken to address the incidents in an effort to prevent reoccurrence.

2. Preventative Strategies

- 2.1 The prevention and management strategies/plans for Type II harassment and violence include, but are not limited to:

- a) fostering a safe, healthy and inclusive workplace which supports workers' physical, psychological, and social well-being;
- b) workplace supports, such as Emergency Response Codes and Plans;
- c) Protective Services presence and Provincial Security Communications Centre;
- d) local law enforcement contact information;
- e) completing applicable workplace harassment and violence risk assessments, including, but not limited to:
 - (i) for all **AHS workers**:
 - the *Hazard Identification, Assessment and Control (HIAC)* Process which is a fundamental activity that helps prevent injury and illness in the workplace. It is also a requirement within the *Workplace Health and Safety Management System (WHS MS)* and the *Occupational Health and Safety Code (Alberta)*;
 - the *Workplace Harassment and Violence Risk Assessment for Facilities*; and
 - the *Workplace Harassment and Violence Risk Assessment for Patients/Clients*.
 - (ii) for AHS workers who work in the community:
 - the *Workplace Harassment and Violence Risk Assessment User Guide for Staff in the Community*;
 - the *Workplace Harassment and Violence Risk Assessment for Staff in the Community* (AHS workers are encouraged to complete this checklist prior to patient contact); and
 - the *Workplace Harassment and Violence Risk Assessment Update for Staff in the Community* for identifying new hazards and controls;
- f) having appropriate safety and security measures in place based on the risk assessment(s);
- g) using available practice supports, including, but not limited to:
 - (i) Behavioural Safety (Alerts) Program and/or other local programs and mechanisms intending to communicate risk to workers;

- (ii) limitations, or other restrictions, to family and/or visitor presence in accordance with the *Visitation With a Family Presence Focus* Policy and *Visitor Management* Procedure;
 - (iii) Patient-and Family-Centred Care models; and,
 - (iv) training programs within the clinical education framework supporting clinical practice.
- h) the *Respectful Workplaces and the Prevention of Harassment and Violence* Policy and this Procedure;
 - i) the *Incident Management Process including Incident Reporting and Investigation* Standard of Practice;
 - j) communication tactics to make workers aware of the various supports available to help them to protect themselves and others from Type II harassment and violence; and
 - k) prevention of harassment and violence training.

3. Incident Response and Reporting

- 3.1 Where an incident of violence occurs, immediate assistance may be obtained by doing one or more of the following:
 - a) requesting assistance from another worker in the area, the manager/medical leader, or the supervisor;
 - b) initiating the appropriate Emergency Response Code (for example, Code White, Code Purple, Code Black, or Active Assailant);
 - c) calling Protective Services at 1-888-999-3770; or
 - d) calling 911 for law enforcement.
- 3.2 Incidents of harassment and violence involving or affecting AHS workers shall be immediately reported to the manager/medical leader or supervisor.
- 3.3 If an AHS worker affected or injured by workplace harassment or violence is unable to notify a manager/medical leader or supervisor, the worker responding to the incident is responsible for the notification. If the responding worker is unsure if the incident has been reported, they shall notify the manager/medical leader or supervisor.
- 3.4 All incidents, including **near miss** events, shall be reported, as soon as possible, through MySafetyNet by the affected AHS worker, responding AHS worker, or the affected AHS worker's manager/medical leader. Reports shall be fully

completed, contain all pertinent information, and consider all events leading up to, during, and after the incident.

- 3.5 AHS workers reporting an injury or adverse symptom resulting from an incident of workplace harassment or violence shall be advised by their manager/medical leader or supervisor to consult a health care professional of their choice for treatment or referral to treatment.
- 3.6 Workplace Health and Safety (WHS) shall report incidents involving AHS worker injury or illness needing assessment by a physician, or licensed health care professional, to the Workers' Compensation Board (WCB). This notification is triggered by the MySafetyNet report.
- 3.7 It is the responsibility of the manager/medical leader or supervisor to ensure that the incident has been reported properly according to the AHS *Incident Management* Process and where necessary, to Protective Services.
- 3.8 Immediate action shall be initiated to ensure the area is safe to continue work prior to the return of workers to the area. Prompt communication of immediate action to other areas in the workplace may be required.

4. Investigation and Documentation

- 4.1 Managers/medical leaders and supervisors have a duty to investigate all incidents of Type II harassment or violence in the workplace.
- 4.2 Based on the incident consequence, as per the *WHS Incident Quick Reference Chart*, as necessary, the manager/medical leader and/or supervisor must determine the appropriate resources and establish an investigation team, if required.
- 4.3 Managers/medical leaders and supervisors shall, on behalf of AHS and in partnership with WHS, Human Resources Business Partnerships (HRBP), Medical Affairs, and/or Protective Services, as necessary, investigate all incidents and reports of Type II harassment or violence experienced by AHS workers in a timely, fair, safe, and respectful manner in order to take appropriate steps to respond.
- 4.4 Notification of incidents must be based on the highest level of consequence within the incident type as outlined in the *WHS Incident Quick Reference Chart*.
- 4.5 The manager/medical leader and/or supervisor shall identify appropriate corrective actions to address the incident or report and to prevent future incidents.
- 4.6 The manager/medical leader and/or supervisor shall implement the corrective actions, ensuring timely communication to impacted parties.

- 4.7 Where a report is filed in MySafetyNet system, the manager/medical leader and/or supervisor, shall ensure the MySafetyNet report and investigation are completed appropriately, outlining a description of the incident, what was determined to be the root cause, and the corrective actions taken.
- 4.8 MySafetyNet reports are kept in electronic format in the event of an inquiry from Alberta OHS. MySafetyNet reports are kept in accordance with the AHS *Records Retention Schedule*.

5. Investigation Communication

- 5.1 Investigation findings including cause(s) and areas for corrective action shall be communicated by the manager/medical leader and/or supervisor to all workers affected by the incident. This should include sharing results with relevant departments within the organization when appropriate.
- 5.2 Communication of key findings on a need-to-know basis is important to ensure the prevention of similar incidents from occurring.
- 5.3 Communication methods may include, but are not limited to, bulletins, memorandums, safety meetings, email, posters, and one-on-one discussions.
- 5.4 Investigation results shall be communicated to external agencies by WHS, when required.

6. Disclosing Information

- 6.1 See Sections 3.6 through 3.9 of the *Respectful Workplaces and the Prevention of Harassment and Violence Policy* for details about disclosure of information.

7. AHS Worker Support

- 7.1 To support the physical and psychological health and safety of AHS workers, AHS offers and provides support to all AHS workers who are affected by respectful workplace concerns, workplace harassment or violence, or otherwise involved in a review or investigation. These supports may include, but are not limited to:
- a) access to the AHS EFAP;
 - b) access to the Alberta Medical Association Physician and Family Support Program;
 - c) information about WCB benefits;
 - d) the supports outlined in the Workplace Violence – Post Incident Employee Supports tool; and

- e) any other available supports deemed reasonable and appropriate by AHS.

8. Prevention of Harassment and Violence Training

- 8.1 AHS offers training to AHS workers as one of many controls to protect workers and to empower them to proactively manage and respond to disrespectful behaviour, harassment, or violence.
- 8.2 AHS has three levels of prevention of harassment and violence training. The level of training required for a specific AHS worker is determined by the risks identified with the job tasks and the HIAC process.
- 8.3 See the *Prevention of Violence Training Guide* for direction to managers/medical leaders, supervisors, and AHS workers as to who may need workplace violence prevention training.
- 8.4 Additional training, in conjunction with workplace violence prevention training, may be available to employees to support the prevention of workplace harassment and violence.

DEFINITIONS

AHS worker means AHS employees, members of the medical and midwifery staffs, students, and volunteers, but excludes contracted service providers and their workers.

Disrespectful behaviour means comments or conduct that is rude, inconsiderate, or insensitive. Disrespectful behaviour includes behaviours that can be addressed and stopped by bringing them to the attention of the other individual. Disrespectful behaviour can also occur between two or more workers with both sides contributing to the discord. It is recognized that if disrespectful behaviour goes unaddressed, it can lead to harassment or violence.

Family(ies) means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including, but not limited to, family members, legal guardians, friends and informal caregivers.

Harassment means any single incident or repeated incidents of objectionable or unwelcome conduct, comment, bullying, or action by a person that the person knows or ought reasonably to know will or would cause offence or humiliation to a worker, or adversely affects the worker's health and safety and includes discrimination and sexual solicitations or advances. Workplace harassment can include incidents that occur outside of the workplace or working hours, but are related to the workplace (for example, inappropriate phone calls, e-mails, social media posts, visits to a worker's home and incidents at luncheons or after work socials) or harassment from clients and service recipients. Harassment excludes any reasonable conduct of a manager/medical leader or supervisor in respect of the management of workers or a workplace.

Just Culture means an environment where everyone feels safe, encouraged, and enabled to discuss quality and safety concerns.

Manager means the individual(s) who has the delegated human resources authority for directly planning, monitoring, and supervising direct reports.

Near Miss means any undesired event that could have resulted in an injury, illness or loss. No first aid or medical attention is required.

Patient means an adult or child who receives or has requested health care or services from AHS and its health care providers or individuals authorized to act on behalf of AHS. This term is inclusive of residents, clients and outpatients.

Respectful behaviour means behaviour that shows due regard for the feelings, wishes, rights, or traditions of others. Respectful behaviours support a safe, healthy, and inclusive workplace and are aligned with AHS' *Code of Conduct*, the principles of a just culture, and the AHS Values.

Supervisor means a person, whether unionized or non-unionized, who has charge of a workplace or authority over an AHS worker.

Violence means the threatened, attempted, or actual conduct of a person that causes or is likely to cause physical or psychological injury or harm, and includes domestic or sexual violence. It is acknowledged that harassment may become violence.

Worker means AHS employees, members of the medical and midwifery staffs, students, volunteers, and workers of contracted service providers.

Workplace means a location where a worker is, or is likely to be, while engaged in their work or work-related activities. The workplace includes all locations where business or social activities organized by AHS are conducted, including but not limited to work in the community and locations of work-related social events. Workplace includes any vehicle or mobile equipment used by the AHS worker as part of their job.

REFERENCES

- Alberta Health Services Governance Documents:
 - *Code of Conduct*
 - *Emergency Response Codes Policy* (#1132)
 - *Incident Reporting and Investigation Standard of Practice* (#WHS-PCS-06)
 - *Medical Staff Bylaws*
 - *Medical Staff Rules*
 - *Midwifery Staff Bylaws*
 - *Midwifery Staff Rules*
 - *Records Retention Schedule*
 - *Respectful Workplaces and the Prevention of Harassment and Violence Policy* (#1115)
 - *Respectful Workplaces and the Prevention of Harassment and Violence: Type I (External Party) Procedure* (#1115-01)
 - *Respectful Workplaces and the Prevention of Harassment and Violence: Type III (Worker-to-Worker) Procedure* (#1115-03)
 - *Respectful Workplaces and the Prevention of Harassment and Violence: Type IV (Domestic/Personal Relationship) Procedure* (#1115-04)

- *Visitation with a Family Presence Focus Policy (#HCS-199)*
- *Visitor Management Appeal Procedure (#HCS-199-01)*
- Alberta Health Services Forms:
 - *Workplace Harassment and Violence Risk Assessment for Facilities Checklist (#19130)*
 - *Workplace Harassment and Violence Risk Assessment for Staff in the Community Checklist, Update, and User Guide (#19134)*
 - *Workplace Harassment and Violence Risk Assessment for Patients/Clients Checklist (#19133)*
- Alberta Health Services Resources:
 - AHS Values
 - Behavioural Safety (Alerts) Program
 - Collective Agreements
 - *Hazard Identification, Assessment, and Control Process*
 - *Incident Management Process*
 - *Incident Quick Reference Chart*
 - MySafetyNet
 - *Our People Strategy*
 - *Patient and Family Centred Care*
 - *Patient First Strategy*
 - *Prevention of Violence Training Guide*
 - *Workplace Health and Safety Management System*
 - *Workplace Violence - Post Incident Employee Support Tool*
- Non-Alberta Health Services Documents:
 - Accreditation Canada Standards
 - *Occupational Health and Safety Act (Alberta)*
 - *Occupational Health and Safety Code (Alberta)*
 - *Occupational Health and Safety Regulation (Alberta)*

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