

# City of Melfort Policy Manual

|  |  |   |
|--|--|---|
| <i>POLICY TITLE:</i><br><b>Violence in the Workplace</b> | <i>POLICY NUMBER:</i><br><b>1.50</b>                     | <i>EFFECTIVE DATE:</i><br><b>October 20, 2009</b> |
| <i>ORIGIN:</i><br><b>City Manager</b>                    | <i>ADOPTED BY COUNCIL ON:</i><br><b>October 19, 2009</b> | <i>DATE AMENDED:</i>                              |

## 1. PURPOSE

The City of Melfort recognizes the potential for violent acts or threats directed against staff by the public. Every effort has been made to identify possible sources of violence and implement procedures to eliminate or minimize risks.

## 2. DEFINITION

In accordance with Section 37(1) of the *Occupational Health & Safety Regulations, 1996*, the definition of violence for the purpose of this policy shall mean the attempted, threatened or actual conduct of a person that causes or is likely to cause injury, and includes any threatening statement or behaviour that gives any City of Melfort employee reasonable cause to believe that the employee is at risk of injury.

## 3. IDENTIFICATION OF WORKSITES

Areas deemed as possible locations where violent situations have occurred or may reasonably be expected to occur have been identified as:

- All City Facilities, primarily City Hall, Northern Lights Palace, Main Arena and the Kerry Vickar Centre, due to the threat of violence or bodily harm to employees.
- All worksites in which employees of the City of Melfort attend upon.
- All emergency worksites such as structural, land, dangerous goods incidents, motor vehicle accidents, manmade or natural disasters that may be attended to by the employees of the City of Melfort.

Staff identified as high risk personnel who may be exposed to violent situations are:

- All City of Melfort employees.

## 4. POLICY

- a) All employees will be informed of the potential for violent situations within the area of employment.
- b) All employees who are exposed to a violent situation will complete a Violent Incident Report Form. If the name of the person(s) causing the violent situation is unknown, a Suspect and Vehicle Identification Report Form shall be completed.

- c) All incidents will be reported to the immediate supervisor who will report to the department head and if employee/supervisor deems necessary, to the local detachment of the RCMP.
- d) All incidents in which a violent situation occurs involving firearms, weapons of any sort, severe emotional or verbal abuse or sexual violence shall be immediately reported to the RCMP, or as soon as deemed reasonably safe to do so. In any instance of this nature, the employee shall cooperate with any demands (e.g. robbery, threat of physical violence) until suspect exits the situation, with follow-up as previously outlined.
- e) Any employee of the City of Melfort who is exposed to any violent situation shall be referred to that employee's personal physician and/or referral to the Employee Assistance Program.
- f) Subject to the approval of the City Manager or his/her designate, the employee/victim may be paid for any time lost resulting from an encounter with no loss of wages or benefits and the City of Melfort shall cover all expenses occurred in the recovery of the employee in the treatment of the situation. Expenses may include travel to and from a mental/health facility, counsel, legal counsel and time off for any appearances at a Court of Law.
- g) This policy is to be reviewed on an annual basis.

## **5. PROCEDURE FOR RESOLVING A THREAT OF VIOLENCE**

Employees who feel that a threat of violence has occurred, wherever possible, should first try to resolve the situation by taking the following action:

### **Internal Threat – a threat of violence by a civic employee**

- a) Inform their immediate supervisor, or if more appropriate, the next higher level of management, or an Occupational Health and Safety Committee member, in writing using the Violence Incident Report Form. If the written report is to the Occupational Health and Safety Committee member, then the committee members should approach the co-chairpersons of the committee and follow up with the appropriate level of management.
- b) When the written complaint is received by the supervisor/manager/department head, they must investigate the threat of violence in consultation with the co-chairpersons of the Occupational Health Committee.
- c) The investigation must include discussions with the employee reporting the threat of violence, the employee making the threat, and witnesses or others having pertinent information. The department head (or designate) informs the employee making the threat that he/she is aware of the reported incident and allows the employee to provide his or her perspective. Employees are offered union or association representation throughout the investigation.
- d) The department head must act immediately by informing the employee making the threat that any violence or threat of violence is unacceptable and will not be tolerated and that appropriate follow-up action will be taken, including discipline.

- e) If the threat of violence and emotional state of the employee making the threat suggest imminent danger to employees or city property, separate that person from the workplace and/or call the police.

**External Threat – a threat of violence made by a member of the public**

- a) Interrupt the conversation firmly but politely, advising the person that you will not accept abusive treatment and if necessary, hand the person the department head's business card and ask them to contact your supervisor.
- b) If the behaviour persists, terminate the conversation. Ask the person to leave the building or remove yourself from the scene. Inform your manager/supervisor of the incident as soon as possible.
- c) If the person does not agree to leave, immediately advise your manager/supervisor of the incident, including your assessment as to whether the person poses a physical threat.
- d) If, in your opinion, the person poses a physical threat, do not return to your work station. Call the RCMP (752-6420 or 9-1-1). Ensure your manager/supervisor or designate is aware of the status of the situation.
- e) After the incident is dealt with, the Violence Incident Report must be completed and sent to the Occupational Health and Safety Committee.

## Violent Incident Report Form

### General Information

|  |  |
|--|--|
| Date of Incident   | Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| Name   | Job Title  |
| Employee ID  | Department   |
| Exact Location of Incident   |  |
| Type of Assault (check all that apply)   |  |
| <input type="checkbox"/> Verbal <input type="checkbox"/> Threat <input type="checkbox"/> Pushed <input type="checkbox"/> Scratched <input type="checkbox"/> Bitten <input type="checkbox"/> Struck <input type="checkbox"/> Kicked<br><input type="checkbox"/> Other (please describe) |  |
| Police Called?   | Advised to Consult a Doctor?                                     |
| Yes                      No  | Yes                      No                                      |
| Medical Attention, First Aid Obtained?   | WCB Forms Completed?   |
| Yes                      No  | Yes                      No                                      |
| Investigation will be conducted?   | Report to be filed with Director (or designate)?                 |
| Yes              No              In Progress   | Yes                      No                                      |

Action Taken

|  |
|--|
|  |
|  |

### Information About the Suspect

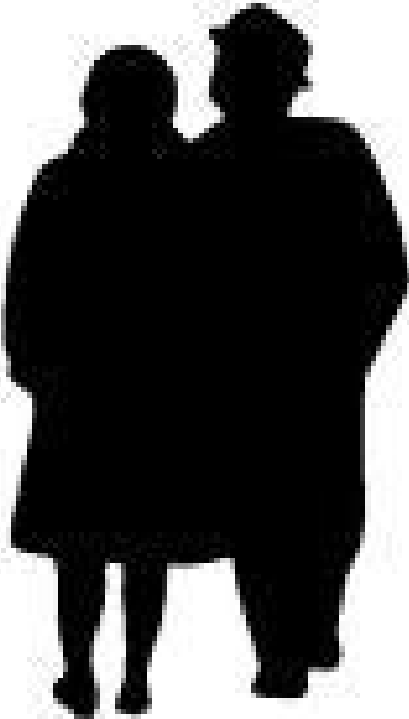
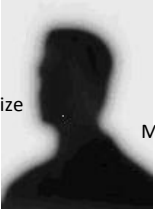
|  |
|--|
| <input type="checkbox"/> Customer <input type="checkbox"/> Employee <input type="checkbox"/> Ex-Employee <input type="checkbox"/> Delivery Person <input type="checkbox"/> Other (specify) |
| Name and address of suspect if known:  |

### Other Information

|   |     |    |             |
|---|-----|----|-------------|
| Was the suspect involved in previous violent incidents?         | Yes | No |             |
| Measures will be taken to prevent a recurrence                  | Yes | No | In Progress |
| Please provide any other information that you think is relevant |     |    |             |
|   |     |    |             |
|   |     |    |             |

|        |                     |
|--------|---------------------|
| Dated: | Employee Signature: |
|--------|---------------------|

## Suspect and Vehicle Identification Report Form

| General Appearance                        |  |        |              |                        | Facial Appearance   |                     |                  |  |
|---|--|--------|--------------|------------------------|---|---------------------|------------------|--|
| Sex<br>Male<br>Female                     | Age  | Height | Weight       | Race                   | Skin/hair colour  | Hair Style          |                  |  |
| Hair (colour/style)                       |  |        |              | Hat (colour/type)      | Wrinkles  | Hair texture        |                  |  |
| Eyes (colour/glasses)                     |  |        |              | Shape of Eyebrow       |  | Shape & size of eye | Ear size & Shape |  |
| Complexion                                |  |        |              | Coat                   |   | Shape of Nose       | Mouth & lips     |  |
| Jewellery                                 |  |        |              | Shirt                  | Below, print those specific facial details that you definitely remember:            |                     |                  |  |
| Scars/marks                               |  |        |              | Trousers/skirt / dress |   |                     |                  |  |
| Tattoos                                   |  |        |              | Shoes                  |   |                     |                  |  |
|   |  |        |              | Tie                    | Tool or weapon seen:  |                     |                  |  |
| <b>What did the suspect say?</b>          |  |        |              |                        |   |                     |                  |  |
|   |  |        |              |                        |   |                     |                  |  |
|   |  |        |              |                        |   |                     |                  |  |
| <b>List any other details you recall:</b> |  |        |              |                        |   |                     |                  |  |
|   |  |        |              |                        |   |                     |                  |  |
| <b>Vehicle</b>                            |  |        |              |                        |   |                     |                  |  |
| Colour                                    | Make   | Model  | License      | Body Style             | Damage/Rust   | Antenna             |                  |  |
| Bumper Sticker(s)                         |  |        | Wheel Covers |                        | Direction of Travel   |                     |                  |  |

**Incident – Account of Events:**

1. Circumstances surrounding the threats including: How was the threat made and to whom? How was the threat going to be carried out? Previous incidents involving the parties involved.

---



---



---



---



---



---



---



---



---



---

The incident was reported to:

Dept. Head/Manager/Supervisor’s Name: \_\_\_\_\_

Police Officer’s Name(s): \_\_\_\_\_

Occupational Health & Safety Committee Member: \_\_\_\_\_

Other - Name: \_\_\_\_\_

|  |   |   |   |
|--|---|---|---|
| Was incident attended by doctor or hospital? | If yes, name of doctor, hospital and/or medicentre. | Did employee return to work the same day? | Is critical incident debriefing required? |
| Yes                  No                      |   | Yes                  No                   | Yes                  No                   |

|       |                       |
|-------|-----------------------|
| Date: | Employee’s Signature: |
|-------|-----------------------|

**Investigation:**

What steps have been/will be taken to prevent a similar accident from occurring?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Department Head's Remarks:**

---

---

---

---

---

---

---

---

|       |                              |
|-------|------------------------------|
| Date: | Department Head's Signature: |
|-------|------------------------------|