

## **Policy 6400: Prevention of Violence in the Workplace**

### **A. PURPOSE**

The purpose of this policy is to: Promote the development of a safe and secure working environment by;

1. reducing the probability of behaviors that intimidate, threaten, abuse, injure or otherwise victimize employees;
2. recognize that incidents of workplace violence may occur between employees and students, or members of the public and that domestic violence may have an effect on the workplace; and
3. ensuring all Selkirk College employees understand and meet their legal and ethical obligations regarding workplace violence.

### **B. SCOPE / LIMITS**

This policy applies to all individuals employed by Selkirk College, including contractors.

### **C. PRINCIPLES**

Selkirk College is committed to the personal safety and security of employees and will strive to prevent incidents and potential incidents of violence related to employment at the College. The College recognizes the potential for workplace violence and other aggressive behavior directed at employees. Employees will receive information on the risk of violence and ongoing support for a workplace environment that is free from violence. Selkirk College is committed to taking appropriate steps to protect our employees from the risks associated with workplace violence.

### **D. RESPONSIBILITIES**

#### **Employer:**

1. Inform employees if they are working in an area where there is a potential for violence and identify violence-related risks.
2. Ensure regular risk assessments are conducted to confirm that appropriate procedures are in place to eliminate or control hazards and to protect our employees from violence. (See Appendix B.)
3. Ensure employees are trained in recognizing and responding to situations involving workplace violence.
4. Ensure that employees are advised to consult a healthcare professional of the employees' choice for treatment or referral if the employee reports adverse symptoms resulting from workplace violence or is exposed to workplace violence.

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5. Ensure that every incident of workplace violence is reported, investigated, and documented and that the documentation is retained for three years.

### Supervisors:

1. Inform employees if they are working in an area where there is potential for violence and identify violence-related risks.
2. Ensure that employees do 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.
3. Participate in regular risk assessments to confirm that appropriate procedures are in place to control or eliminate hazards, and to protect employees from violence (See Appendix B.)
4. Ensure that an employee reporting an injury or adverse symptom as a result of an incident of violence is advised to consult a physician of the employee's choice for treatment or referral.
5. Ensure that every incident of workplace violence is reported, investigated, documented and a copy is sent to the employer.

### Employees:

1. Become familiar with and follow the procedures that are in place to protect them from workplace violence.
2. Refrain from any improper activity or behaviour at a workplace that might create or constitute a hazard to themselves or to any other person.
3. Attend workplace violence prevention training programs as provided.
4. Report all known or observed incidents of workplace violence immediately to their supervisor and the Human Resources Department. (See Appendix C.)
5. Participate in work site risk assessments and implementation of procedures to eliminate or control hazards.

## E. DEFINITIONS

1. **"Violence"** 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 behavior which gives a worker reasonable cause to believe that he or she is at risk of injury.
2. **"Improper Activity or Behavior"** includes (a) the attempted or actual exercise by an employee towards another employee of any physical force so as to cause injury, and includes any threatening statement or behavior 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.
3. **"Hazard"** is a situation, condition, or thing that may be dangerous to the safety or health of employees.

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4. **“Work Site”** is any location where Selkirk College business is performed, is considered part of the work site, including traditional office and maintenance environments, field locations, vehicles, or other off-site and non-traditional work locations.
5. **“Injury”** as acceptable to the Board.

### **F. REFERENCES**

WorkSafeBC / Part 4 / Section 4.27

<http://www2.worksafebc.com/publications/OHSRegulation/Part4.asp#SectionNumber:4.27>

Other policies:

Policy 6000: Employee code of conduct

Policy 3400: Student code of conduct

## Workplace Violence Response Procedure

Guidelines to help you respond appropriately in situations that compromise your personal safety.

### Armed or Dangerous Person:

1. If you witness an armed/dangerous individual, **do not approach the person**. Try to remain calm; if possible send someone to contact the campus switchboard operator. Call 9-1-1 immediately; give your location, name, and reason for calling. Be ready to provide a physical description of the individual: age, height, weight, hair color and length, facial hair, clothing, and any other distinguishing features. If the person is in a vehicle, attempt to get the make, model, color and license plate number. Follow the instructions provided to you by the 9-1-1 dispatcher. Look after your own safety.
2. If an armed/dangerous individuals outside your building:
  - a. Move to an inner area of the building if it is safe to do so and remain there until receiving an “all clear.”
  - b. Turn off the lights and close and lock all windows and doors. Close window blinds and curtains.
  - c. If you can safely do so, get everyone on the floor and out of the line of sight/fire.
3. If an armed/dangerous individual is inside the building:
  - a. If it is possible to flee the area safely and avoid danger, do so.
  - b. If it is not possible or unsafe to flee, lock all windows and doors and pull blinds.
  - c. Contact the switchboard operator and call 9-1-1; give your location, name, reason for calling, and the location of the suspect.
  - d. Get everyone on the floor or under a desk; remain silent and out of the line of sight/fire.
  - e. Wait for an “all clear” from a person of authority.
4. If an armed/dangerous individual comes into your class or office:
  - a. There is no specific procedure that can insure your safety in this situation.
  - b. Attempt to notify other staff/students, and dial 9-1-1 if possible without endangering yourself.
  - c. Keep as much distance as possible between the suspect and yourself.
  - d. Try to keep a desk, filing cabinet or other piece of furniture between the threatening individual and yourself.
  - e. Do not challenge the person; if it is not possible to flee attempt to negotiate.
  - f. Try to demonstrate an interest in solving their problem; communicate to them that you wish to help them.
5. Threats, Direct or Indirect; Intimidation and Harassment:
  - a. Obtain contact information from any witnesses.
  - b. Notify your supervisor. Discuss the incident and determine if the police should be notified.
  - c. Complete and submit a Workplace Violence Report Form (Appendix C) to the Human Resources Department.

## **Workplace Violence Risk Assessment Form**

Questions answered yes require a description.

To understand the level of risk employees may face, Supervisors/Department Heads must review the historical data of threats of, and acts of violence in, their department/area. With the support of the Occupational Health and Safety Coordinator, they will conduct a detailed risk assessment in consultation with the worker(s). Any identified risks will be eliminated or minimized through specific procedures and policies.

❖ **Department - Area: Describe the department/area and the types of activities/functions performed by the employees.**

❖ **History:**

- Have employees in the department been threatened with or experienced physical violence? **Y/N**
- Have employee's experienced/received verbal abuse, threats, threatening or obscene phone calls? **Y/N**

❖ **Activities Which Might Expose Employees to Risk of Violence:**

- Do employees in the department work with money or other valuables? **Y/N**
- Do employees deliver or collect money or other items of value? **Y/N**
- Do employees deal with persons under the influence of drugs and alcohol? **Y/N**
- Do employees deal with people that are troubled or distressed? **Y/N**
- Do employees monitor or regulate the activities of others, carry out procedures or make decisions that could adversely affect others? **Y/N**
- Are employees involved with activities that may elicit a negative or confrontational response? **Y/N**
- Are there other aspects of work carried out in the department that might spark a violent response? **Y/N**

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❖ **Factors That Increase the Risk of Violence:**

*(A person works alone when he/she works in a situation where he/she is out of sight and hearing of other employees.)*

- Do any of the department's employees work alone during normal working hours? **Y/N**
- Do any employees work alone before or after normal working hours? **Y/N**
- Have any precautions been instituted to provide safety for employees who work alone? **Y/N**
- Describe any other factors you feel might increase the risk of violence.

❖ **Reducing the Risk of Violence:**

- Describe policies and procedures in place to reduce the risk of violence in the department.
- Do you consider that all reasonable precautions have been taken to prevent or reduce the risk of violence? **Y/N**
- What further steps would you recommend?
- What assistance do you need to accomplish your recommendations?

Faculty/Department: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mail or Deliver this form to Selkirk College  
Human Resources Department, Health and Safety.

Received by HR Dept. \_\_\_\_\_ By: \_\_\_\_\_

**Workplace Violence - Report Form**  
**(CONFIDENTIAL)**

Staff who observe and/or have been victims of violence at work should complete this report as soon as possible. All personal information on this report will be kept in strict confidence, except where disclosure is necessary in order for the College to comply with its legal obligations.

Faculty/Department: \_\_\_\_\_ Date: \_\_\_\_\_

Person filing report: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor notified? Date: \_\_\_\_\_

Person to whom threat was made: \_\_\_\_\_

Person alleged to be acting violently/threatening: \_\_\_\_\_

Date(s) of Occurrence: \_\_\_\_\_

Place(s) of Occurrence: \_\_\_\_\_

Threat by phone? Y/N \_\_\_\_\_

Who or what was threatened? \_\_\_\_\_

\_\_\_\_\_

What was said? \_\_\_\_\_

Was the threat accompanied by physical action? Y/N \_\_\_\_\_

\_\_\_\_\_

Were any weapons used? Y/N \_\_\_\_\_

\_\_\_\_\_

Has this happened before? Y/N (when/where) \_\_\_\_\_

\_\_\_\_\_

Was the person threatened, injured? Y/N

Describe the nature of injuries: \_\_\_\_\_

**Policies and Procedures**

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Was First Aid provided? Y/N (describe) \_\_\_\_\_

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First Aid provider's name: \_\_\_\_\_

Was advanced medical care needed? Y/N (details) \_\_\_\_\_

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Were the police notified? Y/N

Did the police attend? Y/N (if Y file #) \_\_\_\_\_

Witnesses? Y/N (name/address/phone) \_\_\_\_\_

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Please use the back of this form if more space is needed.

Suspect Identification:

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_

Distinguishing facial features: \_\_\_\_\_

Hair color/Style: \_\_\_\_\_

Eye color/ Glasses: \_\_\_\_\_

Scars/ Marks/Tattoos: \_\_\_\_\_

Hat: \_\_\_\_\_ Coat: \_\_\_\_\_ Shirt: \_\_\_\_\_

Pants: \_\_\_\_\_ Shoes: \_\_\_\_\_

Vehicle:

Body Style: Sedan/ Station Wagon/Van/ Pickup Truck/ Other (describe)

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Make: \_\_\_\_\_ Color: \_\_\_\_\_

Damage: (rust, dents) \_\_\_\_\_

Unusual Features: \_\_\_\_\_

Signature of person reporting incident: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_



**Policies and Procedures**

Mail or Deliver this form to Selkirk

College Human Resources Department.

Received by HR Dept. \_\_\_\_\_ By: \_\_\_\_\_

**Responsibility, Recommendation and Approval Dates**

**Executive Responsibility:** Vice President College Services/CFO

**Administrative Responsibility:** Executive Director of Human Services

**Recommended by Policy Review Committee:** 2019-09-18

**Recommended/Approved by Education Council:** N/A

**Approved by President:** 2020-11-24

**Linkage to Board Policy:** E30, E40