

# Kingston & Frontenac Housing Corporation Human Resources Policy

Standards of Conduct– SC 4.12

Pages: - 1 - of 7

## WORKPLACE VIOLENCE PREVENTION POLICY

All Employees

Issued: BOD - 2010

Effective June 10, 2010

Replaces: POL 128

Revised and Reviewed

February 2018

## WORKPLACE VIOLENCE PREVENTION POLICY

### Purpose

KHFC is committed to the prevention of workplace violence and is ultimately responsible for worker health and safety. We will take steps reasonable to protect our employees from workplace violence from all sources.

### “Workplace violence” means,

- the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker,
- an *attempt* to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker
- a statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

### “Workplace” means,

- any land, premises, location or thing at, upon, in or near which a worker works.

### Some Examples of Workplace Violence:

The Canadian Centre for Occupational Health and Safety suggests that there are all forms of violence, and fall into one of the following categories:

- 1) Threatening behaviour: such as shaking fist in a worker’s face, destroying property or throwing objects;
- 2) Verbal or written threats: any expression of an intent to inflict harm, leaving threatening notes at or sending threatening emails within or to a workplace;
- 3) Harassment: any behaviour that demeans, embarrasses, humiliates, annoys, alarms or verbally abuses a person and that is known or would be expected to be unwelcome, including words, gestures, intimidation, bullying or other inappropriate activities;
- 4) Verbal abuse: swearing, insults or condescending language, verbally threatening to attack a worker; and
- 5) Physical attacks: hitting, shoving, pushing or kicking, hitting or trying to hit a worker, throwing an object at a worker, sexual violence against a worker, kicking an object the worker is standing on such as a ladder, trying to run down a worker using a vehicle or equipment.

Workplace violence may arise from many possible sources including but not limited to tenants, volunteers, job or tenant applicants, contractors, supervisors, employees, strangers and domestic/intimate partners. Violent behaviour in the workplace is unacceptable from anyone. Everyone at KHFC is expected to uphold this policy and to work together to prevent workplace violence.

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Standards of Conduct– SC 4.12

Pages: - 2 - of 7

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There is a workplace violence prevention program that implements this policy. It includes measures and procedures to protect employees from violence, a means of summoning immediate assistance if you feel threatened by violence at work and a process for employees to report violent incidents, or raise concerns. It also includes orientation in respect of violence prevention for new employees.

### **KFHC's Responsibilities**

As the employer, KFHC will ensure this policy and the supporting program are implemented and maintained and that all employees and supervisors have the appropriate information and instruction to protect them from violence in the workplace.

### **Managers' and Supervisors' Responsibilities**

Managers and supervisors will adhere to this policy and the supporting program. Managers and supervisors are responsible for ensuring that measures and procedures are followed by employees and that employees have the information they need to protect themselves.

### **Employees' Responsibilities**

Every employee must work in compliance with this policy and supporting program. All employees are encouraged to raise any concerns about workplace violence and report any violent incidents or threats.

### **Risk Assessment**

A Risk Assessment will be conducted by KFHC to assess the risk of workplace violence that may arise from the nature of the workplace, the type of work done as well as the conditions of work. It will also take into account the circumstances of the individual tasks performed as well as other circumstances of the workplace. The Risk Assessment will be used to develop measures and procedures to control the identified risks that may expose a worker to physical injury.

A written copy of the Risk Assessment results will be given to the Joint Health and Safety Committee and copies will be made available to employees upon request.

KFHC will conduct the Risk Assessment as often as necessary to ensure the workplace violence policy and related program continue to protect workers from violence. The results of the re-assessment will be given to the Joint Health and Safety Committee and made available for employees.

### **COMPLAINT PROCEDURES**

KHFC pledges to investigate and deal with all incidents and complaints of workplace violence in a fair and timely manner, respecting the privacy of all concerned as much as possible. This may be done alongside a police investigation because violence is against the law and the *Criminal Code* of Canada protects everyone from physical and sexual assault.

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Standards of Conduct– SC 4.12

Pages: - 3 - of 7

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### IF AN INCIDENT OCCURS

#### If it Involves You

If you have been harmed or are under a reasonable apprehension of harm, remove yourself from that situation immediately if possible, and call the police, or 911. Anyone who calls the police or 911 must inform the Chief Executive Officer immediately thereafter.

#### Report it

Inform a manager or supervisor as soon as reasonably possible. In addition, an “Incident Report Form” (see Appended) will be completed for all incidents. This is to be submitted to the Chief Executive Officer. One copy will be forwarded to the Joint Health and Safety Committee for their review and a copy will be filed with the Chief Executive Officer.

#### Investigation

Each incident will be investigated by KFHC. The causes of the incident will be discussed and recommendations on how to revise the program to prevent similar incidents from occurring. All revisions of the Program will be made in writing and submitted to the Joint Health and Safety Committee with copies made available to employees.

#### If you witness Workplace Violence

If you witness Workplace Violence taking place, remove yourself from the risk of harm and call the police or 911 immediately. Do not try to assist or put yourself at risk in any way. Notify the Chief Executive Officer immediately.

#### If you have a suspicion that Workplace Violence may occur.

You have a duty to inform your manager or supervisor if you have a reasonable suspicion that you or any of your co-workers will be physically harmed in the Workplace.

KFHC has a duty to provide workers with information, including personal information, related to a risk of workplace violence from a person with a history of violent behaviour. However, this duty is limited and applies only when the:

- worker can be expected to encounter the violent person in the course of his or her work
- risk of workplace violence is likely to expose the worker to physical injury.

KFHC will NOT disclose more information than is reasonably necessary for the protection of a worker from physical injury.

#### Domestic Violence

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Standards of Conduct– SC 4.12

Pages: - 4 - of 7

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KFHC must take every precaution reasonable in the circumstances for the protection of workers when they are aware, or ought reasonably to be aware, that domestic violence may occur in the workplace and that it would likely expose a worker to physical injury.

If you have a restraining Order against an individual, it is your duty to inform KFHC of that Order. This is to protect yourself as well as other employees from Workplace Violence.

### **Confidentiality**

KFHC will not disclose any confidential information about incidents except as necessary to investigate, take disciplinary action, update programs, or as required by law. KFHC encourages employees and managers and supervisors to respect confidentiality in the same way.

### **POLICY CHANGES**

If you have any questions or comments about the policy or program, please speak to your manager or supervisor or the Chief Executive Officer. KFHC will update this policy as necessary, and will review it yearly.

This policy replaces any similar policies at KFHC.

# Kingston & Frontenac Housing Corporation Human Resources Policy

Standards of Conduct– SC 4.12

Pages: - 5 - of 7

## WORKPLACE VIOLENCE PREVENTION POLICY

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### KFHC INCIDENT REPORT FORM FOR WORKPLACE VIOLENCE

*(Please complete and submit to the Chief Executive Officer)*

1. VICTIMS NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

2. VICTIMS ADDRESS: \_\_\_\_\_

3. HOME PHONE NUMBER: \_\_\_\_\_ WORK PHONE NUMBER: \_\_\_\_\_

4. EMPLOYERS NAME AND ADDRESS: \_\_\_\_\_

5. INCIDENT DATE \_\_\_\_\_

6. INCIDENT TIME: \_\_\_\_\_

7. INCIDENT LOCATION: \_\_\_\_\_

8. WORK LOCATION (if different): \_\_\_\_\_

9. TYPE OF INCIDENT: (circle one): Assault, Robbery, Harassment, Disorderly Conduct, Sex Offense,  
Other. (Please Specify)

\_\_\_\_\_

10. WERE YOU INJURED: (circle): Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify your injuries and the location of any treatment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. DID POLICE RESPOND TO INCIDENT: Yes \_\_\_\_\_ No \_\_\_\_\_

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Pages: - 6 - of 7

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12. POLICE REPORT FILED: Yes \_\_\_\_\_ No \_\_\_\_\_  
REPORT NUMBER: \_\_\_\_\_

13. WAS YOUR SUPERVISOR NOTIFIED: Yes \_\_\_\_\_ No \_\_\_\_\_

14. SUPERVISORS NAME: \_\_\_\_\_

15. WAS THE LOCAL UNION/EMPLOYEE REPRESENTATIVE NOTIFIED: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, who was notified \_\_\_\_\_

16. WAS ANY ACTION TAKEN BY KFHC: (specify) \_\_\_\_\_  
\_\_\_\_\_

17. ASSAILANT/PERPETRATOR: (circle one): Tenant, Applicant, Employee, Supervisor, Visitor,  
Student, Former-Employee, Family/Friend, Other, (specify): \_\_\_\_\_  
\_\_\_\_\_

18. ASSAILANT/PERPETRATOR - NAME/ADDRESS/AGE (if known): \_\_\_\_\_  
\_\_\_\_\_

19. PLEASE BRIEFLY DESCRIBE THE INCIDENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. INCIDENT DISPOSITION: (Circle all that apply): No action taken, Arrest, Warning, Suspension,  
Reprimand, Other: \_\_\_\_\_  
\_\_\_\_\_

21. DID THE INCIDENT INVOLVE A WEAPON: Yes/no Specify \_\_\_\_\_  
\_\_\_\_\_

23. WAS A WSIB FORM FILLED OUT? Yes \_\_\_\_\_ No \_\_\_\_\_  
Specify \_\_\_\_\_

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Standards of Conduct– SC 4.12

Pages: - 7 - of 7

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24. WERE YOU SINGLED OUT OR WAS THE VIOLENCE DIRECTED AT MORE THAN ONE INDIVIDUAL:

\_\_\_\_\_

25. WERE YOU ALONE WHEN THE INCIDENT OCCURRED: \_\_\_\_\_

26. DID YOU HAVE ANY REASON TO BELIEVE THAT AN INCIDENT MIGHT OCCUR: Yes \_\_\_\_\_ No \_\_\_\_\_

Why: \_\_\_\_\_

27. HAS THIS TYPE OR SIMILAR INCIDENT(S) HAPPENED TO YOU OR YOUR CO-WORKERS: Yes \_\_\_\_\_

No \_\_\_\_\_

Specify: \_\_\_\_\_

28. WHAT DO YOU FEEL CAN BE DONE IN THE FUTURE TO AVOID SUCH AN INCIDENT:

\_\_\_\_\_

29. WAS THIS ASSAILANT INVOLVED IN PREVIOUS INCIDENTS: \_\_\_\_\_

30. ARE THERE ANY MEASURES IN PLACE TO PREVENT SIMILAR INCIDENTS: Yes \_\_\_\_\_ No \_\_\_\_\_

Specify: \_\_\_\_\_

31. HAS CORRECTIVE ACTION BEEN TAKEN:

Specify: \_\_\_\_\_

32. COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date filed with Chief Executive Officer or his/her Designate: \_\_\_\_\_

Date Received: \_\_\_\_\_

Signature: \_\_\_\_\_