**Appendix D-10: Workplace Violence Employee Survey (OSACH 2006)**

Do you feel safe while at work?  
☐ Yes ☐ No

Do you think you are prepared to handle a violent situation, threat, or responsive and escalating behaviours exhibited by clients while at work?  
☐ Yes ☐ No

In your opinion, has the employer provided you with every necessary control and measure to protect your safety?  
☐ Yes ☐ No

If you answer no, check areas that require improvements:

<table>
<thead>
<tr>
<th>Area</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lighting</td>
<td>☐</td>
<td>☐</td>
<td>☐/N</td>
</tr>
<tr>
<td>Secure areas to store personal belongings</td>
<td>☐</td>
<td>☐</td>
<td>☐/N</td>
</tr>
<tr>
<td>Security personnel</td>
<td>☐</td>
<td>☐</td>
<td>☐/N</td>
</tr>
<tr>
<td>Secure restrooms</td>
<td>☐</td>
<td>☐</td>
<td>☐/N</td>
</tr>
<tr>
<td>Secure parking lot</td>
<td>☐</td>
<td>☐</td>
<td>☐/N</td>
</tr>
<tr>
<td>Restricted public access to work areas</td>
<td>☐</td>
<td>☐</td>
<td>☐/N</td>
</tr>
<tr>
<td>Patient or client transfers – violence-related</td>
<td>☐</td>
<td>☐</td>
<td>☐/N</td>
</tr>
<tr>
<td>Information about security devices (e.g. cameras, alarms, panic buttons, etc.) is clearly communicated to all employees</td>
<td>☐</td>
<td>☐</td>
<td>☐/N</td>
</tr>
<tr>
<td>Appropriate security devices (e.g. panic buttons, personal alarms, cell phones)</td>
<td>☐</td>
<td>☐</td>
<td>☐/N</td>
</tr>
<tr>
<td>Communication about the care plan and the client’s previous history of violence or behavioural issues</td>
<td>☐</td>
<td>☐</td>
<td>☐/N</td>
</tr>
</tbody>
</table>

Comments:

_______________________________________________________________________________________
_______________________________________________________________________________________
If you work in the community, are you provided with any of these supports? (Add any other supports you think would help safeguard your security)

- The assistance of a buddy or security guard in high-risk situations
  - Yes
  - No
  - N/A
- A cell phone or radio when needed
  - Yes
  - No
  - N/A
- A security contact person
  - Yes
  - No
  - N/A
- The information you need about the patient or client
  - Yes
  - No
  - N/A
- The information you need about the geographical location
  - Yes
  - No
  - N/A
- Timely assistance when you report a problem
  - Yes
  - No
  - N/A

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Violence Prevention Policy

Is there a written violence prevention policy for your workplace?
  - Yes
  - No

If yes, have you ever seen a copy of the policy?
  - Yes
  - No

Are there written procedures for violence prevention that deal with your work area?
  - Yes
  - No

If yes, are they easy to understand and follow?
  - Yes
  - No

Have you ever seen a copy of the procedures?
  - Yes
  - No

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Incident Reporting and Follow-up

Is there a system for reporting threats and violence or aggression?  
- Yes  - No

If yes, is it easy to understand and follow?  
- Yes  - No

Are you required to report threats and violence or aggression?  
- Yes  - No

If yes, can you do so without fear of reprisal?  
- Yes  - No

Does the supervisor or manager investigate incidents without undue delay?  
- Yes  - No

Does the supervisor or manager take suitable corrective action without undue delay?  
- Yes  - No

Are police and emergency services called immediately when an incident involving a criminal act occurs?  
- Yes  - No

Are co-workers briefed about a violent incident before coming on shift or before dealing with a previously violent patient?  
- Yes  - No

Is there a program to provide support for workers both directly and indirectly involved in events of workplace violence (critical incident stress management)?  
- Yes  - No

When an incident of workplace violence has resulted in you seeking medical attention or losing time from work, has the employer reported the incident to WSIB?  
- Yes  - No

Comments:

________________________________________________________________

________________________________________________________________

Education and Training

Have you received training in recognizing, preventing and dealing with workplace violence?  
- Yes  - No

Have you received training in psychiatric, behavioural and physiological conditions associated with escalating behaviours?  
- Yes  - No

Have you received training in self-defense measures that are respectful to the clients you are caring for?  
- Yes  - No
Preventing and Managing Violence in the Workplace

Have you received training in communication and care strategies?  
☐ Yes  ☐ No

If yes, do you feel that training was adequate?  
☐ Yes  ☐ No

Is your training tailored to the particular job that you do?  
☐ Yes  ☐ No

Do you know what protocols (policies and procedures) exist in your workplace to deal with violence and its consequences?  
☐ Yes  ☐ No

Do you know what standard of care your employer expects you to deliver when a patient or client is abusive or threatening toward staff?  
☐ Yes  ☐ No

Comments:
_______________________________________________________________________________________
_______________________________________________________________________________________

Incidents at Work

Have you ever been the victim of a violent incident on the job?  
If yes, please answer these questions:  
☐ Yes  ☐ No

Type of incident(s) (describe)
_______________________________________________________________________________________

Were you injured? (If yes, describe injuries)  
☐ Yes  ☐ No
_______________________________________________________________________________________

Did you receive first aid or medical treatment? Did you lose time from work?  
If yes, describe:
_______________________________________________________________________________________

Did you report the incident to the employer? If you received medical attention or lost time, was the event reported to WSIB?  
☐ Yes  ☐ No
Were you offered defusing (an opportunity to express your thoughts about the incident, and learn about normal stress reactions and available services)?  
  ☐ Yes  ☐ No

If yes, was it done?  
  ☐ Yes  ☐ No

Were you offered Critical Incident Stress Management debriefing (a discussion with a facilitator to alleviate trauma and speed up your recovery) within 24 to 72 hours?  
  ☐ Yes  ☐ No

If yes, was it done?  
  ☐ Yes  ☐ No

In your opinion, what steps could be taken to make your workplace safer?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________