

## 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:

Lighting  Yes  No  N/A

Secure areas to store personal belongings  Yes  No  N/A

Security personnel  Yes  No  N/A

Secure restrooms  Yes  No  N/A

Secure parking lot  Yes  No  N/A

Restricted public access to work areas  Yes  No  N/A

Patient or client transfers – violence-related  Yes  No  N/A

Information about security devices (e.g. cameras, alarms, panic buttons, etc.) is clearly communicated to all employees  Yes  No  N/A

Appropriate security devices (e.g. panic buttons, personal alarms, cell phones)  Yes  No  N/A

Communication about the care plan and the client’s previous history of violence or behavioural issues  Yes  No  N/A

Comments:

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**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:

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**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:

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### 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:

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### 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

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:

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### 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)

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

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Did you receive first aid or medical treatment? Did you lose time from work?  
If yes, describe:  Yes  No

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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?

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