

Workplace Violence Specific Risk Assessment Form

* Adapted from Occupational Health and Safety Council of Ontario document, "Developing Workplace Violence and Harassment Policies and Programs: A Toolbox."-

http://www.labour.gov.on.ca/english/hs/pdf/wvps_toolbox.pdf. To be completed annually by the employer. Note that this assessment is conducive to most physician office environments. If your workplace is subject to additional risk factors and requires a more detailed assessment, please refer to the Occupational Health and Safety Council of Ontario document.

Department: _____

Completed by: _____

Date: _____

This form is designed to assist in identifying risks that are specific to your workplace. You may wish to rank or prioritize the risks to determine which hazards must be addressed first. It should be completed with input from employees.

Section 1: Work Area

Please describe the work area and the types of activities performed.

Section 2: History

Have there been incidents where employees have experienced or been threatened with physical violence?

No Yes – Please describe.

Have there been incidents where employees have experienced verbal abuse, i.e. shouted at, threats or obscene phone calls?

No Yes – Please describe.

Section 3: Identifying higher-risk activities

Do employees in your workplace:

- | | | |
|---|-----------------------------|------------------------------|
| a) Handle cash or valuables such as medication? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| b) Deliver or Collect items of value? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| c) Have direct physical contact with patients? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| d) Deal with people who may be under the influence of drugs or alcohol? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| e) Deal with people who are troubled or distressed? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| f) Perform duties that may elicit a negative or confrontational response? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| g) Monitor or regulate the activities of others, or carry out procedures or make decisions which adversely affect others? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| h) Do employees attend patients in their personal dwellings? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

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Are there other aspects of the work in your department that might spark a violent response?

What controls are currently in place to address these higher-risk activities? What recommended controls must be established? Identify person responsible and expected completion dates, if possible.

Comments:

Section 4: Factors that increase the risk of violence

- a) Do your employees work alone, where assistance is not readily available in the event of an incident? No Yes
- b) Do your employees work alone after regular business hours? No Yes
- c) Do your employees work in isolated areas such as examination rooms, away from other workers? No Yes
- d) Is your workplace located in an area where there is a high risk of assault or robbery? No Yes
- e) Can workers call for immediate help when workplace violence occurs or is likely to occur? No Yes
- f) Is public access to the workplace restricted? No Yes
- g) Are there objects or equipment in the workplace that could be used to hurt people? No Yes

Please describe other factors which you feel might increase the risk of violence

Comments:

Section 5: Prevention

- a) Please describe any precautions already taken to safeguard employees who work alone or with unstable/volatile patients, members of the public, or family members. If additional precautions are necessary, identify person responsible and expected completion dates. (Ex. physical/environmental controls, administrative procedures, violence prevention training)

- b) Please describe any precautions already taken to safeguard employees when dealing with strangers or intruders. If additional precautions are necessary, identify person responsible and expected completion dates. (Ex. physical/environmental controls, administrative procedures, violence prevention training)

- c) Please describe any precautions already taken to recognize and deal with potentially violent people, situations or high-risk locations. If additional precautions are necessary, identify person

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responsible and expected completion dates. (Ex. physical/environmental controls, administrative procedures, violence prevention training)

c) What assistance do you need to accomplish any of the above steps?

d) Do you have any other concerns with respect to workplace violence?

If needed, any additional concerns or questions may be included on a separate page.