**Workplace Violence Policy**

The management of **[insert company name]** is committed to the prevention of workplace violence and is responsible for worker health and safety. We will take all reasonable steps to protect workers from workplace violence from all sources.

The *Occupational Health and Safety Act* (the OHSA) defines workplace violence as the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker. It also includes an:

* **attempt** to exercise physical force against a worker in a workplace, that could cause physical injury to the worker; and a
* statement or behaviour that a worker could reasonably interpret as a **threat** to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker

Violent behaviour in the workplace is unacceptable from anyone. This Policy applies to all employees **(the workplace may wish to list who this Policy applies to, especially if it applies to people other than workers such as visitors, clients, delivery persons and volunteers, etc.)**. Everyone is expected to uphold this Policy and to work together to prevent workplace violence.

Where **[insert company name]** is aware that domestic violence may occur in the workplace, we will take every precaution reasonable in the circumstances to protect workers at risk of physical injury.

**[Insert company name]**, has a Workplace Violence Prevention Program that implements this Policy. It includes measures and procedures to protect workers from workplace violence, a means of summoning immediate assistance and a process for workers to report incidents or raise concerns.

**[Insert company name]**, as the employer, will ensure this Policy and the supporting program are implemented and maintained. All workers and supervisors will receive appropriate information and instruction on the contents of the Policy and Program.

Supervisors will adhere to this Policy and the supporting program. Supervisors are responsible for ensuring that measures and procedures are followed by workers and that workers have the information they need to protect themselves.

Every worker must work in compliance with this Policy and the Workplace Violence Prevention Program. All workers are encouraged to raise any concerns about workplace violence and required to report any violent incidents or threats. **(Include a cross-reference to the relevant section in Workplace Violence Prevention Program).**

Management 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. **(Include a cross reference to the relevant section in Workplace Violence Prevention Program).**

**Reprisal:**

Reprisal is retaliation. It refers to a negative action or omission against a worker who:

* Invokes this Policy, whether on behalf of themselves or another individual;
* Participates or co-operates in any inquiry under this Policy;
* Associates with a person who has invoked this Policy or participated in its procedures; and/or
* Performs a legitimate role under this Policy.

Violations of the Workplace Violence Policy, including reprisal, could result in disciplinary action up to and including termination of employment.

This Policy shall be posted in (identify a prominent location in the workplace) and updated yearly or as required.

**Policy Administrative Controls**

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| Issue Date: | Jun 08, 2019 | Revision Frequency: | Yearly |
| Revision Date: | New Issue | Revision Number: | 0.0 |
| Signing Authority: | [Insert Name] |
| Function: | [Insert Job Title of Signing Authority] |

WORKER ACKNOWLEDGEMENT FORM

For Receipt of the Workplace Violence Policy

I have read, understood and agree to comply with the terms of this policy. I understand that violation of this policy may result in disciplinary action, possible termination and/or civil and criminal penalties. The original signed acknowledgement form will be placed in my employment file and upon request a copy given to me for my records.

|  |  |
| --- | --- |
| Signature: | Date: |
| Printed name: | Location: |