



# WORKPLACE SAFETY AND VIOLENCE PREVENTION

## ETHICS ISSUE QUICK REFERENCE GUIDE

Revised March 2018

### The Issue

The Manitoba Workplace Health and Safety Act requires that employers inform workers about any risk of violence, including the provision of any information related to the risk of violence from persons who have a history of violent behaviour. Ethical conflicts may arise when there is a real or perceived effect on dignity, respect, patient privacy, or staff safety when such a process is (or is not) implemented. Violence can be physical (such as throwing things or striking out) or psychological (such as racism or misogyny).

### Ethical Considerations

#### Values

The values in conflict may include (but are not limited to) the following

**Respect:** For patients, their dignity and the risks associated with labeling them; for staff and their right to a safe work environment

**Dignity:** Recognizing the self-worth of patients by performing individualized assessments and implementing corresponding, evidence-informed interventions; interacting with patients and families in respectful and patient-centered ways

**Care:** Reliable responses to the needs of our clients and staff

**Truth & disclosure:** Respectful communication of information necessary to provide safe and high quality care, within the boundaries of the Personal Health Information Act (PHIA)

**Trust:** For staff to have a process for identifying potentially or actually violent or aggressive patients that is valid and reliable; for patients, that they will receive high quality care that is necessary, timely, performed at all times in a respectful manner.

**Safety:** For staff, to be comfortable performing their duties without a fear of violence; for patients, that clinical practice, policies or procedures do not result in harm

#### Quick summary

A duty to care can conflict with an employer's obligation to protect health care staff from violence in the workplace.

Manitoba law requires that employees be informed of the risk of violence. This must be considered in the context of privacy and dignity conserving care.



For more information, see the reference list on page 4.



## Ethics Issue Quick Reference: Violence Prevention

### Ethical Principles

**Beneficence:** Providing necessary care to a patient; training for appropriate techniques for recognizing and addressing violence

**Non-Maleficence:** Not putting staff at risk, not exposing staff to harm; failing to properly train staff in appropriate approaches to patients that minimize risks; harm of labeling a patient without (continued) justification; harm of necessary or accidental privacy breach

**Justice:** Risk and dangers of prejudice and assumptions about prospects for violence (or non-violence); implications for hospital flow if assessments result in sub-optimal use of beds

**Veracity:** Appropriate use of a label and/or other methods of communicating a hazard

**Privacy/Confidentiality:** Logistics of hazard identification process – 5 W's; any conflicts which might result in staff having to compromise their adherence to other legislation

*Consider the obligations to staff and patients. This includes consideration of the law, organizational policy, standards of care and other duties.*

### Ethical Theories

**Duties and Obligations:** Consider the obligations to staff and patients. This includes consideration of the law, organizational policy, standards of care and other duties.

**Consequences:** Anticipate the risks and benefits of identifying potentially violent patients, and of not identifying. This will also include discussion of the various methods that could be used for identification and the implications or likely outcomes of each. The goal is to create the most good and the least harm, so understanding what would constitute good and harm is important.

**Virtues:** This asks you to consider what a good health care provider would do. Virtue ethics directs us to look at the characteristics of a good person and to consider what kind of person we would like to be. Professional codes of ethics may help here.

**Relational Ethics:** Especially in volatile situations, it can be difficult to maintain respect, demonstrate caring, and maintain a good relationship with all involved. This is the goal of relational approaches to ethical decisions.



For more information, see the reference list on page 4.

## Ethics Issue Quick Reference: Violence Prevention

---

### Questions for exploring the issue

In implementing, enforcing or evaluating a site/Regional policy, guidelines, etc., you might consider using these types of questions to explore the issue.

1. What values are in conflict?
2. How can the conflicting values be balanced?
3. What obligations exist? What policies, laws and professional standards of care apply? Ensure you consider all, including PHIA and the Workplace Health and Safety Act
4. How can implementation plans remain compliant with an organization's mission, vision, values, etc.?
5. What are the ramifications of each option? What are the risks and benefits of each? What will do the most good and the least harm?
6. What guidance do professional codes of ethics provide?
7. Does the policy address the risks it is intended to mitigate?
8. Does the policy create more risks than it mitigates?
9. How are staff educated on the process for identification?
10. What best demonstrates caring and respect for all involved?

---

## References

The following is a brief list of resources that may be helpful in considering this issue. It is not an exhaustive list, but identifies some helpful sources discussing the major components of the issue.

### Preventing and de-escalating violence:

Leckey, D. (2011) Ten strategies to extinguish potentially explosive behavior. Nursing 2011, August.

Rossi, J., Swan, M., Isaacs, E. (2010) The Violent or Agitated Patient. Emerg Med Clin N Am 28 (2010) 235–256 doi:10.1016/j.emc.2009.10.006.

### Workplace Health & Safety legislation:

Guide can be found at:

[http://safemanitoba.com/uploads/Violence%20Prevention%20Guide\\_New\\_Oct%202011.pdf](http://safemanitoba.com/uploads/Violence%20Prevention%20Guide_New_Oct%202011.pdf)

Occupational & Environmental Safety & Health (OESH) Respectful Workplace Program (2010). <http://www.wrha.mb.ca/professionals/safety/files/OESHRWP0910.pdf>

Operational Procedure for the right to refuse dangerous work: [http://www.wrha.mb.ca/professionals/safety/files/OP\\_Right\\_to\\_RefuseMay10.pdf](http://www.wrha.mb.ca/professionals/safety/files/OP_Right_to_RefuseMay10.pdf)

### Duty to care

Davies, C., Shaul, R. (2010). Physicians' legal duty of care and legal right to refuse to work during a pandemic. CMAJ, 182(2). Examines our fiduciary

Chochinov, H. (2007). Dignity and the essence of medicine: The A, B, C, and D of dignity conserving care. *British Medical Journal*, 335(7612), 184-187.



For more information on any of the points in this document, please contact us, or talk with your library about the resources on this list.

---

## WRHA ETHICS SERVICES

Phone: 204-926-7124

E-mail: [ethics@wrha.mb.ca](mailto:ethics@wrha.mb.ca)

<http://www.wrha.mb.ca/about/ethics/index.php>



**Winnipeg Regional  
Health Authority**

*Caring for Health*

**Office régional de la  
santé de Winnipeg**

*À l'écoute de notre santé*