

Topic: Workplace Health & Safety

7.4 Volatile Customer Policy

Board Motion Number: **21.005**
Date of Original Board Motion Number: **June 18, 2012**
Date of Current Issue: **January 26, 2021**
Date of Next Review: **2021**
Attachments: **Volatile Customer Report**

Signature of Board Chairperson (and Date):

Program: **Violence and Harassment in the Workplace**

Basis: Bill 168

1. There will be different procedures for customers versus staff.
2. Library policies and procedures may be created to further enhance this policy and/or to address specific situations such as medical mental health calls.

Purpose: To inform other staff within the Library and the Township, as quickly as possible, of a possible violent threat or potential harassment from a member of the public in order to protect employees.

Library Customers:

1. For Emergencies, Call 911. Seek assistance immediately if required. The **safety of the employees** is the employer's primary goal.
2. The Employee should **immediately*** report a concern of violent and/or harassing behaviour to the CEO/Librarian and complete the Volatile Customer Report (attached). Accuracy and detail is very important as these reports may be used in court proceedings. These emails / phone calls should be documented and kept on file. These records must be retained according to the current Record Retention by-law.
3. **Immediately*** - having stated the above, there may be times where the urgency or seriousness requires more immediate action. Phone and e-mail messages should be sent to the Township CAO, Mayor and the other library branch staff if that branch is open. The process must still be followed through after the urgency has been dealt with.

4. A volatile customer may travel directly to another workplace or a worker's home to persist with their behaviour.
 5. All incidents whether harassment or violence must be reported as isolated incidents may lead to a pattern and to a larger threat.
 6. Staff immediately phones the CEO/Librarian with the particulars ensuring receipt of the information.
 7. The CEO/Librarian will inform the Board Chair.
 8. The CEO/Librarian disseminates this information to their staff in the time frame required to protect the workers.
 9. Staff in conjunction with the CEO/Librarian and NKPLB will determine the next action to be taken, for example a lock down of a facility, a warning letter to the ratepayer or member of the public, an education process to clear up any misunderstandings or a restraining order if necessary. It is important to remember that continued harassment may escalate to violence and should be **dealt with as soon as possible**.
 10. The onus is on every worker, the CEO/Librarian, and members of the NKPLB to keep this information as confidential as possible. The reputation of the NKPLB and their customers must be considered at all times and lack of confidentiality could result in a charge of slander and legal implications.
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North Kawartha Public Library

Volatile Customer Report

Procedure for Reporting Violent or Harassment Incidents

Purpose: This report is to be used for NKPL employees to record and report an incident with a non-employee involving behavior involving violence or harassment. Completion of this report is **mandatory**. Completed reports are confidential and should be distributed as indicated on the bottom of the report.

For all Cases of an urgent nature:

- Call 911 to activate Emergency Services.

For all Cases involving injury:

- Promptly obtain first-aid.
- Report the situation **immediately** to the CEO/Librarian or Board Chair if the CEO/Librarian is not available or the Occupational Health and Safety Representative.
- Obtain Health Care if required.
- **If it is a critical or fatal injury, preserve and do not disturb the scene and call the Ministry of Labour immediately. 1-877-202-0008**

For the purpose of the Act and the Regulation, “**critically injured**” means an injury of a serious nature that;

1. Places life in jeopardy.
 2. Produces unconsciousness.
 3. Results in substantial loss of blood
 4. Involves the fracture of a leg, arm, hand or foot, but not a finger or toe.
 5. Involves the amputation of a leg, arm, hand or foot, but not a finger or toe.
 6. Consists of burns to a major portion of the body.
 7. Causes the loss of sight in an eye.
- Fill out Workers Safety Insurance Board reports with the Treasurer at the Municipal Office (eg. Form 7) if required.
 - Fill out accident/incident report and copy the report to Employee, CEO/Librarian and Board Chair.
 - Please refer to the Ministry of Labour poster “**In Case of Injury at Work**” posted on the bulletin board in the kitchen.

North Kawartha Public Library

Volatile Customer Report

Dept: _____ Occurrence Date: _____
(mm/dd/yy)

Violence: Harassment:

Location of Incident _____

Time of Incident _____ am pm Time Reported _____ am pm

Date Reported _____ (mm/dd/yy)

Name (Injured/target):

Job Position: _____

Nature of injury _____

Part of Body Injured _____

Lost Time _____ Medical Aid _____ First Aid _____

Is this a Critical Injury (see description) Yes No

- If Yes, if it is a critical or fatal injury, preserve and do not disturb the accident scene. Call the Ministry of Labour immediately. 1-877-202-0008

Name of person at the Ministry of Labour contacted:

Description (including name, if known) of the volatile customer:

Description of the vehicle (if applicable):

Witnesses (list all, including name and contact information if available):

Describe the context in which the incident took place

Describe the actions that took place including the actions of each person (use extra paper if necessary)

Severity of the incident: Minor _____ Major _____ Serious _____

Reoccurrence Rate: Definite _____

Person indicated they were going: _____

Likely _____ Not Likely _____

Is this Incident a Reoccurrence: Yes _____ No _____

If Yes, previous Date: _____
(mm/dd/yy)

CEO/Librarian's Section:

Have you contacted the Board Chair?

Any member of Library Board: _____

Employee: _____
(Please print your name and provide your signature)

Date _____

CEO/Librarian: _____
(Please print your name and provide your signature)

Date: _____