

## PROTOCOL ON THE COORDINATION OF URGENT CASES OF THREATENING OR VIOLENT CONDUCT

As per *Code of Rights and Responsibilities* ([BD-3](#))

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### BASIC PRINCIPLES

Incidents involving threatening or violent conduct require a response, which is prompt, based on thorough and accurate information, effective and above all, well coordinated. Incidents may have a broad impact across the University, and require a variety of interventions. The purpose of this Protocol is to ensure that these principles are followed in every case.

The Protocol is designed to ensure that the responsibility for decision-making is vested in the hands of management. At the same time, it builds in special support and expertise for managers who may require assistance in resolving incidents. Further, the Protocol ensures that all decision-making is closely coordinated, and that the appropriate University authorities are kept informed of developments as they unfold in a given case. Lastly, the Protocol builds in a reporting and review process, which ensures both accountability and the ongoing refinement of case management strategies.

The protocol may be amended from time to time by the Secretary-General upon the recommendation of the Advisor.

### SCOPE

The Protocol covers incidents of threatening or violent conduct by one or more individuals, or conduct deemed potentially dangerous, as described in the *Code of Rights and Responsibilities* ([BD-3](#)). It is not intended to cover major emergencies, such as fires or chemical spills, which are handled by Environmental Health and Safety nor is it a disaster recovery plan.

### PROTOCOL

The Protocol is activated by the Advisor on Rights and Responsibilities (“the Advisor”), whose function is to coordinate the work of an Ad-Hoc Case Management Team (“the Team”).

#### 1. The Advisor

The responsibilities of the Advisor are:

- to bring together the authorities who shall make decisions, together with experts

## PROTOCOL ON THE COORDINATION OF URGENT CASES OF THREATENING OR VIOLENT CONDUCT

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Page 2 of 5

- where necessary, to manage the case
- to gather pertinent information
- to obtain expertise if needed
- to assist in analyzing and assessing information obtained and to make recommendations for action
- to centralize internal communications
- to ensure that the victim(s), if any, and Members who are affected by the incident are supported, consulted where appropriate and kept informed of developments in the case;
- to ensure follow-up of decisions;
- to maintain case records, and to ensure that the appropriate senior authorities are informed of developments;
- to evaluate team actions and ensure that any "lessons learned" are integrated into protocols and procedures, and conveyed to the appropriate authorities.

### 2. The Case Management Team

The Core Group: The Advisor and a senior representative of the Security Department form the Core Group. In cases involving a known or suspected mental health problem, the Core Group shall also include a representative from Health Services. In addition, the Core Group for each case shall typically include the authorities responsible for the department(s) or unit(s) concerned.

Extended Team as needed: In addition to the Core Group, others who have a direct responsibility for an aspect of the case, or whose expertise is required, may be either added to the Team or consulted as needed, for example:

- A representative of the Office of the General Counsel
- A representative of University Communications Services
- A representative of Environmental Health and Safety
- An Ombudsperson
- The Dean of Students
- A member of Counselling & Development
- A member of Multi-faith Chaplaincy
- The managers of other departments where the incident has had a serious impact upon department members

## PROTOCOL ON THE COORDINATION OF URGENT CASES OF THREATENING OR VIOLENT CONDUCT

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Page 3 of 5

A representative of Human Resources  
Union representatives  
A psychiatrist  
A police liaison officer  
An expert on critical incident stress de-briefing, etc.

3. Importance of attendance at Team meetings

Those who are requested to participate as members of either the Core Group or an Extended Team shall accord such requests the highest priority.

4. Decision to activate the Protocol

The Advisor may receive a report of threatening or violent conduct directly from the person(s) implicated in the incident or via a third party who has become aware of the situation. The Advisor shall obtain as much information as is necessary to make a preliminary assessment and shall consult others as necessary. If this assessment clearly indicates that team action is not required, the Advisor shall recommend appropriate action to resolve the matter, or refer the matter elsewhere. If there is an indication of urgency or there are reasonable grounds to believe that the behaviour potentially poses a risk to others, the Advisor shall inform the Security Department of the situation and shall to convene a Team meeting.

5. Action

Team members shall, in whatever order is appropriate and depending upon the nature of the situation:

- Determine what facts are known, what information is still needed, and how such information may be obtained
- Determine whether any further special expertise is required
- Start a case log detailing facts and recording all decisions
- Determine any immediate action to be taken with respect to the individual who has engaged in threatening or violent conduct. This might include removal from the premises, filing of police charges, emergency suspension, referral for medical/psychological care, security precautions, etc.

## PROTOCOL ON THE COORDINATION OF URGENT CASES OF THREATENING OR VIOLENT CONDUCT

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Page 4 of 5

- Arrange for support, care and follow-up of any victim(s). This might include medical/psychological care, temporary leave, security precautions, ensuring that employment or student status is not jeopardized, etc.
- Arrange for internal communiqués as necessary. The principle is to ensure that the community at large and/or those most directly affected are given appropriate information about the facts, the action being taken, and how to get help if they are affected by the incident
- In the case of an incident which may become, or has become known to the media, plan a media strategy, brief those implicated on how to deal with media requests
- Arrange for critical incident stress de-briefing sessions for Members who may be affected, as needed.
- Start CSST reporting process as appropriate.
- Establish communication links for specific aspects of the case.

### 6. Follow-up

Thereafter, the Team will plan any further meetings and will establish responsibility among Team members for the follow-up of decisions. Follow-up activities need not always involve full team meetings, provided that all activities are coordinated by the Advisor, who shall be informed of all developments in the case.

### 7. Files

All files relating to Team meetings are confidential. The Advisor shall maintain a case log containing the facts of the case and a record of all decisions and action taken. The Advisor shall also keep copies of pertinent documents associated with the case (copies of Security reports, correspondence, etc.) These documents shall constitute the case file, to be maintained in the Office of Rights and Responsibilities.

### 8. Confidentiality

Team members and consultants shall maintain confidentiality with regard to nominative information, to the extent that a situation is not publicly reported in the media and in accordance with legislation. Information shall be divulged on a need-to-know basis.

**PROTOCOL ON THE COORDINATION OF URGENT CASES OF THREATENING OR  
VIOLENT CONDUCT**

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Page 5 of 5

9. Evaluation

The Advisor shall be responsible for evaluating the actions taken by Teams, consulting with Team members and persons involved in the case as necessary. Any lessons learned with regard to errors made or effective strategies adopted should be incorporated into the Protocol. If the evaluation reveals a need to amend other University policies or practices, the Advisor may make recommendations to that effect to the Secretary-General.

10. Reporting

When a particularly complex, serious or long case is concluded, the Advisor shall submit a report to the Secretary-General with copies to participating Team members. The report shall summarize the case and include any recommendations for review or changes to University policy or practice, which the team wishes to make. These reports are the key to ensuring accountability in decision-making, consistency of response across different sectors of the University and the timely review of all policies and procedures regarding conduct.

Approved by the Secretary-General on August 1, 2010