

Policy Category: Human Resources	Effective Date: January 1, 2026
Policy Title: Code of Conduct - Patients	Review Dates: January 1, 2028
Policy Number: 3.8.5	Revised Dates:

### **Purpose:**

The purpose of this policy is to establish clear behavioural expectations for patients accessing care at the Peterborough 360 Degree Nurse Practitioner-Led Clinic (360 NPLC), ensuring a safe, respectful, and equitable environment for all individuals—patients, staff, students, and volunteers. This policy is designed to guide responses to instances where patient behaviour may compromise the safety or well-being of others, recognizing that emotional dysregulation can arise from complex personal, social, environmental, and systemic factors. It is not intended to be punitive, but rather to support compassionate, consistent, and trauma-informed approaches that uphold the dignity of all individuals while maintaining the integrity and safety of the clinical setting.

### **Scope:**

This policy applies to all patients receiving services at the 360 NPLC, including those attending in-person appointments, virtual or telephone consultations, participating in group programs, and in all written or e-mail correspondence. It complements existing policies for staff, students, and volunteers, including the Workplace Violence and Harassment Policy and the Code of Conduct for Employees, Students and Volunteers.

### **Definitions:**

**Patient:** Any individual receiving care or services from the clinic.

**Behavioural Expectations:** Standards of conduct that promote safety, respect, and dignity for all individuals within the clinic environment.

**Emotional Dysregulation:** Difficulty managing emotional responses, which may manifest as agitation, verbal outbursts, or other behaviours that disrupt the clinical environment.

**Unsafe Behaviour:** Actions or language that threaten the physical or psychological safety of others, including aggression, harassment, intimidation, or discrimination.

**Trauma-Informed Approach:** A framework that acknowledges the impact of trauma and seeks to avoid re-traumatization by fostering safety, trust, choice, collaboration, and empowerment.

**Violence:** The intentional use of force or power (threatened or actual) against oneself, another person or a group or community and/or against property. It can take many forms, including verbal, emotional, physical, neglect, sexual and financial and can result in physical injury, psychological harm or even death. It can be defined as any act in which a person is abused, threatened, intimidated or assaulted. (CNO Definition)

**Harassment:** Comments or behaviours that are unwelcome and persistent, including sexual

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harassment. Remarks, jokes or innuendos that demean, ridicule, intimidate or offend a health worker or student are considered examples of workplace harassment. In a health service organization or academic institution. (RNAO Definition)

**Policy:**

**Behavioural Expectations:**

At 360 NPLC, we welcome everyone who comes through our doors. We are committed to creating a safe, inclusive, and respectful environment for all—patients, staff, students, and volunteers. Many of the individuals we serve have experienced discrimination, stigma, trauma, or systemic barriers to care. Our goal is to treat every person with dignity and compassion.

We invite patients to help us maintain this environment by following the behavioural expectations outlined below. These expectations are posted throughout the clinic and are intended to support a space where everyone feels safe and respected (see Appendix A).

We understand that people may feel overwhelmed, frustrated, or angry at times. These feelings are valid. However, we ask that patients express themselves in ways that do not compromise the safety or comfort of others. Yelling, swearing, or aggressive behaviour can be distressing to those around you—many of whom may be unwell, receiving difficult news, or managing their own challenges.

While interacting with the clinic, patients are expected to:

- Be kind and respectful to all individuals, including staff, other patients, and visitors.
- Avoid aggressive, abusive, discriminatory, or threatening language or behaviour.
- Respect the rights, safety, dignity, and privacy of others.
- Maintain physical boundaries and personal space.
- Refrain from disruptive behaviour that interferes with the care or comfort of others.

These expectations apply in all areas of the 360 NPLC, including waiting rooms, exam rooms, virtual care settings, and when communicating with the clinic over the phone. If you are feeling overwhelmed, please let a staff member know—we are here to support you.

**Trauma Informed Considerations:**

The clinic recognizes that some behaviours may stem from past trauma, mental health challenges, or systemic inequities. Staff will:

- Approach behavioural concerns with empathy and curiosity.
- Seek to understand the underlying causes of dysregulation.

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- Use de-escalation techniques and offer support where appropriate.
- Avoid punitive responses unless safety is compromised.

### **Procedures for Addressing Behavioural Concerns:**

(See Appendix B for a Summary of the Four Step Process for Addressing Behavioural Concerns with patients).

#### **Step 1: Early Intervention**

- Staff may provide a gentle reminder of behavioural expectations.
- Offer support or accommodations (e.g., quiet space, rescheduling).
- Document the interaction if concerns persist.
  - The code of conduct stamp and visual identifiers may be utilized in the EMR to flag mild concerns or encounters.
  - If a pattern of encounters occurs with one or multiple staff, it may be escalated to Step 2.
  - For more serious concerns of escalation (including episodes of violence and/or harassment) an incident report should be directed to the Clinical Manager and copied to the NP Lead/Executive Director.

#### **Step 2: Escalation**

- If behaviour continues or escalates, a designated staff member will intervene.
  - Initial intervention will be handled by the Clinical Manager and can be selectively escalated to the NP Lead/Executive Director.
  - Incidents involving the Clinical Manager will automatically be reported to the NP Lead/Executive Director to be managed.
- A private conversation may be held between the responding manager and the patient to discuss concerns and collaboratively identify solutions.
- A Behavioural Agreement may be proposed outlining expectations and supports.
- If there is an immediate safety concern, staff will call security or 911 and take steps to ensure safety for all.
- Formal and/or informal debriefing with staff and other affected patrons of the clinic will be offered by the Clinical Manager and/or NP Lead/Executive Director as appropriate following episodes of escalation.

#### **Step 3: Temporary Measures**

- In cases of serious or repeated unsafe behaviour, temporary restrictions (e.g., limited access, virtual-only appointments) may be implemented.
- The patient will be informed in writing, with clear rationale and a path to re-engagement.

#### **Step 4: Permanent Disengagement (Rare)**

- If all efforts to support safe engagement fail, the clinic may disengage from providing care.

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- Decisions to permanently withdraw services will be guided by available resources possibly including but not limited to:
  - Canadian Centre for occupational health and safety
    - [CCOHS: Violence and Harassment in the Workplace](#)
  - CNO Practice Standards and Guidelines
    - [Discontinuing or Declining to Provide Care](#)
    - [Therapeutic Nurse-Client Relationships](#)
    - [Conflict Prevention and Management](#)
  - Ontario Occupational Health and Safety Act
    - [Understand the law on workplace violence and harassment | ontario.ca](#)
    - [Occupational Health and Safety Act, R.S.O. 1990, c. O.1 | ontario.ca](#)
  - RNAO BPG: Preventing Violence, Harassment and Bullying against Health Workers
    - [Preventing violence harrassment and bullying against health workers BPG.pdf](#)
  - Consults with PRHC's Ethics Department
- This decision will be made by the NP Lead/Executive Director in collaboration with the MRNP and relevant staff and documented thoroughly.
- The patient will be provided with information on alternative care options.

#### **Documentation and Review:**

- All incidents and interventions will be documented by use of incident reports and/or in the EMR in accordance with professional standards of documentation.

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#### Appendix A: Code of Behaviour Signage:



## Code of Behaviour

The Peterborough 360 Degree Nurse Practitioner-Led Clinic is an inclusive space. While in the clinic, everyone is expected to follow this code of behaviour.

### Kindness and Respect



Be kind and respectful of all people and property.

### Non-Aggressive Communication



Do not use aggressive language or behaviour with anyone.

### Rights and Dignity



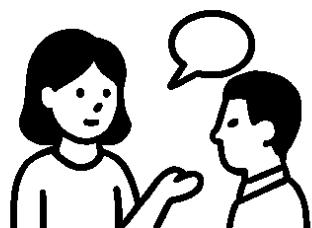
Consider the rights, safety, dignity, and privacy of all people

Respecting these rules is essential to receiving care.

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## Appendix B: Summary of the Four Step Process for Addressing Behaviour Concerns

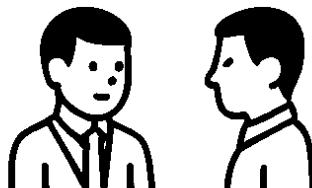
### STEP 1 EARLY INTERVENTION



- Provide behaviour reminder or support
- Document concerns
- Escalate if behaviour persists



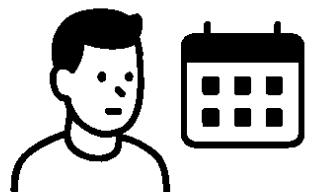
### STEP 2 ESCALATION



- Designated staff intervene
- Managers meet with patient
- Set out expectations, ensure safety



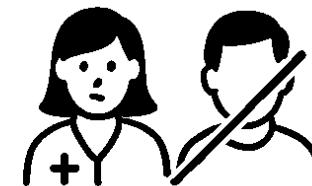
### STEP 3 TEMPORARY MEASURES



- Limit access to care
- Provide written notice



### STEP 4 PERMANENT DISENGAGEMENT



- End care if all steps fail
- Give alternate care information

