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INDIVIDUAL CLIENT RISK ASSESSMENT TOOLKIT

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TOOLKIT OBJECTIVES

- To develop a tool that is practical, immediate and easy to use.
- To develop a flexible tool that may facilitate early recognition of risk situations and enable early application of control interventions.
- To develop a tool that covers a number of variables associated with violence i.e., past history, observed behaviours, co-morbid health issues that are statistically associated with violence (e.g., alcohol/substance dependence, alcohol/substance intoxification, withdrawal from alcohol/substances, mental health status, cognitive impairment).
- To develop a tool that identifies level of risk.
- To develop a tool that will be used as the basis for developing an effective prevention measures.

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INDIVIDUAL CLIENT VIOLENCE RISK ASSESSMENT STANDARD

PURPOSE

An Individual violence risk assessment tool that will provide immediate (or as required) identification of risk factors associated with violence, the level of risk, and to enable early application of control interventions. Proactively identifying and addressing potential violence will promote employee and client safety and ensure client-centred care.

SCOPE

The tool(s) will service employers from the healthcare and emergency services sector. All employees are to administer the appropriate Individual Client Risk Assessment Tool at or prior to the first contact or within 24 hours of first contact. The frequency of use depends on the client population the organization is servicing.

OBJECTIVES

- Implementation of a practical, immediate and easy to use assessment tool that will identifies past history, observed behaviours' and risk factors that are associated with violence;
- A flexible assessment tool may facilitate early recognition of violence and enable early application of control interventions;
- Identifies level of risk; and
- Can be used as the basis for the development of effective prevention measures.
- To provide suggested control interventions for different client populations to manage moderate and high or imminent risk of client violence.

DEFINITIONS

- **Client**: for the purpose of this tool, a client means a patient, resident, person that is being supported, a consumer, a family member/ loved one, a visitor or police's subject or accused.

- **Workplace Violence** as defined by the Occupational Health and Safety Act, means:
  - the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker;
  - an attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker; or,
  - a statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

- **Types of Workplace Violence**
  - Type I (External): The violent person has no relationship to the worker or workplace
  - **Type II (Client or Customer): The violent person is a client at the workplace who becomes violent toward a worker or another client**
  - Type III (Worker-to-worker): The violent person is an employee or past employee of the workplace

- Type IV (Domestic): The violent person has a personal relationship with an employee or a client

Aggression and Responsive Behaviours from clients is primarily Type II Workplace Violence. Growing evidence supports the notion that acts of aggression by clients diagnosed with illnesses such as dementias, disabilities or medical conditions (hypoglycemia) are more appropriately termed as responsive and/or defensive behaviours, recognizing that the person is responding to the environment in an effort to communicate an unmet need or reacting to how he or she perceives his or her world. Aggressive behaviour, if understood, can be managed and prevented. Behavioural and environmental strategies play a crucial role in effectively managing responsive behaviours.

Workplace: any land premises, location or thing at, upon, in or near which a worker works.

Trigger: a circumstance/situation that impacts or escalates client's behaviour. Triggers may be physical, environmental, psychological or activity-related.

Tool: for the purpose of this toolkit, a tool is an instrument (e.g., survey, guidelines, or checklist) that helps users accomplish a specific task that contributes to meeting a specific evidence-based recommendation or practice standard.

ROLES & RESPONSIBILITIES

Board of Directors:
Shall take all reasonable care to ensure that the corporation complies with the following:

- The Occupational Health & Safety Act (OHSA) and the regulations;
- Orders and requirements of inspectors and Directors of Ministry of Labour (MOL) ; and
- Orders of the Minister of Labour.

Employer:

- Ensure that the measures and procedures for the individual client risk assessment program are carried out.
- In consultation with the Joint Health and Safety Committee (JHSC) or Health and Safety (H&S) Representative, evaluate the effectiveness and use of the individual client risk assessment.
- In consultation with the JHSC or H&S Representative, establish and deliver training and education for all employees on the use of the individual client risk assessment.
- To comply with the organization's Workplace Violence Prevention Program.
- To comply with the organization's internal and external incident reporting obligations as outlined in the Incident Reporting and Investigation Policy.
- To comply with the organizations Return to Work Program

Managers/Supervisors:

- Ensure employees are trained on the Individual Client Risk Assessment Tool policy/procedures at orientation and at least once a year (or more often if required).
- Enforce the use of the Individual Client Risk Assessment Tool policy/procedures and monitor worker compliance.
- Monitor the effectiveness of the Individual Client Risk Assessment Tool policy/procedures through regular workplace inspections/audits.
- To comply with the organization's Workplace Violence Prevention Program.

- To comply with the organization's internal and external incident reporting obligations as outlined in the Incident Reporting and Investigation Policy.
- To comply with the organizations Return to Work Program.

Employees:

- Participate in education and training programs on the use of the Individual Client Risk Assessment tool.
- Understand and comply with the use of the Individual Client Risk Assessment program.
- To comply with the organization's Workplace Violence Prevention Program.
- To comply with the organization's internal and external incident reporting obligations as outlined in the Incident Reporting and Investigation Policy.
- To comply with the organizations Return to Work Program.

Joint Health and Safety Committee (JHSC) or Health & Safety Representative (H&S Representative):

- Ensure you are consulted about the development, establishment and implementation of the individual risk assessment program.
- Make recommendations to the employer for developing, establishing and providing training in the individual risk assessment program/procedures.
- To comply with the organization's Workplace Violence Prevention Program.
- To comply with the organization's internal and external incident reporting obligations as outlined in the Incident Reporting and Investigation Policy.
- To comply with the organizations Return to Work Program.

PROCEDURE

Prevention Approach

1. The Organization's chosen individual client risk assessment tool is to be administered at or prior to the first point of contact or within 24 hours of first point of contact. See Appendix A for Violence Assessment Tool (VAT); see Appendix B for Community Violence Assessment Tool (C-VAT).
2. The Organization's chosen individual client risk assessment tool is to be repeated as outlined by the organization's policy/procedures.
   Suggestions for various subsectors:
   - Acute Care Inpatient/Outpatient: all points of contact by a regulated healthcare professional
   - Acute Care Mental Health/Addictions: first point of contact with a regulated healthcare professional and repeated during each shift as outlined by the organization.
   - Long-term Care: at first point of contact with regulated or non-regulated (e.g., PSW) healthcare professional and repeated when client exhibits behaviours. This tool could be implemented in between prescribed Ministry required documentation such as the MDS-RAI assessments.
   - Community Care: employer/manager to complete upon acceptance of a contract and prior to an employee entering the home; employee to complete prior/upon arrival at each home visit.
   - Police: upon first contact; prior to discharge to a health care provider, hourly cell observation or as outlined in the organization's procedures.

- EMS: upon first point of contact; prior to discharge to a health care provider.

3. The appropriate Individual Client Risk Assessment Tool is to be repeated when change of client behaviour warrants a reassessment.
4. **Risk Rating Scale**: Score the client at agreed times, as outlined in the Organization's Procedures (e.g. on every shift or prior to home visit etc.). Absence of behaviour is scored a 0. Presence of a behaviour is scored a 1.

Risk Rating Scale

Score	Level of Risk	Intervention
0	Low	No intervention required
1-3	Moderate *1 is a low moderate* *2 is a medium moderate* *3 is a high* moderate	List Intervention(s) or refer to Organizational Policies or Procedures
4-5	High	List Intervention(s) or refer to Organizational Policies or Procedures
6 or higher	High/imminent	List Intervention(s) or refer to Organizational Policies or Procedures

5. Persons with a history of violence will be flagged as outlined by the organization's written measures and procedures.

Protection Approach

1. Preventative measures are implemented as determined by the organization for all clients that have been assessed as a moderate (low, med, high) or high risk. See Appendix C for suggestions.
2. Security measures and employee personal safety response systems are applied as per the organization's written measures and procedures.
3. A well developed care plan or violence behaviour plan identifies, addresses and minimizes triggers. This will reduce the level of risk of violence.

Post-Incident Response

1. Apply organizational post-incident responses to reduce negative impact of violence.
2. Communicate debriefing results of incidents of violence. Communication reduces the negative impact of violence in the workplace and prevents further incidences.

Reporting and Investigation

1. Refer to the organization's Workplace Violence Prevention Program for Reporting and Investigation procedures.

Response Procedures

1. Refer to the organization's Workplace Violence Prevention Program for Response Procedures.

Emergency Response Measures

1. Refer to the organization's emergency response procedures (e.g., code white, staff alert).

Transition of Care

1. Transition of care occurs when clients move across the healthcare and emergency sectors, or between departments within a healthcare service.
2. The risk level identified by this tool will be communicated at all transitions of care including recommended interventions for reducing risks.

COMMUNICATION/TRAINING

Orientation

1. The Individual Client Risk Assessment Tool will be included in the orientation for all applicable employees. Refer to the organization's Orientation Program.

Training will include:

1. An understanding of aggression and violence at work.
2. Terminology around Workplace Violence and Client Aggression/ Responsive Behaviours
3. When and how often the Individual Client Risk Assessment Tool is to be implemented.
4. How to determine level of risk.
5. How to choose the appropriate control measures as outlined in the organization's written measures and procedures.

Re-training

1. A refresher on the use of the Individual Client Risk Assessment Tool is required annually or more often as required. Large organizations should offer monthly to quarterly sessions to ensure all employees are reached.

Other Training topics to support a Client Aggression Prevention Program

1. Refer to Behavioural Education and Training Supports Inventory Tool (BETSI). Where is the organization in their training needs?
2. General Staff behaviour and attitudes towards clients. The quality of service given may contribute to a violent behaviour. The organization shall provide the emphasis on quality communication skills and treating people with respect.
3. The organization's Behaviour Management program (e.g. Safe Management Group, Gentle Persuasive Approach, Crisis Prevention Institute, etc.)
4. The organization's Emergency Response, flagging and security policies and procedures.

EVALUATION

1. The Individual Risk Assessment Program will be evaluated annually in consultation of the Joint Health & Safety Consultant.
2. The organization is to evaluate the effectiveness of communication, training and the Individual Risk Assessment Tool. To evaluate the effectiveness of the Individual Client Risk Assessment Tool, the employer and manager/supervisor will utilize both Leading and Lagging Indicators. Suggestions are outlined in this Workplace Violence Toolkit.
3. Findings are shared with the JHSC or H&S Representative and Board of Directors.

ACKNOWLEDGE SUCCESS AND CONTINUAL IMPROVEMENT PLAN

Based on the findings from the evaluation of this program, Senior Management will develop a continual improvement plan. To develop a continual improvement plan, the organization is to complete a root cause analysis and develop corrective action points that are planned to resolution with responsibilities assigned and expected timelines established for each action point. Senior Management shall ensure the continual improvement plans are proceeding as necessary.

Ongoing communication of the success of the Individual Client Risk Assessment Program is imperative to develop accountability of the flow of information between employees and the employer and to establish a positive culture.

DISCLAIMER

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Appendix A

VIOLENCE ASSESSMENT TOOL (VAT)

This is a tool to evaluate a client's risk of violence that may indicate a risk for impending violence. This tool should be applied at first contact and repeated based on the client population and the organization's policies and procedures.

SCOPE: This tool may be applied in the following settings: Acute Care (Triage, Emergency Department, Inpatient and Mental Health Units), Long Term Care, and Emergency Services.

CLIENT'S NAME:_____ IDENTIFICATION #_____

If the behaviour is present, a score of 1 is applied.

TYPES OF BEHAVIOUR EXHIBITED	1 point if observed	DESCRIPTORS
History of Violence / Aggression		History of being physically/verbally aggressive towards a caregiver or another person.
Confused		Disorientated - may be unaware of time, place, or person.
Irritability		Easily annoyed or angered. Unable to tolerate the presence of others. Will not follow instructions.
Boisterous		Overtly loud or noisy, e.g. slams doors, shouts out when talking, etc.
Verbal Threats		Verbal aggression that may include a verbal outburst (e.g., raised voice) and an attempt to intimidate or threaten another person. A client may shout angrily, insult others or curse. Non-verbal threats include aggressive sounds.
Physical Threats		Physical aggression or agitation e.g. raising of arm/leg, aggressive stance, making a fist, etc.
Attacking Objects		An attack directed at an object and NOT at an individual e.g. the indiscriminate throwing of an object, banging or smashing windows, kicking, banging, head-banging, smashing of furniture.
Agitated / Impulsive		Client is unable to remain composed. Client is quick to overreact to real and imagined disappointments. Client feels or appears troubled, nervous, or upset. Client is spontaneous, hasty, and emotional.
Paranoid / Suspicious		Client is unreasonably or obsessively anxious, overly suspicious, or mistrustful.
Substance Intoxication / Withdrawal		Intoxicated or in withdrawal from alcohol or drugs.
Socially inappropriate / disruptive behaviour		Disruptive noise, screaming, self-abusive acts, sexual behaviour, smearing feces/food, hoarding.
Body Language		Torso shield: arms/objects acting as a barrier. Puffed up chest: territorial dominance.

	Deep breathing/panting. Arm dominance: spread, behind head, on their hips. Eyes: pupil dilation/constriction, rapid blinking, gazing Lip: compression, sneer, blushing/blanching.
SUM	

Risk Rating Scale

Score the client at agreed times as outlined in the Organization's Procedures (e.g. on every shift or prior to home visit etc.). Absence of behaviour is scored a 0. Presence of a behaviour is scored a 1. To calculate the level of risk, add the scores. Maximum score (SUM) is 12.

Score	Level of Risk	Intervention
0	Low	No intervention required
1-3	Moderate 1 = low moderate 2 = medium moderate 3 = high moderate	List Intervention(s) or refer to Organizational Policies or Procedures
4-5	High	List Intervention(s) or refer to Organizational Policies or Procedures
6 or higher	High/Imminent	List Intervention(s) or refer to Organizational Policies or Procedures

Contributing Factors	Identify Contributing Factors to Client Observed Behaviour
To ensure we provide you with the best care possible, please provide us with any information on physical, or environmental triggers or activity that you dislike or find upsetting?	➢ Physical Triggers: hunger / pain / toileting / visitors ➢ Environmental Triggers: e.g., noise / lighting / temperature / privacy / time of day ➢ Activity Triggers: e.g., bathing, medication, past experiences, resistance to care
Comments:	

Self-Awareness: Communication Skills

The quality of service provided may contribute to a violent behaviour. Remember to always practice positive communication skills and treat people with respect. Be aware of how your words, tones and body language can be perceived by others.

Comments:	
Signature:	**Date:**

Adapted from the Brøset Violence Checklist (Almvik et al., 2000) and the Dynamic Appraisal of Situational Aggression (DASA) instrument (Ogloff & Daffern, 2006).

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Appendix B

COMMUNITY VIOLENCE ASSESSMENT TOOL (C-VAT)

This tool will assist an organization in identifying risk for violence, client aggression or responsive behaviours. This tool is arranged into 3 sections: a pre-visit assessment, pre-travel assessment and a client home/community assessment. Suggestions for "Action Required" can be found in the PSHSA booklet "Assessing Violence in the Community: A Handbook for the Workplace", free to download at www.pshsa.ca or available for purchase from the PSHSA store.

SCOPE: This tool may be applied in the following setting: Community Care Services.

CLIENT'S NAME:_____ IDENTIFICATION #_____

PRE-VISIT ASSESSMENT TOOL

This tool provides practical questions for assessing the potential for violent or aggressive behaviour in a client, visitor, or family member prior to conducting a home visit. To be completed during a phone interview.

If the behaviour is present, a score of 1 is applied.

TYPES OF BEHAVIOUR EXHIBITED	1 point if observed	* Suggested Action Required Refer to Sections A1-A4
1. Is there a History of violence or aggressive behaviour by the client or persons in the dwelling?		
2. Are firearms or other dangerous weapons kept in the home?		
3. Have threats recently been made against the client?		
4. Is the client confused-disoriented to time, place, or person?		
5. Is the client irritable – unable to tolerate the presence of others? If so who and will they be present during a service visit?		
6. Is the client boisterous, overtly loud or noisy during the interview?		
7. Does the client communicate any verbal threats or		

use a raised voice meant to intimidate or threaten another person?		
8. Does the client seem agitated, unable to remain composed or is over reacting during the conversation?		
9. Is the client suspicious or unreasonably mistrusting?		
10. Does the client appear to be intoxicated?		
11. During the conversation, does the client communicate socially inappropriate comments?		
SUM		

Score the client. Absence of behaviour is scored a 0. Presence of a behaviour is scored a 1. To calculate the level of risk, add the scores. Maximum score (SUM) is 12.

Risk Rating Scale for Pre-Visit Assessment

Absence of behaviour is scored a 0. Presence of a behaviour is scored a 1. Maximum score is 12.

Score	Level of Risk	Intervention
0	Low	No intervention required
1-3	Moderate 1 = low moderate 2 = medium moderate 3 = high moderate	List Intervention(s) or refer to Organizational Policies or Procedures
4-5	High	List Intervention(s) or refer to Organizational Policies or Procedures
6 or higher	High/Imminent	List Intervention(s) or refer to Organizational Policies or Procedures

Adapted from the Brøset Violence Checklist (Almvik et al., 2000) the Dynamic Appraisal of Situational Aggression2 (DASA) instrument (Ogloff & Daffern, 2006) and Assessing Violence in the Community: A handbook for the workplace.

Identify contributing factors that may lead to violent, aggressive or responsive behaviours.

Assessment Item	Yes / No	Suggested Action Required *Refer to Sections A1-A4 & E1-E2
1. Are there any triggers associated with the violent/aggressive episodes, such as when limits are set or during specific activities/events?		
2. Is the client or other persons resistant to the home visit?		
3. Does the client have any medical conditions that may predispose them to violent or aggressive behaviour including head injury, substance abuse, or cognitive impairment?		
4. Is the violent/aggressive behaviour directed toward a specific person or group of persons?		
5. Will the person(s), towards whom the violent/ aggressive behaviour is directed, be present during the health care worker's home visit?		
6. Are there pets or animals in the home?		

* Suggestions for "Action Required" can be found in the PSHSA booklet "Assessing Violence in the Community: A Handbook for the Workplace", free to download at www.pshsa.ca or available for purchase from the PSHSA store.

Comments:	
Signature:	**Date:**

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PRE-TRAVEL ASSESSMENT TOOL

Plan ahead! Answer the questions in each of the following sections to help you identify and manage risks related to aspects of the home environment and travel route. This information can be gathered over the phone prior to the first visit, from police or by conducting a site visit.

A **"No"** response indicates elevated risk and appropriate control measure consideration.

On Route	**Yes / No**	*** Suggested Action Required Refer to Sections B1-B3**
1. Has the safest route to get to the client been identified?		
2. Are you aware of the crime rate for the location of the visit?		
3. Is the client aware of the approximate time of arrival?		
Upon Arrival	**Yes / No**	*** Suggested Action Required Refer to Sections C1-C4**
4. Has the closest and safest parking spot been located?		
5. Has the area been mapped for potential perpetrator hiding spots (e.g. behind bushes or hedges)?		
6. Do street lamps provide enough light for walking from the parked car to the entrance?		
7. Is the entrance visible from the road?		
8. Is the walkway free of uneven surfaces that may impede a quick exit by the worker?		
Before Entering the House	**Yes / No**	*** Suggested Action Required Refer to Sections B2, D1 & D2**
9. Is there a plan for controlling any physical hazards (barriers, broken steps, free-roaming dogs, weapons) during the visit?		
10. If there is a possibility of encountering hazards during your visit, have you arranged for a pre-visit and post-visit call to the office, a nurse, the supervisor or, if possible, a "buddy"?during your		

visit?		
At the Home	**Yes / No**	*** Suggested Action Required Refer to Sections A2 & C5**
11. Do you have access to a landline or mobile phone?		
12. Do you know where to find the nearest phone?		
13. Are emergency phones or pull stations available in the building, housing, parking complex?		
14. Have you determined the safest route for returning to your vehicle?		

* Suggestions for "Action Required" can be found in the PSHSA booklet "Assessing Violence in the Community: A Handbook for the Workplace", free to download at www.pshsa.ca or available for purchase from the PSHSA store.

Comments:	
Signature:	**Date:**

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CLIENT HOME/COMMUNITY HAZARD ASSESSMENT TOOL

This tool should be used by employees to continue to assess the risk of violence at the client's home through observation and communication skills. Any risks not controlled with information from the pre-visit and pre- travel assessment should be reported to the appropriate person at the organization.

Environmental Conditions

Risk Factor	Yes	No	Suggested Controls and Risk Specific Tips	Action Required
Is entrance visible from the road?	□ Yes Proceed to the home	□ No Call supervisor	Turn on high beams if necessary	
Is the neighbourhood well lit?	□ Yes Proceed to the home	□ No Have phone ready to call 911 if necessary	Turn on high beams if necessary B1. Planning Travel	
Is the path from the parking spot to the front door well lit?	□ Yes Proceed to the home	□ No Have phone ready to call 911 if necessary	Client/family to install adequate lighting and/or repairs B3. Walking in the community C4: Parking Your Vehicle	
Have driveways, paths and stairs been cleared to allow a worker to exit quickly if needed?	□ Yes Proceed to the home	□ No Call supervisor	Client/family to clear driveways, paths and stairs	
Are there any uneven surfaces that might impede a quick exit by the worker?	□ Yes Slow down and call supervisor	□ No Proceed to the home	Client/family to repair uneven surfaces	
Is there a long approach road?	□ Yes Call supervisor in case of an emergency	□ No Proceed to home	Map the area before visiting the home	
Has the closest and safest parking spot been located?	□ Yes Proceed to home	□ No Call supervisor in case of an emergency	Make sure the vehicle windows are closed and all vehicle doors are locked C4: Parking Your Vehicle	

Communication/Access

Is there access to a telephone, cell phone, reception or 911 communication?	□ Yes Proceed with client care	□ No Find nearest phone and contact supervisor	Establish method of communication, carry a cell phone with automatic dial to 911 Outline any "working alone" precautions required B1. Planning Travel	

Client Behaviours Exhibited

If the behaviour is present, a score of 1 is applied.

TYPES OF BEHAVIOUR EXHIBITED	1 point if observed	* Suggested Action Required Refer to Sections A1-A4
1. Is there a History of violence or aggressive behaviour by the client or persons in the dwelling?		
2. Are you aware of restraining orders issued against anyone in the household?		
3. Are firearms or other dangerous weapons kept in the home?		
4. Have threats recently been made against the client?		
5. Is the client confused, disoriented to time, place, or person?		
6. Is the client irritable – unable to tolerate the presence of others? If so who and will they be present during a service visit?		
7. Is the client boisterous, overtly loud or noisy during the interview?		
8. Does the client communicate any verbal threats or use a raised voice meant to intimidate or threaten another person?		
9. Is the client expressing signs of physical threat, such as raising of an arm/leg, aggressive stance,		

making a fist?		
10. Does the client attack objects such as throwing, banging, or kicking an object?		
11. Does the client seem agitated, unable to remain composed or is over reacting during the conversation?		
12. Is the client suspicious or unreasonably mistrusting?		
13. Does the client appear to be intoxicated or withdrawing from alcohol or drugs?		
14. Is the client communicating or demonstrating socially inappropriate comments or disruptive behavior such as self-abusive acts, sexual behavior, smearing of feces/food or hoarding?		
15. Is the client demonstrating aggressive body language such as arms/objects acting as a barrier, puffed up chest, panting, arm dominance (arms spread, on hips), pupil dilation/constriction, or lip compression or sneering?		

Score the client. Absence of behaviour is scored a 0. Presence of a behaviour is scored a 1. To calculate the level of risk, add the scores. Maximum score (SUM) is 15.

Risk Rating Scale for Client Behaviours Exhibited

Absence of behaviour is scored a 0. Presence of a behaviour is scored a 1. Maximum score is 15.

Score	Level of Risk	Intervention
0	low	No intervention required
1-3	moderate 1 = low moderate 2 = medium moderate 3 = high moderate	List Intervention(s) or refer to Organizational Policies or Procedures
4-5	high	List Intervention(s) or refer to Organizational Policies or Procedures
6 or higher	high/imminent	List Intervention(s) or refer to Organizational Policies or Procedures

Identify contributing factors that may lead to violent, aggressive or responsive behaviours.

Assessment Item	Yes / No	Suggested Action Required *Refer to Sections A1-A4 & E1-E2
1. Are there any triggers associated with the violent/aggressive episodes (e.g., when limits are set or during specific activities/events?		
2. Is the client or other persons resistant to the home visit?		
3. Does the client have any medical conditions that may predispose them to violent or aggressive behaviour including head injury, substance abuse, or cognitive impairment?		
4. Is the violent/aggressive behaviour directed toward a specific person or group of persons?		
5. Will the person(s), towards whom the violent/ aggressive behaviour is directed, be present during the health care worker's home visit?		
6. Are there pets or animals in the home?		

* Suggestions for "Action Required" can be found in the PSHSA booklet "Assessing Violence in the Community: A Handbook for the Workplace", free to download at www.pshsa.ca or available for purchase from the PSHSA store.

Self Awareness: Communication Skills
The quality of service provided may contribute to a violent behaviour. Remember to always practice positive communication skills and treat people with respect. Be aware of how your words, tones and body language can be perceived by others.

Comments:	
Signature:	**Date:**

Adapted from the Brøset Violence Checklist (Almvik et al., 2000) the Dynamic Appraisal of Situational Aggression (DASA) instrument (Ogloff & Daffern, 2006) and Assessing Violence in the Community: A handbook for the workplace (PSHSA, 2009).

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Appendix C

SAMPLE INTERVENTIONS FOR ORGANIZATIONAL PROCEDURES

For the following subsectors: Acute Care (Triage, Emergency Department, and Inpatient) Mental Health and Long-term Care.

If a client is assessed as **moderate risk**:

- Add "Alert" Flag to chart/ electronic tracker
- Notify charge RN or immediate supervisor
- Consider contacting Security. This is dependant of the level of moderate risk (low, med, or high moderate risk, refer to risk rating system) A moderate risk level of 1 may not require security; however a moderate risk level of 3 may require security assistance.
- Notify registration staff, appropriate healthcare providers and department staff.
- Continue to observe client behaviour through routine activities/interactions. Avoid appearing "watchful" or "suspicious".
- Have a calm attitude and provide frequent reassurance and support.
- Develop a care plan or violence behaviour plan (as per the organization's procedures) and document triggers. Include the client and/or substitute decision maker only if safe to do so.

If client is assessed as **high or imminent risk**:

- Add "Alert" Flag to chart/ electronic tracker
- Contact Security and/or request Security presence
- Contact Police if behaviour escalates, call 911
- Notify charge RN and/or immediate supervisor
- Contact support staff if required and/or implement a personal safety response system (as determined by the organization)
- Notify Department Manager/Security/Physician, Geriatric Emergency Management Nurse/Behaviour Management Trained staff/Psychiatric services/all treating staff, as outlined by the organization
- Triage to seclusion room, room with closed circuit surveillance or direct observation from nursing station. Refer to "Seclusion Room Checklist"
- Consider need for restraints (physical and/or chemical) as a last resort
- Develop a care plan or violence behaviour plan (as per the organization's procedures) and document triggers. Include the client and/or substitute decision maker only if safe to do so
- Reassess behaviour as determined by the organization's policy and document triggers
- Have a calm attitude and provide frequent reassurance and support

Seclusion Room Checklist

1. Ensure Security is notified.
2. Place client in paper scrubs; remove all personal items from room.
3. If client refuses paper scrubs, have Security or local Police department use hand-held metal detector or frisk for potential weapons.
4. Remove heavy, hard or pointed footwear such as boots, steel toe shoes, high heels
5. Remove belt, shoe strings, and necklaces.
6. Remove plastic bags from room.
7. Remove all cords from room such as telephone, Blood Pressure cuff, telemetry leads, monitor cable etc.
8. No glass or sharp objects.
9. No plastic or metal eating utensils and no aluminum cans.
10. Limit to 1 visitor.

EMS

If client is assessed as **moderate risk**

- Tactical communication. Communication from one person or place to another.
- Consider need for Police assistance
- Ensure all weapons or potential weapons have been removed from the client's body and belongings
- Provide receiving hospital relevant information about the individual client violence assessment as outlined in the organization's Transition of Care policy.

If client is assessed as **high or imminent risk**:

- Tactical retreat and request Police assistance
- Ensure all weapons or potential weapons have been removed from the client's body and belongings
- Consider need for restraints (physical and/or chemical) as a last resort
- Provide receiving facility relevant information about the individual client violence assessment as outlined in the organization's Transition of Care policy.

For the following subsector: Community Care Services

If a client is assessed as **moderate risk**

- Add "Alert" Flag to chart/ electronic tracker
- Contact immediate supervisor
- Continue to observe client behaviour through routine activities/interactions. Avoid appearing "watchful" or "suspicious"
- Implement a personal safety response system (as determined by the organization)
- Develop a care plan or violence behaviour plan (as per the organization's procedures) and document triggers. Include the client and/or substitute decision maker only if safe to do so
- Have a calm attitude and provide frequent reassurance and support

If client is assessed as **high or imminent risk**:

- Add "Alert" Flag to electronic tracker
- If you feel threatened, politely terminate the interaction. Be prepared to call the Police
- Contact Supervisor/Senior Management/Administrator on Call of potential risk of violence
- Implement a personal safety response system (as determined by the organization)
- Develop a care plan or violence behaviour plan (as per the organization's procedures) and document triggers. Include the client and/or substitute decision maker only if safe to do so
- Reassess behaviour as determined by the organization's policy and document triggers.
- Have a calm attitude and provide frequent reassurance and support

Re-visiting a client that has been assessed as a **high risk**:

- Reassess observable behaviours and contributing factors as determined by the organization's policy and document triggers.
- Have a calm attitude and provide frequent reassurance and support
- Ensure all employees work in pairs and/or with a personal safety response system in place e.g. cell phone, personal alarm systems
- Initiate a referral as per organization's policy, to a specialized service, e.g. Geriatric, Emergency Management, Nurse/Behaviour Management Trained staff, Psychiatric services

SAMPLE Interventions to Reduce Risk

Workplace Violence Guidelines support grouping the controls into four main areas: physical environment of work, work practices, staffing, and training. The hierarchy of controls includes the following approach: eliminate the hazard, engineer solutions, reorganize and provide training, and provide personal protective equipment.

A. Physical Environment of Work

1. Create an environment that does not trigger behaviours.
2. Create an environment that reduces risk, for example, good lighting, removal of hazardous furniture, and instruments that could be used as weapons.
3. Create an environment that can accommodate client comfort, for example, decrease overcrowding, ensure comfortable seating, and provide visual displays or soothing music.
4. Security measures such as Security Guards, equipment
5. Security measures in the community such as personal security equipment e.g. cell phone, personal alarm systems, and safety aspects of vehicles
6. Seclusion room

B. Work Practices

1. Procedures for Individual Client Risk Assessment to ensure up to date information is available.
2. Initial and ongoing assessment
3. Community service should assess the risk of violent situations at every visit
4. Procedures for Organizational Violence Risk Assessment to ensure up to date information is available.
5. Procedures on Care Planning or Behaviour Planning
6. Flagging Procedures
7. Personal Safety Response Systems
8. Buddy System
9. Emergency Codes
10. Workplace Violence Emergency Procedures
11. Community Care service agreement contracts to address violence.
12. Communication procedures to ensure traceability of workers i.e. check in/check out procedures.
13. Behavioural Education and Training Supports Inventory (BETSI) which is an education/training decision making tool and program inventory
14. Critical Incident Stress Debriefing
15. Assistance and Support for Victims Program

C. Staffing

1. Adequate staffing levels i.e. a good staff-client ratio reduces risk of violence by lowering work stress
2. Adequately trained staff i.e. quality of staff or competencies of staff vs client needs
3. Job rotation may reduce time in stressful working situations
4. Security Personnel (quantity and quality required)
5. Buddy System to avoid working alone with high risk clients.

D. Training

1. Behaviour Management Intervention Training
   - Crisis Prevention Intervention
   - Gentle Persuasive Approach
   - Safe Management Group
2. Body Language
3. Organizational Policy on Workplace Violence and Harassment Prevention
4. Organizational Policy on Individual Client Risk Assessment
5. Organizational Policy on Reporting Workplace Violence Incidents
6. Organizational Policy Investigation of Workplace Violence Incidents
7. Organizational Process on Workplace Violence Debriefing
8. Critical Incident Stress Debriefing
9. Organizational Policy on Reporting Hazards
10. Organizations Orientation and Annual Training Program
11. Employee Communication and Behaviour Training
12. Psychological Health & Safety in the Workplace

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