



[**HCS 215.5 MB** Violence Prevention Program for Health Care Workers in Manitoba](#)

[Provincial Healthcare Violence Prevention Program Operational Procedure](#)

[**R.HR.WSH.930** Workplace Violence Prevention Program](#)

[**PPG-00076** Workplace Violence Prevention Program Training](#)

[**R.HR.WSH.932** Workplace Violence Prevention Program Summoning Assistance for Acts of Violence](#)

[**R.HR.WSH.933** Workplace Violence Prevention Program Environmental Risk Assessment](#)

[**R.HR.WSH.934** Workplace Violence Prevention Program Client Risk Screening and Alerts](#)

[**R.HR.WSH.934a** Violence Screening Tool](#)

[**R.HR.WSH.934b** PMH Violence Prevention Program - Client Screening and Alerts - Manager's Staff Education Quick Reference Guide](#)

[**R.HR.WSH.934c** Violence, Aggression, and Responsive Behaviour Information for Clients and Families](#)

[**R.HR.WSH.934d** Violence and Aggression Log](#)

[A Model for Relationship Building](#)

	Policy Category/Number	HCS 215.5
POLICY TITLE	Date Approved	April 29, 2013
Violence Prevention Program for Health Care Workers in Manitoba	Applicable to	Regional Health Authorities Health Corporations CancerCare Manitoba Diagnostic Services Manitoba
Branch/Division	Next Review Date	
Health Workforce	Date Reviewed	
Responsible Authority	Date Revised	
Assistant Deputy Minister, Health Workforce	# of Pages	3

1.0 POLICY STATEMENT

1.1. Every reasonable effort will be made to mitigate, eliminate or reduce all forms of violence in workplaces where healthcare services are provided. Where it is not reasonably practicable to eliminate the risk of violence, actions and measures will be taken to control that risk.

2.0 PURPOSE

2.1. To implement a systematic and comprehensive program for the prevention of healthcare related violence toward health care workers in Manitoba.

3.0 DEFINITIONS

3.1 Act – The Manitoba Workplace Safety and Health Act, R.S.M. 1987, c. W210.

3.2 Client – Patients, residents, clients.

3.3 Contractor – A person who, pursuant to one or more contracts, directs the activities of one or more employers or self-employed persons involved in work at a workplace.

3.4 Hazard – Any condition, activity, material, or substance that can cause injury or illness to a person.

3.5 Regulation – The Manitoba Workplace Safety and Health Regulation, M.R. 217/2006 (including all current and future amendments).

3.6 Risk – The potential that a chosen action or activity (including the choice of inaction) will lead to a loss (an undesirable outcome).

3.7 Supervisor – A person who has charge of a workplace or authority over a worker. A supervisor is not a job title but rather a position of responsibility, accountability, and authority. Job title examples may include, but not limited to, lead-hand, foreman, supervisor, charge nurse, manager, or director, etc.

3.8 Violence – any act that results in injury or threat of injury, real or perceived, by an individual, including but not limited to:

- Acts of aggression (whether intentional or not).
- Verbal or written threats.
- Vandalism of personal property.

3.9 Violence, Types of –

- Type I (Criminal Intent): Results while a criminal activity is being committed and the perpetrator has no legitimate relationship to the workplace.
- Type II (Customer/client): The perpetrator is a customer or client at the workplace (e.g., health care client) and becomes violent while being served by the worker.

3.9.3 Type III (Worker-on-Worker): Employees or past employees of the workplace are the perpetrators.

3.9.4 Type IV (Personal Relationship): The perpetrator usually has a personal relationship with an employee (e.g., domestic violence in the workplace).

3.10 Visitor – Any person who is attending the site on a temporary basis and that is not an employee, volunteer, contractor, or client.

3.11 Volunteer – A person who performs a charitable service or helpful work willingly and without pay.

3.12 Worker/Staff:

3.12.1 Any person who is employed by an employer to perform a service whether for gain or reward, or hope of gain or reward or not,

3.12.2 Any person engaged by another person to perform services, whether under a contract of employment or not,

3.12.3 Any person undergoing training or serving an apprenticeship at an educational institution or at any other place.

3.13 Workplace – any building, site, workshop, structure, mobile vehicle, or any other premises or location whether indoors or outdoors in which one or more workers, or self-employed persons, are engaged in work or have worked.

- **POLICY**

4.1 Every reasonable effort will be made to mitigate, eliminate or reduce all forms of workplace violence and to ensure that:

4.1.1 A violence-free workplace for all individuals' health, safety, welfare, and dignity is respected, protected and promoted.

4.1.2 Risks of violence are identified and appropriate prevention measures, controls, and practices are established that eliminate or minimize those risks.

4.1.3 Documented procedures are established to identify and address specific hazards and the associated risks for each workplace or area.

4.1.4 Workers are trained in and follow the safety procedures to prevent and respond to violence-related incidents.

4.1.5 Workers are empowered to make and act on decisions regarding the risk of violence to protect themselves and others.

- 4.1.6 Critical incident debriefing and other supports to workers affected by a workplace violence incident is available and accessible.
- 4.1.7 All individuals including workers, contractors, volunteers, and management understand their roles and responsibilities related to violence prevention in the health care environment and are held accountable.
- 4.1.8 All clients and visitors are expected to follow the violence-free workplace program.
- 4.1.9 Employers and its supervisors comply with this policy and its requirements.
- 4.1.10 At a minimum, compliance with The Workplace Safety and Health Act and Regulations, Accreditation Standards, and applicable Collective Agreements is maintained.
- 4.1.11 The program will be evaluated at appropriate intervals and sustainability measures are implemented.

5.0 PROCEDURES

- 5.1 Procedures to support the implementation of this policy will be established.

6.0 POLICY DOCUMENTS

The Workplace Safety and Health Act, R.S.M. 1987, c. W210

Manitoba Workplace Safety and Health Regulation, M.R. 217/2006

PROVINCIAL HEALTHCARE VIOLENCE PREVENTION PROGRAM OPERATIONAL PROCEDURE

Subject: Violence Prevention Program for Healthcare Workers in Manitoba

Effective Date: TBA **Supersedes: October 31, 2013**

Review Date: 3 years or legislation or job changes

Original Signed by:

1.1 GUIDING PRINCIPLES

- 1.1. In keeping with the Manitoba Health commitment to implement a systematic and comprehensive program for the prevention of healthcare related violence toward health care workers in Manitoba as noted in the Manitoba Health policy #HCS 215.5 "Violence Prevention Program for Health Care Workers in Manitoba, the following Operational Procedure has been developed to ensure that every reasonable effort will be made to mitigate, eliminate or reduce all forms of violence in workplaces where healthcare services are provided. Where it is not reasonably practicable to eliminate the risk of violence, actions and measures will be taken to control that risk.
- 1.2. This Operational Procedure is also designed to ensure that when followed, the minimum requirements of Manitoba Workplace Safety and Health legislation, Accreditation Standards, and applicable Collective Agreements. are complied with, and where possible exceeded.
- 1.3. As outlined in the Manitoba Health Policy, this Operational Procedure applies to:
 - Regional Health Authorities
 - Health Corporations
 - Cancercare Manitoba
 - Diagnostic Services Manitoba
- 1.4. As with all matters relating to the Safety and Health of workers the Workplace Safety and Health Committee in each Region/Facility/Site/Program must be consulted.
- 1.5. The implementation of the Manitoba Health Policy and this Operational Procedure is not intended to discourage or prevent workers from exercising any other rights, actions or remedies that may be available to him or her under any other law.

2.0 DEFINITIONS

- 2.1 Refer to Manitoba Health Policy HCS 215.5 Violence Prevention for Health Care Workers in Manitoba.
- 2.2 In this Operational Procedure:
 - 2.2.1 Violence includes acts of aggression and/or responsive behaviours. This behaviour may be intentional, or unintentional and/or arising out of the medical condition for which a person seeks care.
 - 2.2.2 Patient also refers to resident and client.

3.0 OPERATIONAL PROCEDURE

- 3.1 Each Region/Facility/Site/Program must develop and implement a Violence Prevention Program which shall include but is not limited to the following:
 - 3.1.1 Implementation of Manitoba Health policy #HCS 215.5 Violence Prevention Program for Health Care Workers in Manitoba (Appendix A).
 - 3.1.2 Risk Assessment(s)/Screening including but not limited to the following:
 - 3.1.2.1 Workplace Violence Program Assessment (includes physical environment)
 - 3.1.2.2 Person of Interest
 - 3.1.2.3 Patient Risk Screening
 - 3.1.3 Measures to reduce or eliminate the risk of violence as identified in 3.1.2.
 - 3.1.4 A method to effectively and respectfully communicate the potential and actual violent behaviour of a patient to all care providers interacting with the patient; and any other worker or patient as outlined in 3.6 (i.e. Alert System).
 - 3.1.5 Measures and procedures for summoning Immediate Assistance when an incident of violence occurs, or is likely to occur.
 - 3.1.6 Referral to healthcare provider for treatment or for post incident counseling where appropriate.
 - 3.1.7 Incident Reporting, Investigation and Follow-Up which includes implementation of control measures.
 - 3.1.8 Union notification of incidents where required by collective agreements.
 - 3.1.9 Orientation and Training Program.
 - 3.1.10 A method to monitor and ensure compliance.
 - 3.1.11 Quarterly and Annual Reporting.
 - 3.1.12 Procedure Review.
- 3.2 A copy of the Manitoba Health policy #HCS 215.5 "Violence Prevention Program for Health Care Workers in Manitoba and this Operational Procedure must be posted in a conspicuous place at the workplace.
- 3.3 **Workplace Violence Program Assessment** (includes physical environment)

A Risk Assessment which includes the items outlined below must be conducted:

- Location
- Characteristics of specific patient population(s)
- Security incident history
- Worker injury/near miss incident history
- Present state of violence prevention program
- Assessment of Physical Environment by Department

Measures to reduce or eliminate the risk of violence identified (i.e. corrective actions), must be developed and implemented for those items identified in 3.3.1.

These corrective actions must be prioritized based on risk level following the Hierarchy of Controls (as per the Workplace Safety and Health Regulation Part 2.1 Eliminating or Control of Risks).

Note: Appendix B contains Workplace Violence Program Assessment Guidelines, Workplace Violence Program Assessment Form 1, Workplace Violence Program Assessment Form 2

3.4 Person of Interest

3.4.1 Each region/facility/site/program must develop a procedure which includes the following:

3.4.1.1 Identification of a person who is not seeking medical attention and has been identified by key informant (i.e. patient, family, employer, worker, etc.) as known to be high risk for behaviour that is violent or could be considered a precursor to a violent incident. The identification shall be based on reasonable grounds as outlined in the facility/site/program Person of Interest Procedures.

3.4.1.2 How to activate Person of Interest Alert (i.e. Notification of Security or designated person(s)).

3.4.1.3 Communication of the alert to all workers where applicable.

Note: Appendix B Sample Person of Interest Form

3.5 Patient Risk Screening

3.5.1 All patients shall be screened at the first point of contact using the sector appropriate screening tool or,

The employer may develop a screening tool(s) which includes the following required elements:

3.5.1.1 Current demonstrated aggression or violence(Section1A of screening tool)

3.5.1.2 Past history of aggression or violence, where reasonably possible - active or discontinued alert(Section 1B of screening tool)

3.5.1.3 Current risk factors that may indicate potential for aggression or violence (Section 1C of screening tool). Risk factors may be adapted specific to the patient population.

3.5.2 Screening patients for a potential risk of violent, aggressive, or responsive behaviour is an ongoing process during the patient's contact with the healthcare system.

3.5.3 Initial screening of patients may be delayed in the following circumstances:

4.1.6 Patient unconscious/unresponsive at first point of contact

4.1.7 Life saving care is required at the first point of contact

3.5.4 Other circumstances (see Section 3.5.4)

3.5.5 The Provincial Safety and Health Working Group is responsible for determining and/or approving exemptions to the risk screening and alert process, where appropriate.

3.5.6 Where care for the same health issue occurs over a period of time within the same department (ie. dialysis, wound care, antibiotic treatment, etc.), repeated screening is not required unless the patient's behavioural presentation has

changed, and risk screening criteria are now present. Section 3.6 applies where an Alert is required.

- 3.5.7 The screening tool may be initiated and completed by non-clinical workers, as determined by the employer.
- 3.5.8 The results of the Screening Tool (Alert required/not required) must be documented in the patient record (i.e. IPN, Kardex, EPR, MDS, Procura, or other patient information software in use).
- 3.5.9 Where the risk of actual/potential violence arises from a patient's visitor, regional/facility/site/program immediate response procedures will apply (i.e. Person of Interest, Security, Code White, 911, etc).

Note: Appendix C contains Patient Risk Screening Guidelines, and sample Screening Tools.

- 3.5.10 Resulting from the Patient Risk Screening, the care providers responsible for the patient shall initiate the Alert System as outlined in Section 3.6, and develop and implement a patient care plan/safety plan that eliminates and/or mitigates the patient's aggressive behaviour potential that is appropriate for the risks identified. This may include medical, behavioural and/or administrative procedures.
- 3.5.11 The Manager shall enforce all implemented patient care plans/safety plans. If not followed, ensure that a corrective action is taken immediately to eliminate or minimize re-occurrence of incidents.
- 3.5.12 All workers must ensure that they follow the implemented patient care plans or safety plans. If there are concerns regarding the patient care plan or safety plan, the concern must be communicated to the Nurse or Manager/Designate for discussion and resolution.
- 3.5.13 All workers who feel at risk from aggressive behaviours while providing care to a patient must communicate this concern to their Supervisor and together will develop a plan to reduce the level of risk. All workers will be supported by management and co-workers in this process.

3.6 Alert System/Communication Tool

- 3.6.1 Where an Alert is required as identified in 3.5, an Alert System shall be implemented, and communicated to all clinical and non-clinical healthcare workers who may have contact with the patient. *This may include, but not be limited to: nurses, healthcare aides, unit assistants, porters, housekeepers, dietary staff, and facility management staff including any person temporarily transferred to/from another department.*
- 3.6.2 The Alert System selected must be one which considers that not all workers have access to the patient care plan/details, but must provide sufficient information and instruction to reasonably mitigate the risk of potential or actual violence.
- 3.6.3 The method used to communicate the risk for potential or actual violence arising out of patient care activities may include one or more of the following elements:
 - 3.6.3.1 Communication log book
 - 3.6.3.2 Documentation in the care plan
 - 3.6.3.3 Use of the provincial standardized symbol (see Appendix D)
 - 3.6.3.4 Visibly prominent signage at the reception desk, and at room entrances, above or on beds (strongly recommended.)
 - 3.6.3.5 Coloured wrist bands with provincial standardized symbol
 - 3.6.3.6 Electronic alert in sector specific patient information software
 - 3.6.3.7 Shift changeover/reports
 - 3.6.3.8 Other methods, as identified by the supervisor/manager
 - 3.6.3.9 Other methods, in consultation with Safety and Health Specialist.

- 3.6.4 Where signage is displayed, it must include the provincial standardized symbol, and must direct workers to check in with the reception desk and/or in charge person for instruction, prior to entering the patient's room.
- 3.6.5 Workers unfamiliar with a new or existing Alert and instructions to minimize the risk of violence must not enter the patient's room (where applicable) without checking in for instructions in accordance with the employer's process, except in the event of a medical emergency where safe to do so.
- 3.6.6 The Alert must remain active until the risk of violence is reasonably mitigated or eliminated, as determined by the healthcare team (ie. Charge Nurse, Physician, etc).
- 3.6.7 Re-screening of patients may occur with a frequency at the discretion of the healthcare team.
- 3.6.8 Re-Screening or Activating an Alert Following New Information
 - 3.6.8.1 Re-screening and/or an Alert System will be implemented when:
 - 3.6.8.1.1 Violent or aggressive behaviour occurs
 - 3.6.8.1.2 Behavioural indicators on the initial screening tool are now present
 - 3.6.8.1.3 There is a change in medical or other status/circumstance that indicates potential or actual violence may occur
 - 3.6.8.1.4 Relevant new information becomes known
- 3.6.9 Any worker may present new information that may result in re-screening and/or review of the Alert
- 3.6.10 Patient/Family Communication of Alerts
 - 3.6.10.1 Patients and/or family members/visitors may be informed of the Alert at the discretion of the healthcare team.
 - 3.6.10.2 The healthcare team may provide written information (see appendix D) about the Alert System at their discretion, or upon request.
- 3.6.11 Clinical Handoff or Interdepartmental Transfer (Same Facility)
 - 3.6.11.1 Where a patient has an active Alert, and may require care/treatment outside the admitting/registering sector (i.e. Diagnostic imaging, lab, medical ward, etc.), the Alert must be communicated.
 - 3.6.11.2 The Alert must be accompanied by any known information to reasonably mitigate or eliminate potential or actual violence. Disclosure of information must be on a need to know basis, and limited to the minimum amount of information necessary to inform the receiving department of the risk and any care plan instructions to eliminate or reduce the risk of violence.
- 3.6.12 Deactivating an Alert
 - 3.6.12.1 Deactivation of the Alert is at the discretion of the healthcare team, in consideration of factors that lead up to the Alert.
 - 3.6.12.2 If the potential or actual violent behaviour of the healthcare recipient has been reasonably mitigated or eliminated, the Alert must be deactivated.
- 3.6.13 Review/Correction of Alert on Health Record
 - 3.6.13.1 The employer must establish a procedure for reviewing and correcting personal health information, when requested by a patient and/or persons permitted to exercise the rights of an individual, as defined in the Personal Health Information Act.

- 3.6.14 Maintaining an Alert at Discharge from Care
 - 3.6.14.1 Where the potential or actual violence has not been reasonably mitigated or eliminated, and risk factors remain, the Alert is to remain activated, and included in the health record. Visual Alert Systems (i.e. Signage, wrist bands) are removed.
- 3.6.15 Discharge From Care/ Transfer to External Sector (includes EMS, Inter-facility Patient Transport, Home Care, Long Term Care, etc.)
 - 3.6.15.1 Where discharge or transfer occurs to an external healthcare sector, the sending sector shall inform the receiving sector if an Alert is activated.
 - 3.6.15.2 Any known care plan instructions or information appropriate to the management of actual violence or the risk of violent behaviour is to be communicated.

3.7 Immediate Assistance

- 3.7.1 The Employer must develop a method of summoning immediate assistance when an incident of violence occurs or is likely to occur.
- 3.7.2 The method must be specific to the requirements depending on the risk, the availability of existing resources due to distance/location from applicable authorities, the physical work environment, and resources available.
- 3.7.3 Some examples of methods to summon immediate assistance include but are not limited to
 - 3.7.3.1 Overhead Paging Devices (i.e. Call Code)
 - 3.7.3.2 Nursing Call Systems
 - 3.7.3.3 Telephones
 - 3.7.3.4 Cellular (mobile) telephones
 - 3.7.3.5 Portable radios (transceivers)
 - 3.7.3.6 Portable Communication Wi-Fi-type devices
 - 3.7.3.7 Panic Alarms
 - 3.7.3.8 Personal/Portable devices
- 3.7.4 Some examples of Immediate Assistance include but are not limited to:
 - 3.7.4.1 (Internal resources) using Site Responders. Example: Code White.
 - 3.7.4.2 (External resources) requiring immediate external assistance such as Police/RCMP.

3.8 Referral to healthcare provider for treatment or for post incident counseling where appropriate

- 3.8.1 After an incident, the supervisor, where appropriate, shall recommend that the worker who has been physically or emotionally harmed as a result of an incident of violence at the workplace consult their health care provider for appropriate treatment or referral for post-incident counselling. (includes Critical Incident Stress Management).

3.9 Incident Reporting, Investigation and Follow-up:

- 3.9.1 Workers are required to immediately report to their supervisor any act or threatening statement of aggression or violence in the workplace. This shall be documented using the region/site/facility/program injury/near miss report form.
- 3.9.2 Supervisors shall investigate all reports of violent incidents and then implement corrective action plans that may have resulted from the investigation. This process shall be the same as reporting and implementing corrective actions for injuries, serious incidents, and workplace health concerns (see Appendix E).
- 3.9.3 During the investigation the employer must:

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- 3.9.3.1 Not disclose the name of a complainant or circumstances related to the complaint to any person, other than where the disclosure is:
 - 3.9.3.1.1 necessary in order to investigate the complaint,
 - 3.9.3.1.2 required in order to take corrective action in response to the complaint, or
 - 3.9.3.1.3 required by law;
- 3.9.3.2 Not disclose any personal information if at all possible but if disclosure is required, the information disclosed must be the minimum amount necessary for investigation purposes.

3.10 Notification of Union

- 3.10.1 Where required as outlined in a collective agreement, the Employer shall notify the Union as soon as reasonably possible after the receipt of the report.

3.11 Training and Orientation Program

- 3.11.1 The Training and Orientation program content must be specific to the workplace and reviewed every three years, or when changes which may affect the procedures are introduced in the workplace, and must include the following:
 - 3.11.1.1 General Orientation: (required for all workers): Overview of the Violence Prevention Program and general principles. Includes all management, healthcare workers, support workers, physicians.
 - 3.11.1.2 Department Orientation: Specific training for workers in a department or program that includes specific hazards, risks, control measures and procedures. It must include a review of the risks of violence inherent in an employee's occupation/job position; the history and ongoing issues of violence in that department or work area; risk screening and alert system, how to summon immediate assistance and incident reporting procedures.
 - 3.11.1.3 Specialised training for workers that may include managing clients with cognitive impairments and/or self defence techniques.
 - 3.11.1.4 Specialized Team Training: Training for special work teams includes Code White Responders, Emergency Medical Services ("EMS"), Security (where available), and Behaviour Management Teams (where available).
- 3.11.2 The manager and/or supervisor shall ensure that worker training is provided as required.
- 3.11.3 All training must be documented. Records must be retained as required by the Workplace Safety and Health Act and Regulations and Human Resources guidelines.

3.12 Method to Monitor and Ensure Compliance

- 3.12.1 The employer must ensure that a process is in place to:
 - 3.12.1.1 Monitor effectiveness of control measures
 - Where monitoring identifies that a control measure has not eliminated or reduced the risk, implement further control measures where it is reasonably practicable to do so.
 - 3.12.1.2 Monitor and ensure worker compliance with the contents of the policy, and this operational procedure, including adherence to safe work plans and patient care plans.

3.13 Quarterly and Annual Reporting

- 3.13.1 Each employer must have a process in place for information gathering and generating reports as outlined in this section.
- 3.13.2 Employers shall report all violent incidents quarterly and annually to the appropriate Workplace Safety and Health Committee, Senior Management/Executive and/or other group/committee as determined by the region/facility/site/program which must include the following:
 - 3.13.2.1 the records of the incidents of violence to a worker in the workplace, if any;
 - 3.13.2.2 the results of any investigation into an incident of violence, including a copy of
 - any recommendations for control measures or changes to the violence prevention policy, and
 - the control measures, if any, implemented as a result of an investigation into an incident.
- 3.13.3 Senior Management/Executive and/or designated group/committee will review the report to determine trends with Workplace Safety and Health Committees and/or Representatives, Risk Management or others where applicable.
- 3.13.4 Procedure review and update will be implemented where identified as appropriate.

3.14 Procedure Review and Update

- 3.14.1 The Provincial Workplace Safety and Health Working Group are responsible to implement any changes of the operational procedure.
- 3.14.2 The employer will review and evaluate the procedure and forward recommendations to the Provincial Workplace Safety and Health Working Group:
 - 3.14.2.1 At least once every three years or legislative change.
 - 3.14.2.2 At the recommendation of the Workplace Safety and Health Committee, or Safety Specialist.
 - 3.14.2.3 If there is a change in the circumstances that may affect the safety and/or health of a worker.

4.0 RESPONSIBILITIES

4.1 Employer

- 4.1.1 Act in accordance with the objectives and purpose of the Act by ensuring, so far as is reasonably practicable, the safety, health and welfare at work of all his workers, and complying with the Act and regulations.
- 4.1.2 Ensure that all workers, and particularly supervisors, foremen, charge-hands or similar persons, are acquainted with any safety or health hazards which may be encountered by the workers in the course of their service, and that workers are familiar with the use of all devices or equipment provided for their protection.

4.2 Region/Facility/Program Executive Team

- 4.2.1 Assign responsibilities to workers within the region/facility/site/program to ensure the implementation of this operational procedure.
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- 4.2.2 Ensure resources (information, training, tools, equipment and time) are available to provide / maintain Section 4.2.1.
- 4.2.3 Support the Operational Procedure throughout the region/facility/site/program.
- 4.3 **Directors/Managers/Supervisors/In Charge Person**
 - 4.3.1 Ensure compliance with all aspects of the regulations. *The department director is responsible for ensuring that their area of responsibility complies with all aspects of the regulations and this operational procedure.*
 - 4.3.2 Enforce policy and procedures and monitor worker compliance.
 - 4.3.3 Ensure that workers are aware of all risks and hazards.
 - 4.3.4 Facilitate ongoing discussion on workplace violence issues with workers, as necessary.
 - 4.3.5 Ensure that appropriate training and education in violence prevention procedures and response procedures is provided to workers.
 - 4.3.6 Provide input into risk assessments and/or screening upon request.
 - 4.3.7 Ensure reporting of violent incidents.
 - 4.3.8 Investigate all workplace violence complaints using the organization's incident investigation procedure and form, and contact the Safety and Health designate as required.
 - 4.3.9 Facilitate medical attention for worker(s) as required.
 - 4.3.10 Ensure that debriefing is offered where appropriate for those either directly or indirectly involved in any incident.
 - 4.3.11 Immediately report all violent or serious aggressive incidents to Occupational Health and Safety Department (or designate).
- 4.4 **Worker**
 - 4.4.1 Participate in orientation and training programs.
 - 4.4.2 Understand and comply with the Policy, Operational Procedure and all related documents.
 - 4.4.3 Report all incidents or injuries of violence or threats of violence to their supervisor immediately, completing the region/facility/site/program designated form.
 - 4.4.4 Report all concerns related to violence through the region/facility/site/program process.
 - 4.4.4.1 This process will include informing the Workplace Safety and Health Committee or worker member of the WHSC of any concerns about the potential for violence in the workplace if not satisfied with resolution at earlier levels.
 - 4.4.5 Participate and contribute to risk assessments and violence prevention program review.
 - 4.4.6 Seek assistance when confronted with violence or threats of violence.
 - 4.4.7 Seek medical attention and counselling where appropriate.
- 4.5 **Department/Facility/Program Workplace Safety and Health Committees**
 - 4.5.1 Consult with the region/facility/site/program on the development and implementation of this Operational Procedure and make recommendations where appropriate.
 - 4.5.2 Review and monitor the effectiveness of this operational procedure.
 - 4.5.3 Take part in the review of the Workplace Violence Prevention Program and quarterly and annual reports.
 - 4.5.4 The worker designate to be involved in the investigation of all serious injuries as defined in the Workplace Safety and Health Act, related to violence.
- 4.6 **Safety and Health Specialist**
 - 4.6.1 Consult and advise with the region/facility/site/program on all aspects of this Operational Procedure.



- 4.6.2 Provide advice into the prevention of workplace violence and regulatory changes to the employer, Workplace Safety and Health Committee, supervisors, and other involved parties.
- 4.6.3 Participate in the investigation of violence related incidents as necessary, or in the case of some health care facilities, be consulted during the investigation.

REFERENCES:

Government of Manitoba. (2002). *The Workplace Safety and Health Act – W210*. Winnipeg: Queen’s Printer. www.safemanitoba.com

Government of Manitoba. (2006). *The Workplace Safety and Health Regulation – 217/2006*. Winnipeg: Queen’s Printer. www.safemanitoba.com

Manitoba Health Policy HCS 215.5 Violence Prevention Program for Health Care Workers in Manitoba Accreditation Canada ROP – Workplace Violence Prevention
Personal Health Information Act

APPENDICES:**Appendix A:**

Manitoba Health Policy HCS 215.5 Violence Prevention Program for Health Care Workers in Manitoba

Appendix B:

Workplace Violence Program Assessment Guidelines
Workplace Violence Program Assessment Form 1
Workplace Violence Program Assessment Form 2
Person of Interest Sample Form

Appendix C:

Patient Risk Screening Tool – Acute Care
Patient Risk Screening Tool – Emergency
Patient Risk Screening Tool - EMS
Patient Risk Screening Tool – Mental Health
Patient Risk Screening Tool - Outpatient
Patient Risk Screening Tool – Personal Care Home
Patient Risk Screening Tool – Community Programs (i.e. home care, mental health, public health, other)
SAFT Assessment Form Tool – Community Health
Services SAFT Communication Tool – Community Health
Services SVP Form Tool – Community Health Services

Appendix D:

Provincial Standardized Symbol
Handout: Violence, Aggression and Responsive Behaviours – Information for Patients and Families

Appendix E:

Work Related Incidents/Injuries/Near Misses Operational Procedure
Work Related Injury/ Near Miss Form and Investigation Tool

Workplace Violence Prevention Program

Level	Manual	Section	Originating Date	Revised	Reviewed
Regional	Regional Policy & Procedure Manual	Human Resources	2015-May-13	N/A	N/A
Scope	All staff and physicians				

Approved by: Penny Gilson, CEO

POLICY:

In accordance with provincial legislation Prairie Mountain Health will have a Workplace Violence Prevention Program. The program will follow the Manitoba Health “Violence Prevention Program for Health Care Workers in Manitoba” policy and operational procedures.

Workplace violence prevention is the responsibility of all staff, physicians, volunteers and students. Oversight of program implementation and subsequent monitoring will be the responsibility of the Workplace Violence Prevention Committee. Wherever possible, the Workplace Violence Prevention Program will be integrated into existing programs or committees.

ASSOCIATED DOCUMENTS and POLICIES

[R.HR.WSH.931, Workplace Violence Prevention Program Training](#)

[R.HR.WSH.932, Workplace Violence Prevention Program Summoning Assistance for Acts of Violence](#) [R.HR.WSH.933, Workplace Violence Prevention Program Environmental Risk Assessment](#) [R.HR.WSH.934, Workplace Violence Prevention Program Client Risk Screening and Alerts](#)

[Policy: Manitoba Health, Violence Prevention Program for Health Care Workers in Manitoba \(HCS 215.5\), April 29, 2013](#)

[Procedure: Manitoba Health, Provincial Healthcare Violence Prevention Program Operational Procedure, December 1, 2014](#)

PPG-00076

Workplace Violence Prevention Program Training

Area	Human Resources		
Section	Workplace Safety and Health		
Subsection	Violence Prevention		
Document Type	Policy		
Scope	All staff and physicians		
Approved By	Original Effective Date	Revised Effective Date	Reviewed Date
Penny Gilson, CEO	2015-May-13	2017-Sep-27	2017-Sep-27

DEFINITIONS

Staff: Refers to employee(s) (including contracted individuals) of Prairie Mountain Health (PMH) who provide(s) direct contact care/services or indirect non-contact care/services as a result of the duties/tasks of their position.

Manager: Anyone who has staff directly reporting to them (e.g. supervisor, manager, regional manager, etc)

Violence: Any act that results in injury or threat of injury, real or perceived, by an individual including but not limited to:

Acts of aggression (whether intentional or not) Verbal or written threats
Vandalism of personal property

Risk: The chance or probability that a person will be harmed or experience an adverse health effect if exposed to a hazard. It may also apply to situations with property or equipment loss.

Just In Time Training: Training that is provided to those staff who will require it at the point of the time when the program component is to be implemented in the facility/program.

POLICY

PMH recognizes the importance of providing a regional standard of training for workplace violence prevention to support a culture of safety and mitigate the risk of workplace violence. All staff participate in a training program provided in a timely manner, appropriate to the individual's role and function within the organization, to maintain a workforce skilled in the recognition and interventions required in potential or actual violent situations.

Minimum training requirements have been determined by the Manitoba Workplace Violence Prevention Program (WVPP). The PMH Workplace Violence Prevention Committee has established a Matrix, Workplace Violence Prevention Program Minimum Required Training (Page 3), which outlines minimum training requirements for all staff. Staff are required to refresh their training every three years (NVCI in accordance with certification requirements). Where staff are required to participate in on-line training or attend a training session outside their regularly scheduled shift, they will be compensated in accordance with the applicable policies/collective agreements. In such instances, pre-approval must be obtained from the staff's supervisor

Staff who self-identify the need for additional training will have their request considered on an individual basis by their immediate supervisor, in consultation with their Workplace Safety & Health HR Consultant.

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Workplace Violence Prevention Program Training

RESPONSIBILITIES

PMH Workplace Violence Prevention Program Committee:

Consults with the Provincial Workplace Safety & Health Working Group. Develops, reviews, and revises the training requirements.
Monitors compliance with the program.
Undertakes program evaluation.

Managers:

Supports and communicates the program to staff.
Participates in the program.
Ensures staff completion of required training and documentation.
Assesses and approves staff self-identification requests for additional training considering relevance to the work role and specific circumstances.
Participates in program evaluation.

Trainers:

Participate in Train the Trainer Program.
Facilitate the delivery of on-line and in person training.
Monitor, track and submit attendance.
Provide suggestions for training revisions.
Participate in program evaluation.

Staff:

Are aware of the potential for workplace violence and ensure the safety of self and others to the best of their ability.

Complete required training (initial & on-going).
Recognize signs that a situation is escalating and requires intervention.
Utilize the training and tools to determine the best way to de-escalate the situation or remove themselves from a violent situation.
Identify and discuss with manager if they feel they require additional training based on their work role and circumstances.
Participate in program evaluation as requested.

Human Resources – Staff Development:

Coordinates the implementation and on-going training.
Provides reports to managers on staff training.

PROCEDURE

1. Workplace Violence Prevention Program Minimum Required Training (Page 3), is delivered as follows:

WVPP Units:

- ◆ Regional Orientation
- ◆ On-line Modules through Staff Portal to Opportunities in Training (S.P.O.T.). Standard times for on-line training is:

Unit 1 – Orientation	30 Min.
Unit 2 – Relationship Building	45 Min.
Unit 3 – A Practical Approach to Patient Screening & Alert Systems	25 Min.
Unit 4 – Managing Violent, Aggressive & Responsive Behaviors	40 Min.
Unit 5 - Core Training for Managers/Supervisors	30 Min.

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Workplace Violence Prevention Program Training

- ◆ Just in time training
 - ◆ In-person group sessions (as determined by Staff Development)
 - ◆ Non-Violent Crisis Intervention (NVCI) Sessions in-person as per Crisis Prevention Institute (CPI) requirement
 - ◆ Initial Certification
 - ◆ Renewal
2. Staff who are required to complete on-line modules, do so by logging into their S.P.O.T. account.
 3. Where possible staff access the training modules during their shift. Staff must obtain prior approval from their manager.
 4. Reports are made available to Managers by HR – Staff Development identifying staff who have taken training.

Minimum Required Training



CATEGORY	EXPOSURE	MINIMUM TRAINING REQUIRED	EXAMPLES (not all inclusive)
1	Contact with staff and/ or minimal contact with non-staff	WVPP Modules 1 & 2	Finance, Admin Assistants, Secretaries, Electricians, Plumbers
2	Minimal to regular contact with staff and non-staff with expectations of verbal intervention (de-escalation) to be initiated	WVPP Modules 1, 2, 3, 4 (**See Below)	Supervisors (HCA/Nursing), ER/Registration/ Business Office Clerks, OH Nurse, Dietary Aide, Activities, Housekeeping
3	Direct hands on care with potential physical intervention required	WVPP Modules 1, 2, 3, 4 (**See Below)	HCA, LPN, General Duty Nurse, CRN, Nurse IV, Community Support Worker, Diagnostics, Rehab, Pharmacist
4	Direct hands on care with greater probability of physical intervention required	WVPP Modules 1, 2, 3 and NVCI (**See Below)	Crisis Worker, CMH Nurse
5	Responsible for incident management	WVPP Modules 1, 2, 3, 4, 5 (**See Below)	RLT, EMT, Managers, HR Consultants, Clinical Resource Nurses, Client Care Coordinators

** Current certification in NVCI exempts requirement for Module 4

Staff who self-identify the need for additional training will have their request considered on an individual basis by their immediate supervisor, in consultation with their Workplace Safety & Health HR Consultant.

PPG-00076**Workplace Violence Prevention Program Training**

RELATED MATERIAL

[Policy: Manitoba Health, Violence Prevention Program for Health Care Workers in Manitoba \(HCS 215.5\), April 29, 2013](#)

[Procedure: Manitoba Health, Provincial Healthcare Violence Prevention Program Operational Procedure, December 1, 2014](#)

DOCUMENT HISTORY

Version	Changes
2015-May-13	New
2017-Sep-17	Addition of requirement to refresh training every three years; Addition of standard times for On Line Training; Clarification of staff to do on line during shift or require pre-approval outside regularly paid shifts. Deletion of Educators and addition of Clinical Resource Nurses, and Client Care Coordinators from Category 5: Minimum Required Training

Workplace Violence Prevention Program Summoning Assistance for Acts of Violence

Level	Manual	Section	Originating Date	Revised	Reviewed
Regional	Regional Policy & Procedure Manual	Human Resources	2015-May-13	N/A	N/A
Scope	All staff and physicians				

Approved by: Penny Gilson, CEO

DEFINITIONS

Code White: A response to a threat of aggression and/or violence towards yourself or others.

Violence: is any act that results in injury or threat of injury, real or perceived, by an individual including but not limited to:

- 1.2 Acts of aggression (whether intentional or not)
- 1.3 Verbal or written threats
- 1.4 Vandalism of personal property

Responsive Behaviors: Actions that represents how people may respond unpredictably to something negative, frustrating, or confusing in their environment.

POLICY

Prairie Mountain Health will provide reliable means for staff to utilize in summoning for assistance for acts of violence.

PROCEDURE

Refer to site specific Code White response plans.

Whenever summoning assistance for acts of violence occurs, an incident report must be completed.

ASSOCIATED DOCUMENTS and POLICIES

[Policy: Manitoba Health, Violence Prevention Program for Health Care Workers in Manitoba \(HCS 215.5\), April 29, 2013](#)

[Procedure: Manitoba Health, Provincial Healthcare Violence Prevention Program Operational Procedure, December 1, 2014](#)

Legal Match Law Library; October 30, 2014

Manitoba Workplace Safety and Health Act and Regulation 2014



Workplace Violence Prevention Program
Environmental Risk Assessment

Level	Manual	Section	Originating Date	Revised	Reviewed
Regional	Regional Policy & Procedure Manual	Human Resources	2015-May-13	N/A	N/A
Scope	All staff and physicians				

Approved by: Penny Gilson, CEO

DEFINITIONS

Hazard: any source of potential damage, harm or adverse health effects on something or someone under certain conditions at work. A hazard can cause harm or adverse effects (to individuals as health effects or to organizations as property or equipment losses).

Risk: the chance or probability that a person will be harmed or experience an adverse health effect if exposed to a hazard. It may also apply to situations with property or equipment loss

Risk Assessment Team: an adhoc team formed specifically to complete the worksite risk assessment. Team consists of a member of the Integrated Safety and Security Committee (ISSC) and staff identified by the Manager/Supervisor.

POLICY

In accordance with the Prairie Mountain Health Workplace Violence Prevention Program, workplace risk assessments shall be conducted at each worksite operated by Prairie Mountain Health. A risk assessment is used to identify hazards or areas of concern that require attention in order to eliminate the risk of violence as much as reasonably practicable.

The Environmental Risk Assessment shall access all areas of each site, using the following forms:

- General
- Public Areas
- Support Services Areas
- Out Patient Care Areas
- Physical Grounds
- Cash Handling
- Administrative Offices
- In-Patient Care Areas

An initial assessment shall be completed for each worksite with reassessments completed as necessary upon relevant change(s) to process or physical grounds or environment or at a minimum every 3 years.

A full review of the Risk Assessment may be requested at any time by the Regional Safety Professional or the Workplace Safety & Health Committee due to a serious incident/occurrence or near miss.

RESPONSIBILITIES

Integrated Safety & Security Committee/Committee Members:

- 1.5 Develops and regularly reviews assessment tools
- 1.6 Establishes and maintains worksite listing
- 1.7 Assigns committee members to specific risk assessment teams
- 1.8 In consultation with Workplace Safety & Health Committees, facilitates risk assessments
- 1.9 Provides training to risk assessment teams
- 1.10 Monitors completion of risk assessments
- 1.11 Receives Risk Assessment Corrective Actions Worksheet from Manager/Supervisor and monitors on a quarterly basis
- 1.12 Maintains a copy and database of all risk assessments
- 1.13 Creates action logs and determines regional implications, if applicable

Manager/Supervisor:

- In consultation with the ISSC member facilitates the facility/program risk assessment
- Identifies appropriate staff to participate on the risk assessment team
- Ensures risk assessment is completed
- Reviews corrective actions and approves/denies disposition within authority and refers others through applicable reporting structure for appropriate disposition
- Provides a copy of the risk assessment to ISSC; including disposition of corrective actions
- Ensures follow-up/reporting of approved corrective actions
- Provides ongoing communication of status to risk assessment team
- Provides quarterly reports of status of corrective actions to ISSC

Risk Assessment Team:

- Participates in training to ensure understanding of responsibilities and process
- Completes risk assessment
- Provides recommendations to Manager/Supervisor for corrective actions
- Follows up on corrective actions assigned to team, if applicable

Department/Facility/Program Workplace Safety and Health Committees:

- Consult with the region/facility/site/program on the implementation of the Environmental Risk Assessment and make recommendations where appropriate.
- Review and monitor the effectiveness of the Environmental Risk Assessment procedure.
- Take part in the review of the Workplace Environmental Risk Assessment and quarterly and annual reports.
- Monitor corrective action/action logs for progress and completion

PROCEDURE

- 3.10 The Risk Assessment Team completes the risk assessments by using Risk Assessment Tool, R.HR.WSH.933a and Corrective Actions Form, R.HR.WSH.933b.
- 3.11 Customize the Risk Assessment Tool, R.HR.WSH.933a to the specifics of the worksite by:
 - Assigning the worksheet (tab) to each physical section of the worksite. (i.e. Several patient care area worksheets may be required, e.g. Patient Care Area ER, Patient Care Area Ward 1, Patient Care Area Ward 2, etc.)

- Identifying gaps and adding content or identifying non-applicable components and designating as N/A. There may be sections of the worksheets that may not apply to smaller sites or sites that do not have security. **Do not delete N/A items from the worksheet** as in the future the non-relevant sections may become applicable.
 - Completing the General and Physical Ground sections for the worksite as a whole.
- 2 After customization of the Risk Assessment Tools, respond to each statement and identify any potential hazard.
 - 3 Complete Corrective Action Form, R.HR.WSH.933b by:
 - Transferring all hazards or areas of concern identified on the Risk Assessment Tool indicated by shaded areas to the form
 - Calculating the Risk Level by scoring the Frequency, Severity and Probability as indicated on the worksheet and adding the three scores.
 - Prioritizing the hazards or areas of concern based on the risk level calculate (eg. highest level of risk)
 - Identifying:
 - corrective actions already in place
 - corrective actions to be taken
 - person responsible
 - target date
- 2 The Manager/Supervisor:
 - reviews recommended corrective actions and approves/denies disposition within authority and refers others through applicable reporting structure for appropriate disposition
 - provides a copy of the risk assessment to ISSC; including disposition of corrective actions
 - ensures follow-up/reporting of approved corrective actions
 - provides quarterly reports of status of corrective actions to ISSC
 - 3 A copy of all Risk Assessment Tools, R.HR.WSH.933a, and all Corrective Action Forms, R.HR.WSH.933b is maintained by ISSC.

Re-assessments

Using a copy of the previous Risk Assessment and Corrective Action Form review for accuracy and update as required. Follow the steps above as applicable.

ASSOCIATED DOCUMENTS and POLICIES

[R.HR.WSH.933a, Risk Assessment Tool](#)
[R.HR.WSH.933b, Corrective Action Form](#)

[Policy: Manitoba Health, Violence Prevention Program for Health Care Workers in Manitoba \(HCS 215.5\), April 29, 2013](#)

[Procedure: Manitoba Health, Provincial Healthcare Violence Prevention Program Operational Procedure, December 1, 2014](#)

Workplace Violence Prevention Program Client Risk Screening and Alerts

Level	Manual	Section	Originating Date	Revised	Reviewed
Regional	Regional Policy & Procedure Manual	Human Resources	2015-May-13	N/A	N/A
Scope	All staff and physicians				

Approved by: Penny Gilson, CEO

DEFINITIONS

Client: is an individual and/or their family/care provider who accesses and/or receives health care related services from a Prairie Mountain Health (PMH) facility or program. Clients may be patients in an acute care setting, residents in a personal care home, or clients in a community program or facility.

Designated Staff: are health professionals with primary care responsibility for the client or non-clinical staff, as determined by the department/program supervisor/manager.

Episode of care: is all services provided to clients with a medical/clinical issue for the duration of the client's interaction with PMH regarding the medical/clinical issue.

First point of contact: is the first interaction between PMH employee and a client seeking medical/clinical attention.

Responsive Behaviour: actions that represents how people may respond unpredictably to something negative, frustrating, or confusing in their environment

Violence: is any act that results in injury or threat of injury, real or perceived, by an individual including but not limited to:

- 1.14 Acts of aggression (whether intentional or not)
- 1.15 Verbal or written threats
- 1.16 Vandalism of personal property

POLICY

Designated staff must screen all clients for potential or actual violence or responsive behaviour at the first point of contact in the department/program providing service, using the Violence Screening Tool, R.HR.WSH.934a except in the following circumstances:

- Client is under the age of 5 years.
- Emergency Medical Services (EMS) is the first point of contact. Screening is completed upon transfer to the receiving department/program with verbal clinical hand off from EMS to the receiving health care provider.

The PMH Violence Prevention Program Committee must be consulted where due to the nature of the program operations alternate methods of screening and alerts are required.

Initial screening of clients may be delayed in the following circumstances:

- Client unconscious/unresponsive at first point of contact
- Lifesaving care is required at the first point of contact

Designated staff must complete the Violence Screening Tool, R.HR.WSH.934a once minimally during the client's episode of care. Where a client presents at the same department/program for multiple episodes of care, recurrent screening is not required unless:

- Violent or responsive behaviour occurs
- Relevant new information becomes known
- At the discretion of the department/program

Screening clients for potential risk of violence or responsive behaviour must be an ongoing process during the client's contact with the healthcare system.

The completed Violence Screening Tool, R.HR.WSH.934a must be retained in the client's health record that is maintained by the department/program who completed the screening tool.

Designated staff shall initiate an alert system to communicate the risk of violent or responsive behaviour to staff and visitors. In addition, care providers shall develop and implement a client care/safety plan that eliminates and/or mitigates the client's violent or responsive behaviour potential, where a positive result from screening occurs. This may include medical, behavioural and/or administrative procedures.

Alerts must remain active until the risk of violent or responsive behaviour is reasonably mitigated or eliminated, as determined by the healthcare team (e.g. Charge Nurse, Clinical Resource Nurse, Public Health Nurse, etc.).

Where possible, alert signage/communication tools used will be the PMH standard signage/communication tools and display the provincial violence alert symbol. Where applicable, signage must direct staff and/or visitors to check in with the reception desk and/or in charge person for instruction, prior to entering the client's room.

All staff members who witness or are subjected to violence or responsive behaviour must report using the PMH Incident Reporting process.

RESPONSIBILITIES

Managers

The Manager ensures that:

- 3.12 all staff under their supervision has the required screening and alert training. Managers may use the Managers Staff Education Quick Reference Guide, R.HR.WSH.934b as a tool.
- 3.13 where screening has identified a risk for violent or responsive behaviour that:
 - appropriate client care plans/safety plans are in place. If not followed, ensure that a corrective action is taken immediately to eliminate or minimize re-occurrence of incidents.
 - appropriate resources to communicate the alert are available to staff. (Example signage for reception desks/client rooms/etc., labels for requisitions, etc.).
- 3.14 staff comply with client screening, alert implementation, maintaining/deactivating the alert and required documentation.

PMH Staff

The staff:

- 4 participate in Violence and Aggression Screening and Alert training.
- 5 complete screening and implement alerts as required.
- 6 ensure that they follow the implemented client care/safety plans and direct any concerns related to client care/safety plans to their direct supervisor for discussion and resolution.
- 7 communicate concerns of aggressive behaviour to their Supervisor.

PROCEDURE

1. Designated staff initiate a Violence Screening Tool, R.HR.WSH.934a to determine the risk for violence or responsive behaviour at the first point of contact.
 2. Where an alert is not required, Sections 1 and 2 of the Violence Screening Tool, R.HR.WSH.934a are completed and the tool is placed in the client's health record, that is maintained by the department/program who completed the screening tool, along with documents from the episode of care it is applicable to, in the following location
 - Alerts section in the health record for Brandon departments/programs
 - A standardized location in the health record, as determined by the departments/programs located outside of Brandon
 3. Where an alert is required, based on positive screening, designated staff:
 - Complete Sections 1, 2 and 3 of the Violence Screening Tool, R.HR.WSH.934a.
 - Implement an alert system and communicate the alert to all clinical and non-clinical staff that may have contact with the client. Methods of communicating an alert are department/program specific and may include one or more of the following:
 - ◆ Communication log book
 - ◆ Documentation in the care plan
 - ◆ Visibly prominent signage at the reception desk, and at room entrances, above or on beds
 - ◆ Electronic alert in client information application
 - ◆ Shift changeover/reports
 - ◆ Violence symbol labels placed on referrals/requisitions
 - ◆ Other methods, as identified by the supervisor/manager
 4. Staff unfamiliar with a new or existing alert and instructions to minimize the risk of violence, must not enter the client's room/provide care without checking for instructions, except in the event of a medical emergency, and where safe to do so.
 5. Clinical staff with primary care responsibility for the client:
 - May inform clients and/or family of the alert by using the Violence, Aggression, and Responsive Behaviour Information for Clients and Families, R.HR.WSH.934c resource.
 - Respond to inquiring public and visitors, about the meaning of the posted signage/communication tools, that the client has a special care plan.
-

-
- Work with the health care team to develop and implement a client care /safety plan that eliminates and/or mitigates the client's violent or responsive behaviour.
 - Document incidences of violence or responsive behaviour in the client's health record. The Violence and Aggression Log, R.HR.WSH.934d or alternate document may be used.
 - Communicate the active alert to receiving department/program staff where the client may require care/treatment outside the current treating department/program (e.g. Diagnostic imaging, lab, medical ward, palliative care, therapy services, mental health, home care, etc.), by providing the following on a need to know, limited to minimum amount of information
 - ◆ care plan instructions,
 - ◆ care/safety plan,
 - ◆ any known information to reasonably mitigate or eliminate potential or actual violence.
 - Deactivate the alert, anytime during the episode of care and/or at discharge of the client, if potential or actual violence or responsive behaviour has been reasonable mitigated or eliminated. This decision is at the discretion of the health care provider/team (e.g. Charge Nurse, Clinical Resource Nurse, Public Health Nurse, etc.) of the department/program currently providing care in consideration of the factors that resulted in activating the alert. Deactivation of the alert includes:
 - ◆ Removal of violent or responsive behaviour alert signage
 - ◆ Deactivating the active alert in electronic information applications.
 - ◆ Discontinuing the use of labels on referrals/requisitions, etc.
 - ◆ Completion of Section 4 of the Violence Screening Tool, R.HR.WSH.934a.
- ***Deactivation of the alert does not include removing alerts previously placed on forms when the alert was active.
- Maintain an active alert at discharge from care where the potential or actual violence has not been reasonably mitigated or eliminated, and risk factors remain. Maintaining the alert includes:
 - ◆ Continuing the active alert flagging in the health record or in the electronic information application,
 - ◆ Removal of violent or responsive behaviour alert signage
 - ◆ Completion of Section 4 of the Violence Screening Tool, R.HR.WSH.934a
 - If transferring to another facility/program, inform receiving facilities/departments/programs of an alert that remains active at discharge (includes EMS, Inter-facility Client Transport, Home Care, Long Term Care, etc.) by including:
 - ◆ a copy of the completed Violence Screening Tool, R.HR.WSH.934a and
 - ◆ any known care/safety plan instructions or information appropriate to the management of violence or responsive behaviour.
 - Places the completed original Violence Screening Tool, R.HR.WSH.934a in the client's health record, that is maintained by the department/program who completed the screening tool, along with documents from the episode of care it is applicable to, in the following location:
-

- Alerts section in the health record for Brandon departments/programs
- A standardized location in the health record, as determined by the department/program, outside of Brandon

ASSOCIATED DOCUMENTS and POLICIES

[R.HR.WSH.934a, Violence Screening Tool \(PMH502\)](#)

[R.HR.WSH.934b, Manager's Staff Education Quick Reference Guide \(PMH503\)](#)

[R.HR.WSH.934c, Violence and Responsive Behaviour Information for Clients and Families \(PMH504\)](#) [R.HR.WSH.934d, Violence and Aggression Log \(PMH505\)](#)

[Policy: Manitoba Health, Violence Prevention Program for Health Care Workers in Manitoba \(HCS 215.5\), April 29, 2013](#)

[Procedure: Manitoba Health, Provincial Healthcare Violence Prevention Program Operational Procedure, December 1, 2014](#)



VIOLENCE SCREENING TOOL

- 1.17 Complete this form for the initial intake of the client for your department or program and place in health record.
- 1.18 Where Emergency Medical Services (EMS) is the first point of contact with the client, this screening tool will be completed by the Prairie Mountain Health receiving department/program with verbal clinical hand off from EMS to the receiving health care provider.
- 1.19 Initial screening of clients may be delayed in the following circumstances:
 - o Client unconscious/unresponsive at first point of contact
 - o Lifesaving care is required at the first point of contact

Section 1: Screening Criteria

Complete for all

A. Evidence of current violence or aggression?	Is the client (indicate all that apply): Threatening violence to others (threatened physical harm) Attempting/actual violence Being aggressive to property (hitting, kicking, throwing, burning, or breaking objects) Being aggressive to person (yelling at, swearing at, or insulting someone) or No evidence
B. Evidence of past violence or aggression?	Alert found on electronic tracking system (e.g. ADT/Accuro/Procura/etc.) or on client record: Date: _____ Active Alert (Activ Aggres) Previous Alert Discontinued (Dskon Aggres) Past violence/aggression reported. Name and relationship of person reporting _____ Past violence/aggression reported at clinical handoff (e.g. EMS to ER staff): Date: _____ or No evidence
C. Current risk factors for violence or aggression.	Is the client displaying any of the following risk factors (check all that apply): Confusion/Disorientation Agitated/Impulsive Angry/Irritable Paranoid/suspicious Substance Intoxication/Withdrawal or No evidence

Section 2: Screening Tool Outcome

Additional comments related to screening and assessment outcome not captured elsewhere or risks associated with accompanying individual(s):

Screened by: _____ Initial: _____

Name (please print) _____ Designation _____ Date (yyyy/mmm/dd) _____ Time _____

Alert is required when:
At least one (1) checkmark in Section 1A or 1B (excluding No evidence and Previous Alert Discontinued) And/or two (2) or more checkmarks in Section 1C (excluding no evidence)

Alert Required (proceed to Section 3 on reverse to activate an alert **Alert Not Required** (no further action required)

**** Note: Alert activation, documentation and signage is the responsibility of the health care provider with primary care responsibility for the client.**

PMH Violence Prevention Program - Client Screening and Alerts**Manager's Staff Education Quick Reference Guide**

The following program/department specific Violence Prevention – Client Risk Screening and Alert education must be reviewed with new staff by the manager of the department/program:

1.20 Violence Screening Tool:

- 1.1. Screening Tool completion responsibility - Sections 1, 2, and 3 (only section 3 if alert is positive) must be completed by clinical providers with primary responsibility for the client at first point of contact.

Exception – For department/program where first point of contact is not a clinical provider, the manager shall identify the designated staff who are to complete sections of the screen tool.

- 1.2. The Department or Program Manager will need to clearly identify the documentation process to be used. Where non clinical designated staff is completing the screening tool the process of filing/housing the documents may be different and will need to be identified.
- 1.3. Review re-screening criteria requirements specific to program/department.
- 1.4. Review of where to file the Screening Tool

Brandon departments/programs – Alert Section

Outside of Brandon – Manager to direct staff on location of screening tool in the department/program health record

1.21 Alert Activation where a violent alert exists**1.1. Managing the risk**

Manager to identify available resources

Creation of the Safety Plan

Review of Workplace Violence Prevention Program Quick Reference Guide

1.2. Communicating the Alert

Manager to direct staff on the communication techniques used in department/program

Signage

- Signage used in department/program
- Where will the signage be placed in department/program

Manual alert

- What documents will the violence labels be placed on for department/program,
- Where on the document will the violence labels be placed,
- Whether the violence labels will be placed on health record folder

Electronic alert

- Identify how it will work
- Identify limitations (e.g. – aware of known violence but may not know where the alert originated)

Communication of the Safety Plan

- Deactivation of alert where violent risk is mitigated or eliminated

Manager to review with clinical staff with primary care responsibility of the client the following:

- When to review if deactivation is required (dependent on department/program)
 - Department/program specific information to use to make decision to deactivate alert
 - Completion of section 4 of Violence Screening Tool
 - Deactivation process:
 - Removal of visual alerts/signage
 - Deactivate alert in electronic system or manual alerts
-
- Maintain alert where violent risk has not been mitigated or eliminated
- Manager to review with clinical staff with primary care responsibility of the client the following:
- Department/program specific information to use to make decision to maintain alert
 - Completion of section 4 of Violence Screening Tool
 - Maintaining alert process:
 - Removal of visual alerts upon discharge of client
 - Review of relevant department/program specific information to send to providers the client is referred to

Violence, Aggression, and Responsive Behaviour Information for Clients and Families

Manitoba Health Care is committed to providing a safe and respectful environment for clients, staff and visitors. To do so, we screen all clients for possible aggression and violence. This screening allows us to develop a plan of care that is tailored to your needs and which also helps keep our staff and clients safe.

What do you mean by violence and aggression?

Violence includes threatening to, trying to, or actually physically harming someone. Acts of aggression include yelling or swearing at others, hitting or breaking objects. Sometimes when people feel very stressed, anxious, scared, or angry, they may deal with those feelings by acting out violently or aggressively towards others. Some medical conditions or treatments may also be a factor in aggressive behaviour, violence or acting out.

Am I going to be treated differently because of this?

Only in the sense that we will tailor a plan to your particular needs so that we may provide you with the most effective, sensitive and safe care plan that we can.

Why do you think I am at risk?

As a result of our screening process, you have been identified as showing potential for or have actively displayed violence and/or aggression.

Why is there a sign on my door? What does the symbol mean?

This sign on your door tells our staff that you have been screened, that there is a potential risk, and that there is a tailored plan of care for you. This will help keep you and our staff safe.

Will I always have the sign while I am here?

If your situation changes the use of the sign may also change. We will re-assess your tailored care plan throughout your stay.

What if I disagree with this decision?

Should you have a concern or further questions, please speak to the health care team.



A Model for Relationship Building.

1. Validate the individual's concerns or feelings
 - I understand you are feeling...
 - I know you are concerned about...
2. Describe the behaviours you want changed
 - Identify the problematic behaviour
 - I can help you if you...
3. Explain why you want behaviour to change, why is the behaviour inappropriate
 - Someone may get hurt if...
 - The yelling is disturbing to...
 - Focus on the behaviour not the individual
4. Describe consequences of NOT changing behaviour
 - If you do not lower your voice, I will have to call...
 - I cannot stay here if you if you continue to...
5. Offer alternative solutions
 - If you would please sit down I will ...
 - Please lower your voice and I will call to find out...
6. Give reasonable time to allow for change in behaviour
 - I am going to give you a few minutes to collect your thoughts...
 - If no change follow through with consequences as stated.



AND

7. Follow through on doing what you say you can do
 - As I said I would, I am leaving now...
 - I am calling security as I said I would ...

OR

Thank the individual for changing their behaviour, remember you are trying to build, maintain or restore a therapeutic relationship.
