

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

1.0 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:
 - 1.3.1 Regional Health Authorities
 - 1.3.2 Health Corporations
 - 1.3.3 Cancercare Manitoba
 - 1.3.4 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)
 - 3.3.1 A Risk Assessment which includes the items outlined below must be conducted:
 - 3.3.1.1 Location
 - 3.3.1.2 Characteristics of specific patient population(s)
 - 3.3.1.3 Security incident history
 - 3.3.1.4 Worker injury/near miss incident history
 - 3.3.1.5 Present state of violence prevention program
 - 3.3.1.6 Assessment of Physical Environment by Department
 - 3.3.2 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:

3.5.3.1 Patient unconscious/unresponsive at first point of contact

3.5.3.2 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:

- 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
 - 3.12.1.1.1 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
 - 3.13.2.2.1 any recommendations for control measures or changes to the violence prevention policy, and
 - 3.13.2.2.2 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.

- 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

