



Client name \_\_\_\_\_

PHIN # (9 digits) \_\_\_\_\_

MB Health # (6 digits) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Program/Site/Location \_\_\_\_\_

## Screening Tool and Alert for Violence and Aggression Tool

<b>SECTION # 1: Screening Criteria</b>					
Complete for all clients					
		<b>Date (dd/mmm/yyyy)</b>			
		<b>Time (24 hour clock)</b>			
<b>A.</b> Evidence of <b>current</b> violence or aggression?	<b>Has the patient been observed? (Check all that apply)</b>				
	• Threatening violence				
	• Attempting/actual violence				
	• Being aggressive to property				
<b>B.</b> Evidence of <b>past active</b> violence or aggression?	<b>Alert status reported by facility/key informant: (Check all that apply)</b>				
	• Alert active				
	• Past violence/aggression reported by key informant, name and relationship of informant; _____				
	• (Question to ask family/friend: "Do you have any knowledge of the patient having any history of violent or aggressive behavior towards care givers?")				
<b>C.</b> Current <b>risk factors</b> for violence or aggression.	<b>Is the patient displaying any of the following risk factors: (Check all that apply)</b>				
	• Confusion or Disorientation				
	• Agitated or Impulsive				
	• Angry or Irritable				
	• Paranoid or Suspicious				
• Substance Intoxication or Withdrawal					
		<b>Initials</b>			
		<b>Designation</b>			
<b>SECTION # 2: Screening Tool Outcome</b>					
<b>Alert is required when:</b>					
➤ At least one (1) yes in Section 1A <u>or</u> 1B					
<b>OR</b>					
➤ Two (2) or more yes in section 1C					
<input type="checkbox"/> Alert required ( <b>Proceed to section #3</b> ) <input type="checkbox"/> Alert not required ( <b>document on patient's chart</b> )					
Additional comments related to screening and assessment outcome not captured elsewhere:					
					Initials: _____
<b>This screening tool shall be placed in the Patient record</b>					
<b>Refer to your program's Alert System</b>					



**SECTION # 3: Alert Activation and Care Planning**

**Alert activated by:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name(Please Print)	Designation	Date (dd/mmm/yyyy)	Time (24 Hr Clock)
Activate Alert system as applicable to your facility or Program (Check off how alert was activated)	<input type="checkbox"/> Electronic alert in sector specific software <input type="checkbox"/> Documented Alert in IPN  <b>Violence and Aggression sign:</b> <input type="checkbox"/> Near the bed of the identified patient <input type="checkbox"/> Beside patients room door <input type="checkbox"/> At the Nursing Station to alert staff <input type="checkbox"/> Other methods as identified by Regional Director of Program	<b>Violence/Aggression symbol on:</b> <input type="checkbox"/> Patient identification wrist band <input type="checkbox"/> Kardex/Care plan <input type="checkbox"/> Emergency room/Outpatient Department Record <input type="checkbox"/> Medication Administration Record <input type="checkbox"/> Physician's Orders <input type="checkbox"/> All requisitions and referrals completed during visit <input type="checkbox"/> Spine or front cover of Health Record <input type="checkbox"/> Other methods as identified by Regional Director of Program	
Establish a plan of care	<input type="checkbox"/> Health Care team to review and revise Care Plan as required. <input type="checkbox"/> Document incidences of violence and aggression on Occurrence Report (ORG.1810.PL.001.SD.01) <input type="checkbox"/> Re-Assessment Date and Time: _____		

**Section #4: Alert Deactivation**

**Alert deactivated by:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reason for deactivation:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION #5: Discharge or Transfer (Clinical hand-off)**

Decision regarding removing or maintaining a patient's Alert at discharge or transfer is at the discretion of the health care team.

If the violent or aggressive behavior for the patient has been eliminated or mitigated, the alert may be removed	<input type="checkbox"/> <b>Discontinue Alert</b>
If the patient continues to demonstrate the potential for violence or aggression , the alert shall be maintained	<input type="checkbox"/> <b>Maintain Alert</b>  <b>Clinical handoff</b> Communicate risks to EMS (or other porter) and receiving site/facility/department/healthcare professional. <input type="checkbox"/> Photocopy and provide documents related to violence and aggression including care map and care plan for the receiving site/facility/department/program/service or healthcare professional.

Additional comments.

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Discharge/Transfer by: \_\_\_\_\_

\_\_\_\_\_

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