



## Screening and Alert for Violence or Aggression: Acute Care



<b>SECTION # 1: Screening Criteria</b>					
Complete for all patients (maximum of 4 screenings per form):					
		<b>Date (dd/mm/yyyy)</b>			
		<b>Time (24 hour clock)</b>			
<b>A. ALL STAFF</b> Evidence of <b>current</b> violence or aggression?	<b>Has the patient been observed?</b> (Enter "Y" for yes and "N" for No) in each column that corresponds with date/time patient was assessed.)				
	• Threatening violence				
	• Attempting/actual violence				
	• Being aggressive to property				
	• Being aggressive to person				
		<b>Staff Initials</b>			
		<b>Designation</b>			
<b>B. CLINICAL STAFF</b> Evidence of <b>past active</b> violence or aggression?	<b>Alert status reported by facility/key informant:</b> (Enter "Y" for yes and "N" for No) in each column that corresponds with date/time patient was				
	• Alert active in health record?				
	• 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?")				
	• Past violence/aggression reported at clinical handoff?				
<b>C. CLINICAL STAFF</b> Current <b>risk factors</b> for violence or aggression.	<b>Is the patient displaying any of the following risk factors:</b> (Enter "Y" for yes and "N" for No) in each column that corresponds with date/time				
	• Confusion or Disorientation				
	• Agitated or Impulsive				
	• Angry or Irritable				
	• Paranoid or Suspicious				
	• Substance Intoxication or Withdrawal				
		<b>Staff Initials</b>			
<b>SECTION # 2: Screening Tool Outcome (CLINICAL STAFF)</b>					
<b>Alert is required when:</b>					
<input type="checkbox"/> At least one (1) yes in Section 1A <i>or</i> 1B <b>OR</b> <input type="checkbox"/> Two (2) or more yes in section 1C					
<b>VPP CARE Alert Status:</b> (select appropriate alert status and place check mark <b>v</b> in the column that correspond to the date/time of assessment)					
<input type="checkbox"/> Risk: Alert required (Proceed to section #3). <input type="checkbox"/> No Risk: Alert not required. <input type="checkbox"/> Unable: Patient is unconscious and cannot be assessed OR life-saving care is in progress.					
<b>Document on the Integrated Progress Notes any additional comments related to screening and assessment outcome not captured on this document.</b>					
<b>Place this screening document in the Patient Health Record</b>					



## Screening and Alert for Violence and Aggression: Acute Care (continued)



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

(Initial next to each selection for each assessment date/time)

Date (dd/mm/yyyy)					
Time (24 hour clock)					
Activate VPP CARE Alert system (Check off how alert was activated)  Establish a plan of care	<b>Screening Outcome:</b>				
	<input type="checkbox"/> Patient's observed behavior	□	□	□	□
	<input type="checkbox"/> History of violence or aggression	□	□	□	□
	<input type="checkbox"/> Risk factors for violence or aggression	□	□	□	□
	<b>Violence and Aggression signage:</b>				
	<input type="checkbox"/> Emergency Department status board OR	□	□	□	□
	<input type="checkbox"/> Outside treatment room	□	□	□	□
	<input type="checkbox"/> Patient communication white board				
	<input type="checkbox"/> Outside patient's room	□	□	□	□
	<b>Violence and Aggression CARE alert sign:</b>				
	<input type="checkbox"/> Triage and Emergency Department form	□	□	□	□
	<input type="checkbox"/> EDIS clinical documents	□	□	□	□
	<input type="checkbox"/> Kardex/Care plan				
	<input type="checkbox"/> Spine or front cover of Health Record	□	□	□	□
	<b>Care Plan:</b>				
<input type="checkbox"/> Individualized Care Plan developed.	□	□	□	□	
<input type="checkbox"/> Incidences of violence and aggression documented on an Occurrence Report (ORG.1810.PL.001.FORM.01).	□	□	□	□	
<input type="checkbox"/> Re-Assessment Date: (enter date in the appropriate column)					

### Section #4: Alert Deactivation

**Reason for deactivation:** \_\_\_\_\_

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**Alert deactivated by:** \_\_\_\_\_

Name (Please Print)	Signature & Designation	Date (dd/mm/yyyy)	Time (24Hr clock)
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### 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, 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> <input type="checkbox"/> 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:

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

Name (Please Print)	Signature & Designation	Date (dd/mm/yyyy)	Time (24Hr clock)
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