

## Violence Prevention Plan (VPP) Screening and Individualized Care Plan - Rehabilitation Services

Complete this form at initial intake and file document in the patient record

Name: \_\_\_\_\_

PHIN: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Section #1: VPP Screening Criteria		
Screened by: _____		
	Name (Please print)	Designation
		Date (DD-MM-YY)
A. Evidence of <b>current</b> violence or aggression.  All staff – phone or in person	<b>Has the client been observed? (Check all that apply)</b>	
	<input type="checkbox"/> Threatening violence	
	<input type="checkbox"/> Attempting/actual violence	
	<input type="checkbox"/> Being aggressive to property	
	<input type="checkbox"/> Being aggressive to person	
	<input type="checkbox"/> Inappropriate comments/behaviours (ie. Racism, sexual)	
<input type="checkbox"/> No evidence		
B. Evidence of <b>past active</b> violence or aggression.  Clerk	<b>Previous alert found on client's record? (Check all that apply)</b>	
	<input type="checkbox"/> Alert remained active at last discharge	
	<input type="checkbox"/> Alert deactivated at last discharge (history must be shared with staff)	
	<input type="checkbox"/> Past violence/aggression reported by key informant	
	<input type="checkbox"/> Past violence/aggression reported by other program	
	<input type="checkbox"/> Past inappropriate comments/behaviours (ie. Racism, sexual)	
<input type="checkbox"/> No evidence		
C. Current <b>risk factors</b> for violence or aggression.  Clinical Staff	<b>Is the client displaying any of the following risk factors? (Check all that apply)</b>	
	<input type="checkbox"/> Confusion/disorientation	
	<input type="checkbox"/> Agitated/impulsive	
	<input type="checkbox"/> Angry/irritable	
	<input type="checkbox"/> Paranoid/suspicious	
	<input type="checkbox"/> Substance intoxication/withdrawal	
<input type="checkbox"/> No evidence		
Document any additional comments related to screening and assessment outcome not captured on this document. (Place this screening document in the Patient Health Record.)		
Section #2: VPP Screening Tool Outcome (Clinical Staff)		
Alert is required when:		
➤ At least one (1) checkmark in Section 1A <i>or</i> 1B ( <b>excluding no evidence and excluding a de-activated alert</b> ) <b>OR</b>		
➤ Two (2) or more checkmarks in Section 1C ( <b>excluding no evidence</b> )		
<input type="checkbox"/> Alert required <input type="checkbox"/> Alert not required		
<b>Alert Activation/Deactivation</b>		
<b>** Note: Re-screening may be performed at any time during the patient's course of treatment, as warranted by the patient's behaviour and determined necessary by the healthcare team.</b>		
Alert activated by: _____		
	Name (Please print)	Designation
		Date (DD-MM-YY)
Alert deactivated by: _____		
	Name (Please print)	Designation
		Date (DD-MM-YY)
Reasons for deactivation: _____		



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**Proceed to Section 3 to activate an alert.**

### Section #3 VPP Alert Activation and Care Plan

- Individualized care plan developed and documented in Section #4 (clinician and CSM)
- Highlight patient information in referral intake log in purple (clerk)
- Highlight all upcoming appointments on outlook calendar in purple (all staff)
- Place VPP sticker on chart (all staff)

### Section #4 Individualized Care Plan

Developed by: \_\_\_\_\_

Date: \_\_\_\_\_

**Section #5 VPP Alert Deactivation:** if the violent or aggressive behaviour for the patient has been eliminated or mitigated, the alert may be removed.

- Remove the Alert Status and update the Individualized Care Plan in Section #4 (clinician and CSM)
- Leave the purple highlight from patient information in referral intake log (clerk)
- Remove purple highlight from upcoming appointments on outlook calendar (all staff)
- Remove VPP sticker from chart (all staff)