



Team Name: Public Health-Healthy Living  Team Lead: Regional Director Public Health-Healthy Living  Approved by: Executive Director North	Reference Number: CLI.6210.PR.003  Program Area: Public Health-Healthy Living  Policy Section: General
Issue Date: February 1, 2019  Review Date:  Revision Date:	Subject: Violence Prevention Program: Provision of Care in the Home – Public Health-Healthy Living

**PROCEDURE SUBJECT:**

Violence Prevention Program: Provision of Care in the Home – Public Health-Healthy Living

**PURPOSE:**

This procedure complements the Violence Prevention Program for Health Care Workers Policy (ORG.1513.PL.001) and the Violence Prevention Program for Health Care Workers - Patient Risk Screening and Alert System Standard Guideline (ORG.1513.SG.001).

To provide a standardized approach to the prevention of health care related violence towards employees who provide care in the home by implementing a client screening, alert activation, care planning, alert deactivation and discharge/transfer procedure for clients who receive care in the home prior to implementation of services. This serves as a means to identify potential violence and where not reasonable and practical to identify actions and measures to control the risk.

**DEFINITIONS:**

**Client** – For the purpose of this procedure and its supporting documents, the terms Patient and Client are synonymous.

**First Point of Contact** – The initial interaction between a designated staff person and a client seeking health care services.

**Episode of Care** – All services provided to a client with a health concern for the duration of the client’s interaction with Southern Health-Santé Sud regarding the health concern (i.e. client receiving home care, mental health, public health etc. services over a period of time).

**Past Active Violence of Aggression** – Evidence of violent or aggressive behavior within the past 2 - 4 weeks that may present again.

**Violence** – Any act that results in injury or threat of injury, real or perceived, by an individual,

including but not limited to:

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

### **IMPORTANT POINTS TO CONSIDER:**

- Screening for potential violence and aggression is an ongoing process during an episode of care.
- Identified risks of violence and aggression and actions to mitigate or eliminate the risk must be communicated at points of transition across the health care system. Information shared must adhere to PHIA legislation.
- While health care agencies may have little direct control over risks in a client's home environment, a home safety risk assessment can enhance the safety of clients, families and team members involved in home health services. Included in this is the screening of client for violence. Assessment results can be used to select priority service areas, identify safety strategies to include in service plans, and communicate with clients, families, caregivers and partner organizations.
- The Provision of Care in the Home Violence Prevention Program includes four components:
  1. Client Screening;
  2. Alert Activation and Care Planning;
  3. Alert Deactivation;
  4. Discharge/Transfer.

### **PROCEDURE:**

#### **1. Client Screening**

- Health Care Professionals with primary care responsibility/designate completes Sections 2.1 – 2.4 of the Working Alone Safety Assessment and Safe Visit Plan (WASA) form for all clients who receive health care services in the home.

#### **2. Alert Activation and Care Planning**

- When an alert is identified through the screening:
  - The Health Care Provider with primary care responsibility:
    - Sets the alert status to “Alert Required” in the Client Reference numbers and section 2.6 of the WASA.
    - Inserts Violence Prevention Program (VPP) alert symbol in section 2.5 of the Client Screening Outcome of the WASA.
    - Identifies the safe visit plan actions required to minimize the risk in section 9 “Safe Visit Plan”.
    - Communicates to the other members of the health care team that an alert has been set and the details of the Safe Visit Plan, including providing a copy of the WASA as applicable.

- The team members review the Safe Visit Plan and places the WASA in the client chart.

### **3. Alert Deactivation**

- Circumstances change where clients no longer have the potential for violence. In this instance, the Health Care Professional with primary care responsibility:
  - Completes a reassessment of the client by completing section 2.0 of the WASA.
  - If the outcome of the screening is that an alert is not required, the Health Care Professional with primary care responsibility:
    - Removes the VPP symbol
    - Changes the Alert status in Client Reference Numbers to “Alert Removed”
    - Changes the Alert status in section 2.6 of the WASA to “Alert NOT Required”
    - Updates/removes the Safe Visit Plan actions
- Members of the health care team communicate to other team members, as applicable, that an alert is no longer required and an updated WASA is provided for placement in the client’s chart.

### **4. Discharge/Transfer**

- The alert status of a client that is discharged/transferred to another agency is communicated to the receiving party by sending the most current screening (WASA) with the discharge/transfer documents.

#### **REFERENCES:**

[ORG.1513.PL.001](#) Violence Prevention Program for Health Care Workers

[ORG.1513.SG.001](#) Violence Prevention Program for Health Care Workers – Patient Screening and Alert System

[CLI.6110.PR.001](#) Violence Prevention Program – Primary Health Care Setting Working Alone Safety Assessment and Safe Visit Plan (WASA)