



**Violence Prevention Program (VPP)  
& Safe Visit Plan Screening (Treatment Clinic)**

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

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

1. Client Screening Criteria

1.1 Has the client been observed? (indicate all that apply)

- Threatening violence (threatened physical harm)
- Attempting/Actual violence
- Being Aggressive to property (hitting, kicking, throwing, burning, or breaking object)
- In-appropriate comments/behaviours (i.e. racism, sexual)
- No evidence

1.2 Previous Alert found on client's record?

- Alert Remained active at last discharge
- Alert Discontinued at last discharge (history must be shared with staff)
- Past violence/aggression reported by key informant, name and relationship of inform:  
\_\_\_\_\_
- Past violence/aggression reported by other program
- Past inappropriate comments/behaviours (i.e. racism, sexual)
- No evidence

1.3 Do you have any knowledge of the client having a history of violent or aggressive behaviour towards care givers?

- Yes
- No

1.4 Is the client displaying any of the following risk factors (check all that apply):

- Confusion/disorientation
- Agitated/impulsive
- Angry/Irritable
- Paranoid/suspicious
- Substance intoxication/withdrawal
- No evidence



**Violence Prevention Program (VPP) & Safe Visit Plan Screening (Treatment Clinic)**

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

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

2. Client Screening Tool Outcome

\_\_\_ Alert Required

\_\_\_ Alert NOT Required

Alert is required when:

- At least (1) checkmark in Section 1.1 -1.3 (excluding no evidence AND excluding a de-activated Alert)
- Two or more checkmarks in Section 1.4 (excluding no evidence)

3. Safe Visit Plan

3.1 Overall risk level in providing services as per Care Plan

\_\_\_ Low

\_\_\_ High

3.2 Service denied

\_\_\_ No

\_\_\_ Yes

3.3 Options considered

\_\_\_ Client will attend hospital

\_\_\_ Review with Supervisor, enter date: \_\_\_\_\_

\_\_\_ Alternate Care Plan for Safe Visit:

---



---



---



---

Completed By: \_\_\_\_\_

(Signature)

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

4. Discontinue Alert

4.1 Date Alert Discontinued: \_\_\_\_\_

4.2 Reason Alert was discontinued: \_\_\_\_\_

---

Completed By: \_\_\_\_\_

(Signature)

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