



Team Name: Human Resources	Reference Number: ORG.1513.SG.001
Team Lead: VP Human Resources	Program Area: Human Resources
Approved by: VP Human Resources	Policy Section: Workplace Health and Safety
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STANDARD GUIDELINE SUBJECT:

Violence Prevention Program for Health Care Workers – Patient Risk Screening and Alert System

PURPOSE:

To implement a systematic way to screen patients for potential risk of intentional or unintentional violence, aggression and/or responsive behaviours and to communicate this risk at points of transition of care throughout the health care system during an episode of care.

BOARD POLICY REFERENCE:

Executive Limitations (EL-1) Global Executive Restraint & Risk Management
 Executive Limitations (EL-2) Treatment of Patients
 Executive Limitations (EL-3) Treatment of Staff

DEFINITIONS:

Patient: For the purpose of this policy and its supporting documents, the terms Patient, Client and Resident, are synonymous

Designated Staff: a health care professional with primary care responsibility for the patient or non-clinical staff as identified and approved by Regional Director of program area or Director of Health Services.

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

First Point of Contact: the initial interaction between a designated staff person and a patient seeking health care services.

Intake Form: for the purposes of this policy and its supporting documents, the term Intake Form is synonymous with Referral Form, Out Patient Department (OPD) Form and any other form used to document initial health information about a patient

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

GUIDELINE:

All patients age 6 years and older shall be screened for potential or actual violence at the first point of contact by designated staff using the Violence Prevention Quick Screen for Violence or Aggression Reference Sheet ORG.1513.SG.001.SD.01. Screening patients must be an ongoing process during the episode of care i.e.: screening may reoccur at any point based on behavioural changes of the patient.

An Alert system shall be activated to communicate to all staff (Internal and external) of the potential risk of violence, aggression and/or responsive behaviours identified from the screening tool.

The health care team with primary responsibility for the patients' care shall develop and implement a care plan/safety plan that eliminates and/or mitigates the potential behaviour that is appropriate for the risks identified.

An Alert shall remain active until the risk for violence, aggression and/or responsive behaviours is reasonably mitigated or eliminated as determined by the healthcare team. This includes post discharge or transfer to internal/external unit/department/site/program.

IMPORTANT POINTS TO CONSIDER:

Screening for violence and aggression must be completed at a minimum once per episode of care for all patients.

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 during the episode of care. Information shared must adhere to PHIA legislation.

Each site/program is responsible for ensuring education and tools are readily available for staff

PROCEDURE:

Designated staff will complete a Violence Prevention Quick Screen for Violence or Aggression Reference Sheet ORG.1513.SG.001.SD.01 at first point of contact for ALL patients age 6 years and older to determine risk factors for violence and aggression.

- Initial screening of patients may be delayed in the following circumstances:
 - Patient is unconscious/unresponsive at first point of contact
 - Life saving care is require at the first point of contact

- Any staff member may request to have a patient re-screened at any time during an episode of care based on a patients' behavioural presentation. Such re-screenings shall be documented on the Screening Tool and Alert for Violence and Aggression Tool ORG.1513.SG.001.FORM.01.

- Where care for the same health issue occurs over a period of time within the same department (i.e.: dialysis, wound care, antibiotic treatment, case management in community programs), repeated screening is not required unless the patient's behavioural presentation has changed.

The outcome of the screening is documented on the patient's intake form as per program standards. A provincial standardized alert symbol shall be used for a positive screen when risk factors are present and a written VPPN for a negative screen – no risk factors are present. EMS shall provide a verbal report to the receiving health care provider indicating the outcome of their screening for violence/aggression.

If Alert is NOT required based on the screening,

The designated staff shall:

- mark the intake form for that episode of care as per program standard with “VPPN”.

If an Alert IS required based on the screening,

The designated staff will:

- mark the intake form with the provincial alert symbol for that episode of care as per program standard
- complete sections 1 and 2 of the Screening Tool and Alert for Violence and Aggression Tool ORG.1513.SG.001.FORM.01.

The health care professional with primary care responsibility for the patient shall:

- Ensure section 3 of the Screening Tool and Alert for Violence and Aggression Tool ORG.1513.SG.001.FORM.01 is completed.
- Activate the Provincial Standardized Alert System and communicate the Alert to all clinical and non-clinical staff who may have contact with the patient. Communication tools used will be program specific and must include one or more of the following:
 - Documentation in the care plan
 - Use of provincial standardized symbol
 - Visibly prominent signage at the reception desk and at room entrance, above or on beds
 - Electronic alert in sector specific patient information software
 - Shift changeover reports
 - Other methods identified by Regional Director of Program Area
- Create a safety care plan to eliminate or minimize the risk of violence, aggression and/or responsive behaviours. This care plan shall be developed with the health care team
 - Staff unfamiliar with the care plan to minimize the risk of violence, aggression and/or responsive behaviours for a patient with an Alert must seek out information and care plan instructions prior to providing care, except in the event of a medical emergency where safe to do so.
- Re-screening of the patient to be determined by the health care team based on the behavioural presentation of the patient or upon receiving new information about patient’s behaviour.
- The Alert must remain active until the risk of violence, aggression or responsive behaviour is reasonably mitigated or eliminated, as determined by the health care team.

When a clinical handoff to another department/program or transfer to another site or program occurs during the same episode of care the health care professional with primary care responsibility for the patient shall.

- Communicate an active Alert by providing a copy of:
 - The Screening Tool and Alert for Violence and Aggression Tool ORG.1513.SG.001.FORM.01.
 - Any other known information to reasonably mitigate or eliminate potential for violence, aggression and/or responsive behaviours.

Deactivation of an Alert may occur at any time during the episode of care and is at the discretion of the health care team once the potential or actual violent behaviour of the patient has been reasonably mitigated or eliminated. Once the Alert is deactivated, the health care professional with primary care responsibility for the patient shall:

- Complete section 4 of the Screening Tool and Alert for Violence and Aggression Tool ORG.1513.SG.001.FORM.01.
- Communicate the deactivated alert as applicable such as removal, discontinuation or update of:
 - Documentation in the care plan
 - Provincial standardized Alert symbol
 - Visibly prominent signage at the reception desk and at room entrance, above or on beds
 - Electronic alert in sector specific patient information software
 - Shift changeover reports
 - Other methods identified by Regional Director of Program Area

At time of discharge where the potential or actual violence has not been reasonably mitigated or eliminated and risk factors remain, the Alert is to remain activated and included in the health record by as many of the following as applicable:

- Use of provincial standardized symbol on health record spine or front cover
- Electronic alert in sector specific patient information software
- Other methods identified by Regional Director of Program Area

SUPPORTING DOCUMENTS:

Violence Prevention Quick Screen for Violence or Aggression Reference Sheet ORG.1513.SG.001.SD.01
Screening Tool and Alert for Violence and Aggression Tool ORG.1513.SG.001.FORM.01

REFERENCES:

Manitoba Health Provincial Health Care Violence Prevention Program Operational Procedure