

Violence Risk Alert

1. Introduction

1.1. Purpose

Providence Health Care (PHC) is committed to ensuring all reasonable steps are taken to identify and manage risk(s) to the personal safety of PHC employees, physicians and contracted staff. This policy outlines PHC's Violence Risk Alert system, which is in place to support PHC's obligation to communicate a risk of violence to staff and provide instruction on mitigating the risks, as outlined in the BC Occupational Health and Safety Regulation.

1.2. Scope

This policy applies to all PHC [Staff](#).

1.3. Exceptions

In sites that do not operate with primary nurses, Clinical Nurse Leaders, or Clinical Nurse Educators, a case manager, social worker or equivalent, may oversee the Violence Risk Alert system and complete the associated documentation.

2. Policy

Using the Violence Risk Alert system, PHC Staff will communicate the potential for violence and other specific safety precautions to other Staff within PHC and at any other sites or organizations who assume responsibility for the Person in Care, in accordance with WorkSafeBC requirements.

A Violence Risk Alert is a safety notification to staff. A Violence Risk alert includes:

- A description of a Person in Care's history or risk of violence;
- A Visual and/or Electronic Alert;
- A Behavioural Care Plan.

Privacy for the individuals we care for is a priority for PHC. The safety of Staff is one area that overrides the absolute right to privacy for recipients of PHC services. If sharing a person's information is required for Staff safety, the right to privacy is secondary to the duty to protect staff.

Assigning the Violence Risk Alert is a clinical decision guided by the Alert criteria (please refer to Section 2.1). Violence Risk Alerts will be assigned judiciously for persons assessed to present a risk of violence to Staff.

Persons who are assessed as meeting the Violence Risk Alert criteria will be identified with a Visual and/or Electronic alert.

Alerts will be reviewed to ensure that the Behavioural Care Plan correctly reflects the person's current status as it relates to the risk for violence.

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Visual/Electronic Alerts must be accompanied by a Behavioural Care Plan (i.e. Violence Risk Screen and Interventions Plan or approved equivalent documentation).

Clinical departments must use the applicable recommended tools supporting the Violence Risk Alert system.

2.1. Initiating the Alert

A Violence Risk Alert will be initiated by nursing staff on admission/intake or anytime a Person in Care meets the following Alert criteria:

- Having a history of physical violence;
- Presenting with physically violent or threatening behaviour; or
- Making threats of physical violence.

The Alert criteria applies a Person in Care's behaviours/history regardless of:

- Intent;
- The Person in Care's condition(s) i.e. sensory deficits, delirium;
- A lack of physical staff injury;
- Staff approach i.e. behaviour triggered by staff.

[The black circle and triangle symbol](#) on a purple background is the Visual Alert used at PHC for a person meeting the Violence Risk Alert criteria and is to be applied in Emergency Departments, inpatient units/departments and Long Term Care sites as per the following where applicable:

- Assignment boards (magnets or stickers)
- Outside of chart; either front or spine (stickers)
- On Behavioural Care Plans or equivalent documentation (adhesive folding tab)
- Emergency Department curtains
- Wheelchairs/walkers
- Medical imaging/lab requisitions
- Person in Care's transfer documents
- Outside inpatient room - except for inpatient mental health unit (4 x 5.5" sign)
- Outside main unit door for mental health inpatient/high behavioural acuity units.

The Visual or Electronic Alert must be accompanied by a Behavioural Care Plan or other approved equivalent documentation on:

- The nature of risk with details of previous incidents/behaviour;
- The factors that contribute to the Person in Care's responsive behaviours or escalation (i.e. risks factors and stressors); and

- The recommended interventions to reduce the likelihood of violence specific to the risk (i.e. care approach, therapeutic or security measures).

2.2. Reviewing and Maintaining the Alert

Any existing Behavioural Care Plan or approved equivalent documentation must be reviewed, maintained and updated by nursing staff (Clinical Nurse Leader, Clinical Nurse Educator, or designate), and distributed to any parties who are responsible for the Person in Care.

Reviews must occur in Acute or Long Term Care upon discharge/transfer, marked change of person's behaviour or condition or after an incident that meets the Alert criteria. In Community Programs or Out-patient clinics, Alerts should be reviewed after an incident that meets the Alert criteria and/or based on the frequency of visits/services.

Information must be updated to include changes to known risk factors and stressors and behavioural interventions.

If new violent incidents occur or previous violent incidents are discovered, these must be indicated in the Behavioural Care Plan.

2.3. Discontinuing the Alert

If clinical staff determine that a standing electronic alert is no longer required for a person, the clinical leader can request that it be removed by contacting the Violence Prevention Program staff directly at violenceprevention@providencehealth.bc.ca, with reasons for the requested removal.

3. Responsibilities

3.1. All Staff

Be alert to, and communicate information, on risks of violence.

Communicate a known risk of violence to any other Staff who may have contact with the Person in Care.

Look for the Visual and Electronic Alerts, including symbols on charts and white boards, and symbols posted at Person in Care's door, and consult with nursing about strategies in the Behavioural Care Plan or approved equivalent documentation before approaching the person.

Advise nursing staff of any incidents of violence or indicators for violence observed in Persons in Care, as well as to recommend strategies to mitigate violence for incorporation into the Behavioural Care Plan.

Protect the privacy of the person by not discussing the Violence Risk Alert with other patients, residents, clients or visitors. If asked by those who are not entitled to information on the risk

for violence, Staff are to explain that the symbol tells Staff that there are special care instructions for the person.

3.2. Nursing

- Complete a Behavioural Care Plan for Persons in Care that meet the Violence Risk Alert criteria.
- Apply Visual/Electronic Alert(s) where applicable.
- Advise the Clinical Nurse Leader, Clinical Nurse Educator or Patient Care Manager of a Person in Care who has a history of violence or is demonstrating behaviours that meet the Alert criteria.
- Consult with Clinical Nurse Leader, Clinical Nurse Educator, or Patient Care Manager regarding recommendations for discontinuation of the alert or changing the Behavioural Care Plan for a Person in Care with a Violence Risk Alert.

The Clinical Nurse Leader, Clinical Nurse Educator, or designate will

- Review and maintain the Violence Risk Alerts and related documents for Persons in Care that meet the Alert criteria.
- Ensure that the risk of violence and specific safety precautions are communicated in writing to other staff at PHC and at any other site or organization that assumes care of the person.

3.3. Occupational Health and Safety

The PHC Occupational Health and Safety Department, in particular the Violence Prevention Program, is responsible for overseeing the management and evaluation of the Violence Risk Alert system.

The Violence Prevention Program will:

- Update and maintain the Violence Risk Alert policy, procedural document templates and related tools and forms, including reviewing criteria for Violence Risk Alerts based on latest evidence and standards of practice.
- Approve equivalent forms or tools for the Violence Risk Alert system
- Monitor departmental compliance with the Violence Risk Alert system and this policy.
- Review and amend, delete or add Violence Risk Alerts to/from electronic record to ensure compliance with policy.

4. Compliance

All staff members are responsible for adhering to this policy and monitoring their activities in accordance with the policy. Staff members may warn others if they observe a violation of this policy. Failure by staff to comply with this policy may result in disciplinary action up to and including termination of employment, services or privileges.

5. Supporting Documents

6.1. Related Policies

- [Information Privacy and Confidentiality](#)
- [VCH Community Risk Screening Standard](#)
- [Violence Prevention in the Workplace](#)

6.2. Guidelines/Procedures/Forms

- [Crosstown Clinic: Communicating Violence Risk \(B-00-07-10081\)](#)
- [Crosstown Clinic: Responding to Behavioural Health Concerns \(B-00-12-10157\)](#)
- [Emergency Department: Addressing Violent Behaviour and Early Discharge/Removal \(B-00-07-10093\)](#)

6. Definitions

“Approved equivalent documentation” means any document approved by the Violence Prevention Program team to meet the regulatory requirements and this policy to adequately document behaviours, risk factors, stressors, and safety interventions for Persons in Care with an identified risk for violence. Approved equivalent documents include the SCM based Aggressive/Violent Behaviour Plan, Personal Safety Care Plan, My Daily Care Needs, Behaviour Support Plan and any future tools approved by the Violence Prevention Program team.

“Behavioural Care Plan” refers to a document that describes:

- A Person in Care’s history of violent incidents/behaviours;
- Risk factors and stressors; and
- Interventions to prevent or manage the behaviours

Examples of Behavioural Care Plans used at PHC include:

- The Violence Risk Screen and Interventions Plan;
- The Violence Risk Alert Screen, Violence Risk Care Plan, Interdisciplinary Care Plan and Special Care Plan in CST Cerner; and
- An approved equivalent document with information to support staff safety.

“Electronic Alert” refers to an electronic health record based function that highlights specific concerns about a Person in Care. For sites where CST Cerner has been implemented the Violence Risk Process Alert applies. Where an electronic “bed board” is used i.e. ED, a purple symbol should also be applied for patients meeting criteria for a Violence Risk Alert.

“Person in Care” refers to all patients, clients, residents, or service users of Providence Health Care services.

“Staff” means all employees (including management and leadership), medical staff (including physicians, midwives, dentists, and nurses), residents, fellows and trainees, health care professionals, students, volunteers, contractors, researchers and other service providers engaged by PHC.

“Violence” means any act in which a person is abused, threatened, intimidated or assaulted in his or her employment and includes any threatening statement or behaviour which gives a worker reasonable cause to believe he or she is at risk of injury. The term violence includes violence that is intentional and violence that is unintentional due to illness, injury or cognitive impairment (sometimes referred to as aggression).

“Violence Risk Alert system” means the organizational process of visually identifying persons at risk for violence and providing supporting written documentation to communicate and mitigate the risk.

“Visual Alert” is a purple colour indicator used to identify a Person in Care whose behaviour poses as a risk for violence. The purpose of the identifier is allow staff who do not have access to the chart to be aware they should obtain more information before engaging in care, for their safety.

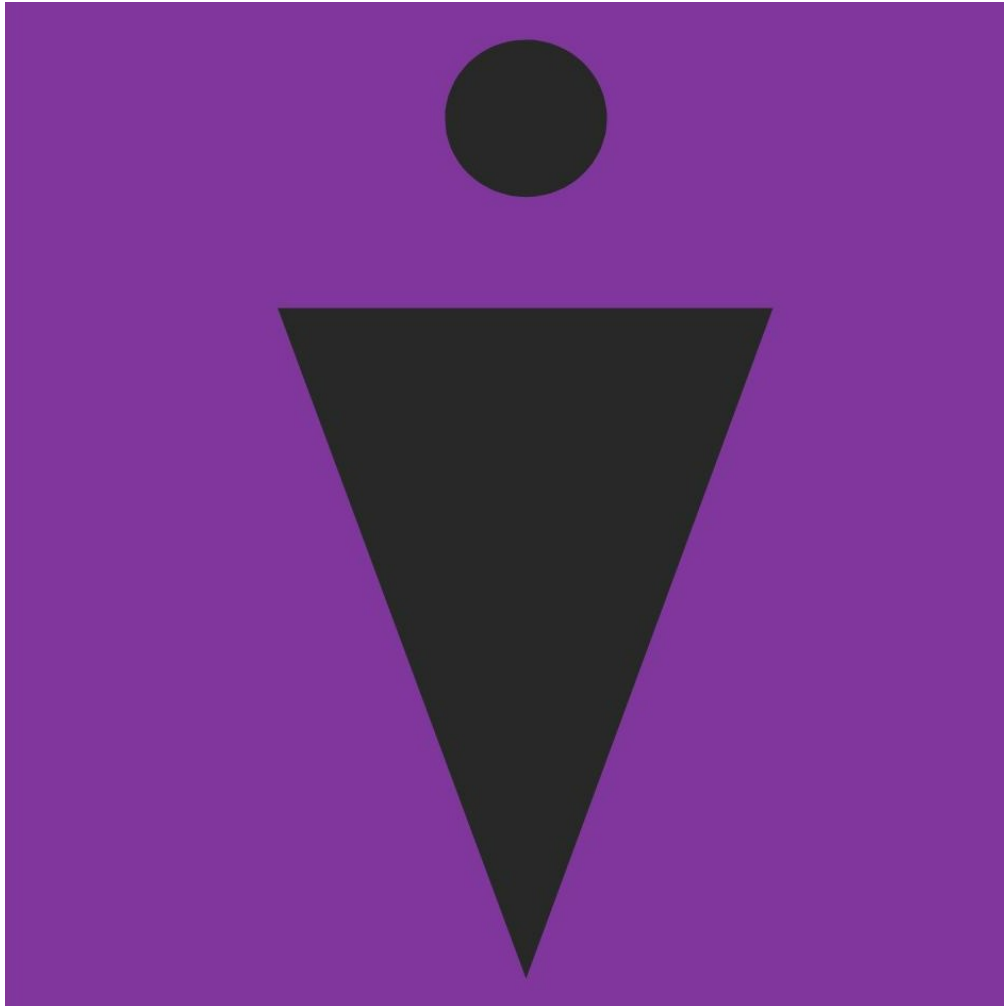
7. References

1. WorkSafeBC: Communicate patient information: Prevent violence-related injuries to health care and social services workers (for public bodies)
2. BC Freedom of Information and Protection of Privacy Act - 33.1 (1)(f) and 33.2 (e)
3. Violence in the Workplace – BC OH&S Regulation 4.27 – 4.31
4. Workers Compensation Act of BC – Section 115(2)(b)

8. Appendices

[Appendix A: Violence Risk Alert Symbol](#)

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