Weapons in the Workplace – Emergency Department SPH

Site Applicability

St. Paul's Hospital Emergency Department

Practice Level

- **Basic** – within scope of all RNs/RPNs/LPNs in the Emergency Department.

Need to Know

Providence Health Care (PHC) is committed to the prevention of workplace violence and aggression, which includes taking all reasonable steps to protect its staff, patients, volunteers and visitors.

Based upon this commitment is the prohibition of weapons in all PHC facilities, including St. Paul's Hospital Emergency Department. To support a safe environment for staff, patients, volunteers and visitors, St. Paul's Hospital Emergency Department will adhere to this procedure in addressing weapons.

Objects prohibited in hospital for patients and visitors include items listed in Appendix A: Hospital Prohibited Weapons. Hospital Prohibited Weapons include:

1. items for which possession of it is a crime under the *Criminal Code of Canada* ("Illegal Weapons"); and
2. items that may not be traditionally identified as a weapon but are being used in a way that may cause death or injury to any person, or are being used to physically threaten or intimidate any person ("weapons")

Security will assist with the management of illegal weapons (as defined by the *Criminal Code of Canada*) as dictated by their own policies.

Exceptions to the prohibition of weapons include the following:

- Law enforcement, such as a Police Officer, or other persons who have a lawful obligation to carry a weapon on PHC property.
- Ceremonial weapons (e.g. kirpan).
- However, if a patient is detained under the British Columbia *Mental Health Act*, all items, including those identified as ceremonial weapons will be removed from their person. Additionally, any visitor presenting to a restricted or locked care space (e.g. Acute Behavioural Stabilization Unit) will be required to relinquish their item for their visit.

Decision Considerations

- The decision to initiate a response will depend on multiple factors, including but not limited to an assessment of the overall risk, the individual's behavior, and the personal safety of those in the area. Staff have a responsibility to make every effort, without placing themselves at risk of harm, to ensure their safety and the safety of patients, visitors, volunteers and other staff.

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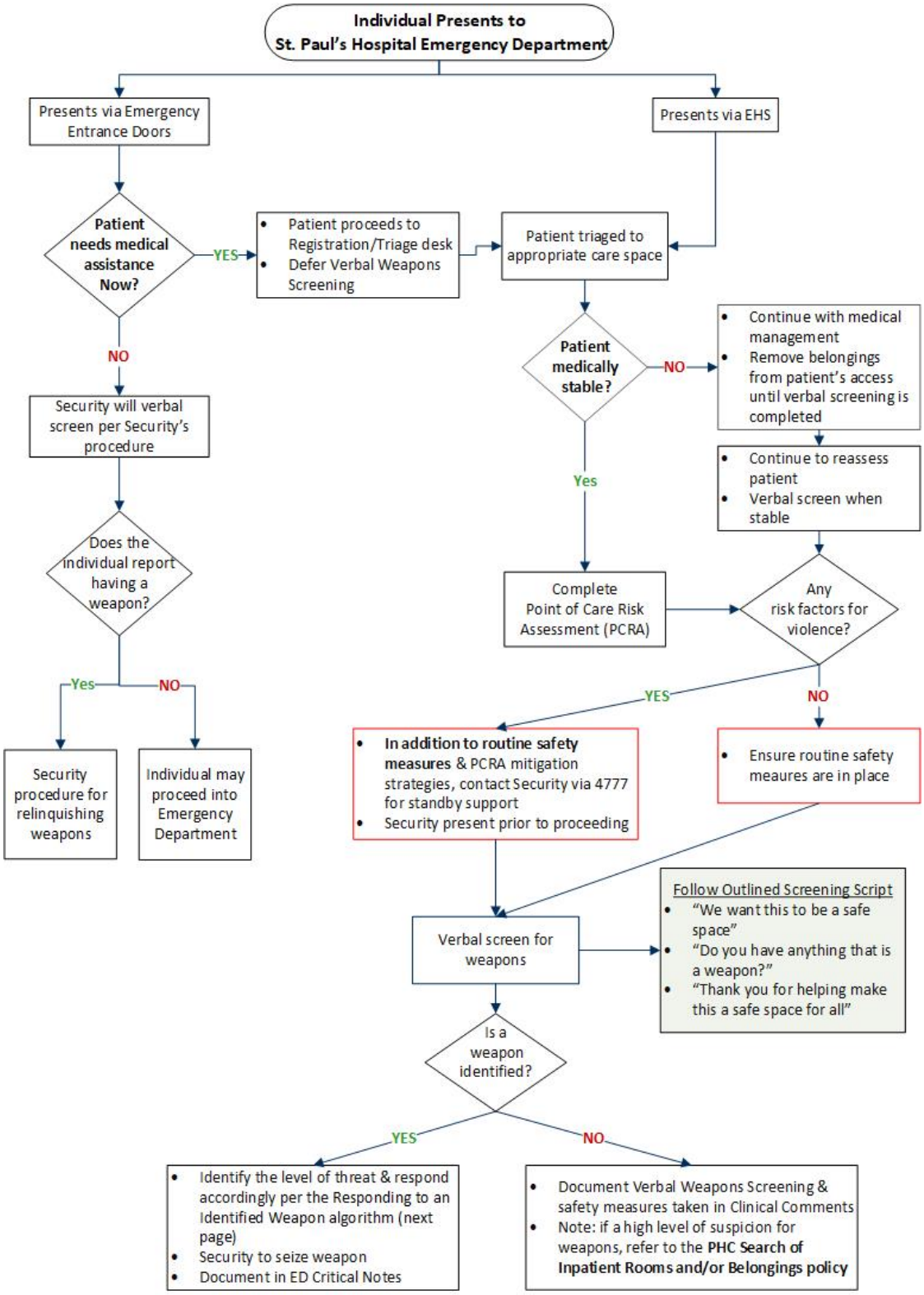
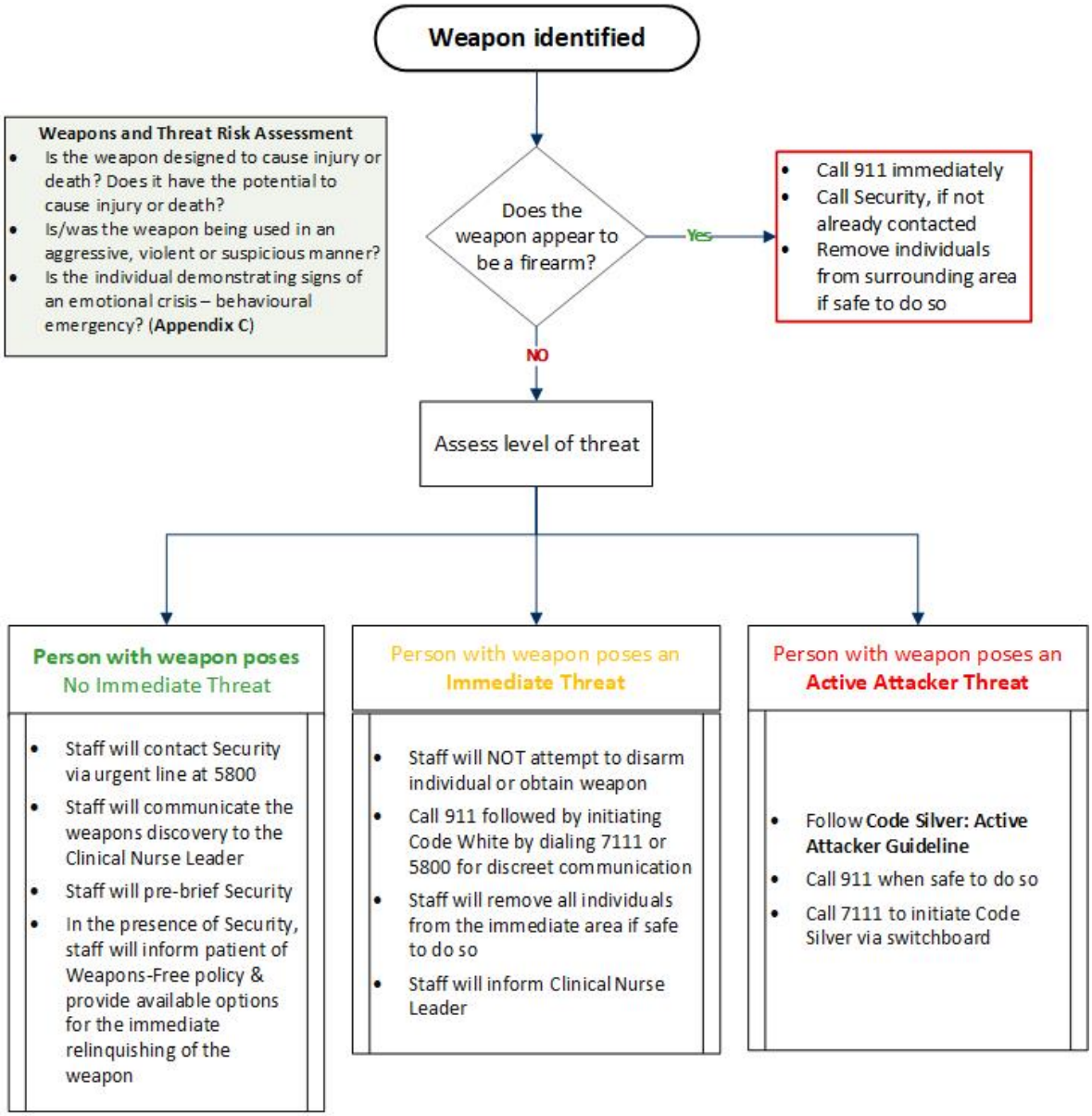
Guideline

- Security will verbally screen all individuals entering the Emergency Department via the Emergency Entrance Doors for weapons per Security screening procedure.
- If a patient or visitor responds "yes" to having a weapon, then they will be asked to step out of the line and go to a separate area where the person will be asked to either hand over the weapon for their stay in the hospital, or leave and return without it.
- Security will not inform staff of all weapons obtained except in the event that an individual displays aggressive behaviour during the screening process or if the weapon voluntarily provided is considered illegal per the *Canadian Criminal Code.* This includes the identification of weapons with a visitor.
    - Security will communicate events of aggression to the Triage RN when the patient presents to registration.
    - In the event of a firearm discovery, Security will call 911, followed by informing the Clinical Nurse Leader and Triage RN.
- Patients appearing in need of immediate medical assistance and/or presenting via EHS will not be screened by Security upon entry to the Emergency Department.
- If screening is not completed upon arrival by Security, it is the responsibility of the most responsible Nurse to screen these patients as soon as safely possible. See **Verbal Weapons Screening in the Emergency Department.**
- If a weapon is discovered outside of verbal screening, staff will follow the **Responding to an Identified Weapon**.
- Note: Staff, including Security, will not perform bodily searches on patients or visitors. Staff will only perform personal belongings searches in accordance with the Search of Inpatient Rooms and/or Belongings policy.

Verbal Weapons Screening in the Emergency Department



Responding to an Identified Weapon



911 Dispatcher Report Information:

- Description of Active Attacker(s)
- Location of the Active Attackers(s) (current, last known, and/or direction headed in)
- Type of weapon(s)
- Any comments or demands/threats made by individual(s)
- Information on victims (in the event of Active Threat)
- Any more information you feel may be relevant

Refusal to relinquish weapon:

In the event that a patient refuses to relinquish their weapon to Security and/or remove the weapon(s) from the premises:

- Call 911
- the PHC ED staff and physicians may initiate removal of the patient from the ED as supported by the **Emergency Department: Addressing Violent Behaviour and Early Discharge/Removal Guideline**

Documentation

- When a weapon is removed from a patient, documentation must include: a description of the weapon, the removal process and the patient's behaviours/response, and where the weapon is stored in CST Documentation, ED Critical Notes – noting **Emergency Department – Weapons** as the title.
- Nursing will document these items in the **Valuables and Belongings** document**,** noting where the item has been placed for storage in the Emergency Department weapons storage space.
- Nursing will initiate or update the **Violence Risk Alert** and **Violence Risk Care Plan** as appropriate based upon Alert criteria and the event related to the weapons removal
- Report the incident in the Patient Safety Learning System (PSLS) if the incident had the potential to or caused harm to a patient, visitor, or staff.

Patient and Family Education

- Staff will educate patients and visitors on PHC's Weapons in the Workplace policy.
- Staff will inform patients of the weapons retrieval process for after discharge per Security's procedure.

Follow Up

- Staff will communicate all events involving weapons to the Clinical Nurse Leader on shift.
- Staff will communicate the incident to other members of the interdisciplinary team based upon risk assessment. This includes disclosing the incident to the Most Responsible Provider.
- Staff will communicate the incident through transitions of care, including but not limited to: nurse to nurse report, transfer of patient from one care area to another, transfer of the patient to a different care unit, and transferring outside the health care facility.
- Staff will report the incident to the Provincial Workplace Health Contact Centre (PWHCC) 1-866-922-9464 in the event of potential or sustained bodily and/or psychological injury to the staff member.
- Staff will liaise with the Emergency Department leadership team regarding debriefing as needed to support staff wellness.

Related Documents

- HEMBC – Colour Codes and Emergency Response Procedures – Code Silver: Active Attacker St. Paul's Hospital
- B-00-11-10190 - Code White Emergency Response
- B-00-07-10093 - Emergency Department: Addressing Violent Behaviour and Early Discharge/Removal
- B-00-11-10124 – Search of Inpatient Rooms and /or belongings: Inpatients at Mount St. Joseph and St. Paul's Hospitals
- B-00-13-10061 - Secure Room: Care of the Patient
- B-00-11-10196 - Violence Prevention in the Workplace

- B-00-11-10178 – Violence Risk Alert
- Fraser Health Corporate Policy – Weapons in the Workplace
- PHC Weapons in the Workplace Policy – (in development)

Definitions

Active Attacker: one or more individuals actively engaged in seriously harming, killing, or attempting to kill others with a weapon(s).

Code Silver: a response used to support the safety of all staff, medical staff, volunteers, and contract workers (staff), patients/residents/clients, and visitors, when any person(s) are actively engaged in seriously harming, killing or attempting to kill others with a weapon(s), and an enhanced police response is required.

Code White: a call for help when staff witness a person experiencing an emotional crisis or behavioural emergency and there is a physical risk of harm to themselves, staff and others.

Person with weapon poses an immediate threat: situations where the weapon can cause immediate or imminent harm, and is being used in an aggressive, violent or suspicious way by an individual.

Person with weapon poses no immediate threat: situations where the weapon is potentially dangerous but does not pose a threat of immediate or imminent harm and/or was not discovered as a result of an aggressive or violent act. This excludes any item which appears to be a firearm.

Routine Safety Measures: precautions used to mitigate safety risks. This includes strategies such as wearing a personal protective device (PPD), knowledge of Code White button locations and how to use, and informing the interdisciplinary team members of the task you are completing.

Threat: circumstances whereby there is a perceived risk of physical injury or harm.

Weapons: means anything used, designed to be used or intended for use in causing death or injury to any person, or for the purpose of physically threatening or intimidating any person.

Hospital prohibited weapons: for the purpose of this document, this includes items deemed illegal and those that may not be traditionally identified as a weapon but are being used in a way that may cause death or injury to any person, or are being used to physically threaten or intimidate any person.

Illegal weapon: any weapon for which possession of it is a crime under the *Criminal Code of Canada*.

Appendices:

Appendix A: Prohibited Weapons

Appendix B: Point of Care Risk Assessment and Mitigation

Appendix C: Behaviours

Appendix A: Hospital Prohibited Weapons

Illegal weapons include, but are not limited to:

- Ammunition
- Brass Knuckles
- Chemicals or gases designed to injure, immobilize or incapacitate persons (e.g. tear gas, mace)
- Cross-bows
- Explosives
- Firearms
- Knives that open by gravity or centrifugal force, including switchblades
- Nunchakus, Morning stars
- Tasers

Items that are not deemed illegal weapons but that will be required to be removed from patients and patient visitors include:

- All other bladed weapons: including box cutters/utility knives, household knives
- Axes, picks, and hatchets
- Billy clubs, blackjacks, and batons
- Bows, arrows and darts
- Gas torches, including butane torches
- Martial Arts devices not deemed illegal
- Other chemicals or gases (e.g. insecticides)
- Pyrotechnics
- Sling Shots
- Tools: including, but not limited to, chains, hammers, saws, screwdrivers, wrenches
- Whips

Appendix B: Point of Care Risk Assessment and Mitigation Strategies

Point of Care Risk Assessment is an informal process to assess risk related to:

- the person you are interacting with
- the environment you are working in
- the task you are completing
- yourself

While completing a task, if new risks are identified, and the risk can't be decreased through the outlined mitigation strategies, staff may:

- stop the task
- seek additional support from team members & Security
- consider escalation of resources (e.g. Leadership, Police)

Person	Mitigation strategies for the Person:
• What is the patient's level of escalation or compliance? • What is the patient's violence/trauma/weapon's history? • Are there any identified stressors for the person at present? (e.g. pain) • What is the person's physical ability? • What behaviours are they exhibiting? What signs are they exhibiting on the continuum of emotional crisis to behavioural emergency? (See Appendix C) • Has another interdisciplinary team member identified any risk factors?	• Talk to Most Responsible Provider for supportive interventions to manage patient's escalation or compliance with care (e.g. medication administration). • Review patient's CST-Cerner Electronic Health Record for information relating to Violence Risk Alerts, Behavioural Care Plans, & Familiar Faces Shared Care Plan. If a Care Plan exists, follow plan when providing care. • Address patient's identified stressors prior to completing task. Some stressors may include: pain, unmet needs (e.g. thirst, hunger), lack of control & routine. • Maintain physical distance from the patient to prevent physical contact. • Remove items that may be used as weapons of opportunity (e.g. food tray, non-weighted chairs, vital signs machines). • Use de-escalation strategies as required to address patient's behaviours. • If any violence/trauma/weapon's history AND/OR personal stressors AND/OR behaviours on the spectrum of emotional crisis to behavioural emergency are identified, staff must have Security standby prior to proceeding with verbal screening.

Environment	Mitigation strategies for addressing the Environment:
• Is the care space clear of hazards, weapons or other patients? • Where is the exit?	• Survey & clear space of hazards, weapons, & individuals in close proximity. • Improve visibility by turning on lights, keeping door open. • Ensure clear path to an exit. • Identify additional exit points.

Task	Mitigation strategies for addressing the Task:
• Is the task – screening the patient – likely to escalate the patient based on the Person Assessment of the PCRA? • If Security is present, have they been briefed? Do staff & Security know their roles? • Is there a safety plan?	• If the task is identified as potentially escalating the patient, have Security stand-by • Talk to team members involved regarding Safety Plan (e.g. if the patient escalates, what interventions are appropriate for this individual).

Yourself	Mitigation strategies for addressing Yourself:
• Are you feeling settled? • Are you being triggered by the patient/situation? • Is there anything you are wearing that could put you at risk if the patient escalates? • Are you within striking/grabbing distance of the patient?	• If you identify that you are feeling unsettled or triggered, identify delegate to complete verbal screening. • Remove items from your person that may pose a risk. This includes: removing lanyards, ID badges, stethoscopes, trauma shears. • Maintain physical distance from patient to prevent physical contact.

Appendix C: Behaviours

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Emotional Crisis – no one is getting physically hurt	**Continuum – potential for escalation or de-escalation**	**Behavioural Emergency - Imminent risk of harm to person**
○ Yelling ○ Glaring ○ Perseverating ○ Crying ○ Pacing ○ Exaggerated movements ○ Withdrawing/mumbling ○ Talking to self ○ Auditory hallucinations ○ Slamming items down	○ Directed swearing ○ Directed racial slurs ○ Spitting ○ Threats of self harm ○ Self harm (can be a coping mechanism) ○ Responding to command hallucinations ○ Throwing objects generally ○ Intimidating staff or clients	○ Expressing suicidal ideation with a plan ○ Potentially fatal self harm ○ Threat of physical harm ○ Visible weapon (anything that can inflict harm) ○ Kick, punch, grab at staff or clients ○ Attempted strangulation ○ Throwing objects at staff or clients ○ Spitting on or at staff or clients ○ Fights/arguments with co-clients ○ Posturing, physical intimidation ○ Uttering threats to act or harm staff or clients ○ Damaging property

Groups/Persons Consulted:

- Ethics
- Integrated Protective Services
- Occupational Health & Safety
- Risk Management
- SPH Clinical Nurse Leaders
- SPH Emergency Nurses
- SPH Emergency Physicians
- SPH Patient Care Manager
- SPH Social Workers
- Violence Prevention
- Weapons Working Committee

Developed/Revised By:

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