

<b>VIOLENCE RISK AND SAFETY ALERT TOOL</b>		Patient ID
Date of Application:		Date of Removal:
Violence Risk Safety Alert is for: <b>PATIENT/CLIENT</b> <b>OTHER:</b>		
<b>ACTIVATING EVENT</b> (indicate all that apply)		
<b>RISK FACTORS</b>	Acquired Brain Injury Cognitive Impairment Fear, Grief, Anxiety Pain Sleep Deprivation Medication	Alcohol / Drug Intoxication / Withdrawal Delirium/Psychosis Hunger Recent history of violence Sensory Deficits Other/Unknown:
<b>STRESSORS</b> Environmental	Lack of Privacy Perceived Disrespect Sensory Stimulation (noise, lights, multiple tests) Waiting	Multiple Caregivers Routine Changes Other/Unknown:
<b>STRESSORS</b> Client perception of Staff Approach	Enforcing/Authoritative Personal Space Rushed / Fast Pace Task Focused	Not Listening Questioning Sudden Approach Unwelcome Touch Other/Unknown:
<b>BEHAVIOUR</b>	Instrument of Harm Physical Threat/Acting Out Verbal / Written Threat	Physical Strike Unwelcome Touch Other/Unknown:
<b>INTERVENTIONS</b> (indicate all that apply)		
<b>SUPPORT / INTERVENTION</b>	Active Verbal De-escalation Given Space / Left Alone / Visit Ended Team Response Physical Restraint Police	Distraction Limit Setting Medication Security Other/Unknown:

**FOLLOW UP ACTIONS**
**ACTIVATE  
SAFETY  
ALERT  
SYSTEM**
**1. Inform the person/care giver of the *Violence Risk Safety Alert* activation**
**(when safe to do so)**

Date: \_\_\_\_\_ Initial: \_\_\_\_\_

**2. Place *Violence Risk Safety Alert Tool* at front of chart**
**(behind the CAUTION sheet if present)**

Date: \_\_\_\_\_ Initial: \_\_\_\_\_

**3. Place a purple visual alerts (Purple dot stickers) in visible areas:**

Date: \_\_\_\_\_ Initial: \_\_\_\_\_

**For example:**

- on the spine of health record (inpatient)
- by the patient name on Kardex (in patient) and/or other patient planning/assignment documents
- on front of patient chart (inpatient and outpatient)
- on any labels
- on requisitions (e.g. Labs, x-ray) or consultation request forms
- On any patient documents which may be utilized or seen by staff to whom risk should be communicated and
- on patient assignment board (beside patient's room number)
- On front of patient/treatment area door

**4. ESTABLISH A SAFETY ALERT CARE PLAN** Date \_\_\_\_\_ Initial \_\_\_\_\_

**5. Activate Safety Alert Icon in: CAIS and/or ARIA** Date \_\_\_\_\_ Initial \_\_\_\_\_

**COMPLETED BY:**
**DESIGNATION:**

**VIOLENCE RISK SAFETY ALERT CAREPLAN**  
**INTERDISCIPLINARY PLAN OF CARE**

<b>RELEVANT HISTORY/DIAGNOSIS:</b> _____ _____ _____ _____	Patient ID			
Disclosure to patient/caregiver that Violence Risk Safety Alert and Care plan have been implemented. <span style="float: right;">DATE: _____</span> PRINT NAME: _____ SIGNATURE: _____				
DATE	FACTUAL REASON FOR ALERT (DESCRIBE THE EVENT/RATIONALE)	IDENTIFIED STRESSORS AND RISK FACTORS (FROM STAFF/CLIENT/CAREGIVER PERSPECTIVE)	PLAN OF CARE (SPECIFIC DETAILS OF WHAT TO DO FOR THIS PERSON TO PREVENT FUTURE EVENTS)	INITIALS

**VIOLENCE RISK SAFETY ALERT CAREPLAN**  
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