

Crosstown Clinic: Communicating Violence Risk

Site Applicability

Providence Crosstown Clinic

Practice Level

All Staff

Need to Know

This protocol has been created to be a reference tool for staff working at Providence Crosstown Clinic. Crosstown Clinic has site-specific procedures related to other PHC policies.

It is important for staff to understand the purpose is not to label a patient or provide care differently; *it is to ensure staff have the information and strategies needed to provide the best, safest quality of care to potentially challenging program clients.*

Please bring any safety concerns immediately to the attention of the Patient Care Manager, Clinic Coordinator, or a member of the Crosstown JOHS Committee.

Guideline

The best approach is to prevent and/or de-escalate a situation as early as possible, using a trauma informed care approach.

Communicating risk of violence

Violence is rarely unpredictable. If we can do a better job at assessing and communicating the risk for violence, we can be better prepared to prevent it or deal with it if it does happen.

Point-of-care risk assessments and behavioural care planning are two tools we have to help us be proactive in preventing violence in the workplace. These strategies allow us to be proactive in preventing violence rather than having to react to a situation.

It is also a WorkSafeBC regulatory requirement to assess for and communicate risk in the workplace and to develop plans to reduce or eliminate the risk. It would be ideal to screen all the people we serve for the risk of violence; if the screening indicates a potential for violence then we use more in-depth tools such as violence risk assessments, behavioural care plans, and violence risk alerts.

This process assists to:

- Maintain both the safety of ourselves and our co-workers;
- Maintain safety and quality of patient care by identifying the stressors that contribute to violent behaviours; this may prevent secondary complications that may result from the behaviour (e.g. compromising relationships with others, being abused by others, being physically restrained);

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- Communicate the risk of violence which is every health care worker's responsibility; and
- Focus on specific behaviours and develop interventions specific to these.

Some clients have a higher potential for aggressive behaviour either verbally or physically in an aggressive manner. These clients will be flagged in EMR, have a purple violence alert sticker attached to their behaviour support plan (PHC NF502) in their chart. The client personal safety care plans (PHC NF501) are reviewed within the first month of client's attendance and then as required.

Flagging a chart and communicating the risk of violence.

- 1) Complete the Violence Risk Screen and Intervention Plan on, Paris and SCM, and violence alert in EMR.
- 2) The White Board that sits near the Abbot St door next to the Clinic Assistants has a list of clients who currently demonstrate aggressive behaviour. This list changes based on the behaviour of the clients and its purpose is to be a communication tool staff use to alert one another to aggressive behaviour.
 - a. Clients whose behaviour has recently been noted to be aggressive will be flagged here. A red, yellow, green system will be used to indicate the level of aggression. Red will indicate very aggressive and green will indicate mildly aggressive, but staff need to be aware of potential escalation.
 - b. Minimum two staff members (one nurse must be included in the decision) must agree that the client's behaviour warrants being flagged on the white board, and the same two staff will determine the colour status. This is to ensure fairness.
 - c. Client names and the date of the behaviour will be written on the white board with a red, yellow or green dot, depending on the behaviour.
 - d. All staff are expected to check the white board each shift.
 - e. The names are to be evaluated each shift during mid-day handover.
 - f. All clients who directly threaten and are physically aggressive should have their names placed on the white board.
- 3) Initiate or update a behaviour support plan (PHC NF502) and client personal safety plan (PHC NF501) for client
- 4) Initiate the care plan

The clinic coordinator, social worker and nursing staff are responsible for creating the care plans and for review of these plans. It is important that all staff *consistently* follow the care plans as written. People and our environments are always changing. If you feel that a care plan needs to be altered please make the change and sign and date the change or addition. And document the update in EMR and communicate to clinic coordinator and in the shift report.

Client Personal Safety Care Plan/Behavioural Care Plans

Each client should have a Client Safety Care Plan (PHC_NF 501). These are found in the Client's chart located in the medication provision room. For clients whose behaviour escalates and who demonstrate aggressive behaviour a Behaviour Support Plan (PHC NF502) should be initiated. This can be initiated by nursing or the clinic coordinator. For clients who require a suspension, an Expectation to Return form

(PHC NF503) is filled out. Please remember that every client has a potential to become aggressive either verbally or physically and all clients should be treated fairly and with a certain regard for such behaviour.

Post-incident response and required documentation:

Staff must document unsafe behaviour as follows:

- Immediately post incident – stop flow and check in with team and clients in area
- Update/initiate a behaviour support plan (PHC_NF502) and client personal safety plan (PHC NF501) for client and violence alert. Consider other systems to communicate the risk e.g. Violence Risk/Safety Alert in SCM, PARIS and EMR
- Call Provincial Workplace Health Call Centre at 1-866-922-9464
- Submit a PSLS (patient safety/behaviour)
- Incident Investigation may be required
- Arrange/request debrief session – discuss with PCM and Clinic Coordinator
- Manager will encourage staff to connect with Employee and Family Assistance Program (EFAP) (604-872-4929)
- Post purple sign on door to notify staff to be alert to not let anyone in the clinic with them and to communicate with assistant upon entry to learn about the recent incident

Documentation**Behaviour Documentation and Steps**

- Document behaviour in EMR using the ITCB\ template
 - Try to be as descriptive and impartial as possible
 - Ensure to document warning or consequence given
- Print the encounter and place in the behaviour binder
- Place a summary of encounter in charge report
 - Make sure that when charge report is printed the event is highlighted and a purple violence sticker is applied to the page

Patient and Family Education

The nurse conducting the intake reviews clinic rights and responsibilities with the client including acceptable behaviours and expectations.

The client agrees to the rules and signs the agreement form at intake

The clinic rules are posted in the clinic in the Hastings and Abbott St reception areas

The clinic rules are reviewed when the client is meeting with the clinic coordinator or charge nurse after a behavior incident.

Related Documents

1. Welcome to Crosstown and Client Agreement
2. PHC Connect: [Violence Prevention Program](#)
3. [B-00-11-10178](#) - Violence Risk Alert Policy

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4. [B-00-11-10189](#) - Working Alone or In Isolation Policy
5. [B-00-11-10196](#) - Violence Prevention in the Workplace
6. [B-00-11-10198](#) - Managing Disrespectful, Violent or Aggressive Behaviours of Visitors
7. [B-00-13-10059](#) – Managing Unsettled /Challenging Behaviours: Least Restraint
8. [B-00-13-10219](#) - Crosstown Clinic Code White Response
9. Trauma Informed Practice (regional guideline in development)

For staff support after dealing with challenging behaviours, the following are available:

- Employee and Family Assistance Program (EFAP) – 604-872-4929 or www.efap.ca
- Workplace Health Call Centre – 1-866-922-9464

References

1. Provincial Health Services Authority. (2015). *Preventing and protecting against violence in the workplace*. Vancouver, BC: Provincial Health Services Authority.
2. WorkSafeBC. (2019, March 29). *Occupational Health and Safety Regulation – Violence in the Workplace*. Retrieved from <https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-04-general-conditions>

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