

# VIOLENCE RISK AND SAFETY ALERT PROCEDURE

## Summary of Changes

	NEW	Previous
BC Cancer	<p>In alignment with PHSA policy and current evidence</p> <p>Addition of CST CERNER</p>	BCCA Aggressive Alert Policy final Feb 28 2012

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# VIOLENCE RISK AND SAFETY ALERT PROCEDURE

## 1. Introduction

### 1.1. Focus

In accordance with the Provincial Health Services Authority's (PHSA) goal of eliminating violence, the purpose of this procedure is to provide a systematic process which alerts staff to a known potentially violent person (patient, family member, or visitor) with the end goal of reducing the frequency and severity of violent events at all BC Cancer Centres, Programs and Services.

In order to reduce the risk of violence and to ensure a safe environment for all staff, patients, and visitors, PHSA has chosen to identify when there is a risk of violence in a patient's environment with a Violence Risk Safety Alert as per WorkSafeBC Occupational Health and Safety Regulations (OHS) Part 4, Sec 29(a), (b) and Part 4 Sec 30(1), (2).

### 1.2. Health Organization Site Applicability

All BC Cancer Centres, programs and services

### 1.3. Practice Level

All BC Cancer personnel including:

BC Cancer employees, managers, physicians, other healthcare professionals, contractors (i.e. security, housekeeping, food services - contract companies will be expected to have their own policies in place as per legislation), students, and volunteers.

Refer to [PHSA Violence Prevention Program](#) document pages 18 – 19.

### 1.4. Definitions

**Activating Event:** Any event where there is behaviour that is considered violent as defined below

**BC Cancer:** Includes All BC Cancer Centres, Programs and Services.

**Patients:** Includes any persons receiving care at BC Cancer facilities and/or programs; also referred to as clients.

**Person:** Could be a patient, family member, friend or visitor.

**Staff:** BC Cancer employees (including other Health Authority employees at BC Cancer workplaces), managers, physicians, other healthcare professionals, contractors (i.e.

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security, housekeeping, food services - contract companies will be expected to have their own policies in place as per legislation), students, and volunteers.

**Violence:** As used in this policy, means any incident(s) where persons are abused, threatened, harassed, stalked, or assaulted (including sexual assault) in circumstances related to their work, involving a direct or indirect challenge to their safety, well-being, or health, which gives a person reasonable cause to believe that they are at risk of injury.

\*The term “violence” covers: Violent behavior that is intentional and violent behavior that is not intentional, due to injury, illness, or decreased mental capacity.

**Visitor:** Includes any non-staff/non-patient person (including family members of [patients](#)) visiting a BC Cancer workplace.

**Weapon:** Any object that is used, or could be used to inflict or threaten serious harm.

**Workplace:** Means any place where a staff is, or is likely to be, engaged in any work and includes any vessel, vehicle, or mobile equipment used by staff at work (As defined by WorkSafeBC OHS Regulations Part 3, Div. 1, Sec. 106).

## 1.5. Need to Know

### Point of Care Risk Assessment:

- Review available patient information prior to initial contact to check for Violence Risk Alerts (Electronic/Visual e.g. Violence Risk Alert/purple dot) and/or a behavioural care plan.
- Assess all [patients](#) for changes in behaviour to identify potential/actual risks for violence.

### CERNER Assessment Documentation: Complete the Violence Risk Screening PowerForm

- For inpatients, the Violence and Aggression Risk Screening section is part of the admission PowerForms (e.g.: Admission History Adult)
- Completing this Powerform, according to the assessment, and selected response, the Violence Risk Order and Process Alert will be triggered and viewable in the patient’s electronic chart.
- The PowerForm can be completed at any time and can be accessed via the Assessment Ad Hoc folder. (This includes the ambulatory areas). Please see the CST Help topic “Complete Violence Risk Screening Process” for more details.

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Point of Care Risk of Violence Assessment	
<b>1. Person</b> <ul style="list-style-type: none"> <li>Is there a Violence Risk Alert on patient's documentation?</li> <li>What do I see/hear?</li> <li>Is there a change in the person's behaviour?</li> <li>Is this an emotional crisis or behavioural emergency?</li> </ul>	<b>2. Environment</b> <ul style="list-style-type: none"> <li>Is the area safe?</li> <li>Are there weapons or items that could be used as a weapon?</li> <li>Do I have a safe exit?</li> <li>Can I easily get help?</li> </ul>
<b>3. Task</b> <ul style="list-style-type: none"> <li>Does this task need to be done right now?</li> <li>Is there a behavioural plan to follow?</li> </ul>	<b>4. Yourself</b> <ul style="list-style-type: none"> <li>What am I sensing?</li> <li>Am I settled enough?</li> <li>Am I wearing anything that could be grabbed?</li> </ul>

## De-escalation and Code White:

- If the patient displays any violent behaviour, and does not respond to de-escalation techniques, a Code White procedure must be activated according to the Code White section of the Emergency Response Plans for your Centre, Program or Service.

## BC Cancer Violence Alert Interdisciplinary Tool and Care Plan

- Any violent behaviour must be reported and documented. In addition, a BC Cancer Violence Alert Interdisciplinary Tool and Care Plan must be created.
- CERNER: after selecting Activate Alert in the Violence Risk Screen Action field, the system will also automatically place the Complete Violence Care Plan order. Complete/update the Violence Risk Care Plan PowerForm.
- BC Cancer Violence Alert and Interdisciplinary Care Plan will be reviewed routinely. Updates or discontinuation will be reviewed at this time.

## 1.6. Equipment and Supplies

- Purple Dot indicators (i.e. purple dots). Click [here](#) for ordering information.
- BC Cancer Violence Alert Interdisciplinary Tool and Care Plan. Click [here](#).

## 2. Procedure

### 2.1. Steps and Rationale

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# VIOLENCE RISK AND SAFETY ALERT PROCEDURE

## 1. De-Escalation Techniques:

- De-escalation techniques are effective strategies that can prevent a situation from escalating to a behavioural emergency, and should be used to identify and respond to a patient having an emotional crisis.

De-escalation Techniques		
<b>Personal space</b> Observe and respond to a person's reactions when you are in their personal space	<b>Active listening</b> Be curious Ask questions Listen without interrupting	<b>Provide Time/space</b> Back away and let person vent verbally or physically
<b>Body language</b> Your facial expressions and gestures can communicate respect and care	<b>Validating</b> Acknowledge person's feelings Use their words Avoid judgement	<b>Redirection</b> Bring the conversation back to the original topic or current situation
<b>Eye contact</b> Can help a person feel comfortable and show them that you are listening Observe person for distress as maintaining eye contact may distress some people	<b>Clarifying</b> Ask questions to make sure you understand the person's concerns	<b>Distraction</b> Change person's focus to related topic or a different topic of interest
<b>Touch</b> Can be calming for some, but not all people Ask permission, observe for distress	<b>Paraphrasing</b> Repeat what you heard the person say, using your own words	<b>Provide Options</b> Offer person choices to give them some control and responsibility

\* Techniques from PHSA Learning Hub Provincial Violence Prevention Modules: Module 5 – Part 1 and Module 6 – Part 2

## 2. Activate a BC Cancer Code White procedure:

- If after appropriate interventions to de-escalate the presenting behavior has been attempted and there is any immediate concern for the safety of [staff](#) or others, please follow the Code White section of the Emergency Response Plans for your Centre, Program or Service.

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### 3. Debrief Safety Event:

- Debrief of safety event will be initiated by the Clinical Services Manager or delegate of the Centre, Program or Service.
- After the incident, ensure all [staff](#), [patients](#), and [visitors](#) are safe. Provide first aid as needed.
- The Clinical Services Manager or delegate will assist involved staff by organizing a Critical Incident Debriefing and to contact the [Workplace](#) Health Call Centre as required.
- Follow-up with patient when safe to do so.

### 4. Initiate Violence Alert

- All steps involved in the Violence Risk and Safety Alert will be initiated by the Clinical Services Manager or delegate of the Centre, Program or Service, in **consultation** with the multidisciplinary team.
- **Verbal, visual** and **electronic** alerts must be created as quickly as possible if a person (i.e. Patient, family member) displays violent or aggressive behaviors that put staff (and others) at risk of physical or psychological harm while at a BC Cancer workplace.

***Alerts must be put in place to communicate this risk to all BC Cancer employees by the following steps:***

#### a) Verbal Alert

- I. Inform care team and all [staff](#) who will likely come into contact with the [person](#).
- II. Ensure they are aware of the BC Cancer Violence Alert Interdisciplinary Tool and Care Plan (i.e. Casual staff, lab techs, cleaners, etc.).

#### b) Visual Alert

- BC Cancer uses purple indicators (i.e. Purple Dots) to communicate risk of violent behaviour to all staff. Clinical Services Manager or delegate is to ensure **any** employee working with the patient record or planning/providing patient care is aware and responsible for initiating the purple indicator placement.
- I. Purple indicators must be placed in the following areas:
    - On the spine of health record (inpatient)
    - By the patient name on Kardex (inpatient) and/or other patient planning/assignment documents
    - On front of patient chart (inpatient and outpatient) o 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
    - On patient assignment board (beside patient's room number) o On front of patient/treatment area door

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## c) Electronic Alert

- I. Activate Safety Alert Comment in CAIS and/or ARIA.

**CAIS:** Clinical Services Manager or delegate will notify HIM Clerk that the comment **Aggressive/Violent Behaviour** is to be placed in the Comment Section of the "Patient Tab" in CAIS.

**ARIA:** Clinical Services Manager or delegate will notify Radiation Therapy [staff](#) member who has access to ARIA to enter the **Aggressive/Violent Behaviour** flag.

**CERNER:** Registered Nurses can complete the PowerForm. Other disciplines can do this if it is within their scope of practice, but most often are referred to Nursing.

- If **Activate Alert** is selected in the **Violence Risk Screen Action** field, you will see the **Violence Risk** process alert automatically populate on the Banner Bar.
  - Registered Nurses can do this.
  - Other disciplines can do this if it is within their scope of practice, but most often are referred to nursing.

See [CST CERNER Help Page](#) for step-by-step guide for "Activate Violence Risk Process Alert"

## 2.2. Site Specific Practices

Please refer to the Code White section of the Emergency Response Plans for your Centre, Program or Service.

## 2.3. Documentation

**Document the incident in the following areas:**

- The patient's chart (progress notes)
- In the patient's CERNER chart:
  - Violence Risk Care Plan PowerForm
- The BC Cancer Violence Alert Interdisciplinary Tool and Care Plan including possible stressors and risk factors
- The Patient Safety Learning System (PSLS)
- The Workplace Health Call Centre (1-866-922-9464) (for staff injuries / near misses) and
- The patient Kardex (Inpatient area only)
- Enter note regarding behavior and care plan; and,
- Enter date for review of Violence Risk Safety Alert on the Kardex

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### 2.3.1. Create a BC Cancer Violence Alert Interdisciplinary Tool and Care Plan

- All steps involved in creating a BC Cancer Violence Alert Interdisciplinary Tool and Care Plan will be initiated by the Clinical Services Manager or delegate of the Centre, Program or Service.
- A BC Cancer Violence Alert Interdisciplinary Tool and Care Plan must be created for every Violence Alert that is activated. Click [here](#).
- In CERNER, document the Violence Risk Care Plan by following the CST CERNER Help page step by step guide under “Document Violence Risk Care Plan” heading.
- A care plan must be initiated within first 12 hours of presentation, and completed (where applicable) within 48 hours of admission.
- Whenever possible involve the person, and/or family in the development of the care plan. This will maximize effectiveness in reducing the number and level of stressors, and mitigate the effects of the person’s risk factors.
- Be objective when documenting the possible underlying stressors and risk factors for the violent behavior on the BC Cancer Violence Alert Interdisciplinary Tool and Care Plan page. Click [here](#).
- If the person and/or caregivers were not involved in the creation of the care plan:
  - Disclose to the person that an alert has been placed on their patient file to communicate and reduce further events, and keep patient, family, staff and other visitors safe. This may be a team decision as to who will share the information with the family and when information sharing will occur.
  - Chart reason for not involving the person/patient/caregivers in the creation of the care plan.
- Be sure to regularly document the evaluation of interventions (e.g. are they working?)
- Frequency and communication to be determined by unit and need e.g. shift to shift handover, daily, or weekly as admission dictates.

### 2.3.2. Review of BC Cancer Violence Alert Interdisciplinary Tool and Care Plan

- A review of the BC Cancer Violence Alert Interdisciplinary Tool and Care Plan is to be completed by the Clinical Services Manager/Director or delegate.
  - a) Place the review date on the Violence Alert Interdisciplinary Tool and Care Plan, Kardex and other departmental communication tools.
  - b) Conduct a review of the need for the Violence Alert as follows:
    - In-patient Units: Review within 24 hours, then again on day 4, day 7, and then weekly (or as needed).
    - Ambulatory Units: Reviewed on a regular basis as determined by the frequency of patient visits/services.
    - Following an incident.
    - When a change in patient’s condition or behavior occurs

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- Points of Handover (discharge / re-admission / transfer):
  - i. Review to ensure that the Alert is still valid/relevant.
  - ii. If valid, and if patient is to be seen by any out-patient or community services, ensure risk is communicated and the Violence Risk and Safety Alert Care Plan is shared to those areas prior to discharge.
  - iii. If the patient is to be transferred, ensure the risk is communicated to the receiving department prior to the patient's transfer. **A copy of the Violence Alert Interdisciplinary Tool and Care Plan must be part of the health records transfer documents.**
  - iv. Document in patient's chart the results of the review including date, time, name of reviewer, reason for review, patient status, and behaviors relevant to the review and interventions taken. Include whether the Violence Risk and Safety Alert was reviewed and still applies, or has been removed.

### 2.3.3. Reviewing and Maintaining the Alert in CERNER

- A review of the Aggression and Violence Alert is required is to be completed by provider or other clinical staff member.
- The required frequency for review for inpatient and ambulatory – at minimum every 6 months. Potentially each inpatient admission.
- Please refer to CST CERNER Help page for step by step guide on documentation.

### 2.3.4. Removal of Violence Alert (Suggest Review Every 6 Months)

If, upon review by the Clinical Services Manager/Director (or delegate), it has been deemed that there is no longer a risk of violence in the patient's environment then the Violence Alert shall be removed:

1. Initiate a request for change/removal of the electronic alert following BC Cancer Procedure for Process Alerts;
2. Remove all purple indicators;
3. Document reasons for removal of the Violence Alerts in the patient's chart, and;
4. Inform the patient, family, and staff members.

Discontinuing a Violence Alert in CERNER:

- If clinical staff determine that a standing alert is no longer required for a person, the clinical leader can request that it be removed.
- Refer to the CST CERNER Help page under "Discontinue Violence Risk Alert" for a step by step guide.

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## 2.4. Patient/Client Education

### Disagreement with the Application of a Violence Alert

#### **Patient, Family Member, or Legally Authorized Representative:**

- Should a patient, family member or their legally authorized representative have concerns about the status of a Violence Risk and Safety Alert, they can ask to speak to the nurse-in-charge or the Clinical Services Manager as per the PHSA Complaints Management Policy and or BC Cancer Client Feedback Management Policy. If the concerns remain unresolved, the nurse-in-charge or Clinical Services Manager will refer the complaints to the PHSA Patient Care Quality Office (PCQO).

Email: [pcqo@phsa.ca](mailto:pcqo@phsa.ca) or Phone (toll free) 1- 888- 875-3813 (830-430 Monday to Friday)

- The concern will then be reviewed by the PHSA PCQO, in consultation with the Violence Prevention Advisor and the nurse-in-charge or Clinical Services Manager. If the requirements to adjust the Violence Risk and Safety Alert are met, the status may be altered.
- The concerns and process followed will be documented in the patient's chart by the patient's nurse and the nurse-in-charge, Clinical Services Manager, or any other professional [staff](#) member who has had a direct role in the patient's complaint management discussions.

#### **Staff:**

- Should any [staff](#) member have concerns regarding the patient Violence Risk and Safety Alert, they are encouraged to direct their concerns to the nurse-in-charge or the Clinical Services Manager/Director.
- Should staff disagree with Violence Risk Safety Alert, and step 1 did not resolve issue, then staff can approach PCQO for resolution.

## 3. Related Documents and References

### 3.1. Related Documents

- [BCCA Violence Alert and Interdisciplinary Tool and Care Plan](#)
- [CST Cerner Help page](#)
- [BCCA Client Feedback Management Policy](#)
- [Emergency Response Plan](#)
- [PHSA Patient Care Quality Office and Patient Care Quality Review Board Act-PHSA Care Quality \(Complaint Management\)](#)

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- [PHSA Preventing Violence in the Workplace Policy](#)
- [PHSA Violence Prevention Program](#)
- [Violence Prevention POD Page](#)

### 3.2. References

- ALERT System: Designation, Identification, and review of Clients at Risk for Aggressive Behaviour - Fraser Health Authority – Feb. 2010
- BC Provincial Mental Health and Substance Use Planning Council. (2013). Trauma Informed Practice Guide. Retrieved January 2014 from: [http://bccewh.bc.ca/wpcontent/uploads/2012/05/2013\\_TIP-Guide.pdf](http://bccewh.bc.ca/wpcontent/uploads/2012/05/2013_TIP-Guide.pdf)
- Behavioural Care Planning for Violence Prevention Manual – Provincial Violence Prevention Curriculum – Mar. 2011
- BC Children's hospital and BC women's hospital Violence and risk Safety Manual (June 2015)
- [Cerner Patient Registration & Bed Management, C&W Process Alerts Procedure, Revised September 2012.](#)
- Hodas, G. R. (2006). Responding to childhood trauma: The promise and practice of trauma informed care. Pennsylvania Office of Mental Health and Substance Abuse Services, 1-77.
- Kim S.C., Ideker, K., & Todicheeney-Mannes, D. (2012). Usefulness of Aggressive Behaviour Risk Assessment Tool for prospectively identifying violent patients in medical and surgical units. Journal of Advanced Nursing, 68(2), 349-357.
- Kling R., Corbiere, M. Milord, R., Morrison, J.G., Craib, K., Sidebottom, C. ... Saunders, S. (2006). Use of a Violence Risk Assessment Tool in an Acute Care Hospital – Effectiveness in Identifying Violent Patients. AAOHN Journal, 54(11), 481-487. Retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed/17124966>
- Kling, R.N., Yassi, A., Smailes, E., Lovato, C.Y., & Koehoorn, M. (2011). Evaluation of a violence risk assessment system (the Alert System) for reducing violence in an acute hospital: A before and after study. International Journal of Nursing Studies, 48(5), 2011, 534-539.
- [PHSA Preventing Violence in the Workplace, December 2011.](#)
- [Violence and Aggression ALERT – Acute Care - Vancouver Coastal Health Authority – July 2010](#)
- [WorkSafeBC – Occupational Health & Safety Regulations \(sec. 4.27-4.31\) - Sep. 2010](#)

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## 4. Appendices

[Appendix 1: Violence Risk and Safety Alert Tool](#)

[Appendix 2: Violence Risk and Safety Alert Careplan](#)

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## Appendix 1: Violence Risk and Safety Alert Tool

<b>VIOLENCE RISK AND SAFETY ALERT TOOL</b>		Patient ID
Date of Application:		Date of Removal:
Violence Risk Safety Alert is for:		PATIENT/CLIENT OTHER:
ACTIVATING EVENT (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 Strike    Physical Threat/Acting Out Unwelcome Touch    Verbal / Written Threat    Other/Unknown:	
INTERVENTIONS(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:

# VIOLENCE RISK AND SAFETY ALERT PROCEDURE

FOLLOW UP ACTIONS			
<b>ACTIVATE SAFETY ALERT SYSTEM</b>	<p><b>1. Inform the person/care giver of the <i>Violence Risk Safety Alert</i> activation</b></p> <p style="text-align: center;">(when safe to do so)</p> <p>Date: _____ Initial: _____</p> <p><b>2. Place Violence Risk Safety Alert Tool at front of chart</b></p> <p style="text-align: center;">(behind the CAUTION sheet if present)</p> <p>Date: _____ Initial: _____</p> <p><b>3. Place a purple visual alerts (Purple dot stickers) in visible areas:</b></p> <p>Date: _____ Initial: _____</p> <p style="text-align: center;"><b>For example:</b></p> <ul style="list-style-type: none"> <li>On the spine of health record (inpatient)</li> <li>By the patient name on Kardex (in patient) and/or other patient planning/assignment documents</li> <li>On front of patient chart (inpatient and outpatient)</li> <li>On any labels</li> <li>On requisitions (e.g. Labs, x-ray) or consultation request forms</li> <li>On any patient documents which may be utilized or seen by staff to whom risk should be communicated and</li> <li>On patient assignment board (beside patient's room number)</li> <li>On front of patient/treatment area door</li> </ul> <p><b>4. ESTABLISH A SAFETY ALERT CARE PLAN</b> Date_____Initial _____</p> <p><b>5. Activate Safety Alert Icon in: CAIS and/or ARIA</b> Date_____Initial____</p>		
<b>COMPLETED BY:</b>		<b>DESIGNATION:</b>	

## Appendix 2: Violence Risk and Safety Alert Careplan

### **VIOLENCE RISK AND SAFETY ALERT CAREPLAN**

#### INTERDISCIPLINARY PLAN OF CARE

<b>RELEVANT HISTORY/DIAGNOSIS:</b> _____ _____ _____ _____	Patient ID
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**Disclosure to patient/caregiver that Violence Risk Safety Alert and Careplan have been implemented.**

**DATE:**

**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

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### VIOLENCE RISK SAFETY ALERT CAREPLAN

#### INTERDISCIPLINARY PLAN OF CARE

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

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<b>Final Sign Off:</b>	Name	Title	Date Signed
	Corinne Hume	Leader, Quality, Safety & Accreditation Department	23-JUNE-2022
<b>Developed By:</b>	Name	Dept.	HO
	Edward Park	Risk Management	PHSA-BC Cancer
	Tracy Lust	Quality and Safety	PHSA-BC Cancer
	Rajesh Sthankiya Ava Hatcher Kimberly Benham Ruby Gidda Gerald Gelowitz Judi Piper-Wallace Gina MacKenzie	BC Cancer Violence Risk and Safety Alert Procedure Working Group	PHSA-BC Cancer
<b>Owner(s):</b>	Director, Risk Management		
<b>Posted Date:</b>	28-JUNE-2022		
<b>Version:</b>	2.0		
<b>Revision:</b>	Name of Reviser	Description	Date
	Corinne Hume (Quality, Safety & Accreditation Leader, BC Cancer)	Added CST Cerner Instructions and additions	23-JUNE-2022