

Managing Disrespectful, Violent, or Aggressive Behaviors of Visitors

1. Introduction

1.1. Purpose

The Ministry of Health requires every health organization to manage situations where visitors to health care facilities behave in a way that presents a risk to the health and safety of the organization. Situations are to be managed in a way that balances the rights and responsibilities of all parties involved in a fair and consistent way.

Providence Health Care (PHC) is responsible for providing a safe and healthy environment for all individuals within its programs, departments, services and facilities, including persons in care, visitors, volunteers and the general public. As well, PHC has a responsibility as mandated by WorkSafeBC to ensure all staff are provided a safe working environment that is free from violence, aggression and harassment.

With person and family centered care being forefront, it is important for PHC to achieve balance between the needs of persons in care to receive visitors, and the rights of staff, other persons in care and other visitors to have a safe and respectful environment.

1.2. Scope

This policy applies to all PHC sites.

1.3. Exceptions

There are no exceptions to this policy.

2. Policy

Persons in care have a right to receive visitors to the greatest extent possible given their clinical condition and the operational requirements of the program, service or facility. Visitors have a responsibility to manage their own conduct, treat others with respect, and to preserve the dignity, safety and comfort of other persons in care, and [Staff](#).

In situations where visitors exhibit behaviour that is disrespectful, aggressive or violent, Directors, Managers, and Physician Leaders are responsible for acting immediately to protect the safety of persons in care, other visitors, and staff, while also showing compassion for the visitor who may be under considerable stress for a variety of reasons, including concerns about the person they are visiting.

This policy may be superseded by court orders, including custody orders and orders made under

other enactments, relating to the specific person in care or visitor.

2.1. Situations Involving Immediate Risk

Calmly attempt to deescalate the situation. If de-escalation strategies are unsuccessful and behaviour presents a danger, Staff should:

1. take all threats seriously and remove themselves from the immediate area;
2. call for help which could include Security (where available) and/or initiating a Code White response;
3. inform supervisor (CNL, charge nurse) to obtain assistance in responding to the situation;
4. ensure safety of other patients, staff and visitors; and
5. document the incident in the Patient Safety Learning System (PSLS).
6. Report the incident to the Provincial Workplace Health Contact Centre (PWHCC) 1-866-922-9464 if staff were injured or almost injured.

If considered warranted, contact 911 for immediate police assistance. Indicate your level of concern to the operator by using objective and descriptive language e.g., "A visitor is threatening to shoot staff; I fear for my safety, please send assistance immediately" and ensure that the operator has your specific and correct address.

The program or service Manager is to inform the Leader-on-Call, Patient Relations, Risk Management, Communications and Occupational Health and Safety as required.

2.2. Situations Not Involving Immediate Risk

A progressive approach is to be used to address behaviour issues, striving for a minimal level of intrusion upon the autonomy of the visitor and person in care.

The following interventions should be considered by the care team, in order of increasing intrusiveness:

1. Outline for the visitor the standard of behaviour expected and request compliance (e.g. review "Partnership for Care" poster)
2. Provide verbal and/or written warnings of the potential for short or long term restrictions on visitation if inappropriate behaviour continues
3. Limit the hours the visitor is allowed to visit to those times when leadership is on site
4. Initiate supervision for the visitor when visiting their family member or friend (i.e. Security stand-by/planned response)
5. Implement formal conflict resolution processes (contact Patient Relations or Risk

Management at local 68284/68879 to discuss)

6. Implement short term (i.e. days to weeks) restrictions on access
7. Implement long term (i.e. months) restrictions on access
 - a) Restricting a visitor's access is to be used as a last resort only.
 - b) If restriction is considered, PSLs will be used to document the progressive steps attempted prior to restriction.
 - c) If restriction is implemented, a plan is to be developed for regular review of the decision to determine if the restrictions should be revised.

Visitors wishing to dispute the access restriction may contact the PHC Patient Care Quality Office at 604-806-8284.

Staff are encouraged to engage their supervisor/manager to obtain assistance in responding to the situation if required.

Management of the program is encouraged to consult with Patient Relations and/or Risk Management if they require support.

2.3. Risk Assessment

Integrated Protection Services/Security can assist with a Threat Assessment for situations where visitors are making targeted threats towards staff, persons in care or the organization (Local 4777 for non-urgent requests at sites with Security).

Violence Prevention Advisors are also available at violenceprevention@providencehealth.bc.ca to provide consultation, resource information, and assistance in managing challenging visitors.

2.4. Reporting and Documentation

All incidents of violence where staff were injured or almost injured, including psychologically, are to be reported to the Provincial Workplace Health Contact Centre at 1-866-922-9464.

All incidents of disrespectful, violent, or aggressive visitor behaviors must be reported in PSLs. The *management* of each stage of the event is to be documented in PSLs and categorized as shown:

* Category that best describes the event ?	Behaviour	▼
* Details ?	Aggression / assault	▼
* Additional details ?		▼

As best describes the situation

3. Responsibilities

Document section not used.

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

5.1. Related Policies

[Code White Emergency Response](#)

[Family Presence](#)

[Pets](#)

[Recording \(Photographing, Video Recording and Audio Recording\) by Patients and Visitors](#)

[Respect at Work](#)

[Screening Patients and Residents for Abuse](#)

5.2. Related Guidelines, Procedures, Forms

[Better Together: Sustaining Person & Family Centered Care in Escalated Situations Involving](#)

[Family Involvement with Mental Health & Addiction Services](#)

[Visitors and Family Members](#)

6. Definitions

“Staff” refers to all employees (including management and leadership), Medical Staff Members (including physicians, midwives, dentists and Nurse Practitioners), residents, fellows and trainees, health care professionals, students, volunteers, contractors and other service providers engaged by PHC.

“Disrespectful, Aggressive or Violent” behaviour includes attempted or actual use of any physical force so as to cause injury, threatening statements or behaviours, or any expression of hostile behaviour or threat directed towards others that hurts or causes to harm through verbal, physical, psychological or sexual means. Behaviours also deemed unacceptable include, but are not limited to, using abusive and/or foul language, apparent alcohol and/or drug intoxication, and being disruptive or unresponsive to the direction of staff.

“Person(s) in care” includes patients, clients and residents.

“Visitor(s)” refers to any person visiting a patient in the facility or present with the patient in community (e.g. family member, friend, acquaintance).

7. References

Accreditation Canada: ROP Handbook Workplace Violence Prevention 2020

Work Safe BC- Regulation Part 4 (General Conditions) “Violence in the Workplace” Section 4.27-4.31.

8. Appendices

Appendix A: Progressive Escalation Strategies for Managing Disrespectful, Violent or Aggressive Behaviours of Visitors

Appendix B: Template for writing a letter to the visitor.

Appendix C: Residents’ Bill of Rights¹

Appendix D: Partnership for Care

¹ Two version included – one for facilities under the Hospital Act and one for facilities under the Community Care and Assisted Living Act

Appendix A: Progressive Escalation Strategies for Managing Disrespectful, Violent or Aggressive Behaviours of Visitors

1. VERBAL AGGRESSION

Behaviour	Strategy/Staff Response
<ul style="list-style-type: none"> a) Hostile, angry behaviour b) Swearing/offensive language, shouting at staff, persons in care or other visitors c) Verbal threats towards staff, persons in care, and other visitors d) Unwelcome remarks, jokes, innuendo about a person's body, gender, or sexual orientation including sexist comments or sexual invitations e) Unwelcome remarks, jokes, innuendo about a person's religion, culture, ethnicity or physical appearance f) Making false accusations of staff misconduct/criminal behaviours 	<ul style="list-style-type: none"> • Approach visitor in calm manner and acknowledge visitor's current level of distress. • Identify possible causes of behaviour • Ensure privacy if possible and discuss with visitor the standard of behaviour expected on PHC property, sites or services. • Initiate verbal compliance or verbal contract with visitor with the understanding that a written contract may follow. • Provide details of progressive approach including possible visitation restrictions when visiting their family/friend. • Take all threats seriously. Document and inform team and when appropriate contact Integrated Protection Services/Security or Violence Prevention for consultation or assistance. • Document incident using appropriate reporting systems. (Provincial Workplace Health Contact Centre, PSLS)

DISRUPTIVE BEHAVIOURS

Behaviour	Strategy/Staff Response
<ul style="list-style-type: none"> a) Preventing staff providing required patient/resident care safely and free from interference b) Refusal of medications, clinical assessments, personal care c) Increasing demands for care and/or services d) Unrealistic expectations about Care Plan e) Suspected tampering of IV equipment or feeding tube f) Feuding with Family/Visitors g) Selling/bringing/using alcohol/drugs/substances h) Misuse of hospital resources (e.g. sleeping in patient bed, showering, eating a patient's food) i) Filming staff/persons in care j) Bringing animals/pets to intimidate others and/or violate PHC's Pet Policy 	<ul style="list-style-type: none"> • Care Team to discuss behaviours, identify staff point of contact for visitor and develop plan to address behaviours with visitor. • Evaluate concerns from staff and persons in care from a safety perspective. • Meet with visitor to identify key issues of concern from visitor's perspective. Identify common goals. • Engage an interpreter to enhance communication when language is a barrier. • Consider need for structured and written communication plan with visitor. • Staff education and instruction on consistent responses and plan. • Safety companion or sitter as an option as appropriate. • Security stand-by (where available) during critical times. • Provide explanation/rationale for receiving IV treatment. Explain to visitor the inherent risk of infection, air embolism and overdose of prescribed medication. • If visitor continues to breach, supervised visiting with restrictions may be introduced • Identify appropriate point spokesperson for family as per person in care's expressed wishes, as directed in Court appointed (Committee ship) documents, Representation Agreement, Advance Care Plan, or as per Substitute Decision making hierarchy.

2. PHYSICAL AGGRESSION

Behaviour	Strategy/Staff Response
<ul style="list-style-type: none"> a) Visitor breaching the personal space/boundary of staff or other persons in care. b) Brandishing/using a weapon c) Physical or sexual assault and/or unwanted physical contact such as, but not limited to, touching, pinching or hugging d) Damaging property 	<ul style="list-style-type: none"> • For situations involving immediate risk, call for help which could include Security (where available) and/or initiating a Code White response. Ensure safety of other persons in care, staff and visitors. • Work with Security (where available) and contact Police as necessary. • Care Team to discuss behaviours, identify staff point of contact for visitor and develop plan to address behaviours with visitor. • If visitor continues to breach, supervised visiting with restrictions may be introduced. • Document incident using appropriate reporting systems. (Provincial Workplace Health Contact Centre, PSLS).

Appendix B: Template for writing a letter to the visitor.

Dear (Visitor name):

Providence Health Care recognizes the value of patients/clients/residents (pick one) receiving visitors during their stay in our facilities, and we will do everything we can to support these visits.

However, visitors have a responsibility to manage their own conduct, treat others with respect and to preserve the dignity, safety and comfort of other patients/clients/residents, physicians and staff while at a Providence Health Care site.

Since _____ (date), it has been observed and documented (only add this if true!) that your behaviour has been _____ (describe: disrespectful, aggressive or violent). Examples of observed behaviours we consider problematic and disruptive to the care setting are as follows:

- Recording conversations or actions without authorization of all parties, despite having been asked to not do so
- Swearing
- Shouting, verbally threatening
- Interfering in patient care
- Etc. (list those that have been observed, and remove those not observed)

As you were advised on _____ (date), restrictions to your visiting would be considered if this behaviour continued.

I am now writing to inform you that as a result of these ongoing issues, as observed/documented on _____ (date), we now find it necessary to restrict your access to _____ program/service/facility).

Please be advised that from (date) to (date) the following restrictions will be in place:

- list out progressive approach (supervised visits, time restrictions per day)
- Length of time restrictions apply
- process of regular review of restrictions to remove or increase

If you disagree with these restrictions, please contact the Manager of this program _____ (name), _____ (phone).

Signed:

Manager Signature

Program/Service/Facility-unit

cc: Visitor
Integrated Protection Services
Risk Management

Appendix C: Residents' Bill of Rights



RESIDENTS' BILL OF RIGHTS

Commitment to care

1. An adult person in care has the right to a care plan developed:
 - (a) specifically for him or her, and
 - (b) on the basis of his or her unique abilities, physical, social and emotional needs, and cultural and spiritual preferences.

Rights to health, safety and dignity

2. An adult person in care has the right to the protection and promotion of his or her health, safety and dignity, including a right to all of the following:
 - (a) to be treated in a manner, and to live in an environment, that promotes his or her health, safety and dignity;
 - (b) to be protected from abuse and neglect;
 - (c) to have his or her lifestyle and choices respected and supported, and to pursue social, cultural, religious, spiritual and other interests;
 - (d) to have his or her personal privacy respected, including in relation to his or her records, bedroom, belongings and storage spaces;
 - (e) to receive visitors and to communicate with visitors in private;
 - (f) to keep and display personal possessions, pictures and furnishings in his or her bedroom.

Rights to participation and freedom of expression

3. An adult person in care has the right to participate in his or her own care and to freely express his or her views, including a right to all of the following:
 - (a) to participate in the development and implementation of his or her care plan;
 - (b) to establish and participate in a resident or family council to represent the interests of persons in care;
 - (c) to have his or her family or representative participate on a resident or family council on their own behalf;
 - (d) to have access to a fair and effective process to express concerns, make complaints or resolve disputes within the facility;
 - (e) to be informed as to how to make a complaint to an authority outside the facility;
 - (f) to have his or her family or representative exercise the rights under this clause on his or her behalf.

Rights to transparency and accountability

4. An adult person in care has the right to transparency and accountability, including a right to all of the following:
 - (a) to have ready access to copies of all laws, rules and policies affecting a service provided to him or her;
 - (b) to have ready access to a copy of the most recent routine inspection record made under the Act;
 - (c) to be informed in advance of all charges, fees and other amounts that he or she must pay for accommodation and services received through the facility;
 - (d) if any part of the cost of accommodation or services is prepaid, to receive at the time of prepayment a written statement setting out the terms and conditions under which a refund may be made;
 - (e) to have his or her family or representative informed of the matters described in this clause.

Scope of rights

5. The rights set out in clauses 2, 3 and 4 are subject to:
 - (a) what is reasonably practical given the physical, mental and emotional circumstances of the person in care;
 - (b) the need to protect and promote the health or safety of the person in care or another person in care, and
 - (c) the rights of other persons in care.

These rights are pursuant to section 4(4)(a) of the Hospital Act

Appendix D: Partnership for Care



Partnership for Care

We will do our best to:

- treat you with respect and dignity
- keep your information confidential
- listen to your concerns and respond to them
- share with you information about your illness, care, tests, and treatment
- partner with you to create a plan for your care
- provide an interpreter for the important conversations when possible
- ensure a safe environment for you

You will do your best to:

- treat other patients, family members, and the health care team with respect and dignity
- actively participate with your health care team to develop a personalized treatment plan and follow it
- ask questions and let your health care team know when you do not understand any information given to you
- not smoke, carry or use alcohol or illegal substances while at the hospital (buildings, grounds and parking lots). If you are having trouble with alcohol or drug use, please let your health care team know because they can help.

If you have questions or concerns, please speak directly with the nurses and physicians involved or with the unit leader. If an issue remains unresolved, or if you are not sure who to speak to, then please contact the Leader of Patient Relations (604 806-8284), who can act as a liaison to address your concerns.



共同努力，实现优质护理服务

我们将尽力做到：

- 尊重您，维护您的尊严
- 为您的信息保密
- 倾听您的疑虑，并作出回应
- 作为为您提供护理服务的伙伴，我们将告诉您有关您的疾病、护理、化验和治疗方面的信息
- 与您一起，规划您的护理方案
- 为双方间的重要对话提供口译人员
- 确保您的环境安全

您须尽力做到：

- 尊重其他患者、家庭成员和医护人员，维护其尊严
- 积极与医护人员协作，制定并遵守针对您个人的治疗方案
- 如果您对所提供的信息有不明白之处，请提出问题，并告诉医护人员
- 不在医院建筑内外及停车场吸烟、喝酒或使用禁用物品。如果您喝酒、吸烟或吸毒成瘾，请告诉您的医护人员，以便他们为您提供帮助

如果您有任何问题或疑虑，请直接告诉相关的护士、医生或部门领导。如果您的问题未能解决，或如果您不知道要跟谁谈您的问题，请拨打电话 604 806-8284，致电医患关系部领导，以便协助解决您的问题。



ਇਲਾਜ ਲਈ ਹਿੱਸੇਦਾਰੀ

ਅਸੀਂ ਇਹ ਕਰਨ ਲਈ ਆਪਣੀ ਪੂਰੀ ਵਾਹ ਲਾਵਾਂਗੇ:

- ਤੁਹਾਡੇ ਨਾਲ ਆਦਰ ਅਤੇ ਮਾਣ ਵਾਲਾ ਵਰਤਾਉ ਕਰਨ ਲਈ
- ਤੁਹਾਡੀ ਜਾਣਕਾਰੀ ਗੁਪਤ ਰੱਖਣ ਲਈ
- ਤੁਹਾਡੇ ਫਿਕਰਾਂ ਨੂੰ ਸੁਣਨ ਅਤੇ ਉਨ੍ਹਾਂ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ
- ਤੁਹਾਡੀ ਬੀਮਾਰੀ, ਇਲਾਜ, ਟੈਸਟਾਂ ਬਾਰੇ ਤੁਹਾਡੇ ਨਾਲ ਜਾਣਕਾਰੀ ਸਾਂਝੀ ਕਰਨ ਅਤੇ ਤੁਹਾਡੇ ਪਾਰਟਨਰ ਵਜੋਂ ਤੁਹਾਡਾ ਇਲਾਜ ਕਰਨ ਲਈ
- ਤੁਹਾਡੇ ਇਲਾਜ ਲਈ ਪਲੈਨ ਬਣਾਉਣ ਲਈ ਤੁਹਾਡੇ ਨਾਲ ਪਾਰਟਨਰ ਬਣਨ ਲਈ
- ਮਹੱਤਵਪੂਰਨ ਗੱਲਬਾਤ ਲਈ ਦੋਭਾਸ਼ੀਆ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ
- ਤੁਹਾਡੇ ਲਈ ਸੁਰੱਖਿਅਤ ਮਾਹੌਲ ਯਕੀਨੀ ਬਣਾਉਣ ਲਈ

ਤੁਸੀਂ ਇਹ ਕਰਨ ਲਈ ਆਪਣੀ ਪੂਰੀ ਵਾਹ ਲਾਵੋਗੇ:

- ਹੋਰ ਮਰੀਜ਼ਾਂ, ਪਰਿਵਾਰ ਦੇ ਮੈਂਬਰਾਂ, ਅਤੇ ਇਲਾਜ ਕਰਨ ਵਾਲੀ ਟੀਮ ਨਾਲ ਆਦਰ ਅਤੇ ਮਾਣ ਨਾਲ ਵਰਤਾਉ ਕਰਨ ਲਈ
- ਇਲਾਜ ਦੀ ਨਿੱਜੀ ਪਲੈਨ ਬਣਾਉਣ ਅਤੇ ਇਸ ਦੀ ਪਾਲਣਾ ਕਰਨ ਲਈ ਆਪਣੀ ਇਲਾਜ ਕਰਨ ਵਾਲੀ ਟੀਮ ਨਾਲ ਸਰਗਰਮੀ ਨਾਲ ਕੰਮ ਕਰਨ ਲਈ
- ਤੁਹਾਨੂੰ ਦਿੱਤੀ ਗਈ ਕੋਈ ਜਾਣਕਾਰੀ ਜੋ ਤੁਹਾਨੂੰ ਸਮਝ ਨਾ ਆਵੇ ਤਾਂ ਸਵਾਲ ਪੁੱਛਣ ਅਤੇ ਆਪਣੀ ਇਲਾਜ ਕਰਨ ਵਾਲੀ ਟੀਮ ਨੂੰ ਦੱਸਣ ਲਈ
- ਹਸਪਤਾਲ ਦੀਆਂ ਬਿਲਡਿੰਗਾਂ, ਗਰਾਊਂਡਾਂ ਅਤੇ ਪਾਰਕਿੰਗ ਲੋਟਾਂ ਵਿਚ ਸਿਗਰਟਾਂ ਨਾ ਪੀਣ, ਸੁਰਾਬ ਕੋਲ ਨਾ ਰੱਖਣ ਜਾਂ ਨਾ ਵਰਤਣ ਜਾਂ ਗੈਰਕਾਨੂੰਨੀ ਨਸ਼ੇ ਨਾ ਵਰਤਣ ਲਈ। ਜੇ ਤੁਹਾਨੂੰ ਸੁਰਾਬ ਜਾਂ ਨਸ਼ਿਆਂ ਦੀ ਵਰਤੋਂ ਦੇ ਸੰਬੰਧ ਵਿਚ ਮੁਸ਼ਕਲ ਆ ਰਹੀ ਹੋਵੇ ਤਾਂ ਆਪਣੀ ਇਲਾਜ ਕਰਨ ਵਾਲੀ ਟੀਮ ਨੂੰ ਦੱਸੋ ਤਾਂ ਜੋ ਉਹ ਮਦਦ ਕਰ ਸਕਣ

ਜੇ ਤੁਹਾਡੇ ਮਨ ਵਿਚ ਕੋਈ ਸਵਾਲ ਜਾਂ ਫਿਕਰ ਹੋਵੇ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਿੱਧਾ ਆਪਣੇ ਇਲਾਜ ਵਿਚ ਸ਼ਾਮਲ ਨਰਸਾਂ ਅਤੇ ਡਾਕਟਰਾਂ ਨਾਲ ਗੱਲ ਕਰੋ, ਜਾਂ ਯੂਨਿਟ ਲੀਡਰ ਨਾਲ ਗੱਲ ਕਰੋ ਜੋ ਕੋਈ ਮਸਲਾ ਹੋਲ ਨਾ ਹੋਵੇ, ਜਾਂ ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਪਤਾ ਨਾ ਹੋਵੇ ਕਿ ਕਿਸ ਨਾਲ ਗੱਲ ਕਰਨੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਪੇਸ਼ੈਂਟ ਰੀਲੇਸ਼ਨਸ਼ਿਪ ਦੇ ਲੀਡਰ ਨਾਲ ਸੰਪਰਕ ਕਰੋ (604 806-8284), ਜੋ ਕਿ ਤੁਹਾਡੇ ਫਿਕਰਾਂ ਦਾ ਹੱਲ ਕਰਨ ਵਿਚ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ।

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