

AV2900 – Managing Disrespectful, Aggressive or Violent Behaviours of Visitors

1.0 PURPOSE

Interior Health (IH) is committed to patient and family centered care. In order to offer patients, staff and all other occupants of the healthcare facility the safest environment possible, we as an organization must be able to manage disrespectful, aggressive or violent behaviors of visitors to our healthcare facilities. IH has a responsibility to offer an environment free from harassment, violence and aggression.

This policy is a supplement to, and does not replace, AV2500 (Violence in the workplace) policy.

Court orders relating to specific patients or visitors (including custody orders and orders made under other enactments) supersede this policy.

2.0 DEFINITIONS

TERM	DEFINITION
Aggression	Any expression of hostile behaviour or threat directed towards others that hurts or causes harm through verbal, physical, psychological or sexual means.
Client	Includes residents, patients or persons in care in an IH facility.
Disrespectful Behaviour	Conduct/comments that are inappropriate, demeaning or otherwise offensive intended to create an uncomfortable, hostile and/or intimidating environment.
Healthcare Facility	Any building, either owned or leased, including privately run, where client care services, including outpatient treatments, are offered.
Managed Risk Agreement	A written agreement between IH Management and any party (Patient, Visitor, Family Member) who has shown to be a risk for violence or inappropriate behaviour in an IH facility.
Staff	Includes individuals employed, privileged or contracted with IH (including medical staff, students and volunteers) while engaged in IH work activity.
Violence	The attempt or actual exercise by a person of any physical force so as to cause injury or harm to another person.
Visitor	All other individuals within the facility, not captured under Clients or Staff.

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3.0 POLICY

1. Clients have the right to receive and/or refuse Visitors based on their own preferences to the greatest extent possible given their clinical condition and the operational requirements of the Healthcare Facility;
2. All Visitors to an IH Healthcare Facility must conduct themselves in a respectful manner that is suitable to a healthcare facility. Visitors have the responsibility to manage their own conduct and treat others with respect while preserving the dignity, safety and comfort of other Clients, Staff and Visitors;
3. In the event that Visitors start to display aggressive, violent or harassing behaviour, Staff must act immediately to ensure the safety of other Visitors, Clients, and Staff is protected, while also showing compassion for the reason the Visitor may be displaying negative behaviour (increased stress due to Client's condition, etc.); and
4. Managers/Directors/Leaders have a responsibility to evaluate the actions of the Visitor and create a mitigation strategy that respects the rights of the Client but ensures the safety of all other individuals within the facility is not compromised.

4.0 PROCEDURES

4.1 Situations involving an immediate risk or threat

1. If there is a weapon – Immediately call 9-1-1 and attempt to move people out of immediate danger;
2. Follow the site Code White procedures if the Visitor shows signs of verbal or physical aggression or Violence (activate a code white button, contact switchboard, security (if available) etc.);
3. Notify the manager after completing the intervention;
4. Document the situation as necessary including, but not limited to:
 - a. Workplace Health Call Centre 1-866-922-9464
 - b. PSLS (Patient Safety Learning System)
 - c. Code White Form;
5. Responsible manager to Contact Workplace Health and Safety and/or Protection Services if the threat could be ongoing (a formal threat assessment may need to be completed); and
6. Responsible manager is to investigate and review the incident and in consultation with Workplace Health and Safety, Risk Management, Protection Services and site administration, create a plan of action for the individual.

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4.2 Situations not involving immediate risk or threat

1. A progressive approach with the least amount of intrusion into the Client's and Visitor's autonomy is to be used;
2. A level of response appropriate to the threat or concern should be used (see Appendix A) Take all Threats Seriously;
3. Interventions considered by the care team are to be the least intrusive method possible and increasing up the continuum as necessary (see Appendix A):
 - i. First step is to speak with the Client and the Visitor and request cooperation with adhering to this policy;
 - ii. Provide verbal warning of the potential to limit or restrict visiting privileges if behaviour continues;
 - iii. Create a Managed Risk Agreement – In consultation with Patient Care Quality Officer for your area;
 - iv. Initiate restriction on length and time for visitation;
 - v. Initiate escorted visitation (Security (if available), Supervisor, Manager);
 - vi. Restrict all access to the facility until a solution can be attained. This includes a dispute resolution process involving appropriate departments within IH. These could be the Patient Care Quality Office, Risk Management, Protection Services and WH&S.
4. Plans must be reviewed periodically (dependent on situation – must be a minimum of a monthly basis) to ensure they are still appropriate, keeping the care of the Client as well as the safety of the Staff, other Clients and Visitors in mind;
5. At any point the Visitor can contact the Patient Care Quality Office at (1-877-442-2001) and ask for a review of the decision; and
6. Document as appropriate.

5.0 REFERENCES

1. BC Ministry of Health Communiqué (October 2012). Ministry of Health Policy: Response to Visitors Who Pose a Risk to Health and Safety in Health Care Facilities
2. [Interior Health Policy AV 2500- Violence Prevention](#)
3. [Interior Health Policy AU1000 – Workplace Environment](#)
4. British Columbia – Residents' Bill of Rights

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Appendix A

BEHAVIOUR	STRATEGY
<ul style="list-style-type: none"> • The use of offensive language; • Other disruptive behaviour (loud voices, large groups etc) 	<p>Initial response</p> <ul style="list-style-type: none"> • Approach the Visitor in a respectful manner and let them know their behaviour is not appropriate in a healthcare setting • Remind them of the other Clients and Visitors in the facility and that their behaviour is disruptive and request cooperation in adhering to IH policy (AU 1000).
<p>If the above behaviour escalates, continues or includes:</p> <ul style="list-style-type: none"> • Hostile or Angry behaviour • Shouting at staff or other Clients/Visitors • Preventing Staff from delivering patient care • Tampering with equipment • Demanding care or services 	<p>Progressive action as required</p> <p>Initiate action plan with response outlined above then follow the below escalating guidelines:</p> <ol style="list-style-type: none"> 1. Use verbal de-escalation techniques as appropriate. 2. Inform the manager or designate of the behavior. 3. Follow actions outlined in section 4.2.3 of PSW 1600.
<ul style="list-style-type: none"> • Uttering threats towards Staff, other Client s or Visitors • Breaching the personal space of Staff or other Clients • The use of physical force to cause injury or threaten injury 	<p>Emergency Response</p> <p><u>Take all threats seriously</u></p> <ul style="list-style-type: none"> • If a weapon is involved or imminent risk of harm– Immediately call 9-1-1. • If no weapon involved- follow code white procedures. • Document and inform department manager. • Manager to review and investigate incident in consultation with appropriate departments (WH&S, Risk Management, Protection Services, Site Administration) and create visitation plan appropriate to circumstances.

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Date Approved: October 2014	Date(s) Reviewed-r/Revised-R: October 2015 (R)	