

# Workplace Violence Prevention Standard

February 2016 updated  
For the latest edition of this document,  
refer to the Workplace Health page on the VCH Intranet.

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## 1.0 Purpose

1.1 The Workplace Violence Prevention Standard (hereafter referred to as the “Standard”) outlines the policies, procedures, responsibilities and resources to promote and provide a safe and respectful work environment for all employees, contracted staff, volunteers and students (hereafter referred to collectively as “staff” and singularly as “staff member” unless otherwise specified).

## 2.0 Scope

2.1 This Standard applies to all Vancouver Coastal Health (VCH) sites and medical and non-medical staff, contractors, volunteers and students.

2.2 All departments and staff must comply with the practices and procedures documented in this Standard as a minimum requirement. Additional practices and procedures may be adopted and maintained at a department level to accommodate specific operational needs.

## 3.0 Policy

3.1 The corporate [Preventing Violence in the Workplace](#) policy mandates implementation of and compliance with the Standard by all staff, contractors, volunteers and students.

3.2 Documents, forms and tools associated with the Standard and its related policies will be maintained in the [Violence Prevention section](#) of the Workplace Health intranet page.

## 4.0 Applicable Regulations

4.1 The Standard (and supporting documentation, forms and tools) complies with WorkSafe BC’s *Occupational Health & Safety Regulation* sec. 4.27- 4.31 of Part 5 (“Violence in the Workplace”).

4.2 The Standard (and associated forms, tools and documentation) applies in conjunction with the VCH [Respectful Workplace](#) policy.

## 5.0 Responsibilities

5.1 Responsibilities related to administration of the Standard

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- **Senior Executive Team and Directors** must ensure that:
  - Managers and Supervisors are familiar with the contents of the Standard and their responsibilities under the Standard.
  - Resources required for the implementation and administration of the Standard are made available.
  
- **Managers and Supervisors** must:
  - Be familiar with the contents of the Standard and their responsibilities under the Standard.
  - Implement the Standard as it applies to their department/program.
  - Provide resources required for the implementation and administration of the Standard.
  - Ensure staff are familiar with the contents of the Standard and their responsibilities under the Standard.
  
- **VCH staff** will:
  - Report incidents of violence or aggression that pose a risk to personal safety or to other staff or patients/residents/clients using the appropriate reporting system.
  - Follow all VCH and site specific violence prevention procedures and work practices.
  
- **Workplace Health** will:
  - Maintain the Workplace Violence Prevention Standard and related tools and resources.
  - Provide advice to managers, supervisors and personnel to ensure compliance with the Standard.
  - Liaise and collaborate with internal and external departments (e.g. Integrated Protection Services, Risk Management, Human Resources) regarding violence prevention initiatives, control measure and policies/procedures.
  - Monitor and analyze workplace violence incident statistics to assist in development and prioritization of corporate initiatives.
  
- **Joint Health and Safety Committees (JHSCs)** will:

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- Receive concerns and make recommendations for improvement of the Standard to site leadership and Workplace Health.
- **Contractors (Physicians and others), students and volunteers will:**
  - Comply with the Standard and any violence prevention procedures provided by Workplace Health and/or the worksite.

### 5.2 Responsibilities related to completion of Violence Risk Assessments (VRA)

- **Managers and Supervisors must:**
  - Ensure the completion of a VRA for their program/department if there is a risk of injury to staff from violence during the course of work.
  - Participate in the VRA process and sign off on the final document.
  - Ensure the VRA is updated every three years or sooner if there is significant change to the program/department that may impact the VRA.
  - Notify Workplace Health when there is a significant change (e.g. physical or operational) to the program/department that may impact the VRA.
  - Implement the VRA recommendations in collaboration with the local JHSC.
  - Ensure that an annual review of the implementation of VRA recommendations is conducted in collaboration with the local JHSC.
- **VCH staff will:**
  - Respond to staff surveys and participate in focus groups within the program/department when requested to do so.
- **Workplace Health will:**
  - Provide leadership and support to managers/supervisors in conducting program/department VRAs and implementing recommendations.
  - Consult on the annual review of the implementation of the recommendations made in the VRA.
- **Joint Health and Safety Committees will:**

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- Participate in the review of implementation of recommendations listed in the program/department VRA as applicable.

### 5.3 Responsibilities related to controlling risk

- **Managers and Supervisors** must:
  - Implement appropriate controls where a risk of workplace violence has been identified using the hierarchy of controls methodology.
  - Consult Workplace Health and other stakeholders, such as Integrated Protection Services, during the design phase of new locations and redesign of current locations.
  - Ensure staff correctly operate and maintain (where applicable) personal protective equipment where in use.
  - Ensure any issues or shortcomings with violence prevention procedures, the use of PPE, risk communication systems or other control measures are documented and corrected as soon as possible.

### 5.4 Responsibilities related to violence prevention education

- **Managers and supervisors** must:
  - Ensure that the required education/training is provided to all staff before they are assigned any unsupervised work where there is a risk of violence.
- **VCH staff** will:
  - Participate in violence prevention education/training initiatives.
- **Workplace Health** will:
  - Oversee and support the delivery of the corporate violence prevention education/training program.
  - Maintain violence prevention education/training records.

### 5.5 Responsibilities related to weapons in the workplace

- **Managers and supervisors** must:
  - Implement site level protocols to minimize any possible harm to staff in the event of a weapon discovery.

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- Ensure that staff are advised of and understand appropriate measures to follow in the event of a weapon discovery.
  
- **VCH staff will:**
  - Be familiar with and follow weapon response procedures through site/unit based protocols.
  
- **Integrated Protection Services will:**
  - Support violence prevention-related policies in conjunction with Workplace Health.
  - Ensures contracted security personnel deployed at VCH sites respond immediately to all aggressive or violent incidents.
  - Provides statistical information on aggressive incidents to JHSCs for review.
  - Assists in the evaluation of violence prevention policies annually in conjunction with Workplace Health and JOHSCs.

## 6.0 Violence Risk Assessment

6.1 A Violence Risk Assessment (VRA) must be completed for programs/departments where there is a risk of injury to staff from violence during the course of their work.

6.2 Required VRAs will be completed systematically based on risk level, with highest risk programs/departments being completed first.

- Risk ranking is determined via analysis of program/department statistics (e.g. number of violent incidents, days lost, claims costs) and factors such as patient population and nature of job tasks.
- Departments that are new or that have relocated to a new building are also categorized as high priority.

6.3 Violence Risk Assessments will be conducted collaboratively by Workplace Health and employer and employee representatives of the program/department.

- Additional specialty resources (e.g. Integrated Protection Services) will be consulted as needed.

6.4 Review of the implementation of VRA recommendations will be conducted on an ongoing basis until completed. This process will be led by managers/supervisors in consultation with the JHSC.

6.5 Once completed, the VRA implementation plan should be audited annually.

6.6 VRAs will be updated every three years or sooner if there is a significant change to the program/department (e.g. patient population, physical layout or location).

## **7.0 Controlling Risk**

7.1 When a risk of workplace violence is identified, elimination and mitigation strategies must be developed.

7.2 Strategies are to be based on the concept of “hierarchy of controls.” As per this hierarchy, the following types of controls (in priority order) are to be considered:

- Elimination;
- Substitution;
- Engineering controls;
- Administrative controls;
- Personal protective equipment (PPE).

7.3 Workplace design (e.g. layout, routes of egress, safety alarm systems) contribute to the safety of staff. Workplace Health is to be consulted during the design phase for new locations and redesign of current locations.

- Additional stakeholders, such as IPS, must be consulted where appropriate.

7.4 Where personal protective equipment such as personal panic devices are used:

- Procedures must be developed for their use (e.g. sign-in and sign-out);
- Staff must be trained on the procedures for use;
- There must be a sufficient number of devices available;
- Duress alarms must be tested and documented at least monthly.

## **8.0 Education**

8.1 Staff that may be exposed to violence during the course of their work must receive education on how to recognize risk of violence and protect themselves from potential harm.



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8.2 Specific education requirements by department/program risk level are maintained in the [Violence Prevention section](#) of the Workplace Health intranet page.

### 9.0 Communication of Risk

9.1 All VCH departments/programs must develop and implement site level procedures that identify and communicate the risk of violence posed by patients/residents/clients and others, such as family members and visitors.

9.2 All patients, residents or clients presenting for admission, treatment, intake or initial visit at any acute, residential or community site must be screened for violence risk.

9.3 In acute and residential care the [Violence and Aggression ALERT - Acute Care](#) policy applies (see **Appendix B**).

9.4 In community care the [Community Risk Screening](#) policy applies (see **Appendix C**).

9.5 When a patient is transferred between units it is the responsibility of the receiving unit to check for an existing violence alert and to screen the patient according to the applicable screening algorithm.

### 10.0 Code White

10.1 [Code White](#) is an emergency response where staff encounter a violent or aggressively behaving person(s); staff feel threatened or perceive themselves to be at risk of harm; and/or a situation has the potential to escalate into a violent incident.

10.2 All VCH sites are required to have site level procedures for Code White response.

10.3 Site level Code White procedures are based on three levels of response:

- **Level 1** Basic Response – one to two person response focusing on providing support and verbal de-escalation, but will not engage in physical intervention.  
Educational Requirements: Provincial Violence Prevention Curriculum Online Modules
- **Level 2** Intermediate Response – two to five person response using a combination of verbal de-escalation and physical presence, but will not engage in physical intervention.

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Educational Requirements: Provincial Violence Prevention Curriculum Online Modules (required) and Provincial Violence Prevention Curriculum CORE Classroom Training (recommended)

- **Level 3** Advanced Team Response – three to five (or more) person response in a structured team manner (can include security and police) and can include physical restraint and containment.

Educational Requirements: Provincial Violence Prevention Curriculum Online Modules and Provincial Violence Prevention Curriculum CORE Classroom Training

### 11.0 Weapons in the Workplace

11.1 Prohibited weapons may not be possessed by any person on any VCH premises, sites or facilities, with the exception of persons authorized to possess prohibited weapons for the purpose of their employment, such as police officers.

11.2 All VCH sites are required to have local protocols for responding to weapons in the workplace. Refer to **Appendix D** for elements of site level weapons procedures.

11.3 If staff encounter a prohibited weapon on VCH premises, facilities, or sites, they will take immediate action by informing their supervisor as soon as possible, informing other health care staff of the risk, documenting the situation, and reporting to the Workplace Health Call Center if they felt threatened.

11.4 Site level protocols should be guided by the following:

- If the weapon is of no immediate threat, staff will request that the person removes the weapon from the VCH site. If the weapon is found during a home visit, staff will leave if they feel unsafe. If staff feels safe and the weapon was not discovered due to an aggressive or violent act, withdrawal of services may not be required. Staff will advise the client that home visits can only happen if weapons are locked away safely.
- If the weapon is being used in an aggressive or violent way, staff will leave the area immediately. Staff will not touch the weapon, nor ask the person to surrender it. Staff may call a Code White, Police, or Security, as appropriate. Ensure that staff are out of danger and relocate patients/clients/residents as necessary.

11.5 Staff should not be challenged about the decision to escalate the situation to a Code White, Police and/or Security as the perception of threat is subjective.

## 12.0 Evaluation of Standard

12.1 The Standard will be reviewed annually or sooner if required based on changes in regulation or operations.

## 13.0 Version Control Table

<b>Version Number</b>	<b>Purpose/Changes</b>	<b>Lead</b>	<b>Date</b>
1	Original document		October 2014
2	Annual review Updates to align with corporate policies and other Safety and Prevention Standards	Heather Noullett	February 2016

## Appendix A- Definitions

**Patient/Resident/Client-** means any person who is receiving health care services from any program within VCH.

**Violence-** means any act in which a person is abused, threatened, intimidated or assaulted in the course of his/her employment and includes any threatening statement or behaviour which gives a worker reasonable cause to believe he/she is at risk of injury.

**Hazard-** is a thing or condition that may expose a person to a risk of injury or occupational disease.

**Risk-** is the possibility of harm occurring from injury or occupational disease that impacts a person's health or safety.

**Aggressive Behaviour-** refers to abusive or intimidating behaviours; it can consist of aggression to persons or aggression to property.

**Weapon-** refers to any thing used, designed to be used or intended for use in causing death or injury to any person or for the purpose of threatening or intimidating any person, including firearms.

**Prohibited Weapon-** a subset of weapons that are illegal to possess in Canada; includes but not limited to: batons (expandable or otherwise); brass knuckles; chemicals or gases that are disabling (e.g. pepper spray, bear spray); devices for shocking (e.g. tasers, conducted energy weapons ); firearms (including pellet and BB guns); guns; martial arts devices (e.g. kubatons, throwing stars); replica weapons (including gun lighters); restraining devices (except those used by lawful authorities); and objects that have been modified to serve or are employed as a dangerous weapon.

## Appendix B- Acute ALERT

In acute care the [Violence and Aggression ALERT- Acute Care](#) policy applies.

- **Screening-** All patients presenting to an acute care site for admission or for treatment in Emergency Departments, Urgent Care Centers or Pemberton or Whistler Health Center must be screened for potential violence and aggression using the: Algorithm for Screening for Violence and Aggression – Acute.
- **Responsibilities** – The responsibility for screening rests with the health professional with primary care responsibility for the patient at the time of presentation. Staff are responsible for looking for more information on a patient when they observe one of the visual ALERT cues.
- **Activation** – If, at any time during an admission, a patient demonstrates a risk of violence and aggression (as per the criteria of the screening algorithm) the ALERT system is to be activated.
- **Communication-** When a risk of violence has been identified it must be communicated by the application of a combination of visual tools, including:
  - Highlighting the patient’s identification band with a purple highlighter;
  - Placement of a purple violence icon sticker near the bottom of the spine of the Health Record;
  - Placement of a purple violence icon (8.5”x11”) posted in an easily visible location outside the patient’s room or curtained area or placement of a purple violence icon sticker on the patient’s nameplate located outside the patient’s room and/or placement of a generic sign at the entrance to the unit stating that all staff need to check with a nurse prior to interacting with the patient.
- **Following an Incident** - Following a violent or aggressive incident ensure that documentation is completed, including: the Tracking and Review Tool of the Violence and Aggression ALERT form (form VCH.0020), progress notes, WHCC and SLS as appropriate

## Appendix C- Community Risk Screening

In **community care** the [Community Risk Screening](#) policy applies.

- **Screening-** VCH expects that every client and/or work site requiring a visit will have a screening and risk control completed at the pre-visit point and/or at the initial visit. If risks are identified, controls will be implemented.
- **Steps** – The risk screen is made up of four steps: the Pre-Visit Screen, the Initial Visit Screen, the Risk Control Plan, and the Review Screen.
- **Screening Tool** – The Risk Screen Tool will be used for: staff working alone or in isolation, congregate housing environments such as assisted living or supported housing and clients in hotels, non-housing based environments like ambulatory clinics, schools, community centers and daycares.
- **Communication and Documentation** – Pre-screen recommendation are documented and interventions written in the comments column. Identified risks are communicated to the staff that will perform the initial visit. An alert is initiated when a risk is identified. Identified concerns are communicated to the staff involved. The information from the risk screening will be kept on the client chart, file or address.

## Appendix D- Weapons Procedures

Site level protocols may include procedures for any or all of the following as appropriate:

- Searching for weapons
- Responding to discovery of a weapon.
- Conducting a risk assessment.
- Working with Integrated Protection Services and Police to secure and/or remove the weapon as appropriate.
- Advising family members of the situation where appropriate and possible.
- Organizing a de-briefing where appropriate.
- Consulting with the health care team, Client Relations, Risk Management and Workplace Health to determine if continuation of care is required or if the patient can be discharged safely or provided care in a different location, if appropriate.
- Identifying recommendations and developing control plans/measures to decrease the risk of future incidents.
- Communicating the control plan to all staff involved.