Workplace Violence Risk Assessment Template for Adult Residential Centres/ Regional Rehabilitation Centres

Name of Agency: _____

Assessment Date: _____

Assessors: _____

Introduction

In April 2007, new regulations were approved with the goal of reducing workplace violence. The regulations focus on improving safety in higher risk sectors such as health care where workplace violence is most likely to occur. Violence is defined in the regulations as any of the following:

- threats, including a threatening statement or threatening behaviour that gives an employee reasonable cause to believe that the employee is at risk of physical injury,
- conduct or attempted conduct of a person that endangers the physical health or physical safety of an employee.

The regulations require employers to assess the risk of violence and to implement a plan to reduce those risks. Assessing the risk of violence in the workplace not only requires that you identify the hazards that may increase the risk of workplace violence but that you analyze the identified hazards to determine the degree of risk associated with each one. As well, Section 5 of the regulations indicates that in conducting a violence risk assessment, an employer must take all of the following into consideration:

- past violent incidents;
- violence that happens in workplaces similar to yours;
- the conditions in which the work is done (e.g., alone, late at night);
- the interactions (e.g., working with the public) that happen in doing the work; and
- the physical location and layout of the workplace

Employers are required to have a hazard assessment completed and on file by October 1, 2007 and a Workplace Violence Prevention Program in place by April 1, 2008.

In an effort to support adult residential centres (ARCs) and regional rehabilitation centres (RRCs) in the completion of the hazard assessment, NSAHO held a workshop to develop a hazard assessment template. NSAHO gratefully acknowledges the input and participation of the following people:

Betty Mattson, Kings Regional Rehabilitation Centre Mary Ellen Pittoello – Sunset Residential and Rehabilitation Services Nancy Clarke – Riverview Home Corporation Heather Hatfield – Harbourside Lodge The template includes: points regarding the context in which ARCs/RRCs are attempting to deal with risk as it relates to workplace violence; a process to identify workplace violence hazards; and a method to analyze the identified hazards to determine the significance of the risk associated with them. The intention is to assess all hazards related to workplace violence in an effort to develop comprehensive strategies to mitigate a wide range of hazards. The template is not intended to be prescriptive. It is intended to provide you with some tools/processes that you can adopt/adapt to the needs of your organization or use in conjunction with other materials you have found.

The hazard assessment will require the analysis of both qualitative (e.g., knowledge, experience), and quantitative (e.g., incident reports) data. A great deal of the process requires that you estimate and predict the types, likelihood and impact of violent incidents occurring due to a particular hazard(s) but some of this information can be validated by past experience.

Prior to beginning the process, it is recommended that you review the Reference Guide to the Violence in the Workplace Regulations at http://www.gov.ns.ca/enla/healthandsafety/ to ensure a clear understanding of the regulations and what you are required to do as an organization and the document entitled *Preventing Violence in Health Care: Five Steps to an Effective Program*, developed by Work Safe BC, from which much of the information contained in this document came.

I. Context:

- Addressing workplace violence is a shared responsibility and requires a collaborative approach including employers, employees, government funders (i.e., DOH/DCS), and government regulators (i.e., DOEL)
- Each situation requires an approach and solution that reflects the specific needs of that workplace and that a workplace violence strategy must be both reasonable and flexible in its application
- Developing and delivering an effective workplace violence prevention program requires dedicated and substantial human and financial resources

Some challenges (*include/add any that apply*) in the ARC/RRC sector regarding implementation of workplace violence regulations include:

- outdated physical space
- challenging resident care needs versus staff/resource allocation
- no dedicated occupational health and safety staff

- general staff shortages
- longstanding requests for security features unfunded
- regulatory and licensing requirements generally are increasing and requiring more effort/resources to comply; liability and due diligence issues
- placement policies do not adequately address clients with aggression/severe behavioral issues
- limited budget allocation for training either for course fees or staff replacement costs
- adequate staffing to care for clients and keep staff reasonably safe
- ensuring balance between staff knowledge and mitigation strategies
- Other(s) (please indicate)

II. Hazard Identification

Identify the hazards (things, conditions, operations and situations) that may expose a person(s) to workplace violence.

Use the following tools (See Appendix A, B, and C) to identify workplace hazards:

- Worker Survey on Violence and Aggression in the Workplace
- Risk Factors Checklist
- Facility Inspection Checklist

Create an inventory of the identified hazards. Document in the following table:

Hazard	Hazard		
Category			
Occupational			
	Occupation involves physical contact with clients, particularly		
	frequent or prolonged.		
	Occupation involves conducting staff performance appraisals Dealing with the public, visitors, contractors, couriers Communicating changes in policies that may negatively impact		
	clients		
	Dispensing drugs		
	Working alone (out of sight and hearing of other employees)		
	Working at night or during early morning hours		
	Working in clients' private residences		
	Implementing infection control functions (e.g., unit closures)		

Sample ARC/RRC Hazard Inventory (modify as necessary)

	1		
	Performing security functions (e.g., working with people who have assaulted others)		
	Occupation involves traveling among multiple worksites		
	Occupation involves running errands/transporting clients Occupation involves handling cash (e.g., Receptionist) Occupation involves carrying cash		
	Occupation involves dealing with people's finances		
	Occupation involves staying in hotels		
	Other (please specify)		
Client Characteri	istics (see explanations below)		
	Medications		
Substance abuse			
	History of violence		
	Mental or physical illness, injury, or condition Experienced a change in health status Sensitivity to disruptive events		
	Recollection of previous exposure to people, circumstances, or events		
	that incite aggression and violence		
	Difficulty in communicating		
	Evidence of criminal activity/gang membership (including any		
	indication of drug or substance abuse in the home)		
	A presence or suspected presence of weapons (may be observed by		
	caregiver or implied by client)		
	Other (please specify)		

Risk Factors Related to Clients

- 1. **Medications and substance abuse**: The use of certain medications, the need to provide care to substance abusers, and awareness that medications are being transported by home care workers contribute to violence. Conflict between clients and home care workers may occur as a result of:
 - a. Effects of medications: Medications can alter clients' perception, medical condition, and actions. Because medications have different and sometimes unexpected effects on individuals, they may cause clients to become aggressive or violent toward workers.
 - b. **Changes in medications**: Changes in, or combinations of, medications require constant assessment of client behaviour and condition. The distress of substituting one medication for another and the required time intervals between medications can frustrate clients and cause them to act out.
 - c. **Substance abuse**: For clients being treated for substance abuse, the transition period can be difficult. The anxiety, suspicion and sense of helplessness that comes with being in a hospital or treatment

centre, as well as the distress caused by the detoxification or treatment itself, can cause clients to become aggressive toward workers.

- d. Robberies for drugs
- e. Policies that prohibit smoking/drinking
- 2. **History of violence (including violent crime):** Clients who have committed intentional and unintentional acts of violence in the past will likely do so again.
- 3. Mental (e.g., cognitive deficits) or physical (e.g., infection) illness or injury: Some mental and physical illnesses can predispose a client to act out violently. Examples of such illnesses include: dementia, altered level of consciousness or delirium arising from certain types of head injuries, hyper/hypoglycemia, other metabolic disorders, or seizures; certain psychiatric disorders, borderline, paranoid or anti-social personality disorders; substance abuse or withdrawal; organic brain disorders and history of post-traumatic stress disorder. For example, dementia causes a decline in all areas of mental ability, including a client's understanding of what is going on around them. Because there may be no obvious connection between the cause of a client's anger and the resulting violent incident, workers may see a client's behaviour as completely unprovoked. Another example is altered level of consciousness a client who is not completely aware of the surroundings because of illness or injury may strike out from fear and lack of understanding.

4. Change in health status.

- 5. **Sensitivity to disruptive events**: Certain events and circumstances may be particularly stressful to clients and may raise their anxiety levels. Events that may lead to violence or aggression include:
 - a. Personal care feeding, bathing, toileting, mobilizing
 - b. Visits involving family, friends and the resulting fatigue/anxiety
 - c. Treatments such as dressing changes or physiotherapy that may cause pain or disrupt visits, rest, or leisure activity (e.g., watching television)
 - d. Delays (real or perceived) in client's needs being met
 - e. Admission or Transfer/Discharge
 - f. Change of regular staff
 - g. Change of shift
 - h. Regimented wake-up calls and bedtimes, rigidly scheduled meal times, predetermined duration of meal times, a set amount of time

for personal hygiene, and other routines that may become frustrating to clients

- i. Restrictions on previous lifestyle choices (sexual health, smoking, drinking alcohol)/routines
- j. Confinement/ isolation
- k. Noise, sleep disruption
- 1. Fear of staying
- 6. Recollection of previous exposure to people, circumstances or events that incite aggression and violence.
- 7. **Difficulty in communicating**: Misunderstandings due to language or other means of communication lead to conflict between client and worker.
- 8. Sensory Deficits
- **9. Family/friends:** Workers must not only deal with clients but also with their family members and friends, sometimes in stressful circumstances. Families and friends share clients' sadness and frustration over illness and physical disability, sense of inadequacy, loss of control and independence, and disruption of family routines. Such unhappy circumstances can turn routine contacts with workers into confrontations. Lack of information from medical staff concerning diagnosis, care, test results, or prognosis can cause frustration for family members/friends. Family members and friends may have substance abuse issues, mental health concerns, a history of violence, etc. that staff may be confronted with.
- **10. Knowledge/Access to Client Information:** information/risk factors not always clearly communicated.
- **11. Client Transfers**: information/risk factors are clearly communicated to receiving organization.

Hazard	Hazard		
Category			
Aspects of the En	vironment		
	An environment or work setting that is not appropriate for the client's		
	needs and challenges of care		
	An environment or work setting where the staffing level is not		
	appropriate to address the clients' needs and challenges of care		
	An environment or work setting where the appropriate equipment is		
	not available to address the clients' needs and challenges of care		
	An environment or work setting where staff have high levels of stress		

	and fatigue
	An environment or work setting that is experiencing intense
	organizational change
	An environment or work setting where inadequate information is
	received through the assessment process or from transferring facilities
	regarding the client's violence-related information/risk factors.
	Staff who stay behind after regular office hours, or use weekends to
	catch up on work
	Staff who carry out duties on a locked unit
	Interconnected buildings and shared premises that may allow
	members of the public uncontrolled access to, or increased movement
	between facilities
	Work location in a high-crime neighbourhood
	Evidence of gang activity
	Evidence of illegal activities in the building or nearby homes
	Work location in an isolated area
	Young and/or inexperienced workers, or those who have not had
	adequate training in violence prevention
	No or non-functioning security system or elevator in the building
	No on-site building manager
	Parking
	Inadequate lighting (inside and/or entrance)
	Pets
	Other (please specify)
L	

Hazard Category	Hazard
Facility(ies)	
Lighting	Lighting not appropriate for all indoor building areas, grounds
	around the facility, and parking areas
Staffing Level	Staffing level not appropriate to meet violence prevention and/or
	response requirements
	Staff response system not developed
	Staff response system not tested
Other Clients	Privacy and quiet not sufficient to prevent activities that centre
	around one client from agitating others
General	Worksite does not look cared for
appearance and	Graffiti on the walls or other parts of the facility
area	Signs of vandalism
	Crime generators (liquor stores, bars, convenience stores, or vacant
	lots) in the area
Maintenance of	Broken windows, damaged door locks, and burnt-out light bulbs are
General Security	not replaced promptly
Systems	
Isolation	The next area or building where help could be obtained in an

	amarganov is far away
	emergency is far away
Duilding	Co-workers are not accessible in case of an emergency
Building	The property around the facility is not well-kept
Perimeter	There are bushes/shrubs where someone could hide or that could
	conceal break and entry activities
	There are no fences or other security measures
	At the time of this inspection, areas felt isolated
	In these areas, there is not a telephone or a sign for emergency assistance
	The nearest person who would be able to hear calls for help is far away
Visibility	There are unlit or overgrown areas where an assailant could hide
<i>isioiiiy</i>	Physical objects/structures obstruct your view
	There are no mirrors, angled corners, transparent materials like
	glass, windows in doors, less shrubbery to make it easier to see an assailant
Access Control	
Access Control	Worksite building connected to any other buildings, or shared with
	other organizations
	Access to the worksite (including access through adjacent
	workplaces) not controlled
	Access codes for doors/gate locks known to individuals other than staff
	Offices not designed and/or arranged so that public and private
	spaces are easily distinguished
	No safe and secure area to store personal belongings of staff
Security System	No alarm and lighting control panel or other system/process to alert
/Processes	co- workers of a violent incident and its location
	System/process not monitored
	Personal alarms/panic buttons or other systems/processes (e.g., call
	systems) not available for staff to alert co-workers that there
	personal safety is at risk
	No process/system as to where the alert goes and to whom
	No process/system to identify the problem area
	Motion sensors not installed at all entrances and exits
	Security guards or buddy systems (i.e., someone to accompany you
	in a potentially dangerous situation such as walking out to you car at
	night) not available at your location
Emergency	Facility does not have an emergency response system/process in
Response System/	place
Process	Emergency response system/process has not been tested recently
1100000	There is no emergency contact number and it is not posted on
	phones
Daubine Let	Emergency phones not accessible and in working order in all areas
Parking Lots	Workers park in the area on evening and night shifts
	There is not a secure parking lot

	Security personnel do not patrol the area regularly
	The area is not well lit
	There have been vehicle thefts from the parking lot
Elevators	There are no strategically placed mirrors so staff can see who is in
	the elevator before entering
	There is no emergency phone or emergency call button in each
	elevator
	The phone or emergency call button is not tested regularly to ensure that it is in working order
	Workers do not know what to do if cornered in an elevator by an aggressive client
	There is no response procedure for elevator emergencies
Washrooms	There are not separate washrooms for staff
	Staff washrooms are not controlled by locked doors
	Public access to washrooms is not controlled
	Lights in the washrooms can be turned off
	Washrooms are not checked for unauthorized personnel on a regular
	basis
Reception/Waiting	Reception area not clearly marked
Area	
Areu	There is no natural barrier, such as a deep reception desk, separating
	staff from clients, relatives and the public
	The layout of the reception area does not allow staff to greet
	incoming clients and make sure they are seen in order of
	appointment
	The layout of the reception area does not make it easy to observe
	clients
	Areas out of sight of staff where someone could deliberately hide
	Reception area not staffed at all times
	No alarm system
	Receptionist sometimes works alone
	There are objects, tools or equipment in this area that could be used
	as weapons
	Someone in the area is responsible for handling cash
Office/ Interview/	Access to these areas is not controlled by locked doors
Treatment/	These areas are not located in a relatively open area that still
Counseling/	maintains privacy and confidentiality
Medication	The layout of these areas and furniture does not permit workers to
	exit if threatened
	Furniture/counters are not arranged to both allow visibility and
	protect staff
	A back-up exit is not available for emergencies
	These areas do not have an alarm system
	The doors do not have a window
	Workers sometimes work alone in these areas
	Workers do not know appropriate emergency alert procedures
	workers up not know appropriate emergency after procedures

Other Deerver 1	Unaccounted manual and the street		
Other Rooms and	Unoccupied rooms are not locked		
Areas	There are places, such as recessed doorways, unlocked storage areas,		
	and stairwells, where someone could hide out of view of others		
Files/Records	Confidential files/records are not kept in a locked room		
	File cabinets containing confidential records are not locked		
Stairwells and	Stairwells and exits are not clearly marked, well lit, and controlled		
Exits	with locked doors that have panic bars to allow exit in an emergency		
	Exit doors do not identify where they exit to		
	There are places at the bottom of stairwells where someone could hide		
	Lights can be turned off in the stairwell		
	There is not more than one exit route		
	Exit routes restrict the ability to escape an attacker		
	Stairwell doors do not lock behind people during or after regular		
	hours of operation		
General Building,	Facilities are not designed to ensure the privacy of clients, yet permit		
Work Station, and	workers to communicate with other staff in emergency situations		
Area Designs			
U	Work areas are not designed and furniture is not arranged to prevent		
	entrapment of the workers and/or minimize the potential for assault		
	Access to employee work areas is not controlled		
Security	There are no electronic alarm systems with visual or audible alarms		
Equipment	Systems do not identify the location of the room or the worker by		
1 1	means of an audible alarm and/or a lighted indicator of equally		
	effective measure		
	There are not adequate personnel available to render prompt		
	assistance		
	Closed circuit television is not used to monitor high-risk areas, both		
	inside and outside the building		
	Cellular telephones, beepers, CB radios, hand-held alarms, or noise		
	devices are not available		
	Security equipment is not regularly examined and maintained to		
	ensure its effectiveness		
Equipment and	Tools and equipment are not locked away when not in use		
Tools	Anyone could grab and use them as weapons against staff		
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III. Risk Analysis

a. Review Historical Data

Incident Reports

If possible, record findings for the following:

- Total Incidents due to violence by category (i.e., threats and physical assaults) and/or type (i.e., threat in person, by telephone, or written and struck, pushed, bitten/pinched, or other)
- Who was the assailant?
 - Co-worker
 - o Client
 - Member of the public
 - Other (please specify)
- Location of Incidents
- Number of workers/departments/shifts affected

The number of workers/departments/shifts affected by each type of violence is as follows:

Type of Violence	# of workers affected	# of departments affected	# of shifts affected
Verbal threat in person			
Verbal threat by telephone			
Written threat			
Struck			
Pushed			
Bitten/pinched			
Other			

Severity/impact of the incidents
 Using the following scale rate the severity/impact of the incidents:

Category	Name	Characteristic
4	Catastrophic	Fatality, coma, severe emotional trauma, cannot return to work
3	Critical	Severe injury – loss of, or use of limbs, hospitalization, significant emotional trauma, extended period of time lost from work
2	Marginal	Minor injury – bruises, cuts, moderate emotional trauma,

Negligible

lost work time No injury, minimal emotional trauma, no lost work time

Contributing factors

List any factors or organizational vulnerabilities that contributed to the violent incident.

- Examples include:
 - Language Barrier/Communication Difficulties
 - Crowded/Insecure Work Area
 - Staff Training/Awareness
 - Staff Stress/Overwork
 - Client's Dementia/Cognitive Deficits
 - Acuity/Turnover
 - Client's Mental Health Issues
 - Client's Fear/Pain Reaction
 - Level of Staffing
 - Client's Substance Abuse
 - Client's Service Expectations
 - Rigid Time Schedules
 - Daily Transitions
 - Restrictions on Client's Previous Lifestyle Choices (food choices, smoking, drinking alcohol, sexual health)
 - Client's Confinement (i.e., locked unit)
 - Physical Contact with Clients (e.g., while carrying out personal care)
 - Meal Time
 - Bath Day
 - Visits from Family/Friends
 - Late/early morning hours
 - Conducting a performance appraisal
 - Tax Season/Christmas/Pay Day
- Patterns

Record any emerging patterns regarding the following:

- Type of client
- Time of day
- Department(s)
- Unit(s)
- Jobs/occupational groups
- o Individuals

- Activities/work situations
- Describe follow-up actions taken

See Appendix D for a *sample* incident report.

b. Conduct Other Internal Research

Record research findings on some or all of the following (as applicable to your organization):

- Any violence prevention measures already in place
 - Policies, procedures, protocols
 - Records of formal education/training, course outlines and materials
 - Content of informal education such as "just-in-time" teaching and preventive care planning
 - Security arrangements and measures
 - Workplace environment arrangements
- Intake assessments and individual program plans
- Inspection reports
- Insurance records
- OHS program evaluations
- Previous worker surveys and questionnaires
- Security reports
- Workplace security evaluations
- Minutes of Joint OH&S Committees
- Police reports

c. Conduct External Research

Record research findings on some or all of the following (as applicable to your agency):

- Comparison of incident data from other ARCs/RRCs (see Appendix E for the Casa Verde Jury Recommendations)
- Community crime rate statistics
- Professional association reports on violence issues
- WCB statistics
- Policies, procedures, and protocols from other ARCs/RRCs

d. Analysis of Identified Hazards

Provide an analysis of identified hazards using the following questions as a guide. Base your responses on historical data, anecdotal evidence, and/or other knowledge/information that is available to you.

- What task, activity, or feature (i.e., hazard) of the workplace may trigger violence?
- Describe how frequently the task, activity or feature occurs (e.g., daily, weekly, monthly, etc).
- Who (e.g., departments, occupational groups) is at risk from this violence?

Example:

The following departments, occupational groups, or work situations involved the greatest risk of violence:

- High risk job categories and departments
 - Staff having a high frequency of exposure to workplace violence are direct care staff
 - The highest risk occupational category of employee is Residential/Vocational Workers (RVWs).
- Moderate risk job categories and departments
 - Direct care staff other than RVWs (e.g., RNs/LPNs)
 - Clinical Services staff
 - Dietary staff (i.e., restricting food intake)
- Low risk job categories and departments
 - Office staff
 - Environmental services staff
 - o Maintenance staff
 - Management staff

Note: Sometimes there is a need to differentiate between the location where an employee works and the place in the facility the incident occurred. These may not the same, and this is important information for trend monitoring and training assignments.

- What predicted categories (i.e., threats or assaults) and/or types of incidents are most likely to occur?
- Is there any other information or factor(s) that should be described and considered? **Examples include:**

- Training and education
- Identifying or tracking of previous violent history
- Violence prevention policies, procedures, protocols
- Workplace arrangements
- Appropriate security systems/measures
- Staffing levels
- Number of vacant positions
- Adequacy of client assessments
- Responsiveness to recommendations from previous incident reports

e. Hazard Risk Assessment

Complete the Hazard Risk Assessment tool below using the following guidelines. (See Appendix F for an analysis of some sample Hazards).

Hazard Risk Assessment Step One

Estimate the probability of the hazard resulting in an incident(s) of workplace violence.

Category	Name
Α	Highly Likely/Certain
В	Likely/Very Possible
С	Possible
D	Unlikely/Remote
Ε	Highly Unlikely/Not possible

Step Two

Estimate the most serious, reasonably possible outcome (as opposed to the "most likely" outcome) for the hazard you are considering.

Category	Name	Characteristic
4	Catastrophic	Fatality, coma, severe emotional trauma, cannot return to work
3	Critical	Severe injury – loss of, or use of limbs, hospitalization, significant emotional trauma, extended period of time lost from work
2	Marginal	Minor injury – bruises, cuts, moderate emotional trauma, lost work time
1	Negligible	No injury, minimal emotional trauma, no lost work time

Step Three

Combine the results of Steps Two and Three to determine where on the table below the hazard you are considering falls.

			Impact Categories					
Probability		4 Catastrophic	3 Critical	2 Marginal	1 Negligible			
	A Highly Likely/Certain	4A	3A	2A	1A			
	B Likely/ Very Possible	4B	3B	2B	1B			
	C Possible	4C	3 C	2C	1C			
	D Unlikely/	4D	3D	2D	1D			

Remote				
E Highly Unlikely/Not Possible	4E	3E	2 E	1E

The significance of the risk can be interpreted as follows:

4A, 4B, 4C, 3A, 3B, 2A – Significant and unacceptable risks. Address immediately through a violence prevention plan.

4D, 3C, 3D, 2B, 2C – Significant risks. Include in the violence prevention plan.

4E, 3E, 2D, 2E, 1A, 1B – Not significant for the purposes of requiring a violence prevention plan. Should be addressed through regular health and safety measures.

1C, 1D, 1E - Not significant for the purposes of requiring a violence prevention plan. However, where feasible, you should attempt to eliminate or reduce the risk further.

Sample Hazard Risk Assessment	(modify as necessary)
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Hazard Category	Hazard	Probability	Impact	Risk Rating
Occupation	al			
	Occupation involves physical contact with clients, particularly frequent or prolonged.			
	Occupation involves conducting staff performance appraisals			
	Dealing with the public, visitors, contractors, couriers			
	Communicating changes in policies that may negatively impact clients			
	Dispensing drugs			
	Working alone (out of sight and hearing of other employees)			
	Working at night or during early morning hours			
	Working in clients' private residences			
	Implementing infection control functions (e.g., unit closures)			
	Performing security functions (e.g., working with people who have assaulted			
	others)			
	Occupation involves traveling among multiple worksites			
	Occupation involves running errands/transporting clients			
	Occupation involves handling cash (e.g., Receptionist)			
	Occupation involves carrying cash			
	Occupation involves dealing with people's finances			
	Occupation involves staying in hotels			
	Other (please specify)			
Client Cha	racteristics			
	Medications			
	Substance abuse			
	History of violence			
	Mental or physical illness, injury, or condition			

Experienced a change in health status		
Sensitivity to disruptive events		
Recollection of previous exposure to people, circumstances, or events that		
incite aggression and violence		
Difficulty in communicating		
Evidence of criminal activity/gang membership (including any indication of		
drug or substance abuse in the home)		
A presence or suspected presence of weapons (may be observed by caregiver or		
implied by client)		
Other (please specify)		

Hazard Category	Hazard	Probability	Impact	Risk Rating
Aspects of	the Environment			
	An environment or work setting that is not appropriate for the client's needs and challenges of care			
	An environment or work setting where the staffing level is not appropriate to address the clients' needs and challenges of care			
	An environment or work setting where the appropriate equipment is not available to address the clients' needs and challenges of care			
	An environment or work setting where staff have high levels of stress and fatigue			
	An environment or work setting that is experiencing intense organizational change			
	An environment or work setting where inadequate information is received through the assessment process or from transferring facilities regarding the client's violence-related information/risk factors.			
	Staff who stay behind after regular office hours, or use weekends to catch up on			

work	
Staff who carry out duties on a locked unit	
Interconnected buildings and shared premises that may allow members of the	
public uncontrolled access to, or increased movement between facilities	
Work location in a high-crime neighbourhood	
Evidence of gang activity	
Evidence of illegal activities in the building or nearby homes	
Work location in an isolated area	
Young and/or inexperienced workers, or those who have not had adequate	
training in violence prevention	
No or non-functioning security system or elevator in the building	
No on-site building manager	
Parking	
Inadequate lighting (inside and/or entrance)	
Pets	
Other (please specify)	

Hazard Category	Hazard	Probability	Impact	Risk
				Rating
Facility(ies) Hazar	ds			
Lighting	Lighting not appropriate for all indoor building areas, grounds around the facility, and parking areas			
Staffing Level	Staffing level not appropriate to meet violence prevention and/or response requirements Staff response system not developed Staff response system not tested			
Other Clients	Privacy and quiet not sufficient to prevent activities that centre around one client from agitating others			
General	Worksite does not look cared for			
Appearance and	Graffiti on the walls or other parts of the facility			

area	Signs of vandalism		
	Crime generators (liquor stores, bars, convenience stores, or vacant lots) in the area		
Maintenance of General Security Systems	Broken windows, damaged door locks, and burnt-out light bulbs are not replaced promptly		
Isolation	The next area or building where help could be obtained in an emergency is far away		
	Co-workers are not accessible in case of an emergency		
Building	The property around the facility is not well-kept		
Perimeter	There are bushes/shrubs where someone could hide or that could conceal break and entry activities		
	There are no fences or other security measures		
	At the time of this inspection, areas felt isolated		
	In these areas, there is not a telephone or a sign for emergency assistance		
	The nearest person who would be able to hear calls for help is far away		
Visibility	There are unlit or overgrown areas where an assailant could hide		
-	Physical objects/structures obstruct your view		
	There are no mirrors, angled corners, transparent materials like glass,		
	windows in doors, less shrubbery to make it easier to see an assailant		
Access Control	Worksite building connected to any other buildings, or shared with other organizations		
	Access to the worksite (including access through adjacent workplaces) not controlled		
	Access codes for doors/gate locks known to individuals other than staff		
	Offices not designed and/or arranged so that public and private spaces		
	are easily distinguished		
	No safe and secure area to store personal belongings of staff		
Security System	No alarm and lighting control panel or other system/process to alert co-		
/Processes	workers of a violent incident and its location		

	System/process not monitored		
	Personal alarms/panic buttons or other systems/processes (e.g., call		
	systems) not available for staff to alert co-workers that there personal		
	safety is at risk		
	No process/system as to where the alert goes and to whom		
	No process/system to identify the problem area		
	Motion sensors not installed at all entrances and exits		
	Security guards or buddy systems (i.e., someone to accompany you in a		
	potentially dangerous situation such as walking out to you car at night)		
	not available at your location		
Emergency	Facility does not have an emergency response system/process in place		
Response System/	Emergency response system/process has not been tested recently		
Process	There is no emergency contact number and it is not posted on phones		
	Emergency phones not accessible and in working order in all areas		
Parking Lots	Workers park in the area on evening and night shifts		
	There is not a secure parking lot		
	Security personnel do not patrol the area regularly		
	The area is not well lit		
	There have been vehicle thefts from the parking lot		
Elevators	There are no strategically placed mirrors so staff can see who is in the		
	elevator before entering		
	There is no emergency phone or emergency call button in each elevator		
	The phone or emergency call button is not tested regularly to ensure that		
	it is in working order		
	Workers do not know what to do if cornered in an elevator by an		
	aggressive client		
	There is no response procedure for elevator emergencies		
Washrooms	There are not separate washrooms for staff		
	Staff washrooms are not controlled by locked doors		
	Public access to washrooms is not controlled		

	Lights in the washrooms can be turned off		
	Washrooms are not checked for unauthorized personnel on a regular		
	basis		
Reception/Waiting	Reception area not clearly marked		
Area	There is no natural barrier, such as a deep reception desk, separating staff		
	from clients, relatives and the public		
	The layout of the reception area does not allow staff to greet incoming		
	clients and make sure they are seen in order of appointment		
	The layout of the reception area does not make it easy to observe clients		
	Areas out of sight of staff where someone could deliberately hide		
	Reception area not staffed at all times		
	No alarm system		
	Receptionist sometimes works alone		
	There are objects, tools or equipment in this area that could be used as		
	weapons		
	Someone in the area is responsible for handling cash		
<i>Office/ Interview/</i>	Access to these areas is not controlled by locked doors		
Treatment/	These areas are not located in a relatively open area that still maintains		
Counseling/	privacy and confidentiality		
Medication	The layout of these areas and furniture does not permit workers to exit if threatened		
	Furniture/counters are not arranged to both allow visibility and protect		
	staff		
	A back-up exit is not available for emergencies		
	These areas do not have an alarm system		
	The doors do not have a window		
	Workers sometimes work alone in these areas		
	Workers do not know appropriate emergency alert procedures		
Other Rooms and	Unoccupied rooms are not locked		
Areas	There are places, such as recessed doorways, unlocked storage areas, and		

	stairwells, where someone could hide out of view of others		
Files/Records	Confidential files/records are not kept in a locked room		
	File cabinets containing confidential records are not locked		
Stairwells and	Stairwells and exits are not clearly marked, well lit, and controlled with		
Exits	locked doors that have panic bars to allow exit in an emergency		
	Exit doors do not identify where they exit to		
	There are places at the bottom of stairwells where someone could hide		
	Lights can be turned off in the stairwell		
	There is not more than one exit route		
	Exit routes restrict the ability to escape an attacker		
	Stairwell doors do not lock behind people during or after regular hours of		
	operation		
General Building,	Facilities are not designed to ensure the privacy of clients, yet permit		
Work Station, and	workers to communicate with other staff in emergency situations		
Area Designs			
	Work areas are not designed and furniture is not arranged to prevent		
	entrapment of the workers and/or minimize the potential for assault		
	Access to employee work areas is not controlled		
Security	There are no electronic alarm systems with visual or audible alarms		
Equipment	Systems do not identify the location of the room or the worker by means		
	of an audible alarm and/or a lighted indicator of equally effective		
	measure		
	There are not adequate personnel available to render prompt assistance		
	Closed circuit television is not used to monitor high-risk areas, both		
	inside and outside the building		
	Cellular telephones, beepers, CB radios, hand-held alarms, or noise		
	devices are not available		
	Security equipment is not regularly examined and maintained to ensure		
	its effectiveness		
Equipment and	Tools and equipment (e.g., sharps) are not locked away when not in use		

Tools Anyone could grab and use them as weapons against staff

f. Priorities for Workplace Violence Prevention Plan

The final step in the Hazard Assessment process is to identify your priorities for a Workplace Violence Prevention Plan. These priorities will be determined based on the results of the Hazard Risk Assessment.

The Workplace Violence Prevention Plan must be completed by April 1, 2008 according to the Violence in the Workplace Regulations.

Appendix A

ARC/RRC Risk Factors Checklist

Use this tool to identify the risk factors that affect your workplace (i.e., facility, community-based options, supervised apartments, workshops, etc.).

Review the following risk factors associated with violence in the workplace. Take these risk factors into consideration when planning strategies to eliminate or minimize incidents of violence. Check off each risk factor that is relevant to your workplace. Summarize your comments in the space provided.

Risk Fa	ctors	Yes	No	Don't Know
1.	What characteristics of the worker's occupation might increase		-	
	risk?	_	_	_
(a)	Occupation involves physical contact with clients, particularly			
(1-)	frequent or prolonged.			
	Occupation involves conducting staff performance appraisals Dealing with the public, visitors, contractors, couriers (e.g., who may			
(0)	be under the influence of alcohol or drugs)	-	-	9
(d)	Communicating changes in policies that may negatively impact			
(u)	clients			
(e)	Dispensing drugs			
	Working alone (out of sight and hearing of other employees)			
	Working at night or during early morning hours			
	Working in clients' private residences			
	Implementing infection control functions (e.g., unit closures)			
(j)	Performing security functions (e.g., working with people who have assaulted others)			
	Occupation involves traveling among multiple worksites			
	Occupation involves running errands/transporting clients			
	Occupation involves handling cash	-	-	-
	Occupation involves carrying cash			
	Occupation involves dealing with people's finances			
	Occupation involves staying in hotels			
(q)	Other (please specify			
Comme	nts			
2.	What client characteristics might be risk factors in your workplace? (See explanations on p. 5-7)			
(a)	Medications			
	Substance abuse			
(c)	History of violence (i.e., there has been physical aggression/assault by			
	the client or others in the home. This may include a history of			
	aggressive behaviour or an actual incident, there has been verbal			
	abuse (intimidating remarks/threats) directed toward staff or other			
	employees, and/or there has been sexually inappropriate behaviours (verbal or physical)			
	(voroar or physicar)			

	Mental or physical illness, injury, or condition			
· · ·	Experienced a change in health status	_	_	_
	Sensitivity to disruptive events			
(g)	Recollection of previous exposure to people, circumstances, or events			
(1)	that incite aggression and violence			
	Difficulty in communicating			
(1)	Evidence of criminal activity/gang membership (including any indication of drug or substance abuse in the home)			
(j)	There is a presence or suspected presence of weapons (may be			
0	observed by caregiver or implied by client)	—	—	-
(k)	Other (please specify)			
(11)	other (preuse speens)			
Comme	nts			
2	What accords of the workplace environment wight increase the			
3.	What aspects of the workplace environment might increase the risk of incidents of violence?			
	risk of incluents of violence.			
(a)	An environment or work setting that is not appropriate for the client's			
()	needs and challenges of care			
(b)	An environment or work setting where the staffing level is not			
	appropriate to address the clients' needs and challenges of care			
(c)	An environment or work setting where the appropriate equipment is			
	not available to address the clients' needs and challenges of care			
(d)	An environment or work setting where staff have high levels of stress			
	and fatigue	_	_	
(e)	An environment or work setting that is experiencing intense			
	organizational change			
(f)	An environment or work setting where inadequate information is			
	received through the assessment process or from transferring agencies			
	regarding the client's violence-related information/risk factors.			
(g)	Staff who stay behind after regular office hours, or use weekends to catch up on work	-	_	-
(h)	Staff who carry out duties on a locked unit			
(i)	Interconnected buildings and shared premises that may allow			
(1)	members of the public uncontrolled access to, or increased movement			
	between facilities			
(j)	Work location in a high-crime neighbourhood			
(k)	Evidence of gang activity (may include large gatherings of people in			
	which a caregiver feels intimidated or perceives as a threat			
	Evidence of illegal activities in the building or nearby homes			
(m)	Work location in an isolated area (may apply to rural homes in which			
	isolation can be a safety risk. May be urban homes that are isolated			
	from other occupied homes or have isolated entrances that are			
()	sheltered from public view)			
(n)	Young and/or inexperienced workers, or those who have not had			
(a)	adequate training in violence prevention No or non-functioning security system or elevator in the building –			
(0)	applicable to apartments or condominiums		_	_
(n)	No on-site building manager (tenant behaviour that is not monitored			
(P)	could potentially lead to increased safety risk for caregivers entering			
	that building)			

(q)	Parking (parking situations that may make it difficult to safely access client's homes and return to vehicle. This includes parking underground, in back alleys, areas of poor lighting, near snow banks		
	or other obstructions, busy roads and parking several blocks from client homes.		
(r)	Inadequate lighting: consider both inside and entrance of the house or building		
(s)	pose a risk (either causing fear or injury) to staff visiting in the home		
(t)	Other (specify)		
Comme	ents		

Appendix B

ARC/RRC Worker Survey on Violence in the Workplace

Use this tool to obtain staff input.

Section 2 (f) of the Violence in the Workplace Regulations defines violence as "threats, including a threatening statement or threatening behaviour that gives an employee reasonable cause to believe that the employee is at risk of physical injury, conduct or attempted conduct of a person that endangers the physical health or physical safety of an employee."												
This survey can help determine what work-related conditions in your job may place you at risk of workplace violence. This survey is an important part of the violence prevention program, which is aimed at preventing, or at the very least minimizing the impact of, violent incidents and aggression in your workplace.												
You do not have to give your name or other information that could identify you. Answer the question or circle the appropriate answer: yes , no , or don't know . Skip any question that does not apply to you.												
Date:				J	ob Tit	:le:				D N	Male 🗖	Female
Departi	ment/W	Vork L	ocatio	n:								
Your S	oourit	v on t	ha Iah									
	cale of	1 to 10), how	concern						ifety at wo	ork?	
1 2	2	3	4	5	6	7	8	9	10			
On a sc $(1 = no)$										ituation o	or threat at	work?
1 2	2	3	4	5	6	7	8	9	10			
Are sec					d at yo	our wor	kplace	2		Yes	No	Don't Know
(If yes, Lig	hting							🗆 S	afe & s	ecure area	as to store	personal belongings
□ Trained security personnel □ Secure restrooms												
□ Sec								_ ~			ccess to w	ork areas (is human
	ure pai	rking	· c		· 1 .C	. 1		□ R traffi	estricted c monite	d public a ored by a		ork areas (is human person(s)?)
□ Vio clients commu	oure par plence-r is clear unicatio	rking related rly cor on bety	nmunio veen sl	nation/r cated (e	e.g., ne	ew clier	nt,	□ R traffi □ S	estricted c monito ecurity of	d public a ored by a devices		person(s)?)
□ Vio clients	eure par blence-r is clean inicatio lease in e staff t ' needs	rking related rly cor on betw ndicate to clier	nmunio ween sl e. nt ratio halleng	nation/r cated (e hifts, wr is appr	e.g., ne ritten o ropriate	ew clier care pla	nt, in,	□ R traffi □ S (cam	estricted c monito ecurity o eras, ala	d public a ored by a devices irms, pani ication be	system or	person(s)?) etc.) ployer and workers

Are you given: (Check all that apply; please explain below).

- The assistance of a second worker when needed
 A security contact person/system/protocol
 The information you need about the
- □ A functioning communication device
- Timely assistance when you report a problem

facility/unit/home and the people in it Comments:

Violence Prevention Policy (delete this section if not applicable)	Yes_	No	Don't Know
Is there a written violence prevention policy for your workplace? Have you ever seen a copy of the policy? Are there written procedures for violence prevention that deal with your work area? If yes, are they easy to understand and follow? Have you ever seen a copy of the procedures? Comments:			
Incident Reporting and Follow-up Is there a system for reporting threats and incidence of violence and aggression? If yes, is it easy to understand and follow? Comments:			
Are you required to report threats and incidents of violence and aggression? If yes, can you do so without fear of reprisal? Do you report all incidents of violence (threats or assaults)? If not, please explain.			
Does the supervisor/manager investigate incidents without undue delay? Does the supervisor/manager take suitable corrective action without undue delay? Are police and emergency services called immediately when an incident involving a criminal act occurs?			
Are co-workers and support staff briefed about a violent incident before coming on shift/dealing with a previously violent client? Do you have access to incident reports?			
Is there a program to provide support for workers who are victims of workplace violence? Comments:			
Education and Training			

Have you received training on recognizing and preventing workplace violence? Are you trained at least once a year or when your job duties change? Do you have the opportunity to practice what you have learned? Do you feel that training was adequate? Comments:		
Is your training appropriate for the job that you do? (Is it tailored to your particular job duties?) Comments:		
Do you know what protocols (polices and procedures) exist in your workplace to deal with violence and its consequences? Do you know what standard of care your employer expects you to deliver when a client is abusive or threatening toward staff?		
Are you aware of the OH&S regulation sections on violence in the workplace?		
Incidents at Work	Yes	No
Have you ever been the victim of a violent incident while employed at this organization?		u –
If yes, please answer the following:		
Where the incident occurred		
Type of incident(s) (describe)		
Were you injured? (If yes, describe injuries)		
were you injured. (if yes, deserve injuries)	-	_
Did you receive first aid or medical treatment? (If yes, describe)		
Did you report the incident?		
If not, please explain. Were you offered defusing (an opportunity to express your thoughts about the incident, and learn about normal stress reactions and available services) within 8		
hours?		
If yes, was it done? Were you offered Critical Incident Stress Management debriefing (a discussion		

with a facilitator to alleviate trauma and speed up your recovery) within 24 to 72	
hours?	
If yes, was it done?	
Your Recommendations	
In your opinion, what steps could be taken to make your workplace safer?	
Name (optional):	

Appendix C

ARC/RRC Facility Inspection Checklist

Use this checklist to record information about facility(ies) hazards.

Inspect the facility(ies) for each item listed below. A building(s) blueprint or floor plan(s) may be useful. Mark areas of concern in the space provided so that the items can be reviewed and discussed later.

		1		1
	emergency assistance?	_	_	
•	How far away is the nearest person who would	□yes	□no	
	be able to hear calls for help?			
Visibili	tv			
	Are there unlit or overgrown areas where an	□yes	□no	
	assailant could hide?	5	-	
	Do any physical objects/structures obstruct	□yes	□no	
	your view?	_ <i>yc</i> ₃		
	What would make it easier to see an assailant		□no	
-		□yes		
	(e.g., mirrors, angled corners, transparent			
	materials like glass, windows in doors, less			
	shrubbery)			
Access	control			
•	Is the worksite building connected to any other	□yes	□no	
	buildings, or shared with other organizations?	-		
	Is access to the worksite (including access	□yes	□no	
	through adjacent workplaces) controlled?	5	-	
-	Are access codes for doors/gate locks known to	□yes	□no	
_	individuals other than staff?	— y 03	-110	
	Are offices designed and/or arranged so that	□yes	□no	
I -		Lycs		
	public and private spaces are easily			
L	distinguished?			
Securit	y system/processes			
•	Is there an alarm and lighting control panel or	□yes	□no	
	other system/process to alert co-workers of a			
	violent incident and its location?			
	If so, is the system/process monitored?	□yes	□no	
	Are personal alarms/panic buttons or other	Dyes	□no	
	systems/processes (e.g., call systems) available	5		
	for staff to alert co-workers that there personal			
	safety is at risk?			
	Where does the alert go and to whom?	□yes	□no	
		-		
	How is the problem area identified?	□yes	□no	
•	Have motion sensors been installed at all	□yes	□no	
	entrances and exits?	_	_	
•	Are security guards or buddy systems (i.e.,	□yes	□no	
	someone to accompany you in a potentially			
	dangerous situation such as walking out to you			
	car at night) available at your location?			
Emerg	ency response system/process			
_ s	Does your facility have an emergency response	□yes	□no	
	system/process in place?	J	-	
	If so, has it been tested recently?	□yes	□no	
	Is there an emergency contact number, and is it	□yes		
I -		-yes		
_	posted on phones?			
•	Are emergency phones accessible and in	□yes	□no	
	working order in all areas?			
Entrap	oment Sites			
Parkin	g lots			
-	Do workers park in the area on evening and	□yes	□no	
	night shifts?	J		
	If so, is there a secure parking lot?	□yes	□no	
	Do security personnel patrol the area regularly?	□ yes		
	Is it generally well lit?	□yes □yes		
	Have there been vehicle thefts from the parking	-		
	maye mere been venicle mens nom me parking	□yes	□no	

	lot?			
Elevato	ors (if applicable)			
	Are there strategically placed mirrors so staff	□yes	□no	
	can see who is in the elevator before entering?			
	Is there an emergency phone or emergency call	□yes	□no	
	button in each elevator?	5		
•	Is it tested regularly to ensure that it is in	□yes	□no	
	working order?			
•	Do workers know what to do if cornered in an	□yes	□no	
	elevator by an aggressive client?	_	_	
•	Is there a response procedure for elevator	□yes	□no	
ļ	emergencies?			
Washr				
-	Are there separate washrooms for staff?	□yes	□no	
•	If so, are staff washrooms controlled by locked	□yes	□no	
L _	doors?			
	Is public access to washrooms controlled?	□yes	□no □no	
	Can the lights in washrooms be turned off? Are washrooms checked for unauthorized	□yes □yes	\Box no \Box no	
-	personnel on a regular basis?	ayes		
Decent	ion/waiting area			
Recept	Is the reception area clearly marked?	□yes	□no	
	Is there a natural barrier, such as a deep	□yes		
	reception desk, separating staff from clients,	- yes		
	relatives and the public?			
-	Does the layout of the reception area allow staff	□yes	□no	
	to greet incoming clients and make sure they	5		
	are seen in order of appointment (e.g., during			
	clinic hours)?			
-	Does the layout of the reception area make it	□yes	□no	
	easy to observe clients?			
-	Are there any areas out of sight of staff where	□yes	□no	
	someone could deliberately hide?			
-	Is the reception area staffed at all times?	□yes	□no	
•	Is there an alarm system?	□yes	□no	
	Does the receptionist sometimes work alone?	□yes	□no □no	
•	Are there objects, tools or equipment in this	□yes	□no	
	area that could be used as weapons? Is anyone in the area responsible for handling		□no	
	cash?	□yes		
<u> </u>	Ca511:			

Office/i	nterview/treatment/counseling/medication			
rooms				
•	Is access to these areas controlled by locked doors?	□yes	□no	
•	Are they located in a relatively open area that	□yes	□no	
-	still maintains privacy and confidentiality? Does the layout of these areas and furniture	□yes	□no	
· ·	permit workers to exit if threatened? Are furniture/counters arranged to both allow	□yes	□no	
	visibility and protect staff?	_	_	
	Is a back-up exit available for emergencies?	□yes	□no	
	Do these areas have an alarm system? Do the doors have a window?	□yes	□no □no	
	Do workers sometimes work alone in these	□yes		
-	areas? Do they know appropriate emergency	□yes		
	alert procedures?			
	uiert provouures.			
Other r	ooms and areas			
•	Are unoccupied rooms locked?	□yes	□no	
•	Are there places, such as recessed doorways,	□yes	□no	
	unlocked storage areas, and stairwells, where			
	someone could hide out of view of others?			
Files/R				
•	Are confidential files/records kept in a locked	□yes	□no	
_	room?			
-	Are file cabinets containing confidential records, locked?	□yes	□no	
Stairwe	ells and exits			
	Are stairwells and exits clearly marked, well lit,	□yes	□no	
	and controlled with locked doors that have			
	panic bars to allow exit in an emergency?			
•	Do exit doors identify where they exit to?	□yes	□no	
•	Are there places at the bottom of stairwells	□yes	□no	
	where someone could hide?	_	_	
•	Can lights be turned off in the stairwell?	□yes	□no	
	Is there more than one exit route?	Uyes	□no	
-	Do exit routes restrict the ability to escape an attacker?	□yes	□no	
	Do stairwell doors lock behind people during or	□yes	□no	
	after regular hours of operation?	- yes		
 Genera	l building, work station, and area designs			
	Review the design plans of all new or			
	renovated facilities to ensure safe and secure			
	conditions for workers.			
•	Are facilities designed to ensure the privacy of	□yes	□no	
	clients, yet permit workers to communicate			
	with other staff in emergency situations? (Such			
	communication could be via clear partitions,			
	video cameras, speakers, panic buttons, or			
	personal alarms, as appropriate to the			
_	workplace situation.)		Dnc	
-	Are work areas designed and furniture arranged	□yes	□no	

 to prevent entrapment of the workers and/or minimize the potential for assault? Is access to employee work areas controlled? (e.g., locked doors, buzzers, card access, etc.) Security must never conflict with other fire and safety requirements. Although it may be tempting to keep doors locked to prevent intrusion, people's ability to exit the building must not be impeded. 	□yes	□no	
Security equipment			
 Are there electronic alarm systems with visual or audible alarms? 	□yes	□no	
 Do systems identify the location of the room or the worker by means of an audible alarm and/or 	□yes	□no	
a lighted indicator of equally effective measure?			
 If such systems are used, are adequate personnel available to render prompt 	□yes	□no	
 assistance? Is closed circuit television used to monitor high-risk areas, both inside and outside the 	□yes	□no	
building?Are cellular telephones, beepers, CB radios	Dues	□no	
 Are cellular telephones, beepers, CB radios, hand-held alarms, or noise devices available? 	□yes		
 Is security equipment regularly examined and maintained to ensure its effectiveness? 	□yes	□no	
Equipment and tools			
• Are tools and equipment (e.g., sharps) locked	□yes	□no	
away when not in use?Can anyone grab and use them as weapons	□yes	□no	
against staff?	u yes		

Completed by_____ Date_____

Appendix D

Sample Violent Incident or Threat Report

Use this form to report violent incidents and actions taken after such incidents.

Violent Incident or Threat Report - Co	nfidential				
1. Identifying Information					
Worker's name	Job title_		Shift		
Department	Workplace l	ocation/address			
Location of incident (Specify location. Examples: reception, hallway 2 nd floor, in client's room, on street, entering or leaving building, etc.)					
Date and time of incident Date and time incident reported Type of incident Threat verbal threat in person verbal threat by telephone written threat	 Physical as struck pushed bitten or 	– sault pinched	vated/process initiated? uyes no		
Describe incident (what happened including events leading up to incident, and possible precipitators of incident).					
Describe immediate actions taken (e.g., security called)					
Medical attention/first aid obtained?	🗆 yes 🗖 no	Describe injuries	s and first aid provided:		
Referral to or organizing of: defusing? Advised to consult a physician for trea					

2. Assailant					
Who was the assailant, if known? (Name)					
Description Description Description Description Description	Age Complexion				
Height W	/eight	_ Other			
Was the assailant (if known) in any previous violent incident? ves on o don't know					
3. Others Involved Witness(es): List name and how to locate the person – position (if worker); unit (if resident); address (if other)					
List others directly involved in incident, including name and how to locate the person – position (if worker); unit (if resident); address (if other)					
4. Other Information	the most?	D			
Have there been similar incidents in	-	no no			
Are any measures in place to prevent	-	no no			
Please provide any additional information you think may be relevant, including any recommendations for preventive measures.					
Investigation initiated? yes Reported to police? yes					
Reported to supervisor? ves no If yes, name of supervisor					
Incident/investigation report completed? ves ves ves ves ves ves ves ves ves ve					
WCB Form completed? yes no If yes, by whom?					
Signature of workerSignature of supervisor					

Appendix E

Analysis of Sample Hazards

Violence Hazard #1 – Working Alone

0

- What task, activity, or feature of the workplace may trigger violence?
 - Working alone on evening and night shifts
- Describe how frequently the task, activity or feature occurs (e.g., daily, weekly, monthly, etc).
 Twice daily
- Who (e.g., departments, occupational groups) is at risk from this violence?
 - Direct care staff (CCAs, RNs/LPNs) on resident care units (threat or assault could come from family member or client, or threats from co-workers)
- What predicted categories (i.e., threats or assaults) and/or types of incidents are most likely to occur?
 - o Threats (verbal threat in person)
 - Assaults (struck, pushed, bitten/pinched, etc.)
- Is there any other information or factor(s) that should be described and considered (i.e., factors that may increase or decrease the risk)?
 - Reduced staff on evening and night shifts
 - Workers may be inexperienced
 - o Client factors including "Sundowning"
 - o Full moon
 - Less traffic when entering and leaving the building
 - Staff working alone experience stress related to the overwhelming workload and responsibility and the uneasiness of working alone
 - Staff who work nights tend to be tired and sometimes this is their second job
 - o Staff may also experience stress due to leaving their families in the evenings
 - Staff working alone may not have time to observe and act upon precipitating factors of client to staff violence
 - Staff who work at night do not always know the residents as well because they are normally sleeping
 - Cell phones (other communication devices available to staff on nights
 - Security systems installed
- Estimate the probability of the predicted types of violence occurring because of the violence hazard.
 - A Highly Likely
- Estimate the most serious, reasonably possible outcome (as opposed to the "most likely" outcome) for the violence hazard you are considering.
 - 4 (catastrophic fatality, coma)
- Risk Designation
 - 0 4A (Significant and unacceptable risks)
 - Address immediately through a violence prevention plan.

Violence Hazard #2 - Knowledge/Access to New Client Information

- What task, activity, or feature (i.e., hazard) of the workplace may trigger violence?
 - Receiving inadequate information about the client through the assessment process or from transferring facilities regarding the client's violence-related information/risk factors
- Describe how frequently the task, activity or feature occurs (e.g., daily, weekly, monthly, etc).
 0 100% of new admissions
- Who (e.g., departments, occupational groups) is at risk from this violence?
 - All aspects of client care (resident care staff, dietary, finance, etc.)
- What predicted categories (i.e., threats or assaults) and/or types of incidents are most likely to occur?
 - Threats (verbal threat in person)
 - o Assaults (all)
- Is there any other information or factor(s) that should be described and considered?
 - o Facility conducts its own assessment of clients to mitigate this risk
 - o Growing waitlists
 - HR issues (Care Coordinator's assessment outdated due to backlog)
 - Resident's service expectations (e.g., did not realize that they could be located 100kms from their home community)
 - o Facility lacks the resources to conduct its own assessments
- Estimate the probability of the predicted types of violence occurring because of the violence hazard.
 - o C Possible
- Estimate the most serious, reasonably possible outcome (as opposed to the "most likely" outcome) for the violence hazard you are considering.
 - o 4 Catastrophic
- Risk Designation

0

- 4C (Significant and unacceptable risks)
- o Address immediately through a violence prevention plan.