

TOOLKIT INFO

This toolkit contains a series of evidence-based recommendations driven directly by the findings of a multi-site qualitative research study (“*Preventing Workplace Violence: An In-depth Investigation*”) funded by a 2023 WorkSafe BC Applied Innovation Grant.

Study sites were affiliated with two health authorities and included emergency departments, mental health and substance use units, and a long-term care home. Five healthcare attendees (e.g., family caregivers), and 30 healthcare workers from these study sites were interviewed about their experiences of direct (target) or indirect (witness) exposure to violence from patients. Interview findings were triangulated through the analysis of 104 patient-initiated violent incidents from partner sites’ administrative databases. Study findings were used to develop recommendations towards healthcare providers and their leaders and managers, to reduce the risk of workplace violence and its impact on healthcare workers.

Please note that *patients* can be substituted throughout the document for *residents* or the appropriate term for the recipients of your care.

These recommendations are, in some parts, supplementary to your healthcare organization’s or health authorities’ violence prevention protocols and policies, and those from WorkSafe BC, Workers’ Compensation Act, and Occupational Health and Safety Regulations.

Recommendations for Reducing the Risk and Impact of Workplace Violence



Healthcare
Providers

Minimizing risk: get to know your patients and adjust your care accordingly.

GENERAL RECOMMENDATIONS

- **Practice trauma informed care (TIC)**, including a thorough assessment of your patients’ past and present and adjust your care practices according to your assessment. Consult your health authority resources for TIC guidelines.
- **Involve a multidisciplinary care team** such as social work, counsellor, and security personnel in planning and delivering patient care particularly for high-risk patients. In some instances, having family presence during care activities might facilitate patient comfort.
- Think beyond meeting the physical needs of your patients. A multidisciplinary care team should help **address holistic patient needs** including their physical, psychological and social (e.g., food, shelter, transportation) needs; not only during their admission, but also post-discharge.
- **Always trust your intuition and don’t hesitate to ask for help** from your colleagues. **In high-risk situations, never go to the patient’s room alone.** If needed, ask a colleague and/or a security personnel to accompany you to the patient’s room.



PATIENT ASSESSMENT

- **Conduct a thorough assessment of patient needs, values, and preferences.** These needs and preferences should be carefully documented, clearly communicated with the care team and integrated into the patient care plan.
- **Assess high-risk patients for common warning signs of violence** such as irritability, avoidance of eye contact, avoidance of answering questions, and a general sense of suspicion towards healthcare workers. That said, not all high-risk patients always demonstrate warning signs prior to aggressive and violent behaviours. For some patients, the change in mood and behaviour is completely sudden and unexpected.
- **Assess newly admitted patients for previous history of intoxication, mental illness and cognitive impairment.** Further **assess your patients' present state using validated tools** offered by your organization or health authority. These tools should help you determine patients who are actively intoxicated, experiencing withdrawal, psychosis, or cognitive impairment (e.g., Alzheimer, Dementia). Patients experiencing exacerbation of these illnesses are commonly cited as high-risk patients in relation to aggression and violence.

PATIENT COMMUNICATION

- With your patients, **always clearly communicate your planned care activities**, provide supporting rationale for these planned care activities, or their timing, and answer any questions the patient might have. Patient agreement should be obtained regarding planned care activities, their timing and/or location of care in advance of engaging in care activities. If needed, offer patients with PRN medication before engaging in care activities.
- **Set clear expectations for patients that their admission process, diagnosis, treatment and care might be long in duration.** If possible, provide an estimated duration depending on individual- and unit-level staffing and workload.
- If possible, **dedicate a few minutes to speak to and comfort your patients.** Research evidence shows comforting patients is among the most frequently essential care activities left undone.

DOCUMENTATION

- Carefully **document your assessment of patient status and risk for violence and communicate important information and updates with the care team** including your supervisor.
- If exposed to violence, work with your supervisor to **submit a report regardless of the form of violence** (e.g., physical or verbal) and whether it resulted in physical injury. If needed, consult your organizational policies and protocols as well as WorkSafe BC guidelines on the reporting process.



Leaders & Managers

IMPROVING APPROACHES

- Integrate Trauma Informed Care (TIC) into your care delivery model. TIC is a care approach that includes understanding of the potential long-lasting impact of trauma on individuals. Care approaches should be reorganized to promote patient safety, autonomy and respect. Encourage and allow time for your staff to regularly consult your health authority resources and training modules on TIC.
- Implement team-based models of care delivery that allow a multidisciplinary care team, including social work, counseling, security and patient navigators to closely work together to meet patients' holistic needs including their physical, psychological, emotional and social needs while in care and post-discharge.
- Implement principles of patient centered care in your care delivery model, requiring staff to clearly and proactively communicate and discuss planned care activities with patients (and/or family). Patient centered care requires patients (and/or their family) to be engaged and at the center of their care.
- Implement data-driven approaches to inform your staffing decisions. These approaches are associated with more positive outcomes for patients and providers. Patient needs assessment tools aim to understand and quantify holistic patient needs including their physical, psychological, emotional and social needs. Patient needs are then used to inform decisions regarding patient assignments and staffing levels, resulting in more effective workload management.

SUPPORTING STAFF

- In high-risk areas, a multidisciplinary care team is required on evenings and weekends as well as morning shifts and weekdays. In certain contexts, such as emergency departments, the consistent presence of security officers and/or police officers might be required.
- Encourage the use of communication tools that facilitate staff to clearly and frequently share important patient information and care plan with the multidisciplinary care team.
- Ensure all your staff have completed the mandatory provincial violence prevention education and offer additional prevention training on a regular basis. Offer opportunities for staff to participate in code white drills at least once a year.
- Ensure that all high-risk areas including MHSU and LTC areas have access to personal protective devices and adequate levels of security personnel.
- Support the targeted staff and those witnessing the incident. Offer opportunities for debriefing and accessing the available resources such as the Employee and Family Assistance Program.

POLICIES AND PROTOCOL

- Know and follow your organizational policies and protocols surrounding violence prevention and educate your staff.
- Know and follow your organizations' policies and protocols on workplace violence reporting, investigation, follow up and corrective action and consult WorkSafe BC guidelines as needed.
- In case of exposure to workplace violence, encourage your staff to submit an incident report for investigation regardless of the form of violence (e.g., physical vs verbal) and whether or not it results in injury. Encouraging staff means giving them enough time to complete and submit a report.