

CORPORATE POLICY, STANDARDS and PROCEDURE

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<u>POLICY TITLE</u> VIOLENCE PREVENTION <i>(formerly Prevention and Management of Aggressive Behaviour)</i>		<u>NUMBER</u> TBA
<u>AUTHORIZATION</u> President and Chief Executive Officer	<u>DATE APPROVED</u> April 2006	<u>CURRENT VERSION DATE</u> December, 2016

DATE(S) REVISED / REVIEWED SUMMARY

Version	Date	Comments / Changes
1.0	April 2006	Initial Policy Published – <i>“Prevention and Management of Aggressive Behaviour”</i>
2.0	April 2008	Revisions made to the <i>“Prevention and Management of Aggressive Behaviour”</i> Policy
3.0	November 2013	“Violence Prevention” Policy published. Supersedes the <i>“Prevention and Management of Aggressive Behaviour”</i> Policy
4.0	December 2016	Revisions made to the “Violence Prevention” Policy

INTENT/PURPOSE

This policy applies to all Fraser Health employees, physicians and volunteers and to those employees of Lower Mainland Consolidated Services that work in Fraser Health facilities and to all patient/clients/residents and their families/visitors.

POLICY

To ensure the provision of a safe workplace and health care environment, Fraser Health will not tolerate verbal, physical, psychological or sexual violence against any employee or by any employee. Fraser Health will provide the resources to create and maintain a safe workplace as arising out of requirements outlined in the Workers Compensation Act (WCA) and the WorkSafeBC Occupational Health and Safety Regulation (OHSR).

As part of an overall strategy to improve workplace health, Fraser Health will adopt initiatives that will eliminate and/or reduce the incidence and severity of workplace violence by:

- assessing and evaluating the risk of violence in all Fraser Health workplaces;
- implementing measures such as engineering controls, policies, procedures, and education and training to eliminate or reduce the risk of violence;

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- defining the responsibilities of Fraser Health management, employees, and committees (e.g. Joint Occupational Health and Safety Committee, Fraser Health Regional Violence Prevention Committee);
- providing resources for dealing with Critical Incident Stress;
- monitoring and evaluating control measures on a regular basis;
- reviewing reports and statistics;
- communicating expectations for appropriate conduct in the workplace to employees and patients, families and visitors or other members of the public;
- providing a formalized response to violent behaviour at all Fraser Health premises by the use of a Code White response.

Fraser Health supports a practice of least restraint and utilizes a preventive approach to violent incidents. All non-physical means of responding to violent behaviour must be employed prior to any physical response. Employees, Security and Physicians will respond primarily using techniques as per the Provincial Violence Prevention Curriculum for Healthcare in situations of disrespect or potential violence.

Patients/clients/residents have the need and right to receive visitors of their choice to the greatest extent possible given their clinical condition and the operational requirements of the program, service or facility. However, it is Fraser Health's responsibility to provide a safe working environment as per the WCA and OHSR and to ensure a balance between this need for clients to receive visitors and the safety of its workers and other patients and visitors. Patients also have the right to exclude visitors based on their own wishes.

Visitors have a responsibility to manage their own conduct, treat others with respect, and to preserve the dignity, safety and comfort of other patients/clients/residents, staff, physicians and volunteers. In situations where visitors exhibit behaviours which are disrespectful or violent, Managers or delegates are responsible for acting immediately to reduce risk and to protect the safety of others. If the behaviour does not meet these responsibilities, Fraser Health reserves the right to address the behaviour in a manner that preserves a safe workplace and safe health care environment.

Portions of this policy related to visitors are superseded by court orders, including custody orders, orders made under other enactments relating to the specific patient or visitor, and by

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the Memorandum of Understanding with the Correctional Service of Canada, Pacific Region and BC Corrections Lower Mainland Correctional Centres.

RESPONSIBILITIES

A. Executive Directors

- Ensure the provision of the Fraser Health Violence Prevention (VP) program including policies and procedures for dealing with workplace violence.
- Ensure the development, and implementation of Site-Specific Violence Prevention Action Plans and its components.
- Establish a site-specific Code White response. Code White teams at the acute sites must have a minimum of 3-5 trained responders (as per Provincial Guidelines) assigned to respond for all shifts. Code White teams and responses at community sites will be based on to the number of available staff to respond, patient population, and assessed level of risk at the site.
- Ensure mock codes/drills are conducted to evaluate and improve the Code White response.
- Ensure appropriate inspections and investigations are conducted at the site to validate required prevention activities are in place.
- Ensure that the Joint Occupational Health and Safety (JOHS) Committee has violence prevention as a standing agenda item
- Ensure that directors, managers and supervisors are aware of VP program requirements.
- Ensure the provision of violence prevention resources including education and training of employees and responders.
- Ensure compliance with violence prevention risk assessments and any requirements arising.
- Is familiar with the VP policy and associated program materials.

B. Directors

- Assist with the development, and implementation of Site-Specific Violence Prevention Action Plans and its components.
- Ensure employees complete and remain current with required violence prevention training

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- Ensure programs designated as Code White responders maintain sufficient numbers of responders with the required level of violence prevention training.
- Ensure appropriate inspections and investigations are conducted in each program per requirements at required frequencies.
- Ensure compliance with violence prevention risk assessments and any requirements arising.

C. **Managers and Supervisors**

- Ensure employees are aware and understand that violence should not be accepted as “part of the job”.
- Ensure employees are aware of policies and procedures related to violence prevention (e.g. Violence Prevention, Code White, ALERT: Identification and Designation of Clients at Risk for Aggressive Behaviour, Working Alone, Response to Disrespectful or Violent Behaviours from Visitors).
- Ensure risk identification, assessments, and resulting requirements are completed and implemented for their work area.
- Inform employees of any risks due to violence and ensure the VP program procedures are developed and communicated to employees.
- Ensure employees complete and remain current with required VP training.
- Ensure all violent (verbal or physical) or potentially violent (near miss) incidents are reported to the Provincial Workplace Health Call Centre, reviewed, investigated, and any corrective actions are implemented.
- Ensure employees are aware of resources available to them after responding to violence (e.g. Critical Incident Stress Management, Employee Assistance Program, Workplace Health, Integrated Protection Services).
- Provide support to employees/physicians who wish to pursue legal action if they are injured as a result of responding to violence.

D. **Employees/Physicians**

- Respond appropriately to violent behaviours.
- Follow established procedures and protocols for aggressive incidents.
- Where the requirement has been identified, Personal Protection Devices (PPDs) must be worn and utilized as directed.

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- Report all acts of violence to the manager/supervisor and complete relevant documentation.
- Contact the Provincial Workplace Health Call Centre for incidents (physical, psychological, sexual, near misses).
- Attend and maintain compliance with required VP training.

E. **Joint Occupational Health and Safety (JOHS) Committee**

- Make recommendations to improve the VP program.
- Review incident statistics on a regular basis.
- Worker representatives to participate in investigations of violent incidents as required under the WCA and Collective Agreements.
- Worker representatives to participate in department VP Risk Assessments.

F. **Fraser Health Regional Violence Prevention Committee**

- Provide guidance and feedback to the strategic and operational priorities of the VP Program, including, but not limited to, reviewing incident statistics, risk assessment and policy recommendations.
- Raise awareness of violence as a workplace hazard and promote solutions to eliminating/minimizing risk.
- Review status of the VP Program compared to WorkSafeBC Occupational Health and Safety Regulations, Collective Agreements, and other related regulatory requirements and make recommendations to improve the Program.
- Provide Violence Prevention information to Fraser Health departments.
- Liaise with internal and external stakeholders (e.g. Provincial OSH/Violence Prevention Committee, WorkSafeBC, and other Health Authorities) regarding violence prevention resources and practices.
- Provide Joint Occupational Health and Safety Committees guidelines related to violence prevention best practices.

G. **Integrated Protection Services**

- Provide expertise support for the VP Program.
- Ensure contracted security personnel are trained in the Provincial Violence Prevention Curriculum for Healthcare principles and techniques.

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- Ensure that contracted security personnel deployed at Fraser Health sites respond STAT to all violence incidents.
- Provide access to statistical information on violence incidents to JOHS Committees for review.
- Provide support and expertise to employees regarding assessing and mitigating violence risk for situations of targeted violence
- Assist employees/physicians who wish to pursue legal action after a violence incident.

H. **Workplace Health**

- Administer the VP Program.
- Provide advice and guidance to managers and employees to assist with compliance with VP Program requirements.
- Ensure appropriate training is available for all employees and Code White responders.
- Facilitate VP Program design as well as associated training.
- Coordinate the delivery of standardized training programs.
- Provide Provincial Violence Prevention Curriculum (PVPC) classes through Acute Regional Orientation for all new employees.
- Provide statistical information on violent incidents to Fraser Health leadership and JOHS Committees for review.
- Maintain systems and associated reporting for VP training, VP risk assessment completion, and VP risk assessment actions.

PERSONAL PROTECTION DEVICES

Personal Protection Devices (PPD) are a safety control that has been put in place as a result of a Violence Prevention Risk Assessments and must be utilized by all staff where they have been deemed as required. PPDs are to be kept on the staff person in an appropriate way as recommended by the manufacturers of the specific device in use. A department specific procedure must be developed and minimally include the following: who is required to wear PPDs, how to wear them (e.g. clipped to their shift, on a safety lanyard), a sign-out and sign-in

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process as applicable, a process/schedule for testing, process for potential downtime, and regular maintenance.

CODE WHITE RESPONSE

A Code White response is a coordinated emergency team response to deal with situations where workers perceive themselves or others to be in danger of physical harm from someone who is violent; someone acting out in a way that is dangerous to self, others or the environment; or the situation is rapidly escalating out of control where the staff present do not have the capability to de-escalate the situation.

Each Executive Director at the sites/facilities that they are accountable for, is responsible for ensuring that there are enough trained responders to safely respond to all potential behavioural emergencies. All Acute Care sites will utilize a Code White Level III Response Protocol. Community and Residential care sites will also employ a Code White response based on the staffing levels, training, and assessed risk of the site. Where there are not sufficiently trained responders working at a site, alternative measures must be implemented to ensure a safe, emergency response.

- Each site must ensure a site-specific procedure is developed, communicated, and regularly reviewed.
- Each site-specific procedure must clearly describe who/which departments are responsible for providing trained responders to safely respond to all patient related behavioural emergencies or Code White calls 24 hours a day, 7 days a week (24/7) based on the assessed Code White response required by that area.
- Contracted security personnel will respond to all Code White calls in acute settings where assigned.
- Code White team responders are trained in the Provincial Violence Prevention Curriculum (PVPC) for Healthcare including the eLearning modules, PVPC Class, and Advanced Team Response (ATR) Class.
- Code White team physical interventions are used as a last resort to safely control a person until they are able to regain control of their own behaviour.
- Code White teams must ensure the safety of the team and others and not intervene in any situation beyond their ability.

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- Untrained individuals are not to participate directly in a Code White response but may act in a supportive role.

CODE WHITE ROLES AND RESPONSIBILITIES

A. Nurse/Person Initiating Code White

- May become part of, or, Team Leader for Code White response team if currently trained in PVPC ATR otherwise must remain present throughout the entire intervention and relay information to the Code White team leader including:
 - o Events leading up to incident
 - o Actions that have been taken
 - o Physical and emotional condition of aggressor
 - o Alerts, risks, and history with respect to violent potential of aggressor
 - o Actions or goals of intervention for the Code White team (e.g. escort to room, medication, physical restraint)
- Removes persons in immediate danger to safety.
- Calls police if directed by Code White Team Leader
- Obtains medication or physical restraints if required
- Delegates staff member to call attending physician for orders
- Documents incident on health record as related to the patient

Note: If situation is extremely dangerous and/or weapons involved staff will call the police before the Code White Team arrives.

B. Code White Team Leader

- Responds STAT to a Code White call.
- Receives report from the Nurse/Person initiating the Code White.
- Assesses the patient (potential, alerts, medical, physical and emotional status), team (e.g. is everyone currently trained and ready, willing and capable), and environment prior to intervention.
- Acts as spokesperson for the team and is the only person who speaks for the team.
- Only person communicating with the aggressor unless otherwise delegated.
- Plans the team intervention with input from the Nurse/Person initiating the Code White.

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- Directs team members in the intervention. Options may include:
 - Calming the aggressor utilizing verbal defusing skills and assisting them back to their room.
 - Isolating the aggressor in a seclusion room (where available)
 - Administering medication.
 - Controlling with physical and/or mechanical restraints.
 - Calling police if the situation is beyond the team's capabilities.
- Ensures that team members remove personal items which may cause injury or be damaged (e.g. pens, scissors, neck ties, lanyards, watches, cell phones)
- Ensures that team members participate in an informal debriefing after a Code White.
- Reports immediately to first aid (if required) and reports to the Provincial Workplace Health Call Centre if injured (physical/verbal) or potentially injured (near miss) during the Code White call incident.

C. Code White Team Members/Responders

- Participates in both initial training (PVPC online modules, 4 hr basic PVPC program, 8 hr PVPC ATR program) and annual reviews.
- Responds STAT to a Code White call.
- Identifies self as a currently trained responder to the Team Leader.
- Observes universal precautions. Put on gloves prior to intervention.
- Removes personal items which may cause injury or be damaged.
- Participates in planned intervention following the instruction of the Team Leader.
- Uses the least restraint necessary in containing threatening or violent behaviour.
- Participates in debriefing immediately following the incident.
- Seeks first aid treatment if required and reports to the Provincial Workplace Health Call Centre if injured (physical/verbal) or potentially injured (near miss) during the Code White call incident.

NOTE: If the aggressor leaves the hospital building the team will not attempt to follow but will notify the police.

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D. **Unit Manager/Designate**

- Assesses the emotional and physical well-being of staff.
- Notifies the CISM Coordinator or designate if debriefing or defusing is required.
- Allow injured employees to receive first aid treatment if required.
- Investigates, makes recommendations and implements corrective actions when staff are injured or in the event of a near miss.

DEFINITIONS:

- Violence: Incidents where persons are abused, threatened or assaulted in circumstances related to their work, involving a direct or indirect challenge to their safety, well-being or health. This includes any violent behaviour that is intentional, that is not intentional due to illness/injury, and violent behaviour that is not intentional where the aggressor lacks the mental capacity to demonstrate intent, often called aggression. (Provincial Violence Prevention Curriculum for Healthcare, March 2011)
- Code White: A call for help for a violent or potentially violent situation.
 - Level I Code White response
 - A basic response. Consists of one or more workers responding to a call for help.
 - Workers must maintain a basic level of Violence Prevention training. (check regional training recommendations)
 - Responders keep people safe, clear the environment and initiate additional support (i.e. call 911/security)
 - Level II Code White response
 - An intermediate response. Consists of a trained group of 2-5 workers. Workers must maintain current certification in the Provincial Violence Prevention modules which minimally include the modules on Communication, De-escalation and Personal Safety.
 - Workers respond to Code White calls in a structured manner.
 - Responders provide an initial show of support and presence. They do not physically intervene, but continually assess the situation and use de-escalation skills.
 - Level III Code White response
 - An advanced team response. Consists of a highly trained group of 3-5 workers. Workers must maintain current certification in the Provincial

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Violence Prevention modules which includes Advanced Team Response.
(check regional training recommendations)

- They are often called the Code White Team.
- This team is able to provide a show of presence, de-escalation, up to and including physical interventions.
- **Code White Response or Procedure:** A coordinated emergency team response to deal with unresolved threatening or violent behaviour from a patient.
- **Critical Incident Stress:** Any situation faced by employees which causes them to experience unusually strong emotional reactions and which has the potential to interfere with their ability to function, either at the scene or later.
- **Least Restraint:** Intervention used with a violent patient which is the least restrictive possible.
- **Patient:** a term often used interchangeably with 'client' or 'resident' to refer to consumers of the healthcare system.
- **Disrespectful and Violent Behaviours:** Includes behaviours assessed/perceived as disrespectful, inappropriate, aggressive or violent (verbal or physical). Behaviours also deemed unacceptable include, but are not limited to, using abusive and/or foul language, apparent alcohol and/or drug intoxication, and being disruptive or unresponsive to the direction of staff.
- **Provincial Violence Prevention Curriculum for Healthcare:** A standardized, safe, non-harmful, violence prevention education program developed in British Columbia, Canada with collaboration from BC Health Authorities, Healthcare Unions, and WorkSafeBC with support from the Ministry of Health.
- **Personal Protection Devices (PPD):** A wireless transmitter carried by a staff member used to summon emergency assistance.
- **Fixed Position Duress Alarm:** A button fixed to an immobile surface such as a desk, wall or pillar used to summon emergency assistance.

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REFERENCES

- Fraser Health Authority's "Workplace Health and Safety" Policy
- Fraser Health Authority's "Respectful Workplace" Policy
- Fraser Health's "Critical Care Indicators" Policy
- Fraser Health's "ALERT system: Designation, Identification and Review of Clients at Risk for Aggressive Behaviour" Policy
- Fraser Health's "Working Alone Program" and procedures
- Fraser Health's "Management of Targeted Violence" Policy
- WorkSafeBC Occupational Health and Safety Regulation, "Working Alone, Workplace Conduct and Violence in the Workplace Regulations", Sections 4.21 – 4.23, 4.24 - 4.26, 4.27 – 4.31
- "Preventing Violence in Healthcare - Five Steps to an Effective Program", WorkSafeBC
- "Guidelines: Code White Response, A Component of Prevention and Management of Aggressive Behaviour in Healthcare", Health Association of BC, WorksafeBC, OHSAH
- Ministry of Health Policy Communique, October 24, 2012, Response to Visitors Who Pose a Risk to Health or Safety in Health Care Facilities