

Human Resources – Workplace violence/disruptive behaviour

Violence against staff by patients, families, or other staff members can result in significant physical and/or psychological harm. Violence may result from behavioural disturbances (e.g. agitation, stress) or illness (e.g. delirium, dementia, psychiatric conditions, overdose, head injuries). This document contains information entered by HIROC subscriber healthcare organizations (acute and non-acute) in the Risk Register application to help you manage this risk.



Ranking/ratings¹

- Likelihood – average score 3.5
- Impact – average score 3.36

The Risk Register allows for risks to be assessed on a five-point likelihood and impact scale, with five being the highest.

Key controls/mitigation strategies

- Physical/environment
 - ✓ Silent alarm or panic buttons (including mobile alarms) in high risk areas
 - ✓ Wireless personal alarms
 - ✓ Personal cell phones
 - ✓ Limited and monitored building access
 - ✓ Magnetic locks and card access
 - ✓ Video cameras/surveillance in high risk areas
 - ✓ Security staff in the emergency department and in high risk areas
 - ✓ Dedicated room in the Emergency Department for violent patients
 - ✓ Safe patient room design (e.g. weighted furniture); proximity to the nursing station
 - ✓ Public signage outlining zero tolerance of verbal or physical abuse
- Organizational Supports/Resources
 - ✓ Formal flagging and information sharing of patients at risk of violent behaviour
 - ✓ Safety risk identification at daily huddles
 - Rapid rounds for team to review patients daily and identify immediate risks
 - ✓ Security conducts regular hospital-wide rounds
 - ✓ Electronic white boards in all nursing stations to flag risks
 - ✓ Ethics framework used where necessary
 - ✓ Mental status risk assessments
 - ✓ Safety plans in place for high risk situations
 - ✓ Responsive behaviours action plan implemented as required (flagging included)
 - ✓ Regular reporting of Workplace Violence/Disruptive Behaviour risk
 - ✓ Meetings with patients/families to discuss alternate care plans
 - ✓ Incidents/near misses/harassment reported, reviewed and investigated
 - ✓ Program for disruptive physicians in the workplace
 - ✓ Joint Occupational Health and Safety Committee
 - ✓ Workplace Violence Working Group /Steering Committee
 - ✓ Collective agreements and positive relationships with unions
- Policies/protocols/processes
 - ✓ Violence in the workplace policy (including zero tolerance of verbally and physically abusive behaviour towards staff)
 - ✓ Domestic violence policy
 - ✓ Respectful workplace policy
 - ✓ Harassment policy



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- ✓ Working after hours policy/Working alone policy
- ✓ Least restraints/sedation policy
- ✓ Code of conduct/behaviour
- ✓ Complaints process
- ✓ Protocols for patients with history of violence
- ✓ Protocols for rounding in pairs on night shifts
- ✓ Code white and crisis team response
- ✓ Standardized risk assessments, identification, incident reporting, information system flags and safety plans for patients at risk of violent behaviour
- ✓ Crisis response drills and testing (including testing of alarms)
- ✓ Accreditation standards implemented
- Education/training
 - ✓ Mandatory workplace violence prevention, early recognition, and response/de-escalation training
 - ✓ Inclusion of all management, staff, volunteers, students and physicians in education/training
 - ✓ Non-violent crisis intervention/gentle persuasive approach training
 - ✓ Crucial conversations training
 - ✓ Behavioural Response team working closely with units on care planning
 - ✓ Code White team training
 - ✓ Expect Respect training
 - ✓ Safety training for leaders and for clinical staff
 - ✓ Enhanced training to encourage reporting through appropriate channels



Monitoring/indicators

- Incident/safety reports
- Code white reports
- Code of conduct infractions
- Overall number/percentage of reported workplace violence incidents
- Number of employee injury reports
- Number of ethical situations documented
- Building access practices (Security)
- Education/training status (% completion)
- Lost time injury rate related to workplace violence
- Quality Issue reports
- Number of risk audit recommendations implemented
- Patients identified as high risk for violence (rate)
- Types and severity of violent/disruptive incidents
- Security reports
- Occupational health and safety reports
- Benefit plan usage
- Employee and Family assistance Program (EFAP) services usage
- Harassment complaints
- Sick time
- Staff grievances and complaints