

 <p>PRIMARY HEALTH CARE OPERATIONAL GUIDELINES</p>	<p>Operational Guideline: Workplace Violence Prevention</p>	<p>Guideline Number: PCOG#37</p>
	<p>Approved By: Community Primary Care Council</p>	<p>Pages: 1 of 8</p>
	<p>Approval Date: June 3, 2019</p>	<p>Supersedes: March 2, 2018</p>

1. INTENT:

- To ensure a safe and healthy workplace, it is necessary to implement procedures to identify known and potential hazards to healthcare providers, assess the risks, implement control measures to reduce/mitigate these hazards and communicate this information to staff regardless of whether they are working within the clinic environment or working alone/in isolation when visiting a patient's home.
- To provide direction for screening of patients or individuals at first point of contact to identify whether there is a risk of aggression, violence, reactive or responsive behaviour towards healthcare providers.
- To provide direction for documentation of positive screening results in the patient record (where applicable), which may also serve as a prompt to activate a Care Alert Response, Care Alert Plan or Care Alert Flag to help inform healthcare providers that a risk of violence may be present.
- To ensure a documented and coordinated approach to prevent workplace violence is implemented in order to meet both Accreditation Canada Required Organizational Practices and the Manitoba Workplace Safety and Health Act and Regulations legislation.

2. DEFINITIONS:

- **Aggression and Violence** – acts of aggression include yelling or swearing at others, hitting or breaking objects. Violence includes any threats, trying to harm, or actually physically harming someone. Sometimes when people feel stressed, anxious, scared or angry, they may deal with those feelings by acting out towards others. Some medical conditions or treatments may also cause aggressive or violent behaviour.
- **Care Alert Response** - a documented plan developed by site leadership and the healthcare team that is activated within the clinic environment in the event of a positive screening of a patient or individual exhibiting violent, aggressive or reactive behaviours. The Care Alert Response outlines how to respond to the imminent danger and communicates such to all clinical and non-clinical staff that may have contact with that person.
- **Care Alert Plan** – a written plan developed by a healthcare provider/team in collaboration with the patient and/or family (when possible) that details the care to be provided specific to that patient in order to prevent or mitigate violent, reactive and responsive behaviours
- **Care Alert Flag** – functionality in the Electronic Medical Record (EMR) that allows any provider, clinician, or employee to be aware that a specialized Care Alert Plan or Safe Visit Plan (SVP) is in place for a specific patient. The Care Alert Flag (see sample below) assists staff in identifying if that patient is at risk for violent, aggressive or reactive behaviours. Staff then has the opportunity to review the Care Alert Plan/SVP so they are aware of any hazards that they may encounter and controls put into place to protect them from these hazards.

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- **Reactive Behaviour** – the term used to describe actions that represents how an individual may respond unpredictably to something negative, frustrating or confusing in their environment
- **Responsive Behaviour** – the term used to describe an individual’s actions/behaviours following being startled or not understanding what is being asked of them. Term is often used to describe people with cognitive challenges due to brain injury or dementia.
- **Person of Interest** - any individual who is not a patient of the clinic but in attendance (i.e. family member, visitor or member of the general public) and has screened positive at first point of contact as a result of exhibiting signs of aggression, violence, reactive or responsive behaviour.
- **Working Alone** – means the performance of any work function by a worker who:
 - Is the only worker for that employer at that workplace at any time
 - Is not directly supervised by the employer or another person designated as a supervisor by the employer, at any time.
- **Working in Isolation** - means working in circumstances where assistance is not readily available in the event of injury, ill health or emergency
- **Off-Site** – any location which is not a Winnipeg Regional Health Authority (WRHA) facility and where the employee is:
 - The only employee for that employer at that workplace at that time
 - Not directly supervised by the employer or another person designated as a supervisor
 - Working in circumstances where assistance is not readily available in the event of injury, ill health or emergency

Examples may include the patient’s home, hotels, apartment buildings, rooming houses, shelters, residential care facilities, supported living facilities, etc.
- **Safety Assessment Form Tool (SAFT)** – form used by WRHA Community Health Services staff for identification of known and potential hazards which are/may be present in a patient’s home and/or environment. The [Safety Assessment Form Tool \(WCC-00439\)](#) and [Safety Assessment Form Tool Completion Guideline](#) can be accessed via these links.
- **Safe Visit Plan (SVP)** – form used by WRHA Community Health Services staff to develop controls to reduce/eliminate risk to staff based on the hazards identified on the SAFT. The [Safe Visit Plan Form \(WCC-00452\)](#) and [Safe Visit Plan Form Completion Guideline](#) can be accessed via these links.
- **SAFT/SVP Communication Plan** - is a mechanism used to identify and track other potential healthcare partners who may be involved in the provision of care for a common patient and as such, may need to receive a copy of and/or be aware that a completed SAFT/SVP exists. The [SAFT/SVP Communication Plan \(WCC-00451\)](#) can be accessed via this link.

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3. GUIDELINES:

3.1 Violence Prevention in the Clinic Environment:

- 3.1.1 All individuals/patients are to be **screened by exception at the first point of contact** in the primary care clinic environment. Within the clinic environment it is not possible to screen every individual/patient entering the premises where there is no imminent danger to staff or visitors, therefore only those exhibiting abnormal behaviour which could be perceived as violent or aggressive in nature would be automatically screened as positive.
- 3.1.2 Based on a positive screening, a Care Alert Response must be activated within the clinic which involves responding to the imminent danger and communicating such to all clinical and non-clinical staff that may have contact with that patient. Further investigation and immediate discussion will be required at this point to fully assess the risks and required actions necessary to mitigate the current situation.
- 3.1.3 Each clinic must determine the Care Alert Response that works best for that site based on the dynamics of the clinic and patient population. The response implemented at one clinic may not necessarily be the best response for and/or work at another clinic. It is important that consultation and dialogue between the Team Manager, Director responsible for Primary Care and all members of the Primary Care Team occur before establishing and implementing a clinic specific Care Alert Response.

In the event of a positive screening, Care Alert Response options for consideration may include:

- Within the EMR, send a very urgent task using the task type "Care Alert Query" to any provider/clinician/clinical staff scheduled to see the patient and/or who may have contact with that person. The task would communicate the reason for the concern and demonstrated behaviour. The task would provide advance awareness and allow the provider/clinician/clinical staff time to assess the risks and required actions necessary to mitigate the current situation.
 - In conjunction with using the task type in the EMR, verbal communication of the concern and demonstrated behaviour could be done to additionally warn any provider/clinician/clinical staff scheduled to see the patient and/or who may have contact with that person.
 - If necessary and depending on the situation, Disturbance Response protocols may need to be activated.
- 3.1.4 Post visit and after further discussion, if a patient is still deemed as a risk to the clinic a Care Alert Flag must be activated within the EMR. The most responsible provider for that patient will need to formulate a specialized Care Alert Plan to be used during future visits. The Care Alert Flag helps to ensure the Care Alert Plan is communicated to all staff within that clinic going forward so they are prepared to work safely with the patient. The Care Alert Plan also ensures the patient receives the individualized care they may need.

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The Care Alert Plan should be documented within the EMR using the *Care Alert Plan clinical note template*. The *Care Alert Plan clinical note template* will ensure providers across the Community-EMR can access and view the formulated plan for clinician safety as well as proper patient care.

See *APPENDIX A - Care Alert Flag Documentation Requirements* for instruction on how to add/delete a Care Alert Flag within the EMR or view/access an existing Care Alert Plan on a patient's chart.

- 3.1.5 The Care Alert Plan should include such detail as the reasons for the alert, behaviour triggers and individual specific interventions. Ongoing assessment by the care team is necessary to determine if/when the risk is eliminated or mitigated and whether the Care Alert Flag can be deactivated. When a Care Alert Flag is deactivated the provider must locate the *Care Alert Plan clinical note template* within the patient's EMR, open as new and document the reason the Care Alert Flag is being deactivated. While the Care Alert Flag can be activated or deactivated as needed, the history of a previous alert remains part of the chart in the facility or clinic where it was initiated.
- 3.1.6 Where a patient has an active Care Alert Flag and requires care/treatment from other programs or services (i.e. Mental Health, Public Health, Winnipeg Integrated Service partners, etc) outside of Primary Care, the alert must be communicated to others. The SAFT/SVP Communication Plan can be used to identify and track other potential healthcare partners who may be involved in the provision of care for a common patient. Disclosure of information is on a need to know basis and should be limited to the minimum amount of information necessary to inform others of the risk and any Care Alert Plan instructions to eliminate or reduce the risk of violence.
- 3.1.7 In the event that an individual who is not a patient of the clinic (i.e. family member, visitor or member of the general public) screens positive, a Person of Interest tool (*APPENDIX B - Person of Interest Tool*) may be used to help document the event for future reference. This allows staff to document the detail of the concern as this information cannot be placed on a patient's health record. While the process of tracking completed Person of Interest tools may be challenging, it is a necessary step that will allow staff access to this information in the future as required. Clinics are to determine the best mechanism for tracking the completed Person of Interest tools (i.e. binder or excel spreadsheet).
- 3.1.8 Although not all clinics may be staffed with security, all are required to have a method for summoning immediate assistance. This would be internal in nature and could include mechanisms such as panic buttons, calling codes or activating their Disturbance Response Team and protocols as mandated by WRHA Regional Security.
- 3.1.9 Team Managers are responsible for ensuring all staff has completed the Violence Prevention Plan Training modules applicable to them based on their role/responsibility. Violence Prevention Plan Training is mandatory; it is located on the WRHA [Learning Management System](#).

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3.2 Violence Prevention When Working Alone in the Community:

- 3.2.1 A Safety Assessment Form Tool (SAFT) is to be completed for ALL patients who receive visits or services that will require the employee to work alone and off-site. The SAFT is used to identify hazards associated with all aspects of the patient visit. Corresponding documentation within the EMR should include the date the SAFT was completed/updated.
- 3.2.2 If hazards are identified in the SAFT, a Safe Visit Plan (SVP) must be developed. Each identified hazard will be addressed in the SVP. Corresponding documentation within the EMR should include the date the SVP was completed along with a brief description of all concerns complete with detail on how they will be addressed. It may also be necessary to document:
- If patient has an animal – specify animal type and if patient is compliant with the Operational Procedure. If patient not compliant or intervention is required to assure compliance, a SVP is needed
 - If patient/caregiver smokes – specify smoking present and if patient is compliant with Operating Procedure. If patient not compliant or intervention is required to assure compliance, a SVP is needed
- 3.2.3 Anytime a SVP has been developed for a specific patient, a corresponding Care Alert Flag should be activated within the EMR. See *APPENDIX A - Care Alert Flag Documentation Requirements*.
- 3.2.4 The recommended process for SAFT and SVP documentation within EMR is as follows:
- Provider to send task to Primary Care Assistant (PCA) instructing them to begin the process of completing the necessary forms
 - PCA to access the blank electronic “Working Alone Safety Assessment Form Tool (SAFT)” and/or “Working Alone Safe Visit Plan (SVP)” forms promoted within the EMR. Patient demographics will auto-populate. While the patient is on-site or via telephone, PCA to begin populating/updating information electronically.
 - Once form is complete, save copy for review and electronic signatures as required.
 - The saved copy should be maintained in the patient’s EMR. In the event that the SAFT or SVP requires updating, above steps to be repeated. This would also include the receipt of updated SAFT and SVP forms from other areas or Programs via the SAFT/SVP Communication Plan.
 - The electronic original will save in the EMR automatically under Assessment Forms. It can also be viewed through “Virtual Charts” then “Type”. “Type” can be sorted alphabetically for ease in finding or search function exists. The date when the form was started/saved would provide the timeframe to identify which SAFT/SVP is most current.
- 3.2.5 If severe hazards are identified and risk cannot be managed through a SVP or there is a delay in the implementation of the SVP, consultation will occur with the Team Manager and/or Director responsible for Primary Care about alternate ways for providing care to the patient.

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- 3.2.6 The SAFT and SVP are to be updated when new or additional hazards are identified, and when the situation with the patient and/or in the patient’s environment changes.
- 3.2.7 The safety assessment information will be available to all providers, clinicians, or employees who have a “need to know” by virtue of providing a “working alone” service.
- 3.2.8 The SAFT and SVP (if applicable) will be available to other healthcare partners via the SAFT/SVP Communication Plan where the information is necessary for provision of care in a safe manner.

SAFT/SVP RESPONSIBILITIES BY ROLE:

Role	SAFT/SVP Responsibility by Role:
<ul style="list-style-type: none"> • Provider (Physician, Nurse Practitioner or Physician Assistant) • Primary Care Nurse • Other employee attending Off-Site Patient Visit 	<ul style="list-style-type: none"> • Initiates the development of a SAFT when a home visit has been agreed upon. • The WRHA Provider should consider the following when initiating the SAFT: <ul style="list-style-type: none"> ○ Is the patient well-known to them? ○ What is the degree of probability a safe visit plan will be required? <ul style="list-style-type: none"> • If SAFT with no SVP required – Admin to be tasked • If SAFT and SVP required - Nursing to be tasked • Monitor the effectiveness of the SVP and update the SAFT and/or SVP as required. If updates are made or the patients address changes, provide a new copy of the SAFT and/or SVP to all persons identified in the SAFT/SVP Communication Plan. The Communication Plan template is not all inclusive and it is therefore imperative that all others entering the home to assist with provision of service delivery also receive copies of the paperwork. • Ensure updated safety assessment documents are saved in the appropriate section of the patient’s EMR for future reference. • See <i>APPENDIX A - Care Alert Documentation Requirements</i> for instruction on how to add/delete a Care Alert Flag within the EMR or view/access an existing Care Alert Plan on a patient’s chart • Participate in ongoing discussion as required about strategies to increase safety/development of SVP. • Follow plan set out in SVP. Seek direction as required.
<ul style="list-style-type: none"> • Primary Care Assistant (PCA) 	<ul style="list-style-type: none"> • A Provider, Primary Care Nurse, or employee may task PCA to initiate completion of SAFT. This will involve completing the SAFT template in as much detail as possible through discussion with the patient either in person or via the phone. • The person completing SAFT/SVP is responsible to explain to the patient the purpose of assessment and any details of the SVP as applicable. • Consult with appropriate team members to complete SAFT. Seek advice/direction from Team Manager as required. • If a hazard is present or identified in the SAFT, the PCA should give the working documents to a more senior staff person (i.e. Primary Care Nurse or Team Manager) to complete the SVP. • Forward completed SAFT/SVP to the Provider, Primary Care Nurse, or employee that will be working off-site to review prior to the patient visit. • Communicate with the patient the necessary assessment of safety, SVP

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	<p>and expectations and implications for service.</p> <ul style="list-style-type: none"> • Provide a copy of SVP to all persons identified in the SAFT/SVP Communication Plan. The communication plan template is not all inclusive and it is therefore imperative that all others entering the home to assist with provision of service delivery also receive copies of the paperwork. • Once the SAFT and SVP is reviewed and approved, ensure these documents are saved into the appropriate section of the patient's EMR for future reference. • See <i>APPENDIX A - Care Alert Documentation Requirements</i> for instruction on how to add/delete a Care Alert Flag within the EMR or view/access an existing Care Alert Plan on a patient's chart
<ul style="list-style-type: none"> • Primary Care Nurse 	<ul style="list-style-type: none"> • Primary Care Nurse may be tasked to initiate completion of SAFT in the event that a PCA is not available or if a particular patient is complex. This will involve completing the SAFT template in as much detail as possible through discussion with the patient either in person or via the phone. • The person completing SAFT/SVP is responsible to explain to the patient the purpose of assessment and any details of the SVP as applicable. • Consult with appropriate team members to complete SAFT. Seek advice/direction from Team Manager as required. • If a hazard is present or identified in the SAFT, a SVP must be developed. • Forward completed SAFT/SVP to the Provider, Primary Care Nurse, or employee that will be working off-site to review prior to the patient visit. • Communicate with the patient the necessary assessment of safety, SVP and expectations and implications for service. • Provide a copy of SVP to all persons identified in the SAFT/SVP Communication Plan. The communication plan template is not all inclusive and it is therefore imperative that all others entering the home to assist with provision of service delivery also receive copies of the paperwork. • Once the SAFT and SVP is reviewed and approved, ensure these documents are saved into the appropriate section of the patient's EMR for future reference. • See <i>APPENDIX A - Care Alert Documentation Requirements</i> for instruction on how to add/delete a Care Alert Flag within the EMR or view/access an existing Care Alert Plan on a patient's chart • Participate in ongoing discussion as required about strategies to increase safety/development of SVP.

4. REFERENCES:

- WRHA Occupational and Environmental Safety & Health (OESH)
<http://www.wrha.mb.ca/professionals/safety/index.php>
- WRHA Regional Policy #20.20.040 Violence Prevention Program for Health Care Workers
<http://home.wrha.mb.ca/corp/policy/policy.php>
- Accreditation Canada Required Organizational Practices 2019 Handbook, Qmentum
- Interlake-Eastern RHA – Policy #GA-13-P-140 “Workplace Violence Prevention Program Patient Risk Screening and Alert” (July 19, 2016)
- WRHA Regional Practice Guideline (Ambulatory Care) – “Caution and Respect Everyday (CARE) Alert: Provincial Healthcare Violence Prevention Program (VPP) Screening Tool, Reassessment Tool and Care Plan” (DRAFT June 19, 2018)

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- Consultation with WRHA Primary Care Direct Op Team Managers, Community Area Directors, Program Directors and CSIS (May 2019)
- Consultation with Shaun Haas - Regional Director, Occupational and Environmental Safety & Health (May 2019)

5. PRIMARY CONTACTS:

- Kevin Mozdzen – Program Specialist, Primary Health Care
- Jo-Anne Kilgour – Program Specialist, Primary Health Care

6. ALTERNATE CONTACT:

- Maria Cotroneo – Director of Primary Health Care–Integrated Palliative, Primary & Home Health Services

7. APPENDICES:

- APPENDIX A – Care Alert Flag Documentation Requirements
- APPENDIX B – Person of Interest Tool

SCOPE: Applicable to all WRHA Primary Care Direct Operation Clinics and Walk In Connected Care Clinics (Access Winnipeg West, Access Fort Garry and McGregor).

Section #3.2 Violence Prevention When Working Alone in the Community is applicable to Antenatal Home Care and Midwifery Services.