

Acknowledgement:

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Purpose statement

To provide a consistent tool to assess the risk of violence in British Columbia's Long Term Care, Home Care and Community Health Support Sectors and inform actions to eliminate, or minimize, the level of risk.

Accountability

This document is written to allow Long Term Care and Home Care and Community Health Support Agencies with different service delivery models to implement Workplace Violence Risk Assessments (VRA) equally. This document supports the principle that prevention is everyone's responsibility. Different stakeholder groups within the sectors have different roles, responsibilities, and potential consequences when it comes to implementation of the Standard.

Key Roles and Responsibilities

Senior leadership

Role

- Support completion of violence risk assessments (VRAs).
- Represent the employer.

Responsibilities

- Provide demonstrable support to the completion of VRAs.
- Provide resources and ensure VRAs are conducted and completed in their area(s) of responsibility, and the means to track action items and the progress of their completion.

Consequences if responsibilities not met

- Increased likelihood of worker injury due to risk of violence.
- May result in WorkSafeBC (WSBC) enforcement activities, including orders and/or penalties.
- May have negative implications for accreditation outcomes.
- May result in grievances by unions.

Facility/department managers and supervisors

Role

- Represent the work unit in its purpose and goals.
- Support completion of VRAs. Refer to Section "When is a VRA Performed" for details on when and how often a VRA must be conducted

Responsibilities

- In partnership the Joint Occupational Health & Safety Committee or Safety Representative, identify where and when VRAs need to occur at the site.
- Participate in the risk assessment process, including the staff survey, to ensure their perspectives are included in the assessment of risk of violence in the workplace.

- Ensure VRAs are completed. Refer to Section “When is a VRA Performed” for details on when and how often a VRA must be conducted
- Ensure results of the risk assessment are distributed as required.
- Ensure findings of VRAs are communicated to the department staff.
- Ensure Action Items are completed within prescribed timelines.

Consequences if responsibilities not met

- Increased likelihood of worker injury due to risks of violence.
- May lead to a negative and/or stressful work environment.
- May result in WSBC enforcement activities, including orders and/or penalties.
- May have negative implications for accreditation outcomes.
- May result in grievances by unions.

Health and Safety Manager (where applicable)

- Represent the organizations health & safety department
- Be subject matter experts in VRAs and how the OHS regulation applies.

Responsibilities

- Support the risk assessment process based on the service delivery model
- Ensure appropriate tools are available for those completing VRAs.
- Work with management to determine when VRAs should be completed across the organization.
- Track and report progress towards completion of scheduled VRAs

Consequences if responsibilities not met

- Increased likelihood of worker injury due to risk of violence.
- May result in WSBC enforcement activities, including orders and/or penalties.
- May have negative implications for accreditation outcomes.
- May result in grievances by unions.

JOHS Committee or Worker Health and Safety Representative

- Represent the JOHS committee for the site.

Responsibilities

- Participate in the risk assessment process

Consequences if responsibilities not met

- VRA may not be completely informed of the hazards and risks identified by staff.
- May result in WSBC enforcement activities, including orders and/or penalty

Staff from department undergoing a VRA

Role

- Workers with experience in the workplace undergoing a VRA.

Responsibilities

- Provide perspectives for the VRA.
- Participate in the risk assessment process by providing input on questionnaires and/or surveys and assisting the VRA team when required.

Consequences if responsibilities not met

- VRA may not be completely informed of the hazards and risks identified by staff.
- May result in WSBC enforcement activities, including orders and/or penalties.

Contracted workers in department undergoing a VRA

Role

- Contracted workers with experience in the workplace undergoing a VRA.

Responsibilities

- Provide perspectives for the VRA.
- Participate in the risk assessment process by providing input on questionnaires and/or surveys and assisting the VRA team when required.

Consequences if responsibilities are not met

- VRA may not be completely informed of the hazards and risks identified by any contracted workers in the target department.
- May result in WSBC enforcement activities, including orders and/or penalties.

Violence risk assessment process

Who is involved in VRAs?

Lead:	Manager or Designate
Must be involved:	Union and non-union members of the Joint Occupational Health and Safety Committee or Health and Safety Representative Staff including front line workers
May be involved:	Subject matter experts Protection or security Director of Care Facility managers and others where appropriate

When is A VRA performed?

A VRA must be performed in any workplace in which workers are at risk of injury from violence arising out of their employment. A VRA is to be carried out:

- When a VRA has not been completed previously,
- At the start of operations
- When there is a significant change in the nature of the work performed (e.g., new work tasks or changes to client/resident population or profile) or the location of the workplace (per Appendix D1),
- When the VRA Review Checklist (Appendix K) is completed and indicates a VRA must be performed* or,
- At least every three years.

VRA high-level process map

Planning	Determine if a VRA is needed	New program	New location	Change in nature of work
	Identify VRA lead and team members	Manager or designate	JOHSC members	Health & Safety Rep Others
	Identify the environment	Long Term Care	Home Care	Community Health Support
	Distribute staff survey	Electronic survey	Paper survey	
Gather Information	Gather information	Policy & Procedures	Incident data	Injury data
	VRA team reviews information and revise tools	Analyze incoming and historical data		Update tools & surveys using collected data
	Conduct task analysis		Analyze and collate data	
	Conduct environmental survey		Analyze data and collate data	
Report	Draft report – use final report template	Draft reviewed by Manager, VRA Team, JOHSC	Add action items and details	
	Finalize report	Circulate to senior management	Circulate to JOHSC	Post report in unit
Monitor	Provide action items status reports to manager and JOHSC or Health & Safety Rep			
		Review monitoring every three months	Use VRA review checklist every three years	

Performance reporting and monitoring

Program performance measures

Several measures are used to track the impact of a VRA and its associated actions on the organization.

	Incidence rate of violence	Time loss claims rate	Cost of WSBC claims	Days lost per claim
Description of the measure	Staff reported incidents of violence	Accepted WSBC claims that include time loss, involving violence	Average cost per time loss claim for claims involving violence	Average days lost per time loss claim involving violence
Who creates the data	Incidents reported to Employer	WSBC	WSBC	WSBC
Who collects the data	Determined by organization	Determined by the organization	Determined by the organization	Determined by the organization
What groupings can be used when collecting data	By work area, department, unit of location	By work area, department, unit of location	By work area, department, unit of location	By work area, department, unit of location
Where is the data kept	Determined by the organization	Determined by the organization	Determined by the organization	Determined by the organization
How is the data collated for reporting purposes	Number of reported incidents/100 FTE	Number of violence time loss claims/100 FTE	Average cost of violence related time loss claims (Costs/number of claims)	Average number days lost/violence time loss claim (Total days lost/number of claims)
Who receives these reports and how often	Senior Management, Manager, JOHS Committee or Safety Rep quarterly	Senior Management, Manager, JOHS Committee or Safety Rep quarterly	Senior Management, Manager, JOHS Committee or Safety Rep quarterly	Senior Management, Manager, JOHS Committee or Safety Rep quarterly

Performance outcomes and data collection

It is important to measure VRA performance outcomes. The VRA Lead is responsible to ensure that the data is collected, collated and reported out to Senior Management, the respective Department or Unit Managers, members of the JOHS Committee or the Health and Safety Representative.

Data that is collected may be “grouped” to provide greater insight into specific areas within the working environment. Examples of groupings include:

- A specific department, unit or area
- A given location within a building
- A given location outside the building such as a parking lot

It is the responsibility of the Senior Manager to determine where the collated information is to be kept.

Information to be collected includes:

- The number of completed Violence Risk Assessments in a given time period and for what areas
- The number of action items identified in an assessment
- The number of corrective actions taken and in what time frame
- The number of corrective actions that are delayed, an explanation as to why they are delayed and opportunities to identify and remove barriers

	VRA's	Action Items	Time to Complete	Time to complete staff survey
Description of the measure	Number of risk assessments completed	Total number of action items assigned, completed and delayed	The length of time it took to complete the VRA (from start to final report)	The length of time in days that it took to complete the staff survey
Who creates the data	VRA lead, Unit Manager of designate	The manager to whom the action items are assigned	The VRA lead	VRA lead

The impact of the Violence Prevention Program includes two measurements:

- The number of time loss claims resulting from violence and
- The number of days lost per claim resulting from violence.

The number of time loss claims in a quarter may be obtained through employee injury reports submitted to the employer and Form 7's that have been submitted to WorkSafe BC.

The number days lost for each of these claims may be obtained through payroll or from the WorkSafe BC website by logging into the employer portal for your organization.

To better understand the impact of your violence prevention program and the violence risk assessment it is important to collect baseline data for each quarter over the previous 4-12 quarters (1-3 years) prior to the completion of the VRA provides that baseline.

In the event there are either a higher numbers of violence related claims or a higher number of work days lost in a given quarter, an investigation into the cause is required and where indicated or necessary corrective action is to be taken and tracked.

If these trends continue for three consecutive quarters, a review using the VRA Review Checklist is required and a new Violence Risk Assessment may need to be conducted if indicated by the checklist.

Action Plan

Where corrective action has been identified through the VRA it is important to establish who is responsible for correcting the issue, and in what time frame. It is also important to track any delays, the reasons for those delays, anticipated timelines for resolution and any subsequent follow-up. Refer to Appendix H: VRA Final Report Template

Evaluation

When evaluating the overall impact or effectiveness of the Violence Risk Assessment, the following three questions may form part of your evaluation:

- How does the completion of a VRA affect the incident and/or claims rates of a given department or site?

- Does the number of Action Items or the length of time to implement them affect the incident or claims rates of a given department or site?
- What types of action items have the largest impact on incidents of violence, WSBC claims related to violence or the perceptions of staff in the department?

Additionally, each time the staff survey is administered, the data generated by the responses can be compared to previous surveys to identify significant changes in the perceptions of the staff in the department.

Communications and change management

Change management has been identified as a necessary component of every Standard. This will be managed separately through its own processes but will be documented here in the description of the Standard to ensure its inclusion in the implementation process.

Annual Review

The overarching Violence Prevention Program of which the Violence Risk Assessment is one component should be reviewed annually to evaluate the programs' performance in eliminating the risk of injury from violence in the workplace. The review should be documented and the program revised where necessary. This review should be carried out in consultation with the joint occupational health and safety committee or worker health and safety representative, where one exists.

Glossary

Action Items	Statements that describe actions planned to reduce identified risks of violence. They are written by the Violence Risk Assessment (VRA) Lead with input from by the VRA Team and finalized jointly between the manager of the inspected department/site. These statements describe planned changes to the work practice or instructions to reduce risks of violence in the workplace. Action Items should be SMART: Specific, Measurable, Achievable, Results-oriented and Time-bound
Control	Controls are means of reducing risk. A control that is to be put in place is referred to as an "Action Item" to reduce the risk of violence. There may also be existing controls in place at the time of the VRA
Environmental Survey	A walkthrough inspection of the site/department layout/ structure to determine hazards/risks and review control measures currently in place
Hazard	Any source of potential harm to someone under conditions at work
Intended Outcome	Statement that expresses the desired state – i.e., eliminating risk or reducing it to the greatest extent possible
Joint Occupational Health and Safety JOHS Committee or Worker Health and	The Joint Health and Safety Committee/Worker Health and Worker Health and Safety Representative supports the employer's duty to ensure a healthy and safe workplace. The Joint Committee/Worker Health & Safety Rep brings together representatives of the employer and the workers to identify and

Safety Representative	help resolve health and safety issues in the workplace. See WSBC website for more information: https://www.worksafebc.com/en/health-safety/create-manage/joint-health-safetycommittees
Risk	The possibility of injury or loss
Risk Factor	Any trait, attribute or characteristic that increases the probability of a violent incident. Risk factors are not direct causes of violent incidents. Instead, risk factors can increase the probability that violent incidents may occur
SMART principles	This acronym is used to indicate Action Items and Intended Outcomes that are: Specific Measurable Achievable Results-oriented Time-bound Examples of applied SMART principles Specific: Ensure all staff complete class-based Core Violence Prevention education. Vague: Provide education. Measurable: Establish regular auditing process to ensure that all residents/clients with Violence Risk Alerts also have behavioural care plans. Vague: Ensure residents/clients with Violence Risk Alerts have behavioural care plans. Achievable: Provide education to all care givers on behavioural/safety care planning to support safe practice. Vague: Provide education to all care givers. Results-oriented: Behavioural care plans will be audited once a month to ensure that safety/ behavioural care plans are completed and current for all residents/clients who have Violence Risk Alerts. Vague: The unit manager will audit charts for safety/ behavioural care plans. Time-bound: Ensure that all staff have completed education on the Violence Risk Alert system by day/ month/year. Vague: Ensure all staff complete education on the Violence Risk Alert system.
Task Analysis	Breaks down high-level tasks into components to determine where high incidence/impacts of violence exist.
Violence	<p>"A person's use of physical, verbal, or emotional force, either threatened or actual, which is intended to cause injury to another person." ~ Ministry of Health Executive</p> <p>"Incidents where people are abused, threatened or assaulted in circumstances related to their work, involving a direct or indirect challenge to their safety, well-being or health" ~ Provincial Violence Prevention Curriculum</p> <p>Committee, October 2005 "The attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker and includes any threatening statement or behaviour which gives a worker reasonable cause to believe that he or she is at risk of injury." ~ Sections 4.28 to 4.31 of the Occupational Health and Safety Regulation</p>
Priority matrix	The VRA Priority Matrix is used to prioritize Action Items when conducting a Task Analysis or Environmental Survey, by identifying the number and nature of incidents in the last year or more and the severity of the most serious

	outcome based on its consequences, to determine the general level of risk in the unit, department or area.
Violence Risk Alert	Systems designed to communicate a potential risk for aggressive behaviour from residents, clients and visitors. A Violence Risk Alert cues staff to look for more information. Behavioural care plans are an integral part of the violence risk alert system.
VRA Lead	The person who, with the support of the VRA Team, is responsible for planning the VRA process, gathering the necessary information to complete the components of the VRA, and writing the final report
VRA Team	Other persons involved in supporting and completing the VRA process
WorkSafeBC of WSBC	Formerly known as the Workers' Compensation Board of British Columbia. This organization is both the insurer and enforcement agency for occupational injuries and illnesses in the province of British Columbia

Tools and Resources

Violence Priority Matrix

This tool provides the framework upon which hazards are labeled based on the Priority Level of their Action Items. See Appendix B.

Staff Survey Process and Template

The process described, and tools provided serve to collect staff perceptions and input to inform the risk assessment process. See Appendix C.

Site/Department Description and Data Review – Own and Comparison Locations

These forms are used to provide an overview of site or department performance in terms of components of the Violence Prevention Program. See Appendices D1 and D2.

Policy and Procedure Review

This tool walks the assessor through several items related to specific documentation for policies, procedures, practices, plans and protocols of the site or department's Violence Prevention Program. See Appendix E.

Environmental Survey Tools

These templates can be used during the walk-through to identify the presence or absence of risks and control measures and to inform risk mitigation strategies. See Appendices F1, F2 and F3.

Task Analysis Tools

These tools provide forms within which specific tasks can be analyzed and risk assessments can be recorded. Specific tasks for each care environment are provided as starting points. Along with risk levels, the context of the risk (a brief description), environment and/or location, existing controls, recommended actions, persons responsible, target outcomes and target dates are all recorded in these tools. See Appendices G1, G2 and G3.

VRA Final Report Template

This report template is populated with the information acquired using the risk assessment process tools listed above. Indicated Action Items are constructed to reduce the risks discovered. See Appendix H.

VRA Final Report Sample

This sample final report is an example of what a completed VRA Final Report can look like See Appendix J. Email

Template for VRA Team Review of Final Report

This template can be used by the final report's lead author to gather feedback from the VRA team on the final report before it is finalized. See Appendix I.

VRA Review Checklist

This checklist is to be used each time a review is triggered by changes seen in the quarterly monitoring reports and/or increasing number of violence related claims, or at least every three years, whichever occurs sooner. See Appendix K.

Education and resources

The following resources are available to assist in the implementation of the Violence Prevention Risk Assessment

- OH&S Regulation 4.28 – 4.31 Violence in the Workplace.
- General Conditions – Violence in the Workplace – Workplace Violence Prevention Program R4.29.2 d.
- Learning Hub – Violence Risk Assessment – Introduction to the Provincial Violence Risk Assessment Standard
- Elements of a Best Practice Violence Prevention Program
<http://phsa.ca/Documents/Occupational-Health-safety/HandbookElementsOfaBestPracticeViolencePreventionp.pdf>

Appendix A: VRA process

Determine whether a VRA must be completed

Complete a VRA if:

- A VRA has not been completed previously for the site/department.
- A new program has begun or is beginning operations.
- When there is a significant change in the nature of the work being performed or the location of the workplace (per Appendix D1).
- Use of the VRA Review Checklist (Appendix K) indicates that a new VRA should be completed

Identify the VRA lead

The process should be led by a department or site manager or the Health and Safety Manager (where such a position exists). The VRA lead and subsequently identified VRA team members will take the online training and other related training in preparation for the assessment.

Identify the type of workplace

The type of health care environment that is being assessed determines which set of tools are used in the VRA. There are three sets of tools provided in this document:

- Long Term Care [Green colored headers]
- Home Care and Community Health Support [Blue colored headers]
- Non-clinical/office buildings [Pink colored headers]

Each of these areas has a different set of tools for the environmental survey (Appendix F1, F2 and F3) and task analysis (Appendix G1, G2 and G3). When conducting a site-level assessment, ensure that the tools used are appropriate for the individual departments and that all information is captured in the final report.

Planning the VRA

As a VRA is a multi-step process, appropriate planning should take place prior to the start of the VRA. This includes at least, but not limited to, the following:

- Identifying VRA team members including members of the joint health and safety committee or worker health and safety representative,
- Meeting dates and times, and
- Where and from whom documents can be acquired for review.

Gather information

Gather a history of the site or department Using Appendix D, the VRA lead will gather the necessary information required to complete each row of the form:

- A. Description of the work environment.
- B. Incident and injury information.
- C. Security/Protection Services incident data (if applicable).
- D. Resident/Client aggressive/violence incident data resulting in time loss injuries.
- E. Resident/Client population data.

- F. Staffing model.
- G. PVPC education and training status.

Gather occupational experience in similar workplaces

Occupational Health & Safety regulation 4.28 2(b) requires employers to review comparative data provided by similar employers, looking specifically for similarities to your site or department's experiences and what can be learned from the comparable site or departments' incidents.

In this case, similar means a comparable client/resident population, work environment and staff population. If a comparable site, department or program is not available due to the uniqueness of the site or department in question, provide an explanation of that in this section.

Compare two sites by doing one of the following:

- Using Appendix D2, gather information from two similar sites, departments or programs. Sources of this information may include managers, supervisors, JOHS committee members or Worker Health & Safety Representative.
- Review two comparable site, department or program VRA final reports (as available). If additional information is required, you can also conduct online research (literature reviews). This may be especially useful in cases where comparative sites are unavailable.

Complete a policy and procedure review

Using the appropriate version of Appendix E, the VRA lead will gather and review the necessary documents to complete the form. The sections covered by this review include:

- Code White or Emergency response to aggression or violence
- Screening and communication of violence risk.
- Working alone or in isolation.
- Transporting residents/clients
- Weapons in the workplace.
- Incidents reporting and investigation.
- Workplace violence prevention.
- Record risks identified and any action items to address risks identified.

Collect worker feedback through a staff survey

The VRA lead conducts a staff survey using one of two options (both methods provide anonymous collection of responses):

- Method A is the online survey tool (see Appendix C for more information).
 - Send the applicable site or department-specific link to employees via email (see Appendix C for draft email). The VRA lead compiles survey responses and shares results with the VRA team.
- Method B is a hardcopy survey tool.
 - Print copies of the worker feedback form and provide them to workers. A large envelope or box is recommended as a collection device to help maintain anonymity.
 - The site or unit manager and/or designate then collects the completed feedback forms prior to the VRA.

After gathering the results of the worker feedback survey, review them. Identify any themes, common hazards, gaps and recommendations made by staff. Review the survey results for evidence of whether staff are aware of and enacting policies and procedures in practice. For validation, add or revise environmental survey and task analysis tool items as appropriate based on relevant survey findings.

Note: Although not required, some sites or departments may wish to conduct a focus group to get more detailed feedback on specific issues.

Preparing the VRA team

Assemble the VRA team

The VRA team participants should have a good overall knowledge of the site and/or department systems, processes and procedures, and knowledge about the scope of the Violence Prevention Program. Refer to the table on page 5 for details on who is involved.

Educate the VRA team

The VRA lead provides orientation and instruction to members of the VRA team. All members of the VRA team will:

- Review the e-learning module on the VRA Standard and process, See SafeCare BC website for a direct link to the e-learning modules.
- Review relevant OHS H&S Regulation 4.28 and associated policies.

<https://www.worksafefbc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-policies/policies-part-04#SectionNumber:R4.28-1>

- Review all processes and procedures involved in conducting VRAs, including the Priority Matrix and how it is used (see Appendix B).

Review the information collected

As a team, review the information collected during the information-gathering process. Discuss any items of note or issues specific to the workplace being assessed. Prepare forms and tools as outlined in the next steps.

Collect data from the workplace

This step has some flexibility in terms of sequence of activity. The VRA team can decide which to perform first, a task analysis or an environmental survey. Both activities are required, but there is no hard and fast rule that dictates which must be performed first. If there is sufficient planning in advance, it is possible to perform both at the same time.

Conduct a task analysis

This analysis involves reviewing specific occupational tasks where workers may be at risk of violence:

- Complete the task analysis. In reviewing the template(s) with the VRA team, remove those tasks that do not occur in the area under analysis, and add new tasks as needed.
- Ensure any specific task-related issues identified in the staff survey are incorporated into the task analysis tool.
- Document the identified tasks, practices, procedures and locations using the task analysis templates.
- Refer to the workplace violence priority matrix to determine the level of risk for each task.

Record any risks identified and any action items that can address those risks.

Conduct an environmental survey

An environmental survey, which involves a physical walk-through of the site, has a couple of key steps:

- Complete the correct environmental survey tool for the area being assessed (corporate, long term care or Home Care and Community Health Support, or general building) as the VRA team walks through the area.
- Ensure that, in conducting the environmental survey, the VRA team validates that the policies and procedures reviewed are known to the staff and present in practice.

Record any risks identified and any action items that can address those risks.

Complete the final report

Compile the hazard/risk summaries from the VRA team

Ensure any findings from the policy and procedure review, staff survey, environmental survey and task analysis are incorporated.

The hazard/risk summary is used to capture any inconsistencies of note found between data collection tools — for example, if the policy and procedure review indicates that all clients and patients that have an ALERT should have a behavioural/safety care plan but a review of documentation during the environmental survey shows that this is not the case.

Draft and complete the VRA final report

The VRA lead will summarize the findings using the final report template provided in Appendix H. This involves:

- Completing a first draft of the final report, paying specific attention to the appropriateness of the controls selected for each identify hazard or risk.
- Consult with the joint occupational health and safety committee or worker health and safety representative
- Ensuring that consultation with subject matter experts relevant to action items occurs as indicated — for example, security or integrated protection services on security-related issues and devices. Other consultations may include infection prevention and control and facilities management personnel, or others as appropriate to the action item.

Once the first draft of the final report is completed, the VRA lead must take the following steps to finalize it:

- Send the draft final report to the VRA team and joint occupational health and safety committee or worker health and safety representative for review and feedback.
- The site or unit manager member must provide feedback on the intended outcomes and actions items before the report is finalized regardless of who the VRA lead is. Review and incorporate feedback.
- Incorporate an action tracking plan that identifies the deficiency or area of concern, the recommended corrective action, person responsible, anticipated due or completion date and status or progress.
- Finalize the VRA final report.

Communicate

The VRA report should be communicated through several channels:

- Provide the report to site leadership.
- Provide a copy of the report to the department's leaders (including the director and/or senior leadership as applicable).
- Provide the report to the site JOHS committee or Worker Health and Safety representative.
- Share the report, highlighting findings and recommendations, with the staff of the department(s) involved in the VRA through a staff meeting or other similar communication method.
- Ensure a copy of the report is available on the unit.
- Provide the report to WorkSafeBC and others as required.

Implement and monitor

Implement control measures

Implement the action items. Where required, ensure the provision of education and training to workers regarding the controls implemented through the Action Items. Ensure supervisors understand how workers are required to follow and use the new controls.

Ensure that the JOHS committee receives regular progress updates such the status of action items.

Review and evaluate control measures

In consultation with the JOHS committee or worker health and safety representative:

- Review and evaluate the effectiveness of control measures.
- Update the VRA final report's hazard/risk summary and action items table with any new information.

Run and review monitoring report

For this Standard, the following measures (taken from the Incident Reporting Measures Table) are to be reviewed on a quarterly basis:

- Time Loss Claims Rate and
- Days Lost per Claim

See the Performance Review and Monitoring for more information on the methods to be used to develop the Monitoring Report for Violence Risk Assessments.

For example: If you have 12 lost time incidents in the last year which resulted in 120 days off (an average of 3 lost time claims and 30 days lost per quarter) and you then exceed the average in a quarter, an investigation into root causes is required.

Measure	Action Level	If Action Level exceeded in one quarter	If Action Level exceeded in three consecutive quarters
Time Loss Claims Rate (rate of Lost Time Claims involving violence)	If the number of time loss claims in a given quarter is higher than the average number of claims in previous quarters	Investigation into root causes of the higher injury rate	VRA Review Checklist is completed
Days Lost per Claim (average Days Lost for Lost Time Claims)	If the number of days lost per lost time claim in a given quarter is higher than the average number of days per claim in previous quarters	Investigation into root causes for deviation in Average Days Lost	Review Checklist is completed

Data measurements may be grouped according to the needs of the organization and should be reviewed by the Health & Safety Manager (where such a position exists) and/or the joint occupational health and safety committee or worker health and safety representative quarterly.

The goal of the investigation is to determine if the change in performance was due to an anomaly (one new resident/client who has since left) and to determine if appropriate changes have been made to address the situation should it arise again. Corrective actions should be established where necessary and tracked.

If performance goes beyond the action limit for three consecutive quarters, a review using the VRA Review Checklist (found in Appendix K) is required. A new VRA may be required if indicated by the checklist.

Perform VRA review

Conduct a review of the impact of the VRA at least every three years, or sooner if triggered by the Monitoring process described above. The VRA Review involves:

- Gathering the status of all action items through reports as determined by the organization
- Gathering worker incident and injury data for events related to violence.
- Determining if additional work is required — for example:
 - Following up with owners of outstanding action items.
 - Determining which action items need to be completed.
 - Conducting a new VRA due to significant changes in work or work environment.

Use the VRA Review Checklist in Appendix K to assess the current circumstances of the environment(s) where the VRA was initially conducted.

Appendix B: Violence Priority Matrix

The VRA priority matrix is used to prioritize action items when conducting a task analysis or environmental survey. Prioritizing action items identifies which risks are the most serious and should be addressed first. The levels are:

1. Immediate.
2. Planned.
3. Addressed through normal work processes.

Use the priority matrix table to determine which priority level should be applied to action items (controls) for specific environmental or task items. The priority level is based on two factors:

1. The likelihood of an incident occurring.
2. The most likely impact of an incident occurring.

The priority matrix helps determine the priority of an action item by identifying concerns expressed by staff through survey, the number and nature of incidents in the last year or more (vertical column) and the severity of the most likely outcome by its consequences (horizontal row). Where these columns and rows intersect will determine the general level of risk in the department or area as 1, 2 or 3. In instances where there have been no violence-related incidents, the VRA team estimates the probability of incidents occurring based on the information gathered.

Examples of using the priority matrix:

- Unit A's manager reviewed the worker injury and illness statistics for the past year and found six violence related incidents involving bathing of elderly residents. Review of the incidents revealed the most likely consequence of such events would be minor injury. Using the matrix, the likelihood is level 3, will probably occur based on future practice, and the most likely consequence is level 2, minor consequence. The intersection shows this to be a priority level 2 action item.
- Unit B's manager found, upon reviewing the worker injury and illness statistics, that there were no violence related injury or illness events for the unit being assessed. Reviewing the worker injury and illness statistics for another similar unit revealed that there was one violence-related incident in each of the past two years, both of which resulted in staff being bitten by residents, with first aid required but no lost time. Going to the second entry from the top (level 3) in the likelihood column and reading over to first aid in the consequences row shows a priority level 2 action item.

Employees		Most Likely Consequences					
		Risk or concern identified through staff survey only	Injuries or incidents not requiring first aid or medical treatment	Minor injury requiring medical treatment (injury report completed)	Significant Injury causing time loss, multiple medical visits, hospitalization	Significant injury resulting in prolonged time loss or loss of work in own occupation	Serious injury resulting in loss of work in any occupation or death
Probability	Is expected to occur in most circumstances	2	2	2	1	1	1
	Will probably occur based on current practice	2	2	2	2	1	1
	Might occur at some time in the future based on current practice	3	3	3	2	2	1
	Could occur but doubtful	3	3	3	2	2	1
	May occur but only in exceptional cases	3	3	3	3	2	2

Based on the priority matrix, VRA teams will need to prioritize action items and write controls as follows:

- Priority level 1 – These risks are unacceptable. Substantial improvements in risk control measures are necessary so that these risks are immediately reduced to a tolerable or acceptable level. The site administration must be immediately notified. Risk controls are to be implemented promptly to reduce the risks. If it is not possible to reduce the risks, the work should be restricted to reduce the risk level temporarily.
- Priority level 2 – Substantial and purposeful efforts should be made to reduce these risks. Risk reduction measures should be implemented urgently within a defined time period. It may be necessary to consider restricting the activity or to apply interim risk control measures until this has been completed.
- Priority level 3 – These risks should be addressed within existing work processes — for example, by updating the preventative management process with new information found in the VRA process.

Above language adapted from Occupational Health and Safety Management Systems Guide: British Columbia, BS 8800, BSI 2004; Managing Safety the Systems Way: Implementing OHSAS 18001 using BS 8800, BSI 2004.

All action items identified are to be tracked to allow reporting on and tracking of completion.

Appendix C: Staff Survey Process and Template

Staff survey process

Prior to the initial risk assessment, a survey (either online or in hardcopy format) is constructed and sent out to the staff in the department where the VRA is to be conducted. The VRA lead can use the tools below or design their own to inform staff regarding the need for their participation in the survey. The VRA team should allow two weeks for staff to respond to the survey. This timeline may be adjusted to ensure adequate time for quality feedback.

The sections of text below are sample emails for the VRA lead and/or the manager to alter as needed and sent to their staff.

A: Subject: ACTION REQUIRED: Violence prevention risk assessment survey for your Unit, Area or Department

Hello [Name],

As part of the violence risk assessment planned for your department (or site, unit, etc.), staff are being asked to complete a short, employee survey.

Below is a sample email to inform them of the survey and to outline your expectations for completion. Thank you, [Your name]

B: Subject: Violence prevention assessment: Request to complete staff survey (paper format)

Dear staff, [Organization name] is committed to creating a healthy and safe work environment for all of our staff.

[Organization name] has begun conducting a workplace violence risk assessment of [Department or unit]. The purpose of the assessment is to identify and assess violence risk factors and then make recommendations to address those risks so they're reduced or eliminated.

This is your opportunity to provide input and be part of influencing violence prevention initiatives, making your workplace safer for yourselves and your client and residents. We ask that you complete a short survey and deposit your completed survey in the secured survey box located [specify where it will be kept] by [Date]. Your feedback is appreciated and all feedback will remain anonymous.

[Insert Survey Link]

We look forward to beginning this assessment and thank you in advance for contributing to a safer workplace.

[Signed, Manager]

Appendix C1 - Staff Survey

Home Care and Community Health Support Staff Violence Prevention Survey

This is part of a violence risk assessment for your workplace. Information gathered will be used for Violence Prevention Program improvement and evaluation. Please note that this survey is anonymous.

Site/location: _____
 Department/unit: _____ Date _____

Occupation	Work Status	Experience		Gender
		Occupation	Current Position	
<input type="checkbox"/> RN / RPN / LPN	<input type="checkbox"/> Full Time	<input type="checkbox"/> Under 1 yr.	<input type="checkbox"/> Under 1 yr.	<input type="checkbox"/> Male
<input type="checkbox"/> Care Aide	<input type="checkbox"/> Part Time	<input type="checkbox"/> 1 to 5 yrs.	<input type="checkbox"/> 1 to 5 yrs.	<input type="checkbox"/> Female
<input type="checkbox"/> Home Support	<input type="checkbox"/> Casual	<input type="checkbox"/> Over 5 yrs.	<input type="checkbox"/> Over 5 yrs.	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> CHW	<input type="checkbox"/> Student			
<input type="checkbox"/> PT / OT	<input type="checkbox"/> Volunteer			
<input type="checkbox"/> Supervisor/Manager	<input type="checkbox"/> Contracted			
<input type="checkbox"/> Other				

How safe do you feel from violence in the workplace? (Please select one)

- 1 (Not very safe) 2 3 4 5 Very Safe

Where do you feel at risk of aggressive or violent incidents at work? (Check all that apply)

- Outdoor public areas -parking lots, grounds/gardens, public transit, to/from client's home
- When approaching the client's home through their yard, down common hallways, elevators
- Inside the client's home while providing care or a related service
- Inside a client's home when family members are present
- Inside the client's home when unrestrained pets are present
- Other – please specify

Who do you believe is most likely to be aggressive/violent towards you at work? (Check only 1)

- Nobody
- Client
- Family member of the client
- Stranger on the street
- Trespasser on the property
- Someone from my private life

Who would you report an incident if a client or a member of the client’s family directed violent behaviour including verbal abuse toward you (Please check all that apply)

- Manager or supervisor in charge
- Behavioural care plan
- Co-worker, peer or union steward
- Joint health & safety committee
- Clients chart
- WorkSafeBC
- Wouldn't report

You have access to behavioural care plans specific to your client

- Yes
- No
- Don't know
- Not applicable

Comments

You have been given instructions on what to do if you feel threatened or unsafe at work

- Yes
- No
- Don't know
- Not applicable

Comments

You know what to do/how to call for help if you feel threatened or involved in a violent incident

- Yes
- No
- Don't know
- Not applicable

Comments

How confident are you in your ability to manage violent behaviour at work? Please select one

- 1 Less Confident
- 2
- 3
- 4
- 5 More Confident

Please comment on why if you don't feel very confident managing violent behaviour at work?

Please circle a number for each item below that you feel best shows how much risk of violence or aggression there is each task. If a task does not apply to you select N/A

	Level of Risk					N/A
	Low	Medium	High			
Walking to/from the client’s home	1	2	3	4	5	
Enforcing organizational rules (such as no-smoking)	1	2	3	4	5	
Refusing requests or removing something from a client	1	2	3	4	5	
Bathing a client	1	2	3	4	5	
Feeding a client	1	2	3	4	5	
Dressing or changing a client	1	2	3	4	5	
Interacting or intervening with family members	1	2	3	4	5	
Administering medications or providing medical treatment	1	2	3	4	5	
Working with a client with mental health issues	1	2	3	4	5	
Working with a client using prescription/or non-prescription drugs	1	2	3	4	5	
Working with clients affected by dementia/brain impairment	1	2	3	4	5	
Conducting an initial assessment	1	2	3	4	5	

Appendix C2 - Staff Survey

Long Term Care Violence Prevention Survey

Site/location: _____

Department/unit: _____

Date _____

Occupation	Work Status	Experience	Gender
<input type="checkbox"/> RN / RPN / LPN	<input type="checkbox"/> Full Time	<input type="checkbox"/> Under 1 year	<input type="checkbox"/> Male
<input type="checkbox"/> Care Aide	<input type="checkbox"/> Part Time	<input type="checkbox"/> 1 to 5 years	<input type="checkbox"/> Female
<input type="checkbox"/> PT / OT / RT	<input type="checkbox"/> Casual	<input type="checkbox"/> Over 5 years	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Admin Support	<input type="checkbox"/> Student	Current Position	
<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Under 1 years	
<input type="checkbox"/> Dietary/Kitchen	<input type="checkbox"/> Contracted	<input type="checkbox"/> 1 to 5 years	
<input type="checkbox"/> Maintenance		<input type="checkbox"/> Over 5 years.	
<input type="checkbox"/> Supervisor/Manager			
<input type="checkbox"/> Other			

How safe do you feel from violence in the workplace? (Please select one)

- 1 (Not very safe) 2 3 4 5 Very Safe

Where do you feel you are at risk of an aggressive or violence act at work? (Check all that apply)

- Outdoor public areas (parking lots, ground gardens) In the hallways or common areas
 In "staff only" areas accessible to residents Residents in their rooms
 Other – please specify

Who do you believe is most likely to be aggressive/violent towards you at work? (Check only one)

- Nobody Stranger on the street Trespasser on the property
 Resident Family member or visitor Someone from my private life

About how many times have you experienced physical violence in the past year while at work (Please check only one)

- None 1-5 6 - 10 11 - 20 More than 20 times

About how many times have you experienced verbal abuse in the past year while at work (Please check only one)

- None 1-5 6-10 11 - 20 More than 20 times

Who and where would you report an incident if a resident or a member of the resident's family directed violent behaviour including verbal abuse toward you (Please check all that apply)

- Manager or supervisor in charge Co-worker, peer or union steward
 Resident's chart Joint Health & Safety Committee
 WorkSafeBC Behavioural care plan

Violence Prevention Survey for Long Term Care Staff - Page 2

You have access to behavioural care plans to identify resident risk factors/triggers/interventions

- Yes No Don't know Not applicable

Comments

A Code White or emergency response for incidents of violence has been established in your area

- Yes No Don't know Not applicable

Comments

You have been given instructions on what to do if you feel threatened or unsafe at work

- Yes No Don't know Not applicable

Comments

You know what to do/how to call for help if you feel threatened or are involved in a violent incident

- Yes No Don't know Not applicable

Comments

How confident are you in your ability to manage violent behaviour at work? (Select one)

- 1 Less Confident 2 3 4 5 More Confident

If you don't feel confident managing violent behaviour at work, please comment

Please circle a number for each item below that you feel best represents the degree of risk for violence/aggression each task poses. If a task does not apply to you select N/A

	Level of Risk					N/A
	Low	Medium	High			
Walking to/from the facility to/from work	1	2	3	4	5	
Enforcing organizational rules (such as no-smoking)	1	2	3	4	5	
Refusing requests	1	2	3	4	5	
Removing something from a resident	1	2	3	4	5	
Interacting with family members	1	2	3	4	5	
Providing medical treatment	1	2	3	4	5	
Administering medications	1	2	3	4	5	
Working with a resident with mental health issues	1	2	3	4	5	
Working with a resident using prescription/ non-prescription drugs	1	2	3	4	5	
Working with residents with a cognitive impairment or dementia	1	2	3	4	5	
Bathing a resident	1	2	3	4	5	
Feeding a resident	1	2	3	4	5	
Dressing a resident	1	2	3	4	5	
Toileting a resident	1	2	3	4	5	
Intervening in resident elopement	1	2	3	4	5	

Appendix C₃ - Staff Survey

Office or Non-Clinical Facilities Staff Violence Prevention Survey

This is part of a violence risk assessment for your workplace. Information gathered will be used for Violence Prevention Program improvement and evaluation. Please note that this survey is anonymous.

Site/location: _____

Department/unit: _____

Date _____

Occupation	Work Status	Occupation	Experience	Gender
<input type="checkbox"/> RN / RPN / LPN	<input type="checkbox"/> Full Time	<input type="checkbox"/> Under 1 year	<input type="checkbox"/> Male	
<input type="checkbox"/> Care Aide	<input type="checkbox"/> Part Time	<input type="checkbox"/> 1 to 5 years	<input type="checkbox"/> Female	
<input type="checkbox"/> Home Support	<input type="checkbox"/> Casual	<input type="checkbox"/> Over 5 years	<input type="checkbox"/> Prefer not to say	
<input type="checkbox"/> Community support	<input type="checkbox"/> Student	Current position		
<input type="checkbox"/> PT / OT / RT	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Under 1 year		
<input type="checkbox"/> Admin Support	<input type="checkbox"/> Contracted	<input type="checkbox"/> 1 to 5 years		
<input type="checkbox"/> Housekeeping		<input type="checkbox"/> Over 5 years		
<input type="checkbox"/> Dietary/Kitchen				
<input type="checkbox"/> Maintenance				
<input type="checkbox"/> Supervisor/Manager				
<input type="checkbox"/> Other				

How safe do you feel from violence in the workplace? (Please select one)

1 (Not very safe)

2

3

4

5 Very Safe

Where do you feel you are at risk of aggressive or violent incidents at work? (Check all that apply)

Outdoor public areas (parking lots, grounds/gardens)

Common areas of the building in which I work (hallways, elevators)

Common areas inside our department (reception, meeting rooms etc.)

My office or workspace

Washrooms

Other – please specify

Who do you believe is most likely to be aggressive/violent towards you at work? (Check only one)

Nobody

Stranger on the street

Trespasser on the property

Visitor

Client/resident family member

Someone from my private life

About how many times have you experienced physical violence at work in the past year (Check 1)

None

1-5

6 - 10

11 - 20

More than 20 times

About how many times have you experienced verbal aggression at work in the past year (Check 1)

None

1-5

6-10

11 - 20

More than 20 times

Violence Prevention Survey for Non-Clinical Areas / Office Staff Page 2

Who would you report an incident if someone directed violent behaviour including verbal abuse toward you *(Please check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> WorkSafeBC | <input type="checkbox"/> Manager or supervisor in charge |
| <input type="checkbox"/> Co-worker, peer or union steward | <input type="checkbox"/> Joint Health & Safety Committee |
| <input type="checkbox"/> Other | <input type="checkbox"/> Wouldn't report |

You have received instruction on what to do if you feel threatened or unsafe at work

- Yes No Don't know Not applicable

Comments

You know what to do/how to call for help if you feel threatened or involved in a violent incident

- Yes No Don't know Not applicable

Comments

How confident are you in your ability to manage violent behaviour at work? *(Select one)*

- 1 Not Confident 2 3 4 5 More Confident

Why? If you are not confident, please comment

Please circle a number for each item below that you feel best represents the degree of risk for violence/aggression each task poses. If a task does not apply to you select N/A

	Level of Risk					N/A
	Low	Medium	High			
Walking to/from the facility to/from work	1	2	3	4	5	
Enforcing organizational rules (such as no-smoking)	1	2	3	4	5	
Refusing requests	1	2	3	4	5	
Interacting with family members	1	2	3	4	5	
Other	1	2	3	4	5	

Please provide reasons for selecting any 4s or 5s above

Appendix D1: Department/Unit Risk Assessment Audit Tool

Home Care and Community Health Support

Facility or location		
Unit/area inspected	Date (dd/mm/yr)	Time
Completed by: (name & position) – Employer representative		
Completed by (name & position) – Union JOHS committee		
Other (name & position)		
Item	Observation	Action Item
<p>Work environment information:</p> <ul style="list-style-type: none"> ▪ Location of the home, surrounding community, area lighting etc. ▪ Description of home, ease of access, pets etc. ▪ Hours when care is being provided (am / pm) ▪ Availability of family support or assistance ▪ Any other relevant details to provide context for the workplace ▪ Average number of visits conducted per day by a worker ▪ Other information relevant to the work environment 		
<p>Incident/injury information:</p> <p>Examine available data for information on violent incident reports. Look for any patterns/trends in the data, including such things as:</p> <ul style="list-style-type: none"> ▪ Are there incidents of physical violence and/or verbal threats, are there any trends in the reporting and if so how many over what period of timed period ▪ Have the number of incidents increased, decreased or stayed the same over time ▪ In terms of severity, have incidents increased, decreased or stayed the same ▪ What types of incidents are the most common and what contributing factors are most common in terms of violence 		

**HOME CARE AND COMMUNITY HEALTH SUPPORT
VIOLENCE PREVENTION RISK ASSESSMENT AUDIT TOOL – Page 2**

Item	Observation	Action Item
<p>Client information – injury data</p> <ul style="list-style-type: none"> ▪ Examine injury data for patterns and trends for example: <ul style="list-style-type: none"> ▪ Are incidents occurring in specific areas ▪ Are specific tasks common in the data ▪ Are there common factors that contribute to the risk or incidence of violence ▪ What are the potential sources of the risks 		
<p>Client population</p> <ul style="list-style-type: none"> ▪ Describe the client population. ▪ Where available, include figures relative to the number of clients with a previous history of either physical or verbal aggression or violence 		
<p>Provincial Violence Prevention Curriculum (PVPC) Training and completion levels for example:</p> <ul style="list-style-type: none"> ▪ How many workers are employed in the organization ▪ How many workers have completed all the training (e-learning plus 8 hours PVPC) ▪ How many are in the process of completing their training ▪ How many have yet to start their training ▪ How many workers have taken other forms of training such as Gentle Persuasive Approaches (GPA) or non-violent crisis intervention 		
<p>Summary of WorkSafeBC inspection reports related to violence</p> <ul style="list-style-type: none"> ▪ Summarize the findings of any relevant WorkSafeBC reports 		

Note: Any action items should be included in the Violence Risk Assessment Summary Report

Appendix D2: Department/Unit Risk Assessment Tool

Long Term care

Facility or location		
Unit/area inspected	Date (dd/mm/yr)	Time
Completed by: (name & position) – Employer representative		
Completed by (name & position) – Union JOHS committee		
Other (name & position)		

Item	Observation	Action Item
<p>Work environment information:</p> <ul style="list-style-type: none"> ▪ Location of the site, surrounding community ▪ Description of site (building type, other programs, employers or businesses in building) ▪ Hours of operation, visiting hours ▪ Any other relevant details to provide context for the workplace ▪ Number of beds and number of residents ▪ Other information relevant to the work environment 		
<p>Incident/injury information:</p> <p>Examine available data for information on violent incident reports. Look for any patterns/trends in the data, including such things as:</p> <ul style="list-style-type: none"> ▪ Are there incidents of physical and/or verbal violence, are there any trends in the reporting and if so how many over what period of timed period ▪ Have the number of incidents increased, decreased or stayed the same over time ▪ In terms of severity, have incidents increased, decreased or stayed the same ▪ What types of incidents are the most common and what contributing factors are most common in terms of violence 		

**LONG TERM CARE
VIOLENCE PREVENTION RISK ASSESSMENT AUDIT TOOL – Page 2**

Item	Observation	Action Item
<p>Resident data.</p> <ul style="list-style-type: none"> ▪ Examine the data for patterns and trends in data, for example: ▪ Are incidents occurring in specific areas ▪ Are specific tasks common in the data ▪ Which worker groups are most frequently injured ▪ What are the potential sources of the risks 		
<p>Resident population</p> <ul style="list-style-type: none"> ▪ Describe the resident population. ▪ Where available include figures relative to the number of residents with a previous history of either physical or verbal aggression or violence 		
<p>Staffing model/ratio</p> <ul style="list-style-type: none"> ▪ Consider resident-worker ratio for different shifts 		
<p>Provincial Violence Prevention Curriculum (PVPC) Training and completion levels for example:</p> <ul style="list-style-type: none"> ▪ How many workers are employed in the unit/department/area ▪ How many workers have completed all the training (e-learning plus 8 hours PVPC) ▪ How many are in the process of completing their training ▪ How many have yet to start their training ▪ How many workers have taken other forms of training such as Gentle Persuasive Approaches, or non-violent crisis intervention 		
<p>Summary of WorkSafeBC inspection reports related to violence</p> <ul style="list-style-type: none"> ▪ Summarize the findings of any relevant WorkSafeBC reports 		

Note: Any action items should be included in the Violence Risk Assessment Summary Report

Appendix D3: Unit/Department Risk Assessment Audit Tool

Non-Clinical/Office Buildings

Facility or location		
Unit/area inspected	Date (dd/mm/yr)	Time
Completed by: (name & position) – Employer representative		
Completed by (name & position) – Union JOHS committee		
Other (name & position)		

Item	Observation	Action Item
<p>Work environment information:</p> <ul style="list-style-type: none"> ▪ Location of the site, surrounding community ▪ Description of site (building type, other programs in building) ▪ Hours of operation, visiting hours ▪ Any other relevant details to provide context for the workplace ▪ Other information relevant to the work environment 		
<p>Incident/injury information:</p> <p>Examine available data for information on violent incident reports. Look for any patterns/trends in the data, including such things as:</p> <ul style="list-style-type: none"> ▪ Are there incidents of physical and/or verbal violence, are there any trends in the reporting, and if so how many over what period of timed period ▪ Have the number of incidents increased, decreased or stayed the same over time ▪ In terms of severity, have incidents increased, decreased or stayed the same ▪ What types of incidents are the most common and what contributing factors are most common in terms of violence 		

Note: Any action items should be included in the Violence Risk Assessment Summary Report

Appendix D4: Unit/Department/Area Risk Assessment Audit Tool

Comparison Location

Facility or location: _____

Item	Observations	Action items
Comparison setting description <ul style="list-style-type: none"> • Overview of clientele • Number of beds, residents or clients 		
Incident/injury information Examine available data from violent incidents for patterns/trends. For example: <ul style="list-style-type: none"> • Are both physical and verbal types of violence occurring, or is there more of one type? • Have incident counts been increasing, decreasing or staying the same over time? • What types of contributing factors are most common with incidents involving violence? 		
Provincial Violence Prevention Curriculum education and training status and completion levels. For example <ul style="list-style-type: none"> • How many people have completed all their training? • How many are in progress? • How many haven't started? 		

Note: Any action items should be transcribed into the hazard/risk summary in the VRA final report

Appendix E1: Policy and Procedure Review

Home Care and Community Health Support

Site/location: _____
 Department/unit: _____ Date _____

Item	Findings	Available Resources and Observations	Action Items
Access			
▪ Is there a process to manage keys	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Emergency Response			
▪ Does the organization have a procedure on how to respond to threats/violence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
▪ Is the procedure for responding to threats/violence current and dated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
▪ Are workers educated on how to respond to threats/violence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
▪ Are workers educated about violence prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
▪ Are managers provided with inspection tools that include violence-related items	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
▪ Are supervisors knowledgeable and/or aware of their responsibilities in terms of violence prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
▪ Does the organization have a screening/assessment process to screen clients for violence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
▪ Are workers educated in using the "violence alert" system	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
▪ Are there procedures in place to identify and address risks of violence for workers once they leave work	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Weapons in the home			
▪ Does the organization have a procedure related to the discovery of a weapon or persons carrying a weapon	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
▪ How are workers educated about procedures for discovery of weapons, responding to a person carrying a weapon	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

**VIOLENCE PREVENTION RISK ASSESSMENT
POLICY AND PROCEDURE REVIEW – Page Two**

Item	Findings	Available Resources and Observations	Action Items
Available Resources and Observations			
<ul style="list-style-type: none"> ▪ Is there a process for workers, supervisors and managers to be made aware of the requirement and process for reporting all violent incidents, including near misses 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<ul style="list-style-type: none"> ▪ Have all supervisors and managers received education on their responsibilities related to occupational health and safety and incident investigations 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<ul style="list-style-type: none"> ▪ Are there organizational guidelines for safely transporting or escorting clients in the community 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<ul style="list-style-type: none"> ▪ Are workers trained on these guidelines 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<ul style="list-style-type: none"> ▪ Is there a documented check-in system that ensures staff can determine the location and expected return time of other staff 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Note: Any action items should be transcribed into the hazard/risk summary in the VRA final report.

Appendix E2: Policy and Procedure Review

Long Term Care

Site/location: _____
 Department/unit: _____ Date _____

Item	Findings	Available Resources and Observations	Action Items
Access			
Is there a process to manage keys and access cards	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Code White			
Does the site have a Code White response plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Is the site's Code White response compliant with the agency's Code White policy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Is the Code White response plan current and dated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are workers educated about the site's Code White response plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Does the site have a least restraint/restraint reduction policy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are there procedures or protocols in place regarding the use of restraints	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are workers provided training on how to use restraints	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are workers educated about violence prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are managers provided with inspection tools that include violence-related items	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are supervisors knowledgeable and/or aware of their responsibilities in terms of violence prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Does the site have a process to screen residents for violence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
How are workers educated in using the "violence alert" system	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are there procedures in place to identify and address risks of violence for workers once they leave work	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

**LONG TERM CARE VIOLENCE PREVENTION RISK ASSESSMENT
POLICY AND PROCEDURE REVIEW – Page Two**

Item	Findings	Available Resources and Observations	Action Items
Weapons in the workplace			
Does the site have a procedure related to the discovery of a weapon or persons carrying a weapon	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
How are workers educated about site procedures for discovery of weapons, responding to a person carrying a weapon	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Incident reporting and investigations			
Is there a process for workers, supervisors and managers to be made aware of the requirement and processes for reporting all violent incidents, including near misses	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Have all supervisors and managers received education on their responsibilities related to occupational health and safety and incident investigations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are there site/department guidelines for safely transporting or escorting residents in the community	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are workers trained on these guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Is there a documented check-in system that ensures staff can determine the location and expected return time of other staff	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Note: Any action items should be transcribed into the hazard/risk summary in the Violence Risk Assessment final report.

Appendix E3: Policy and Procedure Review

Non-Clinical/Office Buildings

Site/location: _____
 Department/unit: _____ Date _____

Item	Findings	Available Resources and Observations	Action Items
Access			
Is there a process to manage keys and access cards	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Code White			
Does the site have a Code White response plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Is the site's Code White response compliant with the agency's Code White policy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Is the Code White response plan current and dated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are workers educated about the site's Code White response plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are workers educated about violence prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are managers provided with inspection tools that include violence-related items	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are supervisors knowledgeable and/or aware of their responsibilities in terms of violence prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are there procedures in place to identify and address risks of violence for workers once they leave work	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Weapons in the workplace			
Does the site have a procedure related to the discovery of a weapon or persons with a weapon	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
How are workers educated about site procedures for discovery of weapons, responding to a person carrying a weapon	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Note: Any action items should be transcribed into the hazard/risk summary in the Violence Risk Assessment final report.

Appendix F1: Environmental Survey Tool

Home Care and Community Health Support

Use this checklist to record information about client centred violence-related hazards and existing control measures. The questions in the tool focus on common hazards and control measures. Organizations will need to evaluate client homes, surrounding area and control measures for applicability. Use the table below as a reference tool when assigning priority to action items.

The following is not an exhaustive list and there may be additional hazards and controls within your work environment. Where additional hazards and/or controls are identified use the comments section(s) to record your observations.

Date	Time:
Site	Department
Recorder (Name)	
Survey Participants	
Name	Position
Name	Position
Name	Position
Name	Position

Employees		Most Likely Consequences					
		Risk or concern identified through staff survey only	Injuries or incidents not requiring first aid or medical treatment	Minor injury requiring medical treatment (injury report completed)	Significant Injury causing time loss, multiple medical visits, hospitalization	Significant injury resulting in prolonged time loss or loss of work in own occupation	Serious injury resulting in loss of work in any occupation or death
Probability	Is expected to occur in most circumstances	2	2	2	1	1	1
	Will probably occur based on current practice	2	2	2	2	1	1
	Might occur at some time in the future based on current practice	3	3	3	2	2	1
	Could occur but doubtful	3	3	3	2	2	1
	May occur but only in exceptional cases	3	3	3	3	2	2

Above matrix adapted from the Australian/New Zealand Standard AS/NZS 4360:2004 – Risk Management Standard

**Home Care and Community Health Support - Violence in the Workplace Risk Assessment
General Home Environmental Survey – Page 2**

	Yes	No	N/A	Observations & Existing Controls	Priority 1,2 or 3	Action Items	Intended Outcomes
Home Entranceway							
Is external lighting appropriate, does it illuminate the entrance and walkway	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Example: high counters, glass barriers			
Does the layout prevent entrapment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Do sight lines allow good visual scan of the area	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Is the area free of objects that could be used as weapons	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Client Rooms							
Do sight lines allow for a good visual scan of the area	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Is the area free of unnecessary objects or possible weapons	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Are exits blocked by furniture or other items	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Do client bedroom doors lock	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
If so, can they be easily overridden by staff	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Is inside lighting adequate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Does the area outside the room allow for safe entry and exit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Does the layout prevent entrapment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				

**Home Care and Community Health Support - Violence in the Workplace Risk Assessment
General Home Environmental Survey – Page 3**

	Yes	No	N/A	Observations & Existing Controls	Priority 1,2 or 3	Action Items	Intended Outcomes
Hallways, Corridors, Stairwells, Washrooms							
Do sight lines allow good visual scan of the area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Is the area free of unnecessary objects that could be used as weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Is the area free of clutter that may restrict the ability to leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Means of Emergency Communication							
Are staff able to notify others in the event of an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Working Alone or in Isolation							
Has a working alone risk assessment been completed and/or have controls been identified and implemented to reduce the risk of working alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	May include such things as a working alone risk assessment, check in/out process, escalation process for failure to check in, emergency contact log			
Can staff describe the working alone procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Is the working alone procedure followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**Home Care and Community Health Support - Violence in the Workplace Risk Assessment
General Home Environmental Survey – Page 4**

	Yes	No	N/A	Observations & Existing Controls	Priority 1,2 or 3	Action Items	Intended Outcomes
Pets and Unrestrained Animals							
Are there pets in the home	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Could they present a possible threat	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Can they be contained or restrained prior to arrival of the caregiver	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Threats of Violent Behaviour Incidents							
Are workers, managers and supervisors knowledgeable about their responsibilities regarding the discovery of weapons	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Assessing and Communicating the Risk							
Is the risk assessment for client aggression consistently applied	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Review some of the charts during the assessment			
Is a client's potential for risk of aggression communicated to all caregivers? If yes, how. If not, which caregivers do not receive relevant information	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Is a client's potential for risk of aggression communicated to others upon transfer? If yes, how	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				

**Home Care and Community Health Support - Violence in the Workplace Risk Assessment
General Home Environmental Survey – Page 5**

	Yes	No	N/A	Observations & Existing Controls	Priority 1,2 or 3	Action Items	Intended Outcomes
Care Planning and Documentation							
Are all professions in the care team involved in the care planning process	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Are front line staff able to provide input into client care plans	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Do caregivers have access to a client's behavioural care plan prior to care	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
If yes, are they updated and communicated to workers on a regular and as needed basis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Have caregivers received instruction and training on conducting point of care risk assessments	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Do caregivers know what information is needed for work to proceed safely	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				

Incidents and Emergency Response

Do staff know how to call for help in an emergency	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	i.e. initiate a Code White			
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Parking Area and Outside the Home

Is the property free of visible evidence of crime	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	i.e. graffiti, drug paraphernalia, loitering, homeless etc.			
Are there clear sight lines into/out of the building	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	i.e. are the outside exits easily visible from inside the building, no spots where someone could conceal or hide themselves			

Appendix F2: Environmental Survey Tool

Long Term Care

Use this checklist to record information about unit or department violence-related hazards and existing control measures. The questions in the tool direct attention to common hazards and control measures. Each site/department will need to evaluate each hazard and control measure for applicability to their area. Use the table below as a reference tool when assigning priority to action items.

The following is not an exhaustive list and there may be additional hazards and controls within your work environment. Where additional hazards and/or controls are identified use the comments section(s) to record your observations.

Please check only one box <input type="checkbox"/> This is a building or site environmental survey <input type="checkbox"/> This is a departmental environmental survey	
Date	Time:
Site	Department
Recorder (Name)	
Survey Participants	
Name	Position
Name	Position
Name	Position
Name	Position

Employees		Most Likely Consequences					
		Risk or concern identified through staff survey only	Injuries or incidents not requiring first aid or medical treatment	Minor injury requiring medical treatment (injury report completed)	Significant Injury causing time loss, multiple medical visits, hospitalization	Significant injury resulting in prolonged time loss or loss of work in own occupation	Serious injury resulting in loss of work in any occupation or death
Probability	Is expected to occur in most circumstances	2	2	2	1	1	1
	Will probably occur based on current practice	2	2	2	2	1	1
	Might occur at some time in the future based on current practice	3	3	3	2	2	1
	Could occur but doubtful	3	3	3	2	2	1
	May occur but only in exceptional cases	3	3	3	3	2	2

Above matrix adapted from the Australian/New Zealand Standard AS/NZS 4360:2004 – Risk Management Standard

**Long-term Care - Violence in the Workplace Risk Assessment
General Building, Site or Department Environmental Survey – Page 2**

	Yes	No	N/A	Observations & Existing Controls	Priority 1,2 or 3	Action Items	Intended Outcomes
Nursing Station							
Are there physical barriers to prevent public access	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Example: High counters, glass barriers			
Does the layout prevent entrapment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Can staff call for help from this location	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Do sight lines allow good visual scan of the area	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Is the area free of objects that could be used as weapons	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Medication Storage							
Are there access controls in place for medication storage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Reception/Payment Service and or Administrative areas							
Are there physical barriers to prevent public access	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Example: Locked doors			
Can staff call for help from this location	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Resident Rooms							
Do sight lines allow for a good visual scan of the area	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Is the area free of unnecessary objects that could be used as weapons	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Are exits blocked by furniture or other items	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				

**Long Term Care - Violence in the Workplace Risk Assessment
General Building, Site or Department Environmental Survey – Page 3**

	Yes	No	N/A	Observations & Existing Controls	Priority 1,2 or 3	Action Items	Intended Outcomes
Do resident doors lock	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
If so, can they be easily overridden by staff	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Is the lighting appropriate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Does the area outside the room allow for safe entry and exit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Is there a communication device available in the room	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Are the locking mechanisms on the doors appropriate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Is the glass used in the room an acceptable standard for safety	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Does the layout prevent entrapment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Hallways, Corridors, Stairwells, Interview Rooms, Washrooms							
Do sight lines allow good visual scan of the area	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Is the area free of unnecessary objects that could be used as weapons	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Is the area free of clutter that may restrict the ability to leave	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				

**Long Term Care - Violence in the Workplace Risk Assessment
General Building, Site or Department Environmental Survey – Page 4**

	Yes	No	N/A	Observations & Existing Controls	Priority 1,2 or 3	Action Items	Intended Outcomes
Signage Inside the Building							
Is there appropriate signage for the public, such that they know their location and can find their way	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Is violence prevention signage visibly posted in the common areas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Means of Emergency Communication							
Are staff able to notify others in the event of an emergency on this unit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
If yes, are the notification tools used	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Is there a sign in/out process for wearable devices	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Are personal protective devices on a regular maintenance program, such as changing batteries	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Is the alarm system tested on a regular basis (min. monthly)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Do staff know how to use the alarm system	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
What response occurs when an alarm sounds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Is closed circuit TV available	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
If yes, is it working	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
If yes, is it monitored	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				

**Long Term Care - Violence in the Workplace Risk Assessment
General Building, Site or Department Environmental Survey – Page 5**

	Yes	No	N/A	Observations & Existing Controls	Priority 1,2 or 3	Action Items	Intended Outcomes
Lighting							
Does the unit have adequate lighting to illuminate the work area	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Working Alone or in Isolation							
Has a working alone risk assessment been completed and/or have controls been identified and implemented to reduce the risk of working alone	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	May include such things as a working alone risk assessment, check in/out process, escalation process for failure to check in, emergency contact log			
Can staff describe the working alone procedure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Is it the procedure followed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Threats of Violent Behaviour Incidents							
Are workers, managers, supervisors knowledgeable about their responsibilities regarding the discovery of weapons	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Access							
Are there concerns about the public accessing staff only areas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Do Police or other responders have access to all areas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				

**Long Term Care - Violence in the Workplace Risk Assessment
General Building, Site or Department Environmental Survey – Page 6**

	Yes	No	N/A	Observations & Existing Controls	Priority 1,2 or 3	Action Items	Intended Outcomes
Assessing and Communicating the Risk							
Is the risk for resident aggression assessed consistently in the unit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Review some of the charts during the assessment			
Is a resident's potential for risk of aggression communicated to all caregivers where appropriate? If yes, how? If not, which caregivers do not receive relevant information?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Is a resident's potential for risk of aggression communicated to support staff where appropriate? If yes, how is it communicated? If not, which support staff do not receive relevant information?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Including Housekeeping, Kitchen/dietary support workers, trades/maintenance, administration, volunteers etc.			
Is a resident's potential for risk of aggression communicated to other clinical departments upon transfer, if yes, how	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Are workers able to describe the unit's process for reviewing and removing alerts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Is it used	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				

**Violence in the Workplace Risk Assessment
Environmental Survey – Page 7**

	Yes	No	N/A	Observations & Existing Controls	Priority 1,2 or 3	Action Items	Intended Outcomes
Care Planning and Documentation							
Are all professions in the care team involved in the care planning process	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Are front-line staff able to provide input into the care planning process relevant to residents in their care	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Are behavioural care plans available and accessible to workers involved in resident care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
If yes, are they updated and communicated to workers on a regular and as needed basis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Do workers know to refer to behavioural care plans prior to initiating care	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Incidents and Emergency Response							
Are emergency numbers posted on or near telephones	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Is there a more secure area should a possible threatening situation occur	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	No entrapment issues			
Are restraints readily available in units where required	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				

**Violence in the Workplace Risk Assessment
Environmental Survey – Page 8**

	Yes	No	N/A	Observations & Existing Controls	Priority 1,2 or 3	Action Items	Intended Outcomes
Do all staff have the ability to communicate in an emergency	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Do staff know how to call for help in an emergency	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	i.e. initiate a Code White			
Parking Lot(s) and Outside the Building (Only one risk assessment is needed per building)							
Is the property free of visible evidence of crime	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	i.e. graffiti, drug paraphernalia, loitering, homeless etc.			
Are there clear sight lines into/out of the building	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	i.e. are the outside exits easily visible from inside the building, no spots where someone could conceal or hide themselves			

Appendix F3: Environmental Survey Tool

Non-Clinical/Office Buildings

Use this checklist to record information about worksite/department violence-related hazards and existing control measures. The tool's questions direct attention to common hazards and control measures. Each site/department will need to evaluate each hazard and control measure for applicability to their area. Use the table below as a reference tool when assigning priority to action items.

This is not an all-inclusive list of hazards and control measures. Please use the comments section to document any additional hazards/control measures found during your environmental survey. The following is not an exhaustive list and there may be additional hazards and controls within your work environment. Where additional hazards and/or controls are identified use the comments section(s) to record your observations.

Please check one:

This is a site environmental survey

This is a departmental survey

Optional: Insert a picture of the site/department if one is available or a sketch of the floor layout

Date	Time:
Site	Department
Recorder (Name)	
Survey Participants	
Name	Position
Name	Position
Name	Position
Name	Position

Employees		Most Likely Consequences					
		Risk or concern identified through staff survey only	Injuries or incidents not requiring first aid or medical treatment	Minor injury requiring medical treatment (injury report completed)	Significant Injury causing time loss, multiple medical visits, hospitalization	Significant injury resulting in prolonged time loss or loss of work in own occupation	Serious injury resulting in loss of work in any occupation or death
Probability	Is expected to occur in most circumstances	2	2	2	1	1	1
	Will probably occur based on current practice	2	2	2	2	1	1
	Might occur at some time in the future based on current practice	3	3	3	2	2	1
	Could occur but doubtful	3	3	3	2	2	1
	May occur but only in exceptional cases	3	3	3	3	2	2

Above matrix adapted from the Australian/New Zealand Standard AS/NZS 4360:2004 – Risk Management Standard

**Violence in the Workplace Risk Assessment
Non-Clinical or Office Building Environmental Survey – Page 2**

	Yes	No	N/A	Observations & Existing Controls	Priority 1,2 or 3	Action Items	Intended Outcomes
Reception/Payment Service and or Administrative areas:							
Are there physical barriers to prevent public access	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Are staff able to call for help from this location	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Do sight lines allow good visual scan of the area	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Do employees have quick access to leave to a more secure area if there is a threat	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Hallways, Corridors, Stairwells, Interview Rooms, Washrooms							
Do sight lines allow good visual scan of the area	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Is the area free of objects that could be used as a weapon	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Is the area free of clutter that may restrict the ability to leave	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Signage Inside the Building							
Is there appropriate signage for the public so that they know their location and can find their way	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Is violence prevention signage visibly posted in the common areas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Are "Staff Only" areas clearly marked to restrict access to the public	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				

**Violence in the Workplace Risk Assessment
Non-Clinical or Office Building Environmental Survey – Page 3**

	Yes	No	N/A	Observations & Existing Controls	Priority 1,2 or 3	Action Items	Intended Outcomes
Means of Emergency Communication							
Are staff able to notify others in the event of an emergency in this area	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
If yes, are the notification tools used	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Is there a sign in/out process for wearable devices	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Are personal protective devices on a regular maintenance program, such as changing batteries	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Is the alarm system tested on a regularly (at least monthly)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Do workers know how to use the alarm system	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Does a response occur when an alarm is activated	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Do staff know what their responsibility is when an alarm sounds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Is the emergency response plan reviewed regularly, and is it effective	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Is closed circuit TV available, if so, is it working and monitored	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				

**Violence in the Workplace Risk Assessment
Non-Clinical or Office Building Environmental Survey – Page 4**

	Yes	No	N/A	Observations & Existing Controls	Priority 1,2 or 3	Action Items	Intended Outcomes
Lighting							
Does the department have adequate lighting to illuminate the work area	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Working Alone or in Isolation							
Has a working alone risk assessment been completed and/or have controls been identified and implemented to reduce the risk while working alone	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	May include such things as a working alone risk assessment, check in/out process, escalation process for failure to check in, emergency contact log			
Can staff describe the working alone procedure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Is the procedure followed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Threats or Violent Behaviour							
Are workers, managers and supervisors knowledgeable about their responsibilities regarding the discovery of weapons	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Access							
Are there concerns about the public accessing staff only areas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Do Police, or other responders have access to all areas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				

**Violence in the Workplace Risk Assessment
Non-Clinical or Office Building Environmental Survey – Page 5**

	Yes	No	N/A	Observations & Existing Controls	Priority 1,2 or 3	Action Items	Intended Outcomes
Incidents and Emergency Response							
Are emergency numbers posted on, or near telephones	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Is there a more secure area should a possible threatening situation occur	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	No entrapment issues			
Do all staff have the ability to communicate in an emergency situation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Do staff know how to call for help in an emergency	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	i.e. initiate a call to police, security etc.			
Parking Lot(s) and Outside the Building (Only one risk assessment is needed per building)							
Is the exterior of the property well lit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Is the property free of visible evidence of crime	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	i.e. graffiti, drug paraphernalia, loitering, homeless etc.			
Are there clear sight lines into/out of the building	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	i.e. are the outside exits easily visible from inside the building, no spots where someone could conceal or hide themselves			

Appendix G1: Task Analysis Tool

General settings

This task analysis is an assessment of the tasks that present risk of violence to workers in the area. Review the list of examples provided in the table below with the VRA team to confirm whether these tasks are performed in the workplace.

Delete any examples that do not apply. Add relevant tasks to the table if they are not listed. Examples of context of risk and the environment(s) where they occur are also provided. Please delete or edit as necessary to reflect the actual context/environment of the site/department assessed.

Action Items should describe changes to the work practice or instructions to reduce risk of injury due to violence in the workplace. Action Items should be SMART: specific, measurable, achievable, results-oriented and time-bound. Copy and paste additional rows to accommodate new tasks as necessary.

Use the following priority matrix table (Appendix B) to apply a priority level for identified risks.

Note: Any Action Items should be transcribed into the hazard/risk summary in the VRA final report. Action Items should be SMART: specific, measurable, achievable, results-oriented and time-bound.

Appendix G2: Task Analysis Tool

Home Care and Community Health Support

Use this checklist to record information about worksite or department violence-related hazards and existing control measures. The questions in the tool direct attention to common hazards and control measures. Each site/department will need to evaluate each hazard and control measure for applicability to their area. Use the table below as a reference tool when assigning priority to action items.

This is not an all-inclusive list of hazards and control measures. Please use the comments section to document any additional hazards/control measures found during your environmental survey.

Date	Time:
Site	Department
Recorder (Name)	
Survey Participants	
Name	Position
Name	Position
Name	Position
Name	Position

:

Employees		Most Likely Consequences					
		Risk or concern identified through staff survey only	Injuries or incidents not requiring first aid or medical treatment	Minor injury requiring medical treatment (injury report completed)	Significant Injury causing time loss, multiple medical visits, hospitalization	Significant injury resulting in prolonged time loss or loss of work in own occupation	Serious injury resulting in loss of work in any occupation or death
Probability	Is expected to occur in most circumstances	2	2	2	1	1	1
	Will probably occur based on current practice	2	2	2	2	1	1
	Might occur at some time in the future based on current practice	3	3	3	2	2	1
	Could occur but doubtful	3	3	3	2	2	1
	May occur but only in exceptional cases	3	3	3	3	2	2

Above matrix adapted from the Australian/New Zealand Standard AS/NZS 4360:2004 – Risk Management Standard

**Home Care and Community Health Support - Violence in the Workplace Risk Assessment
Task Analysis Tool - Page 2**

Task	Yes	No	N/A	Observations & Existing Controls	Priority 1,2 or 3	Action Items	Intended Outcomes
Workers interact with clients without knowledge of their history of violence or aggression	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Workers interact with clients who display challenging behaviours	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Workers interact with clients who may not cooperate with requests from the worker	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	1			
Workers interact with clients inside their personal space	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Workers are close to clients when conducting observation of clients who are at risk of self harm, aggression or violence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Workers conduct initial client assessments	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Workers interact with members of a client's family on care related matters and care plans	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Workers interact with clients who may be suffering from an altered mental state	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Workers work alone or in isolation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				

Common controls

- Use of behavioural care planning
- Entry of aggression or violence issues in client care plans or Kardex
- Use of safety huddles to discuss issues of safety regarding delivery of client care
- Use of team meetings to discuss client behaviours and concerns
- Use of calm, gentle respectful communication
- Violence prevention online and classroom training, per site requirements
- Use of ALERTs to communicate violence risk in conjunction with behavioural care plans
- Use of communication, de-escalation and personal safety skills to minimize risk with client
- Use of point of care risk assessment
- Ensuring there is adequate support is available for known challenging clients
- Communicate behavioural concerns to care team
- Discussing expectations of client
- Use of protocol for alcohol withdrawal
- Use of manager, supervisor and/or member of clinical team meeting(s) with uncooperative client to communicate expectations
- Use of clear procedures on when and how to intervene for purposes of staff and client protection
- Performing an increased level of observation

Appendix G3: Task Analysis Tool

Long Term Care

Use this checklist to record information about worksite or department violence-related hazards and existing control measures. The questions in the tool direct attention to common hazards and control measures. Use the table below as a reference tool when assigning priority to action items. Each site/department will need to evaluate each hazard and control measure for applicability to their area. This is not an all-inclusive list of hazards and control measures. Please use the comments section to document any additional hazards/control measures found during your environmental survey.

Date	Time:
Site	Department
Recorder (Name)	
Survey Participants	
Name	Position
Name	Position
Name	Position
Name	Position

Employees		Most Likely Consequences					
		Risk or concern identified through staff survey only	Injuries or incidents not requiring first aid or medical treatment	Minor injury requiring medical treatment (injury report completed)	Significant injury causing time loss, multiple medical visits, hospitalization	Significant injury resulting in prolonged time loss or loss of work in own occupation	Serious injury resulting in loss of work in any occupation or death
Probability	Is expected to occur in most circumstances	2	2	2	1	1	1
	Will probably occur based on current practice	2	2	2	2	1	1
	Might occur at some time in the future based on current practice	3	3	3	2	2	1
	Could occur but doubtful	3	3	3	2	2	1
	May occur but only in exceptional cases	3	3	3	3	2	2

Above matrix adapted from the Australian/New Zealand Standard AS/NZS 4360:2004 – Risk Management Standard

**Long Term Care - Violence in the Workplace Risk Assessment
Task Analysis Tool - Page 2**

Task	Yes	No	N/A	Observations & Existing Controls	Priority 1,2 or 3	Action Items	Intended Outcomes
Workers interact with residents without knowledge of their history of violence or aggression	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Workers interact with residents who display challenging behaviours	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Workers interact with residents who may not cooperate with requests from the worker	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Workers interact with residents inside their personal space	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Workers are close to residents when conducting observations of residents who are at risk of self harm, aggression or violence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Workers interact with members of a resident's family on care related matters and care plans	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Workers interact with visitors and potentially strangers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Workers conduct initial assessments on residents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				
Workers participate in Code White response	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>				

Common controls

- Use of behavioural care planning
- Use of site Code White response plan
- Entry of aggression or violence issues in resident/client care plans or Kardex
- Use of safety huddles to discuss issues of safety regarding delivery of resident/client care
- Use of team meetings to discuss resident/client behaviours and concerns
- Use of calm, gentle respectful communication
- Violence prevention online and classroom training, per site requirements
- Use of ALERTs to communicate violence risk in conjunction with behavioural care plans
- Use of communication, de-escalation and personal safety skills to minimize risk with resident/client
- Use of point of care risk assessment
- Ensuring there is adequate support is available for known challenging resident/client
- Use of site least restraint/restraint reduction policy
- Communicate behavioural concerns to care team
- Posting of signage to communicate behavioural expectations
- Discussing expectations of resident/client
- Use of protocol for alcohol withdrawal
- Use of manager, supervisor and/or member of clinical team meeting(s) with uncooperative resident/client to communicate expectations
- Use of clear procedures on when and how to intervene for purposes of resident/client protection
- Performing an increased level of observation

Appendix G4: Task Analysis Tool

Non-clinical / Office Buildings

Use this checklist to record information about worksite or department violence-related hazards and existing control measures. The questions in the tool direct attention to common hazards and control measures. Each site/department will need to evaluate each hazard and control measure for applicability to their area. Use the table below as a reference tool when assigning priority to action items. This is not an all-inclusive list of hazards and control measures. Please use the comments section to document any additional hazards/control measures found during your environmental survey.

Date	Time:
Site	Department
Recorder (Name)	
Survey Participants	
Name	Position
Name	Position
Name	Position
Name	Position

:

Employees		Most Likely Consequences					
		Risk or concern identified through staff survey only	Injuries or incidents not requiring first aid or medical treatment	Minor injury requiring medical treatment (injury report completed)	Significant Injury causing time loss, multiple medical visits, hospitalization	Significant injury resulting in prolonged time loss or loss of work in own occupation	Serious injury resulting in loss of work in any occupation or death
Probability	Is expected to occur in most circumstances	2	2	2	1	1	1
	Will probably occur based on current practice	2	2	2	2	1	1
	Might occur at some time in the future based on current practice	3	3	3	2	2	1
	Could occur but doubtful	3	3	3	2	2	1
	May occur but only in exceptional cases	3	3	3	3	2	2

Above matrix adapted from the Australian/New Zealand Standard AS/NZS 4360:2004 – Risk Management Standard

Violence in the Workplace Risk Assessment Task Analysis Tool					
Corporate tasks	Context/environment of risk	Existing controls and observations	Priority	Action items	Intended outcomes
Use of security and/or police	Clients are agitated, aggressive and/or violent and a call for a security and/or police response has been made				
Working alone or in isolation					
Other tasks					
Other tasks					
Other tasks					
Other tasks					
Other tasks					
Other tasks					
Other tasks					

Common Controls — Corporate

- Site Code White response plan
- Reporting of aggression or violence issues in PSLS or Provincial Workplace Health Call Centre
- Calm, gentle and respectful communication
- Violence prevention training, per site requirements
- Adequate support for planned interactions with known challenging individuals
- Violence prevention signage (stop sign)

Appendix H: VRA Final Report Template

VIOLENCE RISK ASSESSMENT FINAL REPORT

SITE/DEPARTMENT NAME(S) SITE/DEPARTMENT(S) COST CENTRE NUMBER(S) SITE ADDRESS

Violence Risk Assessment team members

Name	Position

[DATE OF COMPLETION]

This is a template to assist your site in preparing the violence risk assessment final report.

TABLE OF CONTENTS

Page Summary of findings #

Site/department description #

Comparator site/department description #

Worker feedback collected (staff survey) #

Policy and procedure review summary #

Task analysis summary #

Environmental survey summary #

Hazard/Risk Summary #

Appendices

Summary of findings

Summarize the VRA process (e.g., how the VRA team was determined, inclusion of JOHS committee, overall timeline/dates of completion, etc.).

Highlight the most notable findings of each tool in one to three sentences. Each tool should have its own paragraph. Provide a bulleted list of action items copied from the hazard/risk summary table (see below). This section should be completed after the rest of the report is completed. Delete prompts as the report is written.

Site/department description

Briefly summarize the data collected in Appendix D1 and identify any gaps, themes and/or recommendations.

Comparator site/department description

Briefly describe the two comparison sites/departments. What were the most notable differences between the comparison site/departments and your site/department?

Worker feedback collected (staff survey)

- Briefly describe the worker feedback survey process:
- How long the survey was open.
- How staff members were told about the survey.
- The percentage of staff responses.

If the survey response rate is relatively low, describe how you encouraged staff participation. If participation in the survey was low, that may be a gap and should be addressed in the recommendations (staff engagement). If focus groups or worker interviews were held, describe the process in the same manner as above. Pull out general theme, common hazards, gaps and/or recommendations made by staff. Be sure not to identify any workers or their specific feedback when writing the report.

Policy and procedure review summary

Briefly describe which documents were reviewed and who participated. Summarize the most notable findings and risk from the review.

Task analysis summary

Briefly explain how high-risk procedures or tasks were identified (e.g., planning/information gathering stage, worker feedback survey, environmental survey, comparative site data and input from WorkSafeBC officers). Summarize the most notable issues found.

Environmental survey summary

Briefly describe the environmental surveys, specifically which areas were covered and who participated. If any findings relate to or connect with another piece of information found elsewhere in the VRA process, indicate which source and information. For example, you may have found that, despite there being a documented ALERT system, staff were not aware of what the ALERT system was or how it helped them. Summarize the most notable issues found.

Hazard/risk summary

List each issue identified in the VRA process that had an action item described for it. Transfer the relevant information from the appropriate tool in the process to the hazard/risk summary table below. Each item must have content in the "Action Item" and "Intended outcome" columns.

Summarize the identified risk areas in the hazard/risk summary, how the risk areas were identified, how they were assessed, and the action items needed to address them. Complete necessary reports to ensure tracking, reporting and completion status for items requiring corrective action.

For all action items listed in the table, consideration needs to be given to interim actions if the preferred control cannot be implemented immediately.

Identify the intended outcomes. Ensure that achieving the intended outcomes eliminates the identified risks or reduces them to the greatest extent possible.

Transfer any action items from previously completed assessments. Note that if action items are not found to be possible or are found to be ineffective, they may be revised in order to achieve the intended outcome. Ensure that consultation with subject matter experts relevant to action items occurs as indicated (e.g., security or integrated protection services for security-related issues and devices or infection prevention and control and facilities management personnel as appropriate for the action item). Ensure that Intended outcomes and action items are written in accordance to the SMART principle:

- Specific
- Measurable
- Achievable
- Results-oriented Time-based

Complete the hazard/risk summary and action items table below. Add blank rows as required.

Description of hazard or risk	Priority level (see Appendix B)	Existing controls	Action items	Intended outcome	Assigned Responsibility	Timeline	Status

Appendices

Attach all completed appendices here, including site/department descriptions, staff survey results, policy and procedure review, task analysis and environmental survey.

Appendix I: VRA Final Report Sample

VIOLENCE RISK ASSESSMENT FINAL REPORT

[Name of Organization
[Specific Area, Site or Unit]
[Address]

Violence Risk Assessment Team members

Name	Position

[Insert Date]

TABLE OF CONTENTS

Page Summary of Findings #

Hazard/Risk Summary #

Appendices Site / Department Description (D1) #

Comparator Site / Department Description (D2) #

Worker Feedback Collected (Staff Survey) #

Policy and Procedure Review Summary #

Task Analysis # Environmental Survey #

Summary of Findings

A Violence Risk Assessment was completed on the [Name of Care Facility] care facility. The initial planning meeting was held on [date] and the staff survey was sent out via [hardcopy or email] the same day. The review of preliminary information gathered was held with the VRA team on [date]. The task analysis and the environmental survey were also conducted on that day.

Site / Department Description

[Facility, site or unit name] is a [specific type of facility or service] care facility that primarily serves [residents or clients] between the ages of [X] and [Y] with issues relating to [A and B]. The staff complement consists of [## XXXXs, ##YYYYs and ##ZZs] and between [## and##] [residents or clients] are seen per [X]. Training stats revealed that not all staff have completed the violence prevention education and not all monthly safety inspections have been completed.

Comparator Site / Department Description

[YYY] and [ZZZ] care facilities were the comparison sites. All three sites provide similar services to the same client population although in separate geographic locations. Incident stats were comparable as were training and education levels. It was noted that the [ZZZ] facility had the highest completion rate of PVPC education which success the manager, when contacted, attributed to repeated messaging delivered in staff meetings.

Staff Survey (Worker Feedback Collected)

The worker feedback survey was sent to an all staff distribution list via introductory email and was open for [number of weeks or days] [number of respondents] of the [number of staff] staff responded. [percentage figure] of the respondents have worked in the department for over [number] years. Half of respondents reported feeling somewhat unsafe with [Percent] feeling safe. Only [Percent] of respondents indicated that they would report an incident to the Workplace Health Call Centre which was deemed to be a finding requiring an Action Item.

Tasks that were most frequently identified as having high degree of risk of violence were:

- Refusing requests (typically for immediate service)
- Removing something from patient (i.e. personal items)

These tasks were added to the Task Analysis prior to its completion

Policy and Procedure Review Summary

The [Position Title] and [Position title] reviewed policies and procedures relating to:

- Code White [Long Term Care] or Emergency Response [Home Care and Community Health Support]
- Screening and Communication of Violence Risk
- Working Alone or in Isolation
- Transporting Client/residents
- Weapons in the Workplace
- Incidents Reporting and Investigation
- Workplace Violence Prevention

Of note, the Site-wide code white procedure has just been updated and will require a communication rollout along with education and training for department staff.

Environmental Survey Summary

The walkthrough participants included the lead [name and Position title], [name and position title], [name and position title], a JOHS representative [name] and two worker representatives [names], weapons of opportunity and unauthorized entry of visitors, patients and members of the public to patient service area were noted as risks. It was also noted that staff in the nursing station could not see all of the adjacent client care area potentially reducing staff ability to address escalating situations in a timely and effective manner.

Task Analysis Summary

The staff survey and task data were used to identify high risk procedures. These were:

- Refusing requests
- Removing something from patient (e.g. personal items)

Hazard/Risk Summary - Sample

Description of Hazard/Risk	Priority Level Appendix B Priority Matrix	Existing Controls	Action Items	Intended Outcome	Assigned Responsibility	Timeline	Status
Unauthorized entry of visitors, patients and members of the public to patient service area	2	Signage stating "Staff and Patients only" on door	Install automatic closing mechanism and lock on the door to the patient service Memo to staff to keep door closed at all times by [date] area by [date]	Restrict non-staff member access to the patient / client service area	Building Maintenance Manager – William Green	2 weeks Due March 01/2018	In progress
Gap in staff knowledge regarding Aggression Alert process and meaning of physical and electronic alerts	2	Aggression Alert process is in place Physical and electronic alerts are being applied appropriately	Include Aggression Alert process in orientation for all new workers by day / month/ year. Schedule orientation days at least monthly beginning [date] Review Aggression Alert process with all current staff in staff meetings:	All staff know how/where to look for Aggression Alerts in physical and electronic alerts for clients / patients	Unit Manager Sally Blue	Orientation package to be developed by April 01/2018 Staff education to run over 3 staff meetings in next 3 weeks	In progress Feb 28 Meeting #1 held with 15 staff Mar 04 & mar 10 meetings scheduled

Appendix J: Email Template for VRA Team Review of Final Report

Subject: DRAFT violence risk assessment report for review by [DATE]

Hello,

Please find attached the VRA draft report for [Facility, site or unit](#) for you to review. Please provide any comments or feedback to me by [\[Date\]](#), using the process outlined below. Once you have reviewed the report and provided your comments, a final report will be distributed to:

- Your staff.
- The site JOHS committee or Worker Health and Safety representative
- Site and program leadership.
- WorkSafeBC.
- Others as required.

Please feel free to call me if you have any questions. Thank you for your time, [\[Contact info\]](#)

- Action: VRA team members to review draft report including hazard/risk summary and Action Items within one week of being issued.
- Action: Manager to ensure actions to be completed or substantially underway within [\[Number\]](#) days of the final report being issued.
- Action: Manager to ensure that a corrective action plan including timelines for completion, progress reports and any barriers are submitted to senior management and the Joint Occupational Health and Safety Committee or Worker Health and Safety Representative monthly until all corrective actions have been completed.

Appendix K: VRA Review Checklist

This checklist is to be used each time a review is triggered, or at least every three years, whichever occurs sooner.

Original VRA Team (for reference)

Date of VRA

Target Department/Site

VRA Lead

JOHSC Representative

Management Representative

Worker Representative

VRA Review Team

Date of Review:

Department/Site inspected

VRA Review Team Lead

JOHSC Representative

Management Representative

Worker Representative

Questions: 1.

Has the geographic location of the department/site changed (i.e., has the department/site moved locations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

If you've answered "Y" to Question 1, a new VRA is required regardless of the responses to the remaining questions below. However, you may wish to continue to answer those questions as they may provide additional information to consider when conducting the new VRA.

PLEASE NOTE: The term 'significant' is meant to quantify the degree and type of change necessary to trigger a new VRA in the three-year review cycle. This would include change to the work, workplace, residents, clients, staff, or circumstances in which care or service is delivered that would be seen by a

reasonable person as substantially being different from before and would result in a potential increase in the risk of violence from what was previously assessed.

A modification/addition of a few staff, residents or clients, or minor renovations to the work environment would not normally constitute such a change, especially if they were made as result of a previous VRA to reduce the risk of violence. A modification resulting in the change in the layout, resident flow, or equipment used that could result in a potential increase in the risk of violence from what was previously assessed would be considered 'significant'.

<p>Has there been a significant increase to the injury rates related to violence in the inspected department/site?</p> <p>E.g., has the range or level of violent incidents changed significantly in the period since the VRA was conducted when compared to the period prior to the VRA</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Have there been significant renovations or other changes to the layout of the department/site that could result in an increased risk of violence?</p> <p>E.g., consider new patient rooms, new doorways or hallways, modified nursing station or reception area, etc.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has there been a significant change to the client/resident profile that could result in an increased risk of violence?</p> <p>E.g., consider the addition of new dementia unit where there were none prior, increased acuity of residents, new types of illnesses, residents arriving from new areas, new arrival/admission times during low staffing levels, etc.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has there been a significant change in the service offered that could result in an increased risk of violence?</p> <p>E.g., consider new work tasks with or around clients/residents, etc.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the department/site staffing model or staff mix changed significantly, potentially resulting in an increased risk of violence? E.g., consider new positions in the department, expanded roles, fewer staff, etc.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer is "Y" to any of the questions above, a new VRA must be completed.