


COCHRANE TEMISKAMING RESOURCE CENTRE

POLICY MANUAL: HEALTH & SAFETY

POLICY #: 31(a)

Title Workplace Violence Prevention – Flagging Clients Who Pose a Risk of Violence.	Page 1 of 4
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Issued by ADMINISTRATION	Signed by Executive Director 
For Use By ALL Departments/Sites	

POLICY STATEMENT: Workplace Violence prevention is of primary importance and a continuing objective. All CTRC workers are expected to work in compliance with OHS laws and with safe work practices and procedures established by the center.

The Employer and its Supervisors are to provide a safe environment by communicating the necessary information and preventive measures to staff with regards to clients that present a history and/or risk of violent or aggressive behaviour in the workplace. This policy outlines CTRC expectations to establish and maintain a flag alert system for at-risk clients. In accordance with legislative and regulatory requirements, it aims to prevent occupational injury/illnesses and to ensure that safe client care and dignity is maintained.

GENERAL:

Under the Ontario Occupational Health and Safety Act (OSHA), CTRC the employer and its supervisors, must take every precaution reasonable in the circumstances for the protection of a worker against workplace violence [25(2)(h); 27(2)(c)]. Specifically, the employer has the duty to provide information to workers under clause 25 (2)(a) and a supervisor must under s. 27(2)(a) advise workers of actual/potential workplace hazard. If a worker is expected to encounter a person with a history of violent behaviour in the course of their work, the employer and supervisor must disclose as much information as needed to protect the worker from physical injury while respecting privacy as much as possible [32.0.5(3) and (4)]. This is an extension of the employer and supervisor’s duty to warn and protect.

The Health Care and Residential Facilities Regulation 67/93 requires the employer, in consultation with the Joint Health and Safety Committee, to develop, establish and put into effect written measures and procedures for the health and safety of workers [s.8 and s.9].

All clients presenting for admission, requesting or using services, will be screened using CTRC risk assessment and necessary flags will be initiated to alert staff of those risks.

Results of the Risk Assessment, including CPI, behaviour strategies and emergency plans shall be documented and communicated to all appropriate staff.

Incidents and past history of violent behaviour information will be retained in the individual's Client Services record. Flagging activities are not intended to stigmatize at-risk clients and will be conducted in a manner that respects ethical principles and aligns with the CTRC's values.

CTRC recognizes that all members of the team must work together to identify at-risk individuals and ensure appropriate flags are in place and communicated to all appropriate workers.

CTRC will, in consultation with the Joint Health and Safety Committee (JHSC), take every precaution reasonable in the circumstance to protect the workers and minimize risks in a proactive and timely manner. CTRC will ensure that elements of the flagging program meet requirements under the Ontario Occupational Health and Safety Act, and its regulations.

PROCEDURE:

This is intended to inform staff of individuals that may pose a threat, based on direct and objective information, a flagging of each individual client that has a risk or history of violence will be undertaken.

The "Flag Alert" (Orange Triangle) will be added to client case books (central and Residential). This symbol will also be posted, along with other care requirement symbols, at the doorway of individual bedroom in our residential service.

A "Flag Alert" may also be posted on the individual's case file and on the electronic case file for both residential and community clients.

The "Flag Alert" is not intended for all individuals. Only Individuals with a documented or established risk/history of violence.

Gathering Information about Risk:

The information about violence/aggression risk may come from a multitude of sources including:

- Past assessment records, Social History records, Hospital records, etc.
- Completed Risk Assessment
- Visit notes and case notes
- Charting
- Employee incident reports
- Client Incident Reports
- Serious Occurrence Reports
- Direct actions documented

All incidents involving physical acting-out towards others and/or violence and aggression with weapons and/or threats should be identified with a "TAB" next to the specific incident noted in the Residential Summary Record, Casebook(PRT), and/or on the Client Incident Report Form.

The “TAB” information should be carefully reviewed with particular attention paid to:

- Intentional vs unintentional actions (planned attack or directed attack vs. striking out during a seizure)
- Severity (actions requiring first aid or medical attention vs action causing no injury or damage)
- Intensity (a one hit swing vs. repeated strikes)
- Frequency (once due to specific circumstances vs. daily)
- low vs high risk (based on a risk assessment)

Once a “TAB” or TABS have been added to a document/File

STAFF ROLE

- Review the flagged information and ensure that you are familiar with support strategies and guidelines intended to maintain your safety.
- Follow suggested actions and steps outlines in the CTRC Risk Assessment.
- If not done, place “Flag Alert” Symbol in file, charting and/or at door of individual, if a CTRC resident
- Inform the Supervisor or any Supervisor/Director at CTRC

SUPERVISOR ROLE

- Review the flagged information.
- Review suggested actions from Risk assessment to ensure they remain relevant.
- Update the CTRC Risk assessment, if necessary and based on new information known.
- Will update the site specific risk assessment (see attached form) to include the possibility of violence, if not yet done.
- Will verify that “Flag Alert” symbols are in needed/correct locations within the workplace.
- Email/call Client Records to instruct they enter alert in electronic/paper healthcare record.
- Make appropriate service and support referrals as needed.

Responding to “Flag Alert” Symbol

- When noticing a “Flag Alert” symbol staff should review any behaviour supports plans, PCP’s, or other documentation intended to direct support and care procedures to be taken
- Use caution when interacting with individuals and apply principals from Non- violent crisis intervention techniques.
- For staff doing community and in-home supports consider moving service location to on site and plan with Supervisor service feasibility and safe guards (i.e., calling before and after appointments, updating electronic calendar etc.).
- Reassess/monitor client status, log observations and complete incident reports and client reports as needed.

Following a new Incident

- Notify supervisor and complete incident report form
- Complete or repeat comprehensive risk assessment
- Follow steps in Staff or Supervisor Roles as they apply.

Incidents Involving a Visitor to any CTRC location

If a visitor to CTRC locations becomes violent or makes threats:

- Call 911 if necessary
- Inform supervisor and healthcare team of risk
- Document incident as per organizational policy
- Alert workers as per organizational policy
- Document incident in the Progress Notes/Residential Charting as it applies to the client
- Update log report for visitors restricted from premise or issued behavioural warning

COMMUNICATION

This Policy & Procedure will be communicated to all staff upon hire and made available for further reference in the Health and Safety Policies as well as noted in other trainings such as QAM, CPI, staff meetings, Supervision meetings and case conference meetings.

TRAINING

CTRC, in consultation and in consideration of recommendations of the JHSC, will establish and provide flagging alert training to all new and existing employees at orientation and when new flagging procedures are developed and/or revised. Ongoing refresher training will also be provided on a regular basis thereafter. The organization will keep documentation of the staff trained, the dates training was conducted and the materials covered during the training.

EVALUATION

A review of this policy and related procedures will be completed in consultation with the JHSC/HSR at least annually or as often as needed if determined by the JHSC or through a reassessment of risk. The review will evaluate program content, application, and performance outcomes.