Health PEI

Provincial Home Care Practice Guidelines	
HIGH-RISK BEHAVIOR/VIOLENCE ASSESSMENT TOOL GUIDELINES	**Version # 1** **Effective Date:** April 1, 2025 **Last Review Date**: November 2025 **Next Review Date: November 2026** Revision Dates: November 21, 2025
Author: Nursing Clinical Development Lead/Innovations Manager **Approving Authority:** Home Care OH&S Committee	
Education Requirements: • All Home-Based Care staff using AlayaCare must complete the VAT education as outlined in the Learning Management System.	

Note: *The VAT is only used on clients. It does not apply to others within the home who are displaying high risk behaviors. In this case you will follow the current process, it is important that these types of high-risk behaviors are also identified and followed up on.*

This guideline will provide guidance on the use of the **HPEI Violence Assessment Tool** (VAT) in Home Care.

The guideline is used in conjunction with the ***HPEI Violence Prevention policy*** and the ***HPEI High Risk Behavior Alert policy*** on MEDWORXX. All Home Care staff must complete HPEI education provided on the SRC at the following https://src.healthpei.ca/violence-prevention and High Risk Behavior Alert Tools and Resources | Health PEI | Staff Resource Centre

What is the Violence Assessment Tool (VAT)? (Appendix A)

- VAT has been determined to be the standardized assessment tool for HPEI staff to use, across all services, to assess clients for high-risk behavior.
- VAT has been integrated into the Home Care EHR (AlayaCare) as the Violence Assessment Tool form and Care Plan Issue, goal, and service tasks.

**Who completes the VAT in Home Care?

- Any staff person can complete the VAT.

**Is there a screen for a history of violence done at intake?

Yes-Intake/Liaison Coordinators complete a history of violence **"screen"**. A question has been added to the interRAI CA Supplement form to screen for history of violence.

**Has there ever been a situation that caused you (or your loved one) to become aggressive, agitated or escalated?

If the answer is YES to that question, it will be explored if there are any known contributing factors and if there are known strategies that are effective.

- If there is a known history of violence on intake, the Intake/Liaison Coordinator will document a risk of 1 (very low) on the Risk Assessment and include a note in the task to the Primary Coordinator indicating there is a history of violence.
- **Intake/Liaison Coordinator** begins a care plan and includes VAT service task (as part of the welcome package).
- The **Primary Coordinator** has a responsibility to read the intake regarding the history of violence and to inform the first service in (or whoever will be completing the VAT) about the history of violence.

**What is the process for completing a VAT for a client in a Long-Term Care Facility?

Clients in private long-term care facilities will have the VAT completed according to the same process as all other home care clients.

Public Long-Term Care:
If the intake is completed to provide service in a Public LTC Facility:

- Intake coordinator consults with the LTC facility regarding current VAT score in the facility.
- If the client scores 1 or more in the LTC facility, the Intake Coordinator will input the risk level into the Risk Assessment as a 1 (very low) to indicate a history of violence.
- Intake Coordinator adds a service task to the care plan that falls on each visit as a reminder to inquire about any changes to VAT score and/or plan in the facility.
- The first staff person in will be aware of the LTC plan of care and complete a VAT on the clients AlayaCare chart.
- If a VAT Plan is required, it will be collaborative with the facility.

***When Home Care staff are providing care in a public long term care facility, they will check the LTC chart for the VAT score.**
***When a client is in respite in LTC, the team collaborate to ensure VAT plans are discussed.**

**When is the VAT completed and who is responsible for completing it?

A VAT will be completed on all new Home Care clients by:

- Staff doing the first home visit.

- Day Program staff when a client is a participant in the Day Program and has no other Home Care services.

A VAT will be completed on all existing Home Care clients by:

- Staff doing the first home visit after any transition in care (example: hospital discharge, return from respite, etc.).
- Staff who observe a change in behavior.

**Where does the VAT get documented?

- On the AlayaCare "Violence Assessment Tool (VAT)" form
- Once a score has been determined if high risk behavior has been identified, the VAT score is documented in the "Risks Assessment- under **GENERAL**" according to score **(Appendix B).** Refer to the AlayaCare Training and Reference Manual (Chapter 6 – Risk Assessment in the Six Categories of Risk in AlayaCare chart).
- A care plan is created/updated in collaboration with Primary Coordinator/Team Leader and/or Manager based on VAT score. Use sections B and C of the VAT tool to determine the care plan.
- VAT scores will be added to transfer document information when there is a transition in care.
- *If there is an incident* - In the **Provincial Safety Management System (PSMS)** as a ***Patient Safety Incident***. The VAT should always be completed and actioned first. A scanned copy of the VAT may be added to the incident in PSMS. HPEI employees involved in any incident or near miss in the workplace related to personal health and safety shall complete an electronic employee event form.

Who adds to/updates the Risk Assessment when a high-risk behavior has been identified?

- Any staff person may update the Risk Assessment upon completion of the VAT. However, the Risk Assessment cannot be added from the mobile phone. Therefore, Home Support Workers will need to inform their Home Support Team Leader to update the Risk Assessment.
- If a client scores 1 or greater on the VAT, the Risks Assessment will be updated immediately so any staff person coming for a future home visit is aware a high-risk behavior has been identified. This would include a score of 1 from the intake screen.
- It is the responsibility of the person completing the VAT to immediately ensure the Primary Coordinator or Team Leader are aware of the high-risk behavior.
- The Primary Coordinator is responsible for ensuring the Risk Assessment is completed and updated with any reassessment when there is a change in the score. This does not mean the Primary Coordinator has to update the Risk Assessment themselves, that should be done by the staff completing the VAT (exception- Home Support Workers), but they do need to ensure Risk Assessments are updated and reassessed as needed.

- All staff have a responsibility to recognize when a client may require a reassessment of the VAT and to ensure Primary Coordinators are aware of any changes.

What happens once a VAT score is identified? (see more info on VAT Plan below)

It is the responsibility of the person completing the VAT to immediately ensure the Primary Coordinator or Team Leader are aware of any high-risk behavior.

- If the VAT score is **1-2** the result is reported to the Primary Coordinator or Team Leader, the care plan is updated to include a simple risk reduction VAT Plan.
- If the Vat score is **3 or greater** the Primary Coordinator or Team Leader will involve the Manager in the development of a detailed VAT Plan.

Who creates and maintains the care plan when a high-risk behavior is identified?

- The Primary Coordinator is responsible for updating the care plan when a client is assessed to have a VAT score of 1 or greater.
- Primary Coordinators, Team Leads, Managers, and staff will work together to determine VAT Plans.
- An issue, goal and service task are added from the Care Plan Library.
- If staff believe the concern is not adequately reflected on the tool, they need to inform the Primary Coordinator, Manager/ Team Leader of the specific concern ASAP.

VAT Plans

Based on the VAT score, the **Manager/Team Leader/Primary Coordinator** determines how the high-risk behavior will be managed. The steps to be taken are considered the **VAT Plan**. Each situation and plan are unique and may require consultation with other individuals (Provincial OH&S leads, Quality and Risk, Director of Home-Based Care, etc.).

i. **Very Low-Moderate Score (1-3):**

- A plan for how to interact with the client and provide care in an appropriate manner to the concern/risk identified. The VAT Plan will remain in effect until the high-risk behavior is no longer observed, and the concern/ risk is no longer applicable.
- No client notification is required.

ii. **Very High Score (4 +):**

- A plan for how to interact with the client and provide care in an appropriate manner to the concern/risk identified. The VAT Plan will remain in effect until the high-risk behavior is no longer observed, and the concern/ risk is no longer applicable.
- Every reasonable effort should be made to inform the client or their substitute decision maker of the VAT Plan. Provide the client and caregiver with the HPEI High Risk Behavior Alert Information Handout for Patients, Clients, Residents, Family & Visitors.

- In cases where informing the client about a VAT Plan may increase the risk to that individual, staff, or others, such notification can be delayed.

Additional communication may be considered for staff such as verbal communication, or team meetings. Each situation is unique and may require further consultation.

No VAT Plan is permanent- VAT Plans will be reviewed periodically based on the frequency of client interaction. When a VAT Plan is in place, it remains in place until a decision is made to remove. This decision will be made collaboratively by the **Manager/Team Lead/Primary Coordinator** and staff involved in the client's care. Consultation with other individuals may also be considered (Provincial OH&S Leads, Quality and Risk, Director of Home-Based Care, Home Care Managers).

When a VAT Plan is no longer required a progress note will be documented with a detailed description of the decision to remove and the Risk Assessment will be updated.

Additional Resources and Services:

- Violence Prevention tools and resources are available through Occupational Health & Safety and are available on the Staff Resource Center.
- Consider if the client might benefit from a referral to the Dementia Specialty Team.
- OH&S will follow up on employee incidents in PSMS and are available to talk or meet with anyone with any questions or concerns. Follow up with the OH&S representative at your site

Appendix A

Home Care Violence Assessment Tool (VAT)

This form is to be completed by clinical healthcare worker or manager/supervisor.

Click on the box above to insert your logo

Client's Name: _____

Identification #: _____

☐ **Initial Assessment** ☐ **Reassessment**

Section A: Risk Indicators

Read the list of behaviours below and identify behaviours that will require specific care interventions. A score of 1 is applied for past occurrence of any of the History of Violence behaviours; and additional scores of 1 are applied for each observed behavior. Add the scores — the maximum is 12.

HISTORY OF VIOLENCE: **Score 1 for past occurrence of any of the following:**	**SCORE**
▪ Exercising physical force, in any setting, towards any person including a caregiver that caused or could have caused injury ▪ Attempting to exercise physical force, in any setting, towards any person including a caregiver that could cause injury ▪ Statement or behaviours that could reasonably be interpreted as threatening to exercise physical force, in any setting, against any person including a caregiver that could cause injury ▪	
OBSERVED BEHAVIORS: **Score 1 for each of the observed behaviour categories below.**	**SCORE**
Confused (Disoriented – e.g., unaware of time, place, or person)	
Irritable (Easily annoyed or angered; Unable to tolerate the presence of others; Unwilling to follow instructions)	
Boisterous (Overtly loud or noisy – e.g., slamming doors, shouting etc.)	
Verbal Threats (Raises voice in an intimidating or threatening way; Shouts angrily, insulting others or swearing; Makes aggressive sounds)	
Physical Threats (Raises arms / legs in an aggressive or agitated way; Makes a fist; Takes an aggressive stance; Moves / lunges forcefully towards others)	
Attacking Objects (Throws objects; Bangs or breaks windows; Kicks object; Smashes furniture)	
Agitate/Impulsive (Unable to remain composed; Quick to overreact to real and imagined disappointments; Troubled, nervous, restless or upset; Spontaneous, hasty, or emotional)	
Paranoid / suspicious (Unreasonably or obsessively anxious; Overly suspicious or mistrustful – e.g., belief of being spied on or someone conspiring to hurt them)	
Substance intoxication / withdrawal (Intoxicated or in withdrawal from alcohol or drugs)	
Socially inappropriate / disruptive behaviour (Makes disruptive noises; Screams; Engages in self-abusive acts, sexual behaviour (verbal or physical) or inappropriate behaviour – e.g., hoarding, smearing feces / food, etc.)	
Body Language (Torso shield – arms / objects acting as a barrier; Puffed up chest – territorial dominance; Deep breathing / panting; Arm dominance – arms spread, behind head, on hips; Eyes – pupil dilation / constriction, rapid blinking, gazing; Lips – compression, sneering, blushing / blanching)	
TOTAL SCORE	
Client's Risk Rating: ☐ Low (0) ☐ Moderate (1-3) ☐ High (4-5) ☐ Very High (6+)	

Completed By (Name/ Designation) _____ **Date:** _____

Section B: Overall Risk Rating

Apply the total behaviour score to the Risk Rating Scale to determine whether the client's risk level is low, moderate, high or very high. Each level provides cues for further action to consider. If moderate or high / very high risk is determined, complete Section C to identify factors that may trigger or escalate violent, aggressive, or responsive behaviour and ensure the care plan includes measures to avoid or reduce risk behaviours identified.

Overall Score	Actions to take
Low **Score of 0**	▪ Continue to monitor and remain alert for any potential increase in risk ▪ Communicate any change in behaviors, that may put others at risk, to the manager / team leader Ensure communication device / processes are in place – (e.g., phone, personal safety / man-down alarm, check-in protocol; respectfully terminate client engagement / visit if concerns arise)
Moderate **Score of 1-3**	▪ Apply flag alert ▪ Promptly notify program manager / team leader so they can inform relevant staff and coordinate appropriate staffing, workflow ▪ Alert back-up staff / security / police and request assistance when needed ▪ Scan environment for potential risks and remove if possible ▪ Consider a two person visit and modify care plan. ▪ Arrange to meet client in a public location as needed e.g: Have personal cares completed at day program instead of in the home. ▪ Ensure section c is completed and initiate the violence prevention care planning process – care plan should address known triggers, behaviors and include safety measures appropriate for the situation for clients and staff ▪ Use effective therapeutic communication (e.g., maintain a calm, reassuring demeanor, remain non-judgmental and empathetic, and provide person-centered care.) ▪ Be prepared to apply behavior management and self-protection teachings appropriate for the situation in accordance to organizational policy – training programs provided may include GPA, P.I.E.C.E.S, U-First, Non Violent Crisis Intervention, ▪ Ensure communication device / processes are in place – (e.g., phone, personal safety / man-down alarm, check-in protocol and / or global positioning tracking system) ▪ Communicate and document any changes in behaviors, that may put others at risk, to manager / team leader ▪ Inform client or SDM of VAT results, when safe to do so Other:_____
High **Score of 4-5** **OR** **Very High** **Score of 6+**	▪ Apply flag alert ▪ Promptly notify program manager / team leader so they can ensure relevant staff are on high alert and prepared to respond ▪ Alert back-up staff / security / police and request assistance when needed ▪ Scan environment for potential risks and remove self from potential risk immediately if possible ▪ Consider a two person visit and modify care plan. ▪ Arrange to meet client in a public location as needed ▪ Ensure section c is completed and initiate the violence prevention care planning process – care plan should address known triggers, behaviors and include safety measures appropriate for the situation for both clients and staff ▪ Initiate applicable referrals ▪ Use effective therapeutic communication (e.g., maintain a calm, reassuring demeanor, remain non-judgmental and empathetic, and provide person-centered care ▪ Be prepared to apply behavior management and self-protection teachings appropriate for the situation in accordance to organizational policy. Training programs provided may include GPA, SMG P.I.E.C.E.S, U-First, Non-violent crisis intervention ▪ Ensure communication device / process is in place – (e.g., phone, personal safety / man-down alarm, check-in protocol and / or global positioning tracking system) ▪ Communicate and document any change in behaviors, that may put others at risk, to the program manager / team leader ▪ Call 911 / activate PSRS as necessary ▪ Inform client or SDM of VAT results, when safe to do so Other:_____

Section C: Contributing Factors

Physical, psychological, environmental, and activity triggers can lead to or escalate violent, aggressive or responsive behaviours. Documenting known triggers and behaviors and asking your client or substitute decision maker (SDM) to help identify them can help you manage them more effectively and safely. Use the information collected and the intervention resources listed on p.2 and p.11 of the PSHSA Individual Client Risk Tool to develop an individualized violence prevention care plan and a safety plan to protect workers at risk.

QUESTION FOR CLIENT:	CONSIDERATIONS – Select any that Apply			
	PHYSICAL	**PSYCHOLOGIAL**	**ENVIRONMENTAL**	**ACTIVITY**
To help us provide the best care possible, please describe if there is anything that could cause you to become agitated, upset or angry e.g., I am agitated when...	☐ hunger ☐ pain ☐ infection ☐ new medication ☐ other_____	☐ fear ☐ uncertainty ☐ feeling neglected ☐ loss of control ☐ being told to calm down ☐ being lectured ☐ other_____	☐ noise ☐ lighting ☐ temperature ☐ scents ☐ privacy ☐ time of day ☐ days of the week ☐visitors ☐ small spaces/ overcrowding ☐ other_____	☐ bathing ☐medication ☐ past experiences ☐ toileting ☐ changes in routine ☐ resistance to care ☐ other_____
What works to prevent or reduce the behavior(s) e.g., When I am agitated, it helps if I...	☐ Go for a walk ☐Listen to music ☐ Watch TV ☐Draw ☐ Read (Bible/Book) ☐ Have space and time alone ☐ Talk 1:1 with _____(who?) ☐ Participate in activities ☐ Consult a family member or friend	**POTENTIAL DE-ESCALATION TECHNIQUES** Identify potential de-escalation strategies using above information such as respect personal space, actively listen, offer choices, give eye contact, use humor		

Appendix B- How to Document VAT Score in AlayaCare Risk Assessment