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Name: HPEI Violence Prevention Policy

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Policy and Procedures Manual

VIOLENCE PREVENTION

Health PEI – Human Resources		POLICY & PROCEDURES
Applies To:	All Health PEI Healthcare Workers	
Monitoring:	Director, Occupational Health, Safety and Wellness	
Approving Authority:	Executive Leadership Team	
Date:	Effective: July 11, 2023 Update Effective: Next Review: July 11, 2026	
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1.0 POLICY

- 1.1 Health PEI will take every precaution reasonable in the circumstances to protect Healthcare Workers from violence that may occur in the workplace and that would likely expose Healthcare Workers to physical injury. Such situations will be dealt with on a case-by-case basis. A safety plan may also be developed in consultation with Occupational Health, Safety and Wellness.
- 1.2 Health PEI considers any act of aggression or violence in relation to its delivery of services and programs, whether on or off Health PEI premises, as a serious matter that is not acceptable. This includes the delivery of services in the community, including in private homes.
- 1.3 All Health PEI Healthcare Workers are responsible for preventing and reporting actions of violence that threaten, or are perceived to threaten, individuals in the work environment.
- 1.4 All incidents of workplace violence shall be investigated and control measures implemented to prevent recurrence.
- 1.5 Health PEI will consider measures to help prevent Workplace Violence in all new construction and renovation project designs as appropriate.

2.0 DEFINITIONS

Behavioural Crisis: Can consist of responsive, or violent/aggressive behaviour that creates an imminent risk of serious harm to a Healthcare Worker.

Environmental Violence Risk Assessment (EVRA):	A process for assessing the potential for workplace violence and hazards in all jobs and in the worksite as a whole. An EVRA should be conducted if there is a substantial change in the workplace environment such as renovations or reconfiguration of the physical space of a unit or department.
Healthcare Workers:	A person involved in providing care and/or services within Health PEI facilities and programs. This also includes Physicians, Students, Volunteers, and Contract Workers.
Manager/Supervisor:	The individual(s) who has the delegated human resources authority for directly planning, monitoring, and supervising direct reports. A person, whether unionized or non-unionized, who has charge of a workplace or authority over a Health PEI worker.
Personal Safety Plan:	A personal safety plan acknowledges what risk factors a staff member is experiencing, what they can do to maintain safety, who to contact for help, and where to go if they cannot be safe. A Personal Safety Plan is based on an individualized risk assessment.
Provincial Safety Management System (PSMS):	The Provincial Safety Management System is an electronic means of reporting, capturing, tracking, assigning tasks, tracking investigation follow up of patient and environmental incidents, employee incidents and patient and family feedback.
Responsive Behaviour:	A behavioural response that is brought on when a resident/patient/client feels emotionally or physically unsafe or at risk. This type of response can be prompted by an unmet need or environmental stimuli. Responsive Behaviour is a form of communication. This behaviour may take different forms (i.e., throwing things, spitting, verbalizations, striking out, isolation, loss of interest in previously enjoyed activities, apathy, crying, pacing, etc.).
Training:	Applied education and refreshers in techniques and equipment used to prevent and manage aggressive behaviours and acts of violence such as Gentle Persuasive Approach (GPA), Non- Violent Crisis Intervention (NVCi), Crisis Techniques in Health Care (physical restraint), and Advanced Code White. See Appendix A .
Violent/Aggressive Behaviour:	Threatening or abusive language or gestures, sexual gestures or behaviour, derogatory sexual or racial remarks, shouting at any person or applying force which may harm or does harm to any property or person within a Health PEI work site or where Health PEI services are provided.

Workplace:	<p>Includes:</p> <p>All property owned and/or occupied by Health PEI, and every location where Health PEI maintains an office or facilities or otherwise assigns Healthcare Workers to perform regular duties of their position, including in a client’s home and in transit between one or more workplaces; and</p> <p>At training events, conferences, business travel, work-related social gatherings, or other location(s) where an employee is actively engaged in activity associated with their employment.</p>
Workplace Violence:	<p>Workplace Violence has the same meaning as found in the Occupational Health and Safety General Regulations, PEI Reg. EC180/87, Part 52, which defines workplace violence as the threatened, attempted or actual exercise of any physical force by a person other than a worker that can cause, or that causes, injury to a worker, and includes any threatening statement or behaviour that gives a worker reasonable cause to believe that he or she is at risk of injury.</p>

3.0 PURPOSE/SCOPE

- 3.1 To provide overall guidance regarding the measures to prevent violence at Health PEI and ensure that all hazards and incidents of Workplace Violence are reported, documented and that appropriate actions are taken to prevent recurrence.
- 3.2 Health PEI establishes and maintains the Violence Prevention Program that is available to all Healthcare Workers. The program includes prevention, intervention, and post intervention components. As part of the Violence Prevention Program, Health PEI will:
 - (a) Conducts Environmental Violence Risk Assessments
 - (b) Establishes control measures
 - (c) Develops and monitors Safety Plans
 - (d) Provides Healthcare Worker training, education, and support
 - (e) Reports, tracks and analyzes incidents of violence for trending and prevention measures
 - (f) Investigates incidents and implements corrective actions.

4.0 APPLICATION

This policy applies to all Healthcare Workers of Health PEI.

5.0 PROCEDURE

- 5.1 Healthcare workers are empowered to utilize established violence prevention measures appropriate to protect the safety of themselves, other Healthcare Workers, residents/patients/clients, or visitors
- 5.2 Healthcare workers are required to conduct Point of Care Risk Assessments which includes assessing for the risk of workplace violence. Reference the High Risk Behaviour Alert Policy for further information and tools around conducting risk assessments. If there are concerns regarding a patient’s belongings or personal property the *Search of Patient or Resident Care Areas, Individuals, and Personal Property* must be followed.

- 5.3 For incidents of violence requiring immediate response the Code White Procedure/Behavioural Crisis Response shall be initiated and law enforcement engaged if needed.

Response to Aggressive Behaviour/Behavioural Crisis/Workplace Violence

- 5.4 Healthcare Workers of Health PEI are responsible for immediately reporting any early warning signs of a potentially threatening situation and all types of Workplace Violence to their immediate Supervisor/Manager to ensure everyone's safety.
- 5.5 Healthcare Workers response to a violent act or threat of violence:
- (a) Immediately advise them in a non-confrontational manner that their behaviour is threatening or unacceptable and ask them to stop. If the resident/patient/client is cognitively impaired involve family and health care team
 - (b) Remove yourself away from any dangerous or threatening situation
 - (c) If a threat of violence exists, notify your Supervisor/Manager immediately
 - (d) If in immediate danger, activate emergency Code White/Emergency Behavioural Crisis Response procedure
 - (e) Security and 9-911 (police) can be called to assist as necessary
 - (f) As soon as it is safe to do so, any Healthcare Workers involved in an incident of workplace violence are to document and complete an Employee and/or Patient Event Form in the Provincial Safety Management System (PSMS) by the end of the shift or within 24 hours.
 - (g) Prevent future violence by following the *High Risk Behaviour Alert Policy* and completing the required patient risk assessment documentation (EX. the Violent/Aggressive Assessment Checklist).
- 5.6 The Manager or designate investigates and ensures safety measures are put into place and attempts to resolve the situation as soon as possible. Some potential safety control measures may include and are not limited to:
- (a) Having two (2) Healthcare workers present during care for the patient or while service is provided (buddy system)
 - (b) Asking a family member to be present when care is provided
 - (c) Following a previously agreed upon care plan and adding safety measures to care plans as appropriate
 - (d) Utilizing the most appropriate least restraints if applicable and as per the *Health PEI Least Restraint Policy*
 - (e) Assigning security or constant care with patient
 - (f) Determine if the patient can safely be discharged or go to an alternate setting.
- 5.7 Human Resources, Occupational Health, Safety and Wellness, Quality and Risk, Executive Leadership or delegate, and/or others may assist the Manager with the investigation depending on the situation to ensure safety and resolution.

Environmental Violence Risk Assessments

- 5.8 Environmental Violence Risk Assessments (EVRA) are conducted to ensure the workplace and security control measures are implemented to prevent and manage violence. The EVRA process is as follows:

- (a) The EVRA assessment team is made up of program/service leadership, Occupational Health Safety and Wellness, Emergency Management, Security (where available) and members of the Occupational Health and Safety Committee.
- (b) The EVRA assessment team works collaboratively to ensure EVRAs are conducted, and action items are completed.
- (c) A survey is sent to Healthcare Workers working in the program/service area to solicit feedback and incorporate any identified concerns into the EVRA report.
- (d) A summary report of the findings and recommendations from the assessment is sent to the program/service area leadership, and the Occupational Health and Safety Committee members to be reviewed and control measures implemented
- (e) Occupational Health, Safety and Wellness maintains completed violence assessment documents and reports.
- (f) A risk assessment shall be conducted if there is a substantial change in the workplace environment such as renovations or reconfiguration of the physical space of a program/service area. Risk assessments shall be reviewed if job requirements or methods of performing the job change substantially.

External/Community Violence and Domestic Violence

- 5.9 For Healthcare Workers who are victims of Domestic Violence/Family Violence or Criminal Activity that could impact their safety at work:
- (a) Keep their Manager informed of the issue and concerns
 - (b) Ensure they include the workplace in protection/restraining orders and provide their Manager with copies of these orders
 - (c) Request that calls be screened or that a phone number be changed and that the person's emails be blocked, if possible
 - (d) Keep record of all unwanted interactions, unwanted communications (text messages, emails, voicemail, social media posts)
 - (e) The Healthcare Worker, Manager, Occupational Health, Safety and Wellness and Security where available develop a confidential Personal Safety Plan which will include documentation around whether or not any external authorities have been involved.
 - (f) A personal Safety Plan can be initiated by any Healthcare Workers who has concerns about their safety, including safety concerns that are not work related like domestic/family violence or other criminal activity.

6.0 RESPONSIBILITIES

6.1 Employer Responsibilities:

- (a) Inform Healthcare Workers who may be exposed to the risk of violence of the nature and extent of the risk;
- (b) Implement the violence prevention policy and program
- (c) Cooperate with authorities (ex. RCMP, City Police, WCB)

6.2 Supervisors/Managers (including Physician Leaders) Responsibilities:

- (a) Take every precaution reasonable in the circumstances for the protection of the worker;
- (b) Facilitate a work environment that complies with this Policy and the *Health PEI Respectful Workplace Policy*;
- (c) Facilitate mandatory and appropriate violence prevention education/training as per [Appendix A](#)
- (d) Work collaboratively with others to conduct workplace environmental violence risk assessments, review assessment results, implement preventive measures as appropriate in department(s) under their responsibility.
- (e) Ensure appropriate medical attention is provided and follow-up support is offered. Provide a safety plan to the individual or individuals involved in collaboration with Occupational Health, Safety and Wellness, Human Resources, Security and the individual(s) as necessary.
- (f) Document in PSMS the action that has been, or will be taken, to prevent a reoccurrence of the incident.
- (g) Offer debriefing and post traumatic incident support to impacted Healthcare Workers

6.3 **Healthcare Worker Responsibilities:**

- (a) Follow the provisions and requirements of this policy and contribute to a safe working environment
- (b) Report all hazards and incidents of workplace violence as soon as possible after the incident occurs into PSMS
- (c) Complete required training as necessary, see [Appendix A](#)
- (d) Wear personal duress badges/panic alarms as required and where available
- (e) Provide input into risk assessments or violence prevention initiatives as necessary
- (f) Cooperate with any efforts to investigate and resolve any threat or incident of workplace violence

6.4 **Occupational Health and Safety Committee(s) Responsibilities:**

- (a) Be involved in the development, implementation, and evaluation of violence prevention procedures within the Violence Prevention Program
- (b) Participate in EVRAs
- (c) Be consulted on and propose recommendations on the development, establishment, and the provision of training and educational programs within the Violence Prevention Program
- (d) Receive and review incident reports related to violence at meetings to identify prevention opportunities and propose recommendations
- (e) Take part in the evaluation of the effectiveness of corrective actions with the focus being on preventing or minimizing repeat occurrences

6.5 **Provincial Violence Prevention and Reduction Steering Committee Responsibilities:**

- (a) Are involved in the development, implementation, and evaluation of violence measures and procedures;

- (b) Receive and review incident trends related to violence at meetings to identify prevention opportunities and propose recommendations
- (c) Consult and propose recommendations on the development, establishment and provision of training and educational programs within the Violence Prevention Program

6.6 Security (where applicable) Responsibilities:

- (a) Respond to threats of violence or incidents of violence at Health PEI according to the behavioural and crisis response process and *Violence Prevention Policy*
- (b) Collaborate with Occupational Health, Safety and Wellness to develop and support individual safety plans
- (c) Take part in the EVRAs and propose recommendations to reduce violence in the workplace

7.0 MONITORING

- 7.1 The Director of Occupational Health and Safety and Wellness is responsible for ensuring that this policy is reviewed every three years as per Health PEI’s policy review cycle and standards.
- 7.2 The Director of Occupational Health Safety and Wellness is responsible to ensure that content complies with legislative and regulatory requirements.
- 7.3 Incidents of violence are tracked though Health PEI’s PSMS to assist with monitoring policy compliance and effectiveness.
- 7.4 Health PEI Program and Service Leaders are responsible to ensure the implementation of preventative measures identified in the EVRAs as appropriate in department(s) under their responsibility.

8.0 REFERENCES

Related Documents

Accreditation Canada 2021 Leadership Standards – Required Organizational Practice for Violence Prevention
Health PEI Least Restraint Policy
Health PEI Respectful Workplace Policy
Occupational Health and Safety Act (S) 46 R.S.P.E.I. 1988, Cap. O-1.01
Workers Compensation Board Guide to the Prevention of Workplace Violence

Rescinded Policy Documents

HPEI Violence in the Workplace Policy
QEH Prevention and Management of Aggressive Behaviour Policy

References

N/A

Appendices

[Appendix A – Violence Prevention Training and Education](#)

9.0 STAKEHOLDER REVIEW

Group/Committee	Dates of Review
Provincial Violence Prevention and Reduction Steering Committee	April 19, 2023
Legal Services	May 5, 2023
Mental Health and Addictions Leadership	March 20, 2023
Provincial Nursing Leadership Committee (PNLC)	April 18, 2023
LTC Senior Management Team	April 17, 2023
Quality and Risk	May 1, 2023
Executive Leadership Team	July 11, 2023
Occupational Health and Safety Committees	March 17, 2023

10.0 REVIEW HISTORY

Review Dates:

**Appendix A:
Violence Prevention Education and Training**

Training	Description	Audience (required as mandatory)	Most Responsible Dept. to Deliver and Track the Training
General Orientation	Specific Respectful Workplace and Violence Prevention training to all new hires	All Healthcare Workers, Volunteers and Physicians	Occupational Health, Safety and Wellness
Annual Violence Prevention Training (as determined by the Provincial Violence Prevention Steering Committee)	A Violence Prevention Training E-Module highlights important components of our comprehensive Violence Prevention Program. This training is reviewed and updated on a regular basis to ensure all new trends, programs and resources available are incorporated.	All Health care Workers	Occupational Health, Safety and Wellness
Respectful Workplace Training	Respectful Workplace Training reviews our Respectful Workplace Relations and Behaviour Policy and Procedure and how we work together to create a mutually respectful workplace for all.	All Healthcare Workers, as needed/requested	Occupational Health, Safety and Wellness
Gentle Persuasive Approach Training	GPA is an innovative dementia care education curriculum based on a person-centered care approach. Designed for interdisciplinary point of care Healthcare Workers across healthcare sectors. The session is evidence-based, interactive and practical.	Mandatory for all Code White Teams, Acute care where patients are awaiting LTC placement, Long Term Care, Home Care and Community Mental Health Seniors Teams	Certified Trainers Occupational Health, Safety and Wellness to track trainers, input into PeopleSoft
Non-Violent Crisis Intervention Training	This program is designed to address various levels of risks within agencies/organizations among diverse population groups. Developed by a team of psychologists, behaviour analysts/therapists and martial arts experts the programs use evidence-based practices and techniques. Mission is guided by our core principle, caring	Recommended mandatory for all Healthcare Workers providing direct patient care and as needed in LTC.	Certified Trainers Occupational Health, Safety and Wellness to track trainers, input into PeopleSoft

	for your safety through dignity and respect.		
Advanced Code White Training	<p>Advanced Code White is a one-day scenario-based training providing individuals working and intervening with resistive or actively aggressive acting out persons. The course provides a framework to guide the code white team's immediate response to a crisis situation which may impact the safety and well-being of patients, public and Healthcare Workers in the acute mental health care setting.</p> <p>Learning Objectives:</p> <p>Identify and describe criteria that require activation of Code White Team response.</p> <p>Be knowledgeable of the authorities, protections and limitations that guide Code White Response Team interventions as outlined in legislation and established by the organization.</p> <p>Recognize when the situation is escalating beyond the scope of the Code White Response Team and when to involve the police or call 911.</p> <p>Identify the core roles and responsibilities of Code White Response Team members and Healthcare Workers that support them.</p> <p>How to appropriately apply direct contact techniques and skills required for self-defense and control when necessary to ensure continued patient, public and Healthcare Workers safety.</p>	<p>Mandatory for Healthcare Workers working in the Emergency Departments, Mental and Health Addictions, Porters, Security, all Supervisors and Bed Flow Coordinators.</p> <p>All staff at community Hospitals without security support</p> <p>Community Mental Health</p>	Mental Health and Addictions
Dementia 101/102	Description of Training	Not yet	Alzheimer's Society

Violence Prevention

	<p>A few different training programs – content developed from several certified programs.</p> <ul style="list-style-type: none"> • U-First • Positive Approach to Care • P.I.E.C.E.S 	<p>Mandatory for Long Term Care, Home Care</p> <p>Recommended training and not mandatory</p>	<p>program.</p> <p>We are looking at train the trainer for Positive Approach to Care – more proactive than reactive.</p>
In-Services, Healthcare Workers Huddles, Workshops	<p>Customized In-Services, huddles and workshops are available at the request of Healthcare Workers or leadership and are regularly scheduled as a proactive violence prevention strategy.</p>	<p>All Healthcare Workers, as needed/requested at Healthcare Workers safety huddles</p>	<p>Occupational Health, Safety and Wellness, Quality and Risk, Prov. VP Steering Committee, Individual Program/Service Area Managers</p>
Debriefing Training for Managers	<p>Managers/Supervisors to lead 24-48 hour informal debrief session and to schedule official Critical Incident Stress Management (CISM) debrief, where applicable</p>	<p>All Managers and Supervisors</p>	<p>Occupational Health, Safety and Wellness CISM Trained Health PEI Healthcare Workers Spiritual Care Team</p>