Health PEI

# Public Health and Children's Developmental Services (PHCDS) High Risk Behaviour Procedure

**Risk Assessment Tool**

Public Health and Children's Developmental Services staff will observe clients for behavior that poses a potential risk to the client, staff, or other individuals in the practice setting. The purpose of the using a risk assessment tool is to build knowledge around behaviours of concern and provide consistency in observation and intervention when concerning behaviours are identified.

When behaviours of concern are identified, staff are expected to complete a ***Community Care Violence Assessment Tool (VAT).*** The VAT provides a standardized score for each observed behaviour that will help inform a plan for the interaction with the client. Further action will be based on the score determined by the tool. If staff believes the concern is not adequately reflected on the tool, the staff member should inform the manager/clinical lead or supervisor of the specific concern.

It is important that situations that appear to contain risk are entered into the incident in **Provincial Safety Management System (PSMS)** as a ***Patient Safety Incident***. If the behaviour is directed towards a staff member, this also needs to be entered as an ***Employee Event***. The VAT should always be completed and actioned first. A scanned copy of the VAT may be added to the incident in PSMS.

**Completed VATs**

Once completed, the VAT is submitted to the **Manager/Clinical Lead or Supervisor**. Subsequent actions (see Section B) are based on the VAT score and, if applicable, any staff member's comments on their assessment that the perceived risk is higher (or lower) than the score indicates.

Based on the above, the **Manager/Clinical Lead or Supervisor** determines how the concern shall be addressed. Steps will be taken to consider a **Safety Plan**. Each situation and plan are unique and may require consultation with other individuals (i.e. quality and risk, PHCDS director, other PHCDS program managers).

When a situation has been identified and a detailed safety plan is put in place, every reasonable effort should be made to inform the client or their substitute decision maker of the plan and its details. This notification should be completed in partnership with those staff in involved in their care. In cases where telling the client about a risk reduction plan may increase the risk to that individual, staff, or others, such notification can be delayed.

- Low-Moderate Score (0-3) will necessitate a simple **safety plan.** *This level of planning is appropriate for situations where it is determined that violence appears unlikely.* This will involve a plan for how to interact with the client and provide care in an appropriate manner to the concern/risk identified. This 'plan of care' or steps are attached to the VAT and added to the client's record (i.e. scanned to client electronic record): original will be kept in the client's hard/paper file. A simple Risk Reduction Plan will remain in effect until the behaviours are no longer observed and the concern/ risk is no longer applicable.

- Moderate-High-Very High Score (4-6+) will require a more advanced response. *This level of planning may involve situations where a risk of violence has been determined.* This will involve a detailed safety plan that outlines the nature of the concern and actions already taken as well as future actions suggested or expected from the staff in any interactions with the client. **A client alert should be attached to the client record with a detailed safety plan attached to the client alert**. A notation should be made in other documentation systems that may be used by the program. The client alert and notes should include information about whether the client is aware of the safety plan. Additional communication may be considered for staff such as verbal communication, or team huddles. Each situation is unique and may require further consultation when creating a safety plan.

    - Suicidality: In cases where overt suicidal talk is present – consider the following:
        - Suicidal Ideation with an IMMINENT plan – the staff member will notify the manager/supervisor and immediately refer to the local emergency room. If client's supports are unable to take the client to ER – call 911.
        - Suicidal Ideation with a plan but no immediate intent – the staff member will notify the manager/supervisor and refer to Community Mental Health or Primary Care Provider to discuss need for URGENT mental health assessment. The staff person will provide the Mental Health and Addictions Access/Crisis Line information 1-833-553-6983 and develop a safety plan with the individual (i.e. warning signs, coping strategies, identifying support people).
        - Suicidal Ideation without a plan – the staff member will notify manager/supervisor and refer to Community Mental Health or Primary Care Provider to discuss need for further assessment as soon as possible. The staff person will provide the Mental Health and Addictions Access/Crisis Line information 1-833-553-6983 and develop a safety plan with the individual (i.e. warning signs, coping strategies, identifying support people).

**No safety plan is permanent-** plans will be reviewed periodically based on the frequency of client interaction.

Completed **Community Care Violence Assessment Tools** (VATs) become part of the client's record when complete. A copy will be scanned to the client's electronic health record for quick access and the original filed in the hard record. Also consider other electronic documentation systems that may be used by the program. A scanned copy of the VAT may also be added to a patient safety incident in PSMS, although some accompanying narrative will also be necessary (see Appendix B).

When detailed safety plans are put in place in response to identified concerns, they remain in place until a decision is made to remove them. This decision should be made with the **manager/supervisor** and staff involved in the client's care. Consultation with other individuals may also be considered (i.e. quality and risk, PHCDS director, other PHCDS program managers). When they are removed a brief note should be placed in the client's record and the client alert removed.

Even in situations of risk, privacy remains important. Communication about a simple or detailed **safety plan** should only be made to staff who are likely to have contact with the client, or who are needed to help develop or implement a detailed **safety plan.**

Staff are reminded that such a plan is part of the client's record and that its documentation should be comprised only of factual observations and reporting.

** **For incidents of violence requiring immediate response, emergency response plans for your worksite should be initiated, steps may include**:

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) Consider your surroundings and safety of your space- remove yourself away from any dangerous or threatening situation (if possible) and alert others within the program area;
c) If a threat of violence exists, notify your Supervisor/Manager immediately;
d) Security and/or 911 (police) should be called to assist as necessary;
e) 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 incident report in the Provincial Safety Management System (PSMS);
f) Prevent future violence by completing a ***Community Care Violence Assessment Tool (VAT)*** so a safety plan can be developed and instituted for any potential future client encounters.

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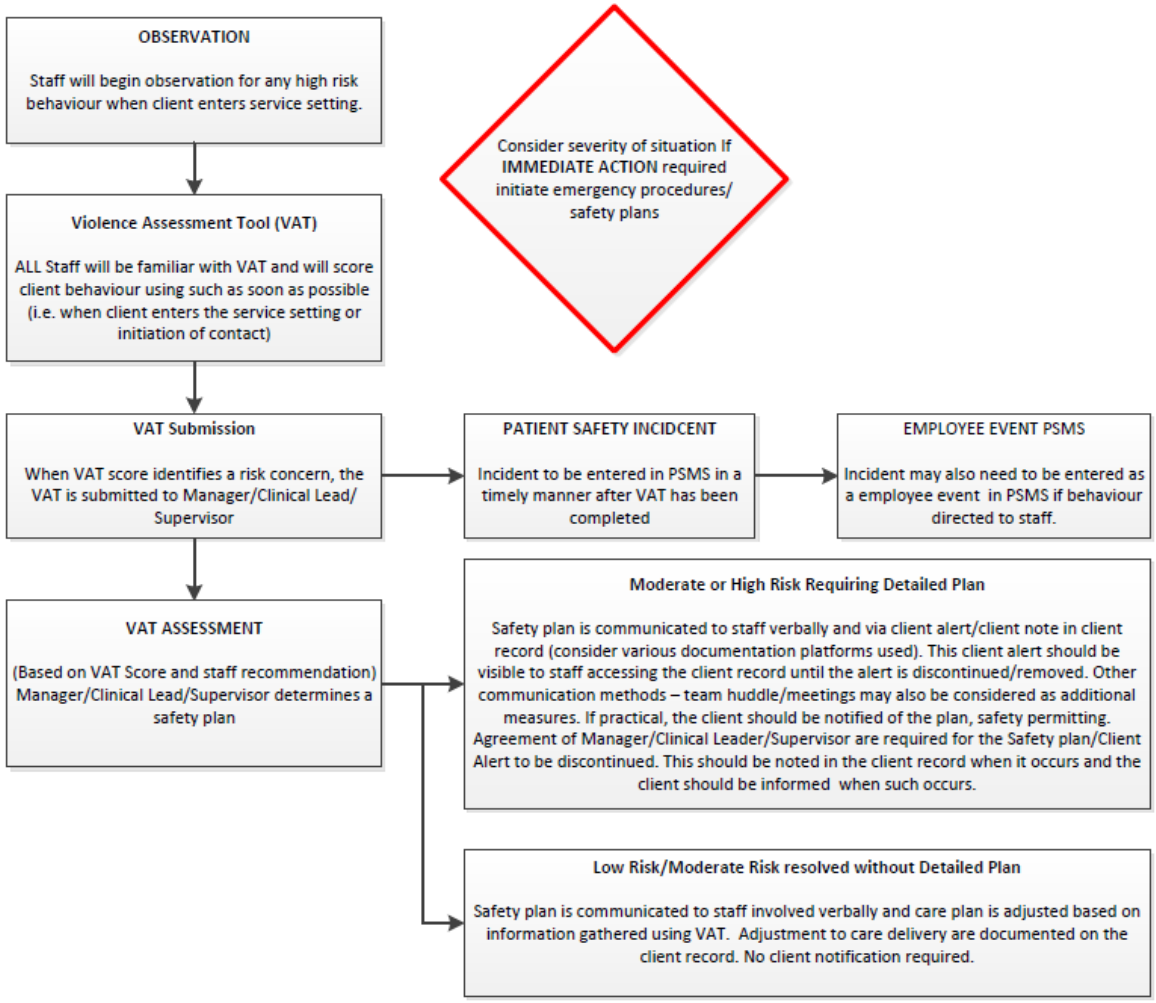


***See Community Care Violence Assessment Tool (VAT) _PHCDS***