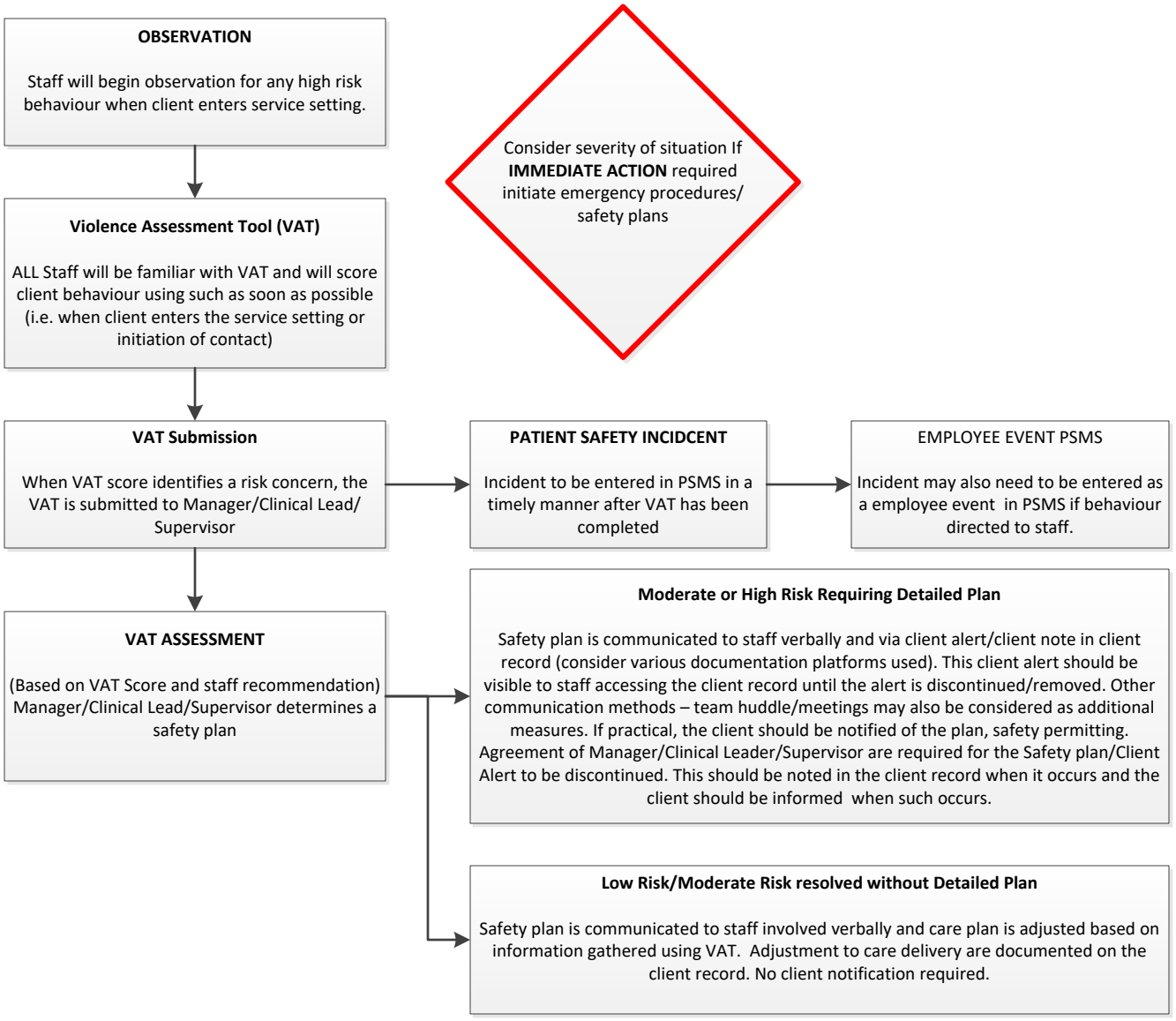
OBSERVATION
Staff will begin observation for any high risk behaviour when client enters service setting.
Consider severity of situation If IMMEDIATE ACTION required initiate emergency procedures/ safety plans
Violence Assessment Tool (VAT)
ALL Staff will be familiar with VAT and will score client behaviour using such as soon as possible (i.e. when client enters the service setting or initiation of contact)
VAT Submission
When VAT score identifies a risk concern, the VAT is submitted to Manager/Clinical Lead/ Supervisor
PATIENT SAFETY INCIDCENT
Incident to be entered in PSMS in a timely manner after VAT has been completed
EMPLOYEE EVENT PSMS
Incident may also need to be entered as a employee event in PSMS if behaviour directed to staff.
VAT ASSESSMENT
(Based on VAT Score and staff recommendation) Manager/Clinical Lead/Supervisor determines a safety plan
Moderate or High Risk Requiring Detailed Plan
Safety plan is communicated to staff verbally and via client alert/client note in client record (consider various documentation platforms used). This client alert should be visible to staff accessing the client record until the alert is discontinued/removed. Other communication methods – team huddle/meetings may also be considered as additional measures. If practical, the client should be notified of the plan, safety permitting. Agreement of Manager/Clinical Leader/Supervisor are required for the Safety plan/Client Alert to be discontinued. This should be noted in the client record when it occurs and the client should be informed when such occurs.
Low Risk/Moderate Risk resolved without Detailed Plan
Safety plan is communicated to staff involved verbally and care plan is adjusted based on information gathered using VAT. Adjustment to care delivery are documented on the client record. No client notification required.