Preventing Violence in Health Care

Five steps to an effective program

Workers' Compensation Board of B.C.

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WorkSafeBC was born out of a compromise between B.C.'s workers and employers in 1917 where workers gave up the right to sue their employers or fellow workers for injuries on the job in return for a no-fault insurance program fully paid for by employers. WorkSafeBC is committed to a safe and healthy workplace, and to providing return-to-work rehabilitation and legislated compensation benefits to workers injured as a result of their employment.

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The WorkSafeBC Prevention Information Line can answer your questions about workplace health and safety, worker and employer responsibilities, and reporting a workplace accident or incident. The Prevention Information Line accepts anonymous calls.

Phone 604 276-3100 in the Lower Mainland, or call 1 888 621-7233 (621-SAFE) toll-free in British Columbia.

To report after-hours and weekend accidents and emergencies, call 604 273-7711 in the Lower Mainland, or call 1 866 922-4357 (WCB-HELP) toll-free in British Columbia.

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Some publications are also available for purchase in print:

Phone:	604 232-9704
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About this handbook

The sections on violence in the workplace (sections 4.27 to 4.31) of the Occupational Health and Safety Regulation identify steps that must be taken both to prevent incidents of violence and aggression and to deal with incidents if they occur. WorkSafeBC (Workers' Compensation Board of B.C.) has created this handbook to assist health care organizations to develop, implement, and review violence prevention programs and to comply with the Occupational Health and Safety Regulation.

This handbook complements the sections on violence in the workplace in the Occupational Health and Safety Regulation but does not replace the Regulation. If you have questions about the Regulation or violence prevention in health care, contact the WorkSafeBC office closest to your area.

Acknowledgments

Preventing Violence in Health Care is the outcome of a collaborative, consultative process. Representatives of the employer and worker communities were directly involved in the development and refinement of the handbook.

WorkSafeBC expresses its sincere appreciation to those who participated in this development and review – particularly the core working group and other contributors listed on this page – for their valuable contributions of knowledge, work, and time.

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British Columbia Nurses' Union
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Vancouver General Hospital
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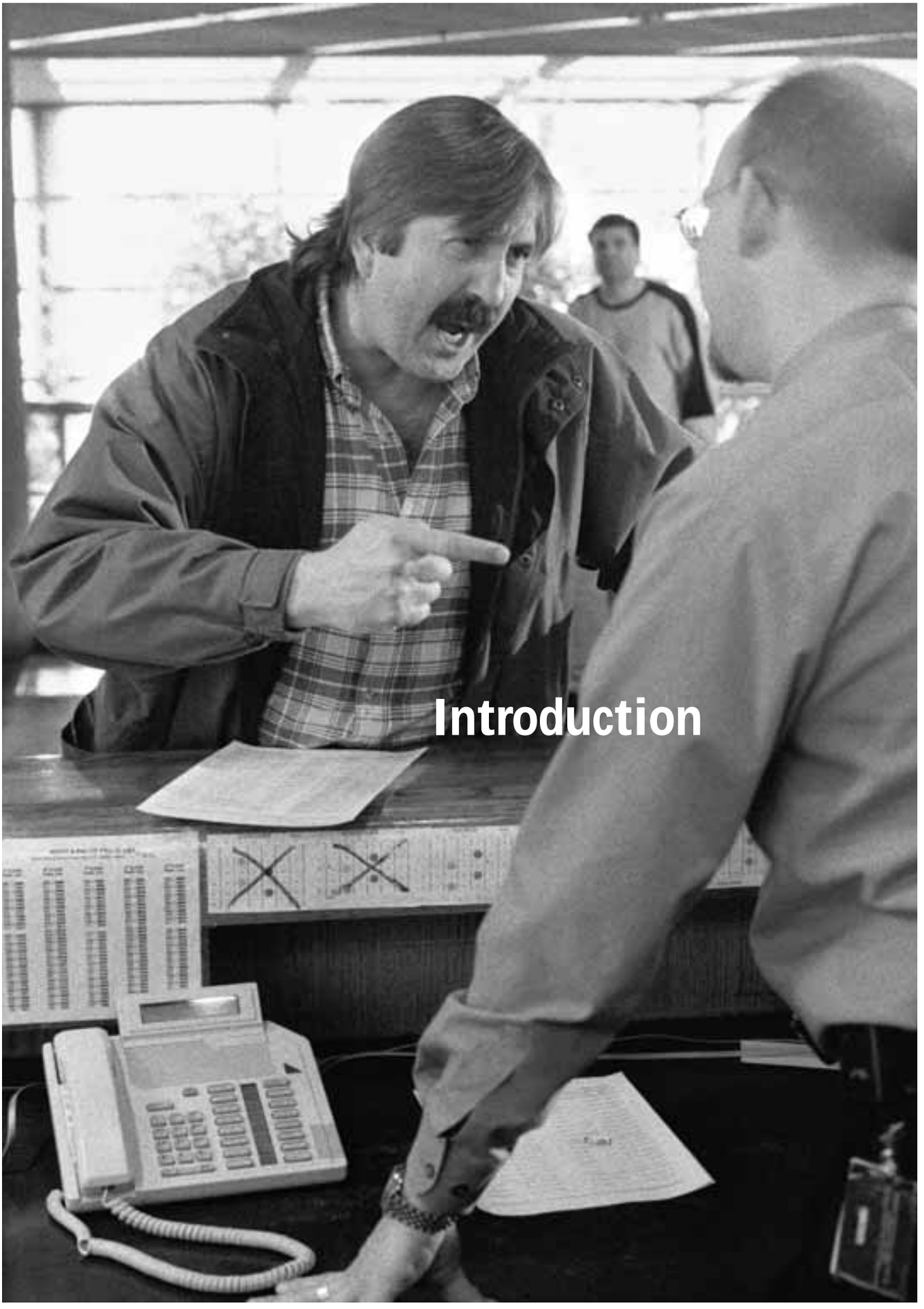


Introduction

Introduction

Purpose of this handbook

This handbook is designed to help health care organizations to develop, implement, and maintain effective workplace violence prevention programs or to improve existing programs. It presents a generic development model and offers tools that can be adapted for use in hospitals, long-term care facilities, group homes, public health units, dental or medical facilities, and community settings.

This handbook is divided into two sections:

- A step-by-step model for developing or improving a violence prevention program
- Appendices that include background information, checklists, sample forms, and resources to assist those involved in program development or review

Violence in the health care workplace

Violence in the health care workplace differs from violence experienced by workers in other industries. Health care workers must interact closely with their patients/clients and their families, often under difficult circumstances. Patients/clients may act aggressively due to their medical condition or the medication they are taking. They may also have a history of violent behaviour, or feel frustrated and angry as a result of their circumstances.

Approximately 40% of all violence-related claims come from health care workers, although these workers make up less than 5% of the workforce in B.C. These workers also have more accepted claims and lose more days of work due to acts of violence than any other group.

See Appendix A, Background Information, page 45

What is violence?

The Occupational Health and Safety (OHS) Regulation, section 4.27, defines **violence** as "the attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker." Violence also includes "any threatening statement or behaviour which gives a worker reasonable cause to believe that he or she is at risk of injury."

Incidents of violence may not necessarily occur on the job site. Incidents are considered workplace violence if they arise out of the worker's employment.

Threats generally involve any communication of intent to injure that gives a worker reasonable cause to believe there is a risk of injury. A threat against a worker's family arising from the worker's employment is considered a threat against the worker. Examples of threats include:

- Threats (direct or indirect) delivered in person or through letters, phone calls, or electronic mail
- Intimidating or frightening gestures such as shaking fists at another person, pounding a desk or counter, punching a wall, angrily jumping up and down, or screaming
- Throwing or striking objects
- Stalking
- Wielding a weapon, or carrying a concealed weapon for the purpose of threatening or injuring a person
- Not controlling a dog menacing (for example, growling at) a worker

Assault involves any act, gesture, or attempt to apply force that gives a worker reasonable cause to believe there is a risk of injury, whether or not an injury (physical or psychological) occurs. Examples of assault include:

- Kicking, hitting, biting, grabbing, pinching, scratching, or spitting
- Injuring a person by using an object such as a chair, cane, or sharps container, or a weapon such as a knife, gun, or blunt instrument
- Verbal hostility and abuse

What is the difference between violence and aggression?

Although the OHS Regulation does not define **aggression**, this term describes hostile, unpleasant, or unacceptable behaviour that may include everything from offensive gestures or expressions to physical violence. Workers unfamiliar with the broad scope of the term "violence" may deny having experienced a violent incident, but may report having experienced incidents of aggression. Thus it may be helpful to use both "violence" and "aggression" in enlisting the support of workers, designing questionnaires, conducting interviews and discussions, and delivering training. This strategy has been used in designing the sample forms for workers in Appendix B.

What are the worker's rights in preventing workplace violence?

Worker safety and health should receive the same priority as patient/client safety.

Under the *Criminal Code of Canada*, every individual has the right to "use as much force as is reasonably necessary to prevent an assault from occurring, or to defend himself or anyone under his protection as long as he uses no more force than is reasonably necessary to prevent the assault or the repetition of it."

If there is a dispute over whether a worker has reasonable cause to believe there is a risk of injury, the worker has the right to refuse unsafe work under sections 3.12 and 3.13 of the OHS Regulation, Refusal of Unsafe Work.

What is a workplace violence prevention program?

A workplace violence prevention program is a key part of an organization's OHS program. A well-designed program can:

- Improve the quality of the working environment
- Eliminate or minimize the potential for physical and psychological injuries or loss of life
- Limit financial losses for both workers and employers
- Ensure that the organization has a violence prevention program that meets or exceeds WorkSafeBC requirements

One of the most important factors in creating a successful program is ensuring that the program meets the unique needs of the organization. Because worksites for health care and related occupations vary in purpose, size, and complexity, workplace violence prevention programs should be designed to specifically target the unique nature and varied needs of each organization.

This handbook provides a model for developing or improving a violence prevention program. The flow chart on the following page shows the five steps in this program.

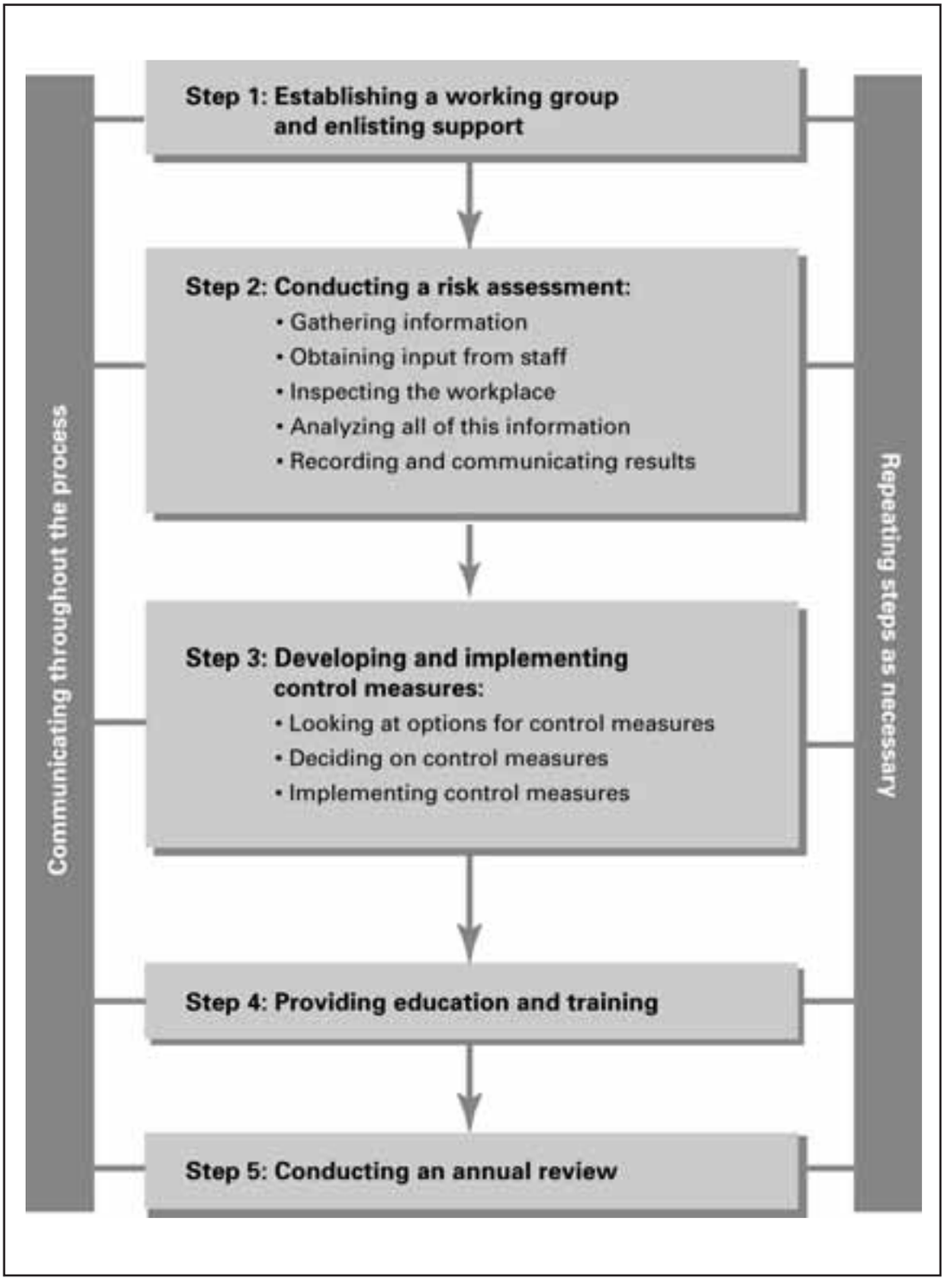
What is the difference between "hazard" and "risk"?

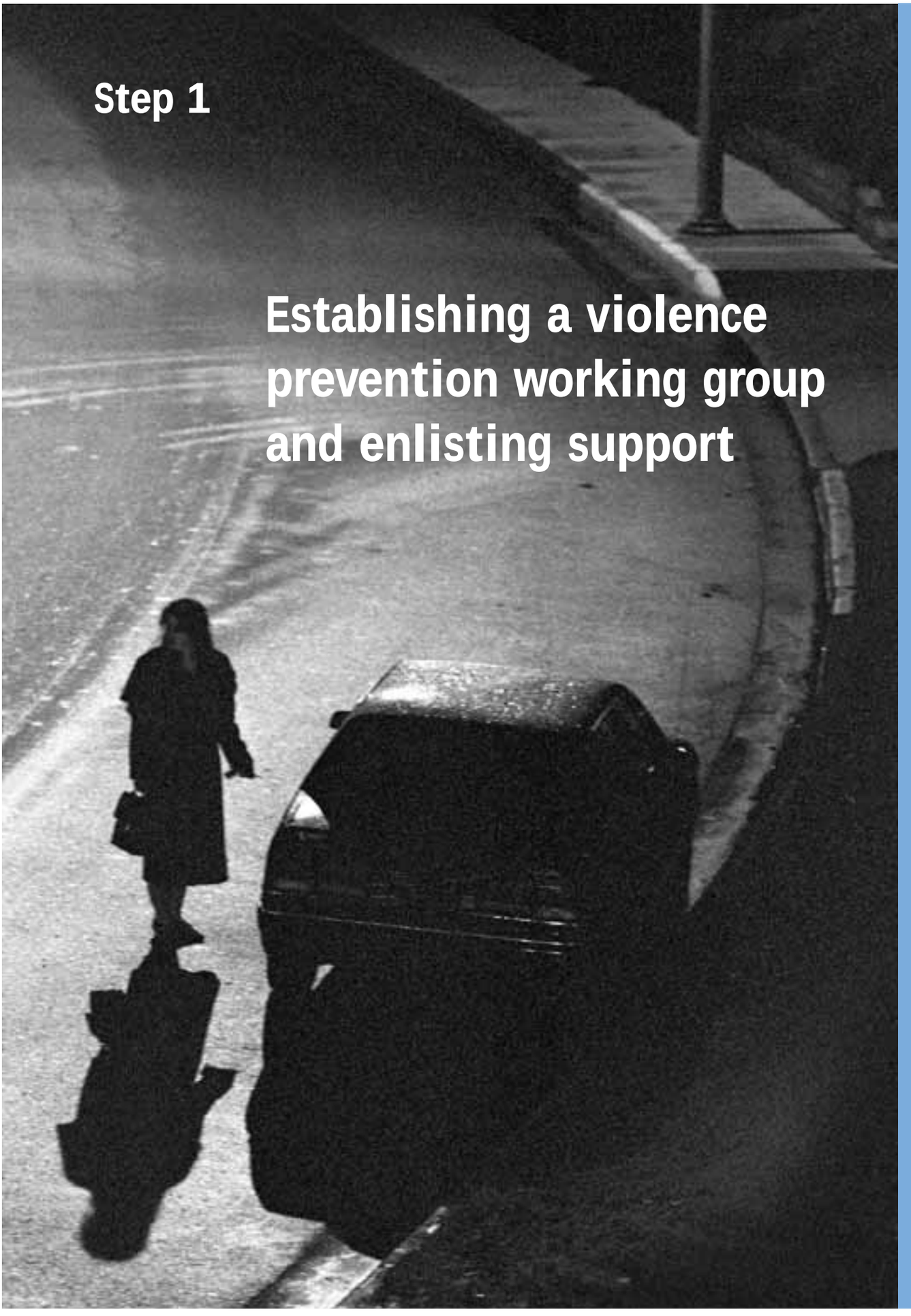
"Hazard" and "risk" are two terms often confused by those unfamiliar with violence prevention. They refer to important concepts both for developing an effective violence prevention program and for communicating clearly with other organizations, such as WorkSafeBC.

The OHS Regulation defines *hazard* as "a thing or condition that may expose a person to a risk of injury or occupational disease." It is the potential for harm to occur. What characteristics of a workplace make violence a potential problem? Some examples are the types of patients/clients, the neighbourhood in which the workplace is situated, and aspects of the work environment itself.

The OHS Regulation defines *risk* as "a chance of injury or occupational disease." It can be thought of as the degree of exposure to harm. Which hazard, or combination of hazards, is most likely to contribute to a violent incident, and how severe is the incident likely to be?

Program at a glance





Step 1

Establishing a violence prevention working group and enlisting support

1.1 Forming an effective working group

A violence prevention program is part of an organization's overall OHS program. The working group can be composed of the joint worker / employer health and safety committee or a sub-committee of the joint committee. Workplaces with 10 to 19 regularly employed workers, which are required to have a worker health and safety representative instead of a joint committee, may decide to involve individuals with expertise in specialized areas.

Consider who should be invited to participate in the working group, based on the nature and complexity of the organization and the expertise needed for specific tasks:

- A broad representation from each site, department, and shift.
- Safety personnel, employee assistance representatives, security personnel, and senior management responsible for the overall safety performance of the organization.
- Individuals with expertise in specialized areas, for example, psychiatry, dementia, head injury, or substance abuse. If sufficient expertise is not available within the organization, consider consulting outside experts.

The structure and commitment of the working group will play a key role in determining the quality of the violence prevention program. Input from all levels of the organization will ensure that policies and procedures are relevant to the unique nature of the workplace, work environment, type of patient / client population, and risks or hazards workers may encounter.

1.2 Getting started

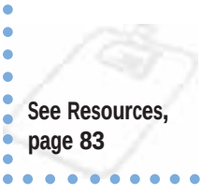
Once the working group has been formed, its members should review this handbook to understand the scope of a comprehensive violence prevention program and what steps need to be taken to develop, implement, and review the program.

Next, develop a work plan that lists:

- Tasks in order of priority (described in subsequent sections of this handbook)
- The person(s) responsible for ensuring that each task is completed (tasks may be delegated to others with expertise in a given area, such as debriefing)
- The timetable for completing and evaluating each task
- Follow-up activities

1.3 Arranging education, training, and resources

If necessary, arrange for working group members to be trained in ways to meet WorkSafeBC requirements and educated about issues of workplace violence. Some materials and organizations listed in the Resources section of this handbook may be helpful. It may be useful to start a library of relevant books, pamphlets, articles, videos, and sample programs and forms.



See Resources, page 83

Sample work plan

Task	Person Responsible	Date	Follow-up Activities
1. Collect documents			
2. Develop survey			
3. Conduct worksite inspection			

1.4 Enlisting support and commitment

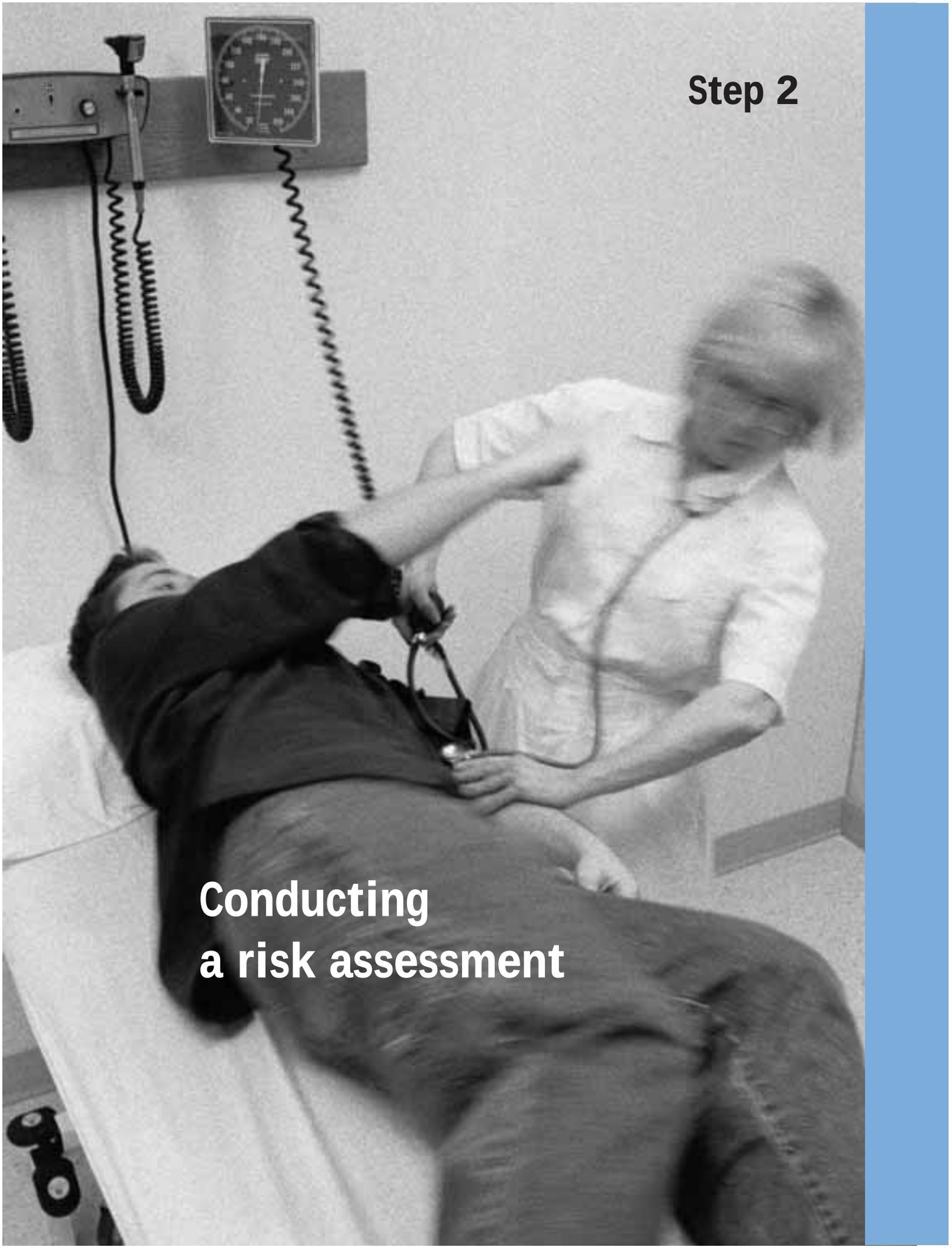
Having the employer's commitment to violence prevention is a critical starting point for a violence prevention program. The ongoing support and commitment of both management and workers are also key to the program's success.

Maintaining open lines of communication and ensuring that all members of the organization clearly understand the scope of the violence prevention program are crucial to enlisting their support.

1.4.1 How can the working group gain support for a violence prevention program?

To gain worker / management support and commitment for a program, consider the following approaches:

- Gather evidence of specific violent incidents through worker interviews and questionnaires, and by reviewing incident reports and related documentation (see 2.3.1, Gathering background information, page 19)
- Gather evidence to show the cost of incidents, both human and financial:
  - The number of disability claims per year
  - The number of days lost per year
  - The cost of disability and fatal benefits paid out per year
  - The loss of staff and team productivity
  - The cost of addressing low staff morale
  - Possible legal costs
  - The cost of training new or replacement staff
  - The cost of retraining injured workers for modified or new jobs
  - The cost of replacing damaged items such as furniture, windows, and equipment
- Illustrate the many forms of violence by using:
  - Role-playing and videos showing examples of violence, to help individuals understand the complexity of violence on a personal level
  - Accounts of violence provided by injured workers, to personalize the need for a violence prevention program



Step 2

Conducting a risk assessment

2.1 What is a risk assessment?

Risk assessment is a step-by-step look at the workplace and work process to:

- Determine what violence prevention measures are already in place
- Identify potentially hazardous conditions, operations, activities, and situations that could contribute to workplace violence
- Determine the risk of future violent incidents, using the above information

Occupational Health and Safety Regulation

Section 4.28 Risk assessment

(1) A risk assessment must be performed in any workplace in which a risk of injury to workers from violence arising out of their employment may be present.

(2) The risk assessment must include the consideration of:

(a) previous experience in that workplace,

(b) occupational experience in similar workplaces, and

(c) the location and circumstances in which work will take place.

2.2 When should risk assessment be performed?

Risk assessment must be performed if a risk of workplace violence may be present (see section 4.28 of the OHS Regulation). Risk assessment must be performed:

- As part of an investigation when incidents of workplace violence occur
- When the workload, level of service, or type of patient/client changes
- When the worksite changes
- At the planning stages of new facilities or service delivery
- At the planning stages of any changes to the work environment, such as building renovations and reorganization

Risk assessment must also be performed as an ongoing process to ensure that:

- The last risk assessment was done effectively
- Recommendations have been implemented
- Policy and procedures address workers' needs and concerns
- Training is effective
- Comprehensive records of incidents are kept and follow-up actions are taken to eliminate or minimize recurrence
- The workplace is in compliance with the OHS Regulation section on violence in the workplace and all other relevant sections

2.3 What activities should be included in the risk assessment?

Conducting a thorough risk assessment includes the following activities:

- Gathering background information (see 2.3.1 below)
- Obtaining staff input (see 2.3.2 on page 21)
- Inspecting the workplace (see 2.3.3 on page 22)
- Analyzing the information (see 2.3.4 on page 22)
- Recording and communicating results (see 2.3.5 on page 23)

Although these five activities can be done consecutively, it is possible to do the first three concurrently.

2.3.1 Gathering background information

An information review is a systematic look at information about violent incidents and their prevention in the workplace. It is a crucial starting point in developing or reviewing a violence prevention program.

Gather information from both internal and external sources, including:

Internal

- Policies and procedures
- Any violence prevention measures already in place
- Incident reports, investigations, and follow-up action taken
- Intake assessments and patient / client care plans
- Records of injuries
- Inspection reports
- Insurance records
- OHS program evaluations
- Records of formal education / training, course outlines, and materials
- Content of informal education such as “just-in-time” teaching and preventive care planning
- Worker surveys and questionnaires
- Security reports
- Security arrangements and measures
- Workplace security evaluations
- Minutes of joint committee meetings
- Workplace environment arrangements and layout (floor plan)
- Police reports

External

- Police and community crime reports
- Professional association reports on violence issues
- WorkSafeBC statistics
- Policies, procedures, and reports from organizations that perform similar work activities

When background information has been assembled, use the questions below to collate the information and identify problems that may be contributing (actually or potentially) to workplace violence. Information from several different documents may be needed to answer a particular question and determine the areas requiring follow-up.

- How often have incidents of violence (abuse, verbal attack, or aggressive behaviour) been reported, and how many workers were affected in each category?
- How severe were the incidents? How many incidents resulted in injury to a worker? Was first aid or hospitalization required? Was time lost? Were furnishings or equipment damaged?
- What pattern, if any, emerges regarding the types of patients / clients or residents, the time of day, departments, units, jobs, individuals and activities involved in violent incidents?
- What types of events or circumstances triggered the violent incidents?
- Have violent incidents occurred at other locations in the same geographic area, or other organizations that provide the same or a similar type of patient / client care or transfers? If so, what kind of incidents were they? How often have they occurred?
- What policies and procedures, if any, are in place to address violent behaviour in the workplace? Do they clearly describe the scope and nature of violence prevention and control measures, and the organization's commitment to minimize or prevent such incidents and security breaches?
- What types of workplace arrangements, if any, are already in place to prevent violent incidents?
- What follow-up actions need to be taken?

Research has shown that many factors contribute to the risk of violence in the health care workplace, including the characteristics of patients / clients; the nature of the worker's interaction with patients / clients and the public; the workplace environment; and the workplace layout, processes, and systems.

Review these risk factors to determine which are relevant to your workplace, and keep them in mind when performing other risk assessment activities and planning control measures.

See Appendix B1, sample risk factors checklist, page 48

2.3.2 Obtaining staff input

Experts believe that violence is significantly under-reported. Worker surveys and questionnaires are a means of maximizing staff feedback about the extent of violence in the workplace.

Obtain input from all staff and management on their experiences with workplace violence and their perception of this type of risk. Ask for their views on existing prevention measures, areas that require improvement, and training needs. Input can be obtained formally or informally, using questionnaires, surveys, and / or interviews and discussions.

Once staff input has been gathered, summarize the responses for use in the risk assessment analysis and program review.

Surveys and questionnaires

Surveys and questionnaires are effective tools for collecting information from as many people as possible. Try to get input from all staff and management; as a minimum, survey a representative sample of people from each job category, unit / site, and shift. Consider:

- Individual responses need to be kept confidential.
- Questionnaires and surveys can use yes / no responses, ratings (for example, on a scale of 1 to 5), written responses, or a combination of these options. Tools developed by other organizations can be adapted for the specific needs of the workplace or organization.
- Prior to, or as part of, a questionnaire or survey, workers should be educated about the definition of violence in the OHS Regulation.

See Appendix B2, sample workplace violence survey, page 52

Interviews and discussions

Both formal and informal interviews and discussions may be useful in verifying information and gaining a better understanding of workers' needs for and knowledge of existing violence prevention program components. Interviews and discussions can also be used to identify program areas requiring attention and to obtain suggestions for improvements.

- Formal interviews are usually conducted after data from the information review, inspections, and questionnaires have been evaluated.
- Informal interviews or discussions are normally carried out at the worksite (for example, during inspections).
- Discussions may also be held with knowledgeable resource people to obtain information and recommendations in their areas of expertise.

2.3.3 Inspecting the workplace

Inspect all areas of the worksite (including parking lots and other outside areas, such as the perimeter of buildings and entrances / exits) to determine the presence of hazards (conditions, operations, and situations) that might place workers at risk of violent incidents.

A worksite inspection checklist can help ensure that inspections are thorough, data are recorded, and the inspection process is standardized. Such a tool is particularly useful in guiding those unfamiliar with the inspection process.

Community and home care situations pose significant challenges for risk assessment inspections due to changing worksites, an uncontrolled environment, and unpredictable events. However, good pre-visit risk assessments can be valuable in identifying potential risk factors and deciding an appropriate course of action / interaction with the client.

See Appendix B3, sample workplace inspection checklist, page 55
See Appendix B4, sample community/home care risk assessment, page 59

2.3.4 Analyzing the information

Analysis is the process used to:

- Evaluate the effectiveness of current measures
- Identify areas needing improvement
- Develop recommendations

Use a work plan (see sample on page 15) to set priorities for change, establish responsibility, set completion dates, and define a follow-up process to ensure that corrective measures have been implemented.

Using the information collected, consider the following questions. Use a violence prevention worksheet (see sample, Appendix B5) to summarize the information.

- What types of incidents (for example, threats or assault) are most likely to occur?
- If an incident occurs, how severe is the injury or outcome likely to be (for example, a minor injury such as a bruise or scratch, a moderate injury such as a sprain or fracture, or a severe injury requiring hospitalization)?
- How often are incidents likely to occur (rarely, infrequently, or frequently)?
- Which departments, occupational groups, or work situations involve the greatest risk? Designate workers and work situations as high risk, moderate risk, and low risk.
- Are there specific locations where incidents are more likely to occur, now or in the future?
- Is there any deficiency in the security system that creates a risk (for example, lack of personal or general alarm system, inability to call for help if alone)?
- Are there other factors that may increase the risk of injury (for example, lack of training, or lack of identification or tracking of previous violent history)?

- What are the possible consequences of violent incidents for workers and the organization (for example, physical, emotional, workload, legal, or public relations consequences)?
- How many workers / departments / shifts are affected by the various problems identified?
- Who needs to be trained, and what level of training do they need?
- Does information from external sources indicate similar or different patterns of violence?
- What can be done to control violence and security breaches in order to eliminate or minimize the potential for incidents of violence, theft, and vandalism? On the worksheet, list environmental arrangements (for example, deep counters or a back-up escape exit), security measures (for example, alarm systems), and policy and procedures that could be improved or developed.

Designating the level of risk

Because not all workers are equally at risk for violent incidents, and not all factors create the same degree of risk, it is important to have a process for identifying individuals and areas at greatest risk. Designate workers and work situations as **high risk**, **moderate risk**, or **low risk** according to the following or similar criteria:

High risk: Workplace factors frequently place workers at risk, the consequences may be severe, and it is *likely* that the worker will be exposed to workplace violence.

Moderate risk: Workplace factors place workers at risk less often, the consequences may be less than severe, and it is *possible* that the worker will be exposed to violence.

Low risk: Workers are rarely or never exposed to risk, the consequences may be minimal, and it is *unlikely* that the worker will be exposed to violence.

Emergency departments, care environments for patients / clients with psychiatric illnesses, and long-term care settings, particularly special care units, have been found to present the highest risk of violence.

Risk designation will help the violence prevention committee determine priorities when developing and implementing control measures and scheduling education and training for staff.

2.3.5 Recording and communicating results

Record and communicate all significant findings to management and workers as information becomes available. A form such as the sample violence prevention worksheet on page 24 can be used to record each hazard identified, the level of risk, and the measures taken to eliminate or control each hazard.

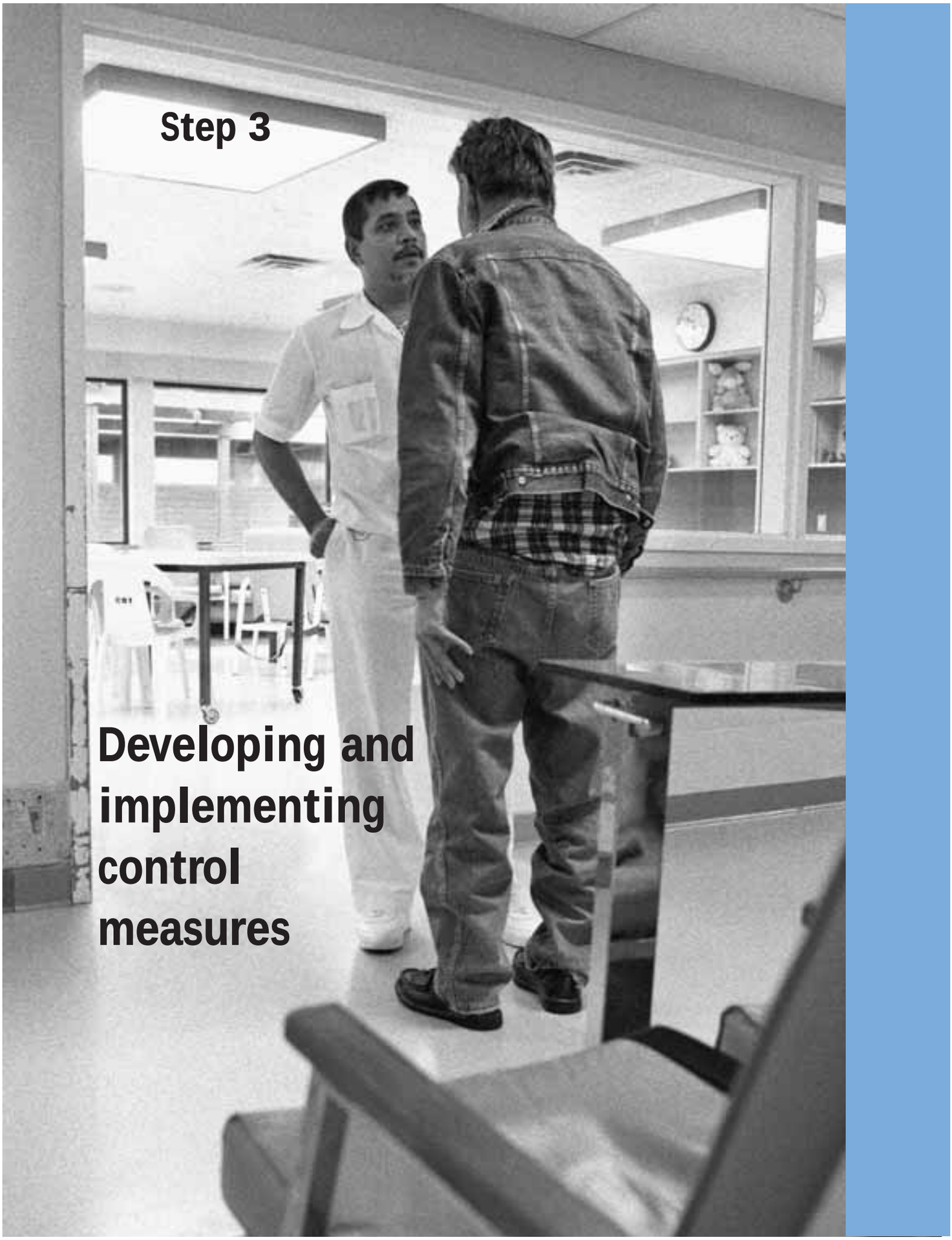
Decide where completed worksheets will be stored and how copies will be made available to workers (for example, posting on the OHS bulletin board).

See Appendix B5, sample violence prevention worksheet (with instructions), page 62

Violence Prevention Worksheet – Example

This example shows how the worksheet can be used to track the planning process. The example is carried forward into steps 3 to 5. As each step is explained, additional columns are completed and highlighted.

Risk Element	Client contact at reception desk
Degree of Risk	*High* ☑ *Moderate* ☐ *Low* ☐
Policy	
Control Measures	
Post-incident Procedures	
Training Needs	
Program Review	
Person Responsible	
Date of Completion	



Step 3

Developing and implementing control measures

3.1 When are control measures required?

When risks of injury from violence are identified during the risk assessment, the OHS Regulation requires employers to eliminate them. If that is not possible, employers must put in place a policy, procedures, and work environment arrangements to minimize the risk to staff. The policy, procedures, and work environment arrangements must be in writing, understood, and followed by all workers.

This step involves the following activities:

- Looking at options for control measures for each hazard identified (see 3.2 on page 27)
- Deciding on control measures (see 3.3 on page 29)
- Implementing the control measures (see 3.4 on page 29)

Control measures should be implemented as quickly as possible after risks of injury from violence or the potential for a security breach are identified.

Occupational Health and Safety Regulation

Section 4.29 Procedures and policies

If a risk of injury to workers from violence is identified by an assessment performed under section 4.28 the employer must

(a) establish procedures, policies and work environment arrangements to eliminate the risk to workers from violence,

(b) if elimination of the risk to workers is not possible, establish procedures, policies and work environment arrangements to minimize the risk to workers.

Note: The requirements for risk assessment, procedures and policies, the duty to respond to incidents and to instruct workers are based on the recognition of violence in the workplace as an occupational hazard. This hazard is to be addressed by the occupational health and safety program following the same procedures required by this Occupational Health & Safety Regulation to address other workplace hazards.

3.2 Looking at options for control measures

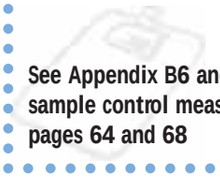
When looking at options for control measures for each hazard identified, consider these questions:

- Can the hazards be eliminated, or will they need to be controlled?
- What is the best long-term solution for each problem?
- Can short-term measures be implemented while longer-term measures are developed?
- Which solution(s) will help the most people?
- Which solution(s) will help those at greatest risk?
- What procedures are needed to support each solution?
- What post-incident procedures are needed if a violent incident occurs?

Weighing each option from the perspectives of risk level, feasibility, and effectiveness is essential to setting priorities and deciding on the best control measures.

Consider all types of control measures, including:

- Elimination – for example, withdrawing service when a client presents too high a risk of violence during a home visit
- Substitution – for example, allowing a client to receive care at the health unit instead of at home because of a violent family member
- Engineering controls – for example, installing a deep counter and a back-up exit in the admissions department
- Administrative controls – for example, flagging patient/client health records (including care plans) and computer files to identify those with violent histories, or scheduling work for daylight hours and when back-up staff may be more readily available



See Appendix B6 and Appendix B7, sample control measures checklists, pages 64 and 68

Violence Prevention Worksheet – Example

This example shows how the worksheet can be used to track the planning process. The example is carried forward into steps 4 and 5. As each step is explained, additional columns are completed and highlighted.

Risk Element	Client contact at reception desk
Degree of Risk	*High* ☑ *Moderate* ☐ *Low* ☐
Policy	Establish policy regarding response to hostile clients.
Control Measures	• Install alarm buzzer to staffed, private office area. • Establish barrier and controlled gate between reception counter and public area. • Provide detailed response procedures for verbally or potentially physically abusive clients, and clients under the influence of alcohol or drugs. • Establish protocol regarding call to security or police. • Review and post signs with rules of conduct for clients. • Remove loose objects from reception counter.
Post-incident Procedures	• Establish protocol for scaled response to client actions. • Ensure 911 procedures are communicated to all staff. • Provide for secure refuge area. • Ensure hazard (breakage, etc.) cleanup procedures are established.
Training Needs	
Program Review	
Person Responsible	
Date of Completion	

3.3 Deciding on control measures

When options for control measures have been identified, consider the advantages and disadvantages of each option. Some control measures may be complex and / or require more review or expertise. The costs of some control measures may not be known. Recommendations should then be made to the employer about which control measures are to be implemented, and in what order of priority. Some solutions may require amendment prior to approval.

Upon receiving the recommendations, the employer should:

- Review the recommendations and make amendments if necessary
- Follow up to ensure the measures are implemented effectively

The sample violence prevention worksheet on page 28 can be used as an ongoing method of tracking the process. List the control measures selected for each hazard identified. Assign someone to be responsible for ensuring their implementation, and decide on a realistic implementation or completion date. Include the written policy and procedures as soon as they are approved.

3.4 Implementing control measures

Implementing the control measures may include the following activities:

- Making changes to the worksite (see 3.4.1 below)
- Writing a new violence prevention policy or improving the existing policy (see 3.4.2 on page 30)
- Writing new violence prevention procedures or improving existing procedures (see 3.4.3 on page 30)
- Writing new post-incident procedures or improving existing procedures (see 3.4.4 on page 32)

3.4.1 Making changes to the worksite

Once decisions have been made, physical changes to the worksite (often referred to as engineering controls) should be put in place as quickly as possible to eliminate or minimize the risk of violent incidents. This sounds easy but, depending on the extent of changes, may be difficult to achieve quickly. Again, priorities need to be set and budgets established. Interim measures may be required.

3.4.2 Writing a violence prevention policy

A written policy is a document in which employers acknowledge the need for and scope of the prevention program, and their commitment to and responsibility for workers' health and safety. If a policy already exists, it should be revisited to ensure that it reflects the current needs of the workplace.

It is the employer's responsibility to ensure that workers fully understand the policy, and know their own violence prevention responsibilities as well as those of others in the organization.

The employer must ensure that the policy is applied fairly and consistently. The policy should include the following basic components:

- Organization's commitment statement
- Definitions of key words and concepts
- Roles and responsibilities:
  - Employer
  - Managers
  - Supervisors
  - Workers
  - Physicians
  - Joint health and safety committee or worker health and safety representative
  - OHS Department (if any)
  - Volunteers

See Appendix B8, sample violence prevention policy checklist, page 69

3.4.3 Writing violence prevention procedures

Written prevention procedures are instructions developed to ensure that work is carried out safely and consistently. They also ensure that all dangers workers are likely to encounter in performing their duties are eliminated or controlled, and that workers understand their responsibilities to themselves, their co-workers, and their patients/clients; their right to protect themselves; and the circumstances in which force may be used.

It is critical that the prevention procedures are understood and followed by all levels of the organization.

Prevention procedures define the tasks, roles, and responsibilities involved in eliminating or minimizing the potential for violence. Procedures help workers:

- Become familiar with risk factors that contribute to violence
- Recognize warning signs that an incident involving violence is about to occur
- Plan what to do in crisis situations
- Rehearse safe responses to incidents involving violence or the potential for violence

Prevention procedures applicable to a wide range of workers are often quite general. They may have to be tailored or expanded to meet the needs of workers in a variety of different areas in the organization.

To ensure that procedures are up to date and accurate, prevention procedures should be reviewed:

- After a violent incident occurs
- When a job change occurs
- When new security equipment is introduced

To ensure that workers are aware of and follow existing procedures, prevention procedures should also be reviewed:

- When patients/clients with a violent history or new patients/clients with no history are admitted
- When any worker has been away for an extended period
- As part of refresher training

See Appendix B9 and Appendix B10, sample components of a violence prevention program, pages 71 and 72

3.4.4 Writing post-incident procedures

Post-incident procedures define the tasks, roles, and responsibilities that comprise the organization's response to a violent incident.

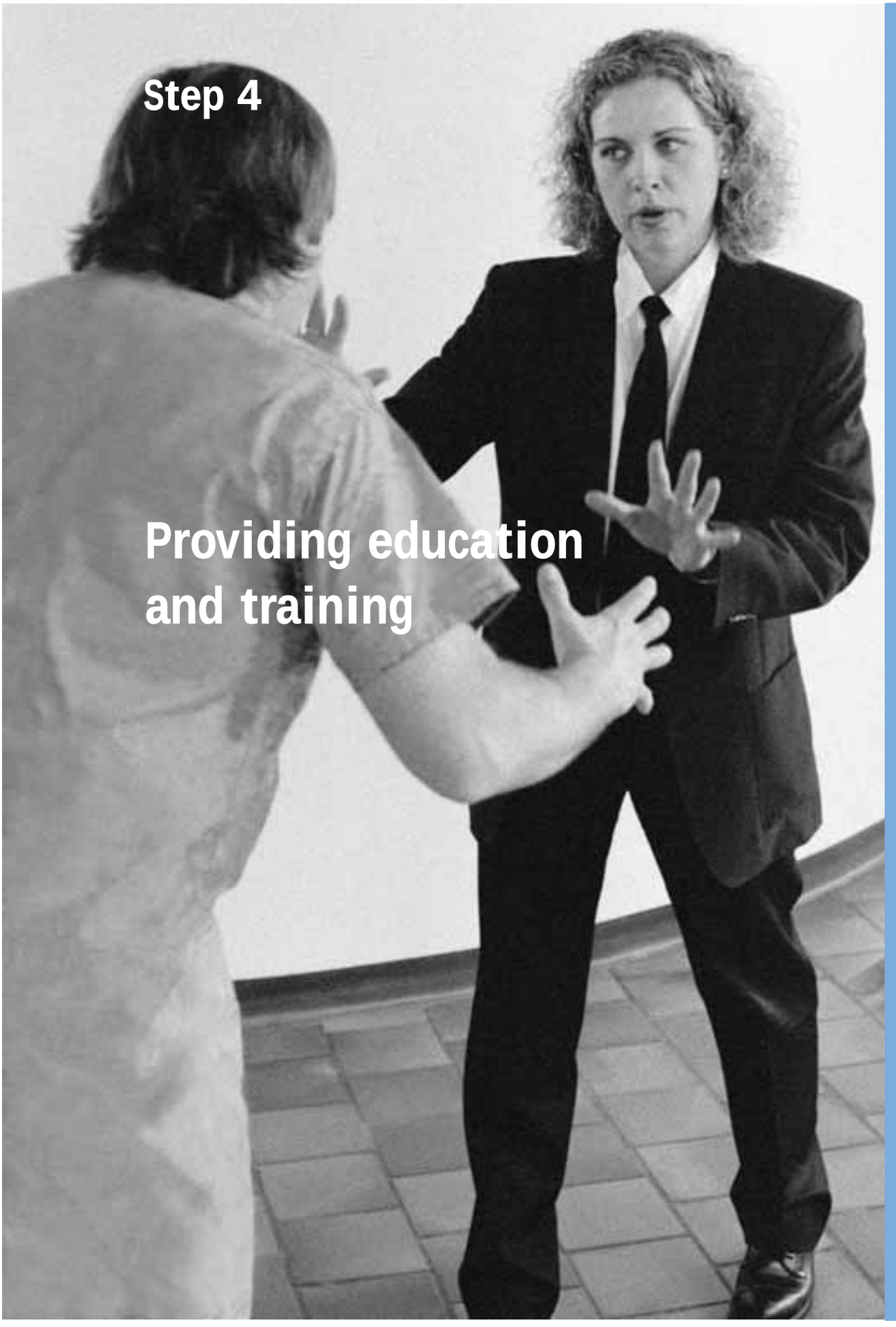
These procedures should emphasize the importance of sensitive support from management and co-workers for individuals who may have suffered physical and / or psychological injury as a result of a violent incident.

Write and implement post-incident procedures for the following tasks:

- Controlling the incident scene or patients / clients, visitors, or family members
- Obtaining first aid / medical aid
- Reporting violent incidents and security breaches
- Establishing compensation claims (WorkSafeBC and criminal injury compensation)
- Investigating violent incidents to determine their cause(s) and to identify any unsafe conditions, acts, or procedures that contributed to the incidents
- Providing confidential critical-incident stress management sessions (CISM; referred to hereafter as "defusing and debriefing") for which no records are kept, and follow-up sessions with staff, violent individuals, and bystanders
- Establishing behaviour control techniques, such as care plans, behaviour contracts, and withdrawal of service
- Making recommendations for corrective action to prevent recurrence of the same or similar incidents and to ensure the effectiveness of corrective actions is evaluated
- Initiating legal action: the processes for pressing charges, obtaining restraining orders, and providing support to staff

See Appendix B11, sample flowcharts for post-incident procedures, pages 73 and 74

See Appendix B12, sample violent incident or threat report, page 75



Step 4

Providing education and training

4.1 What are the benefits of education and training?

Comprehensive education and training are essential to an effective safety program. Workers who have been educated and well trained in violence prevention:

- Understand their right to protect themselves under the *Criminal Code of Canada*, the *Workers Compensation Act,* and the Occupational Health and Safety Regulation
- Understand the OHS Regulation's requirements on violence prevention and their right to refuse unsafe work
- Are able to identify risk factors
- Are able to take the most effective approach to prevent and defuse incidents, including leaving the situation or, if that is not possible, defending themselves
- Are aware of and follow post-incident protocols

This knowledge and understanding allows the workers to:

- Be aware of their own limitations and their rights to a safe work environment
- Be aware of their roles and responsibilities in ensuring a safe work environment
- Maintain confidence and self-control, yet remain sensitive to patients'/clients' needs
- Recognize patients'/clients' vulnerability and protect their rights and dignity
- Be supportive of co-workers who have experienced a violent incident

Occupational Health and Safety Regulation

Section 4.30 Instruction of workers

(1) An employer must inform workers who may be exposed to the risk of violence of the nature and extent of the risk.

(2) The duty to inform workers in subsection (1) includes a duty to provide information related to the risk of violence from persons who have a history of violent behaviour and whom workers are likely to encounter in the course of their work.

(3) The employer must instruct workers who may be exposed to the risk of violence in

(a) the means for recognition of the potential for violence,

(b) the procedures, policies and work environment arrangements which have been developed to minimize or effectively control the risk to workers from violence,

(c) the appropriate response to incidents of violence, including how to obtain assistance, and

(d) procedures for reporting, investigating and documenting incidents of violence.

4.2 What education and training are required?

Education and training should be divided into two categories: core education and training that is applicable to all managers, supervisors, workers, and physicians, and further risk-specific education and training for workers most likely to be affected by that risk. The need for risk-specific training can be determined on the basis of low, moderate, and high risks identified during the risk assessment and of the specific needs of each area / occupation. Training needs and plans can be recorded on the violence prevention worksheet (see example on page 37).

See Appendix B13, sample education and training content checklist, page 77

4.2.1 Core education and training

Core training covers topics relevant to all levels of the organization, including managers, supervisors, workers, and physicians:

- Definition and review of workplace violence
- Description of the organization's prevention policy and program
- Requirements of the OHS Regulation
- Types of violent incidents that have occurred in the workplace, and their precipitating factors
- Risk factors associated with workplace violence
- General prevention procedures, such as not giving out worker information over the phone and minimizing risks for violence in specific workplace locations such as reception areas
- Procedures for identifying and reporting potential workplace security hazards, such as inadequate lighting in the parking lot for those working late at night, unknown persons loitering around the building, or door locks that are defective or have been tampered with

- Review of measures that have been instituted to prevent workplace violence, including:
  - How to recognize warning signs of potential violence (risk factors)
  - How to defuse and de-escalate potentially violent individuals and situations using techniques such as setting limits, calming the aggressor, and managing individuals with weapons
  - How to restrain patients / clients using means that are legal and acceptable in the workplace
- Actions that are acceptable under the *Criminal Code of Canada* and standards established by professional organizations, as a means of self-defence and as a means to protect other patients / clients (see page 10)
- Use of security staff and procedures
- Use of the "buddy system"
- How to summon assistance in case of an emergency
- Location of escape routes
- How to complete an incident report, start the investigation process, and implement control measures
- How to access defusing and debriefing
- Policies and procedures concerning medical care for injuries, defusing and debriefing, filing compensation claims, and obtaining legal assistance

4.2.2 Risk-specific training

Workers with tasks or locations that place them at higher risk for violent incidents should receive specialized training in addition to the core education and training (for example, security guards need to be trained in risk identification, de-escalation, and control measures such as restraining techniques). Training should be appropriate to the nature of the risk, and may include:

- Site- and occupation-specific information about the type and frequency of violent incidents and the time, location, and nature of client interactions associated with incidents of violence
- Training for specialized teams such as "behavioural emergency" or "code white" teams
- Physical interventions, including techniques for release from holds, and control and restraint techniques
- Policies, procedures, and work environment arrangements to deal with specific risks – for example, health care providers need to know safe work procedures for facing a violent patient, as well as how and when to use chemical, environmental, physical, and social restraints; workers in pediatrics, obstetrics, and community care need to know appropriate procedures to be followed when apprehending children

Violence Prevention Worksheet – Example

This example shows how the worksheet can be used to track the planning process. The example is carried forward into step 5. As each step is explained, additional columns are completed and highlighted.

Risk Element	Client contact at reception desk
Degree of Risk	*High* ☑ *Moderate* ☐ *Low* ☐
Policy	Establish policy regarding response to hostile clients.
Control Measures	• Install alarm buzzer to staffed, private office area. • Establish barrier and controlled gate between reception counter and public area. • Provide detailed response procedures for verbally or potentially physically abusive clients, and clients under the influence of alcohol or drugs. • Establish protocol regarding call to security or police. • Review and post signs with rules of conduct for clients. • Remove loose objects from reception counter.
Post-incident Procedures	• Establish protocol for scaled response to client actions. • Ensure 911 procedures are communicated to all staff. • Provide for secure refuge area. • Ensure hazard (breakage, etc.) cleanup procedures are established.
Training Needs	• Recognition of risk factors. • Conflict resolution, violence avoidance/de-escalation training, and self-defence techniques. • How to get help. • Regular testing of alarm systems. • Incident reporting procedures. • Design and function of engineering controls (if any) and other workplace arrangements designed to reduce risk of violence.
Program Review	
Person Responsible	
Date of Completion	

4.3 Deciding how and when education and training should be delivered

After determining training content and priorities, consider how the education and training program should be delivered:

- Decide on the most effective way to present the training materials; for example, classroom instruction, on-the-job coaching, or informal sessions such as simple tips and demonstrations during staff meetings.
- Include a plan to measure the effectiveness of the program by assessing whether the participants know appropriate violence avoidance and prevention procedures and can demonstrate the correct procedures or techniques to use.
- Train new workers as part of their orientation.
- Provide experienced workers with regularly scheduled training updates regularly, when the risks in their jobs or procedures change, or as a refresher.
- Provide ongoing awareness through media such as posters, mock codes, case study analysis, and problem solving.

4.4 Keeping records of training

Keep training records to allow tracking of:

- Names, titles, and departments of those who received training
- Instructors' names
- Dates of training
- Content of education and training – outlines, agendas, objectives, and materials used
- Hours of training time
- Evaluation of training

This information may be entered into a computer system to ensure the maintenance of individual training profiles as well as department-based training databases.

Step 5

Conducting an annual review

5.1 What constitutes a program review?

Program review should be ongoing. The purpose of the review is to evaluate the effectiveness of the existing violence prevention program and its activities, and to identify areas requiring improvement. The review is a useful indicator of the organization's current violence prevention efforts.

Each main part of the program, from risk assessment to this evaluation, should be reviewed by the joint health and safety committee or worker health and safety representative (see Part 3 of the *Workers Compensation Act*) as part of their regular duties.

When conducting a review of the organization's violence prevention program, the joint committee or worker health and safety representative should:

- Review existing policies and procedures
- Consult with people at all levels of the organization
- Inspect the worksite to observe actual working conditions and interactions
- Write an evaluation along with recommendations (in order of priority)

See Appendix B14, sample program review checklist, page 79
See Appendix B15, sample program review questionnaire, page 82

Upon receiving the evaluation, management should:

- Review the report and recommendations
- Approve and implement corrective measures
- Follow up to ensure corrective measures were effective

Regular review helps to ensure that policy and procedures are implemented, corrective actions are taken, and the violence prevention program continues to meet the needs of the organization.

5.2 When should a program review be conducted?

An organization's violence prevention program should be evaluated:

- As part of the overall health and safety program
- On an ongoing basis to identify and correct any problems
- Formally and in depth at least once a year
- When changes occur in the workplace, such as when an aspect of the overall delivery of care changes, or when structural modifications are made to the building
- As a result of the recommendations from an investigation of a violent incident.

Violence Prevention Worksheet – Example

This example shows how the worksheet can be used to track the planning process. The example was carried forward from previous steps with columns completed and highlighted for each step.

Risk Element	Client contact at reception desk
Degree of Risk	*High* ☑ *Moderate* ☐ *Low* ☐
Policy	Establish policy regarding response to hostile clients.
Control Measures	• Install alarm buzzer to staffed, private office area. • Establish barrier and controlled gate between reception counter and public area. • Provide detailed response procedures for verbally or potentially physically abusive clients, and clients under the influence of alcohol or drugs. • Establish protocol regarding call to security or police. • Review and post signs with rules of conduct for clients. • Remove loose objects from reception counter.
Post-incident Procedures	• Establish protocol for scaled response to client actions. • Ensure 911 procedures are communicated to all staff. • Provide for secure refuge area. • Ensure hazard (breakage, etc.) cleanup procedures are established.
Training Needs	• Recognition of risk factors. • Conflict resolution, violence avoidance/de-escalation training, and self-defence techniques. • How to get help. • Regular testing of alarm systems. • Incident reporting procedures. • Design and function of engineering controls (if any) and other workplace arrangements designed to reduce risk of violence.
Program Review	• In the past year, there have been five reported threats but no incidents of violence resulting in injury. • Risk remains high. • Alarm buzzers and barrier/gate have been installed. • Procedures have been written. • Protocol for calling security or police should be updated immediately to reflect new security system. • Signs have been posted. • Loose objects have been removed.
Person Responsible	
Date of Completion	

Summary

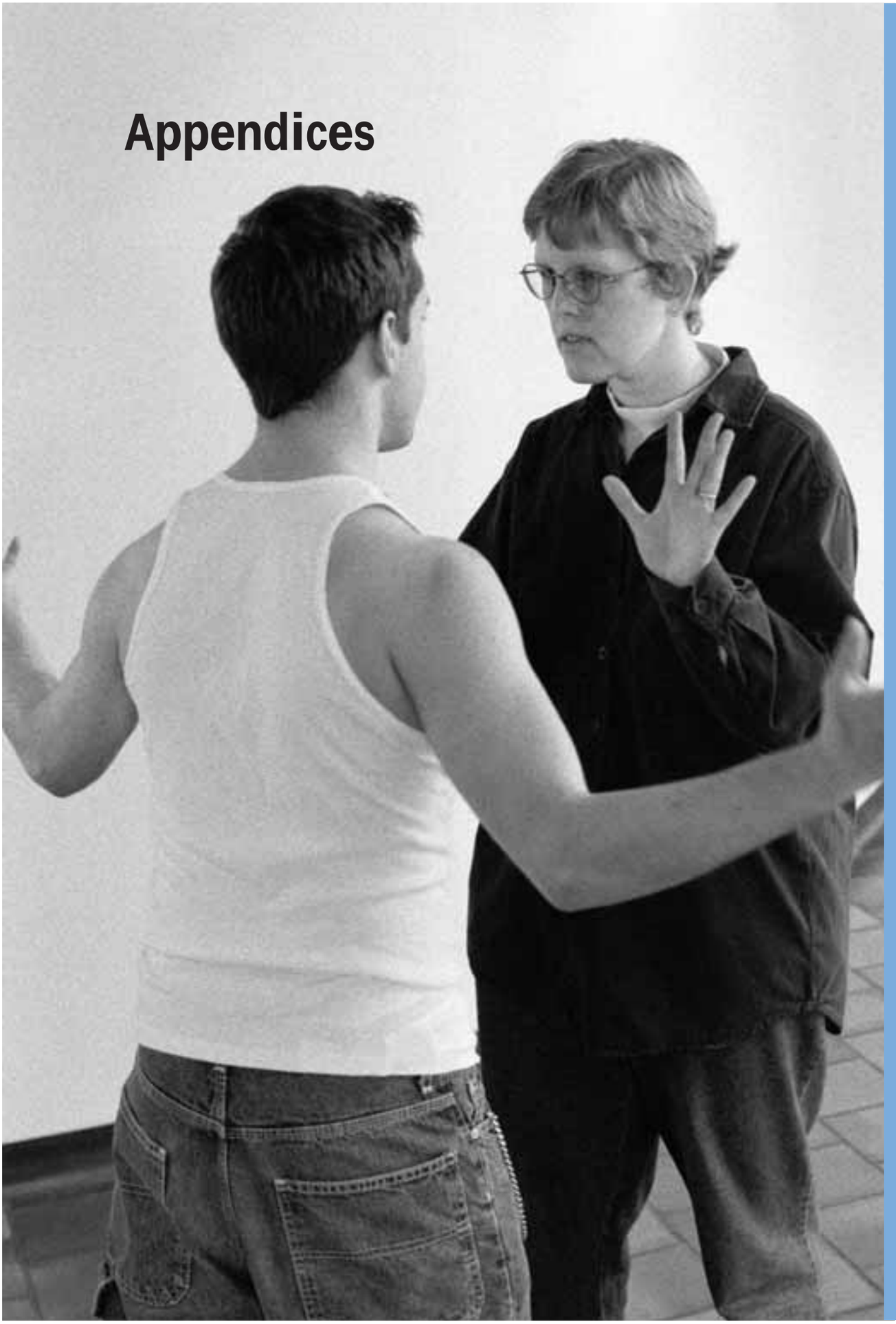
Violence in the health care workplace is often under-reported. It is frequently committed by the very person to whom the worker is providing care. Violence and aggression directed at workers is unacceptable – and all workers have the right to work in a safe environment and to protect themselves. At the same time, they have the responsibility to find effective ways to meet client needs.

Although workplace violence is not always preventable, a well-designed violence prevention program integrated with the overall OHS program and other organizational systems can help to decrease the number and severity of incidents.

Effective and prompt post-incident procedures can provide support for those affected by workplace violence. They can also ensure that these incidents are investigated, and that measures are taken to prevent or control future incidents. Effective post-incident follow-up and intervention can also help to reduce the adverse effects of violent incidents and eliminate or minimize recurrence of the same or similar types of incidents.

The basic steps and processes in controlling risks of violence and of security breaches are similar to those used in controlling other occupational health and safety risks in the workplace. These steps and processes ensure that the workplace violence prevention program is an integral part of the overall OHS program.

Appendices



Guide to the appendices

Appendix A: Background Information

The following section provides background information about violence in the health care workplace. This information can be used to educate the working group, management, and workers about workplace violence, and to enlist their support for the violence prevention program.

A1 Impact of Workplace Violence on Workers and Others

Workplace violence may result in physical and / or psychological injuries to the worker. In addition, it may also have an impact on co-workers, family, and friends:

Workers

Physical injury/ Psychological injury:

- Grief, denial, self-blame
- Depression, anger, disbelief
- Anxiety, shock, apathy
- Dependency, helplessness
- Symptoms of post-traumatic stress disorder
- Fear of future threats or injury
- Self-doubt
- Powerlessness
- Fear of returning to work
- Decreased job performance
- Changes in relationships with co-workers / family
- Extended time off
- Physical illness
- Sleep pattern disturbances
- Headaches
- Impaired stress management and substance abuse

Bystanders, other patients/clients

Psychological impact:

- Shock and disbelief
- Anger, denial
- Fear for their own safety

Co-workers

Psychological impact:

- Denial, self-blame
- Blaming of victim, leading to conflict or distrust among co-workers
- Anger, increased stress
- Fear for their own safety
- Lower workplace morale
- Re-distribution of workload due to the worker's leave as a result of physical and / or psychological injury

Family and friends

Psychological impact:

- Shock, disbelief
- Denial, grief
- Fear of future threats or injury to the worker
- Loss of family income
- Disruption of activities of daily living
- Loss of participation of the worker in family and social activities
- Stress within the family due to the physical and psychological effects of the incident

A2 The Impact of Workplace Violence on the Health Care Industry

The financial costs

Workplace violence exacts a heavy financial toll from employers. In one year alone, claims for time lost by workers in the health care industry cost more than $35 million. Claims for violence-related injuries account for an average of 7.5% of all claims in the health care industry.

How are health care workers affected?

Health care workers file approximately 10 times as many claims for violence-related injuries per person-years of employment as the workforce in general:

Health care workers, including physicians, nurses, care aides, pharmacists, housekeeping staff, technicians, and ambulance attendants represent 4.5% of the B.C. workforce. However, they file approximately 40% (range of 37.0% to 45.5% over the past 6 years) of all violence-related claims.

The number of violence-related injury claims by health care workers compared to violence-related injury claims in the total workplace is increasing:

Over the past six years, the relative number of claims for violent incidents compared to other claims has remained at about 1.6% for the workplace as a whole. The relative number of these claims made by health care workers, however, has increased from 7.0% to 8.4%.

How does the health care industry compare with other industries?

Health care workers have more violence-related claims per person-years of employment than workers in the five industries outside of health care with the highest incidence of violence: hotels and restaurants, education, government services, apartment building operation, and retail stores.

Which health care occupations are at the highest risk for violence?

Of all categories of workers in B.C., nurses and nurse aides report the highest number of claims due to acts of violence. *The second most common reason for a nurse to lose time from work is a violent incident and the resulting physical and/or psychological injuries.* Other health care sector workers with high numbers of accepted violence-related compensation claims include janitors and cleaners, social workers, and protective service personnel.

What is the pattern of violence in long-term care?

Of all long-term care workers, those directly involved in personal care (care aides and licensed practical nurses) have the highest number of violence-related compensation claims. Incidents are rarely random – they are usually associated with such activities as toileting, dressing, bathing, or walking. (Source: Boyd, N., *Gently into the Night*, Worker's Compensation Board of British Columbia, 1998)

Appendix B: Sample Checklists and Forms

PLEASE NOTE:

The sample checklists and forms on the following pages may be useful in developing and implementing a violence prevention program. Since this handbook is designed for use by all health care organizations, from small clinics to long-term care facilities, very large and complex hospitals, and the community, a range of tools has been included.

The checklists and forms are intended as samples and/or guidelines only. Individual organizations may choose to use or adapt these samples, develop their own resources, or use less formal approaches.

B1

B1 Sample Risk Factors Checklist

Use this tool to identify the risk factors that affect your workplace. Change, delete, or ignore items that are not relevant to your organization.

Review the following risk factors associated with violence in the workplace. Take these risk factors into consideration when planning strategies to eliminate or minimize incidents of violence. Check off each risk factor that is relevant to your workplace. Summarize your comments in the space provided.

Risk Factors	Yes	No	Don't Know
1. What characteristics of the worker's occupation might increase risk? The risk of violence is higher if the worker's occupation involves physical contact with patients/clients, particularly if the contact is frequent or prolonged. Increased risk is associated with:			
(a) Working in an emergency, psychiatric, or extended care unit	❑	❑	❑
(b) Dealing with the public (social work, nursing, human resources, reception)	❑	❑	❑
(c) Dispensing drugs	❑	❑	❑
(d) Delivering social services	❑	❑	❑
(e) Handling cash	❑	❑	❑
(f) Working alone (or in a small group), at night, or during early morning hours	❑	❑	❑
(g) Performing public health or security functions	❑	❑	❑
Comments			
2. What patient/client characteristics might be risk factors in your workplace? (See pages 50-51 for additional information about each of the following risk factors.)			
(a) Medications and substance abuse	❑	❑	❑
(b) History of violence	❑	❑	❑
(c) Mental or physical illness or injury	❑	❑	❑
(d) Sensitivity to disruptive events	❑	❑	❑
(e) Previous exposure to past incidents of aggression and violence	❑	❑	❑
(f) Violent/abusive family or friends	❑	❑	❑
(g) Difficulty in communicating	❑	❑	❑
Comments			

Risk Factors	Yes	No	Don't Know
3. What aspects of the workplace environment might increase the risk of incidents of violence?			
(a) People working alone; for example: • Community workers who work alone or in private residences or hotels, sometimes located in high-crime neighbourhoods (these workers may walk into dangerous situations, or come face-to-face with intoxicated clients, unrestrained pets, and hostile family members) • Workers in long-term care working with dementia patients/clients in an environment or work setting that is not appropriate for the patient's needs and challenges of care • Clinic staff who stay behind after regular office hours, or use weekends to catch up on work • Needle exchange workers • Social workers, home support workers, nurses, and other health care providers who travel by car, by bus, or on foot between clients' homes • Nurses and care aides who carry out duties in a locked ward	❑	❑	❑
(b) Night-shift health care workers who work alone	❑	❑	❑
(c) Interconnected buildings and shared premises that may allow members of the public uncontrolled access to, or increased movement between, facilities	❑	❑	❑
(d) Work location in a high-crime neighbourhood	❑	❑	❑
(e) Care areas such as emergency departments, critical care areas, or pediatric wards, which tend to be very stressful for the patient/client and family members	❑	❑	❑
(f) Public areas such as lobbies, emergency departments, and ambulatory clinics where long waiting periods and crowded conditions can contribute to the incidence of disagreements or brawls	❑	❑	❑
(g) Young and/or inexperienced workers, or those who have not had adequate training in violence prevention	❑	❑	❑
(h) Other (specify)	❑	❑	❑
Comments			

Completed by _____ Position _____ Date _____

Risk Factors Related to Patient/Client Characteristics

(a) Medications and substance abuse: The use of certain medications, the need to provide care to substance abusers, and the widespread awareness that medications such as opiates are available in health care facilities contribute to violence. Conflict between patients / clients and health care workers may occur as a result of:

- **Effects of medications:** Medications can alter patients' / clients' perception, medical condition, and actions. Because medications have different and sometimes unexpected effects on individuals, they may cause patients / clients to become aggressive or violent toward workers.
- **Changes in medications:** Changes in, or combinations of, medications require constant assessment of patient / client behaviour and condition. The distress of substituting one medication for another and the required time intervals between medications can frustrate patients / clients and cause them to act out.
- **Substance abuse:** For patients / clients being treated for substance abuse, the transition period can be difficult. The anxiety, suspicion, and sense of helplessness that comes with being in a hospital or treatment centre, as well as the distress caused by the detoxification or treatment itself, can cause patients / clients to become aggressive toward workers.
- **Robberies for drugs:** Drug robberies from hospitals, pharmacies, and treatment centres happen when drug-seeking individuals decide to steal or take drugs by force.
- **Policies that prohibit smoking**

(b) History of violence (including violent crime): Patients / clients who have committed intentional acts of violence in the past will likely do so again.

(c) Mental or physical illness or injury: Some mental and physical illnesses can predispose a patient / client to act out violently. Examples of such illnesses include: dementia; altered level of consciousness or delirium arising from certain types of head injuries, hyper / hypoglycemia, other metabolic disorders, or seizures; certain psychiatric disorders; borderline, paranoid, or anti-social personality disorders; substance abuse or withdrawal; organic brain disorders; and history of post-traumatic stress disorder. For example, dementia causes a decline in all areas of mental ability, including a patient's understanding of what is going on around them. Because there may be no obvious connection between the cause of a patient's anger and the resulting violent incident, workers may see a patient's behaviour as completely unprovoked. Another example is altered level of consciousness – a patient / client who is not completely aware of the surroundings because of illness or injury may strike out from fear and lack of understanding.

Risk Factors Related to Patient/Client Characteristics (continued)

(d) Sensitivity to disruptive events: Certain events and circumstances may be particularly stressful to patients / clients and may raise their anxiety levels. Events that may lead to violence or aggression include:

- Personal care – feeding, bathing, toileting, mobilizing
- Visits involving family, friends, and the resulting fatigue
- Treatments such as dressing changes or physiotherapy that may cause pain or disrupt visits, rest, or leisure activity (for example, watching television)
- Treatment delays (real or perceived)
- Discharge time, which involves increased levels of noise and activity at a time when the patient / client may be feeling quite anxious
- Regimented wake-up calls and bedtimes, rigidly scheduled meal times, predetermined duration of meal times, a set amount of time for personal hygiene, and other routines that may become frustrating to patients / clients, particularly those requiring long-term care
- Noise, sleep disruption
- Lack of information from medical staff concerning diagnosis, care, test results, or prognosis
- Fear of going home

(e) Previous exposure to past incidents of aggression and violence: Recollection of specific stressful events that occurred in the past may cause patients / clients to strike out at workers.

(f) Violent/abusive family or friends: Workers must deal not only with patients / clients but also with their family members and friends, sometimes in stressful circumstances. Families and friends share patients' / clients' sadness and frustration over illness and physical disability, sense of inadequacy, and loss of control and independence. Such unhappy circumstances can turn routine contacts with workers into confrontations.

(g) Difficulty in communicating: Misunderstandings due to language or a lack of understanding of cultural traditions may lead to conflict between patient / client and worker.

B2

B2 Sample Worker Survey on Violence and Aggression in the Workplace

Use this tool to obtain staff input. Change, delete, or ignore items that are not relevant to your organization.

Section 4.27 of the Occupational Health and Safety Regulation defines violence as "the attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker." Violence and aggression also include any threatening statement or behaviour that gives you reasonable cause to believe that you are at risk of injury.

This survey can help determine what work-related conditions in your job may place you at risk of workplace violence or aggression. This survey is an important part of the violence prevention program, which is aimed at preventing, or at the very least minimizing the impact of, violent incidents and aggression in your workplace.

You do not have to give your name or other information that could identify you. Answer the question or circle the appropriate answer: yes, no, or don't know. Skip any question that does not apply to you.

Date: _____ Job Title: _____ ❑ Male ❑ Female

Department/Work Location: _____

Your Security on the Job

On a scale of 1 to 10, how concerned are you about your personal safety at work?
(1 = not concerned, 10 = very concerned. Circle a number below.)

1 2 3 4 5 6 7 8 9 10

On a scale of 1 to 10, how prepared do you feel to handle a violent situation or threat at work?
(1 = not prepared, 10 = very prepared. Circle a number below.)

1 2 3 4 5 6 7 8 9 10

Are security improvements needed at your workplace? Yes No Don't Know
(If yes, check all that apply; add any others below.)

- ❑ Lighting
- ❑ Security personnel
- ❑ Secure parking lot
- ❑ Patient/client transfers – violence-related information/risk factors are clearly communicated to receiving organization/caregiver
- ❑ Information on intake sheet about patient's or client's previous history of violent behaviour
- ❑ Secure areas to store personal belongings
- ❑ Secure restrooms
- ❑ Restricted public access to work areas
- ❑ Security devices (cameras, alarms, panic buttons, etc.)
- ❑ Communication between employer and workers concerning violence prevention issues

Other:

If you work in the community, are you given: (Check all that apply; explain below if you wish.)

- ❑ The assistance of a buddy or security guard when needed
- ❑ A security contact person
- ❑ The information you need about the area
- ❑ A cellular phone or radio
- ❑ The information you need about the patient/client
- ❑ Timely assistance when you report a problem

Comments:

Violence Prevention Policy	Yes	No	Don't Know
Is there a written violence prevention policy for your workplace?	❑	❑	❑
Have you ever seen a copy of the policy?	❑	❑	❑
Are there written procedures for violence prevention that deal with your work area?	❑	❑	❑
If yes, are they easy to understand and follow?	❑	❑	❑
Have you ever seen a copy of the procedures?	❑	❑	❑
Comments:			

Incident Reporting and Follow-up			
Is there a system for reporting threats and incidents of violence and aggression?	❑	❑	❑
If yes, is it easy to understand and follow?	❑	❑	❑
Comments:			
Are you required to report threats and incidents of violence or aggression?	❑	❑	❑
If yes, can you do so without fear of reprisal?	❑	❑	❑
Does the supervisor/manager investigate incidents without undue delay?	❑	❑	❑
Does the supervisor/manager take suitable corrective action without undue delay?	❑	❑	❑
Are police and emergency services called immediately when an incident involving a criminal act occurs?	❑	❑	❑
Are co-workers briefed about a violent incident before coming on shift/dealing with a previously violent patient?	❑	❑	❑
Is there a program to provide support for workers who are victims of workplace violence?	❑	❑	❑
Comments:			

Education and Training			
Have you received training on recognizing and preventing workplace violence?	❑	❑	❑
Are you trained at least once a year or when your job duties change?	❑	❑	❑
Do you feel that training was adequate?	❑	❑	❑
Comments:			
Is your training appropriate for the job that you do? (Is it tailored to your particular job duties?)	❑	❑	❑
Comments:			
Do you know what protocols (policies and procedures) exist in your workplace to deal with violence and its consequences?	❑	❑	❑

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Education and Training (continued)	Yes	No	Don't Know
Do you know what standard of care your employer expects you to deliver when a patient/client is abusive or threatening toward staff?	❑	❑	❑
Are you aware of the Occupational Health and Safety Regulation sections on violence in the workplace?	❑	❑	❑

Incidents at Work	Yes	No
Have you ever been the victim of a violent incident on the job?	❑	❑
If yes, please answer the following:		
Type of incident(s) (describe)		
Were you injured? (If yes, describe injuries)	❑	❑
Did you receive first aid or medical treatment? (If yes, describe)	❑	❑
Did you report the incident?	❑	❑
Were you offered defusing (an opportunity to express your thoughts about the incident, and learn about normal stress reactions and available services) within 8 hours?	❑	❑
If yes, was it done?	❑	❑
Were you offered Critical Incident Stress Management debriefing (a discussion with a facilitator to alleviate trauma and speed up your recovery) within 24 to 72 hours?	❑	❑
If yes, was it done?	❑	❑

Your Recommendations

In your opinion, what steps could be taken to make your workplace safer?

Name (optional): _____

(Adapted with permission from *Violence on the Job*, Labor Occupational Health Program, University of California, Berkeley, 1997, and from *Drawing the Line,* B.C. Health Association, Vancouver, 1993)

B3 Sample Worksite Inspection Checklist

Use this checklist to record information about worksite hazards. Change, delete, or ignore items that are not relevant to your organization.

Inspect the workplace for each item listed below. A building blueprint or floor plan may be useful. Mark areas of concern in the space provided so that the items can be reviewed and discussed later.

Worksite Environment	Comments
Lighting • Is lighting appropriate for all indoor building areas, grounds around the facility, and parking areas? (Lighting should meet the requirements of national standards and local building codes.)	
Staffing level • Is staff available to meet violence prevention and/or response requirements? • Where and how can extra staff be obtained in the event of an emergency, and are they likely to be able to respond promptly?	
Other patients • Is privacy and quiet sufficient to prevent activities that centre around one patient/client from agitating others?	
General appearance and area • Does the worksite look cared for? • Is there graffiti on the walls or other parts of the facility? • Are there signs of vandalism? • Are there crime generators (liquor stores, bars, convenience stores, or vacant lots) in the area?	
Maintenance of general security systems • Are broken windows, damaged door locks, and burnt-out light bulbs replaced promptly?	
Isolation • How far away is the next area or building where help could be obtained in an emergency? • How accessible are co-workers in case of an emergency?	
Building perimeter • How well kept is the property around the facility? • Are there bushes/shrubs where someone could hide or that could conceal break and entry activities? • Are there fences or other security measures? • If so, are they well maintained? • At the time of this inspection, did any areas feel isolated? • In these areas, is there a telephone or a sign for emergency assistance? • How far away is the nearest person who would be able to hear calls for help?	
Visibility • Are there unlit or overgrown areas where an assailant could hide? • Do any physical objects/structures obstruct your view? • What would make it easier to see an assailant? (for example, mirrors, angled corners, transparent materials like glass, windows in doors, less shrubbery)	

Worksite Environment (continued)	Comments
Access control • Is the worksite building connected to any other buildings, or shared with other organizations? • Is access to the worksite (including access through adjacent workplaces) controlled? • Are access codes for doors/gate locks known to individuals other than staff? • Are offices designed and/or arranged so that public and private spaces are easily distinguished?	
Security system • Is there an alarm and lighting control panel to alert co-workers of a violent incident and its location? • If so, is the control panel monitored? • Are personal alarms or panic buttons available? • Where does the alarm or panic call go and whom does it alert? • How is the problem area identified? • Have motion sensors been installed at all entrances and exits? • Are security guards or buddy systems available at your location?	
Emergency response system • Has a protocol for summoning the emergency response team been established? • If so, has it been tested recently? • Is there an emergency contact number, and is it posted on phones? • Are emergency phones accessible in all areas?	
Entrapment Sites	
Parking lots • Do workers park in the area on evening and night shifts? • If so, is there a secure parking lot? • Do security personnel patrol the area regularly? • Is it generally well lit? • Have there been vehicle thefts from the parking lot?	
Elevators • Are there strategically placed mirrors so staff can see who is in the elevator before entering? • Is there an emergency phone or emergency call button in each elevator? • Do workers know what to do if cornered in an elevator by an aggressive patient/client? • Is there a response procedure for elevator emergencies?	
Washrooms • Are there separate washrooms for staff? • If so, are staff washrooms controlled by locked doors? • Is public access to washrooms controlled? • Can the lights in washrooms be turned off? • Are washrooms checked for unauthorized personnel before the building is vacated?	

Entrapment Sites (continued)	Comments
Reception area • Is the reception area clearly marked? • Is there a natural barrier, such as a deep reception desk, separating staff from patients/clients, relatives, and the public? • Does the layout of the reception area allow staff to greet incoming patients/clients and make sure they are seen in order of arrival or appointment? • Does the layout of the reception area make it easy to observe patients/clients? • Are there any areas out of sight of staff where someone could deliberately hide? • Is the reception area staffed at all times? • Is there an alarm system? • Does the receptionist sometimes work alone? • Are there objects, tools, or equipment in this area that could be used as weapons? • Is anyone in the area responsible for handling cash?	
Interview/treatment/counselling rooms • Is access to the interview room controlled by locked doors? • Is the room located in a relatively open area that still maintains privacy and confidentiality? • Does the layout of the room and furniture permit workers to exit if threatened? • Is a back-up exit available for emergencies? • Does the room have an alarm system? • Does the door have a window?	
Pharmacy/medication room/treatment room/office • Is there another way out for an emergency exit? • Are furniture/counters arranged to both allow visibility and protect staff? • Does the width/height of the counter/desk provide an appropriate barrier between staff and the public? • Does the area have an alarm system? • Do workers sometimes work alone? Do they know the appropriate emergency alert procedures? • Are pharmacy staff required to handle cash?	
Waiting areas • Does the waiting area isolate patients/clients from staff and hinder communication with workers? • Are there objects, tools, or equipment that could be used as weapons?	
Other rooms and areas • Are unoccupied rooms locked? • Are there places, such as recessed doorways, unlocked storage areas, and stairwells, where someone could hide out of view of others?	

B3

Entrapment Sites (continued)	Comments
Files/Records • Are confidential files/records kept in a locked room? • Are file cabinets containing confidential records locked?	
Stairwells and exits • Are stairwells and exits clearly marked, well lit, and controlled with locked doors that have panic bars to allow exit in an emergency? • Do exit doors identify where they exit to? • Are there places at the bottom of stairwells where someone could hide? • Can lights be turned off in the stairwell? • Is there more than one exit route? • Do exit routes restrict the ability to escape an attacker? • Do stairwell doors lock behind people during or after regular hours of operation?	
General building, work station, and area designs	
• Review the design plans of all new or renovated facilities to ensure safe and secure conditions for workers. • Are facilities designed to ensure the privacy of patients, clients, and customers, yet permit workers to communicate with other staff in emergency situations? (Such communication could be via clear partitions, video cameras, speakers, panic buttons, or personal alarms, as appropriate to the workplace situation.) • Are work areas designed and furniture arranged to prevent entrapment of the workers and/or minimize the potential for assault? • Is access to employee work areas controlled? (Consider using locked doors, buzzers, or card access.) Security must never conflict with fire and other safety requirements. Although it may be tempting to keep doors locked to prevent intrusion, people's ability to exit the building must not be impeded.	
Security equipment • Are there electronic alarm systems with visual or audible alarms? • Do systems identify the location of the room or the worker by means of an audible alarm and/or a lighted indicator or equally effective measure? • If such systems are used, are adequate personnel available to render prompt assistance? • Is closed circuit television used by security guards to monitor high-risk areas, both inside and outside the building? • Are cellular telephones, beepers, CB radios, hand-held alarms, or noise devices available for field situations? • Is security equipment regularly examined and maintained to ensure its effectiveness?	
Equipment and tools • Are tools and equipment locked away when not in use? • Can patients/clients grab and use them as weapons against staff?	

Completed by _____ Date _____

B4 Sample Community/Home Care Risk Assessment

Use this form for pre-visit assessments of violence risks. Change, delete, or ignore items that are not relevant to your organization.

How a care provider approaches the client may be important for safety – be certain to document your concerns and planned approaches, as consistency is important in minimizing risk. Your organization should decide who is qualified to make the assessment.

Take the time to contact the prospective patient/client or a family member for the following information, or plan time to assess the site/area at the time of the first visit, and take the recommended precautions.

Questions about Work Environment and Client	Notes/Follow-up
1. What is the address and the safest route to get there?	
2. What is the location of the closest and safest parking spot? • Park under a streetlight if working in the late afternoon or at night. Avoid night visits if possible. • Remember to lock valuables in vehicle trunk before leaving the office. • Make sure the vehicle windows are closed and all vehicle doors are locked.	
3. Do street lamps provide enough light for walking from parked car to entrance, and is there a light in the entrance to the building? • Request that the entry area light be on, if there is one. • Use a flashlight if needed.	
4. What is the safest route into the residence and which entrance should be used?	
5. Where is the nearest public phone? Are emergency phones available in the building/ housing complex?	
6. Are there any physical hazards (barriers, broken steps, free-roaming dogs, weapons) and if so, what is the plan for controlling these hazards during the visit?	

B4

Questions about Work Environment and Client (continued)	Notes/Follow-up
7. If you anticipate the possibility of encountering hazards during your visit, have you arranged for a pre-visit and post-visit call to the office, a nurse, or the supervisor, or, if possible, a "buddy"?	
8. Will other people be in the residence during the visit? If so, how many people, what is their relationship to client, is there any potential for violence, and who will open the door?	
9. Is the client aware of the approximate time of your arrival?	
10. During the phone interview, what is the client's or family member's: • Attitude to caregiver • Mood • Signs of intoxication • Level of orientation • Other	
11. Have you reviewed the safety routine for returning to your vehicle? • Be observant – look and listen. • Do not sling your purse or bag over your shoulder or around your neck. • Carry your keys in your hand. • Walk around vehicle, and check back seat before unlocking car. • Lock doors; keep windows up until underway.	

Completed by _____ Date _____

Client name _____

Name of person(s) contacted for information _____

Contact the referring agency for the following information, and take recommended precautions. Check each item as it is completed.

Questions about Client for Referring Agency	Notes/Actions
1. Do you know of any violent or aggressive behaviour by this client or other person at the worksite?	
2. Describe the behaviour and the frequency with which it occurs.	
3. Do you know of any triggers for the violent behaviour, such as when limits are set, or during specific activities?	
4. Is the violent behaviour directed toward a particular person, or generalized, toward no one in particular?	
5. If directed at a particular person, what is the likelihood that this person will be in the home during a health care worker's home visit?	
6. Do you know of any restraining orders against anyone in the household? If yes, against whom (e.g., client, family member, or friend)?	
7. Have threats recently been made against the client? If so, who has made these threats? Does this person have access to the client at home?	

Completed by _____ Date _____

Adapted with permission from E. Hunter, Violence Prevention in the Home Health Setting, *Home Health Care Nurse* 15(6): 403-9, 1997.

B5

B5 Sample Violence Prevention Worksheet

Use the form overleaf as a dynamic document to plan and record all steps of the violence prevention program development and review process. Change, delete, or ignore items that are not relevant to your organization.

Degree of risk depends upon a number of factors, and is based on current and/or historical information about the risk. The frequency of or possibility for violence may be *high* (very likely), *medium* (possible), or *low* (unlikely). The severity of the risk may be *high* (physical acts involving injury or trauma), *medium* (physical acts or threats having potential to cause injury or trauma), or *low* (verbal or written threats unlikely to cause physical harm). This is a guide only. Use additional space as required.

Note: Recommendations for control measures and post-incident procedures should be assigned to a team member, and due dates for completion clearly noted and monitored.

Adapted from a Public Service Employee Relations Commission risk assessment form.

B5 Sample Violence Prevention Worksheet

Risk Element	
Degree of Risk	*High* ❑ *Moderate* ❑ *Low* ❑
Policy	
Control Measures	
Post-incident Procedures	
Training Needs	
Program Review	
Person Responsible	
Date of Completion	

Completed by _____ Date _____

B6

B6 Sample Control Measures Checklist for Acute Care, Long-Term Care, Psychiatric In-Patient Facilities, and Clinics

Use this checklist to identify control measures for your workplace. Change, delete, or ignore items that are not relevant to your organization.

Using the space provided, identify the control measures that would be useful in your workplace.

Engineering Controls	Notes/Follow-up
Engineering controls remove the hazard from the workplace or create a barrier between the worker and the hazard. Examples of engineering controls include: Control access by posting security personnel or using coded access cards to control exits and entrances.	
Escape avenues such as workers' safe rooms, staff exits, designated worker routes of escape.	
Physical barriers between workers and the public, including high, wide reception desk in triage, admitting, and other reception areas where workers may greet or interact with the public (to prevent patients/visitors from grabbing staff). Use doors, see-through partitions, windows, and other barriers to isolate nursing stations from client care area while still providing ease of access and observation.	
Psychological barriers, such as strategically placed furniture or plants, to prevent patients/visitors from wandering into work areas.	
Lighting to allow staff to observe visitors and detect intruders.	
Noise barriers, such as sound-absorbing panels, to control noise level.	
Locked cupboards and storage areas to discourage theft.	

Engineering Controls (continued)	Notes/Follow-up
Furniture, equipment and tools: • If possible, ensure that furniture is rounded with padded edges and/or fixed to the floor. • Arrange furniture and equipment to eliminate hiding areas, prevent entrapment, and provide escape routes. • Store equipment and tools so that they cannot be thrown at staff. • Remove items that could be used as weapons (e.g., sharp objects, rope). • Remove hazardous chemicals if possible.	
Environmental restraints, such as seclusion rooms/lock-up rooms, to physically isolate patients/clients from both staff and the general hospital population, and to protect everyone's safety, including that of the violent patient/client.	
Worker "safe rooms" to provide workers with a safe haven in emergencies. Examples include enclosed nursing stations and lockable and secure bathroom/lounge areas for staff, with telephone access to the outside.	
Surveillance system to monitor patient, client, and visitor movements/activities and to survey concealed areas or grounds.	
Security equipment such as locks, alarm systems, panic buttons, or personal alarm transmitters at reception desks, nurses' stations, triage stations, and at private office desks.	
Administrative Controls	**Notes/Follow-up**
Administrative controls decrease the likelihood of workplace violence by adjusting how work is performed. Examples of administrative controls include: A violence prevention policy	
Violence prevention procedures (specify)	

Administrative Controls (continued)	Notes/Follow-up
An identification system for patients and visitors: • Issue staff name tags, preferably with photo and no last name. • Issue visitor tags, preferably a different colour from staff tags. • Provide a visitors' sign-in book to document who is entering and exiting the facility. • Flag patients/clients with a previous history of violent behaviour – computer flags, chart flags, and wristbands.	
Signage • Post appropriate signs to prevent visitors from wandering into restricted areas. • Post floor plans that show building exits.	
Emergency back-up assistance • Co-worker buddy system • Emergency response or "code white" team • Security guards • Police assistance	
Waiting areas • Provide comfortable waiting areas with adequate seating, water, telephones, restrooms, distractions (for example, reading materials, children's toys, television, and vending machines). • Minimize waiting times. • Clearly inform clients how to use services; explain treatment priority and process/triage, so they will not become frustrated.	
Care plans that identify consistent approaches to care to avoid high-risk situations, with strategies for prevention of incidents of violence. • Identify patients/clients with medical/psychiatric conditions that put them at risk for committing acts of violence. • Document disruptive visitors. • When patients/clients display violent/aggressive behaviour to ward staff, note it on the care plan and convey the information clearly at change-of-shift reports. • Assess responses to treatment and limit-setting. • When a patient/client is being transferred to another agency, inform the receiving agency if there is a potential for a violent incident and share information about any history of violence/ aggression.	

Administrative Controls (continued)	Notes/Follow-up
Work practice measures – work load, work schedules, job content, and methods of monitoring work performance. • Maintain adequate staffing levels in high-risk work areas both to discourage violent behaviour and to help deal with it if it occurs; if possible, avoid having staff work alone. • Adjust staffing to cope with peak flows of patients/clients to minimize irritating delays and crowding of the area. • Implement a training and maintenance system that ensures alarm devices function and are used correctly. • Provide worker training programs on how to identify high-risk situations and avoid or defuse them. • Review policies that determine placement of clients on specific units. • Mark change-of-shift reports to identify escalating aggressive behaviour. • Train security guards or an emergency response/"code white" team in the principles of human behaviour and aggression, including information about risk factors for violent behaviour, de-escalation techniques, and restraining protocols.	
Personal alarm systems • Install panic buttons that provide audible and/or visual signals of trouble both in the immediate area and in a nearby security station. Train personnel to respond promptly and appropriately if the alarm is triggered. (Systems that rely on telephone communication are ineffective because users can be seen and heard, or may need free hands to operate the unit.) • Whistle • Pager • Response systems for activated alarm system • Television monitors that provide preventive surveillance and record any incidents as they happen (monitor systems must be maintained and tested periodically) • Electronic communication equipment such as cellular phones or two-way radios: workers in isolated worksites or in the field can use them to maintain contact with the office, verify their whereabouts, report an attack, and summon medical or other forms of assistance in isolated worksites	

Completed by _____ Date _____

B7 Sample Control Measures Checklist for Home Care and Community Outreach

Use this checklist to identify control measures for your workplace. Change, delete, or ignore items that are not relevant to your organization.

Using the space provided, identify the control measures that would be useful in your workplace.

Administrative Controls	Notes/Follow-up
Administrative controls decrease the likelihood of workplace violence by adjusting the way work is performed. Develop care plans that provide consistent approaches to the care of patients/clients, with strategies for preventing incidents of violence involving: • Patients/clients with medical/psychiatric conditions that put them at risk for committing acts of violence • Drug and alcohol-related environment • Disruptive non-clients	
Identify environmental hazards, such as: • High crime rate in the area • Distant parking • Poor lighting • Limited visibility	
Implement violence prevention procedures, such as: • Route sheets to identify patient/client locations and appointment times, including a copy to a designated check-in person • A requirement that a designated check-in person be called after each visit, each identified risk visit, or each visit with a new, unknown patient • A patient/client pre-screening procedure with safety checklists to determine risks before visiting patients/clients • Pre-visit phone calls to identify hazards. Check for environmental safety (lights, secured pets, best route into home) and patient/client status (emotional state, cognitive state, sobriety, attitude to visitor). • Specific forms designed to document the basis for refusal of service to a patient • Taxi service for night visits. (Taxis provide an individual to drive, wait outside, and return the worker home.) • Team visits or escorted visits for evening, night, or high-risk visits • Safe hours for visits: explore options for delivery of service during off-hours, such as the use of hospital emergency service, or visits from the patient's own physician.	
Ensure adequate lighting by: • Providing serviceable and compact flashlights • Making first visits in daylight only • Making visits to high crime areas in daylight only	
Provide personal controls, such as: • Personal alarm • Cellular phone	

Completed by _____ Date _____

B8 Sample Violence Prevention Policy Checklist

Use this checklist to review your current prevention policy or write a new one. Change, delete, or ignore items that are not relevant to your organization.

Answer the following questions as you develop your violence prevention policy to ensure that it is complete.

General Violence Prevention Content	Yes	No
Is the prevention policy clearly written and easily understood?	❑	❑
Is the policy dated and signed by senior management?	❑	❑
Is the policy included in the Occupational Health and Safety Manual?	❑	❑
Are all levels of the organization aware of the policy?	❑	❑
Does the violence prevention policy:		
• Acknowledge the existence of physical and psychological risks of injury to workers resulting from violence?	❑	❑
• Set forth the objectives of the violence prevention program?	❑	❑
• Express the value that management places on workers?	❑	❑
• Inform workers that management treats workplace violence as a serious matter?	❑	❑
• Inform workers where management stands on workplace violence (for example, management has a "zero tolerance" policy)?	❑	❑
• Express the employer's commitment to preventing workplace violence?	❑	❑
• Use a formal mission statement to state the employer's overall approach to preventing violence?	❑	❑
• Indicate management's support for the development and maintenance of the violence prevention program?	❑	❑
Employer's and Supervisors' Responsibilities		
Does the policy state the employer's and supervisors' responsibilities under the violence prevention program? These may include:		
• Conducting regular risk assessments	❑	❑
• Training and educating staff about the violence prevention program:		
- how to identify behaviour or situations that may lead to violence	❑	❑
- how to prevent violence	❑	❑
- how to respond to incidents of violence	❑	❑
- how to report incidents of violence	❑	❑
- how to use the resources available to them, internally and externally, in the case of incidents of violence	❑	❑
• Investigating all reported incidents of violence/aggression, and establishing control measures to eliminate/minimize the potential for recurrence	❑	❑
• Making sure all staff are aware of and comply with policy and procedures	❑	❑
• Promoting completion of violent incident or threat reports, and keeping completed report forms as part of the organization's incident records	❑	❑
• Using violent incident or threat reports to find a means of decreasing or eliminating similar incidents in the future	❑	❑
• Reassuring workers that no action will be taken against them when they report workplace incidents	❑	❑
• Making arrangements to provide defusing by a qualified individual	❑	❑
• Giving staff access to debriefing (e.g., Employee and Family Assistance Program)	❑	❑
• Informing injured workers of their right to see medical personnel of their choice	❑	❑
• Giving workers the option to seek other forms of assistance such as trauma counselling and access to Employee and Family Assistance Programs, where available	❑	❑
• Empowering workers to make and act on decisions regarding risk of violence, such as to withdraw or defer service	❑	❑
• Attending training sessions on employers' and supervisors' roles in preventing workplace violence	❑	❑
• Providing support for injured workers	❑	❑

B8

Workers' Responsibilities	Yes	No
Does the violence prevention policy state workers' responsibilities under the violence prevention program? These may include:		
• Following procedures for preventing violence	❑	❑
• Promptly reporting all violent and potentially violent incidents (verbal or physical, with or without injuries) by filling out incident report forms	❑	❑
• Participating in, or co-operating fully with, investigations/assessments of workplace violence		
• Attending training sessions as required	❑	❑
• Informing the joint committee or worker representative of any concerns about the potential for violence in the workplace	❑	❑
• Actively participating in the development, implementation, and review of a violence prevention plan:		
- Developing risk assessments	❑	❑
- Creating a violence prevention plan	❑	❑
- Investigating incidents	❑	❑
- Evaluating the workplace violence prevention program	❑	❑
- Ensuring training and policy are current	❑	❑
- Communicating all incidents, and organizational responses to them, to workers	❑	❑
Physicians' Responsibilities		
Does it state physicians' responsibilities under the violence prevention program? These may include:		
• Following established procedures for prevention of incidents of violence	❑	❑
• Being aware of and participating in measures to prevent workplace violence	❑	❑
• Participating in violence prevention processes specific to the physician's role	❑	❑
• Being aware of and giving appropriate orders for chemical or physical restraints to prevent or control violent behaviour that include information for staff concerning the purpose of the restraints and their short- or long-term use	❑	❑
• Supporting staff's efforts to prevent violence through appropriate care plans, chemical/physical/environmental/social restraints where necessary, and other appropriate measures	❑	❑
• Contributing to risk assessments	❑	❑
• Promoting the completion of violent incident or threat reports and follow-up procedures, and the establishment of control measures	❑	❑
• Actively participating in the management of violent/aggressive behaviour by learning about and using safe work procedures and practices at all times	❑	❑
• Attending violence prevention training each year	❑	❑
Comments		

Completed by _____ Date _____

B9 Sample Components of a Violence Prevention Program for Acute Care, Long-Term Care, Psychiatric In-Patient Facilities, and Clinics

Use this list of components of a violence prevention program as a starting point for writing procedures for a comprehensive program. Change, delete, or ignore items that are not relevant to your organization.

A. Workplace Violence Prevention Policy

B. Prevention Procedures and Control Techniques:

1. Violence Alert Identification
   - 1.1 Computer flagging (ADT Designation)
   - 1.2 Health care record flagging
   - 1.3 Cross-site information exchange
   - 1.4 "Purple" bracelets
   - 1.5 Other identifiers (such as "purple dots" on all documents/forms for a patient/client)
   - 1.6 Removal of "violence alert" designation when circumstances change

2. Staff Identification

3. Visitor Guidelines/Rules

4. Application of Restraints
   - 4.1 Chemical restraint
   - 4.2 Physical restraint
   - 4.3 Environmental restraint
   - 4.4 Social restraint

5. Victims or Criminals/Alleged Perpetrators of Crime as Patients
   - 5.1 Victims of crime as patients
   - 5.2 Criminals/alleged perpetrators of crime in custody as patients

6. Search of Patients' Belongings and Discovery of Weapons During Search
   - 6.1 Procedure to be followed for searches
   - 6.2 Procedure to be followed upon discovery of weapons

7. Consumption of Alcohol and/or Illegal Substances
   - 7.1 Patient/client
   - 7.2 Family member/visitor

8. Management of Alcohol and Drug Withdrawal

9. Prevention and Management of Violent/Aggressive Behaviour

10. Emergency Response Interventions
    - 10.1 Security staff or "code white" team
    - 10.2 Violent incident support team
    - 10.3 Police

11. Working Alone
    - 11.1 Check-in procedures
    - 11.2 Training of workers and contact persons

12. Alarm Systems
    - 12.1 Personal alarms
    - 12.2 Panic buttons

C. Post-Incident Procedures

1. Controlling the Incident Scene/Patient/Visitor

2. Reporting Violent Incidents and Security Breaches

3. Obtaining First Aid/Medical Aid

4. Establishing Compensation Claims
   - 4.1 WorkSafeBC claim
   - 4.2 Criminal injury compensation claim

5. Investigating Incidents of Violence and Following up

6. Defusing, Debriefing, and Follow-up Sessions
   - 6.1 Sessions for staff
   - 6.2 Sessions for violent person
   - 6.3 Sessions for bystanders

7. Behaviour Control
   - 7.1 Care plans
   - 7.2 Behaviour contract
   - 7.3 Withdrawal of service

8. Legal Action
   - 8.1 Pressing charges
   - 8.2 Getting restraining orders
   - 8.3 Providing support to staff

B10

B10 Sample Components of a Violence Prevention Program for Home Care and Community Outreach

Use this list of components of a violence prevention program as a starting point for writing procedures for a comprehensive program. Change, delete, or ignore items that are not relevant to your organization.

A. Workplace Violence Prevention Policy

B. Prevention Procedures and Control Techniques:

1. Violence Alert Identification
   - 1.1 Computer flagging (ADT designation)
   - 1.2 Health care record flagging
   - 1.3 Cross-site information exchange
   - 1.4 Removal of "violence alert" designation when circumstances change

2. Staff Identification

3. Pre-Visit Planning
   - 3.1 Review of existing records
   - 3.2 Pre-visit call
   - 3.3 Route plan

4. Victims or Criminals/Alleged Perpetrators of Crime as Patients
   - 4.1 Victims of crime as patients
   - 4.2 Criminals/alleged perpetrators of crime in custody as patients

5. Search of Patients' Belongings and Discovery of Weapons During Search
   - 5.1 Procedure to be followed for searches
   - 5.2 Procedure to be followed upon discovery of weapons

6. Consumption of Alcohol and/or Illegal Substances
   - 6.1 Patient/client
   - 6.2 Family member/visitor

7. Management of Alcohol and Drug Withdrawal

8. Prevention and Management of Violent/Aggressive Behaviour

9. Working Alone
   - 9.1 Check-in procedures
   - 9.2 Training of workers and contact persons

10. Alarm Systems and Communication Devices
    - 10.1 Personal alarms
    - 10.2 Cellular phones

C. Post-Incident Procedures

1. Controlling the Incident Scene/Patient/Visitor

2. Reporting Violent Incidents and Security Breaches

3. Obtaining First Aid/Medical Aid

4. Establishing Compensation Claims
   - 4.1 WorkSafeBC claim
   - 4.2 Criminal injury compensation claim

5. Investigating Incidents of Violence and Following Up

6. Defusing, Debriefing, and Follow-up Sessions
   - 6.1 Sessions for staff
   - 6.2 Sessions for violent person
   - 6.3 Sessions for bystanders

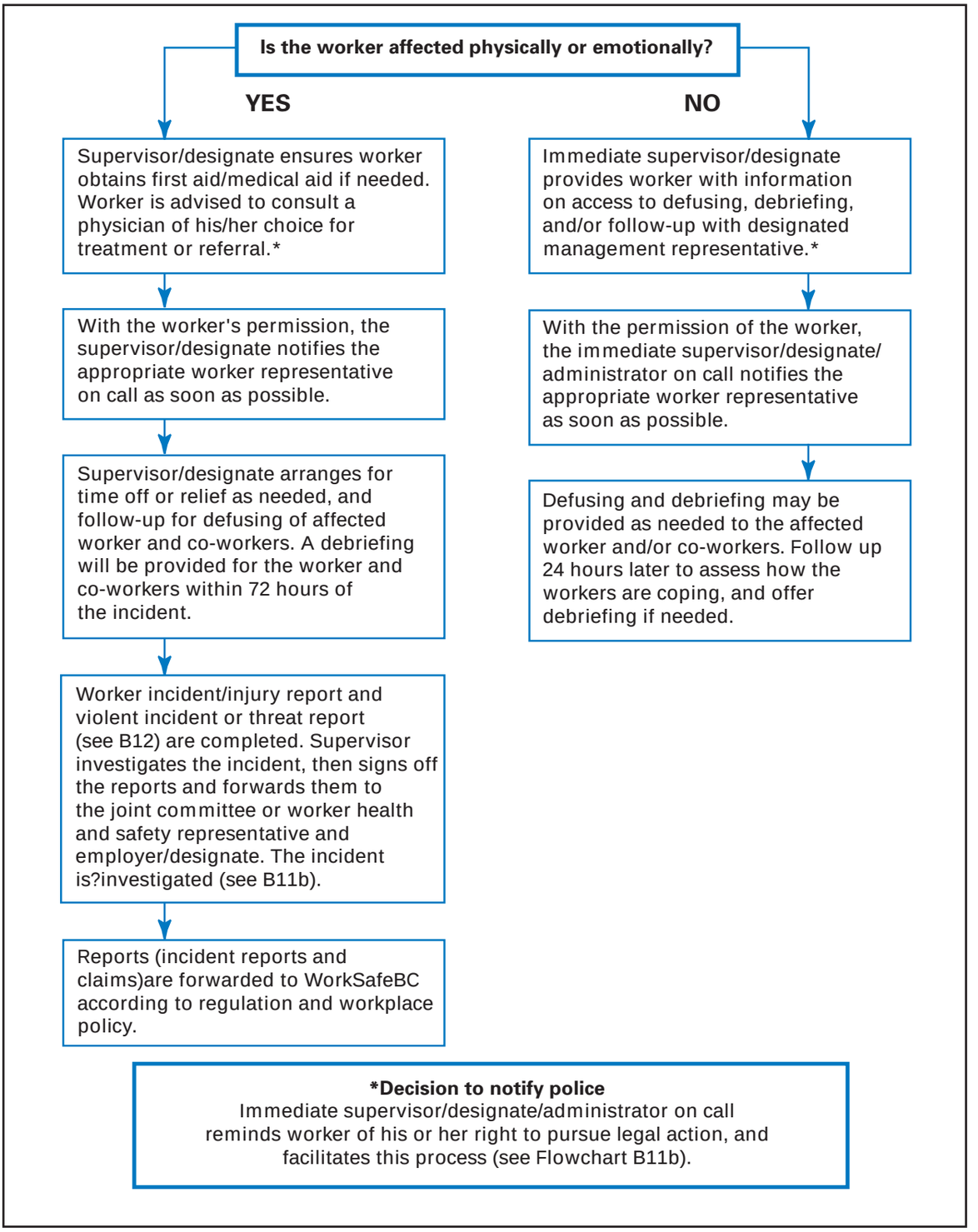
7. Behaviour Control
   - 7.1 Care plans
   - 7.2 Behaviour contract
   - 7.3 Withdrawal of service

8. Legal Action
   - 8.1 Pressing charges
   - 8.2 Getting restraining orders
   - 8.3 Providing support to staff

B11 Sample Flowcharts for Post-Incident Procedures

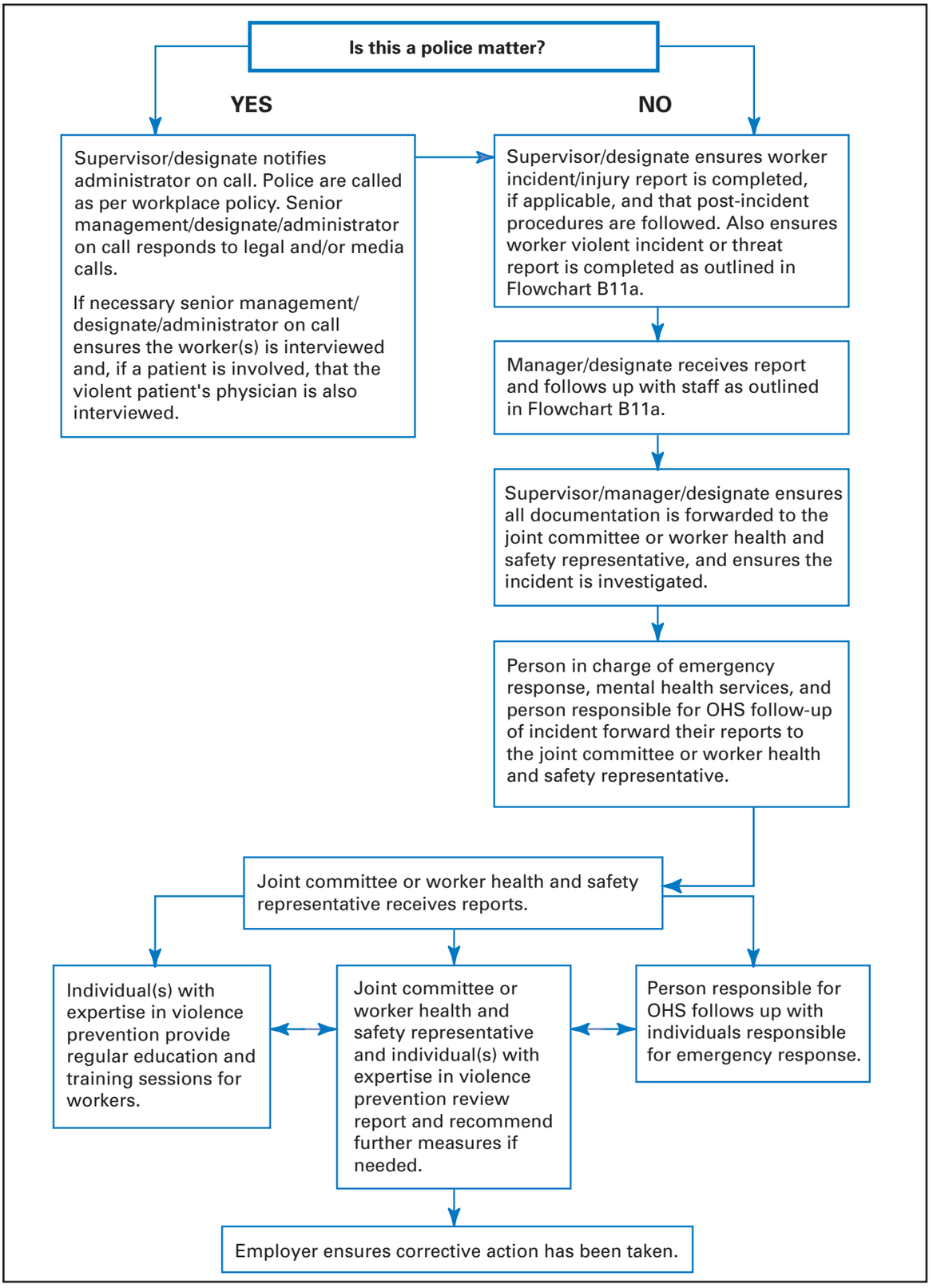
Use these charts to illustrate the flow of procedures to be carried out following an incident of violence or aggression. Change, delete, or ignore items that are not relevant to your organization.

B11a Sample Flowchart: Care for Affected Worker



B11b

B11b Sample Flowchart: Investigation of Violent Incident



B12 Sample Violent Incident or Threat Report

Use this form to report violent incidents and actions taken after such incidents. Change, delete, or ignore items that are not relevant to your organization.

Violent Incident or Threat Report – Confidential

1. Identifying Information

Worker's name _____ Job title _____ Shift _____

Department _____ Workplace location/address

Location of incident (Specify location. Examples: reception, hallway 2nd floor, in client's home, on street, entering or leaving home or building)

Date and time of incident _____ Was an alarm activated? ❑ Yes ❑ No

Date and time incident reported _____

Type of incident

❑ Threat
- ❑ Verbal threat in person
- ❑ Verbal threat by telephone
- ❑ Written threat

❑ Physical assault
- ❑ Struck
- ❑ Pushed
- ❑ Bitten or pinched
- ❑ Other

❑ Other _____

Describe incident (what happened, including events leading up to incident, and possible precipitators of incident).

Describe immediate actions taken (for example, patient restraints applied, security called)

Medical attention/first aid obtained? ❑ Yes ❑ No Describe injuries and first aid provided:

Referral to or organizing of: defusing? (within 8 hours) ❑ debriefing (within 72 hours) ❑

Advised to consult a physician for treatment or referral? ❑ Yes ❑ No

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2. Assailant

Who was the assailant, if known? (Name, whether a patient or stranger) _____

Description ❑ Male ❑ Female Age _____ Complexion _____

Height _____ Weight _____ Other _____

Was the assailant (if known) in any previous violent incident? ❑ Yes ❑ No ❑ Don't know

3. Others Involved

Witness(es): List name and how to locate the person – position if worker; ward if patient; address if other

List others directly involved in incident, including name and how to locate the person – position if worker; ward if patient; address if other

4. Other Information

Have there been similar incidents in the past? ❑ Yes ❑ No

Are any measures in place to prevent a similar incident? ❑ Yes ❑ No

Please provide any additional information you think may be relevant, including any recommendations for preventive measures.

Investigation initiated? ❑ Yes ❑ No

Reported to police? ❑ Yes ❑ No If yes, police report number: _____

Reported to supervisor? ❑ Yes ❑ No

If yes, name of supervisor _____

Incident/investigation report completed? ❑ Yes ❑ No If yes, by whom? _____

WorkSafeBC Form 7 completed? ❑ Yes ❑ No If yes, by whom? _____

Signature of worker _____ Signature of supervisor _____

B13 Sample Checklist for Education and Training Content

Use this form to decide on content for education and training programs. Change, delete, or ignore items that are not relevant to your organization.

Managers and Supervisors	Notes/Follow-up
Education • The risks of violence associated with a job or location	
• The prevention policy put in place to control these risks	
• The possible medical and psychological effects of violence/ aggression on workers	
Training • How to reduce risks of violence	
• How to ensure workers receive appropriate training	
• How to avoid assigning workers to tasks that compromise safety	
• How to encourage workers to report incidents	
• How to train workers to be sympathetic to and supportive of injured co-workers	
• How to investigate violent incidents and security breaches and take appropriate follow-up action	
• How to make necessary changes in the workplace when a potentially violent situation exists	
• How to support workers who have experienced workplace violence	
• How to obtain assistance to organize defusing and debriefing for staff	
Workers (may include physicians and volunteers)	
Education • Violence prevention policy and written work procedures	
• Hazard control and prevention strategies that have been implemented	

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Workers (may include physicians and volunteers)	Notes/Follow-up
• The nature and extent of risks associated with their specific jobs	
• The availability of post-trauma resources in the organization and in the community	
Training • How to identify risk factors that may lead to violence	
• How to recognize when incidents are likely to occur	
• How to recognize warning signs of escalating anger and abusive behaviour	
• How to withdraw from a tense situation	
• How to defuse/de-escalate aggressive behaviour, manage anger, and, if needed, apply chemical and physical restraints (include hands-on practice)	
• How to break out of a violent person's hold or grasp (include hands-on practice)	
• How to locate and operate safety devices such as alarm systems	
• What to do when incidents occur	
• How to protect themselves and co-workers	
• How to report any incidents or threats of violence	
• How to establish a WorkSafeBC and criminal injury compensation claim	
• How to support co-workers who have experienced violence or aggression	
• How to use the existing prevention procedures to control the risk of violence	
• How to use the existing environmental arrangements to control the risk of violence to workers	
• How to access support such as defusing and debriefing	
• How to pursue legal action	

B14 Sample Program Review Checklist

Use this form as a guide for the annual program review. Change, delete, or ignore items that are not relevant to your organization.

Check off each item that has been completed satisfactorily, and use the Notes/Follow-up Section to comment on areas that need improvement.

Employer Commitment	Notes/Follow-up
• Written violence prevention policy • Violence prevention responsibilities of all levels of organization included in policy and procedures • Funding and provision of violence prevention education and training for workers • Prompt response to incidents, institution of safeguards and follow-up • Ongoing review of violence prevention program	
Risk Assessment	
• Was a violence risk assessment conducted at this worksite? • Did this assessment include: - Previous experience at this worksite - Experience in similar places of employment - Worksite arrangements - Work practices • Are the methods of risk assessment to be used for specific areas or situations described in written procedures (for example, inspections, surveys, review of records, worker interviews) • Were the risks associated with the work environment and with actual or potential patients/clients, family, visitors, and the general public identified? • Were recommendations made for corrective actions and improvements? • Were corrective actions and improvements implemented?	
Control Measures	
• Have work environment arrangements been made to eliminate or, where elimination is not possible, reduce the risk to workers from violence? • Where it is not possible to reduce the risk of violence through work environment arrangements, are there written procedures for prevention measures such as: - Patient/client assessment, admission, and discharge policies - Pre-admission screening, disclosure of previous violent history	

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Control Measures (continued)	Notes/Follow-up
- Flagging of patients/clients with history of violence (for example, bracelets and indicators on computer files, chart, and cardex) - Protocol for dealing with inappropriate conduct and procedure for limiting privileges and withdrawing service - Behaviour agreements/contracts - Discharge criteria - Involvement of patient's/client's entire health team (for example, nurse, physician, and social worker) - Reporting, investigating, and documenting violence - Advising workers of the nature and extent of the risk of violence - Recommendations to the employer on informing workers about individuals who may pose a threat of violence to workers - Direction to workers on responding to incidents of violence - Direction to workers on summoning assistance - Advising affected workers of their right to contact a physician of their choice	
Post-incident procedures	
• Emergency response procedures (including after-hours and weekends) • Training and duties of security personnel • Training and duties of emergency response team • Policy for the use of chemical and/or mechanical , environmental, or social restraints • Involvement of a violent patient's/client's physician in preventing future incidents • Implementation of immediate controls or improvements to prevent recurrence • Protocol for contacting the police and filing a police report • Written procedure to investigate all reported violence or aggression in the workplace • Written procedure for defusing and debriefing • Written procedure to ensure that corrective action is implemented • Written procedure on informing workers of their right to consult a physician of their choice should they receive an injury or experience an adverse symptom as a result of violence or aggression • Written direction for establishing a WorkSafeBC claim and/or criminal injury compensation claim • Written process for pursuing legal action against the person who committed the violent or aggressive act	

Training Programs	Notes/Follow-up
• Violence prevention policy and procedures • The nature and extent of the risk to workers • Recognition of and response to violent behaviour • Obtaining assistance • Crisis intervention stress management (defusing and debriefing) • Self-defence guidelines and training • Worksite arrangements for violence prevention • The duty to care and the duty to refuse unsafe work • Special client groups • Reporting and documenting incidents of violence or aggression • Other training (specify) _____	
Lines of Communication and Communication Requirements	
• For workers • For security • For patient's or client's doctor • For immediate supervisor • For management	
Program Effectiveness	
• Are violent incidents increasing or decreasing? • What types of incidents of violence and aggression have occurred, if any? - Which prevention strategies worked? Which ones didn't work? - Were changes made to procedures appropriate or effective? Do they need further review? • Are workers knowledgeable about the violence prevention program policy and procedures? • Which post-incident strategies worked? Which ones didn't work? • Were all workplace hazards identified? • Does the program meet current workplace needs? Since the last assessment, have changes taken place in the workplace that might require changes to written procedures or control measures? • In what way could the program be improved?	

B15 Sample Program Review Worker Questionnaire

Change, delete, or ignore items that are not relevant to your organization.

This survey is designed to help evaluate the violence prevention program in your workplace. You do not have to give your name.

Incidents at Work	Yes	No
1. Risk assessment		
(a) Has a risk assessment for violence in the workplace been conducted at this worksite?	❑	❑
(b) Were you involved in this assessment?	❑	❑
2. Policy and procedures		
(a) Have you seen written safe work procedures for preventing violence in the workplace?	❑	❑
(b) Has your employer (supervisor) advised you that you may be exposed to a risk of violence or aggression while employed at this worksite?	❑	❑
(c) Was the nature and extent of this risk explained to you:		
• Before you were hired?	❑	❑
• After this program was introduced?	❑	❑
(d) Does the employer enforce the use of procedures to prevent violence in the workplace?	❑	❑
(e) Are you aware of your right to seek treatment from a physician of your choice should you receive an injury or experience symptoms as a result of violence or aggression?	❑	❑
3. Instruction of workers		
(a) Have you received instruction or training from a manager or supervisor in the safe work procedures for recognizing and preventing violence in the workplace?	❑	❑
(b) Do you feel this training was adequate to enable you to:		
• Recognize the potential for violence and aggression in your workplace?	❑	❑
• Respond to violence or threats of violence?	❑	❑
• Obtain assistance if confronted with a violent or aggressive person?	❑	❑
• Report and document incidents of violence and aggression?	❑	❑
• Use work environment arrangements for the prevention of workplace violence?	❑	❑
(c) Have you ever been informed about an individual, to whom you may be exposed, who has a history of violent or aggressive behaviour or who may pose a risk of violence?	❑	❑
4. Response to incidents		
Answer these questions only if you have experienced an incident of violence or aggression:		
(a) To your knowledge, was the incident investigated?	❑	❑
(b) If so, were the results of the incident investigation discussed with you?	❑	❑
(c) Were you present at the investigation?	❑	❑
(d) Were you offered defusing?	❑	❑
(e) Were you offered debriefing?	❑	❑
(f) Were you advised of your right to obtain first aid/medical aid from a physician of your choice (where applicable)?	❑	❑
(g) Were you advised of your right to establish a WorkSafeBC claim and criminal injury compensation claim (where applicable)?	❑	❑
(h) Were you supported in pursuing legal action (where applicable)?	❑	❑
(i) Was corrective action taken to prevent recurrence of this or a similar incident?	❑	❑
(j) Do you think this corrective action was adequate?	❑	❑

Resources

Web Sites

WorkSafeBC
This web site (WorkSafeBC.com/) provides information and resources on all aspects of WorkSafeBC: prevention, assessments and compensation, for both employers and workers.

The Occupational Health and Safety Association for Healthcare in BC (OHSAH)
This web site (http://www.ohsah.bc.ca/) provides health and safety information and resources to all persons interested in OHSAH. There are many healthcare publications on the site, and there are three searchable databases:

- Latex-free products
- MSDS data sheets
- OSHtips

Health Care WorkSafeBC Health & Safety Centre
This web site (http://healthcare.healthandsafetycentre.org/s/Home.asp) provides information and resources dedicated to healthcare and social services.

WorkSafeBC E-News
Sign-up for regular healthcare and social services health and safety updates through WorkSafeBC HealthCare E-News at: http://www.healthandsafetycentre.org/s/SubscribeNow.asp.

OSHA
U.S. Department of Labour and Occupational Safety & Health Administration
http://www.osha.gov/SLTC/workplaceviolence/index.html
This web site provides information and links to resources on workplace violence.

Publications

- Identification of Risk and Prevention of Aggressive Behaviour in Residential Care
  This risk assessment in residential long-term care is to provide a comparison of two workplaces, paying particular attention to the training component for prevention of aggression. This report includes the findings of the risk assessments and provides recommendations for enhancing violence prevention programs.
  Source: Fraser Health Authority
  http://healthcare.healthandsafetycentre.org/PDFs/healthcare/aggressive_behaviour_rc.pdf
- Responding to Aggression in Long-term Care: Lessons from Five Case Studies
  This three-year study into the problems of aggression within five of British Columbia's long-term care facilities surveyed employees and examined incident reports and WorkSafeBC claims statistics. The study's findings recommend that employers use a systems approach to develop prevention and risk management strategies to reduce incidence of aggression in the workplace. These strategies should include education and training, policy and procedures, teamwork and environmental controls.
  Source:WorkSafeBC and Healthcare Benefit Trust
  http://healthcare.healthandsafetycentre.org/PDFs/healthcare/aggression_april2004.pdf

- Guidelines: Code White Response (A Component of Prevention and Management of AggressiveBehaviour in Health Care)
  This document provides guidelines for a trained team response to violent of aggressive behaviour in healthcare, with the focus to de-escalate a threatening situation before an individual(s) or property is damaged. The Code White Team Response is only one component of prevention and management of aggressive behaviour in healthcare. Source: WorkSafeBC, OHSAH, and the Health Association of BC
  http://www.healthandsafetycentre.org/pdfs/healthcare/code_white.pdf
- Workplace Violence Risk Assessment at Langley Memorial Hospital
  "The consulting firm's team of specialists' undertook to review the current workplace violence situation at LMH and to make recommendations for short and long-term actions that would improve the hospital's workplace violence prevention and management program." Source: Fraser Health Authority
  http://www.healthandsafetycentre.org/pdfs/healthcare/WorkplaceViolence.pdf
- Standards for Hospital-Based Psychiatric Emergency Services: Observation Units
  Standards for the safe management of patients with mental illness. Source: B.C. Ministry of Health
  http://www.healthservices.gov.bc.ca/mhd/pdf/standards.pdf
- Workplace Violence Prevention Programs
  This manual can help employers and workers meet their legal and moral obligations to safeguard against violence in the health care workplace. It supports the fundamental principles of the internal responsibility system. Employers, managers, and workers are responsible for ensuring that their workplace is free of factors that precipitate violence and abuse.
  Source: HCHSA http://www.hchsa.on.ca/products/resrcdoc.html#vio
- VIOLENCE - Occupational Hazards in Hospitals
  "The purpose of this brochure is to increase worker and employer awareness of the risk factors for violence in hospitals and to provide strategies for reducing exposure to these factors." Source: NIOSH (National Institute for Occupational Safety and Health) http://www.cdc.gov/niosh/2002-101.htm
- Take care: How to develop and implement a workplace violence prevention program
  The possibility of violence in the workplace is an unfortunate reality. Employees who experience violence in the course of their work are covered under the *Workers Compensation Act,* and employers must provide a workplace as safe from the threat of violence as possible.
  Source: WorkSafeBC
  http://www.worksafebc.com/publications/health_and_safety/by_topic/assets/pdf/take_care.pdf
- Prevention of Violence – Joint Occupational Health and Safety Committee Education Participant's Guide (OHSAH)
  This educational handbook provides a step-by-step guide to the implementation of a violence prevention program, explaining the responsibilities of Joint Committees and employers.
  http://www.ohsah.bc.ca/index.php?section_id=25227&
- Responding to Excessive & Aggressive Behaviours in Complex Care Settings (Phase 2) Fraser Health Authority
  Phase 2 is designed to support the development and implementation of a systems approach, and best practice model. This model is designed to successfully intervene with the elderly, within complex care settings, who present with aggressive and excessive behaviours. This is a unique collaboration between industry, Occupational Health and Safety, and clinical partners.
  Source: Fraser Health Authority
- Vancouver Coastal Health – Workplace violence prevention program and policy
  These two documents outline all aspects of Vancouver Coastal Health's Workplace violence prevention program and policies. Source: Vancouver Coastal Health
  You can find this link through the OHSAH web site:
  http://www.ohsah.bc.ca/index.php?section_id=25227&

WorkSafeBC Offices

Abbotsford
2774 Trethewey Street V2T 3R1
Phone 604 276-3100
1 800 292-2219
Fax 604 556-2077

Burnaby
450 – 6450 Roberts Street V5G 4E1
Phone 604 276-3100
1 888 621-7233
Fax 604 232-5950

Coquitlam
104 – 3020 Lincoln Avenue V3B 6B4
Phone 604 276-3100
1 888 967-5377
Fax 604 232-1946

Courtenay
801 – 30th Street V9N 8G6
Phone 250 334-8765
1 800 663-7921
Fax 250 334-8757

Kamloops
321 Battle Street V2C 6P1
Phone 250 371-6003
1 800 663-3935
Fax 250 371-6031

Kelowna
110 – 2045 Enterprise Way V1Y 9T5
Phone 250 717-4313
1 888 922-4466
Fax 250 717-4380

Nanaimo
4980 Wills Road V9T 6C6
Phone 250 751-8040
1 800 663-7382
Fax 250 751-8046

Nelson
524 Kootenay Street V1L 6B4
Phone 250 352-2824
1 800 663-4962
Fax 250 352-1816

North Vancouver
100 – 126 East 15th Street V7L 2P9
Phone 604 276-3100
1 888 875-6999
Fax 604 232-1558

Prince George
1066 Vancouver Street V2L 5M4
Phone 250 561-3700
1 800 663-6623
5Fax 250 561-3710

Surrey
100 – 5500 152nd Street V3S 8E7
Phone 604 276-3100
1 888 621-7233
Fax 604 232-7077

Terrace
4450 Lakelse Avenue V8G 1P2
Phone 250 615-6605
1 800 663-3871
Fax 250 615-6633

Victoria
4514 Chatterton Way V8X 5H2
Phone 250 881-3418
1 800 663-7593
Fax 250 881-3482

Head Office/Richmond
Prevention Information Line:
Phone 604 276-3100
1 888 621-7233 (621-SAFE)
Administration
6951 Westminster Highway
Phone 604 273-2266
Mailing Address
PO Box 5350 Stn Terminal
Vancouver, B.C. V6B 5L5
After Hours

Health & Safety Emergency
604 273-7711
1 866 922-4357 (WCB-HELP)

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