Workplace Violence Risk Assessment Template for Adult Residential Centres/ Regional Rehabilitation Centres

Name of Agency: _____

Assessment Date: _____

Assessors: _____

Introduction

In April 2007, new regulations were approved with the goal of reducing workplace violence. The regulations focus on improving safety in higher risk sectors such as health care where workplace violence is most likely to occur. Violence is defined in the regulations as any of the following:

- threats, including a threatening statement or threatening behaviour that gives an employee reasonable cause to believe that the employee is at risk of physical injury,
- conduct or attempted conduct of a person that endangers the physical health or physical safety of an employee.

The regulations require employers to assess the risk of violence and to implement a plan to reduce those risks. Assessing the risk of violence in the workplace not only requires that you identify the hazards that may increase the risk of workplace violence but that you analyze the identified hazards to determine the degree of risk associated with each one. As well, Section 5 of the regulations indicates that in conducting a violence risk assessment, an employer must take all of the following into consideration:

- past violent incidents;
- violence that happens in workplaces similar to yours;
- the conditions in which the work is done (e.g., alone, late at night);
- the interactions (e.g., working with the public) that happen in doing the work; and
- the physical location and layout of the workplace

Employers are required to have a hazard assessment completed and on file by October 1, 2007 and a Workplace Violence Prevention Program in place by April 1, 2008.

In an effort to support adult residential centres (ARCs) and regional rehabilitation centres (RRCs) in the completion of the hazard assessment, NSAHO held a workshop to develop a hazard assessment template. NSAHO gratefully acknowledges the input and participation of the following people:

Betty Mattson, Kings Regional Rehabilitation Centre
Mary Ellen Pittoello – Sunset Residential and Rehabilitation Services
Nancy Clarke – Riverview Home Corporation
Heather Hatfield – Harbourside Lodge

The template includes: points regarding the context in which ARCs/RRCs are attempting to deal with risk as it relates to workplace violence; a process to identify workplace violence hazards; and a method to analyze the identified hazards to determine the significance of the risk associated with them. The intention is to assess all hazards related to workplace violence in an effort to develop comprehensive strategies to mitigate a wide range of hazards. The template is not intended to be prescriptive. It is intended to provide you with some tools/processes that you can adopt/adapt to the needs of your organization or use in conjunction with other materials you have found.

The hazard assessment will require the analysis of both qualitative (e.g., knowledge, experience), and quantitative (e.g., incident reports) data. A great deal of the process requires that you estimate and predict the types, likelihood and impact of violent incidents occurring due to a particular hazard(s) but some of this information can be validated by past experience.

Prior to beginning the process, it is recommended that you review the Reference Guide to the Violence in the Workplace Regulations at http://www.gov.ns.ca/enla/healthandsafety/ to ensure a clear understanding of the regulations and what you are required to do as an organization and the document entitled *Preventing Violence in Health Care: Five Steps to an Effective Program*, developed by Work Safe BC, from which much of the information contained in this document came.

I.   Context:

- Addressing workplace violence is a shared responsibility and requires a collaborative approach including employers, employees, government funders (i.e., DOH/DCS), and government regulators (i.e., DOEL)
- Each situation requires an approach and solution that reflects the specific needs of that workplace and that a workplace violence strategy must be both reasonable and flexible in its application
- Developing and delivering an effective workplace violence prevention program requires dedicated and substantial human and financial resources

Some challenges *(include/add any that apply)* in the ARC/RRC sector regarding implementation of workplace violence regulations include:

- outdated physical space
- challenging resident care needs versus staff/resource allocation
- no dedicated occupational health and safety staff

- general staff shortages
- longstanding requests for security features unfunded
- regulatory and licensing requirements generally are increasing and requiring more effort/resources to comply; liability and due diligence issues
- placement policies do not adequately address clients with aggression/severe behavioral issues
- limited budget allocation for training either for course fees or staff replacement costs
- adequate staffing to care for clients and keep staff reasonably safe
- ensuring balance between staff knowledge and mitigation strategies
- Other(s) (please indicate)

II.   Hazard Identification

Identify the hazards (things, conditions, operations and situations) that may expose a person(s) to workplace violence.

Use the following tools **(See Appendix A, B, and C)** to identify workplace hazards:
- Worker Survey on Violence and Aggression in the Workplace
- Risk Factors Checklist
- Facility Inspection Checklist

Create an inventory of the identified hazards. Document in the following table:

Sample ARC/RRC Hazard Inventory (modify as necessary)

Hazard Category	Hazard
Occupational	
	Occupation involves physical contact with clients, particularly frequent or prolonged.
	Occupation involves conducting staff performance appraisals
	Dealing with the public, visitors, contractors, couriers
	Communicating changes in policies that may negatively impact clients
	Dispensing drugs
	Working alone (out of sight and hearing of other employees)
	Working at night or during early morning hours
	Working in clients' private residences
	Implementing infection control functions (e.g., unit closures)

	Performing security functions (e.g., working with people who have assaulted others)
	Occupation involves traveling among multiple worksites
	Occupation involves running errands/transporting clients
	Occupation involves handling cash (e.g., Receptionist)
	Occupation involves carrying cash
	Occupation involves dealing with people's finances
	Occupation involves staying in hotels
	Other (please specify)
Client Characteristics (see explanations below)	
	Medications
	Substance abuse
	History of violence
	Mental or physical illness, injury, or condition
	Experienced a change in health status
	Sensitivity to disruptive events
	Recollection of previous exposure to people, circumstances, or events that incite aggression and violence
	Difficulty in communicating
	Evidence of criminal activity/gang membership (including any indication of drug or substance abuse in the home)
	A presence or suspected presence of weapons (may be observed by caregiver or implied by client)
	Other (please specify)

Risk Factors Related to Clients

1. **Medications and substance abuse**: The use of certain medications, the need to provide care to substance abusers, and awareness that medications are being transported by home care workers contribute to violence. Conflict between clients and home care workers may occur as a result of:

   a. **Effects of medications**: Medications can alter clients' perception, medical condition, and actions. Because medications have different and sometimes unexpected effects on individuals, they may cause clients to become aggressive or violent toward workers.

   b. **Changes in medications**: Changes in, or combinations of, medications require constant assessment of client behaviour and condition. The distress of substituting one medication for another and the required time intervals between medications can frustrate clients and cause them to act out.

   c. **Substance abuse**: For 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 clients to become aggressive toward workers.
   d. **Robberies for drugs**
   e. **Policies that prohibit smoking/drinking**

2. **History of violence (including violent crime):** Clients who have committed intentional and unintentional acts of violence in the past will likely do so again.

3. **Mental (e.g., cognitive deficits) or physical (e.g., infection) illness or injury**: Some mental and physical illnesses can predispose a 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 client's understanding of what is going on around them. Because there may be no obvious connection between the cause of a client's anger and the resulting violent incident, workers may see a client's behaviour as completely unprovoked. Another example is altered level of consciousness – a client who is not completely aware of the surroundings because of illness or injury may strike out from fear and lack of understanding.

4. **Change in health status**.

5. **Sensitivity to disruptive events**: Certain events and circumstances may be particularly stressful to clients and may raise their anxiety levels. Events that may lead to violence or aggression include:
   a. Personal care – feeding, bathing, toileting, mobilizing
   b. Visits involving family, friends and the resulting fatigue/anxiety
   c. Treatments such as dressing changes or physiotherapy that may cause pain or disrupt visits, rest, or leisure activity (e.g., watching television)
   d. Delays (real or perceived) in client's needs being met
   e. Admission or Transfer/Discharge
   f. Change of regular staff
   g. Change of shift
   h. 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 clients

    i. Restrictions on previous lifestyle choices (sexual health, smoking, drinking alcohol)/routines

    j. Confinement/ isolation

    k. Noise, sleep disruption

    l. Fear of staying

6. **Recollection of previous exposure to people, circumstances or events that incite aggression and violence.**

7. **Difficulty in communicating**: Misunderstandings due to language or other means of communication lead to conflict between client and worker.

8. **Sensory Deficits**

9. **Family/friends:** Workers must not only deal with clients but also with their family members and friends, sometimes in stressful circumstances. Families and friends share clients' sadness and frustration over illness and physical disability, sense of inadequacy, loss of control and independence, and disruption of family routines. Such unhappy circumstances can turn routine contacts with workers into confrontations. Lack of information from medical staff concerning diagnosis, care, test results, or prognosis can cause frustration for family members/friends. Family members and friends may have substance abuse issues, mental health concerns, a history of violence, etc. that staff may be confronted with.

10. **Knowledge/Access to Client Information:** information/risk factors not always clearly communicated.

11. **Client Transfers**: information/risk factors are clearly communicated to receiving organization.

Hazard Category	Hazard
Aspects of the Environment	
	An environment or work setting that is not appropriate for the client's needs and challenges of care
	An environment or work setting where the staffing level is not appropriate to address the clients' needs and challenges of care
	An environment or work setting where the appropriate equipment is not available to address the clients' needs and challenges of care
	An environment or work setting where staff have high levels of stress

	and fatigue
	An environment or work setting that is experiencing intense organizational change
	An environment or work setting where inadequate information is received through the assessment process or from transferring facilities regarding the client's violence-related information/risk factors.
	Staff who stay behind after regular office hours, or use weekends to catch up on work
	Staff who carry out duties on a locked unit
	Interconnected buildings and shared premises that may allow members of the public uncontrolled access to, or increased movement between facilities
	Work location in a high-crime neighbourhood
	Evidence of gang activity
	Evidence of illegal activities in the building or nearby homes
	Work location in an isolated area
	Young and/or inexperienced workers, or those who have not had adequate training in violence prevention
	No or non-functioning security system or elevator in the building
	No on-site building manager
	Parking
	Inadequate lighting (inside and/or entrance)
	Pets
	Other (please specify)

Hazard Category	Hazard
Facility(ies)	
Lighting	Lighting not appropriate for all indoor building areas, grounds around the facility, and parking areas
Staffing Level	Staffing level not appropriate to meet violence prevention and/or response requirements
	Staff response system not developed
	Staff response system not tested
Other Clients	Privacy and quiet not sufficient to prevent activities that centre around one client from agitating others
General appearance and area	Worksite does not look cared for
	Graffiti on the walls or other parts of the facility
	Signs of vandalism
	Crime generators (liquor stores, bars, convenience stores, or vacant lots) in the area
Maintenance of General Security Systems	Broken windows, damaged door locks, and burnt-out light bulbs are not replaced promptly
Isolation	The next area or building where help could be obtained in an

	emergency is far away
	Co-workers are not accessible in case of an emergency
Building Perimeter	The property around the facility is not well-kept
	There are bushes/shrubs where someone could hide or that could conceal break and entry activities
	There are no fences or other security measures
	At the time of this inspection, areas felt isolated
	In these areas, there is not a telephone or a sign for emergency assistance
	The nearest person who would be able to hear calls for help is far away
Visibility	There are unlit or overgrown areas where an assailant could hide
	Physical objects/structures obstruct your view
	There are no mirrors, angled corners, transparent materials like glass, windows in doors, less shrubbery to make it easier to see an assailant
Access Control	Worksite building connected to any other buildings, or shared with other organizations
	Access to the worksite (including access through adjacent workplaces) not controlled
	Access codes for doors/gate locks known to individuals other than staff
	Offices not designed and/or arranged so that public and private spaces are easily distinguished
	No safe and secure area to store personal belongings of staff
Security System /Processes	No alarm and lighting control panel or other system/process to alert co- workers of a violent incident and its location
	System/process not monitored
	Personal alarms/panic buttons or other systems/processes (e.g., call systems) not available for staff to alert co-workers that there personal safety is at risk
	No process/system as to where the alert goes and to whom
	No process/system to identify the problem area
	Motion sensors not installed at all entrances and exits
	Security guards or buddy systems (i.e., someone to accompany you in a potentially dangerous situation such as walking out to you car at night) not available at your location
Emergency Response System/ Process	Facility does not have an emergency response system/process in place
	Emergency response system/process has not been tested recently
	There is no emergency contact number and it is not posted on phones
	Emergency phones not accessible and in working order in all areas
Parking Lots	Workers park in the area on evening and night shifts
	There is not a secure parking lot

	Security personnel do not patrol the area regularly
	The area is not well lit
	There have been vehicle thefts from the parking lot
Elevators	There are no strategically placed mirrors so staff can see who is in the elevator before entering
	There is no emergency phone or emergency call button in each elevator
	The phone or emergency call button is not tested regularly to ensure that it is in working order
	Workers do not know what to do if cornered in an elevator by an aggressive client
	There is no response procedure for elevator emergencies
Washrooms	There are not separate washrooms for staff
	Staff washrooms are not controlled by locked doors
	Public access to washrooms is not controlled
	Lights in the washrooms can be turned off
	Washrooms are not checked for unauthorized personnel on a regular basis
Reception/Waiting Area	Reception area not clearly marked
	There is no natural barrier, such as a deep reception desk, separating staff from clients, relatives and the public
	The layout of the reception area does not allow staff to greet incoming clients and make sure they are seen in order of appointment
	The layout of the reception area does not make it easy to observe clients
	Areas out of sight of staff where someone could deliberately hide
	Reception area not staffed at all times
	No alarm system
	Receptionist sometimes works alone
	There are objects, tools or equipment in this area that could be used as weapons
	Someone in the area is responsible for handling cash
Office/ Interview/ Treatment/ Counseling/ Medication	Access to these areas is not controlled by locked doors
	These areas are not located in a relatively open area that still maintains privacy and confidentiality
	The layout of these areas and furniture does not permit workers to exit if threatened
	Furniture/counters are not arranged to both allow visibility and protect staff
	A back-up exit is not available for emergencies
	These areas do not have an alarm system
	The doors do not have a window
	Workers sometimes work alone in these areas
	Workers do not know appropriate emergency alert procedures

Other Rooms and Areas	Unoccupied rooms are not locked
	There are places, such as recessed doorways, unlocked storage areas, and stairwells, where someone could hide out of view of others
Files/Records	Confidential files/records are not kept in a locked room
	File cabinets containing confidential records are not locked
Stairwells and Exits	Stairwells and exits are not clearly marked, well lit, and controlled with locked doors that have panic bars to allow exit in an emergency
	Exit doors do not identify where they exit to
	There are places at the bottom of stairwells where someone could hide
	Lights can be turned off in the stairwell
	There is not more than one exit route
	Exit routes restrict the ability to escape an attacker
	Stairwell doors do not lock behind people during or after regular hours of operation
General Building, Work Station, and Area Designs	Facilities are not designed to ensure the privacy of clients, yet permit workers to communicate with other staff in emergency situations
	Work areas are not designed and furniture is not arranged to prevent entrapment of the workers and/or minimize the potential for assault
	Access to employee work areas is not controlled
Security Equipment	There are no electronic alarm systems with visual or audible alarms
	Systems do not identify the location of the room or the worker by means of an audible alarm and/or a lighted indicator of equally effective measure
	There are not adequate personnel available to render prompt assistance
	Closed circuit television is not used to monitor high-risk areas, both inside and outside the building
	Cellular telephones, beepers, CB radios, hand-held alarms, or noise devices are not available
	Security equipment is not regularly examined and maintained to ensure its effectiveness
Equipment and Tools	Tools and equipment are not locked away when not in use
	Anyone could grab and use them as weapons against staff

III. Risk Analysis

a. Review Historical Data

Incident Reports

If possible, record findings for the following:

- Total Incidents due to violence by category (i.e., threats and physical assaults) and/or type (i.e., threat in person, by telephone, or written and struck, pushed, bitten/pinched, or other)
- Who was the assailant?
    - Co-worker
    - Client
    - Member of the public
    - Other (please specify)
- Location of Incidents
- Number of workers/departments/shifts affected

The number of workers/departments/shifts affected by each type of violence is as follows:

Type of Violence	# of workers affected	# of departments affected	# of shifts affected
Verbal threat in person			
Verbal threat by telephone			
Written threat			
Struck			
Pushed			
Bitten/pinched			
Other			

- Severity/impact of the incidents
  Using the following scale rate the severity/impact of the incidents:

Category	Name	Characteristic
4	Catastrophic	Fatality, coma, severe emotional trauma, cannot return to work
3	Critical	Severe injury – loss of, or use of limbs, hospitalization, significant emotional trauma, extended period of time lost from work
2	Marginal	Minor injury – bruises, cuts, moderate emotional trauma,

		lost work time
1	Negligible	No injury, minimal emotional trauma, no lost work time

- ▪ Contributing factors
  List any factors or organizational vulnerabilities that contributed to the violent incident.
  - o Examples include:
    - ▪ Language Barrier/Communication Difficulties
    - ▪ Crowded/Insecure Work Area
    - ▪ Staff Training/Awareness
    - ▪ Staff Stress/Overwork
    - ▪ Client's Dementia/Cognitive Deficits
    - ▪ Acuity/Turnover
    - ▪ Client's Mental Health Issues
    - ▪ Client's Fear/Pain Reaction
    - ▪ Level of Staffing
    - ▪ Client's Substance Abuse
    - ▪ Client's Service Expectations
    - ▪ Rigid Time Schedules
    - ▪ Daily Transitions
    - ▪ Restrictions on Client's Previous Lifestyle Choices (food choices, smoking, drinking alcohol, sexual health)
    - ▪ Client's Confinement (i.e., locked unit)
    - ▪ Physical Contact with Clients (e.g., while carrying out personal care)
    - ▪ Meal Time
    - ▪ Bath Day
    - ▪ Visits from Family/Friends
    - ▪ Late/early morning hours
    - ▪ Conducting a performance appraisal
    - ▪ Tax Season/Christmas/Pay Day

- ▪ Patterns
  Record any emerging patterns regarding the following:
  - o Type of client
  - o Time of day
  - o Department(s)
  - o Unit(s)
  - o Jobs/occupational groups
  - o Individuals

       o   Activities/work situations

- Describe follow-up actions taken

See Appendix D for a *sample* incident report.

b. Conduct Other Internal Research

Record research findings on some or all of the following (as applicable to your organization):

- Any violence prevention measures already in place
  - Policies, procedures, protocols
  - Records of formal education/training, course outlines and materials
  - Content of informal education such as "just-in-time" teaching and preventive care planning
  - Security arrangements and measures
  - Workplace environment arrangements
- Intake assessments and individual program plans
- Inspection reports
- Insurance records
- OHS program evaluations
- Previous worker surveys and questionnaires
- Security reports
- Workplace security evaluations
- Minutes of Joint OH&S Committees
- Police reports

c. Conduct External Research

Record research findings on some or all of the following (as applicable to your agency):

- Comparison of incident data from other ARCs/RRCs **(see Appendix E for the Casa Verde Jury Recommendations)**
- Community crime rate statistics
- Professional association reports on violence issues
- WCB statistics
- Policies, procedures, and protocols from other ARCs/RRCs

d. Analysis of Identified Hazards

Provide an analysis of identified hazards using the following questions as a guide. Base your responses on historical data, anecdotal evidence, and/or other knowledge/information that is available to you.

- What task, activity, or feature (i.e., hazard) of the workplace may trigger violence?

- Describe how frequently the task, activity or feature occurs (e.g., daily, weekly, monthly, etc).

- Who (e.g., departments, occupational groups) is at risk from this violence?

  Example:
  The following departments, occupational groups, or work situations involved the greatest risk of violence:

  - High risk job categories and departments
    - Staff having a high frequency of exposure to workplace violence are direct care staff
    - The highest risk occupational category of employee is Residential/Vocational Workers (RVWs).
  - Moderate risk job categories and departments
    - Direct care staff other than RVWs (e.g., RNs/LPNs)
    - Clinical Services staff
    - Dietary staff (i.e., restricting food intake)
  - Low risk job categories and departments
    - Office staff
    - Environmental services staff
    - Maintenance staff
    - Management staff

  Note: Sometimes there is a need to differentiate between the location where an employee works and the place in the facility the incident occurred. These may not the same, and this is important information for trend monitoring and training assignments.

- What predicted categories (i.e., threats or assaults) and/or types of incidents are most likely to occur?

- Is there any other information or factor(s) that should be described and considered? **Examples include:**

- Training and education
- Identifying or tracking of previous violent history
- Violence prevention policies, procedures, protocols
- Workplace arrangements
- Appropriate security systems/measures
- Staffing levels
- Number of vacant positions
- Adequacy of client assessments
- Responsiveness to recommendations from previous incident reports

e. **Hazard Risk Assessment**

Complete the Hazard Risk Assessment tool below using the following guidelines. **(See Appendix F for an analysis of some sample Hazards)**.

Hazard Risk Assessment
Step One

Estimate the probability of the hazard resulting in an incident(s) of workplace violence.

Category	Name
A	Highly Likely/Certain
B	Likely/Very Possible
C	Possible
D	Unlikely/Remote
E	Highly Unlikely/Not possible

Step Two

Estimate the most serious, reasonably possible outcome (as opposed to the "most likely" outcome) for the hazard you are considering.

Category	Name	Characteristic
4	Catastrophic	Fatality, coma, severe emotional trauma, cannot return to work
3	Critical	Severe injury – loss of, or use of limbs, hospitalization, significant emotional trauma, extended period of time lost from work
2	Marginal	Minor injury – bruises, cuts, moderate emotional trauma, lost work time
1	Negligible	No injury, minimal emotional trauma, no lost work time

Step Three

Combine the results of Steps Two and Three to determine where on the table below the hazard you are considering falls.

		Impact Categories			
		4 Catastrophic	**3 Critical**	**2 Marginal**	**1 Negligible**
Probability	**A Highly Likely/Certain**	**4A**	**3A**	**2A**	**1A**
	B Likely/ Very Possible	**4B**	**3B**	**2B**	**1B**
	C Possible	**4C**	**3C**	**2C**	**1C**
	D Unlikely/	**4D**	**3D**	**2D**	**1D**

	Remote				
	E Highly Unlikely/Not Possible	**4E**	**3E**	**2E**	**1E**

The significance of the risk can be interpreted as follows:

4A, 4B, 4C, 3A, 3B, 2A – Significant and unacceptable risks. Address immediately through a violence prevention plan.

4D, 3C, 3D, 2B, 2C – Significant risks. Include in the violence prevention plan.

4E, 3E, 2D, 2E, 1A, 1B – Not significant for the purposes of requiring a violence prevention plan. Should be addressed through regular health and safety measures.

1C, 1D, 1E - Not significant for the purposes of requiring a violence prevention plan. However, where feasible, you should attempt to eliminate or reduce the risk further.

Sample Hazard Risk Assessment *(modify as necessary)*

Hazard Category	Hazard	Probability	Impact	Risk Rating
Occupational				
	Occupation involves physical contact with clients, particularly frequent or prolonged.			
	Occupation involves conducting staff performance appraisals			
	Dealing with the public, visitors, contractors, couriers			
	Communicating changes in policies that may negatively impact clients			
	Dispensing drugs			
	Working alone (out of sight and hearing of other employees)			
	Working at night or during early morning hours			
	Working in clients' private residences			
	Implementing infection control functions (e.g., unit closures)			
	Performing security functions (e.g., working with people who have assaulted others)			
	Occupation involves traveling among multiple worksites			
	Occupation involves running errands/transporting clients			
	Occupation involves handling cash (e.g., Receptionist)			
	Occupation involves carrying cash			
	Occupation involves dealing with people's finances			
	Occupation involves staying in hotels			
	Other (please specify)			
Client Characteristics				
	Medications			
	Substance abuse			
	History of violence			
	Mental or physical illness, injury, or condition			

	Experienced a change in health status			
	Sensitivity to disruptive events			
	Recollection of previous exposure to people, circumstances, or events that incite aggression and violence			
	Difficulty in communicating			
	Evidence of criminal activity/gang membership (including any indication of drug or substance abuse in the home)			
	A presence or suspected presence of weapons (may be observed by caregiver or implied by client)			
	Other (please specify)			

Hazard Category	Hazard	Probability	Impact	Risk Rating
Aspects of the Environment				
	An environment or work setting that is not appropriate for the client's needs and challenges of care			
	An environment or work setting where the staffing level is not appropriate to address the clients' needs and challenges of care			
	An environment or work setting where the appropriate equipment is not available to address the clients' needs and challenges of care			
	An environment or work setting where staff have high levels of stress and fatigue			
	An environment or work setting that is experiencing intense organizational change			
	An environment or work setting where inadequate information is received through the assessment process or from transferring facilities regarding the client's violence-related information/risk factors.			
	Staff who stay behind after regular office hours, or use weekends to catch up on			

	work			
	Staff who carry out duties on a locked unit			
	Interconnected buildings and shared premises that may allow members of the public uncontrolled access to, or increased movement between facilities			
	Work location in a high-crime neighbourhood			
	Evidence of gang activity			
	Evidence of illegal activities in the building or nearby homes			
	Work location in an isolated area			
	Young and/or inexperienced workers, or those who have not had adequate training in violence prevention			
	No or non-functioning security system or elevator in the building			
	No on-site building manager			
	Parking			
	Inadequate lighting (inside and/or entrance)			
	Pets			
	Other (please specify)			

Hazard Category	Hazard	Probability	Impact	Risk Rating
Facility(ies) Hazards				
Lighting	Lighting not appropriate for all indoor building areas, grounds around the facility, and parking areas			
Staffing Level	Staffing level not appropriate to meet violence prevention and/or response requirements			
	Staff response system not developed			
	Staff response system not tested			
Other Clients	Privacy and quiet not sufficient to prevent activities that centre around one client from agitating others			
General Appearance and	Worksite does not look cared for			
	Graffiti on the walls or other parts of the facility			

area	Signs of vandalism			
	Crime generators (liquor stores, bars, convenience stores, or vacant lots) in the area			
Maintenance of General Security Systems	Broken windows, damaged door locks, and burnt-out light bulbs are not replaced promptly			
Isolation	The next area or building where help could be obtained in an emergency is far away			
	Co-workers are not accessible in case of an emergency			
Building Perimeter	The property around the facility is not well-kept			
	There are bushes/shrubs where someone could hide or that could conceal break and entry activities			
	There are no fences or other security measures			
	At the time of this inspection, areas felt isolated			
	In these areas, there is not a telephone or a sign for emergency assistance			
	The nearest person who would be able to hear calls for help is far away			
Visibility	There are unlit or overgrown areas where an assailant could hide			
	Physical objects/structures obstruct your view			
	There are no mirrors, angled corners, transparent materials like glass, windows in doors, less shrubbery to make it easier to see an assailant			
Access Control	Worksite building connected to any other buildings, or shared with other organizations			
	Access to the worksite (including access through adjacent workplaces) not controlled			
	Access codes for doors/gate locks known to individuals other than staff			
	Offices not designed and/or arranged so that public and private spaces are easily distinguished			
	No safe and secure area to store personal belongings of staff			
Security System /Processes	No alarm and lighting control panel or other system/process to alert co-workers of a violent incident and its location			

	System/process not monitored			
	Personal alarms/panic buttons or other systems/processes (e.g., call systems) not available for staff to alert co-workers that there personal safety is at risk			
	No process/system as to where the alert goes and to whom			
	No process/system to identify the problem area			
	Motion sensors not installed at all entrances and exits			
	Security guards or buddy systems (i.e., someone to accompany you in a potentially dangerous situation such as walking out to you car at night) not available at your location			
Emergency Response System/ Process	Facility does not have an emergency response system/process in place			
	Emergency response system/process has not been tested recently			
	There is no emergency contact number and it is not posted on phones			
	Emergency phones not accessible and in working order in all areas			
Parking Lots	Workers park in the area on evening and night shifts			
	There is not a secure parking lot			
	Security personnel do not patrol the area regularly			
	The area is not well lit			
	There have been vehicle thefts from the parking lot			
Elevators	There are no strategically placed mirrors so staff can see who is in the elevator before entering			
	There is no emergency phone or emergency call button in each elevator			
	The phone or emergency call button is not tested regularly to ensure that it is in working order			
	Workers do not know what to do if cornered in an elevator by an aggressive client			
	There is no response procedure for elevator emergencies			
Washrooms	There are not separate washrooms for staff			
	Staff washrooms are not controlled by locked doors			
	Public access to washrooms is not controlled			

	Lights in the washrooms can be turned off			
	Washrooms are not checked for unauthorized personnel on a regular basis			
Reception/Waiting Area	Reception area not clearly marked			
	There is no natural barrier, such as a deep reception desk, separating staff from clients, relatives and the public			
	The layout of the reception area does not allow staff to greet incoming clients and make sure they are seen in order of appointment			
	The layout of the reception area does not make it easy to observe clients			
	Areas out of sight of staff where someone could deliberately hide			
	Reception area not staffed at all times			
	No alarm system			
	Receptionist sometimes works alone			
	There are objects, tools or equipment in this area that could be used as weapons			
	Someone in the area is responsible for handling cash			
Office/ Interview/ Treatment/ Counseling/ Medication	Access to these areas is not controlled by locked doors			
	These areas are not located in a relatively open area that still maintains privacy and confidentiality			
	The layout of these areas and furniture does not permit workers to exit if threatened			
	Furniture/counters are not arranged to both allow visibility and protect staff			
	A back-up exit is not available for emergencies			
	These areas do not have an alarm system			
	The doors do not have a window			
	Workers sometimes work alone in these areas			
	Workers do not know appropriate emergency alert procedures			
Other Rooms and Areas	Unoccupied rooms are not locked			
	There are places, such as recessed doorways, unlocked storage areas, and			

	stairwells, where someone could hide out of view of others			
Files/Records	Confidential files/records are not kept in a locked room			
	File cabinets containing confidential records are not locked			
Stairwells and Exits	Stairwells and exits are not clearly marked, well lit, and controlled with locked doors that have panic bars to allow exit in an emergency			
	Exit doors do not identify where they exit to			
	There are places at the bottom of stairwells where someone could hide			
	Lights can be turned off in the stairwell			
	There is not more than one exit route			
	Exit routes restrict the ability to escape an attacker			
	Stairwell doors do not lock behind people during or after regular hours of operation			
General Building, Work Station, and Area Designs	Facilities are not designed to ensure the privacy of clients, yet permit workers to communicate with other staff in emergency situations			
	Work areas are not designed and furniture is not arranged to prevent entrapment of the workers and/or minimize the potential for assault			
	Access to employee work areas is not controlled			
Security Equipment	There are no electronic alarm systems with visual or audible alarms			
	Systems do not identify the location of the room or the worker by means of an audible alarm and/or a lighted indicator of equally effective measure			
	There are not adequate personnel available to render prompt assistance			
	Closed circuit television is not used to monitor high-risk areas, both inside and outside the building			
	Cellular telephones, beepers, CB radios, hand-held alarms, or noise devices are not available			
	Security equipment is not regularly examined and maintained to ensure its effectiveness			
Equipment and	Tools and equipment (e.g., sharps) are not locked away when not in use			

Tools	Anyone could grab and use them as weapons against staff			

f. Priorities for Workplace Violence Prevention Plan

The final step in the Hazard Assessment process is to identify your priorities for a Workplace Violence Prevention Plan. These priorities will be determined based on the results of the Hazard Risk Assessment.

The Workplace Violence Prevention Plan must be completed by April 1, 2008 according to the Violence in the Workplace Regulations.

Appendix A

ARC/RRC Risk Factors Checklist

Use this tool to identify the risk factors that affect your workplace (i.e., facility, community-based options, supervised apartments, workshops, etc.).

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?			
(a) Occupation involves physical contact with clients, particularly frequent or prolonged.	❑	❑	❑
(b) Occupation involves conducting staff performance appraisals	❑	❑	❑
(c) Dealing with the public, visitors, contractors, couriers (e.g., who may be under the influence of alcohol or drugs)	❑	❑	❑
(d) Communicating changes in policies that may negatively impact clients	❑	❑	❑
(e) Dispensing drugs	❑	❑	❑
(f) Working alone (out of sight and hearing of other employees)	❑	❑	❑
(g) Working at night or during early morning hours	❑	❑	❑
(h) Working in clients' private residences	❑	❑	❑
(i) Implementing infection control functions (e.g., unit closures)	❑	❑	❑
(j) Performing security functions (e.g., working with people who have assaulted others)	❑	❑	❑
(k) Occupation involves traveling among multiple worksites	❑	❑	❑
(l) Occupation involves running errands/transporting clients	❑	❑	❑
(m) Occupation involves handling cash	❑	❑	❑
(n) Occupation involves carrying cash			
(o) Occupation involves dealing with people's finances			
(p) Occupation involves staying in hotels			
(q) Other (please specify			

Comments

Risk Factors	Yes	No	Don't Know
2. What client characteristics might be risk factors in your workplace? (See explanations on p. 5-7)			
(a) Medications	❑	❑	❑
(b) Substance abuse	❑	❑	❑
(c) History of violence (i.e., there has been physical aggression/assault by the client or others in the home. This may include a history of aggressive behaviour or an actual incident, there has been verbal abuse (intimidating remarks/threats) directed toward staff or other employees, and/or there has been sexually inappropriate behaviours (verbal or physical)	❑	❑	❑
	❑	❑	❑

(d) Mental or physical illness, injury, or condition			
(e) Experienced a change in health status			
(f) Sensitivity to disruptive events	❑	❑	❑
(g) Recollection of previous exposure to people, circumstances, or events that incite aggression and violence	❑	❑	❑
	❑	❑	❑
(h) Difficulty in communicating			
(i) Evidence of criminal activity/gang membership (including any indication of drug or substance abuse in the home)	❑	❑	❑
(j) There is a presence or suspected presence of weapons (may be observed by caregiver or implied by client)	❑	❑	❑
(k) Other (please specify)	❑	❑	❑

Comments

❑ ❑ ❑

3. **What aspects of the workplace environment might increase the risk of incidents of violence?**

(a) An environment or work setting that is not appropriate for the client's needs and challenges of care	❑	❑	❑
(b) An environment or work setting where the staffing level is not appropriate to address the clients' needs and challenges of care	❑	❑	❑
(c) An environment or work setting where the appropriate equipment is not available to address the clients' needs and challenges of care	❑	❑	❑
(d) An environment or work setting where staff have high levels of stress and fatigue	❑	❑	❑
(e) An environment or work setting that is experiencing intense organizational change	❑	❑	❑
(f) An environment or work setting where inadequate information is received through the assessment process or from transferring agencies regarding the client's violence-related information/risk factors.	❑	❑	❑
(g) Staff who stay behind after regular office hours, or use weekends to catch up on work	❑	❑	❑
(h) Staff who carry out duties on a locked unit	❑	❑	❑
(i) Interconnected buildings and shared premises that may allow members of the public uncontrolled access to, or increased movement between facilities	❑	❑	❑
(j) Work location in a high-crime neighbourhood	❑	❑	❑
(k) Evidence of gang activity (may include large gatherings of people in which a caregiver feels intimidated or perceives as a threat	❑	❑	❑
(l) Evidence of illegal activities in the building or nearby homes	❑	❑	❑
(m) Work location in an isolated area (may apply to rural homes in which isolation can be a safety risk. May be urban homes that are isolated from other occupied homes or have isolated entrances that are sheltered from public view)	❑	❑	❑
(n) Young and/or inexperienced workers, or those who have not had adequate training in violence prevention	❑	❑	❑
(o) No or non-functioning security system or elevator in the building – applicable to apartments or condominiums	❑		
(p) No on-site building manager (tenant behaviour that is not monitored could potentially lead to increased safety risk for caregivers entering that building)		❑	❑

(q) Parking (parking situations that may make it difficult to safely access client's homes and return to vehicle. This includes parking underground, in back alleys, areas of poor lighting, near snow banks or other obstructions, busy roads and parking several blocks from client homes.	❏	❏	❏
(r) Inadequate lighting: consider both inside and entrance of the house or building	❏	❏	❏
(s) Pets: any characteristics of aggression the pet(s) may have. Pet(s) pose a risk (either causing fear or injury) to staff visiting in the home	❏	❏	❏
(t) Other (specify)	❏	❏	❏

Comments

Appendix B

ARC/RRC Worker Survey on Violence in the Workplace

Use this tool to obtain staff input.

Section 2 (f) of the Violence in the Workplace Regulations defines **violence** as "threats, including a threatening statement or threatening behaviour that gives an employee reasonable cause to believe that the employee is at risk of physical injury, conduct or attempted conduct of a person that endangers the physical health or physical safety of an employee."

This survey can help determine what work-related conditions in your job may place you at risk of workplace violence. 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).
❑ Lighting   ❑ Safe & secure areas to store personal belongings
❑ Trained security personnel   ❑ Secure restrooms
❑ Secure parking   ❑ Restricted public access to work areas (is human
                                                    traffic monitored by a system or person(s)?)
❑ Violence-related information/risk factors about   ❑ Security devices
clients is clearly communicated (e.g., new client, (cameras, alarms, panic buttons, etc.)
communication between shifts, written care plan,
etc.) Please indicate.
❑ The staff to client ratio is appropriate to address ❑ Communication between employer and workers
clients' needs and challenges of care   concerning violence prevention issues
❑ Other (please specify)

Please explain below the issues related to each checked item.

Are you given: (Check all that apply; please explain below).

❑ The assistance of a second worker when needed   ❑ A functioning communication device
❑ A security contact person/system/protocol   ❑ Timely assistance when you report a problem
❑ The information you need about the
facility/unit/home and the people in it
Comments:

Violence Prevention Policy (delete this section if not applicable)	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 incidence of violence and aggression?	❑	❑	❑
If yes, is it easy to understand and follow?	❑	❑	❑
Comments:			
Are you required to report threats and incidents of violence and aggression?	❑	❑	❑
If yes, can you do so without fear of reprisal?	❑	❑	❑
Do you report all incidents of violence (threats or assaults)?	❑	❑	❑
If not, please explain.			
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 and support staff briefed about a violent incident before coming on shift/dealing with a previously violent client?	❑	❑	❑
Do you have access to incident reports?			
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 have the opportunity to practice what you have learned?	❏	❏	❏
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 (polices and procedures) exist in your workplace to deal with violence and its consequences?	❏	❏	❏
Do you know what standard of care your employer expects you to deliver when a client is abusive or threatening toward staff?	❏	❏	❏
Are you aware of the OH&S regulation sections on violence in the workplace?	❏	❏	❏

Incidents at Work	**Yes**	**No**
Have you ever been the victim of a violent incident while employed at this organization?	❏	❏

If yes, please answer the following:
Where the incident occurred

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?	❏	❏

If not, please explain.

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):_____

Appendix C

ARC/RRC Facility Inspection Checklist

Use this checklist to record information about facility(ies) hazards.

Inspect the facility(ies) for each item listed below. A building(s) blueprint or floor plan(s) 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.)	❑yes	❑no	
Staffing level ▪ Is staff available to meet violence prevention and/or response requirements?	❑yes	❑no	
▪ Where and how can extra staff be obtained in the event of an emergency, and are they likely to be able to respond promptly?	❑yes	❑no	
▪ Is the staff response system tested?			
Other clients ▪ Is privacy and quiet sufficient to prevent activities that centre around one client from agitating others?	❑yes	❑no	
General appearance and area ▪ Does the worksite look cared for (i.e., instill a sense of security)?	❑yes	❑no	
▪ Is there graffiti on the walls or other parts of the facility?	❑yes	❑no	
▪ Are there signs of vandalism?	❑yes	❑no	
▪ Are there crime generators (liquor stores, bars, convenience stores, or vacant lots) in the area?	❑yes	❑no	
Maintenance of general security systems ▪ Are broken windows, damaged door locks, and burnt-out light bulbs replaced promptly?	❑yes	❑no	
Isolation ▪ How far away is the next area or building where help could be obtained in an emergency?	❑yes	❑no	
▪ How accessible are co-workers in case of an emergency?	❑yes	❑no	
Building perimeter ▪ How well kept is the property around the facility?	❑yes	❑no	
▪ Are there bushes/shrubs where someone could hide or that could conceal break and entry activities?	❑yes	❑no	
▪ Are there fences or other security measures?	❑yes	❑no	
▪ If so, are they well maintained?	❑yes	❑no	
▪ At the time of this inspection, did any areas feel isolated?	❑yes	❑no	
▪ In these areas, is there a telephone or a sign for	❑yes	❑no	

emergency assistance?			
▪ How far away is the nearest person who would be able to hear calls for help?	❏yes	❏no	
Visibility			
▪ Are there unlit or overgrown areas where an assailant could hide?	❏yes	❏no	
▪ Do any physical objects/structures obstruct your view?	❏yes	❏no	
▪ What would make it easier to see an assailant (e.g., mirrors, angled corners, transparent materials like glass, windows in doors, less shrubbery)	❏yes	❏no	
Access control			
▪ Is the worksite building connected to any other buildings, or shared with other organizations?	❏yes	❏no	
▪ Is access to the worksite (including access through adjacent workplaces) controlled?	❏yes	❏no	
▪ Are access codes for doors/gate locks known to individuals other than staff?	❏yes	❏no	
▪ Are offices designed and/or arranged so that public and private spaces are easily distinguished?	❏yes	❏no	
Security system/processes			
▪ Is there an alarm and lighting control panel or other system/process to alert co-workers of a violent incident and its location?	❏yes	❏no	
▪ If so, is the system/process monitored?	❏yes	❏no	
▪ Are personal alarms/panic buttons or other systems/processes (e.g., call systems) available for staff to alert co-workers that there personal safety is at risk?	❏yes	❏no	
▪ Where does the alert go and to whom?	❏yes	❏no	
▪ How is the problem area identified?	❏yes	❏no	
▪ Have motion sensors been installed at all entrances and exits?	❏yes	❏no	
▪ Are security guards or buddy systems (i.e., someone to accompany you in a potentially dangerous situation such as walking out to you car at night) available at your location?	❏yes	❏no	
Emergency response system/process			
▪ Does your facility have an emergency response system/process in place?	❏yes	❏no	
▪ If so, has it been tested recently?	❏yes	❏no	
▪ Is there an emergency contact number, and is it posted on phones?	❏yes	❏no	
▪ Are emergency phones accessible and in working order in all areas?	❏yes	❏no	
Entrapment Sites			
Parking lots			
▪ Do workers park in the area on evening and night shifts?	❏yes	❏no	
▪ If so, is there a secure parking lot?	❏yes	❏no	
▪ Do security personnel patrol the area regularly?	❏yes	❏no	
▪ Is it generally well lit?	❏yes	❏no	
▪ Have there been vehicle thefts from the parking	❏yes	❏no	

lot?			
Elevators (if applicable) ▪ 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? ▪ Is it tested regularly to ensure that it is in working order? ▪ Do workers know what to do if cornered in an elevator by an aggressive client? ▪ Is there a response procedure for elevator emergencies?	❑yes ❑yes ❑yes ❑yes ❑yes	❑no ❑no ❑no ❑no ❑no	
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 on a regular basis?	❑yes ❑yes ❑yes ❑yes ❑yes	❑no ❑no ❑no ❑no ❑no	
Reception/waiting area ▪ Is the reception area clearly marked? ▪ Is there a natural barrier, such as a deep reception desk, separating staff from clients, relatives and the public? ▪ Does the layout of the reception area allow staff to greet incoming clients and make sure they are seen in order of appointment (e.g., during clinic hours)? ▪ Does the layout of the reception area make it easy to observe 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?	❑yes ❑yes ❑yes ❑yes ❑yes ❑yes ❑yes ❑yes ❑yes ❑yes	❑no ❑no ❑no ❑no ❑no ❑no ❑no ❑no ❑no ❑no	

Office/interview/treatment/counseling/medication rooms			
▪ Is access to these areas controlled by locked doors?	❑yes	❑no	
▪ Are they located in a relatively open area that still maintains privacy and confidentiality?	❑yes	❑no	
▪ Does the layout of these areas and furniture permit workers to exit if threatened?	❑yes	❑no	
▪ Are furniture/counters arranged to both allow visibility and protect staff?	❑yes	❑no	
▪ Is a back-up exit available for emergencies?	❑yes	❑no	
▪ Do these areas have an alarm system?	❑yes	❑no	
▪ Do the doors have a window?	❑yes	❑no	
▪ Do workers sometimes work alone in these areas? Do they know appropriate emergency alert procedures?	❑yes	❑no	
Other rooms and areas			
▪ Are unoccupied rooms locked?	❑yes	❑no	
▪ Are there places, such as recessed doorways, unlocked storage areas, and stairwells, where someone could hide out of view of others?	❑yes	❑no	
Files/Records			
▪ Are confidential files/records kept in a locked room?	❑yes	❑no	
▪ Are file cabinets containing confidential records, locked?	❑yes	❑no	
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?	❑yes	❑no	
▪ Do exit doors identify where they exit to?	❑yes	❑no	
▪ Are there places at the bottom of stairwells where someone could hide?	❑yes	❑no	
▪ Can lights be turned off in the stairwell?	❑yes	❑no	
▪ Is there more than one exit route?	❑yes	❑no	
▪ Do exit routes restrict the ability to escape an attacker?	❑yes	❑no	
▪ Do stairwell doors lock behind people during or after regular hours of operation?	❑yes	❑no	
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 clients, 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.)	❑yes	❑no	
▪ Are work areas designed and furniture arranged	❑yes	❑no	

to prevent entrapment of the workers and/or minimize the potential for assault? ▪ Is access to employee work areas controlled? (e.g., locked doors, buzzers, card access, etc.) **Security must never conflict with other fire and 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.**	❑yes	❑no	
Security equipment ▪ Are there electronic alarm systems with visual or audible alarms?	❑yes	❑no	
▪ Do systems identify the location of the room or the worker by means of an audible alarm and/or a lighted indicator of equally effective measure?	❑yes	❑no	
▪ If such systems are used, are adequate personnel available to render prompt assistance?	❑yes	❑no	
▪ Is closed circuit television used to monitor high-risk areas, both inside and outside the building?	❑yes	❑no	
▪ Are cellular telephones, beepers, CB radios, hand-held alarms, or noise devices available?	❑yes	❑no	
▪ Is security equipment regularly examined and maintained to ensure its effectiveness?	❑yes	❑no	
Equipment and tools ▪ Are tools and equipment (e.g., sharps) locked away when not in use?	❑yes	❑no	
▪ Can anyone grab and use them as weapons against staff?	❑yes	❑no	

Completed by_____ Date_____

Appendix D

Sample Violent Incident or Threat Report

Use this form to report violent incidents and actions taken after such incidents.

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 room, on street, entering or leaving building, etc.)

Date and time of incident_____ Was an alarm activated/process initiated? ❑yes ❑no
Date and time incident reported_____
Type of incident
❑ Threat   ❑ Physical assault
   ❑ verbal threat in person   ❑ struck
   ❑ verbal threat by telephone   ❑ pushed
   ❑ written threat   ❑bitten or pinched
                                         ❑ other (please specify)_____

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

Describe immediate actions taken (e.g., 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

---

2. Assailant

Who was the assailant, if known? (Name)_____

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); unit (if resident); address (if other)

List others directly involved in incident, including name and how to locate the person – position (if worker); unit (if resident); 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?_____

WCB Form completed? ❑ yes ❑ no   If yes, by whom?_____

Signature of worker_____ Signature of supervisor_____

Appendix E

Analysis of Sample Hazards

Violence Hazard #1 – Working Alone
- What task, activity, or feature of the workplace may trigger violence?
  - Working alone on evening and night shifts

- Describe how frequently the task, activity or feature occurs (e.g., daily, weekly, monthly, etc).
  - Twice daily

- Who (e.g., departments, occupational groups) is at risk from this violence?
  - Direct care staff (CCAs, RNs/LPNs) on resident care units (threat or assault could come from family member or client, or threats from co-workers)

- What predicted categories (i.e., threats or assaults) and/or types of incidents are most likely to occur?
  - Threats (verbal threat in person)
  - Assaults (struck, pushed, bitten/pinched, etc.)

- Is there any other information or factor(s) that should be described and considered (i.e., factors that may increase or decrease the risk)?
  - Reduced staff on evening and night shifts
  - Workers may be inexperienced
  - Client factors including "Sundowning"
  - Full moon
  - Less traffic when entering and leaving the building
  - Staff working alone experience stress related to the overwhelming workload and responsibility and the uneasiness of working alone
  - Staff who work nights tend to be tired and sometimes this is their second job
  - Staff may also experience stress due to leaving their families in the evenings
  - Staff working alone may not have time to observe and act upon precipitating factors of client to staff violence
  - Staff who work at night do not always know the residents as well because they are normally sleeping
  - Cell phones (other communication devices available to staff on nights
  - Security systems installed

- Estimate the probability of the predicted types of violence occurring because of the violence hazard.
  - A – Highly Likely

- Estimate the most serious, reasonably possible outcome (as opposed to the "most likely" outcome) for the violence hazard you are considering.
  - 4 (catastrophic – fatality, coma)
- Risk Designation
  - 4A (Significant and unacceptable risks)
  - Address immediately through a violence prevention plan.

Violence Hazard #2 – Knowledge/Access to New Client Information

- What task, activity, or feature (i.e., hazard) of the workplace may trigger violence?
    - Receiving inadequate information about the client through the assessment process or from transferring facilities regarding the client's violence-related information/risk factors

- Describe how frequently the task, activity or feature occurs (e.g., daily, weekly, monthly, etc).
    - 100% of new admissions

- Who (e.g., departments, occupational groups) is at risk from this violence?
    - All aspects of client care (resident care staff, dietary, finance, etc.)

- What predicted categories (i.e., threats or assaults) and/or types of incidents are most likely to occur?
    - Threats (verbal threat in person)
    - Assaults (all)

- Is there any other information or factor(s) that should be described and considered?
    - Facility conducts its own assessment of clients to mitigate this risk
    - Growing waitlists
    - HR issues (Care Coordinator's assessment outdated due to backlog)
    - Resident's service expectations (e.g., did not realize that they could be located 100kms from their home community)
    - Facility lacks the resources to conduct its own assessments

- Estimate the probability of the predicted types of violence occurring because of the violence hazard.
    - C - Possible

- Estimate the most serious, reasonably possible outcome (as opposed to the "most likely" outcome) for the violence hazard you are considering.
    - 4 - Catastrophic

- Risk Designation
    - 4C - (Significant and unacceptable risks)
    - Address immediately through a violence prevention plan.