



Workplace Violence Prevention – Identification and Communication of the Risk of Violent Behaviour (Flagging)

Tip Sheet

Your employer has the duty to provide you with information related to the risk of workplace violence. This includes information about a person with a history of violent behaviour if you can expect to encounter that person in the course of your work, and the risk of workplace violence is likely to expose you to physical injury. To meet this duty, your employer must have the following:

- A system for identifying, alerting, and communicating the risk of violent behaviour to any worker at risk, including currently observed behaviours and any history of violent behaviours such as previous admissions, external to the workplace, outpatient care, etc.
- This system must be able to alert the first point of contact and any other workers at risk. In many workplaces, this is a pop-up on the computer screen directly linked to the specialized care plan(s). For workers encountering these patients who would not be required to access the electronic health record (nutrition services, EAs, etc.), visible cues such as coloured wristbands, signs at the entrance to the patient's room and flags on the assignment boards should additionally be in place.

The flagging process is divided into two main stages: risk identification and risk communication.

Stage One: Risk Identification

- Ask, at a minimum, screening questions at the first point of contact (e.g., triage or registration). These questions can include:
 - During your visit here, is there anything you can think of that could make you agitated or trigger angry behaviours?
 - Have you ever been verbally or physically aggressive in a healthcare setting?
- If triage or registration identifies any observed behaviours or becomes aware of someone with a history of violent behaviour (e.g., police bringing a patient in handcuffs), the employer should have a system in place to expedite the completion of an individual client risk assessment. ONA suggests the Individual Client Risk Assessment tool from Public Services Health and Safety Association (PSHSA).

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- A leading practice is for employers to develop a protocol with police services, correctional institutions, and Emergency Medical Services (EMS) to attain information related to a history of violent behaviour to be shared with and documented at registration/admission during the transition of care process

Stage Two: Risk Communication

- The provision of personal information which the employer is required to communicate to any worker includes:
 - Risk of behaviours or triggers which could indicate an escalation of violence.
 - Information related to specialized care plan strategies to prevent or de-escalate violence (e.g., the patient becomes aggressive when exposed to loud noise, so the patient has been moved to a quiet area). The information includes safety measures that the employer needs to take to protect you and others from the risk of violence.
- To identify which workers this information will be communicated to, the employer shall conduct a risk assessment to determine who can be expected to encounter that person in the course of their work. Best practices for communication include:
 - Sharing information at safety huddles or shift reports at the beginning of each shift regarding the level of risk, behaviours, triggers, specialized care strategies and staff safety measures to be taken when providing care for the patient/resident/client. This information must also be shared with non-clinical staff at risk, who ideally would be part of the huddle. If this is not possible, non-clinical staff should receive this information from their supervisor or designated Charge Nurse before commencing work in the unit/area.
 - Communicating the risk of violence using electronic alerts/flags in the patient/resident/client chart, which are immediately visible when the worker first opens the electronic medical record or hard copy chart (e.g., alerts or flags as a purple V that pop up before entering the profile page of the chart).
 - Identifiers such as coloured wristbands (e.g., purple wristbands) similar to those worn for falls risk.
 - Signage on the patient/resident room at the entrance and over the bed
 - Signage at the nursing station, such as electronic whiteboards that are updated in real-time with the alert/flag and information stating the reason for the alert/flag.

Making Your Case

When you encounter any gaps or challenges in your employer's flagging system, remember the following:

- The Occupational Health and Safety Act (OHSA) states that personal information must be provided to workers about a history of violent behaviour. It is not a violation of patient privacy when the information is reasonably necessary to protect the
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worker from physical injury [s 32.0.5(3)(4), 25(2)(h), 27(2)(c)]

- The employer has the duty to acquaint a worker or a person in authority over the worker with any hazard in the work, which means the employer must make themselves aware of all workplace violence hazards [s. 25(2)(a)(d)]. This signifies a requirement to determine the risks. Therefore, a system that assesses and communicates the risk of violence and a history of violent behaviour is necessary.

Evidence that you may gather includes:

- Incident reports under Sections 51 and 52 of the OHS Act provided to the Joint Health and Safety Committee (JHSC) and Trade Union, where the root cause and contributing factors are a result of the worker not having the information regarding the risk of violence, a history of violent behaviour, triggers, specialized care strategies or staff safety measures.
 - Monthly JHSC workplace inspections asking workers about the gaps in the system.
 - Leading practices from other workplaces (e.g., flagging). As per OHS Act, the JHSC has the power to obtain information from the employer regarding workplace violence procedures in other healthcare workplaces of which the employer has knowledge [s. 9 (18)(d)(ii)].
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