

INTERDISCIPLINARY CLINICAL Protocol

Title:	Managing Potential for Violence and Aggression in the Emergency Department	Number:	CL-EC-070
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Applies to:	NSHA Emergency Departments		

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PREAMBLE

This protocol supports [NSHA AD-OHS-010 Violence in the Workplace](#) and directs health team members working in Emergency Departments (EDs) across Nova Scotia Health Authority (NSHA) on how to manage our response when we have violent patients in our workplace.

PROTOCOL

Assessment and screening

1. The health professional, at the time of presentation:
 - 1.1. Assesses all patients presenting for treatment to NSHA EDs using the Triage tool — Indicators of Violence ([Appendix B](#)).
 - 1.2. If the patient meets any of the criteria on the tool, completes the Violence and Aggression Alert form.
 - 1.3. When a patient has a past Alert for violence (in MEDITECH/ STAR from a previous admission), completes the Violence and Aggression Alert Form.
 - If there is no evidence of current violence, aggression, or risk factors, no interventions are required. Indicate in Section 2: Alert Initiation and Follow up Steps that visual tools are not being used.
 - 1.4. Ensures the patient is placed in a private area if possible when there is a risk to the safety of other patients.

Interventions

2. The health professional with primary care responsibility for the patient and/or designate:
 - 2.1. Follows steps of the Violence and Aggression Alert form and places at the front of the Health Record.
 - 2.2. If at any time during the patient stay a patient demonstrates risk for potential for violence and aggression (as per the criteria on the tool), completes the Violence and Aggression Alert form.
 - Ensures the patient is placed in a private area if possible when there is a risk to the safety of other patients.
 - 2.3. Determines which of the available visual tools are appropriate to be implemented:
 - Purple identification bracelet on patient

NOTE: In some circumstances the presence of an arm band may be a source of agitation for the patient and therefore not used.

 - Purple violence icon sticker near the top of the spine of the Health Record
 - Purple violence icon sticker and purple markers on the patient’s white board.
 - Violence flag outside the patient’s room / care space.
 - 2.4. Establishes an inter-professional plan of care as appropriate and ensures interventions for mitigating the potential for violence are implemented.

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- 2.5. Ensures the implementation of visual alerts is communicated to the interdisciplinary team and support services and follows Unit/Department procedures for communication.
- 2.6. Informs the family or caregiver that an Alert has been initiated when a risk of serious and imminent harm towards them has been identified.
- 2.7. When safe to do so, the care provider informs the patient or their substitute decision-maker of the Alert being initiated and the reasons for the Alert.
 - An information pamphlet about the Alert for Potential for Violent and Aggressive Behaviour is available to discuss with and leave with the patient and/or substitute decision-maker should they have any questions or concerns.
- 2.8. If required, indicates in the transfer of accountability the pertinent patient management information regarding the reason for the Alert.
- 2.9. Assesses the need to continue the Alert on a daily basis.
- 2.10. During the course of stay for a patient with an Alert, the visual Alert tools can be removed following an assessment of continued risk for potential violence based on the screening tool and a review of any documented incidents of violent behaviour if:
 - The health care team determines the risk factors for violence and aggression have been mitigated, and
 - The patient has not demonstrated violence or aggression.

Following a Violent or Aggressive Incident

3. All Health Professionals:
 - 3.1. Following the initiation of visual tools, record any violent or aggressive incidents on the progress notes when an incident is observed by you or colleagues or described by support staff.
 - 3.2. Indicate the type of incident that occurred and whether this is an individual incident or represents multiple incidents per shift. Sign and indicate your Unit/Dept. designation and the time of the incident(s).
 - 3.3. Review and update the Interprofessional plan of care.
 - 3.4. Document incident in SIMS and or notify Safeline (Central Zone only 902-473-7233).
 - 3.5. If an Alert is not already initiated and the patient becomes violent, aggressive, or risk factors change, complete the Violence and Aggression Alert form. Refer to Section 2: Initiation of an Alert.

Discharge Review

4. The health professional in collaboration with the Interprofessional team discharging the patient:

- 4.1. Determine whether an electronic alert should be placed on the patient's health record.
 - The electronic alert should be considered based on the health professional's judgment in collaboration with the Interprofessional team, if they are not confident the risk factors for violence and aggression have been mitigated and the patient has demonstrated violence or aggression.
- 4.2. When the Alert is to be initiated, provide a summary of this violence (when, what, who, when, where) in the space provided on the progress notes.
- 4.3. Follow the existing process within your site / zone to ensure that an electronic alert is placed on MEDITECH / STAR for future visits.

REFERENCES

- Gates, D., Gillespie, G., Smith, C., Rode, J., Kowalenko, T., & Smith, B. (2011). Using action research to plan a violence prevention program for emergency departments. *Journal of Emergency Nursing*, 37(1), 32–39. <https://doi.org/10.1016/j.jen.2009.09.013>
- National Emergency Nurses Association. (2014). Violence in the emergency department [Position Statement]. Retrieved from <http://nena.ca/w/wp-content/uploads/2015/11/Violence-in-the-ED.pdf>
- Sands, N. (2007). An ABC approach to assessing the risk of violence at triage. *Australasian Emergency Nursing Journal*, 10(3), 107–109. <https://doi.org/10.1016/j.aenj.2007.05.002>
- Vancouver Coastal Health. (2010). VCH alert system for violence and aggressive behaviour: Policy review with members of community engagement advisory network (CEAN). Retrieved from https://www.vch.ca/media/CE_Report-Alerts-for-Violent-and-Aggressive-Behaviour-Mar-2010.pdf
- WorkSafeBC. (2015). Communicate patient information: Prevent violence-related injuries to health care and social services workers. Retrieved from <https://www.worksafebc.com/en/resources/health-safety/information-sheets/communicate-patient-information-prevent-violencerelated-injuries-to-health-care-and-social-services-workers-for-public-bodies?lang=en>

RELATED DOCUMENTS

[NSHA Workplace Violence Prevention Statement](#)

[Potential for Violence Poster](#)

Policies

[NSHA AD-OHS-010 Violence in the Workplace](#)

[CEHHA 404-113 Critical Care Indicators \(CCI's\) Status Patients](#)

Forms

[Violence and Aggression Alert form](#)

Brochures

Information Pamphlet: [Alert for Potential for Violent and Aggressive Behaviour](#)

APPENDICES

[Appendix A](#): Definitions

[Appendix B](#): Triage Tool — Indicators of Violence

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APPENDIX A: DEFINITIONS

Aggression	Refers to abusive or intimidating behaviour. It can consist of aggression to persons or aggression to property.
Aggression to Persons	Yelling at, swearing at, or insulting someone.
Aggression to Property	Hitting, kicking, throwing, burning, or breaking objects.
Alert	Defined “flags” where precautionary measures are undertaken to protect the staff, patient, or both from harm.
Incident	An unplanned and unwanted event that causes physical and/or psychological injury to a person, damage to property or the environment, or has a high risk of doing so.
Risk Factor	<p>Refers to behaviours and or temperament associated with increased risk for violence. They may be symptoms of a variety of physical or mental health problems. The risk factors associated with this policy are:</p> <ul style="list-style-type: none"> • General behaviour (intoxicated, anxious, hyperactive) • Irritability • Hostility, anger • Impulsivity • Restlessness, pacing • Agitation • Suspiciousness • Rage (especially children) • Intimidating physical behaviour (e.g., clenched fists)
Violence	<ol style="list-style-type: none"> 1. Threats, including a threatening statement or threatening behaviour that gives Staff reasonable cause to believe that they-or someone else-are at risk of physical injury and/or 2. Conduct or attempted conduct of a person that endangers the physical safety of Staff. <p>This definition has been adapted from the <i>Violence in the Workplace Regulations</i>, pursuant to the Nova Scotia <u>Occupational Health and Safety Act</u>.</p> <p>Violence includes, but is not limited to:</p> <p>Threats</p>

	<ul style="list-style-type: none"> • Threats of physical harm delivered in person, through phone calls, or in writing via letters or electronically (including social media) • Intimidating or frightening gestures, such as shaking fists at another person, pounding a desk or counter, punching a wall, or screaming; • Threatening to throw or strike objects; • Stalking. <p>Physical Violence</p> <ul style="list-style-type: none"> • Kicking, hitting, biting, grabbing, pinching, scratching, spitting, etc.; • Injuring a person by using an object such as a chair, cane, or a weapon such as a knife, gun, sharp or blunt instrument. • Whether they are intentional or not, if these threatening or physically violent behaviours are encountered by staff in the performance of their work, they are considered Workplace Violence.
<p>Psychologically healthy and safe workplace</p>	<p>Actively works to prevent harm to workers’ psychological health, including in negligent, reckless, or intentional ways, and that promotes psychological well-being. <i>(National Standard of Canada Psychological health and safety in the workplace – prevention, promotion, and guidance to staged implementation. Pg. 1 and Assembling the pieces: An implementation guide to the National Standard for Psychological Health and Safety in the Workplace, pg. 3)</i></p>

APPENDIX B: TRIAGE TOOL — INDICATORS OF VIOLENCE

Assessment	Behavioral indicators	Conversation
Primary Survey: <ul style="list-style-type: none"> • Appearance • Current medical status • Psychiatric history (history of violence) • Current medication • Oriented (time, place, person) 	Observations of Behaviour: <ul style="list-style-type: none"> • General behaviour (intoxicated, anxious, hyperactive) • Irritability • Hostility, anger • Impulsivity • Restlessness, pacing 	Patient self-report: <ul style="list-style-type: none"> • Admits to weapon • Admits to history of violence • Thoughts about harm to others • Plans to harm others • Threats to harm
Physiological indicators for impending aggression		
<ul style="list-style-type: none"> • Flushing of skin • Dilated pupils • Shallow, rapid respiration • Excessive perspiration 	<ul style="list-style-type: none"> • Agitation • Suspiciousness • Property damage • Rage (especially children) • Intimidating physical behaviour (e.g., clenched fists, “shaping up”) 	<ul style="list-style-type: none"> • Admits substance use/abuse • Command hallucinations (voices) harm to others • Admits extreme anger

VERSION HISTORY

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)
New to NSHA: Feb 13, 2020	