Prevention & Management of Aggressive Behaviour
Participant’s Guide
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- Paul Elsoff, VCH
- Jackie Per, VCH
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- Tracy Larsen, VIHA

Also thanks to our partners:

- BC Government & Service Employees’ Union
- Hospital Employees’ Union
- British Columbia Nurses’ Union
- Health Sciences Association of BC
- Health Employers Association of BC
- Fraser Health Authority
- Provincial Health Services Authority
- Interior Health Authority
- Vancouver Island Health Authority
- Vancouver Coastal Health Authority
- British Columbia Institute of Technology
- Simon Fraser University
- University of Northern British Columbia
- University of British Columbia
- BC Public Service Agency
- BC Ministry of Health Services
- Healthcare Benefit Trust
- Northern Health Authority

Questions? Contact OHSAH’s Healthcare, Education & Learning Program:
Mail: Suite 301 - 1195 West Broadway, Vancouver, BC V6H 3X5
Phone: 778-328-8000 Toll free: 1-877-328-7810 Fax: 778-328-8001 E: train@ohsah.bc.ca
OHSAH’s HELP for Joint Committees

Joint Committee Boot Camp
- Gain familiarity with the Workers Compensation Act, OH&S Regulation, & Collective Agreements
- Clarify your roles and responsibilities as a Joint OH&S Committee member
- Learn to write action plans and recommendations, and set committee goals
- Understand the joint process, the right to participate, to know, and to refuse unsafe work
- Learn a problem-solving process to take action on OHS issues

Hazard Risks + Inspections
- Learn to identify hazards, assess risks and apply the principles of control
- Understand why inspections are conducted
- Determine how to research OH&S information to support recommendations
- Learn how to conduct an inspection at your workplace

Incident Investigation
- Learn when, why, and how to conduct an investigation
- Understand your JOHS Committee’s responsibilities in investigation
- Follow the multiple factors involved in an incident and devise controls to address the root causes
- Develop recommendations and follow up plans

Violence Prevention Planning
- Understand OH&S regulations regarding violence in the workplace
- Learn how to do a violence risk assessment
- Comprehend the key components of a violence prevention plan
- Practice a problem-solving process to address violence hazards

Preventing and Managing Aggressive Behaviour
- Recognize anxious, aggressive & violent behavior.
- Apply effective & compassionate methods to deal with aggressive people.
- Gain awareness and increase your confidence and skills to help avoid injury.
- Think & react successfully in threatening situations.

All workshops meet the WCB requirements for Joint Committee education.
For more information, contact OHSAH at train@ohsahtc.ca
# Provincial Violence Committee Contacts

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<thead>
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<th>Affiliate</th>
<th>PHSA</th>
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<td><a href="mailto:chrisb@ohsah.bc.ca">chrisb@ohsah.bc.ca</a></td>
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<td>Joe Divitt</td>
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## Resource Contacts

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<tr>
<th><strong>Organization</strong></th>
<th><strong>Contact Information</strong></th>
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<tbody>
<tr>
<td><strong>OHSAH</strong></td>
<td>301-1195 West Broadway Vancouver, BC V6H 3X5  &lt;br&gt; Bus: 778-328-8000 <a href="http://www.ohsah.bc.ca">www.ohsah.bc.ca</a></td>
</tr>
<tr>
<td><strong>Canadian Public Health Association (CPHA)</strong></td>
<td>400-1565 Carling Ave Ottawa, Ontario K1Z 8N8  &lt;br&gt; Bus: 613-725-3769 <a href="http://www.cpha.ca">www.cpha.ca</a></td>
</tr>
<tr>
<td><strong>BC Nurses’ Union</strong></td>
<td>4060 Regent Street Burnaby, BC V5C 6P5  &lt;br&gt; Bus: 604-433-2268 <a href="http://www.bcnu.org">www.bcnu.org</a></td>
</tr>
<tr>
<td><strong>Health Employers Association of BC</strong></td>
<td>200-1333 West Broadway Vancouver, BC  &lt;br&gt; Bus: 604-736-5909 <a href="http://www.heabc.bc.ca">www.heabc.bc.ca</a></td>
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<tr>
<td><strong>Workers’ Compensation Board of BC</strong></td>
<td>6951 Westminster Highway Richmond, BC V6B 5L5  &lt;br&gt; Bus: 604-276-3100 <a href="http://www.worksafebc.com">www.worksafebc.com</a></td>
</tr>
<tr>
<td><strong>Ontario Safety Association for Community &amp; Healthcare (OSACH)</strong></td>
<td>1505-4950 Yonge Street Toronto, Ontario M2N 6K1  &lt;br&gt; Bus: 1-877-250-7444 <a href="http://www.hchsa.on.ca">www.hchsa.on.ca</a></td>
</tr>
<tr>
<td><strong>Health Sciences Association</strong></td>
<td>300-5118 Joyce Street Vancouver, BC V5R 4H1  &lt;br&gt; Bus: 604-439-0994 <a href="http://www.hsabc.org">www.hsabc.org</a></td>
</tr>
<tr>
<td><strong>Canadian Centre for Occupational Health &amp; Safety</strong></td>
<td>135 Hunter Street East Hamilton, Ontario Canada L8N-1M5  &lt;br&gt; Bus: 1-905-572-2981 <a href="http://www.ccohs.ca">www.ccohs.ca</a></td>
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<td><strong>Healthcare Benefit Trust</strong></td>
<td>1200-1333 West Broadway Vancouver, BC V6H 4C1  &lt;br&gt; Bus: 604-736-2087 <a href="http://www.hbt.bc.ca">www.hbt.bc.ca</a></td>
</tr>
<tr>
<td><strong>Hospital Employees Union</strong></td>
<td>5000 North Fraser Way Burnaby, BC V5J 5M3  &lt;br&gt; Bus: 604-438-5000 <a href="http://www.heu.org">www.heu.org</a></td>
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<tr>
<td><strong>United Food and Commercial Workers Union</strong></td>
<td>4021 Kingsway Burnaby, BC V5H 1Y9  &lt;br&gt; Bus: 604-434-3101 <a href="http://www.ufcw1518.com">www.ufcw1518.com</a></td>
</tr>
<tr>
<td><strong>Canadian Labour Congress</strong></td>
<td>2841 Riverside Drive Ottawa, Ontario K1V 8X7  &lt;br&gt; Bus: 613-521-3400 <a href="http://www.clc-ctc.ca">www.clc-ctc.ca</a></td>
</tr>
<tr>
<td><strong>Health Canada</strong></td>
<td><a href="http://www.bc-sc.gc.ca">www.bc-sc.gc.ca</a>  &lt;br&gt; Bus: 1-866-225-0709</td>
</tr>
<tr>
<td><strong>Human Resources and Social Development Canada</strong></td>
<td>Regional Office and the Vancouver District Office Harry Stevens Building 125 - 10th Avenue East Vancouver, British Columbia V5T 1Z3  &lt;br&gt; Telephone: 1 604 872-4384, local 704 <a href="http://www.hrsdc.gc.ca">www.hrsdc.gc.ca</a>  &lt;br&gt; Toll free: 1 800 668-5155 (B.C. only)</td>
</tr>
<tr>
<td><strong>BC Government &amp; Services Employees’ Union</strong></td>
<td>4911 Canada Way Burnaby, BC V5G 3W3  &lt;br&gt; Bus: 604-291-9611 <a href="http://www.bcgeu.bc.ca">www.bcgeu.bc.ca</a> 1-800-663-1674  &lt;br&gt; 2994 Douglas Street Victoria, BC V8T 4N4  &lt;br&gt; Bus: 250-388-9948 <a href="http://www.bcgeu.bc.ca">www.bcgeu.bc.ca</a>  &lt;br&gt; Bus: 613-954-2941</td>
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Helpful Websites

| US Occupational Health & Safety Administration | American Conference of Governmental Industrial Hygienists |
| www.osha.gov | www.acgih.org |

| American Industrial Hygiene Association | Environmental Protection Agency |
| www.aiha.org | www.epa.gov |

| Canadian Centre for Disease Control | World Health Organization |
| www.cdc.gov | www.who.ch |

| Human Resources Development Canada | MSDS Search |
| www.hrdc.gc.ca | www.msdssearch.com |

| National Institute for Disability Management and Research | Medical Research Council of Canada |
| www.nidmar.ca | www.mrc.gc.ca |

OHSAH Department and Program Contacts

<table>
<thead>
<tr>
<th>DEPARTMENT/PROGRAM</th>
<th>CONTACT NAME &amp; TITLE</th>
<th>PHONE</th>
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<tbody>
<tr>
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<td>George Astrakianakis: Director</td>
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<td></td>
<td>Corrine Balcaen: Manager</td>
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<tr>
<td>Disability Prevention</td>
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<tr>
<td>Injury Prevention</td>
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<tr>
<td>Violence Prevention Program</td>
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<td>Home and Community Care Program</td>
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<td>COSSHARE Program</td>
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<td>Ergonomics Program</td>
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<tr>
<td>Education &amp; Training</td>
<td>Catherine Ogden: Director</td>
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<tr>
<td>Mental Health &amp; Organizational Development</td>
<td>Elizabeth Smailes: Director</td>
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<tr>
<td>Information Systems</td>
<td>Tony Gilligan: Director</td>
<td>778-328-8054</td>
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<tr>
<td>Communications</td>
<td>Tina Robinson: Manager</td>
<td>778-328-8028</td>
</tr>
<tr>
<td>Software Products &amp; IT Services</td>
<td>Quan Lee: Manager</td>
<td>778-328-8051</td>
</tr>
<tr>
<td>Statistics &amp; Evaluation</td>
<td>Hasanat Alamgir: Director</td>
<td>778-328-8013</td>
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**Action Plan**

Use this worksheet to keep track of actions you would like to take when you return to the workplace, and/or your committee activities.

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<th>Action Items</th>
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Preventing & Managing Aggressive Behaviour

Healthcare Education & Learning Program (HELP)

Introductions
• Your name
• Your workplace and job
• What OH&S courses have you taken previously?
• Comments about expectations for the day

Housekeeping
• Washrooms and exits
• Parking
• Sign-in sheet
• Cell phones/pagers
• Name badges
• Course materials
• Emergency procedures
• Breaks and lunch
### Session Guidelines
- Be on time, especially when returning from breaks.
- Turn pagers and cell phones to vibrate or off.
- We welcome and encourage your participation.
- Respect the contributions of others.
- Only one person speaks at a time.
- Respect confidentiality.
- Acknowledge and value diversity.
- Feel free to move and stretch as needed.
- There is no such thing as a stupid question.

Remember to have fun

### OHSAH’s Mission
- To work with all members of the healthcare community to develop guidelines and programs designed to promote better health and safety practices and safe early return-to-work.
- To promote pilot programs and facilitate the sharing of best practices.
- To develop tools and measures to assess the effectiveness of programs and innovations in this area.

### Learning Objectives
- Recognize some of the complexity surrounding violence prevention in healthcare.
- Recognize anxious, aggressive & violent behavior.
- Apply effective and compassionate methods of dealing with anxious or aggressive people.
- Become more empowered through training that builds confidence and skills.
- Gain awareness that will help avoid injury to you, bystanders, and the aggressor(s).
- Think & respond appropriately in threatening situations.
Preventing & Managing Aggressive Behaviour  

Occupational Health & Safety Agency for Healthcare in BC

Why is Violence in Healthcare Different From Other Industries?

- Healthcare workers are “up close and personal” with patients and their families.
- Interaction is often under difficult, or even dire, circumstances.
- The healthcare system is “stressed” to the limit.

What is “Violence”?  

- Violence is “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.”

Rights and Responsibilities  

Under the Workers Compensation Act and the OH&S Regulation:

- workers have the right to a safe workplace (WCA, sections 115-117)
- the employer has a duty to inform workers of the risk of violence in the workplace (Regulation, 4.30)
- workers have a responsibility not to do unsafe work (WCA, section 116)
Rights and Responsibilities

Under the Workers Compensation Act and the OH&S Regulation workers have the right to:

- know about hazards in the workplace
- Participate in health and safety
- Refuse unsafe work
- No discriminatory action

What can you do to keep yourself safe?

- Remove jewelry/equipment which could be grabbed or pulled.
- Take all threats of violence seriously.
- Know when and how to call for help.
- Always be mindful of where your exits are.
- Never attempt to disarm an individual carrying a weapon or accept one from an agitated person.
- Never isolate yourself with a potentially aggressive individual.
- Always trust your intuition.

What will determine the outcome?
Key Steps in Preventing and Managing Aggressive Behaviour

1. Follow basic safety precautions.
2. Look for underlying causes, identify risk factors and triggers.
3. Defuse yourself before attempting to defuse others.
4. Understand the importance of nonverbal and paraverbal communication.

Follow Basic Safety Precautions

- Remove jewelry/equipment which could be grabbed or pulled.
- Take all threats of violence seriously.
- Know when and how to call for help.
- Always be mindful of where your exits are.
- Never attempt to disarm an individual carrying a weapon or accept a weapon from an agitated individual.
- Never isolate yourself with a potentially aggressive individual.
- Always trust your intuition “gut instinct”.

From VIHA Managing Aggressive Behaviour, 2005
### Look for Underlying Causes

**Fuel + Spark = “Ka’Bang!”**

Risk Factors + Triggers = Aggressive Behaviour

---

### Client Behavior... and Staff Intervention

<table>
<thead>
<tr>
<th>Anxiety</th>
<th>Supportive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal Aggression</td>
<td>Assertive</td>
</tr>
<tr>
<td>Physical Aggression</td>
<td>Defensive</td>
</tr>
<tr>
<td>Tension Reduction</td>
<td>Therapeutic Support</td>
</tr>
</tbody>
</table>

(Crisis Cycle)

---

### Plan Ahead

1. **Review** different possible situations of aggressive behaviour.
2. **Recognize** body language and behaviour.
3. **Respond** with actions appropriate to the behaviour.

“Chance favours the prepared mind” — Louis Pasteur
Look for Underlying Causes

Risk Factors and Triggers = Aggressive Behaviour (e.g. Dementia & Noise = Aggressive Behaviour)

**Risk Factors:**
- Substance use/overdose/withdrawal reactions
- Dementia, delirium, depression
- Sensory deficits (hearing or visual impairment)
- History of violence, poor anger management
- Head injury, mental illness, pain
- Abusive background
- Heightened emotional condition (family trauma - death, separation from loved ones, etc.)

**Triggers - Environment:**
- Noise - fellow patients, other people, equipment, alarms
- Too much light
- Too hot/too cold
- Wait for service
- Bad smells
- Bad food
- Restraints
- Different/rigid routines
- New environment

**Triggers - Caregiver Approach:**
- Approaching patient suddenly or from behind
- Not listening
- Tone of voice - condescending/superior/judgemental
- Lack of information
- Lack of privacy
- Task focused vs. care focused
- Not explaining
- Not being assertive enough

*From VIHA Managing Aggressive Behaviour, 2005*
### Crisis Development Behaviour Levels - Crisis Cycle

<table>
<thead>
<tr>
<th>Patient Behaviour Level</th>
<th>Staff Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anxiety or Questioning</strong></td>
<td><strong>Supportive</strong></td>
</tr>
<tr>
<td>- Noticeable change or increase in behaviour</td>
<td>- DO NOT TOUCH WITHOUT PERMISSION.</td>
</tr>
<tr>
<td>- Restless pacing/wandering</td>
<td>- Give the patient their “space.”</td>
</tr>
<tr>
<td>- Darting eyes</td>
<td>- Concentrate on body language.</td>
</tr>
<tr>
<td>- Drumming fingers</td>
<td>- Respond calmly and gently/reduce stimulation.</td>
</tr>
<tr>
<td>- Staff seeking</td>
<td>- Empathize, show compassion.</td>
</tr>
<tr>
<td>- Change in tone of voice/mumbling</td>
<td>- Provide information.</td>
</tr>
<tr>
<td>- Picking at clothing</td>
<td>- Remain care focused, not task focused.</td>
</tr>
<tr>
<td>- Specific words expressed</td>
<td>- Use the supportive stance.</td>
</tr>
<tr>
<td>- Questioning</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Verbal Aggression</strong></th>
<th><strong>Assertive</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Challenging</td>
<td>1. Remain focused on issue at hand</td>
</tr>
<tr>
<td>2. Refusal</td>
<td>2. Define behaviour you want in a positive way</td>
</tr>
<tr>
<td>3. Release (yelling, swearing)</td>
<td>3. Allow person to vent, set limits and consequences (5 steps),</td>
</tr>
<tr>
<td>• Behaviour may escalate at any time (and not in specific order) into active aggression.</td>
<td>• Maintain the SUPPORTIVE STANCE.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Physical Aggression</strong></th>
<th><strong>Defensive</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Intimidation (verbal or nonverbal threat)</td>
<td>4. Remove yourself, call for help.</td>
</tr>
<tr>
<td>5. Physically acting out against:</td>
<td>5. Call security if available; use nonviolent crisis intervention (if trained).</td>
</tr>
<tr>
<td>• Self</td>
<td>6. Contact police if no security.</td>
</tr>
<tr>
<td>• Others</td>
<td>7. Follow local policies and procedures.</td>
</tr>
<tr>
<td>• Environment</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Tension Reduction</strong></th>
<th><strong>Therapeutic Support</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Regaining control, physical and emotional (may need to reduce stimulation for significant period time)</td>
<td>• Find the facts and get other person’s story (if possible).</td>
</tr>
<tr>
<td>• Person appears calmer</td>
<td>• Analyze incident for precipitating factors.</td>
</tr>
<tr>
<td>• Muscle relaxation</td>
<td>• Discuss alternatives to inappropriate behaviour.</td>
</tr>
<tr>
<td>• Exhaustion</td>
<td>• Negotiate for behavioural changes.</td>
</tr>
</tbody>
</table>

*From VIHA Managing Aggressive Behaviour, 2005*
Nonverbal Communications (Body Language)

- Unconscious signals are sent from the brain that outwardly reflect a person's true emotions or feelings.

Body Language

- In reading nonverbal communications, we need to rely on a cluster of signals, for examples:
  - Personal space
  - Eye communications
  - Posture
  - Gestures
  - Facial expressions
Body Language

- When words and body language tell a different story, believe the body language.

Everything is just fine!!!!!

Personal Space (proxemics)

- Personal Space is:
  - The area or bubble around a person that others are not expected to enter
  - The most important type of body language.

Invading people’s personal space causes anxiety and can lead to violent behaviour.

Personal Space (proxemics)

- Intimate: 0.3 m
- Personal: 1.8 m
- Social: 3.6 m
- Public: 3.6 m
Personal Space Worksheet

**Personal Space** is the area or bubble around a person that others are not expected to enter.

![Diagram of Personal Space Zones]

- **Personal Space to the Side:**
  - Personal Zone: Approx +/- _______

- **Personal Space to the Rear:**
  - Personal Zone: Approx +/- _______

- **Personal Space to the Front:**
  - Intimate Zone: Approx +/- _______
  - Personal Zone: Approx +/- _______
  - Social Zone: Approx +/- _______
  - Public Zone: Approx +/- _______
**Personal Space**

- **Upbringing**
- **Cultural Differences**

**Personal Space** is relative to:

- **Gender**
- **Where you live**
Reactionary Distance

- Reactionary distance is the distance between ourselves and an aggressor where we feel safe.
- If the person is upset, stay a minimum of 6 feet away.
- If the person is verbally aggressive, maintain a distance of at least 10 feet.

Questions?

Eye Communications

Eye movements and appearance reflect our thoughts, feelings, or state of mind.
Eye Communications

What could the following eye communications mean?
- Looking through you
- Pupil size
- Sizing you up
- Glassed
- Glinting/watery
- Widening
- Target glance

Proper Eye Communications

To show concern for a person who is upset:
- Maintain eye contact 60–70% of the time when you speak.
- Maintain eye contact 90% of the time when the aggressor speaks.

Wearing mirrored or dark glasses acts as a constant intense stare...
Gestures, Postures, and Facial Expressions

What is the biggest impact of communicating a message?

- Facial Expression – 55%
- Tone of Voice – 38%
- Words – 7%

Facial expressions of emotions are inborn (e.g., fear, anger, surprise, joy).

Most gestures are learned and may have different meanings for different cultures.

How can changes in body signals involving the following be interpreted?

- Arms
- Elbows
- Palm/Hand
- Index Finger
- Legs
- Stance
- Head
- Shoulders
- Breathing
- Facial Colour
- Eyebrows
- Lips
Pre - Assaultive Signs

Success in preventing aggression depends on our ability to recognize signs that an assault may be forthcoming. Prior to an assault, a person usually becomes verbally aggressive using a belligerent tone of voice and attitude and challenging the care giver’s inquiries and/or directions. The person may also yell, shout, or scream at the care giver. During this stage of aggression a person will usually show additional pre-assaultive signs. These body language cues are reliable indicators for predicting when a person is most likely to become actively aggressive.

Every situation is different - assess each situation and listen to your gut instincts.
If you feel uneasy, create space between yourself and the person (reactionary gap), excuse yourself from the person and get help. If you feel unsafe, divert and escape. Do not attempt verbal de-escalation.

<table>
<thead>
<tr>
<th>Body Language/ Behaviour</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head &amp; shoulders go back</td>
<td>Makes one look larger &amp; more threatening</td>
</tr>
<tr>
<td>Face is red, facial muscles may be twitching &amp; jerking</td>
<td>Fight/flight response: causes muscle tension, increased adrenaline</td>
</tr>
<tr>
<td>Lips push forward - teeth are bared</td>
<td>Classic sign of aggression in all animals</td>
</tr>
<tr>
<td>Breathing is fast and shallow</td>
<td>Build up extra stores of oxygen: fight/flight response</td>
</tr>
<tr>
<td>Sweating - beads of sweat may appear above eyebrows</td>
<td>Fight/flight response: increased adrenaline</td>
</tr>
<tr>
<td>‘Thousand mile’ stare (look right through you) totally ignores you (does not appear to be listening to what you are saying)</td>
<td></td>
</tr>
<tr>
<td>Excessive attention during interaction</td>
<td>Direct uninterrupted eye contact, staring at jugular notch</td>
</tr>
<tr>
<td>Exaggerated movements; pacing, pointing finger, gesturing</td>
<td>Heightened emotion, fight/flight response</td>
</tr>
<tr>
<td>Goes from totally uncooperative to cooperative</td>
<td>Attempting to throw off care giver’s guard. De-escalation is usually slow, not abrupt</td>
</tr>
<tr>
<td>May act ‘stoned’ or drunk</td>
<td>Attempting to throw off care giver’s guard</td>
</tr>
<tr>
<td>Directs anger toward inanimate items such as a wall, door, table, chair, IV pole, etc.</td>
<td></td>
</tr>
</tbody>
</table>

From VIHA Managing Aggressive Behaviour, 2005
Preventing & Managing Aggressive Behaviour

Three Stages of Conflict and Management

- Anxiety
- Verbal Aggression
- Physical Aggression

Stage One
-Anger-
- A noticeable change in behaviour
- An involuntary reaction or response to something that

Recognizing Anxiety

- Head down
- Minimal eye contact
- Face flushed
- Mouth dry
- Excessive swallowing
- Shallow breathing
- Pacing
- Minimal or excessive talking
Healthcare Education & Learning Program

Preventing & Managing Aggressive Behaviour

Anxiety Triggers

- Frustration/waiting
- Fear
- Lack of knowledge/understanding
- Lack of personal control
- Emotionally disturbed
- Your body language
- Pain/tiredness/drugs
- Addictions

Supportive Nonverbal Strategies

To Manage the Aggressor’s Anxiety

- Be aware of your body language:
  - Proper space
  - Supportive eye communications
  - Supportive gestures and postures
  - Supportive facial expressions
  - Supportive stance

Supportive Verbal Strategies

To Manage the Aggressor’s Anxiety

- Defuse yourself
- Empathetic listening
- Supportive verbal communications
- Paraverbal communications
- Redirect attention
Preventing & Managing Aggressive Behaviour

Defuse Yourself...

Defuse yourself before you attempt to defuse others.
- Don’t take what the other person says or does personally.
- You need self awareness.
- Know your triggers - what “presses your buttons.”
- Deal with frustration without upsetting the client.

“Fight or Flight”

Brain interprets a THREAT and it then sends messages of arousal to the nervous system.
- Body reacts:
  - Adrenaline and cortisol production increases
  - Blood pressure and heart rate increase
  - Fine and complex motor skills deteriorate

Staff Fear and Anxiety

Responses to fear are both physiological and psychological and can be either “productive” or “nonproductive”.

Productive
- Increase in speed and strength
- Increase in sensory acuity
- Decrease in reaction time

Nonproductive
- Freezing up (or under-reacting)
- Over-reacting
- Inappropriate reactions

CPI, 2005
Defuse Yourself Before You Attempt to Defuse Others

Don’t take what the other person says or does personally.
You need self awareness - know how you react to stress.
Know your own conflict style - collaborating, compromising, accommodating, avoiding, forcing.
Know what your triggers are - what presses your buttons, personality types.

Anger/ Stress Management

| • Pause, take a deep breath. |
| • Use positive self talk - “I can figure this out.” |
| • Shifting - look beyond the person for underlying issues. |
| • Shift from judgmental to objective – interesting instead of awful. |
| • Know what options you have. |
| • Stay calm & observe the dance. |
| • Debrief. |
| • Team work – communicate with co-workers for consistent care. |
| • KEEP YOUR SENSE OF HUMOUR! |

The physical symptoms of an angry verbal exchange mimic those of a real physical threat. Have a bad incident at work and your brain signals the body to start pumping out fight or flight stimulants like dopamine and norepinephrine which boosts your:
• adrenaline
• metabolism
• blood sugar, cholesterol and fatty acids for energy and stomach acids
• blood pressure.

There is also a decrease in efficiency of protein synthesis, intestinal movement (digestion), immune and allergic response systems and localized inflammation (redness, swelling, heat and pain).

In short, this is stress that you can feel. Research has shown that stress is a factor in weakening our immune system. Consequently, a stressed worker feels ill more often causing them to be accident prone thus leading to them missing work. Productivity suffers, morale suffers, and the worker suffers.

Exercise circulates some of the feel - good hormones and helps the body better take in oxygen to boost your energy. “Skipping” meals, however, is not beneficial as it causes changes to blood nutrient levels and affects brain neurotransmitters. Having low glucose levels affects your ability to focus. And not getting enough sleep plays havoc with your emotions if you’ve accumulated a sizable sleep debt. So take care of yourself.
Remember, you’re the most important person – you must take care of yourself in order to be able to take care of others.

From VIHA Managing Aggressive Behaviour, 2005
Preventing & Managing Aggressive Behaviour

How to Control Fear and Anxiety

- Deep breaths
- Positive self-talk
- Know your options (plan ahead)
- Learn skills to deal with aggressive behaviour
- Keep your sense of humor

Listening

Most people listen with intent to reply and do not listen with the intent to understand.

- We only hear half of what is said.
- We listen to only half of that.
- We remember only half of that.

Empathic Listening

Listen with your ears, but more importantly also listen with your eyes and heart.

Listen for feelings and meaning.

- What is the person really trying to say?
- Be curious, not judgmental.
- Always give undivided attention.
Empathic Listening (also called active listening)

Intense emotions accompanied by a perceived loss of control often trigger acts of aggression (nonverbal, verbal, physical). Communication techniques, e.g., active listening, may be used to assist an individual to regain control of their emotions and related behaviour and thus decrease the risk of a violent incident.

Points to remember:
- Maintain your control (stay centred, breathe slowly, evenly).
- Be calm, caring, attentive, and concerned (act professionally).
- Be curious, not judgmental (try to understand what the person is feeling - what is the meaning behind the angry behaviour?)

Active Listening Tips

A. Set up - engaging with the upset person
1. Introduce yourself and tell the person why you are there. “I’m _______. Can I help you?” (The earlier you engage a person in conversation the more likely they will gain control).
2. Focus on the speaker (ask permission to use the person’s first name).
3. Don’t react to what is being said. Stay objective. Don’t take the person’s words personally.
4. Do not try to problem solve or plan what you are going to say. Simply listen attentively.
5. Minimize distractions.
6. Listen for key words.

B. Following Skills
Use receptive spoken language and body language SINCERELY to encourage a speaker’s train of thought:

<table>
<thead>
<tr>
<th>Phrases</th>
<th>Body language/posture</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I see…”</td>
<td>Nod your head</td>
</tr>
<tr>
<td>“Hmmmm” or “mmhmm”</td>
<td>Reflect facial expressions</td>
</tr>
<tr>
<td>“Uh huh”</td>
<td>Maintain periodic eye contact (comfortably)</td>
</tr>
<tr>
<td>“Oh?”</td>
<td>Incline your body toward the speaker</td>
</tr>
<tr>
<td>“Right”, “Really?”</td>
<td>Face them squarely</td>
</tr>
<tr>
<td>“Please, go on”</td>
<td>Maintain an open position - avoid arms crossed, principle office set up</td>
</tr>
<tr>
<td>“Sure”</td>
<td>Be aware of personal space bubbles</td>
</tr>
<tr>
<td>“I understand”</td>
<td>Use attentive silence</td>
</tr>
</tbody>
</table>

C. Reflecting skills - Paraphrase or summarize
- Restating the client’s concerns:
  - shows you have been listening
  - demonstrates interest
  - gives the speaker feedback on how their message is being expressed.
Preventing & Managing Aggressive Behaviour    Healthcare Education & Learning Program

- Restate the essence of what someone said to verify what you heard and understood.
  - “So, you’re suggesting ….”
  - “If I understand you correctly,….”
  - “Sounds like you are feeling...”
- Offer opportunities for the speaker to correct or clarify your understanding.
- Use open-ended questions to clarify points (who, what, where, why, how).
- Never give an opinion unless specifically asked.

D. Problem Solving
Often when a person feels “heard” their anger will be defused. Once you understand the issue and the person is calmer, you can begin to find mutually agreeable solutions.

Sources:
1. NC State College of Humanities & Social Sciences, Center for Information Society Studies (CISS). Attentive and Critical Listening Description. www.chass.ncsu.edu/ccstm/semh/morelisten.html
3. Free Skills Dot Com – Active Listening http://tutorials.freeskills.com/
Empathic Listening

- Paraphrase (don’t parrot).
- Ask them to repeat (clarify).
- Ask open-ended questions.
- Clarify implied statements, threats, or key words.

Supportive Verbal Communications

- Speak with respect.
- Be in control.

Supportive Verbal Communications Skills

- Notice how you speak (paralanguage):
  - Volume of speech
  - Tone of voice
  - Rate of speech
- Introduce yourself.
- Avoid using “You.”
Preventing & Managing Aggressive Behaviour

Standards for Approaching

- Knock before you enter a patient’s room.
- Introduce yourself and purpose of presence.
- Wait for a signal of recognition and consent.
- Establish and maintain “soft” eye contact.
- Move slowly and calmly.
- Act in a friendly manner (smiles, gentle voice).
- Keep hands visible.
- Maintain your eye contact and monitor patient’s face.

Stage Two
- Verbal Aggression
  - Testing Stage

Recognizing Verbal Aggression

Triggers
- Feeling endangered, insulted or demeaned
- Being frustrated in a goal
- Mentally ill (e.g., schizophrenia, dementia)

Actions
- Breathing quicker and deeper
- Hands pumping, fingers pointing
- Belligerent, yelling, cursing, etc.
Standards for Approaching a Patient

1. Knock before entering patient’s room.
2. Introduce self and purpose of presence (dementia clients may not process the words, but may comprehend objects).
3. Wait for a sign (verbal or nonverbal) from the patient that the patient understands and consents to your visit.
4. Approach the patient slowly, calmly.
5. Respect personal space.
6. Establish and maintain eye contact - use “soft” eyes.
7. Look friendly and smile using a calm gentle voice.
8. Say one thing at a time using short, simple phrases (repeat if unsure of patient’s understanding).
9. Be aware of body positioning (keep nonverbal cues non-threatening).
10. Use a supportive stance (blade your body) to allow quick withdrawal from aggressive behaviour.
12. Observe patient’s behaviour/mood continuously during care.
13. Validate observed behaviour/mood with patient (e.g., you look worried, angry, sad, etc.)
14. Set and enforce reasonable limits.
15. Leave when patient indicates resistance to care.
16. Use touch appropriately (only if the patient is known and does not withdraw from being touched).
17. Avoid the following triggers of aggression:
   a. approaching the patient from behind and/or from the non-sighted side (e.g., stroke)
   b. overwhelming the patient verbally (too much information at one time or attempting to reason with a patient resisting care)
   c. overwhelming the patient physically (e.g., starting to perform a care giving task before ensuring the patient understands and/or consents to care)
   d. overreacting
18. Deal with challenging questions by setting limits or redirecting attention.

From VIHA Managing Aggressive Behaviour, 2005
Supportive Strategies to Manage Verbal Aggression (Initial Phase)
- The aggressor is testing; allow aggressor to vent.
- Note: mental health clients may be having a psychotic episode and not respond to verbal de-escalation techniques.
- Use a supportive stance (45° angle).
- Use empathic listening.
- Redirect attention.

Assertive Strategies to Manage Verbal Aggression
- Maintain a calm voice.
- Set reasonable and enforceable limits or consequences.
- Enforce limits or consequences.
- Avoid aggressor’s personal triggers.

Setting Limits
- Identify the problem behaviour.
- Explain why it is a problem.
- Give two choices (positive first).
- Give space and time to choose.
- Enforce consequences.
- Simple and clear
- Reasonable
- Follow through
Setting Limits

- Use a calm, matter of fact voice.
- Say what you mean, mean what you say, never be mean about it.
- Don’t tell them what to do - tell them what you can and will do, not can’t and won’t.
- Limits should be simple, clear, concise, enforceable, reasonable, and consistent.
- Get rid of the audience – take the person aside or ask others to leave.
- If the person is venting, listen with empathy - don’t try and cap a volcano.
- Don’t get involved in a power struggle - step down or aside. “I can see this is a bad time to discuss this. I’ll come back later.”
- Repeat – “I’m just here to let you know there’s a delay. I would ask you to please lower your voice.”
- Redirect attention – “Would you like to get a coffee and discuss this when you get back?”
- If you feel unsafe get help.

Setting Limits - 5 Step Approach

You need to decide if this is the most appropriate way to deal with aggressive behaviour. This approach can be used only when the person is cognitively aware. Dementia clients are not able to follow this process. Sometimes people just need to vent as a way of expressing their grief, frustration and anger. Example: A nurse was talking on the phone at the nurse’s station when a man came up and angrily demanded, “How can anyone get any help around here!” The nurse let the man know that she would be with him in a minute. After completing her call, she said, “It sounds like things are not going well for you today. What can I do to help you?” The man told her that he had lost his son the week before and now his wife was undergoing surgery and he wasn’t sure she would make it. By the time he had told this to the nurse, he was in tears and left saying, “Thank you for listening.” IF empathetic listening does not work, then set limits.

Step 1
Validate reality, then identify what behaviour is causing the problem.
“I can understand you’re upset Mr. Smith. I need you to lower your voice.”

Step 2
Explain why the behaviour is causing the problem.
“The other patients are upset when they hear loud voices.”

Step 3
You can’t control other people’s behaviour but you can give them choices. State positive choice first then negative consequence; otherwise, the person will react and won’t hear the positive choice.
“When you lower your voice I’ll check with the doctor. If you raise your voice again I will have to call security.”

Step 4
Give them time to choose so that it doesn’t seem like a threat or an ultimatum.
“I’ll come back in 30 seconds and you can tell me your decision.”

Step 5
Enforce consequences. This is the most important step
“Security is on the way.”

What happens if you don’t enforce consequences? If they don’t believe you or change their behaviour?
From VIHA Managing Aggressive Behaviour, 2005
Preventing & Managing Aggressive Behaviour

Stage Three
- Physical Aggression -
  - Physical violence, or losing control physically, occurs when dialog and limit setting have failed.
    - Face - white
    - Mouth breathing - rapid and deep
    - Target glance

Defensive Strategies to Manage Physical Aggression
  - Can you manage or do you need help?
  - Use defensive verbal commands:
    - Loud positive commands: "Stop!" "No!"
    - Directive Commands: "Drop the chart!" "Do it now!"
  - Throw or drop an object to redirect attention.
  - Put a chair between you and the client.
  - Move aside to escape an attack.

Protect Yourself
  - Divert and escape.
  - Call for and get help.
  - Call 911.
  - Report the incident to your supervisor.
  - Seek support (CIR, worker/union OH&S representative, Physician, EAP).
Skills for Managing Aggressive Behaviour

- Use appropriate body language
  - stance, eye, gestures, face, personal space
- Look for underlying causes.
- Use verbal de-escalation:
  - defuse yourself first
  - clarifying/open-ended questions
  - empathic listening
  - setting limits
- Trust your intuition:
  - if you feel unsafe - divert and escape

Seek to Understand, not to Be Understood

- Next to physical survival, the greatest need for any human being is psychological survival.
- We need to be:
  - Understood
  - Affirmed
  - Validated
  - Appreciated

Success

- “For to win one hundred battles is not the ultimate skill. To subdue [the aggressor] without fighting is the ultimate skill.”
  - Sun Tzu (500 BC)
Session Evaluation

Thank You!

For more information about OHSAA’s work, resources, and programs:

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jolene@ohsah.bc.ca

Or visit OHSAA’s website:
www.ohsah.bc.ca
# Workshop Evaluation

Help us improve the quality of our sessions. Please complete all items and return this form to your facilitator. Thank you!

## Which workshop did you complete?

- [ ] Intro/Joint Committee Bootcamp
- [ ] Hazards, Risks & Inspections
- [ ] Incident Investigations
- [ ] Violence Prevention Planning
- [ ] Preventing & Managing Aggressive Behaviour

## I am from:

- [ ] Fraser Health
- [ ] Interior Health
- [ ] Northern Health
- [ ] Other
- [ ] Vancouver Coastal Health
- [ ] Provincial Health Services
- [ ] Vancouver Island Health

## On the JOHSC I represent:

- [ ] Workers
- [ ] Employers
- [ ] Don’t know
- [ ] Not a member

## I have taken an OHS&H workshop previously:

- [ ] Yes
- [ ] No
- If yes, which one?__________

## OVERALL

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Great</th>
<th>No opinion</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Rate the general classroom environment noise, light, heat, set up.</th>
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<table>
<thead>
<tr>
<th>Overall quality of the power point, manual, and handouts.</th>
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</table>

Comments or concerns regarding classroom environment:

[ ]

Comments or concerns regarding quality of materials:

[ ]

## PRESENTATION

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<table>
<thead>
<tr>
<th>The course content was explained using real world examples.</th>
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<thead>
<tr>
<th>The course goals and learning objectives were clearly outlined.</th>
</tr>
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<table>
<thead>
<tr>
<th>The course was presented in a logical and well organized manner.</th>
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<tr>
<td>[ ]</td>
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<table>
<thead>
<tr>
<th>There was a good balance between presentation and group involvement.</th>
</tr>
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<tbody>
<tr>
<td>[ ]</td>
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</table>

<table>
<thead>
<tr>
<th>The presentation kept my interest and attention.</th>
</tr>
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<tbody>
<tr>
<td>[ ]</td>
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<table>
<thead>
<tr>
<th>The audio-visual aids (flip charts, slides, video, etc.) were effective.</th>
</tr>
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<tbody>
<tr>
<td>[ ]</td>
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</table>

<table>
<thead>
<tr>
<th>The course was: [ ] too short  [ ] too long  [ ] adequate</th>
</tr>
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<tr>
<td>[ ]</td>
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</table>

<table>
<thead>
<tr>
<th>The amount of information presented during the course was: [ ] too much  [ ] too little  [ ] adequate</th>
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<tr>
<td>[ ]</td>
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</table>
## APPLICATION

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The activities and course materials helped me understand and learn the concepts presented.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.</td>
<td>I will be able to apply much of the material to my safety work.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3.</td>
<td>The handouts and examples presented today will be helpful to my safety work.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>4.</td>
<td>The examples and activities were relevant in my safety work.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5.</td>
<td>Can you suggest an example or activity we can use in future workshops?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>6.</td>
<td>What was the most useful thing you learned in this workshop?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

## THE FACILITATOR

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The facilitator encouraged questions and discussion.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.</td>
<td>The facilitator answered my questions effectively.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3.</td>
<td>The facilitator was knowledgeable.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4.</td>
<td>The facilitator was well prepared.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5.</td>
<td>The facilitator was enthusiastic.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

## COMMENTS

Thank You!
Resources
PMAB - Scenario #1 - Patient Aggression

Mr. Anderson a 35 year old male has had knee surgery and has just been admitted to the surgical unit. Mr. Anderson also has a history of mental illness (Borderline Personality Disorder) and prolonged substance use.

Mr. Anderson: When can I get something for pain around here and what has been ordered for me? I need something right now!

Nurse: The doctor ordered Morphine every 3 hours. You had a dose an hour ago and can have another dose in 2 hours.

Mr. Anderson: What do you mean 2 hours? That’s inhuman….I thought nurses were people who cared about their patients. HOW THE HELL DO YOU HAVE THE RIGHT TO CALL YOURSELF A NURSE?

Nurse: Please lower your voice.

Mr. Anderson: DON’T YOU DARE TELL ME WHAT TO DO. JUST SHUT UP. I WANT TO SEE MY DOCTOR AND YOUR SUPERVISOR RIGHT NOW!!!!!!

In your groups discuss and document:
1. Possible underlying causes for the behaviour.
2. What would you have done differently?
**PMAB - Scenario #2 - Public Aggression**

You are working at the desk on your own and a man storms up to you and demand to know why his father is in a restraint. You have not seen him before and don’t know who his father is.

**Man:** Who tied my father up? I just flew in and found him trussed up like a chicken.

**Nurse:** If you can be civil I’ll help you.

**Man:** Listen lady, cut the crap. Mr. M in room 3 – ring any bells? He’s begging me to take those things off. He’s never been restrained in his life and I want to know who made that decision?

**Nurse:** I’ll have to check his chart.

**Man:** I want to talk to the doctor or someone in charge!

**Nurse:** If you’ll just wait…..

**Man:** Slams his hand on the counter and yells LADY, I SAID I WANT TO SPEAK TO SOMEONE NOW!!!!

In your groups discuss and document:
1. Possible underlying causes for the behaviour.
2. What would you have done differently?
PMAB - Scenario #3 - Extended Care

Mr. Brant is a 73 year old widower who has just been admitted to long term care from RJH where he had his hip pinned after a fall. Before this he lived at home but was admitted due to increased confusion and safety risks, such as burning his clothes with cigarettes, wandering from his home and getting lost. Following his admission he was noted to be easily angered and hated bathing. He has a cane and shakes that at staff when they are attempting his ADL’s. He has also punched staff when they were preparing him for his bath.

**Care Aide:** Rise and shine! I’m going to give you a wash this morning.

**Mr. Brant:** Get out of here.

**Care Aide:** Now you’ll feel much better after you’re all cleaned up.

**Mr. Brant:** Listen you witch, I don’t have to do anything.

**Care Aide:** Don’t you want to be ready for the ladies at breakfast?

**Mr. Brant:** grabs his cane and roars I SAID GET THE HELL OUT OF HERE! And hits the care aide’s arm.

In your groups discuss and document:
1. Possible underlying causes for the behaviour.
2. What would you have done differently?
PMAB - Scenario #4 - Dementia Client

A 84 year old female client with dementia and her 88 year old caregiver husband are at home. The 60 year daughter wants to get her mother into care as she doesn’t feel that her father can cope any longer.

Daughter: So when are you getting my mother into the hospital?

Case Manager: A hospital isn’t a suitable place; you’ll have to wait until a bed opens up in a long term care facility.

Daughter: What do you mean? My father can’t take care of my mother – he’s 88 years old!

Case Manager: Please lower your voice. I can’t just make a bed appear out of thin air.

Daughter: If you cared about these old people you’d find her a bed.

Case Manager: I’m doing the best that I can.

In your groups discuss and document:
1. Possible underlying causes for the behaviour.
2. What would you have done differently?
PMAB - Scenario #5 - Palliative Care and Son with Mental Illness

A 79 year old man is receiving palliative care at home and is being cared for by his 75 year old wife. He has had prostate and bladder cancer and wants to die at home. The 42 year old son is also living at home and has Borderline Personality Disorder.

Son: When can my father get something for pain and what has been ordered for him?

HCN: The doctor ordered morphine every 6 hours. He had a dose an hour ago and can have another dose in 5 hours.

Son: What do you mean 5 hours? That’s inhuman…I thought nurses were people who cared about their patients. How the hell do you have the right to call yourself a nurse?

HCN: You’re not helping your father by yelling at me!

Son: Don’t you dare tell me what to do. Just shut up. I want to talk to the doctor and your supervisor.

In your groups discuss and document:
1. Possible underlying causes for the behaviour.
2. What would you have done differently?
Workers Legal Rights in the Occupational Health and Safety Act

The right to know about potential hazards and training required on machinery, equipment, working conditions, processes and substances. The right to participate in the process of identifying and resolving health and safety concerns. The right to refuse work that they believe would create an undue hazard to either their own health and safety or that of another person.

In addition, workers are protected from discriminatory action if they use their rights (OHS Regulation 3.13)

<table>
<thead>
<tr>
<th>3.12 Procedure for refusal (excerpt from OHS Regulation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A person must not carry out or cause to be carried out any work process or operate or cause to be operated any tool, appliance or equipment if that person has reasonable cause to believe that to do so would create an undue hazard to the health and safety of any person.</td>
</tr>
<tr>
<td>2. A worker who refuses to carry out a work process or operate a tool, appliance or equipment pursuant to subsection (1) must immediately report the circumstances of the unsafe condition to his or her supervisor or employer.</td>
</tr>
<tr>
<td>3. A supervisor or employer receiving a report made under subsection (2) must immediately investigate the matter and</td>
</tr>
<tr>
<td>a. ensure that any unsafe condition is remedied without delay, or</td>
</tr>
<tr>
<td>b. if in his or her opinion the report is not valid, must so inform the person who made the report.</td>
</tr>
<tr>
<td>4. If the procedure under subsection (3) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, the supervisor or employer must investigate the matter in the presence of the worker who made the report and in the presence of</td>
</tr>
<tr>
<td>a. a worker member of the joint committee</td>
</tr>
<tr>
<td>b. a worker who is selected by a trade union representing the worker, or</td>
</tr>
<tr>
<td>c. if there is no joint committee or the worker is not represented by a trade union, any other reasonably available worker selected by the worker.</td>
</tr>
<tr>
<td>5. If the investigation under subsection (4) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, both the supervisor, or the employer, and the worker must immediately notify an officer, who must investigate the matter without undue delay and issue whatever orders are deemed necessary.</td>
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<table>
<thead>
<tr>
<th>3.13 No discriminatory action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A worker must not be subject to discriminatory action as defined in section 150 of Part 3 of the Workers Compensation Act because the worker has acted in compliance with section 3.12 or with an order made by an officer.</td>
</tr>
<tr>
<td>2. Temporary assignment to alternative work at no loss in pay to the worker until the matter in section 3.12 is resolved is deemed not to constitute discriminatory action.</td>
</tr>
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</table>

Note: The prohibition against discriminatory action is established in the Workers Compensation Act Part 3, Division 6, sections 150 through 153.
Refusal of Unsafe Work Process

Worker Refuses work due to perceived undue hazard - 3.12(1)

Worker reports circumstances to supervisor/employer - 3.12(2)

Supervisor immediately investigates the matter - 3.12 (3)

Supervisor remedies unsafe condition

Worker accepts corrective action
Refusal ends

Worker continues to refuse work

Supervisor informs worker report is not valid

Worker accepts decision
Refusal ends

Supervisor investigates with worker & Representative - 3.12(4)

Issue not resolved

Supervisor & worker notify the WCB - 3.12(5)

Board officer investigates

Officer determines unsafe condition exists

Officer issues order to correct unsafe condition

Officer determines unsafe condition does not exist

Officer issues IR stating no unsafe condition was identified

Note
Worker must not be subject to disciplinary action for acting in compliance with refusal to work requirements 3.13

Refusal ends
Excerpts from the BC Occupational Health and Safety Regulation

Part 3 - Rights & Responsibilities

Correction of Unsafe Conditions

3.9 - Remedy without delay

Unsafe or harmful conditions found in the course of an inspection must be remedied without delay.

3.10 Reporting unsafe conditions

Whenever a person observes what appears to be an unsafe or harmful condition or act the person must report it as soon as possible to a supervisor or to the employer, and the person receiving the report must investigate the reported unsafe condition or act and must ensure that any necessary corrective action is taken without delay.

3.11 - Emergency circumstances

If emergency action is required to correct a condition which constitutes an immediate threat to workers only those qualified and properly instructed workers necessary to correct the unsafe condition may be exposed to the hazard, and every possible effort must be made to control the hazard while this is being done.

3.12 - Procedure for refusal

(1) A person must not carry out or cause to be carried out any work process or operate or cause to be operated any tool, appliance or equipment if that person has reasonable cause to believe that to do so would create an undue hazard to the health and safety of any person.

(2) A worker who refuses to carry out a work process or operate a tool, appliance or equipment pursuant to subsection (1) must immediately report the circumstances of the unsafe condition to his or her supervisor or employer.

(3) A supervisor or employer receiving a report made under subsection (2) must immediately investigate the matter and

a. ensure that any unsafe condition is remedied without delay, or
b. if in his or her opinion the report is not valid, must so inform the person who made the report.

(4) If the procedure under subsection (3) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, the supervisor or employer must investigate the matter in the presence of the worker who made the report and in the presence of

a. a worker member of the joint committee,
b. a worker who is selected by a trade union representing the worker, or
c. if there is no joint committee or the worker is not represented by a trade union, any other reasonably available worker selected by the worker.

(5) If the investigation under subsection (4) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, both the supervisor and employer must investigate the matter.
sor, or the employer, and the worker must immediately notify an officer, who must investigate the matter without undue delay and issue whatever orders are deemed necessary.

3.13 - No discriminatory action

(1) A worker must not be subject to discriminatory action as defined in section 150 of Part 3 of the Workers Compensation Act because the worker has acted in compliance with section 3.12 or with an order made by an officer.

(2) Temporary assignment to alternative work at no loss in pay to the worker until the matter in section 3.12 is resolved is deemed not to constitute discriminatory action.

Note: The prohibition against discriminatory action is established in the Workers Compensation Act Part 3, Division 6, sections 150 through 153.

Part 4 - General Conditions

Impairment

4.19 - Physical or mental impairment

(1) A worker with a physical or mental impairment which may affect the worker's ability to safely perform assigned work must inform his or her supervisor or employer of the impairment, and must not knowingly do work where the impairment may create an undue risk to the worker or anyone else.

(2) A worker must not be assigned to activities where a reported or observed impairment may create an undue risk to the worker or anyone else.

4.20 Impairment by alcohol, drug or other substance

(1) A person must not enter or remain at any workplace while the person's ability to work is affected by alcohol, a drug or other substance so as to endanger the person or anyone else.

(2) The employer must not knowingly permit a person to remain at any workplace while the person's ability to work is affected by alcohol, a drug or other substance so as to endanger the person or anyone else.

(3) A person must not remain at a workplace if the person's behaviour is affected by alcohol, a drug or other substance so as to create an undue risk to workers, except where such a workplace has as one of its purposes the treatment or confinement of such persons.

Note: In the application of sections 4.19 and 4.20, workers and employers need to consider the effects of prescription and non-prescription drugs, and fatigue, as potential sources of impairment. There is a need for disclosure of potential impairment from any source, and for adequate supervision of work to ensure reported or observed impairment is effectively managed.
Working Alone or In Isolation

4.20.1 - Definition  New Item
In sections 4.20.2 to 4.23, “to work alone or in isolation” means to work in circumstances where assistance would not be readily available to the worker
a. in case of an emergency, or
b. in case the worker is injured or in ill health.
[Enacted by B.C. Reg. 318/2007, effective February 1, 2008.]

4.20.2 - Hazard identification, elimination and control  New Item
(1) Before a worker is assigned to work alone or in isolation, the employer must identify any hazards to that worker.

(2) Before a worker starts a work assignment with a hazard identified under subsection (1), the employer must take measures
a. to eliminate the hazard, and
b. if it is not practicable to eliminate the hazard, to minimize the risk from the hazard.

(3) For purposes of subsection (2) (b), the employer must minimize the risk from the hazard to the lowest level practicable using engineering controls, administrative controls or a combination of engineering and administrative controls.
[Enacted by B.C. Reg. 318/2007, effective February 1, 2008.]

4.21 - Procedures for checking well-being of worker
(1) The employer must develop and implement a written procedure for checking the well-being of a worker assigned to work alone or in isolation.

(2) The procedure for checking a worker’s well-being must include the time interval between checks and the procedure to follow in case the worker cannot be contacted, including provisions for emergency rescue.

(3) A person must be designated to establish contact with the worker at predetermined intervals and the results must be recorded by the person.

(4) In addition to checks at regular intervals, a check at the end of the work shift must be done.

(5) The procedure for checking a worker’s well-being, including time intervals between the checks, must be developed in consultation with the joint committee or the worker health and safety representative, as applicable.

(6) Time intervals for checking a worker’s well-being must be developed in consultation with the worker assigned to work alone or in isolation.
[Amended by B.C. Reg. 318/2007, effective February 1, 2008.]

Note: High risk activities require shorter time intervals between checks. The preferred method for checking is visual or two-way voice contact, but where such a system is not practicable, a one-way
system which allows the worker to call or signal for help and which will send a call for help if the worker does not reset the device after a predetermined interval is acceptable.

4.22 - Training
A worker described in section 4.21(1) and any person assigned to check on the worker must be trained in the written procedure for checking the worker’s well-being.

[Amended by B.C. Reg. 318/2007, effective February 1, 2008.]

4.22.1 - Late night retail safety procedures and requirements  New Item
(1) In this section:
“late night hours” means any time between 10:00 p.m. and 6:00 a.m.;
“late night retail premises” means
a. a gas station or other retail fueling outlet, or
b. a convenience store or any other retail store where goods are sold directly to consumers that is open to the public for late night hours.

(2) If a worker is assigned to work alone or in isolation in late night retail premises and there is any risk of harm from a violent act to the worker, then, in addition to any other obligations the employer has under sections 4.20.2 to 4.23,

a. the employer must develop and implement a written procedure to ensure the worker’s safety in handling money, and
b. when that worker is assigned to work late night hours, the employer must also do either or both of the following:
   i. ensure that the worker is physically separated from the public by a locked door or barrier that prevents physical contact with or access to the worker;
   ii. assign one or more workers to work with the worker during that worker’s assignment.

(3) A worker described in subsection (2) must be trained in the written procedure referred to in that subsection.

[Enacted by B.C. Reg. 318/2007, effective February 1, 2008.]

4.22.2 - Mandatory prepayment for fuel  New Item
An employer must require that customers prepay for fuel sold in gas stations and other retail fueling outlets.

[Enacted by B.C. Reg. 318/2007, effective February 1, 2008.]

4.23 - Annual reviews of procedures
The procedures referred to in sections 4.21 and 4.22.1 must be reviewed at least annually, or more frequently if there is
a. a change in work arrangements which could adversely affect a worker’s well-being or safety, or
b. a report that the procedures are not working effectively.

[Enacted by B.C. Reg. 318/2007, effective February 1, 2008.]
Workplace Conduct

4.24 - Definition
In sections 4.25 and 4.26
“improper activity or behaviour” includes
a. the attempted or actual exercise by a worker towards another worker of any physical force so as to cause injury, and includes any threatening statement or behaviour which gives the worker reasonable cause to believe he or she is at risk of injury, and
b. horseplay, practical jokes, unnecessary running or jumping or similar conduct.
Note: Worker means a worker as defined under the Workers Compensation Act, and includes a supervisor or other representative of the employer (see Part 3, Division 1, section 106).

4.25 - Prohibition
A person must not engage in any improper activity or behaviour at a workplace that might create or constitute a hazard to themselves or to any other person.

4.26 Investigation
Improper activity or behaviour must be reported and investigated as required by Part 3 (Rights and Responsibilities).

Violence in the Workplace

4.27 - Definition
In sections 4.28 to 4.31
“violence” means the attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker, and includes any threatening statement or behaviour which gives a worker reasonable cause to believe that he or she is at risk of injury.

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 previous experience in that workplace, occupational experience in similar workplaces, and the location and circumstances in which work will take place.

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

4.31 - Advice to consult physician

(1) Repealed. [B.C. Reg. 312/2003, effective October 29, 2003.]

(2) Repealed. [B.C. Reg. 312/2003, effective October 29, 2003.]

(3) The employer must ensure that a worker reporting an injury or adverse symptom as a result of an incident of violence is advised to consult a physician of the worker’s choice for treatment or referral.

   [Amended by B.C. Reg. 312/2003, effective October 29, 2003.]

   * See Part 3 (Rights and Responsibilities) of the OHS Regulation.

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.
Excerpts from the Workers Compensation Act

Part 3 Division 3 - General Duties of Employers, Workers and Others

General Duties of Employers - 115
(1) Every employer must
   (a) ensure the health and safety of
      (i) all workers working for that employer, and
      (ii) any other workers present at a workplace at which that employer’s work is being carried out, and
   (b) comply with this Part, the regulations and any applicable orders.

(2) Without limiting subsection (1), an employer must
   (a) remedy any workplace conditions that are hazardous to the health or safety of the employer’s workers,
   (b) ensure that the employer’s workers
      (i) are made aware of all known or reasonably foreseeable health or safety hazards to which they are likely to be exposed by their work,
      (ii) comply with this Part, the regulations and any applicable orders, and
      (iii) are made aware of their rights and duties under this Part and the regulations,
   (c) establish occupational health and safety policies and programs in accordance with the regulations,
   (d) provide and maintain in good condition protective equipment, devices and clothing as required by regulation and ensure that these are used by the employer’s workers,
   (e) provide to the employer’s workers the information, instruction, training and supervision necessary to ensure the health and safety of those workers in carrying out their work and to ensure the health and safety of other workers at the workplace,
   (f) make a copy of this Act and the regulations readily available for review by the employer’s workers and, at each workplace where workers of the employer are regularly employed, post and keep posted a notice advising where the copy is available for review,
   (g) consult and cooperate with the joint committees and worker health and safety representatives for workplaces of the employer, and
   (h) cooperate with the Board, officers of the Board and any other person carrying out a duty under this Part or the regulations.

General Duties of Workers - 116
(1) Every worker must
   (a) take reasonable care to protect the worker’s health and safety and the health and safety of other persons who may be affected by the worker’s acts or omissions at work, and
   (b) comply with this Part, the regulations and any applicable orders.

(2) Without limiting subsection (1), a worker must
   (a) carry out his or her work in accordance with established safe work procedures as required by this Part and the regulations,
   (b) use or wear protective equipment, devices and clothing as required by the regulations,
   (c) not engage in horseplay or similar conduct that may endanger the worker or any other person,
   (d) ensure that the worker’s ability to work without risk to his or her health or safety, or to the health
or safety of any other person, is not impaired by alcohol, drugs or other causes,
(e) report to the supervisor or employer
   (i) any contravention of this Part, the regulations or an applicable order of which the worker
       is aware, and
   (ii) the absence of or defect in any protective equipment, device or clothing, or the existence
       of any other hazard, that the worker considers is likely to endanger the worker or any other
       person,
(f) cooperate with the joint committee or worker health and safety representative for the workplace,
and
(g) cooperate with the Board, officers of the Board and any other person carrying out a duty under
    this Part or the regulations.

General Duties of Supervisors - 117
(1) Every supervisor must
   (a) ensure the health and safety of all workers under the direct supervision of the supervisor,
   (b) be knowledgeable about this Part and those regulations applicable to the work being supervised,
       and
   (c) comply with this Part, the regulations and any applicable orders.

(2) Without limiting subsection (1), a supervisor must
   (a) ensure that the workers under his or her direct supervision
       (i) are made aware of all known or reasonably foreseeable health or safety hazards in the area
           where they work, and
       (ii) comply with this Part, the regulations and any applicable orders,
   (b) consult and cooperate with the joint committee or worker health and safety representative for the
       workplace, and
   (c) cooperate with the Board, officers of the Board and any other person carrying out a duty under
       this Part or the regulations.

(3) Each employer of workers at a multiple-employer workplace must give to the prime contractor the name
    of the person the employer has designated to supervise the employer’s workers at that workplace.
Critical Incident Response (CIR) Program

If you experience a significant trauma at work - such as witnessing a fatality or being exposed to violent or aggressive behaviour, you may develop Post Traumatic Stress Disorder (PTSD). If you are experiencing emotional or psychological trauma, such as intense fear, helplessness, or persistently re-experiencing the event, WorkSafeBC offers a critical incident response (CIR) program for workers and employers throughout the province. Critical Incident Response and Critical Incident Stress Debriefing (CISD) can significantly reduce your chances of developing PTSD if provided in a timely manner, optimally within 24-72 hours, following the incident.

If you are a unionized worker your employer must make Critical Incident Stress Debriefing available for you if you have suffered a serious work-related traumatic incident. If you have any questions please contact your Union OHS Representative or Union steward.

If you have any questions or wish to arrange an intervention, please contact the Critical Response Liaison at WorkSafeBC, 604-233-4052 or toll free within B.C. at 1-888-621-7233 local 4052. For urgent or after-hour calls, please phone the emergency pager toll-free at 1-888-922-3700. Your call will be answered immediately between the hours of 9:00 a.m. and 11:00 p.m., seven days a week.
OH&S Articles regarding Violence Prevention for Employers and Workers who fall under a BC Health Care Collective Agreement:

**Bargaining Unit: Health Services and Support Facilities Subsector**

*Collective Agreement Language:*

**Article 37.01 Occupational Health and Safety Committee**

d) “No employee shall be disciplined for refusal of unsafe work when excused by the provisions of the Worker’s Compensation Act or regulations.”

**Article 37.02 Aggressive Patients/Residents**

a) “When the Employer is aware that a patient/resident has a history of aggressive behaviour the Employer will make such information available to the employee. Upon admission or transfer the Employer will make every reasonable effort to identify the potential for aggressive behaviour. In-service and/or instruction in caring for the aggressive patient/resident and on how to respond to patient’s/resident’s aggressive behaviour will be provided by the Employer. The appropriate Occupational Health and Safety Committee will be consulted on the curriculum. The Employer shall make every reasonable effort to ensure that sufficient staff is present when any treatment or care is provided to such patients/residents.”

b) “Critical incident stress defusing shall be made available and be known to employees who have suffered a serious work related traumatic incident of an unusual nature. Leave to attend such sessions will be without loss of pay.”

**Article 37.06 Working Alone or In Isolation**

“The Occupational Health and Safety Committee shall have the mandate to review procedures established by the Employer for checking the well being of employees working alone or in isolation under conditions which present a risk of disabling injury where the employee might not be able to secure assistance in the event of injury. The Committee shall have the right to make recommendations to the Employer regarding such procedures.”

**Bargaining Unit: Health Services and Support Community Subsector**

*Collective Agreement Language:*

**Article 22.3 Occupational Health and Safety Committee**

d) “No employee shall be disciplined for refusal of unsafe work when excused by the provisions of the Worker’s Compensation Act or regulations.”

c) The Employer, in consultation with the Occupational Health and Safety Committee, shall institute a written procedure for checking the well being of employees assigned to work alone or in isolation under conditions which present a risk of disabling injury, if the employee might not be able to secure assistance in the event of injury or other misfortune. This procedure will be reviewed by the Committee as it deems necessary.

f) The Employer will promote processes that provide the most effective ways to safely perform work. These processes will include consideration of safety measures such as timely risk assessment tools, environmental ergonomic adjustments, care design and redesign for clients, sufficient staffing, and in-service-
es/team meetings. The Occupational Health and Safety Committee shall have as part of its mandate the jurisdiction to make recommendations on these measures, supported by available resources (e.g. from OHSAH, WCB).

**Article 22.4 Aggressive Behaviour**

a) Aggressive behaviour means the attempted or actual exercise by a person, other than an employee, of any physical force so as to cause injury to an employee, and includes any threatening statement or behaviour which gives an employee reasonable cause to believe that the employee is at risk of injury.

b) When the Employer is aware that a client has a history of aggressive behaviour, the Employer shall provide employees with information in its possession regarding a client or resident which is necessary for the employee to safely carry out his/her duties. Upon admission, transfer or assignment the Employer will make every reasonable effort to identify the potential for aggressive behaviour.

c) Where employees may be at risk from aggressive behaviour, in-service and/or instruction on how to respond to aggressive behaviour will be provided by the Employer. The Occupational Health and Safety Committee shall be consulted on the curriculum. Where a risk of injury to employees from violence is identified in accordance with Sec. 8.90 of the Protection of Workers from Violence in the Workplace Regulations, the Employer will, in consultation with the Committee, establish appropriate physical and procedural measures to eliminate, or where that is not possible, minimize the risk. The Employer shall make every reasonable effort to ensure that sufficient staff is present when any such treatment or care is provided. It is understood that this provision is at no cost to the Employer.

d) “Critical incident stress defusing shall be made available and known to employees who have suffered a serious work related traumatic incident of an unusual nature. Leave to attend such sessions will be without loss of pay.”

**Bargaining Unit: Nurses’ Subsector**

*Collective Agreement Language:*

**Article 32.03 Safe Workplace**

b) “When the Employer is aware that a patient/resident/client has a history of violent behaviour, the Employer shall make such information available to the employee. Upon admission, transfer or assignment the Employer will make every reasonable effort to identify the potential for aggressive behaviour. In-services and/or instruction in caring for the violent patient will be provided by the Employer. Past Practice indicates that critical incident stress defusing is provided to nurses under the same circumstances as other bargaining units at the same worksite.

**Bargaining Unit: Health Science Professionals Subsector**

*Collective Agreement Language:*

**Article 38.01 Promotion of Safe Work Habits**

“No employee shall be disciplined for refusal of unsafe work when excused by the provisions of the Worker’s Compensation Act or regulations.”
Article 38.04 Aggressive Patients/Residents/Clients

a) “When the Employer is aware that a patient has a history of aggressive behaviour the Employer will make such information available to the employee. Upon admission, transfer or a community assignment the Employer will make every reasonable effort to identify the potential for aggressive behaviour. In-service and/or instruction in caring for the aggressive patient/resident/client and on how to respond to patient’s/resident’s/client’s aggressive behaviour will be provided by the Employer. The Employer shall make every reasonable effort to ensure that sufficient staff is present when any treatment or care is provided to such patients/residents.”

b) “Critical incident stress defusing shall be made available and known to employees who have suffered a serious work related traumatic incident of an unusual nature. Leave to attend such sessions will be without loss of pay.”
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