Provincial Violence Prevention Curriculum

Module 1 - Overview

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This Violence Prevention Curriculum was developed as a project of the Provincial Violence Prevention Steering Committee (PVPSC) to fill a need for effective, recommended and provincially-recognized violence prevention training for all British Columbia healthcare workers across a range of care settings, including affiliate organizations. The Curriculum includes eight online and five classroom modules.

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This course has been developed by Andrea Lam, Ana Rahmat, Chris Back, Charles Ballantyne, Dailaan Shaffer, Deb Niemi, Helen Coleman, Joe Divitt, Kathryn Wellington, Lara Acheson, Larry Bryan, Leslie Gamble, Lynn Vincent, Marg Dhillon, Marty Lovick, Michael Sagar, Peter Dunkley, Phil Goodis, Rob Senghera, Sheile Mercado-Mallari, Sherry Moller and Tara McDonnell. The information on the fight/flight/freeze response and self settling strategies was contributed by Shayna Hornstein.

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- Occupational Health and Safety
- Social work
- Healthcare Violence Prevention programs
- Geriatric care
- Nursing
- Psychiatry
- Physical strategies and team response training

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Course Overview

Course Introduction

Healthcare workers are among the highest risk group for workplace violence. As a whole, the Violence Prevention Training Program is designed to provide you with information and skills related to recognizing the risk for violence and dealing more effectively with it. In this module, the Overview, you will learn about:

- How violence is defined and its various impacts
- Your rights and responsibilities with respect to workplace violence
- Your employer's responsibilities with respect to workplace violence
- The violence alert system

Violence in the Health Care System (Video Transcript)

Health care workers are among the Province’s highest risk group when it comes to experiencing violence in the workplace. Most people would be surprised to discover how common violence is in the health care sector. For example, if you compare police officers to long-term care workers, you find that those long-term care practitioners are just as likely to experience violence in the workplace as police officers. This just doesn’t fit with what most of us think about health care workers. But sadly, it’s true.

According to Professor Neil Boyd at SFU’s School of Criminology, the biggest change in aggression in health care occurred during the 1990s. "Now, 95% of the people who are in long-term care are in what's called intermediate care two or three*. And, most of them suffer from fairly severe dementia. That presents challenges in terms of behaviour, both for them and for the staff.

Hospital emergency rooms are another health care setting where anxiety, fear, and frustration often escalate to violence and aggression. When you get into a hospital, you typically get people who know each other very well interacting with a structure that they may not know very well. But, they're under stress, bad things are happening and some of these people are quite unable to do anything else but point a finger or blame”.

According to Barb Valois, from the South Vancouver Home Support Society, people are living longer, and they're staying in their homes longer, they're depending on the system, and the system has changed in the last few years.

*A level of care now referred to as complex care.

Courtesy of WorkSafeBC from the video series Forever Changed
**COURSE OBJECTIVES**

By the end of this course, you will be able to:

- Define violence
- Identify the three types of violence
- Identify healthcare organizations’ guiding principles with respect to violence in the workplace
- Identify the impacts of violence on the workplace
- Identify workers’ responsibilities with respect to violence in the workplace
- Identify employers’ responsibilities with respect to violence in the workplace
- Describe the violence alert system

In order to complete this course, you need the following materials:

- This participant guide
- Optional: a computer with internet access to look up additional resources (e.g., glossary, references)
**VIOLENCE DEFINED**

**INTRODUCTION**

Violence is a complex topic that is defined in many different ways. In this course, we will use a specific definition.

**DEFINITION OF VIOLENCE**

The Provincial Violence Prevention Steering Committee (PVPSC) defines violence as:

> Incidents where persons are abused, threatened or assaulted in circumstances related to their work.

> This can involve a direct or indirect challenge to their safety, well-being, or health.

It:

- Is based on the Occupational Health and Safety Regulation definition (this definition is provided in the glossary)
- Includes regulatory requirements
- Is expanded to meet healthcare realities

This is also the definition that is used throughout this program.
**Related Terms**

Throughout this program, the following terms are used:

<table>
<thead>
<tr>
<th>Worker</th>
<th>Patient</th>
<th>Visitors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any person who works in any healthcare setting across all sectors (i.e., acute, home, community, and long-term care)</td>
<td>Includes residents and clients</td>
<td>Includes family members, and members of the public</td>
</tr>
</tbody>
</table>

**What is Violence?**

Violence occurs in many forms and may or may not include:

- Overt physical actions (e.g., hitting)
- Verbal actions (e.g., threatening)
- Non-verbal actions (e.g., glaring)

Anger can be expressed with violence, but does not have to include it. Violence may or may not emerge, depending on the situation. It occurs when the person shifts from expressing anger/distress to actions that harm others or self. Harm can be caused by physical as well as non-physical actions.

**What Words are Used to Refer to Violence?**

The following words are often used to refer to violence in health care settings:

- Aggression (voluntary or involuntary)
- Excessive behaviours
- Responsive behaviours
- Acting out
- Emotional crisis
- Behavioural emergencies
- Inappropriate behaviours
- Threatening behaviours
TYPES OF VIOLENCE

INTRODUCTION

There are three kinds of violence.

PATIENT VIOLENCE

Patient violence is any violent incident that occurs between the worker and a patient or anyone associated with the patient. This includes:

- Patient-to-worker violence
- Patient’s family member(s)-to-worker violence
- Visitor-to-worker violence

DOMESTIC VIOLENCE

Domestic violence includes:

- Intimate partner violence (IPV) - violence in couples who are dating, married, living together, separated or divorced
- Abuse by family members or known others (e.g., parent by adult child, person by their in-laws)

If you are experiencing domestic violence, seek help.

Health care workers make up 10% of the provincial workforce. However, 55% of all violence-related claims come from the health care sector.
**Worker-to-Worker Violence**

Worker-to-worker violence includes any improper activity or behaviour directed from one worker to another. It can be either:

- **Horizontal** - violence between members of the same group of workers (e.g., nurse-to-nurse)
- **Vertical** - violence between workers in different groups (e.g., doctors-to-nurses)

Although this is not the main focus of this program, skills developed through this program may help you recognize and intervene with this form of violence as well.
Select all statements that are TRUE. Once you’ve completed the quiz, you can go to the end of this module to check your answers.

1. Violence always includes overt physical actions.
2. Violence can be verbal (e.g., threats).
3. Violence can be non-verbal actions (e.g., glaring).
4. Violence cannot be overt physical actions and verbal actions at the same time.
5. Patient violence is defined as violence between the worker and the patient only.
Guiding Principles

Introduction
Heath care organizations follow several guiding principles about violence in the workplace.

Myths About Violence
The following are myths about violence in the workplace:

- It is part of the job.
- You just need to tolerate it.
- There must be something that you intentionally did to cause the violent incident.
- Patients are not responsible for their violent behaviours.

None of these myths are true.
**Prevention is the Best Intervention**

Prevention is the best intervention. Violence prevention works best if everyone recognizes that it is their responsibility. Violence prevention is only effective when the following groups adopt a team approach and commit to collaboration:

- Individual employees
- Managers and leaders
- The organization as a whole

**Violence is Not Part of the Job**

- You have the right to work in a safe workplace.
- You have the right to refuse unsafe work. Please refer to BC Occupational Health and Safety Regulation sections 3.12 and 3.13 to find out more about the process for refusing unsafe work.
- You are responsible for reporting violent incidents so that they can be prevented in the future.
**IMPACT OF VIOLENCE**

**INTRODUCTION**

Violence is a serious issue that has physical, psychological, and monetary impacts.

**IMPACT ON HEALTH CARE WORKERS**

Violence can have the following negative impacts on your:

- Physical and emotional well-being
- Ability to perform duties
- Ability to care for patients in the healthcare setting
- Disability costs for the individual resulting from time loss and injuries
- Morale
- Ability to return to work (increased fear)
- Personal life

*Health care workers are among the highest risk groups for becoming a victim of violence while on the job.*
EXAMPLE OF IMPACT ON HEALTH CARE WORKERS (VIDEO TRANSCRIPT)

Sometimes, when a health care worker experiences violence and aggression in the workplace, their life is forever changed.

You or someone in your family may have at some time received care from a home and community care worker. It’s their job to come into your home and provide basic health care needs and assistance with everyday living. Home care workers often encounter patients and families in isolated locations and under difficult circumstances. This puts them at risk of violence, something Darlene Simper, a community health worker, knows all about.

“I went to a brand new client. When I arrived there, he was agitated. This was all new to him. So I was checking to see if he had eaten and we placed the meal down in front of him and he got up and started throwing plates around and I could tell then and there that this wasn’t going very well. He hadn’t had any pain medication, from since the day before. He was talking to us and said he couldn’t take it anymore and he was going to go and get his gun. He sat down at the table with it, right in his hand, right beside me, and I think my first response was “you can’t shoot me because who will make my husband dinner?” I was shocked, sad, I didn’t want to get him upset but I was trying to be, to make it light and, at that point, I thought, we need to leave.

Like so many health care workers who experience violence and aggression, the real impact of this event didn’t hit Darlene the hardest until after-the-fact. “I ended up having a breakdown, I couldn’t go to work, I couldn’t get out of bed, I couldn’t do anything. I couldn’t speak; I started stuttering, which I’ve never stuttered in my life. I was afraid to go out in public, I was afraid to be around men. This changed who I am and I will never get that back.”

Today, Darlene is back at work, but memories of the patient with the gun have had a lasting impact. “This gun incident really took the life out of me. I never thought that that would happen to me at work.”

Courtesy of WorkSafeBC from the video series Forever Changed

IMPACT ON HEALTH CARE DELIVERY

Violence has a significant impact on staff and their work practices. It can lead to:

- An overall decrease in job performance
- An increased staff turnover
- Increased costs resulting from time loss and injuries
- Legal complications and expenses
WORKER RESPONSIBILITIES

INTRODUCTION
Workers have various roles and responsibilities in preventing and managing violence in BC health care.

BASIC RESPONSIBILITIES

As a health care worker, you must:

- Observe precautionary measures while working (e.g., use an alert system to communicate to others about a violent patient)
- Make use of appropriate tools during an incident (e.g., Code White, alerts, etc.)
- Make sure that you communicate with other health care workers about the risk of violence so that you can prevent or stop situations before they arise
- Support other health care workers to make sure that emergency response procedures are followed

REPORTING INCIDENTS

You must formally report violent incidents in order to:

- Make sure that the incident is investigated by your employer
- Provide accurate documentation to support claims made for injuries resulting from violence
- Prevent or reduce the frequency of future incidents with individual patients and in the workplace
- Get the support that you need

This report must be completed in addition to any other required report (e.g., Patient Safety Learning System report).

Remember: if it is not reported, "it didn’t happen!"
**When do I report?**

You need to report incidents:
- When you are threatened (verbally or physically)
- When you feel at risk of being injured or harmed
- When an incident was avoided (near miss) - report it as a worker near miss
- If there is psychological trauma as a result of being involved in a violent incident
- If you witnessed and were affected, but were not directly involved in an incident
- If there is physical injury as a result of violence

**Preventing violent incidents and escalation**

You can help prevent violent incidents and escalation by:
- Providing all necessary information to the patient and their family
- Providing quality, individualized, and timely care
- Having a caring and compassionate approach
- Taking time to listen to patient, family and co-worker concerns
- Involving patients and family members in decision-making whenever possible
- Respecting patient and family privacy and personal space
EMPLOYEE RESPONSIBILITIES

INTRODUCTION

Employers have various roles and responsibilities in preventing and managing violence in BC health care.

A RISK ASSESSMENT IS REQUIRED BY REGULATION

Your employer must identify and assess the potential for violence by looking at:

- Occupational characteristics (e.g., frequent and prolonged patient contact)
- Patient characteristics, including history of violence
- Work environment (e.g., high risk care areas such as emergency, psychiatry or residential care)

Your employer then analyzes the information in order to reduce or eliminate your risk of violence.

REDUCING RISK

Employers are required, wherever possible, to reduce the risk of violence using various tools and procedures (e.g., alert systems, security measures, protocols).

Implementing interventions that address the unsafe situation reduces the risk of violence. These interventions can include:

- Design modifications (e.g., a barrier around the nurse's station)
- Administrative/procedural changes (e.g., implementing an alert system and training staff on how to use it or taking a violence prevention course)
- Personal protective equipment - PPE (e.g., personal alarm)
**EMPLOYER COMMUNICATION ABOUT RISK IS REQUIRED**

Your employer must inform workers who may be exposed to the risk of violence. Your employer must also communicate to you about:

- Anyone who has a history of violent behaviour
- Policies, procedures, and training for safe work practices
- Violence prevention systems, tools, and resources
- Interventions in place to minimize the risk of violence

**EDUCATION AND TRAINING**

Employers must educate and train workers about preventing and managing violence. This program is one piece of that training.
Test Your Knowledge #2

Match the correct label to each statement. Once you’ve completed the quiz, you can go to the end of this module to check your answers.

Worker responsibility: Do a risk assessment.

Employer responsibility: Observe precautionary measures while working.

Worker responsibility: Conduct or initiate a formal incident assessment.

Employer responsibility: Make use of appropriate tools during an incident (Code White, alerts, etc.).

Worker responsibility: Communicate with other healthcare workers about the potential risk of violence to help prevent violent situations.
VIOLENCE ALERT SYSTEMS

WHAT ARE THEY?

The Violence Alert system is a requirement in all BC healthcare workplaces and is used to inform workers of a risk of violence from a patient (e.g., electronic flag, purple dot). The system and procedures used may vary between workplaces.

WHY ARE THEY IMPORTANT?

Health authorities have a legal obligation to inform their workers of any known risks in the workplace including a patient’s history of violent incidents. A violence alert indicator is used after thorough patient behaviour assessment procedures are followed.

A violence alert system allows workers to communicate non-verbally with one another about violence or potential violence.

A violence alert system is one widely used form of communication. You will learn more about this system and other communication methods in this program.
**How are alerts communicated?**

Violence alerts are used to inform staff about persons who have been assessed as having the potential to be violent. Violence alerts can be communicated by visual symbols or electronic flags.

Provincially, the colour purple is often used as a visual identifier. For example, some organizations place a purple dot on a person's chart, care plan, or other communications. Some organizations may also have an electronic alert that notifies staff on the computer screen.

No matter which method is used, the intent is to make sure that others:

- Are aware of the risk of violence
- Avoid injury
In this course, you have learned the following key points:

- Violence is defined as incidents where persons are abused, threatened, or assaulted in circumstances related to their work. Violence can be physical, verbal, and/or non-verbal.

- Patient violence is defined as any violent incident that occurs between the worker and a patient or anyone associated with the patient.

- You have the right to work in a safe environment and the right to refuse unsafe work.

- Violence can have a physical and emotional impact on healthcare workers and healthcare delivery.

- You have various responsibilities in terms of preventing and managing violence in BC healthcare (i.e., observing precautionary measures while working, making use of appropriate tools during an incident, communicating and working with others to make sure that emergency response procedures are followed, and reporting violent incidents).

- Your employer is responsible for assessing and communicating the risk for violence, and providing education and training to manage it.

- Violence alert systems are a systematic and formal process for communicating about a risk of violence from patients. They are used throughout the Province.
Please complete the following quiz once you have finished this module. Circle the correct answer(s) for each question.

1) As defined in the module, patient violence can include:
   A. Patient to worker violence
   B. Visitor to worker violence
   C. Worker to worker violence
   D. Patient to patient violence

2) An incident is not considered violence unless it is an overt physical action.
   o True
   o False

3) Violence Prevention programs need commitment from which of the following in order to be successful:
   A. Individual employees
   B. Managers and leaders
   C. Highest levels of management

4) You are caring for a patient who has a known history of spitting on nurses/caregivers when she is frustrated. Her behaviour is not considered violence.
   o True
   o False

5) As a worker, you have some basic rights under the BC Occupational Health and Safety Regulation. Two of these rights are:
   A. Access to a phone
   B. Work in a safe workplace
   C. Refuse unsafe work
   D. Coffee and meal breaks during your shift

6) It is the responsibility of the employer to report violent incidents.
   o True
   o False
7) Experiencing workplace violence can have negative effects on your:
   A. Physical and emotional well-being
   B. Ability to perform duties
   C. Ability to return to work
   D. Morale

8) Which of the following statements are true? Violence has a significant impact on healthcare delivery due to:
   A. Higher staff turnover
   B. Increased cost due to time loss and injuries
   C. Legal complications and expenses

9) It is important that violent incidents be formally reported in writing so that:
   A. Employers take on the responsibility of conducting an investigation
   B. Managers know who is to blame
   C. Claims for injuries have supporting documentation
   D. Workers get the help they need after the incident

10) Which of the following is NOT true? You should report incidents:
    A. When you feel at risk of being injured or harmed
    B. When an incident was avoided (near miss)
    C. Only if you are directly involved in an incident
    D. If there is psychological trauma

11) Environmental risk assessments are the responsibility of the employer.
    o True
    o False

12) Employers have a responsibility to implement interventions, wherever possible, where there is a risk of violence. Which of the following interventions is NOT an employer responsibility?
    A. Placing a barrier around a nurse’s station
    B. Ensuring staff have violence prevention training
    C. Reporting unsafe behaviour
    D. Installing an alert system

13) Both you and your employer have unique responsibilities to ensure the workplace is safe. Which of the following is a worker responsibility?
    A. Use an alert system to identify persons who have been assessed as having the potential for violence
    B. Provide education and training
    C. Decide on interventions to minimize risk of violence
    D. Communicate violence policies and procedures
14) An alert system is NOT:
   A. A formal system
   B. Always a visual symbol (i.e., purple dot)
   C. Required in all BC healthcare workplaces
   D. A tool to help others avoid injury

15) Which of the following statements are true?
   A. Violence Prevention works best if everyone recognizes it is their responsibility
   B. Violence in healthcare worksites contributes to the high cost of healthcare delivery
   C. Patients are not responsible for their violent behaviour because they are ill
   D. If you are directly affected by a violent incident there must be something you did to cause the behaviour.
   E. Violent behaviour can be non-verbal actions as well as verbal actions
TEST YOUR KNOWLEDGE – ANSWER KEYS

TEST YOUR KNOWLEDGE # 1

1. False - Violence does not always include overt physical actions.
2. True - Violence can be verbal (e.g., threats).
3. True - Violence can be non-verbal actions (e.g., glaring).
4. False - Violence can be overt physical actions and verbal actions at the same time.
5. False - Patient violence is defined as patient-to-worker violence, patient's family member-to-worker violence, or visitor-to-worker violence.

TEST YOUR KNOWLEDGE # 2

1. Worker responsibility - Observe precautionary measures while working.
2. Employer responsibility - Do a risk assessment.
3. Worker responsibility - Make use of appropriate tools during an incident (Code White, alerts, etc.).
4. Employer responsibility - Conduct or initiate a formal incident investigation.
5. Worker responsibility - Communicate with other healthcare workers about the potential risk of violence to help prevent violent situations.
Module 1 Quiz Answer Key

1) A, B
2) False
3) A, B, C
4) False
5) B, C
6) False
7) A, B, C, D
8) A, B, C
9) A, C, D
10) C
11) True
12) C
13) A
14) B
15) A, B, E