Difficult Clients:

Understanding Responsive Behaviours

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About PSHSA

- Public Services Health & Safety Association (PSHSA) provides health, and safety training and consulting services:
  - Healthcare
  - Education
  - Municipalities
  - Public Safety
  - First Nations communities

Training Objectives

- Highlight the prevalence of workplace violence
- Canadian Legislation
- Understand the 5 steps to address responsive behaviours
- VARB Tools

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Workplace Violence

In Canada:

350,000 cases of workplace violence each year.

Workers remain vulnerable to the effects of workplace violence, with nearly 1 in 5 victimizations of violence occurring at work.

Violence continues to be a growing concern in Canada.

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Defining Workplace Violence

International Labour Organization refers to workplace violence as:

"Any action, incident, or behavior that departs from reasonable conduct in which a person is assaulted, threatened, harmed, injured in course of or as direct result of his or her work"

Defining Workplace Violence

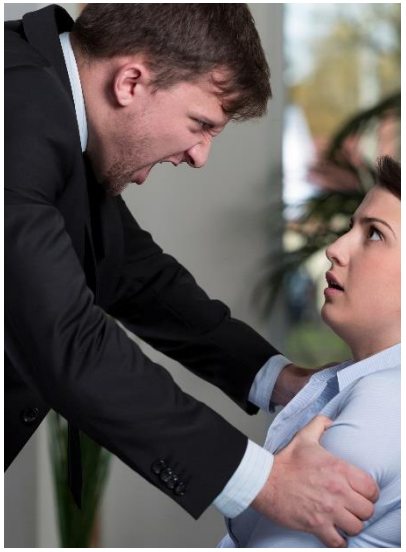
Violence is just not physical assault.

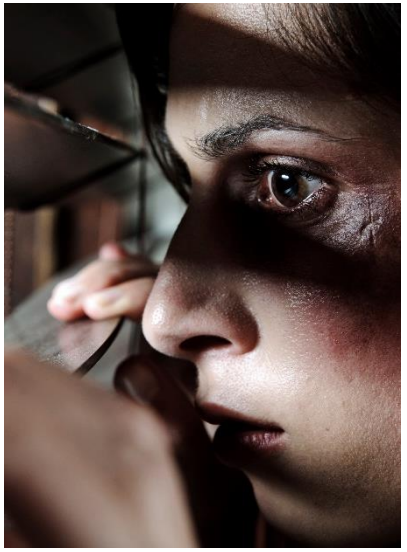
One Jurisdiction defines Violence to capture all types of violence:

- The exercise of physical force against a worker– in a workplace, that could cause physical injury to the worker
- An attempt to exercise physical force against a worker – in a workplace, that could cause physical injury to the worker
- A threat to exercise physical force against a worker – in a workplace, that could cause physical injury to the worker

Ontario Occupational Health & Safety Act 1(1)

Types of Violence in the Workplace





Type I

- External

Type II

- Client/ customer

Type III

- Employee related

Type IV

- Domestic Violence

Prevalence of Workplace Violence

- Some workers are at more risk of violence in the workplace based on:
  - Nature of the workplace
  - Type of work
  - Conditions of work
  - Circumstances specific to the workplace

Prevalence of Workplace Violence

- Certain sectors pose greater risks for violent workplace victimization
  - For example, employees that frequently come into contact with the public or clients are more likely to report being the victim of a violent incident

Risk Factors Associated with Workplace Violence

- Working in community based settings
- Working with unstable or volatile people
- Handling cash
- Mobile workplaces
- Direct contact with clients
- Working in high crime areas
- Securing or protecting valuables
- Transporting people or goods
- Working alone or in small numbers

Occupational Groups more at risk……

- Health care employees
- Correctional officers
- Social services employees
- Teachers
- Municipal housing inspectors
- Public works employees
- Retail employees

Prevalence in Healthcare

Research shows that workplace violence is three times more likely to occur among healthcare workers than any other occupation, including police officers and prison guards.

Prevalence in Healthcare

- In 2015, research has shown that as high as 31.8% of lost-time injuries due to WPV has occurred in the healthcare sector

- In Canada, out of 34 occupational categories, more workdays were lost among nurses than any other category.

Legislation in Canada

Employers have a legal duty to protect employees from workplace violence

Legislation in Canada

- Provinces that are regulated to have workplace violence prevention
  - Alberta
  - British Columbia
  - Saskatchewan
  - Manitoba
  - Ontario
  - Nova Scotia
  - Newfoundland & Labrador
  - Prince Edward Island

Legislation in Canada

- Federally regulated workplaces have specific workplace violence prevention regulations
  - Fall under Canada Labour Code Part II

- Quebec has legislation regarding "psychological harassment" – includes forms of workplace violence

Workplace Violence Prevention Program

- Prepare a written WPV & Harassment Policy
- Post the policy in the workplace
- Review the policy at least annually

- Develop and maintain a program:
- Definition of workplace violence & Harassment
- Program to include:
  - WPV Risk assessment (report to JHSC)
  - Controls
  - Emergency response
  - Reporting and investigation
  - Training

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Workplace Violence Prevention Program

- Information and instruction to the worker with respect to the workplace violence policy and program and the risk of workplace violence from a person with a history of violent behaviour
- Reasonable precaution made by the employer to protect the worker from domestic violence in the workplace
- The right to refuse work if workplace violence is likely to endanger the worker

Type II Client/Customer Violence

Violence vs Aggression

- Violence
  - 'Willful intent' to cause harm
  - No contributing physiological or psychological condition rendering person incompetent
- Aggressive/Responsive Behaviours
  - 'No intent' to cause harm
  - Underlying physiological/psychological condition
  - Often results from inability to communicate a need – response to stimulus

Aggressive/Responsive Behaviours

- A protective means by which persons with dementia or other conditions may communicate an unmet need (e.g., pain, cold, hunger, constipation, boredom) or reaction to their environment (e.g., lighting, noise, and invasion of space).

Common Question

What can we do about client aggression?

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5 Steps to Address Responsive Behaviours

1. • Secure Management commitment
2. • Assess your Program Needs
3. • Develop the Program
4. • Implement the Program
5. • Evaluate the Program

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5 Steps to Address Responsive Behaviours

1.

- Secure Management commitment

- Management commitment is:
  - Ask the right questions
  - Communicate the right message
  - Empower the right people
  - Allocate the right resources

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5 Steps to Address Responsive Behaviours

2.

- Assess Your Program Needs

Internal documents

- Injury Demographics
- Workplace Violence Risk Assessment
- Individual Client Risk Assessment
- Employee perceptions

Internal Documents

- **Injury Demographics**
- **Organizational Monthly Analysis of Incidents**
  - **http://www.pshsa.ca/wp-content/uploads/2013/0**2/Organizational-Monthly-Report-of-Incidents.pdf
- **Workplace Violence Risk Assessment (Healthcare)**
  - http://www.pshsa.ca/products/workplace-violence-risk-assessment-tools-resources/
- **Workplace Violence Risk Assessment (Any Sector)**
  - http://www.pshsa.ca/workplace-violence-risk-assessment-tool-anysector/
- **Employee perceptions**
  - PSHSA Client Aggression Employee Survey (contact http://www.pshsa.ca/econsulting/)

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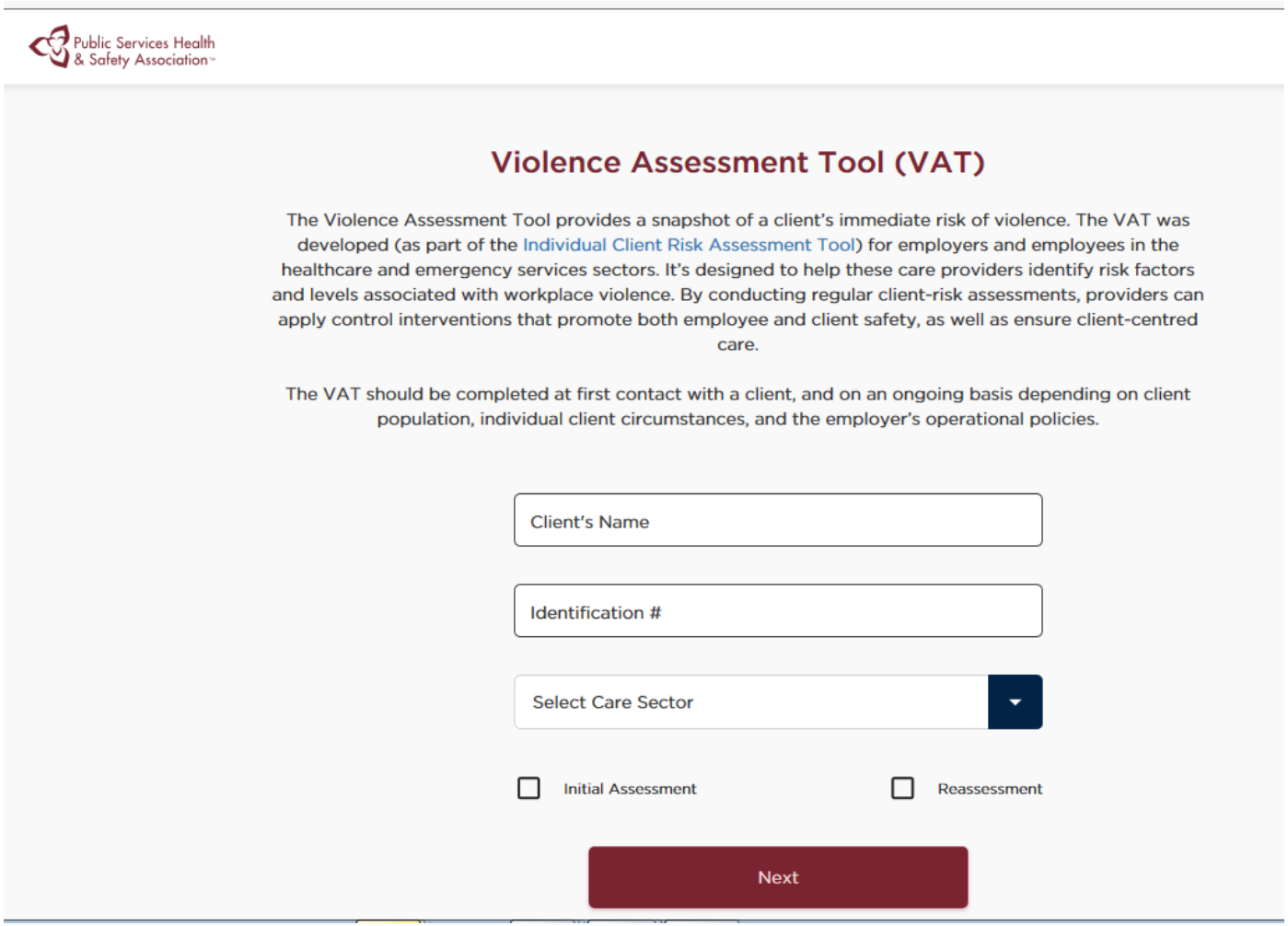
Individual Client Risk Assessment Tool

http://www.pshsa.ca/article/marb-project/



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Individual Client Risk Assessment Tool

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Individual Client Risk Assessment Tool (ICRA)

- A **Risk Indicators**
  - **Description**
    Document if there is a history of violence and any specific behaviours (that may indicate a risk of violence) that will require specific care interventions. Score 1 for a history of violence and 1 for each behaviour observed.
  - **1. History of Violence**
  - **2. Observed Behaviours**
- B Risk Rating
- C Contributing Factors

SECTION A: Risk Indicators - Acute Care — **Risk Rating: In Progress**

1. History of Violence

Past occurrence of:

- Exercising physical force, in any setting, towards any person including a caregiver that caused or could have caused injury
- Attempting to exercise physical force, in any setting, towards any person including a caregiver that could cause injury
- Statement or behaviours that could reasonably be interpreted as threatening to exercise physical force, in any setting, against any person including a caregiver that could cause injury

No Yes

Add a comment

Next

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SECTION A: Risk Indicators - Acute Care — **Risk Rating: In Progress**

2. Observed Behaviours

Confused:

- Disoriented – e.g., unware of time, place, or person

No Yes

Irritable:

- Easily annoyed or angered
- Unable to tolerate the presence of others
- Unwilling to follow instructions

No Yes

Boisterous:

- Overtly loud or noisy – e.g., slamming doors, shouting etc.

No Yes

Verbal Threats:

- Raises voice in an intimidating or threatening way
- Shouts angrily, insulting others or swearing
- Makes aggressive sounds

No Yes

Physical Threats:

Previous Complete

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A Risk Indicators

B **Risk Rating**

Description

Risk specific suggested interventions have been provided. Check off the interventions that will be implemented for this client. Complete Section C Contributing Factors to identify client specific factors that may trigger or escalate violent, aggressive, or responsive behaviours and ensure the care plan includes measures to avoid or reduce risk behaviours identified.

C Contributing Factors

SECTION B: Risk Rating - Acute Care **Risk Rating: Very High**

Very High

- ◯ Apply flag alert
- ◯ Promptly notify manager / supervisor so they can ensure relevant staff are on high alert and ready to respond
- ◯ Alert security and request assistance as needed. Ensure to inform security of risk management plan
- ◯ Scan environment for potential risks and remove if possible
- ◯ Ensure section C is completed and initiate the violence prevention care planning process - care plan should address known triggers, behaviours and include safety measures appropriate for the situation for both clients and workers
- ◯ Use effective therapeutic communication e.g. maintain a calm reassuring demeanor, remain non-judgemental and empathetic, and provide person-centered care
- ◯ Be prepared to apply behaviour management and self-protection teachings according to organizational policy / procedures that are appropriate for the situation - training programs provided may include GPA, Montessori, SMG, P.I.E.C.E.S, U-First Me & U-First, Stay Safe, MOAB training, and Self Defense
- ◯ Initiate applicable referrals
- ◯ Ensure communication devices / processes are in place (e.g. phone, personal safety alarm, check-in

Continue to Contributing Factors

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Individual Client Risk Assessment Tool

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Individual Client Risk Assessment Tool (ICRA)

- A Risk Indicators
- B Risk Rating
- C **Contributing Factors**

Description

Certain factors can lead to or escalate violent, aggressive or responsive behaviours. These factors tend to fall into four categories: physical, psychological, environmental, and activity triggers. Documenting known triggers and behaviours and asking your patient, client or substitute decision maker (SDM) to help identify them can help you manage them more effectively and safely. Use the information collected and intervention resources listed to develop an individualized violence prevention care plan and a safety plan to protect workers at risk.

- 1. Considerations
- 2. Preventative Measures
- 3. De-escalation Techniques

SECTION C: Contributing Factors - Acute Care — **Risk Rating: Very High**

1. Question for client:

To help us provide the best care possible, please describe:
If there is anything during your stay that could cause you to become agitated, upset or angry? e.g., I am agitated when...

1.1 Considerations

- ○ Physical triggers — e.g., hunger, pain, infection, new medication
- ○ Psychological – e.g., fear, uncertainty, feeling neglected, loss of control, being told to calm down, being lectured
- ○ Environmental triggers — e.g., noise, lighting, temperature, scents, privacy, time of day, days of the week, small spaces / overcrowding, visitors
- ○ Activity triggers — e.g., bathing, medication, past experiences, toileting, changes in routine, resistance to care

⊕ Add a new question

Add a comment

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- A Risk Indicators
- B Risk Rating
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- 1. Considerations
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SECTION C: Contributing Factors - Acute Care **Risk Rating: Very High**

2. Question for client:

To help us provide the best care possible, please describe:
What works to prevent or reduce the behaviour(s) e.g., When I am agitated, it helps if I...

2.1 Preventative Measures

- ◯ Go for a Walk
- ◯ Listen to music
- ◯ Watch TV
- ◯ Draw
- ◯ Read
- ◯ Have space and time alone
- ◯ Talk 1:1 with _____ (please indicate)
- ◯ Participate in activities

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- **1. Considerations**
- **2. Preventative Measures**
- **3. De-escalation Techniques**

SECTION C: Contributing Factors - Acute Care — **Risk Rating: Very High**

3. Potential De-escalation Techniques:

Identify potential de-escalation strategies based on previous information

3.1 De-escalation Techniques

- ◯ Respect personal space
- ◯ Actively Listen
- ◯ Offer choices
- ◯ Give eye contact
- ◯ Use humor
- ⊕ Add a new technique

Add a comment

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Common Question

How often am I required to complete an individual client risk assessment?

5 Steps to Address Responsive Behaviours

3.

- Develop a Program

ICRA policy covers the following:

- Purpose -what the ICRA is
- Statement -sample policy wording
- Definitions -a glossary of key terms
- Roles and responsibilities -who implements it
- Procedures -how it's implemented
- Communication / training -employee orientation/annual training
- Evaluation and continual improvement

5 Steps to Address Responsive Behaviours

3.

- Develop a Program

Best practices categorize intervention controls into four main areas:

- Physical environment of work
- Work practices
- Staffing
- Training

5 Steps to Address Responsive Behaviours

4.

• Implement the Program

- Critical steps:
  - Ensure development of Responsive Behaviours Prevention policy and procedures
  - Develop a communication and marketing plan
  - Develop and present staff training
  - Launch the program

Informed and Educated is the Future for Empowerment!

Use the Violence Assessment Tool (VAT)

Visit: pshsa.ca/workplace-violence

Assess the Risk

- ☐ A History of Violence
- ☐ Confused
- ☐ Irritable
- ☐ Boisterous
- ☐ Verbal Threats
- ☐ Physical Threats
- ☐ Agitated/Impulsive
- ☐ Paranoid/Suspicios
- ☐ Substance Intoxication/Withdrawal
- ☐ Socially Inappropriate/ Disruptive
- ☐ Defensive Body Language

Rate the Risk

Each Yes = 1 pt. .

0 pts	=Low Risk;
1-3 pts	=Moderate Risk;
4-5pts	=High Risk;
6+ pts	=Very High Risk

Take Action

- Monitor and remain alert
- Communicate changes in behaviours that may put others at risk
- Initiative violence prevention care planning process
- Apply flag alerts
- Notify manager/supervisor
- Alert Security-assistance may be required
- Use effective therapeutic communication and de-escalation techniques
- Be prepared to apply behavioral management and self-protection techniques
- Initiate appropriate referrals if required
- Ensure communication devices/processes are in place
- Inform Client of VAT results when it is safe to do so
- Call 911 / Initiate Code White Response as necessary

Involve the Client

- Ask the client to help us provide the best possible care by describing known triggers and ways to reduce these behaviours

ICRA Poster

Before providing care, assess behaviours for potential risk

- ☐ History of Violence
- ☐ Confused
- ☐ Irritable
- ☐ Boisterous
- ☐ Verbal Threats
- ☐ Physical Threats
- ☐ Agitate/Impulsive
- ☐ Paranoid/Suspicious
- ☐ Substance Intoxication/withdrawal
- ☐ Socially appropriate/ disruptive
- ☐ Body Language

Each Check = 1 pt: 0=Low Risk; 1-3=Moderate Risk; 4-5=High Risk; 6+ =Very High Risk

ICRA Pocket Cards

Common Question

How often should employees be communicated or trained on Workplace Violence Prevention?

5 Steps to Address Responsive Behaviours

5.

- Evaluate the Program

1. Is the standard current and meets legislative requirements?
2. Are controls working?
3. Is communication/training effective?
4. Is there a decrease in injury?
5. Is there an increase in hazard reporting?
6. Are we following the policy/procedures?

Violence Aggression Responsive Behaviours (VARB)

- MoL funded project

- Goal of project
  - to deliver a model and evidence based toolkit that provides workplaces sustainable outcomes and thereby reducing incidents and the impact of violence, aggression, and responsive behaviours. (VARB)

VARB Toolkit

The Toolkit includes a

- Workplace Violence Risk Assessment Tool
- Individual Client Risk Assessment Tool
- Flagging Handbook
- Security Assessment Tools
- Personal Safety Response System.

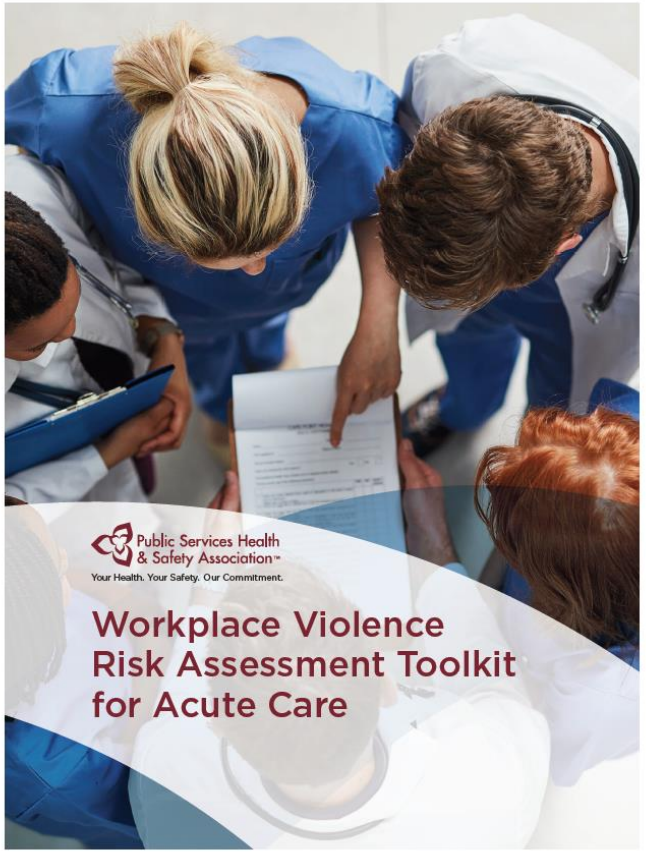
Workplace Violence Risk Assessment

- Violence risk assessment tool
  1. Physical Environment
  2. Department / Unit-Specific
  3. Direct Care

- Acute care
- Long-term care

- Multidisciplinary team

- At least once a year; more frequently when there's changes



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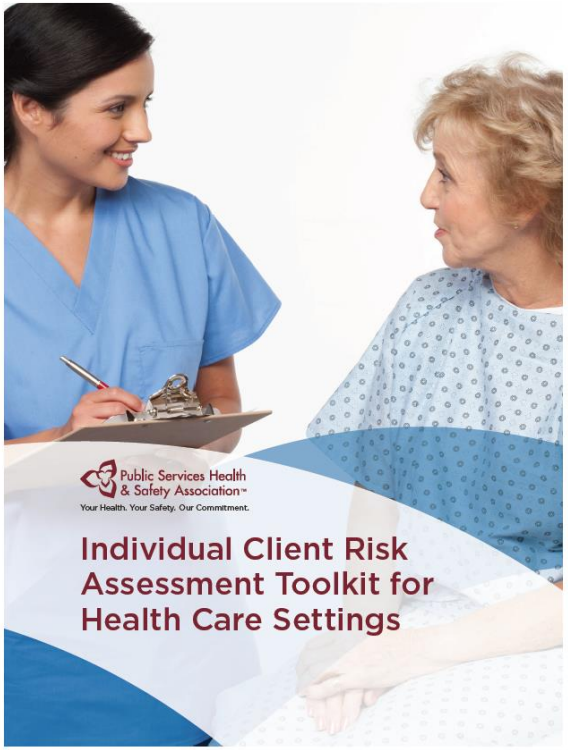
Individual Client Risk Assessment (ICRA)

- Violence assessment tool(VAT)
- Sample policy
- Sample interventions
- VAT pocket card
- VAT poster

- Acute care
- Long-term care
- Emergency services
- Community care

- Healthcare provider or manager/supervisor

- First contact and according to organization's policies and procedures



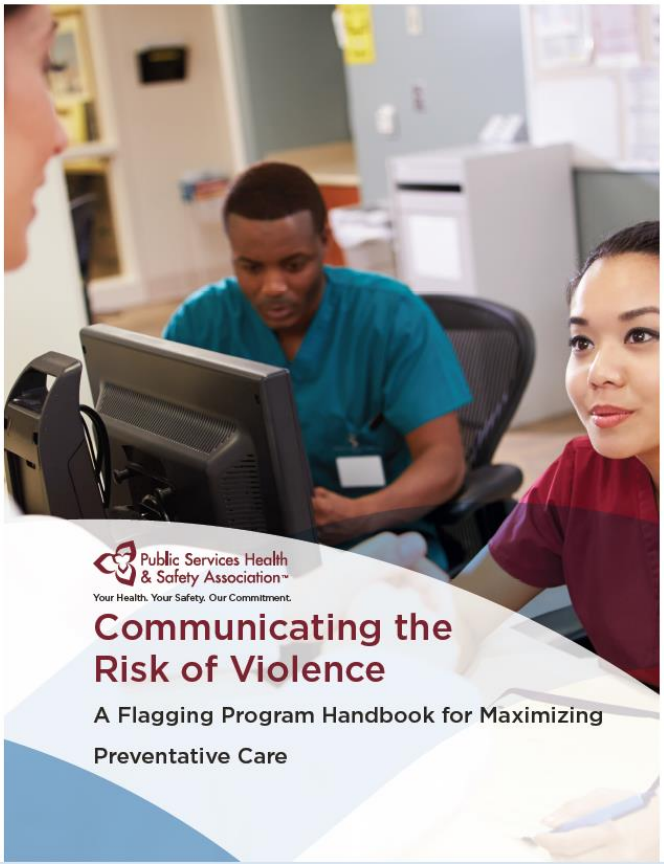
Flagging

- Handbook
- Sample policy
- Privacy fast fact
- Sample Patient Brochure

- Acute care

- All staff

- Moderate + Risk for violence



Security

- 8 tools

- Acute care
- Long-term care
- Community care

- Security personnel
- Those responsible for security

- Once a year; more frequently when circumstances change

Personal Safety Response System (PSRS) Coming Soon

- Supports workplace preparedness and response activities and helps employers integrate PSRS into Workplace Violence Program.

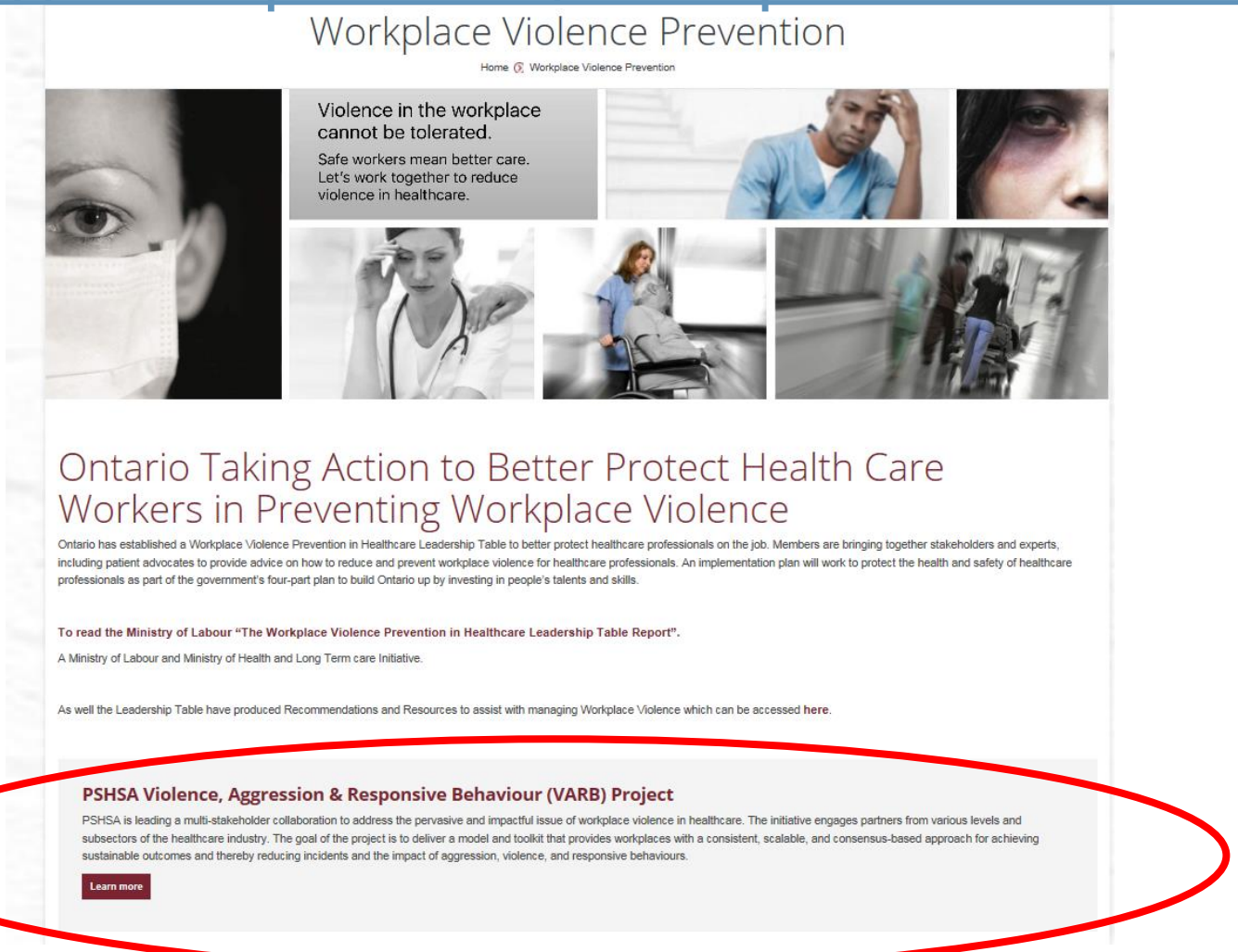
- Acute care
- Long-term care
- Community care

- Multidisciplinary team

- Once a year; more frequently when cir change

PSHSA VARB tools

- http://www.pshsa.ca/workplace-violence/



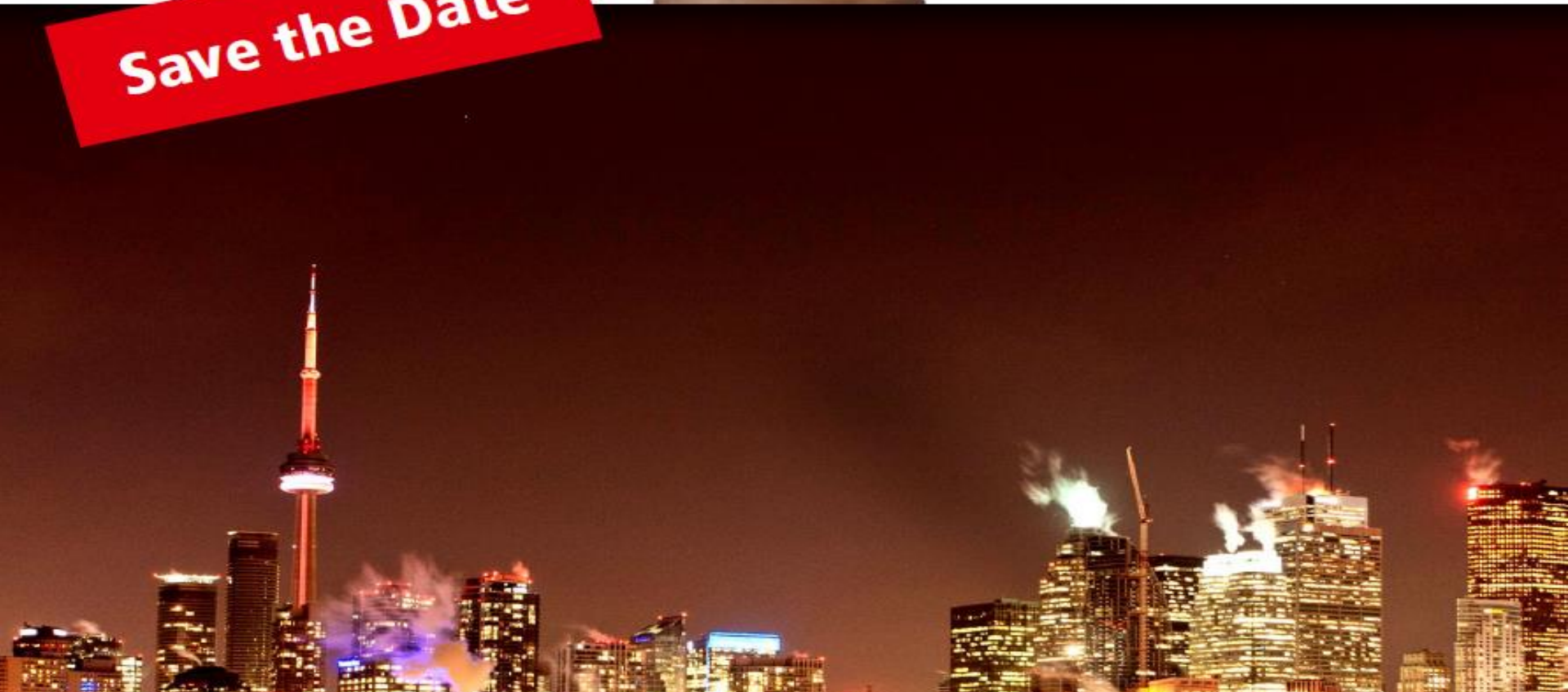
Sixth International Conference on

Violence in the Health Sector

24 - 26 October 2018

Toronto Canada

Save the Date



Questions?

- If you have still have questions, please contact:
  - Shelly Hurry, Health & Safety Consultant
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  - 519-520-1579

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