Workplace Violence Risk Assessment

Ontario Shores Research Day- March 2013
Public Services Health and Safety Association – Our Mission

The creation of the healthiest and safest workplaces in the world, where zero injuries and illnesses is the only acceptable measure of success.
Who we are …

• We serve Ontario’s public service sector
• We assist over 9,000 organizations to achieve safer and healthier work environments for their one million workers
• Our highly skilled staff are located across the province, providing ready access and timely response to all our clients
Prevalence in Healthcare

• “Workplace violence is one of the most complex and dangerous occupational hazards facing nurses” (McPaul & Lipscomb, 2004)
• Assault rates more than 10 times the rate of non-health/community sectors (Hewitt & Levin, 1997)
• High levels of workplace violence and harassment in community care agencies (Denton - McMaster U. 2004)
• Canadian and US researchers have described prevalence of verbal threats and physical assaults in ICU, ER, and general wards
• Canadian hospital survey found 39.9% of ER nurses reported being threatened with assault; 21.9% reported physical assaults (Lipscomb & Borwegan, 2000)
• 1999-2004 - 11 LTC residents killed in Ontario by fellow residents
• Many healthcare workers feel it is part of the job – under-reported
Prevalence of Violence in Mental Health

• Rates of violence in mental health facilities increasing (Decaire et al., 2006; Almvik, Woods & Rasmussen, 2000).

• > 90% of physicians and nurses working in mental health have been subjected to violence at some time in their careers

• An investigation of 1,144 incidents within a secure mental health facility revealed that 61% of violent events were categorized as serious and 31% as life-threatening to either staff and other clients (Decaire et al., 2000)
In general hospitals, Workplace Violence accounted for 7% of LTIs in 2010.

In psychiatric hospitals, violence accounted for 37% of LTIs in 2011 (43 claims).

In addiction hospitals, violence accounted for 38% of LTIs in 2011 (18 claims).

Data Source: WSIB EIW Claim Cost Analysis Schema, June 2012 snapshot
Drivers for WV prevention

• Accreditation Canada ROPs for Worklife /Workforce includes workplace violence prevention
• Workplace violence prevention legislation
• RNAO Best practice guideline
• Healthy and safe employees provide better quality care

“A fundamental way to better healthcare is through healthier healthcare workplaces. It is unacceptable to work in, receive care in, govern, manage and fund unhealthy healthcare workplaces.”

QWQHC, 2006
Workplace Violence Prevention

Under the OHS Act in Ontario, employers must:

• Assess the risks of workplace violence
• Ensure policy and program protects workers from workplace violence
• Put in place measures and procedures regarding workplace violence and workplace harassment.
Workplace Violence Risk Assessment

- Complete annually
- Provide to JHSC/HSR

Types of Workplace Violence
- Type I  External Perpetrator
- Type II  Client or Customer
- Type III  Employer Related
- Type IV  Domestic Violence
Types of Violence in the Workplace

Type II: Client/customer

• Involves person receiving care/services
  – Client to worker
  – Worker to client
  – Client to client

• Most prevalent type of violence in health/community care
Types of Violence in the Workplace

Type II: Client/Customer - Violence vs Aggression

• Violence
• ‘Willful intent’ to cause harm
• No contributing physiological or psychological conditions rendering person incompetent

Aggression/Responsive Behaviours

• No intent to cause harm
• Underlying physiological/psychological condition
• Often results form inability to communicate a need – response to stimulus
Workplace Violence Legislation

• Definitions of workplace violence and harassment

• Prepare policy and program
  – Risk assessment (report to JHSC)
  – Controls
  – Emergency response
  – Reporting and investigation
Workplace Violence Legislation

• Risk assessment considerations
  – Nature and type of work
  – Circumstances common to similar workplaces
  – Workplace specific circumstances
• Implement measures and procedures to control the risks identified
• Advise and provide copy to JHSC of results of assessment
• Review as often as necessary to protect workers
Risk Analysis
# PSHSA Violence Risk Assessment Scale

<table>
<thead>
<tr>
<th>Probability Rating</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly Likely</td>
<td>Nearly 75-100% chance of occurrence in next year</td>
</tr>
<tr>
<td>Likely</td>
<td>Between 25-75% chance of occurrence in next year</td>
</tr>
<tr>
<td>Possible</td>
<td>Between 10-25% chance of occurrence in next year</td>
</tr>
<tr>
<td>Unlikely</td>
<td>Less than 10% chance in next year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Impact Rating</th>
<th>Description</th>
</tr>
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</table>
| **Catastrophic** | Extremely harmful  
• Fatal injury or Major disabling injury/illness (resulting in permanent impairment)  
• Imminent danger and/or jeopardy to any life (hostage taking (Code Purple); bomb threat (Code Black); weapons)  
• Symptoms of horizontal violence where greater than 50% of staff have complained (i.e. grievances; documented events; excessive absenteeism)  
• Domestic violence – fatality and/or imminent threat to life at the workplace |
| **Critical**  | Very Harmful  
• Physical and/or psychological injury resulting in lost time > 5 days  
• Threatening behaviour by external perpetrator  
• Symptoms of horizontal violence where 25-50% of staff have raised concerns (i.e. grievances; verbally reported events; documented events; excessive absenteeism)  
• Domestic violence – resulting in physical/psychological injury at the workplace |
| **Serious**   | Harmful  
• Physical and/or psychological injury resulting in lost time 1-5 days, medical aid or first aid  
• Event resulted in moderate property/equipment damage (broken windows; theft; break-ins)  
• Symptoms of horizontal violence where 10-25% of staff have raised concerns (i.e. grievances; verbally reported events; documented events; excessive absenteeism)  
• Domestic violence - perpetrator has threatened the safety of anyone at the workplace (cyber mediums; phone calls; physical presence on property) |
| **Marginal**  | Minor – observed hazard but has not caused harm  
• Evidence of minimal property damage (graffiti; defacing)  
• Symptoms of horizontal violence where <10% of staff have raised concerns (i.e. grievances; verbally reported events; documented events; excessive absenteeism)  
• Domestic violence – informal complaints/observations |

PSHSA Risk Assessment Matrix

When completing your workplace violence risk assessment you should consider:

- Past incidents of all types of workplace violence
- Workplace violence risks specific to your workplace or sector and physical location
- Employee perception of workplace violence and harassment
- Concerns about workplace violence and harassment raised to supervisors and JHSCs
- Environmental factors
- Work setting, clients and work practices

Types of Workplace Violence
- Type I  External Perpetrator
- Type II  Client or Customer
- Type III  Employer Related
- Type IV  Domestic Violence
## PSHSA Risk Assessment Matrix

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<tr>
<td></td>
<td>Highly Likely</td>
</tr>
<tr>
<td>Catastrophic</td>
<td>High</td>
</tr>
<tr>
<td>Critical</td>
<td>High</td>
</tr>
<tr>
<td>Serious</td>
<td>Moderate</td>
</tr>
<tr>
<td>Marginal</td>
<td>Low</td>
</tr>
</tbody>
</table>

The matrix illustrates the relationship between impact and probability ratings, with risk levels ranging from High to Low.
## Hazard Categories

<table>
<thead>
<tr>
<th>Hazard Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Physical Environment Risk Assessment</td>
<td>Exterior and General Worksite</td>
</tr>
<tr>
<td>2. Work Settings and Conditions</td>
<td></td>
</tr>
<tr>
<td>3. Direct Resident/Patient Care or Interaction</td>
<td></td>
</tr>
</tbody>
</table>
Hazard Categories

<table>
<thead>
<tr>
<th>Hazard Category</th>
<th>Completed by</th>
</tr>
</thead>
</table>
| 1. Physical Environment Risk Assessment: Exterior and General Worksite | Department / management and/or any of the following:  
  • security,  
  • environmental services/ maintenance/ facilities,  
  • members of the JHSC, or  
  • the workplace violence committee |
| 2. Work Settings and Conditions                             | ALL department/unit managers.                                               |
| 3. Direct Resident/Patient Care or Interaction              | Managers of departments/units where patient/resident care or services are provided |
Hazard Category 1

• Physical Environment: Exterior and General Worksite
  – Travel To/ From Work
  – Parking Lots  
  – General appearance
  – Lighting
  – Facility Access Control
  – Hospital Signage
  – Stairwells/Elevators
  – Washrooms

  Completed for common areas
Hazard Examples

• Staff travel hazards to/from work
  – Travelling alone, to and from work, including using public transit
  – Walking into hospital via various entrances from street

• Hospital Controlled Parking Lots:
  – Inadequate or burnt out lights
  – Parking in areas on evening and night shifts (Depending on the distance from the entrance to the building and the level of security present in the area the potential for violence can vary)
  – Vehicle thefts from the parking lot
  – Perpetrators in parking lot
Hazard Category 2

• Work Settings and Conditions
  – Reception/Nursing Stations/Waiting areas
  – Working alone/remote locations/offices
  – Handling cash
  – Working directly with the public
  – Interview/treatment rooms
  – Pharmacy/medication dispensing
  – Emergency Response/Security Functions
  – Bullying
  – Domestic Violence
  – Working in the Community
Hazard Examples

• Hospital Signage:
  – Staff at risk of violence due to lack of signs in areas (acceptable behaviour, code of conduct, restricted areas)

• Staff Washrooms:
  – Staff required to use public washrooms
  – Perpetrators found using staff washrooms
Hazard Examples

• Reception/Nursing Station/Waiting Area:
  – Front line staff being the first one visible upon entrance to the building
  – No panic buttons in reception desks
  – Public waiting areas have no diversion activities
  – Dependent upon whether the area is accessible from the street or from another area in the facility. Risk increases if staff in reception area works alone.

• Working Alone/Remote Locations/Individual Offices
  – Isolation
  – No security system in place
  – Past events of perpetrators in remote locations
Hazard Category 3

- Direct Patient Care or Interaction
  - Patient Screening/ Assessment
  - Communication and Care Planning
  - Least restraint practice environment
  - Patient Care Strategies
  - Appropriate environmental controls for high risk patients
  - Staffing
  - Security Measures
  - Emergency Response
  - Staff Support
  - Staff Training and education
Clinical Practice-Mental Health

• Situations that increase the risk of violence for staff
  – Insufficient staffing
  – Cultural issues
  – Absence of escape routes
  – Language barriers
  – Unobserved clients
  – Inadequately trained staff
Risk Factors—Mental Health

- Disrespect (real or perceived)
- Rude and/or condescending staff
- Police presence
- Long waits
- Lack of privacy
- Fear
- Frustration
- Excessive noise
- Crowded environment – lack of personal space

- Unmet needs – hunger, pain, inability to communicate
- Sedative drugs in high doses
- Poor surveillance
- Frequent medication changes
- Long hospitalization
- Anxiety
- Loss
Meta Analysis on the antecedents of violence and aggression within psychiatric in-patient settings

- *staff–patient interaction* was the most frequent type of antecedent overall, precipitating an estimated 39% of all violent/aggressive incidents.

- Examination of the *staff–patient interaction* themes revealed that limiting patients freedoms (placing some sort of restriction or denying a patient request) was the most frequent precursor of incidents, accounting for an estimated 25% of all antecedents.

- *Patient behavioural cues* were attributed to 38% and *no clear cause* was attributed to 33% of incidents overall. (Papadopoulos et al, 2012)
Completing the Workplace Violence Risk Assessment Tool
Workplace Violence E-tools at www.pshsa.ca

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Download our Product Catalogue here

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PSSHA has more than 100 free Fact Sheets, Posters and Resource Materials on a full-range of topics. You can find a full selection at the topic links below:

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- New and Young Workers
- Musculoskeletal Disorders
- Internal Responsibility System
- Workplace Violence
- WHMIS and Consumer Products
- Infection Prevention and Control
- Contact With Machinery or Objects
- More Healthcare Downloads
- More Education Downloads

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Education and Culture Products
Municipal and Provincial Government Products
Community and Healthcare Products

FREE to use E-tools
These electronic tools can help you assess and plan for your health and safety program.

Assessing Workplace Violence in the Community Care Sector - English
Assessing Workplace Violence in the Acute Care Sector - English
Assessing Workplace Violence in the Long-Term Care Sector - English
Assessing Workplace Violence in any Sector - English

FREE Return to Work Assessment Tool
The Disability Management Self Assessment (DMSA) Tool

How to Order
To purchase individual products visit our e-store. If you don’t find what you are looking for
Completing the assessment

- [Link](http://www.healthandsafetyontario.ca/HSO/media/PSHSA/pdfS/Tools/WVRAT-Acute-LTC-Etool-instructions-for-website.pdf) (Link to tool, instructions and web tutorial)
- Determine the risk rating for each hazard in the tool utilizing the Risk Assessment Scale and Risk Matrix
- Involve frontline employees when completing the assessment
- Question 1-3 can be marked as N/A by department managers as they pertain to the common areas of the facility and will be completed by another group.
Physical Environment

<table>
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<tr>
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<tr>
<td><strong>PE1.</strong> Staff travel hazards to/ from work</td>
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<tr>
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**Examples of Hazards**
- Travelling alone, to and from work, including using public transit
- Walking into hospital via various entrances from street

**Violence Type:** I, II, IV

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<thead>
<tr>
<th><strong>PE2.</strong> Hospital Controlled Parking Lots</th>
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Print and save your answers.
<table>
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<td>(Examples of Hazards:)</td>
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<td>(Violence Types II, IV)</td>
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<tr>
<td>(Potential Solution:)</td>
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<tr>
<td>• Develop a program to support an option to escort employees to vehicles or a buddy system when requested by staff</td>
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</tr>
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<td>• Ensure light fixtures on hospital property are monitored/inspected. Report and/or correct deficiencies.</td>
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<tr>
<td>•</td>
<td></td>
</tr>
<tr>
<td>(Controls:)</td>
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## PSHSA Acute Care Workplace Violence Risk Assessment Tool

### PE1. Staff travel hazards to/from work

**Question**
- Travelling alone, to and from work, including using public transit
- Walking into hospital via various entrances from street

**Violence Types:** I, II, IV

**Controls:**
- Develop a program to support an option to escort employees to vehicles or a buddy system when requested by staff
- Ensure light fixtures on hospital property are monitored/inspected. Report and/or correct deficiencies.

**Examples of Hazards:**
- Inadequate or burnt out lights
- Parking in areas on evening and night shifts (Depending on the distance from the entrance to the building and the level of security present in the area the potential for violence can vary)
- Vehicle thefts from the parking lot

### PE2. Hospital Controlled Parking Lots

**Question**
- High

**Examples of Hazards:**
- Inadequate or burnt out lights
- Parking in areas on evening and night shifts (Depending on the distance from the entrance to the building and the level of security present in the area the potential for violence can vary)
- Vehicle thefts from the parking lot

**Potential Solution:**
- Implement regular security patrols at high risk entrances
- Investigate the need to install additional cameras/panic buttons at high risk entrances

### CSV export

(Compatible with Excel and many other spreadsheet programs)
<table>
<thead>
<tr>
<th>QUESTION</th>
<th>ANSWER</th>
<th>CONTROLS</th>
<th>POTENTIAL SOLUTIONS</th>
<th>PERSON RESPONSIBLE</th>
<th>DUE DATE</th>
</tr>
</thead>
<tbody>
<tr>
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<td>High</td>
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<td>PE2. Hospital Controlled Parking Lots</td>
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<td>Well lit parking areas</td>
<td>Assess lighting during all seasons and outside of normal business hours</td>
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<tr>
<td>PE2. Hospital Controlled Parking Lots</td>
<td>High</td>
<td>Well lit parking areas</td>
<td>Ensure adequate lighting levels to parking areas</td>
<td></td>
<td></td>
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Risk Evaluation

- An action plan will be developed that will include a list of Controls and Potential Solutions.
- The “solutions” should be assigned to a Responsible Person and be given completion dates.
- Some interventions may require more detailed planning and further assessment.
- Timelines can be determined by using the Effort vs. Impact scale in consultation with OHS and Directors.
# Implementation Timelines - Effort vs. Impact

<table>
<thead>
<tr>
<th>Impact</th>
<th>Difficult To Do</th>
<th>Effort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Improvement</td>
<td>3.</td>
<td>1.</td>
</tr>
<tr>
<td>Minor Improvement</td>
<td>4.</td>
<td>2.</td>
</tr>
</tbody>
</table>

1. Easy to do; Major Improvement
2. Easy to do; Minor Improvement
3. Difficult to do; Major Improvement
4. Difficult to do; Minor Improvement

This can be done via online tool where person thinks of ideas/discusses ideas categorized under 1, 2, 3, 4.

1. Easy to do and yields big improvement – implement soon
2. Easy to do and yields small improvement – implement soon
3. Difficult to do but yields big improvement – requires more detailed action planning
4. Difficult to do but yields small improvement – items shelved
The workplace violence risk assessment e-tool was developed by the Public Services Health and Safety Association and made possible through funding from the Ministry of Health and Long Term Care.
Thank you
Hillarie Klass BSc, MS, CRSP

www.pshsa.ca
www.healthyworkenvironments.ca

www.healthandsafetyontario.ca