

Policy Title:	Workplace Violence Prevention - Flagging Process For Patients Exhibiting Acting Out Behaviour	
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Purpose

The purpose of this procedure is to have a visible warning system for all staff, physicians and volunteers, for patients who have or who have the potential to act violently. Please remember that even patients who

are not flagged have the potential to act violently.

Policy Statement

TEGH is committed to the implementation of measures and procedures to prevent, control and minimize the risk of workplace violence. As a hospital community, we have a shared interest in the prevention of violent, abusive and aggressive behaviour. All members of the TEGH community (including patients, staff, physicians, students, contractors, volunteers, and visitors) share a significant interest, role and responsibility in connection with securing and maintaining a hospital environment that is free from any form of violence.

Definitions

- **Acting Out Behaviour (AOB)**

Acting out behaviour refers to problem behaviour that is physically aggressive, destructive to property, verbally aggressive, or otherwise more severe than simple misbehaviour. (<http://learningdisabilities.about.com/od/ac/g/Acting-Out-Behavior-What-Is-Acting-Out-Behavior.htm>)

- **Violent Behaviour**

Refers to patients who have engaged in actual acts of violence (includes acts of physical attack, assault, threats, stalking or harassment). This violence may or may not occur on hospital premises. For example, if a patient is brought to the hospital by police and the police notify staff that the patient has been violent, then he or she can be flagged based on this information.

- **Potential Violent Behaviour**

Refers to patients who show signs of behavior escalating towards violence. Signs of behaviour escalating towards violence include:

- Changes in a patient's autonomic nervous system (e.g. sweating, flushed face, changes in the size of the eye pupils and muscle tension).
- Rapid, loud, or profane speech.
- Sudden change in the patient's level of consciousness such as increased disorientation and confusion.
- Motor agitation, such as agitated pacing and inability to remain still
- Hallucinations, which can be auditory or visual and may be benign or command-orientated.

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- Sudden change in extremes or affect (exhilaration, grandiosity).
 - Sudden lack of affect in someone who was previously very agitated and threatening, which may indicate that he or she has made a decision to take violent action.
 - Use of alcohol or drugs.

(This list is not exhaustive)

- **Violent Patient Icon**

Once a patient has been flagged for AOB, when the patient returns to the hospital, the flag will automatically pop up in the Cerner system.

Responsibilities

- **All Hospital Staff and Physicians**

Any staff member or physician who experiences a patient who has or who almost has acted violently or who have shown the propensity to exhibit acting out behaviours (AOB), should consider the need to proceed with the flagging process by completing an employee incident report identifying the incident as well as alert the most appropriate manager.

- **Manager/ Supervisor**

Fully investigate the incident and determine whether the patient should be flagged for AOB.. Once initiated, this flag is a lifetime flag and as such must be carefully considered.

Procedures

- **Emergency Department (ED) Flagging Procedures**

If a patient is already flagged in Cerner, the triage nurse will add a "History of Violence" event in First Net. AOB will print on the patient's face sheet and steps 8-10 and 12 (below) will then apply.

The following steps apply for all new cases of flagging in the Emergency Department:

1. Nursing staff will fill out a [Workplace Violence Report Form](#) and [Employee Incident Report](#) for patients who are exhibiting violent or potentially violent behaviour. Other relevant factors will be taken into consideration when deciding to flag a patient. These factors include but are not limited to patients with a known history of violence from

other facilities or as identified by the police or family members and Form 1 patients.

- a. An [Employee Incident Report](#) must be filled out in all cases except when a patient is flagged for a past history of violence. If the patient is flagged for being violent toward another patient an employee incident report is not necessary but a [Patient Incident Report](#) should be filed.
 2. Nursing staff will inform the supervisor of the situation and provide them with the completed Workplace Violence Form.
 3. If the supervisor agrees that the patient should be flagged, he or she will authorize the flagging by signing the form in the appropriate column. In the event of a disagreement between the nurse and supervisor over whether to flag a patient, the supervisor will then consult with the manager. The Quality and Patient Safety Department can consult when consensus cannot be reached.
 4. Once the supervisor has authorized the flagging, nursing staff will activate the violent patient icon in the events section of First Net to notify all staff.
 5. The Workplace Violence Report Form will be photocopied so that one copy goes on the patient's chart and the other copy is sent to the Manager, Organizational Quality and Safety. Accidents, illnesses and critical injuries will be reported to the Union, Ministry of Labour and Joint Health and Safety Committee as legislated.
 6. The supervisor will assign the violent icon event in Cerner so that when the patient returns to the hospital the flag will automatically pop up. The supervisor will then inform the ED registration staff.
 7. Registration staff will enter the violent flag in the registration system.
 8. Nursing staff will place a blue hospital armband on the patient. Where possible, the blue armband should be on the same arm as the regular hospital band.
 9. Nursing staff will affix a Blue [Stop Sign](#) to the patient's door and over his or her bed. Where the patient only has a curtain, the sign will be affixed over his or her bed.
 10. Nursing staff will explain to the patient why he or she has been flagged and provide him or her with the [Violence Prevention Program: A Guide for Patients and Their Family information pamphlet](#).
 11. When a flagged patient is transferred to another unit in the hospital the nurse(s) from the sending unit must ensure that the faxed communication report indicates the acting out behaviour. The nurse(s) must also phone the receiving unit to inform them of the flagged patient and the circumstances surrounding the flag (i.e. how
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the patient acted out, triggers, etc). The porter must be verbally informed of the flagging. Communicate risk to ALL team members, inter-professionals involved in care and support staff.

- **All other Clinical Areas (not ED)**

If a patient is already flagged in Cerner, AOB will print on the patient's face sheet. Steps 8-11 and 13 will then apply.

The following steps apply for all new cases of flagging:

1. Nursing staff will fill out a [Workplace Violence Report Form](#) and an for patients who are exhibiting violent. Other relevant factors will be taken into consideration when deciding whether to flag a patient. These factors include but are not limited to patients with a known history of violence from other facilities or as identified by the police or family members and Form 1 patients.
 - a. An [Employee Incident Report](#) must be filled out in all cases except when a patient is flagged for a past history of violence. If the patient is flagged for being violent toward another patient an employee incident report is not necessary but a [Patient Incident Report](#) should be filed.
2. Nursing staff will inform the supervisor of the situation and provide them with the completed form.
3. If the supervisor agrees that the patient should be flagged, he or she will authorize the flagging by signing the form in the appropriate column. In the event of a disagreement between the nurse and supervisor over whether to flag a patient, the supervisor will then consult with the manager. The Quality and Patient Safety department can consult when consensus cannot be reached.
4. The charge nurse/supervisor will ensure nursing staff complete an [Employee Incident Report](#).
5. The Workplace Violence Report Form will be photocopied so that one copy goes on the patient's chart and the other copy is sent to the Manager, Organizational Quality and Safety. Accidents, illnesses and critical injuries will be reported to the Union, Ministry of Labour and Joint Health and Safety Committee as legislated.
6. The supervisor will call the Bed Allocator and the Bed Allocator will place the violent icon in Cerner so that when the patient returns to the hospital the flag will automatically pop up.
7. Registration staff will enter the violent flag in the registration system and reprint the face sheet.

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8. Nursing staff will place a blue hospital armband on the patient. Where possible, the blue armband should be on the same arm as the regular hospital band.
 9. Nursing staff will affix a Blue [Stop Sign](#) to the patient's door and over his or her bed. Where the patient only has a curtain, the sign will be affixed over his or her bed. **NOTE: Mental Health will not use the signs because they are a secured unit.*
 10. Nursing staff will place a blue sticker on the spine of the patient's chart.
 11. Nursing staff will explain to the patient why he or she has been flagged and provide him or her with the [Violence Prevention Program: A Guide for Patients and Their Family information pamphlet](#).
 12. When a flagged patient is transferred to another unit in the hospital the nurse(s) from the sending unit must ensure that the faxed communication report indicates the acting out behaviour. The nurse(s) must also phone the receiving unit to inform them of the flagged patient and the circumstances surrounding the flag (i.e. how the patient acted out, triggers, etc). The porter must be verbally informed of the flagging.
 13. Communicate risk to ALL team members, inter-professionals involved in care and support staff.

- **Outpatient Clinics**

If a patient is already flagged in Cerner, AOB will print on the clinic patient schedule list along with a list of the behaviours exhibited at time of flagging i.e kicking and biting.

In the event AOB has been exhibited by person(s) in an outpatient setting, security should be notified to attend and a Code White activated.

The following steps apply for all new cases of flagging:

1. Nursing staff will fill out a [Workplace Violence Report Form](#) and an [Employee Incident Report](#) for patients who are exhibiting violent. Other relevant factors will be taken into consideration when deciding whether to flag a patient. These factors include but are not limited to patients with a known history of violence from other facilities or as identified by the police or family members and Form 1 patients.
 - a. An [Employee Incident Report](#) must be filled out in all cases except when a patient is flagged for a past history of violence. If the patient is flagged for being violent

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- toward another patient an employee incident report is not necessary but a patient incident report should be filed.
2. Nursing staff will inform the supervisor of the situation and provide them with the completed form.
 3. If the supervisor agrees that the patient should be flagged, he or she will authorize the flagging by signing the form in the appropriate column. In the event of a disagreement between the nurse and supervisor over whether to flag a patient, the supervisor will then consult with the manager. The Quality and Patient Safety department can consult when consensus cannot be reached.
 4. The charge nurse/supervisor will ensure nursing staff complete an Employee Incident Report.
 5. The Workplace Violence Report Form will be photocopied so that one copy goes on the patient's chart and the other copy is sent to the Manager, Organizational Quality and Safety. Accidents, illnesses and critical injuries will be reported to the Union, Ministry of Labour and Joint Health and Safety Committee as legislated.
 6. The supervisor will call the Bed Allocator and the Bed Allocator will place the violent icon in Cerner so that when the patient returns to the hospital the flag will automatically pop up.
 7. Registration staff will enter the violent flag in the registration system.
 8. Nursing staff will explain to the patient why he or she has been flagged and provide him or her with the [Violence Prevention Program: A Guide for Patients and Their Family information pamphlet](#).
 9. Communicate risk to ALL team members, inter-professionals involved in care and support staff

Training

All staff will be trained on a unit-by-unit basis by their manager while the program is rolled-out. All new staff will receive training on flagging during their orientation training.

References & Resources

[Behaviour Profile](#) - for use with all patients who have been flagged, the profile assists the staff member most familiar with the patient to a) identify triggers and early warning signs for the violent behaviour, b) to track strategies used and their success and c) to identify any monitoring requirements.

[Workplace Violence Prevention - Environmental Checklist](#) - for use with known violence patients, patients of concern and/or with patients

on higher risk units, the checklist acts as an alert and reminder to identified common workplace violence hazards, and a tracking mechanism for newly identified hazards. The checklist is to be updated as a result of any violence critical incident review.

[Workplace Violence Prevention](#)