



Workplace Violence Risk Assessment Tool (LTC)

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Workplace Violence Risk Assessment Tool

This is the Workplace Violence Risk Assessment (WPVRA) Tool. The WPVRA tool groups hazards into three categories:

- Hazard Category 1 – Physical environment risk assessment (completed for the organization as a whole including common areas)
- Hazard Category 2 – Department / unit-specific work settings / practices (completed for each unit/department)
- Hazard Category 3 – Direct care of potentially aggressive / responsive residents (completed in units/departments where client care is provided)

Review the examples in the Hazard column. Using the Risk Assessment Matrix on page 7, assign a Degree of Risk to each area. Review the Controls and Potential Solutions, using them as the basis for recommendations and action planning. Comment box may be used to document detailed information about action items and / or rationale behind control decisions (e.g., control already in place).

1.0 Physical Environment Risk Assessment

Completed by _____

Signature: _____

Date: _____

Hazard	Degree of Risk	Controls	Potential Solutions	Comments
1.1 Parking lots and grounds				
<p>Examples:</p> <ul style="list-style-type: none"> ▪ Inadequate or burnt-out lights ▪ Inadequate monitoring ▪ Parking on evening and night shifts ▪ Parking long distances from building ▪ Vehicle theft or damage in parking lot ▪ Workers not trained in safety procedures for leaving / returning to vehicles ▪ Parking lots that adjoin wooded areas, ravines, etc. and have or may be used as pathways. Check for signs of alcohol or illegal drug use, etc. 	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Very Low <input type="checkbox"/> N/a	<p>1. Parking lot visibility & maintenance</p> <hr/> <p>2. Parking lot signage</p> <hr/> <p>3. Parking lot security / safety measures and devices</p>	<p>a) Ensure adequate lighting in parking lots during all seasons and outside normal business hours.</p> <p>b) Implement a preventative-maintenance and inspection process for lighting in parking lots.</p> <p>c) Ensure clear visibility across parking lot (remove walls, trees and shrubbery where perpetrators could hide).</p> <p>d) Consider fencing the perimeter of the property and especially around parking lot that adjoin a ravine, wooded lot, or other areas that offer concealment.</p> <p>e) Designate a secure area close to building for workers' vehicles particularly for night shift workers.</p> <hr/> <p>a) Post clear and effective signage regarding:</p> <ul style="list-style-type: none"> ▪ Expected behaviours by patrons ▪ Restricted access ▪ Location of emergency telephone and number ▪ Camera surveillance / security monitoring ▪ Hours of operation and visiting hours ▪ Safety tips — e.g., 'Lock your vehicle and take your valuables with you' <p>b) Clearly identify location of emergency call stations.</p> <hr/> <p>a) Ensure a mechanism and training is in place for staff to report unusual activity or suspicious individuals.</p> <p>b) Monitor parking with surveillance cameras or security personnel / regular security patrols (security guard or assigned personnel).</p>	

Hazard	Degree of Risk	Controls	Potential Solutions	Comments
<ul style="list-style-type: none"> c) Make staff parking lots pass-card-accessible. d) Install panic buttons or pull stations in parking areas. e) Ensure that CCTV cameras monitor the pull stations and that Security and Switchboard are immediately notified of an alarm on their communications device. f) Consider a safe-walk program — e.g., buddy system or security / safety escort. 				
1.2 Building exterior and entrances (general appearance, grounds and common areas)				
<p>Examples:</p> <ul style="list-style-type: none"> ▪ Facility located in a high-crime area ▪ Facility located near high-potential crime area or generators such liquor stores, bars, convenience stores, or vacant lots ▪ Worksite exteriors show lack of maintenance (e.g., graffiti / vandalism) ▪ Areas around building where a perpetrator could hide (shrubby, walls, etc.) ▪ Inadequate lighting outside facility ▪ Staff required to walk outdoors to access other building areas ▪ Doors / windows left unsecured 	<ul style="list-style-type: none"> <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Very Low <input type="checkbox"/> N/A 	<p>1. Exterior building visibility and maintenance</p>	<ul style="list-style-type: none"> a) Ensure facility exterior is well-maintained – e.g., visibility and landscaping, property maintenance and regular inspections. b) Ensure adequate lighting on facility grounds during all seasons and outside normal business hours. c) Implement a preventative maintenance and inspection process for lighting on facility grounds. d) Ensure that ground level windows are secure or windows are unable to be opened e) Ensure landscape and walls do not obstruct sight lines or offer possibilities for concealing perpetrators: <ul style="list-style-type: none"> ▪ Keep shrubbery on facility grounds to a minimum, particularly near entrances/exits ▪ Ensure planting / landscaping fosters open, clear sight lines f) Ensure garbage, external buildings and necessary equipment are in open areas in plain view. 	
			<p>2. Exterior building signage</p> <ul style="list-style-type: none"> a) Clearly indicate entrances and exits. b) Post clear and effective signage regarding: <ul style="list-style-type: none"> ▪ Property prohibitions e.g., unauthorized entry, firearm use ▪ Expected behaviours from patrons e.g. zero- tolerance for violence ▪ Restricted access ▪ Location of emergency telephone and number 	

Hazard	Degree of Risk	Controls	Potential Solutions	Comments
		3. Exterior security / safety measures and devices.	<ul style="list-style-type: none"> ▪ Camera surveillance / security monitoring ▪ Hours of operation and visiting hours a) Implement regular security patrols (guard or safety measures and assigned personnel). b) Implement risk-appropriate safety measures: <ul style="list-style-type: none"> ▪ Install security cameras at after-hour or high-risk entrances ▪ Install telephone / panic buttons in high-risk areas ▪ Assess need for additional telephone / panic buttons based on risk ▪ Assess need for security features c) Inform staff of emergency assistance procedures and security-staffed entrances.	
1.3 Building interior				
Examples: Design & visibility: <ul style="list-style-type: none"> ▪ Inadequate or burned out lighting in general building areas ▪ Areas within the building where a perpetrator could hide ▪ Isolated areas of the building not well-lit ▪ Lack of signage ▪ Lack of emergency-exit signage Signage & way-finding: <ul style="list-style-type: none"> ▪ Lack of signage in areas indicating expected behaviour, code of conduct, restricted areas 	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Very Low <input type="checkbox"/> N/A	1. Interior building visibility and maintenance	a) Ensure visibility to the end of each corridor or hallway. b) Install mirrors, angled corners and transparent materials in high-risk / recessed or hidden areas. c) Ensure there are no places of concealment in areas such as stairwells, recessed doorways, and elevators. d) Keep storage areas and unoccupied rooms locked. Ensure locking mechanism prevents entrapment. e) Identify the location and operational procedure for Safe Rooms. f) Ensure adequate lighting in all areas of the facility - e.g., meet the requirements of national standards and local building codes. g) Ensure adequate lighting on all shifts, particularly in common staff areas. h) Implement a preventive-maintenance and inspection process for lighting in all building areas. i) Implement panic bars on all emergency exit doors to allow prompt escape. j) Ensure video surveillance (CCTV) output is monitored by	

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<ul style="list-style-type: none"> ▪ Lack of signage for way-finding and navigation (e.g. residents and visitors getting lost / into areas they are not supposed to be in) <p>Interior security / safety measures:</p> <ul style="list-style-type: none"> ▪ No system to alert staff of intruders in their areas ▪ Lack of working relationship with local EMS/police 			<p>trained staff and that protocols are established for video surveillance and recording – including but not limited to timely access/viewing post incident and handling the storage, disclosure, and disposal of video tapes.</p>	
		<p>2. Interior signage & way-finding</p>	<p>a) Post floor plan showing exits, stairwells, elevators and restricted areas.</p> <p>b) Implement clear signage and evaluate effectiveness:</p> <ul style="list-style-type: none"> ▪ All building areas / departments are well marked ▪ All exit routes are clearly marked ▪ Clear way-finding / directional signage (consider volunteers to assist) for residents and visitors ▪ Clear signage on: <ul style="list-style-type: none"> ○ Property prohibitions e.g., unauthorized entry, firearm use. ○ Expected behaviours from patrons (e.g. zero-tolerance for violence) ○ Restricted access ○ Location / number of emergency telephone ○ Camera surveillance / security monitoring ○ Hours of operation and visiting hours 	
		<p>3. Interior security / safety measures and devices</p>	<p>a) Implement regular security patrols.</p> <p>b) Implement risk-appropriate safety measures:</p> <ul style="list-style-type: none"> ▪ Assess the need for security presence (guard or assigned personnel) in designated high-risk areas ▪ Install security cameras, telephone / panic buttons in high-risk areas ▪ Assess need for additional telephone/panic buttons based on risk ▪ Ensure security personnel have appropriate training and equipment and able to intervene to protect residents and staff <p>c) Clearly inform staff of:</p> <ul style="list-style-type: none"> ▪ Emergency exits that will set off alarms ▪ Emergency assistance procedures ▪ Security-staffed areas ▪ Security roles and responsibilities <p>d) Develop and test security plan for the workplace – e.g.,</p>	

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locking of doors, installing panic buttons / alarms, accommodation, after – hours entrances, lockdown/ lockout policy and procedures etc.				
1.4 Access Control				
<p>Examples:</p> <ul style="list-style-type: none"> ▪ Lack of risk-appropriate access control (keys / cards) ▪ Lack of system to control / replace keys / cards ▪ Unauthorized persons present in resident or restricted areas ▪ Staff required to walk outdoors to access other building areas 	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Very Low <input type="checkbox"/> N/A	<p>1. Risk-appropriate and consistent control access to building and units</p>	<p>a) Implement consistent, risk-appropriate access- control to building and units – e.g., codes / pass- keys for doors; doors locked after hours.</p> <p>b) Enforce and monitor staff ID badges, including students, volunteers, contract workers and staff. Consider utilizing only first name on front of ID badge.</p> <p>c) Record and regularly review of the number of access cards / keys issued. Devices that are no longer required or reported lost or stolen should be immediately deactivated.</p> <p>d) Ensure access control procedures are established for external contractors such as providing proof of identification, signing key/card agreements that lists e.g., terms of use and where/when devices should be returned.</p> <p>e) Allow access to work areas only through staffed reception areas.</p> <p>f) Minimize access to facility after hours.</p> <p>g) When renovating, design public and private spaces so that they are easily distinguished.</p> <p>h) Ensure a contingency protocol in the event of an emergency or power outage.</p> <p>i) Replace or deactivate key cards and codes when lost or stolen, and when employees leave the organization.</p> <p>j) Implement and monitor visitor sign-in process or the use of visitor badges after.</p>	
1.5 Stairwells and elevators				
<p>Examples:</p> <ul style="list-style-type: none"> ▪ Stairwells not well-lit, clearly marked or controlled by 	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Very Low	<p>1. Stairwell design and visibility</p>	<p>a) Regularly inspect all stairwells to ensure staff can escape an attacker:</p> <ul style="list-style-type: none"> ▪ Clearly mark all exit routes ▪ Ensure exits from the building lock from the outside – 	

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<p>appropriate emergency measures</p> <ul style="list-style-type: none"> ▪ Location of stairs makes it easy for someone to hide ▪ Stairwell doors lock behind people 	<input type="checkbox"/> N/A		<p>e.g. they can be opened from the inside only, but require pass-card or key-code access to open from the outside</p> <ul style="list-style-type: none"> ▪ Ensure stairwell exit doors have panic bars to allow prompt escape ▪ Ensure stairwell exits / entrances are secured appropriate to the risk – e.g., do not impede access to authorized persons ▪ Ensure all stairwell doors have windows ▪ Ensure stairwells and elevators are inspected regularly for adequate lighting ▪ Ensure stairwell lights cannot be turned off and that there is emergency lighting in the case of a power failure. Any power-dependent feature should have a power failure emergency backup system. ▪ Ensure wireless coverage for personal safety devices is adequate (e.g. no dead zones) in stairwells and personal areas 	
		<p>2. Security / safety measures and devices</p>	<p>a) Regularly inspect stairwells to ensure staff can escape an attacker:</p> <ul style="list-style-type: none"> ▪ Test emergency call buttons or telephones to be sure they are operational ▪ Install phone / alarm system in elevators and test functionality on a regular basis ▪ Consider the use of surveillance cameras in elevators in high-risk areas <p>b) Inform staff of emergency assistance procedures, and emergency exits that will set off alarms.</p>	
<p>1.6 Hallways / storage / common areas</p>				
<p>Examples:</p> <ul style="list-style-type: none"> ▪ Areas within the building where a person could hide ▪ Barriers to quick entry / exit 	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Very Low <input type="checkbox"/> N/A	<p>1. Hallway / storage / common area visibility and maintenance</p>	<p>a) Ensure proper lighting and visibility</p> <p>b) Install convex mirrors as needed to minimize blind spots</p> <p>c) Assess storage for access, proper use and size:</p> <ul style="list-style-type: none"> ▪ Control access to storage ▪ Minimize clutter — e.g., provide adequate shelving to properly house equipment / resources ▪ Consider use of dedicated storage options to secure 	

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				residents' personal belongings – e.g., locked cabinets or locker in resident's room
1.7 Staff washrooms				
Examples: <ul style="list-style-type: none"> Staff required to use public washrooms Potential for unauthorized persons found using staff washrooms 	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Very Low <input type="checkbox"/> N/A	1. Staff washroom signage and visibility 2. Security / safety measures and devices	Ensure that: <ul style="list-style-type: none"> a) Staff washrooms are separate from public washrooms and are controlled by locked doors (preferably key card access). If code access is used, codes should be changed on a regular basis. b) 'Staff Only' signage is installed on all staff washrooms. c) Lights are kept on at all times in washrooms. Ensure that: <ul style="list-style-type: none"> a) Staff can call for assistance if needed. b) Consider installing a peephole on inside of staff washroom and safe room doors c) Staff report suspicious activities and individuals. d) Staff check for unauthorized persons before entering washrooms. 	

2.0 Department or Unit-Specific Work Settings and / or Practices

Completed by _____

Signature: _____

Date: _____

Hazard	Degree of Risk	Controls	Potential Solutions	Comments
2.1 Reception / inter-disciplinary team station / waiting area				
Examples: <ul style="list-style-type: none"> Open access by public Staff working directly with the public (whose history of violence is not known to staff, and who may be in 	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> N/A	1. Reception / interdisciplinary team station / waiting area design, visibility and signage	a) Implement safety principles for reception, interdisciplinary team station and waiting areas: <ul style="list-style-type: none"> Prevent unauthorized entry where possible and have a secondary entry/exit point that is key card access controlled. Implement layout giving staff direct line of sight/clear 	

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<p>stressful situations that trigger violence, aggression, responsive behaviour)</p> <ul style="list-style-type: none"> ▪ Lack of response mechanisms at reception desks ▪ Lack of suitable furniture for various populations — e.g. psychiatric, bariatric ▪ Unattended reception area ▪ Lack of available distractions in public or private waiting areas - e.g. magazines, brochures, posters - which may lead to resident / public frustration or impatience ▪ Lack of information/ activities for residents waiting extended periods of time ▪ Absence of personal safety response systems - e.g., panic buttons and code words (e.g. “grab me the yellow card”) to summon help 			<p>observation of residents, visitors and public</p> <ul style="list-style-type: none"> ▪ Ensure height and depth of desk / counter provide adequate physical barrier between staff and public. Depending on level of risk identified additional enclosure options (e.g., Plexiglas) may be required. ▪ Restrict access to worker-only work areas. ▪ Provide adequate work space for staff to help residents, greet visitors, etc. ▪ Provide a comfortable environment — e.g., sufficient space, reading materials, posters, comfortable seating, and reduced noise level — to minimize personal interference, tension, and other potential irritants. ▪ Ensure washrooms, food-service areas and public telephones have proper signage, easy access and regular maintenance. <p>b) Remove all objects — e.g., electronic devices, tools, equipment — that could be used as weapons.</p> <p>c) Post signage clearly stating:</p> <ul style="list-style-type: none"> ▪ Code of conduct and expected behaviours (make staff aware of sanctions) <ul style="list-style-type: none"> ○ Organizational policy on workplace violence <p>d) Ensure safe and secure furniture:</p> <ul style="list-style-type: none"> ▪ Furniture arrangement should prevent entrapment of staff ▪ Heavy furniture should be movable and light furniture should be secured to the floor. ▪ Ensure furniture does not have sharp edges or corners that could be used as weapons ▪ Provide furniture suitable for special populations — e.g., psychiatric residents may feel anxious sitting in chairs that do not move. 	
		<p>2. Effective management of area for safety</p>	<p>a) Implement quality- improvement strategies to reduce wait times for admissions and responding to care needs.</p> <p>b) Provide excellent customer service:</p> <ul style="list-style-type: none"> ▪ Train staff in customer service, and provide sensitivity training where appropriate ▪ Ensure reception staff understand their role as key 	

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			<p>people in receiving and reading residents and visitors</p> <ul style="list-style-type: none"> ▪ Ensure staff are sufficiently trained to answer questions ▪ Inform people how long they will be waiting ▪ Designate a point-of-contact for residents and visitors, and regularly provide updates to alleviate anxiety. ▪ Provide effective and timely communication to residents and visitors. ▪ Minimize resident / visitor boredom through activities — e.g., reading materials, television, and recreational games <p>c) Ensure adequate staffing:</p> <ul style="list-style-type: none"> ▪ Increase staff in main reception areas and on units during peak times <p>d) Provide extra staffing in high-risk public lounges — e.g., possibly with volunteers</p>	
	3. Security / safety measures and devices		<p>a) Implement regular security patrols.</p> <p>b) Implement risk-appropriate safety measures:</p> <ul style="list-style-type: none"> ▪ Implement a sign-in process for visitors ▪ Minimize staff working alone, and if they must, implement a personal alarm system ▪ Implement protective barriers for workers at higher-risk, and to separate dangerous residents from other residents and the public ▪ Ensure staff are aware of any restraining orders or visitation restrictions for residents, family members or visitors ▪ Make copies available at interdisciplinary team stations and visitor sign-in areas ▪ Ensure a security presence in high-risk areas ▪ Assess the need to install an alarm system — e.g., personal or panic buttons <p>c) Educate staff and provide practice opportunities around:</p> <p>d) Resident-centred care</p> <ul style="list-style-type: none"> ▪ Recognizing triggers that escalate behaviours ▪ De-escalation and communication techniques <p>e) Educate staff on Code White and other relevant emergency</p>	

Hazard	Degree of Risk	Controls	Potential Solutions	Comments
			procedures (e.g. lock down) and implement regular mock Code Drills.	
2.2 Meeting / counselling / activation, resident rooms				
<p>Examples:</p> <ul style="list-style-type: none"> ▪ Working in isolated areas / locked rooms with residents, relatives or visitors ▪ Working in areas with residents ▪ Rooms are not private enough to reduce resident stimulation / agitation 	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> N/A	<p>1. Meeting / Counselling / activation, resident room design</p> <hr/> <p>2. Management of area for safety</p> <hr/> <p>3. Security / safety measures and devices</p>	<p>a) Provide adequate work space for staff to help residents, greet visitors, etc.</p> <p>b) Ensure maximum visibility while allowing for resident privacy and confidentiality (e.g. install windows in doors)</p> <p>c) Establish protocol for requesting security backup as needed.</p> <p>d) Ensure furniture is arranged to prevent entrapment of staff.</p> <p>e) Furniture should be:</p> <ul style="list-style-type: none"> ▪ Minimal ▪ If lightweight should be attached to a surface ▪ Without sharp corners or edges ▪ Affixed to the floor where appropriate <p>f) Rooms should have two exits or be arrange to allow easy exit.</p> <p>g) Staff should be placed closes to an exit or escape route.</p> <p>h) Ensure door locking mechanisms prevent staff entrapment</p> <p>i) Provide a separate room for high-risk residents</p> <p>j) Post clear signage for:</p> <ul style="list-style-type: none"> ▪ Code of conduct and expected behaviours (make staff aware of sanctions) ▪ Organizational policy on workplace violence <hr/> <p>a) Implement a screening process to assess and identify risk for workplace violence</p> <p>b) Ensure space is suitable for resident needs and staff safety – e.g., staffing skill set and competencies, resident flow, etc.</p> <p>c) Ensure adequate staffing skill set and competencies when a risk of violence is identified – e.g., buddy system, security escort.</p> <p>d) Equipment sign-in / sign-out process.</p> <hr/> <p>a) Educate and train staff on:</p>	

Hazard	Degree of Risk	Controls	Potential Solutions	Comments
			<ul style="list-style-type: none"> ▪ Resident-centred care ▪ Recognizing and documenting triggers that escalate behaviours ▪ De-escalation and communication techniques ▪ Personal safety training including but not limited to behaviour management, holds, and releases based on circumstance. ▪ Restraints practice standards - Least restraint practice ▪ Personal protective equipment and written procedures for summoning immediate help <p>b) Provide opportunities for regular practice of learned skills.</p> <p>c) Educate and train staff on personal safety measures including safe positioning in room for easy access / departure.</p> <p>d) Educate and train staff on Code White (including the role of security) and other relevant emergency procedures (e.g. lock down), and implement regular mock Code Drills.</p> <p>e) Implement protective barriers such as dementia wings for at-risk workers to separate dangerous residents from other residents and the public.</p> <p>f) Implement a personal alarm system.</p> <p>g) Consider fixed or personal safety alarms with secondary notification features such as audible alarms that also initiate flashing light on outside of resident's room.</p> <p>h) Implement a check-in / check-out as well as buddy system for co-worker safety awareness.</p>	

2.3 Working with objects of value (cash, drugs, syringes/needles, expensive equipment, potential weapons)

<p>Examples:</p> <ul style="list-style-type: none"> ▪ Risk of crime and increasingly violent crime wherever valuables are or seem to be within "easy reach" ▪ Handling objects of 	<ul style="list-style-type: none"> <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> N/A 	<p>1. Design for safety</p>	<p>a) Deter theft by impeding identification, access and removal of valuables – e.g., ensuring they are not within 'easy reach'.</p> <p>b) Use engineering controls to prevent theft and protect staff – e.g., locked doors without windows; glass barriers; counters; and pneumatic conveyors.</p> <ul style="list-style-type: none"> ▪ Ensure staff have exit / escape routes and aware of their locations. 	
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Hazard	Degree of Risk	Controls	Potential Solutions	Comments
<p>value, especially in an area open to the public</p> <ul style="list-style-type: none"> ▪ Transporting objects of value, especially to remote or isolated locations ▪ Intervening in a situation to prevent theft or loss ▪ Patrolling alone or at night, especially in remote or isolated locations 		<p>2. Management of area</p>	<p>a) Implement practices for safe handling cash:</p> <ul style="list-style-type: none"> ▪ Limit amounts of cash on hand ▪ Ensure deposits are made according to a random schedule and staff is accompanied by co-workers or security / an armoured car <p>b) Develop and implement security measures for medication procurement, preparation, storage, distribution and control.</p> <p>c) Develop and implement organizational policy on resident personal property and valuables:</p> <ul style="list-style-type: none"> ▪ Inform residents, visitors and staff that they are not to bring or keep valuables at the facility, and that the organization will not assume responsibility for such valuables ▪ For valuables that must remain on-site, place them in a locked cabinet with items properly identified 	
		<p>3. Security / safety measures and devices</p>	<p>a) Implement a risk-appropriate personal safety response system (PSRS) in case of emergency.</p> <p>b) Ensure staff are reporting all suspicious persons and activities.</p> <p>c) Educate and train staff on Code White and other relevant emergency procedures (e.g. lock down), and implement regular mock Code Drills.</p> <p>d) Ensure that cash-handling areas are monitored by appropriate security personnel or other surveillance mechanisms.</p> <p>e) Encourage staff to access security personnel or implement buddy system protocol when they believe they are at risk</p>	
<p>2.4 Working alone / in isolated locations / individual office areas</p>				
<p>Examples:</p> <ul style="list-style-type: none"> ▪ Staff working in isolated areas within the facility ▪ Staff working alone 	<p><input type="checkbox"/> High</p> <p><input type="checkbox"/> Moderate</p> <p><input type="checkbox"/> Low</p> <p><input type="checkbox"/> Very low</p> <p><input type="checkbox"/> N/A</p>	<p>1. Management of area for safety</p>	<p>a) Develop and implement policies and procedures on working-alone safety:</p> <ul style="list-style-type: none"> ▪ Educate and train staff on working-alone safety procedures and provide opportunities for regular practice 	

Hazard	Degree of Risk	Controls	Potential Solutions	Comments
<ul style="list-style-type: none"> without close proximity to other staff ▪ Staff working with residents alone ▪ Lack of security system ▪ History of unauthorized persons found in unauthorized / remote locations 		<p>2. Security / safety measures and devices</p>	<ul style="list-style-type: none"> ▪ Conduct regular reviews of policy and procedure ▪ Ensure sufficient lighting and visibility in staff work areas <p>a) Educate and train staff on:</p> <ul style="list-style-type: none"> ▪ Resident-centred care ▪ Recognizing and documenting triggers that escalate behaviours ▪ De-escalation and other safety measures to protect residents and staff <p>b) Provide opportunities for regular practice of learned skills.</p> <p>c) Ensure staff in high-risk areas are equipped with personal safety training including but not limited to behaviour management, holds, and releases based on circumstance.</p> <p>d) Implement regular security patrols or camera surveillance.</p> <p>e) Implement a check-in / check-out system that is tested and documented regularly.</p> <p>f) Implement a buddy system.</p>	
		<p>3. Emergency response measures</p>	<p>a) Implement an Emergency Code / communication system – e.g., an internal emergency number linked to 24-hour reception; alerts linked to staffs’ personal phones; or a departmental code that can be announced over the PA system.</p> <p>b) Educate and train staff on Code White and other relevant emergency procedures (e.g. lock down), and implement regular mock Codes Drills.</p> <p>c) Encourage the use of security (trained security guard or personnel) back-up and escorts.</p> <p>d) Implement a personal alarm system that provides an audible alarm to scare off an attacker and notify staff in surrounding areas.</p> <p>e) Implement a panic-button alarm system that summons aid to a specific location such as activation room and reception desk.</p> <p>f) Implement a personal alarm system that tracks employee location within the unit/building; which includes but not</p>	

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				limited to mandatory use for staff working alone in remote areas of the facility, or with high-risk residents in closed rooms.
2.5 Working in areas separate from security-monitored facilities – e.g. field trip and day outings with residents in community				
	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> N/A	<p>1. Community violence risk assessment & safety plan</p> <hr/> <p>2. Security / safety measures and devices</p>	<p>a) Complete a day outing itinerary plan to include:</p> <ul style="list-style-type: none"> ▪ Route ▪ Stops ▪ Estimated return time ▪ Contact numbers ▪ Names of employees, driver and residents ▪ Leave a copy for reference to a designated person at the nursing home <p>b) Implement safety plans based on risk assessment results – e.g. check-in / check-out procedures. Conduct regular reassessment of safety plans.</p> <hr/> <p>a) Equip staff with knowledge and skills for safe working in the community:</p> <ul style="list-style-type: none"> ▪ Educate and train staff on safe travel and work in the community, covering topics such as: <ul style="list-style-type: none"> ○ Planning travel ○ Travelling by public transit ○ Walking in the community ○ Travelling by car ○ Behaviours, triggers and safety measures and procedures for violence ○ Recent threats of violence ○ Pets / animals safety ▪ Educate and train staff on: <ul style="list-style-type: none"> ○ Resident-centred care ○ Recognizing triggers that escalate behaviours ○ De-escalation and communications techniques ▪ Provide opportunities for regular practice of learned skills ▪ Educate and train staff on how to handle personal threats in the community, providing tips on: <ul style="list-style-type: none"> ○ Personal attacks ○ Dangerous Weapons 	

Hazard	Degree of Risk	Controls	Potential Solutions	Comments
		3. Emergency response measures	<p>b) Implement a process for employee tracking in the event staff don't arrive / call-in.</p> <p>c) Ensure there is adequate staff to allow working in pairs when high risk-residents as needed.</p> <p>d) Establish protocol for contacting police as needed.</p> <p>a) Provide staff with personal safety training including but not limited to behaviour management, holds, and releases based on circumstance and opportunities for regular practice.</p> <p>b) Implement a mechanism for staff to summon immediate response in case of emergency:</p> <ul style="list-style-type: none"> ▪ Use a smartphone or similar device equipped with global positioning system (GPS) capabilities. Enable GPS when the employee is working, and ensure the device is on and with the employee for every visit ▪ If device is a smart phone consider an app that provides a loud audible alarm and automatically notifies a number of emergency contacts when activated (e.g. which is a free app activated by a large red button which initiates a loud sound while sending an SOS message to two previously-selected contacts) ▪ Investigate availability of personal safety response system or smartphone apps that alerts appropriate personnel if worker is injured or unconscious (e.g., man-down system). ▪ Implement a procedure where staff call in to central office when arrive at destination. Central office immediately contacts employee who fail to call within 15 minutes of arrival time. If employee does not respond, central office contacts emergency services and provides most routine and outing location 	
2.6 Emergency response and security system				
Examples: <ul style="list-style-type: none"> • Inadequate security system • Inadequate alarm 	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> N/A	1. Security program	<p>a) Adopt a continuous quality improvement (CQI) approach to systematically implement actions in order to address gaps.</p> <p>b) Implement a program to integrate the security functions and roles into interdisciplinary care teams working with responsive behaviours.</p>	

Hazard	Degree of Risk	Controls	Potential Solutions	Comments
<p>system</p> <ul style="list-style-type: none"> • Lack of adherence to security protocols • Lack of effective code-white responses • Frontline staff are responding to violent situations • Lack of understanding of emergency response measures • Ineffective emergency response measures 		<p>2. Security / safety measures & devices</p>	<ul style="list-style-type: none"> a) Conduct a thorough assessment of needs for personal safety response systems based on workplace risks. b) Implement a preventive maintenance mechanism to regularly inspect and maintain alarm systems and security equipment. c) Educate all staff on resident-centred care and the Gentle Persuasive Approach (GPA). d) Ensure all staff are aware of: <ul style="list-style-type: none"> ▪ Code White procedures ▪ Designated safe areas ▪ Use and location of alarms, cameras and panic buttons e) Ensure all staff are able to identify escalating behaviour and use effective communication skills to de-escalate behaviours. f) Ensure staff responding to Code White receive training and practice opportunities on the following: <ul style="list-style-type: none"> ▪ De-escalation and communication techniques ▪ Non-violent holds and approaches ▪ Conflict resolution ▪ Dealing with pressure / harassment / bullying ▪ Use of personal protective equipment ▪ Infection prevention and control g) Implement two-way communication devices for Code White responders 	

2.7 Employees or others performing security or emergency response functions

<p>Examples:</p> <ul style="list-style-type: none"> ▪ Untrained staff are responding to violent situations ▪ Lack of understanding of emergency response measures ▪ Ineffective emergency response measures 	<ul style="list-style-type: none"> <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> N/A 	<p>1. Staff response effectively / safety to emergencies</p>	<ul style="list-style-type: none"> a) If security guards are used, ensure they are licensed and have training that includes: <ul style="list-style-type: none"> ▪ De-escalation and communication techniques ▪ Appropriate use of force ▪ Conflict resolution ▪ Dealing with pressure / bullying ▪ Use of personal protective equipment b) Orient staff and other responder with organizational procedures around de-escalation of violence. 	
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Hazard	Degree of Risk	Controls	Potential Solutions	Comments
		2. Timely and effective response to Code White and other Emergency protocols 3. Staff response effectively / safely to emergencies	c) Implement emergency communication for responders a) Implement a system to evaluate emergency response — e.g., timeliness, outcome, adequate staff b) Provide specialized regular education / training / resources for staff - e.g., protective positions and managing physical aggression. c) Implement post-violent/aggressive event follow-up including: <ul style="list-style-type: none"> ▪ Immediate post-incident debrief for those affected in the workplace ▪ Emotional/psychological support for staff involved such as critical incident stress management, and the employee assistance program ▪ Investigate all incidents and implement preventive controls — e.g. complete root-cause analysis Reassess risk and provide a copy of the risk assessment to the JHSC. a) If security guards are used, ensure they are licensed and have training that includes: <ul style="list-style-type: none"> ▪ De-escalation and communications techniques ▪ Appropriate use of force ▪ Conflict resolution ▪ Dealing with pressure / bullying ▪ Use of personal protective equipment b) Orient staff and other responder with organizational procedures around de-escalation of violence. <ul style="list-style-type: none"> ▪ Implement emergency communication for responders. 	
2.8 Workplace harassment / bullying				
Examples: <ul style="list-style-type: none"> ▪ Absence of a workplace harassment (including sexual harassment) policy ▪ Absence of protocol to 	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> N/A	1. Workplace harassment / bullying policies	a) Implement and communicate workplace harassment / bullying policies, and review them annually. They should cover: <ul style="list-style-type: none"> ▪ Organizational commitment ▪ Clear definitions, roles and responsibilities ▪ Reporting processes 	

Hazard	Degree of Risk	Controls	Potential Solutions	Comments
<p>assess risks of workplace harassment/ bullying</p> <ul style="list-style-type: none"> ▪ Absence of a code-of-conduct policy ▪ Lack of mechanisms to report workplace harassment / reporting not encouraged ▪ Reports of repeated verbal and / or physical aggression from coworkers ▪ Grievances ▪ Complaints of harassment and discrimination ▪ Poor morale ▪ High absenteeism / sickness rates ▪ High staff turn-over 		<p>2. Conduct a harassment / bullying risk assessment</p> <hr/> <p>3. Staff education / training related to harassment / bullying</p>	<ul style="list-style-type: none"> ▪ Investigation procedures ▪ Code of conduct ▪ Employee complaint resolution procedure <p>a) Conduct a corporate workplace violence and harassment survey of staff.</p> <p>b) Implement a unit assessment tool for harassment and bullying for psychosocial hazards, which include bullying, harassment, and many other offensive behaviours.</p> <p>c) Implement a process to complete annual unit assessments of workplace harassment / bullying.</p> <p>d) Maintain accurate and complete records of absences, sick leaves, and turnover. Monitor scheduling changes and attendance patterns for signs of potential difficulties (e.g. staff cancelling or refusing shifts related to bullying/ harassment).</p> <p>a) Implement a process to provide bullying / harassment-related support and resources to staff one year after program implementation.</p> <p>b) Implement an awareness-training program on workplace harassment/bullying and its consequences.</p> <p>c) Educate and train staff on reporting processes and what to do if they have been / are being bullied / harassed.</p> <p>d) Educate perpetrators – e.g., anger management.</p> <p>e) Ensure managers are provided with education / training on how to respond to / eliminate harassment / bullying.</p> <p>f) Develop a process for providing physician training and accountability on harassment / bullying.</p>	
2.9 Domestic violence				
<p>Examples:</p> <ul style="list-style-type: none"> ▪ Domestic violence is seen as personal and not a workplace issue ▪ Victims of domestic 	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> N/A	<p>1. Awareness</p>	<p>a) Display public education materials and resources in accessible areas such as lunch rooms, washrooms and on the company website.</p> <p>b) Provide domestic-violence awareness-training to all staff.</p> <p>c) Educate and train staff on signs of domestic violence and</p>	

Hazard	Degree of Risk	Controls	Potential Solutions	Comments
<p>violence do not feel supported by their workplace / managers / supervisors</p> <ul style="list-style-type: none"> ▪ Supervisors are unaware of the steps to take once they become aware of domestic violence ▪ There is no program for domestic violence 			<p>supports / resources available for victims</p> <p>d) Ensure managers know the signs of domestic violence and take reasonable precautions to protect workers who may be at risk</p>	
		<p>2. Domestic violence program</p>	<p>a) Develop a policy and program for dealing with a perpetrator potentially or actually entering into the workplace.</p> <p>b) Develop a security plan for the workplace – e.g., notifying and / or removing targeted staff, locking of doors, installing panic buttons / alarms, accommodation, after – hours entrances, etc.</p> <p>c) Ensure there is an education program for staff regarding work / family issues.</p> <p>d) Implement a reporting procedure for domestic violence and ensure confidentiality is maintained.</p> <p>e) Ensure employees understand reporting obligations of abuse and any other information that may be useful in preventing future workplace violence.</p> <p>f) Provide resources / brochures / hotline and EAP assistance numbers to all staff.</p> <p>g) Develop a process or tool – e.g., a hotline – for reporting witnessed or experienced threats.</p>	
		<p>3. Security / safety measures and response</p>	<p>a) Implement a safety plan for victims that includes safety / security measures such as:</p> <ul style="list-style-type: none"> ▪ Personal escort to vehicle ▪ Providing a physical description or photograph of abuser to security / reception staff <p>b) Accommodate staff scheduling and work re- assignments / transfers in situations involving domestic / workplace violence.</p> <p>c) Conduct a reassessment of parking lots when risk of domestic violence is identified.</p> <p>d) Implement security measures including screening of calls, and using code words or phrases to indicate an escalating situation.</p>	

3.0 Direct care of residents

Completed by _____

Signature: _____

Date: _____

Hazard	Degree of Risk	Controls	Potential Solutions	Comments
3.1 Resident risk assessment & communication				
<p>Examples:</p> <ul style="list-style-type: none"> ▪ Unit has significant resident populations of the following: <ul style="list-style-type: none"> ○ Residents with cognitive disorder, acquired brain injury, dual diagnosis, mental and psychological conditions and / or addictions ○ Residents with medical conditions that may predispose / trigger responsive behaviours such as acute disease, pain, impaired mobility and ADL function, impaired sleep, delirium, and post- surgery) ○ Residents during period of transition (e.g., new admission, 	<ul style="list-style-type: none"> <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> N/A 	<p>1. Resident assessment</p> <hr/> <p>2. Care planning</p> <hr/> <p>3. Environmental control</p>	<p>a) Ensure that the admission history includes observed behaviours and information about the context in which they are presented. This may include but not be limited to</p> <ul style="list-style-type: none"> ▪ History, diagnosis, medications ▪ Symptom patterns (agitation, excitement, hostility frequency / intensity of behaviours) ▪ Demographic characteristics ▪ Triggers for responsive behaviours ▪ Factors / interventions that decrease the risk of responsive behaviours. <p>b) Implement a process to assess all residents for violence / aggression immediately upon entering the facility.</p> <p>c) Implement a resident assessment process – e.g., using an aggression rating scale – to identify aggressive behaviours</p> <hr/> <p>a) Develop a careplan for residents</p> <p>b) Implement a process to ensure staff design flexible, resident-centred care plans designed to meet resident needs and protects staff.</p> <p>c) Ensure there is a process to:</p> <ul style="list-style-type: none"> ▪ Document all observed behaviours, and triggers ▪ Communicate risks and safety measures and procedures this to all relevant staff ▪ Alert security personnel <p>d) Ensure resident-care planning takes into account known responsive behaviours, calming techniques, early warning signs, mobility levels, handling aids, presence of infectious diseases, social situations.</p> <p>e) Develop safety plans for residents, families and staff</p> <hr/> <p>a) Implement a unit environmental audit tool to assess environmental hazards related to violence. The audit should include assessment of:</p>	

Hazard	Degree of Risk	Controls	Potential Solutions	Comments
<ul style="list-style-type: none"> unit transfer, level-of-care transfer) o Residents with complex bio-psycho-social presentation ▪ Families with a heavy caregiver burden ▪ Families who have experienced violence and aggression ▪ Lack of a resident assessment protocol to identify risk for workplace violence ▪ Lack of mechanisms to communicate resident risks among care team members ▪ Environment not conducive to staff safety caring for residents at risk for workplace violence 			<ul style="list-style-type: none"> ▪ All rooms to ensure furniture is arranged to prevent entrapment of staff ▪ Unit furniture to ensure it is lightweight and without sharp corners ▪ All rooms to ensure they are free from clutter, weapons, and items that may potentially be used to injure others b) Assess counselling / interview / triage areas to ensure there is a secondary exit in case the main door is blocked by a resident. 	

3.2 Resident care strategies

<p>Examples:</p> <ul style="list-style-type: none"> ▪ Inappropriate resident care practices for residents at risk of or demonstrating aggressive / responsive behaviours 	<ul style="list-style-type: none"> <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> N/A 	<p>1. Resident care strategies</p>	<ul style="list-style-type: none"> a) Implement appropriate resident-centred care – e.g.: <ul style="list-style-type: none"> ▪ Dementia residents – PIECES, Gentle Persuasive Approach ▪ Mental health residents – Collaborative Recovery Model, Therapeutic Alliance, ▪ Safewards conflict and containment model of care. b) Perform risk assessment to ensure staffing skill set and competencies aligns with unit fluctuations in workload / high- risk residents. c) Ensure residents are appropriately aligned with services and activities / programs within services. d) Implement a transition of care and transition-support 	
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Hazard	Degree of Risk	Controls	Potential Solutions	Comments
			<p>process to ensure risk are communicated to staff and that residents and their families are:</p> <ul style="list-style-type: none"> ▪ Oriented within the unit ▪ Familiar with assigned clinicians and provided information (unit pamphlet, Bill of Resident Rights, code of conduct, workplace violence prevention program brochure, and zero tolerance signage etc.) to assist with transition <p>e) Investigate staff break times to ensure appropriate staffing skill set and competencies are maintained during resident meal-times when resident needs are high.</p> <p>f) Develop communication strategies to support families and link them to external resources as required.</p>	
		<p>2. Least Restraint practice</p>	<p>a) Implement alternative care strategies such as de-escalation to enhance comfort, safety and well-being before considering restraint.</p> <p>b) Develop and implement a Least Restraint policy, including a process for safe application of seclusion and restraint measures as a last resort.</p> <p>c) Ensure policy includes worker safety measures (e.g., checking flagging system, calling for security backup) and use of appropriate PPE (e.g., Kevlar gloves, spit shield, etc.)</p> <p>d) Consider use of trained security staff to assist with restraint practices as needed.</p> <p>e) Prior to the implementation of the Least Restraint policy, conduct a unit assessment to address caregiver, staffing skill set and competencies and resident issues.</p> <p>f) Develop and implement a process to conduct a thorough analysis of all events related to restraint use – e.g.:</p> <ul style="list-style-type: none"> ▪ Identifying antecedent factors that led to restraint use ▪ Applying this information to care-planning and risk-reduction strategies <p>g) Implement a documented process, investigative tool, and communication process to inform staff / residents / family of investigative findings.</p> <p>h) Educate and train staff and provide practice opportunities around:</p> <ul style="list-style-type: none"> • Containing aggressive behaviours before application of restraints • Appropriate application of restraints • Different levels of physical interventions 	

Hazard	Degree of Risk	Controls	Potential Solutions	Comments
			i) Ensure restraint equipment and supplies are available and replenished on a regular basis as per written organizational policy and procedure.	
3.3 Staffing / staff support				
<p>Examples:</p> <ul style="list-style-type: none"> ▪ Inappropriate staffing skill set and competencies ▪ Staff not equipped with knowledge and skills to care for aggressive / responsive residents 	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> N/A	<p>1. Staffing</p> <hr/> <p>2. Staff training and education</p> <hr/> <p>3. Staff support</p>	<p>a) Ensure staffing, including security personnel, levels appropriate to the risk level of predominant resident populations, taking into account:</p> <ul style="list-style-type: none"> ▪ Surge protocol ▪ Staff skill set and competencies and experience level <p>b) Implement a process for reviewing staffing skill set and competencies / staff assignments on an ongoing basis, and adjust as needed.</p> <p>c) Develop a process to ensure staff caring for high- risk residents have been appropriately trained / equipped to provide safe care. E.g., ability to identify escalating behaviour cues, de-escalation skills, and physical defensive options etc.</p> <p>d) Implement a buddy system for staff caring for high-risk residents.</p> <hr/> <p>a) Implement training that enables staff to identify situations where residents may exhibit responsive behaviours.</p> <p>b) Train staff on recognizing aggressive behaviours and appropriate communication and care strategies.</p> <p>c) Implement education / training on specialized resident care curricula for dementia, mental health, and resident-centred care strategies.</p> <p>d) Implement training on personal safety including but not limited to behaviour management, holds, and releases based on circumstances, including but not limited to holds and releases etc.</p> <p>e) Provide training in team settings, and ensure regular opportunities for practice</p> <hr/> <p>a) Develop and implement a two-stage debriefing process post violent / aggressive event:</p> <ul style="list-style-type: none"> ▪ Immediate post-incident – caregivers and resident ▪ Investigative – formal problem / root-cause analysis which includes asking staff about factors that could have prevented the assault <p>b) Implement regular unit staff meetings, ensuring that safety is a standard agenda item, and that minutes are made</p>	

Hazard	Degree of Risk	Controls	Potential Solutions	Comments
<p style="text-align: right;">available to all staff. c) Encourage staff self- reflection on their own behaviours and responses</p>				
3.4 Security / safety measures				
<p>Examples:</p> <ul style="list-style-type: none"> ▪ Insufficient security measures for management of resident population at risk for workplace violence 	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> N/A	<p>1. Security / safety measures and devices</p> <hr/> <p>2. Emergency response measures</p>	<p>a) Perform risk assessment to determine the need for a security presence in high risk units or when high risk residents are on the units.</p> <p>b) Implement a program that:</p> <ul style="list-style-type: none"> ▪ Integrates security plan into interdisciplinary care teams working with residents ▪ Assigns clear security roles and responsibilities ▪ Ensures security personnel have appropriate level of training to intervene when necessary to protect staff and residents includes a process to audit the program for effectiveness <hr/> <p>a) Ensure staff are trained in all emergency-response mechanisms.</p> <p>b) Implement regular drills in areas such as Code White, use of alarms / panic buttons, etc.</p> <p>c) Ensure all team members know their roles and responsibilities in emergency response to workplace violence</p>	