# Point-of-care Staff Work Practice Assessment

Caregivers can avert client aggression/violence by means of their approach to care. Persons with cognitive impairment, dementia, physiological and psychiatric illness may not be able to communicate their needs verbally. It is imperative that caregivers constantly assess the client’s needs and ensure that the care they provide is person-centred. All clients should be treated with dignity and respect, and should not be victimized as perpetrators of violent acts. If we strive to meet their needs and communicate appropriately, we can avert episodes of aggressive behaviours.

This tool will assist caregivers to reflect on caregiving safety measures and person-centred care strategies.

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| CONSIDERATIONS | YES/NO |
| Are the client’s wishes and needs considered when establishing a client care plan? | Yes  No |
| Does the client history include the likelihood of a client exhibiting violent, aggressive or responsive behaviour? | Yes  No |
| Is there is a process to communicate the risk of violence e.g. flagging client charts who are assessed at-risk for violent, aggressive or responsive behaviour? Are such factors as personality, medications, type or degree of illness and history considered? | Yes  No |
| Is client confidentiality balanced with employee safety? | Yes  No |
| Does the organization support a flexible care plan designed to meet the needs of your clients? | Yes  No |
| Are there certain client care activities that must be performed at a specific time of day? | Yes  No |
| Is a standard assessment conducted on clients to determine the likelihood and triggers of violent, aggressive, or responsive behaviour? | Yes  No |
| Is staff safety considered when designing a client care plan? | Yes  No |
| Do you explain to a client what you are going to do and how you are going to do it each time you engage in a client care activity? | Yes  No |
| Is the client kept informed about treatment, procedures and care planning? | Yes  No |
| Are the client’s privacy and dignity respected during care activities? | Yes  No |
| When client assignments are being completed by one person working in isolation, can the job be done more safely with two people working together? | Yes  No |
| Are clients’ scheduled appointments kept promptly? | Yes  No |
| Are staff educated in recognizing escalating behaviour and patterns of violence? | Yes  No |
| Are staff educated in effective communication techniques? | Yes  No |
| Do staff know how to respond when confronted by a violent or aggressive client or family member(s)? | Yes  No |
| Do staff know how to access help quickly? | Yes  No |
| Is there is an effective emergency response mechanism that staff can readily access to summon immediate help in an emergency situation (i.e., use of cell phone; immediate exit)? | Yes  No |
| Can staff review a client’s profile before meeting with that client? | Yes  No |
| Are regular case management meetings held with all staff who are directly or indirectly involved in the care of potentially violent clients? | Yes  No |
| Are ways to deal with violent or aggressive clients discussed and client care plans updated to indicate factors that trigger violence and suggest controls? | Yes  No |
| Are staff who are more experienced or staff who have a demonstrated ability to handle potentially violent situations assigned to high-risk areas or to high-risk clients? | Yes  No |
| Before approaching a client, do you make sure that the lighting is adequate? | Yes  No |
| Are a comfortable temperature and low noise levels are maintained? | Yes  No |
| If clients resist or become hostile during care, is the care stopped immediately? | Yes  No |
| If you feel threatened in any way during client care, is there a process to request the presence of another staff member? | Yes  No |