

Individual Client Risk Assessment (ICRA) Toolkit

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CCSA has adapted these violence and aggression prevention tools and resources and we acknowledge the hard work the PSHSA has done in the development and sharing of these valuable resources for our members in the Alberta Continuing Care Industry. Accessing the PSHSA violence prevention materials for use in the Province of Alberta is with the agreement that the terms and conditions will be met under the license agreement between PSHSA and the CCSA.

These documents and resources may have references to the Ontario context and legislative requirements specific to the Province of Ontario. Though the CCSA has adapted these for use in Alberta, users of these resources are still advised to reference the Alberta OHS legislation.

Introduction

About CCSA

The CCSA or Continuing Care Safety Association is a unique organization that provides industry-specific health and safety training to the Alberta continuing care sector. Taking an unbiased approach, we are able to give the industry and the public facts, data and safety alerts regarding employee health and safety. By assisting members in implementing health and safety training programs, we aim to lower incidences of workplace injury.

In recent years, the health care sector has witnessed an increase in the occurrence of violence and aggressive acts towards staff. In fact, over the last 5 years, “assaults/violent acts/harassment” remains one of the top 5 types of injuries reported to WCB in both long-term care and senior supportive living industries (WCB Industry Reports). We aim to reduce the violence injury rates in continuing care and senior supportive living industries by providing targeted resources to promote the adoption of effective violence prevention initiatives; prevent incidents or injuries caused by violence and acts of aggression and build a more robust culture of safety. The CCSA also aims to guide our members in building their organization’s Violence and Harassment Prevention Program through focused consultations and collaboration.

Individual Client Risk Assessment (ICRA) Toolkit

About PSHSA

Public Services Health & Safety Association (PSHSA) provides occupational health and safety training and consulting services to various Ontario public sectors. These include healthcare, education, municipalities, public safety, and First Nations communities.

As a funded partner of the Ministry of Labour (MOL), we work to prevent and reduce workplace injuries and occupational diseases by helping organizations adopt best practices and meet legislative requirements. To create safer workplaces, employers and employees must work together to identify potential hazards and eliminate or control risks before injuries and illnesses occur.

Workplace Violence in Healthcare

Violence in the workplace is a complex issue. It's also one of the top health and safety concerns facing Ontario's healthcare sector today. Research shows that workplace violence is three times more likely to occur among healthcare workers than any other occupation, including police officers and prison guards (International Council of Nurses, 2001; Kingma, 2001).

Each year, Ontario's Workplace Safety & Insurance Board (WSIB) allows more than 600 violence-related claims involving healthcare workers. While this number is alarming, many more cases go unreported (Findorff, Wall, & Gerberick, 2005). Healthcare staff work hard to keep others healthy and safe, yet their work can put them at risk and leave them with debilitating physical and psychological trauma.

Legislative changes in Ontario have broadened our awareness of workplace violence and have strengthened our understanding that it cannot be considered part of the job. Under the law, employees have the right to a workplace that is safe and free of violence. Employers must ensure that risks are identified and that every reasonable precaution in the circumstances is taken to protect workers from harm.

Individual Client Risk Assessment (ICRA) Toolkit

The Five PSHSA Toolkits

PSHSA has created five toolkits to help healthcare organizations protect staff from workplace violence and meet legal responsibilities for ensuring healthy and safe workplaces. The toolkits are:

1. Workplace Violence Risk Assessment (WPVRA)
2. Individual Client Risk Assessment (ICRA)
3. Flagging
4. Security
5. Personal Safety Response System (PSRS)

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Individual Client Risk Assessment (ICRA) Toolkit

About the ICRA Toolkit

This toolkit addresses Individual Client Risk Assessment (ICRA).

The ICRA toolkit has been developed to help identify behaviours and triggers associated with increased risk of violence so prevention measures for staff and the client may be taken. The toolkit contains:

1. A Violence Assessment Tool to be completed by healthcare providers or managers / supervisors which includes risk indicators, a risk rating scale and a list of potential triggers
2. A list of suggested control interventions
3. A sample policy. The Sample Policy Includes
 - Purpose — what the ICRA is
 - Definitions — a glossary of key terms
 - Roles and responsibilities — who implements it
 - Procedures — how it's implemented
 - Communication / training — employee awareness, training, education and applied learning
 - Evaluation and continual improvement



All clients, at first contact, must undergo an Individual Client Risk Assessment.

Please note that this assessment:

- **must be part of a complete risk assessment system that includes policy / procedures, training, communication and evaluation — please see the [Sample Policy in Appendix B](#) for details.**
- **may be easily integrated into new or existing violence prevention protocols.**
- **should be used in conjunction with a flagging and care planning system when a history of violent behaviour or increased risk of violence is identified.**

Summary of the Violence Assessment Tool (VAT)

What

The Violence Assessment Tool provides a snapshot of a client's immediate risk of violence. With this insight, your healthcare team can efficiently assess the risk, apply control interventions if needed, and improve worker safety while helping to increase quality of care. The VAT can also help identify and streamline referrals to internal / external supports for further assessment, care planning solutions and resources for older adults with cognitive impairments presenting with at-risk behaviours.

Following extensive stakeholder consultation, the VAT was adapted from the Broset Violence Checklist and the Dynamic Appraisal of Situational Aggression instrument for use in multiple care settings such as Mental Health/Addiction.

The VAT contains three sections:

1. Risk Indicators
 - History of Violence
2. Behaviours observed
3. Overall risk rating
4. Triggers / Contributing factors

Why

Under the law, employees have the right to be told about risks of harm and how to work safely. Employers and supervisors must ensure that risks are identified and “shall ensure, as far as it is reasonably practicable for the employer to do so, the health, safety and welfare of workers engaged in the work of that employer,” [OHS Act 3(1)(a)].

Where

The VAT is for use in acute care, long-term care, community care, and emergency services.

When

The VAT should be completed at first contact with the client, and according to your organization's policies and procedures (e.g., at triage in acute care and once every shift thereafter; in long-term care it might be used during pre-screening, admission, healthcare team meetings and between prescribed Ministry documentation such as RAI-MDS -*Resident Assessment Instrument- Minimum Data Set; at the start of each community care visit*). Depending on the client's individual circumstances, further assessment may be required, particularly when history of violence is known or violent, aggressive, or responsive behaviour is observed.

How

In Section A, read the list of behaviours. Score 1 for a history of violence and 1 for each behaviour observed. Add the scores — the maximum is 12. Next, consult the Risk Rating Scale in Section B to determine whether the client’s risk level is low, moderate, high, or very high. Each level provides cues for further action to consider. If moderate, high or very high risk is determined, complete Section C to identify factors that may trigger or escalate violent, aggressive, or responsive behaviour. It can be helpful to involve the client and / or substitute decision maker identify triggers and prevention / safety measures and procedures.

Use the information collected and the intervention resources listed below to develop a violence prevention care plan and safety measures that will also protect workers.

Intervention Resources:

- [Appendix A – Sample interventions](#) (See Page 13)
- [Appendix B – Sample organizational policy](#) (See Page 17)

Long Term Care Violence Assessment Tool (VAT)

This form is to be completed by clinical healthcare worker or manager/supervisor.

Resident's Name: _____

Identification #: _____

Right click on the box above, select "insert image" to insert your logo

Initial Assessment

Reassessment

Section A: Risk Indicators

Read the list of behaviours below and identify behaviours that will require specific care interventions. A score of 1 is applied for past occurrence of any of the History of Violence behaviours; and additional scores of 1 are applied for each observed behavior. Add the scores — **the maximum is 12.**

HISTORY OF VIOLENCE:	SCORE
Score 1 for past occurrence of any of the following:	
<ul style="list-style-type: none"> ▪ Exercising physical force, in any setting, towards any person including a caregiver that caused or could have caused injury ▪ Attempting to exercise physical force, in any setting, towards any person including a caregiver that could cause injury ▪ Statement or behaviours that could reasonably be interpreted as threatening to exercise physical force, in any setting, against any person including a caregiver that could cause injury 	
OBSERVED BEHAVIORS:	SCORE
Score 1 for each of the observed behaviour categories below.	
Confused (Disoriented – e.g., unaware of time, place, or person)	
Irritable (Easily annoyed or angered; Unable to tolerate the presence of others; Unwilling to follow instructions)	
Boisterous (Overtly loud or noisy – e.g., slamming doors, shouting etc.)	
Verbal Threats (Raises voice in an intimidating or threatening way; Shouts angrily, insulting others or swearing; Makes aggressive sounds)	
Physical Threats (Raises arms / legs in an aggressive or agitated way; Makes a fist; Takes an aggressive stance; Moves / lunges forcefully towards others)	
Attacking Objects (Throws objects; Bangs or breaks windows; Kicks object; Smashes furniture)	
Agitate/Impulsive (Unable to remain composed; Quick to overreact to real and imagined disappointments; Troubled, nervous, restless or upset; Spontaneous, hasty, or emotional)	
Paranoid / suspicious (Unreasonably or obsessively anxious; Overly suspicious or mistrustful – e.g., belief of being spied on or someone conspiring to hurt them)	
Substance intoxication / withdrawal (Intoxicated or in withdrawal from alcohol or drugs)	
Socially inappropriate / disruptive behaviour (Makes disruptive noises; Screams; Engages in self-abusive acts, sexual behaviour or inappropriate behaviour – e.g., hoarding, smearing feces / food, etc.)	
Body Language (Torso shield – arms / objects acting as a barrier; Puffed up chest – territorial dominance; Deep breathing / panting; Arm dominance – arms spread, behind head, on hips; Eyes – pupil dilation / constriction, rapid blinking, gazing; Lips – compression, sneering, blushing / blanching)	
TOTAL SCORE	
Resident's Risk Rating: <input type="checkbox"/> Low (0) <input type="checkbox"/> Moderate (1-3) <input type="checkbox"/> High (4-5) <input type="checkbox"/> Very High (6+)	

Completed By (Name/ Designation) _____ Date: _____

Section B: Overall Risk Rating

Apply the total behaviour score to the Risk Rating Scale to determine whether the resident’s risk level is low, moderate, high or very high. Each level provides cues for further action to consider. If moderate or high / very high risk is determined, complete Section C to identify factors that may trigger or escalate violent, aggressive, or responsive behaviour and ensure the care plan includes measures to avoid or reduce risk behaviours identified.

Overall Score	Actions to take
Low Score of 0	<ul style="list-style-type: none"> ▪ Continue to monitor and remain alert for any potential increase in risk ▪ Communicate any change in behaviours, that may put others at risk, to the unit manager / supervisor ▪ Ensure communication devices / processes are in place (e.g. Phone, personal safety alarm, check-in protocol and / or global positioning tracking system)
Moderate Score of 1-3	<ul style="list-style-type: none"> ▪ Apply flag alert ▪ Promptly notify shift supervisor so they can inform relevant staff and coordinate appropriate resident placement, unit staffing, and workflow ▪ Alert back-up staff / security / or police and request assistance, when needed ▪ Scan environment for potential risks and remove if possible ▪ Ensure section c is completed and initiate the violence prevention care planning process – care plan should address known triggers, behaviours and include safety measures appropriate for the situation for both residents and workers ▪ Use effective therapeutic communication (e.g. Maintain a calm, reassuring demeanor, remain non-judgmental and empathetic, and provide person-centered care ▪ Be prepared to be prepared to apply behaviour management and self-protection teachings according to organizational policy/ procedures that are appropriate for the situation – training programs provided may include GPA, Montessori, SMG, P.I.E.C.E.S, U-First, Stay Safe MORB training, self-defense ▪ Collaborate with Behavioural Support Ontario (BSO) trained staff / psychogeriatric resource consultant as required ▪ Ensure communication devices / processes are in place (e.g., phone, personal safety alarm, check-in protocol and / or global positioning tracking system) ▪ Communicate any change in behaviours, that may put others at risk, to the shift supervisor ▪ Inform client or SDM of VAT results, when safe to do so ▪ Other: _____
High Score of 4-5 OR Very High Score of 6+	<ul style="list-style-type: none"> ▪ Apply flag alert ▪ Promptly notify shift supervisor so they can ensure relevant staff are on high alert and prepared to respond ▪ Alert back-up staff / security /police and request assistance when needed ▪ Scan environment for potential risks and remove if possible ▪ Ensure section c is completed and initiate the violence prevention care planning process– care plan should address known triggers, behaviours and include safety measures appropriate for the situation for both residents and workers ▪ Use effective therapeutic communication (e.g., maintain a calm, reassuring demeanor, remain non-judgmental and empathetic, and provide person-centered care ▪ Be prepared to apply behaviour management and self-protection teaching appropriate for the situation in accordance to organizational policy / Montessori – training programs provided may include GPA, Montessori, SMG, P.I.E.C.E.S, U-First, Stay Safe, MORB training, self-defense ▪ Initiate applicable referrals ▪ Collaborate with Behavioural Support Ontario (BSO) trained staff / psychogeriatric resource consultant as required ▪ Ensure communication devices / processes are in place (e.g., phone, personal safety alarm, check-in protocol and / or global positioning tracking system) ▪ Communicate any change in behaviours, that may put others at risk, to the unit manager / supervisor ▪ Call 911 / initiate code white response as necessary ▪ Inform client of vat results, when safe to do so ▪ Other: _____

Section C: Contributing Factors

Physical, psychological, environmental, and activity triggers can lead to or escalate violent, aggressive or responsive behaviours. Documenting known triggers and behaviours and asking your resident or substitute decision maker (SDM) to help identify them can help you manage them more effectively and safely. Use the information collected and the intervention resources listed in Section B of the VAT and Appendix A of the Individual Client Risk Assessment Toolkit to develop an individualized violence prevention care plan and a safety plan to protect workers at risk.

QUESTION FOR RESIDENT:		CONSIDERATIONS – Select any that Apply		
To help us provide the best care possible, please describe if there is anything during your stay that could cause you to become agitated, upset or angry e.g., I am agitated when...	PHYSICAL <input type="checkbox"/> hunger <input type="checkbox"/> pain <input type="checkbox"/> infection <input type="checkbox"/> new medication <input type="checkbox"/> other _____	PSYCHOLOGICAL <input type="checkbox"/> fear <input type="checkbox"/> uncertainty <input type="checkbox"/> feeling neglected <input type="checkbox"/> loss of control <input type="checkbox"/> being told to calm down <input type="checkbox"/> being lectured <input type="checkbox"/> other _____	ENVIRONMENTAL <input type="checkbox"/> noise <input type="checkbox"/> lighting <input type="checkbox"/> temperature <input type="checkbox"/> scents <input type="checkbox"/> privacy <input type="checkbox"/> time of day <input type="checkbox"/> days of the week <input type="checkbox"/> visitors <input type="checkbox"/> small spaces/ overcrowding <input type="checkbox"/> other _____	ACTIVITY <input type="checkbox"/> bathing <input type="checkbox"/> medication <input type="checkbox"/> past experiences <input type="checkbox"/> toileting <input type="checkbox"/> changes in routine <input type="checkbox"/> resistance to care <input type="checkbox"/> other _____
	What works to prevent or reduce the behaviour(s) e.g., When I am agitated, it helps if I...	POTENTIAL DE-ESCALATION TECHNIQUES Identify potential de-escalation strategies using above information such as respect personal space, actively listen, offer choices, give eye contact, use humor		
	<input type="checkbox"/> Go for a walk <input type="checkbox"/> Listen to music <input type="checkbox"/> Watch TV <input type="checkbox"/> Draw <input type="checkbox"/> Read (Bible/Book) <input type="checkbox"/> Have space and time alone <input type="checkbox"/> Talk 1:1 with _____ (who?) <input type="checkbox"/> Participate in activities <input type="checkbox"/> Consult a family member or friend			



Appendix A: Sample Interventions

PHYSICAL ENVIRONMENT, WORK PRACTICES, STAFFING AND TRAINING

Most workplace-violence best practices categorize intervention controls into four main areas:

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

Within these four areas, experts recommend the following hierarchy of control measures:

- Eliminate the hazard.
- Engineer solutions.
- Reorganize and provide training.
- Provide personal protective equipment.

Physical Environment of Work

- Create an environment that limits triggers of violent behaviours.
- Create an environment that reduces risk — e.g., good lighting, removal of hazardous furniture, and removal / securing of instruments that could be used as weapons.
 - Weighted or secured furniture
 - Rounded edges on furniture
 - Pictures with no frames or glass and secured to the wall
 - Secured access to staff rooms, kitchen areas
 - Access to needles or other medical equipment
 - Hallways, exit routes free from clutter

- Create an environment that promotes client comfort — e.g., minimize overcrowding, ensure comfortable seating, and provide visual displays or soothing music, distraction activities.
- Ensure balance between static security measures (e.g., enclosed reception area) and physical design (e.g., aesthetics value, home-like environment) is appropriate for the circumstance.
- Have a seclusion room available when needed.
- Implement security measures such as security guards and protective equipment (e.g. convex mirrors, personal alarms etc.).
 - Security must be well-trained on verbal de-escalation and relationship management.
 - See PSHSA's Security Toolkit as needed
- Implement security measures in the community — e.g., mobile phones, personal alarms and safety features in vehicles such as automatic locks and alarms.

Work Practices

- Complete VAT to ensure client information is accurate and risks, behaviours, triggers, and safety measures for staff and clients are documented.
- Ensure initial and ongoing assessment of clients.
- Assess the risk of potentially violent situations at every visit and assess them considering current client population, acuity, staffing and workflow.
- Implement procedures for organizational violence risk assessments to ensure information

is up to date – See [CCSA Workplace Violence Risk Assessment Toolkit](#) as needed.

- Implement procedures on care planning and behaviour planning.
- Implement measures and procedures to protect workers (e.g., Kevlar gloves, spit shields etc.)
- Implement flagging procedures that include identification of triggers, behaviours and safety measures for patients and workers – See [CCSA's Flagging Handbook](#) as needed
- Use personal safety response systems — e.g., personal alarms and mobile phones.
- Adopt a buddy system.
- Establish and use Emergency Codes.
- Establish code Words (e.g., requesting a “Yellow card” to signal distress)
- Practice workplace violence emergency procedures through mock drills and scenario-based training.
- Adopt community care service agreement contracts that address violence.
- Establish communication procedures that ensure traceability of workers — e.g., check-in in / check-out practices.
- Implement BETSI — Behavioural Education and Training Supports Inventory (an education / training decision-making tool and program inventory)
- Conduct Critical Incident Debriefings.
- Develop policies/procedures for staff support post incident.

Staffing

- Ensure adequate staffing levels, skill set and competencies.
- Provide adequate training for staff, ensuring skills and experience meet client

needs and protect workers' health and safety.

- Ensure staff responding to Emergency Codes (e.g., Code White, Code Purple, Code Silver) receive adequate education and training, developed in consultation with the JHSC or HSR that is appropriate to the highest level of response required (e.g., relationship management training, active listening, collaborative problem solving, self-defense).
- Allow for job rotation where possible in order to help reduce time in stressful working situations.
- Ensure sufficient security personnel, and that skills meet work demands.
- Adopt a buddy system to avoid having providers work alone with high-risk clients.
- Adopt a culture of trust, teamwork and support when a staff needs to relieve one another from a challenging or high-risk situation.

Training

- Ensure that, where necessary, staff receive the following training:
 - Corporate Workplace Violence and Harassment Policy
 - Individual Client Risk Assessment policy and procedures
 - Flagging and risk communication protocol
 - Behavioural Management Techniques (e.g., GPA, SMG, P.I.E.C.E.S, U-First Me & U-First, Stay Safe MORB training)
 - Self-defense, and Sharp-edged Weapons
 - Non-violent Crisis Intervention
 - Verbal De-escalation and Relationship Management
 - Emergency measures, Codes and responses
 - Security protocols (e.g., Access control, working alone, security guard / personnel functions-)
 - Personal safety alarms and summoning assistance
 - Use of restraints (e.g. restraint application on the floor) / seclusion
 - Reporting and investigating hazards and incidents
 - Stress Debriefing
 - Psychological Health & Safety in the Workplace



Appendix B: Sample Policy

Visit: pshsa.ca/workplace-violence

Sample Policy

Manual: Health and safety	Subject: Workplace Violence Client Risk Assessment	Policy number: XX-XXX-XX
Effective date: XX-XX-XXXX	Date revised: XX-XX-XXXX	Date of next review: XX-XX-XXXX
Policy reviewers:		
Authorized by:	Signature:	

About the ICRA Policy

This policy covers the following:

- **Purpose** — what the ICRA is
- **Statement** — sample policy wording
- **Definitions** — a glossary of key terms

- Roles and responsibilities — who implements it
- **Procedures** — how it's implemented
- **Communication / training** — employee orientation
- Evaluation and continual improvement

Scope

The ICRA tool was developed for employers and employees in the healthcare and emergency services sectors. It's designed to help these care providers identify risk factors and levels associated with workplace violence. By conducting regular client-risk assessments, providers can apply control interventions that promote both employee and client safety, as well as ensure client-centred care.

The ICRA should be completed at first contact with a client (e.g., triage) , and on an ongoing basis depending on client population, acuity levels, staffing, work flow, individual client circumstances, and the employer's operational policies and organizational risk assessment findings.

Objectives

Specific goals of the ICRA are to:

- Implement a practical, immediate and easy-to-use assessment tool that identifies a client's past history, observed behaviours, triggers, and risk factors associated with violence
- Facilitate early recognition of violence and enable early application of control interventions
- Identify client's overall levels of risk
- Help healthcare organizations develop effective prevention measures
- Establish control interventions for different client populations to manage moderate and high or very high-risk clients

Definitions

These behaviours, if understood, can be managed and prevented. Behavioural and environmental strategies play a crucial role in effectively managing violence and responsive behaviours.

Client

For the purpose of this tool, a client means a patient, resident, person that is being supported, a consumer, a family member / loved one, a visitor, or a police subject or accused.

Clinical healthcare worker

A clinical staff member who provides preventive, curative, promotional or rehabilitative healthcare services to clients.

First point of contact

For the purpose of this tool, first point of contact refers to the initial interaction with the clinical healthcare worker assessing client's care needs.

Flag

A visual and / or electronic alert used to inform staff of a risk of violent, aggressive or responsive behaviours and signal additional individualized care needs and preventive measures for staff and client.

Flagging

A standardized method to communicate safety-related concerns to workers.

Individual Client Risk Assessment (ICRA)

Systematic process used by healthcare professionals for evaluating a client's likelihood of violent, aggressive, or responsive behaviour.

Responsive Behaviours

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

Staffing

Staffing refers to the selection of workers required at various times and in various settings to ensure prevention or appropriate intervention. In a comprehensive workplace violence prevention program (WVPP), the staffing model should ensure that the required skill sets and core competencies are found within the interdisciplinary team at the point of care and at a broader organizational level. Required skill sets and core competencies may be identified through organizational and individual risk assessment processes and will vary from organization to organization.

Tool

For the purpose of this toolkit, a tool is an instrument — e.g., survey, guidelines, or checklist — that helps users accomplish a specific task that supports a specific evidence-based recommendation or practice standard.

Transition of care (TOC) / Transfer of accountability (TOA)

An interactive process for transferring client specific information from one healthcare worker to another or from one team of care providers to the next, to ensure continuity of care, as well as staff and client safety. Examples include:

- Nurse to nurse at change of shift

- Nurse to nurse when care is temporarily assigned to another nurse on a short term basis
- Transfer from one client care area to another
- When transferring to a different client care unit within the organization
- When transferring to an outside organization

Trigger

A circumstance / situation that impacts or escalates client's behaviour. Triggers may be physical, psychological, environmental, or activity-related.

Violent behaviour

Acts of violence including, but not limited to: choking, hitting, shoving, pushing, biting, spiting, shouting, swearing, verbal threats, groping, pinching, kicking, throwing objects, shaking fists, stabbing and threatening assault.

Workplace

Any land premises, location or thing at, upon, in or near which a worker works.

Workplace violence

It is defined by the Occupational Health and Safety Act as:

“Whether at a work site or work-related, means the threatened, attempted or actual conduct of a person that causes or is likely to cause physical or psychological injury or harm, and includes domestic or sexual violence”

There are four types of workplace violence:

- Type I (external perpetrator): The violent person has no relationship to the worker or workplace
- Type II (client or customer): The violent person is a client at the workplace who becomes violent toward a worker or another client
- Type III (employment-related): The violent person has / had some type of job-related involvement with the workplace.
- Type IV (domestic violence): The violent person has a personal relationship with an employee or a client

Roles & Responsibilities

The board of directors of an organization must take reasonable care to ensure the corporation complies with:

- The Alberta Occupational Health & Safety Act, Regulation and Code
- Orders and requirements of inspectors and directors of the Ministry of Labour (MOL)
- Orders of the MOL

Employers are obligated to:

- Take every precaution reasonable in the circumstances for the protection of a worker
- Ensure the measures and procedures for the ICRA program are carried out
- Evaluate the effectiveness and use of the ICRA, in consultation with the organization's joint health and safety committee (JHSC) or health and safety (H&S) representative
- Develop, establish and deliver training and education for all employees on the use of the ICRA, in consultation with the JHSC or H&S representative
- Comply with the organization's workplace violence and harassment prevention program
- Comply with the organization's internal and external incident reporting obligations as outlined in the Incident Reporting and Investigation Policy and reporting requirements under the OHSA
- Comply with the organization's return-to-work program, as required
- Appoint competent supervisors
- Provide the JHSC with copies of all accident illness/reports as per OHSA requirements
- Provide JHSC with copies of all written risk assessments as per legislation

Managers / Supervisors are obligated to:

- Take every precaution reasonable in the circumstances for the protection of a worker
- Ensure the unit has resources to manage workplace violence that supports the number and risk level of clients identified at-risk.
- Ensure employees are trained on ICRA procedures and that new employees are trained at orientation.
- Provide refresher training to all employees at least once a year (or more often if required)
- Enforce the use of the ICRA and monitor worker compliance
- Monitor and evaluate the effectiveness of the ICRA through regular workplace inspections / audits
- Comply with the organization's workplace violence and harassment prevention program
- Comply with the organization's internal and external incident reporting obligations as outlined in the Incident Reporting and Investigation Policy and reporting requirements under the OHSA
- Comply with the organization's return-to-work program, as required

Employees are obligated to:

- Participate in education and training programs on the use of the ICRA
- Understand and comply with the use of the ICRA program
- Comply with the organization's workplace violence and harassment prevention program

- Comply with the organization’s internal and external incident reporting obligations as outlined in the Incident Reporting and Investigation Policy
- Report all hazards to their supervisor
- Comply with the organization’s return-to-work program, as required

The joint health and safety committee (JHSC) or health and safety representative (H&S representative) is obligated to:

- Ensure the employer has consulted about the development, establishment and implementation of the ICRA program
- Make recommendations to the employer for developing, establishing and providing ICRA training
- Comply with the organization’s workplace violence and harassment prevention program
- Comply with the organization’s internal and external incident reporting obligations as outlined in the Incident Reporting and Investigation Policy
- Be provided with copies of all accident illness/reports as per OHS requirements
- Be provided with copies of all risk assessments as per legislation
- Comply with the organization’s return-to-work program, as required
- Gather feedback from employees during workplace inspections about assessment tool use, effectiveness, and suggested improvements.

Procedures

This list is not exhaustive nor is the organization required to use all measures and procedures listed. The organization must decide which measures and procedures best suit their operations and risk management/prevention needs to best protect workers and clients.

Prevention approach

Administer the ICRA at the first point of contact — e.g., at triage. For community care, Pre-visit and Pre-travel assessments should ideally be completed within 24 hours before the initial home visit, followed by a behaviour assessment such as VAT completed at the beginning of each home visit thereafter — refer to CCSA’s [Assessing Violence in the Community: A Handbook for the Workplace](#), as needed.

Continue to administer the ICRA at pre-determined times after initial contact as outlined in the organization’s procedures — e.g., once every shift, weekly, or at the beginning of each home visit.

Recommended timing for different healthcare subsectors is as follows:

- Acute care/mental health/addictions — at first point of contact with a clinical healthcare worker (e.g., triage) and repeated during each shift as outlined by the organization.
- Long-term care:

- at first point of contact with a clinical healthcare worker (e.g., upon admission or pre-assessment if applicable)
- when client exhibits behaviours
- between prescribed Ministry-required documentation such as the RAI-MDS (*Resident Assessment Instrument- Minimum Data Set*) or RAI-HC assessments (*Resident Assessment Instrument- Home Care*)
- Community care — upon contract acceptance; prior to the first home visit; at the start of each home visit
- Paramedics — at first point of contact, and prior to discharge to a healthcare provider
- Police — at first contact; prior to discharge to a healthcare provider; during hourly cell observation; or as outlined in organizational procedures

Repeat the ICRA process when a change in client behaviour warrants a reassessment.

Apply the Risk Rating Scale as part of the VAT— e.g., on every shift, prior to a home visit or at the start of a home visit. Note: This Risk Rating Scale is designed for use with this assessment tool only. If an organization chooses to use another ICRA tool, use the risk rating scale designed for that particular tool.

Scoring the Risk Rating Scale

The ICRA uses a series of questions to identify the presence of risk-related behaviours. A score of 1 is given for a history of violence and for observation of specific predetermined behaviours. The numbers are added to reach a total behaviour score. The score is then applied to the Risk Rating Scale to determine whether the client presents a low, moderate or high/very risk. Each risk level provides cues for further action to consider.

Client's Risk Rating: Low (0) Moderate (1-3) High (4-5) Very High (6+)

Protection approach

- Implement preventive measures for all moderate or high / very high risk clients, according to organizational policies and procedures. Use the intervention resources listed on page 4 and suggested measures outlined in [Appendix A](#) on page 13 as a guide.
- Adopt security measures and personal safety response systems (e.g., personal alarms, mobile phones) according to organizational policies and procedures.
- Develop a care plan or violence behaviour plan to identify, address, and minimize triggers.
- Develop a safety plan for all workers at risk
- Establish a strategy to communicate risk of workplace of violence, triggers, behaviours and prevention / safety measures. See [CCSA's Flagging Handbook](#) as needed.

Post-incident response

- Apply organizational post-incident responses to reduce the negative impact of violence.
- Communicate debriefing results with all affected workers of violent incidents to reduce their negative impact in the workplace and prevent further incidents.

Reporting and investigation

- Refer to the organization's workplace violence prevention program for reporting and investigation procedures. Conduct and involve client or substitute decision maker in a root cause analysis to determine why client was triggered and develop/update care plan and worker safety measures.

Emergency response procedures

- Refer to the organization's emergency response procedures — e.g., Code White, staff alert, etc.

Transition of care / Transfer of accountability

- ICRA risk levels and recommended interventions should be communicated at all transitions of care.

Re-training

- A refresher on the use of the ICRA Tool is required annually, or more often/as outlined in the organization's policy. Large organizations should offer monthly or quarterly sessions to ensure all employees are informed.

Client Aggression Prevention Program training

- Promote a respectful workplace and communicate clear behaviour expectations for management, workers, physicians, contractors, clients and the general public.

- Focus on / review the organization's behaviour management program — e.g., Safe Management Group, P.I.E.C.E.S, Gentle Persuasive Approach, Crisis Prevention Institute, U-First Me & U-First, Stay Safe MORB training etc.
- Focus on / review the organization's Emergency Response, flagging, and security policies and procedures. See [CCSA's Flagging Handbook, PSRS Toolkit](#), and PSHSA's Security Toolkit as needed.

Communication / Training

- All applicable employees shall receive training/education on the organization's ICRA Policy. New employees will receive this training at orientation. Ongoing refresher training will be provided on a regular basis as part of routine violence-prevention training and when new procedures are developed or revised. The JHSC or HSR must be consulted in the development of such training.

Training should include:

- An understanding of violent, aggressive, and responsive behaviours at work
- Terminology around workplace violence and client aggression / responsive behaviours
- When and how often the ICRA tool is to be implemented
- How to determine level of risk
- How to choose appropriate control measures, as outlined in the organization's policies and procedures
- When and how to apply flag alerts
- Safety measures to protect workers and clients
- Security functions and protocols

Evaluation and Continual Improvement

To effectively evaluate the ICRA program, healthcare organizations should:

- Evaluate the program annually in consultation with the JHSC or H&S representative
- Evaluate the effectiveness of ICRA communication and training, using both leading and lagging indicators.
- Share findings with the JHSC or H&S representative and the board of directors

The organization's continual improvement plan should be supported by:

- root cause analysis
- corrective action points planned to resolution
- assigned responsibilities for each point
- expected timelines for each point
- adjust program and training based on evaluation

Organizations must monitor the plan regularly for compliance, ensuring supervisors are trained to support consistent use of the tools, communicate program outcomes, and follow-up on implementation challenges.



Pocket Card Instructions

1. Download the template from www.pshsa.ca/workplace-violence
2. Print the template on a perforated card stock that contains 10 standard business card stock 2"x3.5" cards and works with Avery 5371, 5911, 8371 and 8859.

Pocket Card

<p>Before providing care, assess behaviours for potential risk</p> <ul style="list-style-type: none"> <input type="checkbox"/> History of Violence <input type="checkbox"/> Confused <input type="checkbox"/> Irritable <input type="checkbox"/> Boisterous <input type="checkbox"/> Verbal Threats <input type="checkbox"/> Physical Threats <input type="checkbox"/> Agitated/Impulsive <input type="checkbox"/> Paranoid/Suspicious <input type="checkbox"/> Substance <input type="checkbox"/> Intoxication/withdrawal <input type="checkbox"/> Socially inappropriate/disruptive <input type="checkbox"/> Body Language <input type="checkbox"/> Attacking Objects <p>Each Check = 1 pt. 0=Low Risk; 1-3=Moderate Risk; 4-5=High Risk; 6+=Very High Risk</p>	<p>Before providing care, assess behaviours for potential risk</p> <ul style="list-style-type: none"> <input type="checkbox"/> History of Violence <input type="checkbox"/> Confused <input type="checkbox"/> Irritable <input type="checkbox"/> Boisterous <input type="checkbox"/> Verbal Threats <input type="checkbox"/> Physical Threats <input type="checkbox"/> Agitated/Impulsive <input type="checkbox"/> Paranoid/Suspicious <input type="checkbox"/> Substance <input type="checkbox"/> Intoxication/withdrawal <input type="checkbox"/> Socially inappropriate/disruptive <input type="checkbox"/> Body Language <input type="checkbox"/> Attacking Objects <p>Each Check = 1 pt. 0=Low Risk; 1-3=Moderate Risk; 4-5=High Risk; 6+=Very High Risk</p>	<p>Before providing care, assess behaviours for potential risk</p> <ul style="list-style-type: none"> <input type="checkbox"/> History of Violence <input type="checkbox"/> Confused <input type="checkbox"/> Irritable <input type="checkbox"/> Boisterous <input type="checkbox"/> Verbal Threats <input type="checkbox"/> Physical Threats <input type="checkbox"/> Agitated/Impulsive <input type="checkbox"/> Paranoid/Suspicious <input type="checkbox"/> Substance <input type="checkbox"/> Intoxication/withdrawal <input type="checkbox"/> Socially inappropriate/disruptive <input type="checkbox"/> Body Language <input type="checkbox"/> Attacking Objects <p>Each Check = 1 pt. 0=Low Risk; 1-3=Moderate Risk; 4-5=High Risk; 6+=Very High Risk</p>	<p>Before providing care, assess behaviours for potential risk</p> <ul style="list-style-type: none"> <input type="checkbox"/> History of Violence <input type="checkbox"/> Confused <input type="checkbox"/> Irritable <input type="checkbox"/> Boisterous <input type="checkbox"/> Verbal Threats <input type="checkbox"/> Physical Threats <input type="checkbox"/> Agitated/Impulsive <input type="checkbox"/> Paranoid/Suspicious <input type="checkbox"/> Substance <input type="checkbox"/> Intoxication/withdrawal <input type="checkbox"/> Socially inappropriate/disruptive <input type="checkbox"/> Body Language <input type="checkbox"/> Attacking Objects <p>Each Check = 1 pt. 0=Low Risk; 1-3=Moderate Risk; 4-5=High Risk; 6+=Very High Risk</p>	<p>Before providing care, assess behaviours for potential risk</p> <ul style="list-style-type: none"> <input type="checkbox"/> History of Violence <input type="checkbox"/> Confused <input type="checkbox"/> Irritable <input type="checkbox"/> Boisterous <input type="checkbox"/> Verbal Threats <input type="checkbox"/> Physical Threats <input type="checkbox"/> Agitated/Impulsive <input type="checkbox"/> Paranoid/Suspicious <input type="checkbox"/> Substance <input type="checkbox"/> Intoxication/withdrawal <input type="checkbox"/> Socially inappropriate/disruptive <input type="checkbox"/> Body Language <input type="checkbox"/> Attacking Objects <p>Each Check = 1 pt. 0=Low Risk; 1-3=Moderate Risk; 4-5=High Risk; 6+=Very High Risk</p>
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Appendix D: VAT Poster

Visit: [pshsa.ca/workplace-violence](https://www.pshsa.ca/workplace-violence)

Poster Instructions

1. Download the poster from www.pshsa.ca/workplace-violence
2. Post in a visible area to remind staff to use the violence assessment tool.

Poster



Visit: pshsa.ca/workplace-violence

Assess the Risk

- A History of Violence
- Confused
- Irritable
- Boisterous
- Verbal Threats
- Physical Threats
- Agitated/Impulsive
- Paranoid/Suspicious
- Substance Intoxication/Withdrawal
- Socially Inappropriate/Disruptive
- Body Language
- Attacking Objects

Rate the Risk

Each Yes = 1 pt.

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

Take Action

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

Involve the Client

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

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