**Violence or Aggression Emergency Response Plan**

**Purpose**

The Violence or Aggression Emergency Response plan alerts personnel to an incident of violence or aggression against a (patient, resident, client) visitor or staff member. The goal of the management of aggressive behaviour in a healthcare setting is to preserve everybody’s safety and to address the behaviours in a safe, respectful and caring manner.

**Policy**

[Organization name] is committed to preparing for all types of foreseeable emergencies. All staff are required to follow the emergency response plan when activated in response to an incident of violence or aggression.

**Definitions**

* **Violence**, whether at a work site or work related, is **defined** by the **OHS** Act as 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**.

**Responsibilities**

The Violence or Aggression Emergency Response Plan applies to all personnel.

**Procedure**

1. **ACTIVATION**

The Emergency Response Plan can be initiated by any staff member who witnesses or recognizes a potential or actual situation of violence or aggression that requires an immediate response by following the algorithm above.

It is important to remember that the focus of the response is to de-escalate a threatening situation by the presence of as many staff members as are immediately available before an individual is injured or property is damaged. However, it is not the expectation of this policy that an aggressor be engaged or controlled in any sense.

If required, the Police would respond. Once on site, the Police should be briefed by the Supervisor of the impacted area. If possible, relevant floor plans and a copy of this Emergency Response Code should be made available. The Police would assume command and control and would follow their own scene safety and management procedures.

1. **POST INCIDENT ACTIONS**

For a facility impacted by a Violence or Aggression Emergency, the (designate) in charge is to:

* Assess for injuries and facility damage.
* Implement subsequent emergency response plans as appropriate.
* Complete incident documentation as follows:
  + Reportable Incident Form
  + Site specific documentation as appropriate – (First Aid Records, Near Miss Report, Incident Record and Investigation form)

**Note:** please ensure a site-specific practice is in place for your documentation that aligns with *Violence Prevention Plan*

**Forms/Appendixes**

Appendix 1: RESPONDING TO ABUSIVE BEHAVIOUR

**References**

**Cross Reference:**

Lockdown Emergency Response Procedure

Violence Prevention Policy and Plan

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| **VIOLENCE OR AGGRESSION EMERGENCY RESPONSE ALGORITHM** | |
| **Primary Staff Member affected** | * Activate panic button or shout ‘**Insert** Site Specific title * Remain calm * Maintain a safe distance, keep a barrier if possible * Leave if personal safety is being compromised * Talk in a low, non-threatening voice * As appropriate, try to de-escalate the situation (**APPENDIX 1**) |
| **Staff Member**  **Discovering the incident** | Direct other staff as necessary to reduce stimulation (e.g. noise, traffic flow)   * Close doors to adjacent rooms and areas if possible; do not close doors causing isolation of the primary staff member with the aggressor * Support the primary staff member in de-escalating the situation * Report any resulting injuries * Notify Supervisor to activate ‘**Emergency Response / Location**’ Request Police assistance: if lives are in danger; if a weapon is involved; if the aggressor is not a patient; or when situation is beyond the abilities of staff |
| **Supervisor or Person In Charge** | When directed by Site Admin / Site Specific Designate announce:   * **“Emergency, All Clear”** (three times) * Site specific variations to overhead announcements and internal activations * Assume the on-scene Incident Commander role * Support and assist the primary staff member in de-escalating the situation * Direct paging of ‘Code White’ if additional on-site staff are needed * If Police are asked to respond, meet and assist * Notify: Site Administration / Site Specific Designate, unless already done   Upon receiving notification, advise all staff:   * **“Emergency / Location”** (three times) * Call 911, if requested * Site specific variations to overhead announcements and internal activations * Respond to the incident location * Determine whether situation warrants notification of Police / Site Administration / Site Specific Designate |

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| **VIOLENCE OR AGGRESSION EMERGENCY RESPONSE ALGORITHM** | |
| **Supervisor of Affected Area** | Complete incident documentation  Arrange for staff support as needed (e.g. EFAP etc)  Consult with Site Administration / Site Specific Designate for possible escalation or when to announce ‘All Clear’ as appropriate   * Assist and direct staff to move those in danger to a safe area * Continue to assess the situation and determine whether further response is required * Confirm ‘Emergency Response has been activated * Confirm Site Administration / Site Specific Designate has been notified * Notify physician and obtain health record if violent person is a patient * Preserve any evidence for the Police |
| **All Staff in**  **unaffected areas** | * If not already done, close doors in the affected area * Assist as required * If from an adjacent area, return to your work area closing and locking all doors if possible * Coordinate with the Supervisor of the affected area, if the release of other staff is required to show a strength in numbers to the aggressor |
| **Site Administration /**  **Administrator On-Call** | In consultation with engaged parties determine when incident has resolved:   * Advise Switchboard / Designate to announce ‘All Clear’ (three times)   Ensure Reportable Incident form has been completed  Ensure all other incident documentation has been completed   * Determine need to establish Site Command Post to coordinate actions and communications to staff * Ensure notification to   Site Specific Designate (**Insert Zone Specific**  **Contact**)   * Contact)   Consult with Supervisor of affected area / Police to determine actions, based on risk (**Site Specific**)   * Escalation of response |

**APPENDIX 1**

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| **RESPONDING TO ABUSIVE BEHAVIOUR**  (Adapted from Crisis Prevention Institution | June 16, 2011)  *Healthcare facilities can be places of great anxiety, grief and anger. Patients, their family members and even co-workers can lose control of their emotions and become verbally or physically aggressive.*  The points below provide an overview of some of the techniques and strategies that should be explored in training programs, which emphasize prevention of workplace violence.   1. **Respect All Individuals' Personal Space**   Anxiety rises when personal space is invaded. This heightened anxiety makes it more likely a person will act out in a more serious way.  To avoid such a response, maintain at least a leg's-length distance from a person whose behaviour is escalating. In this way, you will be less likely to increase the person's anxiety. You will also reduce danger to yourself by maintaining a margin of safety that allows you time to react.  If you must touch an anxious person to provide medical care, explain what you are about to do before you begin. If the person objects, decide if:   1. the procedure can wait until the person is less anxious; 2. someone else might be better suited to provide the care, e.g. someone who has established stronger rapport with the person; or 3. the procedure must be done by you at this very moment.   This third alternative should be a last resort, chosen only due to medical necessity. If this is your decision, be prepared for the possibility of the patient reacting negatively.   1. **Be Aware of Your Own Body Position**   In addition to maintaining adequate space between you and an anxious person, avoid eye-to-eye or toe-to-toe positions, as they might be interpreted as challenging. Standing at an angle to the person and off to the side is much less likely to escalate an agitated person's behaviour.   1. **Be Empathic to Others' Feelings**   Try not to judge or discount the feelings of others. Pay attention to them, and don't be afraid of silence. Your supportive presence is often more important than what could be conveyed with any words you might say.   1. **Keep Non-verbal Cues Non-threatening**   A person may begin to lose control of rational thought. As this occurs, the person becomes more tuned into your body language and less tuned into your words. Non-verbal communication including gestures, facial expressions, movements and tone of voice  becomes paramount in conveying a calm, respectful attitude.   1. **Ignore Challenging Questions**   A person may challenge your authority or an organizational policy. Redirect the individual's attention to the issue at hand. It's better to ignore the challenge and restate your request.   1. **Set and Enforce Reasonable Limits**   Patients, residents, clients or family members become belligerent, defensive or disruptive. Establish limits and directives clearly and concisely. When setting limits, offer simple, clear choices and consequences to the individual demonstrating the behaviours. Be sure the consequences are reasonable and enforceable.   1. **Permit Verbal Venting When Possible**   It is often the safest and best alternative to let the person shout, removing others from the area when feasible. Allow the person to release as much energy as possible by venting verbally. As a person is venting, there will be peaks and valleys in the outburst, as the person's energy expenditure rises and falls. If you cannot allow the person to continue venting, state the directives and reasonable limits during the "valleys" in the venting process.   1. **Identify Real Reason for the Behaviour**   Even in the midst of an angry tirade, there is useful information to be gained about what a person is thinking and feeling. The real reason for a person's outburst is often not what it seems to be. Anxious patients and family members can be highly critical of hospital staff for reasons that are much more related to the fear and helplessness they are experiencing than to the ways staff members are performing their duties. Try to listen for the real message — the feelings behind the facts. Restate the message you think you have received in order to determine if you correctly understood the person's intent.   1. **Stay Composed, Avoid Over-reacting**   It is hard not to take things personally, especially since angry people often say very personal things. But it is essential to do your best to remain calm and professional, at least on the outside.   1. **Use Physical Techniques Only as a Last Resort**   Physical restraint should be used only when people's behaviours are dangerous to themselves or others. Physical intervention itself always carries some risk of injury to staff or to the person being restrained. Such interventions should be used, therefore, only when it is more dangerous NOT to intervene. Furthermore, physical interventions should be used only by competent staff members who are trained to use the safest, least restrictive methods of intervention possible and who are well-versed in any applicable regulations or laws pertaining to restraint use in their facilities. |