Pre-risk Assessment Survey

# Background

This tool was originally developed for hospitals as part of the Workplace Violence Prevention in Health Care Leadership Table. It has been adapted for long-term care homes to address the needs of the sector.

Long-term care homes are an environment where residents often feel vulnerable and anxious. This can include, for example, aging residents and their caregivers/care partners, individuals experiencing a physical or mental health crisis, those needing addiction support, and residents who have unmet needs they are unable to express. According to the Canadian Institute of Health Information (CIHI) (2015-16), fifty percent of residents with dementia in long-term care exhibit responsive behaviours. Some examples of responsive behaviours include: verbal or physical aggression (striking, self-harm), exit seeking, resistance to personal care, refusal to eat/take medication, etc. These behaviours may be due to a number of factors including an unmet need (e.g. pain, environment (hot/cold), feeling hemmed in, influences of other residents/staff and social history). Despite the fact that an aggressive action stemming from a responsive behaviour may be due to dementia or an unmet need, if it leads to an aggressive action against a worker in a workplace and meets the definition of workplace violence under the *Occupational Health and Safety Act*, (OHSA), it is considered workplace violence (herein referred to as workplace violence). Workplace violence in long-term care homes can originate from a number of sources, including from residents and their families and friends or other external people and/or from any employee associated or formerly associated with the workplace.

In order to prevent workplace violence, employers must implement workplace violence policies, measures, procedures and programs, conduct risk assessments and re-assessments for the risks of workplace violence, establish measures and procedures for: summoning immediate assistance when violence occurs or is likely to occur, reporting violent incidents and investigating incidents and complaints of violence, and providing information, education and training to workers so they may recognize and be protected from workplace violence. Employers, typically represented by senior management, hold the greatest responsibility with respect to worker health and safety within health care workplaces such as long term care homes.

# Pre-Risk Assessment Survey

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## Purpose of this Survey

To be completed in conjunction with the Risk Assessment for Violence Assessment, this survey is conducted with workers to better understand their concerns and perceptions of workplace violence. The survey results assist the Employer in determining the measures and procedures, controls and training that are required in the workplace to reduce the hazards related to violence and eliminate the risks of workplace violence. There are opportunities in this survey for workers to provide suggestions to reduce hazards and eliminate risks of workplace violence.

## General Information

1. What Role are you in?

[ ]  Clerical/Administrative

[ ]  Allied Health add unregulated health care worker as a role

[ ]  Nursing

[ ]  Physician

[ ]  Manager/Supervisor

[ ]  Facilities

[ ]  Other (Please Specify) Click here to enter text.

1. How long have you worked at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_? (enter name of the home)

[ ]  < 1 year

[ ]  1-4 years

[ ]  5-10 years

[ ]  11-15 years

[ ]  16 years or longer

## Personal Experiences of Workplace Violence

1. Have you personally witnessed the following at enter long-term care home name
Click here to enter text. (Click all that apply)

[ ]  Assault

[ ]  Harassment

[ ]  Near Miss

[ ]  Physical attack

[ ]  Sexual Abuse

[ ]  Threat

[ ]  Verbal Abuse

[ ]  I have not witnessed the above

1. Have you personally experienced the following at enter long-term care home name
Click here to enter text. (Click all that apply)

[ ]  Assault

[ ]  Harassment

[ ]  Near Miss

[ ]  Physical attack

[ ]  Sexual Abuse

[ ]  Threat

[ ]  Verbal Abuse

[ ]  I have not witnessed the above

1. If you have experienced or been witness to the above have you sought
medical attention?

[ ]  Yes

[ ]  No

[ ]  Not Applicable

1. If you have experienced or been witness to the above have you lost time at
work as a result?

Lost time is any time away from work with or without pay.
(e.g. time away from usual duties to seek medical attention)

[ ]  Yes

[ ]  No

[ ]  Not Applicable

1. Do you feel physically safe at enter long-term care home name
Click here to enter text.

[ ]  All the time

[ ]  Most of the time

[ ]  Some of the time

[ ]  Never

[ ]  Not sure

If not please explain

Click here to enter text.

1. In the last two (2) years how many times (approximately) have you been in
situations where you concerned for your personal safety due to resident or
visitor violence?

[ ]  zero (0) times

[ ]  less than three (3) times

[ ]  three (3) to six (6) times

[ ]  seven (7) to ten (10) times

[ ]  more than ten (10) times

1. Do you feel prepared to handle and protect yourself in a violent situation, threat or
be able to de-escalate a responsive behaviour exhibited by residents while at work?

[ ]  All the time

[ ]  Most of the time

[ ]  Some of the time

[ ]  Never

[ ]  Not sure

If you answered “all the time” or “most of the time”, please explain what has
made you prepared

Click here to enter text.

If you answered “some of the time” please explain

If you answered never please explain why you feel unprotected or not
adequately prepared.

Click here to enter text.

1. Do you feel prepared to handle and protect yourself in a violent situation, threat or
be able to de-escalate behaviours from a visitor while at work?

[ ]  All the time

[ ]  Most of the time

[ ]  Some of the time

[ ]  Never

[ ]  Not sure

If you answered “all the time” or “most of the time”, please explain what has made
you prepared

Click here to enter text.

If you answered “some of the time” please explain

If you answered never please explain why you feel unprotected or not
adequately prepared.

Click here to enter text.

1. If you have experienced or witnessed violence, threats (including verbal assault),
or aggression, who initiated the incidents (check all that apply)

[ ]  Resident

[ ]  Visitor

[ ]  Family

[ ]  Staff

[ ]  Physician

[ ]  Volunteer

[ ]  Contractor

[ ]  I have not experienced/witnessed the above

1. In the last two (2) years (approximately) how many times have you witnessed occurrences of resident to staff aggression/violence?

[ ]  zero (0) times

[ ]  less than three (3) times

[ ]  three (3) to six (6) times

[ ]  seven (7) to ten (10) times

[ ]  eleven (11) to twenty (20) times

[ ]  more than twenty (20) times

1. In the last two (2) years (approximately) how many times have you witnessed occurrences of resident to resident aggression/violence?

[ ]  zero (0) times

[ ]  less than three (3) times

[ ]  three (3) to six (6) times

[ ]  seven (7) to ten (10) times

[ ]  eleven (11) to twenty (20) times

[ ]  more than twenty (20) times

1. In the last two (2) years (approximately) how many times have you witnessed occurrences of domestic violence that has entered the workplace or had incidents directly shared with you by a co-worker? Indicators: threatening/disturbing phone
calls, texts or emails to co-workers while at work, partners showing up at work to confront family members, stalking.

[ ]  zero (0) times

[ ]  less than three (3) times

[ ]  three (3) to six (6) times

[ ]  seven (7) to ten (10) times

[ ]  more than ten (10) times

## Reporting Violent Incidents and Hazards

1. Do you know how, when and to whom to report any incidents of violence,
hazard of violence, threats or aggression?

[ ]  Yes

[ ]  No

[ ]  Not formally

1. Are you required at enter long-term care home name Click here to enter text.
to report threats, violence and aggression?

[ ]  Yes

[ ]  No

[ ]  If not all please list which ones?

1. Are you required at enter long-term care home name Click here to enter text.
to report any hazards related to workplace violence?

[ ]  Yes

[ ]  No

1. Are you aware that the *Occupational Health and Safety* Act places a legal obligation
on a worker to report the existence of hazards related to Workplace violence?

[ ]  Yes

[ ]  No

1. If yes, do you feel that you can report the existence of hazards related to work
place violence without the fear of being punished or meeting with resistance after reporting the safety concern?

[ ]  Yes

[ ]  No

[ ]  Not Applicable

1. Are you aware that when an incident of workplace violence has resulted in you
seeking medical attention or being unable to perform usual duties, your employer
is legislatively required to report the incident to the Joint Health and Safety
Committee or Health and Safety Representative (in workplaces with 6 -19 workers), trade union (if applicable) and the WSIB?

[ ]  Yes

[ ]  No

## Instruction (Verbal and Written) on Control Measures, Policies and Procedures on Workplace Violence Prevention

1. Have you read the enter long-term care home name Click here to enter text.
Workplace Violence Prevention Policy?

[ ]  Yes

[ ]  No

1. Do you know where to find the enter long-term care home name
Click here to enter text. Violence Prevention Policy?

[ ]  Yes

[ ]  No

1. Has your employer trained you on all of the measures and procedures contained
in the workplace violence program?

[ ]  Yes

[ ]  No

1. If yes, did you find the program information easy to understand?

[ ]  Yes

[ ]  No

1. Do you feel that your employer has provided you with the necessary supports,
policies, control measures and procedures to protect your safety at work?

[ ]  All the time

[ ]  Most of the time

[ ]  Some of the time

[ ]  Never

[ ]  Not Sure

If no, do you have any suggestions for improvement?

Click here to enter text.

1. How would you rate the employer’s communication of its workplace violence
policies and procedures and control measures to its workers?

[ ]  Poor

[ ]  Adequate

[ ]  Exceptional

[ ]  Unsure

1. What other control measures, procedures, training, or processes (health and safety
or otherwise) do you think are required to help better protect you from violence?

[ ]  I can’t think of any

[ ]  Unsure based on my role

My suggestions are: Click here to enter text.

1. Are there any improvements required in the long-term care home that would make your workplace safer and address violence? Select all that apply and please expand

[ ]  Lighting

[ ]  Secure restrooms

[ ]  Secure parking lots

[ ]  Secured staff room/kitchen

[ ]  Restricted public access to your work area on your unit

[ ]  Secured stairwells

[ ]  Cameras/mirrors to eliminate hidden or blind spots in the home

[ ]  Hallway clutter (could be used as weapon)

[ ]  Communication of care plan, including triggers and behaviours

[ ]  Flagging of violent residents

[ ]  Discussion with physicians when least restraint procedure is not appropriate

[ ]  Full-time geriatric physician support

[ ]  More programs to keep residents occupied

[ ]  Staffing

[ ]  Security

[ ]  Training on workplace violence control measures and procedures

[ ]  Crisis intervention and self-protection skills and physical intervention training

[ ]  Personal Safety Response System Devices e.g. personal panic alarms

[ ]  Code White procedures

[ ]  Training in understanding dementia and responsive behaviours and how to
 respond and de-escalate these behaviours?

[ ]  Other suggestions:
Click here to enter text.

## Training on Workplace Violence Prevention (Including De-escalation and Crisis Intervention)

1. How would you rate the quality and training specifically on workplace violence prevention policies, control measures and procedures for its workers?

[ ]  Excellent

[ ]  Very Good

[ ]  Good

[ ]  Poor

[ ]  Very Poor

Explanation:
Click here to enter text.

1. This question is for workers with two (2) years or less service at *enter the name of the longer term care home here* When you think back to your initial orientation *at enter the name of the long term care home here*, do you feel workplace violence risk, safety and your protection was adequately addressed to prepare you to handle workplace violence incidents?

[ ]  Yes

[ ]  No

[ ]  Not applicable to me

1. Please list (as many as you can recall) the violence prevention policies, control measures and procedures you have been trained on? (insert text box) as a min list those in # 28 above.
Click here to enter text.
2. How would you rate your ability to verbally de-escalate an agitated or escalated resident or visitor?

[ ]  Extremely high

[ ]  High

[ ]  Moderate

[ ]  Low

[ ]  Extremely low

[ ]  Not applicable to my role

1. Do you feel it is part of your job responsibilities to physically intervene with
aggressive or violent residents where there is a clear and imminent risk of harm
to self or others?

[ ]  Yes

[ ]  No

[ ]  Not applicable to my role

1. Have you had to physically intervene with aggressive or violent residents where
there is a clear and imminent risk of harm to self or others?

[ ]  Yes

[ ]  No

[ ]  Not applicable to my role

1. How would you rate your level of competence to intervene physically and
effectively manage an aggressive or violent resident or visitor?

[ ]  Extremely high

[ ]  High

[ ]  Moderate

[ ]  Low

[ ]  Extremely low

[ ]  Not applicable to my role

1. How would you rate your level of competence to protect yourself if being attacked?

[ ]  Extremely high

[ ]  High

[ ]  Moderate

[ ]  Low

1. Do you feel you should be provided with additional training to adequately protect yourself against being attacked?

[ ]  Yes

[ ]  No

[ ]  Unsure

1. Have you received crisis intervention training to assist you in dealing with
hostile, abusive, violent, aggressive residents and visitors?

[ ]  Yes

[ ]  No, I should have received training, but it never occurred

[ ]  No, it’s not applicable to my role

1. If you have received crisis intervention training approximately when was your
last training session?

[ ]  Within the last six months

[ ]  Within the last seven (7) to twelve (12) months

[ ]  Twelve (12) to twenty four (24) months ago

[ ]  It’s been more than twenty four (24) months

1. Was this training delivered on-line, in classroom or a combination of both?

[ ]  On-line

[ ]  Classroom

[ ]  Combination

1. What do you believe is the most effective method of delivering this training?

[ ]  On-line

[ ]  Classroom

[ ]  Combination

1. What is your understanding of how often this initial and subsequent (refresher)
crisis intervention training is to occur?

[ ]  Annually

[ ]  Every two (2) years

[ ]  Every three (3) years

[ ]  Unsure

1. Are these refresher trainings occurring?

[ ]  Yes

[ ]  No

[ ]  Unsure

1. How would you rate your retention of physical self-protection skills and physical intervention techniques learned from the training?

[ ]  Extremely low

[ ]  Low

[ ]  Moderate

[ ]  High

[ ]  Extremely high

[ ]  Not applicable to my role

1. How would you rate your retention of the verbal skills learned from the training?

[ ]  Extremely low

[ ]  Low

[ ]  Moderate

[ ]  High

[ ]  Extremely high

[ ]  Not applicable to my role

1. When was the last time (approximately) you participated in a mock drill for a violent/aggressive resident or visitor?

[ ]  Never

[ ]  1-3 months ago

[ ]  4-6 months ago

[ ]  7-12 months ago

[ ]  It’s been more than 12 months

[ ]  Not applicable to my role

1. Other than formal training, when was the last time you were provided time to
practice physical self-protection skills and physical intervention techniques?

[ ]  Never

[ ]  1-3 months ago

[ ]  4-6 months ago

[ ]  7-12 months ago

[ ]  It’s been more than 12 months

[ ]  Not applicable to my role

1. Please describe the current crisis intervention training in terms of providing you
with the necessary skills to prevent and manage crisis intervention situations.

[ ]  Exceptional

[ ]  Adequate

[ ]  Inadequate

[ ]  Not applicable to my role

1. When thinking about the current crisis intervention training how would you describe the effectiveness of the prevention concepts and verbal de-escalation strategies?

[ ]  Extremely effective

[ ]  Somewhat effective

[ ]  Ineffective

[ ]  Not applicable to my role

1. When thinking about the current crisis intervention training how would you describe the effectiveness of the physical self-protection skills (wrist releases, etc.)

[ ]  Extremely effective

[ ]  Somewhat effective

[ ]  Ineffective

[ ]  Not applicable to my role

1. Are there any training skills you feel you need that you have not been taught that would better prepare you to safely perform your job and or react to a violent or aggressive situation?

[ ]  Unsure

[ ]  Not applicable

My suggestions are: (insert text box)

1. Care planning incorporates least restraint policies and this policy needs to be balanced with ensuing workers safety. Please pick the answer that best describes how you feel about *enter the name of the long term care home here*’s Restraint Policy (sometimes referred to as Least Restraint).

[ ]  The policy has a positive impact on my safety because the residents feel safe and know what to expect

[ ]  The policy has a negative impact on my safety because restraints sometimes don’t happen when they should

[ ]  The policy does not accurately reflect the realities of the resident population

[ ]  I feel that my safety is not as important as the resident’s safety

[ ]  I’m unsure how I feel about the policy

## Summoning Immediate Assistance

1. How would you rate your ability to assess when a potentially violent situation requires an elevated response such as Code White?

[ ]  Extremely Low

[ ]  Low

[ ]  Moderate

[ ]  High

[ ]  Extremely High

[ ]  Not applicable in my role

1. Do you have a means of summoning immediate assistance (e.g. personal panic alarm
or panic button) when you feel you are at imminent risk of harm e.g. physical assault?

[ ]  Yes

[ ]  No, I should have but I don’t

[ ]  Not applicable to my role

1. If you are working alone (where no one could hear you if you called for help) is
there another system in place that will summon immediate assistance when
violence occurs and/or is likely to occur?

[ ]  Yes

[ ]  No

Please explain Click here to enter text.

1. How would you rate the effectiveness of the implementation and monitoring of
Code Whites and/or the personal alarms or panic button policy, measures and procedures to summon immediate assistance at enter long-term care home name
Click here to enter text.

[ ]  Excellent

[ ]  Very Good

[ ]  Good

[ ]  Poor

[ ]  Very Poor

Please explain Click here to enter text.

1. How would you rate reliability of devices provided (e.g. personal alarms or panic buttons) in summoning immediate assistance? Enter long-term care home nameClick here to enter text.

[ ]  Excellent

[ ]  Very Good

[ ]  Good

[ ]  Poor

[ ]  Very Poor

1. How do you feel about the effectiveness of enter long-term care home name Click here to enter text.’s code white procedures. Are there any changes or improvements that can be made to better protect your safety?

Click here to enter text.

1. How would you rate Code White response times on your unit/home area?

[ ]  Poor

[ ]  Adequate

[ ]  Exceptional

[ ]  Unsure

[ ]  Not applicable to my role

1. When a Code White is called, are there adequate number of staff available to assist to effectively and safely manage the situation?

[ ]  Yes, always

[ ]  No, more staff are required

[ ]  Sometimes yes; sometimes no

1. Do you have security personnel in your long-term care home to respond when summoning immediate assistance?

[ ]  Yes

[ ]  No

1. If you answered yes to the above question then how would you describe the response time when security personnel respond to crisis?

[ ]  Poor

[ ]  Adequate

[ ]  Exceptional

[ ]  Unsure

[ ]  Not applicable to my role

1. If you answered yes to the above question then how would you rate the quality of the security response in taking control during a violent assault or other crisis situation that you feel you cannot safely control?

[ ]  Poor

[ ]  Adequate

[ ]  Exceptional

[ ]  Unsure

[ ]  Not applicable to my role

1. If you answered yes to the above question do you feel there are enough security personnel on each shift to effectively respond to Code Whites and security assists when required?

[ ]  Yes, I feel we have enough security to address the number and acuity of residents

[ ]  No, the number of security personnel does not reflect the number and acuity of residents

## Post Incident Response

1. In the event that you have witnessed or experienced workplace violence, were you offered the opportunity to express your thoughts about the incident and learn about normal stress reactions and available services through debriefing or counselling?

[ ]  Yes

[ ]  Not Applicable

[ ]  Not Applicable

1. How would you rate the level of support and debriefing from management following traumatic or crisis episodes?

[ ]  Poor

[ ]  Adequate

[ ]  Exceptional

[ ]  Unsure

[ ]  Not applicable to my role

1. In the event that you have witnessed or experienced workplace violence, please describe the statement that best reflects the debriefing and support you received
from management.

[ ]  The debriefing focused primarily on how the incident impacted me and other workers. I was given the opportunity to express my thoughts openly and was provided with information and access to available internal and external services/supports.

[ ]  The debriefing focused primarily on strategies to prevent a similar situation from occurring. It felt more like a review of the incident, with less emphasis on how
well I and the other worker were coping.

[ ]  The debriefing was a balance of ensuring workers were emotionally okay and were afforded the opportunity to vent, as well as discussing strategies and system issues that may help prevent a similar occurrence. Internal and external supports/services were discussed and made available.

[ ]  I was not offered any support or debriefing after experiencing or witnessing workplace violence

[ ]  Not applicable to my role

1. How would you rate the level of support and debriefing from co-workers following a traumatic or crisis episode?

[ ]  Poor

[ ]  Adequate

[ ]  Exceptional

[ ]  Unsure

[ ]  Not applicable to my role

1. Have any of the following safety supports been offered to you by your employer or supervisor when you have raised concern for your safety and/or as part of a post incident plan? Check all that apply

|  |  |  |
| --- | --- | --- |
|  | Offered after raising a safety concern | Offered as part of a post-incident plan |
| The assistance of a buddy to escort you on or off property |[ ] [ ]
| The assistance of security to escort you on or off property |[ ] [ ]
| The assistance of security to assist with managing an aggressive resident |  |  |
| A device (personal alarm) to summon immediate assistance when needed |[ ] [ ]
| Additional workers in the long-term care home to manage a surge in resident population or acuity |  |  |
| EAP support for workers directly or indirectly involved in the event of workplace violence |[ ] [ ]

Other (please specify)

Click here to enter text.

1. Are you aware that the long term care home can work with you to develop a plan to ensure your personal safety at work should there be a potential for domestic violence to occur at the workplace?

[ ]  Yes

[ ]  No

## Supervisor Competency in Adhereing to the Occupational Health and Safety Act (OHSA) Violence Provisions

1. Does your direct manager/supervisor (supervisor may be referred to as manager where applicable) promote open communication and a culture of safety regarding workplace violence that allows you to feel comfortable bringing safety issues, concerns or hazards to his/her attention?

[ ]  Yes, all of the time

[ ]  Most of the time

[ ]  Sometimes – it’s inconsistent

[ ]  Rarely

[ ]  Not at all

[ ]  Not applicable

1. Does the manager/supervisor (supervisor may be referred to as manager where applicable) on the unit investigate violent incidents, safety concerns, issues and hazards regarding workplace violence without delay?

[ ]  All the time

[ ] Most of the time

[ ]  Never

[ ]  Not sure

1. Does the manager/supervisor (supervisor may be referred to as manager where applicable) take immediate and appropriate corrective action including control measures and procedures to protect workers without delay?

[ ]  All the time

[ ]  Most of the time

[ ]  Never

[ ]  Not sure

Please explain:

Click here to enter text.

1. How engaged is your manager/supervisor (supervisor may be referred to as manager where applicable) in identifying violence hazards and alerting you to those hazards?

[ ]  Very engaged

[ ]  Somewhat engaged

[ ]  It rarely happens

[ ]  Not at all

[ ]  Not applicable to my role

1. Does your manager/supervisor (supervisor may be referred to as manager where applicable) reassess the risk to you and others of violence when there is a staffing shortage or, an increase in resident population and/or acuity?

[ ]  All of the time

[ ]  Most of the time

[ ]  Sometimes – it’s inconsistent

[ ]  Rarely

[ ]  Never

[ ]  Not applicable to my role

1. Has there ever been an occasion(s) when you did not bring workplace violence safety concerns, issues, hazards to your manager/supervisor (supervisor may be referred to as manager where applicable) when you should have?

[ ]  Yes

[ ]  No

[ ]  Not applicable

1. If you answered yes to the previous question then what would you consider to be the primary reason for not informing your manager/supervisor (supervisor may be referred to as manager where applicable) of the concern?

[ ]  I didn’t feel the issue was serious

[ ]  I felt that nothing would change despite brining the issue forward

[ ]  I feared reprisal if I was to bring the issue to my manager/supervisor
(supervisor may be referred to as manager where applicable)

[ ]  I didn’t want to appear like I was complaining

[ ]  Other (please explain):

## Notification of Risk and a History of Violent Behaviour

1. Is a resident’s previous history of violence or behavioural issues consistently documented in the resident’s care plan or safety plan?

[ ]  All the time

[ ]  Most of the time

[ ]  some of the time

[ ]  Never

[ ]  Not sure

1. Are you or your co-workers briefed about a violent incident during shift change report or before dealing with a previous violent resident?

[ ]  All the time

[ ]  Most of the time

[ ]  some of the time

[ ]  Never

[ ]  Not sure

1. How often are you adequately informed when having direct contact with residents or visitors with a previous history, or potential for violence?

[ ]  Never

[ ]  Rarely

[ ]  some of the time

[ ]  Most of the time

[ ]  Always

[ ]  Not applicable to my role

1. Has the use of the identification of residents at risk for violence on admission and flagging in home areas (e.g. bracelets, signage, etc.) and the Violence Risk Assessment and Identification of Residents at Risk for Violence (Flagging) procedure improved your awareness and responsiveness to residents?

[ ]  Yes

[ ]  No

1. Once informed that a resident or visitor has a history of, or potential for violence do you know what steps to take to obtain more specific information?

[ ]  Yes, I know exactly what to do

[ ]  No, the process is unclear to me

[ ]  Not applicable to my role

1. Once adequately informed does *insert name of long term care home here*, provide adequate measures to protect your safety?

[ ]  Yes, all the time

[ ]  Most of the time

[ ]  Rarely

[ ]  Never

[ ]  Not applicable to my role

## Suggestions for Workplace Violence Prevention

1. Have you noticed a pattern for increased violence in your unit? E.g. Time of year, time of day, type of activity?

Click here to enter text.

1. Does you unit have specific measures and procedures related to the prevention or management of workplace violence that are working well and could be used as a best practice across the long term care home?

[ ]  Yes

[ ]  No

If so what are they?

Click here to enter text.

1. When you think about the risk of violence at your workplace, what causes your concern (please click all that apply).

[ ]  Resident population seem to be getting more violent

[ ]  Training is not keeping up with resident acuity

[ ]  (Insert name of the employer here) violence prevention and management
policies and procedures need to be more protective and updated

[ ]  I don’t feel supported by my manager/supervisor (supervisor may be referred
to as manager where applicable)

[ ]  Staffing resources do not match resident acuity

[ ]  The physical environment is unsafe

[ ]  Equipment and systems to keep me safe are not adequate
(e.g. panic alarms/buttons, personal protective equipment)

[ ]  I don’t feel supported by my peers

[ ]  There is no security to protect me

[ ]  There is not enough security to protect me

[ ]  Physician’s orders often risk my safety

Other:

Click here to enter text.

1. Do you have any recommendations or suggestions that can make your
workplace safer?

Click here to enter text.

1. Please feel free to provide additional comments, thoughts, or suggestions?

Click here to enter text.

Acknowledgements: This tool was developed based on Safe Management Group’s Pre-Risk Assessment Survey developed for the Centre for Addiction and Mental Health

# Acknowledgements

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