



Appendix B: Sample Policy

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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:

- the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker;
- an attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker; or,
- a statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

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 Occupational Health & Safety Act (OHSA) and its regulations
- 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 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 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 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 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 PSHSA'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 [PSHSA'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

- Refer to BETSI — Behavioural Education and Training Supports Inventory tool — to determine where training is needed.
- 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 [PSHSA’s Flagging Handbook](#), [Security Toolkit](#), and [PSRS 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.