
TITLE: MANAGING DISRESPECTFUL, AGGRESSIVE OR VIOLENT BEHAVIOURS OF VISITORS

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APPLICABILITY: All facilities, departments, programs and services

RELATED POLICIES: 2-6-2-010: Client Advocates
2-5-1-040: Patients and Visitors with Alcohol and Illegal Substances: Staff Responsibility
2-6-1-010: Client Complaints and Compliments
5-1-2-5-070: Violence Prevention Program

DEFINITIONS: **Patient:** Includes resident, client.
Disrespectful, aggressive or violent behaviour: Includes attempted or actual use of any physical force so as to cause injury, threatening statements or behaviours, or any expression of hostile behaviour or threat directed towards others that hurts or causes to harm through verbal, physical, psychological or sexual means. Behaviours also deemed unacceptable include, but are not limited to, using abusive and/or foul language, apparent alcohol and/or drug intoxication, and being disruptive or unresponsive to the direction of workers.

DOCUMENT QUICK LINKS

- [Residents' Bill of Rights](#)
- [Behaviour, Strategy and Response Table](#)
- Partners in Care: Expectations and Responsibilities (10-000-6054)
- Concerned about quality of care? Let us know (10-000-3039)
- Special Safety Alert and Plan (10-320-5004)
- Provincial Violence Prevention Curriculum modules (Learning Hub)

KEY POINTS

- This policy is superseded by court orders, including custody orders and orders made under other enactments, relating to the specific patient or visitor.
- Northern Health (NH) strives to achieve balance between the principles of person-centered care which promotes the inclusion of family and other visitors in healthcare facilities, and the rights of workers, physicians, volunteers, other patients and other visitors to have a safe and respectful environment that is free from violence,

aggression and harassment. In particular, NH is required by WorkSafeBC to provide a safe working environment.

- Patients have a right to receive visitors, and to exclude visitors based on their own preferences, to the greatest extent possible given their clinical condition and the operational requirements of the program, service or facility.
- Visitors have a responsibility to manage their own conduct, treat others with respect, and preserve the dignity, safety and comfort of other patients, physicians and workers.

POLICY

In situations where a visitor exhibits behaviour which is disrespectful, aggressive or violent, Managers/Directors/Physician Leaders must immediately act to protect the safety of patients, workers, other visitors, and volunteers, while also showing compassion for the visitor who may be under considerable stress for a variety of reasons, including concerns about the person they may be visiting.

PROCEDURE

Situations involving immediate risk:

1. Take all threats seriously.
2. **Call 9-1-1 immediately** when there is a weapon involved or there is immediate risk of harm.
3. Follow site **Code White** procedures if a visitor shows signs of verbal or physical aggression/violence (e.g., call Advanced Response team, **Security and/or 9-1-1** as applicable).
4. Inform manager and ensure follow up as per Code White procedures, once intervention has occurred.
5. Document incident as appropriate to the situation
 - a. Workplace Health Call Centre 1-866-922-9464
 - b. Patient Safety Learning System (PSLS)
 - c. Special Safety Alert and Plan if applicable
6. Manager informs Senior Administration, Risk Management, and Workplace Health and Safety where applicable (e.g., threat assessment may be required if there is a potential ongoing threat).

Situations not involving immediate risk:

- A progressive problem-solving approach (e.g., the minimum level of intrusion upon the autonomy of the visitor and patient needed to address/resolve the situation) is to be used [Refer to Behaviour, Strategy and Response](#).
- Interventions to be considered by the care team (supported by management/leaders) include the following, in order of increasing intrusiveness:

1. Explain to the visitor the standard of behaviour expected and request compliance e.g. review Partners in Care: Expectations and Responsibilities.
 - a) Encourage workers to engage their supervisor/manager if attempts at this stage do not resolve the situation.
 - b) Encourage supervisors/managers to consult with **Risk Management** if they require support.
2. Provide verbal and/or written warnings of the potential for periodic or absolute restrictions on access to sections / parts of the program, service, facility or the whole of the program, service or facility if inappropriate behaviour continues.
3. Implement formal conflict resolution processes (contact **Risk Management** to discuss). If a behavioural contract is considered, contact **Risk Management** to discuss.
4. Initiate supervision for the visitor when visiting their family member or friend (e.g., security stand-by, if available).
5. Implement time limited restrictions on access to the program, service or facility.
6. Implement restrictions on access to the program, service, or facility for indefinite periods.
 - a) Restricting a visitor's access is to be used as a last resort.
 - b) If restriction is considered, manager of the program documents in the PSLS event record the progressive processes used, including, if time permits, escalation to senior administration for approval before implementation.
 - c) Develop an access restriction plan for regular review of the decision to determine if the restrictions should be revised.
 - d) Visitors wishing to dispute the access restriction may contact the Patient Complaint Quality Office (1-877-677-7715 or email the patientcarequalityoffice@northernhealth.ca).
7. Document all steps taken.

DOCUMENTATION

Workplace Health Call Centre 1-866-922-9464

Patient Safety Learning System (PSLS)

Special Safety Alert and Plan Form (10-320-5004) if applicable

Code White Report Form (Level 2 or 3 sites) (10-320-7004) if applicable

Code White Report Form (Level 1 sites) (10-320-7038) if applicable

BEHAVIOUR, STRATEGY AND RESPONSE

BEHAVIOUR	STRATEGY/RESPONSE
<ul style="list-style-type: none"> • Hostile, angry behaviour • Swearing/offensive language, shouting at staff, patients or other visitors. • Other disruptive or interfering behaviour 	<p>Initial response:</p> <ul style="list-style-type: none"> • Approach visitor in respectful manner and acknowledge visitor's current level of distress. • Use verbal de-escalation techniques as appropriate. • Identify possible causes of behaviour. • If visitor's behaviour de-escalates to the point where it is possible to initiate a discussion: <ol style="list-style-type: none"> a. Ensure privacy (to the extent possible without compromising staff safety) and discuss with visitor the standard of behaviour expected on Health Authority property, sites or services. b. Initiate verbal compliance or verbal contract with visitor • Document incidents using appropriate reporting systems - Workplace Health Call Centre and/or PSLS.
<p>If hostile behaviour as above continues, escalates, and/or includes (examples):</p> <ul style="list-style-type: none"> • Preventing staff in providing required patient care safely and free from interference. • Refusal of medications, clinical assessments, personal care, or tampering with medical equipment. • Increasing demands for care and/or services. • Unrealistic expectations about Care Plan. <p>See also:</p> <ul style="list-style-type: none"> • Client Advocates 	<p>Progressive restriction as required:</p> <p>Manager in consultation with Risk Management</p> <ol style="list-style-type: none"> c. Evaluate concerns from staff and patient safety perspectives. d. Meet with visitor to identify key issues of concern, identify common goals, outline behavioural expectations. e. Consider formal conflict resolution process. f. Initiate written contract as required. g. Provide details of progressive approach including possible visitation restrictions. <p>Specific interventions may include:</p> <ul style="list-style-type: none"> • Structured and written communication plan with visitor. • Educate and instruct staff on consistent responses and plan. • Identify single staff point of contact for visitor. • Engage an interpreter to enhance communication when language is a barrier. • Safety companion or sitter as an option as appropriate. <p>If visitor continues to breach, more restrictive actions may be necessary for example:</p> <ul style="list-style-type: none"> • Security stand-by during critical times. • Supervised visiting. • Time limited restrictions on access to the program, service or facility. • Restrictions on access to the program, service, or facility for indefinite periods. <p>Ensure documentation for all steps taken.</p>
<ul style="list-style-type: none"> • Verbal threats towards staff, patients and/or other visitors. Take all threats seriously. • Visitor breaching the personal space/boundary of staff or other patients. • Staff feel bullied, threatened or assaulted in circumstances related to their work, involving direct or indirect challenge to their safety, well-being or health. 	<p>Emergency Response:</p> <ul style="list-style-type: none"> • When there is a weapon involved or there is immediate risk of harm call 9-1-1 immediately. • Follow site Code White procedures i.e. call Advanced Response team, Security and/or 9-1-1, as applicable. • Document and inform staff.

REFERENCES

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KEYWORDS

Visitor, public, aggression, violence, visitor restrictions, restricted access