**Violence/Aggression Assessment Checklist (VAC)**

|  |  |  |
| --- | --- | --- |
| **Type of Behavior** | **Yes/No** | **Descriptions (any or all may be included)** |
| History of Violence |  Yes No | History of being physically aggressive towards a caregiver. |
| Uncooperative |  Yes No | Easily annoyed or angered. Unable to tolerate the presence of others. Will not follow instructions. |
| Verbal Abuse |  Yes No | Verbal attacks, abuse, name calling, verbally comments uttered in a snarling, aggressive manner. |
| Hostile/Attacking Objects |  Yes No | Overtly loud or noisy, i.e. slams doors, shouts out when talking, etc. An attack directed at an object, banging or smashing windows, kicking, banging, and head banging, smashing furniture. |
| Threats |  Yes No | A verbal outburst which is more than just a raised voice; and where there is definite intent to intimidate or threaten another person. A definite intent to physically threaten another person, i.e. raising of arm/leg, aggressive stance, making a fist, etc. |
| Assaultive/Combative |  Yes No | An application of force or attack directed at an individual, i.e. kick, punch, spit, grabbing of clothing, use a weapon or weapon of opportunity, throwing items. |
| Type of Behavior exhibited by: | PatientOthers | Document/describe behaviorSpecify Other (e.g. parent, spouse, etc.) |
| Known risk factors (i.e. wait times, pain level, fear) | List factors |  |
| **Behavior** | **Level of Risk** | **Intervention** |
| No Observed Behavior | LOW | No intervention required |
| History or Uncooperative or Verbal abuse | Moderate(Intervention required) | List Intervention or refer to policies and procedures |
| Any One (1) or more in shaded area or TWO (2) or more in Non-Shaded area | HIGH(Preventative Measures Required) | List Measures or refer to policies and procedures |

|  |
| --- |
| **Risk of Violence** |
| **Moderate** | **High** |
| Notify House Supervisor | Contact Security (nights & weekends) @\*74 “Request presence” |
| Contact Security (nights and weekends) @\*74 “Potential risk of Violence” | Call 911 if behavior escalates |
| Notify Admitting and receiving department RN’s | Notify House Supervisor |
| Reassess behavior and document triggers | Triage to Seclusion room |
| Install Ying/Yang door magnet to signal caution | Provide frequent communication to patient |
|  | Notify all treating staff |
|  | Monitor behavior frequently and document triggers |
|  | Consider need for restraints as a last resort (physical and/or chemical) |

***Source:***

Adapted from the Broset violence Checklist (R. Almvik & P. Woods, 2000): Alert System risk indicator (R. King et al, 2006) and; Correlates of accuracy in the assessment of psychiatric Inpatients’ risk of violence (McNeil, D.,& Binder, R., 1995) Developed by the Public Services Health and Safety Association (PSHSA), Ontario, Canada, 2010.

**Alternative Risk Assessment Tools from** **PSHSA:**

* **Workplace Violence Risk Assessment Toolkit for Acute Care (2017).**

https://workplace-violence.ca/tools/workplace-violence-risk-assessment-wvrat/

**Note: This tool was customized and successfully used by 3 hospitals in the WSI project.**

* The tool was provided to staff on 2-sided 8”x 5.5” card stock and posted on computers used for charting.
* Staff received training on the tool during staff meetings, formal training, newsletters and poster boards.
* The tool was typically implemented in one unit/department first e.g., the Emergency department, and then refined based on staff feedback.
* One of the biggest challenges for the WIS hospitals was developing systems of communication between all stakeholders about a patient or visitor’s risk for violence. Integrating the assessment tool or any method of ‘flagging’ a patient’s record related to a history of violence, into existing electronic health record (EHR) systems was challenging. So WSI hospitals that use the tool are integrating into the EHR as software systems are upgraded in the next one-two years.
* Some hospitals use a magnet on the outside of a patient’s room to indicate that the patients has a history of, or is at risk of violence or aggression. One hospital uses a ‘Ying/Yang’ door magnet to signal caution to all staff who may have contact with a patient who is at risk for violence. This symbol was found to be less ‘alarming’ for a patient’s family or visitors than one that is more overt in identifying that the patient is violent.
* Unfortunately, due to software and computer system incompatibility, it is not always possible to share a patients EHR between a hospital and outpatient clinics, home health services and physician offices. In this case some hospitals communicate information about a patient’s history of violence via fax and/or phone to external health care providers.

Interestingly, all employees showed an interest in knowing how to use this tool including environmental services staff and support service staff such as imaging and laboratory technicians.