



Assessing Violence in the Community:

A handbook
for the
workplace

First Edition

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Assessing Violence in the Community:

A Handbook for the Workplace

Preface

Public Services Health and Safety Association (PSHSA) supports the prevention and reduction of workplace injuries and occupational diseases in Ontario's health care sector by assisting organizations to adopt preventive best practices and approaches. The purpose of this booklet is to provide assessment tools, tips and guidelines for use by the employer, supervisor and workers, to minimize the risk of violence when working in the community.

PSHSA is a non-profit organization designated as the Safe Workplace Association for the health care, education and municipal sectors under the Workplace Safety and Insurance Act, 1997.

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Assessing Violence in the Community: A Handbook for the Workplace

Introduction

Violence in the workplace is a growing issue in the healthcare and community care sector. The literature recognizes four types of workplace violence:

- **Type I (Criminal Intent):** The perpetrator has no relationship to the worker or workplace
- **Type II (Client or Customer):** The perpetrator is a client at the workplace who becomes violent toward a worker or another client
- **Type III (Worker-to-worker):** The perpetrator is an employee or past employee of the workplace
- **Type IV (Personal Relationship):** The perpetrator has a personal relationship with an employee or a client, e.g., domestic violence in the workplace

Those who work in the community are at particular risk for all types of violence due to unpredictability of the environment and having to travel within the community. It is critical that employee safety is considered a priority and that appropriate assessments of the client, community and environment are conducted to recognize and control potential hazards.

This booklet provides practical tools to assess the risk for violence for those who work in the community, along with useful tips and guidelines to address the risks. It outlines:

- Elements of a pre-visit assessment
- Elements of a pre-travel assessment
- An employee hazard checklist to be used in the community

Each of the assessment tools should be further tailored to the organization and work environment.

To use this handbook effectively work through the assessment charts, if a concern is identified, review the suggested guidelines and tips provided at the end of the handbook and adopt possible controls.

Purpose of a Risk Assessment Tool

The up-front planning that a community care organization and the care provider completes for the provision of care to clients in the community is critical to ensuring employee safety. Elements that should be considered in the planning include:

- Assessment of a client and home prior to a visit
- Assessment of the geographical region and travel route
- Assessment of the environment and client during the visit

All concerns and subsequent planned approaches should be documented and communicated, because consistency is important in minimizing risk. Front-line staff must also assess risk continuously, as a regular part of their daily work regimen, while working in the community. Reporting processes should be established at the organization to deal with risks when they are identified. A sample *Worker Home/Community Risk Assessment Tool* is included in the centre of this booklet, and can easily be removed for use.

Assessment of a client and home prior to a visit

Take the time to contact the prospective client or a family member for required information, or plan time to assess the site or area at the time of the first visit, and take the recommended precautions.

Not only is the physical environment assessed, but it should be determined if the client and/or family member(s) display the following:

- Negative attitude/mood
- Signs of substance abuse
- Disorientation

The **employer** should ensure that a process is in place to conduct a pre-visit assessment and that the information gathered is given to the care provider so that safe approaches can be put into place. The process should clearly identify:

- Who will conduct the pre-visit assessment?
- Will the assessment be conducted in person or over the phone?
- Where will the information gathered be documented and maintained?
- How will this information be communicated to care providers?

Use the following pre-visit assessment tool as a guide for interviewing the client and/or family member(s) of the client

Pre-visit Assessment Tool			
During the phone interview: <i>Sample questions to ask</i>			
Risk Identification	Y/N	Notes	Risk-specific Tips
Is there a history of violent or aggressive behaviour by the client or person's in the dwelling?			A1: Communicating with Potentially Violent Clients A2: Terminating an Interaction with an Angry Client A3: Guidelines for Non-verbal Behaviour and Communications A4: Guidelines for Telephone Threats E1: Point-of-care Staff Work Practice Assessment E2: Client Aggression Risk Factors
Do you know of any triggers for the violent /aggressive behaviour, such as when limits are set, or during specific activities?			
Is the violent/aggressive behaviour directed toward a particular person or generalized, toward no one in particular?			
If directed at a particular person, what is the likelihood that this person will be in the home during a health care worker's home visit?			
Do you know of any restraining orders against anyone in the household? If yes, against whom (e.g., client, family member, or friend)?			
Have threats recently been made against the client? If so, who has made these threats?			
Are there pets or animals in the home?			

Assessment of the geographic region and travel route

Take the time to assess the geographic region that the worker will be entering and travel route he/she will be taking. Some of this information can be gathered from the local police. Much of the information can only be gathered by conducting a site visit.

The **supervisor** should:

- Identify the safest route for the worker to reach the client's premises
- Check with the local police department to determine the crime rate for the geographic location. If the crime rate is considered high, have two workers travel to provide care.

Use the following pre-travel assessment tool as a guide

Pre-travel Assessment Tool			
Before a worker goes to the home: Checklist to be completed by the supervisor			
ON ROUTE			
Risk Identification	Y/N	Suggested Controls	Risk-specific Tips
Has the safest route to get to the client been identified?			A3: Walking in the Community B1: Planning Travel B2: Travelling by Public Transit
Has the crime rate for the location been determined through the local police department?			
Is the client aware of the approximate time of arrival?			

Pre-travel Assessment Tool (continued)

UPON ARRIVAL

Risk Identification	Y/N	Suggested Controls	Risk-specific Tips
Has the closest and safest parking spot been located?		<ul style="list-style-type: none"> • Make sure the vehicle windows are closed and all vehicle doors are locked 	C1: Travelling by Car C2: Safe Driving Practices C3: What to Do If Confronted by an Aggressive Driver C4: Parking Your Vehicle
Do street lamps provide enough light for walking from the parked car to the entrance, and is there a light in the entrance to the building?		<ul style="list-style-type: none"> • Park under a streetlight if arriving in the late afternoon or at night • Avoid night visits if possible 	
BEFORE ENTERING THE HOME			
Risk Identification	Y/N	Suggested Controls	
Are there any physical hazards (barriers, broken steps, free-roaming dogs, weapons) and, if so, is there a plan for controlling these hazards during the visit?		<ul style="list-style-type: none"> • Request that the entry area light be on, if there is one • Use a flashlight if needed 	D2: Tips for When a Weapon Is Involved B1: Planning Travel
If there is a possibility of encountering hazards during your visit, have you arranged for a pre-visit and post-visit call to the office, a nurse, the supervisor or, if possible, a "buddy"?			

Pre-travel Assessment Tool (continued)

BEFORE ENTERING THE HOME (CONTINUED)

Risk Identification	Y/N	Suggested Controls	Risk-specific Tips
Will other people be in the residence during the visit? If so, do you know how many, what their relationship to the client is, whether there any potential for violence, and who will open the door?			D1: Personal Attack Tips

AT THE HOME

Risk Identification	Y/N	Suggested Controls	A2: Terminating an Interaction with an Angry Client
Do you know where the nearest telephone is? Are there emergency phones in the building, housing or parking complex?		<ul style="list-style-type: none"> • Have a cell phone with you • Pre-program emergency contact numbers 	

Have you determined the safest route for returning to your vehicle?		Be observant! <ul style="list-style-type: none"> • Look and listen • Do not sling your purse or bag over your shoulder or around your neck • Carry your keys in your hand • Walk around vehicle, and check back seat before unlocking car • Lock doors, keep windows up until underway 	C5: Returning to Your Vehicle
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Employee hazard assessment tool

With information gathered from the pre-visit and pre-travel assessments, a number of controls should already be in place. However, front-line staff must continue to assess risk as a regular part of their daily work routine. Observation and communication skills are very important when assessing and minimizing risk. Any findings that deviate from what has been deemed acceptable should be immediately reported by the worker following the reporting procedures established at the organization.

A worker home/community risk assessment tool is provided in the centre of this handbook as a guide

Each organization should customize this tool to suit their needs. For instance, specific instructions can be included under the yes/no columns, with directions to the worker that match the organization's policy and procedures.

Conclusion

Involving all workplace parties in the identification, assessment and control of the risk of violence will help to reduce the unpredictability of the community as a work environment and increase the safety of community workers.

With a better understanding of possible controls, an organization can develop customized assessment tools to further increase the value conducting pre-visit, pre-travel and on-going assessments. The end result will be a safer work environment, even when work is conducted in the community.

Risk Specific Guidelines and Tips

Client Communication

A1: Communicating with Potentially Violent/Aggressive Clients

Verbal Communication

Talking can defuse anger. Here are some strategies to use when speaking with someone who is angry:

- Make your first contact neutral or non-directive: for example, ask how you can help. This inquiry communicates a sense of normal interaction.
- Focus your attention on the other person to let them know you are interested in what they have to say.
- Remain calm and try to calm the other person – **DO NOT** allow the other person's anger to become your anger.
- Always be courteous to clients despite their behaviour. Introduce yourself and call them by name.
- Remain conscious of how you are delivering your words, and how receptive your body language and posture is.
- Use empathy – acknowledge the client's feelings – confirm that you know they are upset.
- Use active listening skills. Do not interrupt.
- Confirm your understanding of the issue or problem by repeating what the client has told you.
- Acknowledge the client's feelings and concerns.
- Use simple language; avoid jargon or technical language.
- Speak slowly, quietly and confidently.
- Remain open-minded and objective.

- Use Active Listening skills– DO NOT interrupt; repeat back your understanding of their message.
- Encourage the person to talk and express themselves as this will assist in decreasing their tension. DO NOT tell the person to relax, chill or calm down.
- Always be honest. Do not make promises that you cannot keep.
- Keep the client's attention focused on the current issue.
- Use silence as a calming tool.
- Always attempt to explain delays or long waiting periods. Not doing so can be construed as discourtesy.
- Be prepared to apologize as necessary and accept criticism positively.
- Avoid giving commands.
- Look for ways to help the person save face.
- In a calm and non-threatening way, explain that violence is unacceptable and is not tolerated.
- If you feel threatened, politely and calmly terminate the interaction.
- Use silence as a calming tool.

Body Language

Employees must pay close attention to the body language of a potentially violent client. A hostile stance increases tension and interferes with verbal communication. When approaching an angry person:

- Stand about one metre (three feet) away (that is, outside the individual's personal space), on an angle (as opposed to directly in front of the person) and on the person's non-dominant side (people usually wear watches and part hair on the non-dominant side).
- Place yourself so that you have a clear exit.
- Position yourself on the same physical level; avoid standing over the person.

- Use calm body language: hands open, attentive facial expression, relaxed posture.
- Avoid pointing or gesturing; make no sudden movements.
- Avoid touching the person.
- Avoid staring eye contact.

A2: Terminating an Interaction with an Angry Client

If you feel threatened, or if the interaction is increasing a client's anger, terminate the interaction immediately.

- Calmly but politely interrupt the conversation.
- Tell the person that the conversation is over.
- Either leave or ask the person to leave.
- If the person does not leave, inform a manager or supervisor immediately.
- Call the police.
- If you threaten to call the police, be prepared to call them.
- Document the incident

A3: Guidelines for Non-verbal Behaviour and Communication

- Use calm body language – relaxed posture with hands unclenched, above waist and visible.
- Have an attentive expression on your face.
- Arrange yourself so your exit is not blocked.
- Position yourself at an angle rather than directly in front of the other person (Supportive Stance – protects vital organs and less confrontational, easier to get away).
- Give the person enough physical space. This varies by culture and other factors but normally two to four feet is considered adequate space.
- Document the incident.

- Inform the supervisor and either the supervisor or employee should call the police and report the incident. Threats of violence are illegal under the Criminal Code section 264.1 – Uttering Threats. The police will provide you with a case number and speak to the offender.

A4: Guidelines for Telephone Threats

- If client is abusive, explain that their language is not acceptable and that you will terminate the call unless they refrain from such behaviour.
- Be firm and consistent.
- Hang up if necessary.
- Try to avoid taking the situation personally.
- If you receive a threatening phone call and know the person, let them know their behaviour is not acceptable and end the call.
- If you receive a threatening phone call and don't know the person, take notes on everything said and observations about background noise, voice characteristics, etc.

Travel in the Community

B1: Planning Travel

Whether travelling by car or public transit, workers are responsible for planning ahead.

- Get to know the area, particularly the safe area in the district.
- Plan the route and method of travel well in advance. Have insurance if travelling by car.
- Keep pertinent telephone numbers (destination, taxi service, hotel, rental car agency, reliable tow truck company, etc.) handy.
- Avoid driving in isolated or dangerous areas. Plan the safest route to and from the client's home, even if it isn't the most direct. If travelling through dangerous areas is unavoidable, travel with a companion and note nearby police stations, public telephones and other public buildings such as hospitals and restaurants or stores that remain open late.

- If possible, arrive during daylight hours.
- Carry a cell phone.
- Always be aware of your surroundings.
- Wear comfortable, conservative clothing and shoes with non-skid soles. Do not wear expensive jewellery or show large amounts of money. Religious symbols should be worn discreetly.
- Avoid earrings or accessories that could be grasped or pulled by another person.
- Do not wear headphones as they will limit your ability to hear sounds around you.
- Keep money in an accessible pocket to eliminate searching through a purse or wallet.
- Advise your home and office when you arrive.

B2: Travelling by Public Transit

- Walk confidently with head erect.
- Keep an up-to-date transit schedule in an easy-to-access location.
- Have the exact change ready in a pocket. Avoid opening your purse or wallet.
- If possible, travel during the day.
- Always wait at a designated transit stop. Stand with a group of people rather than alone.
- Avoid isolated or poorly lit bus stops.
- Plan to arrive time at the transit stop just before your bus/ streetcar does.
- On the bus or streetcar, try to sit where you can see your upcoming stop as you approach. If you see suspicious or menacing individuals at your stop, get off at the next stop.
- When stepping off the bus, check to see if you are being followed. If you are, walk directly and quickly – without running or looking back – to a service station or store. Call 911.
- If possible, plan to have someone meet you at your home bus stop.

- Stand away from the edge of the subway platform and use the alarms in the subway, bus, streetcar as necessary.
- Stand or sit near the driver or streetcar operator or in the Designated Waiting Area of the subway platform.
- If someone is bothering you, or if you feel threatened, let the driver know immediately.
- Move instantly if jostled – it helps to foil pickpockets.
- Always be aware of your surroundings.
- Avoid direct eye contact with other travellers and do not participate in lengthy conversations with people in the street.
- If taking a taxi, check that the driver's identification and photo are clearly displayed and match the driver.
- Sit behind the front passenger seat.
- State the route you prefer, sticking to the main streets. State that someone is waiting for you.
- If you become uneasy with the driver, request that he or she pull over and let you out.

B3: Walking in the Community

- Walking with your head erect, appearing alert and, scanning your route, proceed directly and quickly to the client's home.
- Use the main entrance as much as possible – avoid rear or secluded entrances.

Safe Driving

C1: Travelling by Car

Staff should be responsible for ensuring that their cars are road-ready by servicing them regularly (we recommend every six months). They are also responsible for employing safe driving practices, such as getting snow tires in winter or using four-wheel drive in the north.

Vehicle check-list

- Use steel-belted radial tires to reduce the chance of a flat tire and keep the tires properly inflated.
- Check windshield wiper fluid level, battery and lights.
- Keep the gas tank more than half full at all times.

Winter Car Survival Kit

In the trunk:

- Axe or hatchet
- Booster cables
- Cloth or paper towels
- Compass
- Emergency food pack
- Extra clothing/footwear
- Fire extinguisher
- Ice scraper and brush
- Matches, survival candle in a deep can
- Methyl hydrate (for fuel line and windshield de-icing)
- Road maps
- Sand, salt or kitty litter
- Shovel
- Tow chain
- Traction mats or "ladder"
- Warning light or road flares
- Safety vest
- Work gloves

In the car:

- Flashlight
- First-aid kit
- Survival blanket
- "Call Police" sign: durable, reflective plastic sign that hooks on the window and is visible from both directions at any time during any weather

Has the closest and safest parking spot been located?	<input type="checkbox"/> Yes – Proceed to the home	<input type="checkbox"/> No – Call supervisor in case of an emergency	<ul style="list-style-type: none"> • Make sure the vehicle windows are closed and all vehicle doors are locked 	Ca: Parking Your Vehicle
COMMUNICATION/ACCESS				
Risk Factor	YES	NO	Suggested Controls	Risk-specific Tips
Is there access to a telephone, cell phone, reception or 911 communication?	<input type="checkbox"/> Yes – Proceed with client care	<input type="checkbox"/> No – Find nearest phone and contact supervisor	<ul style="list-style-type: none"> • Establish method of communication, carry a cell phone with automatic dial to 911 • Outline any “working alone” precautions required 	B1. Planning Travel
PETS/ANIMALS				
Risk Factor	YES	NO	Suggested Controls	Risk-specific Tips
Are there any animals in the home?	<input type="checkbox"/> Yes – Consider anything that may affect staff safety and delivery of care	<input type="checkbox"/> No – Proceed with client care	<ul style="list-style-type: none"> • Pets to be secured as necessary prior to visit 	

Worker Home/Community Hazard Assessment Tool

ENVIRONMENTAL CONDITIONS				
Risk Factor	YES	NO	Suggested Controls	Risk-specific Tips
Is entrance visible from the road?	<input type="checkbox"/> Yes – Proceed to the home	<input type="checkbox"/> No – Call supervisor	<ul style="list-style-type: none"> • Turn on high beams if necessary 	B1. Planning Travel
Is the neighbourhood well lit?	<input type="checkbox"/> Yes – Proceed to the home	<input type="checkbox"/> No – Have phone ready to call 911 if necessary	<ul style="list-style-type: none"> • Turn on high beams if necessary 	
Is the path from the parking spot to the front door well lit?	<input type="checkbox"/> Yes – Proceed to the home	<input type="checkbox"/> No – Have phone ready to call 911 if necessary	<ul style="list-style-type: none"> • Client/family to install adequate lighting and/or repairs 	B3. Walking in the community C4: Parking Your Vehicle
Have driveways, paths and stairs been cleared to allow a worker to exit quickly if needed?	<input type="checkbox"/> Yes – Proceed to the home	<input type="checkbox"/> No – Call supervisor	<ul style="list-style-type: none"> • Client/family to clear driveways, paths and stairs 	
Are there any uneven surfaces that might impede a quick exit by the worker?	<input type="checkbox"/> Yes – Slow down and call supervisor	<input type="checkbox"/> No – Proceed to the home	<ul style="list-style-type: none"> • Client/family to repair uneven surfaces 	
Is there a long approach road?	<input type="checkbox"/> Yes – Call supervisor in case of an emergency	<input type="checkbox"/> No – Proceed to the home	<ul style="list-style-type: none"> • Map the area before visiting the home 	

				<p>A3. Guidelines for Non-verbal Behaviour and Communication</p>
<p>Is there an incident of aggressive or responsive behaviours by the client, e.g., anxiety, pain, invasion of personal space, change in routine and noise while delivering care?</p>	<p><input type="checkbox"/> Yes – maintain your personal space and if there is imminent threat of danger. Leave the home immediately if in danger and contact supervisor</p>	<p><input type="checkbox"/> No – Continue to provide client care</p>	<ul style="list-style-type: none"> • Alert services of potential/identified problems • List number of care providers going into the home – consistency of caregivers is important 	<p>D1. Personal Attack Tips E1. Point-of-Care Staff Work Practice Assessment E2. Client Aggressions Risk Factors</p>
<p>SUBSTANCE ABUSE</p>				
<p>Risk Factor</p> <p>Is the client and/or the family member(s) showing signs of aggression, balance and agility problems, or communication problems?</p>	<p>YES</p> <p><input type="checkbox"/> Yes – Do not enter home and/or leave the home immediately if illegal activities are occurring and contact supervisor</p>	<p>NO</p> <p><input type="checkbox"/> No – Continue to provide care</p>	<p>Suggested Controls</p> <ul style="list-style-type: none"> • Advise client/family that services may be withdrawn if identified risks occur during provision of service 	<p>Risk-specific Tips</p> <p>A2. Terminating an Interaction with an Angry Client</p>

FIREARMS/WEAPONS					
Risk Factor	YES	NO	Suggested Controls	Risk-specific Tips	
Are there any firearms/ weapons in the home?	<input type="checkbox"/> Yes – Contact supervisor and if necessary consider consulting police – do not enter dwelling	<input type="checkbox"/> No – Proceed with client care	<ul style="list-style-type: none"> • Ensure firearms are stored in a locked cupboard and ammunition stored separately • Inform client/family that service will be withheld until firearms are stored, unloaded and in locked cupboard 	D2. Tips for When a Weapon is Involved	
COGNITIVE ABILITY					
Risk Factor	YES	NO	Suggested Controls	Risk-specific Tips	
Is client able to direct own care?	<input type="checkbox"/> Yes – Continue to provide client care	<input type="checkbox"/> No – Contact supervisor	<ul style="list-style-type: none"> • Involve family and make aware of community resources • Large print direction 	A. Client Communication Tips	
Is client refusing to accept care?	<input type="checkbox"/> Yes – Contact supervisor	<input type="checkbox"/> No – Continue to provide client care	<ul style="list-style-type: none"> • Consider referral to mental health services 	E1. Point-of-Care Staff Work Practice Assessment	
AGGRESSION/ABUSE					
Risk Factor	YES	NO	Suggested Controls	Risk-specific Tips	
Is there an incident of actual or threatened violence, sexual, physical or verbal abuse by the client or family?	<input type="checkbox"/> Yes – Leave the home and contact 911 immediately; contact supervisor	<input type="checkbox"/> No – Continue to provide client care	<ul style="list-style-type: none"> • Alert supervisor of potential/ identified problems • Communicate this to all caregivers 	A1. Communicating with Potentially Violent Clients	

C2: Safe Driving Practices

- Always approach your car with your car keys already in hand. Hold one key between your thumb and first finger so that the key can be used as a weapon to protect yourself. Having your keys in your hand also allows you to quickly enter your car.
- In above-ground parking lots, park in well-lit areas near the main entrance or exit to the building.
- In underground parking lots, back into the parking space so you can leave the parking lot area quickly and safely.
- Check underneath the vehicle as you approach to make sure no one is hiding there, then check the back seat before getting into your car. If you notice someone near, at or in your vehicle, go to a safe area and contact security or the police.
- Keep the car doors locked and the windows closed when parking.
- Keep the doors locked when travelling in your car.
- Always use seat belts.
- Refrain from using the cell phone while driving. Pull off the road to make a call and limit phone use to emergencies.
- Consider using a head set or speaker phone in the car.
- Refrain from smoking in the car. Cigarette smoke leaves a film on windows and nicotine and carbon monoxide can reduce night vision.
- Do not wear sunglasses at night: they do not reduce headlight glare.
- Switch from high beams to low during night driving when within 150 m (500 feet) of an oncoming vehicle, or approaching within 60 m (200 feet) of turns and the crest of hills on country roads.
- Develop a routine for looking ahead, from side to side and in the rear view mirror.
- Check mirrors every five to 10 seconds and always before stopping or changing lanes.
- Always check blind spots by turning your head when changing lanes.
- Move away from drivers who are moving erratically.

- In traffic queues, stop when you can still see the wheels of the car ahead. At that distance, you can always get your car out of the queue and you have a buffer if hit from behind.
- Keep your foot firmly on the brake when you are stopped.
- If you suspect that you are being followed, note the car's licence number and go immediately to a police, fire or service station. Do not leave the car, but honk your horn repeatedly until someone responds. Do not go home.
- If you are driving to a client's home, avoid parking directly in front of the home. Park next door so that you can see the front and sides of the dwelling as you approach.
- Roll up the windows and lock the car.
- Don't leave personal or nursing items visible.
- Leave purses at home and carry identification and money in front pockets.
- Post a sign on the dashboard stating that no drugs or equipment are inside the car.
- Park in open areas.
- Avoid underground parking garages. If you must use one, park near an exit in a well-lit area.
- Back into the parking spot and take a few minutes to observe the surroundings.
- Avoid parking beside a van or other large vehicle where you could be wedged in.
- If your car breaks down, try to get it to the side of the road. Put on the emergency flashers. Do not get out of the car. Keep the doors locked and the windows closed. Use your cell phone to call for assistance. If you do not have a cell phone, place a "Call Police" sign on the windshield.
- If someone other than a police officer comes to the car to assist you, open the window no more than 2 cm (1 inch) to speak to them.
- Do not accept help from a stranger. Ask the person to call the police or a towing service.

C3: What to Do if Confronted by an Aggressive Driver

- Avoid eye contact and refrain from exchanging words or gestures and from retaliatory driving manoeuvres.
- Stay in control. Allow the driver to pass. Drop back and let them get far ahead.
- If pursued, go directly to a nearby safe area or police station.
- Use a cell phone to call for help.

C4: Parking Your Vehicle

- If possible, park on the premises rather than on the street.
- Walk confidently with head up and be aware of your surroundings.
- Park as close to the home/building as possible, especially during the evening or night.
- Know where emergency telephones are.
- Look around before leaving your vehicle.
- Avoid leaving valuables inside your vehicle.
- Avoid locking your purse in the trunk of your vehicle while on site (lock it in the trunk before you arrive).
- Use the main entrance; avoid rear or secluded entrances.
- Put your keys in your hand before leaving the home/building and carry a whistle or another type of personal alarm.
- If you notice someone loitering near your vehicle, do not go to your vehicle; go to a safe area and contact the police.
- When approaching your vehicle, check underneath from a distance to ensure no one is hiding there or behind the vehicle.
- Look inside your vehicle before getting in.
- Once inside your vehicle, lock all doors and keep all windows up.

C5: Returning to Your Vehicle

- Prepare yourself to leave the client's home with everything you need, such as the key to open your vehicle, and a whistle or other personal alarm.
- Use the main entrance as much as possible – avoid rear or secluded exits.
- Scan the area for suspicious or menacing individuals. Have a back-up plan if there is danger.
- Walking with your head erect, appearing alert and, scanning your route, proceed directly and quickly to your vehicle.
- Once you are in your vehicle, ensure all doors are locked and windows are up.

Personal Threats and Attacks

D1: Personal Attack Tips

- Make a scene, yell or scream as loud as possible – shout words like STOP! HELP! FIRE!; run to a nearby store or the nearest well-lit area and continue calling for help.
- If you are being pulled or dragged along, fall to the ground and roll.
- Blow a whistle, activate a personal alarm or activate a fire alarm or any other device that would create a scene.
- If you are in a public area, give bystanders specific instructions to help you. Single someone out and send them for help, e.g., "You in the yellow shirt, call the police!"
- If someone grabs your purse, briefcase or other belongings, DO NOT resist. Throw the item to the ground several feet away from the thief and run in the opposite direction yelling HELP! DO NOT chase the thief.
- Call the police immediately after any incident (when it is safe to do so) and report the appearance and mannerisms of the offender.

D2: Tips for When a Weapon is Involved

- Never try to disarm an armed Individual. If possible, try to leave the location and call 911.
- Never accept a weapon from an upset, agitated individual; the person may change their mind and turn the weapon on you. Ask them to set it down on the floor or counter.
- If you are assaulted, call 911 as soon as it is safe to do so.
- Report the incident to your supervisor as soon as possible
- Write down your recollection of the incident as soon as possible to assist the police or hospital staff with details
- After a traumatic incident, seek support and/or counselling (through the internal debriefing process or the employee and family assistance program)

Client Care

E1: Point-of-care Staff Work Practice Assessment

Caregivers can avert client aggression/violence by means of their approach to care. Persons with cognitive impairment, dementia, physiological and psychiatric illness may not be able to communicate their needs verbally. It is imperative that caregivers constantly assess the client's needs and ensure that the care they provide is person-centred. All clients should be treated with dignity and respect, and should not be victimized as perpetrators of violent acts. If we strive to meet their needs and communicate appropriately, we can avert episodes of aggressive behaviours.

This tool will assist caregivers to reflect on caregiving safety measures and person-centred care strategies.

CONSIDERATIONS	YES	NO
Are the client's wishes and needs considered when establishing a client care plan?		
Does the client history include the likelihood of a client exhibiting aggressive or violent behaviour?		
Is there is a process to tag or flag clients who are potentially aggressive and/or violent? Are such factors as personality, medications, type or degree of illness and history considered?		
Is client confidentiality balanced with employee safety?		
Does the organization support a flexible care plan designed to meet the needs of your clients?		
Are there certain client care activities that must be performed at a specific time of day?		
Is a standard assessment conducted on clients to determine the likelihood of an aggressive response?		

CONSIDERATIONS	YES	NO
Is staff safety considered when designing a client care plan?		
Do you explain to a client what you are going to do and how you are going to do it each time you engage in a client care activity?		
Is the client kept informed about treatment, procedures and care planning?		
Are the client's privacy and dignity respected during care activities?		
When client assignments are being completed by one person working in isolation, can the job be done more safely with two people working together?		
Are clients' scheduled appointments kept promptly?		
Are staff educated in recognizing escalating behaviour and patterns of violence?		
Are staff educated in effective communication techniques?		
Do staff know how to respond when confronted by an aggressive client?		
Do staff know how to access help quickly?		
Is there is an effective emergency response mechanism that staff can readily access in an emergency situation (i.e., use of cell phone; immediate exit)?		
Can staff review a client's profile before meeting with that client?		

CONSIDERATIONS	YES	NO
Are regular case management meetings held with all staff who are directly or indirectly involved in the care of potentially violent clients?		
Are ways to deal with these clients or clients discussed and client care plans updated to indicate factors that trigger violence and suggest controls?		
Are staff who are more experienced or staff who have a demonstrated ability to handle potentially violent situations assigned to high-risk areas or to high-risk clients?		
Before approaching a client, do you make sure that the lighting is adequate?		
Are a comfortable temperature and low noise levels maintained?		
If clients resist or become hostile during care, is the care stopped immediately?		
If you feel threatened in any way during client care, is there a process to request the presence of another staff member?		

E2: Client Aggression Risk Factors

This tool will assist caregivers to identify risk factors associated with aggressive behaviour

- Language or cultural barriers
- Diagnosis (psychogeriatric illness, mental illness, medical condition)
- Poverty
- Fear
- Loss of control
- Loneliness
- Frustration
- Boredom
- Effects of medications or lack of medication
- Anniversary of a significant event
- Losses (friends, family, no support system)
- Lack of information
- Time of day or week (“sundown syndrome”)
- Task too complicated
- Physiological needs (fatigue, hunger, need to void)
- Reaction to race and sex of caregiver

READER EVALUATION

Assessing Violence in the Community: A handbook for the workplace

PSHSA is interested in your feedback regarding this booklet. Please take a moment to complete the following questions and fax your responses to PSHSA Head Office at **416.250.9190**. We appreciate your help in making our products the best they can be.

On a scale of 1 (Strongly Disagree) to 5 (Strongly Agree) please rate the following:

STRONGLY DISAGREE STRONGLY AGREE

The information will help me to recognize the risk of violence in the community

1 2 3 4 5

The information will help me to establish pre-visit assessments

1 2 3 4 5

The information will help me to establish pre-travel assessments

1 2 3 4 5

The information will help me to establish on-going hazard assessments by the front-line worker

1 2 3 4 5

The guideline and tips were helpful when identifying possible controls

1 2 3 4 5

Please tell us of any changes you plan to make at your workplace as a result of reading this booklet?

Please provide any comments about the booklet.

Which of the following are you?

Employer Supervisor Employee H&S Personnel Other

How many people work at your organization?

1-5 6-20 21-50 51-100 over 100



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