

In the development/revision of Violence Prevention materials, and in accordance with the Workers' Compensation Board of BC (WCB), a comprehensive risk assessment must be performed in any place of employment in which a risk of injury to workers arising out of their employment may be present.

The WCB Regulation defines violence as "the attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker, and includes any threatening statement or behaviour which gives a worker reasonable cause to believe that he or she is at risk of injury."

The staff survey will be of great assistance in the completion of the risk assessment for your workplace and facility. Your responses are anonymous and the results will be shared with the Occupational Health and Safety Committee.

GENERAL EMPLOYEE INFORMATION

Facility or Location of Work		
Job Title	Department	Date (dd/mm/yy)
Number of Years in Current Work Area	Number of Years in Current Job/Position	

WORKING ALONE

- In the last 12 months, have you been required to work alone (i.e. no other staff member, security or RCMP present in the area)?

<input type="checkbox"/> Every day	<input type="checkbox"/> 3 or more times per week	<input type="checkbox"/> 5 or more times per month
<input type="checkbox"/> 1 time per month	<input type="checkbox"/> Less than 5 occasions	<input type="checkbox"/> Never
- Did you (or would you if you have never worked alone) feel at an increased risk of violence because you work alone?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
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EXPERIENCES WITHIN PAST 12 MONTHS

- In the past 12 months, have you witnessed an aggressive act by someone other than a co-worker? Yes No
 If "Yes", was this act reported? Yes No Don't Know
- In the past 12 months, have you been subject to an incident of violence (verbal or physical)? Yes No
If "Yes", please indicate the number of incidents: _____
If "No please move to question #25
- Where did the incident(s) take place?

<input type="checkbox"/> At Bedside or In Patient's/Resident's/Client's Bedroom	<input type="checkbox"/> Within Immediate Work Area (i.e. nursing station, Corridor, Conference Room, Bathroom, Staff Room, Office, etc.)
<input type="checkbox"/> Other Area Within The Facility: _____	<input type="checkbox"/> Parking Area
<input type="checkbox"/> Vehicle	<input type="checkbox"/> Resident's House
<input type="checkbox"/> Other: (please specify) _____	
- Did you seek medical aid as a result of the incident(s)? Yes No
- Did you have time off from work as a result of the incident(s)? Yes No
- If injured as a result of the violent act, the injury resulted in:

<input type="checkbox"/> Minor laceration	<input type="checkbox"/> Major laceration	<input type="checkbox"/> Minor bruising	<input type="checkbox"/> Major bruising
<input type="checkbox"/> Fracture	<input type="checkbox"/> Sprain or Strain	<input type="checkbox"/> Internal Injuries	<input type="checkbox"/> Head Injury
<input type="checkbox"/> Stress	<input type="checkbox"/> Other: (please specify) _____		
- Who was the aggressor (i.e. the person who precipitated the violent act)?

<input type="checkbox"/> Patient	<input type="checkbox"/> Resident	<input type="checkbox"/> Family Member of Patient/Resident/Client
<input type="checkbox"/> Client	<input type="checkbox"/> Visitor of Patient/Resident	<input type="checkbox"/> Neighbor/Visitor of Client
<input type="checkbox"/> Public	<input type="checkbox"/> Physician	<input type="checkbox"/> Unknown
<input type="checkbox"/> Other: (please specify) _____		
- Was the aggressor? Male Female Unknown
- What was the nature of the incident? (please check all that apply) **You were:**

<input type="checkbox"/> Struck by an object	<input type="checkbox"/> Grabbed/held by the aggressor	<input type="checkbox"/> Kicked/punched/slapped by the aggressor
<input type="checkbox"/> Pushed by the aggressor	<input type="checkbox"/> Spit on	<input type="checkbox"/> Verbally threatened
<input type="checkbox"/> Other: (please specify) _____		

12. If verbally threatened, were the threats to:

- Injure you Sexually assault you Kill you
 Injure members of your family Damage or destroy your property Other: (please specify) _____

13. Under what circumstances did the act of violence occur - that is, what events preceded the act or what do you believe precipitated the violent act?

- Interaction with patient/resident/client/public under the effects of alcohol or drugs Providing physical care to patients/residents/clients who are known to be violent
 Interaction with known violent person Handling or delivery of drugs
 Stressful situation resulting from bad news or negative information Handling cash or other items that might precipitate violent acts
 Enforcing rules of conduct, e.g. noise level, visiting hours, smoking policy, etc. Other: (please specify) _____

14. Prior to the incident, did you suspect that a violent incident might arise? No

- Yes, documented on care plan Yes, identified on alert/risk identification system
 Yes, warned by other professional or staff in the area Yes, warned by supervisor or manager
 Yes, warned by co-worker Yes, personal previous knowledge of behaviour
 Other: (please specify) _____

15. At what time did the incident(s) happen?

- 0800 to 1600 1600 to 2400 2400 to 0800

16. Were other people, other than the aggressor, close enough to provide assistance at the time the incident(s) occurred?

- No Yes, other employees Yes, security or RCMP
 Yes, other: (please specify) _____

17. Were the incident(s) reported? No

- Yes, verbally to manager or supervisor Yes, using Unusual Occurrence Report
 Yes, using Accident and Injury Report Yes, verbally to union representative
 Yes, other: (please specify) _____

18. What was done as a result of the violent incident?

- Don't know Nothing to my knowledge Modification to work area or work procedures
 Adjustment to care plan More training Additional security or RCMP presence
 Other: (please specify) _____

19. Do you think corrective action was adequate? Yes No Don't Know

20. Were you offered Critical Incident Stress defusing or debriefing as a result of the incident(s)? Yes No

21. Were you offered counseling through an Employee and Family Assistance Program (EFAP)? Yes No

22. If you received Critical Incident Stress defusing or debriefing, or accessed counseling through an EFAP, did you find it useful?

- Very helpful Helpful Not helpful Didn't receive

23. Was the Occupational Health and Safety Committee involved in the investigation of the violent incident(s)?

- Yes No Don't Know

24. Was the Workers' Compensation Board involved in the investigation of the violent incident(s)?

- Yes No Don't Know

KNOWLEDGE LEVEL

25. Do you know the current policy(s) and procedure(s) for identification of aggressive patients/residents/clients/public?

- Yes No Don't know

26. Do you know the current policy(s) and procedure(s) for reporting incidents of violence?

- Yes No Don't know

27. Have you received specific training on Violence Prevention in the workplace? No

- Yes, at new hire orientation Yes, in the last 2 years at current workplace
 Yes, through outside organization/institution Yes, other: (please specify) _____

28. If Yes, do you feel the training was adequate to enable you to: (check those applicable)

- Recognize the potential for violence in your workplace Respond to violence or threats of violence
 Obtain assistance Report and document incidents of violence

