

## Health & Safety Services Violence Prevention Employee Risk Assessment Survey

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			
1. In the last 12 months, have you been required to	work alone (i.e.	no other staff member, se	ecurity or RCMP present in the area)?
Every day	3 or more times	per week 5 or	more times per month
1 time per month	Less than 5 occ		
2. Did you (or would you if you have never worked	alone) feel at an		
Yes	No	Don	't Know
<b>EXPERIENCES WITHIN PAST 12 MONTHS</b>			
3. In the past 12 months, have you witnessed an ag	agressive act by	someone other than a co-	worker? Yes No
If "Yes", was this act reported?	,9.000.10 4012)	Yes	No Don't Know
4. In the past 12 months, have you been subject to	an incident of vio	olence (verbal or physical)	?
If "Yes", please indicate the number of incide			
If "No please move to question #25		_	
5. Where did the incident(s) take place?			
At Bedside or In Patient's/Resident's/0	Client's Bedroom		diate Work Area (i.e. nursing station, Corridor
			Room, Bathroom, Staff Room, Office, etc.)
Other Area Within The Facility:		Parking Area	
Vehicle Other: (please specify)		Residents n	ouse
Did you seek medical aid as a result of the incide			Yes No
<ol> <li>Did you have time off from work as a result of the</li> </ol>			Yes No
8. If injured as a result of the violent act, the injury			
Minor laceration Major lac		Minor bruising	Major bruising
Fracture Sprain or		Internal Injuries	Head Injury
Stress Other: (pl	lease specify)		
9. Who was the aggressor (i.e. the person who prec	ipitated the viole	nt act)?	
Patient	Resident	Fam	nily Member of Patient/Resident/Client
Client	Visitor of Patien	<u> </u>	ghbor/Visitor of Client
Public	Physician	Unk	nown
Other: (please specify)			
10. Was the aggressor?		Male	Female Unknown
11. What was the nature of the incident? (please che		·	kod/nunchod/alannad by the aggregation
	Grabbed/held by th Spit on		ked/punched/slapped by the aggressor bally threatened
Other: (please specify)	opit OH	vei	bany uncatencu
Curior: (produce opeonly)			

Jan 2000 Page 1 OF 3



## Health & Safety Services Violence Prevention Employee Risk Assessment Survey

12. If verbally threatened, were the threats to:	
Injure you Sexually assault you Injure members of your family Damage or destroy y	
13. Under what circumstances did the act of violence occur - that is, v	
the violent act?  Interaction with patient/resident/client/public under the effects	Providing physical care to patients/residents/clients who are
of alcohol or drugs	known to be violent
Interaction with known violent person  Stressful situation resulting from bad news or negative	Handling or delivery of drugs  Handling cash or other items that might precipitate violent acts
information	
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 a	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 pro	
No Yes, other employee	es Yes, security or RCMP
Yes, other: (please specify)	<u>-</u>
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	
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	s a result of the incident(s)? Yes No
21. Were you offered counseling through an Employee and Family As	ssistance Program (EFAP)? Yes No
22. If you received Critical Incident Stress defusing or debriefing, or a	ccessed 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	he investigation of the violent incident(s)?
Yes No	Don't Know
24. Was the Workers' Compensation Board involved in the investigation	ion 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	ion of aggressive patients/residents/clients/public?
Yes No	Don't know
26. Do you know the current policy(s) and procedure(s) for reporting in	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: (ch	neck those applicable)
Recognize the potential for violence in your workplace	Respond to violence or threats of violence
Obtain againtance	
Obtain assistance	Report and document incidents of violence

Jan 2000 Page 2 OF 3



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## **BELIEFS ABOUT YOUR JOB**

Regardless of whether you have experienced an incident of either actual or threatened violence, please answer the following questions.							
29. Is the risk of violence in your workplace a serious concern for you?	Yes	No	Don't Know				
30. If Yes, how often would you say this concern impacts you?							
Daily Weekly	Moi	nthly					
Occasionally Infrequently	Oth	er (please specify	·)				
31. Do you feel you would be supported by your manager or supervisor in reporting incidents of violence?							
Yes No	Dor	n't know					
32. If you believe you are at risk, is it as an individual or as a conseque	·						
Individual Occupation Both Don't know							
33. Do you believe your occupational risk is related to the nature of you  Yes  No		n't know					
34. If Yes, could that be related to: (check all those applicable)							
The city or geographical area of service	The facility location	or layout					
The number of entrances into your work area	Signage i.e. lack of or characteristics of						
Noise and lighting Other: (please specify)	Visibility of your wor	k area					
35. Do you believe your occupational risk is related to the nature of you	r interactions with natio	nte/residents/cli	ents/public?				
Yes No		n't know	ents/public:				
36. If Yes, could that be related to: (check all those applicable)		TT KITOW					
Delivery of hands-on patient care	Giving and receiving	n of information					
Delivery of medications	Giving and receiving of information  Explaining of policies/procedures						
Enforcing of policies/procedures	Entry into private ho		294				
Other: (please specify)	Entry into private ne	mes and residenc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
37. Do you believe risk to aggression is related to personal attributes?	Yes	No	Don't Know				
38. If Yes, could that be related to: (check all those applicable)							
Gender Experience	Cor	ofidence in commu	unication skills				
Training relating to personal safety Other (please specify)							
39. Do you believe incidents of violence may go unreported?	Yes	No	Don't Know				
			Dontraiow				
COMMENTS AND RECOMMENDATIONS							
Additional comments and recommendations on a the causes and how to reduce the r			kplace,				
		Toldonio					

Jan 2000 Page 3 OF 3