



## **SAMPLE POLICY: STAFF SAFETY**

### **Sample Community and Health Services**

**Keywords:** high risk, safety, home visits, staff safety, client safety, disruptive behavior, refusal of service

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#### **Policy**

We are not obliged to provide services to clients who pose a safety risk to staff or to other program participants.

#### **Scope**

This policy applies to all Sample Community and Health Services staff, students and volunteers (collectively referred to as "personnel").

#### **Definitions**

**Disruptive** - Behaviour that interrupts normal flow of events in a working area; client may be agitated, angry, swearing, inebriated.

**Threatening** - Communicating menace of bodily harm or injury to property, either verbally or through behaviour.

#### **Procedures**

##### **1. Disruptive and Threatening Behavior:**

- 1.1 Clients are expected to behave appropriately when at the Centre. If a client is disruptive, or apparently under the influence of alcohol or drugs, the situation will be handled by staff at the Centre. Threatening behaviour is more serious; 911 is usually called.
- 1.2 Clients who arrive at the Centre and are disruptive and/or under the influence of drugs or alcohol are asked to leave, usually by their worker or a Manager. The worker will determine if the client will be seen by a counsellor. If necessary, the Program Manager or the Executive Director may be asked to provide support in dealing with the client.
- 1.3 If a client refuses to leave or is threatening, use the "File 1," "File 2" or "File 3" paging code to summon the Coordinator on Site (COS – a manager or delegate of management) and the crisis worker, and call 911.
- 1.4 Reporting:
  - Workers involved in any situation where visitors were threatening or disruptive will complete an Incident Report Form. If there is a client file, workers record the incident in the client's file. An alert will be put on the computer system only if the client was threatening (*see Section B – Alerts*). The medical software registration screen on the computer should have an alert field (or code) to indicate an alert. With our present system the code is a double asterisk (\*\*) and details are indicated in the notes section.
  - The worker who deals with the client, or a Manager, will follow up with the client to ensure that the person understands that the behaviour was unacceptable.

- The Manager who was involved will discuss the incident with the Executive Director within 24 hours. The appropriate mechanism for communicating the incident to staff will be reviewed by the Executive Director and Managers.

#### 1.5 Threatening Behaviour:

- If a visitor begins threatening behaviour in the main or medical reception areas, the receptionist will call 911 immediately. Once 911 has been called, do not cancel. Tell the 911 operator:
  - police needed
  - threatening person on premises
  - our address: 123 Street Road
  - Sample Community and Health Services
  - closest intersection: Street Road one block North of Avenue Street
  - location within building
  - telephone numberFollow the operator's instructions.
- Some staff members have been assigned wearable panic buttons. If these staff members are unable to call 911, they should press the panic button. This will alert the alarm monitoring station to call police.
- Whether or not 911 is called, the receptionist should always initiate the internal SCHS paging procedure. Press the pager button. Announce over the pager: "File 1," "File 2" or "File 3" three times. This is a signal to call Managers to the appropriate reception area (File 1 - first floor; File 2 - second floor; File 3 – third floor). It also alerts other staff, particularly the crisis worker, that they may be needed. If there is a staff person who knows the threatening visitor, page them to come to reception.
- It is the responsibility of the Managers' group to ensure that at least one Manager or an appropriate delegate is always in the building or easily available in some other way. This person is designated as the Coordinator on Site (COS).
- The COS and the crisis worker should assess quickly whether or not they should engage in discussion with the person who is threatening. If the client is known, talking may calm him/her.
- If engaging in discussion, tell the threatening person that the behaviour is inappropriate. If you are unsure or unwilling to make this request alone, ask a colleague for accompaniment. If you decide not to engage in discussion, ask staff to wait in a safe area until police arrive.
- The receptionist calls for back-up staff if COS or the crisis worker determine that more are needed.
- A second receptionist or other program staff escorts other clients out of the area by the safest available route. Possible assembly areas include the first floor multipurpose room or the medical waiting room, depending on where the incident occurs.
- The COS will designate someone to meet the police, advise on the situation, and prevent visitors from going into the area.
- All remaining staff should refrain from calling Reception on the intercom until hearing "all clear" twice on the paging system, which indicates that the incident is resolved.

#### 1.6 After the Incident:

- Reception staff will announce "all clear" twice on the intercom pager. Staff can escort clients back to the area.
- The COS ensures that all staff with significant involvement complete individual Incident Report Forms on the same day and also coordinates a comprehensive report. An alert is put on the client's computer file (see *Section B – Alerts*) to alert staff that the client has behaved in a threatening manner. The Incident Report (see *Section E – Incident Reports*) is used to make a detailed record of the incident.
- Managers and program staff familiar with the client should conduct an evaluation in order to receive feedback, offer support to staff, and assess how procedures worked and whether anything should be done differently in the future. This group should also determine whether a warning or termination letter will be sent or given to the client or visitor.

## **2. Alerts:**

- 2.1 If there is a possibility that a client's behaviour might put staff at risk, any staff who counsel clients individually or make home visits have a right to be aware of that risk.
- 2.2 If a home visit might pose dangers due to past violent behaviour by others living in the home or likely to be found in the home, workers should also follow the alert procedures.
- 2.3 If a worker's safety has been threatened, the staff person directly involved follows the alert procedure as soon as possible after the incident. The alert stays in the client's computer file.
- 2.4 Immediately notify your team Manager, who will notify the Executive Director. The team Manager ensures that other team staff and other Managers are alerted as necessary. The team Manager will instruct the data entry staff to put an alert on the client's file on the computer system as well as the paper file. This will involve putting a double asterisk (\*\*) beside the client's name on the medical software registration screen. Details will be indicated in the notes section. The client profile sheet, showing the double asterisk and the note section, will be printed on red paper and attached to the left hand side of the file folder, on top of the registration form. This alert will be put on all files of all SCHS service providers involved with the client.
- 2.5 The client should be notified by the staff involved that their file has been tagged with an alert, following consultation with the team Manager. The Executive Director may send a warning letter to the client depending on the situation.
- 2.6 The alert is only used when there has been a threatening or violent incident, or when there is the potential for one, not for other suspicions of risk. Managers will periodically review the alert process to determine its appropriateness. They will also review the alerts registered in clients' computer files to assess whether there is any possibility of reinstating clients.

## **3. Office Visits:**

- 3.1 Staff should never assume that they are safe with a visitor or client. Leave yourself an escape route, or ensure that other staff are aware that someone is with you.
- 3.2 Potential safety risks should be discussed at team meetings so that the team can determine what precautions or alternative arrangements to follow. Precautions may include:
  - not booking a client for evening appointments
  - keeping the office or examining room door open
  - having another staff member with you, and/or
  - having the portable panic button with you.
- 3.3 Tell someone who will be in the area that you will be interviewing a difficult client. Use another space if there is no one nearby.
- 3.4 If unacceptable behaviour begins (e.g., yelling, swearing, gestures), inform the client of acceptable standards of behaviour and consequences of non-compliance.
- 3.5 It is always best to try to avoid or leave a threatening situation. If you have any doubts about a client, seat yourself so that the person is not between you and the door. Leave quickly, without making excuses, if you feel threatened in any way.

## **4. Home Visits:**

- 4.1 Clients whose behaviour or environment may endanger a home visitor should be identified and their file flagged with an Alert. This information is updated on the date of the latest incident.
- 4.2 Potential safety risks should be discussed at team meetings so that the team can determine what precautions or alternative arrangements to follow. Alternatives may include: visiting with a co-worker, meeting at the Centre, meeting at a neutral place where there are other people.
- 4.3 All staff who make home visits should have a cell phone with them at all times.
- 4.4 Before you visit:
  - Review documentation to determine home situation and usual behaviour. Know how many people usually live at the home.

- Determine goals of the visit. Let the client know the purpose of the visit and how the client can benefit from a positive outcome.
- Keep a record of your visiting schedule and addresses and phone numbers of scheduled clients at the office in a designated place. Let your Manager or a colleague know if you are planning a potentially risky visit, and call them on arrival and after the visit.

4.5 Potentially unsafe conditions:

4.6 Home visitors are aware of the following:

- unsafe physical conditions: steep stairways, poor lighting, elevators, and corridors
- the presence of others who might feel threatened by the worker's knowledge of the situation
- inappropriate invitations or gifts
- threatening remarks, calls or letters from the client or weapons on display
- history of aggressive behaviour, substance abuse, or psychiatric problems reported by the client, referral agent, or other agencies

4.7 Recognition and avoidance of risk:

- Use your professional judgment and common sense at all times. Your safety is more important than possible embarrassment. Trust your own intuitive sense of danger.
- Keep your car keys with you (e.g. don't allow your coat to be taken to another room with your keys in the pocket). Be sure you can get your car out.
- Assess the situation for obvious weapons (e.g. brooms, canes, lamps). Don't hesitate to ask that dogs or other potentially dangerous animals be tied or penned up.
- Know the quickest and safest route to the door. Position yourself, if possible, so that you will not expose your back to others who may enter the room without your knowledge.
- If others are present, try to determine who they are. Stay alert to the movement in the home.
- If possible, do not enter the kitchen (where there may be more make-shift weapons) or the bedroom (which may be seen as a violation of privacy).
- Use calm, non-aggressive body language and a calm tone of voice.

Watch for changes in the client's behaviour which may indicate triggering or escalation of aggression, such as:

- pacing
- fist clenching
- increased pressure of speech
- sudden shift in conversation, such as sexual or personal comments
- aggressive eye contact
- verbal threats

4.8 If an incident occurs:

- If you sense trouble, tell the person you are leaving and will contact them again. Do not take the time to explain.
- As necessary, notify 911, your supervisor, COS, and/or the Executive Director.
- If warranted, an alert may be placed on the client's computer file. The incident should be documented using an Incident Report Form (*see Section E – Incident Reports – Appendix A*).

**5. Incident Reports:**

5.1 Incidents that need to be documented include the following:

- Physical violence
- Threats
- Verbal abuse
- Theft
- Personal injury
- Property damage (inadvertent or purposeful)
- Sexual harassment

- Incidents with police involvement
  - Any unusual occurrence with safety implications
- 5.2 Reportable incidents may involve staff or participants in a SCHS program, and they may occur anywhere. Any situation that may have future repercussions for SCHS programs, staff, volunteers, or reputation should be documented.
- 5.3 Any staff person directly involved in the incident should:
- Fill in the Incident Report Form (*Appendix A*) as soon as possible after the incident on the same day.
  - Immediately notify your program Manager (who then notifies the Executive Director).
  - Send a copy of the incident form to your Manager, who then sends it to the Executive Director for copying and distribution.
  - You will receive a copy for your personal file when all of the signatures have been added.
- 5.4 The copy of the Incident Report Form is filed in the central filing system. The original is kept in the client's file.
- 5.5 Incident follow-up:  
There is a space on the Incident Report Form to note whether follow-up action is required. The person named as responsible for follow-up should use the Incident Report Follow-up Form (*Appendix B*) to document their actions within a reasonable time. Copies of the follow-up form go to the worker originally reporting the incident, the Manager, and the Executive Director.

See sample incident reporting forms on next page.

**APPENDIX A**  
**SAMPLE COMMUNITY AND HEALTH SERVICES - INCIDENT REPORT**  
*(To be reported on same day as incident)*

Name of employee completing form: \_\_\_\_\_ Team: \_\_\_\_\_

<b>LOCATION OF INCIDENT:</b> _____
<b>DATE AND TIME OF INCIDENT:</b> _____
<b>DATE AND TIME INCIDENT WAS REPORTED TO COORDINATOR:</b> _____

PERSONS INVOLVED:	PERSON # 1	PERSON # 2	PERSON # 3
NAME			
ADDRESS			
PHONE			
ROLE			

<b>TYPE OF INCIDENT:</b>	PHYSICAL VIOLENCE <input type="checkbox"/>	PROPERTY DAMAGE <input type="checkbox"/>
VERBAL ABUSE <input type="checkbox"/>	INJURY <input type="checkbox"/>	THEFT <input type="checkbox"/>
OTHER <input type="checkbox"/> <i>(Specify)</i>	SEXUAL HARASSEMENT <input type="checkbox"/>	

<b>DESCRIBE SITUATION:</b> <i>(Please use other side if necessary)</i>
_____ _____ _____

<b>ACTION TAKEN AND BY WHOM:</b> <i>(Specify dates and times)</i>
_____ _____
<b>FOLLOW UP REQUIRED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO      BY WHOM?

- |                                 |      |
|---------------------------------|------|
| 1. Staff Signature              | Date |
| 2. Manager Signature            | Date |
| 3. Executive Director Signature | Date |

**Distribution of copies:**  
 Original to client file via staff  
 1 copy each (via Executive Director) to:  
 a) Employee completing form  
 b) Manager  
 c) Administration Incident file

**APPENDIX B**  
**SAMPLE COMMUNITY AND HEALTH SERVICES**  
**INCIDENT REPORT FOLLOW-UP FORM**

Name of employee: \_\_\_\_\_ Date: \_\_\_\_\_

Date and time of original incident: \_\_\_\_\_

**Follow-up (comments):**

**Further Action?**       Yes       No      \_\_\_\_\_  
By Whom

\_\_\_\_\_  
Staff Signature      Date

\_\_\_\_\_  
Manager Signature      Date

\_\_\_\_\_  
Executive Director Signature      Date

- Distribution of copies:**  
Original to client file via staff  
1 copy each (via Executive Director) to:  
a) Employee completing form  
b) Manager  
c) Administration Incident file

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**Posted/Last Reviewed:** September 2011

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