

Policies and Procedures

SECTION:	INCIDENT MANAGEMENT	POLICY NUMBER:	IM 10-040
SUB-SECTION:	Situation Management	EFFECTIVE DATE:	2010-12-14
SUBJECT:	Flagging Patients – Acting Out Behaviour (AOB)	LAST REVISION DATE:	2024-05-30

DEFINITIONS:

In this Policy,

“Acting Out Behaviour (AOB)” means behaviour that is physically or verbally aggressive, offensive, hostile, or threatening towards staff or other patients/family members.

“Broset Violence Checklist (BVC)” is a risk assessment tool useful in predicting violence within the next 24-hour period (accessible in the electronic health record).

“Flag” means a visual and/or electronic alert used to inform staff of a risk of violent, aggressive or responsive behaviours and to signal additional and individualized care-needs and preventive measures.

“Responsive Behaviours” are a protective means by which persons with dementia or other conditions may communicate an unmet need (e.g. pain, cold, hunger, constipation, boredom) or reaction to their environment (e.g. lighting, noise, invasion of space).

“Routine prevention practices” means violence-prevention strategies such as active listening and empathy that are used with all patients to prevent violent, aggressive or responsive behaviours.

“Trigger” means a circumstance or situation that may initiate, provoke or impact patient behaviour. Triggers may be physical, psychological or activity-related.

“Violent behaviour” means acts of violence such as but not limited to choking, punching, hitting, shoving, pushing, biting, spitting, shouting, swearing, verbal threats, groping, pinching, kicking, throwing objects, shaking fists, and threatening assault.

“Violent behaviour - early signs” means overt signs of escalating violent, aggressive or responsive behaviours such as:

- Changes in autonomic nervous system - e.g. sweating, flushed face, changes in pupil size, increased muscle tension;
- Rapid, loud, or profane speech;
- Sudden changes in level of consciousness - e.g. increased disorientation and confusion;
- Motor agitation - e.g. agitated pacing and inability to remain still;
- Hallucinations, which can be auditory or visual and may be benign or command-orientated;

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- f) Sudden changes in extremes or affect - e.g. exhilaration, grandiosity;
- g) Sudden lack of affect in someone who was previously very agitated and threatening, which may indicate a decision to take violent action;
- h) Use of alcohol or drugs.

POLICY:

1. The hospital will communicate any known acting-out behaviour (AOB) in patients to employees and physicians.
2. The patient's electronic health record will be flagged with the process alert "Acting Out Behaviour" (AOB) to alert staff to a patient's previous acts of violence or a demonstrated potential for violence.
3. The process alert "Acting Out Behaviour" will be visible in one or more of the following locations:
 - a) In the process alert in the Hospital's electronic health record on the person level.
 - b) The banner bar on the electronic health record.
4. A Code White will be activated for any situation involving violence or acting out behaviour (AOB) (Policy No. IM 05-090 - Code White).
5. Acting Out Behaviour (AOB) flags and requests to remove flags will be reviewed on a regular basis (after 72 hours, as needed, and upon discharge) by the manager/designate (i.e. Clinical Support Supervisor, charge person, etc.) of the department where the patient is situated.
6. All employees and affiliates will complete the Non-Violent Crisis Intervention (NVCi) Awareness, Basic or Advanced Training depending on their positions in the organization.

PROCEDURE:

1. All employees and affiliates will:
 - a) Observe for visual indicators of AOB (i.e. alerts in the electronic health record, visual indicators [signage], etc.). For staff/volunteers who do not have access to the patient's electronic record, they will check for visual indicators. If an Acting Out Behaviour (AOB) flag is present, they should consult with a clinical healthcare worker prior to contact with the patient regarding behaviour, triggers, and applicable prevention/safety measures and procedures.
 - b) Use de-escalation and other crisis-prevention skills and recommended approaches as needed (as per NVCi training).
 - c) Call a Code White when:
 - i. Staff perceive themselves or others to be in danger of physical harm from an aggressive patient;
 - ii. A patient is acting out in a manner that is dangerous to self, others, or the environment;
 - iii. There is an imminent risk of acting out;

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- iv. The situation is rapidly escalating out of control.
- 2. The employee that experiences or witnesses an actual or potential act of violent, responsive, or acting-out behaviours will:
 - a) Call a Code White when:
 - i. Staff perceive themselves or others to be in danger of physical harm from an aggressive patient;
 - ii. A patient is acting out in a manner that is dangerous to self, others, or the environment;
 - iii. There is an imminent risk of acting out;
 - iv. The situation is rapidly escalating out of control.
 - b) Initiate the “Acting Out Behaviour” flagging process by contacting their manager or designate (i.e. Clinical Support Supervisor, charge person, etc.).
 - c) Inform their immediate charge person or the clinical support supervisor, if not already informed.
 - d) Complete an incident report.
- 3. The Emergency Department Triage Nurse will:
 - a) Check patient process alerts for a previous Acting Out Behaviour (AOB) flag in the electronic health record.
 - b) If an Acting Out Behaviour (AOB) flag is present, communicate this to the Emergency Department Charge Nurse as well as Security, as appropriate.
- 4. The Emergency Department Nurse assessing the patient will:
 - a) Use the Broset Violence Checklist.
 - b) Communicate the Broset Score and Acting out Behaviour (AOB) flag to the nurse receiving the patient on admission as part of the Transfer of Accountability process.
- 5. The nurse most responsible for the patient will:
 - a) Assess patients under consideration for “Acting Out Behaviour” flagging (The Broset Violence Checklist may be used to assist in the decision-making).
 - b) Promptly inform the manager or designate (i.e. Clinical Support Supervisor, charge person, etc.) of the Acting Out Behaviour (AOB) flag or need to flag an individual.
 - c) Consider a visual indicator/signage (Appendix A) be put in place, as appropriate.
 - d) Develop an individual plan to manage risks and identify prevention/triggers/safety measures and procedures to protect workers and patients.
 - e) Ensure an incident report was submitted if an Acting Out Behaviour (AOB) flag was initiated.
 - f) Provide the booklet “Violence Prevention; A Guide for Patients and Their Families” (Appendix B) to the patient or substitute decision-maker (SDM) when safe to do so. If factors exist that prevent disclosure (e.g. imminent safety concerns, or a patient’s inability to comprehend materials), document the decision in the patient’s chart and report it to the manager/supervisor.
 - g) Communicate during the Transfer of Accountability, reasons for the flag and types of behaviours, triggers, and individual plan of care.

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- h) Inform those without access to the chart (i.e. non-clinical staff and volunteers) of Acting Out Behaviour (AOB) flags and how to approach before they have contact with the patient, (behaviour, triggers, and applicable prevention/safety measures and procedures).
- i) Use de-escalation and other crisis-prevention skills and recommended approaches as needed (as per NVCI training).
- j) Direct complaints or requests for removal of flags to the Manager or designate.

6. Security will:

- a) Remain on standby as a safety precaution as requested.
- b) Regularly check in with the Emergency Department and the Inpatient Mental Health Unit.
- c) Notify Unit Charge Nurses and other department charge persons when there is a known AOB patient in their respective departments.
- d) Regularly patrol areas where there is a known AOB patient present.
- e) Provide security escorts requested by staff, including for planned interventions that are known to trigger a patient.
- f) Provide notification (Security Supervisor) to the Coordinator of Emergency Preparedness or delegate when an individual exhibits severe AOB and should be evaluated for inclusion in the Trespasser/Watchlist binder.

7. The Patient Registration staff will:

- a) Apply the “Acting Out Behaviour” flag on the person level in the electronic health record as requested by the Manager/designate (i.e. Clinical Support Supervisor, charge person, etc.).
- b) Contact their Manager to inform of the Acting Out Behaviour (AOB) flag with the corresponding patient medical record number (MRN) and financial information number (FIN).

8. The Manager/Designate of the area where patient has been flagged as AOB will:

- a) Communicate the presence of a flag to relevant staff.
- b) Ensure an incident report was submitted. Where an employee incident involves a patient, the Manager will ensure relevant patient information is included in that incident.
- c) Verify the flag is visible in the electronic health record (EHR) of flagged patients.
- d) For inpatient/outpatient units/departments, assess the area as needed and prohibit entry to the area for hospital staff; post a sign outside the area to indicate the need to speak to the nurse before entering the unit (Appendix C).
- e) Ensure AOB flagging/alert awareness is provided to employees during unit orientation.
- f) Conduct a review of the flagged chart within 72 hours, as needed, and upon discharge to assess the need to maintain AOB flag.
- g) Call Patient Registration to request an AOB flag be removed when there is no longer a risk of violent behaviour.
- h) Follow up verbally with the person affected by the violence as soon as possible, or at the latest within 24 hours.

APPENDICES:

A: Patient Room Sign

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	B: Patient Booklet - Violence Prevention: A Guide for Patients and their Families (CCH 1243) / Prévention de la violence : un guide pour les patients et leurs familles (CCH 1244) C: Departmental Unit Sign	
REFERENCE DOCUMENTS:	CCH Policy No. IM 05-090 - Code White (Aggressive Behaviour) CCH Policy No. HR 20-075 – Violence Prevention in the Workplace Public Services Health and Safety Association “Communicating the Risk of Violence: A Flagging Program Handbook for Maximizing Preventative Care”, 2017. https://workplace-violence.ca/tools/flagging/	
REPEALED POLICIES:		
APPROVAL PROCESS:	Interprofessional Quality and Practice Committee – 2024-03-19 Senior Administration Team – 2024-04-04 Quality and Performance Monitoring Committee – 2024-05-07 Board of Directors – 2024-05-30	
APPROVAL SIGNATURE:		Jeanette Despatie Chief Executive Officer

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