Hazard Prevention and Control Working Group

# Pre-Risk Assessment Survey

## Click here to enter text.

To be completed in conjunction with the Risk Assessment for Violence Assessment.

1. What Role are you in?

Clerical/Administrative

Allied Health

Nursing

Physician

Manager/Supervisor

Facilities

Other (Please Specify) Click here to enter text.

1. How long have you worked at Click here to enter text.

< 1 year

1-4 years

5-10 years

11-15 years

16 years or longer

1. Have you personally witnessed the following at Click here to enter text. (Click all that apply)

Assault

Harassment

Near Miss

Physical attack

Sexual Abuse

Threat

Verbal Abuse

I have not witnessed the above

1. Have you personally experienced the following at Click here to enter text. (Click all that apply)

Assault

Harassment

Near Miss

Physical attack

Sexual Abuse

Threat

Verbal Abuse

I have not experienced the above

1. If you have experienced or been witness to the above have you lost time work as a result?

Yes

No

Not Applicable

1. Do you feel physically safe at Click here to enter text.

All the time

Most of the time

Some of the time

Never

Not sure

If not please explain

Click here to enter text.

1. Do you feel prepared to handle a violent situation, threat or be responsive to escalating behaviours exhibited by patients/others while at work?

All the time

Most of the time

Some of the time

Never

Not sure

If yes, please explain what has made you prepared

Click here to enter text.

If not please explain

Click here to enter text.

1. If you have experienced or witnessed violence, threats or aggression, who initiated the incidents (check all that apply)

Patient

Visitor

Family

Staff

Physician

Volunteer

Contractor

I have not experienced/witnessed the above

1. Have you read the Click here to enter text. Violence Prevention Program Policy?

Yes

No

1. Do you know where to find the Click here to enter text. Violence Prevention Program Policy?

Yes

No

1. If yes, did you find the program information easy to understand?

Yes

No

1. Do you feel that your employer has provided you with the necessary control measures to protect your safety at work?

All the time

Most of the time

Some of the time

Never

Not Sure

If no, do you have any suggestions for improvement?

Click here to enter text.

1. Are there any improvement required in the following areas that would make your workplace safer? Select all that apply and please expand

Lighting

Secure restrooms

Secure parking lots

Restricted public access to work area on your unit

Cameras

Communication of care plan

Flagging of violent patients

Other suggestions:

Click here to enter text.

1. How would you rate the quality and training specifically about Workplace Violence Prevention?

Excellent

Very Good

Good

Poor

Very Poor

1. How would you rate the implementation and monitoring of Code Whites and the Staff Assist Pendant Policy at Click here to enter text.

Excellent

Very Good

Good

Poor

Very Poor

1. How would you rate the quality of information about the security device Click here to enter text.

Excellent

Very Good

Good

Poor

Very Poor

1. How do you feel about Click here to enter text.’s current “Silent Code White” process from 1930-0730 hours?

I agree

I don’t agree

It does not affect me

Please explain your concerns if any:

Click here to enter text.

1. How do you feel about the effectiveness of Click here to enter text.’s code white process. Is there anything we could do with it to better your safety?

Click here to enter text.

1. Have any of the following safety supports been offered to you when you have raised concern for your safety and/or as part of a post incident plan? Check all that apply

|  |  |  |
| --- | --- | --- |
|  | Offered after raising a safety concern | Offered as part of a post-incident plan |
| Safety Support |  |  |
| The assistance of a buddy to escort you on or off property |  |  |
| The assistance of security to escort you on or off property |  |  |
| A personal alarm when needed |  |  |
| EAP support for staff directly or indirectly involved in the event of workplace violence |  |  |

Other (please specify)

Click here to enter text.

1. Are you aware that the hospital can work with you to develop a plan to ensure your personal safety at work should there be a potential for domestic violence to occur at the workplace?

Yes

No

1. In the event that you have witnessed or experienced workplace violence, were you offered the opportunity to express your thoughts about the incident and learn about normal stress reactions and available services through debriefing or counselling?

Yes

Not Applicable

1. Do you know how and when to whom to report any incident of violence, threats or aggression?

Yes

No

1. Are you required Click here to enter text. to report threats, violence and aggression?

Yes

No

1. Are you required Click here to enter text. to report any hazards related to workplace violence?

Yes

No

1. Are you aware that the Occupational Health and Safety Act places a legal obligation on a worker to report the existence of hazards related to Workplace Violence?

Yes

No

1. If yes can you report the existence of hazards related to work place violence? Without the fear of being punished or meeting the resistance after reporting the safety concern?

Yes

No

Not Applicable

1. Does the supervisor/manager on the unit investigate incidents without delay?

All the time

Most of the time

Never

Not sure

1. Does the supervisor/manager take immediate and appropriate corrective action without delay?

All the time

Most of the time

Never

Not sure

Please explain:

Click here to enter text.

1. Are you aware when an incident of workplace violence has resulted in you seeking medical attention or losing time from work, your employer is legislatively required to report incident of WSIB?

Yes

No

1. Is a patient’s previous history of violence or behavioural issues consistently documented in the patients care plan?

All the time

Most of the time

Never

Not sure

1. Are you or your co-workers briefed about a violent incident during shift change report or before dealing with a previous violent patient?

All the time

Most of the time

Never

Not sure

1. Has the use of the Violence Risk Assessment and Identification of Patients at Risk for Violence in the Emergency Department and Inpatient Units (Flagging) procedure improved your awareness and responsiveness to patients who have been identified for violence?

Yes

No

1. Have you noticed a pattern for increased violence on your unit? i.e. Time of year, time of day

Click here to enter text.

1. Does you unit have specific procedures related to the prevention or management of workplace violence that are working well and could be used as a best practice across the hospital?

Yes

No

If so what are they?

Click here to enter text.

1. Do you have any recommendations or suggestions that can make your workplace safer?

Click here to enter text.

1. Please feel free to provide additional comments, thoughts, or suggestions?

Click here to enter text.