

# REPORTING & RESPONSE

Team members, patients/families, and the public who witness or are involved in acts of violence are encouraged to speak up and report these types of incidents. All reports are taken seriously, will be followed up, and appropriate actions taken to reduce the risk of another violent incident occurring. This section describes how to report and respond when violent incidents take place.



## REPORTING

### Patients/Families and Public

Patients/families and the public who witness or are involved in a violent incident:

- Should 'stop the line' and immediately call out to a health care worker.
- Once notified, the health care worker will implement S.A.F.E.R practices.
  - **Stop** the line if there is potential for harm or injury.
  - **Alert/Assess** - tell others and assess the situation to determine cause and solutions. This includes reporting the situation to the appropriate individual.
  - **Fix** and report how you fixed it.
  - **Escalate** the problem and continue on with patient care or work tasks.
  - **Report** the incident.
- The health care worker can submit an Incident Report Form on your behalf.
- You can also report the incident on your own:
  - Contact a [Quality Care Coordinator](#) based on your former health region or location/area.
  - Call the Safety Alert System at 306-655-1600 if you are in the former Saskatoon health region or Saskatoon area.

### Team Members

Team members who become aware of, witness, or are involved in a violent incident:

- Should immediately notify their Supervisor or Manager of the event.
- Complete an Incident Report Form as soon as it is safe to do so, using your established former Regional Health Authority (RHA) safety reporting process.
  - The [Document Finder](#) can be used to search for former RHA policies, procedures, and incident report forms.
- Submit the completed Incident Report Form to your Supervisor or Manager.
- The Supervisor or Manager is expected to follow-up with you regarding the incident.
- You may be asked to participate in an investigation.

### Supervisor or Manager

- Incidents that cause, or may cause the death of a worker, or will require a worker to be admitted to a hospital for 72 hours or more are considered **accidents causing serious bodily injury** (Section 2-2 OHS Regulations). When these types of incidents occur, the following parties need to be notified as soon as it is reasonably possible to do so:
  - Labour Relations and Workplace Safety (LRWS) - Occupational Health and Safety (OHS) Division;
  - Occupational Health Committee (OHC) Co-Chairs (names of the OHC co-chairs can be found on your site's OHC Bulletin Board, which will include a list of OHC members). Additionally, worker admitted to hospital for 24 hours or more are reported for OHC Co-Chair investigation (Section 3-18 OHS Regulations); and
  - SHA Quality & Safety Department.

## RESPONSE

### Patients and Families

- You may be asked to participate in follow-up or an investigation of the incident.

### Team Members

- You may be asked to participate in follow-up or an investigation of the incident.
- You are encouraged to attend and participate in debriefing sessions.
- You are encouraged to make recommendations for improvement.

### Supervisor or Manager

- Confirm that an Incident Report Form has been submitted.
- Review and complete the Incident Report Form.
  - Documentation should include the cause of the incident, immediate corrective actions taken to restore safety, and potential long-term recommendations.
- Refer to your established former RHA safety response processes to determine what other individuals or departments the Incident Report Form should be shared with.
  - The [Document Finder](#) can be used to search for former RHA policies, procedures, and incident report forms.
- Where follow-up and/or investigation is required, follow the standardized review and investigation process, based on established former RHA safety response processes.
- For **accidents causing serious bodily injury**:
  - Participate in the preparation of a written final report as per OHS Regulation 3-18, in consultation with the OHC and Quality & Safety Department.
  - Develop a timeline for corrective actions and implement corrective actions.



## Occupational Health Committee (OHC)

- For **accidents causing serious bodily injury**:
  - Review Incident Report Form.
  - Conduct investigation, in coordination with Supervisor or Manager.
  - Participate in preparing the written final report with Supervisor or Manager as per OHS Regulation 3-18. The report should include: a description of the occurrence, explanation of the cause or causes; evidence that may determine the cause, the immediate corrective actions taken, and any long term actions that will be taken to prevent similar occurrences from happening again.
  - Monitor that scheduled actions have been completed.
  - Post action taken.
  - Confirm that action taken has resolved the problem.

## Quality & Safety Department

- Obtain copy of Incident Report Form from Supervisor or Manager, if applicable. This will depend on your established former RHA safety reporting and response processes.
- Provide support to team members and Supervisor or Manager during or after an incident.
- Provide support to OHC and Supervisor or Manager with the investigation process for **accidents causing serious bodily injury**.
- Coordinate the information and follow up required by LRWS.

## Individual & Team De-escalation

### Team Member

- Team members are expected to respond to safety concerns, including those brought to their attention by patients or members of the public, by intervening using the S.A.F.E.R principles:
  - **Stop** the line if there is potential for harm or injury.
  - **Alert/Assess** - tell others and assess the situation to determine cause and solutions. This includes reporting the situation to the appropriate individual.
  - **Fix** and report how you fixed it.
  - **Escalate** the problem and continue on with patient care or work tasks.
  - **Report** the incident.

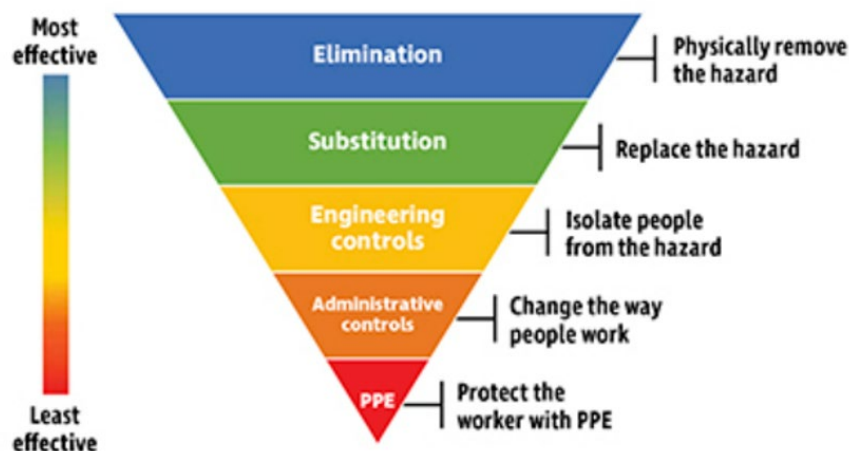
See SHA Policy: Safety Reporting and Response, [Appendix C: Stop the Line Decision Tree](#).

- Apply education and training you have received, based on risk associated with your position, to recognize potentially violent situations. Exercise full application of the hierarchy of controls including elimination, substitution, administrative controls, engineering controls and personal protective equipment (PPE) (see Figure 1).



- Consider applying de-escalation techniques that you may have learned in Workplace Assessment Violence Education (WAVE), Professional Assault Response Training (PART) or Gentle Persuasive Approaches (GPA) training to respond to potentially violent situations.
  - Refer to the module on De-escalation for Non Clinical Environments <https://skhlearninganddevelopment.thinkific.com/enrollments>
- De-escalation is a combination of approaches including, but not limited to, communication, self-regulation, assessment and actions. De-escalation is intended to communicate with distressed patients/families or members of the public, to help manage and resolve their concerns. Using de-escalation techniques may help moderate the individual's distress and lessen the potential for future agitation. There are numerous medical and mental health conditions that can cause agitation and escalate into violence if not responded to appropriately. De-escalation techniques, depending on the situation, should be the first method of moderating agitation before applying other methods such as physical and chemical restraints.
- Do not take undue risk in attempting to manage the situation. Escalate and initiate emergency response as required.

Figure 1: Hierarchy of Controls



## EMERGENCY RESPONSE

### Team Member

- Follow the specific Emergency Response Plan (ERP) for your site, unit or department.
- Call an emergency code if your site has an established code system. Follow established former RHA processes.
  - **Code White** – Emergency code for a violent act of aggression and/or criminal activity that may or may not involve a weapon but always involves a threat of death or serious physical injury or require additional resources to mitigate risk.
  - **Code Silver** – Emergency code for an active assailant, or person with a weapon in or outside a health care facility.
- Call 9-1-1 for police or RCMP assistance.
  - Do not hesitate to call 9-1-1 if you feel threatened or in danger.
- For rural and remote areas:
  - Refer to site and/or unit or department specific written procedures for working alone.
  - Use cell phones and emergency call button devices to request immediate assistance.
  - Access peer support if available in your location or area.

### Supervisor or Manager

- Implement immediate corrective actions to restore safety; secure the area and provide emergency response.
  - Refer to your established former RHA safety reporting and response processes for specific actions to take.
- Contact Security (if they are available in your location or area and have not yet been notified).
- Call 9-1-1 for police or RCMP, as needed.
- Check the condition of injured team members, patients/families, and the public. Provide support as needed.

