



KELLY WATT, PhD, IS A THREAT ASSESSMENT SPECIALIST AT PROACTIVE RESOLUTIONS INC., IN VANCOUVER. SHE CONDUCTS TRAINING AND RESEARCH RELATED TO THE ASSESSMENT AND PREVENTION OF VIOLENCE IN THE WORKPLACE, WITH A SPECIAL INTEREST IN SUPPORTING HEALTH-CARE SETTINGS.

## The warning signs of violent behaviour

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I am worried about the possibility of violence in my hospital. Is there something I should be doing to limit the risks to me and to my colleagues?

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Violence is more common in health-care settings than in most other workplaces, and nurses are at particularly high risk because of the time they spend in direct contact with patients and their friends and family members. But being constantly worried about potential violence can interfere with your effectiveness in doing your job, so I believe it is a better idea to be vigilant for the warning signs of violent behaviour. All health-care professionals should be trained to identify these signs and to know how to respond to them. In fact, you are required to screen for and respond to obvious signs of violence risk under common law, statutory law, professional ethics and the workplace policies of many organizations.

According to the research done by experts in this field, you should be on alert if someone exhibits any of the following signs or symptoms:

- substance intoxication or withdrawal
- confusion or disorientation
- paranoia or suspicion
- anger or irritability
- agitation or impulsivity
- verbal aggression or property aggression

You should react to any of these as you would if you heard a fire alarm. First, don't panic, because there is a good chance that nothing more serious is going to happen. Second, take stock of the situation by determining what is actually going on, how to report it and whether you need to take action to protect the immediate safety of people in the vicinity (e.g., leaving/escaping or summoning help from others).

Once you have identified warning signs and taken any necessary action, your next step should

be to initiate a triage for violence risk. This is a structured process to help you determine whether there are reasonable grounds for your concerns and what further response is needed. Triage for violence risk is a relatively new tool that organizations such as mine are teaching to individuals and teams in health-care facilities.

Through the triage process, you develop proper documentation of what you have observed and what actions you've taken, which could include ongoing monitoring, gathering additional information, seeking a second opinion and referring the incident for a comprehensive violence risk assessment to those qualified to do so. Remember, if something isn't documented, it never happened! Of course, the triage process is most effective when it is supported by policy and decision-support tools in your facility.

Here's an excerpt from a triage document from an actual case:

I conducted a triage for violence risk due to recent intimidating statements made by a patient to his case manager (e.g., "You will regret this," "I know where you live"). There was evidence of primary warning signs (recent and serious violent acts towards family and friends) and secondary warning signs (recent interpersonal conflict and acute mental distress), which suggests that the person poses a risk for imminent and serious violence towards others. Mental health emergency services were called, and the patient has been admitted to hospital. The case manager has been provided with information about support services.

This case was well managed by all of the professionals involved, the case manager felt supported by his team, the patient received assessment and treatment, and no harm came to others. ■

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