Most workplace-violence best practices categorize intervention controls into four main areas:

- Physical environment of work
- Work practices
- Staffing
- Training

Within these four areas, experts recommend the following hierarchy of control measures:

- Eliminate the hazard.
- Engineer solutions.
- Reorganize and provide training.
- Provide personal protective equipment.

**Physical Environment of Work**

- Create an environment that limits triggers of violent behaviours.
- Create an environment that reduces risk — e.g., good lighting, removal of hazardous furniture, and removal / securing of instruments that could be used as weapons.
  - Weighted or secured furniture
  - Rounded edges on furniture
  - Pictures with no frames or glass and secured to the wall
  - Secured access to staff rooms, kitchen areas
  - Access to needles or other medical equipment
  - Hallways, exit routes free from clutter
- Create an environment that promotes client comfort — e.g., minimize overcrowding, ensure comfortable seating, and provide visual displays or soothing music, distraction activities.
- Ensure balance between static security measures (e.g., enclosed reception area) and physical design (e.g., aesthetics value, home-like environment) is appropriate for the circumstance.
- Have a seclusion room available when needed.
- Implement security measures such as security guards and protective equipment (e.g., convex mirrors, personal alarms etc.).
  - Security must be well-trained on verbal de-escalation and relationship management.
  - See PSHSA’s Security Toolkit as needed
- Implement security measures in the community — e.g., mobile phones, personal alarms and safety features in vehicles such as automatic locks and alarms.

**Work Practices**

- Complete VAT to ensure client information is accurate and risks, behaviours, triggers, and safety measures for staff and clients are documented.
- Ensure initial and ongoing assessment of clients.
- Assess the risk of potentially violent situations at every visit and assess them considering current client population, acuity, staffing and work flow.
- Implement procedures for organizational violence risk assessments to ensure information is up-to-date - See PSHSA’s Workplace Violence Risk Assessment Toolkit as needed.
- Implement procedures on care planning and behaviour planning.
- Implement measures and procedures to protect workers (e.g., Kevlar gloves, spit shields etc.)
- Implement flagging procedures that include identification of triggers, behaviours and safety measures for patients and workers - See PSHSA’s Flagging Handbook as needed
- Use personal safety response systems — e.g., personal alarms and mobile phones.
- Adopt a buddy system.
- Establish and use Emergency Codes.
- Establish code Words (e.g., requesting a “Yellow card” to signal distress)
- Practice workplace violence emergency procedures through mock drills and scenario-based training.
- Adopt community care service agreement contracts that address violence.
- Establish communication procedures that ensure traceability of workers — e.g., check-in in / check-out practices.
- Implement BETSI — Behavioural Education and Training Supports Inventory (an education / training decision-making tool and program inventory)
- Conduct Critical Incident Debriefings.
- Develop policies/procedures for staff support post incident.

**Staffing**
- Ensure adequate staffing levels, skill set and competencies.
- Provide adequate training for staff, ensuring skills and experience meet client needs and protect workers’ health and safety.
- Ensure staff responding to Emergency Codes (e.g., Code White, Code Purple, Code Silver) receive adequate education and training, developed in consultation with the JHSC or HSR that is appropriate to the highest level of response required (e.g., relationship management training, active listening, collaborative problem solving, self-defense).
- Allow for job rotation where possible in order to help reduce time in stressful working situations.
- Ensure sufficient security personnel, and that skills meet work demands.
- Adopt a buddy system to avoid having providers work alone with high-risk clients.
- Adopt a culture of trust, teamwork and support when a staff needs to relieve one another from a challenging or high-risk situation.

**Training**
- Ensure that, where necessary, staff receive the following training:
  - Corporate Workplace Violence and Harassment Policy
  - Individual Client Risk Assessment policy and procedures
  - Flagging and risk communication protocol
  - Behavioural Management Techniques (e.g., GPA, SMG, P.I.E.C.E.S, U-First Me & U-First, Stay Safe MORB training)
  - Self-defense, and Sharp-edged Weapons
  - Non-violent Crisis Intervention
  - Verbal De-escalation and Relationship Management
  - Emergency measures, Codes and responses
  - Security protocols (e.g., Access control, working alone, security guard / personnel functions- )
  - Personal safety alarms and summoning assistance
  - Use of restraints (e.g. restraint application on the floor) / seclusion
  - Reporting and investigating hazards and incidents
  - Stress Debriefing
  - Psychological Health & Safety in the Workplace