

# Sample Violence Risk Factors Checklist and Worker Survey -Generic

Use this checklist to assist in identifying risk factors that affect the workplace. This process takes into consideration job characteristics, environmental conditions, client characteristics and situational risk.

## Characteristics of the worker's occupation that might increase risk:

The risk of violence is generally higher when the worker occupation involves physical contact with clients, particularly if the contact is one where the job involves regulation enforcement. List any job characteristic that potentially can contribute to placing the worker at an increased risk of violence, such as:

- |  |  |
|--|--|
| <input type="checkbox"/> dealing with the public       | <input type="checkbox"/> changing of services  |
| <input type="checkbox"/> child apprehension            | <input type="checkbox"/> organization of work  |
| <input type="checkbox"/> delivering social services    | <input type="checkbox"/> violence considered to be part of the job                             |
| <input type="checkbox"/> working alone                 | <input type="checkbox"/> public perception that Ministry does not do enough to protect workers |
| <input type="checkbox"/> working at night              | <input type="checkbox"/> denial of services  |
| <input type="checkbox"/> performing security functions |  |

## Client characteristics that might be risk factors:

What are the risk factors related to the client that may create a risk of violence. The idea is to list any characteristics that could have caused the incident to occur. Examples could include the following characteristics:

- |  |   |
|--|---|
| <input type="checkbox"/> chronically disgruntled           | <input type="checkbox"/> abuse of alcohol or drugs            |
| <input type="checkbox"/> history of violence               | <input type="checkbox"/> destroys property                    |
| <input type="checkbox"/> pushes limits of normal conduct   | <input type="checkbox"/> mental or physical injury or illness |
| <input type="checkbox"/> unresolved psychological problems | <input type="checkbox"/> medication or substance abuse        |
| <input type="checkbox"/> domestic abuser                   | <input type="checkbox"/> gang activity                        |
| <input type="checkbox"/> financial distress                | <input type="checkbox"/> client access to weapons             |
| <input type="checkbox"/> verbal abuse or threats           |   |

## Environmental conditions that might increase the risk of incidents of violence:

Consider the time of day, location of the worksite, time of year and any other contributing environmental factors such as the following:

- |  |   |
|--|---|
| <input type="checkbox"/> workers who work alone or who work in high crime neighbourhoods   | <input type="checkbox"/> poor lighting  |
| <input type="checkbox"/> workers who work in remote or isolated areas  | <input type="checkbox"/> physical design and worksite layout                                |
| <input type="checkbox"/> workers who travel by car   | <input type="checkbox"/> low counters   |
| <input type="checkbox"/> nightshift  | <input type="checkbox"/> having devices that can be used as weapons in proximity of clients |
| <input type="checkbox"/> correctional settings with increased inmate population  | <input type="checkbox"/> obscured windows   |
| <input type="checkbox"/> public areas such as lobbies, or waiting rooms with crowded conditions can contribute to increased risk | <input type="checkbox"/> public accessibility   |
| <input type="checkbox"/> clients who can touch clients   | <input type="checkbox"/> reception areas  |
|  | <input type="checkbox"/> interview rooms  |
|  | <input type="checkbox"/> parking lot  |

## Situational risk:

What is the nature of the interaction whether from a client or another family member. Some of the items to consider would be the prior history of the client, and violence prevention initiatives that are in place. What are the policies and procedures that might increase the risk to the worker assigned including the location where the work is being performed.

- |   |  |
|---|--|
| <input type="checkbox"/> community profile            | <input type="checkbox"/> arriving and leaving court proceedings    |
| <input type="checkbox"/> working at night             | <input type="checkbox"/> wearing of uniform when leaving work      |
| <input type="checkbox"/> working late or early        | <input type="checkbox"/> unwanted public having access to building |
| <input type="checkbox"/> no check in or out procedure | <input type="checkbox"/> no evacuation plan                        |
| <input type="checkbox"/> high crime areas             | <input type="checkbox"/> having to wait for appointments           |
| <input type="checkbox"/> no method of communication   | <input type="checkbox"/> investigation taking place                |

# Workplace Violence Risk Assessment and Environmental Survey

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Name (optional): \_\_\_\_\_

## Section 1:

1. Have you ever experienced an incident of violence in your workplace?

Yes  No

2. How many times have you experienced an incidence of workplace violence in the last 2 years?

1  2  3  More than 3

How many incidents have you witnessed?

1  2  3  More than 3

3. What was the nature of the incidence workplace violence? Were you:

- Physically Assaulted:
  - Struck  Kicked
  - Bitten  Scratched
  - Tripped  Pushed
  - Cut  Slapped
  - Grabbed  Throwing Objects
  - Punched  Spit Upon
  - Choking  Hair Pulling
- Sexually Assaulted
- Threats:
  - Verbal Threat in Person
    - Yelling  Swearing
    - Name Calling  Rude gestures
    - Rumors  Inappropriate comments
  - Verbal Threat by Phone
  - Written Threats
- Bullying & Harassment
  - Cyber bullying  Pranks
  - Sabotage  Innuendo
- Other: (specify) \_\_\_\_\_

4. Where did the incidents take place?

- Office  Client's Home
- Workplace Parking Lot
- Public Meeting/Hearing
- Institution
- Retail Outlet
- Other: (specify) \_\_\_\_\_

5. What is the nature of the service provided?

- Health Care Services  Retail
- Social Services  Education
- Probation Services  Community
- Enforcement/Regulatory Duties
- Transit  Social Services

- Other Government Services
- Other: \_\_\_\_\_

6. Who was responsible for the violent act/threat?

- Client  Patient
- Stranger  Inmate
- Customer  Student/Parent
- Resident  Rider
- Other: \_\_\_\_\_

7. Was a weapon involved?

Yes  No

8. What was the gender of the aggressor?

Female  Male

9. Please indicate any injury that you sustained from the violent act:

- Minor Cut/Laceration
- Major Cut/Laceration
- Fracture
- Bruising/Soft Tissue Injury
- Head Injury
- Psychological Injury
- Other: \_\_\_\_\_

10. Were you exposed to blood or body fluids?

Yes  No

11. Does the employer have post-exposure protocols in place?

Yes  No

12. If you were subjected to verbal aggression, were the threats to:

- Injure or harm you
- Kill You or a Family Member
- Damage or Destroy Personal Property
- Other: \_\_\_\_\_

13. Were others close enough to provide assistance?

- No, I Was Alone
- Yes, Other Staff
- Yes, Police
- Members of the Public

14. Prior to the incident, did you suspect that a violent incident may occur?
- No  
 Yes, Information from Chart, Files, Reports  
 Yes, Information from Co-workers  
 Yes, Information from Other Professionals  
 Yes, Information from Supervisor  
 Yes, Previous Information from Client  
 Yes, Escalation of a Client/Resident's Behaviour  
 Yes, Dangerous Neighbourhood
15. Was assistance requested prior to the incident?
- Yes  No
16. Is a procedure in place to seek assistance from co-workers? If yes, what?
- Yes  No  
 (Specify) \_\_\_\_\_  
 \_\_\_\_\_
17. Does this procedure work?
- Yes  No
18. Would you say that the incident was related to working alone?
- Yes  No
19. Would you say that this incident occurred as a result of enforcing a regulation or policy?
- Yes  No
20. Does the employer have a process in place for reporting incidents?
- Yes  No
21. Did you report this incident?
- Yes  No
22. Who was the incident reported to? (Check all that apply)
- Not Reported  Don't Know  
 Supervisor  Co-worker(s)  
 Health and Safety Committee  
 Shop Steward/Union  
 Police  Security  
 Other: \_\_\_\_\_
23. Did you file a Worker's Compensation Report?
- Yes  No
24. Was the incident investigated?
- Yes  No
25. Was an investigation conducted by the Health and Safety Committee?
- Yes  No
26. Did the Health and Safety Committee receive a copy of the report?
- Yes  No
27. Was any action taken after the incident?
- Yes  No  
 Changed Work Policy/Procedure  
 Implemented a Violence Training Program  
 Increased Security  
 Changed Work Environment  
 Inmate/Public was Convicted or Charges were Laid  
 Implemented a working alone policy  
 Changed physical working environment  
 Developed an emergency response procedure  
 Divided private and public spaces  
 Signage  
 Other: (Specify) \_\_\_\_\_  
 \_\_\_\_\_
28. Where did the incident(s) of violence occur? (Please list) \_\_\_\_\_
29. What time did the violence occur?
- Day Shift  Afternoon Shift  
 Night Shift
30. Did the act of aggression result in having to take time off work?
- Yes  No  
 How Long? \_\_\_\_\_
31. Is there a process or mechanism in place to assess clients and their potential to be violent?
- Yes  No
32. Does the Employer have a violence prevention program?
- Yes  No
33. Are there policies and procedures in place?
- Yes  No
34. Has the employer completed a risk assessment for workplace violence?
- Yes  No
35. Have you received training in the recognition of the potential for abuse?
- Yes  No
36. Have you been trained in diffusion techniques?
- Yes  No
37. Do you feel that violence in your job is increasing?
- Yes  No

38. Does the employer have debriefing or counselling available to staff?

- Yes  No

39. Are you ever alone during working hours (for example, no other staff present)?

- Always  Over 75% of the time  
 50 -75% of the time  
 25 - 50% of the time  
 Under 25% of the time

40. Do you believe you are at a risk for violence or threats while working alone?

- Yes  No  Don't Know

41. When you are working alone, do you notify anyone when you are finished working?

- I never work alone  Yes, always  
 Yes, sometimes  No, never

42. Does your employer have a working alone procedure?

- Yes  No  Don't Know

**Section 2:** In this section, we are interested in your understanding of current workplace policies, procedures and practices which are related to minimizing on-the-job risks and dealing with "aggressive acts."

43. When dealing with a potentially violent person or situation, if you request that a second person assist or accompany you, is the request automatically granted every time?

- Yes  No  
 Sometimes  
 I Never Request Assistance

44. Does your workplace have a written policy, safe work procedures and security measures about the following? (Check as many as apply)

- How to Handle a Violent Client/Inmate/Public  
 When and How to Request the Assistance of a Co-workers  
 When and How to Request the Assistance of the Police  
 What to do about a Threat of Violence  
 How to Report "Aggressive Acts or Incidents"  
 What to do about Harassment  
 There are no Written Policies

45. During the past two years, have you or your co-workers raised any of the following issues about violence with management?

- Working Alone Levels  Staffing  
 Alarm Systems  Training  
 Service Delivery models  Shift Work  
 Alert Systems  Communications  
 Right to know about violent persons  
 Other: (Specify) \_\_\_\_\_

**Section 3:** This section deals with any training that you may have received which would help you deal with aggressive incidents in the workplace.

46. Have you received specific training about how to recognize and deal with potentially violent persons or situations?

- No, Training Received  
 Yes, During College or University Studies  
 Yes, During Orientation Period in Present Job  
 Yes, During In-services Workshops  
 Yes, During Courses Given by Outside Institutions/Agencies  
 Yes, During Course(s) Given by the Union  
 No Specific Training, but have received relevant information from supervisor.

**Section 4:** In this section, we have a few questions about your workplace and what measures, if any, could be usefully implemented to minimize possible risks from aggression.

47. I believe that current policies, guidelines and security measures of my workplace are adequate in addressing potentially violent situations.

- Agree  Strongly Agree  
 Disagree  Strongly Disagree  
 No Opinion

48. I frequently worry about my personal safety on the job.

- Agree  Strongly Agree  
 Disagree  Strongly Disagree  
 No Opinion

49. I believe that I received appropriate training on how to respond to threats or acts of workplace violence.

- Agree  Strongly Agree  
 Disagree  Strongly Disagree  
 No Opinion

**Comments:**

Do you have any additional comments or suggestions regarding issues of workplace violence that you would like to include in this survey? (Use additional paper if necessary)

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**Thank you for completing this questionnaire.**

The results of this questionnaire will be reviewed and incorporated into the risk assessment of your workplace. If you have any questions regarding the questionnaire, please contact:

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