

Preventing and Responding to Patient-to-Worker Harassment and Violence

Table Top Exercise: Facilitator's Guide

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1. About This Table-Top Exercise

1.1 Why facilitate this exercise?

This exercise helps AHS workers (staff, physicians, midwives and volunteers) understand how they might react when faced with patient-to-worker harassment and violence so they're better prepared to respond safely.

The exercise complements the online violence prevention courses on MyLearningLink:

- [Respectful Workplaces and Prevention of Harassment and Violence Policy](#) (for all workers)
- [Preventing and Responding to Patient-to-Worker Harassment and Violence](#) (for all workers who interact with patients/clients, families or visitors)



This exercise will help improve participants':

- inter-personal communication skills, including de-escalation skills
- self and situational awareness, including observing behaviors and warning signs
- confidence in identifying and responding to patient-to-worker harassment and violence including assessing risks and choosing the safest action
- post incident actions, including reporting and debriefing

Everyone deserves to work in a safe and healthy workplace. Feeling safe, however, is different for everyone. We each experience emotions in our own way. This means we need to talk about safety to understand what it means for each of us.

Did you know?

This exercise focuses on preventing and responding to escalated interactions with patient/clients, families or visitors – including when to get help and/or leave if possible. See more [Code White \(Aggression/Violence\) Scenarios](#) on Insite for exercise focusing on responding to violence.

1.2 Who should facilitate this exercise?

This exercise is designed to be facilitated by managers/leaders, clinical supervisors, educators, training specialists or others that support harassment and violence prevention and response such as Protective Services Officers.

In addition to this guide, WHS' Violence Prevention Coordinators are available to support your planning. Contact safecare.together@ahs.ca for more information.

1.3 When and where should I conduct the exercise?

Look for opportunities to run this exercise during regular shifts. Point-of-work learning is a great way for learners to understand and apply concepts in real time. Here are some ideas:

- in situ, during a less busy time;
- at shift change huddles;
- team meetings or monthly safety meetings; and
- during regularly scheduled training sessions, and orientations.

1.4 How long will it take?

Preparation takes about 30 minutes, and facilitation takes about 20 minutes. You can run this as a single 20 minute exercise **or** in two parts (5 minutes for self-learning; 15 minutes for discussion).



1.5 Who should be involved?

Participants: Frontline workers (staff and physicians). Involve multiple participants – or just one!

Consider including additional subject matter experts and stakeholders such as:

- clinical educators
- clinical or non-clinical support services
- Protective Services Officers (onsite or Rural Mobile Units)
- your local Workplace Health and Safety Advisor

Additionally, consider including a note taker to record observations, gaps and successes!

Roles and responsibilities:

Facilitator	Participants	Note Taker
<p>Follows the Pre-Exercise, Exercise, and Post-Exercise instructions</p> <p>Allows learning to happen without taking center stage (guide on the side)</p> <p>Provides structure – including clear, concise instructions</p> <p>Keep the exercise on track and on time</p> <p>Completes the Facilitator Evaluation Form (with note taker if one is present)</p>	<p>Reads and reflects on the Self-Care and Communication Strategies for COVID-19 Screening Stations</p> <p>Participates in a facilitated discussion related to managing conflict</p> <p>Fills out the Participant Evaluation Form</p>	<p>Uses the Note Taker Form to capture and document general observations, issues and gaps and successes</p> <p>Assists with completing Facilitator Evaluation Form</p>

2. Pre-Exercise Instructions

1. Connect with area/site/program manager to:
 - Validate the need:
 - Are workers experiencing escalations with patients/clients, families or visitors?
 - Do workers have other opportunities to practice prevention and response skills?
 - Get approval to conduct the exercise and determine the time/location to run it
 - Does the lead have suggestions for scenario(s)? (see [Appendix A](#) for ideas)
 - Would they like to participate and/or help facilitate the exercise?
 - Would they like an overview of the exercise?
2. Print and read this exercise package and the reference materials below (see Appendix B for additional, supplementary resources):
 - [Self-Care and Communication Strategies for COVID-19 Screening Stations](#)
 - Copy of the local [Code White Emergency Response Plan](#)
3. Develop a scenario ([based on your discussion with the manager](#))

3. Exercise Instructions

1. Introduce yourself to the participant(s)
2. Open the conversation:
 - Acknowledge the impact that escalation can have on staff and physicians.
 - Explain that this exercise helps improve safety by preparing us to **prevent** and **safely respond** to harassment and violence when they conflict occurs.
 - Make the connection between **self-care** and our ability to de-escalate situations.
 - Reinforce that safety is a **shared responsibility** for all AHS workers.
 - Share the key principles: Keep it Short, Active, Relevant, and Positive!
3. Introduce the [Self-Care and Communication Strategies](#). Provide 5 minutes for self-learning.
4. After 5 minutes, bring the participant(s) back together and ask if they have a scenario in mind they would like to work through.
5. Present a scenario based on participant concerns or use a [pre-developed scenario](#).
6. Ask the participant(s) questions based on the four steps below, using the scripted questions and bulleted lists for inspiration. Encourage them to use the concepts they have just learned as well as other conflict resolution/de-escalation strategies.



Tips for a good facilitation:

- ✓ You are a “guide on the side” for participants.
- ✓ This is not a quiz - there are no right or wrong answers!
- ✓ It’s ok for participants to have different perspectives. Be prepared to discuss the risks and opportunities associated with different responses.



Step 1: Know what is happening

- *“Based on this scenario, what do you notice about what is happening in the space around you, for the other person, and for you?”*
 - **In the space around you** (situational awareness)
 - Before the interaction:
 - Are you aware of the [Hazard Identification Assessment and Control](#) (HIAC) and [Working Alone Plan](#) (if applicable) for your position and [Emergency Response Plans](#) for your site?
 - During the interaction:
 - Exits and escape routes
 - How to position yourself between the patient and your exit
 - Physical barriers you can use to keep yourself safe
 - Nearby hazards (e.g. items that can cause harm)
 - Other people in the area – what are they doing?
 - How you can call for help
 - **For the other person** (emotionally, mentally, physically)
 - Known/documented behavioural safety risks and care strategies
 - Clinical presentation – potential impact on thoughts, feelings, behaviours
 - How you can establish active listening – e.g. introduce yourself (name, occupation, duty), smile and make eye contact, ask questions to learn what matters to the other person
 - Noticing warning signs – e.g. clenched fists or jaw, “hard” eyes, tone of voice, or stepping into your personal space
 - **For you** (emotionally, mentally, physically)
 - Before the interaction:
 - Get grounded, do self-care, recognize your emotions
 - During the interaction:
 - Stay calm and present – take deep breaths, notice fear or other emotions
 - Notice your body position - stand straight and stable at a safe distance, hands open and in front of you
 - Be aware of your expression and voice - eyes “soft”, tone friendly and helpful
- *“Knowing what is happening is about assessing risk. What else might be available to you in your work environment to help you assess risk?”*



Step 2: Choose what to do

- “Accepting harassment and violence is **never** part of your job. In any situation, safety is your priority. Based on this scenario, your role and the training you’ve received, what would you choose to do? Why?”
 - **Option 1: Get help and/or leave** if possible
 - **Option 2: Stay** and continue the interaction

Remember: Workers have the [right to refuse dangerous work](#).

Step 3: Take safe action

- **Option 1: Get help and/or leave** if possible
 - “Sometimes the safest action is to **get help and/or leave if possible**. What would that look like in this situation?”
 - If you recognize an immediate threat to yourself or others, active the [Emergency Response Code](#) for your site.
 - The Codes for incidents of harassment and violence are: Code White (Violence/Aggression); Code Purple (Hostage); Code Black (Bomb Threat) and Active Assailant.
 - The code plan for the site may include: Activating a panic button, shouting “Code White”, using a pager or two-way radio, calling switchboard and/or Protective Services (1-888-999-3770) or Local Law Enforcement (9-1-1).
 - For situations that do not pose an immediate threat:
 - Leave if it is the safest option. If that isn’t immediately possible, keep a barrier between yourself and the escalated person.
 - Ask a co-worker to assist you.
 - Call Protective Services (if available) to attend with an early, supportive presence to address safety risks early and prevent further escalation.
 - [Follow the Restraints as a Last Resort Policy and Procedure](#) with your team to apply restraints if needed.



- **Option 2: Stay** and continue the interaction
 - *“Choosing to stay and continue the interaction may mean you need to use of your de-escalation skills. Based on this scenario, your role and the training you’ve received – how would you de-escalate the situation?”*
 - Position yourself between the person and the exit. Stand up straight, an arm’s length from the person. Have your feet are shoulder width apart, knees slightly bent, hands open and above your waist.
 - Notice if your emotions are effecting your body language and tone of voice.
 - Use body language and tone of voice to show empathy, kindness and respect.
 - Actively listen, be present, stay flexible and offer choices.
 - Work together with the person, set limits, and bring awareness to their behaviour.
 - Offer comforts, e.g., a warm blanket, water, food?
 - How can you stay flexible? Are there choices you could offer?
 - *Sometimes you may need to support a co-worker during an escalation. Based on this scenario, your role and the training you’ve received, how would you support your team member?*
 - If you recognize an immediate threat to yourself or others call an [Emergency Response Code](#) as described above.
 - For situations that do not pose an immediate threat:
 - Notice the physical and emotional status of both individuals.
 - Notice the safety of the environment. Address immediate safety concerns or reduce stimulation by removing chairs, people or objects.
 - Stand nearby within eyesight of your co-worker and the other person, so they know they are not alone.
 - If possible, help move the interaction to a safer location, e.g., ask the person if they would like to move the conversation to a quieter area.
 - Remember, do not interrupt or try to take over the conversation.

Step 4: Report, debrief and heal

- *“We all need to report safety incidents – it is required under OH&S legislation and AHS policy. Do you know where and how to report an incident of harassment or violence?”*
 - Report the incident to your manager or supervisor.
 - Report the incident in [MySafetyNet](#).
 - Remember – you always have the right to report the incident to law enforcement
 - Consult with a health care professional of your choice for treatment or referral if you experience if you have been injured or have an adverse symptom from the incident.



- *We debrief after incidents to reflect on facts, identify what went well and ways to improve, acknowledge and discuss feelings and help all involved feel supported. Debriefs should include all workers who were involved. How are you going to debrief after this scenario?*
 - Debrief informally or formally (resources are available on the [Workplace Harassment and Violence Prevention](#) Insite page).
 - Acknowledge and discuss feelings. Show your colleagues that you care.
 - Help all those involved feel supported. Recommend additional debriefing and/or psychological services from the [Employee and Family Assistance Program](#) if necessary.
 - Reflect on the facts of the incident. Identify what went well and ways to improve.
- *It is common to feel anger, fear, embarrassment or other challenging emotions after a difficult interaction. What are you going to do to take care of you?*
 - Use a self-care strategy.
 - Notice how you are feeling and talk to someone or get support if needed.
 - Recognize the positive things that you did to make a difference.

4. Post-Exercise Instructions

1. Validate and celebrate what the participant(s) did well. This is an opportunity to build confidence!
2. Identify one area for improvement
 - Note! It is important to *only offer one area for improvement* in the moment. You can record other observations in the evaluation form, which you'll share with the manager.
3. Encourage the participant(s) to continue the conversation amongst themselves. Acknowledge that the best learning can come from the conversation afterwards.
4. Ask the participant(s) to fill out the Log Sheet and provide them with the Participant Evaluation Form.
5. Complete the Facilitator Evaluation Form. This is to provide feedback on how the exercise went, and for the exercise package specifically.
6. Review evaluation forms with local leader/manager and send completed documents to safecare.together@ahs.ca



Appendix A: Sample Scenarios

Scenario #1: Emergency Room

John, a 27 year old man has come into the emergency room intoxicated. He tells you that he's used methamphetamine within the last 2 hours. He says his stomach is in pain and describes the pain as a "10 out of 10". John tells you that he has no fixed address, no family or visitors with him at this time, and that he has arrived on his own.

John is known to staff at your facility for having a history of aggressive behaviour. You are aware that he has assaulted staff before.

John has a backpack that he is unwilling to put down. He is growing more and more agitated. Jon is pacing around triage and using profanity, which is making others in the area uncomfortable.

How would you (and/or your team) respond in this situation?

Scenario #2: Inpatient Unit

Cindy, a 45 year old female patient on your unit, was experiencing pain during her initial presentation but required no medication during her stay. Cindy has recently been fully cleared for discharge.

Cindy is known to staff on the unit for having a history of aggressive behaviour. When you let Cindy know that she is free to go and it is time for her to leave she becomes agitated, expressing frustrations with the health system, still being in pain, and life issues.

How would you (and/or your team) respond in this situation?

Scenario #3: COVID-19 Scenario

Albert, a 65 year old male, has come to the entered the hospital to see a physician. You ask Albert to don a mask and conduct hand hygiene. Albert refuses, becomes agitated and confrontational, and states he has the right to refuse.

How would you (and/or your team) respond in this situation?

Scenario #4-10: Additional Code White Scenarios

Available on Insite [here](#)

Scenario #11: Local scenario

Scenario developed in consultation with area manager:



Appendix B: Additional AHS Resources for Participants

- [Self-Care and Safe Communication Strategies](#)
- [Caring Conflict Resolution](#)
- [Person-Centred Scripts for Addressing Behaviours](#)
- [Code White Poster](#)
- [Supporting Co-workers During Escalations](#)
- [How to Support Mask Wearing](#)
- [Resilience, Wellness and Mental Health Resource Guide](#)
- Find more resources at [Workplace Harassment and Violence Prevention](#) on Insite

Appendix C: Log Sheet

Facilitator(s):	Date:	Location:

Name	Signature	Location:



Appendix D: Participant Exercise Evaluation Form

SD = STRONGLY DISAGREE D = DISAGREE N = NEUTRAL A = AGREE SA = STRONGLY AGREE					
1. The Tabletop Exercise purpose/goals/objectives were introduced and clearly explained to myself and the team	SD	D	N	A	SA
2. As a result of this tabletop exercise I am more familiar with self-care, communication and post-incident strategies	SD	D	N	A	SA
3. I enjoyed the opportunity create discussion, share experiences and ask questions with members of the facilitator	SD	D	N	A	SA
4. The facilitator was able to answer my questions and make recommendations based to assist me and my team	SD	D	N	A	SA
5. I feel better prepared to respond to escalating situations	SD	D	N	A	SA
Did you find this tabletop activity/discussion helpful?					
<i>Please Circle: Yes No</i>		<i>If Yes, why? If no, why not?</i>			
What would you add, remove or change for future tabletop exercises?					



Appendix E: Facilitator Exercise Evaluation Form

Facilitator(s):	Date:	Location:	Number of Staff:

Describe the general scenario/talking points covered with group:
How do you feel the discussion went overall?
How do you feel the activity could be improved upon going forward?
Facilitator signature: _____



Appendix F: Note Taker Form

Note Taker:	Date:	Location:	Number of Staff:

General Observations:
Gaps/Issues?
Successes?
Note Taker signature: _____