

Behavioural Safety Program in Continuing Care

Frequently Asked Questions (FAQs)

1. What is the Behavioural Safety Program (BSP)?

The Behavioral Safety Program (BSP) is Alberta Health Services' (AHS) clinical practice standard for identifying and communicating safety risks associated with responsive behaviours and safe care strategies. This program is being adopted by Covenant Health.

The BSP does not change how we provide resident care. The BSP includes a set of tools that help health care providers understand how to reduce and eliminate harassment, violence and aggression while delivering care safely.

Please note: Occupational Health and Safety (OHS) legislation and the Covenant Health policy suite uses the terms “harassment” and “violence”, while the BSP uses “violence” and “aggression”.

In all BSP documents, incidents of harassment, violence and/or aggression follow the same process above. In Continuing Care, the language used to describe incidences are known as “responsive behaviours”.

2. Why is Covenant Health implementing this program?

Covenant Health is responsible for providing our teams with a safe work environment and providing our residents with safe care. Safety is always a priority; however, we cannot eliminate harassment and violence. Accepting workplace harassment and/or violence is never part of the job.

Covenant Health has a legislated responsibility to work together with workers and leaders to identify, assess, and control workplace hazards, including harassment and violence. All areas across Covenant Health must be aware of and implement the Respectful Workplaces and The Prevention of Harassment AND Violence Policy suite as part of their local prevention plans. Covenant Health workers are responsible for making these strategies successful in practice.

The BSP supports the implementation of Covenant Health’s Respectful Workplaces and the Prevention of Harassment and Violence: Type II (Patient-to-Worker) Procedure. All workers who interact with residents, including those who do not access patient care records, must be made aware of the potential risks and how to work safely with residents. Together, we can improve safety for everyone.

3. How are residents screened for aggression or violence?

A standardized screening tool called the Violence Aggression Screening Tool (VAST) is used to identify residents who may display unsafe behaviors, including harassment, violence and/or aggression. The VAST also helps the health care provider identify resident experience factors (including high level triggers and calming interventions), known recent history, risk indicators, and safety planning.

The VAST suggests safe care strategies for each risk rating level: low, moderate, or high. When the VAST score is moderate or high, an Alert is applied, and a Behavioural Safety Plan is developed. This tool is available as a flowsheet in Connect Care.

4. Will every resident be screened? How often?

In continuing care, the VAST should be completed at minimum:

- upon every admission
- when the healthcare team becomes aware of a safety concern such as a new behaviour (the healthcare team may notice the unsafe situations themselves or be told about a safety risk by another health care provider, law enforcement, another patient, and/or a designated family/support person(s) or visitor)
- when the healthcare team becomes aware of an active or previous safety Alert with another program or facility

Rescreening will continue daily during the completion of behaviour mapping (e.g., 3-7 days) until the identified behaviour has been documented on the Behaviour Support Plan with patient-centred supportive interventions.

Residents should be rescreened:

- if there is a noticeable change in behaviour
- if there is a change in situation
- upon request from the resident/family

After a minimum of three consecutive low VAST scores, or when the safety concern is managed as part of the resident's Behaviour Support Plan, the team should remove the Alert from the patient chart and any visual indicators used to communicate the safety risk. An Alert is not intended to be permanent on a patient chart.

Note: Designated Supportive Living (DSL) will require an update to the Home Safety Risk assessment to include the VAST screen score/level of risk results.

5. What is a Behavioural Safety Plan? When do I need to make one? Who do I tell?

A Behavioural Safety Plan is a resident-specific plan that addresses behavioural safety concerns so that care can be provided safely. A plan is developed whenever the VAST score is moderate or high.

A Behavioural Safety Plan should include identified risks, triggers and the strategies that will be used to keep everyone safe. These can include ways to help the resident feel calm and comfortable while receiving care, supports for medically explained behaviours, and worker safety measures.

For some residents, including those with clinical presentations commonly associated with a responsive behavior, a more extensive safety plan may be needed, either alone or in combination with the clinical care plan. In these instances, local care planning processes should be used. For Continuing Care, this includes behaviour mapping, Behaviour Support Plans, and interRAI processes.

A Behavioural Safety Plan should be developed with the resident or family whenever possible. A brochure on [Behavioural Safety Plans](#) and a [script](#) for talking about the program with residents, family and visitors are available on CompassionNet

The Behavioural Safety Plan and safe care strategies should be reviewed with the entire healthcare team during rounds, huddles, and/or shift changes.

6. Why do I have to create a Behavioural Safety Plan when I am already creating a Behavioural Support Plan?

The Behavioural Safety Plan and the Behaviour Support Plan serve different purposes.

A **Behavioural Safety Plan** is a resident-specific safety plan that addresses behavioural safety concerns while identifying and communicating safety risks and safe care strategies for workers and residents who may display harassing or violent behaviours.

The **Behaviour Support Plan** is a component of the resident's comprehensive care plan which focuses on the documentation of strategies to manage a resident's day to day behaviours, including responsive behaviour(s).

When continuing care residents on the Behaviour Safety Program exhibit ongoing aggressive or violent behaviours, the Behaviour Support Plan should be used to document a resident centred care plan that includes behaviour management goals and interventions reflective of behaviour mapping and standardized assessments such as interRAI.

The table below outlines the differences between the Behavioural Safety Plan and Behaviour Support Plan.

Plan Type	Behavioural Safety Plan Occupational Health, Safety & Wellness	Behaviour Support Plan Continuing Care Clinical Process
What is it?	Resident specific safety plan that details how to provide care in a specific way that supports worker safety and prevents violent and aggressive behaviours.	Component of the overall care plan that focuses on resident's day to day behaviours and management of them.
What tool is it used with?	Used in association with VAST scores that are moderate or high.	Used in conjunction with behaviour mapping, interRAI assessment
How long is it used?	Immediate safe care strategies that can be implemented quickly and in the short term.	Behaviour management interventions that are expected to be ongoing.
Who develops it?	Developed by the health care team in collaboration with the resident/family.	Developed by the health care team in collaboration with the resident/family
Who is the plan for?	The Behavioural Safety Plan helps to keep workers safe. It also improves resident experience by providing strategies to keep the resident calm and comfortable while receiving care.	A resident centred care plan that focuses on a resident's goals and interventions related to behaviours that impact their care, their safety, or other people in their environment.

7. What steps should the healthcare team take if the violent and aggressive behaviours toward staff are not responding to Safe Care Strategies?

When the concern is not immediate, the health care professional must reassess the resident's aggressive and/or violent behaviours to ensure that the correct strategies are in place. Continue to behaviour map to identify trends, triggers, and effective interventions that can be added to the Behaviour Support Plan. Interventions for behaviour management include those that address the reason behind the responsive behaviours such as: physical factors, biological factors, psychosocial factors, and environmental factors.

Consider when consultation with the most responsible health professional is required to refer the resident to other programs such as specialized geriatric teams and physicians.

For more information about preventing and managing responsive behaviours, refer to the:

- [AUA Toolkit | Alberta Health Services](#),
- [Advancing Dementia Care & Support in Alberta](#), and
- Other related resources on the [Continuing Care Connection](#).

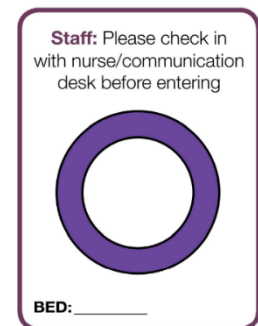
When it comes to an immediate concern protect yourself by:

- Activating the appropriate Emergency Response Code (Code White, Code Purple, Code Black or Active Assailant,
- Triggering the sites duress alarm (if equipped),
- Calling Protective Services, where applicable
- Calling 9-1-1.

8. How will I know when there is a potential risk?

Behavioural Safety Alerts (Alerts) are communicated these ways:

- Purple circle visual indicator
- Connect Care Storyboard Alert: Behavioural Safety
- Connect Care Rover: Banner Alert
- Connect Care Inter Facility Transfer (IFT) Report
- Behavioural Safety Plans



The visual indicator of a purple circle with a white centre is used to notify all team members there is a potential safety risk and that a Behavioural Safety Plan is in place.

The purple circle is to be posted outside of the resident's care area – see your site specific Implementation Guide

for more details on placement.

The Alert acts as a ‘stop and consider’ for the healthcare team. Communication of the Behavioural Safety Plan is required during rounds, huddles, shift updates, during care conferences, and care planning conversations, and with all patient transfers and transitions in care. The attending nurse should complete or update the plan prior to all transfers/transitions. This information must be provided to other healthcare teams (e.g., EMS, diagnostic imaging) and support staff (e.g., porters) when they are involved in the resident’s care. Residents with an active Alert should be cared for without stigma or labels.

9. How long does an Alert (purple circle or Storyboard Alert (Connect Care) stay active? Will my resident’s chart be labelled with an Alert forever?

In Continuing Care, the purple circle/Alert stays active until the resident has **three consecutive low VAST scores** (must be 24 hours between each completion) or the when the safety concern is managed with interventions that are part of the resident’s Behaviour Support Plan.

The intent of the purple circle/Alert is to notify the next care provider of the safety concern, but also a prompt to continue the rescreening sequence. In Connect Care, the alert will cross encounters.

10. What do I do when I see a purple circle?

When you see the purple circle/Alert, speak with the bedside nurse or charge nurse, or your supervisor before interacting with the resident or entering into their care space. Make sure you are familiar with the Behavioural Safety Plan and any steps you need to take to keep yourself and the resident safe.

11. Who is involved in creating the behavioural safety plan?

Behavioural safety plans should be developed by the bedside nurse with input from the resident or family whenever possible. A brochure on Behavioural Safety Plans and a script resource for discussing the program with residents, family and visitors can be downloaded from CompassionNet.

The plan and safe care strategies should be reviewed with the entire health care team during rounds, huddles, and/or shift changes.

12. How will we communicate with residents, families and visitors about the BSP?

Information about the program should be communicated using Resident and Family Centred Care principles by informing and involving the resident and family as soon as it is safe to do so.

Residents and/or family members should be informed of the risk status, the Alert and the Behavioural Safety Plan. They should be encouraged to contribute to the development of the safety plan whenever possible. For more information refer to the script on how to have positive conversations with residents, families and visitors, “Speaking with Resident, Families & Visitors”, on [CompassionNet](#).

13. What about the resident’s rights to privacy?

It is important to achieve a balance between resident and worker safety. Share the least amount of information necessary pertaining to the resident’s health and use discrete communication mechanisms, such as the visual indicators (i.e., purple circles).

14. How does the behavioural safety alert impact stigma and unconscious bias?

The BSP helps health care providers understand why a resident may become upset and how to deliver care safely. The BSP does not change resident care. The behavioural safety alert acts as a ‘stop and consider’ for the health care team. Residents with an active behavioural safety alert should be cared for without stigma or labels.

Reducing stigma and unconscious bias begins with awareness. Unconscious biases can include a safety bias where we are more sensitive to threats (whether perceived or real) than rewards. The [Diversity & Inclusion](#) team offers resources to support understanding about our own biases, the impact they have on our interactions and the strategies to overcome them.

15. What happens if a resident or their family does not agree with a plan being put in place?

Covenant Health has a responsibility to notify workers of their hazards, including aggression and violence, and mitigation strategies. If the resident and/or family is not in agreement with the plan, continue with implementation without the resident/family input and notify the ARCM/RCM/manager.

16. What is required for reporting and documentation?

Document all VAST scores, safe care strategies and outcomes, and any communication with residents and families in the resident's health record. Update the Behavioural Safety Plan as necessary.

17. How do I report incidents involving worker safety? Resident safety?

Under Alberta Occupational Health and Safety Legislation and Covenant Health policy, all incidents of harassment, aggression and violence to workers must be reported by calling the OHS&W Reporting and Information Line at 780-342-8070 or 1-855-342-8070.

For resident safety complete reporting in the Report & Learning System (RLS).

Managers/supervisors are responsible for investigating incidents, determining corrective actions and following up with and supporting impacted workers.

18. Where can I find more information?

Resources are available on the [Behavioural Safety Program page on CompassionNet](#).

Training is available through CLiC.

- [Behavioural Safety Program - Continuing Care Clinical](#)
- [Behavioural Safety Program - Non- Clinical](#)
- [Behavioural Safety Program - Physician](#)