

HEALTH AND SAFETY SURVEY OF AGGRESSION AGAINST STAFF

SECTION 1: INCIDENTS

For the following series of questions, we are interested in your personal experiences concerning "aggressive acts" while working for your employer. Please check off the box next to your response or fill in the blanks as required. If more than one response is applicable, then check off as many boxes as required. All responses for this and the following sections are confidential and will not identify you in any way.

- 1. Have you been subjected to an "aggressive act" at work during the past 2 years?**
- 1 Yes
- 2 No

IF YOU ANSWERED NO GO ON TO QUESTION # 15.

- 2. How many times have you been subjected to aggressive acts in the past 2 years.**
- 1 one time
- 2 two times
- 3 three times
- 4 more than three times

- 3. How many aggressive acts have you witnessed in the workplace in the past 2 years?**
- 1 one - three
- 2 four - six
- 3 more than seven
- (please specify approximate number) _____

If you have been subjected to an aggressive act(s) please provide details of one incident. If you have experienced more than one, please describe the most recent one.

- 4. What was the nature of the aggression? Were you:**
- 1 Struck by person
- 2 Kicked by person
- 3 Bitten by person
- 4 Clawed by person
- 5 Tripped on purpose
- 6 Pushed by person
- 7 Cut by object
- 8 Slapped
- 9 Grabbed/Held

- 10 Sexually assaulted
- 11 Subjected to verbal aggression
- 12 Other
- (specify) _____

- 5. If you were subjected to verbal aggression, were the threats to:**
- 1 injure you
- 2 kill you
- 3 injure a family member
- 4 damage or destroy your personal property

- 6. The injury that you sustained as a result of the aggressive act involved:**
- 1 Fracture
- 2 Sprain
- 3 Internal injury
- 4 Head injury
- 5 Miscarriage
- 6 Emotional trauma (stress)
- 7 Other
- (specify) _____

- 7. Were other people, not including the aggressor, close enough to provide assistance when the incident happened?**
- 1 No, I was alone
- 2 Yes, other staff
- 3 Yes, police
- 4 Yes, other clients, patients, residents
- 5 Yes, other persons
- (specify) _____

- 8. Prior to the incident, did you suspect that a violent situation might arise? And if yes, why?**
- 1 No
- 2 Yes, warning from chart files/reports
- 3 Yes, warning from co-workers
- 4 Yes, warning from other professionals
- 5 Yes, warning from supervisor
- 6 Yes, previous involvement with client, patient, resident
- 7 Yes, previous knowledge
- 8 Yes, dangerous neighbourhood
- 9 Yes, escalation of client, patient, resident's behaviour

- 10 Yes, other
- (specify) _____

- 9. Would you say that the incident was related to lack of sufficient appropriate staffing?**
- 1 Yes
- 2 No
- 3 Not sure

- 10. Prior to the incident did you request assistance from:**
- 1 A supervisor
- 2 A co-worker
- 3 The police
- 4 Security
- 5 No assistance requested
- 6 Other
- (specify) _____

- 11. Was requested assistance received?**
- 1 Yes, received
- 2 No, not received
- 3 No assistance requested

- 12. Was the incident reported?**
- 1 Not reported
- 2 Don't know
- 3 To a supervisor
- 4 To a co-worker
- 5 In a case conference
- 6 At a team meeting
- 7 To the health & safety committee
- 8 To shop steward/union representative
- 9 To Police
- 10 To govt h/s inspector
- (specify) _____

- 13. How was incident reported?**
- 1 not applicable (not reported)
- 2 Incident report form
- 3 Note on client, patient, resident file
- 4 Verbally
- (specify) _____

- 14. What action was taken after the incident?**
- 1 Don't know
 - 2 No action
 - 3 Client/patient/resident re-assigned to other worker
 - 4 Client/patient/resident was discharged or transferred
 - 5 Changed work policy/procedures
 - 6 Implemented a violence training program
 - 7 Increased security measures at work
 - 8 Client/patient/resident was convicted
 - 9 Worker was disciplined
 - 10 Other
(specify)_____

SECTION 2: WORKPLACE CONDITIONS

The following series of questions relate to your workplace conditions and any security measures that may be in place.

- 15. Are you ever alone during working hours (for example, no other staff present)?**
- 1 Always
 - 2 Over 75% of the time
 - 3 Between 50 & 75% of the time
 - 4 Between 25 & 50% of the time
 - 5 Under 25% of the time
 - 6 Don't know if I'm alone
- 16. When you are working alone, do you notify anyone when you are finished working?**
- 1 I never work alone
 - 2 Yes, always
 - 3 Yes, sometimes
 - 4 No, never

SECTION THREE: POLICIES & PROCEDURES

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".

- 17. Does your workplace have a written policy about the following? (check as many as apply)**
- 1 How to handle a violent client/patient/resident
 - 2 When & how to request the assistance of a co-worker
 - 3 When & how to request the assistance of the police
 - 4 What to do about a threat of violence
 - 5 How to report "aggressive acts or incidents"
 - 6 What to do about harassment
 - 7 There are no written policies

- 18. 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?**
- 1 Yes
 - 2 No
 - 3 Sometimes
 - 4 I never request assistance

- 19. During the past two years have you or your co-workers raised any of the following issues about violence with management?**
- 1 Working alone
 - 2 Levels of staffing
 - 3 Alarm systems
 - 4 Training
 - 5 Other
(specify)_____

SECTION FOUR: TRAINING

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

- 20. Have you received specific training about how to recognize and deal with potentially violent persons or situations?**
- 1 No training received
 - 2 Yes, during college or university studies
 - 3 Yes, during orientation period in present job
 - 4 Yes, during in-services workshops
 - 5 Yes, during courses given by outside institutions/agencies
 - 6 Yes, during course(s) given by the Union
 - 7 No specific training, but have received relevant information from supervisor

SECTION FIVE: BELIEFS ABOUT YOUR JOB

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.

- 21. I believe that current policies, guidelines and security measures of my workplace are adequate in addressing potentially violent situations.**
- 1 Strongly agree
 - 2 Agree
 - 3 No opinion
 - 4 Disagree
 - 5 Strongly disagree
- 22. I frequently worry about my personal safety on the job.**
- 1 Strongly agree
 - 2 Agree
 - 3 No opinion
 - 4 Disagree
 - 5 Strongly disagree
- 23. I believe that staffing levels or workload levels contribute to actual or potential violence in my workplace.**
- 1 Strongly agree
 - 2 Agree
 - 3 No opinion
 - 4 Disagree
 - 5 Strongly disagree