

Violence/Aggression Assessment Checklist (VAAC)

To be completed by referral source

Patient's name: _____ Date of birth: DD / MM / YY

Known history of violence No Yes *If yes, please provide the date and a brief description of the last known incident.*

Date _____ Description _____

TYPE OF BEHAVIOUR EXHIBITED	Yes / No	DESCRIPTORS
Uncooperative	<input type="checkbox"/> No <input type="checkbox"/> Yes	Easily annoyed or angered. Unable to tolerate the presence of others. Will not follow instructions.
Verbal Abuse	<input type="checkbox"/> No <input type="checkbox"/> Yes	Verbal attacks, abuse, name calling, verbally neutral comments uttered in a snarling, aggressive manner
Hostile/Attacking Objects	<input type="checkbox"/> No <input type="checkbox"/> Yes	Overtly loud or noisy, i.e. slams doors, shouts out when talking, etc. An attack directed at an object and NOT at an individual i.e. the indiscriminate throwing of of an object, banging or smashing windows, kicking, banging, head-banging, smashing of furniture
Threats	<input type="checkbox"/> No <input type="checkbox"/> Yes	A verbal outburst which is more than just a raised voice; and where there is definite intent to intimidate or threaten another person. A definite intent to physically threaten another person, i.e. raising of arm/leg, aggressive stance, making a fist, etc.
Assaultive/Combative	<input type="checkbox"/> No <input type="checkbox"/> Yes	An application of force or attack directed at an individual, i.e. kick, punch, spit, grabbing of clothing, use of a weapon or weapon of opportunity.

Known risk factors/triggers

Mitigation strategies for known risk factors/triggers

BEHAVIOUR	Level of Risk	CURRENT RISK MITIGATION STRATEGIES/INTERVENTIONS
No observed behaviour	Low	
Uncooperative OR verbal abuse/aggression	Moderate	
One or more of the above shaded Both of the non-shaded OR significant history of violence	High	

Print name: _____ Signature: _____

Date/Time received from Referral Source: _____

Update - Date/Time received from Referral Source: _____

Violence/Aggression Assessment Checklist (VAAC)

To be completed by The Royal Managers - PCS

Patient's name: _____ Receiving unit: _____

Date received: _____ Date posted on unit: _____

VACC RECEIVED BY MY MANAGER

Print name: _____ Signature: _____

Date: _____ Time: _____

Risk assessment Low Moderate High

INTERPROFESSIONAL PLAN AND MITIGATION STRATEGIES

- Routine observation and procedures
 - Intermittent observation
 - Constant observation
 - Flagging protocol/yellow dot
 - Extra staff _____
 - Other
- GPA No Yes
- PRNs/Medications administered at/prior to admission
 - Equipment needs
 - Gender specific staff

Admission delayed No Yes

Rationale: _____

COMMUNICATION TO STAFF

- Direct communication to staff
- Posted on unit flow/VAAC board
- Safety huddle discussion

Accuracy of information from Referral Source: