

## Violence/Aggression Assessment Checklist (VAAC)

*A Tool to Evaluate Patient's Risk at Triage for Signs of Violence Or Behaviours That May Indicate a Risk for Impending Violence*

TYPE OF BEHAVIOUR EXHIBITED	YES/NO	DESCRIPTORS
History of Violence	<input type="radio"/> Yes <input type="radio"/> No	History of being physically aggressive towards a caregiver.
Uncooperative	<input type="radio"/> Yes <input type="radio"/> No	Easily annoyed or angered. Unable to tolerate the presence of others. Will not follow instructions.
Verbal Abuse	<input type="radio"/> Yes <input type="radio"/> No	Verbal attacks, abuse, name calling, verbally neutral comments uttered in a snarling, aggressive manner.
Hostile/Attacking Objects	<input type="radio"/> Yes <input type="radio"/> No	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 an object, banging or smashing windows, kicking, banging, head-banging, smashing of furniture
Threats	<input type="radio"/> Yes <input type="radio"/> No	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="radio"/> Yes <input type="radio"/> No	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.
Type of Behaviour exhibited by: <input type="radio"/> PATIENT <input type="radio"/> OTHERS Please specify (e.g. parent, spouse, etc.) <input type="text"/>		
Known Risk Factors (i.e., wait times, pain level, fear) <input type="text"/>		
BEHAVIOUR	LEVEL OF RISK	INTERVENTION
No Observed Behaviour	LOW	No Intervention Required
History or Uncooperative or Verbal Abuse	MODERATE (Intervention Required)	List Intervention or refer to Organizational Policies & Procedures: <input type="text"/>
Any ONE (1) or more in SHADED area or TWO (2) or more in NON-SHADED area	HIGH (Preventative Measures Required)	List Measures or refer to Organizational Policies & Procedures: <input type="text"/>

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