



# Reactive Response to Event

Staff to Staff Violence/Harassment	Tools/Example Policies	Your Plan
<input type="checkbox"/> Prompt-comprehensive Incident response/investigation process <ul style="list-style-type: none"> <li>• Investigative lead should be leader other than direct supervisor</li> <li>• HR &amp; Labor relations involvement</li> <li>• Ensure Employee rights</li> <li>• Administrative leave during investigation</li> <li>• Post-event background check to evaluate any changes compared to pre-employment screen</li> </ul>	Prevention Policy Policy and Procedure Article	
<input type="checkbox"/> Potential Regulatory Reporting Requirements: <ul style="list-style-type: none"> <li>• OSHA</li> <li>• State Labor &amp; Industries</li> <li>• Worker’s Compensation program</li> <li>• Professional Licensing Board</li> <li>• Local Law Enforcement</li> </ul>		
<input type="checkbox"/> Victim support <ul style="list-style-type: none"> <li>• Confidential medical screening and treatment</li> <li>• Temporary Administrative leave/release from duty</li> <li>• EAP support</li> <li>• Critical Incident Team debrief if necessary</li> </ul>		

Notes:

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Patient to Staff Violence	Tools/Example Policies	Your Plan
<input type="checkbox"/> Pre-employment background screening	Policy	
<input type="checkbox"/> Patient Rights and Responsibilities clearly outline expectations re: violence, weapons, illicit substances and exclusion of visitors who are aggressive/violent <ul style="list-style-type: none"> <li>• All inpatients provided copy of patient rights and responsibilities (outpatient equivalent?)               <ul style="list-style-type: none"> <li>• Family and Visitor Guidelines published and posted</li> <li>• Process for security escort off campus</li> </ul> </li> </ul>	Policy Procedure Disruptive  Patient Patient Visitor Policy for Violent Abusive Behavior  Violence Self Assessment Questionnaire (PDF)	
<input type="checkbox"/> Staff Training: <ul style="list-style-type: none"> <li>• Recognize precursor signals of violence</li> <li>• Medical record documentation expectations</li> <li>• De-escalation and Self-Defense training</li> <li>• Safe restraint use</li> </ul>	ENA Workplace Violence Toolkit	
<input type="checkbox"/> Security Environmental Risk Assessment of High Risk areas: <ul style="list-style-type: none"> <li>• Secluded location (satellite clinics, isolated patient exam rooms, no direct line of sight or panic switches)</li> <li>• Off site location: Home Health services</li> <li>• Screen home for safety prior to visit (i.e. Western Health Risk Assessment Screening Tool)</li> </ul>	CPI: Workplace Violence Training  CPI: Workplace Violence Continuum	
<input type="checkbox"/> Patient Specific Proactive Prevention <ul style="list-style-type: none"> <li>• Intake assessment includes screening for risk of violence/aggression; documentation in medical record</li> <li>• Patient past history of violence or aggression is clearly communicated to all team members (electronic alert, care plan)</li> <li>• Unique safety plan developed based upon known risks</li> </ul>		

## Articles

### **The assessment and management of the violent patient in critical hospital settings**

*Journal: General Hospital Psychiatry*

### **Patient Violence Against Clinicians: Managing the Risk**

*Innovations in Clinical Neuroscience*

### **Compassionate Approaches to Preventing Patient Violence**

*Patient Safety & Quality Healthcare*

### **Workplace Violence in Emergency Medicine: Current Knowledge and Future Directions**

*The Journal of Emergency Medicine*



Patient to Staff Violence	Tools/Example Policies	Your Plan
<p>Suggested Policy review:</p> <ul style="list-style-type: none"> <li>• Patient Search/Seizure of contraband/illicit substance/Patient Belongings</li> <li>• Surrendered weapons: storage safety and process for return to patient</li> <li>• Surrendered illicit substances or contraband: Disposal v. Law enforcement release</li> <li>• Criteria for report to law enforcement/responsible person</li> <li>• Criteria for restraint/seclusion application/responsible person</li> <li>• Competency/Capacity/Surrogate-decision-maker/mental-health hold/involuntary confinement</li> <li>• When is forced medication admin/restraint acceptable?</li> <li>• Security use of force: handcuffs, pepper spray, etc...</li> <li>• Security video archive process/timeframe/expectations</li> <li>• Release of information to law enforcement/release of video to law enforcement</li> <li>• Law enforcement bringing weapons on-campus/ no weapon zone in psychiatry</li> <li>• Show of force/Code Strong/Code Grey response processes</li> <li>• Administrator-on-Call/RN Supervisor Responsibilities</li> <li>• Chain of Command</li> <li>• Professional discipline/Peer Review</li> <li>• Resolution of Patient Complaints and Grievances</li> <li>• Adverse Event Incident Reporting System</li> <li>• Guidelines for Environmental Protections in care of Known registered sex offender/patient in law enforcement custody</li> <li>• HIM restrictions/Patient Directory restrictions: Confidential/No-Publication/No Show/"Break the Glass"/ Pt Directory</li> <li>• Patient Alert/Care Plan/Electronic mechanism to notify all staff/all locations of increased risk of violence</li> <li>• Patient Term/Termination of Care relationship</li> <li>• Narcotic Care Agreement</li> <li>• Refusal of Care Form/Process</li> <li>• Discharge AMA</li> <li>• Elopement</li> <li>• Administrative Discharge</li> <li>• Patients who will not peacefully leave campus after discharge/ Security escort off campus</li> <li>• Chaperone guidelines</li> <li>• Patient/Family Request for change in caregiver</li> </ul>		







