STATEMENT:

Violence stemming from patients and patient visitors present considerable risk and concern to the healthcare industry. Healthcare Facilities (HCFs) should establish specific violence prevention and aggression management policies, processes and practices to deter, identify and manage violent events.

INTENT:

The HCF violent patient/patient visitor management policies and processes should be informed by data and research in this area and developed collaboratively through the engagement of key stakeholders and subject matter experts. These processes should be integrated with other HCF programs related to violence, such as targeted violence, management of weapons and threat management.

a. The HCF should develop a Disruptive Patient / Patient Visitor policy that establishes and communicates processes and procedures for identifying, communicating, and managing violent, threatening, or other inappropriate or disruptive behavior.

b. The HCF should develop processes and accompanying workflows designed to alert staff of potential disruptive behavior in patients and accompanying visitors with whom they may interact. Components of this process may include:
   1) Defined response procedure(s) for situations where disruptive behavior is observed or believed to be imminent.
   2) Development of a means of identifying such risks such as a system of "flags" based on specific escalating behaviors and risks presented to staff and suggested action plan. This is illustrated in the below example:

Flag	Suggested Action Plan
Level 1 - Awareness for behaviors such as repeated loud cursing, verbal threats, intimidation, and precursors to violent behavior.	Staff should be aware and utilize HCF verbal de- escalation techniques where appropriate. Patient informed of consequences of continued inappropriate behavior.
Level 2 - Threat of immediate assault, physical assault, possession of a weapon on premises, other assault or physically dangerous crime on premises or significant / repeated documented verbal threats.	Staff alerted to heightened concerns of patient and encouraged to initiate a safe patient treatment plan. Contact immediate supervisor and/or onsite security.

Flag	Suggest Action Plan
Level 3 - Termination from Care - This flag is implemented on a case-by-case basis for higher level physical assaults, multiple assaults, or other significant criminal activity.	- Staff should refer patients attempting to make appointments to designated staff member/department. - Contact onsite security or local police for patients on premises. - If in emergency care setting, onsite security or local police should be notified for standby while care occurs.

3) Utilization of the electronic health record (EHR) to flag known disruptive behavior and relevant historical context associated with a patient and their visitors.
4) Identification of specific individuals within the HCF who are authorized to initiate the "flag"; this may include members of the healthcare team, risk management, security leadership, or others deemed appropriate by the HCF.
5) Establishment of behavioral expectations with patients and visitors who are placed in the 'flagging' system. Consideration should be given to advisement of the flag status.
6) Identification of potential medical factors or other circumstances that may contribute to behaviors of concern.
7) Establishment of an internal review process to evaluate the timely removal or downgrading of the flag when behavior is no longer expected to present a potential risk. This process may include the individuals who authorized the original flag.

c. The HCF should establish defined criteria under what circumstances a patient may be terminated from care due to violent, disruptive or other inappropriate behavior. Criteria should be established in accordance with applicable laws surrounding patient rights and abandonment. Further considerations may include:
1) Pre-determining what actions would result in discharge or dismissal.   The HCF should identify exceptions by department (e.g., emergency care) or clinical service-line.
2) Establishing a multi-disciplinary team of reviewers who would approve the termination of care.
3) Generating termination of care or conditions for care letters from a central department that are disseminated to all involved in the decision and appropriately noted in the patient's EHR.

d. The HCF should identify changes in the care plan that are best suited for the care of violent or disruptive patients when termination of care is not a viable option.   Risk

mitigation options may include:

1) Environmental changes to the treatment room to include removing all hazards and unnecessary equipment and furnishings.

2) Implement patient search protocols to identify or remove any contraband or items that may be used as weapons. This may include metal screening or removal of patient belongings including clothing and use of a patient gown.

3) Thoroughly search, inventory and secure any personal property located within or brought into the care location.

4) Maximize observation and response capability to include potential assignment of additional staff such as a care provider, sitter or security officer.

5) Identification of visible or auditory methods that alert other HCF staff of the concern, including support personnel and others who may interact with the patient or visitor but do not have direct access to the EHR.

6) Introduction and reinforcement of behavioral expectation including agreement by the patient; this may include notification and discussion with family members.

7) Medically approved patient restraints.

e. Disruptive visitors may be restricted access to the patient, department or HCF in general. Processes should be developed to determine visitor restriction.

f. Training programs and attendance expectations should be established and offered that address the prevention, recognition, avoidance, diffusion, response and reporting of threats, acts of aggression and other behaviors of concern. Education appropriate for job function and potential risk should be provided to all healthcare workers and support staff.

REFERENCES:

OSHA 3148

VA Hospitals Patient Records Flag
https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2341

Emergency Medical Treatment and Active Labor Act (EMTALA) in the United StatesEMTALA
https://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA/

SEE ALSO:

IAHSS Healthcare Security Guideline 01.09 Violence in Healthcare

IAHSS Healthcare Security Guideline 01.09.03 Threat Management Team

IAHSS Healthcare Security Guideline 02.02.04 De-Escalation Training

IAHSS Healthcare Security Guideline 05.02 Security Role in Patient Management

IAHSS Healthcare Security Guideline 05.04 Searching Patients and Patients Areas for Contraband

IAHSS Healthcare Security Guideline 05.06 Security in the Emergency Care Setting

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