

Parkwest Medical Center Knoxville, Tennessee Leadership/Administration	SUBJECT: Staff Alert for Violent Behavior PAGE 1 OF 3
Approved By: Senior Leadership 3/13	Generated By: Emergency Management Team
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TO BE USED BY THE FOLLOWING: Parkwest Medical Center and Peninsula (including on campus and off campus outpatient programs)

KEY WORDS: Staff Alert, Violent Behavior, Flag

SCOPE: This *staff alert for violent behavior policy* is applicable to employees, medical staff members, vendor contract, temporary or volunteer personnel, patients and visitors.

POLICY STATEMENT:

Parkwest Medical Center and affiliates are committed to maintaining a safe environment for patients, visitors and staff members and has adopted a zero tolerance for any workplace violence.

PURPOSE:

The purpose of the *staff alert for violent behavior policy* is to provide communication to all persons with a need to know of potential violence on the part of a patient or a patient visitor.

NOTES:

1. Research has consistently shown that the best predictor of violence is a history of violent behavior.
2. It is the responsibility of the organization to be proactive in implementing measures towards the maintenance of a safe environment. One way to do this is through means of “alerts” to inform caregivers and other applicable staff members of potential risks of violent behavior.

PROCEDURE:

I. Initiation of Staff Alert for Violent Behavior

A. Due to event during present visit

1. The Administrative Supervisor or Outpatient Service Supervisor will consult with Risk Management, Security, attending physician, and the Administrator on Call to determine the need to activate the *staff alert for violent behavior procedures*.
2. Once the final decision had been made to initiate the *staff alert for violent behavior procedures* the Administrative Supervisor or Outpatient Service Supervisor will communicate the decision to the attending physician.
3. Further, the Administrative Supervisor or Outpatient Service Supervisor will communicate the initiation of the *staff alert for violent behavior procedures* to the direct care givers providing treatment to the specific patient.
4. After review Risk Management will contact the Registration Director or Designee of the need to flag the patient’s electronic record to indicate potential source of violence, regardless if the potential source was the patient or a patient visitor. This will be indicated as V-Patient (violence associated with a patient) or V-Other (violence associated with a patient visitor).

B. Due to event during previous visit

1. Registration will review the designated section in STAR to determine if there is a “Staff Alert” for violence associated with the patient or violence associated with a patient visitor. Note: The “Staff Alert” might be due to an event at a Parkwest/Peninsula campus or an event at another Covenant facility.

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2. When a “Staff Alert” is in STAR registration staff will immediately notify the Administrative Supervisor or Outpatient Service Supervisor.
3. The Administrative Supervisor or Outpatient Service Supervisor will communicate the initiation of the *staff alert for violent behavior procedures* to Risk Management, Security and the Administrator on Call and the attending physician.
4. Risk Manager will review SIRs from previous patient visits and review reason for Staff Alert flag and communicate to Administrative Supervisor or Outpatient Service Supervisor, Security, Administrator on Call and attending physician as necessary.
5. Further, the Administrative Supervisor or Outpatient Service Supervisor will communicate the initiation of the *staff alert for violent behavior procedures* to the direct care givers providing treatment to the specific patient.

II. Implementation of Safety Measures (Parkwest and Peninsula Inpatient Services)

- A. The Administrative Supervisor will implement the basic safety measures that would be applicable to all situations. These basic safety measures would be in effect for the entire duration of the patient stay and would include the following:
 1. A designated magnetic sign will be placed on the room door of the specific patient (Parkwest campus only).
 2. A designated label will be placed on the front cover of the hard copy of the patient’s chart.
 3. Caregivers and support personnel should not enter the patient room without another caregiver or support person.
 4. The magnetic door signs and the chart labels will be kept in the Administrative Supervisor’s office.
 5. The magnetic door sign and the chart label will serve as a trigger for the staff member to seek information from nursing personnel as to what the specific risk entails.
 6. The magnetic door sign and the chart label will remain for the duration of the specific patient’s admission and subsequent admissions as applicable and as needed.
 7. Once the patient is discharged the assigned RN or designee will contact the Administrative Supervisor so that the door signage can be retrieved.

- B. The Risk Manager will review the specifics of the event and will consult with the Administrator on Call to determine if additional safety measures are necessary. One example of an additional safety measure would be having a security officer stationed outside the patient room who would escort physicians and other caregivers as well as support personnel into the room.
 1. If it is determined that additional safety measures are needed then a specific safety plan will be developed.
 2. Until the specific safety plan has been developed and implemented the patient and/or patient visitor should be treated as high risk and **extreme caution** should be used at all times.
 3. If during review of the specifics of the event it becomes evident that the threat is no longer viable then the staff alert for violent behaviors will be discontinued and registration staff will be directed to remove the “Staff Alert” from the STAR system. An example of this would be a patient’s family member who previously had a violent incident but has since expired.

- C. Outpatient Services, including the Emergency Department as well as both on campus and off campus programs) will develop department specific processes. At a minimum the following steps should be taken:
 1. All staff members should be alert to signs of violent behavior.
 2. Caregivers and support personnel should not enter the room where care is to be provided without another caregiver or support person.

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3. Security should be notified as the need arises.

III. Communication

A. Hand off communication will occur at each change of shift, change in level of care, and transfer and/or transport of patient.

B. Patients who have been “flagged” for *staff alert for violent behavior*, will have the following symbol on their armband as communication to all staff members:

1. @ = V-Patient (violence associated with a patient)

2. # = V-Other (violence associated with a patient visitor).

C. Staff Alert from previous admission will be on the patient’s medical record face sheet under Code Green section as “VP VPatient” (for patient) or “VO Vother” (for patient visitor)

REFERENCES:

1. National Institute for Occupational Safety and Health (NIOSH) “Violence: Occupational Hazards in Hospitals. April 2002, Publication No. 2002-101.
2. U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) “Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers”. 2004.
3. Occupational Safety and Health Act of 1970, Section 5(a).
4. The Joint Commission, Sentinel Event Alert, Issue 45. June 3, 2010: Preventing violence in the healthcare setting.
5. ECRI Institute Healthcare Risk Control System “Violence in Healthcare Facilities”. September 2005.
6. ECRI Institute Healthcare Risk Control Risk Analysis “Patient Violence”. July 2003.
7. ECRI Institute Healthcare Risk Control Risk Analysis “Violence in Healthcare Facilities”. March 2011.
8. Parkwest Policy: Workplace Violence Prevention Plan.
9. Parkwest Policy: Code Green