**SECTION II: ORGANIZATION FOCUSED FUNCTIONS**

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<th>CHAPTER 8:</th>
<th>Management of Human Resources</th>
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<td>PROCEDURE 8.51:</td>
<td>Prevention and Management of Patient Violence Directed at Staff</td>
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<td>REVISED:</td>
<td>05/13/05; 12/10, 04/13; 07/25/16; Reviewed 06/18</td>
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<td>Governing Body Approval:</td>
<td>05/09/13; 07/28/16; 07/02/18 (electronic vote)</td>
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**PURPOSE:** To provide staff with guidelines that assist in the prevention and management of patients’ behaviors, which are verbally and/or physically threatening and/or cause injury to staff.

**SCOPE:** All CVH staff

**PROCEDURE:**

I. **Prevention**

   It is understood that measures taken to prevent instances of patient threatening and/or injuring staff are not always successful. Aggressive behaviors exhibited by patients may be multi-factorial and challenging to treat. The likelihood of verbally and physically threatening behaviors is minimized by:

   A. accurate and comprehensive assessment;
   B. appropriate treatment planning and service delivery; and
   C. frequent re-assessment to determine the effectiveness of the services delivered.

II. **Management**

   A. A staff member who is threatened and/or injured reports the incident immediately to his/her supervisor and completes an Incident Report (CVH-494);
   B. The supervisor immediately informs the Unit Director or Nursing Supervisor (off-shift);
   C. The Unit Director/Nursing Supervisor informs the Attending Psychiatrist or on-call physician (off-shift) who meets with the patient for the purpose of assessing the patient’s mental status and the nature of the threat;
   D. Based on this assessment, the Attending Psychiatrist and the Unit Director consider options for immediate, and potentially long-term, management of the situation. Those options to consider include:
      1. changing the patient’s level and/or observational status (See Operational Procedure 2.11 Special Observation);
      2. modifying the patient’s treatment plan (See Operational Procedure 2.6 Integrated Treatment Planning Process; and Operational Procedure 3.1 Emergency and Involuntary Medication);
      3. changing the patient’s room/unit assignment;
4. changing the staff’s unit assignment (in consultation with Hospital leadership and the Facility Human Resources Department);  
5. initiating the arrest procedure (see *Operational Procedure 1.15 Arrest of Patients at Connecticut Valley Hospital*), if appropriate; and  
6. convening a case conference (including inviting leadership of the Division and/or the Hospital).  

E. Each situation should be managed on a case-by-case basis. Involvement from outside the team, including Human Resource Personnel or those in a leadership capacity should be considered.  

III. **Performance Improvement**  

A. The supervisor ensures that all episodes involving patient threats as well as assaults on staff are recorded on the incident report.  
B. Division leadership reviews all incidents via the incident report review process. The PI Manager aggregates incident data, works with Division leadership to identify any trends and/or necessary corrective action related to threatening or staff assaults and reports quarterly to the Governing Body.