

CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION II:	ORGANIZATION FOCUSED FUNCTIONS
CHAPTER 8:	Management of Human Resources
PROCEDURE 8.51:	Prevention and Management of Patient Violence Directed at Staff
REVISED:	05/13/05; 12/10, 04/13; 07/25/16; Reviewed 06/18
Governing Body Approval:	05/09/13; 07/28/16; 07/02/18(<i>electronic vote</i>)

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.