

SAFETY PLAN

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| SUBJECT: | Safety Plan |
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Davis Behavioral Health promotes a safe and secure environment and does not tolerate aggressive or threatening behaviors. This policy covers how to deal with aggressive or threatening behavior on the part of clients, people associated with clients or the public. Staff, clients and others do not have to tolerate such behavior and should report it immediately. Zero tolerance of aggressive or threatening behavior extends to all Davis Behavioral Health locations including school, home and community settings.

Policy Objectives:

- To ensure adequate processes are in place for the protection of staff, clients and others participating in treatment or in the vicinity of aggressive or threatening behavior at DBH locations.
- To ensure staff are fully aware of their responsibilities when dealing with violent or aggressive patients.
- To ensure that staff are fully aware of their rights when dealing with such incidents.

A series of steps can be taken to ensure a safe and secure work environment including:

- Physical precautions in the work setting to prevent or safeguard against aggressive or threatening behavior
- Safety precautions in advance of problems including minimum coverage and case review in advance of an interaction with a high-risk client
- Limiting, refusing or withdrawing service in the face of aggressive or threatening behavior
- Using co-leadership for groups where there may be safety issues
- Implementing Credible alerts or email alerts for clients who pose a safety concern
- Managing aggressive or threatening behavior.

Every effort will be made to ensure that clients are not stigmatized by inaccurate information. However, in ambiguous situations the safety needs of staff, volunteers, clients and others must take precedence.

DEFINITION

Aggressive or threatening behavior can include:

- Menacing, angry, loud and/or abusive language

- Communicating a threat of bodily harm or injury to property, either verbally or through physical behavior
- Brandishing any object as a weapon
- Any threat, real or implied
- Any behavior that makes a staff person, client or volunteer feel unsafe
- Destruction of property or theft

The aggressive or threatening behavior may be exhibited by the client or by someone associated with the client (e.g., a partner, relative or friend).

SCOPE

All Davis Behavioral Health staff, volunteers and clients are covered by this policy.

PROCEDURES

1. Precautions to take PRIOR to interacting with individuals or groups who pose a safety risk or concern

1.1 Review client file and determine which safety precautions to take, including:

- Using an alternative interview room rather than personal office
- Reviewing the phone alert System at your location. If you're not sure of which button on your phone requests assistance, be sure to contact the office manager for assistance.
- Speaking with the referral source in advance of the initial meeting with the client
- Scheduling the appointment with the client or group session at peak staffing level periods to ensure the availability of support and back-up
- Advising your supervisor, support staff or administration of the time and location of the appointment with the client or group session
- Preparing the room for safety (e.g., clear out objects that could be used as weapons, leave the door ajar)
- Arranging to have staff colleagues monitor the interview room
- Bringing a second staff member to assist in the interview.

1.2 Provide service, to the greatest extent possible, in a safe interview room that:

- Does not have objects that can be thrown or used as weapons
- Provides the option of leaving the door and/or window blinds open
- Allows staff to easily leave the room.

1.3 Ensure minimum staff coverage for any service provided to a client who poses a safety risk (i.e., Service Alert on his/her file related to problematic behavior, concern based on clinical experience). A supervisor or one other staff must be in close proximity to the office location while the interview is underway and aware of the situation.

1.4 Develop a support plan with your supervisor to include alternate safety strategies such as utilizing the phone alert system, notifying the front desk to alert staff to a specific client, having the supervisor or support staff "call-in" during the service, have a co-worker participate in the service with you, etc.

2. Precautions to take DURING and AFTER an interaction with individual client or group session

- Staff should position themselves/furniture so that they may easily exit the room if required.
- Negotiate a contract with the client at the beginning of the service regarding unwanted behaviors and resulting consequences.
- Utilize the phone alert system.
- Escort client out of the building if possible.
- Request to be observed or accompanied when leaving the building.

3. WHEN the client is aggressive or threatening

- If staff, clients or volunteers feel they are not safe at any point in providing service, follow the principle of **safety first**. Do not minimize a situation that may be getting out of control. Trust your gut feelings.
- Terminate the interview and ask the individual to leave the office.
- If the person is willing to do so, escort him/her out of the building (if possible).
- If the person is unwilling to leave, becomes volatile, disruptive or unpredictable, leave the room immediately (if possible).
- Activate the phone alert system to summon help from other staff.
- If necessary, create noise and disturbance to attract the attention of other staff.
- If necessary, secure the building by asking support staff to lock the entrances if the aggressive client has left the building.

4. ONCE the Phone Alert System has been activated

4.1 Staff directly involved in the incident must advise the program manager of the situation. If the program manager is not available, assume the role of crisis manager or find another staff person to do so.

4.2 Upon hearing the safety alert system:

- Staff who are not directly involved in the incident should follow the safety alert system for their location (e.g., stay in office or leave their office and proceed to the predefined area).
- If there are other patients/clients in the vicinity, then there is a duty to protect them. If possible, remove them to another part of the building away from the situation.

4.3 Those receiving the phone alert message must immediately determine the location of the disruption and whether any contact has been made with the staff who activated the system. Responders are identified for each location and should immediately respond to the notification.

4.4 If no contact has been made, the responder:

- Knocks on the door and asks the therapist to step into the hallway
- If no answer at the door, phones into the office where the incident is occurring. If possible and if it makes sense, ask the staff to pick up the phone then ask if they're safe.
- If there is still no answer, listens to what is happening in the office to determine what to do (may need to use a key to open the office, or call 911).

4.5 Once contact has been made, the responder will determine the best course of action. Arrange to call 911 as needed.

5. Call 911 (if necessary)

- Dial 911 and request police, fire, ambulance or a combination.
- Inform the 911 operator if there is an immediate threat of harm. Such calls are higher priority and receive a fast police response.
- Identify yourself and the office location where the incident is occurring.
- Advise administrative staff at the first available opportunity.

6. AFTER the aggressive or threatening behavior

6.1 Staff involved should document the behavior in the client chart.

6.2 The aggressive or threatening incident should be reported within the "Alert" tab in the electronic record.

6.3 If there is reason to believe the aggressive or threatening behavior will continue, an organization-wide alert should be issued by email (DBH-AII).

6.4 Debrief on the situation with you supervisor and administration. Determine whether follow-up or support is required (e.g. EAP debriefing services etc.).

If other clients/patients witness the event, debrief this with them as soon as possible. Offer additional supports as appropriate.

6.5 If required, obtain additional supports for staff, volunteers, students and/or clients involved in the aggressive or threatening incident (e.g., EAP debriefing, outside counselling, legal assistance, financial reimbursement or time off). *A one to one discussion with the staff member that was affected should be done in private and as informally as possible.*

- The staff member should be encouraged to talk about the incident from their perspective and encouraged to write it down. When appropriate, this can be used to complete an incident report.
- Ask the staff member what support they feel they need to help them deal with the situation.
- When appropriate, a group session should be provided to those affected by the situation. This can be for clients together, staff together or combination when appropriate.

6.6 Complete an *Incident Report* once the situation has abated and submit to your supervisor. Supervisor reports to administration.

6.7 Determine if service to the client should be limited or withdrawn.

A determination regarding the continuation of services for a client who has been aggressive, violent or threatening will be made by the clinical directors committee. Incident reports should be made/presented to the clinical committee. This committee will decide the conditions of continued care, if any, and will communicate that decision to the client in writing (see example letter at the end of this policy).

If there are repeated incidents from a particular client, then the agency should provide written communication to let them know that no other incidents will be tolerated and the patient will be no longer be able to be treated at DBH.

When appropriate, efforts will be made to assist the client to find another agency or provider that is willing to provide treatment.

7. Criminal Charges

7.1 In cases of aggressive and/or threatening behavior, the police may decide to press charges against the client. In such cases, staff are expected to cooperate fully.

7.2 Affected managers and staff may ask the Corporate Compliance Officer, Shelly Tanner, for approval to seek legal counsel through the organization's legal counsel.

Example letter:

Dear Tom,

This letter is to remind you about our policy of zero tolerance of both verbal and physical acts of aggression and violence. At DBH we take this policy very seriously for your safety, the safety of our staff and others in our clinic.

On your visit to our clinic on Thursday, July 27, 2017, you became very upset about the denial of a medication script and threatened staff. Your behavior was witnessed by several other staff members and clients in the waiting room. Your behavior caused fear and anxiety for several people that were in the vicinity.

If you desire to continue receiving treatment at DBH, you will need to meet with your provider to discuss the matter in a calm and respectful manner.

You will develop a written plan and contract for how you are going to deal with future frustration and anger.

It may be that a decision will be made that you will need to seek treatment from another clinic or agency. If this is the case, we can assist you in trying to find other resources that are willing to treat you.

If a decision is made that you are authorized to continue with treatment at DBH, an important part of your plan may include writing an apology letter to staff members that were witness to this behavior. It may also include writing an apology letter that will be given confidentially to others that witnessed your behavior.

We are sure that you can understand the need to keep yourself and others safe

It is our hope that you are able to continue to be seen at DBH.

Sincerely,