

Response Guidelines for Workplace Violence and Domestic Violence Threat Assessment Teams

Threat Response and Incident Management

Conduct or circumstances that raise concern about possible violence are reported from various sources within or outside Essentia Health. Often, such reports are received by managers, Security, Human Resources, Patient Relations, or Patient Registration. To coordinate responses to such threatening situations regarding our patients, visitors and staff, Essentia Health has established a Threat Management Team (TMT) concept that may be implemented as a component of the Workplace Violence Policy [WR- EOC0528](#). Based on the type of threat, the TMT may incorporate different disciplines such as Patient Relations, House Supervisors, Emergency Management, department leadership, and Risk Management. Example: if the threat involves an employee, HR would be represented. Local law enforcement can serve as a good resource when evaluating threats and may be brought in to assist. The size of the TMT will vary based on the depth of the department/facility and the complexity of the threat.

In the great majority of cases, the effort of managing a threat of violence will go through a number of stages, beginning when the TMT receives a report of threatening behavior or violent conduct by an employee or someone else – a patient, visitor, or third party. If the initial report indicates an emergency, with a violent act already occurring or imminent, immediate emergency response should be initiated by calling 911 (or dial appropriate internal emergency number) and steps taken to get other workers/patients/visitors away from the violent event and out of danger. If the events warrants, the Hospital Incident Command System (HICS) should be activated.

If the initial report does not call for immediate emergency action, the appropriate team will proceed through the following steps:

- Gather additional information and conducting a preliminary risk evaluation;
- Take initial actions based on the violence risk assessment (while continuing to investigate and evaluate);
- Determine and initiate the appropriate response measures;
- Bring the incident to a conclusion, if possible before anyone is injured;
- Follow up with appropriate intervention;
- Consider measures that can be taken to prevent similar incidents; and
- Monitor the situation for any new threats of violence.

The following is a review of each of the above-described steps and some of the important issues and options associated with them.

Initial Data Gathering and Preliminary Risk Screening

Once a report is received, the TMT, as appropriate, can designate one or more of its members to gather additional information and reach a preliminary assessment of the level of risk posed by the behavior or circumstances in question. The first task is to determine and document, to the extent possible, the “who, what, where, when, and why” of an incident. Once that

information is available, the next step is to evaluate the risk of a violent act. The following list of questions – adapted in part from a violence risk assessment instrument developed by the U.S. Secret Service and similar to questions used by the FBI's National Center for the Analysis of Violent Crime, Behavioral Analysis Unit – can prove helpful in guiding risk assessments in a workplace setting. Many of the answers to these questions are not initially available and, in a given case, some may be particularly difficult to answer. The questions fall under two categories: those seeking to establish factors representing a risk of violence and those seeking to disclose factors that may lower the risk.

Caution and good judgment are always necessary in pursuing information in a manner that does not complicate the threat management process and that properly balances the need for thoroughness with the need for promptness.

Key questions aimed at identifying risk factors:

- What is motivating the individual to make the statements or take the actions that led to concerns about the safety of the workplace and its employees/patients/visitors?
- What has the individual communicated to anyone concerning his or her intentions, whether by threats or other disclosures or actions?
- What interest has the individual shown in violence or its justification, or in violent perpetrators, weapons, or extremist groups?
- Has the individual engaged in planning and preparation for violence, such as approaching a target or site, breaching security, or surveilling, harassing, or stalking a target?
- Does the individual have a current or past history of a mental disorder or substance abuse? Has the individual exhibited symptoms of paranoia, delusional ideas, hallucinations, extreme agitation, despondency, or suicidal tendencies, especially with any violent content? Has he or she ever acted on such beliefs?
- What kind of serious oppositional or counterproductive attitudes or behavior does the individual present in the workplace? For example, does the individual blame others or exhibit a strong sense of entitlement, defensiveness, self-centeredness, or intolerance of others' rights?
- How does the individual manifest any anger problems, and how focused is this anger on other individuals in the workplace?
- Has the individual experienced (or is he or she likely to in the near future) any serious personal or financial stressors, such as divorce, custody disputes, job or status losses, or deaths in the family? Does he or she show poor coping skills in reaction to such events?
- What is the individual's known history of serious interpersonal conflict, violence, or other criminal conduct, in domestic or other settings? What is the nature of any organizational, supervisor, family or work problems that have contributed to, provoked, or exacerbated the situation, and how do those problems influence the individual's perception of his or her circumstances?
- Does the individual have access to weapons? If yes, what kind, how many and have they had any specific training in using these weapons?

Factors unique to a domestic violence situation in the workplace:

- Does the individual know where the target of his or her actions works, parks his/her vehicle, or what hours he/she works?
- Has the individual made any threats against an employee, or anyone else at Essentia Health?

The second group of key questions aims at disclosing factors that may lower the risk of violence:

- Does the individual have positive, valued, family, or other personal attachments?
- Has the individual expressed genuine remorse for making threats or engaging in the behavior that has generated a concern for safety?
- Has the individual responded positively to defusing or limit-setting efforts by others?
- Has the individual engaged in appropriate problem solving or sought professional treatment or legal recourse as a way to manage the situation or problems at issue?

Factors unique to a domestic violence situation in the workplace:

- Does the employee (who is the target of the individual's actions or behavior) have a protective order?
- Does the individual respect law enforcement or other authority figures?

Upon completion of the initial risk assessment, situations that are evaluated as presenting no or low risk of violence are referred for follow-up and resolution outside the threat management process, for example through human resources channels. All other situations are referred to the TMT for further review.

Initial Actions and Response of TMT

When an initial risk assessment indicates greater than a low risk of violence, the TMT, as appropriate, should take some initial steps based on the data available at the time and its preliminary opinion regarding risk level. Team members may:

- Collect further data.
- Confer with other, appropriate organizational members.
- Consult with external violence risk assessment and risk management specialists, and/or other internal resources such as the Legal Department or Psychiatry.

Threat Response Actions Coordinated by the TMT

Depending on the initial level of perceived risk, the appropriate team will implement and coordinate measures to further assess and manage any risk of violence. These measures may include:

- A deeper investigation: for instance, a further internal investigation and/or an external investigation, such as a criminal background check.
- Security measures covering the workplace generally or the specific person(s) at risk.
- Legal actions, such as restraining orders when feasible and appropriate.
- Employment actions, such as suspension, discipline, or termination of the person(s) in question, and transfers or administrative leaves.
- Changing work hours and/or location for the person at risk

- Relocating his or her parking location for the person at risk
- Moving a patient at risk to another unit or a locked unit.
- Referrals to the Employee Assistance Program (EAP) or others for professional help.
- A report of criminal activity to outside law enforcement agencies.
- Any other defusing interventions that might be appropriate and effective, including but not limited to initiating involuntary commitment proceedings where the individual who poses the risk meets the statutory requirements for involuntary commitment.
- Strategies to address fears or other issues among affected workgroups.
- Consulting the Legal Department, particularly with respect to activities such as managing various aspects of an employment relationship, devising flexible separation arrangements, securing a restraining or protective order, addressing privacy issues related to the release of medical records, and shaping appropriate incident related communications.
- Instituting a criminal trespass against the individual who poses the risk.
- If the incident involves patients, review and determine whether the incident meets the criteria to be added to any alert notification system (eg: alert in patient's chart)

Each case is unique, and there is no single or formulaic approach that can be applied in every situation. In most situations, however, the above outline, which includes recognized and tested interventions and responses, can serve as a broad guideline. In addition, considerable discussion among the TMT members, as appropriate, relevant members of management, and other stakeholders will be required in order to devise the most appropriate strategy for any particular case.

Concluding an Incident

When a situation is judged to have been safely resolved, remaining issues can be referred back to department heads, human resources personnel, or other appropriate organizational authorities. Once an incident is over, the TMT should review what happened, reexamine both the circumstances of the precipitating event and the response to it. The purpose of the review will be to determine if any change in workplace conditions, policies, and/or in violence response procedures could help avoid similar incidents in the future, or manage them more effectively, should they occur.

Monitoring

All those involved in the incident and its management should remain alert for any new information that might require additional action, either with respect to the specific situation at issue or the workplace in general.

TMT Responsibilities

Security Responsibilities

- Evaluate the safety of the threatened employee, his or her co-workers, patients, visitors, and the workplace as a whole.
- Initiate TMT meetings when necessary.
- Participate with the TMT in the interview of the threatened employee (and/or patients and visitors, as appropriate) as needed.
- Provide information to the TMT regarding the criminal history of the individual posing the risk.
- Adjust parking for threatened employee(s), as needed.
- Participate with the TMT in the development of a Safety Plan for the threatened employee/patient/visitor and/or department.
- Maintain a copy of any relevant court order.
- Initiate a Police Incident report.
- Initiate action as needed (trespass, added patrols and visibility, etc).
- Coordinate with the law enforcement agency where the threatened employee/patient/visitor maintains residency.
- Document follow-up in Incident Report Databases.
- Develop and distribute a security alert with perpetrator picture and physical description as directed by the TMT
- Deactivate employee badge access
- Update Incident Report Database.

Human Resources Responsibilities

- Coordinate meeting invite once notified of an incident involving domestic violence or workplace violence.
- Gather database background on the individual threatened and on the individual posing the risk of violence (to the extent one or both are employees).
- Notify Security.
- Make contact with the employee's supervisor.
- Make opening statements at the beginning of the meeting.
 - Discuss the need for confidentiality
 - Guide team through workplace violence and domestic violence policies
 - Oversee the safety measures that are/will be put in place
 - Answer any policy questions
- Send out general safety alert when appropriate.
- Update Incident Report Database.
- Maintain a copy of any relevant court order.
- Follow-up with the appropriate supervisor regarding the employment status of the individual posing the risk.
- Write TMT meeting and action planning minutes for workplace violence assessments.

Legal/Risk Department Responsibilities

Provide consultation with respect to activities such as:

- Managing various aspects of an employment relationship.

- Devising flexible separation arrangements.
- Securing a restraining or protective order.
- Maintain a copy of any relevant court order.
- Addressing Protected Health Information issues.
- Assisting in shaping appropriate incident related communications.
- Update Incident Report Database.

Affected Department Manager(s') Responsibilities

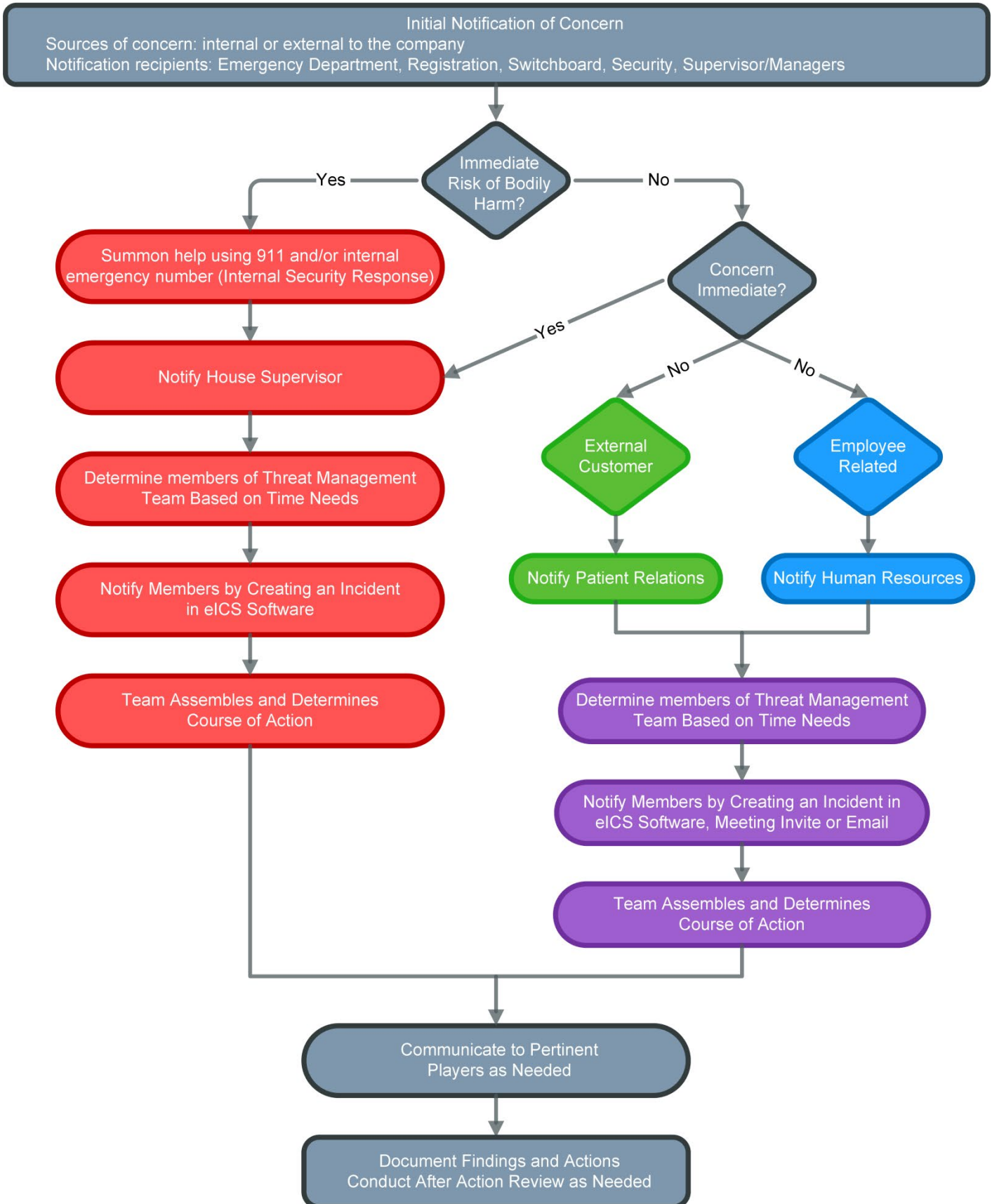
- Report threats of workplace violence as outlined in Essentia Health's Workplace Violence Policy.
- To the extent available, provide background information of the person(s) involved in the incident.
 - Identify others who may have information related to the incident
 - Maintain confidentiality.
- Assist with developing action plans
- Implement action plans
- Update Incident Report Database.

Threat Assessment Flow Chart



Essentia Health

Here with you



Threat Management Team or Domestic Violence Team Meeting Minutes

Date:

Report created by:

Attendees

Demographic Information	Victim	Individual of Concern
Name		
Date of birth		
Department		
Home address		
Cell phone		
Email		
Dates of potential concern		
Other notes		

Overview or update of incident-related information

Elevating risk factors

Mitigating risk factors

Initial response actions

Other information

These minutes, which contain protected health information and/or personnel work records, are confidential and should not be released to any outside entity without prior approval from the Legal Department.

Threat Management Team Members and Contacts

Core Members:

- ☐ **Brady Scribner**
 - *Emergency Mgmt.*
 - Phone:
 - Pager:
- ☐ **Jess Fetzer**
 - *Risk*
 - Phone:
 - Pager:
- ☐ **House Supervisor**
 - Phone:
 - Pager:
- ☐ **Blair Abraham**
 - *Dir. Eng. & Security*
 - Phone:
 - Pager:
- ☐ **Chuck Boschee**
 - *Security*
 - Phone:
 - Pager:
- ☐ **Brandie Sorenson**
 - *Safety*
 - Phone:
 - Pager:

Others (Include as needed):

- ☐ **Law Enforcement** (For gathering info on the person making the threat)
 - Phone: 701-451-7660 (Non-emergency number)
 - State who you are, the situation, and that you are seeking basic information about the person making the threat
- ☐ **Human Resources**
 - XXXXXXXXXXXXX
 - Phone:
- ☐ **Patient Relations**
 - Sherry Jensen
 - Phone:
 - Jan Schlaht
 - Phone:
- ☐ **Department staff**
 - Staff involvement will vary depending on the incident but could include
 - Manager/Supervisor
 - Staff members that have received the threat or have pertinent information

Clinic specific:

- ☐ **Brent Aasland**
 - *Dir. Eng. & Maint.*
 - Phone:
 - Pager:
- ☐ **Mark Waldera**
 - *VP - Clinics*
 - Phone:
 - Pager:
- ☐ **Randi Streff**
 - *Nursing Admin.*
 - Phone:
 - Pager:

Clinic Contacts (Nurse Leads):

- ☐ **South University**
 - Cathy Sebestl
 - Phone:
- ☐ **52nd Avenue**
 - Kirsten Dahlen
 - Phone:
- ☐ **West Fargo**
 - Melissa Adamek
 - Phone:
- ☐ **West Acres**
 - Kristi Bennington-Aasland
 - Phone:
- ☐ **Moorhead**
 - Jean Robley
 - Phone:
- ☐ **Casselton**
 - NAME
 - Phone: