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BEHAVIORAL HEALTH SERVICES

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POLICY/PROCEDURE REGARDING: **Client Violence in Adult and Older Adult Programs**

Issued By: Kavoos Ghane Bassiri, LMFT Director of Behavioral Health Services	Manual Number: 3.09-03
Effective Date: September 19, 2017	References: DPH Policy on Prohibition of Violence in the Workplace (HUR17)

Technical Revision. Replaces 3.09-03 of July 23, 2010.

Purpose:

The Trauma Informed principle of safety and stability states that trauma unpredictably violates our physical, social, and emotional safety, resulting in a sense of threat and need to manage risks. Increasing stability in our daily lives and having these core safety needs met can minimize our stress and reactions, and allow us to focus our resources on wellness. Consistent with SF DPH's commitment to being a Trauma Informed System, this policy provides staff guidance on responding to violence related to clients in the program and/or clinic setting. Section A provides guidance to staff relative to immediate responses and Section B focuses on possible responses to help mitigate and diffuse violent or potentially violent client behavior.

Scope:

This policy is applicable to all adult and older adult services of Behavioral Health Services (BHS). It does not apply to the Children, Youth and Family System of Care or to acute psychiatric inpatient and long term care services (e.g., Residential Care Facility).

This policy is intended to provide guidance for staff related to violence in the program setting. It cannot substitute for sound judgment by staff. Staff are encouraged to seek assistance from their supervisors, program managers, or others.

Policy:

It is the policy of BHS to provide services in an environment that is safe and secure for all clients, staff and visitors. Violence or threats of violence are not tolerated from anyone including staff, clients, or clients' family members, friends or significant others. Clients should be made aware that there are expectations for appropriate behavior while receiving behavioral health services. The following activities are not permitted including, but not limited to:

- Violence, threats of violence, or harassing phone calls.
- Any act of vandalism, abuse or damage to property belonging to the program or anyone at the program.

- ➢ Carrying weapons or objects commonly considered dangerous or threatening (these weapons can be turned in when the client arrives at the program and may be returned to the client when leaving).
- ➢ Disruptive behavior, verbally abusive behavior, yelling, threats, profanity, vulgar, racist, sexist or homophobic language, threatening gestures or personal insults.
- ➢ Unnecessary obstruction of entrance to program, doorways, or walkways.
- ➢ Sexually inappropriate behavior: sexual gestures, requests for sexual favors or unwanted advances, graphic/sexually explicit comments, and other verbal or physical behaviors of a sexual nature.

The staff of BHS work to achieve the goal of providing needed services to all clients, including clients who have risk factors for violence, without compromising the safety of other individuals. The goal is to maintain the continuity of care for clients according to the principles of wellness and recovery. To this end, the client who has displayed violent or potentially violent behavior should not be abandoned from care. Program may not terminate client treatment due to a violent incident, but rather follow the procedures outlined in Section B of this policy.

SECTION A: IMMEDIATE RESPONSE TO VIOLENT ACTS OR THREATS

Steps to Take:

1. Critical mass presence in immediate area.
2. Call 911/415-553-8090 in emergency situations or 415-553-0123 in non-emergency situations and/or initiate an involuntary psychiatric hold if clinically appropriate.
3. Make a police report.
4. Prepare statements of witnesses.
5. Report to BHS Administration.
6. Debrief staff.
7. Debrief clients.

Details of the Steps to Take:

Step 1: <u>Determine Need for a Critical Mass Presence</u>

The literature documents that critical mass has been proven to de-escalate many situations quickly; however, staff will need to determine if critical mass would be helpful or detrimental to the particular situation. For example, critical mass in a situation involving a potential active shooter would place others in grave danger. If the situation warrants the presence of additional staff, the following guidelines are suggested:

- ➢ All available staff should proceed to the immediate area. Check your surroundings before proceeding. If applicable, start clearing the hallway in order for the threatening individual to leave through the front door and to minimize the potential harm to others.
- ➢ NEVER lock the front door that entraps the threatening client inside. Locking any door may escalate the situation for the individual.
- ➢ Prevent outside individuals from entering the building until the situation is clear. Direct appointments/drop-ins away from the entry to a safe distance.
- ➢ Listen for instructions and do not leave until told. Critical mass was called for a purpose.
- ➢ Never attempt to physically engage or restrain a threatening person except in self-defense or to protect the safety of others.

- If the incident is in a private office, knock on the door to get the staff out, or, if warranted, interrupt and open the door if closed. USE CAUTION. Staff should use their own discretion as to whether or not the client can be left alone in the office for a period of time (consider the issues of confidentiality of unattended charts, safety of your personal property, medications, etc.)
- If the incident is in the waiting room, move clients from the waiting room quickly and safely to a conference room regardless if it is occupied. A staff member should assume management of the improvised waiting room and its occupants until the situation is secured.
- Available staff should assist with ensuring that the area is cleared of other clients and manage the surrounding area where the incident is taking place.

Step 2: Call Police and/or Initiate an Involuntary Psychiatric Hold ("5150"):

Emergency: Call 911 or 415-553-8090 if using a cell phone
Give your name, location, state the emergency and describe the problem and degree of urgency. Specify that you wish to make a police report and/or press charges. Programs may opt to notify the on-site Sheriff's Department if applicable.

OR

Non-Emergency: Call 415-553-0123
Specify that you wish to make a police report and/or press charges. Programs may opt to notify the on-site Sheriff's Department if applicable.

OR

Initiate an involuntary psychiatric hold, and/or File a Police Report and/or Press Charges
Staff involved must decide which one or combination of the three above-listed alternatives to take. A psychiatric hold should be initiated if the individual meets the provisions for involuntary detainment under section 5150 of the Welfare and Institutions Code. By filing a police report or pressing charges, staff are choosing the legal system as the primary method to respond.

NOTE ON WORKING WITH THE POLICE: By calling the police in either an emergency or non-emergency situation, staff are turning the situation over to the criminal justice system. This means staff must be prepared for the police to come and take charge. The police will assess the situation before they decide what to do. In order to aid this assessment as much as possible, staff should be clear on what they plan to request from the police and why. When calling for emergency or non-emergency assistance, tell the call taker the nature of the call and be sure to say that this is a violent incident if that is the case, whether any weapons are involved, the location of the problem (e.g., in the dayroom, on the second floor). Do not make this call in front of the client. Tell the call taker that you or someone else (give the name) will meet the police at some specific location (e.g., outside the front door) to let them know what is going on before they enter the building.

Step 3: Police Report

Make a police report detailing the assault or threat, witnesses (if any) to the incident and intent of the injured or threatened party to press charges. Keep a record of the name of the officer who responded and took the report and the report number. **The filing of the report should be documented in a progress note in the medical record.** Staff should give office phone and address for this report and avoid giving home addresses or phone numbers. This is a public document to which anyone can gain access.

After the police report is made, the District Attorney's Office may contact involved staff for further information. If a decision is made to prosecute, staff may be called upon to testify and provide evidence. Every effort will be made to prepare staff for the legal process of appearing as a witness.

Step 4: Preparation and Submission of Witnesses Statements

Once the police have been called, staff should identify all witnesses, including non-staff. Each of these persons should prepare a statement detailing what he/she heard and saw. Statements should contain addresses and telephone numbers of each witness. **Staff members should only provide work addresses and telephone numbers.** Staff should give these statements to the police officer who takes the report and obtain a police report number from the officer. If these statements cannot be obtained before the officer leaves, staff should re-contact the police department and provide an addendum statement to the report.

Step 5: Report to BHS Central Administration

The BHS SOC Program Manager and the Director of the Adult/Older Adult SOC should be notified immediately by phone about the incident and informed if a debriefing is needed.

Step 6: Staff Debriefing

The program's management should request a debriefing for staff after an assault or threatened assault when indicated. BHS central administration will arrange a debriefing through Comprehensive Crisis Services or other appropriate resource. This debriefing is for the purpose of clarifying what took place, the impact of the event on staff, and to consider any future actions needed.

If a civil service staff member has been emotionally traumatized by the event, the program's management should consult with appropriate resources including BHS administration, Human Resources (HR), Employee Assistance Program (EAP), and/or DPH Occupational Safety & Health (OSH). Arrangements for contract staff should be made through their administration.

Step 7: Client Debriefing

After a violent incident or threat of violence, a client debriefing should occur as needed and as soon as possible. This debriefing is for the purpose of clarifying what took place, evaluating the impact of the event on the client, and to consider any future actions where needed. The debriefing should include any clients involved either as victims or witnesses. If indicated, staff are to promptly inform the client's primary treatment providers of the incident in order to assist the client through the legal process and/or to provide emotional support. Arrangements should also be made for treatment services for

clients who may have been traumatized by the event.

SECTION B: FOLLOW-UP RESPONSE TO VIOLENT ACTS OR THREAT OF VIOLENCE

When violence or a threat of violence is perpetrated by a client, the goal following an incident is to develop a continuity of care plan for the client that provides the client with the services he or she needs while maintaining the safety of other clients, staff, and the community. Client care is not to be abandoned. PROGRAMS MUST NOT TERMINATE TREATMENT AND CLOSE THE CASE OF THE CLIENT WHO HAS THREATENED OR ACTED VIOLENTLY. IT IS THE ASSIGNED PROGRAM'S RESPONSIBILITY TO ASSURE CONTINUITY OF CARE. Any one or combination of the following responses can be utilized:

1. **Suspension of services** for a specified period of time and pending a meeting or some other action that allows a client to safely re-enter the program. Provision must be made for the continuity of services to the client during the suspension. Such suspension action should always be documented in a letter to the client. This letter may require different actions of the client depending on the severity of the situation. A copy of the letter should be placed in the client medical record as part of the risk assessment and safety plan.

2. **Arrangement to see the client outside of the clinic to provide services.** Services can be provided outside the clinic in a safe location in the community. Staff should keep their own safety in mind and take necessary protective precautions (e.g. bring a co-worker). This arrangement should be noted in the client medical record as part of the risk assessment and safety plan.

3. **Transfer of the client to another service** is also an option depending on the circumstances of the incident, the previous occurrence of other incidents, and the risk assessment of the continuing threat. It is BHS policy that all client transfers are arranged by Program Director to Program Director, and initiated by the transferring Program Director. Such transfers can be assisted by the SOC Program Manager if necessary. This transfer should be noted in the client medical record as part of the risk assessment and safety plan.

4. **A case conference can be requested** by the Program Director regarding a client who has committed a violent act or presents a significant threat of violence. To initiate the case conference, the Program Director should inform the Adult System of Care leadership, and together schedule the case conference and invite all relevant programs and staff, including administrators, Risk Manager, and any others who could inform the situation (e.g., SFHN Transition Division, Comprehensive Crisis Services).

5. **A System-Wide Plan Alert** for clients who present a significant risk of violence or property damage can be initiated through the recommendation of a case conference. The alert is to be drafted by the Program Director or designee in consultation with the Risk Manager. The system-wide plan alert should include the following information:
    - Date that the plan is to be effective
    - Expiration date of the plan (usually no longer than one year)
    - Client's name and aliases
    - Client's date of birth and BIS number

- Primary clinician and program name and phone number
- Name and phone number of prescriber if appropriate
- Client's clinical issues that the plan is meant to address
- Specific recommended interventions and diversion plan
- If the plan involves contacting a staff/program, state the times when they are available, phone numbers, and the alternate contacts for evenings and weekends.

The alert is usually distributed only to the points of entry for acute and sub-acute care (e.g., ZSFG Psychiatric Emergency Services, Comprehensive Crisis Services, Westside Community Crisis, Dore Urgent Care Clinic), but may also be distributed to Behavioral Health Access Center (BHAC) and other BHS programs as needed. The goal of the alert is to provide important information to point-of-entry services in case the client presents and to specify consistent recommended interventions/diversions to be implemented system-wide.

6. **Pressing Charges:** In consultation with the Program Director, BHS central administration and law enforcement, charges may be pressed against a client who assaults or threatens to assault staff, other clients, or destroys program property. Pressing charges does not mean the automatic withdrawal of access to treatment in the same facility with another staff, or treatment in another facility.

   If a staff member is pressing charges against the client, continued services should occur only after review and approval by the clinical treatment team and Program Director, and the development of a safety plan.

   Clients who are assaulted at the program should be directed to speak with the Program Director or designee, informed of their right to press charges, and assisted by staff as appropriate.

7. **Restraining Order:** In consultation with the Program Director, BHS central administration, and law enforcement, restraining orders should be considered when there is clear evidence that the staff or other clients are in danger and are fearful. In regard to civil service programs, the matter may need to be referred to the City Attorney to determine if a restraining order is appropriate. Contract staff should consult with their administration when considering a restraining order.

8. **Corrective Actions:** Depending on the nature of the threat or act of violence, programs are encouraged to consult with appropriate resources to identify any needed corrective actions, including but not limited to, assessing the level of risk and identifying any strategies or needed changes to minimize or prevent future threats or acts of violence. For civil service programs, the DPH Security Officer can be informed and consulted with as needed.

ADDITIONAL REPORTING CONSIDERATIONS

Staff may have additional reporting requirements (e.g., State licensing and other regulatory agencies, DPH Occupational Safety & Health, mandated reporting).

Quality of Care Report - A Quality of Care Report must be completed for any incidence of violence and for any significant threat of violence (BHS Policy No. 1.04-4).

Mandated Reporting- It is important that all BHS staff understand their responsibilities as mandated reporters. It is possible that during the course of a violent incident, staff might hear information or observe a situation that may require filing a mandated report. For providers of behavioral health services, mandated reporting generally refers to three types of situations: 1) reasonable suspicion of child abuse or neglect (BHS Policy No. 3.06-11), 2) reasonable suspicion of abuse of elders or dependent adults (BHS Policy No. 3.06-13), and 3) the duty to warn and protect against threats of violence, commonly referred to as Tarasoff (BHS Policy No. 3.06-09).

Contact Person:
Quality Management, Risk Manager

Distribution:
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