SAN MATEO COUNTY HEALTH SYSTEM
BEHAVIORAL HEALTH AND RECOVERY SERVICES

DATE: May, 1990

BHRS POLICY: 90-08

SUBJECT: Management of Threatening and Potentially Violent Behavior

AUTHORITY: Divisional

AMENDED: April 9, 2008, March 31, 2017

ATTACHMENT: A - Protocol: Management of Threatening and Potentially Violent Behavior

POLICY

It is essential that each Behavioral Health and Recovery Services (BHRS) clinic/facility be prepared through clear protocols, staff training and practices to respond to situations involving threatening, aggressive or assaultive behavior. Prudent and reasonable steps shall be taken whenever it appears that clients, members of the public, or BHRS staff may be in danger due to this type of behavior. Those steps include, as appropriate, clinical assessment, including immediate disposition options, cooperation with law enforcement, notifying supervisors/ managers, consulting with other staff, and assisting family members or other concerned persons in the community.

County and contract agency staff, residential care providers, clients and families have the right to be reasonably protected from assault and intimidation by someone with a mental illness. It is not in the clinical or legal interest of a client to be treated in a program, clinic/facility or system that has not made every effort to reduce the possibility of physical assault.

1. Training

   A general orientation to the BHRS policy and protocol regarding the management of threatening and potentially violent behavior will be provided to all administrative and clinical staff. Contract agencies are responsible for providing their own training regarding potentially violent behavior.

2. Emergency Response Plan/Security Of Clinics/Facilities

   Each clinic/facility will have an Emergency Response Plan. The Site Manager is responsible to ensure that all staff are aware of the clinic/facility plan and will carry out unannounced annual safety drills. The emergency response plan will describe procedures to be used during

the hours that the clinic/facility is open as well as the procedure to be followed after hours or when clinic/facility coverage is minimal. The plan is to be reviewed and updated on an annual basis and sent to Quality Management for filing.

The Emergency Response Plan of each clinic/facility will be unique and must be adapted to the limitations of specific physical settings. Minimally, it should describe procedures for Officer of the Day (OD) coverage, immediate response when office alarms sound, management of waiting room/lobby disturbances and personal safety strategies. Clinical staff should be familiar with BHRS policies concerning potential violence, including: Duty to Protect Potential Victims (Tarasoff) (BHRS 93-08) and Weapons Management (BHRS 95-05).

The Crisis Response Protocols/Emergency Response Plans of each BHRS worksite will work together with the Big 5 Protocol which is being implemented Countywide in collaboration with local law enforcement for Big 5 events.

Emergency Response Plan Examples:

a. Waiting Room/Lobby Disturbance:

   If the agitated client is a walk-in with no assigned therapist, the administrative staff will first call the OD who will respond immediately, make a quick assessment of the situation, and decide what further action is needed, i.e. get additional back-up staff and/or call the police. In more urgent situations, administrative staff will immediately call 911 and then notify the clinical supervisor and OD.

   If the agitated client has an assigned clinician or treatment team, that clinician or treatment team staff will be called first, and will respond immediately and proceed as above. If the assigned clinician or treatment team staff is not immediately available the OD will be contacted.

   The agitated client should be directed from the waiting area to a conference room, leaving the door open so back-up staff or police can gain access. If it is not feasible to move the agitated client, the other clients in the waiting area should be relocated to the conference room. Those using the conference room must vacate immediately and re-locate to another available room.

b. New Clients with history of violence, sexual aggression or safety concerns:

   If an individual with a known or ongoing history of threatening, aggressive or assaultive behavior is sent to a clinic/facility or program the administrative and clinical staff should be notified in advance of the client's arrival. Appropriate arrangements can be made to meet with client in a conference room, and have more than one staff present for the interview or to arrange other back-up support.

3. Police Notification with or without release of information:

   Notify police in the event of a violent incident or an immediate threat of a dangerous situation.

4. When the immediate threat to client or staff safety has been resolved, the following steps must be taken:
   a. If a staff member is injured, the employee will be sent for immediate treatment and a Workers' Compensation Form will be completed and submitted;
   b. A Critical Incident Report form will be completed and sent to BHRS Quality Management; An urgent care notification will be placed in Avatar; should the situation change, the urgent care alert will be updated to reflect this;
   c. Supervisors/Managers/Deputy Directors will be notified of the high-risk incident and immediate disposition

   Note: Individuals need to be held responsible for their actions in incidents of assault, other violent behavior, or in other significant violations of the law. Depending upon the severity of the violation and upon the client's clinical condition, after consultation with the unit supervisor/manager, consideration should be given to contacting the local police department. The responding officer will determine whether or not the client will be arrested and/or taken into custody.

   The victim of aggressive/assaultive behavior has the right to notify police and the decision of this individual takes precedence over the decision of the unit supervisor or manager.

5. Case Disposition and Transfers Between Regions/Programs: See Attachment A – Protocol Management of Threatening and Potentially Violent Behavior.

Approved: _____ (*Signature on file*)
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