

Effective Date: Fast-tracked 5/18/2018; 3/3/2015; 6/17/2010; 5/21/2008; 6/25/2007

Revised Date: 5/16/2018

Review Date: 5/16/2018

North Sound Mental Health Administration

Section 1500 – CLINICAL: Safety Policy

Authorizing Source: RCWs 49.19.030, 49.19.020, 71.05.700, 71.05.705, 71.05.710, 71.05.715 and 71.05.720
WACs 388-877-0515 388-877 0810,0900, 0905,0910, 0915,0920

Cancels:

See Also:

Providers Must comply with this policy and may develop individualized implementation guidelines as needed

Responsible Staff: Deputy Director

Approved by: Executive Director

Signature:

Date: 5/18/2018

POLICY #1557.00

SUBJECT: SAFETY POLICY

PURPOSE

To ensure community mental health employees who work directly with individuals are adequately trained and safety measures are in place for safety and violence prevention.

POLICY

1. Behavioral Health Agency (BHAs) shall conduct a security and safety assessment to identify existing or potential hazards for violence and determine the appropriate preventive action to be taken. The assessment shall include, but is not limited to, a measure of the frequency of and an identification of the causes for and consequences of violent acts at the setting during the preceding five (5) years.
2. Based on the assessment, each BHA shall develop and implement a workplace violence plan to reasonably prevent and protect employees from violence at the setting. In developing the plan, the healthcare setting may consider any guideline on violence in the workplace or in the healthcare setting issued by the Department of Health (DOH), Department of Social and Health Services (DSHS), Department of Labor and Industries (DLI), Federal Occupational Safety and Health Administration (FOSHA), Medicare and healthcare setting accrediting organizations. The workplace violence plan shall address security considerations related to the areas below:
 - a. The physical attributes of the healthcare setting;
 - b. Staffing, including security staffing;
 - c. Personnel policies;
 - d. First aid and emergency procedures;
 - e. The reporting of violent acts; and
 - f. Employees' education and training.
3. BHAs shall provide violence prevention training to direct services staff and supervisors to ensure they are provided an individualized, annual training plan on safety and violence prevention topics (as directed by the workplace violence plan), appropriate to their job duties and maintain documentation of individualized violence prevention training.

4. BHAs will keep a record of any violent act against an employee, a patient, or a visitor occurring at the setting.
5. BHAs will maintain written policies and procedures for clinical staff who engage in visits to individuals at private homes and other private locations in accordance with current RCWs.

PROCEDURES

1. The violence prevention training shall occur within 90 days of the employee's initial hiring date, unless he or she is a temporary employee (for temporary employees, training would take into account unique circumstances) and then on an annual basis. The training may vary by the plan and may include, but is not limited to: classes, videotapes, brochures, verbal training, or other verbal or written training that is determined to be appropriate. The curriculum components, for the violence prevention training, developed collaboratively with DSHS, contracted mental health providers and employee organizations that represent community mental health workers will include:
 - a. General safety procedures;
 - b. Personal safety procedures;
 - c. The violence escalation cycle;
 - d. Violence-predicting factors;
 - e. Obtaining patient history from a patient with violent behavior;
 - f. Verbal and physical techniques to de-escalate and minimize violent behavior;
 - g. Strategies to avoid physical harm;
 - h. Restraining techniques (please see Policy 1541.00 – Rationale and Use of Seclusion and Restraint);
 - i. Appropriate use of medications as chemical restraints (please see Policy 1541.00);
 - j. Documenting and reporting incidents;
 - k. The process whereby employees affected by a violent act may debrief;
 - l. Any resources available to employees for coping with violence; and
 - m. The healthcare setting's workplace violence prevention plan.
2. If there is a violent act against an employee, patient, or visitor at the BHA, the record of the violent act will include:
 - a. BHA's name and address;
 - b. Date, time and specific location at the healthcare setting where the act occurred;
 - c. Name, job title, department and staff identification or social security number of the victim, if an employee; and
 - d. Description of the person against whom the act was committed as:
 - i. Patient;
 - ii. Visitor;
 - iii. Employee; or
 - iv. Other.

- e. Description of the person committing the act as:
 - i. Patient;
 - ii. Visitor;
 - iii. Employee; or
 - iv. Other.

 - f. Description of the type of violent act as a:
 - i. Threat of assault with no physical contact;
 - ii. Physical assault with contact but no physical injury;
 - iii. Physical assault with mild soreness, surface abrasions, scratches, or small bruises;
 - iv. Physical assault with major soreness, cuts, or large bruises;
 - v. Physical assault with severe lacerations, a bone fracture, or head injury; or
 - vi. Physical assault with loss of limb or death.

 - g. Identification of any body part injured;
 - h. Description of any weapon used;
 - i. Number of employees near the action when it occurred; and/or
 - j. Description of the actions taken by employees and the BHA in response to the act.
(Each record shall be kept for at least five (5) years following the act reported, during which time it shall be available for inspection upon request).
3. For clinical staff who engage in visits to private homes or other private locations:
- a. When determined to be necessary for safety, clinical staff who provide outreach to individuals shall engage the use of a second person to accompany them. The second person can be a mental health professional or a mental health paraprofessional who has received training under RCW 71.05.715, a law enforcement officer, or other first responder, such as fire or ambulance personnel.
 - b. If risk cannot be assessed, clinical staff shall consider other outreach options or arrange to see the individual at a staffed location (see Policy 1702.00 – Crisis Policy). No retaliation may be taken against clinical staff who following consultation with the clinical team, refuse to go to a private home, or other private location alone.
 - c. BHAs will ensure individual’s crisis plans are available to Designated Crisis Responders (DCRs), crisis teams, voluntary inpatient and involuntary inpatient Evaluation and Treatment facilities 24 hours a day/7 days a week. If commitment records or advanced directives exist, they should also be made available to DCRs. Additionally, this information must be available to North Sound BHO and state staff as required for management information, quality management and program review.
 - d. BHAs will provide wireless telephone or comparable devices (for emergency communication purposes) to clinical staff who engage in home visits to individuals.

- e. Crisis teams or DCR staff will have a plan for training, staff back-up, information sharing and communication for a staff member who responds to a crisis in a private home or a non-public setting.
4. North Sound BHO will provide an annual clinical audit/review to ensure adherence to sourced WAC and relevant RCW standards utilizing current related audit/review tools.

ATTACHMENTS

None