

POLICY MANUAL

Subject: Violent Behavior Management

Effective Date: 10/20/90

Initiated By: Cinde Stewart Freeman
Nursing Director

Approved By: William C. Anderson
Chief Medical Officer

Review Dates: 2/97 CSF, 2/20/02 CSF
03/10 CB/DF, 02/11 NC, 8/11 RT, 04/12 NC,
03/13 NC, 12/13 RT, 2/14 NC, 3/15 NC

Revision Dates: 7/99 JL; 12/02 CSF

POLICY:

Cumberland Heights is committed to providing a safe, violence-free environment for all patients, staff and visitors. For the purpose of this policy, violence is defined as any incident in which an employee, contracted staff, patient, volunteer, alumni, visitor or student is verbally threatened or assaulted by a patient, staff member or member of the general public on Cumberland Heights' property. Examples of violence covered by this policy include severe verbal abuse, which makes the recipient feel threatened, or severely distressed, physical assault and/or threatening behavior.

PROCEDURE:

1. If a potential patient, a patient, a (patient) family member, a visitor or a staff member demonstrates behavior that is irrationally bizarre, threatening to self and/or others, or potentially violent and does not respond to clinical intervention to deescalate the situation, the staff involved will call a Code Yellow (see related policy on [Emergency Codes](#).) via the phone paging system, dialing 778 and stating "Code Yellow in (location or department)" three times.
2. If an individual demonstrates the above behavior and this behavior escalates to actual violence, the staff involved will call a Code Pink (see related policy) via the phone paging system, dialing 778 and stating "Code Pink in (location or department)" three times.
3. If the behavior escalates, physical holds may be employed by trained personnel ONLY to prevent harm to the individual him/herself and/or others.
4. A clinical manager will be notified and, together with the responsible counseling and nursing staff, as well as the physician on call, will determine whether further immediate action is warranted.

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5. Patients who verbalize and/or demonstrate suicidal and/or homicidal intent are asked to undergo emergency evaluation with the consulting psychologist, psychiatrist, or local emergency room psychiatrist. Should the patient refuse evaluation, the program director, Chief Clinical Officer or designee and the consulting psychologist, psychiatrist, or Medical Director are consulted regarding further action. Local law enforcement officers may be notified and/or contacted for assistance in accordance with applicable law.
6. Should a transfer to another facility be needed, nursing staff will give a verbal report to the receiving facility, as well as sending pertinent patient record information with the patient at the time of transfer. In addition, nursing staff will contact the patient's emergency contact.
7. All events are documented in the patient record.
8. An incident report is completed by the senior staff or primary person involved in the incident and submitted to the appropriate department.