University of Toledo Medical Center

Department of Psychiatry Service Guidelines

Title: Violence Risk Screen

Purpose: This guideline outlines the procedures and documentation for Violence Risk Screen for patients ages 12 years and older

Related Polices: 3364-100-45-23 Involuntary Civil Commitment; Patients Lacking Decision Making Capacity
3364-100-60-06 Adult Patients Requiring Psychiatric Interventions
3364-101-02-01 Ambulatory Medical Record

Accountability: It is the clinical team's responsibility to conduct violence risk screen and implement plans of treatment under guidance of a licensed provider, based on the clinical needs of the patient.

Procedure:

1. As part of each **pharmacological management appointment**, the Medical Assistant will ask the patient violence screening questions and document responses in the clinical record.
    a. If patient answers "No," no further action is required.
    b. If patient answers "Yes"
        i. To assist in determining if this is an acute violence risk requiring immediate intervention, the MA will ask a follow up question "Do you have plans act on this plan right now?"
            1. If the answer is "No," MA will document this information in the medical record and notify the provider via text page that the patient answered "Yes" to the violence screening question(s) and "No" to the acute question and return patient to the waiting room area.
            2. If the answer is "Yes," MA will document this information in the medical record, notify the provider via text page that the patient answered yes to the ACUTE violence risk screen. Patient will be staffed 1:1* until provider retrieves the patient.
            3. When patient is with the clinician, the clinician will:
                a. Conduct a Violence Risk Assessment;
                b. Determine appropriate level of care based on assessment;
                c. Add an objective on the treatment plan that will address risk for violence for on-going monitoring as part of the session and delivery of care;
                d. Provide patient information to available resources such as Zepf Crisis, UTMC ER, etc. and well as strategies to address risk;
                e. Ensure the patient is staffed 1:1* until safety planning is complete and disposition determined;
                f. Conduct safety planning in collaboration with the patient and guardian if applicable, to include coping skills and resources for reducing risks

2. As part of the **Initial therapy appointment**, the provider will conduct the violence screen and document responses in the clinical record.

    a. If patient answers "No," no further assessment is required.
    b. If patient answers "Yes" the clinical provider will:

        i. Conduct a Violence Risk Assessment;
        ii. Determine appropriate level of care based on assessment;

iii. Add an objective on the treatment plan that will address risk for violence for on-going monitoring as part of the session and delivery of care;
iv. Provide patient information to available resources such as Zepf Crisis, UTMC ER, etc. as well as strategies to reduce risk;
v. Ensure the patient is staffed 1:1* until safety planning is complete and disposition determined;
vi. Conduct safety planning in collaboration with the patient and guardian, if applicable, to include coping skills and resources for reducing risks;

3. In the case where the patient is not agreeable for inpatient treatment and does not meet criteria for involuntary civil commitment, requests will be made of the patient to contact friends, family, or other outpatient treatment providers. (If necessary, HIPAA permits providers to make these contacts when the provider believes the patient may be a danger to self or others)

*Staffed 1:1 means one individual assigned to one patient who will maintain visual contact and be located in the same room of the assigned individual at all times.

4. Telehealth Considerations
    a. When performing a telehealth appointment with a patient, the staff member should confirm:
        i. The patient's physical location
        ii. A telephone to contact should they lose connection
        iii. An emergency contact and their phone number should the staff member need to contact to assist in maintaining patient safety (e.g., while waiting for emergency services/911 to arrive)
    b. If a patient expresses a psychiatric emergency during a telehealth appointment
        i. The staff member is to attempt to remain on the phone with the patient
        ii. The staff member is to contact 911/emergency services to request a well check
        iii. Document the disclosure on the PHI disclosure log

Resources:

Components of observable behavior that indicate potential for patient violence in emergency departments. J Adv Nurs. 2007;59(1):11-19

World Health Organization: Workplace Violence in the Health Sector

Broset Violence Checklist

Assessing violence risk in psychiatric inpatients: useful tools Psychiatric times. 2007.

Reviewed by: Stephanie Calmes, Ph.D., LPCC-S, LICDC-CS & Tammy Cerrone, BSN, RN
Kristi Williams, MD, Virginia York, LPC
Reviewed: 02/15/2021, 4/26/2024
Revised: