

STATEMENT:

Healthcare Facilities (HCFs) will provide responses to manage targeted violence.

INTENT:

- a. Definition: Targeted Violence – a situation where an individual, individuals or group are identified at risk of violence, usually from another specific individual such as in cases involving domestic violence.
- b. The three major functions of a threat assessment are; identification of the perpetrator (s), assessment of the risks of violence posed by a given perpetrator at a given time, and management of both the subject and the risks that he or she presents to a given target. The level of threat will determine the scope and timing of the response.
- c. The HCF policy should identify responsibility of staff to report a risk of targeted violence as quickly as possible so the threat can be assessed and preventative measures can be initiated.
- d. Protocols should be in place to require reporting of threats where personal safety may be at risk.
- e. All identified threats of targeted violence should be treated seriously, in accordance with HCF policy and assessed through a process that analyzes the threat and recommends the appropriate level or type of intervention to be initiated.
- f. Security should play a lead role in the threat assessment team, related process and design of any safety plan.
- g. HCF staff involved in the process of assessing the threat to determine the appropriate level and type of intervention required should receive training for this role.
- h. Where warranted by risk in specific circumstances, HCFs should employ preventative measures to protect the potential target. Measures that should be considered include:
 - 1) Placing a no information/privacy block on patient information system or, if a worker, protecting information related to work location, schedule or personal information
 - 2) Communicating with security to provide updated information
 - 3) Information to be shared with workers or other individuals in the area
 - 4) Involvement of staff or family members for support as necessary
 - 5) Consideration of moving the person at risk to another care area or another site
 - 6) Consideration for work and parking space and transportation alternatives
 - 7) Restriction on visitors or access to the potential target, including lockdown of the area if required
 - 8) In appropriate circumstances notify law enforcement
 - 9) Document risk and preventative measures initiated



01. Program Administration

09. Violence in Healthcare

01. Targeted Violence

- i. The safety of the individuals, including the potential target, staff, patients, and visitors should be of primary concern at all times.

REFERENCES:

- Government of Canada, Department of Justice, Family, Children and Youth Section, (2004) “Criminal Harassment: A Handbook for Police and Crown Prosecutors”. Web.
<<http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/har/part1.html>>
- U.S. Department of Justice, National Institute of Justice, (1995) “Threat Assessment: An Approach To Prevent Targeted Violence”. Web.
<https://www.hitacllc.com/HITAC_Resources/ThreatAssessmentApproachtoTargetedViolence.pdf>
- U.S. Department of Labor, OSHA Directive CPL 02-01-052, (2011, September 8). “Enforcement Procedures for Investigating or Inspecting Workplace Violence Incidents.” Web.
<https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=DIRECTIVES&p_id=5055>

SEE ALSO:

- IAHSS Healthcare Security Industry Guideline 01.09, Violence in Healthcare

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