

Workplace Violence Prevention: Screening for the Early Detection of Risk of Harm to Self or Others

Workplace violence prevention is a critical issue that health care leaders must focus on to maintain a safe environment of care. Among health care settings, workplace violence occurs most frequently in emergency departments, behavioral health care settings, extended care facilities, and inpatient psychiatric units. An evaluation of 145 sentinel events that occurred between 2013 and 2015 revealed that a common root cause of violence in these types of settings is the lack of or inadequate behavioral health assessment to identify aggressive tendencies in patients. These sentinel events resulted in death, permanent harm, or temporary harm in the form of homicide, assault, or rape.¹

The “Care, Treatment, and Services” (CTS) chapter in the *Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC)* requires that organizations have a screening procedure for the identification of risk of imminent harm to self or others (Standard CTS.02.01.01) and that a preliminary plan for care, treatment, or services is developed to address safety issues (Standard CTS.01.03.01). Similarly, the “Provision of Care, Treatment, and Services” (PC) chapter in the *Comprehensive Accreditation Manual for Hospitals (CAMH)* requires that “patients who receive treatment for emotional and behavioral disorders receive an assessment that includes . . . maladaptive or other behaviors that create a risk to the patient or others” (Standard PC.01.02.13).

In order to accurately assess the needs of an individual for care planning, it is important to collect data about the individual’s past emotional and behavioral functioning, to assess his/her current needs and goals, and to analyze the data collected in order to develop a plan of care, treatment, or services that effectively addresses the risk of harm to self or others. These steps are also important to determine if there is a need

to collect additional information. For example, if a history of aggression exists, information regarding the circumstances of the aggressive behavior and related antecedents would help to determine how a similar event may occur in the current environment. If there is a history of aggression, or if the individual is admitted in an agitated state, staff should be alerted and the preliminary plan of care, treatment, or services should address the interventions required to maintain the safety of the individual and others. Interventions in the preliminary plan of care would likely include close supervision and monitoring of the individual, individualized de-escalation strategies, and adjustments to the environment of care as needed.

Resources in support of workplace violence prevention can be accessed on the Workplace Violence Prevention Resources for Health Care Portal on The Joint Commission website at <https://www.jointcommission.org/workplace-violence.aspx>. This portal includes a variety of links to information on, for example, screening and intervention strategies across health care settings. In addition, resources for screening and intervention may be found in the Leading Practice Library, which is accessible through each accredited organization’s secure *Joint Commission Connect*[™] extranet site.

Resources for potential placement on the portal may be e-mailed to wpv_info@jointcommission.org. To report a patient safety event or concern about a health care organization, please e-mail The Joint Commission’s Office of Quality and Patient Safety at patientsafetyreport@jointcommission.org. 

Reference

1. Wyatt R, Anderson-Dreves K, Van Male, LM. Workplace violence in health care: A critical issue with a promising solution. *JAMA*. 2016;316(10):1037 and 1038.