



Clinical Staff Executive Committee

MEDICAL CENTER POLICY NO. 0172

- A. SUBJECT: Responding to Behavioral/Security Emergencies
- B. EFFECTIVE DATE: October 1, 2012 (R)
- C. POLICY:

The University of Virginia Medical Center seeks to provide a safe environment for patients, visitors, and staff. Behavioral/security emergencies shall be addressed through a comprehensive approach that includes prevention, early recognition and intervention, communication, de-escalation, and post-episode evaluation and recovery.

Personnel capable of providing assessment and management of a behavioral/security emergency shall be available in the hospital and at all other Medical Center facilities at all times to assist with any situation involving actual or potential violent, aggressive or assaultive behavior. All Medical Center facilities shall promptly activate the appropriate consultative resources and/or response team to provide a secure environment and appropriate assessment and management of a behavioral situation. When employees, patients or visitors in the University of Virginia Medical Center believe they may be harmed due to the actions of other employees, patients, or visitors, a call for appropriate resources will be implemented.

If employees, patients, or visitors are in imminent danger of harm or a weapon is involved or suspected to be involved ([for definition of weapon, see Medical Center Policy No. 0174 "Regulation of Weapons, Fireworks and Explosives on University Property"](#)), staff shall request emergency assistance from the Police by calling 911 (University or City/County Police will respond depending upon location). Request for additional consultative resources may be appropriate after a safe environment has been secured.

D. DEFINITIONS:

1. Behavioral/Security Emergency: Exists whenever an individual demonstrates actual or threatened/potential behavior(s) of a violent, aggressive, and/or assaultive nature. Such behavior exists on a continuum. It may arise from a variety of personal and situational factors, may manifest verbally and/or physically, and may result in harm to the individual or to others.
2. Call for BERT (Behavioral Emergency Response Team): Procedure activated only for a behavioral emergency involving inpatients and Emergency Department (ED) patients within University Hospital.

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BERT team includes:

- Patient’s assigned Nurse and primary service Graduate Medical (GME) Trainee
- Unit Charge Nurse
- Security staff
- Psychiatry Nurse (when available)
- Psychiatric Medicine GME Trainee
- Nursing Supervisor (when available)
- Unit based Social Worker (when available)
- Chaplain On-Call (when available)

3. Call for Security: Medical Center Security or the appropriate law enforcement agency shall respond for a threatening act involving a patient in areas other than inpatient units or ED, or involving a non-patient (family member, visitor, staff, other), or for situations not related to patient care or service. Response is dependent upon location as described in the chart below. Security Staff will respond and seek additional assistance as indicated; the threatening act may also lead to threat assessment ([see Medical Center Policy No. 0175, “Threat Assessment at the Medical Center”](#)).

Location	Response
Inpatients and ED patients within University Hospital	<ul style="list-style-type: none"> • Dial Emergency Operator at 4-2012. • Request “Call for BERT” (inpatient, ED patient) or “Call for Security” (non-patient) <p>Note: The ED may opt to initiate a BERT or Call for Security response through the operator but is not required to, since Security staff is immediately available within their area 24 hours a day.</p>
Jordan Hall, Primary Care Center, West Complex, McKim Hall, Emily Couric Cancer Center, Teen Health Center, Outpatient Surgery Center, 1222 JPA, 1224 JPA, Stacey Hall, Republic Plaza and designated primary patient/visitor entrances (Main Complex, North Gate PCC, and West Complex)	<ul style="list-style-type: none"> • Dial Emergency Operator at 4-2012 during business hours (M-F 8am-6pm). Request “Call for Security”. • Dial 911 off hours
Fontaine & Northridge facilities MR4, MR5, MR6, Clinical Lab Building, 999 Grove Street, Patton Mansion Health System facilities outside of Charlottesville or Albemarle County	<ul style="list-style-type: none"> • Dial 911. (Local jurisdictional agency will respond)
The Exteriors of Medical Center buildings, including garages, sidewalks, or parking lots	<ul style="list-style-type: none"> • Dial the assigned emergency number for the adjacent building. Operator will contact Medical Center Security or 911, depending upon location.

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E. PROCEDURE:

1. Early recognition of situations and behaviors that may escalate to behavioral/security emergencies promotes prevention and a successful, safe resolution of such situations. Staff should be aware of and alert to signs of potential aggression. The area healthcare team should assess and intervene to resolve communication issues and to manage expectations related to care or service.
 - a. Consultative resources, by phone or in person, shall be used in situations where violent-aggressive-assaultive behavior may be anticipated. These resources may be helpful in performing a risk screening or assessment when indicated. Early communication between the patient's primary team and consultants may be useful in developing and updating a patient's plan of care. Family meetings may also be considered. Resources include, but are not limited to: senior-level on-service physicians, psychiatric nurse, psychiatric medicine consultant, social worker, patient representative, chaplain, Patient Safety/Risk Management staff, staff from the Faculty & Employee Assistance Program (FEAP), and/or Medical Center Security.
 - b. A practitioner may develop a behavioral contract that places conditions on circumstances under which a patient may receive care and treatment at the Medical Center. Assistance in developing such a contract is available from the Office of Patient Safety/Risk Management. If the patient refuses to sign or violates the contract, the attending physician and Medical Center Administration may implement procedures to dismiss the patient from care.
 - c. Patients who have previously engaged in violent, aggressive or assaultive behaviors in the Medical Center and who meet specified criteria based on past behaviors shall be identified ("flagged") in the Medical Center registration and electronic medical record systems (see [Medical Center Policy No. 0175, "Threat Assessment at the Medical Center"](#)). A threat assessment by Medical Center Security may also be requested and shall be completed in accordance with [Medical Center Policy No. 0175, "Threat Assessment at the Medical Center"](#).
 - d. If a visitor demonstrates potentially disruptive or threatening behavior, Medical Center Security or Administration may inform the visitor that continuation of visitation privileges is dependent upon appropriate behavior. If the behavior continues or the visitor refuses to comply, privileges may be restricted or revoked.
 - e. Potentially disruptive or threatening behavior by an employee or staff member shall be reported to the appropriate supervisor or manager. The situation shall be managed in accordance with the appropriate human resources policies. Internal resources such as the Faculty & Employee Assistance Program may be offered.
 - f. Medical Center Security may be contacted to pre-schedule a security staff presence for situations where the presence of security is known or anticipated to be required and where the full BERT response is not required. This may include patient care or family/visitor situations.
2. If a situation rapidly escalates or an individual demonstrates progressive loss-of-control, staff shall request assistance as follows:

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- a. For situations involving an in-patient or ED patient in University Hospital, staff shall dial the Emergency Operator (4-2012) and request a “Call for BERT.”
- b. For situations involving a patient in areas other than in-patient units or the ED or a non-patient (family member, visitor, staff, other), staff shall seek assistance as described in the chart above.
- c. Additionally, staff shall activate unit/clinic-based resources. Early phone contact with consultative resources is encouraged, when possible.
- d. When a weapon is involved or suspected to be involved (see [Medical Center Policy No. 0174 “Regulation of Weapons, Fireworks, and Explosives on University Property”](#)), staff shall request emergency assistance from the Police by calling 911. Request for additional consultative resources may be appropriate after a safe environment has been secured.

Staff shall provide specific information about the location of the situation, including details such as building, floor, unit, and room number in order to facilitate a rapid response to the target location.

3. In the hospital and ED, the Emergency Operator shall initiate electronic paging of the response team and provide location of event (building, floor, unit, room number).
4. Staff shall direct all unnecessary persons away from the area. Risk to staff and other patients and visitors shall be minimized. No staff member should be alone in a room with an individual who has a weapon. Staff should position themselves so that they have a means of exit from the room or area.
5. Members of BERT or Call for Security team shall respond immediately to the area requesting help. The Security members of the Team shall be responsible for bringing appropriate equipment.
6. For BERT responses, the patient’s primary service GME Trainee (or backup LIP) or the on-call psychiatry GME Trainee (whomever is first to arrive) shall assume leadership of the BERT response upon his/her arrival. Continued leadership will be assumed by the patient’s primary service GME Trainee with assistance from the designated psychiatry GME Trainee. At locations other than inpatient units or the ED in University Hospital, the most senior staff member present shall assume leadership and control of the situation. The assigned Nurse or other appropriate healthcare provider shall give information to the Team Leader with regard to the nature of the need for the call.
7. Members of the responding Team(s) shall attempt to de-escalate the situation to ensure safety under the direction of the leader.
 - a. If the individual who is endangering the safety of self or others is a patient and is not responding to redirection, limit setting, or a least restrictive alternative, the RN and/or the physician shall determine whether the individual’s behavior is dangerous and may require use of physical and/or chemical-pharmacologic restraint(s). The BERT team shall act only as a consultative service; the primary care team shall give all medical direction. Use of restraints shall be conducted in accordance with [Medical Center Policy No. 0159, “Restraint and Seclusion of Patients”](#).

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- b. If the individual(s) who is endangering the safety of self or others is an employee or visitor, Medical Center Security shall take charge to manage the situation.
8. The responding Team(s) will remain on site until released by the Team Leader. For all Calls for BERT or Security, unit staff will complete a Quality Report and Security staff will complete a Security Department Incident Form. For incidents involving patients, the designated GME Trainee and the assigned RN will document the incident, assessment, and management in the medical record with input from the other team members.
9. Each clinical area (unit, clinic, procedure area, department) is responsible for establishing and maintaining a system to assure availability of properly trained personnel and education of staff in activation of the behavioral emergency response system.
10. Post-episode support will be provided for the staff and for the patient and family as soon as possible after the incident. When possible, the Team Leader(s) will conduct a brief evaluation with the responding Team(s) before they are released from the area. The Unit Manager or his/her designee shall ensure that follow-up with staff is provided as needed.
11. The Faculty & Employee Assistance Program (FEAP) can provide assistance with post-episode support. The patient's medical team is responsible for communicating with the patient, and authorized representative, about the post-episode treatment plan.

SIGNATURE:



Robert S. Gibson, M.D., President, Clinical Staff



R. Edward Howell, CEO, UVA Medical Center



DATE:

Medical Center Policy No. 0172 (R)

Approved March 31, 1996

Revised February 1999, November 2002, August 2003, September 2005, December 2008, March 2012, September 2012

Approved by Patient Care Committee

Approved by Clinical Staff Executive Committee