



**Vice President and Chief Executive Officer of the Medical Center**

**MEDICAL CENTER POLICY NO. 0175**

- A. SUBJECT: Threat Assessments at the Medical Center
- B. EFFECTIVE DATE: April 1, 2012 (R)
- C. POLICY:

To the greatest extent possible, patients, employees, and visitors at the University of Virginia Medical Center shall be protected from harm due to aggressive or violent acts of others. If a situation leads to a reasonable belief that an individual or situation creates a threat of potential harm to others, Medical Center Security and University Police shall be available to conduct a threat assessment and to determine whether enhanced levels of security may be required to prevent a situation from escalating.

Threat Assessment involving employees shall be conducted in conjunction with a representative from Medical Center Human Resources or the appropriate Human Resources Office. Threat Assessments involving patients shall be conducted in conjunction with a representative from the Office of Patient Safety and Risk Management.

Cases in which a determination is made that a potential for risk of violence exist shall be reported to the University's Threat Assessment team for further review and determination of additional intervention and follow-up. Additional actions may be taken as a result of this review.

Individual violent acts or behavior that may occur spontaneously within the Medical Center should result in an immediate call to 911 and Medical Center Security and should be handled in accordance with [Medical Center Policy No. 0172, "Responding to Behavioral/Security Emergencies"](#).

D. PROCEDURE:

1. Any healthcare practitioner or Medical Center staff member who suspects that an individual creates a threat of harm to others shall immediately inform his/her supervisor or manager of the situation. The manager or administrator (or designees) shall assess the situation and determine when to contact Medical Center Security at 924-5048 or PIC# 1647 to request that a threat assessment be conducted. A threat assessment may be requested and completed before an incident occurs, after an incident occurs or both.
2. Situations that may create a reason to suspect that an individual may pose a risk of harm to others and that may warrant a threat assessment include, but are not limited to:
  - Use of threatening or intimidating behaviors and/or statements;
  - Behavior that causes a risk of physical injury to self or others;

(SUBJECT: Threat Assessments at the Medical Center)

- Behavior that subjects another person to extreme emotional distress (for example, verbal abuse, harassment, or stalking);
  - A patient's expression of fear of harm from individuals who may be visiting the Medical Center;
  - Knowledge of previously violent, aggressive or assaultive behaviors of an individual as well as awareness of current events that may be contributing to the expression of aggression or violence;
  - Possession of a weapon (e.g., firearm, knife, other sharp or heavy object intended for use as a weapon)
3. If the source of the threat is a visitor:
- Healthcare practitioners and Medical Center staff, with assistance from Medical Center Security as needed, may initially inform the visitor that continuation of visitation privileges is dependent upon appropriate behavior.
  - If the visitor continues to demonstrate behavior that is potentially disruptive to Medical Center operations, the Director of Security (or his/her designee), in conjunction with the unit manager and clinical staff, shall coordinate restriction of visiting privileges. If the visitor refuses to comply with these restrictions, visiting privileges may be revoked and access to the Medical Center denied (except when the individual requires emergency medical treatment). [See Medical Center Policy No. 0214, "Medical Screening and Stabilizing Treatment for Emergency Medical Conditions"](#).
4. If the source of the threat is an employee:
- Healthcare practitioners and Medical Center employees who have a reasonable belief that another employee or healthcare practitioner creates a threat of potential harm to others shall report this information to his/her supervisor or manager. The supervisor or manager shall assess the situation and make the decision to contact Medical Center Security at 924-5048 (or PIC# 1647) to seek a threat assessment. The supervisor or manager shall also contact Medical Center Human Resources or the appropriate Human Resources Department (i.e., University Physicians Group, School of Medicine or School of Nursing).
  - Medical Center Security, in coordination with the appropriate manager and/or administrator and with a representative from the appropriate Human Resources Department, shall gather information to determine the appropriate level of intervention. The supervisor or manager shall meet with the employee in accordance with the appropriate human resources policies to communicate the findings and interventions. Medical Center Security officers or police officers will stand by as requested to provide support and/or protection. Internal resources such as the Employee Assistance Program may be offered to the employee whose behavior is problematic.
5. If the source of the threat is a patient:
- In assessing the potential for violent behavior of a patient, consideration by the healthcare team should be given to requesting an appropriate medical consultation (e.g., Psychiatry, Neurology). Interventions with patients should attempt a systematic de-escalation of the situation with consideration given to the patient's known medical and psychiatric needs.

(SUBJECT: Threat Assessments at the Medical Center)

- The Office of Patient Safety & Risk Management shall assist Medical Center Security in conducting threat assessments that involve patient behaviors which pose a risk of harm to the patient, other patients and/or staff. In some cases the Office of Patient Safety & Risk Management may assist the clinical care team in developing a behavioral contract. Such a contract may place conditions on the circumstances under which the patient may receive care and treatment at the Medical Center. If the patient refuses to sign the contract or violates the contract, the attending physician and the Medical Center may implement procedures to dismiss the patient from care.
  - A member of the patient's care team shall make an entry in the patient's medical record documenting that a threat assessment was completed and what clinical interventions are being taken as a result of the assessment.
  - Patients who have 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 by the Office of Patient Safety & Risk Management.
6. If a threat assessment indicates that a situation warrants an increased security presence, the Director of Medical Center Security (or his/her designee) shall develop, plan and implement appropriate measures, in conjunction with the appropriate manager and/or administrator. Measures used may include restricting the release of patient information, increasing security patrols or posting a security or police officer in appropriate locations. Medical Center Security shall consult with the Chief Environment of Care Officer if authorization is needed for use of additional resources. The Director of Medical Center Security (or his/her designee) shall inform the appropriate manager and/or administrator of the actions being taken and shall provide a copy of the results of the assessment.
7. The Director of Medical Center Security (or his/her designee) shall periodically review the situation to recommend modification of the plan based upon changing conditions.
8. A Medical Center Human Resources representative shall notify the University's Threat Assessment Team of cases in which a determination is made that a potential for risk of violence from an employee exists. The Office of Patient Safety & Risk Management shall notify the University's Threat Assessment Team of cases in which a determination is made that a potential for risk of violence from a patient or visitor exist. The University Threat Assessment Team shall review the case and determine appropriate additional intervention and follow-up as necessary.

SIGNATURE:

  
R. Edward Howell, CEO, UVA Medical Center

3/21/12

DATE:

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Approved March 1996

(SUBJECT: Threat Assessments at the Medical Center)

Revised March 1998, February 1999, November 2002, August 2003, September 2005, December 2008,  
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Approved by Chief Environment of Care Officer

Approved by Medical Center Administration