

## Violent Intruder

Courtesy of a NHA Member Hospital

### 1. SCOPE

This document defines requirements for staff should there be a violent intruder incident.

### 2. PURPOSE

To describe a means to provide a response to someone actively engaged in violent behavior that threatens or injures patients, visitors, or staff; using a weapon other than a firearm (rifle, hand gun, shotgun).

### 3. PROCEDURE/REQUIREMENTS

- 3.1 A Violent Intruder response may be implemented during a situation when a person is actively engaged in violent behavior using or threatening to use any weapon (other than a firearm) to injure someone.
  - 3.1.1 "Security Assistance" should be requested if the person does not have any weapons.
  - 3.1.2 "Active Shooter" should be called if a person is actively engaged in violent behavior while using a firearm to threaten or harm another person.
- 3.2 All Medical Center staff need to be aware of this procedure and can call a Violent Intruder.

#### 3.3 Activation

- 3.3.1 When a person is actively engaged in violent behavior using or threatening to use a weapon (other than a firearm) against any person at xxx Hospital.
  - 3.3.1.1 Dial "6" and ask the Telecommunications operator to announce "Violent Intruder".
  - 3.3.1.2 Provide specific information about the event, such as: physical description of the aggressor, location of the incident, including the room number or patient room number, if available.
- 3.3.2 The Telecommunications Operator will:
  - 3.3.2.1 Announce three times: "Violent Intruder + Location + Avoid this area.
  - 3.3.2.2 Call 911 to report the incident and ask for assistance.

#### 3.4 Responders

- 3.4.1 Staff who have been trained in Directed Intervention or Personal Management of Aggressive and Violent Behavior and are approved to respond will respond to the area and institute the intervention.

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- 3.4.2 Armed ED Security will respond to a Violent Intruder.
- 3.4.3 Lincoln Police Department (LPD) will respond when called for assistance.
- 3.4.4 Use caution when entering the Violent Intruder area; remember this person may still have a weapon.
- 3.4.5 Keep your distance from the person, until ready to physically restrain the Violent Intruder.
- 3.4.6 If the person still has a weapon, let the armed ED Security or LPD approach the individual.
- 3.4.7 Do not put yourself at risk as long as the person has a weapon.
- 3.4.8 Secure the affected area to prevent unnecessary people, such as: onlookers, visitors, the public, etc., from entering.

### **3.5 Staff not in the Violent Intruder Area**

- 3.5.1 Avoid going to this area until the All Clear has been announced.

### **3.6 Staff in the Violent Intruder Area**

- 3.6.1 Staff not involved in the response or control of the Violent Intruder shall avoid the area and not interfere with the responders.
- 3.6.2 Close patient room doors.
- 3.6.3 Go to a safe area, patient room, locked room, or just away from the area.
- 3.6.4 Defend yourself if personally attacked and you are not able to avoid the person or escape the area.
- 3.6.5 Follow directions of the responders.
- 3.6.6 Every effort is to be made to assure the safety of others in the area.
- 3.6.7 Restraints/seclusion may be used if necessary for the protection of the patient and others.
- 3.6.8 A staff member should take responsibility for having gloves available for personnel who respond, and will assist in collection of potentially harmful objects in the possession of those responding (i.e., tools, pens, glasses, etc.).
- 3.6.9 After help arrives, staff not directly involved will attend to the needs/reassurance of others (i.e., patients in the area, visitors, families and staff).
- 3.6.10 Responders not actively involved in controlling, shall assist by controlling ingress and egress from the area, crowd control, evacuating at risk-bystanders, other appropriate and necessary activities when directed by authorized staff or the person in charge of the scene.

### **3.7 Administrative Manager**

- 3.7.1 The Administrative Manager or RN in charge will ensure the Lincoln Police Department has been notified.
- 3.7.2 Administrative Manager will confer with the Charge Nurse or RN to determine if additional assistance is needed to continue with care of patients on the unit.

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### 3.8 When the event is over

- 3.8.1 If the Violent Intruder involves a patient, staff should:
- 3.8.1.1 Notify the patient's physician.
  - 3.8.1.2 Document appropriately in the patient's chart.
  - 3.8.1.3 Complete an Event Report and refer to Hospital Procedure Safety and Feedback Event Reporting.
- 3.9 If the Violent Intruder is a person other than a patient, the Administrative Manager should:
- 3.9.1.1 Notify the Director of Public Relations & Marketing of visitor involvement.
  - 3.9.1.2 Notify the Director of Human Resources for an employee or student.
  - 3.9.1.3 Complete an Event Report in the B-SAFE Reporting System, refer to Hospital Procedures. In case of computer downtime, complete the Downtime Event Report Form).
- 3.9.2 After the Violent Intruder event, any individuals sustaining an injury will be evaluated and treated as appropriate.
- 3.9.3 After the Violent Intruder event and if a restraint or seclusion intervention was used, a staff and patient debriefing will be conducted as indicated in Hospital procedure Restraint/Seclusion Guidelines.

### 3.10 Debrief and Event Analysis: A Critical Incident Debriefing may be initiated by the Nurse Manager, Administrative Manager or designee once the situation is under control.

- 3.10.1 Staff
- 3.10.1.1 Debriefing: See procedure Critical Incident Debriefings.
  - 3.10.1.2 Staff involved may be offered the opportunity to formally debrief after an event, usually within 24-48 hours. Questions may include:
    - 3.10.1.2.1 How are staff members feeling? What support is needed?
    - 3.10.1.2.2 Has a feeling of safety been re-established?
  - 3.10.1.3 Event Analysis: The event may be reviewed to determine steps needed to prevent a reoccurrence. This analysis will be done separately from the staff debrief. Topics may include:
    - 3.10.1.3.1 Discuss what was happening in the environment and with the patient prior to the occurrence.
    - 3.10.1.3.2 Was there anything that could have occurred differently at that point?

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3.10.1.3.3 Did we follow our own process and procedures?

3.10.1.3.4 Review and revise the care plan.

### **4. RESOURCES**

Downtime B-SAFE Event Report Form

Safety and Feedback Event Reporting

Hospital Procedure Restraint/Seclusion Guidelines

Hospital Procedure Critical Incident Debriefings

### **5. REFERENCES**

Violence: Not in My Job Description, Laura A Stokowski, Nursing Perspectives, 8-23-2010.

Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers, OSHA 3148-04R 2015, 2015.

Preventing Violent and Criminal Events, The Joint Commission, 9-2014.

Sentinel Event Alert, Issue 45: Preventing violence in the health care setting, The Joint Commission, 6-2010.

Violence Occupational Hazards in Hospitals, NIOSH, 2002.

### **6. APPENDIX**

### **7. OWNER**

Security Consultant - BMC

### **8. APPROVER**

Environment of Care/Safety Function Leaders

Facilities & Construction Director

Radiology and GI Director