Response Guidelines for Workplace Violence and Domestic Violence
Threat Assessment Teams

Threat Response and Incident Management
Conduct or circumstances that raise concern about possible violence are reported from various sources within or outside UNC Health Care. Often, such reports are received by managers, Hospitals Police, Human Resources, Employee Relations, or members of the Beacon Program. To coordinate responses to such threatening situations regarding our patients, visitors and staff, UNC Health Care has established a Threat Management Team (TMT) and a Domestic Violence Team (DVT). The Directors of Hospitals Police and Employee Relations coordinate both threat assessment teams, and each team is composed of representatives from Employee Relations, Hospitals Police, the Legal Department, the department affected by the threatening behavior, and other appropriate resources. In addition, the DVT includes representatives of the Beacon program.

In the great majority of cases, the effort of managing a threat of violence will go through a number of stages, beginning when the TMT or DVT receives a report of threatening behavior or violent conduct by an employee or someone else – a patient, visitor, or third party. If the initial report indicates an emergency, with a violent act already occurring or imminent, the area managers will carry out an immediate emergency response by calling 911 (if coworkers have not already done so) and take steps to get other workers/patients/visitors away from the violent event and out of danger.

If the initial report does not call for immediate emergency action, the appropriate team will proceed through the following steps:

- Gather additional information and conducting a preliminary risk evaluation;
- Take initial actions based on the violence risk assessment (while continuing to investigate and evaluate);
- Determine and initiate the appropriate response measures;
- Bring the incident to a conclusion, if possible before anyone is injured;
- Follow up with appropriate intervention;
- Consider measures that can be taken to prevent similar incidents; and
- Monitor the situation for any new threats of violence.

The following is a review of each of the above-described steps and some of the important issues and options associated with them:

Initial Data Gathering and Preliminary Risk Screening

Once a report is received, the TMT or DVT, as appropriate, can designate one or more of its members to gather additional information and reach a preliminary assessment of the level of risk posed by the behavior or circumstances in question. The first task is to determine and document, to the extent possible, the “who, what, where, when, and why” of an incident. Once that information is available, the next step is to evaluate the risk of a violent act. The following list of questions – adapted in part from a violence risk assessment instrument developed by the U.S. Secret Service and similar to questions
used by the FBI’s National Center for the Analysis of Violent Crime, Behavioral Analysis Unit – can prove helpful in guiding risk assessments in a workplace setting. Many of the answers to these questions are not initially available and, in a given case, some may be particularly difficult to answer. The questions fall under two categories: those seeking to establish factors representing a risk of violence and those seeking to disclose factors that may lower the risk.

Caution and good judgment are always necessary in pursuing information in a manner that does not complicate the threat management process and that properly balances the need for thoroughness with the need for promptness.

Key questions aimed at identifying risk factors:

• What is motivating the individual to make the statements or take the actions that led to concerns about the safety of the workplace and its employees/patients/visitors?
• What has the individual communicated to anyone concerning his or her intentions, whether by threats or other disclosures or actions?
• What interest has the individual shown in violence or its justification, or in violent perpetrators, weapons, or extremist groups?
• Has the individual engaged in planning and preparation for violence, such as approaching a target or site, breaching security, or surveilling, harassing, or stalking a target?
• Does the individual have a current or past history of a mental disorder or substance abuse? Has the individual exhibited symptoms of paranoia, delusional ideas, hallucinations, extreme agitation, despondency, or suicidal tendencies, especially with any violent content? Has he or she ever acted on such beliefs?
• What kind of serious oppositional or counterproductive attitudes or behavior does the individual present in the workplace? For example, does the individual blame others or exhibit a strong sense of entitlement, defensiveness, self-centeredness, or intolerance of others’ rights?
• How does the individual manifest any anger problems, and how focused is this anger on other individuals in the workplace?
• Does the individual have access to weapons? If yes, what kind, how many and have they had any specific training in using these weapons?

Factors unique to a domestic violence situation in the workplace:

• Does the individual know where the target of his or her actions works, parks his/her vehicle, or what hours he/she works?
• Has the individual made any threats against an employee, or anyone else at UNC Healthcare?

The second group of key questions aims at disclosing factors that may lower the risk of violence:

• Does the individual have positive, valued, family, or other personal attachments?
• Has the individual expressed genuine remorse for making threats or engaging in the behavior that has generated a concern for safety?
• Has the individual responded positively to defusing or limit-setting efforts by others?
• Has the individual engaged in appropriate problem solving or sought professional treatment or legal recourse as a way to manage the situation or problems at issue?

Factors unique to a domestic violence situation in the workplace:
• Does the employee (who is the target of the individual’s actions or behavior) have a protective order?
• Does the individual respect law enforcement or other authority figures?

Upon completion of the initial risk assessment, situations that are evaluated as presenting no or low risk of violence are referred for follow-up and resolution outside the threat management process, for example through human resources channels. All other situations are referred to the TMT or DVT for further review.

Initial Actions and Response of TMT and DVT

When an initial risk assessment indicates greater than a low risk of violence, the TMT or DVT, as appropriate, should take some initial steps based on the data available at the time and its preliminary opinion regarding risk level. Team members may:
• Collect further data.
• Confer with other, appropriate organizational members.
• Consult with external violence risk assessment and risk management specialists, and/or other internal resources such as the Legal Department or Psychiatry.

Threat Response Actions Coordinated by the TMT or DVT

Depending on the initial level of perceived risk, the appropriate team will implement and coordinate measures to further access and manage any risk of violence. These measures may include:
• A deeper investigation: for instance, a further internal investigation and/or an external investigation, such as a thorough criminal background check.
• A professional violence risk assessment (who would do this and with what possible tools) of the person(s) in question.
• Security measures covering the workplace generally or the specific person(s) at risk.
• Legal actions, such as restraining orders when feasible and appropriate.
• Employment actions, such as suspension, discipline, or termination of the person(s) in question, and transfers or administrative leaves for person(s) at risk, including changing his or her work hours and/or location and relocating his or her parking privileges.
• Moving a patient at risk to another unit or a locked unit.
• Referrals to the Employee Assistance Program (“EAP”) or others for professional help.
• A report of criminal activity to outside law enforcement agencies.
• Any other defusing interventions that might be appropriate and effective, including but not limited to initiating involuntary commitment proceedings where the individual who poses the risk meets the statutory requirements for involuntary commitment.
• Strategies to address fears or other issues among affected workgroups.
• Consulting the Legal Department, particularly with respect to activities such as managing various aspects of an employment relationship, devising flexible separation arrangements, securing a restraining or protective order, addressing privacy issues related to the release of medical records, and shaping appropriate incident related communications.
• Instituting a criminal trespass against the individual who poses the risk.
• If the incident involves patients and/or visitors, notify the Dangerous Patient/Family Alert Committee for review and a determination of whether the incident meets the criteria to be added to the alert list.

Each case is unique, and there is no single or formulaic approach that can be applied in every situation. In most situations, however, the above outline, which includes recognized and tested interventions and responses, can serve as a broad guideline. In addition, considerable discussion among the TMT or DVT members, as appropriate, relevant members of management, and other stakeholders will be required in order to devise the most appropriate strategy for any particular case.

Concluding an Incident
When a situation is judged to have been safely resolved, remaining issues can be referred back to department heads, human resources personnel, or other appropriate organizational authorities. Once an incident is over, the TMT or DVT should review what happened, reexamine both the circumstances of the precipitating event and the response to it. The purpose of the review will be to determine if any change in workplace conditions, policies, and/or in violence response procedures could help avoid similar incidents in the future, or manage them more effectively, should they occur.

Monitoring
All those involved in the incident and its management should remain alert for any new information that might require additional action, either with respect to the specific situation at issue or the workplace in general.

TMT or DVT Responsibilities

Hospital Police Responsibilities:
• Evaluate the safety of the threatened employee, his or her co-workers, patients, visitors, and the workplace as a whole.
• Initiate TMT or DVT meetings when necessary.
• Participate with the TMT/DVT team in the interview of the threatened employee (and/or patients and visitors, as appropriate) as needed.
• Provide information to the TMT/DVT team regarding the criminal history of the individual posing the risk.
• Adjust parking for threatened employee(s), as needed.
• Participate with the TMT/DVT team in the development of a Safety Plan for the threatened employee/patient/visitor and/or department.
• Maintain a copy of any relevant court order.
• Initiate a Police Incident report.
• Initiate action as needed (trespass, added patrols and visibility, etc).
• Coordinate with the law enforcement agency where the threatened employee/patient/visitor maintains residency.
• Document follow-up in Incident Report Databases.
• Develop and distribute a security alert with perpetrator picture and physical description

Employee Relations Responsibilities
• Coordinate Meeting Invite once notified of an incident involving domestic violence or workplace violence.
• Notify Beacon for domestic violence situations.
• Gather database background on the individual threatened and on the individual posing the risk of violence (to the extent one or both are employees).
• Notify Hospitals Police.
• Make contact with the employee’s Supervisor.
• Make opening statements at the beginning of the Meeting.
  o Confidentiality
  o Workplace Violence and Domestic Violence Policies
  o Oversee Safety Measures in Place
  o Answer any policy questions
• Send out General Safety Alert when appropriate.
• Update Incident Report Database.
• Follow-up with the appropriate Supervisor regarding the employment status of the individual posing the risk.
• Write TMT/DVT meeting and action planning minutes for workplace violence assessments.

Beacon DVT Responsibilities:
• Make contact with the employee within 24-48 hours of receiving a referral to explain DVT and Beacon’s role and to schedule a phone or in-person interview.
• Interview/assess the threatened employee (social and family history).
• Obtain a description of the abusive behavior (i.e. frequency of incident, last abusive incident, police involvement).
• Obtain history of the relationship (i.e., # of months together, # of children)
  o Inquire about any new relationship with another person, what the perpetrator’s probable reaction will be, and the level of risk to the employee.
• Assess the threatened employee’s work schedule/location/parking.
• Assess abuser (e.g., alcohol or drug abuse, mental health issues, suicidal, homicidal).
• Assess social supports (e.g., family and friends’ awareness of abuse, location of extended family).
• Assess work safety (i.e., has the abuser ever been to UNC Hospitals? Does the abuser know the work location of the employee?).
• Address legal issues and consult with Legal as needed (if the employee seeks or has received a Protective Order, inform him or her that a copy must be given to Hospitals Police; determine whether there are any future court dates).
• Provide the threatened employee with domestic violence resources (i.e. agencies, shelter, legal advice, and counseling).
• Update Incident Report Database with a summary of the interview/assessment notes.
• Inquire when the threatened employee is available to meet with the DVT as a group, schedule the DVT group meeting, and inform the threatened employee of the date, time, and location of the meeting.
• Ask questions during the DVT meeting that will help evaluate the safety risk at work.
• Meet with the threatened employee after the DVT meeting for debriefing.
• Write the DVT summary and action plan meeting notes and email to the DVT.
• Write meeting and action planning minutes for DV assessments.
• Provide ongoing support to the threatened employee as necessary (e.g., go to court with the threatened employee, if needed).

Legal Department Responsibilities:
Provide consultation with respect to activities such as:
• Managing various aspects of an employment relationship;
• Devising flexible separation arrangements;
• Securing a restraining or protective order;
• Addressing Protected Health Information issues;
• Assisting in shaping appropriate incident related communications.

Affected Department Manager(s’) Responsibilities:
• Report threats of workplace violence as outlined in UNC Hospitals Workplace Violence Policy.
• To the extent available, provide background information of the person(s) involved in the incident.
• Identify others who may have information related to the incident.
• Maintain confidentiality.
• Implement action plans.

References & Related Policies:

**UNC HCS Human Resources Policy HR #1012: Workplace Violence**

**UNC HCS Human Resources Policy HR #1003: Domestic Violence**

**UNC HCS Policy ADMIN #0204: Code of Conduct**

**UNC HCS Policy ADMIN #0124: Patient Alias**

**UNC HCS Policy ADMIN #0172: Trespass**

**UNC HCS Policy ADMIN #0020: Management of Abusive & Violent Patients & Family Members**

**UNC HCS Policy ADMIN #0039: Criminal Investigations**

ASIS GDL WPV 09 2005
Incident Management Process

1. Initial Notification of Incident of Concern
   - From various sources: internal or external to company
   - Possible recipients: Human resources, security, legal, safety personnel, line managers.

2. Initial Data Gathering and Risk Screening by Threat Team
   - Risk Level: None → or ← Low → Moderate → High → Imminent

3. Initial Actions by Threat Team
   - Further data collection
   - Further risk level screening
   - Conferring with other team members
   - Professional risk assessment consolation

4. Risk Management Strategy Options Coordinated by Threat Team
   - Continuing data collection
   - Security Measures/law enforcement
   - Background investigations
   - Professional risk assessment
   - Defusing and treatment interventions
   - Legal Guidance and actions
   - Employment status actions
   - Workgroup and victim interventions

5. Safe Resolution

Source: Stephen G. White, PhD., and Work Trauma Services, Inc. (2005)
## Demographic Information

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<thead>
<tr>
<th>Victim</th>
<th>Individual of Concern</th>
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<tbody>
<tr>
<td>1. Name</td>
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<td>2. D O B</td>
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<tr>
<td>3. Department</td>
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<td>4. Home Address</td>
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<tr>
<td>5. Cell Phone</td>
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<tr>
<td>6. Home Phone</td>
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<td>7. Email</td>
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<tr>
<td>8. Key dates of Potential Concern</td>
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<tr>
<td>9. Other Notes</td>
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### TOPIC

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<tr>
<th>DISCUSSION</th>
<th>ACTION TAKEN</th>
<th>FOLLOW UP RESPONSIBILITY</th>
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<tbody>
<tr>
<td>10. Call to Order –</td>
<td>The meeting was called to order at</td>
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<tr>
<td>11. Overview or Update of Incident related information</td>
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Elevating Risk Factors

Mitigating Risk Factors
### Initial Response Actions

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<tr>
<th>TOPIC</th>
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#### 12. Other
13. Meeting Adjournment

The meeting was adjourned at

These minutes, which contain protected health information and/or personnel work records are confidential and should not be released to any outside entity without prior approval from the Legal Department.