Creating a Staff Safety Alert
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1. The staff member affected by the violence enters a report into the iReport staff under “Workplace Violence.”

2. The Nurse Manager or designee will follow up with the staff member and enter details surrounding the event. Details should include:
   - Whether this is an isolated event or within a pattern of behaviors
   - Causality of behavior (head injury, dementia, psychiatric, drug induced, unknown)
   - Strategies that could be effective in reducing the risk of future occurrences of violence.
   - A review for a Staff Safety Alert application will be done whenever there is potential for staff harm from patient behavior.
     - Recommend whether a Staff Safety alert is indicated or not. The SBAR format will be used to describe the context of the concern, the possible cause of the behavior, and the recommendation for staff to engage safely and minimize the potential for injury.
     - Activation of the safety alert will be noted in the iReport and reviewed for appropriateness and completeness by a subgroup of the Threat Assessment Task Force convened by the Director of Security as soon as possible.

3. A staff safety door sign will accompany every staff safety alert and be placed on the patient’s door noting for all staff to check in prior to entry (see Form D-4382).
**Situation:** Startles easily and becomes violent towards anyone within arm’s reach. Also becomes angry when demands/requests are not met immediately.

**Background:** Has history of PTSD with decreased vision and hearing.

**Assessment:** Becomes combative with fists and arms swinging upon sudden waking or touching. When angry, throws projectiles at staff.

**Recommendation:**
- Encourage pt. to wear his hearing aids and glasses. If no hearing aids, must speak very loudly.
- Keep bedside table free of clutter.
- Empty urinals as soon as possible as he will throw.
- Offer drinks in disposable cups rather than bottles, mugs, etc.
- Ask permission and explain procedures prior to touching, including vital signs and other routine monitoring.
- Allow ample time for processing information.
- Bundle care to reduce the amount of times to interrupt/wake/startle him.
- Always stand out of arms reach when waking him.
- Attempt to wake verbally prior to touching.
  - If need to touch to wake him, start at the foot with a gently touch.
- Provide space between the bed and IV poles, etc. Will swing and hit them when waking in a startled state.
- Place sign for staff/visitors to check in with RN prior to entering room.
• Improved communication between units when applied in a timely manner

• Clinical staff have the opportunity to individualize recommendations that are appropriate for each patient
  • *Only hospital in the UC system to do so*

• Staff Safety Door Signs developed for improved communication to non-clinical staff
UC San Diego Health

Monique Mendoza

Workplace Violence Prevention Program Manager

T: 858.229.0066

mcrandal@health.ucsd.edu