

**SECTION - MEDICAL/NURSING SERVICES
ADMINISTRATIVE DIRECTIVE NO. 554
(Replaces A.D. No. 554 dated 5/4/06)**

Effective Date: March 8, 2007

**SUBJECT: PREVENTION AND MANAGEMENT OF ASSAULTIVE INCIDENTS OF
INDIVIDUALS**

I. PURPOSE

To ensure the safety of Individuals and staff. To ensure all staff will be trained in the latest Prevention and Management of Assaultive Behavior (PMAB) techniques.

II. AUTHORITY

Department of Mental Health Special Order No. 902.01

III. POLICY

- A. All employees share in the responsibility for providing a safe and therapeutic milieu for Individuals and a safe work environment for employees. Assaultive incident management procedures are emergency procedures promptly instituted in response to an incident for the purpose of preventing or limiting injury to either Individual or employee.
- B. The management of aggressive behavior is necessary since it is recognized that a physically aggressive Individual can cause injury to himself, employees, visitors, or other Individuals. This does not mean suppression of all acting-out behaviors. Rather, it means providing effective treatment and care to channel aggressive behavior in a socially acceptable fashion, avoid provocation of harmful aggressive behavior, and when appropriate therapeutic intervention to prevent aggressive Individual behavior.
- C. The extent to which physically aggressive behavior is prevented or effectively managed depends upon the treatment team's abilities to maintain a calm, understanding, accepting approach to the individual and to find constructive outlets for the Individual's feelings and energy.
- D. PMAB is a measure taken for prevention of assaultive acts. The protection of staff and Individuals is of the highest priority. PMAB and staff training are essential job functions for certain classifications as described in their duty statements. Every effort is to be made to resolve problems before they result in assaultive behavior.

IV. METHOD

- A. CSH employees shall successfully complete the basic PMAB course within 30 days of hire. All CSH employees with direct individual contact are required to take 8 hours of PMAB review annually. Successful completion of basic or review PMAB courses shall require the employee to participate in the entire course, satisfactorily perform all physical techniques taught, and successfully complete a written test, and obtain 80% on the written test.
- B. The basic and review PMAB courses to be taken is determined by an employee's duties, in accordance with the criteria below. Supervisors shall notify the Training Department prior to enrolling staff who has limitations that may preclude their enrolling in basic or review PMAB classes.
 1. Treatment Team Staff - Employees who participate in the development and delivery of individual treatment plans while also working on units where Individuals reside:
 - a. New hires shall take the New Employee Orientation (NEO) 16 hour PMAB course, a basic PMAB course consisting of all sections of the PMAB Staff Workbook (Approximately 16 hours).
 - b. All treatment team staff shall take 8 hours of PMAB review annually.
 - c. The review PMAB will include walk-through performance of self-protection and physical interventions.
 2. Support to Individual Care - Employees whose work routinely places them in physical proximity of risk of assault:
 - a. New hires shall take the NEO 16 hour course.
 - b. Support to Individual Care staff (DPS) shall take eight (8) hours of PMAB review annually.
 - c. The review PMAB will include walk-through performance of self protection and physical interventions.
 3. Other Support Staff - Employees whose duties do not routinely place them in physical proximity of risk of assault:
 - a. New hires shall take the NEO 8 hour PMAB course. Performance of the floor containment techniques shall not be required.
 - b. The review PMAB will be annually for 4 hours and will provide a review of self-protection.

V. RESPONSIBILITY

A. Program Director:

1. The Program Director's responsibility is to reduce assaultive incidents within their program through training of staff, treatment processes, and appropriate modification of program policies and procedures.
2. The Program Director is responsible for the safe staffing of each unit within their program.
3. The Program Director shall establish on every shift and every unit the role of PMAB Supervisor. The PMAB supervisory role shall be vested in a line-authority position (Shift Lead/Unit Supervisor) due to the functions of that role. The basic PMAB course for Treatment Team Staff, as developed by the Task Force, shall be given to the PMAB Supervisor prior to their assumption of the functions of that role.
 - a. Functions for the PMAB Supervisor include:
 - i. Assign staff to PMAB tasks.
 - ii. Direct PMAB implementation, if present.
 - iii. When needs arise, help or direct team members to adjust improper physical intervention or verbal interactions on-the-spot.
 - iv. Provide same-day correction or showing of improperly applied techniques, and obtain refresher training in PMAB for staff in need.
 - v. Include discussion of potential problems and possible interventions in change-of-shift reports.
 - vi. Meet with adjoining Unit Supervisors as necessary to discuss problems and cooperation surrounding incidents involving shared help.
 - vii. Initiate proper supervisory action with recalcitrant staff.
 - viii. Conduct Post-Incident Review.
 - b. A Post Incident Review will be conducted for each incident involving PMAB physical intervention, and for each incident involving team formation into crisis intervention mode when physical intervention is avoided. The suggested format for the critique process is:
 - i. To help team members help one another to work together safely in assaultive or crisis incidents.

- ii. To retrieve actions and choices made during the incident, both verbal and physical, and assess which were helpful, which were not, which were problematic or harmful.
- iii. Suggest and rehearse identified opportunities for improvement.

B. Physician/Psychiatrist/Psychologist:

The Physicians/Psychiatrists/Psychologists have the responsibility for decreasing assaultive incidents on the units and programs through frequent conferences with program personnel to interpret needs of the Individuals. The Physicians, Psychiatrists, and/or Psychologists will continuously evaluate the employees-Individual relationship in connection with the number of assaultive incidents occurring on the units.

C. Employee:

1. It is each employee's responsibility to report, record, and assist in managing any assaultive or aggressive Individuals.
2. It is each employee's responsibility to report and document on any individual who is potentially dangerous and forward pertinent information to the treatment team.
3. Maintain current PMAB training.

D. Responsibility of the Health and Safety Officer:

1. The Health and Safety Officer will review incidents of reported aggressive behavior, and follow-up as indicated with the Area Specific Health and Safety/Violence Prevention Coordinators and/or program management.
2. The Health and Safety Officer will make an annual report of all aggressive incidents, indicating types, frequencies, areas of occurrence, and extent of injuries. The report will be submitted to all administrators, programs, and departments.



W. T. VOSS
Executive Director

Cross Reference(s):

A.D. No. 330 Alarm System
A.D. No. 552 Restraint and/or Seclusion
A.D. No. 983 Reporting for Duty - Performance & Fitness
Nursing Procedure Manual