



American Professional Agency



RISK MANAGEMENT



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## CONSIDER THIS ...

# Office Safety and Security in the Psychiatric Outpatient Setting

Workplace violence can happen in any setting. The Center for Disease Control (CDC) defines workplace violence as "the act or threat of violence, ranging from verbal abuse to physical assaults directed toward persons at work or on duty."<sup>1</sup>

The possibility of being verbally assaulted, stalked, threatened or physically assaulted by a patient is both a concern and reality for psychiatrists, especially with limited resources and unavailability of onsite security in some office practice settings. The following strategies are recommended to improve safety and security in the psychiatry office practice setting and should be tailored to each individual practice.

## Workplace Assessment

Conduct a workplace assessment to identify and assess workplace hazards within the office.

- Assess and plan for the various types of violence that may occur, including patient to staff violence; visitor/family to staff violence; unknown person to staff violence; and staff to staff violence/harassment/bullying.
- Assess the office environment:
  - Ensure your waiting room design is comfortable, quiet, temperature controlled and spacious.
  - Look for furniture or other items that may be used as weapons such as a vase, stapler, scissors, letter opener, picture frames or a trash can. Remove, replace or lock these items in a secure area.
  - Ensure there are two clearly marked unobstructed emergency exits and a safe location within the office should exiting not be possible.
  - Ensure adequate lighting is installed within the office, hallways and parking areas.
  - Assess parking locations and routes to the office in day and evening hours. Look for blind spots and obstructions such as landscaping and buildings that may reduce visibility.

## Personal Safety

- Sit in a location close to the door and make sure the exit is unobstructed. Sitting next to a door provides a method for easy escape should it be necessary.
- Implement a buddy system to ensure staff do not work alone or exit the office practice alone.

- Ensure that patients are escorted within the office from the waiting area to the treatment area and back. Patients should not be able to walk into the main office from the waiting room without a staff member letting them in to the private areas.
- Review vulnerabilities regarding personal use of social media and networking such as Facebook and Linked in, keeping personal and professional use of social media separate.

### Environmental Security Considerations, Cameras and Alarms

- Control/restrict access to the office by patients, visitors and contractors.
  - Consider utilizing individual access card readers to access staff-only spaces including office rooms, bathrooms and breakrooms.
  - Install locks on doors that are between the waiting room and treatment areas.
  - Add signs to staff-only rooms.
- Keep medical records, important papers, medications and prescription pads locked in a secure area.
- Lock and password protect all computers.
- Install closed-circuit video surveillance cameras at entrances and exits.
  - Contact your attorney or risk manager before installing video surveillance cameras to ensure compliance with federal and state privacy laws.
  - Create policies to address requests for release of video surveillance tapes. Release tapes only with a court order.
  - Post signs in the waiting room if your office has video surveillance cameras in use.
- Establish a communication plan including an alarm and/or panic button should an incident occur.
  - Consider the use of a visual and audible personal electronic alarm system.
  - Consider installing panic buttons at the reception desk and in each office room. The alarm can be silent in the office and audible in another location to alert staff of an issue.
  - Consider installing a panic alarm in the bathrooms.
  - Include a post event debriefing and staff support in your communication plan.

### Education and Training

- Provide clinical and non-clinical staff interactive, site-specific, education and training based on scenarios.
  - Identify, recognize and manage possible workplace violence.
  - Educate on the nonverbal cues of aggression, agitation and behavior escalation that may lead to an assault.
  - Provide de-escalation training and response training including verbal and non-verbal techniques to prevent behavior escalation.
  - Develop an incident response policy/procedure with defined staff member roles and responsibilities should a situation arise. An incident response policy/procedure should address:
    - Contacting law enforcement;
    - Evacuating the office; and
    - Post event debriefing and staff support.

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- Consider self-defense/personal safety training.
- Conduct mock drills twice a year using scenarios to practice employee response to workplace violence incidents.

## Violence Prevention Plan

- Develop a workplace violence prevention plan regardless of the size or location of your practice (whether you are a sole practitioner or are part of a large practice).
  - Be sure to include, depending on your staffing, representatives from each discipline in your office (clinical staff, receptionist and management).
  - If you sublet space to other practitioners, work together to create a plan.
  - Consider involving law enforcement in your planning.
  - Review the plan at least once a year with staff.

## Policies/Procedures

- Create a written "code of conduct" for patients, visitors and employees.
  - Provide clear limits and address inappropriate or disruptive behavior if/when it occurs.
  - Communicate behavior expectations and consequences of non-compliance at the first patient visit and when the patient does not adhere to the "code of conduct."
- Establish a "no weapons policy."
  - Post signs that no weapons are allowed on the premises.
  - Establish an office safety policy to be signed by the patient acknowledging that no weapons are allowed on the property.
- Contact law enforcement, which is not a violation of HIPAA, if you are concerned for your safety or that of your staff, especially if there are threats of violence or physical abuse.
  - Terminate violent patients from the practice.
  - Consider a restraining order for violent or stalking behavior.

## Log and Track Incidents

- Create incident reports involving any workplace violence incident including verbal abuse, threatening behavior, aggressive behavior or stalking.
- Document workplace violence/behavior incidents and discussion about behavior expectations with the patient in the patient's medical record each time these incidents occur. This documentation is important for clinical care and to avoid claims of patient abandonment should the psychiatrist decide to terminate the patient from care.

<sup>1</sup> CDC. National Institute for Occupational Safety and Health. Occupational Violence. October 3, 2019. <https://www.cdc.gov/niosh/topics/violence/default.html>

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**If you have any questions, please contact the American Professional Agency, Inc. at 800-421-6694 x2318.**

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