National Association for Behavioral Healthcare
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Inpatient Psychiatric Hospitals and Units Implement ***Effective Violence-Prevention Measures[1]*** | *Winter 2025*

To protect the safety of their employees and patients, inpatient psychiatric hospitals apply significant prevention protocols beyond existing workplace safety measures that state and federal laws require.

Often inpatient psychiatric hospitals employ additional methods that protect staff who treat a range of patients treated in their hospitals, especially those who are admitted because of their violent behaviors.

Extensive Mandatory Prevention Measures

Inpatient psychiatric hospitals and other behavioral healthcare provider settings comply with multiple sets of requirements related to patient and employee safety. This complex oversight framework includes comprehensive requirements in the Medicare Conditions of Participation, as well as the protocols that the Labor Department's Occupational Safety and Health Administration (OSHA)[i], The Joint Commission's Workplace Violence Prevention Standards[2], and in some cases, the criminal justice system, have established.

Not All Risk Can Be Eliminated Proactively

Many clinicians and other staff in inpatient psychiatric hospitals pursue their vocation knowing that some patients will exhibit aggression or violence, including many who, when treated, can overcome violent behavior. In fact, harm to others is a standard admissions criterion for this level of care, as recognized by nearly all payers. They recognize that despite substantial protections and violence prevention measures, violent events may still occur. In fact, the Medicare program recognizes this dynamic and adjusts payments to account for such events. That said, inpatient psychiatric hospitals also include staff members who leave their workplaces and potentially healthcare entirely to avoid the elevated level of potential harm.

Additional Prevention Measures

Inpatient psychiatric hospitals recognize their critical role in treating patients who demonstrate violence while also struggling with a serious mental illness and/or a substance use disorder. Here are some additional steps NABH members employ to protect staff and treat patients exhibiting violent behaviors:

- *Establish regional violence prevention policies* and procedures to promote consistency in behavioral health patient assessments and treatments.
- *Use panic buttons* to trigger a call for additional support in addressing a potentially violent situation.
- *Assign "de-escalation clinical teams"* for every shift.
- *Offer health system-wide crisis prevention* and trauma response training, including non-patient facing staff and outpatient departments.
- *Use psychiatric nurses* to support the medical-surgical teams to increase timeliness and accuracy of triaging violent behavioral health patients.
- *Perform regular inter-team and intra-team communications* to identify patients who currently are or may become violent.
- *Convene process improvement staff debriefings* to study video of violent events that occurred in common areas that have cameras.
- *Conduct post-violent-event patient evaluations* in which experts listen to inpatient psychiatric patients to identify root cause(s) of violence. (This differs from treatment and therapy.)

Emerging Challenges and Considerations

- *Consider staff use of body cameras.*
- *Reduce the number of beds* because of inadequate staff to meet violence-prevention requirements/ targeted staffing levels.
- *Receive violent patients from other local providers* and entities, such as police departments and jails.
- *Experiment with AI/predictive analytics* to identify patients with the potential for aggression or violence, especially toward those in authority and/or healthcare staff. (Examples of this technology include Broset, DASA, and MOAS. Note that NABH does not endorse clinical treatments or tools.)

Issues for Policymakers

- Today's behavioral healthcare system acknowledges that all violent behavior cannot be eliminated. *Why?*
- If current providers don't take care of violent BH patients, *who will?* The correctional system? Other?
- Can every behavioral health patient be treated in a way that preserves 100% workforce safety? No, unfortunately *there are limits.*
- *Do we need national or community-wide standards* on how to triage violent behavioral health patients?
- *Should stakeholders:*
  - Enumerate the types of violence facing employees in behavioral healthcare settings?
  - Stipulate criteria for placing violent patients in behavioral healthcare and other settings?
    - Where should cases of extreme violence be treated? Realistic treatment goals?
    - Should placements be based on common assessment criteria? If so, who would be qualified to conduct such assessments?
- In the post-Chevron[ii] environment, is existing law adequately clear to specify the party/parties responsible when workplace violence occurs—the healthcare provider and/or the violent individual?

Workplace violence standards through OSHA do not reflect that the source of violence is a human being who should be considered for treatment, in addition to protecting employees. Instead the standards are designed to fit a linear situation that allows for no human variation. Given this critical distinction, legislation on workplace violence must address the variation and humanity of violent patients.

- Some states have implemented protections for behavioral healthcare personnel experiencing workplace violence. For example, not releasing the home address of healthcare workers who press charges against a violent patient. What state-level policies can be nationally replicated?
- Will public and private payers cover the cost of technology that helps identify and monitor violent patients (observation rounds) in our settings? (For example, Oxehealth, and ObservSmart. Note that NABH does not endorse clinical treatments or tools.)

The NABH Quality Committee helped develop this resource.

[1]These case examples are based on multiple discussions with the NABH Quality Committee and other members, as well as review of the medical literature.
[2]https://www.jointcommission.org/standards/r3-report/r3-report-issue-42-workplace-violence-prevention-in-behavioral-health-care-and-human-services/
[i]OSHA has announced that it intends to release a proposed rule with updated standards for "workplace violence prevention in healthcare and social assistance" in December 2024. https://www.reginfo.gov/public/do/eAgendaViewRule?pubId=202404&RIN=1218-AD08.
[ii]Chevron U.S.A. v. Natural Resources Defense Council, 2024.