**VIOLENCE PREVENTION SAFETY QUIZ 1**

***Instructions: Take no more than 10 min. to answer these questions. Make your response as brief as possible. If you do not finish, not to worry.***

**Situational Awareness**

1. When seeing patients in the outpatient setting (OPD), what is the first/easiest thing you can do to prevent violence?
2. Do you and all your rotating residents and faculty know their own office room numbers and locations? Why is this important?
3. Describe the set up of your waiting room.
4. In your waiting room…for interviewing, do you also have several open public, yet semi private spaces?
5. Do all your office doors open the safest way? Are they properly hung?
6. Do you have panic buttons in your outpatient department? If yes… do you know how they work? Please describe.
7. Do you have a (PA) Public Address System?

If yes…how do you activate it?

1. Do you have a video surveillance system in your OPD?

 If yes…do you know how to use it?

 Do you know who is observing?

1. Does your OPD staff know where ALL the exits are located in your OPD?

Where do the exits lead you?

**Stages of a Violent Episode**

1. What are the 4 observable stages that lead up to a violent episode?

*Answer: Quiet phase, psychomotor phase, early verbal phase, late verbal phase.*

1. What are the characteristics of the quiet phase?
2. What are the characteristics of the psychomotor agitated phase and how can

 you intervene?

1. What are the characteristics of the early verbal phase and how do you intervene?
2. What 2 verbal intervention techniques can you use when a patient is loud, cursing, threatening (in the late verbal phase) & about to lose control leading to an assault?
3. When do you ask for help if you have a feeling of potential violence?

**Violence Risk Assessment**

1. What is a Violence Risk Assessment?
2. Name **One** Violence Risk Assessment Tool.
3. Do you use a standardized *Violence Safety Plan* when releasing a patient?
4. What 4 important things should you document as part of your **Violence Risk Assessment?**

**Legal Issues with Potentially Violent Patients**

1. What are the *Tarasoff* Decisions?
2. What are the **2** most important parts of the *Tarasoff* decisions?
3. Does *your* state have one, both, or neither of the *Tarasoff*  (equivalent) obligations?
4. What is the general definition of *imminent violence risk* in your state? (Note: This is variable in different states).
5. What is the time frame for *imminent violence risk*?
6. What must/should you clinically do if violence risk is imminent? (varies by state)
7. What are possible personal consequences to you if you fail to *warn or protect*?
8. What is your civil liability for overzealous warnings or protecting of others, or

inaccurately predicting violence?

1. Can you be professionally censured or disciplined by a professional org. for causing harm to a person you warned or telling others of your violence prediction?
2. What are your state’s criteria for commitment, certification or mental health hold?
3. Who are the professionals in your state who may involuntarily commit a patient on a Mental Health Hold? How long does a Mental Health Hold last?
4. In your state, after the initial Mental Health Hold, how long can a patient be held against their will ?
5. What’s the next legal step after that time period?

*Did you know the answers to all of these questions?*

*If yes… your environment is relatively safe.*

**If not…make your environment safer.**

**Do a Safety Review &**

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**Develop a Violence Prevention Program**