



DAMIEN CENTER

Disruptive Behavior Policy

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Purpose

All social service agencies are advised to have Disruptive Behavior Policies in place to identify and define what disruptive behaviors are, what the agency will accept or have zero tolerance for, staff steps to address behaviors, and have a consistent application of consequences for those individuals who participate in these behaviors.

Policies should be posted and visible to all individuals. All policies are available upon request. If an individual has trouble viewing the policy, a staff member will assist in understanding the policy.

Further, all medical practices must have an individual's rights and responsibilities document that includes the disruptive behavior policies posted in a visible place.

The desired outcome of the Disruptive Behavior Policy is to achieve a safe environment for all individuals who access services from Damien Center and Damien Cares and for the safety and wellbeing of all staff members who are providing those services.

Policy Goals

1. The primary goal of the Disruptive Behavior Policy is to ensure that staff and individuals on the premises will be made aware of the expectations to behave and interact appropriately with staff, volunteers, guests, and other individuals.
 - a. The safety of the agency's staff, volunteers, guests, and all individuals receiving care or services must be protected at all times while at the agency. Staff and all individuals receiving care or services will be made aware there is a zero-tolerance policy addressing Disruptive Behavior, and the expectation of appropriate behaviors will be set.
 - b. The policy will address all disruptive behaviors that threaten the safety and wellbeing of employees and individuals alike; whether the behavior is an imminent threat, interrupts the flow of work, impedes a provider's ability to provide care, obstructs communication, or causes damage to organizational property, all of which is based on *zero-tolerance*.
2. This policy will identify types of behavior that is defined as inappropriate and disruptive. The policy will delineate the behaviors for which this agency has a zero-tolerance, including physical, verbal, and emotional abuse.
3. This policy is to guide staff in appropriately handling situations involving the disruptive behavior of individuals; thereby, maintaining a safe environment to provide quality services for all individuals seeking care and/or services at Damien Center/Damien Cares as well as providing a safer environment for all staff.

Defining Disruptive Behavior Policy

Disruptive behavior is any inappropriate behavior that interferes with the functioning and flow of work within Damien Center/Damien Cares. Any behavior that impedes a provider's or staff's ability to provide care, obstructs communication, threatens the wellbeing of themselves or others, or causes damage to organizational property qualifies as disruptive.

Generally, the scope of the Disruptive Behavior policy will apply to individuals who are competent enough to make their own decisions.

**Examples of disruptive behavior include but are not limited to:

1. Verbal threats or derogatory and/or threatening statements including but not limited to loud, obnoxious, and inappropriate conversations.
2. **Physical acts of violence or aggression including intimidation, harassment, sexual harassment and/or coercion as well as any behavior(s) that make other individuals or staff feel uncomfortable and/or unsafe.**
3. Emotional abuse including attacks on a person's dignity, integrity, and competence.
4. Suggestive comments, offensive gestures, or inappropriate sexual behavior.
5. **Throwing objects, tampering with and/or damaging property.**
6. Theft
7. Any behavior that impedes the providers and other staff members' ability to meet with individuals and/or provide safe and effective care.
8. Possession of weapons on the premises including guns, knives, or anything that can be classified as or used as a weapon.
9. **Brandishing weapons on the premises including guns, knives, or anything that can be classified as or used as a weapon.**
10. Possession and use of alcohol or illegal substances while on premises.

** Bolded items are considered threatening behavior

Guide for Addressing Disruptive Behavior

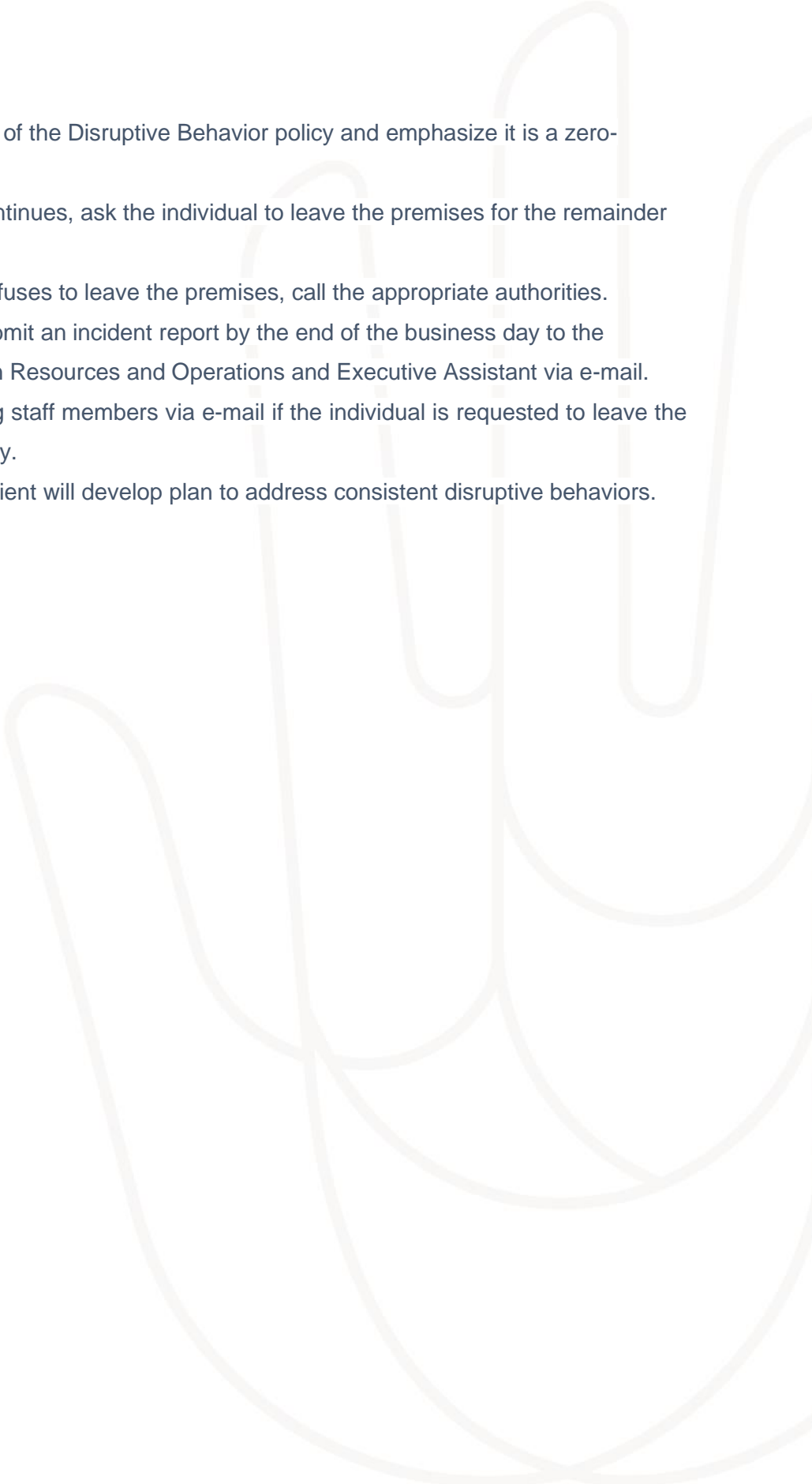
*Should the client de-escalate at any point throughout this guide then no further action is warranted. An incident report should be completed regardless of resolution.

Staff response/steps to resolve:

1. Attempt to de-escalate the situation by calmly and privately addressing the individual to refrain from the behavior.
2. Hear out the individual's reasoning behind the behavior and evaluate how to successfully address the individual's concerns.
3. If the situation cannot be de-escalated and the disruptive **behavior** continues or increases, ask again for the individual to stop the behavior, and explain why the behavior is inappropriate and must stop.
4. If the behavior continues or escalates after the above steps have been taken, the staff should involve a manager. This should be done through explaining to the individual that their concerns are understood, but to resolve the situation quickly a manager should be called.
5. If the client was asked to leave the building before a manager could arrive, the staff member who asked the individual to leave will send an email using client facing staff email group to notify staff of the individual's status. Once the email is sent the staff members decision for that incident is final.
6. Contact a manager.
7. Complete incident report by the end of the business day to the Director of Human Resources and Operations and Executive Assistant via e-mail.
8. HR will send an acknowledgment of incident report.
9. HR will follow up with all staff members mentioned in the incident report withing 1 business day.
10. HR will save a copy in clients electronic file within 5 business days.

Manager response/steps to resolve:

1. Meet and listen attentively to individual's concerns.
2. Address the issues as you can, and if it is not something you can address ask for assistance.

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3. Reference a copy of the Disruptive Behavior policy and emphasize it is a zero-tolerance policy.
 4. If the behavior continues, ask the individual to leave the premises for the remainder of the day.
 5. If the individual refuses to leave the premises, call the appropriate authorities.
 6. Complete and submit an incident report by the end of the business day to the Director of Human Resources and Operations and Executive Assistant via e-mail.
 7. Notify client facing staff members via e-mail if the individual is requested to leave the building for the day.
 8. Care Team and client will develop plan to address consistent disruptive behaviors.

Consecutive Occurrences of Non-threatening Disruptive Behavior:

In cases of consecutive occurrences of disruptive behavior that do not pose an immediate threat:

- A **maximum** of two separate occurrences shall be addressed with an **informal verbal warning**. The informal warning will be documented by Director of Human Resources and an email will be sent out notifying client facing staff of incident within 1 business day.
- Incident Report Forms need to be filled out by staff members and on file with Director of Human Resources and Operations and Executive Assistant via email. A copy will also be kept in individuals' electronic file.
- Informal verbal warnings will not accrue toward a formal warning after 3 months.

In cases where a maximum number of informal warnings have been issued for non-threatening disruptive behavior:

- A *formal, written warning* may be given to the individual should there be another occurrence of disruptive behavior.
- Written warnings prior to 12 months will “drop off” and will not count towards their current disruptive behavior documentation.

Formal Written Warning Documentation:

In cases where written documentation is issued to the individual, please refer to the following guidelines:

1. Documentation will need to be submitted to the individual within 1 business day..
2. Clearly describe the previous incidences of disruptive behavior resulting in the maximum of two informal warnings.
3. Describe the current situation and how the behavior has resulted in the issuance of a formal warning.
4. Inform the individual that their relationship with the organization may be suspended if their behavior persists.

5. Clearly state that an individual may only receive two formal written warnings before a final written warning initiating suspension.
6. Clearly state what circumstances the individual will be allowed in the building. Clients will be allowed in the building for scheduled appointments, food pantry access, and may check their mail. Clients will not be permitted for any additional agency activities such as Tuesday and Friday lunches, volunteering, and Community Tuesday's.

Suspending Non-threatening Disruptive Individuals:

Should the disruptive behavior continue after completing the above listed steps, a *written notice of suspension may be issued*. The document will provide the following:

1. The document will provide recommendations for continued care.
2. The document will authorize the release of the individual's medical records if they receive services at Damien Cares.
3. Documentation will need to be submitted to the individual within 1 business day.
4. Clearly describe the behavior that has resulted in the issuance of the first written notice of suspension.
5. State how long the individual will be suspended from the building.
6. Inform the individual of the dates and behaviors associated with past informal and formal warnings.
7. Inform the individual that their relationship with the organization may be suspended for a period up to 12 months if their behavior persists.
8. The staff issuing the written notice of suspension and acting manager will communicate the results and provide additional resources as needed.
9. The amount of time that the individual will be suspended from the building for this first occurrence is 30 calendar days.
10. Clearly state a second incident will result in suspension of 60 calendar days before a final written warning initiating permanent suspension is issued.

This consideration will include the following steps prior to issuing a final written notice of suspension to ensure all individuals will be treated appropriately and fairly:

1. Consideration of risk management will be involved in the decision to suspend the individual.

2. Consult the individual's physicians to determine their health status and ensure they receive the appropriate care—by an alternate provider—before being suspended.
3. Ensure all interactions with the individual have been documented and recorded in all systems to include the medical record.
4. Check state and health plan-specific regulations concerning individual suspension to ensure compliance.

Permanent Suspension Notice:

1. Consideration of risk management will be involved in the decision to suspend the individual.
2. Consult the individual's physicians to determine their health status and ensure they receive the appropriate care by alternate provider-before being suspended
3. Ensure all interactions with the individual have been documented and recorded in all systems to include the medical record
4. Check state and health plan-specific regulations concerning individual suspension to ensure compliance.
5. Documentation will need to be submitted to the individual within 1 business day.
6. If the decision is made to permanently suspend services to a individual/individual this will be done upon the evaluation of all steps and with the approval of the Program Manager, Director of HR and Operations and the CEO.
7. Final notice will be given to the individual in writing only under the direction of the CEO.
8. Failure of staff members to complete and submit incident reports per the policy will be addressed by HR and can include disciplinary actions up to and including termination.

Generally, the scope of the Disruptive Behavior policy will apply to individuals who are competent and able to make their own decisions.

Consecutive Occurrences of Threatening and Disruptive Behavior:

First Written Notice of Suspension:

If the situation warrants a first written notices of suspension, the document will provide the following:

1. Documentation will need to be submitted to individual within 1 business day.
2. If the incident is deemed extreme by manager involved, HR, CEO in consultation with the care team and all staff involved – final suspension can be granted at first occurrence.
3. A clear, written description of the behavior that has resulted in the issuance of the first written notice of suspension.
4. Inform the individual that their relationship with the organization may be suspended if their behavior persists.
5. Clearly state that an individual may only receive two suspensions before being permanently banned from the organization.
6. The amount of time that the individual will be suspended from the building for this first occurrence is 30 calendar days.
7. Clearly state a second incident will result in suspension of 60 calendar days before a final written warning initiating permanent suspension is issued.

Final Suspension:

If an individual remains disruptive or a third event occurs after receiving the maximum number of warnings and suspensions, a notice of final suspension will be considered. This action does not come without risk. Therefore, proper precautions must be taken. Suspending an individual, even one that is consistently disruptive, may result in allegations of individual abandonment.

Final Suspension Notice:

1. Consideration of risk management will be involved in the decision to suspend the individual.

2. Consult the individual's physicians to determine their health status and ensure they receive the appropriate care, by an alternate provider, before being suspended. Care Team will need to complete the discharge form and submit to IDH.
3. Ensure all interactions with the individual have been documented and notated in all systems to including the medical record.
4. Check state and health plan-specific regulations concerning individual suspension to ensure compliance.
5. If the decision is made to permanently suspend services to an individual this will be done upon the evaluation of all steps and with the approval of the Director of Human Resources and Operations and the CEO.
6. Final notice will be given to the individual in writing only under the direction of the CEO.
7. Failure of staff members to complete and submit incident reports per the policy will be addressed by Director of Human Resources and Operations and can include disciplinary actions up to and including termination.

Incident Report Form

Date & Time of Incident: _____

Threatening Non-Threatening Location in Building: _____

Incident(s) Involve: Staff Vendor Client Visitor Other

Description of Incident (Please include FULL names of individuals involved, the nature of the incident, and a brief narrative of what occurred):

Final Disposition (how you handled the incident, any next steps required or likely outcomes):

Signature of Person Submitting Report: _____ Date: _____

Signature of HR: _____ Date: _____

Sample Suspension Letter

[Date]

[Client Name]

Dear [Client Name],

Please be advised that The Damien Center and Damien Cares will no longer be able to provide you services, including but not limited to, care coordination, mental health counseling, medical services, housing, and food pantry. This [30] Day Probation of care is effective as of today, [June 25, 2019], due to the derogatory and abusive behavior that you have been exhibiting lately. This behavior is a violation of the Client Conduct Statement Agreement form.

As stated, you will no longer be able to receive medical services for 30 days at Damien Cares, but our healthcare providers will be available to treat you on an *emergency basis only* for thirty (30) days from the date of this letter.

You do have the right to appeal this decision. Per the Indiana State Department of Health, you may choose to appeal this termination of services by completing the enclosed Client Concern Form. The form can be sent to Caleb Bye at 26 North Arsenal Avenue Indianapolis, IN 46201 or emailed to cbye@damien.org. You may also submit a copy of the form to the Indiana State Department of Health at 2 N Meridian St Indianapolis, IN 46204.

However, until a decision is made regarding your grievance, the 90 day probation of services for The Damien Center and Damien Cares will remain until further notice. This does mean that you are no longer able to come to The Damien Center or Damien Cares location for any reason. If you do enter the building or the property, it will be considered trespassing.

Again, we encourage you to review the enclosed information regarding new care sites. Finding a new care site is essential to your health.

Sincerely,

The Damien Center and Damien Cares Clinic

Enclosures

Sample Discharge Plan Form

Discharge Plan			
Client Name		Chart#	
RW Exp:		ISDH Exp:	
Reason for Closure:	Transferred to New Care Site		
What prompted this change:	Not Engaging		
	<i>Provide a Brief Description:</i>		
What date did the client last engage?			
Last Engagement Date:		Linkage to Care Referral Date:	
List the date and type of contact attempts. There should be at least three separate attempts 30 days apart.			
Contact Date	Contact Type	Outcome	
List follow-up attempts by Care Coordination or Medical Case Management Program Manager			
PM Follow-Up Date	PM Contact Type	Outcome	
Client Signature:			<i>CM initial if client N/A</i>
Program Manager Signature:			
Senior PM Signature:			

