

## HealthEast Threat Assessment Worksheet

This worksheet is a tool and resource that may be used to aid in the assessment of a threat and the prevention of violence in the workplace. Threat levels are based on the amount of information available and the degree to which a combination of factors are present. Evaluate the content of the message using assessment points below as a guide and resource. Be aware, identifying a threat level is a complex process *that cannot be technically measured*. It must be completed with the understanding that subjectivity is integral to the process.

<b>DATA GATHERING</b> <i>Check all that apply</i>				
Manner			Language	
<input type="checkbox"/> Calm	<input type="checkbox"/> Coherent	<input type="checkbox"/> Laughing	<input type="checkbox"/> Excellent	<input type="checkbox"/> Polite
<input type="checkbox"/> Angry	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Righteous	<input type="checkbox"/> Good	<input type="checkbox"/> Vulgar
<input type="checkbox"/> Rational	<input type="checkbox"/> Deliberate	<input type="checkbox"/> Excited	<input type="checkbox"/> Fair	<input type="checkbox"/> Other:
<input type="checkbox"/> Irrational	<input type="checkbox"/> Emotional	<input type="checkbox"/> Rambling	<input type="checkbox"/> Poor	

Key Categories	Y	N	Key Indicators for Investigation
<b>Plausible Details</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>◆ Identity of the suspect is provided, discoverable or known</li> <li>◆ Identity of victim(s) provided (person, site or business interest)</li> <li>◆ Identification of an individual/site/location is provided</li> <li>◆ Knowledge of the site/location is evident; departments, operations, persons, etc.</li> <li>◆ Reason for the threat is stated clearly, referring to an event, person, care failure, etc.</li> <li>◆ The weapon or means by which it will be carried out is identified</li> <li>◆ Concrete information about plans or preparations are provided</li> <li>◆ The date and time is given</li> </ul>
<b>Precipitating Factors</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>◆ Site specific recent event(s) is identifiable (talk to leaders at the identified site)</li> <li>◆ Recent [site] specific event is identified in the threat which could have incited threat (talk to leaders at the identified site)</li> <li>◆ Corporate level event or change in benefits, patient care, etc... has occurred.</li> </ul>
<b>Emotional Content</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>◆ Conversational Tone</li> <li>◆ Non-melodramatic but sounds frustrated, disappointed</li> <li>◆ Anger in tone and content</li> <li>◆ Vulgar or melodramatic language "I hate you!" "You ruined my life!"</li> </ul>
<b>History</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>◆ The individual has not made previous threats against HealthEast, staff person(s).</li> <li>◆ The individual has a history of making threats without carrying them out.</li> <li>◆ Individual is known to have acted on previous threats</li> </ul>
<b>Stability</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>◆ The individual known to be mentally stable and reasonable.</li> <li>◆ The individual is known to have (anger/behavior) management difficulty.</li> <li>◆ The individual is known to be unstable and unpredictable.</li> <li>◆ The individual is known to have displayed violence and aggression in past contacts.</li> </ul>
<b>Target Vulnerability</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>◆ Does the individual have personal knowledge of the target and his/her/it's daily patterns.</li> <li>◆ The target is an individual whose personal safety can be managed</li> <li>◆ The target is afraid of the individual due to past behaviors or threats</li> <li>◆ The target is not easily located or accessed</li> <li>◆ The target is accessible</li> <li>◆ The target can be locked down effectively</li> <li>◆ The target can be evacuated</li> </ul>
<b>Capability</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>◆ The capability of an individual to carry out the threat is unrealistic.</li> <li>◆ The capability of an individual to carry out the threat is assessed and is feasible.</li> <li>◆ The individual has access to the weapons/resources needed to follow through on the threat.</li> <li>◆ The individual has enough knowledge of the target to follow through on the threat.</li> </ul>

**Threat levels need to be (1) *defined* along with (2) care system *response protocols* to each.**  
**LOW – MEDIUM - HIGH**

**For Threat against a targeted individual**

1. Investigate for potential suspects tied to target's work practices, personal history, etc.
2. Determine target's personal comfort level with conditions
3. Review target's physical location and security in place
4. Review target's personal safety practices, office location and security, parking, escorts.
5. Consider opportunity to move target's workplace temporarily or leave the workplace for a specified time period.

**Initial Data Gathering**

When the source of the threat is a known or discoverable individual the response protocols differ from an anonymous source. When the source is known, particularly identified as staff or patients, key questions can be asked and used in the evaluation of the seriousness of the threat.

**Key Questions in Threat Assessment Investigations**

1. What is motivating the subject to make the statements or take the actions that led to concerns about the safety of the workplace and its employees?
2. What has the subject communicated to anyone concerning his or her intentions?
3. Has the subject shown an interest in targeted violence, perpetrators of targeted violence, perpetrators of targeted violence, weapons, extremist groups or murder?
4. Has the subject engaged in attack-related behavior, including any menacing harassing, and/or stalking-type behaviors?
5. Does the subject have a history of mental illness involving command hallucinations, delusional ideas, feelings of persecution, etc. with indications that the subject has acted on those beliefs?
6. How organized is the subject? Is he/she capable of developing and carrying out a plan?
7. Has the subject experienced a recent loss and or loss of status, and has this led to feelings of desperation and despair? Does he/she show poor coping skills in reaction to such events?
8. Corroboration – What is the subject saying and is it consistent with his/her actions?
9. Is there concern among those that know the subject that he/she might take action based on inappropriate ideas?
10. What factors in the subject's life and/or environment might increase/decrease the likelihood of the subject attempting to attack a target?

**Secondary Questions if Needed**

11. Does the subject have past criminal behaviors?
12. How does the subject view himself/herself in relation to everyone else?
13. Does the subject feel wronged in some way?
14. Does the subject feel he/she is being treated unfairly by the organization?
15. Has the subject had problems with supervisors or management?
16. Does the subject accept responsibility for his own actions?
17. Does the subject blame others for his/her failures?
18. Is there any history of such threats?
19. What interest has the individual shown in violence or its justification, violent perpetrators, weapons or extremist groups?
20. Has the individual expressed interest in weapons, collecting weapons or using weapons amongst co-workers or staff?

21. Has the individual engaged in planning and preparation for violence, such as approaching a target or site, breaching security, or surveillance, harassing or stalking a target?
22. Does the individual have a current or past history of a mental disorder or substance abuse? Has the individual exhibited symptoms of paranoia, delusional ideas, hallucinations, extreme agitation, despondency or suicidal tendencies, esp. with any violent content? Has he or she ever acted on such beliefs?
23. What kind of serious oppositional or counterproductive attitudes or behavior does the individual present in the workplace? For example, does the individual blame others or exhibit a strong sense of entitlement, defensiveness, self-centeredness or intolerance of others?
24. How does the individual manifest any anger problems, and how focused is this anger on other individuals [in the workplace/system]?
25. What is the individual's known history of serious interpersonal conflict, violence or other criminal conduct, in domestic or other settings? Is this discoverable?
26. What is the nature of any organizational, supervisor or work group problems that have contributed to, provoked, or exacerbated the situation, and how do those problems influence the individual's perception of his or her circumstances.

**Key Questions aimed at disclosing factors that may lower the risk of violence**

1. Does the individual have positive, valued, family or other personal attachments?
2. Has the individual expressed genuine remorse for making threats or engaging in the behavior that has generated the initial concern for safety?
3. Has the individual responded positively to defusing or limit-setting efforts?
4. Has the individual engaged in appropriate problem solving or sought professional treatment or legal recourse as a way to manage the situation or problems at issue?

<b>Categories of Threats</b>	
Conditional	Characteristic of extortion situations. It warns that a violent act will happen unless the victim meets certain demands or terms.
Veiled	Strongly implies, but does not explicitly threaten, violence. Hints at a possible violent act but leaves it to the potential victim to interpret the message and give a definite meaning to the threat.
Indirect	Vague and unclear. The plan, the intended victim, the motivation and other aspects of the threat are equivocal or masked. When violence is implied, the suspect phrases the threat in a tentative manner, suggesting that the violence may or may not occur.
Direct	Identifies a specific act against a specific target, delivered by the suspect in a straightforward, clear and explicit manner.

## OUTCOME POSSIBILITIES

Depending on the initial level of perceived risk, the team will implement and coordinate various measures to further assess and manage any risk of violence. These measures may include;

1. A deeper investigation, for instance, a further internal investigation and/or an external investigation, such as through a criminal background check.
2. Legal actions, such as restraining orders when feasible and appropriate.
3. Employment actions, such as suspension, discipline, transfer or termination of the persons in questions. This includes patient care termination and associated actions.
4. Referrals to professional help.
5. Report of criminal activity to law enforcement, other law enforcement intervention such as background checks, locating of suspect, increased property patrols, etc..
6. Security measures evaluation, general workplace or specific persons at risk. i.e. short term lockdown of a department, change of practice for a staff person, increased perimeter patrols.
7. Strategies to address fears or other issues among affected workgroups. Crafting a message that assures (1) Administration is addressing the threat (2) work is being done to mitigate and resolve and (3) that staff may continue to work routinely and will be updated.

### Standard Practices

Threats may be directed at “*organization*” or their entities, specific sites or departments. Threats can also be directed to specific staff, patients or visitors. Depending upon the source and level of violence of the threat there are general practices, reporting and response mechanisms in place to direct and manage these events

- 1) **Threats made by or to staff members** - **Managed by HR to conclusion**, supported by Security, Department Leaders, Labor Relations, and Risk Management as appropriate.
- 2) **Threats made by or to patients, involving staff or Physicians,** - **Managed by Safety and Security**, supported by Patient Safety, clinical staff, providers, clinical leadership, Risk Management and Administration, as appropriate.
- 3) **Threats made by visitors or unwanted persons** on property- **Managed by Safety & Security**, supported by law enforcement, Human Resources and/or Risk Management as requested.
- 4) **Threats received anonymously** –
  - a) Anonymous threats, written, spoken or received via technology, should be immediately reported by the receiving party to one of the “optional departments” for response and investigation.
  - b) Receiving department/investigator will contact the Threat Assessment Team as required by process for these situations.