



Inpatient “Purple Dot” Violence Prevention Guideline

Emerson Health Clinical Practice Guidance Document

Title:	Inpatient “Purple Dot” Violence Prevention Guideline
Department:	Workplace Violence Prevention/QPS
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Key Words: workplace safety, violence prevention, violent patients

GUIDELINE STATEMENT:

Emerson Health will provide systems to support staff safety and protect against patient violence.

PURPOSE:

Many staff members of all roles and disciplines interact with hospitalized inpatients on the WH4, WH5, N6 and CCU areas. The inpatient “purple dot” sign creates a visual cue to all staff members entering the room of admitted medical/surgical unit patients that there is potential for patient violence. The sign signals potential risk. Staff can pause to learn more and plan for safety prior to entering the room and interaction with patient.

The graphic design of the sign can be used by all staff members regardless of primary language. The neutral nature (round purple dot) of the sign is non-judgmental and allows communication of risk while maintaining privacy of the patient involved.

SCOPE:

The “Purple Dot” sign and framework is intended for use on medical/surgical and critical care inpatient units only. The “Purple Dot” sign and process is not used in Mother Baby areas or the Behavioral Health (N5) unit. These areas are locked and have alternate processes for safety.

DEFINITIONS:

Violence is a spectrum of behaviors that include overt acts of violence, threats, and other conduct - that generates a reasonable concern for safety from violence, regardless of whether the behaviors may affect a person's psychological or physical well-being. Workplace violence may occur on-site, at an off-site location operated by Emerson, or at other locations where the Emerson workforce is engaged. See also definitions of types of workplace violence in Emerson *Workplace Violence Prevention Policy*.

BACKGROUND:

There are many different staff members who support the care of admitted medical/surgical patients. While unit staff have a general awareness of potentially violent patients, patient behaviors can change clinically and use of a sign can signal violence risk more clearly and prompt safety planning. Staff members from other areas including EVS, Food Services, Phlebotomy, Rehabilitation, Facilities, Respiratory Therapy, Radiology, Security, Case Management/Social Work, and Patient Experience enter patient rooms. These staff members need an easy way to understand potential violence risks to plan for safety prior to entering a patient room.

PROCEDURE:

1. The purple dot sign can be placed by inpatient medical/surgical unit nursing staff for any admitted patient with agitation, violent events or with a history of this type of behavior.
2. The sign does not require an order.
3. The sign is not documented in the medical record.
4. The sign is affixed with a magnet to the frame of the room door.
5. All staff who see the sign are alerted to the potentially violent patient who may be agitated, easily dysregulated or verbally abusive. This allows staff members to plan for safety prior to patient interaction.
6. Unit staff members may enter the patient room either alone but with the knowledge of a potentially aggressive patient or may choose to enter in pairs/other planned configuration to support each other, coordinate care and provide any additional support or response. The specific patient violence risks and plan for staff safety will be discussed in shift change/handoff for patients with purple dot signs.
7. Unit staff will inform Charge Nurse and Nursing Supervisor when placing a sign to ensure awareness.

8. When the sign is posted, staff members from any other departments in the hospital will check in with either the unit Charge nurse or Unit Coordinator (UC) prior to entering the patient room. Staff will be provided with information for safety and be directed that it is safe to enter room (for example if it is currently safe to enter because agitation happens on a specific shift or in a specific context that is not currently active) or will be connected with appropriate staff member (RN, PCT) to enter room safely.
9. Tray passers will not enter rooms with purple dot signs and will use the tray drop off process to support nutrition needs for these patients.
10. EVS shift supervisors will identify rooms with purple dot signs and plan with unit Charge Nurse regarding room cleaning.
11. The sign can be removed if the patient's presentation changes. Examples include a delirious patient with agitation who medically clears and no longer has aggressive behavior or an intoxicated patient who is withdrawing and whose behavior stabilizes after initial detox is complete.
12. A Family/Visitor handout can be used as needed to explain the use of the Purple Dot sign in violence prevention.