

Addressing Workplace Violence in our Hospitals

A Toolkit for healthcare professionals



Purpose of the NHA Workplace Violence Toolkit

According to the Occupational Safety and Health Administration (OSHA), nearly 75% of all workplace assaults occur in a healthcare setting. Healthcare accounts for nearly as many serious violent injuries as all other industries combined and many more assaults or threats go unreported. Sources of workplace violence include patients, visitors, intruders, and even coworkers.

OSHA defines workplace violence as any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior, that occurs at the work site. Violence can affect all persons within a healthcare setting and includes verbal assaults, threats, physical assaults and homicides. With this knowledge the NHA Board approved the creation of the Workplace Violence Task Force.

The NHA Board of Directors and the Workplace Violence Task Force created this Toolkit to accomplish the following goals:

1. Research what other states are doing to address workplace violence;
2. Establish the role of hospitals and providers in reducing and eliminating workplace violence;
3. Identify state resources for intervention and education; and
4. Provide tools for members to utilize.

Letter from Task Force on Workplace Violence Toolkit

Dear Healthcare Leaders,

Over the past several years, members of the Nebraska Hospital Association (NHA) have shared alarming stories and statistics about increased violent incidents occurring in our hospitals. To help protect hospital employees, the NHA created the Workplace Violence Task Force and identified types of hospital violence occurring in our facilities. Our goal is to provide practical and effective tools to help staff identify troubling circumstances, handle violent situations and assist employees involved in violent occurrences.

The Workplace Violence Toolkit provides prevention identification, training opportunities, documentation suggestions and examples of model policies and procedures. We encourage all hospitals to incorporate these tools in their facilities.

The Workplace Violence Task Force encourages healthcare leaders and human resource personnel to use this Toolkit to learn what other hospitals are doing to protect staff and visitors. We encourage hospitals to work with local law enforcement to ensure safety guidelines are in place to help prevent violence and to be prepared for any violent situations that might occur.

The NHA Workplace Violence Toolkit is available on the NHA website (www.nebraskahospitals.org) and will be updated as additional information and resources are made available. The website will also include links to screening tools and resources that are unavailable through print format.

The NHA thanks both the members of the Task Force and the content contributors for their valuable input.

Sincerely,



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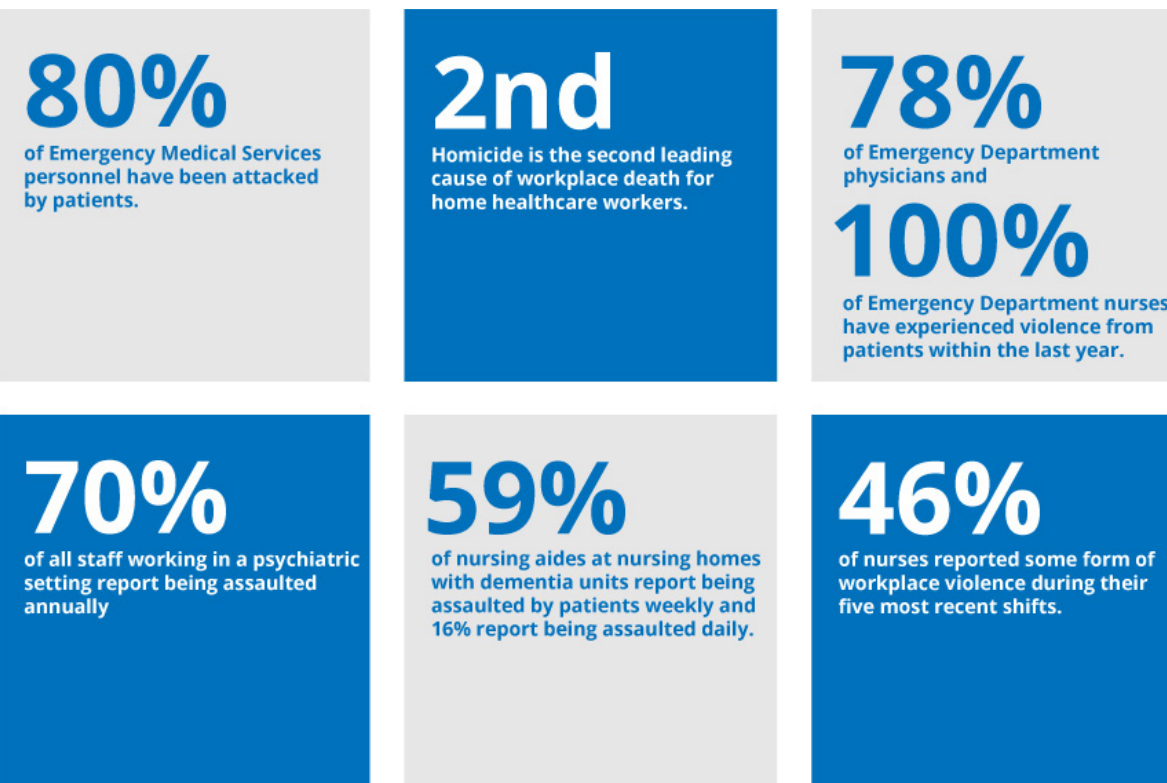
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Statistics



Categories of Workplace Violence

<p>CATEGORY 1</p>	<p>Involves “criminal intent.” In this type of workplace violence, individuals with criminal intent have no relationship to the hospital or its employees.</p>
<p>CATEGORY 2</p>	<p>Involves a customer, client, or patient. In this type of workplace violence, an individual has a relationship with the hospital and becomes violent while receiving services. This would include patients, their family members and visitors. This type of violence is the most common in healthcare settings.</p>
<p>CATEGORY 3</p>	<p>Involves a “worker-on-worker” relationship and includes employees who attack or threaten another employee. This violence is commonly referred to as lateral or horizontal violence.</p>
<p>CATEGORY 4</p>	<p>Involves personal relationships. It includes individuals who have personal relationships with the intended target but no relationship to the hospital. The perpetrator has a relationship with the employee outside of work.</p>

Scope of Problem

OSHA defines workplace violence as violence or the threat of violence against workers. It can occur at or outside the workplace and can range from threats and verbal abuse to physical assaults and homicide. Workplace violence is a growing concern for employers and employees nationwide.

Examples of violence in the healthcare setting may include, but are not limited to:

- Verbal threat or written threats that express intent to harm
- Verbal assaults
- Physical assaults, including: biting, kicking, punching, scratching, spitting, etc.
- Any perceived act that causes fear or harm to a hospital employee, staff member, provider, patient, or visitor present in a hospital facility
- Domestic Violence
- Sexual Harassment and Sexual Assault
- Stalking

The high costs of violence

- Thousands of dollars in workers compensation per claim
- Legal/regulatory fees
- High turnover
- Deterioration of productivity
- Low morale
- Short/long term emotional effects
- Leaving the healthcare profession
- Burnout

It is important to note that violence does not typically occur in silos. The types of violence can and will intersect and incidents may fall within multiple categories. Additional forms of violence that patients and staff may experience are Domestic Violence, Sexual Harassment, Sexual Assault, and Stalking.

**Domestic Violence
Intimate Partner Violence**

Many healthcare facilities will have both patients and staff who are victims of Domestic or Intimate Partner Violence. Creating trauma informed welcoming environments is crucial to ensuring victims will come forward with safety concerns. Information gathered from victims should be specific to keeping them and your facilities safe. Information should be shared with those charged with assessing and mitigating risks to facility and staff.

Stalking Incidents

According to the Stalking Prevention Awareness and Resource Center, stalking is a pattern of behavior directed at a specific person that causes them to feel fear through repeated contacts such as sending texts, emails or calls, giving unwanted gifts, and following or tracking them through social media or GPS. Often people assume that a stalking offender is a stranger, but more often than not, the victim knows the offender.

Sexual Harassment

According to the Nebraska Equal Opportunity Commission sexual workplace harassment is defined as unwelcome verbal or physical conduct of a sexual nature constitutes sexual harassment in employment when:

- It is made an implicit or explicit condition of your employment.
- Employment decisions (transfer, promotion, dismissal, demotion, reassignment) are based on your response.
- It creates an intimidating, hostile or offensive work environment.
- It interferes with your work performance.

Sexual Assault

According to RAINN (Rape, Abuse & Incest National Network), sexual assault refers to sexual contact or behavior that occurs without explicit consent of the victim. Some forms of sexual assault include:

- Fondling or unwanted sexual touching
- Forcing a victim to perform sexual acts, such as oral sex or penetrating the perpetrator’s body
- Attempted rape
- Penetration of the victim’s body, also known as rape

Establishing a Workplace Violence Prevention Program

In most workplaces where risk factors can be identified, the risk of assault can be prevented or minimized if employers take appropriate precautions. OSHA has determined that the best way to reduce violence in the workplace is through **a comprehensive workplace violence prevention program**. Developing a program typically begins by convening a planning group or task force to tackle the issue. Alternatively, an organization may charge an existing safety and health committee with addressing workplace violence. No matter the starting point, management needs to ensure that whoever is leading the initiative has the authority and knowledge to convene the group and require participation, facilitate the necessary changes to policies and procedures, and ensure that adequate resources are available and committed for building and sustaining an effective program.

The composition and commitment of the committee or task force are key factors in its success or failure. Management must be committed to creating an effective program. Staff from all affected areas should form an interdisciplinary team that may include the

following stakeholder groups: VP of Ops, Security, VP PCS, Patient Safety/ Risk Mgmt, Behavioral, Safety Officer, HR/ Worker's Compensation, Corporate Responsibility Officer (clinical unit leaders and ancillary- e.g. lab, diagnostics, etc.)

By assessing their worksites, employers can identify methods for reducing the likelihood of incidents occurring. OSHA believes that a well-written and implemented workplace violence prevention program, combined with engineering controls, administrative controls and training can reduce the incidence of workplace violence.

A workplace violence prevention program can also fit effectively into a broader safety and health management system, and it can help your facility enhance employee and patient safety, improve the quality of patient care, and promote constructive labor-management relations.

Assessing for threat:



Develop a response team that includes security, administration, individuals trained in threat assessments, and experts in trauma informed care to conduct detailed investigations into workplace violence incidents.

- Evaluate existing data, request additional data.
- Access additional resources and expertise as indicated.
- Make informed decisions about appropriate internal and legal actions.
- Communicate with threatened employee(s) and staff impacted by the threat.
- Follow up with evaluation of actions and future planning.
- Follow up with the victim to provide support.

Suggestions for facility considerations:



- Increase law enforcement (LE) presence as a deterrent to violence. (create a welcoming environment for law enforcement)
- Identify potential safety issues in medical facilities. (Assess access to hospital entrances, make exits more accessible and improve sight-lines for staff to entrance/exits and front desks).
- Improve lighting in remote areas and outdoor spaces.
- Control access to certain areas.
- Assess for needed improvements to security technology (cameras, panic buttons, badge access).

Suggestions for staff considerations:



- Security escorts to parking lot.
- Flexibility in design of desk placement and workstations.
- Ensure staff awareness of protections policies to support them.
- Identify primary point of contact for staff who are under ongoing threat.
- Identification of services available for staff or patients who are under ongoing threat or have experienced trauma.
- Respect and support mental health needs including paid leave for mental health crisis or experience with domestic and sexual violence.
- Provide counseling services at no cost to employee.
- Daily safety huddles.
- Have two staff present when providing significant discipline; if suspected aggression/violence, have security available.
- Assess physical requirements for contracted security staff so they are fit for the duty.

Trauma-informed work environments

The majority of your employees have experienced a traumatic event in their lifetimes. Traumatic events include experiences in combat, natural disasters, losses, severe or chronic medical conditions, as well as any experiences of abuse or neglect.

Your employees may have also suffered historical trauma, trauma carried through generations, or insidious trauma, which includes the adversity and stress resulting from racism, sexism, homophobia, classism, ableism or poverty. Often, individuals experience an interconnection of several forms of trauma.

Guiding Principles of Trauma-Informed Care



Safety

Throughout your organization staff and clients should feel physically and psychologically safe.



Trustworthiness and transparency

You should conduct operations and decisions with transparency with the goal of building and maintaining trust among staff, clients, and family members of those receiving services.

Workplace examples: Elimination of forced arbitration in sexual harassment cases and implementing policies regarding violence consistently.



Collaboration and mutuality

Throughout your organization, encourage true partnering and leveling of power differences between staff and clients and among organizational staff, from direct care staff to administrators. Healing happens in relationships and in the meaningful sharing of power and decision-making. Everyone in your organization has a role to play in a trauma-informed approach.

Workplace examples: Include survivors in all decisions regarding reporting or responding to violence (i.e. reporting to police). Respectfully listen to reports and validate the person's experiences with violence.



Peer support and mutual self-help

Using these tactics will help you build trust, establish safety, and ensure empowerment of victim/survivors.

Workplace examples: Include survivors and their stories when training on violence prevention or launching awareness campaigns.

Potential training opportunities for hospitals to incorporate

Hospitals should evaluate their training resources and opportunities to reduce workplace violence. Here are examples of training programs and recommendations.

- Mental Health training
- Active Shooter training
- Violent intruder
- Drug-Alcohol Abuse training
- Standard response in aggressive incident (Code)
- De-escalation (early intervention) hands-on/self-defense
- Proper use of restraint/seclusion
- Ways to protect oneself
- Protection Order/Violation-Stalking behavior training and the overlap of this with Domestic Violence and Sexual Assault
- Sexual Harassment and Sexual Assault training
- Trauma informed training
- Hostage situation
- Inmate patient care
- Human Trafficking Identification & Reporting
- Crisis Intervention Training (CIT)

Reporting and Tracking Incidents

Healthcare facilities should create a Post Incident Critical Event Review (CER) process to identify strengths and gaps within the response and learning opportunities for possible future incidents. Notify a pre-identified person of all violent episodes or threats that occur within the facility. This should include the date and time, who was involved and a general description of the event.

- That person should schedule a Critical Event Review meeting, when appropriate, typically within one week.
- Results of the Critical Event Review will be shared as appropriate and will consider ongoing safety of victim and facility.
- Safety, security, and management of the unit where the event occurred, and involved staff should be included to participate in the Critical Event Review.
- Critical Event Review should include an analysis of each event including: records of injuries, illnesses, incidents, assaults.

Document, Debrief, & Data

Document Considerations

- First responder reports
- Police reports
- Criminal history
- Work history
- Weapons used or threatened
- Protection orders in place
- Injuries past/present requiring medical treatment
- Internal and community resource recommendations
- Other witnesses, witness statements

Document all findings;

- Be clear and factual
- Be specific and objective
- Avoid subjective opinions
- Document related incidents
- Identify specific person/persons targeted

Debrief

It is crucial when debriefing to assess the impact that this event or events has had on staff and those involved. Create a trauma informed approach to this process. Focus should be on wellbeing of staff vs. identifying errors in process. Approach must be learning versus punitive.

Goals should always include:

- What were the precursors to the event?
- Were there red flags missed prior to event?
- How well did we intervene?
- Is this an ongoing threat for staff and facility?
- What improvements and/or changes may help to avoid another event?

Data Collection

- Analyze collected data for trends
- Incident reports
- Security log data
- OSHA logs
- Workers' Compensation
- Employee surveys
- Huddles/debriefings

Additional Considerations

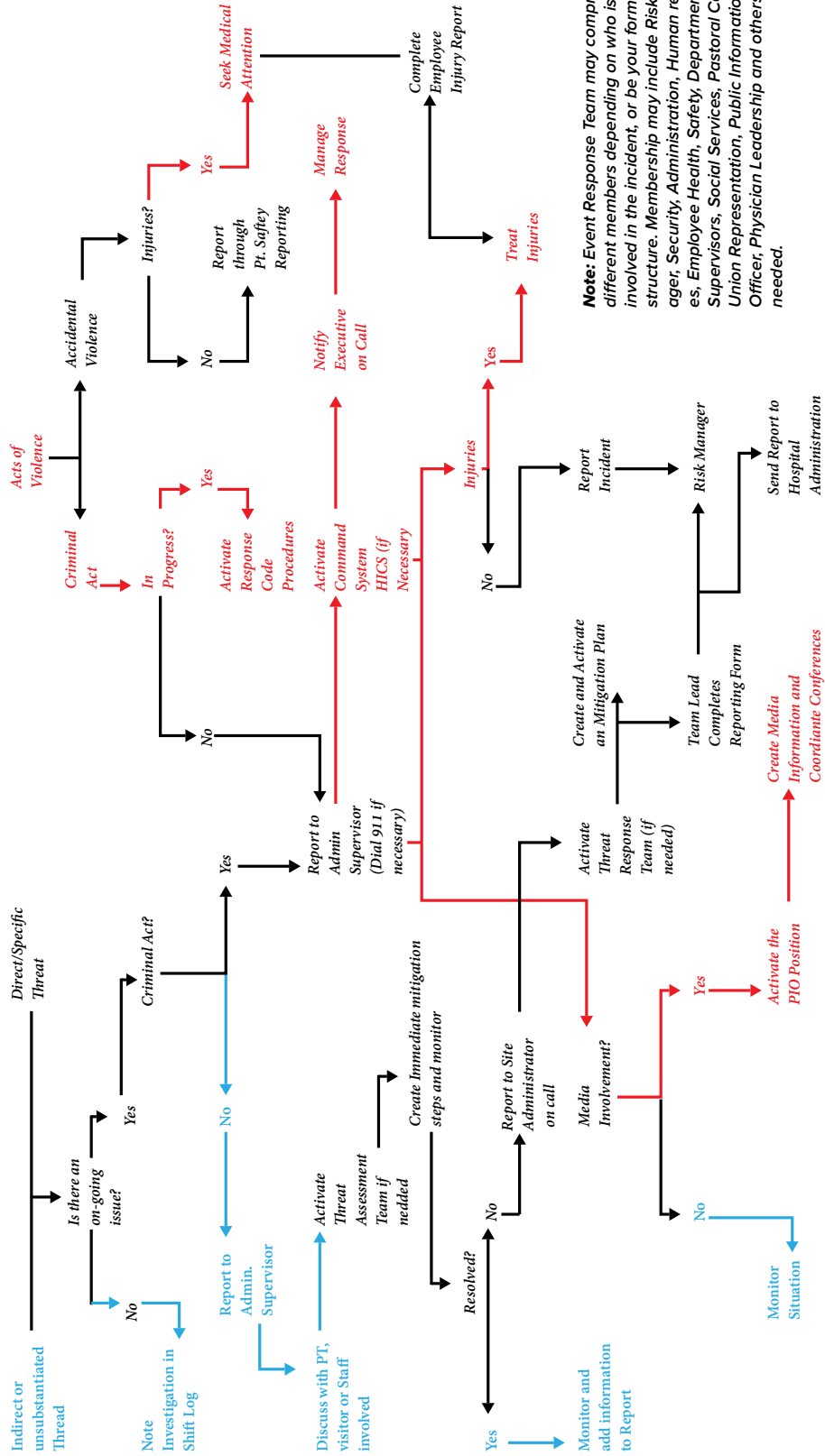
- Law enforcement notification - preserve crime scene
- OSHA notification - Media notification
- Provide resources to staff, patients, and/or witnesses
- Onsite care and transporting victims
- Notify family
- Initiate cleanup
- Disability short-long term Workers compensation
- Death claims
- Debriefing-Crisis Management
- Long term recovery-Preventing PTSD
- Provide comfort and peer support
- Referrals for appropriate resources
- Frequent check-ins with staff on leave to provide support

Next Steps

- Data collection and analysis for performance improvement
- Written corrective action plans
- Evaluate methods of hazard control if applicable
- Identifying training needs
- Patient safety and staff safety
- Leaders must demonstrate commitment to staff safety
- Allow staff an opportunity to give feedback
- Reinforce incident reporting
- Enable leaders to identify ongoing risk mitigation strategies
- Review Sample Hospital Policies included in this Toolkit

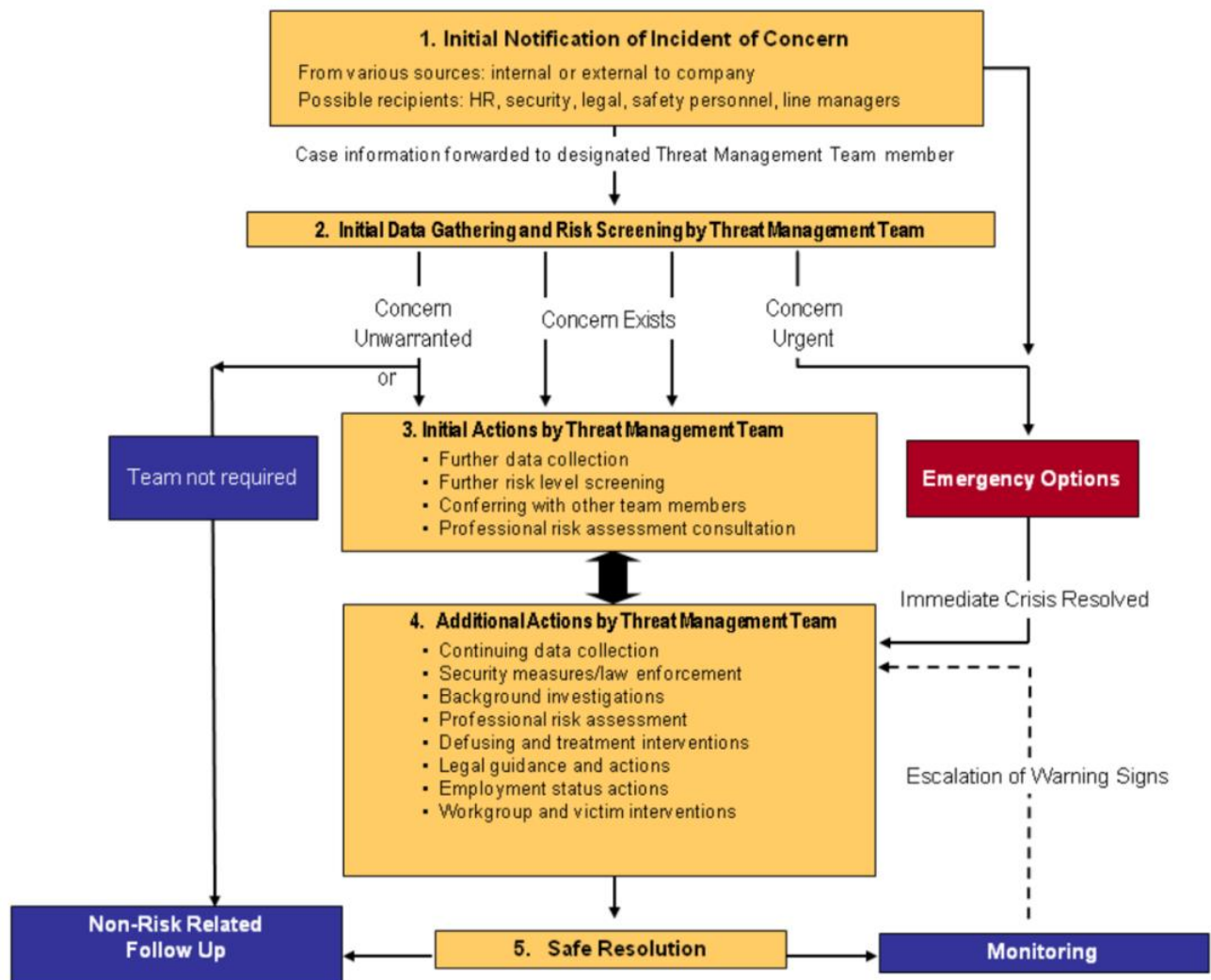
Appendix E: Violence in the Work Place Response Algorithm

Reporting Work Place Violence: Because work place violence comes in so many forms and magnitudes, how it is reported and where it is reported to will vary with each incident. Reports may go to many sources as; Occupational Health, Security, Department Supervisors, Human Resources, Administration, local police, or the Emergency Department. These reports or complaints may come through direct physical violence (either intentional or unintended patient physical response) or come as a threat in mail, e-mail, phone calls, texts, etc. In all cases it is important to report this to your shift supervisor, security, or to the police as necessary.



Note: Event Response Team may comprise different members depending on who is involved in the incident, or be your formal HICS structure. Membership may include Risk Manager, Employee Health, Safety, Department Supervisors, Social Services, Pastoral Care, Union Representation, Public Information Officer, Physician Leadership and others as needed.

ASIS/SHRM WVPI.1-2011



Source: Adapted from Stephen G. White, Ph. D., and Work Trauma Services, Inc. (2010)

Figure 1: Overview of the Incident Management Process in Non-Emergency Situations

Sample Hospital Policies

Active Killer or Shooter Procedure

COURTESY OF A NHA MEMBER HOSPITAL

EVACUATE/HIDE, CALL 911, then ANNOUNCE “ACTIVE SHOOTER in the hospital”

**+ location (91-911 for outside line on patient phones, 80 on phone for PA system).
Panic buttons or the Emergency Button may also be pushed to notify Sheriff’s Office.**

I. PURPOSE

To establish a standard operating procedure to be followed to have an effective response to minimize the hazards that occur when an active shooter situation arises on the hospital/clinic campus.

II. INTRODUCTION

Although active shooters or killers are not an everyday occurrence, the potential for this type of incident exists. Past history has shown that high profile targets tend to be high schools, shopping centers, hospitals and college campuses.

III. DEFINITION

- A. An active shooter/killer is a person (or persons) who appears to be actively engaged in killing or attempting to kill people in a populated area.
- B. There may be no pattern or method to their selection of victims.
- C. These situations evolve rapidly—within 10-15 minutes-- demanding immediate deployment of law enforcement resources to stop the shooting and minimize harm to innocent victims.
- D. This document provides direction to employees to save themselves or assist anyone who may be caught in the active shooter situation, and describes what to expect from responding law enforcement and emergency medical personnel.

IV. POLICY

- A. All staff will be responsible for knowing and directing others concerning actions to be taken within their area in the event of an active killer or shooter.
 1. All new employees during their orientation will be briefed on the policy.
 2. This policy shall be shared with local law enforcement.
- B. It is essential that training be conducted with responding law enforcement agencies to ensure an effective response is developed, which can be completed by briefings, presentations, tabletop, functional or full scale exercises.
- C. The following strategies are in place to minimize and detract a potential active killer/shooter(s) from choosing this facility for such an act, and measures put in place to limit the threat include, but are not limited to:
 - a. Video surveillance cameras inside and outside the facility to deter an event and to gather intelligence,
 - b. If possible and as appropriate, use overhead intercom system where available to notify patients, visitors and staff of an emergency.
 - c. Work with the Police Department to ensure the facility is doing all it can to protect patients, visitors and staff from the intruder.

- d. Train all employees to be aware of the warning signs of a potential active killer/shooter(s), and to relay that information to their supervisor and police.

V. PROCEDURE

A. Warning Signs:

1. Based upon past events, there may be warning signs of a potential event by a person:
 - a. Discourteous or disrespectful demeanor
 - b. Uncooperative behavior, refuses to follow directions
 - c. Verbally abusive language and/or obscenities
 - d. Destruction of property
 - e. Stalking, harassing, showing undue focus on someone
 - f. Making direct or indirect threats, suicidal threats
 - g. Body language such as arms folded over chest, eye brows knitted, face reddening
2. When violence is imminent:
 - a. Behaviors: intense anger, suicidal threats, extreme rage
 - b. Aggressive acts: throwing or striking objects, cursing
 - c. Pounding furniture or walls, angrily jumping up and down
 - d. Body Language: lowering head, tucking chin, clenching and re-clenching fists, pacing. Touching head, pulling their hair, talking through gritted teeth, wide eyed stare, and difficulty controlling fine motor skills (tremors-tics).
3. Any employee who has a feeling someone might be a potential active killer/shooter needs to relay that information to their supervisor or police department.
4. All employees must be continually vigilant to the risk of violence.
 - a. Be aware of your surroundings
 - b. Secure your safety, keep yourself between the individual and the door
 - c. Call for help, avoid being alone, leave the room at any time
5. Defensive strategies:
 - a. Keep something (desk, bed, table) between you and the individual
 - b. Remain calm, speak in slow, soft, clear voice
 - c. Ask questions to distract the individual (What do you hope to gain by this?)
 - d. Get out and call for help

B. Actions to Take

1. Evacuate the area and when you are safe:
 - a. CALL 911 and page overhead (80) "Active Shooter (or Killer), location" and repeat. The Panic Buttons may also be pressed or the eEmergency activation may be used.
 - b. When calling 911, provide the following information:
 - i. Identify yourself
 - ii. "I am in the (exact location), we have an active killer/shooter(s) on campus; shots have been fired."
 - iii. Exact location of the shooter(s) if known; if not, then the last place or direction you heard gunshots. If other methods of killing such as

- knifings, dispersment of chemicals, etc are known, relay that information.
 - iv. Description of the attacker(s); sex, race, clothing, type of weapon(s), location, direction(s) of travel, and if known, their identity.
 - v. Location and number of victims (if known).
 - vi. Any other information they request.
- 2. The 911 dispatcher is relaying this information to responding officers and at this time, you are the eyes and ears for the police officers. The information you provide will assist them in locating and stopping the attacker(s) as soon as possible. Stay on the line if possible.
- 3. EVACUATE or HIDE – always know two exits from your work location - There are two options available if the attacker is present in the area; one is to evacuate the building, and the other is shelter in place (HIDE).
 - EVACUATE:
 - a. Do whatever is necessary to survive the situation, preserve your safety first (even before that of the patient). Evacuate regardless of whether others are willing to follow you.
 - b. If possible, save those that can be quickly saved (ambulatory first, then wheelchair, then bedbound). Do not attempt to move injured persons.
 - c. All people are to move in a direction away from the area of gun shots
 - d. Move out of building through the closest door.
 - e. Make a list of those present in the safe area, to account for anyone who may be missing or injured.
 - f. Do not stay in an open hallway. Clear all corridors; warn others and help others escape. **DO NOT PULL FIRE ALARM.**
 - HIDE:
 - a. If you cannot leave the building, move people into rooms that lock from inside if possible – Dictating Room, Med Room, Radiology, Lab, Office/Medical Records, Nursery, Public Restrooms.
 - b. Protect self with any available barrier such as concrete wall, desk, file cabinet, or table. Stay behind a solid object.
 - c. Patient rooms do not lock but bathrooms do, go into bathroom, lock door. Or push bed against the door, break window with a chair and move patient and self out of the window.
 - d. A shooter or killer will follow anyone he sees moving, so HIDE.
 - e. Turn lights off and silence any noise making devices (TV, radio, cell phones, machine alarms, etc). Noise will attract the attacker, remain quiet and calm.
 - f. Do not confront the attacker.
 - g. If, as a last resort, to save your life, act as aggressive as possible against the attacker—throw objects at him/her, yell, commit to your actions.

C. Notification Strategies

Anyone aware of an active or potential active killer(s) needs to not only call 911 from any phone, but also page overhead: “ACTIVE SHOOTER (or KILLER) in the hospital” (80) and the location. (Example: east hallway, patient area, clinic) **REPEAT**.

D. Law Enforcement Response

Law enforcement response will vary depending on the situation; however, based upon their training, the following can be expected from responding police officers:

- a. If the situation involves a gun, they will proceed immediately to the area in which the shots were last heard; their purpose is to stop the shooting as quickly as possible.
 - i. They may ask several times where the shooter(s) is.
 - ii. They need to know so they can stop the actions of the shooter(s).
 - iii. They may shout commands and may push anyone in the area to the ground for their safety.
- b. They will normally go in teams and not proceed alone.
 - i. They will not always have on a patrol uniform.
 - ii. They may also be wearing a bulletproof vest, Kevlar helmets, and other tactical gear.
 - iii. They may also be armed with a variety of weapons and equipment.
- c. Regardless of how the police appear, staff must remain calm, follow instructions, and do not obstruct their progress; it is best for all people evacuating the building to **put their hands in the air and not make any sudden gestures**. Put down any items in your hands, keep hands visible at all times. Do not point, scream or yell. DO NOT stop officers to ask for help or directions, proceed in the direction from which officers are entering.
- d. The first officers on scene will not stop and assist the wounded; rescue teams composed of other officers and emergency medical personnel will follow the first officers into secured areas to treat and remove injured persons.
 - i. Staff will not enter the active area to give aide or care until cleared by police.
- e. Once in a safe and secure location, all staff needs to remain on scene, as the entire area is a crime scene, and they will need to provide all necessary information to investigators.
- f. Police will establish an onsite Incident Command location. The charge nurse and/or hospital administrator will report to assist with guidance and information.
- g. The perpetrator may now be injured and need to be treated and cared for the same as any other patient.

E. Hospital Emergency Operations Center (EOC)

- a. The hospital incident command plan will be followed; a unified command response will be initiated.
- b. Crisis intervention for staff and patients will be initiated by the hospital emergency operations center or administrator when indicated.
- c. **All** media releases will come from the PIO/EOC (administrator or police).
- d. When the situation is secure, per law enforcement instruction, an “all clear” will be paged and also sent per Blackboard Connect. All employees should check in with his or her supervisor to ensure all are accounted for.

- F. Continuity of Operations and Recovery:
 - a. Identify and fill any critical personnel gaps left in the organization due to the event or response.
 - b. Return evacuated patients to their rooms/beds as directed by police, or arrange transfer to another facility.
 - c. Reschedule any postponed appointments, procedures.
 - d. Repair structural damages.
 - e. Consider impact on facility as a crime scene.
 - f. Fill out After Action Report and follow up with debriefing discussion for all staff, scheduled by administration.

- G. Hospital Emergency Operations Center (EOC)
 - a. The hospital IC plan will be followed; a unified command response will be started.
 - b. All media releases will come from the EOC. (PIO)
 - c. Crisis intervention for staff and patients will be initiated by the hospital EOC.
 - d. When the situation is secure, all clear will be announced.

Active Killer or Shooter Procedure POLICY VERSION NUMBER: 2 REVIEWED: 11/07/2018

Courtesy of NHA Member Hospital

Hostile/Aggressive/Violent Patient/Visitor

MANAGEMENT OF VIOLENT OR AGGRESSIVE PATIENTS/VISITORS

POLICY

XXX Hospital has zero tolerance for violent or aggressive patients/visitors who knowingly threaten or cause bodily injury to any of its employees, staff, students or volunteers while they are performing their official duties. All intentional acts or threats of violence will be reported to the appropriate level of authority, and persons behind the acts will be prosecuted to the full extent of the law.

Any threat, behavior or action that could be interpreted by a reasonable person to carry the potential for harm or the safety of others, an act of aggression or the destruction or damage to property shall be reported.

It is everyone's responsibility to report acts of violence/assault/threatening behavior so there is a proper response based on the extent of the threat/assault.

Per Revised Nebraska State Statute 28-929.02 "Every hospital and health clinic shall display at all times in a prominent place" "WARNING: ASSAULTING A HEALTH CARE PROFESSIONAL WHO IS ENGAGED IN THE PERFORMANCE OF HIS OR HER OFFICIAL DUTIES IS A FELONY."

REFERENCES

Document on the Campus Threat Assessment Team
Medication Error and Incident Reporting, MS04
Restraint Use, TX01
Reporting Work-Related Incidents, HR42
Nebraska Revised Statute 28: 929-931 (LB 677)
Security Trespassing Policy/Ban and Bar Letter (CS-023)

DEFINITIONS

Healthcare professional: A physician or other health care practitioner who is licensed, certified, or registered to perform specified health services consistent with state law who practices at a hospital or a health clinic. (NE Rev Stat 28-929.02)

Healthcare workers: Employees who provide patient care within their job descriptions but are not licensed, certified or registered by the State.

Assault: An intentional act by one person that creates an apprehension in another of an imminent harmful or offensive contact. There are different kinds of assault in varying degrees. The egregiousness of an assault will be determined by law enforcement.

INTERVENTIONS TO USE WITH A VIOLENT/HOSTILE PERSON

1. Never enter a room of a violent/hostile person without at least informing a co-worker
2. Place yourself between the door and the hostile/violent person so there is a way to escape
3. Do not isolate yourself with the violent/hostile person
4. Assign one person to communicate with the violent/hostile person. Too many voices divide attention and cause confusion and anxiety
5. Direct patient/visitors to Patient Relations if they have concerns
6. Approach a violent/hostile person in a non-threatening manner and allow him/her physical space. Stay calm and confident
7. React as though you expect the violent/hostile person to follow your directions
8. Do not argue or threaten or further aggravate the situation
9. Do not attempt to reason with the violent/hostile person
10. Do not respond to verbal abuse
11. Do not approach if a weapon is displayed
12. If situation is volatile and dangerous, stop all communication and get away

Additional considerations if the subject matter is a patient:

13. Move the patient to a private room
14. Notify the physician regarding changes in behavior
15. Minimize environmental stimuli
16. Assign a care provider that feels most comfortable, relates best to the patient and has the most calming influence
17. Do not force cares or treatments

Workplace Violence Security Assistance

Applies To:	All Hospital Employees
Managed By:	Emergency Management
Effective Date:	2/3/2017
Last Review Date:	4/1/2019

Purpose:

The purpose of this policy is to promote safety in the healthcare setting by preventing and/or reacting to potential or actual workplace violence.

Policy:

All healthcare personnel shall be informed and prepared to react to potential or actual workplace violence. Examples include but are not limited to verbal or physical threats, intimidation, or harassment, distraught family members, domestic dispute, or bullying. This policy applies to all individuals in the health care setting, e.g., patients, families, visitors, and employees.

Definition:

Workplace Violence – An action (verbal, written, or physical aggression) which is intended to control or cause, or is capable of causing, death or serious bodily injury to oneself or others, or damage to property. It also includes abusive behavior toward authority, intimidating, or harassing behavior, and threats.

Procedure:

1. If a potential or actual workplace violence situation arises, attempt to de-escalate the situation and/or call for emergency security assistance at:
 - a. West Campus – 555-555-5555 and immediate supervisor or designee
 - b. East Campus – 555-555-5555 and immediate supervisor or designee
 - c. Satellite Locations – 911 and immediate supervisor or designee
 - d. When contacting the emergency Security radio/number, remain on the line while the auto attendant connects you to a BTNRH security officer

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2. In an effort to improve recognition of and reaction to workplace violence, the following strategies may be considered:
 - a. Watch for signs of impending violence
 - i. Verbally expressed anger and frustration
 - ii. Body language and threatening gestures
 - iii. Signs of drug or alcohol use
 - iv. Presence of a weapon or potential for a concealed weapon – See BTNRH Code Silver - Armed Intruder - Active Killer policy
 - b. Maintain behavior that helps diffuse anger
 - i. Present a calm, caring attitude
 - ii. Don't match threats
 - iii. Don't give orders
 - iv. Acknowledge that person's feelings. For example, "I know or can see that you are frustrated"
 - v. Avoid any behavior that may be interpreted as aggressive. For example, moving rapidly, getting too close, touching, or speaking loudly
 - c. Be alert
 - i. Evaluate each situation for potential violence when you enter a room or begin to relate to a patient or visitor
 - ii. Be vigilant throughout the encounter
 - iii. Don't isolate yourself with a potentially violent person
 - iv. Always keep an open path for exiting – don't let a potentially violent person stand between you and the door
 - v. Notify Security and/or immediate supervisor if signs of impending violence are identified
 - 1) See associated BTNRH and FFBH policies listed in the Reference section as applicable
 3. Other risk reduction strategies include but are not limited to:
 - a. Environmental design
 - i. Encourage the buddy system when walking to the parking lots at night
 - 1) Hospital Campuses - Provide Security escorts to the parking lots at night if requested
 - 2) Off-Site Locations - May provide third party Security Services for non-emergency situations
 - ii. Encourage staff to exercise extra care in elevators and stairwells
 - iii. Utilize card-controlled access to restrict movement of the public
 - iv. Lockable bathroom doors (from the inside) for staff
 - v. Utilize security cameras and panic buttons as deemed appropriate
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- b. Administrative controls
 - i. Establish a 'zero tolerance' expectation for threatening and violent behavior. Report all events involving physical and verbal violence toward workers, as well as patients and visitors.
 - 1) The organization will review reported events to determine contributing factors. This may include a worksite analysis and hazard identification
 - 2) Risk assessment findings and the interventions taken will be communicated
 - 3) Documentation of patient violence should be reflected in the patient's medical record
 - ii. Design staffing patterns to prevent personnel from working alone in isolated areas
 - iii. Require identification badges be worn by all staff who are authorized to be in the facility (exception – Psychiatric Residential Treatment Facility (PRTF) staff when in the PRTF)
 - iv. Enter a chart alert in the electronic medical record of patients who have exhibited prior violent behavior
 - v. Develop a process for alerting Security personnel and other staff when violence is threatened – call the emergency security radio/number
 - c. Training
 - i. Provide staff with tips on how to be alert and cautious when interacting with patients and visitors
 - ii. Provide staff with policies outlining the appropriate procedures to follow for Workplace Violence and Code Silver situations
4. FFBH can provide follow-up and support to victims, witnesses and others affected by workplace violence through the Employee Assistance Program.

Use of Force

Courtesy of a NHA Member Hospital

1. SCOPE

This document defines the use of force actions allowed by staff.

2. PURPOSE

To establish guidelines to maintain the level of force used to control violent or aggressive situations at the lowest level needed to protect staff, patients and visitors.

3. PROCEDURE/REQUIREMENTS

3.1 Use of Force:

- 3.1.1 The use of force toward another person when you believe that such force is immediately necessary for the purpose of preventing physical harm or unlawful force by another person, by using force to either:
 - 3.1.1.1 Dissuade another party from using force to harm you or another person
 - 3.1.1.2 Physically intervene to stop harm to you or another person.
- 3.1.2 The use of force is governed by statute and is usually authorized in a progressive series of actions, referred to "use of force continuum". This continuum of force progresses from verbal orders, through physical restraint, up to lethal force.
- 3.1.3 The general rule for the level or amount of force used is:
 - 3.1.3.1 The force used must be reasonable
 - 3.1.3.2 Only the least amount of force may be used to control the situation
 - 3.1.3.3 Using lesser levels of force would be or are ineffective in preventing harm
- 3.1.4 This procedure will serve as a guideline to address use of force as a means of controlling a situation. It will not serve as guideline for use of force as a means of self-defense and escape.

3.2 Use of Force Continuum

- 3.2.1 The use of force continuum includes the following levels
 - 3.2.1.1 Physical presence
 - 3.2.1.2 Verbal de-escalation (using reasoning, providing options, may include verbal commands)
 - 3.2.1.3 Empty hand control
 - 3.2.1.3.1 Soft empty hand (touch control, grasp)
 - 3.2.1.3.2 Hard empty hand (strike)
 - 3.2.1.4 Intermediate weapons (using non-lethal chemical, electronic, or impact weapons, this does not include firearms or knives)

Use of Force

3.2.1.5 Deadly force (using any force with the purpose of, or having a substantial risk of, causing death or serious bodily injury)

3.2.2 The use of force is fluid and dynamic and does not follow a linear progression through the continuum

3.3 Physical Presence

3.3.1 Staff or Medical Center agents may be requested to be present during an aggressive situation in order to have a show of force. Further action may not be needed, as the physical presence of one or more individuals may be enough to de-escalate the situation.

3.4 Verbal De-escalation

3.4.1 When possible verbal de-escalation should be the first option in conflict resolution.

3.4.2 Verbal de-escalation and verbal re-direction should be used throughout the event and until control of the situation is established, even when using a higher level of force.

3.4.3 Staff should recognize they may withdraw to a position that is more secure or allows greater distance from the threat or danger.

3.4.4 Select staff and agents are trained in de-escalation techniques. This technique is taught during Directed Intervention and Personal Management of Aggressive and Violet Behaviors (PMAV) training.

3.5 Empty hand control

3.5.1 Soft empty hand

3.5.1.1 Touch control can be used to control individual appendages to prevent harm to others or self.

3.5.1.2 Soft empty hand takedowns are control techniques that are not likely to cause harm.

3.5.1.3 Restraint of movement (grasping) can be used to pin and hold an appendage to prevent striking or hitting. For example pinning a hand to a patient's chest or holding an individual to the floor.

3.5.1.4 Guiding touch is the physical escorting of individuals to another destination.

3.5.2 Hard empty hand

3.5.2.1 Hard empty hand techniques include; open or closed hand strikes, knee strikes and toe kicks.

3.5.2.2 Hard empty hand techniques can only be used when it is considered the least amount of force needed to control the situation and lesser levels of force would be or are ineffective.

3.5.2.3 Hard empty hand takedowns are forceful takedowns that are used to control an aggressive or violent situation by immediately placing the individual on the floor.

Use of Force

3.6 Intermediate Weapons

- 3.6.1 Intermediate weapons are any tool or device, other than lethal force devices, used to strike or control aggressive or violent behavior, such as:
- 3.6.1.1 Non-lethal chemical agents
 - 3.6.1.2 Electronic control or restraint device (tasers, stun gun, electronic leg device)
 - 3.6.1.3 Impact weapons (batons)
 - 3.6.1.4 Commonly found items in the workplace (fire extinguishers, blunt objects, flash light, IV pole, broom handle)
- 3.6.2 Staff and Hospital Security
- 3.6.2.1 Hospital staff and Hospital Security are prohibited from carrying non-lethal chemical, electronic, or impact weapons (batons) while performing their duties.
 - 3.6.2.2 Hospital staff and Hospital Security are not allowed to use intermediate weapons unless it is against deadly force or to prevent death or serious bodily injury to self or others, see section 3.1.3.
- 3.6.3 Armed Security (contracted off-duty law enforcement)
- 3.6.3.1 Armed Security is allowed to carry intermediate weapons as allowed by their commissioning agency
 - 3.6.3.2 Use must follow the officers agencies guidelines
 - 3.6.3.3 Prior to use, whenever feasible:
 - 3.6.3.3.1 Give the violent person a reasonable opportunity to voluntarily comply
 - 3.6.3.3.2 Issue a verbal warning prior to use of an intermediate weapon, when possible
 - 3.6.3.4 The use of non-lethal chemical, electronic, or impact weapons must result in a law enforcement action/follow-up

3.7 Deadly Force

- 3.7.1 Deadly force is an action, which is likely to cause death or has a substantial risk of causing serious bodily injury. Deadly force is not limited to the use of firearms.
- 3.7.2 Any action, tool or device used in a manner that is likely to cause death or has a substantial risk of causing serious bodily harm can be considered a deadly force tool.
- 3.7.3 Deadly force is authorized when it is the least amount of force necessary to control or escape a violent situation or when lesser levels of force would be or are ineffective in managing the situation.

3.8 Restraints

- 3.8.1 Violent or uncontrolled behavior may result in the use or restraints (medical, violent or forensic) or spit hoods. See policy Restraints and Seclusion

Use of Force

3.9 Use of Force Authorized

- 3.9.1 Staff and agents working on behalf of XXX Hospital are authorized to use force to control a violent situation and protect staff, patients and visitors from harm, injury or death.
- 3.9.1.1 Staff and agents may only use the least amount of force needed to control the situation. The term least amount of force is defined as using force that only slightly exceeds the force used against them or another.
- 3.9.2 Use of Non-Deadly Force
- 3.9.2.1 Non-Deadly force includes all levels of force; excluding deadly force.
- 3.9.2.2 Where deadly force is not appropriate, our staff and agents may use only least amount of force necessary to bring an individual under control.
- 3.9.2.3 Staff and our agents are authorized to use non-deadly force techniques to:
- 3.9.2.3.1 Protect themselves or others from physical harm;
- 3.9.2.3.2 Medically and lawfully restrain or subdue an individual; and/
- 3.9.2.3.3 or Bring a situation safely under control.
- 3.9.3 Use of Deadly Force
- 3.9.3.1 Staff and agents are authorized to use deadly force to protect themselves or others from what is objectively and reasonably believed to be an imminent threat of death or serious bodily harm.
- 3.9.4 De-escalation
- 3.9.4.1 If after, or during a response to a violent event the violent person de-escalates to a lower level, the responder (staff or agent) must also de-escalate to a lower use of force level.

3.10 Documentation

- 3.10.1 All aggressive or violent behavior and use of force technique used to control or resolve the situation incidents must be documented in B-Safe.

4. REFERENCES

National Institute of Justice <https://www.nij.gov/topics/law-enforcement/officer-safety/use-of-force/pages/continuum.aspx>

Definitions: <https://www.definitions.net/definition/use%20of%20force>

IAPSC; Use of Force by Security Personnel https://iapsc.org/wp-content/uploads/2015/08/BestPractices_UseForce.pdf

CMS

Violent Intruder

Courtesy of a NHA Member Hospital

1. SCOPE

This document defines requirements for staff should there be a violent intruder incident.

2. PURPOSE

To describe a means to provide a response to someone actively engaged in violent behavior that threatens or injures patients, visitors, or staff; using a weapon other than a firearm (rifle, hand gun, shotgun).

3. PROCEDURE/REQUIREMENTS

- 3.1 A Violent Intruder response may be implemented during a situation when a person is actively engaged in violent behavior using or threatening to use any weapon (other than a firearm) to injure someone.
 - 3.1.1 "Security Assistance" should be requested if the person does not have any weapons.
 - 3.1.2 "Active Shooter" should be called if a person is actively engaged in violent behavior while using a firearm to threaten or harm another person.
- 3.2 All Medical Center staff need to be aware of this procedure and can call a Violent Intruder.

3.3 Activation

- 3.3.1 When a person is actively engaged in violent behavior using or threatening to use a weapon (other than a firearm) against any person at xxx Hospital.
 - 3.3.1.1 Dial "6" and ask the Telecommunications operator to announce "Violent Intruder".
 - 3.3.1.2 Provide specific information about the event, such as: physical description of the aggressor, location of the incident, including the room number or patient room number, if available.
- 3.3.2 The Telecommunications Operator will:
 - 3.3.2.1 Announce three times: "Violent Intruder + Location + Avoid this area."
 - 3.3.2.2 Call 911 to report the incident and ask for assistance.

3.4 Responders

- 3.4.1 Staff who have been trained in Directed Intervention or Personal Management of Aggressive and Violent Behavior and are approved to respond will respond to the area and institute the intervention.

Violent Intruder

- 3.4.2 Armed ED Security will respond to a Violent Intruder.
- 3.4.3 Lincoln Police Department (LPD) will respond when called for assistance.
- 3.4.4 Use caution when entering the Violent Intruder area; remember this person may still have a weapon.
- 3.4.5 Keep your distance from the person, until ready to physically restrain the Violent Intruder.
- 3.4.6 If the person still has a weapon, let the armed ED Security or LPD approach the individual.
- 3.4.7 Do not put yourself at risk as long as the person has a weapon.
- 3.4.8 Secure the affected area to prevent unnecessary people, such as: onlookers, visitors, the public, etc., from entering.

3.5 Staff not in the Violent Intruder Area

- 3.5.1 Avoid going to this area until the All Clear has been announced.

3.6 Staff in the Violent Intruder Area

- 3.6.1 Staff not involved in the response or control of the Violent Intruder shall avoid the area and not interfere with the responders.
- 3.6.2 Close patient room doors.
- 3.6.3 Go to a safe area, patient room, locked room, or just away from the area.
- 3.6.4 Defend yourself if personally attacked and you are not able to avoid the person or escape the area.
- 3.6.5 Follow directions of the responders.
- 3.6.6 Every effort is to be made to assure the safety of others in the area.
- 3.6.7 Restraints/seclusion may be used if necessary for the protection of the patient and others.
- 3.6.8 A staff member should take responsibility for having gloves available for personnel who respond, and will assist in collection of potentially harmful objects in the possession of those responding (i.e., tools, pens, glasses, etc.).
- 3.6.9 After help arrives, staff not directly involved will attend to the needs/reassurance of others (i.e., patients in the area, visitors, families and staff).
- 3.6.10 Responders not actively involved in controlling, shall assist by controlling ingress and egress from the area, crowd control, evacuating at risk-bystanders, other appropriate and necessary activities when directed by authorized staff or the person in charge of the scene.

3.7 Administrative Manager

- 3.7.1 The Administrative Manager or RN in charge will ensure the Lincoln Police Department has been notified.
- 3.7.2 Administrative Manager will confer with the Charge Nurse or RN to determine if additional assistance is needed to continue with care of patients on the unit.

Violent Intruder

3.8 When the event is over

- 3.8.1 If the Violent Intruder involves a patient, staff should:
- 3.8.1.1 Notify the patient's physician.
 - 3.8.1.2 Document appropriately in the patient's chart.
 - 3.8.1.3 Complete an Event Report and refer to Hospital Procedure Safety and Feedback Event Reporting.
- 3.9 If the Violent Intruder is a person other than a patient, the Administrative Manager should:
- 3.9.1.1 Notify the Director of Public Relations & Marketing of visitor involvement.
 - 3.9.1.2 Notify the Director of Human Resources for an employee or student.
 - 3.9.1.3 Complete an Event Report in the B-SAFE Reporting System, refer to Hospital Procedures. In case of computer downtime, complete the Downtime Event Report Form).
- 3.9.2 After the Violent Intruder event, any individuals sustaining an injury will be evaluated and treated as appropriate.
- 3.9.3 After the Violent Intruder event and if a restraint or seclusion intervention was used, a staff and patient debriefing will be conducted as indicated in Hospital procedure Restraint/Seclusion Guidelines.

3.10 Debrief and Event Analysis: A Critical Incident Debriefing may be initiated by the Nurse Manager, Administrative Manager or designee once the situation is under control.

- 3.10.1 Staff
- 3.10.1.1 Debriefing: See procedure Critical Incident Debriefings.
 - 3.10.1.2 Staff involved may be offered the opportunity to formally debrief after an event, usually within 24-48 hours. Questions may include:
 - 3.10.1.2.1 How are staff members feeling? What support is needed?
 - 3.10.1.2.2 Has a feeling of safety been re-established?
 - 3.10.1.3 Event Analysis: The event may be reviewed to determine steps needed to prevent a reoccurrence. This analysis will be done separately from the staff debrief. Topics may include:
 - 3.10.1.3.1 Discuss what was happening in the environment and with the patient prior to the occurrence.
 - 3.10.1.3.2 Was there anything that could have occurred differently at that point?

Violent Intruder

- 3.10.1.3.3 Did we follow our own process and procedures?
- 3.10.1.3.4 Review and revise the care plan.

4. RESOURCES

Downtime B-SAFE Event Report Form
Safety and Feedback Event Reporting
Hospital Procedure Restraint/Seclusion Guidelines
Hospital Procedure Critical Incident Debriefings

5. REFERENCES

Violence: Not in My Job Description, Laura A Stokowski, Nursing Perspectives, 8-23-2010.
Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers, OSHA 3148-04R 2015, 2015.
Preventing Violent and Criminal Events, The Joint Commission, 9-2014.
Sentinel Event Alert, Issue 45: Preventing violence in the health care setting, The Joint Commission, 6-2010.
Violence Occupational Hazards in Hospitals, NIOSH, 2002.

6. APPENDIX

7. OWNER

Security Consultant - BMC

8. APPROVER

Environment of Care/Safety Function Leaders
Facilities & Construction Director
Radiology and GI Director

Workplace Violence

Courtesy of a NHA Member Hospital

1. SCOPE

This document defines requirements for staff related to workplace violence at xxx Hospital.

2. PURPOSE

To provide a safe environment for all people free from workplace violence. When threats or acts of workplace violence do occur, this procedure establishes proper response practices, reporting channels and monitoring procedures to deal with any situations of workplace violence.

3. PROCEDURE/REQUIREMENTS

3.1 **Violence is any action real or perceived as threatening or potentially threatening, or which could result in injury or death.** Violence includes, but is not limited to:

- Physical - shoving, inappropriate touching, hitting
- Verbal - threats, inappropriate remarks
- Visual - threatening or abusive body gestures
- Written - threatening notes, letters, cartoons
- Sexual - soliciting sexual favors in a threatening manner

3.2 **Inappropriate communications and verbal threats** include any verbal and written communications intended to intimidate, cause fear, interfere with hospital operations, or express intent to cause harm.

3.3 **SAFE ENVIRONMENT** - All levels of management are committed to providing a safe environment for each employee, the medical staff, volunteers, patients and visitors.

- 3.3.1 Employees are responsible for complying with each aspect of the Workplace Violence Procedure. Each incident should be reported in writing through safety and feedback and event reporting system.
- 3.3.2 Patients are notified of their rights and responsibilities when admitted.
- 3.3.3 People who may pose a threat include current employees, former employees, family members of existing employees, medical staff, patients and visitors.
- 3.3.4 Each department should assess the likelihood of violence and provide appropriate education on personal safety, as well as departmental safeguards and practices to prevent violence.
- 3.3.5 An annual analysis of the effectiveness of this procedure will be conducted by the Environment of Care Coordinating Council.

Workplace Violence

3.4 Response to Threat of Violence

- 3.4.1 Take all threats of violence seriously. When threatening or bizarre behavior indicates a possible danger, notify Security immediately. Do not try to handle the situation on your own.
- 3.4.2 If a person is not following a Security or safety procedure, notify security or a member of leadership immediately.
- 3.4.3 If an act of violence is occurring, implement a "Security Assistance" and inform telecommunications of the nature of the event, so that information can be forwarded to Security.
- 3.4.4 If the person committing the violent act has a weapon of any kind contact the switchboard by dialing "6." The switchboard will call the Police Department. See Medical Center Active Shooter and Violent Intruder procedures.
 - 3.4.4.1 Do not try to disarm a person by yourself.
 - 3.4.4.2 Distance yourself from the person with the weapon or seek shelter.
 - 3.4.4.3 If possible keep some type of barrier between you and the person with the weapon.
 - 3.4.4.4 If safe to do so, ask the person to place the weapon in a neutral position while you are talking to them.
- 3.4.5 Be prepared to respond quickly to potentially violent situations. If you have been trained in Directed Intervention techniques or Personal Management of Aggressive or Violent Behavior techniques, implement these immediately to try to diffuse, control or escape the situation.
- 3.4.6 Do not let yourself get trapped in a place where you cannot get away. Position yourself so that an exit route is readily accessible.
- 3.4.7 Do not turn your back on a person who is aggressive or violent.
- 3.4.8 Try to keep others away from the violent person by directing them to another area of the department or the building.
- 3.4.9 Stay calm. Stay two to three arm lengths away from the person. Do not touch an aggressive or violent person.
- 3.4.10 Use good verbal de-escalation techniques.
- 3.4.11 Observe who, what, where and when for reporting purposes.

3.5 Inappropriate Communications and Managing Threats of Violence

- 3.5.1 Any representative of xxx Hospital who becomes aware of an inappropriate communication shall report that inappropriate communication to their manager.
- 3.5.2 A B-SAFE Event Report shall be completed by the person(s) who were involved or were witnesses to the event.
- 3.5.3 The Security Consultant will review the information and take appropriate actions as needed.

Workplace Violence

3.6 Preventative Measures

3.6.1 Human Resources

- 3.6.1.1 Problems with and between employees should be handled quickly, fairly, and consistently following established Human Resources procedures.
- 3.6.1.2 A thorough background check will be conducted on all applicants post offer but prior to starting employment. An attempt should be made to discover the reason for gaps in employment history.
- 3.6.1.3 Maintain open lines of communication with employees. Keep employees informed of workplace issues.
- 3.6.1.4 Coordinate all phases of the suspension or termination process through Human Resources.
- 3.6.1.5 Make use of Employee Assistance Program as needed.
- 3.6.1.6 Any threat of violence or inappropriate communication that includes a threat of violence, with or without the use of weapons shall be reported to a Human Resources representative.
- 3.6.1.7 Human Resources should consider conducting a threat assessment if:
 - 3.6.1.7.1 An employee has threatened to cause harm to another person.
 - 3.6.1.7.2 An employee has threatened to cause damage to hospital property.
 - 3.6.1.7.3 An employee reports they have been threatened by another, and/or that threat could occur on hospital property.
- 3.6.1.8 The Security Consultant shall be involved in threat assessments whenever possible.

3.6.2 Access Control

- 3.6.2.1 All employees must wear an identification badge when on duty.
- 3.6.2.2 Vendors and contractors must wear a yellow colored badge while working in the Medical Center and sign-in per procedure Vendor Access (Reptrax©)and Trials.
- 3.6.2.3 All patients should wear an identification bracelet at all times.
- 3.6.2.4 All visitors should be screened by Security or a staff member before entering the room of a protective custody patient.
- 3.6.2.5 All campus exterior public access doors, except the xx entrances at the Emergency Department and the Plaza and the xx entrances at the Emergency Department and Main Medical Center will be locked at designated times. Non-public access doors will remain locked at all times.
- 3.6.2.6 Hospital entrance doors will be secured at designated times, except for East and West campus Emergency Department public entrances, West campus hospital main entrance, and East campus Plaza main entrance.
- 3.6.2.7 Sales representatives should wear limited access identification badges to prevent

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- 3.6.2.8 High-risk areas as identified by the Medical Center Safety Committee will be locked after regular business hours and will be checked at regular intervals by Security.
- 3.6.3 Workplace Design
 - 3.6.3.1 Placement of furniture and other physical barriers should be considered when designing waiting areas, treatment rooms, patient rooms and other spaces to limit the risk of staff being trapped.
 - 3.6.3.2 The amount of movable furniture and accessories should be limited to prevent the possibility of the objects being used as weapons.
 - 3.6.3.3 Outpatient areas should allow the staff to observe people coming and going.
 - 3.6.3.4 Mirrors may be installed that provide staff a view of hallway activity.
 - 3.6.3.5 Violence prevention strategies should be analyzed to provide a secure environment during a construction or renovation project.
 - 3.6.3.6 The Security Consultant is available to conduct a workplace design assessment, as necessary or requested.
- 3.6.4 Lighting
 - 3.6.4.1 Adequate lighting should be provided in all parking areas, at entrances, exits, and along Medical Center corridors.
 - 3.6.4.2 Medical Center and campus lighting should be evaluated at least annually to assure adequate lighting.
- 3.6.5 Weapons
 - 3.6.5.1 Firearms are not allowed on Medical Center premises unless worn by a law enforcement officer (active or retired) present in the Medical Center on a temporary basis.
- 3.6.6 Communication
 - 3.6.6.1 Security personnel are available via nurse call system and portable radio at all times. They can be reached directly and through the Medical Center switchboard.
 - 3.6.6.2 The Police Department can be contacted for any situation in which Medical Center staff or Security need assistance with violent individuals or potentially violent situations.
 - 3.6.6.3 A Portable radio is available in Emergency Services in order to communicate directly with Security.
- 3.6.7 Forensic Patients
 - 3.6.7.1 Patients in custody of a law enforcement or correctional agency should be placed in a private room if available.
 - 3.6.7.2 The custodial agency will have ultimate authority and responsibility for securing the prisoner. Firearms and weapons assigned by the custodial agency will be authorized in

Workplace Violence

accordance with state law and policy based on the custodial agency. See Medical Center Procedure Inmate Patient Care.

- 3.6.8 Duress Buttons (Panic Buttons) (Silent Alarm)
- 3.6.8.1 Duress Buttons may be installed in areas where there is an increased risk of aggressive or violent behavior or threat of criminal activity.
 - 3.6.8.2 The duress button should only be activated when other methods (nurse call system, telephone or email) would not be prudent and immediate security response is necessary.
 - 3.6.8.3 Any time a duress button is activated, an electronic message is sent to the switchboard.
 - 3.6.8.4 Upon receipt of an activated duress message, the Switchboard Operator shall notify ED Security and Hospital Security that a duress alarm was activated and the location of the duress alarm.
 - 3.6.8.5 Security staff shall respond to the location of the alarm and evaluate the reason for the activation of the duress alarm.
 - 3.6.8.6 Based on the assessment, the first responder will advise other responders of the circumstances or reason for the alarm. Such as:
 - 3.6.8.6.1 Accidental trip of the alarm = Discontinue additional response.
 - 3.6.8.6.2 Aggressor has left the area or the situation is calm = Discontinue additional response or request security staff to search area for the suspect/person responsible.
 - 3.6.8.6.3 Security Assistance Requested = additional staff will be needed due to escalating unarmed, not life threatening aggression.
 - 3.6.8.6.4 Notify 911 because = A life threatening or criminal act is occurring or has occurred.
 - 3.6.8.7 Individuals in the affected area can also initiate a call to 911, after pulling the duress button if they feel the incident is significant and want earlier notification to law enforcement.

3.7 Assault of an Employee or Health Care Professional

- 3.7.1 Any employee who has been assaulted while on duty shall report the event to their manager or Human Resources.
- 3.7.2 Any employee who is assaulted while on duty may report the assault to the local police.
- 3.7.3 Assault is intentionally, knowingly or recklessly causing serious bodily injury.
- 3.7.4 It is a felony to assault a health care professional while on duty. Health care professional means a physician or other health care practitioner who is licensed, certified, or registered to perform specified health services consistent with state law who practices at a hospital or a health clinic.

3.8 Investigation

- 3.8.1 Hospital will promptly and completely investigate reports of workplace violence or threats

Workplace Violence

- 3.8.2 A debriefing team will be identified and trained.
- 3.8.3 The Safety and/or Security Committee with the support of the Human Resources Department will coordinate the approach that should be taken.
 - 3.8.3.1 If the investigation determines that a law enforcement report is indicated, leadership will designate a person to contact law enforcement and initiate the report.

3.9 Notification Process

- 3.9.1 Initiate the medical center Critical Incident Debriefings procedure.
- 3.9.2 Public Relations to address any media needs.
- 3.9.3 Family impacted.
- 3.9.4 Human Resources and Benefits to address all benefits and/or workers' compensation impact.
- 3.9.5 Facilities and Environmental Services to secure and clean-up the workplace.

3.10 Education and Training

- 3.10.1 Employees working in areas at risk for possible violent situations or response team for "Security Assistance" will be required to attend annual directed intervention training.
- 3.10.2 Required: Those include Emergency Services, Security, Mental Health and Maintenance.
- 3.10.3 Optional: Any employee that desires training in this area is welcome to attend the directed intervention program as it is offered.

4. RESOURCES

- Medical Center Procedure - Security Assistance – Disruptive Behavior
- Medical Center Procedure - Critical Incident Debriefings
- Medical Center Procedure - Caring for the Patient with Assaultive Behavior
- Medical Center Procedure - Active Shooter
- Medical Center Procedure - Violent Intruder
- Medical Center Procedure Vendor Access (Reprax©)and Trials

5. REFERENCES

- State laws regarding threats, assault, etc.

6. OWNER

- Security Consultant – BMC

POLICY - Courtesy of NHA Member Hospital

EMPLOYEE ABUSE PERTAINING TO CLIENTS, VISITORS, OR OTHER EMPLOYEES.

The Hospital nor its entities will not tolerate abusive behavior on the part of its employees. Hospital employees will not mistreat, neglect, or abuse patients, clients, visitors or other employees while or during the performance of their duties in this institution. No employee shall mistreat or misappropriate personal property belonging to any client, visitor, patient, or other employee. As per Policy 30.01, Patient Rights, all patients have the right to be free of any physical or chemical restraints imposed for the purpose of discipline or hospital convenience, which are not required to treat the patient's medical syndromes.

Patients and clients will be free from verbal, sexual, physical and mental abuse, corporal punishment and involuntary seclusion.

RESPONSIBILITY: CEO, RISK MANAGER, NURSING ADMINISTRATION, ALL EMPLOYEES.

In the event of an alleged or known mistreatment of any patient or employee within the scope of this policy the following action shall be taken:

1. All employees have the responsibility to report immediately to their immediate supervisor or department head any patient mistreatment or abuse perpetrated by another hospital employee regardless of department or location in the hospital. Patient or client mistreatment, neglect, abuse, misappropriation of property, and injuries of known and unknown sources are reportable. Each employee is required to report immediately any of the above described abusive activities to his/her immediate supervisor or department head.

The department head shall then immediately notify the hospital administrator, who shall conduct an investigation and who shall also notify other officials as appropriate and in accordance with State Law, including the State Survey and Certification Agency.

2. The Hospital shall assure that all alleged violations are thoroughly investigated, and shall retain all documentation regarding such processes. The Hospital also shall act to prevent further or potential abuse while any investigation is in progress by:
 - a) the accused or perpetrating employee involved in the alleged abusive incident does not work independently, but rather under the direct supervision and association of another employee; or
 - b) said involved employee will be suspended from work without pay while the investigation is being conducted and/or until all allegations have been ascertained as unfounded.
3. The result of all investigations concerning employee abuse to patients, clients, visitors, or other employees must be reported to the State Department of Health, the Nursing Board of Licensure, the State Nurse Aide Registry, and including the State Survey and Certification Agency within five (5) working days of the incident.
4. If the alleged violation is verified as accurate, appropriate corrective action will be taken by hospital management or administration against the guilty employee. Hospital employees subject to disciplinary action and/or possible termination if:
 - a) found guilty of abusing, neglecting, or mistreating individuals by a court of law; or
 - b) have had a finding entered into the State Nurse Aide Registry or the Nursing Board of Licensure concerning abuse, neglect, mistreatment of clients, visitors, residents, other employees, including the misappropriation of personal property.

Further, XXX Hospital will report any knowledge it has of actions executed by a court of law against an employee which would indicate unfitness for service as a nurse aide or other nursing faculty staff to the State Nurse Aide Registry or appropriate licensing authorities.

This policy pertains to any inpatient, outpatient, clinic patient, Urgent Care patient or swing bed patient as well as any visitor, or hospital employee.

Violence-Free Workplace Policy

Courtesy of a NHA Member Hospital

PURPOSE:

XXX Hospital is committed to maintaining a work environment free of intimidation, threats, or violent acts. These include but are not limited to the following in the workplace: intimidation; threatening or hostile behavior; physical abuse; vandalism; arson; sabotage; use of weapons; possession of weapons of any kind or articles which could be potentially be used as weapons; or any other act which, in the opinion of management, is inappropriate to the workplace and violates the organization's core values. In addition, jokes, offensive comments, bullying, or comments that imply threats of violence are considered violations of this Policy.

COVERAGE/ELIGIBILITY:

This Policy establishes guidelines that apply to internal procedures for addressing violence-related behaviors on the part of individuals performing work for the organization (paid and volunteer). Guidelines concerning violence-related behaviors on the part of patients, visitors, or other individuals in a non-work capacity on the organization's premises are maintained at the local level.

EMPLOYEE RESPONSIBILITIES:

In a non-emergency situation (defined as no imminent threat of bodily injury or property damage, such as intimidation or harassment), employees who feel they have been subjected to any of the behaviors listed above should immediately report the incident to their managers or Human Resources. (Non-employees can report such incidents to any member of management.) Complaints will be investigated and corrective action taken, if appropriate, against the offender. Employees who observe or have knowledge of any act of workplace violence should immediately report the act to management. After hours incidents may also be reported to the house supervisor or administrator on call.

In an emergency situation (which may include but is not limited to possession of a weapon by any person, physical assault by any person, or imminent threats of a violent act), employees should contact Security or the proper local law enforcement authorities immediately if they reasonably believe an imminent, direct threat to the physical safety of themselves or others exists. Management and Human Resources should be notified at the first available opportunity, which may not be until after Security or law enforcement authorities are alerted.

MANAGER RESPONSIBILITIES:

In a non-emergency situation (defined as no imminent threat of bodily injury or property damage, such as intimidation or harassment) or as soon as possible following an emergency situation:

- Contact Human Resources, who will notify other key staff.
- Consult with Human Resources and other key staff to determine who will lead an investigation, if needed, and to ensure appropriate follow-up action is taken.
- Secure all evidence in a safe location.
- Ask all witnesses to document their observations and obtain preliminary statements.
- Document other facts and circumstances, as appropriate.

HUMAN RESOURCES RESPONSIBILITIES:

Act in conjunction with managers (in a non-emergency situation) and with Security or local law enforcement (in an emergency situation) to defuse the situation in a manner that emphasizes separating the risk from employees, patients, and visitors in order to ensure their safety to the fullest extent possible. Notify key staff, including Security and Risk Management representatives. In addition, the Human Resources leader or designee will participate, as appropriate, in immediate investigation of the incident, and assist management in determining appropriate employment action when applicable.

Additional Process Considerations/Reminders:

All employees are to be aware that workplace violence situations can have the following consequences:

- Any employee who refuses to submit to a reasonable search or who is found to be in possession of weapons or articles that could be used as weapons may be subject to corrective action, up to and including separation from the organization.
- Any employee found to have violated this Policy may be subject to corrective action, up to and including separation from the organization, and reported to appropriate boards as permitted by law
- Any employee who knowingly makes a false accusation against another individual in regard to this Policy may be subject to corrective action up to and including separation from the organization.
- Individuals who are not employees and who engage in acts of violence on the organization's premises will be reported to the appropriate law enforcement authorities.
- Off-duty conduct: The employer organization reserves the right to review, investigate, and take employment-related actions based on off-duty conduct that could impact an employee's fitness for duty or could otherwise indicate a propensity for future violence in the workplace.
- The employer organization will abide by the terms of restraining orders that may be issued in situations involving off-duty conduct or violence including but not limited to transferring, suspending, or terminating any employee subject to such an order.
- Accusations of workplace violence under this Policy will be investigated and kept as confidential as reasonably practical given the circumstances.
- No person will be retaliated against for reporting an act of workplace violence or participating in an investigation in good faith.
- An employee who believes he/she has been subjected to retaliation should promptly report that to his/her manager, another manager, or Human Resources.
- An employee who files a report of workplace violence or a complaint of retaliation for making such a report will be notified of action taken on such report or complaint, as appropriate, when the investigation is complete.

Resources

Workplace Violence Resources

National Center for Victims of Crime

www.ncvc.org

www.ccohs.ca/oshanswers/psychosocial/violence.html

Bureau of Justice Statistics

www.bjs.gov

<https://www.osha.gov/SLTC/healthcarefacilities/>

https://www.jointcommission.org/assets/1/18/SEA_59_Workplace_violence_4_13_18_FINAL.pdf

Center for Disease Control

www.cdc.org

<http://riskassessment.no/>

National Coalition Against Domestic Violence

www.ncadv.org

<https://www.crisisprevention.com/>

Nebraska Coalition Programs

https://www.nebraskacoalition.org/get_help/

Rape, Abuse and Incest Network

www.rainn.org

Missing and Exploited Children

www.ncmec.org

Campbell RN, PhD Johns Hopkins

www.son.jhmi.edu

National Institute of Mental Health

www.nimh.nih.gov

National Institute for Occupational Safety and Health

www.cdc.gov/niosh/violcont.html

Violence Education

www.mincava.unm.edu

Violence In The Workplace

www.opdv.stat.ny.us

National Institute for Prevention of Workplace Violence

www.workplaceviolence911.com

Corporate Alliance To End Partner Violence

www.povertylaw.org www.cavnet.org

Omaha Womens Fund Employee Toolkit

https://www.omahawomensfund.org/wp-content/uploads/HRAM-Booklet_webready.pdf

Omaha Womens Fund Administrative/Human Resource Toolkit

https://www.omahawomensfund.org/wp-content/uploads/HRAM_Creating-Safe-Environments_The-Administration-Toolkit.pdf

ATTENTION PATIENTS & VISITORS

Our hospital is a healing environment.
Aggressive behavior will not be tolerated.

Examples of aggressive behavior include:

- Physical assault
- Abusive/offensive language
- Verbal harassment
- Threats/threatening gestures

There is a **zero tolerance** for all forms of aggression. Failure to respond to staff requests to stop aggressive behaviors will result in **security or police being called**.



ATTENTION PATIENTS & VISITORS

Our hospital is a healing environment.
Aggressive behavior will not be tolerated.

Examples of aggressive behavior include:

- Physical assault
- Verbal harassment
- Abusive language
- Sexual language directed at others
- Threats
- Failure to respond to staff instructions

There is ZERO TOLERANCE for all forms of aggression. Incidents may result in removal from this facility and prosecution.

Administration support staff in pressing charges for aggressive behavior they encounter while caring for patients.

Our Policies:

- Patient Bill of Rights
- Workplace Violence Policy

Workplace Violence Hotline 495-SAFE (495-7233)





**Prevent
Disruptive
Behaviors from
Escalating at
Work**

You have a role to play



JOHNS HOPKINS
UNIVERSITY & HEALTH SYSTEM

JHU and JHHS have adopted policies on workplace safety that call for zero tolerance of violent behavior, threats, bullying, intimidation, and any behavior of concern that contributes to an abusive work environment. Johns Hopkins will not tolerate verbal abuse; offensive conduct/ behaviors which are intimidating, humiliating, or threatening; or hostile or violent acts on their campuses or in their programs. The policies apply to all faculty, staff, employees, and students at the respective institutions.

Johns Hopkins will not permit employment-based retaliation against anyone who, in good faith, brings a complaint of disruptive behavior or act of violence, or who speaks as a witness in the investigation of a complaint.



Everyone has a role to foster a professional and safe work environment.

All members of the Johns Hopkins community have a responsibility to behave professionally and foster a safe environment, whether you just started your time at Johns Hopkins, have moved up the ranks, or are in a leadership role. Professionalism can be defined as: each individual taking responsibility for his or her personal choices, decisions, and actions that consistently demonstrate respect, integrity, dignity, and ethical character to others.

The Johns Hopkins Continuum of Disruptive Behaviors is a tool for identifying and talking about behaviors that are no longer professional—disruptive behaviors.

Through the use of the continuum, general awareness materials, training, and a website, Safe at Hopkins is a proactive approach to support individuals impacted by concerning behaviors in the workplace and to prevent these behaviors from escalating.

Safe at Hopkins' services include consultation, investigation, recommendations, and early intervention training for managers. The goal of these services is to raise awareness and standardize the ways in which we think and talk about disruptive behavior so that we can all respond consistently and proactively. Safe at Hopkins is committed to making recommendations that consider both supportive solutions and administrative action that are aligned with the severity of the concerns.

Johns Hopkins has an established risk assessment protocol to provide assistance in evaluating disruptive behavior and possible threats of violence. Representatives from human resources, security, JHU and JHHS legal, and the Faculty and Staff Assistance Program (FASAP) work closely together as the Risk Assessment Team to assess violent, threatening, or disruptive activity in the workplace and provide guidance to management.

If you sense something, say something.

If you are aware of concerning behavior, please notify Safe at Hopkins or a member of the multi-disciplinary Risk Assessment Team. The point for taking action is well before the point at which violence occurs. If you sense something, say something.

Modified from *The Continuum of Negative Interpersonal Behavior, The Bully-Free Workplaces, 2011, Gary Namie, PhD.*



Johns Hopkins Continuum of Disruptive Behaviors at Work

Inappropriate Behavior is often seen as the way a person “broadcasts” him or herself. When inappropriate behavior is not managed, one may push the limits and become disruptive. Some specific actions include: making rude, loud, and off-colored remarks, telling degrading jokes, and swearing in public.

Disrespectful Behavior is more hostile than inappropriate behavior and is usually aimed directly at another person. Some specific actions include: criticizing or dismissing achievements, degrading others, and shouting.

Bullying: Johns Hopkins has defined workplace bullying as repeated mistreatment of a person that may result in harm to one’s health and that takes one or more of the following forms: verbal abuse; offensive conduct/behaviors that are threatening, intimidating, or humiliating; or interference that prevents work from getting done.

Mild Bullying includes the behaviors defined above which are aimed directly at another person. Some specific actions are denying access to necessary information, creating isolation, and giving the silent treatment.

Moderate to Severe Bullying includes the behaviors of mild bullying with increased frequency

and personalization of mistreatment. Some specific actions are starting gossip campaigns about a person’s character, falsely accusing someone of errors, imposing impossible deadlines, and retaliating for perceived wrongs.

Stalking involves individuals who harass, follow, or give unwanted attention and gifts. Specific actions include: a pattern of repeated unwanted, intrusive, and frightening communication by phone, email, text, or social media.

Domestic/Intimate Partner Violence occurs when one partner uses physical violence, intimidation, threats, or emotional, sexual, or economic abuse to control the other partner. Because the controlling partner can easily locate the victim at work, domestic violence can create a workplace safety concern.

Stated Threats express an emotional, sexual, psychological, or economic message of future danger. Specific actions include: a direct threat – I’m going to kill you; an indirect threat – I’m going to make sure that you get what you deserve; or a conditional threat – If he fires me, I will kill him.

Violence is any action that threatens the safety of employees, residents, students, or patients; impacts their physical or psychological well-being; or causes damage to the institutions’ property.

For a more complete description of the behaviors and associated actions, visit

www.safeathopkins.org.

Tough Boss or Workplace Bully?

Safe at Hopkins recognizes Teresa Daniel's workplace bullying research which focuses on the presence or absence of malice in management styles. Her objective criteria can help you determine the difference between a workplace bully and a tough boss.

Workplace bullies tend to:

- Frequently misuse power and authority.
- Focus on personal self-interest, as opposed to the good of the organization.
- Have emotional outbursts.
- Treat their employees inconsistently and unfairly.

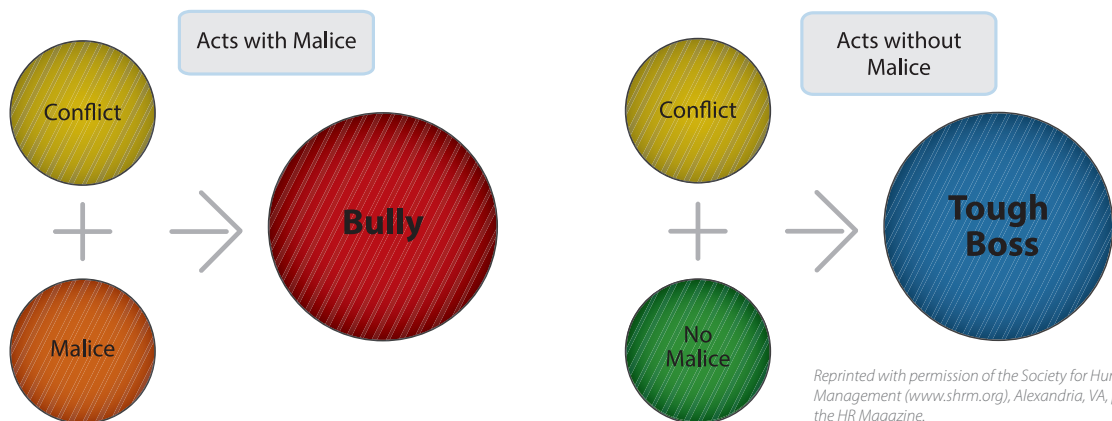
The manager who engages in these negative behaviors appears to operate with intent to cause his or her target some kind of pain or personal distress.

Tough bosses tend to be:

- Objective, fair, and professional.
- Self-controlled and unemotional.
- Performance-focused—insistent upon meeting high standards and holding employees accountable for meeting those expectations.
- Organizationally oriented—consistently operating to achieve the best interests of the organization.

The actions of a tough boss are overwhelmingly perceived to be positive. These managers use frequent two-way communication and really listen to their employees, as well as mentor subordinates through coaching, counseling, and frequent performance feedback.

Conflict certainly occurs in workgroups led by tough bosses, however these managers work to resolve problems by engaging in honest and respectful discussions. While intense focus on results by tough bosses may contribute to tension and stress, employees do not take the situation personally, nor do they experience decreased feelings of self-worth or adverse personal or health effects. Instead, they view such managers as “tough but fair” and focused on the good of the organization.



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