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## Workplace Violence Security Assistance

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

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### 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.
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