

## 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

## Workplace Violence

- 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 (Reptrax©)and Trials

## 5. REFERENCES

- State laws regarding threats, assault, etc.

## 6. OWNER

- Security Consultant – BMC