CENTRAL STATE HOSPITAL

TJC Function: **Provision of Care (PC)**
Standard of Practice: **EC-370**
Subject: **Workplace Violence Prevention Program**
Revision Date:

STANDARD STATEMENT:

Central State Hospital (CSH) is committed to providing an environment that is free from violence. No individual may engage in any verbal or physical conduct which intimidates, threatens, or harms any patient, staff member or visitor. The Workplace Violence Prevention Program (WVPP) is designed to recognize that although patients' medical conditions may manifest in acting out behaviors, staff are expected to report violence, and as the hospital is committed to support staff to prevent violence by patients. CSH has zero tolerance for physical or verbal abuse by any CSH staff member or visitor or patient. All managers, supervisors and employees are responsible for implementing and maintaining our WVPP.

DEFINITIONS AND SPECIFICATIONS:

Workplace Violence	Workplace violence is defined as any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. Workplace violence ranges from threats and verbal abuse to physical assaults and even homicide. (OSHA, 2015) Acts of workplace violence can be perpetrated by staff, patients, or visitors. Workplace violence also includes acts of violence by individuals with cognitive impairment, mental illness, or brain injury. The perpetrator's inability to form "intent" is not a reason to not label the behavior as violent.
Workplace	Workplace is defined as any building on the hospital campus and parking areas.
Bullying	Unwanted offensive and malicious behavior that undermines an individual or group through persistently negative attacks. The behavior generally includes an element of vindictiveness and is intended to undermine, patronize, humiliate, intimidate, or demean the recipient. The behavior typically is severe, pervasive, or persistent, creating a hostile work environment.
Cyberbullying	When an individual uses technology (e.g., the internet, cell phones, emails, IMs, text messages, blogs, pictures, videos, social medical posts) to intentionally harm others through hostile behavior, as well as threatening, disrespectful, demeaning, or intimidating messages.
Domestic Violence	Abusive or violent behavior, including threats and intimidation, between people who have an ongoing or a prior intimate relationship. This could include people who are married, divorced, separated, living, or lived together, or currently or previously dated.
Intimidation	Engaging in actions that include but are not limited to behaviors intended to frighten, coerce, or induce duress.
Physical Attack	Hostile physical contact including but not limited to hitting, fighting, pushing, shoving, restraining, or throwing objects at a person.
Retaliation	Any adverse action or attempted action that would discourage a reasonable person from engaging in protected activity. Protected activity includes an individual's participation in the reporting, investigation, or resolution of an alleged violation of this policy.
Threat	The expression of intent to cause physical or mental harm. An expression constitutes a threat without regard to whether the party communicating the threat has a present ability to carry out the threat, and without regard to whether the expression is contingent, conditional, or future.

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Staff Member   All employees, students, and volunteers.

Visitor   All family, friends, clergy, staff from other healthcare agencies, and vendors.

Workplace Violence Program Team

Group of key individuals who can quickly move to mitigate harm, investigate complaints, notify internal leaders. Members of this team are responsible for follow-up after an incident has occurred, further investigate the problem, and create strategies to mitigate, communicate and provide support where needed. At a minimum, this team includes Risk Manager, Director of Nursing (DON), Nurse Supervisors and Human Resources. Action of the Workplace Violence Program Team may include:

1)   Assess the vulnerability of employees and work sites
2)   Plan for appropriate and immediate interventions
3)   Communicate with threatened employee(s) and staff impacted by a threat
4)   Report in writing to, and interact with, other bodies such as: Administrative Team and Safety Officer
5)   Assure appropriate support and resources are provided to involved employees, including employee assistance programs (EAP)
6)   Assure an action plan is in place which monitors the situation for as long as is necessary and that adequate ongoing communication is in place
7)   Evaluate existing data and request additional data as needed
8)   Follow up with evaluation of actions and future planning

The Workplace Violence Program Team is a subset of the Environment of Care Committee (EOC), and appropriate data, assessments, and findings will be reported to this committee. The EOC will be responsible for evaluation of the WCPP and reporting findings to the Leadership Committee and Governing Board.

Violation   It is a violation of this policy to:
- Engage in Workplace Violence as defined by this policy;
- Possess, use, or threaten to use a weapon;
- Misuse authority vested in any staff member;
- Engage in retaliation, as defined by this policy, and/or
- Deliberately report false, misleading, or frivolous claims of workplace violence with intent to harass another, or to otherwise abuse the reporting process.

Violations of the policy are considered unacceptable personal conduct as provided in applicable disciplinary policies, and may be grounds for disciplinary action, up to and including dismissal.

PROCEDURE:

Reporting   If there is an active emergency and/or immediate risk of safety to any staff, visitor, or patient, individuals must call security at x7777 or radio. Staff are expected to follow the policy for Code 500 and Code 1000 as outlined in those policies.

Staff members should report any incident of violence by a patient through the occurrence reporting system. Within the occurrence report, staff will identify the incident type (threating, aggressive, restraint, etc. If any injury was sustained by the staff member, workers compensation process should be followed as applicable for evaluation and treatment of injuries. Any feedback regarding workplace violence prevention may be reported to a supervisor or through anonymous reporting in the patient safety box or hospital director box.

Staff members who feel there is a potential situation that may become violent are to report the situation to a supervisor.

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Staff with a restraining/order of protection, or other safety concern should notify Human Resources, Risk Manager, and his/her supervisor. This is necessary to apprise CSH staff of any potential threats to the security of our workplace. A copy of the order will be requested along with a photo of the person the order is against. The photo will be shared on a need to know basis balancing privacy with safety. In addition, the following will occur:

- CSH will discuss options which may assist the staff member, such as time off, altering work schedule, and other reasonable accommodations in the workplace as necessary and capable given the significance and circumstances of the threat.
- The staff member will inform CSH immediately of any changes to the OFP.
- If the OFP is against a CSH employee, CSH will investigate the circumstances of the OFP and determine if the employee's conduct prohibits the employee from working in a healthcare setting.
- A review of any accommodations made due to safety concerns will be reviewed monthly to determine if they need to continue.

Threat Assessment

The EOC in conjunction with Risk Management completes and reviews an environmental risk assessment. The assessment identifies risks and mitigations in the parking area, main hospital, and patient units. The assessment is reviewed and updated at a minimum annually.

All patients are evaluated for risk using the Violence Risk Assessment in the Electronic Health Record (EHR). Patients arriving to the hospital who have demonstrated by their pre-arrival behavior they are violent should be considered high risk. The pre-arrival behavior and high-risk consideration must be shared among the licensed practitioners, nurses, behavioral health personnel who may be caring for the patient. A safety plan will be developed to identify ways to intervene safely with the patient and will be identified as a goal in the Comprehensive Treatment Plan, as appropriate.

Visitors with a history of disruptive or violent behaviors will have visitation requests reviewed by treatment team and risk management. If approved, a plan will be developed to limit access to the unit and may have additional security or staff available.

Investigation and Other Responses

All threats of violence or violent episodes will be taken seriously. All acts of violence/threatening should be documented (see reporting section.) If a threat or violent act has occurred, immediately repot this to your supervisor. If immediate assistance is needed, call security on radio or at x7777.

For incidents not involving deadly weapons or immediate threat of harm, CSH has adopted and sanctioned specific techniques to be used within the hospital in circumstances requiring physical contact with and control of patients exhibiting violent or acting out behavior. See Code 500 Training and Response. Employees trained in the concepts of non-violent crisis intervention respond to Code 500 events.

For incidents with an immediate threat of deadly harm involving a weapon – staff should respond as outlined in the CSH Code 1000 Response. If needed, the hospital will activate the Hospital Incident Command System (HICS) and work with law enforcement.

Following an incident in which a staff member is assaulted, the staff will follow the workers compensation process. Following evaluation and treatment (when indicated), the individual may be referred to the EAP. The EAP may assist staff with services needed, such as counseling or advice. The select members of the Workplace Violence Team will be notified of the incident and review the occurrence to assess vulnerabilities. Actions of the Workplace Violence Team may include a plan for appropriate and immediate interventions, communication with the threatened employee and staff impacted by the threat, complete a post-venation with the staff member, investigation, as appropriate, into the incident and

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reports of any misconduct.

All incidents of Workplace Violence are reviewed by the Risk Manager and select Workplace Violence Team members when appropriate.

Prevention and Management

Department leaders are responsible to:
- Provide and promote a safe and secure work environment for assigned staff.
- Educate and embrace a Just Culture and provide education on risks and mitigations.
- Encourage staff to report conditions that may compromise safety and security without fear of reprisal.
- Provide education on workplace violence at hire and annually.
- Have zero tolerance for workplace violence.

All employees are responsible to:
- Commit to a culture that is safe and free of disruptive or inappropriate behaviors.
- Report any staff behavior that may be intimidating, violent, or threatening to supervisor or HR representative.
- Report any patient/visitor violent, threatening, or harassing behavior regardless of injury or severity. If a staff member would like to report a safety concern anonymously, they may complete a hand-written statement that may be put in Patient Safety Box, Hospital Director's Box, the Safety Officer office, or Risk Manager.
- Inform their supervisor and/or HR of any situation where there is a potential for violence as a result of domestic abuse, custodial disputes, and etc.
- Use a buddy system when personal safety may be jeopardized, using extra care in parking areas and outside the buildings.
- Practice door protocol every time they enter or exit an area (no tailgating, checking door is closed and locked).
- Always having keys on your person and wear photo ID badge in a visible location.
- Immediately report to supervisor if keys or badge is missing.

Physical & work practice controls are in place to protect and respond to workplace violence. These include:
- Posting in patient areas and other public areas on zero tolerance regarding violence. Communication in patient handbook on behavioral expectations.
- Formal complaint process easily accessible to patients with daily follow-up
- Formal grievance process for employees through Human Resources.
- Prohibition against weapons for anyone in the building, posted at entrance doors. Belongings stored during patient stay.
- Notification to key staff members, security, evening/overnight/weekend supervisors, guest relations, etc., when a staff member is identified as a potential danger after termination of employment.
- Surveillance cameras in selected areas
- Two-way radios to communicate emergency
- Other communication systems such as phone system, overhead page and computer based
- Electronic access control systems
- Emergency response codes for combative, violent, and out of control behaviors
- Appropriate evidence-based training for all staff on violence recognition of predictors and antecedents to violence, verbal de-escalation, non-verbal cues, and other strategies during Nonviolent Crisis Prevention Training.
- Incident reporting system with supervisor and risk management follow-up.
- Visitation hours and visitor badge

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- Security staff on site
- EAP program available to all staff.
- Education provided for all staff members requires all employees to be informed of this policy during New Employee Orientation and annually thereafter.

Data Collection and Review	Data will be collected and reviewed to help identify areas of improvement, risk, and overall effectiveness of the program. Data will include monitoring types of occurrences, injury to staff, patients, or visitors; safety and security incidents involving patients, staff, or others within the facility; hazardous materials and waste spills and exposure. Data is monitored by the EOC committee, and at a minimum will be review annually by leadership. Select data is reviewed quarterly by Leadership Council and Governing Board. If trends are identified performance improvement projects will be initiated with more detailed data collected. Occurrences of near misses and sentinel events may require additional investigation and a Root Cause Analysis.
Privacy	Subject to the federal and state privacy laws relating to personnel information as well as state public records laws, information provided in relation to reports under this policy will be kept private. This means that information related to a report under this policy will only be shared with those who need to know in order to assist in the active review, investigation, or resolution of the report.

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