



WORKPLACE VIOLENCE PREVENTION PLAN

Crenshaw Community Hospital

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OVERVIEW

Crenshaw Community Hospital (CCH) is committed to providing a safe work and care environment that is free from threatening or intimidating conduct. No individual may engage in any verbal or physical conduct which intimidates or threatens harm to any patient, employee, staff member or visitor.

This plan outlines the steps that CCH will take to ensure the safety of all staff, patients, and guests while on the premises. It is not designed to be all-inclusive, as situations may dictate alternate processes.

OBJECTIVES

The Objective of the Plan is to:

- Define violence in the healthcare setting.
- Identify procedures in the event of a violent act.
- Identify the expectations of CCH administrators, staff and others present within CCH facilities.
- Identify a commitment to prevent and reduce workplace violence.
- Lessen the impact of violence.

PLAN STATEMENT

CCH has a zero-tolerance policy for workplace violence. All acts of violence or threats against any employee, staff, visitor, or patient are to be reported immediately. CCH commits to investigate violence, respond to incidents, and support victims of violent acts. CCH expects that employees and staff that experience violence, or witness a violent act, will make a report to their manager, human resources, or other reporting avenues as designated per event.

SCOPE OF WORKPLACE VIOLENCE

Workplace violence includes, but is not limited to, the following acts and relationships:

- Incidents of violence towards patients, staff, or visitors from internal or external sources
- Direct and indirect threats or threatening behavior
- Domestic issues that impact the workplace
- Verbal and physical abuse

Workplace violence can occur with any or all the following relationships:

- Patient to staff or staff to patient
- Patient to patient
- Staff to staff
- Family/Visitors to staff
- Vendor to staff

DEFINITIONS

Non-Retaliation: Staff will not be retaliated against for reporting any type of violence or participating in an investigation of a violent act. Discrimination against victims or reports of violence will not be tolerated. If, due to a report of violence which occurs within the scope of employment or practice in CCH, a member of the public is retaliating or harassing a staff member, the staff member shall be assisted by CCH to the extent permitted by law.

Workplace Violence: Refers to a broad range of behaviors including (but not limited to) physical violence, intimidation and/or behaviors that are disruptive to CCH's environment and generate a concern for the personal safety of CCH's patients, visitors, employees, and others who are present in CCH's facilities or parking areas.

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 CCH employee, staff member, patient, or visitor present in a CCH facility.

Restraining Order for Protection: Refers to a form of injunction in which a civil or criminal court instructs a party to do or to stop doing something or else face civil or criminal penalties. In the context of this plan, a victim of violence (known as the petitioner) requests that the court tell the alleged perpetrator (known as the respondent or defendant) to stop harassing, stalking, contacting, abusing, etc., the petitioner.

Healthcare Environment: Is considered any place where CCH business is being conducted. This includes but is not limited to: patient rooms, treatment rooms, supply rooms, waiting areas, hallways, conference rooms, interviewing rooms, parking lot, grounds, vehicles, and client homes. All buildings and properties of CCH are included in this definition, as are places in the community where CCH personnel are engaged in providing healthcare services.

Patients: Any individual present in CCH that is present for the purpose of receiving health care services.

Staff: Physicians, employees, volunteers

Visitors: Family, friends, clergy, vendors

Violence In-House: Any direct threat or act of physical violence which occurs on a CCH campus.

Direct Threats: Includes civil disturbance, gang related activity, or other acts of violence which may present to CCH.

Indirect Threats of Violence: Includes but not limited to phone calls, notes, mail or e-mail, vandalism, texts, social media posts, etc.

Domestic Issues/Abuse: A pattern of behavior in any relationship that is used to maintain power or control over an intimate partner. Domestic abuse can be physical, verbal, or emotional.

Intentional Violence: Based on the victim's perception, the violent action was intended to cause harm.

Accidental Violence: Based on the victim's perception, the violent action was not intended to cause harm.

Threat Assessment Team: This is a group of key individuals who are in house or available at the time of the reported threat or act and can quickly move to investigate the complaint, notify other internal leaders and law enforcement if required, and mitigate further harm. Documentation of those findings and actions need to be completed as well.

This team should at a minimum include; Administration, Director of Nursing, and the department(s) leader.

Possible actions of the Threat Assessment Team could include:

- Evaluate threats (*Consult Appendix A: Threat or Event Assessment Tool*)
- Assess vulnerability of employees and work sites
- Plan appropriate, immediate interventions
- Assure appropriate support and resources are provided to involved employees, including law enforcement, alternate or additional staff, etc.
- 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.
- Assessing patient's previous history, if a patient is involved.

Event Response Team (This may be the Hospital Incident Command Team): This team is meant to follow-up after the initial incident has occurred and work from the immediate Threat Assessment Team's work to further investigate the problem and create strategies to mitigate, communicate and provide support where needed. The process for complete documentation of the investigation and actions taken will need to be communicated to the team and collected for further reporting and follow-up.

Possible actions of the Event Response team could include:

- Conduct threat assessment (*Consult Appendix A: Threat or Event Assessment Tool*)
- 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
- Report in writing to, and interact with Administration. Follow up with evaluation of actions and future planning.

See *Appendix C* for a list of the suggested **Event Response Team** members and their responsibilities:

RESPONSE PROCEDURES:

All threats of violence or violent episodes will be taken seriously. Please see individual sections for responding to violence, evaluating threats of violence, and communication guidelines during or after an incident or threat occurs. It is the responsibility of all CCH staff to question the presence of all individuals in patient rooms, or patient care areas. Staff should alert their manager or supervisor to the presence of any suspicious individuals they encounter on facility premises. (Consult *Appendix E: Violence in the Workplace Response Algorithm*)

Immediate Response: Whenever a threat or physical act has occurred, immediately report this to the Department Manager or the Director of Nursing. If assistance is needed, a Code Yellow may be called as well (Review EOP for Code Yellow process.) Dependent on the time of day and day of the week, at a minimum, the Department Manager or Charge nurse will activate an immediate response. - See *Appendix B: Incident Response Form*.

Violence In-House

Staff should:

- Call a "Code Yellow" if necessary. If a weapon is involved, call "Code Silver."
- Call 911 if necessary
- Administrator will call victim's family if injuries are involved.
- If an employee injury is involved, report to the Emergency Department and complete an employee incident report with Employee Occupational Health and Risk Management.

If a victim is to be admitted, the Charge Nurse will:

- Interview the patient and determine if a continued risk exists.
- If a risk exists, get a description of the threatening person/people.
- Registration should admit patient under alias.

Direct Threats

Notify emergency department or administration when a direct and verified threat has been made, or when reports of violence are received from external sources. The department manager will contact the Director of Nursing and determine if law enforcement needs to be called immediately.

Emergency Department staff may:

- Implement a lockdown of E.D. or the entire facility

Administration may activate the incident command center if necessary.

Administration will:

- Report to emergency department waiting area for crowd control, if necessary
- Notify local police of potential incoming problem if necessary
- Call 911 if necessary.

If a victim is to be admitted, the Charge Nurse will:

- Interview the patient and determine if a continued risk exists.
- If a risk exists, get a description of the threatening person/people.
- Registration will admit patient under alias.

Indirect Threats

Notify department manager

- Interview victim and determine if a continued risk exists
- If a risk exists, get description of threatening people.

If potential victim is an employee:

- Consider possible reassignment to another area

If potential victim is a patient:

- Consider moving patient to a different room
- Put hold on patient information or change name to an alias
- Notify switchboard to transfer any incoming calls to Charge Nurse
- Complete Workplace Violence Threat Assessment tool

Director of Nursing will:

- Consult with manager about additional security needs.

COMMUNICATION GUIDELINES

Monday through Friday, during the day: Administrator or Director of Nursing

- Meet with department manager, risk management, patient representative, and H.R. to determine appropriate communication.

Off-shifts, weekends, and holidays: Unit Charge Nurse may do one or more of the following as necessary.

- For small or isolated cases, he/she will brief patients and staff that may be involved or affected.
- For more serious or large-scale events:
 - Overhead page warning (consider Code Silver if weapon involved).
 - Inform patients and staff through other departments and charge staff.
 - Post notices at entrances and elevators.
 - Contact Administrator, Director of Nursing, and/or department manager for further assistance.
 - Complete "Patient/Visitor Safety Report" if patients or visitors are involved.

Communication Considerations

- Overhead page, warning or information
- Create written statement
- Contact department managers to share information with staff
- Post notices at entrances, etc.
- Contact news media

Investigation Considerations

Document circumstances of each person's involvement

- Direct quotes of what was heard
- Description of behaviors and actions associated with the threat
- Relationship between all individuals involved and any between the victim and perpetrator
- Has Law Enforcement been notified?

- Is there a restraining order in place?

Note: See Appendix D for special considerations concerning domestic violence issues.

Post-Incident Critical Event Review (CER)

This process will be used to look at the circumstances surrounding a violent episode resulting from employee assault by patients, visitor, or employee where the employee has sustained an injury or at employee/manager request. The process is intended to help CCH determine what can be done to prevent the same, or similar events from happening in the future.

- Notify Risk Management that an incident has occurred, date and time, who was involved and a general description of the event.
- The Director of Nursing will direct appropriate staff for a CER, when appropriate, to be completed within one week.
- Administration, the Director of Nursing, and management of the unit where the event occurred, and involved staff will be scheduled to participate in the CER (also consider Human Resources, and Emergency Preparedness director).
- If no CER is indicated, the manager will be notified of the incident by the Director of Nursing.

Plan Periodic Review

- CCH's workplace violence plan should be reviewed and evaluated every 2 years.
- Violence risk assessments will be reviewed every 2 years, or as the business operations of CCH expand or evolve.

Recordkeeping / Data Analysis

- Records of events will be stored in the office of the Director of Nursing or as otherwise determined.
- The Director of Nursing and/or the Administrator will determine which events will require modifications to the Workplace Violence Plan (WVP).
- Data of new events will be analyzed and compared to any old events to determine if previous related events had appropriate modifications to the WVP.

Employee Resources

Employees affected by any workplace violence will be provided assistance by contacting Human Resources, where the appropriate resource will be determined.

Executive Engagement

Administration will provide appropriate resources as needed to the Workplace Violence Prevention Team, and this will be evaluated every two years or as needed for any changes that should be made in the WVP.

Education Plan

- CCH staff will receive annual education on workplace violence prevention during the annual competency requirements, as well as during Orientation for new hires.
- Annual and as-needed education will be managed and led by the Director of Education.
- Additional training will be provided as needed to high-risk staff in the Emergency Department, Mental Health department, and other departments as dictated by potential risk. This may include crisis intervention and de-escalation technique training.

Department Leaders

- Encourage staff to report conditions that compromise safety and security.
- Provide and promote a safe and secure work environment for assigned staff.
- Ensure staff are aware and are familiar with the operation of any department specific emergency equipment.
- Ensure staff are aware of emergency response policies, procedures, and materials.

Employee Requirements

- Immediately report any violent, threatening, or harassing behavior regardless of injury or severity. Complete a Workplace Violence Incident Report.
- Inform their Charge Nurse, Manager, or Human Resources of any situation where there is a potential for violence because of domestic abuse, custodial disputes, restraint orders, or other threats posed.
- Use a buddy system when personal safety may be jeopardized. Avoid threatening situations and use extra caution in areas with minimal staff and ability to report, such as parking areas.

Administrative and physical preventions in place which provide protection and response to workplace violence include:

- Electronic access control systems in high-risk areas.
- Closed circuit surveillance cameras in selected areas.
- Emergency response codes, including Code Yellow and Code Silver.
- Incident Reporting, with assistance from Management and Human Resources.
- Workplace Violence trained staff – trained to deal with aggressive behavior.
- Weapons: CCH prohibits staff from carrying any firearm or other dangerous weapons within the facility buildings.
- Post Incident – Root Cause Analysis will be used to assess the circumstances surrounding a violent episode resulting in serious injury, with a goal to prevent future occurrences.
- CCH Orientation Safety Training and Annual advanced safety training available for all staff.
- All threats of violence will be taken seriously.

Law Enforcement

- If a member of law enforcement brings an individual suspected of being an imminent danger to self or others to CCH, the officer will remain with the individual until securely restrained by a member of the team caring for the individual. It is the expectation that law enforcement will guard any patient who is under arrest or considered “in custody.”

Staff with a Restraining Order for Protection

- CCH requires staff who currently hold or seek to obtain temporary or permanent restraining orders against others who have threatened or committed violent acts against them to inform their supervisor or manager and Human Resources. This is necessary to apprise CCH staff of any potential threats to the security of our workplace. Staff will be informed that their disclosure will be communicated to Administration. Administration will convene to conduct a threat assessment. A copy of the Restraining Order will be requested along with a photo of the person the Restraining Order is against. The photo will be distributed to departments as appropriate.
- CCH will discuss options which may assist the employee, such as time off, alternating shift schedule, temporary department reassignment, and other reasonable accommodations in the workplace as necessary and capable given the significance of the threat.
- The staff member will inform CCH immediately of any changes to the Restraining Order.
- If the Restraining Order is against a CCH employee, CCH will investigate the circumstances of the Restraining Order and determine if the employee’s conduct prohibits the employee from working in a healthcare setting.

Assaulted / Battered Staff Member

- Any staff member injured in a Workplace Violence incident will report to the Emergency Department for evaluation, where a Workplace Violence Incident form will be completed.
- It is the sole decision of any staff member who is the victim of a criminal assault which occurs within the scope of employment at CCH as to whether or not to press criminal charges against the assailant.

Appendix A:

Threat or Event Assessment

Initial Threat Assessment or Event Assessment

Date:

Time:

Completed by:

Current Situation:							
Threat?	Event?	Issue	Yes	No	N/A	Response	Action
		Was a threat made?					
		Are there witnesses?					
		What is the conflict, dispute or motive?					
		Is there a known past history of violence?					
		Is there a known suicidal ideation?					
		Are there any signs of alcohol or drug abuse?					
		Are there signs of confused thinking, delusions or hallucinations?					
		Does he/she own a gun or other weapons?					

		Has there been recent job performance deterioration?					
		Have there been marked personality changes recently?					
		Have there been instances of depression, mood swings, or self-esteem problems?					
		Are there signs that he/she tends to act out on their anger?					
		Has there been increased withdrawal or seclusion from others?					
		What are the stressors he/she is experiencing?					
		Has there been an increase in anxiety level?					
		Is he/she a combat veteran?					
		What kind of support system does he/she have?					
		What (if any) action has management taken so far?					
		What is the gut level feeling people have about this person's potential to act out violently?					

**Appendix B
Incident Response Form**

1. Location of Incident: _____

2. Time _____ Date _____ Length of Time _____

3. Describe the violence that occurred:
a. Directed towards (circle applicable): Patient, Staff, Visitor, Other
b. Violent incident by (circle applicable): Patient, Staff, Visitor, Other

4. Description of incident:
a. Physical Abuse
b. Verbal abuse
c. Threat
d. Other

5. Please provide a detailed explanation of the incident:

6. Were any weapons involved in this incident? (If yes, please provide a description of any weapons or objects used to threaten)

7. Please list all individuals involved in the incident (victims, witnesses, etc.)

Name	Job Title (if applicable)	Work location

8. Please list perpetrator(s) – Names, addresses, relationship to the hospital or intended victim

9. Perpetrator's status:
- a. At large
 - b. Under arrest
 - c. Current location known?

10. Were any injuries sustained as a result of this incident? If yes, please list the individual and injuries received.

11. Factors leading to the incident (if any)
- a. Dissatisfied with care
 - b. Prior history of violence
 - c. Outside event (community, domestic, etc.)
 - d. Grief related
 - e. Other

Please provide
Description:

12. How has the incident been reported?

13. Additional Comments

Please complete and return to Risk Management

Appendix C
Event Response Team
Members and their Responsibilities:

1. Administrative Team – Provide support and resources necessary to design, implement, and maintain the Workplace Violence Prevention Plan. The Administrative Team or designee ensures that the duties required of a health care employer are periodically assessed.
 - Set-up a meeting with the following: Administrator, employee (as appropriate), department manager, human resources, risk management, and other consultants as appropriate.
 - Collects and provides data about situation(s)
 - Assists in the identification of department needs
 - Participates in implementation of plan
 - Communicates to staff as appropriate
 - Reports on actions taken
 - Takes immediate steps to assure safety of environment and employees
 - Identifies ongoing security risks and needs
 - Gives input regarding need for involvement of law enforcement
 - Serves as resource and advisor to team

2. Safety Committee: includes (as determined by the needs of events) Director of Nursing, Safety Officer, Risk Management, Human Resources, Employee Health, and Emergency Preparedness Director, and/or others as needed.
 - Monitors and evaluates policies, plans, procedures, and resources to assess compliance with the Workplace Violence Prevention Plan.
 - Acts on reports, coordinates post-incident responses, conducts necessary follow-up investigations and evaluations, and maintains a database of all reported incidents. Members of this team coordinate follow-up treatment for individuals who experience or observe workplace violence) as needed). They also coordinate and follow up on any required legal or patient relation actions. CCH maintains records related to staff work-related injuries.

3. Human Resources
 - a) May assist in threat assessment
 - b) Provides input in regards to confidentiality
 - c) Consults on appropriate interventions with employees
 - d) Assists as consultant on applicable policies and procedures
 - e) Participates in assessment of work environment
 - f) Monitors and advises department manager on staff needs such as fitness for duty, debriefing, counseling, and referral
 - g) Provides emotional support to staff as appropriate
 - h) Access outside psychological consultation as needed

4. Risk Management
 - a) Advise on areas of patient/visitor risk

- b) Recommend appropriate action
 - c) Advise when there is indication for legal counsel
5. Other members might include, but are not limited to: other senior management, patient representatives, community resources, clergy, law enforcement, legal department, department charge nurse.

Appendix D

Domestic Violence Assessment

Date:

Time:

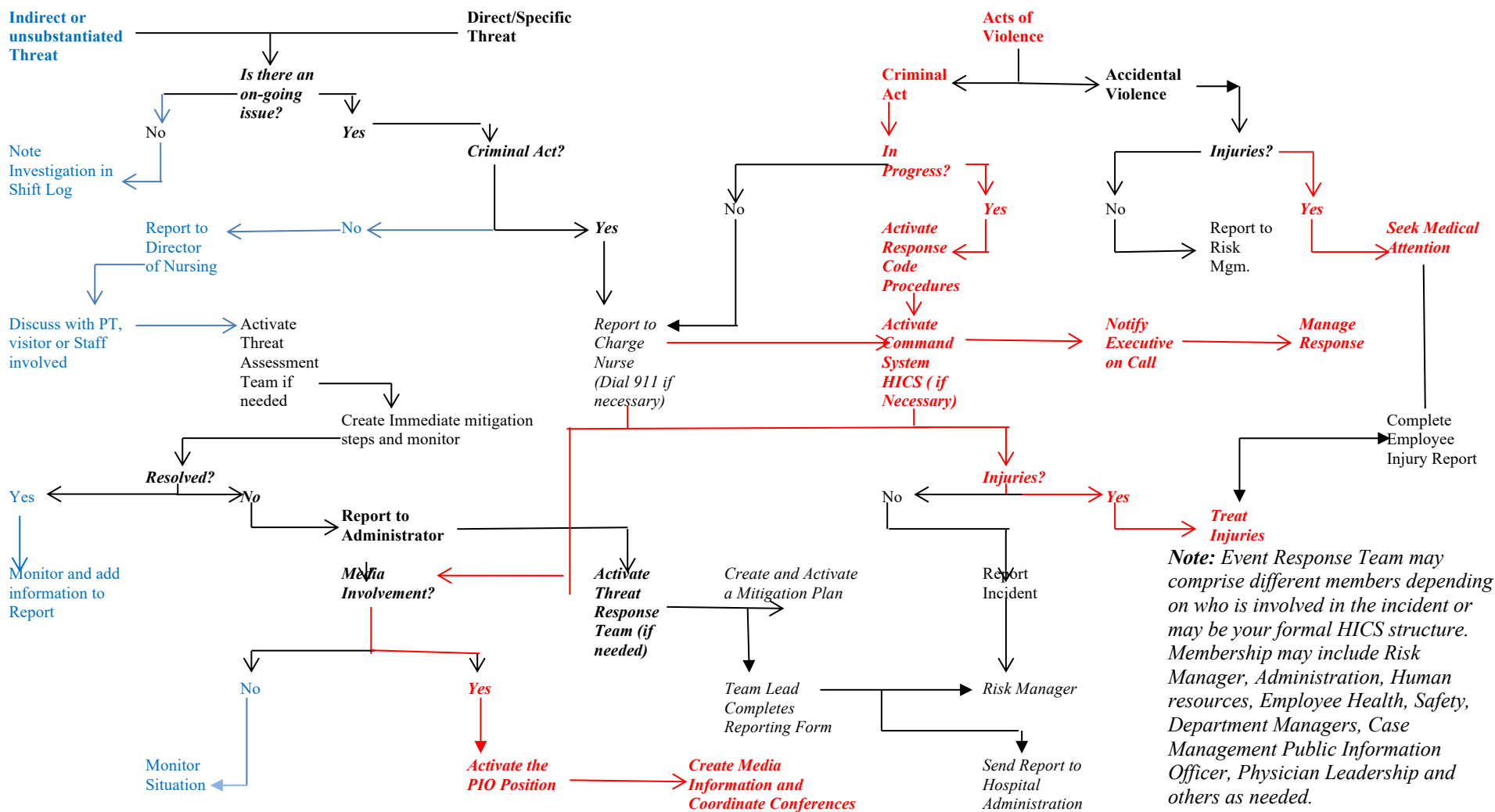
Completed by:

Situation:					
Issue	Yes	No	N/A	Response	Action
How long has there been a problem?					
Has the abuse increased in frequency and/or intensity recently?					
Have there been specific threats made?					
What is the nature of the threats?					
How are threats being communicated?					
Has the partner made threats in the past?					
Does the partner know where the employee currently lives?					
Does the partner know the employee's work schedule?					
Does the partner know the employee's work location?					

Has the partner appeared at work recently, been observed watching the work site, or attempted contact or entrance to the work site?					
Has the partner recently vandalized any property at or near the workplace to let the victim know where he/she is? (I.E. Car damage)					
Is the partner angry, upset, or suspicious of any other employees? Have threatening comments been made about other employees?					
Does the partner have a history of violence?					
Has the partner been abusing or killing animals or family pets?					
Does the partner have access to guns/weapons? Was there a recent purchase of a gun? Has the employee been threatened with a gun or weapon?					
Has the partner ever made the employee fear for his or her life?					
Is the partner showing signs of depression or other mental health issues?					
Is the partner experiencing other forms of stress such as recent job loss, legal or financial problems?					
Does the partner abuse drugs or alcohol?					

Appendix E: Violence in the Workplace Response Algorithm

Reporting Workplace Violence: Because workplace 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 such as determined, including Administration, Director of Nursing, Risk Management, etc. 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 charge nurse, manager, or to the police as necessary.



Appendix F:
Hospital Violence Data Tracking
Crenshaw Community Hospital
 Year: _____

Event Date	Violence			Type of Violence		Injuries			Unit Location	Police Involvement? Was 911 called?	Critical Event Review?	Event Description	Optional Employee name/ID #
	Indirect Threat	Specific Threat	Violent Act	Intentional	Accidental	Pt.	Vis.	Staff					
	Indirect Threat	Specific Threat	Violent Act	Intentional	Accidental	Pt.	Vis.	Staff					
Totals													

Appendix G:

Code Silver and Code Yellow Policies

See CCH Emergency Operations Plan for Code Silver and Code Yellow policies and procedures.

Appendix H:
Workplace Violence, After Care Checklist

Employee:

Name _____

1. Notify Charge Nurse (if any) and Department Manager
2. Notify Risk Management
3. Fill out Employee Injury Report Form

Charge Nurse / Manager:

- Employee completed Injury Report Form
- Director of Nursing & Manager Notified
- Debriefing Held (victim, witnesses, other involved staff)
- Follow up Packet Given

Once the above steps have been completed, submit form to Director of Nursing

Director of Nursing:

- Employee Health Notified
- Employee Contacted within 48 hours
- Employee Contacted at 2 weeks
- Employee Contacted at 60 days