**PURPOSE:**

To provide a workplace free from violence through prevention, effective and safe response and reporting of occurrences.

**DEFINITIONS:**

* Coercion- Using power or strength to influence the behavior of another person.
* Disorderly Conduct- Shouting, throwing or pushing objects, punching walls and slamming doors.
* False Statements- Malicious or unfounded statements against coworkers, supervisors or subordinates which tend to damage their reputations or undermine their authority.
* Intimidation- Repetitious mistreatment of someone which can cause health, emotional and psychological problems, such as verbal abuse and deliberately creating circumstances that limit the ability to complete work.
* Verbal Harassment- Abusive or offensive language, gestures or other discourteous conduct towards supervisors, fellow employees or the public.
* Workplace- Any location, permanent or temporary where an employee performs work‑related duties.
* Workplace Violence- Any physical, assault, threatening behavior or verbal abuse occurring in the work setting.
* Workplace violence includes verbal harassment, disorderly conduct, making false statements, intimidation and coercion.
* Workplace violence has been categorized into four (4) types. The relationship of the perpetrator distinguishes each category:
* Criminal Intent - The perpetrator does not have a legitimate relationship with the company or its employees. The motive involves financial gain.
* Patient/Client/Customer - The perpetrator has a legitimate relationship with the company and the employee. This perpetrator may be a patient, but can be a family member or visitor.
* This is the most common type of workplace violence in the healthcare industry.
* Worker to Worker - The perpetrator may be a current or past employee. The abuse is usually directed at someone the offender considers inferior to him/her.
* Personal Relationship - The perpetrator does not have a direct relationship with the company, but does have a current or former relationship with the employee.

**POLICY:**

* The safety and security of hospital staff, patients and visitors is of vital importance; therefore, acts or threats of physical violence, including intimidation, harassment or coercion, which affect the hospital or which occur on hospital property will not be tolerated.
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (organization name) is committed to creating an environment of zero tolerance for workplace violence, verbal and nonverbal threats and related actions.
* Weapons of any kind shall be prohibited.
* This hospital’s Workplace Violence Prevention Plan shall:
* Outline a comprehensive plan for maintaining security in the workplace
* Ensure that an employee who reports or experiences workplace violence **will not** face reprisals
* Encourage employees to promptly report incidents and suggest ways to reduce or eliminate risks
* A violation of this policy by any individual on hospital property shall be considered misconduct and shall lead to disciplinary and/or legal action, as appropriate.
* This prohibition against threats and acts of violence applies to all persons, including, but not limited to:
* Hospital employees
* Contract and temporary staff
* Patients and visitors
* The hospital has established a management response team, which is responsible for the overall implementation and maintenance of the hospital's workplace violence prevention plan. Management response team members are management level representatives from the following departments:
* Human Resources
* Safety
* Security Department
* Risk Management
* Administration
* The management response team is headed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* The workplace violence prevention plan shall include the following:
* Management commitment and employee involvement
* Worksite analysis
* Hazard prevention and control
* Safety and health training
* Record keeping
* Management Commitment and Employee Involvement:
* The management response team’s duties shall include, but not be limited to, improving the hospital's readiness to address workplace violence by:
* Ensuring the organization exhibits equal concern to the safety and health of workers, patients and clients
* Ensuring that all managers, supervisors and employees understand their roles and obligations in the workplace violence prevention program
* Allocating appropriate authority and resources to all appropriate parties
* Establishing a comprehensive program for medical and psychological counseling and debriefing, for employees experiencing or witnessing violent incidents
* Supporting and implementing appropriate recommendations from safety and health committees
* Worksite Analysis:
* The management response team shall conduct, on an annual basis, a step-by-step analysis of the workplace to find potential or existing hazards for workplace violence, including:
* Analyzing and tracking records
* Conducting screening surveys
* Analyzing workplace security
* The workplace security analysis shall include:
* Analysis of incidents, including the characteristics of assailants and victims, and accounting of what occurred before and during incidents, relevant details of the incident and its outcome
* Identification of jobs or locations with the greatest risk of violence, as well as process and procedures that put employees at risk of assault, including frequency and location
* Notation of high-risk factors for workplace violence:
* Types of patients (i.e., patients with psychiatric conditions, those disoriented by drug/alcohol/stress, Alzheimer’s or dementia patients)
* Risk factors related to the physical structure or design of the hospital
* Isolated locations and job activities
* Lighting problems
* Lack of phones or other communication devices
* Areas of easy, unsecured access
* Areas with previous security problems
* Evaluation of the effectiveness of existing security measures including engineering controls
* Hazard Prevention and Control:
* The management response team shall be responsible for identifying measures to be designed and implemented through engineering, administrative and/or work practices to prevent or control workplace violence hazards, including:
* Engineering Controls/Workplace Adaptations, such as:
* Assessment of any plans for new construction or physical changes to the facility to eliminate or reduce hazards
* Displaying “No Weapons” signage at entrances to the hospital.
* Installation and maintenance of alarm systems and other security devices, including, but not limited to, panic buttons, cellular phones and private channel radios
* Use of metal detectors, installed or hand held, where appropriate
* Use of closed-circuit video recording for high-risk areas on a 24‑hour basis
* Use of curved mirrors in hallway intersections or concealed areas
* Use of enclosed nurses’ stations, deep service counters, bullet-resistant/shatter-proof glass in reception, triage and admitting areas or patient service rooms
* Establishment of employee “safe” rooms for use during emergency
* Establishment of “time-out” or seclusion areas with high ceilings, without grids, for patients who exhibit violent tendencies
* Establishment of comfortable waiting rooms designed to minimize stress
* Placement of locks on all unused doors to minimize access, in accordance with fire codes
* Arrangement of furniture in waiting rooms, treatment rooms and counseling rooms to prevent entrapment of staff
* Use minimal, lightweight furniture without sharp corners or edges, affixed to the floor, in interview rooms or crisis treatment areas
* Installation of bright effective indoor and outdoor lighting; prompt replacement of burnt out lights, broken windows and locks
* Administrative/Work Practice Controls, such as:
* Clearly stating to patients, clients and employees that violence is not permitted or tolerated
* Establishing liaison with local police and state prosecutors, including providing said authorities with physical layouts of facilities
* Requiring employees to reports all assaults or threats to a supervisor or manager
* Provision of management support during emergencies
* Prompt response to all complaints of workplace violence
* Establishment of a trained response team for emergency response
* Provision of properly trained security officers to deal with aggressive behavior
* Provision of timely and sensitive information to people waiting in line or in waiting rooms; adoption of measures to decrease waiting time
* Assuring that adequate staff is available at all times; times of greatest risk occur:
* During patient transfers
* During emergency responses
* At mealtimes
* At night
* Areas with the greatest risk include admission units and crisis or acute care units
* Establishment of a sign-in procedure with passes for patients and visitors, especially in a newborn nursery or pediatric department; enforce hours and procedures
* Establish a list of “restricted visitors” for patients with a history of violence or gang activity; make copies of the list available at security checkpoints, nurses’ stations and visitor sign-in areas
* Supervising movements of psychiatric patients throughout the facility
* Controlling access to facilities other than waiting rooms, particularly drug storage or pharmacy areas
* Prohibiting employees from working alone in emergency areas or walk‑in clinics, particularly at night when assistance is unavailable; do not allow employees in seclusion room alone
* Establishing a system, such as chart tags, logbooks or verbal census reports, to identify patients with assault or threatening behavior problems
* Surveying facility periodically to remove tools or possessions left by visitors or maintenance staff that could be used inappropriately by patients or staff
* Establishment of a buddy system for staff
* Establishment of a comprehensive post-incident response plan to assist victims of workplace violence with short- and long-term physical and psychological injuries
* Employees who are victims of violence shall be provided with medical and emotional treatment. Employees who are abused by patients, clients and/or visitors may experience long- and short-term psychological trauma, post traumatic stress, anger, anxiety, irritability, depression, shock, disbelief, self-blame, fear of returning to work, disturbed sleep patterns, headaches and changes in relationships with family and coworkers.
* Employees who have been the victims of violence shall receive immediate physical evaluations, be removed from the worksite and treated for acute injuries. Additionally, referrals shall be made for appropriate evaluation, treatment, counseling and assistance both at the time of the incident and for any follow-up treatment necessary.
* Security/Local Law Enforcement:
* Reporting requirements:
* Staff shall immediately report any acts or threats of violence occurring on hospital premises to the Security Department, their supervisor, a management response team member or to the Human Resources Department. No employee will be disciplined or discharged for reporting any threats or acts of violence.
* Supervisors/managers shall immediately report any acts or threats of violence to the Security Department, their immediate supervisor, a management response team member or the Human Resources Department. Supervisors/managers are additionally required to report the occurrences of each warning sign of violence that they observe (i.e., verbal abuse, aggressive behavior, loitering).
* Third parties working on hospital grounds shall be informed of workplace violence prevention requirements by the contracting department prior to doing any actual work on hospital grounds.
* Emergent Situations:
* If the violence is such that serious bodily harm is most likely imminent, a call shall be placed directly to the police department (911). As soon as practical after notifying the police, notify hospital Security and administration.
* Situations Not Requiring Police:
* In cases that require a Security response only, either directly call Security at extension \_\_\_\_\_ or call the operator to page \_\_\_\_\_\_\_\_\_\_ (code \_\_\_\_\_\_\_\_\_\_).
* If the threat has passed or there is no imminent danger of bodily harm, Security shall be notified to file a report. The department manager shall be notified of the occurrence.
* If the incident involves an employee, the department manager shall contact Human Resources for assistance.
* All incidents of aggressive behavior or violence shall be trended as part of the hospitalwide Safety and Security Program.
* Record Keeping:
* Record keeping should be used to provide information for analysis, evaluation of methods of control, severity determinations, identifying training needs and overall program evaluations.
* Record keeping shall include the following:
* Entry of injury on the OSHA Injury and Illness Log; injuries that must be recorded include the following:
* Loss of consciousness
* Restriction of work or motions
* Transfer to another job or termination of employment
* Medical treatment beyond first aid
* All incidents of abuse, verbal attacks or aggressive behavior
* Recording and communicating mechanism so that all staff who may provide care for an escalating or potentially aggressive, abusive or violent patient will be aware of the patient’s status and of any problems experienced in the past
* Gathering of information to identify any past history of violent behavior, incarceration, probation reports or any other information that assists employees to assess violent status
* Emergency Department staff are encouraged to obtain and record information regarding drug abuse, criminal activity or other relevant information
* Workers’ Compensation and insurance records
* Safety/Environment of Care Committee minutes and inspections are kept in accordance with requirements
* Training program contents and sign-in sheets of all attendees are maintained
* Safety and Health Training:
* The management response team shall be responsible for creating a comprehensive training and education program to ensure that all staff are aware of potential security hazards and how to protect themselves and their co-workers from workplace violence. The training and education program shall include:
* Training for all employees at the time of hire, and annually thereafter
* Review of workplace violence prevention policies
* Risk factors that may contribute to assaults
* Early recognition of escalating behavior or recognition of warning signs or situations that may lead to assaults
* Ways to prevent or diffuse volatile situations or aggressive behavior, manage anger and appropriately use medications as chemical restraints
* Review of the response plan for violent situations, including the availability of assistance, response to alarm systems and communication procedures
* The location and operation of safety devices, such as alarm systems, along with the required maintenance schedules and procedures
* Methods for protecting oneself and co-workers, including the use of a buddy system

**ADDITIONAL TOOLS:**

* TJC’s [Workplace Violence Prevention Resources Portal](https://www.jointcommission.org/workplace_violence.aspx)
* TJC’s [Quick Safety Issue 4: Preparing for active shooter situations, July 2014](https://www.jointcommission.org/issues/article.aspx?Article=h1wY0qOAjXjKMD9Np15aXCoh6JDFt4iaFxb%2f%2fTKfNWE%3d)
* TJC's [Quick Safety Issue 5: Preventing violent and criminal events, August 2014](https://www.jointcommission.org/issues/article.aspx?Article=kPXQxso3Rvf%2by4zxRHf0Tbsma%2bstHA5lm6nrsN3mnm8%3d)
* Emergency Nurses Association (ENA). (2010). *ENA Workplace Violence Toolkit*. Retrieved from <https://www.ena.org/docs/default-source/resource-library/practice-resources/toolkits/workplaceviolencetoolkit.pdf?sfvrsn=6785bc04_28>

**REFERENCES:**

* Occupational Safety and Health Administration (OSHA). (2015). *Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers*, OSHA 3148. Retrieved from <https://www.osha.gov/Publications/osha3148.pdf>
* Occupational Safety and Health Administration (OSHA). (n.d.). Safety and Health Topics: Workplace Violence. Retrieved February 2017 from <https://www.osha.gov/SLTC/workplaceviolence/>

**RECOGNIZING INAPPROPRIATE BEHAVIOR**

**STAFF EDUCATION**

* Inappropriate behavior is frequently a warning sign of potential violence or hostility.
* Always be aware of surroundings.
* Know the location of panic/call buttons and exits.
* Keep a safe distance from potentially violent individuals
* Avoid wearing jewelry or clothing (i.e., ties, rope, necklaces) that may be used to restrain or harm.
* Attempt to prevent or diffuse volatile situations or aggressive behavior if trained to do so.

* Staff, patients or visitors who exhibit the following behaviors shall be reported immediately to Security at \_\_\_\_\_\_\_.
* Name calling, obscene language or other abusive behavior
* Intimidation through direct or veiled threats
* The throwing of objects, regardless of size or type or whether a person is a target of the thrown object
* Physically touching an individual in an intimidating, malicious or sexually harassing manner, including hitting, slapping, poking, kicking, pinching, grabbing and pushing
* Physically intimidating others by obscene gestures, “getting in your face” and fist shaking
* Warning Signs of Potentially Violent Individuals:
* One (1) or more of the following warning signs may be displayed prior to an individual becoming violent, but does not necessarily indicate that an individual will become violent:
* Pacing/restlessness
* Clenched fist(s)
* Increasingly loud speech
* Excessive insistence
* Cursing
* Quick movements/easily startled
* Irrational beliefs and ideas
* Verbal, nonverbal or written threats or intimidation
* Fascination with weaponry and/or acts of violence
* Expressions of a plan to hurt him/herself or others
* Externalization of blame
* Unreciprocated romantic obsession
* Taking up much of supervisor’s time with behavior or performance problems
* Fear reaction among co-workers/patients/visitors
* Drastic change in belief systems
* Displays of unwarranted anger
* New or increased source of stress at home or work
* Inability to take criticism
* Feelings of being victimized
* Substance or alcohol intoxication
* Hopelessness or heightened anxiety
* Productivity and/or attendance problems
* Violence toward inanimate objects
* Sabotages or steals projects or equipment
* Lack of concern for the safety of others

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