

SUBJECT	WORKPLACE VIOLENCE POLICY	POLICY #8417-10024
DEPARTMENT:	ORGANIZATION WIDE	PAGE: 1 OF: 9
APPROVED BY:	BMHD Board of Directors	EFFECTIVE: 06/24/2021
REGULATION/REFERENCE:	ORS 654.412 to 654.423	REVISED:
		KEY WORD: workplace violence

## **PURPOSE**

Blue Mountain Hospital District (BMHD) 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 is designed to underscore that enduring physical or verbal abuse is not expected of any BMHD staff, visitor or patient and to clearly accentuate that tolerating violence is not “part of the job.”

## **POLICY**

BMHD has a zero-tolerance policy for workplace violence. All acts of violence or threats against any staff, visitor, or patient are to be reported immediately. BMHD commits to investigate violence, respond to incidents, and support victims of violent acts. This policy outlines the steps BMHD will take to ensure the safety of all staff, patients, and guests.

## **SECTION I:**

### **DEFINITIONS/SPECIAL CONSIDERATIONS**

- **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 reporters of violence is prohibited. If, due to a report of violence which occurs within the scope of employment or practice in the BMHD, a member of the public is retaliating or harassing a staff member, the staff member shall be assisted by BMHD to the extent permitted by law.
- **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.
- **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 program, 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 BMHD business is being conducted. This includes but is not limited to: patient rooms, treatment rooms, supply rooms, offices, waiting areas, hallways, conference rooms, interviewing rooms, parking lot,

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grounds, vehicles, outreach sites and client homes. All buildings and properties of BMHD are included in this definition, as are places in the community where BMHD Home Health or EMS personnel are engaged in providing healthcare services.

- **Patient:** Any individual who is present at BMHD for the purpose of receiving healthcare services.
- **Staff:** All physicians (non-employed physicians are considered to be staff for the purposes of this policy), employees and volunteers.
- **Visitors:** All family, friends, clergy and vendors.
- **Violence in the Healthcare Environment:** Any direct threat or act of physical violence which occurs on BMHD's campus, EMS scene or home health setting.
- **Direct Threats:** Includes civil disturbance, gang related activity, or other acts of violence which may present to BMHD.
- **Indirect Threats of Violence:** Includes but not limited to phone calls, notes, mail or e-mail, vandalism, texts, and social media posts.
- **Domestic Issues/Abuse:** A pattern of behavior in any relationship which is used to maintain power or control over an intimate partner. Domestic abuse can be physical, verbal or emotional.

## SECTION II:

### PROGRAM RESPONSIBILITIES

- **The Administrative Team** provides support and resources necessary to design, implement and maintain the Workplace Violence Prevention Program. The Administrative Team or designee ensures that the duties required of a health care employer as defined in ORS 654.414.1a are periodically assessed.
- **Safety Officer, WPV Coordinator; Emergency Preparedness; Human Resources; Information Technology; Compliance; Risk Management and Employee Health,** collaboratively manages and implements the Workplace Violence Prevention Program; this group acts on reports, coordinates post-incident response, conducts necessary follow-up investigations/evaluation, and maintains a database of all reported incidents. Members of

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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. BMHD maintains records related to staff work-related injuries and illnesses as outlined in ORS 654.416.

- **Safety Committee** monitors and evaluates policies, procedures and resources to assess compliance with the Workplace Violence Prevention Program.
- **Workplace Violence Program Team** is a group of key individuals who are in house, or immediately available by phone, at the time of the reported threat or act and can quickly move to mitigate harm, investigate the complaint, notify internal leaders and summon police if deemed appropriate. This team is also meant to follow-up after the initial incident has occurred and further investigate the problem and create strategies to mitigate, communicate and provide support where needed. At a minimum, this team includes: Administrator on Call (AOC), Safety Officer and Risk Manager. Actions 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 the threat
  - 4) Report in writing to, and interact with, other bodies such as: Administrative Team and Hospital Safety Committee(s)
  - 5) Assure appropriate support and resources are provided to involved employees, including employee assistance programs (EAP) and law enforcement (LE)
  - 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
- **Department Leaders:**
  - 1) Provide and promote a safe and secure work environment for assigned staff.
  - 2) Conduct department-specific education on risks, safeguards and preventing assaults.
  - 3) Encourages staff to report conditions that compromise safety and security.
  - 4) Ensures staff know, and are familiar with, the operation of their department emergency devices.
  - 5) Offers conflict and crisis intervention to include de-escalation technique training to staff working in areas prone to violence.
  - 6) Ensures employees who work in cashier, retail and similar type operations are trained on proper responses during robberies, thefts or other criminal acts.

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- 7) Prevents persons from working alone in remote areas or if such assignment is required provides engineering controls/safety devices.
- 8) Coordinates risk assessments with Safety Officer and Safety Committee members as appropriate.

- **Employees:**

- 1) Immediately report any violent, threatening or harassing behavior regardless of injury or severity. Complete a *Workplace Violence Incident Report* by accessing the electronic incident reporting system under the Help Desk icon.
- 2) Inform their supervisor and/or Human Resources/Safety Officer of any situation where there is a potential for violence as a result of domestic abuse, custodial disputes, order for protections or restraining orders, and other threats posed.
- 3) Use a buddy system when personal safety may be jeopardized. Avoid threatening situations and use extra care in elevators, stairwells, parking areas and unfamiliar residences.
- 4) Understand the concept of "Universal Precautions for Violence." Violence should be expected, but may be avoided or mitigated through preparation.

### **SECTION III:**

#### **ADMINISTRATIVE AND PHYSICAL CONTROLS IN PLACE WHICH PROVIDE PROTECTION AND RESPONSE TO WORKPLACE VIOLENCE INCLUDE:**

- **Physical controls:**
  - 1) Panic and duress alarms, emergency telephones, and other communication systems.
  - 2) Electronic access control system, which includes proximity, badge entry and keypad entry doors.
  - 3) Alarm Monitoring and 911 Dispatch are available 24 hours to receive alarms and/or emergency response calls.
  - 4) Closed circuit television and surveillance cameras in selected areas.
- **Administrative and work practice controls include:**
  - 1) **Emergency response codes;** for combative, violent and out of control behavior (Reference: Code Gray and Code Silver Response policies in Emergency Preparedness ED Plan).
  - 2) **Incident reporting;** specifically the Workplace Violence Incident Report- Available on the Help Desk (Reference: Workplace Violence Incident Report).
  - 3) **Workplace Violence Trained Staff;** trained to deal with aggressive behavior.
  - 4) **Photo Identification Badges;** or Visitor Badges/Tags
  - 5) **Whenever Available and Practical;** the use of buddy system and/or Safety escorts to parking and other areas.

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- 6) **Patients/Visitors with a history of violence at BMHD:** The medical records of patients with a history of violent acts or threats of violence at BMHD are “flagged” with an indicator to notify staff of the potential for violent or aggressive behavior. This includes the individual systems used within the District.
- 7) **Weapons:** BMHD prohibits staff from carrying any firearms or other dangerous weapons within the Facility Buildings. This would include any staff who possess a Concealed Handgun License.
- 8) **Post-Incident Root Cause Analysis (RCA):** The RCA process will be used to assess the circumstances surrounding a violent episode resulting in serious injury with a goal of preventing future occurrences.
- 9) **Employee Resources:** BMHD provides an employee assistance program (EAP) available to all employees and members of their family with free confidential access. Additional service programs may be made available for employees and others as appropriate.
- 10) **Second Care Provider:** In accordance with ORS 654.418, in the acute care setting, if an employee is required to provide care to a patient that has previously assaulted the employee, BMHD will ensure that a second employee accompanies that employee when treating the patient.
- 11) **Education Plan:** Within 90 days of hire, all employees will be informed of this policy, (typically at New Employee Orientation) and annually thereafter through BMHD’s annual safety education program. All BMHD employees participate in evidence based training in violence recognition, mitigation, de-escalation techniques, and communication/security strategies during Nonviolent Crisis Prevention Training. Training will meet the requirements outlined in ORS 654.414.4a. Records of attendance and competency verification (as applicable) are kept for each individual completing violence prevention related training.

#### **SECTION IV:**

##### **RESPONSE TO VIOLENT AND THREATENING BEHAVIOR PROCEDURE**

- **All threats of violence or violent episodes will be taken seriously:** Staff should alert AOC and/or Safety Officer (if available) to the presence of any suspicious individuals they encounter on facility premises. All acts of violence should be documented in a *Workplace Violence Incident Report* by accessing the electronic incident reporting system under the Help Desk icon. See individual sections below for responding to violence, evaluating threats of violence, and communication guidelines during or after an incident or threat occurs.
- **Immediate Response:** Whenever a threat or violent act has occurred, immediately report this to your supervisor, AOC and Law Enforcement. If immediate assistance is needed,

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dial 911 and law enforcement will be contacted. The AOC will be notified and will convene the Workplace Violence Program Team to address the incident if needed.

- **Violence in the Healthcare Environment**

- 1) For incidents not involving weapons or immediate threat of harm, BMHD has adopted and sanctioned specific techniques to be used within the hospital in circumstances requiring physical contact with and control of patients, visitors or others exhibiting violent or acting out behavior. See Code Gray Training and Response. Employees trained in the concepts of non-violent crisis intervention respond to Code Gray events.
- 2) For incidents with an immediate threat of harm and/or involving a weapon – if an individual has, obtains, or fashions any object which is or may be used as, or considered a weapon, and/or has displayed the weapon, threatened to use the weapon, or otherwise leads any staff member to believe they are being physically threatened in any way, staff should respond as outlined in the BMHD Code Silver Response.

- **Direct Threats:**

- 1) Notify the AOC. The AOC will determine if BMHD will:
- 2) Implement a lockdown of facility
- 3) Activate the Hospital Incident Command System (HICS)
- 4) Notify Law Enforcement of potential problem

- **Indirect Threats:**

- 1) Notify department manager or AOC:
  - a) Determine if a credible risk exists, if so, develop an action plan
  - b) If potential victim is an employee - Consider reassignment to another area. Offer employee assistance program services
  - c) If potential victim is an inpatient – The Physician and Primary Nurse will consider what action would be appropriate.

- **Emergency Department (ED):**

- 1) All patients with suspected or known behavioral problems should be considered and evaluated for risk, using the Violence Risk Assessment in the Electronic Health Record (EHR). Patients arriving to the ED who have demonstrated by their pre-arrival behavior they are violent should be considered high risk. Utilization of Law Enforcement to monitor such patients will be requested. The pre-arrival behavior and high-risk consideration must be shared among the physicians, nurses, behavioral health personnel who may be caring for the patient.

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2) In the event a patient or visitor or other person is assaulting or unruly while in the ED, the AOC, Law Enforcement and Safety Officer (if available) should be called for assistance. In the event the assaultive individual represents an immediate and serious threat, law enforcement assistance will be immediately summoned. Violent patients or visitors will not be prevented from leaving the facility, as doing so places BMHD staff at risk.

- **Communication Guidelines:**

- 1) Monday through Friday, during the day: The AOC and department manager (if appropriate) will determine the communication plan.
- 2) Evening/Night shifts, weekends and holidays: Charge Nurse may do one or more of the following as necessary:
  - A. For small or isolated cases, the Charge Nurse will brief patients and staff who may be involved or affected.
  - B. For more serious or large-scale events:
    - i. Contact LE if immediate assistance is needed, and AOC for assistance
    - ii. Overhead page warning or notice
    - iii. Inform patients and staff through other hospital leaders and staff
    - iv. Post notices at entrances and elevators
    - v. Complete a *Workplace Violence Incident Report* by accessing the electronic incident reporting system under the Help Desk icon
    - vi. Optional and as appropriate, in large incidents, the PIO will contact news media.

- **Assaulted/Battered Staff Member:**

- 1) Following an incident in which a staff member is assaulted or battered, staff must notify their immediate supervisor. BMHD employees will not be disciplined for using physical force in self-defense against assault (as outlined in ORS 654.423) as long as such force was reasonably necessary to protect the employee or a third party from further assault.
- 2) Staff may report to the Emergency Department or follow workers compensation process as applicable for evaluation and treatment of injuries.
- 3) Following evaluation and treatment of injuries by the Emergency Department or workers compensation process, the individual will be referred to the EAP.
- 4) The EAP may assist staff with services needed, these may include: counseling, legal advice, etc.
- 5) The staff member will complete the Workplace Violence Incident Form post incident. If said Staff is incapacitated a Supervisor or other Staff who witnessed the event will complete the report.

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6) It is the sole decision of any staff member who is the victim of a criminal assault which occurs within the scope of employment or practice at BMHD as to whether or not to press criminal charges against the assailant.

- **Staff with a Restraining/Order for Protection (OFP):**

- 1) BMHD 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 and the Human Resources department. This is necessary to apprise BMHD staff of any potential threats to the security of our workplace. Staff will be informed their disclosure of an OFP will be communicated to Administrative Team, Safety Officer, Nursing, and Admitting. Admin staff will convene to conduct a threat assessment. A copy of the OFP will be requested along with a photo of the person the OFP is against. The photo will be distributed to departments and employees as appropriate.
- 2) BMHD will discuss options which may assist the staff member, 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.
- 3) The staff member will inform BMHD immediately of any changes to the OFP.
- 4) If the OFP is against a BMHD employee, BMHD will investigate the circumstances of the OFP and determine if the employee's conduct prohibits the employee from working in a healthcare setting.

- **Police Officer Hold/Custody:**

- If a member of law enforcement brings an individual suspected of being an imminent danger to self or others to BMHD, the officer will remain with the individual until securely restrained and released 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."

- **Patients/Visitors committing acts of violence at BMHD:**

- Non-patients who engage in threatening behavior or violent acts will be removed from the premises as quickly as possible and remain barred from the premises pending an evaluation or investigation of the incident. Patients that are verbally abusive or act in a manner that is deemed to be physically abusive will have appropriate consequences up to and including prosecution for illegal acts. Admin staff in collaboration with the appropriate physician will determine interventions with patients who engage in threatening behavior or violent acts.

- **Patients/Visitors with a history of violence at BMHD:**



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- The medical record of patients with a “No Trespass Order” or a history of violent acts or threats of violence at BMHD are “flagged” with an indicator to notify staff of the potential for aggressive behavior. If during the patient’s current or previous visit, their family/visitors have demonstrated violent behaviors at BMHD, the “flag” may include this information as well. Supervisors and Charge Nurses are authorized to initiate the flag following an act of violence. The Risk Manager or his/her designee will review the appropriateness of the flag during the analysis of the electronic incident report. The Risk Manager may request the flag be removed if he/she does not feel the actions warrant the violence flag. Patients with a violence flag on their record will have a Violence Risk Assessment used as early as possible in the patient’s visit or hospitalization (preferably on admission) to facilitate the implementation of effective violence preventions measures.

**References:**

- Code Gray Response- See Emergency Preparedness ED Plan and Policies
- Code Silver Response- See Emergency Preparedness ED Plan and Policies
- Patient Violence Risk Assessment (documented in EHR)
- Workplace Violence Incident Report Form- Available electronically on the Help Desk
- WPV law e.g. Oregon ORS 654.412 to 654.423. (2019 Edition) “Safety of Health Care Employees”
- Oregon law: Refer to SB 823 Section (3) 654.062 and ORS 654.062
- BMHD Weapons Policy #8060-007
- Restraint Use Policy #6021-101
- Disclosure to Law Enforcement Policy #8417-1036 and HIPAA and LE in Oregon #8417-1036A
- Link: Oregon Revised Statute – “Safety of Health Care Employees”  
[https://www.oregonlegislature.gov/bills\\_laws/ors/ors654.html](https://www.oregonlegislature.gov/bills_laws/ors/ors654.html)